**MEDICAL STUDENTS HANDBOOK**

**Paediatric Department**

**East Surrey Hospital
Surrey and Sussex Healthcare NHS Trust**

**Dr Kamal Khoobarry**

**Consultant Paediatrician &**

**Medical Students Supervisor**

**Paediatric Department**

**Surrey & Sussex NHS Trust**

**Honorary Senior Lecturer**

**St Georges, University of London.**

# INTRODUCTION

Welcome to our paediatric department at East Surrey Hospital. We hope that you enjoy and learn a lot during your time with us. The Paediatric department is a friendly, welcoming and accommodating place for Medical Students. It is one of the Trust's departments known for its commitment towards teaching Junior Doctors and Medical Students.

Altogether, there are 12 substantive Consultants in the department. In addition to being General Paediatricians, each consultant has a special interest in a specific subspecialty (see list below). You will also benefit from a variety of specialist clinics run by visiting consultants from tertiary centres (see list).

## YOUR FIRST DAY

On arrival to the PGEC you should report to Claire Parsonage (01737 768511 ext. 6623 / claireparsonage@nhs.net) for a welcome to the hospital and information about ID cards, parking permits and accommodation. You will also be given a tour of the Library in order to be set up for computer and journal use. Once the registration/administrative tasks are completed, please meet with Dr Khoobarry or his secretary. His office is located in the WACH Portacabin (opposite end of hospital from PGEC on ground floor past East Entrance and on the right just before reaching double doors at the end of corridor). You will be shown around the department, and teaching sessions will be arranged and agreed during the initial meeting. If there are any changes to the planned meetings, you will be notified by Claire or via email.

We have set up a whatsapp group for regular updates during your attachment and if you consent to this, you will be added on your first day.

## YOUR TUTORS

Dr Khoobarry will be your tutor during your placement in Paediatrics and will supervise your teaching and progress. There are departmental teaching sessions which take place regularly every week and you are encouraged to attend. Teaching in clinical areas is undertaken by the consultant of the week as well as Junior doctors in the specific areas.

Dr Gurreebun is the main lead for physician associate students. She may deputise in Dr Khoobarry’s absence.

There will be regular departmental teaching sessions each week which all students should attend – you will be updated. In addition, there will be weekly group teaching sessions specifically for medical students. These will be agreed in advance during the initial meeting and may be on fixed day of the week or ad hoc basis.

## AREAS OF LEARNING

There are 6 areas allocated for your training which you will rotate through. However, you are allowed to join your colleagues in other areas should you feel it is appropriate i.e. if your area is “quiet” on that day:

1. Children’s Ward (Outwood Ward)
2. Child Assessment Unit (CAU)
3. Neonatal Unit (also known as Special Care Baby Unit or SCBU)
4. Postnatal ward (PNW)
5. Paediatric Outpatients (OPD)
6. Paediatric Accident and Emergency Department.

## THE TEACHING PROGRAMME

The principles of your learning are based on the following: patient “clerking”, including history taking, examination, and presentation, followed by case based discussions.

1. **Departmental weekly teaching sessions**: There are planned teaching sessions in the Paediatric department for all doctors that you should also attend, e.g. X-ray meetings, paediatric grand round and simulation teaching (this will be mainly by the clinical fellows but there might be some ad hoc sessions arranged by the paediatric team). There are also medical student teaching sessions. There is a weekly & monthly program that is circulated in advance – ask any of the SHO’s for a copy if you don’t get one. There is also 8:30 AM teaching session on Monday’s and Wednesday’s (Venue: SCBU handover room) which you can attend, but is not compulsory.
2. **Planned teaching:** During our planned teaching sessions, you will be taught the basics of history taking and examination of children, as well as communication skills. I will aim to discuss the paediatric curriculum and focus on most of the common paediatric conditions that you are expected to learn during your rotation. We will meet on an agreed day of the week and aim for one morning session/week.
3. **Outwood / SCBU:** When on Outwood ward and SCBU, I would encourage you to attend handover at 9 am to get an understanding of patients and then follow the ward round in the morning. Try to engage in the ward round, e.g. write in notes and feel free to ask questions or ask to examine interesting patients, or go back to see interesting patients later. These ward rounds can be busy so teaching can be difficult. Take notes during the ward round of questions / interesting points and discuss it with the SHO, SpR or consultant later. You can also identify interesting patients on Outwood ward and SCBU while on the ward round and go back to take a history and examine them later. Senior nurses or doctors on the ward can also point you to suitable patients.
4. **CAU:** Go to CAU in the afternoon on your Outwood / SCBU weeks, or all day. CAU is a great place to see patients and practice your history taking and examination skills. I would encourage you to see patients first and present them, including your differential diagnosis and management plan, to a senior doctor. You can also observe on more complex patients. There is always a consultant on CAU 9 am to 9 pm, so it is also a great place to learn. It also provides plenty of opportunity to do your CBDs. The CAU team carries the crash bleep, so do go with them to A&E to some resus calls if the opportunity presents.
5. **A&E**: Most learning in A&E will be by observation. Ask to follow patients. Do ask if there are patients they are happy for you to see first and present.
6. **Postnatal ward (Burstow):** The postnatal SHO attends the SCBU hand over round at 9 AM and then go to postnatal ward (Burstow ward) to attend to postmatal checks. Let them know that you will be joining them when you see them at handover. After the SCBU handover, follow the postnatal SHO to spend time on the postnatal ward. Observe them doing routine examinations of the newborn and reviewing unwell babies, and aim to do some under their observation. Again, this is a great place to get a CEX assessment done.
7. **Paediatric Outpatient**, observation and case based discussion will be a key learning method. Please note that the clinic timetable below is generic and clinics get cancelled for leave etc. There are enough clinics at East Surrey site and it is not essential for you to go to Crawley for clinic experience, unless you wish to do so. Before attending OPD at Crawley, please ring to confirm that the clinic is running**.** There are monthly specialty clinics, often by visiting consultants from SGH. Ask in advance in OPD and attend if any specific ones interest you. General Paeds surgical clinics are on Thursday afternoons (East Surrey; one a month at Crawley). Feel free to attend if interested. The surgeons are keen to teach.
8. **Other:** Theatre lists (General / ENT / Ortho / Dental) run in the day case unit. If you want to attend, ask the nurses. There’s a general surgical list by the surgeons from Brighton on Thursdays and they are very keen to teach.
9. Feel free to ask nurses and doctors to show you other Paediatric related procedures or cases, e.g. nurses can show you how they explain the use of inhalers or peak flows to parents or children and doctors or the phlebotomist (on CAU) can show you how to best obtain blood samples from babies. The specialist nurses (Epilepsy nurse, Diabetes nurse, Oncology nurse or Allergy nurse) will be able to teach you in their respective area of expertise. Don’t hesitate to ask them and you can meet them in clinics or in the office next to CAU. You will also have a day already planned to attend Child Psychiatry. Again, this is a good opportunity to get a CBD.
10. It is also a good idea to identify a case and aim to present it at the paediatric teaching session on your last week. This should be in the format of a 30-45 minute powerpoint presentation. This is also a good opportunity for being part of the team, getting a CBD and consolidating your learning and presenting skills! You may also consider presenting a case on the grand round (Tuesday at 13:30 pm in paediatric OPD) if you have been involved in clerking the patient. This is usually in an informal way and you don’t need to have prior knowledge of the diagnosis or the condition. Cases that are brought to Grand round are either interesting cases for learning or diagnostic dilemmas for peer discussion.

Essentially, there is plenty to learn from!

PROGRESS AND COMPLETION OF PAEDIATRIC ROTATION

1. You are expected to complete 2 CBD and 2 mini-CEX during your rotation. Please ask the consultant/ Registrar or SHO do some of your CEX / CBD when you present cases or during teaching sessions. Ensure that these are completed well in advance.
2. Dr Khoobarry will complete your end of rotation assessment. This will be done either on the last day or on an agreed date before you leave.

USEFUL CONTACT NUMBERS

Hospital switch 01737 768511 ESH / 01293 600 300 Crawley

Neonatal unit 1765/1837 Reg bleep – 787 SHO - 724

CAU 2878/2879 Reg bleep - 680 SHO - 681

Outwood ward 6415/6416 Reg bleep - 434 SHO - 669

OPD 2866

Crawley OPD Extension 6004 (From ESH Ring 5332 for Crawley switchboard 1st)

Dr Khoobarry’s secretary: Jean Ayres Ext: 6971

Dr Gurreebun secretary: Janet Trice Ext: 2126

## LIST OF CONSULTANTS SUBSPECIALTIES

Dr Aravamudhan Diabetes
Dr Ansell Neurology Dr Katta Cardiology
Dr Dymond Safeguarding Dr Greenaway Respiratory / Allergy
Dr Gurreebun Gastroenterology Dr Radha Neonatology
Dr Jain Diabetes & Allergy Dr Jawad Cardiology
Dr Khader Neonatology & Respiratory Dr Khoobarry Oncology / Haematology

Dr Lewis Diabetes Dr Pullen Endocrinology

Dr McGlone Rheumatology and Safeguarding

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **ESH AM** |
| Khader weekly | Jawad/Katta weekly | Khader neonatal weekly | Tongue Tie weekly | CF clinic (monthly) |
| McGlone weekly | Gurreebun weekly | Ansell General weekly | Specialty clinics weekly |  |
| Ansell weekly | Radha Baby clinic weekly | Jawad/Katta Weeks 1 & 3 | Fetal adhoc |  |
| Epilepsy nurse weekly | Jain weekly | Orthopaedics Adhoc |  |  |
| Pullen weekly | Allergy nurse  |  |  |  |
| Katta Weeks 1 & 3 (Cardiac) | Pullen weekly |  |  |  |
| Radha Weeks 1 & 3 | ENT weekly |  |  |  |
| Gurreebun Week 2 |  |  |  |  |
| Allergy nurse wk 3 |  |  |  |  |
| Cliff Week 4 (Derm) |  |  |  |  |
| **ESH PM** |
| Diabetes weekly  |  | Allergy Nurse weekly | Surgery weekly  |  |
| Jawad/Katta Wks 2 & 4 |  |  | Dymond weekly | Gurreebun Gastro weekly |
| Fetal Weeks 2 & 4 |  |  |  |  |
| Wright Epilepsy Weeks 2 & 4 |  | Rapid Access Clinic weekly |  |  |
| Epilepsy nurse Weeks 2 & 4 |  | Dietician weekly |  |  |
|  |  | Greenaway wks 1,2,4 |  |  |
| Greenaway Monthly |  | Orthopaedics adhoc |  |  |
| **CRAWLEY AM** |
| CF Clinics adhoc |  | Audiology clinic monthly | Greenaway resp /allergy weekly | Pullen general weekly |
| General clinics adhoc |  |  | Khoobarry Weekly | Khader weekly |
| Other adhoc |  |  | Diabetes Weeks 2 & 4 | Alternate weeks resp/allergy |
|  |  |  | Surgery monthly | Ansell alternate weeks epilepsy/ general |
|  |  |  |  | Allergy Nurse x 2 a month |
| **CRAWLEY PM** |
|  |  |  | Gurreebun weekly Gastro | Lewis clinic |
|  |  |  | Allergy nurse clinic | Radha weekly general clinic |
|  |  |  | Surgery monthly |  |
| **Horsham** |
|  | Lewis Weekly | Khoobarry Weekly |  |  |
| **Oxted** |
|  |  | Radha Weekly |  |  |

## YOUR TIMETABLE

## LEARNING AREAS (Example)

|  |  |  |
| --- | --- | --- |
|  | Student 1 | Student 2 |
| Week 1 | Outwood (3) / CAU (4.5) | SCBU (3) / Postnatal ward (3)/CAU (1.5) |
| Week 2 | SCBU (3) / Postnatal ward (3)/CAU (1.5) | OPD (6)/ CAU (1.5) |
| Week 3 | OPD (6)/ CAU (1.5) | A&E (4.5), CAU (3) |
| Week 4 | A&E (4.5), CAU (3) | Outwood (3) / CAU (4.5) |
| Week 5 | Catch up | Catch up |
|  |  |  |  |

## Paediatric Clinics (Generic timetable)

## USEFUL TIPS & ADVICE

Let us know if you are unable to attend on any day, either by emailing Claire Parsonage or Dr Khoobarry. Absence without notice will be conveyed to your faculty. Behave professionally, be courteous & respect patients’ dignity & privacy.

Follow the trust policies on infection control & liaise with nursing staff about this or any other issues once you are on the ward or outpatient department.

My senior colleagues, nurses as well as junior doctors are more than happy to teach and assist you in your learning. Just ask. Please let me know if you have any concerns or problems. You can contact me or my secretary any time on the numbers given. Hope you enjoy your attachment!

APPENDIX 2:

## Communication Skills in Paediatrics.

Common Communication Skills Scenarios:

* Alfie is a 5 yrs old boy who has just been diagnosed with asthma. Please explain to his mother how to use an inhaler.
* Jonathan is a 12 years old boy who has had asthma for some time but never used a peak flow meter. Please explain to him how best to use this.
* Gracie is a 2 years old girl who came in last night with a febrile convulsion. On examination, you are happy that she has a viral upper respiratory tract infection. Please explain the diagnosis to his mother.
* You have just seen Jack in clinic with a history of chronic constipation and overflow diarrhoea. Please explain the diagnosis and management to his mother.
* Ellie-May is now 18 months and has not had her MMR vaccine yet as his mother refused to get this done. Please discuss this with Ellie-May’s mother.
* Aisha is an 8 yrs old girl who has just been diagnosed of epilepsy, having had several recent tonic clonic seizures. She has been started on medications, but her mother is anxious about what the diagnosis means in terms of what she can and cannot do on a day to day basis. Please talk to her mother.
* Courtney is an 8 year old who has just been diagnosed of diabetes. Please do an initial explanation of the diagnosis and management to her mother.

## Growth Charts

**Case 1**

Milo is currently 1 year old. Today is 01/04/2015 and his date of birth was 28/03/2014. His weight today is 7.25kg. Three months ago his weight was 6.5 kg. He was born prematurely at 28+2 weeks gestation weighing 752 grams. On discharge from Special Care Baby Unit at 36 weeks gestation corrected, his weight was 1.82 kg. Please plot his weights and then talk to his mother who is very worried about his low weight as his cousin who is also 1 year old is now 9.5 kg.

**Case 2**

Anne is a 3 year old girl referred to you because of poor weight gain. Please plot her weights and take a focused history from her mother.

Born 38 weeks gestation with birth weight 3.0 kg

Age 6 months 7.02 kg Age 38 weeks 7.51 kg

Age 1 year 7.80 kg Age 17 months 8.25 kg

Age 2 years 8.9 kg Age 28 months 9.1 kg.

## Paediatric Cases

**Case 1:**

You are an FY2 in Paediatrics. A GP refers you a 10 weeks old baby boy who has been seen previously by his colleague for shortness of breath and diagnosed with bronchiolitis. At the time, the child had been referred to the Children Assessment Unit and deemed to not need admission.

**What are the criteria for admitting children with bronchiolitis?**

**How do we manage children with bronchiolitis?**

However, since then a week ago, the child has been getting worse. He has been more short of breath and wheezy according to his parents. He has also not been feeding well and has been spiking temperatures.

On examination, the GP tells you that the child has signs of respiratory distress and looks poorly perfused. The GP is also worried because he can hear a heart murmur that has not been mentioned before.

**What are the signs of respiratory distress in a child?**

**What are your differential diagnoses in this case?**

**How would you differentiate between them on history and examination?**

**How would you manage this child?**

**Case 2:**

You are an FY2 in GP practice and a mother comes to see you with her child because she is concerned that her child is always chesty and wheezy. The child is 5 years old and has had a lot of coughs and temperatures.

**What are your differential diagnoses in such a child?**

**What more do you want to know from the history to differentiate between them?**

**What important questions should you ask in a child with wheeze?**

**What are you especially looking for on examination?**

**How would you treat each of them – acutely and chronically?**

**Case 3:**

You are an FY2 in a General Practice. A mother presents with a 6 week old baby boy with vomiting. Mum has tried him on several different milks and none have made any difference.

**What are your differential diagnoses in a baby with vomiting?**

**What more do you therefore want to know on history?**

**How would you manage some of these common causes of vomiting?**

**What types of milk do you know about?**

**Case 4:**

You are an FY2 in a General Practice. A mother presents with a 6 year old boy with chronic abdominal pain that has been going on for the last 1 year. He has also recently starting having some loose stools and soiling his pants. His mother is very worried as she suffers from Crohn’s disease.

**What are your differential diagnoses in a child with abdo pains?**

**What more do you want to know in the history?**

**What will you look for on examination?**

**What investigations will you do?**

**Case 5:**

You are an FY2 in GP practice and a mother presents to you with an 11 year old boy with a history of headaches over the last 6 months, which has been getting more and more frequent and has been affecting his school work more.

**What more do you want to eliciit on history taking?**

**What do you need to examine?**

**Consider your management options depending on your differential diagnoses?**

**Case 6:**

You are an FY1 in A&E and a 10 year old girl has just been brought in by ambulance for a collapse episode. On arrival, her airway is patent, she is breathing and her heart rate and perfusion are normal. Her GCS is 15. She complains of a mild headache and says that she feels sleepy. She vomited on her way to A&E in the ambulance but does not feel nauseated any more.

**What are the possible causes of collapse in a child this age?**

**What do you want to elicit in the history to help you with your differential diagnosis?**

**What investigations would you need / consider?**

**Case 7:**

You are an FY2 working in A&E. A mother presents with her 3 month old child after having called an emergency ambulance after the child fell from the bed. She heard the child cry immediately and there was no loss of consciousness. However, the child has vomited once in the ambulance and once more on arrival to A&E. On assessment the child’s GCS is 15 but he looks slightly drowsy. His observations are normal and his BM is 2.8.

**What would you do and in what order of priority?**