

**VICTORIAN TRAINING PROGRAM IN
COMMUNITY CHILD HEALTH
2015**



Centre for Community Child Health

CURRICULUM HANDBOOK

Revised: January 2015

VICTORIAN TRAINING PROGRAM IN COMMUNITY CHILD HEALTH

**THE ROYAL CHILDREN'S HOSPITAL
PARKVILLE**

**MONASH MEDICAL CENTRE
CLAYTON**

**BARWON HEALTH
GEELONG**

**GOULBURN VALLEY HEALTH
SHEPPARTON**

**WESTERN HEALTH
SUNSHINE**

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VICTORIAN TRAINING PROGRAM IN COMMUNITY CHILD HEALTH

INTRODUCTION

The Victorian Training Program in Community Child Health (VTPCCH) has been developed to equip advanced trainees who are preparing to become consultant paediatricians with the knowledge and skills to provide care for children with developmental, behavioural and psychosocial problems, in the context of their family and their community. It also fulfils training requirements as a Program of Excellence for those undertaking specialist training in Community Child Health. The Program is based at the Centre for Community Child Health (CCCH), Royal Children's Hospital, Melbourne, and cooperates with Monash Medical Centre, Barwon Health, Goulburn Valley Health, and Western Health. The Program provides one year of training within the six year paediatric training program (with an option for a second year as the Senior CCCH fellow for CCH trainees).

GOALS

The goal of the program is to develop, conduct, facilitate and evaluate the training and education of general and specialist paediatric trainees in community child health.

Community child health services are developed to:

- ensure child health and developmental problems are identified and managed at as young an age as possible;
- minimise the long term impact of child health and development problems to enable all children to develop their full potential;
- minimise environmental risks to the health, development and wellbeing of children.

OBJECTIVES

- Gain a sophisticated understanding of normal and abnormal child development using the principles of developmental psychology and neurobiology.
- Develop skills as a consultant paediatrician in the assessment, diagnosis and management of children with a wide range of developmental and behavioural problems.
- Understand the health, educational and welfare requirements of children with special needs, (e.g. learning disabilities, Autism spectrum disorders).
- Through experience in the community, gain a working knowledge of community services relevant to child health, education and welfare, e.g. service delivery systems, interface between different systems, multidisciplinary team work, community liaison, community participation.
- Understand planning and management principles, e.g. program and policy design and implementation, use of information systems to inform program and policy development and evaluation, measurement of health outcomes, ethics and advocacy, principles of quality management.

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- Understand the principles of child public health, e.g. demography, epidemiology, biostatistics, sociological foundations, environmental and cultural influences, illness prevention, research methodology, data collection, health surveillance, health promotion and health economics.
 - Develop skills in self directed learning, and critical appraisal in preparation for life long continuing medical education.
 - Develop the capacity to work independently and efficiently as a community- based paediatrician.

GUIDING PRINCIPLES

- Developmental and behavioural considerations are essential to all aspects of paediatric care
- The scope of the field of child development and behaviour is broad, drawing from an array of disciplines and fields of study. In practice, developmental-behavioural considerations that are a focus for paediatricians will overlap with those of professionals in other disciplines.
- An understanding of child development involves learning at fundamentally different levels, including the theoretical, phenomenological and clinical.
- Children are unique temperamentally and neurodevelopmentally in ways that can be elicited and understood.
- Disorders of behaviour and development nearly always fit a dimensional model better than they do a categorical one.
- The child's behaviour is most often a form of personal expression and has meaning. Clinicians who work with children "train their ears and eyes" to receive and understand this expression.
- Developmental, behavioural, and other health problems in children powerfully influence and are influenced by the child's family. The family, in turn, interprets and mediates the mores and precepts of the school, community and culture. The complete paediatrician must be able to work effectively with and for families as well as children.
- The medical care of children requires the clinician to be aware of his or her own emotional reactions, unique perspectives, influences of individual experiences, and personal biases. Although an important principle for paediatric training in general, this "clinical use of the self" is routinely called upon when dealing with developmental and behavioural concerns.

-Journal of Developmental and Behavioral Pediatrics, 1999, 20 (2)

LEARNING OPPORTUNITIES

The VTPCCH is initially a one year program. Some Fellows will go on to complete a second Senior Fellow year or use their Fellowship research project as a springboard to commence a higher research degree such as a PhD.

The Program's four main components encompass the following education streams and learning modalities:

- clinical experience at CCCH and the community
- seminar based learning
- direct clinical supervision
- exposure to the research, health service development, policy and advocacy roles of CCCH

Specific learning opportunities include:

- The week-long orientation program
- A weekly seminar program
- Direct clinical experience in the hospital and community
- Participation in community teams
- Visits to community service delivery locations and community development projects
- Exposure to paediatricians and other professionals practising in the community
- The week-long University of Melbourne Master of Public Health Child Public Health elective
- Directed reading and on-line resources
- Research or program based electives within the Centre CCH
- Journal Club
- Clinic meetings
- Reflective supervision and mentoring
- Others including: CCCH workshops and training programs, presentations by overseas visitors, and joint activities with CCCH staff

Developmental/behavioural paediatrics entails developing a practical approach to working with children and their families within their community and cultural context, as well as acquiring a strong theoretical knowledge base. Training in communication and interpersonal skills, exposure to teaching by other health, education and welfare professionals, and awareness of one's own emotional reactions, individual experiences, and unique perspectives/biases underpin all learning experiences. Understanding the importance of early childhood development and experience in setting a life course in health, education, vocation, relationships and contribution to the community, demonstrates the valuable contribution that paediatricians can make.

Clinical experience is gained in the community, with Fellows being based with child & family services teams with the Department of Human Services, Department of Education and Early Childhood Development, community health services, or local government services. Skills in areas such as developmental and behavioural assessment, assessment of autism spectrum disorders and other developmental disabilities, learning difficulties, behavioural management,

child protection and school health are developed, in the context of multidisciplinary team work. The community setting enables the Fellows to develop different perspectives of the needs of children and their families, and an understanding of the roles played by various professionals and services in delivering health, educational and social services.

Clinical experience is also gained in specialist clinics at the Royal Children's Hospital and Monash Medical Centre, Western Health and in the Geelong and Shepparton regions, emphasising the important links between hospitals and the community in preventative, treatment, and research aspects of health care.

The Seminar program complements the clinical experiences by providing the theoretical background in community child health, including a broad public health perspective. A reading and research program is encouraged. Fellows will be encouraged to pursue specific areas of interest within the broad clinical, research and policy programs at CCCH.

Individual and group supervision supports each Fellow in attaining their goals for the training year, provides a basis for evaluation and development of the training program, and underpins the in-training assessment requirements for advanced training by the Paediatrics and Child Health Division of the Royal Australasian College of Physicians (RACP).

TRAINING OUTCOME

The Victorian Training Program in Community Child Health provides a comprehensive year of training which is suitable for advanced trainees in their preparation for Fellowship of the RACP, as general paediatricians, specialists in community child health, or other paediatric sub-specialists. It has been accredited as a Program of Excellence by the Specialist Advisory Committee in Community Child Health. It is also recognised for admission to the Chapter of Community Child Health of the Paediatrics and Child Health Division, RACP.

PARTICIPANTS

The participants in the Victorian Training Program in Community Child Health are senior trainees in paediatrics, with a background of 3-5 years in clinical paediatrics. Completion of basic paediatric training and success in the FRACP written and clinical examinations are prerequisites for admission to the Program.

Participants are selected by a rigorous application and interview process. Interstate and overseas applicants are considered, but some positions are only available to Australian trainees.

One EFT	Senior Fellow in Community Child Health Based at the Centre for Community Child Health, The Royal Children's Hospital
Four EFT	Fellows in Community Child Health Based at the Centre for Community Child Health, The Royal Children's Hospital
One EFT	Fellow in Community Child Health/Mental Health Based at CCCH and Integrated Mental Health, RCH
Three EFT	Fellows in Community Child Health Based at Monash Medical Centre
One EFT	Fellow in Community/General Paediatrics Based in the Barwon Region
One EFT	Fellow in Community/Rural General Paediatrics Based in the Goulburn Valley Region
One EFT	Fellow in Community Child Health Based at Western Health, Sunshine

From time to time, self-funding overseas Fellows and paediatricians undertaking further professional development may join the program for periods of 6 to 12 months.

FUNDING

RCH	Department of Health, Victoria and Department of Health, Australian Government
MMC	Southern Health, Victoria
Geelong	Barwon Health
Shepparton	Goulburn Valley Health and Department of Health, Australian Government
Sunshine	Department of Health, Australian Government

ORIENTATION PROGRAM

The orientation program held in the first week is designed to give participants an understanding of child health in the community, to outline the goals and objectives of the Victorian Training Program in Community Child Health, and to clarify clinical responsibilities in the community and the hospital.

Components:

- Discussion of principles of Community Child Health, and range of community resources
- Outline of goals and objectives of Victorian Training Program in Community Child Health
- Description of clinical responsibilities in the community and the hospital
- Introduction to developmental and behavioural assessment
- Practical considerations
 - local bases
 - equipment and supplies
 - data collection
 - record keeping
- Introduction to community supervisors
- Community liaison
 - key contacts
 - local resources
 - development of work program

PROFESSIONAL COMPETENCIES IN COMMUNITY CHILD HEALTH

1. Child Development

Objectives

Trainees will develop a working knowledge of:

- Major theories of cognitive, language, moral, social, and emotional development in children and the clinical applicability of these theories.
- The stages and the sequence of development in cognitive, motor, language, self-help, and social/emotional abilities from infancy through adolescence.
- How different developmental domains (eg. cognitive, social/emotional) interact and influence one another at different stages of development.
- The range of individual variation in normal development seen among typically developing children and adolescents.
- The role of early attachment relationships in promoting and/or discouraging optimal developmental adaptation and later interpersonal relationships.
- The role of temperament, individual differences, and "goodness of fit" in influencing development and interaction with others.
- Medical diagnostic evaluation of developmental problems.

- Principles of management including:
 - Family centred practice
 - Rehabilitation versus habilitation
 - Multidisciplinary team function
 - Community services
 - Role of other professions and services
 - Role of medical profession in prevention

- The recognition, assessment and inclusion in management plans of factors that predispose the child to developmental risk and those that best predict resilience in development.
- The identification and clinical management of the potentially vulnerable child.
- Tools and management strategies used by allied health professionals in a multidisciplinary team context.
- Interpretation of clinical reports from other professionals.
- Awareness of current academic issues related to the assessment and management of children with developmental problems including critical evaluation of published developmental literature.

Learning experiences

- Clinical exposure in specialty and community clinics.
- Assessment within a multidisciplinary team environment including understanding of team dynamics.
- Incorporating assessments and management principles of other professionals into developmental evaluation.
- Observation and practice of feedback of evaluation findings.
- Understanding the community services/resources available for children with developmental problems, and awareness of intersectoral linkages
- Participation in policy development and service planning for prevention and management services for children with disabilities, including universal and targeted early intervention services.
- Seminar program and supervision.

2. Communication skills

Objectives

Trainees will:

- Demonstrate the ability to obtain information from children, adolescents, and families in a manner that is -
 - Culturally sensitive
 - Developmentally appropriate
 - Family focused
- Demonstrate skill in using appropriate interview techniques to gather information, such as:
 - Use of open-ended and direct questions
 - Monitoring of nonverbal communication, both of the patient and family members and of themselves
 - Observing child behaviours
 - Providing and receiving feedback from patient and family
- Demonstrate skill in communicating with children, adolescents, and families in problem situations, such as dealing with difficult parents, giving bad news, and discussing sensitive issues.
- Demonstrate the ability to share information clearly and concisely with professional colleagues in many venues, including during clinical situations, in formal presentations, on the telephone, and in writing. In all these forms, demonstrate sensitivity to patients and families, including respect for confidentiality.

Learning experiences

- Clinical exposure
- Observation of experienced clinicians/modelling
- Discussion with parents/consumer representatives
- Review written reports
- Seminar program and supervision

3. Assessment skills

Objectives

Trainees will:

- Demonstrate an understanding of the process of developmental surveillance, which emphasises monitoring development over time and in the context of the child's overall wellbeing using historical information, parental concerns, clinical observation, hands-on examination, and family/environmental information.
- Understand the principles of behavioural, developmental and psychosocial screening of children.
- Be able to appraise developmental and behavioural status of a child at any age by observation, physical examination, and neurodevelopmental assessment.
- Be able to screen older children and adolescents for high-risk behaviours.
- Demonstrate a working knowledge of the range of instruments and techniques including interviews, standard physician check-sheets, parent-completed forms, naturalistic observation, and direct testing appropriate for screening children and families in health care settings.
- Be able to use selected tools for applying a biopsychosocial model to the evaluation of developmental and behavioural concerns (e.g. correctly administer and interpret at least one formal developmental screening/ assessment method). This includes using results to give feedback to parents and to guide referral decisions.
- Be able to use global and targeted behavioural rating scales (including both parent and teacher scales) and interview data to identify behavioural problems and to guide the need for mental health intervention and/or referral.
- Be able to apply International Classification of Diseases - 10 diagnoses to children with developmental disabilities.
- Be familiar with DSM-5 and its multiaxial system as it applies to children with diagnosed mental disorders. For a range of behavioural problems, be able to differentiate child manifestations as developmental variations, problems or disorders.

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- Be able to determine the need for assessment by other professionals, to formulate effective referral questions, and to interpret the results of evaluations by others.
 - Understand the use of evaluations by other disciplines in the eligibility determination for early intervention and special education services.
 - Be familiar with state and federal requirements for eligibility for special resources (e.g. Carers Allowance, DEECD Program for Students with a Disability).

Learning experiences

- Familiarity with national and state guidelines/reports on screening and surveillance, and awareness of theoretical issues/current controversies on screening.
- Use questionnaires, rating scales, screening and assessment tools, and structured clinical interviews as appropriate in clinical settings.
- Accurately use ICD-10 and DSM-5 diagnoses where appropriate in clinical settings and report writing.
- Observe psychology, speech pathology and other evaluations, including the administration and interpretation of psychometric tests.
- Identify web resources outlining eligibility procedures
- Seminar program and supervision

4. Family systems

Objectives

Trainees will:

- Be familiar with the basic concepts of the family systems perspective including:
 - Family homeostasis - especially will be aware that families strive for homeostasis and that crisis situations are typical times when families reach out for assistance.
 - Rules and values that make each family unique
 - Family roles assumed by individual family members in helping to maintain the stability of the family (e.g. head of the household, the scapegoat, the parentified child etc.).
 - Structural concepts, including hierarchy, boundaries, and subsystems.
 - Recognisable variations in family processes, including enmeshment, disengagement, triangulation, and other repetitive patterns of interaction.
- Be familiar with regular family life-cycle tasks and transitions.
- Recognise inter-generational family patterns that impact on the child's development and behaviour - including the transmission or projection of unresolved conflicts and issues from the older generation to the younger.

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- Recognise the impact that acute and chronic stressors have on family functioning.
 - Be able to include the above concepts in family assessments during regular paediatric care and in the assessment of developmental and behavioural concerns.

Learning experiences

- Reflection on trainees own family experiences, patterns and background.
- Use three-generation family genograms in clinical practice, particularly identifying current and previous household members.
- Use family systems theory in counselling.
- Seminar program and supervision.

5. Developmental Disabilities

Objectives

Trainees will:

- Understand the concepts of:
 - Incidence and prevalence of disability
 - Prevention - primary, secondary and tertiary
 - Conceptual issues in categorising problems
 - Continuum or category - dysfunction, delay, disorder, disease
 - Impairment, disability, handicap, activity and participation
 - Integration versus segregation
 - Inclusive education
- Be aware of preventable central nervous system insult (eg. drugs, alcohol, trauma, infection)
- Be able to generate a differential diagnosis for the child with persistent global developmental delay
- Be able to generate a differential diagnosis for the child with persistent motor delays, such as cerebral palsy, developmental coordination disorder, spina bifida, muscular dystrophy and other medical conditions.
- Be able to generate a differential diagnosis for the child with abnormalities in speech and language development, such as language disorders, stuttering, autistic spectrum disorder and other medical conditions.
- Be able to generate a differential diagnosis for the child with persistent learning difficulties such as specific learning disabilities, attentional disorders, and other medical or mental health disorders.

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- Be able to coordinate an evaluation of a child with persistent developmental symptoms, after having generated a differential diagnosis.
 - Know the role of early intervention programs in the evaluation and treatment of children with developmental delays or those who are at risk for such delays.
 - Know the effects that developmental disabilities can have on child and family functioning and how to assist with them.
 - Know common medical complications associated with cerebral palsy, moderate to severe intellectual disability, Down syndrome, and myelomeningocele.
 - Be able to coordinate comprehensive care for patients with cerebral palsy, various degrees of intellectual disability, genetic disorders, and myelomeningocele.

Learning experiences

- Attend specialty clinics, evaluate and prepare management plans.
- Participate in multidisciplinary assessment (e.g. learning difficulties, global developmental delay, ASD, CP, spina bifida).
- Become familiar with principles and practices of early intervention by liaising with local resources.
- Participate in school support groups for children with special needs.
- Seminar program, information resources, supervision.

6. Behavioural disorders

Objectives

Trainees will:

- Understand the spectrum of presentations, from variations of normal, through symptoms that are a problem for the child/family, to disorders (i.e. symptoms of significant frequency and intensity causing functional impairment).
- Understand the principles of health promotion and anticipatory guidance for common behavioural patterns and variations (e.g. feeding, crying, sleep, habits, tantrums, aggression, sibling relationships).
- Be familiar with parenting styles, parent support, and a range of disciplinary strategies, to be applied in a culturally appropriate context.
- Apply appropriate assessment, diagnostic and management strategies for a range of developmental/behavioural disorders. Use appropriate guidelines for referral to other professionals of children with more severe manifestations. Such disorders include:
 - Impulsive/hyperactive/inattentive behaviours eg. ADHD
 - Negative/aggressive/antisocial behaviours eg. ODD, CD
 - Emotion/mood difficulties eg. fears, anxieties, depression
 - Sleep problems eg. onset, waking, terrors, apnoea

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- Feeding/eating problems eg. FTT, eating disorders
 - Somatic symptoms
 - Encopresis/enuresis
 - Autistic spectrum disorders
- Develop counselling, behavioural management, basic cognitive behavioural therapy and basic family therapy skills
 - Develop skills in the use of psychotropic medication, eg. in management of ADHD, CD, anxiety disorders, depression, Tourette syndrome, severe aggression
 - Understand the impact of chronic illness on child development and behaviour
 - Understand the impact of social disadvantage on child development and behaviour, and the impact on family functioning and the need for community support
 - Understand the value of community development strategies in prevention and early intervention in such problems

Learning experiences

- Clinical experience in hospital and community settings
- Observation of various therapeutic modalities delivered by a range of health professionals including child psychiatry, psychology
- Participate in clinic and seminar-based sessions to develop skills in the use of psychotropic medications.
- Seminar program and supervision.

7. Environmental influences on development and behaviour

Objectives

Trainees will understand:

- The ecology of child health and how social and physical environments influence child health
- The effect of housing, social isolation, economic status, low educational attainment, unemployment on child health
- The contributions of social disadvantage to specific child and youth health problems (e.g. child abuse, youth suicide, learning problems, developmental delay), and demonstrate ability to access agencies, services and programs which minimise such disadvantage
- The specific health needs in indigenous and CALD populations and effect of culture and religion on parents' understanding of child health and family health care; and demonstrate a respect for diversity and be sensitive to potential communication problems with people of different socio-economic and cultural backgrounds
- The effects of family composition, social networks, and geographical isolation on child health
- The implications of parental mental health problems on children

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- The influences of television and other media on child development and behaviour
 - Resilience promoting factors in different domains of child health
 - Principles of advocacy, advocacy for individual children, and the links between systemic advocacy and public health

Learning experiences

- Clinical experience with disadvantaged families and liaison with local services in the community
- Visit community-based services and programs which provide support for disadvantaged families (e.g. Platforms program, Lets Read, Best Start, Victorian Aboriginal Health Service)
- Liaise with family support workers and interpreters to develop communication skills with culturally diverse families
- Participate in the MPH Child Health elective
- Seminar program, information resources, supervision

8. Child Protection

Objectives

Trainees will:

- Understand risk factors for abuse and neglect and factors contributing to resilience
- Identify physical and developmental-behavioural effects of neglect on children and adolescents
- Define child neglect and contrast its aetiology, implications, and diagnosis with child abuse
- Identify common physical and developmental effects of violence on children and the factors that temper these effects
- Identify physical and psychological effects of sexual abuse on children and adolescents, and discuss the seriousness of the impact on their overall health
- Demonstrate skills in interviewing, examination, investigation and documentation of findings of physically abused and neglected children, of a standard required by clinical records and police reports
- Participate in case conferences-assessment planning, protection planning
- Understand the principles underlying child protection intervention, and the roles of different government and non-government agencies
- Understand the role of the medical practitioner and others in the diagnosis and assessment of child abuse and neglect within an interagency and interprofessional setting, and as a witness in court

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- Demonstrate knowledge of relevant state and interstate legislation
 - Be aware of current philosophies relating to children's rights and family participation in decision-making

Learning experiences

- Contribute paediatric expertise to the local community-based child protection team
- Prepare police/court reports, give evidence in court as required
- Refer children and families to child protection services if needed

9. Health Services/Population Health

Objectives

Trainees will:

- Understand the roles and organisation of major child health services including responsibilities of local, state and commonwealth governments and principal non-government organisations in provision of child protection, early intervention, developmental disability, and rehabilitation services
- Understand the roles of different government departments and non-government organisations in promotion of child and family health, child health surveillance, prevention of child abuse and developmental disability
- Gain knowledge of legislation relevant to child protection, immunisation, injury prevention, disability services
- Understand specific social security and educational support entitlements and benefits relevant to children with chronic illness or disability
- Develop strategies for networking relevant to effective clinical practice
- Demonstrate understanding of resource management for children with special needs
- Develop a broad understanding of assessment of population health needs, and the relevance of child health data outcomes measurement for program evaluation

Learning experiences

- Use training experiences/ resources to gather relevant information
- Apply general principles learned to individual case management
- Participate in a CCH research project
- Participate in MPH - Child Health elective
- Seminar program, information resources, supervision

10. Professional Development

Objectives

Trainees will:

- Demonstrate independent skills in consultation, communicating professional opinions, and effective referral
- Ensure efficient time management in order to work effectively and productively across a number of settings
- Use information technology to support best practice, as a source of community information, and as a support for children and parents
- Use networking as a personal and professional resource
- Minimise potential stress by being aware of personal style and reactions, being open to a different professional approach in community child health, and by practising in a safe manner
- Use Portfolios as a personal learning tool

Learning experiences

- Contact with a variety of professionals
- Personal supervision
- Group supervision
- Journal Club
- Portfolio use

References:

Community Child Health Advanced Training Curriculum, RACP 2010.

Curricula Guidelines for Residency Training in Developmental-Behavioural Pediatrics. Supplement - Developmental & Behavioural Pediatrics, Vol 20, No.2, April 1999.

COMMUNITY CHILD HEALTH ADVANCED TRAINING CURRICULUM – RACP (2010)

Domain 1: The Craft of Community Child Health

Theme 1.1 Professional Qualities Specific to Community Child Health

Learning Objective

1.1.1 Develop ongoing professional development strategies

Theme 1.2 Life Course Perspective on Health and Development

Learning Objectives

1.2.1 Describe the life course model and explain factors that influence child wellbeing

1.2.2 Recognise and respond to the evolving developmental capacity in infants, children and young people

Theme 1.3 Family, Community and Environment

Learning Objective

1.3.1 Explain the negative and / or therapeutic impact a child's environment can have on their wellbeing

Theme 1.4 Advocacy

Learning Objective

1.4.1 Advocate for infants, children, young people and their families

Theme 1.5 Working in Partnerships

Learning Objective

1.5.1 Work collaboratively across sectors, agencies, organisations and professions to support best outcomes for infants, children and young people

Domain 2: Child Population Health

Theme 2.1 Wellbeing

Learning Objectives

2.1.1 Describe the evidence base for the promotion of wellbeing and optimal child development

2.1.2 Create, implement and evaluate strategies for the promotion of child wellbeing and optimal development at a population level

Theme 2.2 Population Health Issues

Learning Objectives

2.2.1 Describe research methodology and undertake health needs assessment

2.2.2 Plan, implement, monitor and evaluate child and youth health services

Domain 3: Child Protection

Theme 3.1 Safety and Wellbeing

Learning Objectives

- 3.1.1 Describe population child protection issues
- 3.1.2 Promote the wellbeing and special needs of infants, children and young people in vulnerable populations
- 3.1.3 Identify children and young people at risk of or subject to child abuse and neglect
- 3.1.4 Describe intervention strategies for infants, children and young people who are at risk or have been victims of abuse and neglect

Theme 3.2 Abuse and Neglect

Learning Objectives

- 3.2.1 Work with governmental and community child protection services
- 3.2.2 Recognise, assess and manage children and young people who have been physically abused
- 3.2.3 Recognise, assess and manage children and young people who have been sexually abused
- 3.2.4 Recognise, assess and manage children and young people who have been subject to neglect and emotional abuse, and who fabricate and /or induce illness
- 3.2.5 Develop medico-legal skills in evaluation and presentation of evidence

Domain 4: Developmental and Behavioural Paediatrics

Theme 4.1 Normal Development, behaviour, learning and emotion

Learning Objectives

- 4.1.1 Outline theories and key concepts of development
- 4.1.2 Describe normal development, including normal variations of development
- 4.1.3 Describe factors impacting normal development

Theme 4.2 Assessment of development, behaviour, learning and emotion

Learning Objectives

- 4.2.1 Describe screening and surveillance of development and learning
- 4.2.2 Describe assessment of development and learning

Theme 4.3 Disorders of development, behaviour, learning and emotion

Learning Objectives

- 4.3.1 Describe the causes, natural history and clinical features of disorders of development, behaviour, learning and emotion
- 4.3.2 Describe the management of infants, children and young people with disorders of development, behaviour, learning and emotion
- 4.3.3 Describe the impacts of disorders of development, behaviour, learning and emotion on children, families and communities
- 4.3.4 Describe the legislative framework relevant to childhood disability

The complete document is available at: <http://www.racp.edu.au/page/advanced-curricula>

CLINICAL EXPERIENCES / EDUCATIONAL OBJECTIVES

Community Clinics

Community-based clinics are an integral part of the Fellowship training program, and will be a new experience for most Fellows. The less well-defined role of the doctor, the slower pace compared with hospital medicine, and different perspectives and backgrounds of the community-based personnel may lead to initial challenges for the Fellows in assuming their new roles in community settings.

Community personnel may also be uncertain of the Fellows background, skills and goals, therefore may not be sure of how to liaise with and "use" them effectively. Open communication, clarification of expectations and the development of shared goals is important. This requires liaison of both Fellows' and community personnel with the community supervisors. We expect that as cooperation and familiarity increases, the Fellows' roles will change and goals and expectations will evolve over the year. We encourage a mutual learning experience between the Fellows and the community personnel.

In the community, Fellows are based either with DEECD Specialist Children's Services teams, or with Child & Family Services teams at community health centres, Local Government centres, or other community resources. The Fellow contributes as a team member, although clinical and organisational responsibility is to his or her paediatric community supervisor, nominated by the hospital of origin.

Responsibilities:

- Liaise with key players in the community eg:
 - CCH Program Adviser (DEECD)
 - Specialist Children's Services team leader (DEECD)
 - Maternal and Child Nurse (DEECD)
 - Primary School Nurse (DEECD)
 - Inclusion Support Facilitator (LG)
 - Preschool Field Officer (PSFO) (LG)
 - Children's Services Manager (or equivalent) (LG)
 - District Liaison Principal (DEECD)
 - Local general practitioners, paediatricians
- Provide paediatric consultation to children aged 0-12 with developmental and behavioural problems, referred by parents and/or community professionals as above. Consultation may include paediatric assessment and diagnosis, development of management guidelines, and referral for appropriate ongoing care. Fellows should note the importance of assisting the process of effective integration of children with special needs. Secondary consultation to community personnel is appropriate at times.
- Contribute to the professional development of community personnel and to parent education programs.
- Participate in regional meetings, e.g. intake meetings, planning meetings as appropriate.
- Maintain accurate data as required by the Program Director.
- Meet regularly with community supervisors.

ADHD Clinic, RCH**Supervisor: Dr Daryl Efron**

- Acquire experience in the evaluation of children with ADHD.
- Develop skills in working in a multidisciplinary assessment team.
- Develop skills in identifying comorbidities in children with ADHD, and understanding their contribution to functional difficulties.
- Gain an understanding of the executive function difficulties of children with ADHD.
- Develop skills in prioritising target symptoms for intervention, based on current levels of impairment and prognostic implications for life course development.
- Understand the roles of complementary modalities of intervention (e.g. educational, behavioural, pharmacological, and psychotherapeutic).
- Develop skills in preparing reports for multiple users.

Behaviour Clinic, RCH**Supervisor: Dr Daryl Efron
Dr Rick Jarman
Dr Chitra Chandran**

- Develop an understanding of the multifactorial nature of childhood behaviour problems and the contributions of child, family and social/environmental factors to the problems in individual cases.
- Develop skills for interviewing parents, children and families.
- Understand the use of the Achenbach Child Behaviour Checklist and other checklists as tools in improving the reliability and validity of diagnosis.
- Develop skills in behaviour modification techniques and supportive counselling.
- Understand the use of psychotropic drug therapies.

Communication Clinic, RCH**Supervisor: Dr Sue Kermond**

- Understand the complex developmental, behavioural and medical contributions to language delays and disorder.
- Understand the diagnostic classifications of language disorder and hearing impairment.
- Develop skills in developmental assessment.
- By working closely with speech pathologists, gain an understanding of the assessment of language development both normal and abnormal.
- Understand the community resources available for children with hearing and language impairments

Encopresis Clinic, RCH**Supervisor: Dr Anita Murphy
A/Prof Sharon Goldfeld**

- Develop knowledge of the pathophysiology of faecal retention and overflow.
- Gain an understanding of the multiple contributing factors including medical conditions which result in the outcome of faecal retention and overflow.
- Understand the use of behaviour modification techniques in establishing regular toileting habits.
- Use supporting counselling skills in helping children and parents overcome the shame and anger associated with encopresis.
- Develop skills in the use of a range of laxative medications and dietary modification.
- Understand the indications for anorectal manometry and rectal biopsy.

Learning/Behaviour Clinic, RCH**Supervisor Dr Anita Murphy
Prof Frank Oberklaid
Dr Carl Orkin
A/Prof Gehan Roberts
A/Prof Jill Sewell**

- Develop an understanding of the multifactorial nature of learning disabilities and behaviour problems.
- Develop skills in assessment and management of such problems.
- Develop skills in integrating multiple sources of information and assessment reports as part of developing a formulation and management plan.
- Develop skills in liaison with schools and other community organisations.

Preschool Development Clinic, RCH**Supervisor: Dr Carl Orkin
A/Prof Gehan Roberts**

- Develop an understanding of the health and development vulnerabilities which may impact on emerging learning and behavioural skills.
- Consider the impact of ecological factors on the child's preschool experience, transition to school, and attainment of early learning skills.
- Develop skills in use and interpretation of developmental assessment tools.
- Develop skills in liaison with allied health, early childhood and education sectors.

School Function Program, RCH**Supervisor: A/Prof Gehan Roberts**

- Use an individual differences model to understand the multifactorial nature of school difficulties, including developmental, behavioural, cognitive, environmental and ecological

factors.

- Develop skills in the use of the paediatric neurodevelopmental profile as a component of a comprehensive assessment.
- Develop skills in psychological interviewing and assessment techniques.
- Gain experience in multidisciplinary team work and leading case conferences.
- Develop skills in translating appropriate medical information to be accessible to parents, teachers and other school resource personnel, in case discussion settings and in report writing.
- Develop an understanding of how school systems operate (DEECD, CEO and private) and of community resources available to children with special needs.

Sleep Clinic, RCH

**Supervisor: Dr Karen McLean
Dr Kate Simpson
Dr Mandie Griffiths**

- Develop an understanding of the epidemiology and multifactorial origins of sleep disturbance in children, including relevant medical factors.
- Develop skills for interviewing parents, children and families.
- Understand the use of a behavioural sleep diary in assessment and monitoring of patients.
- Develop skills in behaviour modification techniques and supportive counselling.
- Understand the use of supplementary sedative medication.
- Understand the indications for referral for polysomnography.

Unsettled Babies Clinic, RCH

**Supervisor: Dr Valerie Sung
A/Prof Harriet Hiscock**

- Gain skills in assessment and management of unsettled babies.
- Develop skills in recognition of post natal depression and family assessment.
- Understand liaison with maternal and child health, and other supportive community services.

Developmental Disability Clinic, MMC

**Supervisor: Dr Katrina Harris
Dr Sabine Hennel**

- Improve skills in the assessment and management of children who present with a range of developmental and learning problems.
- Understand the contribution of psychologists and other allied health professionals to such assessment and management.
- Develop skills in report writing for parents and professionals.

Spina Bifida Clinic MMC

**Supervisor: Dr Katrina Harris
Dr Sabine Hennel**

- Improve skills in the assessment and management of children with neural tube defects.
- Become familiar with working together with other medical specialists and other health professionals.
- Become familiar with the issues of working with children who have a chronic illness which forces themselves and their families to become hospital and doctor dependent.

In both community and hospital settings, Fellows are expected to develop consultative skills in interviewing, counselling, liaison and communication with referring persons and community personnel, and writing reports suitable for parents and professionals.

EDUCATIONAL ACTIVITIES

- Seminar Program in Community Child Health
2 hours weekly, The Royal Children's Hospital
- Group Supervision
1 hour weekly, The Royal Children's Hospital
- Master of Public Health Child Health Elective
1 week intensive, mid year, The Royal Children's Hospital
- Behaviour Clinic meeting
45 minutes weekly, The Royal Children's Hospital
- Learning and Behaviour Clinic meetings
1 hour, monthly, The Royal Children's Hospital
- Journal Club
1 hour weekly, The Royal Children's Hospital
- Visiting speakers, workshops, attendance at conferences (ad hoc)
- Quality assurance activities, program evaluation

SEMINARS IN COMMUNITY CHILD HEALTH

Goals

- To provide an opportunity to explore and understand the theoretical background of Community Child Health (CCH), identified as themes within the RACP Advanced Training curriculum in CCH. [Not all areas of the three year curriculum will be covered in this one year seminar program].
- To link theory with clinical application in developmental-behavioural paediatrics.
- To enable Fellows and registrars to gain an understanding of the philosophy, programs and outcomes of the Centre for Community Child Health.

Program

A weekly gathering of Fellows from The Royal Children's Hospital, Monash Medical Centre, Geelong, Shepparton and Sunshine for two hours of teaching followed by one hour of group supervision. Group supervision will consist of case presentation/discussion, and discussion of general issues raised by trainees or supervisors.

Expectations

The Fellows are expected to be familiar with the learning objectives of each session, which are matched when possible to those of the CCH curriculum. Pre-reading materials are expected to have been read in order to facilitate informed interactive discussion in each session.

Feedback

The fellows will be asked to complete a feedback form after every seminar.

SUPERVISION

Supervision is provided in four different ways for each Fellow:

Group Supervision - weekly session for all the Fellows, facilitated by consultant paediatricians. The goals of supervision are to provide an overview of community child health, to conduct formal case discussions, to respond to the Fellows' requests for further information in particular areas, to promote discussion of topical child public health issues and to monitor progress in the Victorian Training Program in Community Child Health, all within the context of developing and maintaining group cohesiveness

Community Supervision - each Fellow has a supervisor who is responsible for introduction of the Fellow to the local community, clarification of roles, clinical supervision, and appraisal of reports and data collection. Professional responsibility for clinical care is to the employing hospital. Fellows and their community supervisors meet regularly to ensure that the goals of the training program are being met.

Hospital Supervision - the clinical experience at each clinic attended by the Fellow is supervised by the responsible paediatrician.

College Supervision - each Fellow has a supervisor approved by the Paediatrics & Child Health Division of the Royal Australasian College of Physicians to ensure training requirements for the FRACP are met. Each Fellow and their supervisor should meet regularly according to the PREP program requirements to complete their learning needs analyses, mini-clinical examination exercises, case-based discussions and supervisor's report.

JOURNAL CLUB

Journal Club is conducted as a weekly breakfast session during the school terms. One participant presents a paper of their choice. These sessions will alternate between a thorough critique of a journal article and a brief presentation of an article addressing an issue of clinical relevance followed by a more detailed discussion around designing a future study based on ideas from the paper.

Breakfast is traditionally provided by the presenter.

Educational objectives:

- Develop skills in critical appraisal of scientific literature
- Become familiar with the range of research methodology used in developmental/behavioural paediatrics and community child health.
- Gain an awareness of statistical principles used in research.
- Get to know CCCH researchers from a variety of disciplines
- Develop the rationale and methods for Fellows' advanced training projects

Presentation guidelines:

- Succinct dynamic approach
- Present whole paper, or an interesting aspect, e.g. a flawed study may be worth discussing
- Use an evidence-based approach
- Reviews and editorials are not generally suitable for presentation.

Journals to be reviewed:

- Child Development
- Journal of Developmental and Behavioural Paediatrics
- Developmental Medicine and Child Neurology
- Journal of the American Academy of Child and Adolescent Psychiatry
- Journal of Child Psychology and Psychiatry
- Journal of Paediatrics and Child Health
- Pediatrics
- Others as required

RESEARCH

Fellows are encouraged to perform a research project during their period of training, with the aim of publishing their findings in a peer-reviewed paediatric journal. Fellows may develop a project in their own particular area of interest, or alternatively contribute to a project based on current departmental research activities. Fellows will be matched with an appropriate research supervisor.

Fellows who are interested in academic paediatrics will be supported in applying for research grants to continue in the Centre for Community Child Health for a period of formal training as a Research Fellow, leading to a higher degree such as a PhD.

Examples of projects undertaken by trainees in the past include:

- Auditory processing deficits in children with school problems.
- Children in homeless families in Melbourne: Health status and utilisation of health services.
- Evaluation of an early intervention service using routinely collected data.
- Evaluation of the parental knowledge of asthma in children who have been recent in-patients with asthma at the Royal Children's Hospital.
- Follow up of children referred from School Function Program for help with emotional difficulties.
- Hearing impairment in extremely low birth weight children.
- Neurodevelopmental status, school performance and behavioural indicators in children with cyanotic congenital heart disease who have undergone corrective surgery.
- Process evaluation of the School Function Program.
- Development of a CD Rom - Pharmacotherapy for ADHD.
- Development of a CD Rom – ADHD, a practical guide for primary school teachers

PROGRAM EVALUATION

A regular program of feedback and evaluation of the Victorian Training Program in Community Child Health is undertaken. Data collection and questionnaire techniques are used to evaluate clinical experiences, the orientation program, the seminar program and the community components of the Program.

RECOMMENDED READING
CLASSIC TEXTS

Ambulatory Pediatrics IV

Green & Haggerty
W B Saunders, 1990

Education, Health & Behaviour

Rutter, Tizzard & Whitmore
J. Wiley, 1970

Temperament & Development

Thomas and Chess
Brunner Mazel, 1977

CURRENT TEXTS

Developmental - Behavioural Pediatrics

M. Levine, W. Carey & A. Crocker
W B Saunders, 4th Ed, 2009

Community Paediatrics

L. Polnay, Churchill Livingstone
3rd Ed, 2002

Developmental Disabilities in Infancy
and Childhood

A. Capute, P. Accardo
Maclen, 1996

Handbook of Early Childhood Intervention

S. Meisels & J. Shonkoff,
Cambridge University Press, 2nd Ed.
2000

Health for All Children - A Programme
for Child Health Surveillance

D. Hall
Oxford Medical Publ 3rd Ed, 1996

From Neurons to Neighbourhoods: The Science of
Early Child Development

J. Shonkoff, D. Phillips Eds.
National Research Council, Institute
of Medicine, Washington: National
Academy Press 2000

USEFUL LAY TEXTS

Every Parent - a Positive Approach
to Children's Behaviour

M. Sanders
Penguin, 2004

Touchpoints: Your Child's Emotional and
Behavioural Development

T.B. Brazelton
Addison Wesley 1993

You and Your ADD Child

I. Wallace
Harper Collins, 1996

INTERNATIONAL PROCLAMATIONS

The United Nations Convention on
The Rights of the Child

UN, Geneva, 1989

Ottawa Charter for Health Promotion

Health Promotion
Oxford University Press, 1987

The State of the World's Children 2012

UNICEF
www.unicef.org/sowc/2012

ECCE (Early Childhood Care &
Education)

UNESCO
Moscow Framework for Action &
Cooperation: Harnessing the Wealth
of Nations 2010

OTHER RESOURCES

Over several years, we have collected a large range of relevant resources in the RCH Network folder 'Ambpaed'. Please take some time to browse through these during orientation week. You can copy what you need onto a USB drive to take to your community clinics. RCH fellows can map this drive onto any computer you are using at RCH.

How to access the ambpaed drive

1. You need an active RCH username and password
2. Sign the 'Modify access to Existing Restricted Network Folders' from (via IT> forms)
3. This form is sent to IT who approve access
4. You now need to map the drive onto any computer in CCCH that you use regularly. This has to be done for each computer but only once- once you have done and logged off, it will appear on that computer every time you log back on.
5. Here's how to map the drive:
 - **Right** click on my computer icon, a drop box will appear.
 - Scroll down to 'Map Network Drive'
 - The Map Network drive box will appear, in the **drive:** location- choose the letter you wish to assign (can be any letter not already in use) to this new mapped drive by clicking on the down arrow E.g. P:
 - Then place your cursor in the **folder:** location and type in the path you wish to access: [\\rchfs1\ambpaed](#)
 - If you wish to have this mapped drive accessible all the time you will need to place a tick in the '**reconnect at logon**' and then click finish, otherwise leave this empty.
 - Your new mapped drive will appear under 'my computer '.
6. If this doesn't work: contact IT via ext 6277- let them know you are a CCH fellow trying to map ambpaed.

GLOSSARY OF TERMS

CALD	Culturally & Linguistically Diverse
CCH	Community Child Health
CEO	Catholic Education Office
CHC/S	Community Health Centre/Service
CPU	Child Protection Unit
CRU	Community Residential Unit
CSEP	Commonwealth Special Education Program Preschool Component
DET	Department of Education and Training
DHHS	Department of Health and Human Services
DLP	District Liaison Principal
ECIS	Early Childhood Intervention Services
ESL	English as Second Language
FDC	Family Day Care
GSP	General Service Plan
ISF	Inclusion Support Facilitator
IEP/ILP	Individual Educational Plan/Individual Learning Plan
IDS	Intellectual Disability Services (adult)
KISP	Kindergarten Inclusion Support Packages
LGA	Local Government Area
MCHN	Maternal and Child Health Nurse
MCHC	Maternal and Child Health Centre
NDIS	National Disability Insurance Scheme
NESB	Non English Speaking Background
PS	Primary School
PSN	Primary School Nurse
PSFO	Preschool Field Officer
RO	Regional Office
SAS	Special Assistance Scheme (pharmaceuticals)
SNSS	Special Needs Subsidy Scheme
SSG	School Support Group
SDS	Special Development School
SIU	Social Integration Unit
SRI	Student Resource Index
SS	Special School
SSSO	Student Support Services Officers
SSP	Service Support Plan
VTS	Visiting Teacher Service