

## **Curriculum of DCH (Diploma in child health)**

### **I. OBJECTIVES**

**At the end of the training for DCH a candidate shall be able to:**

1. Initially assess the children with Paediatrics problems by:
    - Obtaining pertinent history.
    - Performing physical examination correctly.
    - Formulating a working diagnosis.
    - Deciding whether the patient requires
      - Ambulatory care or hospitalization.
      - Referral to other health professionals.
  2. Manage patients requiring treatment by a Paediatrician.
    - Plan an enquiry strategy i.e. order appropriate investigations and interpret the results.
    - Decide and implement suitable treatment.
    - Maintain follow up of patients at required intervals.
    - Maintain records of patients.
  3. Apply the principles and practice of primary health care and community paediatrics.
- ii. **ELIGIBILITY REQUIREMENTS FOR ENTERING THE TRAINING PORGRAMME**
- MBBS or equivalent qualification registered with PMDC
  - One-year house job in an institution recognized by the LUMHS or PMDC
  - Passed entry test.

### **ENROLMENT**

On selection for the course of DCH, the PG students are required to get themselves enrolled to the Liaquat University of Medical and Health Sciences

### **REGISTRATION**

On commencement of training all trainees are required to register themselves compulsorily with the PG session / advanced studies and research board of the LUMHS.

## **CURRICULUM**

A curriculum should be documented, objective, evolving and sustainable (DOES). It is intended to give a holistic view of the requirements of the discipline in general. The DCH training program focuses on a few key factors of viable training.

These are: **Knowledge (cognition), Skills and Attitude.**

Following is a global and extensive, yet not the total, list of learning outcomes recommended by the LUMHS.

Learning outcomes relating to:

### **COGNITION**

The candidate will be able to:

- Request and justify investigation and plan management for medical disorders.
- Assess new medical knowledge and apply it to there setting.
- Apply quality assurance procedures in their daily works.

### **SKILLS**

#### **Written communication skills:**

The candidate will be able to:

- Correctly write updated medical record, which are clear, concise and accurate.
- Write clear management plan, discharge summaries for out patients after referral for a general practitioner.
- Collection and interpretation of research data in the ward and community.

#### **Verbal communication skill:**

The candidate will be able to:

- Establish professional relationships with patients and their relatives or caregivers in order to obtain a history, conduct a physical examination and provide appropriate management.
- Demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and the public.
- Demonstrate competence in presentation skills.
- Demonstrate ability to counsel and educate mothers in the ward and community.

#### **Examination Skills:**

The candidate will be able to:

- Interpret physical signs after physical examination so as to formulate further management strategy.

#### **Patient management skills:**

The candidate will be able to:

- Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and final diagnosis.
- Prioritize different problems within a time frame.

## **ATTITUDES**

### **Towards Patients**

The candidate will be able to:

- Establish a positive relationship with all patients in order to ease illness and suffering.
- Facilitate the transfer of information important to the management and prevention of disease.
- Demonstrate sensitivity in performing internal examination. It is important to explain to the patient why an intimate examination is necessary and what the examination will involve. The patient's permission must be obtained and, where possible, the patient should be invited to bring a relative or friend. The patient should have privacy to dress and undress. The discussion should be kept relevant and avoid unnecessary personal comments. Questions and feedback should be encouraged.

### **Towards Self Development:**

The candidate will be able to:

- Demonstrate, consistently respect for every human being irrespective of authentic background, culture, socioeconomic status and religion.
- Deal with patients in a non-discriminatory and prejudice-free manner.
- Deal with patients with honesty and compassion.
- Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
- Deal with stress and support medical colleagues and allied health workers.
- Handle complaints including self-criticism by colleagues or patients.
- Understand the importance of obtaining and valuing a second opinion.

### **Towards Society:**

The candidate will be able to:

- Understand the social and governmental aspects of health care provision.
- Offer professional services while keeping the cost effectiveness of individual forms of care.
- Apply an understanding of hospital and community-based resources available for patients and care givers in rural areas.

## **TRAINING PROGRAM:**

**DURATION:** DCH training program is of two years duration.

### **Components of DCH training:**

1. General Paediatrics ----- 14 months
2. Neonatology ----- 03 months
3. Emergency/casualty work 03 months
4. OPD including well child clinics 04 month

### **PREVENTIVE, SOCIAL AND COMMUNITY WORK INCLUDES:**

- Breast feeding promotion and lactation
- Immunization
- Diarrhea disease management
- ARI management
- Growth monitoring and evaluation
- Nutritional assessment and management
- Disability management and exposure to special educational institution

### **4. LOGBOOK**

These logbooks will be sent to candidates by the LUMHS after their selection for training.

#### **GUIDELINES FOR TRAINEES:**

- The logbook is intended for documenting all the activities performed by the trainee during the training period.
- Entries must commence from the start of the training program.
- Trainees are advised to make the required entries on the day of the event.
- Completed and duly certified logbook is one of the requirements for appearing in MD examination.

#### **GUIDELINES FOR SUPERVISORS:**

- The logbook is a day to day record of the clinical and academic work done by the trainee.
- The purpose is to assess the overall training of the candidate and to determine deficiencies if any so that may be corrected.
- The supervisor or any other designated trainer (Consultant/Professor/Associate Professor/Assistant Professor) , who is capable of testing the competence of the trainer in the specified area should ascertain that, the entries in the logbook are complete in all aspects. They should then certify the accomplishment of desired competency by signing in the appropriate column soon after the activity is conducted.
- The head of the unit shall authenticate the entries by signing the certificate. It is suggested that the heads of the unit check the log books at least once a month, so that they can spot any deficiencies or otherwise in the training (e.g the trainee has not rotated through a subspecialty which he/she should have).

Mandatory workshops :

1. introduction to computer and internet.
2. IMNCL.
3. Neonatal resuscitation.
4. paediatric life support training .

## **MODES TO ACHIEVE OBJECTIVCES.**

The objectives of the training may be achieved through different modes,  
Some of which are listed blow.

Ward duties  
Nursery ICU  
Emergency duties  
OPD duties  
Morbidity / mortality review meetings  
Case presentation  
Presentation of scheduled topic  
Clinico pathological conferences  
Journal club  
Seminars, conferences and lectures

### **Monthly Training Program**

Lecture	1 hour X 4
Case Discussion	1hour X 4
X-Ray C T	1 hour X 4
CPC	1 hour X 4
Mortality meeting	1 hour
Ward rounds	2 hours X 28

### **Lecture arranged by invited speakers from others specialties.**

Radiology.  
Child psychiatry.  
Dermatology.  
Cardiology.  
Heamatology/ pathology.  
Bio-ethics

## **CONMETENCY LEVEL ASSESSMENT**

The clinical skills, which a specialist must have, are varied and complex. The level of competence to be achieved each year is specified according to the key, as follows

### **KEY TO CONMETENCY LEVELS OIN CLINICAL SKILLS:**

Observer status	=1
Assistant status	=2
Performed under supervision	=3
Performed independently	=4

**COMPETENCY LEVELS****COMPETENCIES**

Stage of training	1 Year	2 Year
History taking	2/3	4
Physical examination.	2/3	4
Ordering & interpreting investigation.	2/3	4
Deciding & implementing treatment.	2/3	3/4
Maintaining follow-up records.	2/3	4
Teaching /Training /Supervisionof research.	-	-
Pre-maturity/low birth weight.	2/3	4
IUGR.	3	4
Jaundice.	2/3	4
Sepsis.	2/3	4
Birth trauma/asphyxia.	2/3	4
Cyanosis.		-
Respiratory distress.	2	3
Seizures (including tetanus).	2/3	4
Hyperpyrexia.	3	4
Convulsion.	2	3/4
Poisoning.	1/2	3/4
Dehydration.	3	4
Coma.	2	3/4
Cardiopulmonary arrest & resuscitation.	2/3	3/4
Status epilepticus/seizures.	2/3	3/4
Status asthmaticus.	2/3	3/4
Renal failure.	2/3	3/4
Hepatic failure.	2/3	3/4
Cardiac failure.	2/3	3/4
Croup/epiglottitis.	2/3	3/4
Respiratory failure.	2/3	3/4
Hypertensive failure.	2/3	3/4
Malnutrition & vitamin deficiency disorders.	2/3	3/4
Malaria.	2/3	4
A.R.I.	2/3	4
Diarrhoeal disease	2/3	4

Bronchial asthma.	2/3	4
Rheumatic fever	2/3	4
Meningitis / encephalitis.	2/3	4
Enteric fever	2/3	4
Measles & other exanthemata	2/3	4
Worm infestation.	2/3	4
Hepatitis & cirrhosis	2	3
UTI.	2	3
AGN & nephritic syndrome.	2	¾
ARF & CRF.	2	3
Diabetes mellitus & DKA	2	3
Seizure disorders.	2	3
Osteomyelitis & septic arthritis	2	3
Common skin problems.	2	¾
Nutrition, evaluation and management	2	3
Assessment, monitoring and promotion of growth & development.	2	3
Vaccination.	3	4
School health service.	2	3
Venous cannulation	2/3	3/4
Venesection	2/3	4
Umbilical artery cannulation.	2/3	4
Peripheral artery annulations	2/3	4
Lumbar puncture.	2/3	4
Sub-dural tap	2/3	4
Pleural tap	2/3	4
Peritoneal tap.	2/3	4
Suprapubic aspirate	2/3	4
Bone marrow aspirate	2/3	4
Cardio pulmonary resuscitation CPR.	2/3	4
Exchange transfusion	2/3	4
Chest drain insertion (pneumothorax/ empyema)	2/3	4
Emergency pneumothorax drainage (needle insertion )	2/3	4

**ASSESSMENT:****ELEGIBILITY REQUIREMENTS FOR EXAMINATION OF DCH**

- Two years specified training in paediatric according to the schedule given above.
- Certificate from the supervisor testifying training in the required areas for specified periods.
- Completed and duly attested logbook.
- Certificate of attendance of mandatory workshops.

**EXAMINATION SCHEDULE**

- The DCH theory examination will be held thrice a year.
- Examinations will be conducted at LUMHS JAMSHORO.
- English shall be the medium of examination for the theory/practical Clinical and viva examinations.
- The university change in the dates and format of the examination.
- A competent authority appointed by the LUMHS has the power to Debar any candidate from any examination if it is satisfied that such a candidate is not a fit person to take the university examination, because of using unfair means in the examination, misconduct or other disciplinary reason.
- Each successful candidate in the DCH examination shall be entitled to the award of diploma degree by university.
- Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
- Details of examination fee shall be notified before each examination.

**FORMAT OF EXAMINATIONS.**

**DCH examination comprises of two parts :**

**1. THEORY EXAMINATION.**

This is a written examination consisting of TWO papers.

**Paper-I**                      **75 MCQs**                      Time :                      3 hours

**Paper-II 1**                      **75 MCQs**                      Time :                      3 hours

**2. PART II CLINICAL EXAMINATION.**

The clinical section comprises two components:

- The clinical Examination consisting of the long case and short cases .
- OSCE

**Format of long case examination.**

Each candidate will be allotted one long case and allowed 40 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination to identify the problems which the



patient presents with. In this section the candidates will be assessed on the following areas.

- Introduces one self.
- Takes informed consent
- Listens patiently and is polite with the patient.
- Is able to extract relevant information.
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).
- Presents skillfully
- Gives correct findings
- Gives logical interpretations of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigations.
- Outlines and justifies treatment plan , including rehabilitation.
- Discusses prevention and prognosis.
- Has knowledge of recent advance relevant to the case.

**Format of short case examination.**

Candidates will be examined in at least four short casers for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time. During that part of the examination, the candidate will be assessed in:

- Takes informed consent.
- Uses current clinical methods including appropriate exposure.
- Examines systematically
- Discussion.
- Gives correct findings.
- Gives logical interpretations of findings.
- Justifies diagnosis/ differential diagnosis.

Note: As the time for this section is short, the answers given by the candidates should be precise, and relevant to the patient under discussion. : candidate has to appear in-front of both pairs of examiners for viva.

NOTE:

Total marks of DCH are 200.

Long case 50 marks.

Short case 50 marks

TOACS 100 marks

Format of TOACS examination

TOACS will comprise of 10 interactive stations of 5 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale? will assess the performance of each candidate. On the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. one examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem solving skills.

To become successful in the examination the candidate must have to score minimum 60% in each component with total aggregate should not be less than 60%.