

User Guide for the Paediatric Undergraduate Curriculum

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*A practical guide for Medical
Schools and Medical Students*

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Introduction and purpose of the document

All doctors will encounter children and families as part of everyday practice and it is essential that newly qualified doctors can effectively interact with, assess and care for babies, children and young people. This curriculum provides Medical Schools with a framework and a set of recommended learning outcomes to set the standard for undergraduate paediatric training.

The purpose of the curriculum is to support medical students to acquire a knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Foundation Doctor level.

The aim of this document is to clarify expectations of the use of the paediatric undergraduate curriculum, from the perspective of both medical schools provision and medical students experiences.

Who is the intended audience?

This document is designed to support Medical Schools to ensure that their Paediatric programmes are meeting the needs of their students. We also expect that it will be useful for Postgraduate training bodies to be clear about the knowledge base expected of a new Foundation trainee. It will also be useful to medical students looking to familiarise themselves with the expectations of the MLA. By linking to Progress+ it will also be helpful for those students looking to pursue a career in Paediatrics and Child Health as they will be able to see how their undergraduate learning can lead into postgraduate training.

The structure of the curriculum

The curriculum has been developed to align with the RCPCH Paediatric curriculum 'Progress+' (August 2023) and identifies knowledge, skills and attitudes/behaviours in child health that RCPCH think should be covered during the undergraduate medical training. By doing this those who progress into Paediatric post graduate training will have a clear framework of development in paediatrics as both undergraduate and post graduate curricula are aligned.

The curriculum has also been designed to align with the new GMC requirements, as outlined in Outcomes for Graduates and as assessed through the new Medical Licensing Assessment.

The curriculum is essentially structured in a two-tier format, formed with higher learning outcomes as the top tier and mandatory elements of those outcomes, the key capabilities, outlined below. These mandatory elements form part of the overarching learning outcome.

The Elements of the Curriculum Framework

The Learning Outcomes are stated at the beginning of each section.

These are the outcomes, which the Royal College of Paediatrics and Child Health (RCPCH) deem achievable and necessary for medical students by the end of their training and moving into the Foundation period.

Progress towards achievement of the Learning Outcomes is recorded by the gathering of an evidence base arising from practice. This could be from either a dedicated paediatric placement or experiences with children from other placements. Feedback and progression will be recorded as formative until such time that the learning outcome is achieved, and a summative view secured.

The Key Capabilities are mandatory capabilities which must be evidenced, as contributing to achievement of the Learning Outcome.

Some areas will be covered in a specific child health placement but it is important to consider that delivery of paediatrics can be embedded throughout all aspects of medical school training including GP, A&E and specialist settings. Conversely, child health placements offer an ideal opportunity to gain more generic medical experience such as learning about global health, governance and critical appraisal of the literature.

The Illustrations are not mandatory but examples of evidence that could be used as part of the evidence base. They provide a range of examples of clinical situations that have the potential to be used for evidence generation and provide a breadth to the evidence base. These are intended to provide a prompt to the student as to how the overall outcomes might be achieved. They are not intended to be exhaustive and excellent students may produce a broader portfolio or include evidence that demonstrates deeper learning.

Example illustration:

Learning outcome 1

During a placement in A&E a medical student takes a history from a 15-year-old girl who reveals that she is sexually active but does not want her parents to know. The student is able to discuss this case with the supervising paediatric doctor and is able to identify which legal frameworks apply here and what strategies can be used by the medical team to maintain confidentiality and trust whilst keeping a young person safe.

Learning outcome 6

A medical student is present on the ward when a child has an acute deterioration and is transferred to intensive care. The student is offered the opportunity to present this case along with one of the paediatric trainees at the departmental M&M meeting the next week.

A medical student is on the ward round presenting the history of a child they clerked at admission. A decision is made to start antibiotics. The student who took the history knows that the child is allergic to penicillin which was not recorded on their drug chart. Seeing a penicillin being prescribed they speak up to alert the team and the allergy status is checked and an appropriate drug is prescribed.

Learning Outcome 7

Key capability: Write a safe legal prescription for a child

A medical student is involved in a simulation about a 7-year-old presenting with acute severe asthma. As part of this simulation the medical student is asked to prescribe the relevant medicines. Review of this prescription with feedback on any errors or misunderstandings is included in the simulation feedback.

Key capabilities: Understand the principles of prescribing in children

Whilst on an inpatient ward, a student could take time to have a conversation with the parent of a child with complex needs (for example complex neurodisability or a genetic condition) with a particular focus on understanding the burden of polypharmacy and medicines management while at home. The student can then reflect upon the different timings and routes of medication as well as the equipment and storage implications in the home.

Key capability: Identifies common aides to safe prescribing in children

As part of their placement on an acute paediatric inpatient ward, medical students have a timetabled session with the ward pharmacist who takes them through some current prescription charts and discusses the role of the pharmacist in keeping children safe on the ward.

Learning Outcome 8

A medical student notices that the paediatric trainees spend a lot of time looking for equipment to cannulate children on the ward. They discuss this with some of their trainees and together design a QI project to measure how long it takes to gather equipment and then implement ideas to reduce this time. The student is involved in the time measurement and data collection as well as brainstorming ideas for improvement. By engaging the wider ward team, a successful change is made. This work is then presented at the hospital quality improvement meeting.

Learning outcome 9

A medical student takes a history from a child presenting to A&E with a head injury and facial bruising. They then accompany the supervising paediatric trainee when they assess the child and notice that the family are giving a different history. By raising this with the medical team the inconsistencies are highlighted. This, together with an unusual pattern of bruising, raises safeguarding concerns and the paediatric trainee is able to show the student the next steps required in the patient's care. The medical student history forms part of the subsequent medical report.

Learning outcome 10

A medical student is involved in a peer-led sex education project with local schools. The medical student helps facilitate discussions with 6th form students to support them to provide simple sex education advice to other peers at school. The student is involved in preparing and providing written resources as well as directly facilitating the sessions. The project is done in conjunction with a larger organisation that provides oversight and governance for this programme.

Learning outcome 11

A three-year-old child is admitted to a paediatric ward with viral induced wheeze for the third time. On the ward round there is a discussion about whether or not this child should be commenced on a regular inhaled corticosteroid. The consultant asks the medical student to look into this and present their findings at the lunchtime team discussion. The student uses a PICO approach and does a brief literature review. They present their findings to the team, provoking some healthy discussion.

How the curriculum supports Medical School teams

This Curriculum framework will provide medical schools with a baseline against which to map the delivery of paediatric specific training within undergraduate medical training. The Learning Outcomes have been written in a way that supports a flexible and bespoke approach to the delivery model, be that as an embedded or paediatric only setting. By involving medical school leads, students and patients in the development of this document we have achieved some consensus about what the basic expectations for paediatric knowledge for a medical student should be. Medical Schools can choose to build on this in any way that seems appropriate to their unique programme.

Theoretical components can be informed by the learning outcomes within this curriculum.

How the curriculum supports medical students

We know that many medical students consider a career in Paediatrics and Child Health but their time in this specialty may be quite limited. By being able to access this document, students can see what is expected of them during their undergraduate programme. They are then able to see how this feeds into a postgraduate career in Paediatrics. We hope that this means that students will be better prepared for their assessments in Paediatrics, both in their medical schools and within the MLA. We also hope that it will encourage medical students to continue a career in Paediatrics and Child Health.

Contacts for queries and support

You can contact the team at curriculumandquality@rcpch.ac.uk and for further information please visit: www.rcpch.ac.uk/undergraduate-curriculum.

