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| **Title** | **Developmental Paediatrics** |
| **Code** | **MDM160** |
| **Level** | 7 |
| **Credit rating** | 20 Credits |
| **Pre-requisites** | This module is aimed at paediatricians and other health care  professionals who wish to enhance their understanding of developmental paediatric conditions. |
| **Type of module** | 5 days delivered over a week – Mo-Fri |
| **Aims** | This module aims to:   * Enhance knowledge of developmental paediatric conditions and safeguarding. * Develop understanding of integrated service design and delivery. * Deepen students’ knowledge and clinical approaches to critical areas such as safeguarding, vulnerable children, child public health, and sleep. * Enable students to develop practical skills in how paediatric and child health professionals can organise clinics and their working day, whilst maintaining their wellbeing.   The module aims to cover aspects of developmental and community paediatrics that are important to clinical care but are often not addressed by traditional teaching. The module also aims to cover safeguarding comprehensively. It is envisaged that uniquely, the module emphasises the importance of service design so students are equipped to contribute to transformational change in their working environment. |
| **Learning outcomes/objectives** | Upon successful completion of the module, students should be able to:  ILO1 Demonstrate a systematic understanding of a condition frequently managed by developmental and community health care professionals and critically evaluate current approaches to management.  ILO2 Design an appropriate management pathway for children with a clinical condition frequently seen by developmental and community health care professionals.  ILO3 Apply specialised, professional problem solving skills to complex and sensitive cases.  ILO4 Demonstrate a comprehensive understanding of safeguarding and recognise indicators for child abuse and neglect.  ILO5 Recognise and reflect on own role and responsibilities and those of others in safeguarding and promoting the welfare of children.  ILO6 Apply comprehensive understanding and professional skills related to developmental paediatrics to manage a case. |
| **Content** | **Child Public Health**   * One Minute Interventions * Life Course pathways – obesity. Improving outcomes. * Child Poverty and impact on health * Increasing immunisation uptake   **Clinical Decision Making & Pathways**   * Health ‘infosphere’ exploration * Critical analysis of evidence use in adoption decision making * Autism spectrum disorder – diagnosis & pathways; pros & cons * Assessing behaviour in children * Being a professional witness in court   **Vulnerable Children**   * Antenatal drug use, Fetal alcohol syndrome * Health needs of looked after children * Attachment disorder * Supporting families & professionals challenged by rare genetic disorders   **Sleep**   * Behavioural interventions for sleep (inc. normal sleep physiology) * Sleep and children with cerebral palsy * Medicines used in sleep   **Safeguarding**   * Top Tips, Pitfalls, medical investigations * Case studies * Child Death |
| **Teaching and learning strategies** | Teaching methods will encompass:   * + Lectures   + Group Discussion   + Workshops   + Student presentations   + Individual project work   + Self-directed learning   + Reflection   + Role play and simulations   + Audio-visual and e-learning   + “TED” talks   Learning will be supported further by the use of prepared notes, selected reading and all usual visual aids. Students will be expected to support their learning by the use and critical appraisal of primary sources of information such as peer-reviewed research articles and appropriate websites. Tutorial staff will outline key sources of information during their individual contact sessions.  Appropriate Course materials will be made available on ‘Studentcentral’: <http://studentcentral.brighton.ac.uk> |
| **Learning support** | **Examples of key texts are:**  APPG. Initial report of the inquirey into the current picture of FASD in the UK Today. 2016. London, UK Parliament.  Gregory G, Reddy V, Young C. Identifying children who are at risk of FASD in Peterborough: Working in a community clinic without access to gold standard dignosis. Journal of Adoption and Fostering. 2015; 39(3): 225-34.  Mukherjee RAS, Layton, M., Yacoub, E., Turk, J.T,… Autism and autistic traits in people exposed to heavy prenatal alcohol:data from a clinical series of 21 individuals and a nested case control study. Advances in Mental Health and Intellectual Disability. 2011; 5: 43-9.  Mukherjee RAS, Hollins S, Curfs L. FASD is it something we should be more aware of? Journal Royal Society of Medicine Edinburgh. 2012; 42: 143-50.  Mukherjee RAS, Wray E, Commers M, Hollins S, Curfs L. The impact of raising a child with FASD upon carers: findings from a mixed methodology study in the UK. Journal of Adoption and Fostering. 2013; 37(1): 43-56.  Mukherjee RAS, Wray E, Hollins S, Curfs L. What does the general public in the UK know aout the risk to the developing foetus if exposed to alcohol in pregnancy? Findings from a /uk mixed methods study. Child Care, Health and Development. 2014; 41(3): 467-74.  O'Brien G, Yule W. Behavioural Phenotypes. 1995. Cambride, Mac Kieth Press.  BMA Board of Science. Fetal Alcohol Spectrum Disorders, a guide for healthcare practitioners update. 2016. London, British Medical Association.  Nykjaer C, Alwan NA, Greenwood DC, Simpson NAB, Hay AWM, White KLM, et al. Maternal alcohol intake prior to and during pregnacy and risk of adverse irth outcomes: evidence from a British cohort. Journal Epidemiologyand Community Health. 2014; 68(6): 542-9.  Popova S, Lange, S., Shield, K., Mihic, A., Chudley,A.E., Mukherjee, R.A.S., Bekmuradov, D., Rehm, J. Comorbidity of fetal alcohol spectrum disorders: a systematic review and meta-analysis. Lancet. 2016; 387: 978-87.  Preece PM, Riley EP. Alcohol, Drugs and Medication in Pregnancy. MacKeith, 2011.  Sidebotham P, Fraser J, Fleming P, Ward-Platt M, Hain R. Child death in high-income countries 2: Patterns of child death in England and Wales. Lancet. 2014; 384: 904-14.  Mukherjee RAS. Fetal alcohol spectrum disorders. Paediatrics & Child Health. 2015; 25(12): 580-6.  Wolfe I, Macfarlane A, Donkin A, Marmot M, Viner R. Why children die: death in infants, children, and young people in the UK: Part A. 2014. London, Royal College of Paediatrics and Child Health.  Sidebotham P, Fraser J, Covington T, Freemantle J, Petrou S, Pulikottil-Jacob R..,. Child death in high-income countries 3: Understanding why children die in high-income countries. Lancet. 2014; 384: 915-27.  Young S, Absoud M, Blackburn C, Branney P, Colley B, Farrag E,… Guidelines for identification and treatment of individuals with attention deficit/hyperactivity disorder and associated fetal alcohol spectrum disorders based upon expert consensus. BMC Psychiatry. 2016; 16: 324.  Fraser J, Sidebotham P, Frederick J, Covington T, Mitchell EA. Child death in high-income countries 1: Learning from child death review in the USA, England, Australia, and New Zealand. Lancet. 2014; 384: 894-903.  Ingrassia A, Turk J. The use of clonidine for severe and intractable sleep problems in children with neurodevelopmental disorders A case series. European Child & Adolescent Psychiatry. 2005; 14: 34-40.  Turk, J. Melatonin supplementation for severe and intractable sleep disturbance in young people with genetically determined developmental disabilities: short review and commentary. Journal of Medical Genetics. 2003; 40: 793-6  Turk, J. Sleep disorders in children and adolescents with learning disabilities and their management. Advances in Mental Health and Learning Disabilities. 2010; 4: 50-9.  Turk, J. 2014. Use of medication in children and young people with intellectual disability and challenging behaviours. In M Lovell & Udwin (Eds), Intellectual disabilities and challenging behaviour. ACAMH Occasional Paper 32 (Chap 4, pp. 36-44), London: Association for Child and Adolescent Mental Health.  Kahneman D. Thinking, Fast and Slow. 2012. London: Penguin Books Ltd*.*  Gladwell M. Blink: The Power of Thinking without Thinking. 2007. London: Penguin Books Ltd.  Cropley M. The Off Switch: Leave on time, relax your mind but still get more done. 2015. London: Virgin Books.  Womack JP, Jones JT. Lean Thinking: Banish Waste And Create Wealth In Your Corporation. 2003. Sydney: Simon & Schuster / Free Press.  Blair M, Stewart-Brown S, Waterston T, Crowther R. Child Public Health. 2nd edn. 2010. Oxford: Oxford University Press.  RCPCH. Safeguarding children and young people: roles and competences for health care staff. 2014. London: RCPCH.  HM Government. Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. 2015. London: Crown Copyright.  **Key resources and organisations:**  NICE Guidance and Evidence Summaries on Autism Spectrum Disorder, ADHD, melatonin on www.nice.org.uk/guidance  https://www.rcpch.ac.uk/key-topics/child-protection/evidence-reviews  Myers Briggs-based resource such as www.mindtools.com/pages/article/newCDV\_51.htm  BAAF Parenting Matters series of books found corambaaf.org.uk/bookskop/page/PMseries  British Association for Community & Child Health www.bacch.org.uk  The National Autistic Society www.autism.org.uk  Royal College of Paediatrics & Child Health www.rcpch.ac.uk  American Academy of Paediatrics www.aap.org/en-us/Pages/Default.aspx  British Association for Child and Adolescent Public Health www.bacaph.org.uk  The Children's Sleep Charity www.thechildrenssleepcharity.org.uk  The National Organisation for Foetal Alcohol Syndrome-UK www.nofas-uk.org  Current UK asylum process and access to healthcare for children www.rcpch.ac.uk/improving-child-health/child-protection/refugee-and-unaccompanied-asylum-seeking-cyp/current-uk-asyl  MindEd is a free educational resource on children and young people's mental health and wellbeing www.minded.org.uk  UNIQUE website for chromosome disorders www.rarechromo.co.uk  Local safeguarding board website e.g. www.brightonandhovelscb.org.uk www.surreyscb.org.uk  Keeping Children Safe www.keepingchildrensafe.org.uk/sites/default/files/Emergency%20toolkit2.pdf  Unaccompanied asylum seeking children www.uaschealth.org  Green book for immunisations www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book |
| **Assessment tasks** | Essay – design a working pathway for a clinical diagnostic condition seen by developmental and community health care professionals. (2,500 words)  (75% weighting)  Interactive role play focusing on safeguarding  (25% weighting) |
| **Brief description of module content and/or aims (maximum 80 words)** | The module aims to cover aspects of developmental and community paediatrics that are important to clinical care but are often not addressed by traditional teaching. The module also aims to cover safeguarding comprehensively. It is envisaged that uniquely, the module emphasises the importance of service design so students are equipped to contribute to transformational change in their working environment. |
| **Area examination board to which module relates** | IPGM – Area Examination Board |
| **Module team/authors/coordinator** | Module Lead : Dr Anu Raykundalia (replacement TBC July 2020)  Personal Tutor : Dr Kamal Patel, Consultant Paediatrician |
| **Semester offered, where appropriate** | Two |
| **Site where delivered** | BSMS, Falmer |
| **Date of approval of this version** | March 2016 |
| **Field for which module is acceptable and status in that field** | Paediatrics, Nursing, Allied Health Professionals |
| **Course(s) for which module is acceptable and status in that course** | PGCert or PGDip or MSc Paediatrics & Child Health Programme  Compulsory module |
| **School home** | IPGM |
| **External examiner** | Dr Jonathan Round, PICU Consultant, Head of London(South) School of Paediatrics, Director of Medical Education St George’s University Hospitals NHS Trust |