



DEVELOPING A CORE CURRICULUM FOR PEDIATRICS

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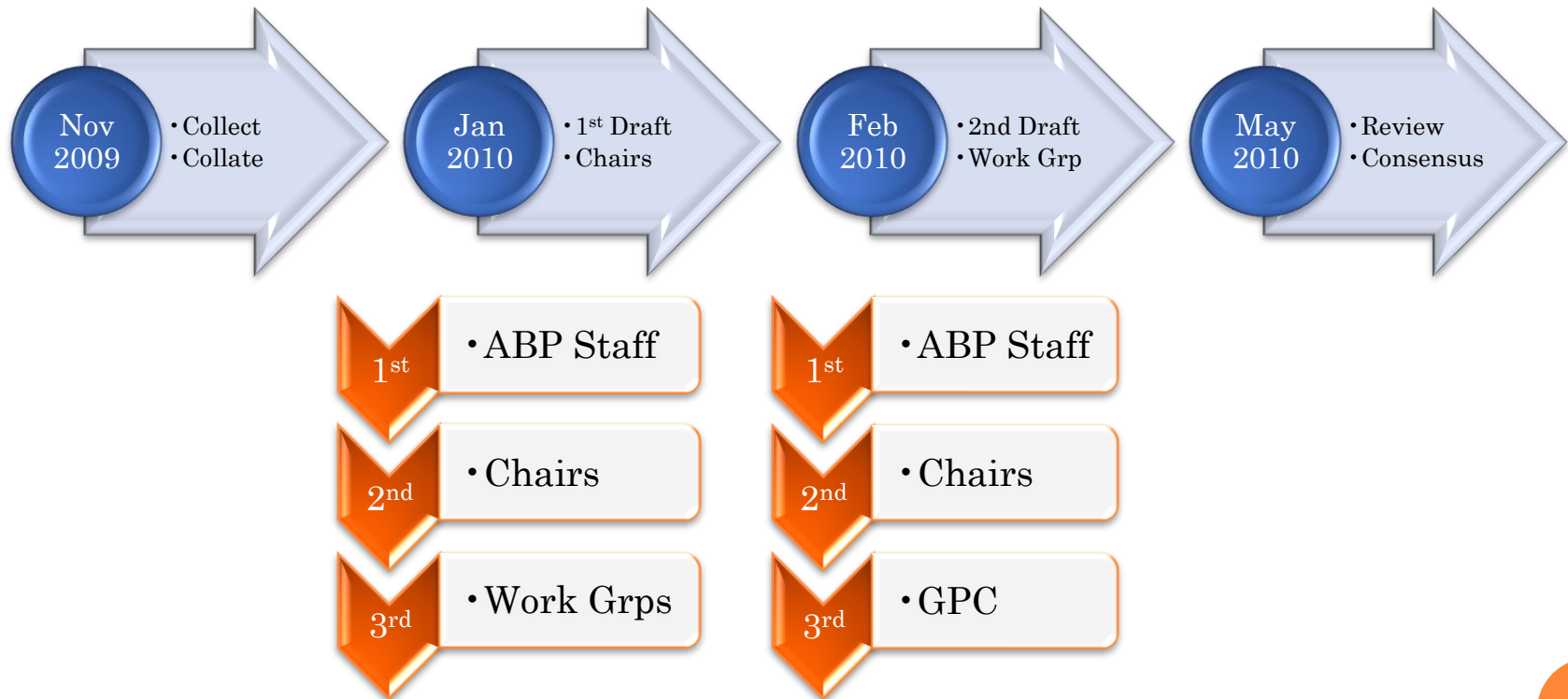
2nd Global Pediatric Summit
14-16 May 2010
Frankfurt, Germany

ELEMENTS OF THE CORE CURRICULUM

- Syllabus
 - Outline of the knowledge/content of General Pediatrics
- Competency Framework
 - A collection of core skills, attitudes, and behaviors
 - Foundation of training, assessment, physician accreditation, and professional development



WORK PROCESS: 2009 - PRESENT



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Catalog current-practices among participating countries

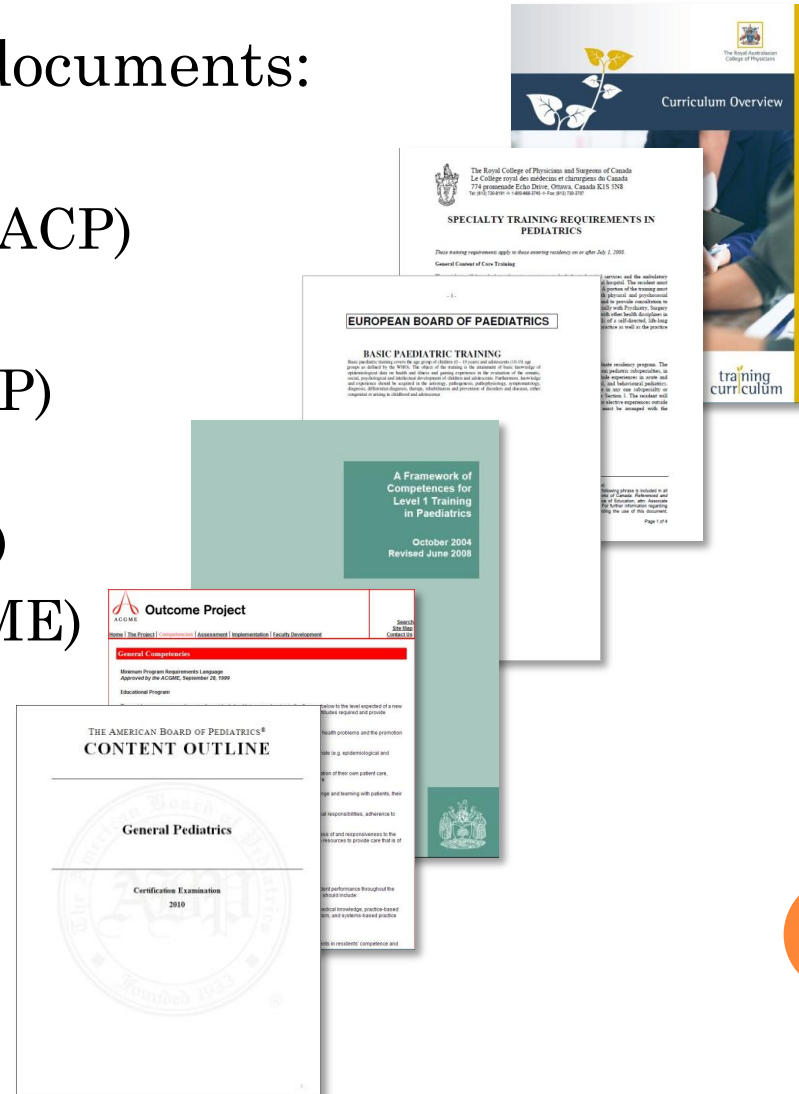
- Arab States
- Australia/New Zealand
- Canada
- Egypt
- European Union
- India
- Israel
- Nigeria
- Pakistan
- United Kingdom
- United States



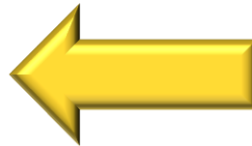
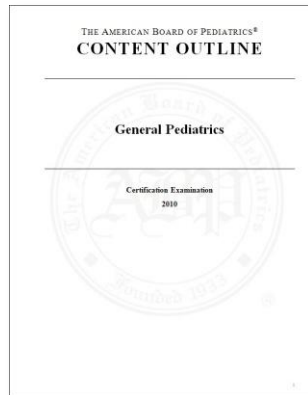
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Comprehensive curricular documents:

- Australia/New Zealand (RACP)
- Canada (RCPSC)
- European Union (EAP/EBP)
 - Common Trunk
- United Kingdom (RCPCH)
- United States (ABP/ACGME)



CREATING A FIRST DRAFT: SYLLABUS



Contributing Organizations:



SYLLABUS: DRAFT 1

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Genetics

A. General

1. Mendelian inheritance (autosomal dominant, autosomal recessive, X-linked recessive, X-linked with incomplete penetrance, X-linked dominant)
2. Multifactorial inheritance
3. Mitochondrial inheritance

B. Diagnostic testing

1. Prenatal
 - (a) Invasive (preimplantation genetic diagnosis, chorionic villus sampling, amniocentesis, prenatal umbilical blood sampling)
 - (b) Noninvasive (ultrasonography, maternal blood screening)
2. Postnatal (karyotyping, fluorescent in situ hybridization, comparative genomic hybridization, molecular analysis, metabolic analysis, newborn screening)

C. Chromosomes : Normal Karyotype and Abnormal Karyotypes

1. Autosomal (eg, trisomy, deletions, translocations, duplications, inversions, contiguous gene syndromes)
2. Sex chromosomes (eg, Turner syndrome, Klinefelter syndrome)
3. 47,XXX
4. 47,XXX

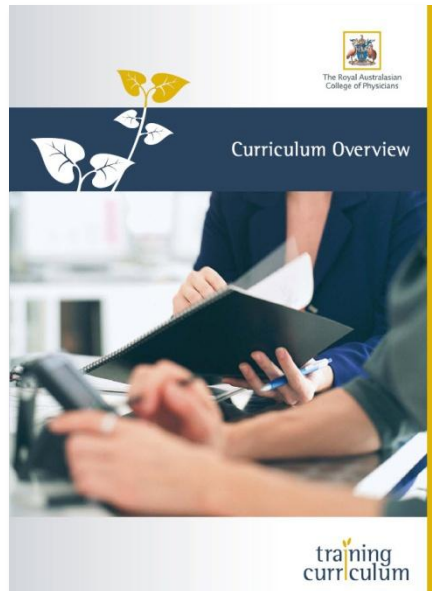
D. Gene abnormalities

1. Short stature
2. Overgrowth syndromes
3. Neuromuscular disorders
4. Facial and limb abnormalities
5. Osteochondrodysplasia
6. Craniosynostosis
7. Storage disorders
8. Connective tissue disorders
9. Hamartomas

E. Miscellaneous

1. Pharmacogenetics
2. Trinucleotide expansion
3. Imprinting
4. Anticipation
5. Associations

CREATING A FIRST DRAFT: COMPETENCY/SKILLS



CURRICULUM DOMAINS, THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Domains

The Domains are the broad fields which group common or related areas of learning.

Themes

The Themes identify and link more specific aspects of learning into logical or related groups.

Learning Objectives

The Learning Objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

DOMAINS

DOMAIN 1: COMMUNICATION

Theme 1.1: Physician-patient communication
Theme 1.2: Communicating with a patient's family and/or carers
Theme 1.3: Communicating with colleagues and broader health care team
Theme 1.4: Communicating with the broader community

DOMAIN 2: QUALITY AND SAFETY

Theme 2.1: Using evidence and information
Theme 2.2: Safe practice
Theme 2.3: Identifying, preventing and managing potential harm

DOMAIN 3: TEACHING AND LEARNING (SCHOLAR)

Theme 3.1: Ongoing learning
Theme 3.2: Research
Theme 3.3: Educator

DOMAIN 4: CULTURAL COMPETENCY

Theme 4.1: Cultural competency

DOMAIN 5: ETHICS

Theme 5.1: Professional ethics
Theme 5.2: Personal ethics
Theme 5.3: Ethics and health law

DOMAIN 6: CLINICAL DECISION MAKING

Theme 6.1: Clinical decision making

CREATING A FIRST DRAFT: COMPETENCY/SKILLS



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SPECIALTY TRAINING REQUIREMENTS IN PEDIATRICS

These training requirements apply to those entering residency on or after July 1, 2008.

General Content of Core Training

The resident will have had an adequate experience in both the in-hospital services and the ambulatory facilities of a children's hospital or of the pediatric department of a general hospital. The resident also have appropriate experience in community based child health services. A portion of the training include experience and study in the comprehensive care of children with physical and psychosocial challenges. The resident will learn the skills to work collaboratively with and to provide consultation to other medical and health disciplines dealing with infants and children, especially with Psychiatry, Int and Obstetrics. The resident will acquire the professional attitudes to work with other health disciplines a variety of health care service models. The resident will develop the skills of a self-directed, life-long learner. The resident will learn the skills to critically appraise both his/her practice as well as the practice of Pediatrics.

Specific Content

The resident will have been registered in an accredited Pediatric postgraduate residency program. resident will have had experience in core general pediatrics and in the various pediatric subspecialties both in-patient and ambulatory settings. Core pediatric training must include experiences in acute ongoing care Pediatrics, emergency pediatrics, neonatology, developmental, and behavioural pediatrics. In order to assure an adequate breadth of training, maximum experience in any one subspecialty discipline must be limited to six months during the three core years under Section 1. The resident learn to set his/her own educational goals and will have had opportunities for elective experiences out of the core training program, the essential feature being that these must be arranged with understanding and approval of the postgraduate program director.

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OBJECTIVES OF TRAINING IN PEDIATRICS (2008)

Key and Enabling Competencies: Pediatricians are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
 - 1.1. Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional with respect to patient care and education
 - 1.2. Demonstrate effective use of all CanMEDS competencies relevant to Pediatrics
 - 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
 - 1.4. Demonstrate ability to effectively and appropriately prioritize professional duties when faced with multiple patients and problems
 - 1.5. Demonstrate compassionate and patient-centered care
 - 1.6. Recognize and respond to the ethical dimensions in medical decision-making
 - 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Pediatrics

In Pediatrics, knowledge acquisition must include normal human anatomy, physiology and psychology as expressed in a biopsychosocial model of human growth and development. The Pediatrician will understand the pathophysiological and psychological processes underlying departure from normal. This will include knowledge of therapy in its broadest sense, to include life-style, nutritional, physical and drug therapies. A Pediatrician will demonstrate the ability to access and apply relevant information to clinical practice.

For all clinical situations listed below, the Pediatrician must be able to evaluate, investigate, diagnose, manage and refer when appropriate:

- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Pediatrics
 - 2.1.1. Recognize, diagnose and manage; the normal healthy state, the natural course of pediatric problems, variations in and departure from the normal
 - 2.1.2. ACUTE CARE (Critical Care / Emergency Pediatrics)
 - 2.1.2.1. Pathophysiology of altered consciousness, shock, respiratory failure and principles of mechanical ventilation
 - 2.1.2.2. Pathophysiology of cardiorespiratory arrest and resuscitation

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CREATING A FIRST DRAFT: COMPETENCY/SKILLS

A Framework of Competences for Level 1 Training in Paediatrics

October 2004
Revised June 2008

Royal College of Paediatrics
and Child Health



A Framework of Competences for Level 1 Training in Paediatrics - October 2004 - Revised June 2008

2. General competences

The learning objectives in this section reflect the general practice of a paediatrician and have been developed from our description *What is a paediatrician?* The detail of speciality-specific practice can be found in Section 4 (page 22).

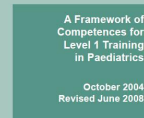
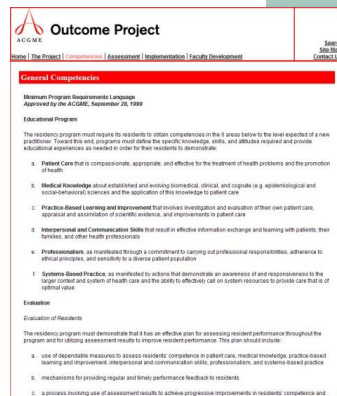
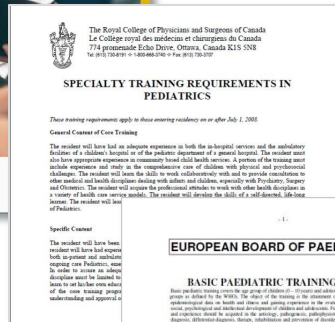
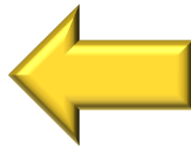
The statements are mapped to *Good Medical Practice*² (2001) and to *Good Medical Practice in Paediatrics and Child Health*³ (2002), essential reading for all trainees. In addition, you should ensure that you have read carefully the *Laming Report*⁴ (2003) and the *UN Convention on the Rights of the Child*⁵.

By the end of Level 1, trainees will:

Knowledge and understanding

- understand the duties and responsibilities of a paediatrician in the safeguarding of babies, children and young people
- understand the duties and responsibilities of a paediatrician to support and enable parents and carers to be effective in caring for their children
- know and be able to apply the scientific base relevant to clinical practice in paediatrics
- know the aetiology and patho-physiology of common and serious childhood conditions
- understand the promotion of health and the management of ill-health in babies, children and adolescents
- understand the specific health issues, diseases and disorders related to the stages of growth and development
- recognise the mental health components of all paediatric illness
- recognise the effects that school and other social settings may have on childhood illness and vice versa
- understand the factors that affect a child's level of anxiety about illness, treatment or examination
- recognise the impact on parents and the rest of the family of acute or chronic illness,

CREATING A FIRST DRAFT: COMPETENCY/SKILLS



Contributing Organizations:



COMPETENCY/SKILLS: DRAFT 1

+ Table 2. Global Pediatric Competencies and Skills: Level One & Two

Competencies and Skills	Comments
<p>1. Assessment and Diagnostic Skills</p> <p>Residents must be able to perform the following:</p> <ul style="list-style-type: none"> - Gather essential and accurate information about the patient and the presenting complaint(s) - Interview patients/families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease - Perform a physical examination on newborn infants, which includes assessment of gestational age and the appropriateness of intrauterine growth - Perform complete, accurate, and developmentally appropriate physical examinations for children, adolescents, and young adults - Tanner staging for sexual maturity rating and growth - Breast examination - Assess psychomotor development and developmental milestones attained - Assess mental status - Assess an adolescent using HEEADSS (home, education, eating, activity, drugs, sexuality, suicide) format - Assess and formulate a plan of management for common pediatric conditions - Assess nutritional status and caloric requirement in various clinical situations - Develop a differential diagnosis and making informed diagnostic decisions - Assess the medical and non-medical needs and formulating a follow-up plan of children with chronic conditions - Recognize and refer to other specialties when needed - Counsel parents and address their concerns on different health issues including normal growth, development and behavior (provide anticipatory guidance) - Counsel parents regarding available community support and resources as necessary - Appropriate use of growth charts - Administer and interpret developmental screening tests 	<p>HA: We should insert a bullet indicating the word 'resident' is synonymous with Pediatric doctors in training.</p> <p>HPH: Maybe we should use the word "Trainee"?</p>
<p>2. Life Support Skills</p> <p>Residents must successfully complete the following courses:</p> <ul style="list-style-type: none"> - Basic Life Support - ACORN acute Pediatric Life Support (e.g. APLS) - ACORN Neonatal Life Support Course (e.g. NRP) - Advanced Cardiac Life Support - 	<p>NALS has been replaced by NRP (HA)</p> <p>ACORN = Acute Care of at-risk Newborns (HA)</p>

THE REVIEW PROCESS

Principal Reviews

- Pre-meeting reviews



Small Group Reviews

- Today



Consensus

- Small Group Report-outs (Today or Tomorrow)
- GPC Consensus (Tomorrow)

TODAY'S REVIEW GROUPS

1

- Branski
- GUI
- Klein

2

- Cabral
- Bhutta
- McGraw

3

- Hoyer
- Olowu
- Keenan

4

- Badrawi
- Konstantopoulos
- Stockman
- Takihashi

5

- Batra
- Mohammad
- Saloojee

Chairs

- Amin
- Saili

