

Diploma in Child Health (Otago) – CHHE702 Course Description 2020



University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

Introduction

The DCH comprises two papers; the **CHHE 701** (Community Child Health) and **CHHE 702** (Clinical attachment in Paediatrics)

The (CHHE) 702 course is available twice a year, in January/February and June/July. This is to allow doctors whose exposure to paediatrics is limited to six months, such as house surgeons in certain hospitals for example, to also take part. Some doctors planning a career in general practice may also wish to sit another diploma such as the Diploma in Obstetrics during the other six months. In spite of this, the course is fairly intensive, and *we would recommend you try to obtain at least a year's experience in paediatrics* during the time you aim to complete this paper and the CHHE701 (community paper). NB completing the 701 and 702 papers in six months is no longer allowed by University of Otago, so you will need to set aside a minimum of a year to complete this course.

NB Please also note: You must be doing full-time paediatrics during the whole time you are enrolled in the CHHE702 course

The DCH 702 is aimed at doctors planning a career in general practice or emergency medicine etc., where they expect to have to deal with common medical problems in children and wish to gain some extra expertise in this area. It also serves as an excellent introduction for doctors planning a career in paediatrics, both hospital and community-based. The 701 paper can be cross-credited to the community component of the FRACP Paediatrics Diploma if you are beyond PGY2. The 702 examination often helps junior doctors decide whether they wish to proceed to the FRACP (Paeds) course afterwards and provides valuable practical experience in being assessed whilst doing a clinical examination on a child with abnormal clinical signs!

A. The teaching programme

Teaching for the 702 paper is in five parts:

1. Local tutorials

It is not possible to deliver distant-taught tutorials for all the common problems seen in paediatric practice. **We rely on your local centres to give you teaching on the common conditions seen in childhood.** Each centre has a designated supervising DCH paediatrician who is responsible for ensuring these tutorials are given in **protected time**, as well as being responsible for organising the teaching of clinical skills. 'Protected time' means you are not rostered on for acutes at that time.

The teaching topics we hope will be covered are based on common problems encountered by junior doctors such as the breathless child, the child with a stridor, the child with painful urination, the baby born too big, etc. Tutorials are generally held once a week and the list of recommended topics should be covered within a six-month time frame. An example timetable from Wellington is on Moodle.

Note: A lot of the problems you will be examined on will only normally be seen in out-patients; paediatrics is becoming a very much outpatient-based specialty and ***you must make sure you get to see as many outpatients as possible!***

I will be sending out feedback forms for local supervisors to gauge student performance and experience prior to each final exam. NB your DCH supervisor may not be the best person to provide this feedback- this should be a senior clinical colleague who has dealt with you a lot during the attachment.

2. Distant-taught tutorials*

Topics covering important but less commonly seen conditions, where the topic may be confusing or where expertise is not available in all centres will be taught by means of web-based teleconferences using Zoom, generally from **5.30pm to 6.30pm on Monday and Wednesday evenings.**

Some written material will also be circulated to candidates at the start of the course and both are regularly updated. Teaching is provided by consultant teaching staff from the University of Otago and beyond.

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

NB IMPORTANT: **YOU MUST ATTEND distant-taught tutorials.** DCH 702 is largely distance-taught and this is a core part of this course. If you are rostered on you must either get your roster changed or arrange for someone else to cover. Your hospital is paid lots of money for you to do the DCH and that is partially to allow for the time you spend doing tutorials rather than seeing patients

If you absolutely cannot attend due to emergencies please advise Meena administrator (paediatrics.uow@otago.ac.nz). If you miss more than 3 distant taught sessions we reserve the right to not grant you permission to sit the exam at the end. Although sessions are recorded we believe attendance live is essential for the DCH 702 course

***See comments re: internet live teaching (page 5 below)**

3. MCQ teaching

MCQ questions of the type you are likely to encounter in the exam are on Moodle with possible correct answers and an approach to answering MCQs in general provided on Moodle (password needed for suggested answers- this will be made available to you in the month before the written exam- see Meena's introductory email sent to you in January/June).

4. Clinical skills teaching

- a) Systems Examination. Candidates are expected to have reached a level of skill in examining children **well beyond** that expected for final year medical students. They are expected to be able to detect and interpret abnormalities such as heart murmurs, enlarged livers and spleens, abnormal muscle tone and weakness, chest signs, etc., and to demonstrate a systematic, efficient, confident and gentle approach to examining children. Candidates should be able to examine any system in a child of any age. They will be expected to be able to put together their examination findings and formulate a likely diagnostic label. They will be expected to suggest appropriate investigations and to interpret common investigations such as x-rays, blood tests, growth charts and ECGs. They are not expected to be able to deal with a child with multiple problems involving several systems such as would be expected of a candidate at FRACP level.
- b) History Taking and Communication. Candidates should have achieved the necessary skills to be able to take a focused history in a professional and understanding manner and to have acquired the necessary communication skills to be able to sensitively explain a common paediatric problem or problems to a concerned parent.
- c) Developmental Assessment. Candidates are expected to be able to developmentally assess a child **up to five years of age** using a structured approach to cover the main expected areas of childhood development.
- d) Outpatient Experience. There **must** be an opportunity for candidates to take part in outpatient consultations where they are the first to take a history and examine patients and then present them to a consultant. ******Please arrange this with your local supervisor****.** Obviously being observed during the consultation is particularly useful for constructive feedback. Neurological examination lends itself particularly well to out-patient experience!

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

B. Teaching Resources

1. Local Hospital Resources

Local hospitals have readily available the **most recent edition** of a standard paediatric reference text, such as Nelson's Textbook of Paediatrics, for candidates' use. The text should preferably be located in the place of work so candidates can readily access it during day-to-day work.

I regularly inspect hospitals taking part in the DCH Otago and can confirm these are in place☺.

Candidates are expected to have access to both e-mail and high-speed Internet. Candidates should also have access to Medline-type literature searching, preferably from a site readily accessible from their place of work. The resource called "Up To Date" is also very useful although not the last word in paediatrics and you should not rely on this only. Note many internet-based resources tend to be lacking in topics which are not the result of recent research. These topics can always be found in textbooks such as Nelson's.

2. Personal Texts

Candidates are expected to purchase a standard basic paediatric text for the purposes of studying for the DCH 702 paper. The recommended texts is:

- a) *Illustrated Textbook of Paediatrics*, ed. T. Lissauer and G. Clayden (published by Mosby 5th edition 2018!).
<https://www.elsevier.com/books/illustrated-textbook-of-paediatrics/lissauer/978-0-7234-3871-7>

This is available at very reasonable cost. **Candidates should expect to be examined on any of the content of either of these books as well as extra material provided to accompany distant-taught tutorials.**

IMPORTANT

Candidates should be aware there is no textbook exactly suited to the DCH course and the above basic text is essentially designed for undergraduates. By regularly making use of reference texts to explore topics and problems as they present during the clinical attachment candidates will reach the level expected of them. By this stage of your career we hope your learning will be largely self-directed. You should feel free to contact your local supervisor for advice where to find information if you cannot find this for yourself

3. Distant Teaching Resources

1. Candidates are supplied via Moodle up-to-date reading material and references detailing topics covered in teleconferences as well as some extra topics at present not the subject of a teleconference. Candidates are expected to study the relevant text before the teleconference takes place.
2. Multiple-choice questions in the style of the MCQ final examination will be supplied to candidates at the start of each semester.
3. Past examples of the DCH Extended Essay question (EEQs) are available from the University of Otago website. For security reasons past examples of questions from the MCQ paper cannot at present be released but a proportion will eventually be made available each year.

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

Internet-based distant teaching: Zoom

We now almost exclusively use live internet-based teaching for distant tutorials. The medium chosen (Zoom) allows **live one-on-one** teaching where the tutor has direct visual contact with each candidate separately as long as all candidates have access to their own computer. **YOU MUST NOT SHARE COMPUTERS!** This allows students to view any teaching material available on the tutor's computer in real time, including videos and animations, drawings, web sites etc. Tutors can bring new teaching material that may have been acquired since the start of the course. They can point out things on movies or slides with their cursor. Candidates can type in questions or conversations, and candidates unable to attend the tutorial can view it later as tutorials will be recorded although you are expected to attend most tutorials. Candidates can form "break-out" groups if necessary and can see and hear each other.

System requirements: important

Note, the system does require a few basics: each candidate must use a **quality webcam with microphone and headphones. The computer's loudspeakers must be muted to prevent a feedback loop.** The only software required apart from a standard internet browser like Internet Explorer, Chrome or Mozilla Firefox is available at the Zoom link. You can of course also take part in your teaching sessions from home: You will need a reasonable internet connection speed and don't forget your webcams/microphone/headsets. You can even use Zoom on a smartphone although we don't recommend this!

NB the webcam that comes with most laptops is NOT suitable

Does Zoom cost anything?

All costs are met by the University of Otago and we save money by not having to pay Telecom huge audioconference fees

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

C. Maintaining Standards

- 1. Supervisor training.** Local supervisors not involved with examining for the DCH clinical exam on a regular basis (i.e. those not working in one of the three Schools of Medicine of the University of Otago) will be invited regularly to attend the DCH 702 clinical examination in an observer capacity. This will give them an insight into the level of skill and knowledge expected of candidates.
- 2. External Examiners.** An external examiner from another medical school outside the University of Otago offering a Diploma of Child Health or equivalent examination will be invited to take part in the DCH clinical examination from time to time. This will provide valuable feedback on standards being set by the Otago DCH in comparison to other equivalent diplomas.
- 3. CHHE 702 Convenor visits to paediatric centres outside the Schools of Medicine.** The Convenor of the 702 will visit centres outside the three Schools of Medicine as often as necessary to obtain an insight into what local facilities are available. This will include reviewing library material and facilities, teaching areas, out-patient areas, types of local teaching programme being offered etc, as well as discussing the course with candidates past and present, local supervisors and other staff involved with teaching. If the standards are felt not to be adequate, suggestions will be made as to how these might best be achieved and a further visit will be arranged.
- 4. Student Feedback.** After the clinical examination, students will be circulated with a confidential questionnaire designed by the University of Otago Higher Education Development Centre (HEDC). This feedback will be used to further improve the 702 course and provide feedback to the Clinical Training Agency (CTA) which helps fund the Diploma. Students are also free to provide suggestions for improvements to the course as well as general feedback during teleconference sessions with the course convenor and at any other time. These sessions are kept informal to encourage this form of discussion.

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

D. Examinations

The CHHE 702 is examined in June/July and November/December each year over a 2-day period. It has both a **written** and **clinical** component. Candidates must pass both the written and clinical components in order to pass the CHHE 702.

Candidates will be expected to arrive at the clinical examination centre on the **Wednesday afternoon** prior to the written and clinical exam and sit the written exam and data interpretation station at the same centre on the **Thursday morning** with the clinical exam being on the **Friday morning**. Candidates will normally be free to return home by the **Friday afternoon**.

1. The written examination.

The CHHE 702 written is based on:

- a) A multiple choice question paper of type A design, i.e. a stem with only one answer correct. This will allow the candidates to demonstrate a breadth of knowledge in paediatrics. The one-hour multi-choice paper consists of 50 questions with 5 options each; the MCQ generates **40%** of the final written mark. Candidates write on a special multiple choice paper Moodle electronic document ensuring the questions remain secure and can be used on several occasions if necessary.

- b) Three 20-minute extended essay (EEQ) type questions (20% each, total **60%**): in these the candidate is given a clinical stem, often with the addition of a photograph, of a common or important clinical problem. The question is displayed digitally within Moodle and the candidate supplied with a Moodle answer page. A question at the end of the page is followed by a request to move to the next page when the candidate has answered.. The next page is then displayed with the correct answer to the question or problem set on the previous page and asks a new question to develop the problem already discussed on the previous page. The candidate is therefore not disadvantaged in subsequent parts of the paper if they get the first or subsequent stem wrong. Accurate timing is important as the whole system runs on Moodle and you cannot go back to correct a previous page☺.

- NB it is up to you to keep to time for each section (time allowed is displayed). If you run out of time you will be unable to complete the question with inevitable loss of marks!**

- c) A data interpretation station, consisting of slides, videos, X-rays etc with clinical questions attached. This station is usually 30 minutes in length. The station concentrates on *interpretation* of clinical signs rather than on knowledge. This station is marked with the *clinical* exam and comprises 20% of the final mark for the clinical examination. Usually there will be about 30 questions, i.e. **1 minute to answer each question!**

2. The clinical examination

This will take the form of an **Objective Structured Clinical Examination (OSCE)** in which candidates will rotate through a series of clinical stations lasting 15 minutes each (including time to get from one station to the next). The OSCE will always contain:

- i) 2 clinical examination stations (20% each) at which candidates will be asked to examine a system and comment on any abnormalities they have recognised; they will be marked on the standards set in the paragraph on clinical examination described above. Systems examined will include **two in total** out of Cardiovascular, Central Nervous, Abdominal or Respiratory Systems. You can expect there will be abnormal signs (not absolutely always)
- ii) Either a history-taking station at which they will be asked to take a history from a parent, or a communication skills station at which they will be asked explain a clinical problem to a parent, or both. (20%)
- iii) A developmental station assessing the developmental skills described above (20%)

All three centres use the same marking schedule.

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

Marking the clinical examination

The clinical examination skills, history-taking and developmental stations (clinical stations, paragraphs (i) – (iii) above) are each worth 20 per cent of the clinical exam (total 80%) with the extra 20 per cent being derived from the data interpretation station.

IMPORTANT

If a candidate fails *two or more* of these clinical stations they cannot pass the clinical examination and therefore the CHHE 702 exam as a whole, however high marks they may have achieved in the remaining stations or written exam.

The data interpretation station is also worth 20 percent of the clinical examination exam but failure in this station does not necessarily lead to failure of the clinical exam, as long as the combined marks for the clinical exam as a whole are more than 49 percent. A mark of 49 percent represents a fail.

Results will be available on Moodle as soon as the whole paper has been marked- and will be forwarded to your supervisor with individual comments on your performance in each station, in particular if there were stations in the OSCE where you struggled a bit.

The unsuccessful candidate

A candidate who fails either the written or clinical component of the CHHE 702 only, may, with the approval of representatives of the DCH Heads of Departments, be admitted to a special examination in that component only. This will be taken at the next opportunity, usually at the scheduled examination time at the end of the following semester. The DCH Heads of Departments or their representatives may require a candidate who has failed the clinical component to attend further clinical teaching sessions and/or partake in further employment in an approved paediatric position before being permitted to re-present themselves for the clinical examination. Resitting the CHHE 702 or the clinical examination will incur a further fee. Failure on the second occasion or a delay of more than 12 months before re-sitting the exam will necessitate repeating the full paper and paying the full fee for the CHHE 702 component.

Awarding of the DCH

Candidates who pass both the CHHE 701 and CHHE 702 shall be awarded the DCH Diploma. An overall mark for the DCH will comprise **75% of the CHHE 702 mark and 25% of the CHHE 701 mark combined.**

- a) Candidates achieving an **overall** mark of 70-79% will achieve a pass in the DCH **with credit**
- b) Candidates achieving an **overall** mark of 80% or more will achieve a pass in the DCH **with distinction**

Certificate of Proficiency in CHHE702

Occasionally candidates may wish to only sit the CHHE702, without the CHHE701. If they pass this, they can be awarded a Certificate of Proficiency from Otago University.

University of Otago, Wellington
Diploma in Child Health (Otago): Clinical Course CHHE702
Course Description

E. Knowledge base of CHHE 702 course

Past Candidates have requested some guidelines as to the factual content of the course. The spreadsheet on Moodle (**See Appendix: CHHE 702 Knowledge Base 2019**) is meant to be illustrative of the breadth of the knowledge base of CHHE 702 DCH course but the list is not exhaustive and candidates are reminded not all topics mentioned are formally taught in the course. Candidates are directed to Section B Subsection 2 (above) and discussion on clinical skills (see Section C subsection 2, and Section A subsection 3 above) for further guidance.

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