

Learning objectives – mandatory

The fulfilled and assessed learning objectives must be marked by the student with an x.

The assessment can be performed by the mentor in three ways: direct observation of the student during performance of a clinical activity (see page ii), CPY task (see page P4-P6), Mini-CEX/DOPS (see page v-vi). At the end of completion of the CPY tertial in the respective department, fulfilment of the learning objectives must be signed off by the mentor.

Competence	Objectives completed
Taking a medical history	
1. Taking a systematic history with involvement of parents depending on the age of the child (symptoms, current complaints, the patient's life situation, his/her understanding of the illness and concerns, social and cultural background and illness experience)	☐
2. Taking a targeted, hypothesis-oriented history also depending on the age of the child (infant, small child, school-age child, adolescent)	☐
Performance of examination techniques	
3. Determining and assessing general condition (habitus and posture, symmetry and mobility of body) and nutritional state as well as the percentile curves (growth, weight)	☐
4. Checking vital functions (body temperature, respiration, pulse rate, blood pressure, venous pressure, recapillarisation time) and familiarisation with the standard physiological values relative to the age of the patient	☐
5. Inspection of the abdomen	☐
6. Auscultation of abdomen (bowel sounds)	☐
7. Palpation of abdomen (abdominal wall, colon, liver, spleen, aorta, abdominal masses)	☐
8. Assessment of the abdomen in the case of acute abdominal pain with emphasis on differential diagnoses depending on the age of the patient	☐
9. Inspection of abdomen including eliciting abdominal tenderness, rebound tenderness and guarding	☐
10. Assessment of skin and mucous membranes (signs of anaemia, cyanosis, jaundice, oedema, dehydration) in infant, small child and school-age child	☐
11. Testing for inguinal hernia by inspection and palpation (also during increased abdominal pressure) of groin / hernial orifices; also provocation tests in children of different ages	☐
12. External inspection and palpation of the (peri)anal region, assessment of the anogenital region in anorectal malformations	☐
13. Inspection and palpation of the penis and scrotum (testes, epididymis, spermatic cord) including transillumination of scrotum in childhood hydrocele, assessment of the penis in congenital malformations (hypospadias, epispadias, etc.)	☐
14. Identification of evidence and signs of child abuse	☐

Competence

Objectives completed

Performance of routine skills

15. Stopping haemorrhage (direct pressure, pressure points, pressure bandage, tourniquet)	☐
16. Peripheral intravenous cannulation in school-age children and adolescents	☐
17. Venepuncture / drawing blood in school-age children and adolescents	☐
18. Removal of wound sutures	☐
19. Urinary catheterisation in school-age children and adolescents	☐
20. Handling a central venous catheter with or without port system, including Broviac and Hickman catheter	☐
21. Filling out a requisition for instrumental investigations (lab tests, imaging), including contacting and discussing specific questions with Paediatric Radiology	☐
22. Assessment of patients with emergency medical conditions, including identification of life-threatening risks in infants and small children	☐
23. Application of local anaesthesia intraoperatively	☐
24. Basic life support for children	☐

Therapeutic measures

25. Working with local, national and international guidelines and protocols	☐
26. Filling in prescription forms including child dosages according to body weight, also selection of suitable application forms	☐

Communication with patient/team

27. Elaborating a clinical question and searching for its solution in the literature	☐
28. Working in a multidisciplinary team (Paediatric Surgery, Paediatric Anaesthesia, Paediatric Radiology, Neonatology and Paediatric Intensive Care)	☐
29. Communicating and dealing professionally with children and young people and their relatives with and without mental disabilities	☐
30. Giving main information elements necessary to get informed consent for common childhood operations	☐
31. Summarizing the main points of diagnoses, active problems and management plans of a patient	☐

Competence

Objectives completed

Documentation

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| 32. Recording findings in patient file | ☐ |
| 33. Retrieving patient-specific information from clinical data system | ☐ |
| 34. Writing letters for transfer or discharge of patient as well as correct documentation in the mother-child booklet (Mutter-Kind-Pass) | ☐ |
| 35. Coding of diagnoses and accompanying diagnoses | ☐ |

Verified by mentor

Learning objectives – optional

In addition to the competences that are mandatory to achieve, optional competences from the training programmes may also be acquired.

Competence as per training programme	Objectives completed
	☐
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	☐
Verified by mentor	