**Skills List for doctors - Paediatrics**

Dear Doctor,

In order to place you in a project where your skills are best utilised we would like to ask you a few questions. The questionnaire below focuses on paediatric care. For your information: you will *not* need all the skills listed below in most of our programs – however it is important for us to get a broad understanding of your skills and experience. Thank you very much for your help.

|  |  |
| --- | --- |
| General Information and Training | |
| Name |  |
| Date |  |
| First mission MSF? (Y/N) |  |
| If not, total # of months MSF field work.  Indicate year, country or project if you want |  |
| Clinical work in non MSF contexts in low resource settings (total number of months) |  |
| Postgraduate training in paediatrics? (Y/N) |  |
| If Y, duration of that training? |  |
| Date of qualification? |  |
| Certifying institution |  |
| Tropical medicine/public health training? (Y/N) |  |
| If Y, name of degree/diploma and certifying institution: |  |
| APLS or PALS certified? If Y, year of last course |  |
| Any other paediatric training you received and where? Please list |  |

Please continue filling in the following pages if you have experience/training in paediatrics.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Experience in Paediatric Care | | | | |  |
|  | **Y/N** | **Where?** | **When? (year)** | **How long? months/years** | **Comments** |
| Management of Severe Acute Malnutrition in Therapeutic Feeding Centres |  |  |  |  |  |
| Measles outbreak |  |  |  |  |  |
| Paediatric ICU |  |  |  |  |  |
| ER care |  |  |  |  |  |
| Neonatal ICU |  |  |  |  |  |
| Neonatal care (non NICU) |  |  |  |  |  |
| Adolescent care |  |  |  |  |  |
| Any other paediatric experience  Please specify |  |  |  |  |  |
| Last time worked in paediatric ward? | n/a |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLINICAL KNOWLEDGE/EXPERIENCE IN GENERAL PAEDIATRIC HOSPTIAL CARE and PROCEDURES (X)** | | | | |
|  | **Very little/no experience** | **Theoretical/practical experience AND confident to carry out autonomously** | **Confident and able to teach others** | **Comments** |
| **General paediatrics** | | | | |
| **Ward rounds** |  |  |  |  |
| **Acute care of critically ill child** |  |  |  |  |
| **Treatment of shock (including amines)** |  |  |  |  |
| **Severe malaria** |  |  |  |  |
| **Severe respiratory diseases**  **(pneumonia/bronchiolitis/..)** |  |  |  |  |
| **Burns management** |  |  |  |  |
| **Fluid management (calculation of needs)** |  |  |  |  |
| **Diabetic ketoacidosis** |  |  |  |  |
| **Blood transfusions** |  |  |  |  |
| **Pain management** |  |  |  |  |
| **Seizure/coma management** |  |  |  |  |
| **Wound management** |  |  |  |  |
| **Other Please specify** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chronic Disease Management (acute crisis and follow-up) | | | | |
|  | **Very little/no experience** | **Theoretical/practical experience AND confident to carry out autonomously** | **Confident and able to teach others** | **Comments** |
| Paediatric TB |  |  |  |  |
| Paediatric HIV |  |  |  |  |
| Sickle cell disease |  |  |  |  |
| Asthma |  |  |  |  |
| Diabetes |  |  |  |  |
| Epilepsy |  |  |  |  |
| Other - specify |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NEWBORN CARE | Very little/no experience | Practical experience AND confident to carry out autonomously | Confident and able to teach others | Comments |
| Basic care and Resuscitation at birth (delivery room) |  |  |  |  |
| Support to breastfeeding |  |  |  |  |
| Kangaroo Mother Care (KMC) |  |  |  |  |
| Management of newborn with risk factors (glycemia,infection...) |  |  |  |  |
| Care of sick newborn (sepsis/ asphyxia/NEC/ resp distress) |  |  |  |  |
| Fluid management |  |  |  |  |
| Mgt of premature and LBW baby |  |  |  |  |
| Care of newborn with tetanus |  |  |  |  |
| Phototherapy |  |  |  |  |
| Care of newborn with seizures |  |  |  |  |
| Apnoea management |  |  |  |  |
| Ventilation:  CPAP/ High flow oxygen |  |  |  |  |
| Ventilation:  Invasive ventilation |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TECHNICAL PROCEDURES | | | | |
|  | **Not trained (1)** | **Only under supervision (2)** | **Autonomous practice (3)** | **Also in newborns (1/2/3/)** |
| IV access (peripheral) |  |  |  |  |
| Intra-osseous (IO) access |  |  |  |  |
| Central catheters |  |  |  |  |
| Naso-gastric tube insertion |  |  |  |  |
| Lumbar puncture |  |  |  |  |
| Urinary catheter |  |  |  |  |
| Supra-pubic puncture |  |  |  |  |
| Pleural drain |  |  |  |  |
| Pneumothorax chest tube |  |  |  |  |
| Bag & mask ventilation |  |  |  |  |
| Endotracheal Intubation |  |  |  |  |
| Ultrasound |  |  |  |  |
| X ray interpretation |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Providing Training: Please list any training you have given/ helped in giving (ie APLS/ ETAT etc) | | | |
| Name of training | **Date (year)** | **Location (country)** | **Your role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Any other comments you would like to add:**

**Would you feel comfortable being the only paediatrics experienced doctor in the field: Y/N**

**In most projects there are only a few diagnostic and laboratory tests available and a lot of our practice is guided by clinical experience and based on MSF protocols. Do you think you would be able to cope with this? Y/N**

**Thank you very much for completing this form.**

**Signature:**

**To be filled in by evaluating paediatrician:**

**Category: A/B/C/D**

**Explanation:**

**Name of evaluating paediatrician and date:**