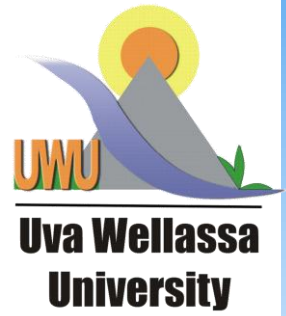


Date
Consultant name
Consultant Paediatrician
Teaching Hospital Badulla



Posting Students for Clinical Appointments

Batch :
Group :
Appointment : Paediatrics Long Appointment 02
Date of Commencement :
Duration :4 weeks
Date of completion :

Note:

- 1) The student's names are printed at the bottom of this letter.
- 2) The Clinical Portfolio gives all the details of the appointment.
- 3) **Attendance**
 1. **100% attendance** and **acceptable attitudes and behaviour** during the clinical appointment are expected (By-Law 41 (viii)).
 2. The consultant is responsible to decide on the satisfactory completion of the appointment of the students.
 3. If the consultant orders any student to **extend the period of appointment**, it will be the responsibility of the student to find the extra time needed.
 4. No student will be allowed to commence the professorial appointment without completing all other appointments and getting the signatures.
- 4) **Duration of the training**
 1. **Monday to Saturday** : **08.00 am to 12 noon**
 2. **Sunday** : **Off** (Except weekend casualties)
 3. **On casualty days** : **6.30 pm to 9.00 pm** only
- 5) **Attendance Register:**
 1. The group monitor is responsible to collect the attendance register from the Clinical coordinator, get it **marked and signed by the teacher** on each working day.
 2. Please verify the **attendance** in the register daily.
 3. Please **sign** the **Attendance Register** at the **end of the appointment by the senior most consultant** and instruct the group monitor to return it to the Clinical Coordinator.
 4. Satisfactory attendance is essential irrespective of students attaining sufficient standard in the appointment.
 5. If there is any extension of the appointment for one or more students, a separate register will be issued on request.
 6. The **Attendance Register** must be returned at the end of the appointment, along with the letters of excuse with or without the medical certificates for verification and documentation purposes.

- 6) At the end of the appointment, fill the Student Record Book and the Clinical Portfolio**
1. Please **fill the page – Clinical Appointment (long) Paediatrics 02**
 2. Ensure to document the **attendance**.
 3. Ensure to comment on the **behaviour and attitudes** of the student.
 4. Finally, place the **signature** of the Senior most Consultant and **official seal**.
 5. Consultant’s signature in the **Student Record Book & Clinical Portfolio** will confirm the attainment of sufficient competencies in the appointment.

Group A/B/C/D

	Name	Registration Number
01		
02		
03		
04		
05		
06		
07		
08		
09		

Thanking you

Sincerely Yours,

.....
 Snr. Prof. Muditha Vidanapathirana
 Dean,
 Faculty of Medicine,

+552051233, +94772988227, dean.fomed@uwu.ac.lk

Paediatric Portfolio

(4) Second Paediatric Long Appointment

(4.1) Objectives of the 2nd Paediatric Appointment

At the end of the second Paediatric appointment, the students

- **Progressive development** - Are expected to consolidate and build on the objectives of the first Paediatric appointment
- **Diagnosis & Management** - Do the following at the end of history and examination
 1. Give probable diagnosis & differential diagnosis
 2. Give reasons for arriving at the diagnosis
 3. Compile list of problems that the child has
 4. Suggest investigations needed to confirm the diagnosis
 5. Interpret the investigation results
 6. Draw up a management plan
- **Developmental screening** - Should be able to perform a basic developmental screening
- **Educating children and families-**
 1. Should be able to explain the principles of breastfeeding, infant feeding, and nutritional management of the preschool and older child.
 2. Should be able to impart health education to children and parents regarding immunization, feeding & sanitation.
- **Skills development** - Should be able to perform the following
 1. ENT examination
 2. BP measurement in infant and older child
 3. Taking oral/axillary and rectal temperature
 4. Collect clean mid-stream urine
 5. Nebulization for asthma
 6. Communicate effectively with the child, parents and other caregivers
- **Describe the management of common Paediatric problems** - Should be able to describe the principles of management of common Paediatric problems in Sri Lanka.
e.g.
 1. Recognize features of the seriously ill child requiring urgent intervention
 2. Upper and lower respiratory disorders in childhood
 3. Bronchial asthma
 4. Bronchiolitis
 5. Neonatal danger signs (eg. poor feeding) and common complications
 6. Acute gastroenteritis
 7. Bacillary dysentery
 8. Pneumonias
 9. Febrile convulsions & epilepsy
 10. Meningitis
 11. Cerebral palsy

12. Rheumatic fever
13. Urinary tract infection
14. Dengue hemorrhagic fever
15. Infections such as malaria, typhoid, hepatitis, tuberculosis
16. Iron deficiency anemia
17. Thalassemia
18. Malnutrition
19. Child abuse
20. Recognise safeguarding concerns and procedures for child protection

- **Describe the principles of the following Procedures:** Should observe and be able to describe the principles of the following:
 1. Use of different inhalation devices
 2. blood drawing
 3. intravenous cannulation
 4. intramuscular injections
 5. lumbar puncture

4) Procedures Done/Observed:

- Skill level A - Can perform independently
- Skill level B - Can perform under supervision
- Skill level C - Has seen the procedure

Procedure	Skill level	Name/BHT	Date	Signature
1.Nebulization	A			
2.Maintaining a paediatric Glasgow Coma Scale	A			
3.Maintaining a fluid balance chart	A			
4.Performing whole blood clotting time in ward	B			
5.Setting up of a blood transfusion	B			
6.Giving an intravenous injection	B			
7.Setting up an intravenous infusion using a normal drip set	B			
8.Setting up an intravenous infusion using a burette set	B			
9.Venipuncture and blood culture	B			
10.Neonatal examination	B			
11.Inserting a NG tube	B			
12. Inserting an intravenous cannula	B			
13.Neonatal resuscitation	C			
14.Administration of antivenom sera	C			
15.Collection, storage and transport of CSF sample	C			
16.Use of adrenaline during anaphylaxis (optional, should be observed if there is a patient)	C			

8) Seminars/Meetings/Presentations

Date	Seminars/Meetings/Presentations	Signature

(4.3) Assessment by the Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Paediatrics under me. I have given a grade based on his/her performance of the appointment.

Paediatric Long - II From to

Name of the Consultant:.....

Grade

.....
Consultant's signature

[With rubber stamp]

Grade –

A – Excellent, B – Good, C- Poor

Student Hand Book

CLINICAL APPOINTMENTS (LONG)

Paediatrics

	Duration	Attendance	Comments	Signature of Consultant
Paediatrics 01	04 weeks From To			
Paediatrics 02	04 weeks From To			
Professorial appointment (SEMESTER 09- 10)	08 weeks From To			

Faculty of Medicine, Uva Wellassa University of Sri Lanka
MBBS 1st Batch (2022-2023)
Clinical Attendance – Group A/B/C/D

No	Student Name	Registration No	Date																												Total
01																															
02																															
03																															
04																															
05																															
06																															
07																															
08																															
09																															
Short signature of the MO/SHO/SR/Consultant																															

At the end of the appointment,

Name of the consultant :

Signature :

Instructions

- (1) Daily attendance must be marked in the Clinical Attendance Table by the Medical Officer (MO), Senior House Officer (SHO), Registrar, Senior Registrar (SR), or Consultant supervising the clinical session.
- (2) At the completion of the appointment, the Consultant must sign the signature sheet and affix their official rubber stamp to certify the attendance record.

Note: - 100% attendance is compulsory

For more information: dean.fomed@uwu.ac.lk

Phone /Fax: 0552051234

