Examination for Registration to Practice Medicine (ERPM)
Criterion based curriculum developed by the Academic Board in
Paediatrics of the Sri Lanka Medical Council

Candidate should be able to:-

- Describe the factors that affect intra uterine growth.
- Describe common congenital abnormalities (structural and chromosomal), aetiology, complications, management and prevention.
- Name common intrauterine infections and describe their sequele.
- Describe the recommended pre conception and prenatal health strategies that reduce abnormalities in the newborn.
- Describe the principles and practical aspects of resuscitation of an asphyxiated newborn.
- Perform a neonatal examination (including maturity assessment) and describe the routine care of the newborn.
- Identify clinical features and complications of common neonatal problems in Sri Lanka and describe their management and prevention (low birth weight, preterm, respiratory distress, jaundice, sepsis, meningitis, hypothermia, hypoglycaemia, hypocalcaemia, seizures and surgical problems) and, briefly explain the pathophysiology of the above conditions.
- Compare and contrast human and cow milk and describe the advantages of human milk in infant nutrition and describe current recommendations on breast feeding in Sri Lanka.
- Explain the principles of infant nutrition including breast feeding, complementary feeding and describe recommended diets (specifying food items) for healthy infants and preschool children.
- Recognize the pattern of normal postnatal growth and identify abnormalities such as failure to thrive, obesity, short and tall stature. Describe the causes and management of the above.
- Describe normal development of the infant and preschoo1er specifying important milestones and recognizing deviations from the normal.
- Describe primary child health strategies recommended in Sri Lanka eg. Expanded Programme of Immunization, growth monitoring, use of CHDR, vitamin and nutrition supplementation programmes etc.
- Take a relevant paediatric clinical history, identify and prioritize the information.
- Conduct a systematic clinical examination including growth parameters and development assessment. *(A child friendly approach is necessary).*
- List the relevant diagnostic investigations and interpret the results of a given clinical situation.
• Describe common congenital (cyanotic and acyanotic) and acquired (rheumatic fever and Kawasaki disease) heart diseases in children including aetiology, clinical presentation, diagnosis, treatment, prognosis and prevention.
• Recognize and manage acute respiratory infections including bronchiolitis, pneumonia, stridor and upper respiratory infections. Describe X ray changes seen in common respiratory conditions of children.
• Diagnose and manage bronchial asthma and describe precipitating factors, assessment of severity, treatment options and pharmacological and non pharmacological strategies of asthma control.
• List the pathogens causing diarrhoeal diseases in children in Sri Lanka. Diagnose and manage diarrhea including assessment of level of hydration and fluid therapy.
• Describe clinical features, diagnosis, treatment and prevention of common renal disorders such as urinary tract infections, acute glomerulonephritis, nephrotic syndrome, acute and chronic renal failure etc. Recognize and manage complications of the above including long term follow up.
• Describe clinical features, diagnosis, treatment including long term management and prevention of common neurological disorders and their complications. Eg febrile convolution and other seizure disorders, meningitis, encephalitis and encephalopathies, acute flaccid paralysis, cerebral palsy, hydrocephalus, microcephaly etc.
• Describe clinical features, diagnosis, treatment including long term management, aetiology and prevention of common developmental disorders such as mental retardation, cerebral palsy, etc.
• Diagnose common behavioural and psychiatric disorders in childhood e.g. autism, ADHD, enuresis, tantrums, psychosomatic disorders and other behaviour disorders.
• Describe clinical features, diagnosis, treatment including long term management and prevention of common endocrine and metabolic disorders such as congenital hypothyroidism, diabetes mellitus etc and inborn errors of metabolism.
• Describe common haematological conditions (eg. deficiency anaemia, haemolytic diseases encountered in Sri Lanka, immune thrombocytopenic purpura, haemophilia, aplastic anaemia and haematological malignancies) and immunological (hypersensitivity and immune deficiency) and their management.
• Be familiar with procedures involved in administration of blood and blood products.
• Describe and diagnose common childhood malignancies – especially leukaemias and common solid tumours (brain, renal, bone).
• Describe and diagnose musculoskeletal disorders in children.
• Diagnose and manage common dermatological conditions in childhood (atopic dermatitis, urticaria, scabies, impetigo, fungal infections and head lice etc) and recognize viral exanthems.
- Describe the epidemiology of common/important communicable diseases among children in Sri Lanka and explain their pathophysiology, clinical features, complications management and prevention. 
  e.g. acute gastro-enteritis, respiratory tract infections, mycoplasma infection, dengue, meningitis, encephalitis, typhoid hepatitis, tuberculosis, leptospirosis, whooping cough, infectious mononucleosis, measles, rubella, mumps, chicken pox, rabies, HIV etc.

- Recognize and manage other infections that cause outbreaks among children in Sri Lanka. Eg SARS, H1N1, Hand foot mouth disease, chikungunya etc.

- Describe the epidemiology of non communicable diseases in the paediatric age group in Sri Lanka and be able to diagnose, treat, prevent and advice on prognosis of same.

- Identify common nutritional problems in Sri Lanka e.g. protein energy malnutrition, obesity, iron deficiency, iodine deficiency, vitamin A deficiency and other micro nutrient deficiencies and describe their predisposing causes, presentations, management (including therapeutic foods, food supplements and rehabilitation) and prevention.

- Recognize and manage common childhood complaints such as infantile colics, recurrent abdominal pain, constipation, limb pain etc.

- Recognize and describe the immediate management of common paediatric emergencies such as coma, stridor, anaphylaxis, severe dehydration and hypovolaemic shock, dengue shock syndrome, cardiac failure, status epilepticus, acute severe asthma, diabetic ketoacidosis, hypertensive encephalopathy, snake bite.

- Define the principles of basic and advanced life support in paediatrics.

- List medications that should be available on the “emergency trolley” and be familiar with the dosages of emergency/life saving medications such as adrenaline, hydrocortisone, diazepam, dextrose, amioderone, sodium bicarbonate, normal saline, nifedipine, aminophyllin, frusemide, phenytoin sodium etc.

- Be familiar with and able to demonstrate skills in clinical procedures commonly carried out in a paediatric ward such as administration of oxygen, nebulization, intravenous cannulation, lumbar puncture, naso-gastric feeding, airway management etc.

- Describe the contraindications and common/important adverse effects of routinely used medications in paediatric practice and name the sources from where drug information can be obtained regarding paediatric prescribing.

- Be familiar with the most recent National Guidelines on Management of Dengue Fever and Dengue Haemorrhagic Fever in Children.

- Describe important surgical problems encountered in newborn and their immediate management eg. trachea oesophageal fistula, imperforate anus, diaphragmatic hernia.

- Describe important surgical problems of infants and children including hypertrophic pyloric stenosis, intussusceptions, volvulus, hernia and hydrocele etc.

- Be familiar with the risk factors and management of road traffic and home accidents, poisoning (eg kerosene oil ingestion and paracetamol over dosage), insect stings and animal bites (dog & snake).
• Describe genetic and chromosomal abnormalities, inheritance patterns, pedigree charts and risk assessment of common genetic diseases.
• Name the vaccines in the expanded program of immunization (EPI) in Sri Lanka, vaccine storage conditions, the sites, routes and age of administration, adverse effects and its notification. Name important non EPI vaccines.
• List diseases those are notifiable in Sri Lanka and different mechanisms of notification.
• Describe presentations of child abuse including physical, emotional and sexual abuse and be familiar with issues related to child rights and child protection.
• Break bad news to parents in the event of a child’s death, serious illness or disability.
• Show familiarity with cultural habits, beliefs and alternative healing methods practiced in Sri Lanka.
• Describe environmental hazards such as air & water pollution and mosquito & fly borne diseases and their impact on child health.
• Describe the current morbidity and mortality patterns in paediatrics in Sri Lanka (perinatal, neonatal, infant under five mortality etc), their trends, underlying causes and interventions towards improvement.

Sample Multiple Choice Questions (T/F)

1. Congenital hypothyroidism is associated with
   a. low birth weight
   b. feeding difficulties
   c. inguinal hernia
   d. reduced TSH levels
   e. reduced skeletal maturation

   FTFFT

2. Causes of jaundice on the second day of life in a term baby include
   a. Rhesus incompatibility
   b. breast milk jaundice
   c. ABO incompatibility
   d. biliary atresia
   e. hypothyroidism

   TFTFF
Single Best Answer Questions

1. A 3 year old boy was brought due to reduced activity for one week duration. On examination he was pale and had a short systolic murmur, hepatomegaly and splenomegaly of 1 cm each. Haemoglobin was 8.2g/dl and blood picture showed hypochromic microcytic anaemia.
   What is the possible diagnosis?
   a. G6PD deficiency
   b. Hereditary spherocytosis
   c. Iron deficiency anaemia
   d. Beta thalassaemia major
   e. Pernicious anaemia

   Answer: c

2. 5 year old girl from Gampaha was brought with a 3 day history of fever, erythematous blanching macular rash and head ache. Examination showed an ill looking febrile child with a pulse rate of 110 beats/min and blood pressure of 90/75mmHg. Tender hepatomegaly of 2cm.
   What is the most likely diagnosis?
   a. Typhoid fever
   b. Infectious mononucleosis
   c. Meningococcal infection
   d. Dengue haemorrhagic fever
   e. Dengue fever

   Answer: d

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