CLINICAL PORTFOLIO

PEDIATRICS

Department of Pediatrics
Faculty of Medicine
Uva Wellassa University of Sri Lanka

1st Batch
2026

CLINICAL PORTFOLIO

PAEDIATRICS

Faculty of Medicine
Uva Wellassa University of Sri Lanka

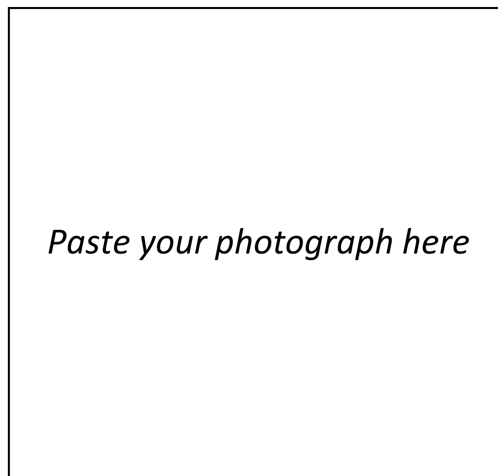
Personal details

Name :……………..…………………………..…………..

Reg/No :UWU/MBBS/ /

MED No :……..……………..……………….………….

Signature of the Student :…….…………….…………….



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Compiled by

Snr. Prof. Muditha Vidanapathirana, Dean, Faculty of Medicine, Uva Wellassa University of Sri Lanka

Dr. Sudath Abeywickrama, Senior Lecturer, Department of Paediatrics, UWUSL

Dr. Kolitha Wijewarsdene, Consultant Paediatrician, TH Badulla

Dr. Ruwan Samararatne, Consultant Paediatrician, TH Badulla

Dr. Oshadhi Elledeniya, Temporary Demonstrator, Department of Paediatrics ,FOM,UWUSL

Acknowledgement

Logbook, Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura

Table of Contents

(1) Introduction 4

(1.1)Final MBBS Examination Marks Allocation in Paediatrics 5

(1.2) Award of Distinctions in Final MBBS Examination 6

(1.3) Award of Honours in Final MBBS Examination 6

(2) Guide to daily clinical work 7

(2.1) Guidelines for general conduct 8

(2.2) Format for case history documentation 9

(3) 1st Paediatric long appointment 10

(3.1) Objectives of the 1st Paediatric appointment 10

(3.2) Record of 1st Paediatric long appointment 11

1) Histories taken: 11

2) Cases (Long/Short) presented: 12

3) Other interesting patients seen: 12

4) Procedures observed/done : 13

5)Emergencies observed 15

6) Clinic attendance: 15

7) Casualty attendance : 15

8) Seminars/Meetings/Presentations: 16

(3.3) Assessment by the Consultant 16

(3.4) Reflective Writing on management of a Paediatric emergency in the ward 17

(4) Second Paediatric long appointment 18

(4.1) Objectives of the 2nd Paediatric appointment 18

(4.2) Record of 2nd Paediatric long appointment 20

1) Histories taken: 20

2) Cases (Long/Short) presented: 21

3) Other interesting patients seen: 21

4) Procedures done/observed : 22

5)Emergencies Observed 23
6) Clinic attendance 23
7) Casualty attendance 23
8) Seminars/Meetings/Presentations 24
(4.3) Assessment by the Consultant 24
(4.4) Reflective Writing on management of Paediatric emergency in ward 25
(5) Professorial Paediatric appointment 26
(5.1) Objectives of the Professorial Paediatric appointment 26
(5.2) Record of the Professorial paediatric appointment 28
1) Histories taken 28
2) Cases (Long/Short) presented 30
3) Other interesting patients seen 30
4) Procedures done/observed 31
5)Emergencies observed 32
6) Clinic attendance 33
7) Casualty attendance 33
8) Seminars/Meetings/Presentations 34
9) Shadow House Officer Assessment 35
(5.3) Assessment by the Consultant 37
(5.4) Reflective Writing on management of paediatric emergencies in the ward 38
(6) List of Core Conditions in Paediatrics to be seen by the end of the course, ... 40
(7) Teaching Learning Methods 41
(9) Recommended Text Books 42

(1) Introduction

Dear Student,

Welcome to the clinical attachment in the Department of Paediatrics. During this period, you will have the opportunity to consolidate and refine your clinical knowledge and skills in Paediatric medicine. You are also expected to develop professional attitudes in your interactions with children, their parents or caregivers, and with your colleagues, including medical, nursing, and ancillary staff.

Your appointment will be mainly based in the Paediatric wards of Teaching Hospital Badulla. Clinical teaching will be conducted by the Paediatric consultants attached to each ward. If a ward has two consultants, you will participate in the morning ward round with one consultant and attend a ward class or teaching session with the other consultant thereafter. In addition to formal teaching sessions, significant learning can be gained through informal discussions with senior registrars, registrars, senior house officers, house officers, and nursing staff within the unit.

You are encouraged to spend as much time as possible with patients and their caregivers in the ward. Learn to obtain a **(1)** comprehensive Paediatric history, including antenatal, birth, developmental, nutritional, immunization, and social history. **(2)** Perform thorough, age-appropriate clinical examinations, **(3)** analyses symptoms and signs, **(4)** identify medical and psychosocial problems, and **(5)** formulate appropriate management plans. At all times, respect the rights, dignity, and wishes of the child and their caregivers, recognizing that patient safety and welfare are paramount.

A series of assessments will be conducted during the attachment to evaluate the clinical skills, communication abilities, and professional attitudes you develop throughout the clerkship.

We hope this clinical attachment will assist you in refining your paediatric clinical skills and in acquiring the practical knowledge and professional attributes required to become a competent and responsible junior house officer.

This portfolio includes confidential patient details. It must be kept safe and not left unattended. Patient confidentiality is a core obligation of medical professionals and an integral part of their training. As such, medical students bear full responsibility for safeguarding patient information included in this portfolio.

Department of Paediatrics
Faculty of Medicine
Uva Wellassa University of Sri Lanka

(1.1)Final MBBS Examination Marks Allocation in Paediatrics

One continuous assessment will be held at the end of the pre-professorial appointments at 8th semester.
At the end of the 10th semester the final MBBS examination will be held.

Continuous Assessment

Method of Assessment	Time (Minutes)	Total	Total marks allocated to Final MBBS
Pre professorial portfolio assessment & Viva	15	5	5%
Professorial Portfolio assessment & Viva	15	5	5%
OSCE – 15 Stations	60	10	10%
Total			**20%**

Final MBBS Examination – Paediatrics

Method of Assessment	Number of Questions	Time (mts)	Total	Total marks allocated to Final MBBS
Paper 1 – **MCQ (T/F +SBA)**	**20+30**	120	20	20%
Paper 2 – SEQ	**6**	180	20	20%
Long case – 1 case		45	20	20%
*Short case – 02 cases		20	20	20%
	Contribution from summative examination			**80%**
	Continuous Assessment contribution			**20%**
	Total marks			**100%**

(1.2) Award of Distinctions in Final MBBS Examination

A candidate who obtains

1) An overall average of **70%** marks in a subject and
2) **65% for the clinical component** in the following subjects in the (MBBS) Final examination (i) Medicine, (ii) Surgery, (iii) Obstetrics and Gynecology, (iv) Pediatrics, (v) Psychiatry and (vi) Family Medicine
3) Shall be considered to have obtained a Distinction in that subject
4) Provided that he/she is sitting that examination for the **first time** and
5) That he/she passes the whole (MBBS) Final examination and obtains either a **First or Second Class.**

(1.3) Award of Honours in Final MBBS Examination

1) **First Class (Honours)** –
   1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
   2. Obtains an overall average mark of **70% or above** at that examination shall be eligible for First Class (Honours)
2) **Second Class Upper Division (Honours) –**
   1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
   2. Obtains an overall average mark of **65% - 69%** at that examination shall be eligible for second Class Upper Division (Honours)
3) **Second Class Lower Division (Honours)**
   1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt and**
   2. Obtains an overall average mark of **60% to 64%** at that examination shall be eligible for Second Class Lower Division (Honours)

4) **64% but 2nd class upper Division (Honours)**
   1. A candidate who has passed the MBBS Final examination at the **first scheduled attempt** and
   2. Obtains an average of **64%** marks at that examination shall be eligible for SecondClass Upper Division (Honours) provided he/she has obtained
   3. **Second Class Upper or First Class** Honours in **both the (MBBS) second and (MBBS) third** examinations and
   4. Has a **cumulative average** mark of **65%** or above at the **(MBBS) second and (MBBS) third** examinations and (MBBS) **Final** examinations.

5) **59% but 2nd class lower Division (Honours)–**
   1. A candidate who has passed the (MBBS) Final examination at the **First scheduled attempt and**
   2. Obtains an average mark of **59%** or above at the (MBBS) Final examination shall be eligible for 2nd Class Lower Division (Honours)
   3. Provided that he/she obtained Honours **in both (MBBS) 2nd examination** and **(MBBS) 3rd examination** and
   4. Has a **cumulative average** mark of **60%** or above at the **2nd MBBS examination**,**3rd MBBS examination**, and **Final MBBS examination**

(2) Guide to daily clinical work

During the clinical appointment, you contribute to patient care on a daily basis, by direct contact with patients, other medical team members and family members.

You are expected to obtain a detailed history from the patient, perform a relevant physical examination, and formulate an appropriate differential diagnosis. You should acquire the ability to request relevant investigations and formulate management plans. Gathering daily information about clinical status and progress in treatment, documenting daily progress and planning discharge are part of your routine clinical work. You should take the initiative to meet with family members and other team members to facilitate and implement treatment and discharge planning.

Ward rounds are conducted each morning. The consultant along with the team of doctors sees each patient, discusses their illness, and decides on the diagnostic and therapeutic plan of the day. In order to gain the maximum benefit, it is the responsibility of the student to gather relevant clinical data of the patients in preparation for the ward rounds. You may need to arrive in the ward quite early, depending on the number of patients and complexity of their clinical problems.

Always ensure that you have immediate access to each patient's case summary, medications and current lab results. This will help you to actively participate in the discussions during the ward rounds.

You will be requested to present your patient's case during ward rounds. In this situation, you can present a summary rather than a detailed presentation that is consistent with the expectations of the consultant leading the ward rounds.

Try to adopt the attitude that you are truly a junior doctor taking care of the patients assigned to you. You will find that the learning experience is more enjoyable!

You are requested to maintain a set of case notes for each patient in the format given on the next page.

All case records should be available at the mid-term and final assessments.

(2.1) Guidelines for general conduct

Attendance
Attendance for the clinical appointment is a statutory requirement and is **compulsory.** Attendance will be recorded at 8.00 a.m. daily and on casualty nights. This includes public holidays unless otherwise stated. Leave for any reason must be obtained from the Head of the Department. If attendance is unsatisfactory, you will have to repeat a part or the entire appointment.

Illness
If you are absent from teaching due to illness you must submit a medical certificate stating that you were unfit to attend classes. However, at the discretion of the Head of the Department, your appointment may be prolonged to cover the days of absence.

Punctuality
Late arrival of students is discouraged as it disrupts teaching and other students. Latecomers may be refused admission to teaching sessions. Students must arrive at all clinics and ward rounds on time.

Behavior
Students must be courteous to patients and to the general public at all times. They should also be considerate to medical nursing and para-medical staff. Remember that you will be spending much of your time in contact with patients who will have certain expectations of you as professionals. Avoid noisy, inappropriate conversation in all areas where patients/visitors may overhear.

Dress
In hospital, medical students should be clean and suitably attired eg. scrubs. It is important that you maintain a clean, neat appearance. Avoid extremes of dress. Jeans, shorts, trainers and slippers are not permitted. You must wear a name tag. Name tags must be worn at all times.

Conduct
Students are expected to maintain a high standard of public behavior. You must demonstrate appropriate attitudes at all times.

Student belongings
On no account must students litter the wards of clinics with rucksacks, helmets etc. Your belongings are your responsibility and should be placed in a secure location.

Consenting – Patients' rights
Patients and parents have the right to decline to be observed or attended to by students without affecting in any way the treatment they receive. Whenever practicable, the student's status and the reason for his/her presence must be explained to the patient/parent and the patient's prior informed consent must be requested.

(2.2) Format for case history documentation

- Patient's name
- Age
- Address
- Date of admission & BHT
- Presenting complaint and ancillary complaints with duration
- History of the presenting complaint
- Past medical history
- Drug history: Current medications, any drug allergy
- Family history
- Personal and social history
- *Discuss relevant diagnosis or differential diagnosis according to the history giving reasons for your conclusions.*
- Clinical examination findings
- Give a summary of your history and examination.
- Give the most likely diagnosis or differential diagnosis.
    - When the diagnosis or differential diagnosis is unknown, state the problems
    - When the patient has multiple diagnoses/problems list them according to the priority
- Discuss the plan of investigations. Give relevant investigations and document the results. Document ECG & CXR findings.
- Give the comprehensive plan of management.
- Daily status: Continue patient follow up with documentation of daily status which would include patient's daily clinical status and any changes in the management.
- Maintain observation charts e.g. dengue observation charts, fluid balance charts, peak flow charts etc.
- Plan for discharge. Document the discharge medication and follow up plan.

(3) 1st Paediatric long appointment

(3.1) Objectives of the 1st Paediatric appointment

At the end of the first Paediatric appointment, the students should be able to:

1) **Building a rapport -** Appreciate the different ways of approaching Paediatric patients at different ages with a view to building a rapport with the child and the parents or the guardian prior to embarking on history taking and examination.

2) **Handle a Paediatric patient -** with kindness and patience.

3) **History taking -** Take a complete and relevant Paediatric history from the patient, parent, or guardian, including birth, developmental, feeding, immunization, social and family history.

4) **Examination -** Perform a complete & relevant physical examination of a neonate, infant, preschool & school child

5) **Diagnosis & management -** Do the following at the end of history and examination

    a. Identify the organ system affected
    b. Relate the symptoms and signs to the disordered structure and function
    c. Arrive at a reasoned conclusion as to the causes of altered structure and function (that is, diagnosis / differential diagnosis
    d. Suggest basic investigations to confirm altered structure and function.
    e. Formulate a management plan.

6) **Growth assessment -** Assess growth parameters such as weight, height/length and head circumference, and be able to interpret growth using appropriate growth charts.
7) Distinguish between the normal child and early signs of illness.
8) Recognize warning signs that require senior review.

(3.2) Record of 1st Paediatric long appointment

Duration: ………………From …………………………….. to ………………………………
Ward and Hospital: ……………………………………………………………………………
Name of the Consultant: ……………………………………………………………………….

1) Histories taken:

Name	Date of admission	BHT No	Diagnosis

2) Cases (Long/Short) presented:

Date	Name & BHT	Diagnosis & the system	Presented to	Remark/Signatur e

3) Other interesting patients seen:

Date	Name/BHT	Diagnosis

4) Procedures observed/done :

- 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.Measurement of blood pressure	A			
2.Use of a tongue depressor	A			
3.Perform hand washing according to the correct technique	A			
4.Performing ear examination	A			
5.Fundoscopic examination	A			
6.Urine ward test for protein	A			
7.Urine ward test for reducing substances	A			
8.Measurement of weight using a bathroom scale	A			
9.Measurement of occipito-frontal circumference	A			
10.Measurment of height using a stadiometer	A			
11.Completing laboratory request form	A			
12.Measurement of mid arm circumference	A			
13.Completing x-ray request form	A			
14.Measurement of peak flow rate (PFR)	A			

15.Measurement of length using an infantometer	B			
16.Maintaining a paediatric Glasgow Coma Scale	A			
17.Nebulization	B			
18.Venipuncture and blood culture	C			
19.Giving an intravenous injection	C			
20.Estimation of capillary blood sugar doing finger prick	C			
21.Giving an intramuscular injection	C			
22.Inserting an intravenous cannula	C			
23.Performing urinary catheterization	C			
24.BCG administration	C			
25.Collection, storage, and transport of a CSF sample	C			
26.Use of adrenaline during anaphylaxis (to be observed if there is a patient)	C			

5)Emergencies observed

Emergency	Patient BHT	Date	Signature

6) Clinic attendance:

Date	Clinic	Signature Consultant/SR

7) Casualty attendance :

Date	Signature Reg/SHO	Interesting Patients seen

8) Seminars/Meetings/Presentations:

Date	Seminars/Meetings/Presentations	Signature

(3.3) 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 appointment - I From ………………… to ……………

Name of the Consultant:

Grade ☐

……………………….........
Consultant's signature
[with rubber stamp]
Grade –
A – Excellent, B – Good, C- Poor

(3.4) Reflective Writing on management of a Paediatric emergency in the ward

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(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

(4.2) Record of 2nd Paediatric long appointment

Duration: ……….From …………………………………… to ………………………………
Ward and Hospital: ……………………………………………………………………………
Name of the Consultant: ……………………………………………………………………

1) Histories taken:

Name	Date of admission	BHT No	Diagnosis

2) Cases (Long/Short) presented:

Date	Name & BHT	Diagnosis & the system	Presented to	Remark/Signature

3) Other interesting patients seen:

Date	Name/BHT	Diagnosis

4) Procedures <u>done/observed</u> :

- 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,	C			

should be observed if there is a patient)				

5)Emergencies Observed

Emergency	Patient BHT	Date	Signature

6) Clinic attendance

Date	Clinic	Signature Consultant/SR

7) Casualty attendance

Date	Signature Reg/SHO	Interesting Patients seen

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

(4.4) Reflective Writing on management of Paediatric emergency in ward

(5) Professorial Paediatric appointment

(5.1) Objectives of the Professorial Paediatric appointment

At the end of the Professorial Paediatric appointment, the students should be able to

- **Taking complete & relevant Paediatric history -** consolidate his ability take a complete & relevant Paediatric history, including birth, developmental, feeding, immunization, social and family history.

- **Complete physical examination -** consolidate your ability to perform a complete physical examination of a neonate, infant, preschool & school child

- **Assess growth charts -** Assess growth using appropriate growth charts

- **Developmental screening & assessment -** do a basic developmental screening and assessment

- **Diagnosis & Management -** do the following at the end of a complete 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 plan of management
    7. Write a prescription appropriate for the child
    8. Explain the child's condition and the management plan with the parents.
    9. Summarize the patient's problems adequately
    10. Write clear concise & relevant progress notes for the patient
    11. Write a diagnosis card (Discharge summary) for the patient

- **Providing advice -** Advice individuals, families & community on maintaining a child in good health

- **Ethical doctor -** have an empathetic attitude to Paediatric patients and the problems faced by their relatives

- **Describe the management of the following Paediatric emergencies** - Describe the steps in the management of the following Paediatric emergencies
    1. an acute convulsion
    2. stridor
    3. status asthmaticus
    4. respiratory failure due to any other cause
    5. cardiopulmonary resuscitation
    6. heart failure
    7. septicemia,
    8. dengue shock

9. bag and mask ventilation of an asphyxiated newborn
10. coma
11. poisoning
12. to recognize and describe the steps in the management and follow-up of a victim of child abuse.

- **Skills development -** should be able to perform the following (*must do procedures)
    1. ENT examination
    2. BP measurement in an infant and an older child
    3. Taking oral/axillary and rectal temperature
    4. Venipuncture and inserting an IV canula*
    5. IM/IV/SC injection
    6. Inserting Naso-gastric tube
    7. Collect clean mid-stream urine
    8. Insert a suppository
    9. Nebulization for asthma
    10. Setting up a drip
    11. Neonatal resuscitation using a bag and mask*
    12. PCV*
    13. Urine ward test*
    14. Writing diagnosis cards*
    15. Hesse's test*

- **Observing the steps of the following procedures -** should have observed and be familiar with the steps of the following
    1. Gastric lavage in poisoning.
    2. Inserting an IV cannula in newborns and infants
    3. Lumber puncture
    4. Preparation of infant formula
    5. Induction of emesis and gastric lavage in poisoning
    6. Starting a blood or blood product transfusion.
    7. Exchange transfusion
    8. Bone marrow aspiration
    9. Starting phototherapy

(5.2) Record of the Professorial paediatric appointment

Duration: ………From …………………………………………to ……………………………

1) Histories taken

(you are expected to take histories from 35-40 Patients. please keep your histories for inspection during the appointment)

Name	Date of admission	BHT No	Diagnosis

2) Cases (Long/Short) presented

Date	Name & BHT	Diagnosis & the system	Presented to	Remark/Signature

3) Other interesting patients seen

Date	Name/BHT	Diagnosis

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.Measurement of temperature and maintaining a temperature chart	A			
2.Estimation of capillary blood sugar doing heel prick/ finger prick	A			
3.Writing diagnosis card with management plan	A			
4.Connecting an ECG monitor and doing a 12 lead ECG	A			
5.Advising and demonstration of usage of inhaler device	A			
6.Blood drawing including blood culture	B			
7.Estimation of PCV	B			
8.Urinary catheterization	B			
9.Setting up of a blood transfusion	B			
10.BCG vaccination	C			
11.Administration of an IM vaccine	C			
12 Mantoux test Performance and interpretation	C			
13.Collection ,storage and transport of a CSF sample	C			
14.Insertion of an Umbilical catheter	C			

15.Exchange transfusion(if there is a patient)	C			
16.Neonatal Resuscitation(compulsory)	B			
17. Paediatric resuscitation session(compulsory)	B			

5)Emergencies observed

Emergency	Patient BHT	Date	Signature

6) Clinic attendance

Date	Clinic	Signature Consultant/SR

7) Casualty attendance

Date	Signature Reg/SHO	Interesting Patients seen

8) Seminars/Meetings/Presentations

Date	Seminars/Meetings/Presentations	Signature

9) Shadow House Officer Assessment

The Shadow House Officer (HO) attachment is a core component of this Paediatric clinical clerkship. During this attachment, you will further develop the clinical skills already acquired and gain practical experience in the management of acute and non-acute Paediatric conditions. Over this one-week period, you will function as an apprentice house officer and actively participate in the inpatient care of children admitted to the Paediatric unit.

You will work closely with the Paediatric medical and nursing staff, who will provide supervision and guidance as required. You will be assigned responsibility for a limited number of Paediatric patients appropriate to your level of training. You are expected to maintain brief case notes, write daily follow-up entries, and may be required to present selected cases during ward rounds.

This attachment is designed to provide insight into the daily responsibilities of a Paediatric house officer and to prepare you for your future internship. It forms part of your professional development, and structured feedback on your performance will be obtained.

Objectives of the Attachment

Paediatric Emergency Care

- To perform a rapid assessment of illness severity in infants and children
- To identify the most significant presenting symptom or sign
- To obtain focused, relevant histories from caregivers
- To recognize age-specific and condition-specific physical signs
- To prioritize investigations and management appropriately
- To assess and manage the unconscious child
- To recognize and prioritize Paediatric resuscitation
- To identify the sick child early and escalate care promptly

Non-Acute Paediatric Care

- To develop an age-appropriate and child-centered approach to patients
- To obtain a comprehensive history, including antenatal, birth, developmental, nutritional, immunization, and social history
- To differentiate primary symptoms from associated complaints
- To gather all relevant ancillary information related to the presenting problem
- To perform a complete and systematic examination of all systems in children
- To interpret abnormal physical findings and formulate differential diagnoses
- To plan appropriate investigations and management
- To understand principles of long-term management of Paediatric conditions, including family involvement and follow-up

Knowledge Objectives

- Differential diagnosis of common Paediatric emergencies
- Clinical presentations of common Paediatric medical conditions
- Principles of safe prescribing in children, including weight-based dosing
- Time management and prioritization in Paediatric ward settings
- Effective communication with children and caregivers

At the end of the attachment, you must obtain the signature of the ward round consultant on the final day of your Shadow HO placement.
Feedback evaluation forms must be completed by the relevant registrar or senior registrar.

Period of shadow house officer attachment: From ……………………. to ………………………………….

Assessment:

Grade: ☐

(A-Excellent B-Average C-Poor)

Comments:…………………………………………………………………………………….…
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
…………………………………………………………………

Consultant's Name:
………………………………………………………………………………………………
…………

Signature: …………………………………………………………..

(5.3) 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

(5.4) Reflective Writing on management of paediatric emergencies in the ward

(6) List of Core Conditions in Paediatrics to be seen by the end of the course,

- Normal newborn
- Birth asphyxia
- Low Birth Weight
- Neonatal sepsis
- Neonatal jaundice
- Neonatal feeding difficulties
- Congenital malformation
- Down Syndrome
- A child with developmental delay
- Behavior disorder
- Epilepsy
- Febrile convulsion
- Meningitis/Encephalitis
- Failure to thrive
- Short stature
- Obesity
- Nutritional disorder
- Poisoning
- Child abuse
- Upper Respiratory Infections
- Lower Respiratory Infections
- Bronchial asthma
- Infective gastro-enteritis
- Intestinal parasites
- Infective hepatitis
- Abdominal pain
- DHF (Dengue Hemorrhagic Fever)
- PUO (Pyrexia of Unknown Origin)
- TB (Tuberculosis)
- Acute Glomerular Nephritis
- Nephrotic Syndrome
- UTI (Urinary Tract Infection)
- JIA (Juvenile Idiopathic Arthritis)
- Child with a limp
- Rheumatic fever
- CHD (congenital heart disease)
- Hemolytic anemia
- Bleeding diathesis- (ITP and Hemophilia)
- Atopic eczema
- Impetigo
- Scabies
- Common endocrine disorders
- Childhood malignancies

(7) Teaching Learning Methods

1. **Presentations**
    a. Bedside case presentations (General Paediatrics/Neonatal) by the student to be taken by the Consultant / Registrar / SHO. (ideally, every student should present at least once during a 4-week appointment)
    b. Clinic case presentations (General Paediatrics/ Neonatal) by student to be taken by Consultant / Registrar / SHO
    c. Guide students to have at least one seminar on a given topic during a 4-week appointment.

2. **Attend**
    a. Clinic attendance to be in small groups 4 clinics /first 2 appointments, and 4 clinics /final year
    b. Each student should attend at least two clinics during the 4 weeks.
    c. Students should attend at least one casualty/week and one perinatal meeting during the first 2 appointments and 6 casualties and one perinatal meeting during the final year

3. **Teaching**
    a. Teaching history taking during a ward round or in clinic (Demonstration as well as checking the student's ability)
    b. Teaching physical signs during a ward round or clinic (Demonstration as well as checking students' ability)

4. **Demonstration**
    a. Demonstration of talking to patients/parents in ward rounds or in the clinic, especially breaking bad news, with due respect to personal, cultural and religious sensitivity.
    b. Demonstration of procedures to be done by Registrar/SHO/HO Nurses as appropriate.
    c. Demonstration of management of common Paediatric emergencies by Registrar / SHO/HO

5. **Supervision**
    a. Supervision of student procedures by HO/Nurses
    b. Supervision of students' attitudes towards patients and parents during history taking and examination

6. **Visit Paramedical resources**
    a. Visit and get familiar with the other paramedical resources available eg. laboratory, radiology department, pharmacy, speech therapy unit, rehabilitation and physiotherapy unit

(9) Recommended Text Books

1. The Illustrated Textbook of Paediatrics - T. Lissauer, Will Carroll
2. Concise Textbook of Paediatrics-Shaman Rajindrajith, Sachith Mettananda, Asiri Abeygunawardena

*Latest edition is always recommended for the books stated above

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Faculty of Medicine
Uva Wellassa University
Badulla, Sri Lanka

Portfolio of Pediatrics

Faculty of Medicine
Uva Wellassa University of Sri Lanka
Badulla
Tel : +94 55 205 1234
Fax : +94 55 205 1234
E-mail : dean.office.fomed@uwu.ac.lk
Website : www.uwu.ac.lk

@2026, February