

SPECIALITY TRAINING PROGRAM FOR PEDIATRICS AND PEDIATRIC INTENSIVE CARE

Title of the residency study program	State code
Pediatrics	733A30097

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Clinic of Children diseases, A. Mickevičiaus g. 2, LT-44307 Kaunas, Lithuania	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 th level

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Full-time studies, 6 years	369	10560	7920,5	2639,5

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical sciences	Medicine	-

Professional qualification awarded
Pediatric intensive care physician

Study program director	Director's contact information
Prof. Rimantas Kėvalas	Office tel.: (8-37) 326963, e-paštas: rimantas.kevalas@kaunoklinikos.lt

Institution of accreditation	Accreditation until
Centre for Quality Assessment in Higher Education	Year 2014

Aim of the residency study program
To prepare a doctor specialist, universally educated, honest, initiative, self-sufficient but responsible ethically, creative, interested in science innovations, upholding democracy, able to solve problems and work in a team, having professional qualification in pediatric intensive care and able to apply acquired knowledge, skills and abilities in practical job. To provide knowledge and skills in scientific research and public presentation of professional matters.

Program profile		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
Program consists of obligatory and optional cycles including theory, practice and self-sustaining job. Plan for pediatric cycles: Physical and psychomotoric development of healthy newborn and child; ambulatory care of healthy and sick children; Obligatory cycles cover all the major areas of paediatrics: neonatology, emergency, general pediatric pulmonology, allergology, nephrology, gastroenterology, oncology and hematology, cardiology and rheumatology, infectious diseases, children neurology, endocrinology and pediatric intensive care, as well as children's surgery. In order to improve skills of pediatric social	Applied orientation program, orientated to practical activity and developing abilities for scientific research work, providing professional qualification of pediatric intensive care physician.	Unique pediatric residency program is based on theoretical studies and practical and scientific job integration. Program is prepared taking into account: <ol style="list-style-type: none"> 1. LR legislation, 2. LUHS valid documents; 3. Order by LR Ministry of Health of December 21, 2009 No V-1054 „About Lithuanian Medicine Standard MN 66:1999 „Pediatrician. Functions, duties, rights, competency and responsibility”. 4. Order by LR Ministry of Health about Lithuanian Medicine Standart MN 151:2010 “Pediatric intensive care physician. Functions, duties, rights, competency and responsibility.” 5. Requirements of European Union of Medical Specialists (UEMS) for the speciality of pediatrics (European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU, Basic Paediatric training, J.Ramet, 2005. Web access: http://www.eba-uems.eu/resources/PDFS/ . 6. Bulajeva T., Lepaite D., Sileikaite-Kaishauri D.

<p>problems, the cycle of pediatric social medicine is formed.</p> <p>The mandatory cycle of pediatric imaging diagnostics provides a framework of knowledge and practical skills in the acquisition of basic radiological diagnostic methods in children.</p> <p>Optional cycles are designed to go into particular fields of pediatrics, as a chronic respiratory diseases, diet of healthy and sick baby, children's rehabilitation and neurorehabilitation, long-term care of diabetic children, pediatric neurosurgery and others.</p> <p>5-6-th year program consists of general anaesthesiology, children's anaesthesiology and analgesia, anesthesiology in cardiothoracic surgery, neonatal intensive care, disaster medicine, emergency medicine, pediatric intensive care and pediatric surgical and trauma intensive care cycles.</p>		<p>Study program manual. Vilnius, 40 p., 2012 (prepared for project "National Concept Preparation for European Credit Transfer and Accumulation System (ECTS): Harmonisation of Credits as well as Creation and Implementation of the Learning Outcomes Based Study Programs Methodology" (Nr. VP1-2.2-ŠMM-08-V-01-001).</p> <p>Practical skills are obtained and theory course is realised with the help of University professors – residency base specialists. For the pediatric residency study cycles the main residency base – LUHS Hospital Public Institution "Kaunas Clinics" is accredited. Other accredited residency bases are Kauno klinicine ligonine and two children outpatient clinics of Kaunas: "Kalnieciai" and "Dainava".</p> <p>There is an opportunity provided to accomplish part of the residency (up to one year) in accredited clinics abroad (for separate residency cycles studies).</p>
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Admission requirements	Recognition of previous learning
<p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student's scientific activities assessment (appointed by Student Science Association (SMD)), motivational interview assessment. Motivational interview takes place according to the schedule set in advance. Motivation Committee is composed of academic pediatrician staff and residents representatives. Scientific activities in the field of pediatrics as well as qualities of human being are evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.</p>	<p>Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to „Pediatrics“ residency study program, with the guidance of procedures set by LUHS Senate.</p>

Access to further education
<p>Studies of pediatric subspecialities (pediatric pulmonology, cardiology, gastroenterology, hematology and oncology, nephrology, intensive care, as well as neonatology, pediatric neurology, endocrinology, etc.) can be continued in government unfunded places of residency.</p> <p>Third cycle degree studies may be an option (up to 5% choose to proceed to PhD).</p>

Access to professional activities (employability)
<p>Pediatric intensive care physician can do practical job under both public and private health care facilities, licensed to provide medical services to children. Pediatrics license is granted by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, a certificate of internship and residency completion certificate. Pediatrician may also work in a scientific-research, seek a scientific degree in doctoral studies and teaching activities in higher education institutions. Residency completion certificate and professional qualification of pediatrics recognized by the European Union.</p>

Learning and teaching approaches	Methods of assessment (of learning achievements)
<p>Various teaching and studying methods are applied: lectures, seminars, consultations, group discussions together with doctors-residents, every-day activity logbook writing, ect.</p>	<p>Resident assessment, according to LUHS Regulation on Student's Achievements Assessments (Decision by LUHS Senate, December 14th, 2012, No 25-07) consists of several assessment forms:</p> <p>Lectures attendance, activity during seminars and discussions is marked in special log-book notes. No less than 75% of all one year theoretical activities must be accounted. Accountment can be held in individual schedule. Assessment in oral or written form is held at the end of cycle, it is rate in 10 points system.</p>

<p>Learning and teaching includes formal teaching and work-based experiential learning. Formal teaching includes lectures and seminars, consultations, case presentations, journal clubs, grand rounds, clinical skills demonstration and teaching using simulators, research projects.</p> <p>Activities of independent self-directed learning may include reading, maintenance of personal portfolio (log-book, self-assessment, reflective learning, personal development plan), research projects, reading journals. Skills and competences are acquired via their job as residents in emergency department, outpatient department and in pediatric departments of different profiles.</p> <p>Residents participate in word-rounds and multi-disciplinary team meetings led by the head of the department.</p> <p>Residents have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary.</p> <p>Residents examine and treat patients, work night-shifts with doctor's supervision.</p>	<p>Credit. It is a forming assessment, done at the each study cycle. Credit is multi-component. During these credits resident is assessed according to LUHS Regulation on Medicine Residency (in ten-note system).</p> <p>Credit consists of the following:</p> <ul style="list-style-type: none"> - Revision of theoretical knowledge - Revision of practical skills - log-book notes assessment; - other activities (courses studied and certificates obtained, articles surveys presentation, paper preparation and presentation in advanced training courses for doctors and events, presentations, performed studies) assessment. - Residency base employee feedback (written or oral form available) about work of resident. - The assesment of resident activities and competences in practical work <p>Topic of the scientific work can be selected by the resident or proposed by resident manager. Research data should be presented during pediatric conferences, medical meetings or training courses, not later than one month before the final exam.</p> <p>Total assessment. This assessment summarises knowledge obtained by resident. It is done at the end of residency studies by final residency exam.</p> <p>The final resident characteristic is formed at the end of 4th study year summarising resident's achievements and characteristics for cycles obtained each year.</p> <p>Workplace-based assessments</p> <ul style="list-style-type: none"> • mini-Clinical Evaluation Exercise (mini-CEX) • Direct Observation of Procedural Skills (DOPS) • Case-Based Discussion (CbD) • Patient Survey (PS) 			
<p>General competencies (knowledge, abilities, values and attitudes)</p>		<p>Outcomes (results) of residency study program</p>		
<p>1.</p>	<p>Professional attributes</p>	<p>1.1</p>	<p>Be honest and honourable with patients - children, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative.</p>	
<p>2.</p>	<p>Professional activity</p>	<p>2.1</p>	<p>Have ability to evaluate the boundaries of his/her competencies in paediatrics and adjacent specialities, to act independently, if there is a need, seek for a help, solve problems and take decisions, communicate and work in a team with specialists from other fields, be able to organise work and to plan time properly.</p>	
<p>3.</p>	<p>Doctor as an expert</p>	<p>3.1</p>	<p>Be able to analyse the symptoms of children diseases, combine them into syndromes, comprising the patient's examination and treatment plans; constantly seek perfection in paediatrics continuing lifelong learning; be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research.</p>	

Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
4.	Consultation with a Patient and relatives	4.1	Be able to independently take care of outpatient and inpatient healthy and sick child. To access psychomotor and physical development of healthy and sick child, to perform overall assessment of the patient's somatic condition, to analyse and interpret the symptoms of the diseases of children, to collect a targeted history and interpret it. To carry out inspection of the any age children, assess overall condition and specific symptoms to formulate and substantiate the diagnosis.
		4.2	Be able to explain to the patient and/or his relatives a goal and a meaning for the actions taken to the patient, to discuss further actions, to reassure and to motivate patient and/or his relatives, to understand legal aspects regarding informing patient and/or his relatives.
5.	Making management plan	5.1	To recognise pediatric conditions and assess severity of the disease, to make a plan for necessary diagnostic tests, be able to interpret test results, to perform primary (complaints, anamnesis, total examination) and secondary (interpreting tests' results and planning, performing and interpreting complementary tests' results) differential diagnostics on patients symptoms reasons; to make a relevant treatment plan for an individual patient, to discuss it with a patient and/or his relatives, be able to evaluate possible pharmaceutical mutual interactions and possible side effects as well as evaluate affectivity of prescribed treatment; to inform objectively about effectiveness of treatment, possible complications and treatment alternatives. To evaluate patient's condition before anaesthesia and make anaesthesia plan, be able to perform preoperative and postoperative management. Pain assessment and management for children and toddlers. Procedural analgesia and sedation. To make anaesthesia plan for cardiothoracic surgery. To organise the emergency department's work. To triage patients and organise actions during mass disaster. To manage trauma patients. To be able to perform intrahospital and interhospital transportation.
		5.2	Ability to communicate with patient and his/her relatives in case of critical condition; to gain confidence and written agreement from informed person, communicate in writing (filling up medical documents).
6.	Medical emergencies and resuscitation	6.1	Be able to recognise conditions that need emergency medical treatment, provide first aid, provide intensive care according to the valid recommendations, provide aid in case of trauma, have abilities to treat conditions that require emergency assistance. Be able to provide basic and advanced life support, to use artificial airway devices (bag-valve mask, orofaringeal or nasopharingeal tube, orotracheal intubation, cricotiroidotomy), to provide artificial lung ventilation, defibrillation, cardioversion, electric heart stimulation (pacing), intraosseous, venous and arterial punctures, intramuscular, intravenous intraosseous injections, analgesia, sedation, gastric tube insertion and gastric lavage.
7.	Performing or requesting of appropriate investigations and interpretation of the results	7.1	Be able to perform life saving procedures according to valid norms, according to his/her competencies perform and evaluate data of invasive and non-invasive tests, hereunder to choose the most optimal possible patient treatment. Be able to perform temperature measurement, pulse oximetry, non-invasive and invasive hemodynamic monitoring and respiratory gas exchange monitoring, to be able to assess the results of spirometry, make the central nervous system condition monitoring. Be able to perform otoscopy, pharyngoscopy in all age children and evaluate the results. Be able to take urine, stool, nasopharynx and tonsillar cultures and interpretate the results. Be capable to perform and assess the results of Montoux test, quick streptococcus antigen test. Be able to perform lumbal puncture and assess the data. Be able to perform periferal vein and artery puncture, evaluate the blood test results: basic parametres, biochemical, microbiological, immunological, serology and genetic data. Be able to pass catheter to urinary bladder and to take the analyses.
		7.2	Be able to assess the thorax X-ray, radiological and abdominal ultrasound data.
		7.3	To be able to perform instrumental tests: ECG and interpret the results.

8.	Health promotion, engagement in population health issues and effective work in health care system	8.1	Be able to assess risk for patient's health and apply proper and rational remedies to lower the risk. Monitor the child's psychomotor and physical development, apply for infection control measures (in particular - vaccination)
		8.2	To teach the children and their caregivers for healthy living style, healthy nutrition, sports skills.
		8.3	Assess the effects of environmental pollution, smoking on children's health; Help to remove chemical irritants from the child's environment. To evaluate the professional factors risk on own health and take steps to avoid this risk.
		8.4	To participate in health programs on the level of population and of an individual.