

**Steve Biko Academic Hospital Firms
Department of Paediatrics and Child Health
Ward allocation: Student Interns**

Dear Student Intern,

Welcome to Paediatrics. We trust that you will spend an enjoyable and rewarding time with us.

The consultants of the firms are Proff R Green, I Smuts, I van Biljon, F Takawira, Drs E Lubbe, B Mitchell, J Opperman, JA Joshi, OP Kitchin, T Moodley and R Masekela. Prof TW de Witt and Dr HN Bomela are in charge of the Neonatal Unit.

Students must wear their nametags at all times.

1. MORNING DISCUSSIONS

There will be a **short lecture or round with students every morning 07h45** in the department of Paediatrics, level D3, lecture room. You may have to present your admissions of the previous day.

2. ARRANGEMENT AND WORK IN THE WARDS DURING THE DAY

Sub-discipline rotations will be announced when you report at Paediatrics.

You must admit all new patients to wards 8.6, 9.5 and Neonatal. You are divided between the different service points:

- a. **Nephrology, Haematology and Endocrinology** – Dr JC Opperman and Prof I van Biljon. You must attend the ward round every morning with the registrar and help with the work. You must admit all Nephrology, Haematology and Endocrinology patients and attend the relevant clinics.
- b. **Gastroenterology** – Dr A Terblanche , Prof DF Wittenberg. You must attend the ward round every morning with the registrar and help with the work. You must admit all Gastroenterology patients and attend the relevant clinics.
- c. **Neurology** – Prof I Smuts, Drs E Lubbe and I Pretorius. You must attend the ward round every morning in ward 8.6 with the registrar, help with the work and attend all Neurology clinics. You must do all Neurology admissions.
- d. **Pulmonology** – Prof. R Green, Dr T Moodley, Dr OP Kitchin, Dr S Risenga and Dr R Masekela. You must attend the ward round every morning in ward 9.5 with the registrar, help with the work and attend all Pulmonology clinics. You must do all Pulmonology admissions.
- e. **Neonatology** – Prof TW de Witt and Dr HN Bomela. You must attend the Neonatology ward round every morning and attend all Neonatology clinics. You must do all admissions and follow-ups as requested.

3. BEDLETTERS AND ROUTINE IN THE WARDS

- a. You must divide the patients in the ward amongst your group, examine and get to know them. You must also know, in broad terms, the other patients in your firm - i.e. your colleagues' patients.
- b. **Daily follow-up** of patients and writing of notes. You must also help with the performance and **paper work of special investigations.**
- c. The **bedletter** of your patient is your responsibility. It must be neat, complete and up to date. It should include patient history, clinical examination, differential diagnosis and follow-up notes. Special investigations and other results must be recorded. Bedletters are to be attached to the patient file in the
- d. Doctors' Room and not left with the patient - the parents tend to page through what you have written. ***Patient files are not to be removed from the wards.***
- e. Each patient must be assessed for growth and results plotted on the appropriate **Growth Chart. You must also ask to examine the "Road to Health" Clinic Card and transcribe any relevant information to the bed letter.**
- f. The **urine** of every patient must be **examined** by "Dipstix" on admission. If urine is sent to the laboratory the method of collection (suprapubic, catheter, and plastic bag) should be recorded on the request form as well as in the bed letter.

- g. You are expected to perform certain **procedures** under supervision of the Registrar - e.g. venepuncture from superficial veins, putting up an infusion, placing of nasogastric tube etc. **Surgical gloves** are available for mutual protection in the wards. Please use them. A premium is placed on washing of hands and aseptic techniques to protect our patients. Blood sedimentation rates are not done in the wards due to the HIV danger. You may also not draw blood from any **HIV or Hepatitis B positive patients and patients with undiagnosed fever.**
- h. The time and place of weekend rounds should be discussed with the registrar concerned.
- i. All discussions regarding patients are strictly **confidential** and, as part of the team, you are expected to strictly adhere to the medical code of ethics, which includes not divulging confidential information to *any* outsider.

4. EMERGENCY CALL WORK

After hours on-call work is compulsory for every one.

Student Interns are to arrange an after hour call roster among themselves. Please provide the secretary at the hospital where you work with a written copy of your roster for that week. This should be done on the Monday when you start the rotation. When on call, you must arrange with the Registrar and Intern on call to attend the hand-over round that takes place every afternoon. On weekends you are also expected to attend the hand-over round that usually takes place at 08h00. Your telephone number is to be given to the Registrar on call and the sisters in the wards. When on call you should be on the premises and assist the team until 22:00, when you can go home or sleep in the available facilities.

6. EVALUATION

Your work in the wards will be evaluated through your logbook and will determine your admission to the final Block Examination. You will be evaluated on the following points

Willingness to be helpful, punctuality, reliability and attitude to patients and co-workers.

Ability to take a thorough history, examine patients and keeping of a complete patient record.

Knowledge of your patients' condition and progress as well as theoretical knowledge of their diseases. If you can quote any new publications it will be to everyone's advantage.

Logbooks are to be available for appending of signatures and comments at all times. Please do not ask for the Consultants' signature 2 to 3 days after an event.

If you have any problems or difficulties please come and discuss them with me.

**Dr JC Opperman
Dept of Paediatrics and Child Health
Room 31230, Level D3, Steve Biko Academic Hospital
Student Intern Coordinator**

Dept of Paediatrics
Nursing Instructions to Student Interns (Steve Biko Academic Hospital)

Dear Student Intern,

Guidelines for Ward work

1. **Cot sides and gates**
Please pull cot sides up after working with a patient - a child falling out of a cot could have serious medico-legal consequences. Close the ward entrance gates so that our little patients don't wander away.
2. **Patient Files**
Please keep the files neat. Files are not to be carried about between wards.
3. **Tidying up**
Please report any missing or broken apparatus and used-up supplies to the sister. Please tidy the examination rooms when you have finished. Place needles and syringes in the appropriate container. Please do not leave needles and syringes on work surfaces or beds.
4. **Telephone numbers**
When on call, please supply your telephone number to the relevant wards, registrar and intern on call.
5. **Apparatus**
Please keep apparatus in a clean and complete condition. Do not carry them between wards or leave them at patients' bedsides. ENT sets are to be put away.
6. **Pathology**
Pathology forms must have a sticker attached as well as indication of the Ward Number and time of collection. After hours specimens must be taken to the collection receptacle at the "Spoed Lab".

SVK CE Bester

Student Intern Guidelines

Department of Paediatrics Kalafong Hospital

Welcome to the department of Paediatrics. This document is aimed at giving you a clear understanding of what is expected of you. If you follow the guidelines carefully, you should become a proficient doctor managing the health of children.

Working hours

Your working hours are from 07:45 to 16:00 each weekday and after hour calls and weekend days until 22:00. No time will be given off the day after a call during weekdays.

Patient Admissions

- The General Paediatric Wards are on intake on a rotational basis. There are two firms (6A and 6B) and every second day one is on intake. The whole group of students from a specific firm is responsible for the admission of patients from 08:00 until 16:00 on their day of admission.
- The students whose ward is on intake have to work in the Paediatric Outpatient Department from 13:00. All paediatric admissions go to Short Stay (ward 8) or to the general paediatric wards. Each one of you will be able to obtain experience in evaluating patients primarily and to discuss your findings with the registrar(s).
- At 16:00 the team on call for that day will take over responsibility. Patients are then admitted from Casualty Department. The students on call will continue to evaluate the patients primarily.
- Every week some students will rotate to the neonatology department in order to obtain experience in dealing with neonates as well as neonatal resuscitation.

After Hour Duties

- The students from each ward should draw up their own on call list to evenly distribute work. At least two students are allocated to general Paediatrics and one to Neonatology.
- Students on call have to attend the hand-over rounds with the doctors. These rounds provide useful learning opportunities. They are held by the consultant-on-call and the time of the round (usually at 15:00) is discussed each morning at the 08:00-meeting. The round usually starts in ward 6 and proceeds to Short Stay (a separate hand-over round is held for the staff in ICU). Very ill and problem patients are handed over to the On-call-team.
- During weekends the hand-over round starts at 08:00 in ward 6 (and in ICU for the persons on call for Neonatology). One on-call-team hands over to the next. Student interns on call also have to attend these rounds. These are opportunities to see very sick patients with other clinical signs and to get familiar with their management.
- Each firm is responsible for doing ward rounds in their respective wards over weekends. You will be asked to help with this task. It is advisable to draw up a duty list at the beginning of your rotation, to evenly distribute work during weekends.
- Weekend calls last up to 22:00, however it will be the responsibility of the residing student intern to admit and be familiar with all admissions during that call. No time off post-call during weekdays.
- Two pagers are available to students on call. One for the Neonatology and one for the General Paediatric students.
- Room keys and meal tickets are available at room 1-11 (Klinikala building). Please arrange daily (before 11:00) for your meals at the hospital dining room or kitchen and Friday mornings for weekend days.

Patient files

- Patient files should be completed in full. A proper comprehensive history is important, because it is always difficult to obtain additional information after the parents have gone home.
- NB! Try to obtain a contact address or telephone numbers where the parents could be reached during an emergency or for consent.
- Obtain a complete immunisation history. Always ask to see the Road to Health chart. This will help you to assess the general health of the child.
- Examine each patient thoroughly and discuss your findings with the registrar. These opportunities are there to hone your examination skills.
- With each admission the weight, height and skull circumference should always be determined and plotted on a percentile chart to evaluate the patient's growth. Please interpret the results.
- A differential diagnosis or a problem list should be compiled for each patient. Discuss this with the registrar.
- In consultation with the registrar, a list of appropriate special investigations for each patient should be compiled and noted in the patient's file. They are expensive and should not be unnecessary. Please ensure that you understand why each investigation must be done.
- As soon as possible after each admission a urine specimen should be collected and evaluated with a urine dipstix. The student should learn how to apply a urine collection bag as well as the aseptic procedure of suprapubic puncture to collect urine. Urinary tract infections are easily missed when not investigated.

- The treatment of each patient should be discussed with the registrar and noted in the patient's file and checked on the prescription chart. Also try and envisage the side effects of the medicines.
- Proper, complete and applicable follow-up notes should be entered into your patient's file daily. It is expedient to use the problem-orientated method in writing your follow up notes. It is also important that any new problems or changes in treatment should be noted.
- Special investigation request forms should be completed as comprehensively as possible. The name of the consultant in charge of the ward as well as the registrar should always be entered. Student interns may not sign X-ray forms. All consultation or referral forms should be checked and signed by the ward doctor.
- Try and be prepared before the ward round starts. Know your patient, the problem list and likely diagnosis and get the latest results. You surely don't want to look silly in front of your peers!

Procedures

- All procedures on patients should be performed in a calm, friendly, careful and compassionate way after having obtained assent.
- Remember to wash your hands regularly before and after patient contact. This is for your own benefit, as well as the patient's. Regularly students and doctors contract hepatitis or diarrhoea because they were not meticulous in washing their hands.
- There are many opportunities during your internship to learn and do practical procedures. It is expected of you to become proficient in obtaining blood for special investigations as well as the following procedures: The technique of obtaining blood from the external jugular vein, the internal jugular and the radial artery; supra-pubic and lumbar punctures, bladder catheterization, insertion of naso-gastric tubes and inserting intra-venous infusion lines. These procedures will be demonstrated to you. Under supervision of a registrar and if the patient's condition allows it, you may perform these procedures by yourself. It is important to perform these procedures under sterile conditions.
- When you have finished with a procedure, it is your responsibility to clear away all soiled objects and leave the work area neat and tidy. It is especially important to dispose of all soiled needles, as soon as the procedure has been completed. Place the soiled needles in the special containers provided in all the wards. It is important to prevent needle prick injuries, because many of our patients are retrovirus positive. Therefore, do not allow soiled needles to lie around or try to insert the needle back into its plastic sheath - needle prick injuries are most likely to occur then.
- You should become familiar with the different intravenous fluid solutions that are available and commonly used in paediatric practice. Please compare them and look at the solute content.
- You should become familiar with the dispatch of other specimens, e.g. urine, stools, biopsies, swabs, slides, etc.
- You should become familiar with the technique of administering intra-muscular, sub-cutaneous, intra-dermal and intra-venous injections, as well as the calculation of dosages and the preparation of the drugs before administration. You should also be familiar with the technique of administering the Tine or Mantoux (PPD) skin test and know how to interpret it.

General

- You should become familiar with the disease profiles of all your patients. In other words, we expect you to read up about the different conditions and become familiar with the pathology of the disease, complications, prognosis and the latest treatment.
- Use your own initiative to learn as much as possible about the treatment of children during your stay with us. Become familiar with incubators, phototherapy lamps, inhalation therapy and pulse oximetry. Learn how to calculate feeds for neonates and infants.
- You should become familiar with the indications and value of para-medical services in children, e.g. occupational therapy, physiotherapy, speech therapists, social workers and dieticians.
- It is also expected of you to help with certain responsibilities in caring for very ill patients, e.g. to "special" these patients and to monitor their vital signs. Most valuable information is gained next to the patient's bed!
- Once again, be meticulous and work as aseptic as possible. Prevention is better than cure!
- When you do contract a disease during your stay, please inform the secretary and supply us with a doctor's certificate. Time away will have to be worked in during weekend days - 8 additional weekend hours per day's sick leave.
- Good relations with patients, parents and the nursing staff are very important. Ask permission from the sister in charge of the ward before removing equipment or stock from the ward. The sister is in charge of the equipment and stock in the ward and not the doctors. It is her responsibility to account for equipment that disappears or is stolen.
- Please wear your identification tags - everybody has to.

Miscellaneous

If you are ill or have any personal problems during your stay with us, please let us know or feel free to discuss it with us. You may inform the registrar in the ward or the 6th years' guardian, dr. Snyman. The paediatric secretary can be contacted at 012 - 373 1009.

2011

DEPARTEMENT KINDERGENEESKUNDE / DEPARTMENT OF PAEDIATRICS

AKADEMIESE PROGRAM VIR STUDENTINTERNERS / ACADEMIC PROGRAM FOR STUDENT INTERNS

Bywoning van tutoriale en besprekings is verpligtend vir al die studente wat by Kalafong ingedeel is.
Attendance of tutorials and discussions are compulsory for all students doing their clinical work at Kalafong.

MAANDAG / MONDAY		
07:45	Post-opname oorgeerondte in algemene pediatrie sale en neonatale eenheid. <i>Post intake handover round in general paediatric wards and neonatal unit.</i>	Neonatologie & Sale Neonatology & Wards
08:00	Bespreking van opnames en algemene reëlins. / <i>Discussion of admissions and general arrangements.</i>	K 1-49
08:05	Etiëkbepreking / <i>Ethics discussion</i> - Konsultante / <i>Consultants</i>	
12:00	Seminare / <i>Seminars</i> - Konsultante / <i>Consultants</i>	
DINSDAG / TUESDAY		
07:45	Post-opname oorgeerondte in algemene pediatrie sale en neonatale eenheid. <i>Post intake handover round in general paediatric wards and neonatal unit.</i>	Neonatologie & Sale Neonatology & Wards
08:00	Bespreking van opnames en algemene reëlins. / <i>Discussion of admissions and general arrangements.</i>	K 1-49
08:05	Radiologie bespreking / <i>Radiological discussion</i> - Prof S Delpoort ¹	
10:00	Besprekings oor verskillende onderwerpe / <i>Discussions on different subjects</i> - Prof D Wittenberg	Saal 6 / Ward 6
WOENSDAG / WEDNESDAY		
07:45	Post-opname oorgeerondte in algemene pediatrie sale en neonatale eenheid. <i>Post intake handover round in general paediatric wards and neonatal unit.</i>	Neonatologie & Sale Neonatology & Wards
08:00	Bespreking van opnames en algemene reëlins. / <i>Discussion of admissions and general arrangements.</i>	K 1-49
08:30	Immunologiesaalrondte / <i>Immunology ward round</i> - Konsultante / <i>Consultants</i>	Klinikala Lesingsaal / Lecture Hall
14:30	Departementele nagraadse besprekings / <i>Departmental post-graduate discussions</i>	SBAH
DONDERDAG / THURSDAY		
07:45	Post-opname oorgeerondte in algemene pediatrie sale en neonatale eenheid. <i>Post intake handover round in general paediatric wards and neonatal unit.</i>	Neonatologie & Sale Neonatology & Wards
08:00	Bespreking van opnames en algemene reëlins. / <i>Discussion of admissions and general arrangements.</i>	K 1-49
08:05	Tydskriflees volgens rotasielys / <i>Journal club according to rotation list</i> - Prof Delpoort ²	
12:00	Hepatology & Voeding / <i>Hepatology & Nutrition</i> - Prof S Delpoort, Dr A Grobler	
VRYDAG / FRIDAY		
07:45	Post-opname oorgeerondte in algemene pediatrie sale en neonatale eenheid. <i>Post intake handover round in general paediatric wards and neonatal unit.</i>	Neonatologie & Sale Neonatology & Wards
08:00	Bespreking van opnames en algemene reëlins. / <i>Discussion of admissions and general arrangements.</i>	K 1-49
08:05	Mortaliteit & morbiditeit bespreking / <i>Mortality & morbidity discussion</i> - Dr M Mulaudzi ³	
12:00	Seminare / <i>Seminars</i> - Konsultante / <i>Consultants</i>	

¹ Die kliniese assistent/mediese beampte, ingedeel by buitepatiënte, is verantwoordelik om interessante x-strale in die sale te versamel en elke Maandag voor 12h00 aan Dr ZI Lockhat in die X-straal afdeling te oorhandig vir die volgende dag se X-straal bespreking voorbereiding. *The registrar/medical officer allocated to the outpatient department is responsible for the collecting of interesting x-rays in the wards and to hand them to the X-ray department to Dr ZI Lockhat before 12h00 on a Monday in order to prepare for the x-ray meeting the following day.*

^{2,3} Rotasielys op kennisgewingbord in K1-49. *Rotation list on notice board in K1-49*

Department of Paediatrics

Neonatology – Steve Biko Academic Hospital

Tel: (012) 354 5303 Fax: (012) 354 5275

Welcome to the Neonatal Unit for your Neonatology block.

We trust that you will enjoy your stay here and will benefit from the experience.



Neonatal Learning Objectives – Themes

- Care of the newborn- Chapter 7
- The High-risk pregnancy
- Initial management in the delivery room.
- Birth asphyxia and resuscitation
- Examination of the newborn
- Routine care of the healthy newborn
- Birth weight, under and over weight for gestational age.
- The high-risk neonate
 - Preterm infant
 - Underweight for gestational age
 - Very-low-birth-weight baby
 - Kangaroo mother care
- Signs of illness in neonates
- Disorders of adaptation
 - Temperature instability
- Respiratory distress: Clinical signs, Management, Etiology
 - HMD, MAS, Pneumonia, TTN, CLD, PPHN.
- Gastro-intestinal disorders
 - Vomiting, Abdominal distention, Diarrhoea, NEC
- Neonatal Jaundice
- Hematological problems
- Fluid and electrolyte abnormalities
- Birth Trauma
- Post hypoxia damage
- Convulsions
- Infection
- Surgical disorder that may need emergency stabilization, and transport.
- Nutritional and metabolic disorders
- Breast feeding
- Growth and development, Interpretation of growth charts.
- Skill training done during Block 9.
- Case studies done during Block 9
- Congenital malformations
- **Textbook:** Paediatrics and Child Health – Chapters on Neonatology, Surgery emergencies, Growth and Development and Genetics.
- Work through the guidelines during your week of internship at Neonatology

Dear KGE 600 Junior Intern

The aim of this rotation is to introduce you to the spectrum of neonatal care.

Opportunities in the Unit:

NICU: Acute admissions and resuscitation of NICU patients. Ongoing monitoring and treatment of these patients. (The role of the SIC is observation and help with admission.)

High care: Admission and follow-up on these babies.

Bassinette babies: These babies are been prepared for discharge. You must examine these babies every day and discuss management with the registrar on ward rounds.

13

Attending caesarian sections: The Interns (housemen are doing the elective caesarian sections. Each student must arrange to attend a caesarian section delivery of a baby and management post-caesarian section.

The healthy babies are rooming-in with there mothers in the post-natal ward 8.4. Attend a ward round to learn the management and follow-up of healthy newborns.

During academic ward rounds students will be asked to present their new admissions.

Saturdays and Sundays: Usually earlier (enquire from the relevant practitioner at what time you have to report over weekend days). You will split up and will do rounds in the unit on one weekend day and rounds in 8.4, with the Intern, on the other weekend day.

Calls: Each student must do at less two calls till 22h00 during the week that he/ she is doing neonatology. This call list must be available on the notice board and give a copy to the secretary.
The Attendance registrar must be signed each morning in the office of the secretary.
Each student must follow-up at least 2 babies on a daily basis to evaluate change and growth.

The following clinics are managed by us:

Tuesday	10h00 High Risk Clinic	Prof de Witt
Tuesdays	13h00 Baby clinic	Level 8
Thursday	10h00 High Risk Clinic	Dr Bomela
Thursdays:	13h00 Baby clinic	Level 8

It is expected of you to attend the ward rounds and clinics.

Your duties in the Neonatal Unit will be as follows:

- The daily examining of the babies in High Care.
- Daily follow-up of your specific patients
- Admission of new babies that have not yet been admitted.
- Recording in the special investigation report file of all special investigations that have been done on a specific day.
- The recording as well as daily filing of the results of the special investigations that have been requested, in the above mentioned file as well as in the patient files, as the results become available - after the doctor in charge has seen the results.
- Phone daily for out standing biochemical reports.
- Phone for other reports as necessary.
- The measuring and recording of the head circumference and weight of all the babies on the various percentile charts (Monday and Thursday)
- When you write down the follow-up notes for a patient, also write with which practitioner you have seen the patient.
- It is further expected from you to assist with the completion of forms.
- You must accompany the Clinical Assistant to the theatre to learn how to resuscitate babies.
- You will receive case studies to complete and this must be hand-in on the Thursday before 14:00.
- Write a reflection on the experience in the neonatal ward and e-mail it to wilma.dewitt@up.ac.za on the Friday of your rotation.

You are allowed to perform *certain* procedures on the babies so that you can become accustomed to it. These procedures may however *only* be carried out under the supervision of the medical personnel in the Neonatal Unit, and include:

- Drawing venous blood from superficial veins.
- Set up an infusion.
- Do lumbar punctures
- The passing of nasogastric tubes and tracheal intubation after you have successfully practiced it in the Skills Laboratory.

Gloves for use during the execution of these procedures are available within the Unit and *must* be used for mutual protection. A premium is also placed on *hand washing and aseptic techniques* for the protection of our little patients. **PLEASE** remember to wash your hands before you touch any patient.

We normally work until 16h00 in the Unit. A call list must be drawn up for persons that are available for calls after 16h00. The person on call duty must stay on till 22h00, as they will then often have more opportunities to work with the babies and to carry out certain procedures. Patients admitted later than 22h00 after the students have left must be admitted by the students early the next morning.

Coffee, tea and milk are *not* supplied by the Hospital. You are welcome to bring your own.

Your programme for the week (excluding daily tasks) thus looks like this:

Monday	Arrange	Wardround with consultant.	
Tuesday	13h00	Baby clinic	Level 8 Baby clinic
Thursday	10h00	Ward-round	Present new admissions
	13h00	Baby Clinic	Level 8
Friday		MINI-CEX evaluation	

Rounds on Weekends/ Public Holidays Arrange with the relevant practitioner doing the rounds

* Ask the Registrar or M/O for a specific teaching session



Presenting a patient in neonatology

Introduction and announcing the patient

Name, surname, Age or date of birth, Gestational age and mass of baby

Problem list according to presenting symptoms

Explain the problem

If there is more than one main complaint – list according to importance

Pregnancy History

Gravity; parity; abortions and stillbirths

Reasons for previous pregnancy loss; if any

Antenatal care

Investigations and results done on mother

Maternal problems during pregnancy

Obstetric/gestational age

Fetal well-being

Confinement

APGAR (detail of resuscitation if necessary)

Previous pregnancies and confinements

History of mother (positive findings)

Medical conditions

Drug usage

Family history (pedigree if appropriate)

Social history

Support systems

Contraception planning

Identify ante natal and birth risk factors in the baby according to the above mentioned and summarize in one or two sentences.

Examination of the baby

Measurements:	Birth mass	Interpret centiles
	Skull circumference	Discuss growth of baby
	Gestational age	

General examination:

Temperature; Responsiveness; Colour; Birth Defects etc.

Examination of systems:

Pulse rate; Capillary filling; Blood pressure; Peripheral pulses; Murmurs; enlargements

Respiratory rate; Signs of respiratory distress; Nose

Abdomen ?abnormal findings

Uro-genital ?abnormal findings

Limbs and joints ?abnormal findings

Back ?abnormal findings

CNS Cry; Tone; Primitive reflexes; Hearing; Vision; Red reflex

Summary and problem list

Diagnosis and / or differential diagnosis

Appropriate side room and special investigations

Management

Prof JW de Witt

Presenting a patient in neonatology

Introduction and announcing the patient

Name, surname
Age or date of birth
Gestational age and mass of baby

Problem list according to presenting symptoms

Explain the problem
If there is more than one main complaint – list according to importance

Pregnancy History

Gravity; parity; abortions and stillbirths
Reasons for previous pregnancy loss; if any
Antenatal care
Investigations and results done on mother
Maternal problems during pregnancy
Obstetric/gestational age
Fetal well-being
Confinement
APGAR (detail of resuscitation if necessary)
Previous pregnancies and confinements

History of mother (positive findings)

Medical conditions
Drug usage
Family history (pedigree if appropriate)
Social history
Support systems
Contraception planning

Identify ante natal and birth risk factors in the baby according to the above mentioned and summarize in one or two sentences.

Examination of the baby

Measurements:	Birth mass	Interpret centiles
	Skull circumference	Discuss growth of baby
	Gestational age	

General examination:
Temperature; Responsiveness; Colour; Birth Defects etc.

Examination of systems:

Pulse rate; Capillary filling; Blood pressure; Peripheral pulses; Murmurs; enlargements
Respiratory rate; Signs of respiratory distress; Nose
Abdomen ?abnormal findings
Uro-genital ?abnormal findings
Limbs and joints ?abnormal findings
Back ?abnormal findings
CNS Cry; Tone; Primitive reflexes; Hearing; Vision; Red reflex

Summary and problem list

Diagnosis and / or differential diagnosis

Appropriate side room and special investigations

Management

DEPARTMENT OF PAEDIATRICS STUDENT INTERNSHIP: EVALUATION

Student intern evaluation in Paediatrics consists of the following:

1. Block exam at the end of the block
2. Semester exam if necessary

To qualify for the block exam, students must have filled in their **logbook satisfactory and handed it in** timeously.

1. **Block exam**

The block exam is extensive and includes external examiners, so that it is the main evaluation for Paediatrics for the MBChB degree. Candidates can obtain an exemption for the exam (promote). To qualify for this a student must obtain an average of at least 60%, and pass at least 2 of the 3 clinical studies, subject to the following:

- 1.1 All candidates who have **not obtained a 60%** aggregate will have to do a full re-exam at the end of the semester
- 1.2 A candidate who has a mark **of below 60% for any part of the course**, but has a final mark of 60% or more. In such instances it will be evaluated by the external examiner and exam commission and it may be decided that such candidate is to do a full re-exam.
- 1.3 Any candidate with a mark of **above 60% (especially 70 -74%)** with the aim of obtaining a distinction. Candidates who redo the exam under this condition will receive their highest result, whether it be the result obtained at the end of the block or the final semester exam. These candidates marks will not be lowered as a result of redoing the exam.

Candidates who wish to redo the exam at the end of the semester, must notify Dr Opperman, Paediatrics, in writing of such intention. This must be done within one week of the block exam. Candidates who complete their Paediatric block last during the rotation and who wish to redo the exam, must hand in their written notice, no later than the Friday before the semester exam. All students who have handed in their written notice to redo the exam, must do the exam as there are financial implications for the university.

- 1.4 **The Health Professions Council of SA (HPCSA) requires that a candidate pass the practical part of their exam. To comply with this, a student must pass 2 out of 3 cases to be promoted.**

The block exam consists of the following:

A two hour theory exam on the last Wednesday of the Paediatric rotation

- a. A 45 Minute multiple choice
- b. A one hour OSCE slide test

The times and venues are on the "important dates" table.

Clinical exam with 3 patient studies, of a half hour each on the last working day of your rotation. The time and venue will be announced just before the theory exam on a Wednesday.

The **block mark is compiled** as follows:

Theory 40%		Practical 60%		
MCQ	OSCE	Block-end examination	Theory and Practical mark	Final Block Result

		Case 1	Case 2	Case 3		
20%	20%	20%	20%	20%	40% + 60%	100%

18

The promotion list will be available on the afternoon of the Clinical exam. It will be posted on the notice board, at the Department of Pediatrics, Level D3, New Pretoria Academic Hospital at ±15h00.

1. The Semester exam compiles as follows:

1. OSCE: 20 1 hour = 25 marks
2. Clinical studies: 3 clinical studies as with the block exam = 25 marks each

The final mark of a student doing the semester exam consists of the following:

Theory 25%	Practical 75%			Semester Exam mark	Year mark	Semester Examination mark	Final Result
OSCE	Case 1	Case 2	Case 3	Total	Calculated from final block mark out of 40	Calculated from final semester exam mark out of 60	
25%	25%	25%	25%	100%	40%	60%	100%

According to UP regulations a student must **obtain 50% or more to pass**. Those who do not obtain this must repeat the entire Pediatric block.

The Health Professions Council of SA (HPCSA) requires that a candidate pass the practical part of their exam. To comply with this a student must pass at least 2 out of the 3 case studies in their semester exam. Otherwise the entire Pediatric block must be repeated.

PS: NO CELLPHONES ALLOWED DURING THEORETICAL OR PRACTICAL EXAMS.