



**FACULTY OF  
PAEDIATRICS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

INTERNATIONAL CLINICAL FELLOWSHIP TRAINING IN

# DEVELOPMENTAL PAEDIATRICS AND NEURODISABILITY



**This ICFP curriculum of training in Developmental Paediatrics and Neurodisability was developed in 2023 by Dr Louise Kyne and Dr Jacqueline McBrien. It is approved by the Specialist Training Committee in General Paediatrics and Dr Ann O’Shaughnessy, Head of Education. The fellowship is awarded by the Faculty of Paediatrics.**

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## Introduction

The International Clinical Fellowship Programme (ICFP) provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The ICFP enables suitably qualified overseas postgraduate medical trainees to undertake a fixed period of active training in clinical services in Ireland.

The purpose of the ICFP is to enable overseas trainees to gain access to structured training and in active clinical environments that they cannot get in their own country, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This Programme will allow participants to access a structured period of training and experience as developed by the Royal College of Physicians of Ireland to specifically meet the clinical needs of participants as defined by their home country's health service.

### Aims

Upon satisfactory completion of the ICFP, the doctor will be competent to undertake comprehensive medical practice in their chosen specialty in a professional manner, in keeping with the needs of the healthcare system. Aspects may need to be adapted for the healthcare system in different countries.

Competencies, at a level consistent with practice in the specialty, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- Capability to be a scholar, contributing to development and research in the field of the chosen specialty.
- Professionalism.
- Ability to understand health care and identify and carry out system-based improvement of care.

### Professionalism

Medical professionalism is a core element of being a good doctor. Good medical practice is based on a relationship of trust between profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour. It involves partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability. In addition to maintaining clinical competence, a doctor should also:

- Show integrity, compassion and concern for others in day-to-day practice

- Develop and maintain a sensitive and understanding attitude with patients
- Exercise good judgement and communicate sound clinical advice to patients
- Search for the best evidence to guide professional practice
- Be committed to continuous improvement and excellence in the provision of health care whether working alone or as part of a team

Prior to commencing their sponsored clinical placements, all participants will also be required to undergo the mandatory screening requirements of the relevant clinical site/service including occupational health assessment and Garda/Police clearance.

### Training Programme Duration & Organisation of Training

The period of clinical training that will be provided under the International Clinical Fellowship Programme (ICFP) for medical specialities is up to 3 years, after which the overseas doctors will be required to return to their country of origin.

Each ICFP developed by the Royal College of Physicians of Ireland will be specifically designed so as to meet the training needs of participants to support the health service in their home country.

All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they possess the necessary requirements from a training and clinical service perspective.

Each overseas doctor participating in the ICFP will be enrolled with the Royal College of Physicians of Ireland and will be under the supervision of a consultant doctor who is registered on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council and who is an approved consultant trainer.

Appointees to the ICFP will normally be registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.

Appointees will agree a training plan with their trainers at the beginning of each training year.

For the duration of their International Medical Graduate (IMG) programme and associated clinical placements, all participants will remain directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD's in Ireland.

Successful completion of an ICFP will result in the participant being issued with a formal Certificate of completion for the Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's parent training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training. There will be posts in both general hospitals and tertiary hospitals.

Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialist Director of the relevant medical speciality to be confirmed by the College. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop their sub-specialty interest.

### **ePortfolio logbook**

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at each annual assessment review. The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum.

Up-to-date training records and an ePortfolio of achievements will be maintained by the trainee throughout. The training records will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the training plan. They will remain the property of the trainee and must be produced at their annual assessment review.

Trainees must co-operate with the College in completing their training plan.

It is in a trainee's own interest to maintain contact with the Royal College of Physicians of Ireland, and to respond promptly to all correspondence relating to training. At review, the fellow's ePortfolio will be examined.

### **Review**

A consultant trainer/educational supervisor will be identified for each participant in the programme. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. Only departments approved for Training by the Royal College of Physicians of Ireland and its constituent training bodies will be used.

The training objectives to be secured should be agreed between each trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process. In each year trainees undergo a formal review by an appropriate panel. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer's reports. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post.

A quarterly and annual review of progress through training will be undertaken on behalf of the International Clinical Fellowship Programme (ICFP). These will include assessments and reports by educational supervisors, confirmation of achievements and the contents of the ePortfolio will be reviewed. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies.

The award of a Certificate of completion will be determined by a satisfactory outcome after completion of the entire series of assessments.

## Generic Components

This chapter covers the generic components which are relevant to trainees within the Faculty of Paediatrics but with varying degrees of relevance and appropriateness, depending on the specialty.

As such, this chapter needs to be viewed as an appropriate guide to the level of knowledge and skills required from all trainees with differing application levels in practice.

## Good Professional Practice

**Objective:** Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

**Medical Council Domains of Good Professional Practice:** Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

### KNOWLEDGE

#### Effective Communication

- How to listen to patients and colleagues
- The principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

#### Ethics

- Respect for autonomy and shared decision making
- How to enable children and their family to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end-of-life issues

#### Honesty, openness and transparency (mistakes and near misses)

- Preventing and managing near misses and adverse events
- When and how to report a near miss or adverse event
- Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

#### Raising concerns about patient safety

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures

- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

### **SKILLS**

- Effective communication with patients, parents, guardians and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ethical and legal decision-making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

### **ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

## Infection Control

**Objective:** To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Management (including Self-Management).

### KNOWLEDGE

#### Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

#### During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

### SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
  - Working knowledge of those infections requiring notification
  - Undertaking notification promptly
  - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
  - Enlisting / requiring patients' involvement in solving their health problems, providing information and education

- Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

#### **ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace
- Personal Protective Equipment Training Course (In hospital)

## Self-Care and Maintaining Well-Being

### Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

### KNOWLEDGE

- Self-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

### SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem

- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

#### **ASSESSMENT & LEARNING METHODS**

- On-going supervision
- RCPI Ethics programmes
- Wellness Matters Course (Mandatory)
- RCPI HST Leadership in Clinical Practice course

## Communication in Clinical and Professional Setting

**Objective:** To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

**Medical Council Domains of Good Professional Practice:** Relating to Patients; Communication and Interpersonal Skills.

### KNOWLEDGE

#### Within a consultation

- How to effectively listen and attend to patients, parents and guardians
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions and use age-appropriate language.
- How to empower the patient, and/or parent, and encourage self-management

#### Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

#### Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

#### Maintaining continuity of care

- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

**Giving explanations**

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how children and their guardians receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

**Responding to complaints**

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

**SKILLS**

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using “active listening” techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other’s culture, opinions, patient’s right to be informed and make choices
- Respecting another’s right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- Being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- Consultant feedback at annual assessment
  - Workplace based assessment e.g. Mini-CEX, DOPS, CBD

- Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

## Leadership

**Objective:** To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

## KNOWLEDGE

### Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

### Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

### Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
  - Knowledge of how to prepare a budget
  - Defining value
  - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
  - How to manage staff training, development and education
- Managing performance
  - How to perform staff appraisal and deal effectively with poor staff performance
  - How to rewards and incentivise staff for quality and efficiency

### Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

**Demonstrating personal qualities**

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Quality Improvement

**Objective:** To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

### KNOWLEDGE

#### Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

#### Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

#### Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

#### Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

### SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within everyday practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

#### Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

**ASSESSMENT & LEARNING METHODS**

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Scholarship

**Objective:** To develop skills in personal/professional development, teaching, educational supervision and research

**Medical Council Domains of Good Professional Practice:** Scholarship

### KNOWLEDGE

#### Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

#### Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

#### Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

### SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

### ASSESSMENT & LEARNING METHODS

- Health Research (online) – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit (online) course –mandatory
- Health Research Methods for Clinicians - recommended

## Management

**Objective:** To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

**Medical Council Domains of Good Professional Practice:** Management.

### KNOWLEDGE

#### Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital groups and Primary Care
- The provision and use of information in order to regulate and improve service provision
- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

#### Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

#### Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

### SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- Performing Audit online course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

## Standards of Care

**Objective:** To be able to consistently and effectively assess and treat patients' problems

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork; Management (including Self-Management); Clinical Skills.

### KNOWLEDGE

#### Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

#### Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

#### Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects

#### Disease prevention and health education

- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

#### Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

#### Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

### Handover

- Know what are the essential requirements to run an effective handover meeting
  - Sufficient and accurate patients information
  - Adequate time
  - Clear roles and leadership
  - Adequate IT
- Know how to prioritise patient safety
  - Identify most clinically unstable patients
  - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
  - Proper identification of tasks and follow-ups required
  - Contingency plans in place
- Know how to focus the team on actions
  - Tasks are prioritised
  - Plans for further care are put in place
  - Unstable patients are reviewed

### Relevance of professional bodies

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

### SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
  - Effective listening
  - Ability to articulate and deliver instructions
  - Encourage questions and openness
  - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition

- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner
  
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

#### **ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

## Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

**Objectives:** To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Clinical Skills.

### KNOWLEDGE

#### Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- APLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

#### Managing the deteriorating patient

- How to categorise a patients' severity of illness using Paediatric Early Warning Scores (PEWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

#### Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

**SKILLS**

- BLS/APLS
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients' / relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

**ASSESSMENT & LEARNING METHODS**

- APLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

## Therapeutics and Safe Prescribing

**Objective:** To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care.

### KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in children receiving palliative care

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for children and pregnant adolescent
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

## Specialty Section

## Developmental Delay / Neurodisabling Condition

**Objectives:** To assess and diagnose a child presenting with a developmental delay or a neurodisabling condition.

### KNOWLEDGE AND COMPETENCY

- Normal and abnormal development
- Neuroanatomy, neurophysiology and embryogenesis
- Natural history of injury from conception to birth and across childhood
- Clinical assessment of child with developmental delay, specific or global. Including physical and intellectual disability, sensory disability (hearing and vision), autism and developmental co-ordination disorder.
- Use of appropriate investigations for identification of underlying diagnosis in child with developmental delay.
- Understand and interpret results and know when to seek additional expertise.
- Recognition of progressive neurological disorder.
- Onward referral to other specialities and health care professionals (HCP) including multidisciplinary teams (MDT)
- Be knowledgeable of the epidemiology of developmental delay/neurodisabling conditions and remain updated as new information is published. Identify the common causes and know the common patterns of presentation of common and less common disabling conditions.
- Interpretation of completed assessments by HCP's including understanding of the diagnostic and screening tools used. E.g. educational psychological testing and screening tools, tools used by SLT and OT
- Direct parents in the initial steps of intervention for developmental delay.
- Understanding of interventions for developmental delay used by HCP's – e.g. Lamh, Hannon,

### LEARNING METHODS

- Developmental outpatient clinic – community and hospital based.
- Learning from observation of consultant trainers.
- Become familiar with use of screening and diagnostic tools, Ages and Stages, Griffiths.
- Increasing responsibility for case management as competency increases
- Reading of national and international guidelines.
- Follow relevant literature - see Key Resources Appendix
- Time spent observing individual HCP's in their assessment - physiotherapy, occupational therapy, speech and language therapy, psychology, parenting courses.
- Attendance at neuroradiology meeting.

### ASSESSMENT

- Case Based Discussion (CBD)
- Direct Observation of Clinical Evaluation
- Direct Observation of Procedure
- Evaluation of clinic letters
- Recording of Activity in portfolio
- Self-Assessment

### ADDITIONAL RESOURCES

- See Key Resources Appendix

## Comprehensive understanding of community services

### Including universal and disability services

**Objectives:** To understand all the available health services for children.

#### KNOWLEDGE AND COMPETENCY

- Know the health surveillance for children from birth in Ireland e.g. understand the pathway to how a child with developmental delay is identified in universal screening.
- Understand the existing services in the community, how to access them and share care appropriately, e.g. understand how to access dental service, PHN service etc.
- Know roles and skills of other professionals and how they apply to providing a shared service to a child with developmental delay or a disabling condition, e.g. in schools, preschool, social services, voluntary sector, financial support.
- Comprehensive understanding of disability health service with Community Disability Network Teams (CDNT) as Progressing Disability Services for Children and Young People (PDSCYP) is rolled out nationally.
- Optimal and timely communication with community-based services to optimise service for child.
- Understand services in other jurisdictions and countries

#### LEARNING METHODS

- Liaison with community services for individual children in our service
- Reading of national and international policies and strategy documents, e.g. Model of Care for Paediatrics and Neonatology
- Follow relevant developments
- If opportunity arises: Attendance at management meetings, local and national where policy is discussed and developed

#### ASSESSMENT

- Case Based Discussion with assessment of case management

#### ADDITIONAL RESOURCES

- HSE website – PDSCYP policy documents and operational progress
- Model of Care for Paediatrics and Neonatology

## Cerebral Palsy and disorders of tone and movement

**Objectives:** To be able to identify, describe and manage cerebral palsy and complex movement disorders in young people. To identify degree of impairment, associated disabilities, and appropriate targets for medical treatment and/ or rehabilitation. Work with other specialties (orthopaedics) and HCP's (physio and OT) to provide timely screening and intervention to optimise motor ability.

### KNOWLEDGE AND COMPETENCIES

- Understanding of the pathophysiology which can lead to disorders of tone and movement
- Knowledge of cerebral palsy across the spectrum of severity
- Knowledge of the definitions and features of spasticity, dystonia, dyskinesia, ataxia and other movement disorders
- Development of expertise in physical examination to accurately identify and describe different movement disorders, which may co-exist and interact.
- Understanding of how different movement disorders may impact on function, and how this influences medical management decisions
- To counsel young people and families in relation to the effects of CP and movement disorders
- Knowledge of normal joint ranges on upper and lower limb examination, and the thresholds for/ reasons for medical intervention when these are abnormal.
- Knowledge of medications used to manage movement disorders, their indications, side-effects, and regimens. This includes, but is not limited to: baclofen, clonidine, benzhexol, gabapentin and botulinum toxin.
- To correctly identify target muscles for botulinum toxin injection based on clinical findings
- To gain experience in the injection of botulinum toxin in the management of spasticity and dystonia
- Knowledge of advanced treatments for increased tone, including intrathecal baclofen pumps and selective dorsal rhizotomy.
- To work jointly with Orthopaedic and Neurosurgery teams in the management of movement disorders, as required.
- To work jointly with HSCP team to design a management plan for the management of disorders of tone and movement
- Knowledge of common rating scales used for young people with cerebral palsy
  - Gross Motor Function Classification System
  - Manual Ability Classification System
  - Communication Function Classification System

### LEARNING METHODS

- Attendance at Motor Management Clinics
- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Attendance at national Spina Bifida Team Clinic
- Attend Gait clinic and discussions CRC
- Motor Management Clinic – Complex Tone clinic CRC
- Upper limb Clinic CRC
- Botulinum toxin clinics/ day ward attendances
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers

### Assessment

- MiniCEX
- CBD
- Review of clinic letters
- Direct observation

## Intellectual disability

**Objectives:** To become proficient in the diagnosis and ongoing management of children with intellectual disability.

### KNOWLEDGE AND COMPETENCY

- Be familiar with the common causes of intellectual disability (ID), Down syndrome, Rett, Angelman, deletion and duplication syndromes etc.
- Be proficient in the diagnosis of these conditions
- Capable to describe and interpret potential relevance of dysmorphic features in diagnosis of disabling conditions.
- Genetic counselling for genetic conditions
- Gain knowledge genetic diagnostics, array, and new genome sequencing methods and when to consider
- On-going management and surveillance for children with an ID diagnosis
- Make onward referrals to appropriate specialties and professionals, e.g. genetics, neurology, educational psychology, psychiatry etc.
- Manage the co-morbidities associated with these conditions, e.g. epilepsy, obesity, malnutrition, thyroid disease, behaviour challenges etc.
- Working within a team and with a young person's family to improve independence and self-advocacy during adolescence

### LEARNING METHODS

- Clinic in service for children with intellectual disability
- Down syndrome clinic
- Reading and use of national and international guidelines
- Attendance at international seminars, e.g. Down Syndrome Medical Interest Group
- Partake in audit of a cohort to compare with international guidelines e.g. service for children with Down Syndrome.
- Observation of health care professionals in assessment and providing therapy:
  - a. specialised behaviour therapy nurses and CNS,
  - b. child and adolescent psychiatrist
  - c. occupational therapy
  - d. speech and language therapy
  - e. psychology

### ASSESSMENT

- CBD
- Direct Observation of Clinical Evaluation
- Direct Observation of Procedure
- Evaluation of clinic letters
- Recording of Activity in portfolio
- Self-assessment

### ADDITIONAL RESOURCES

- See Key Resources Appendix

## Sensory Disability

### Including hearing and visual impairment

**Objectives:** Be competent in the assessment and management of children presenting with a sensory disorder, including hearing loss and visual impairment.

#### KNOWLEDGE AND COMPETENCY

- Knowledge of the causes of hearing and vision loss in childhood, the features that distinguish these, and the impact of hearing and vision loss on child development
- Assessment, investigation work up and management of a child with diagnosed permanent childhood hearing loss (PCHL) using international guidelines
- Be aware of the common presentations with hearing loss
- Interpretation of Audiological assessment
- Understanding of pathways for assessment of hearing, and for consideration of Cochlear implantation
- Be aware of hearing loss as a co-morbidity of other disabling conditions and also the co-existing conditions of hearing loss e.g. Goldenhar
- Assessment of vision in a young person, mindful of the features of Cerebral Visual Impairment, and liaison with HSCP colleagues, Visiting teacher for Hearing Impaired, Ophthalmology and Eye Clinic Liaison Officer to coordinate an interdisciplinary assessment of visual difficulties
- Understand cerebral visual impairment, including identification, early intervention and counselling
- Assessment, investigation and management of child with visual impairment in the context of other disabilities
- Counselling families
- Genetic counselling
- Understand where to find the information to fill a gap in knowledge, e.g. websites of audiology organisations, genetic websites, parent support organisations.
- Liaise with ENT, Visiting Teacher, audiology and other colleagues in shared management
- Know the community and educational services available to support children with sensory impairment – e.g. specialised nursing, preschools and schools

#### LEARNING METHODS

- Developmental Clinic where children are assessed – community and hospital-based
- Observation at Audiology Clinic
- Specialised Paediatric deaf and Hard of hearing Clinic (e.g. as in Cavan).
- Specialised ophthalmology clinic
- Attendance at Child Vision Service
- Genetic clinic
- Review of relevant literature pertaining to assessment methods
- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Attendance at Specialty Disability clinics including Spina Bifida MDT Clinic
- Attendance at Cochlear Implant Clinic in Beaumont
- Joint sessions with HSCPs, and with Ophthalmology
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers
- Visits to NCBI and other organisations to support young people with visual impairment

#### ASSESSMENT

- CBD
- Direct Observation of Clinical Evaluation
- Evaluation of clinic letters
- Recording of Activity in portfolio
- Self-assessment

**ADDITIONAL RESOURCES**

- Attend audiology assessment
- Attend Child Vision clinic or suitable hospital-based clinic
- BAAP Guidelines
- CVI Scotland - [cviscotland.org](http://cviscotland.org). – courses and resources.
- See Key Resources Appendix

## Social and communication disorders / Autism Spectrum Disorder

**Objectives:** Become proficient in the management of social and communication disorders and autism spectrum disorder (ASD), particularly within the context of a co-existent developmental delay or intellectual disability.

### KNOWLEDGE AND COMPETENCY

- Recognise the presentation of ASD and make onward referral for detailed assessment
- Interpret tools to assess for ASD in preschool and school-age children (e.g. ADI-R, ADOS, DISCO)
- Counsel families where there is a diagnosis of ASD
- Know the intervention methods available for children with ASD
- Know the services available for children with ASD – specialised preschools, ASD Units, home tuition grants etc.
- Manage the co-morbidities of ASD where medical management required, e.g. sleep disorder, feeding disorder including ARFID, bowel and bladder continence, constipation, malnutrition, epilepsy etc.
- Identify possible psychiatric co-morbidity and make onward referrals
- Provide medical assessment and diagnosis as appropriate in the management of behaviour that challenges, including self-injurious behaviour, within the MDT
- Work with educational setting and MDT to find solutions to often complex and multiple problems
- Working within a team and with a young person's family to improve independence and self-advocacy during adolescence
- Keep updated on developments in the understanding of ASD - cause and interventions

### LEARNING METHODS

- Neurodevelopmental and Neurodisability Clinic – community and hospital based
- Observation of health care professionals in assessment and providing therapy:
  - specialised behaviour therapy nurses,
  - occupational therapy,
  - speech and language therapy,
  - psychology
- Observation at Psychiatry of Intellectual Disability Clinic – community based
- Observation in school setting
- Reading appropriate literature

### ASSESSMENT

- CBD
- Direct Observation of Clinical Evaluation
- Evaluation of clinic letters
- Recording of Activity in ePortfolio
- Self-assessment
- ADOS – optional to learn this skill if based in Cavan

### ADDITIONAL RESOURCES

- Literature particularly Nature journals
- Spectrum Health Online Publication

## Neural Tube Defects

**Objectives:** To develop expertise in the assessment and managements of patients with neural tube defects, especially myelomeningocele; to counsel parents as to care, expectations, and the review these across the childhood age span.

### KNOWLEDGE AND COMPETENCIES

- Knowledge of the pathogenesis myelomeningocele
- Knowledge of the pathophysiology of the complications of myelomeningocele, including
  - Hydrocephalus
  - Arnold-Chiari malformation and other brain malformations
  - Musculoskeletal deformity (e.g. joint contractures, congenital talipes equinovarus, scoliosis)
  - Neurogenic bowel and bladder
  - Cerebral visual impairment
  - Cognitive difficulties
- Examination of the neonate with spina bifida to anticipate and identify complications, accurately identify functional level and formulate prognosis
- Counselling families in relation to prognosis for mobility, cognition and independence
- Assessment and description of the functional impact of myelomeningocele on the young person
- Liaising with surgical teams (neurosurgery, urology, orthopaedic surgery) in the management and prevention of the complications of myelomeningocele
- Conducting joint assessments with an interdisciplinary team
- Working within a team and with a young person's family to improve independence and self-advocacy during adolescence
- Management of the acutely ill patient with myelomeningocele in the inpatient setting

### LEARNING METHODS

- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Attendance at national Spina Bifida Team Clinic
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers

### ASSESSMENT

- Mini CeX
- CBD
- Review of clinic letters
- Direct observation

## Children with Complex Medical Needs (CMN) and Disability.

**Objectives:** Become skilled in the care of children with Complex Medical Needs (also termed Children with Medial complexity – *Cohen 2011*) Or Significant Neurological Impairment (SNI- Allen et al 2021) as a result of their disability.

### KNOWLEDGE AND COMPETENCY

- Become highly confident in the care of the child with CMN or SNI
- Be skilled in monitoring for and identification of co-morbidities associated with children with CMN/SNI, i.e. feeding impairment or malnutrition requiring alternative nutrition, respiratory impairment requiring support including home NIV, epilepsy, organ failure etc.
- Management of these co-morbidities in conjunction with other specialty colleagues
- Be confident in the management of multiple co-morbidities involving multiple systems
- Skilled in management and review of polypharmacy- careful management of therapeutics, accounting for effects, side-effects, and reactions with other medications and treatments
- Knowledge of the equipment, house adaptations and practicalities of caring for a child with CMN/SNI
- Compassionate communication with family and caregivers to support, detect difficulties and help problem solve as part of MDT optimising care of these children and their families
- Knowledgeable in accessing financial and social supports necessary to provide care to these children and their families – and know who/where to ask to get added support – DCA, tax credit, respite care, home care packages etc.

### LEARNING METHODS

- Outpatient clinics for children with CMN, to include fellow taking increasing responsibility for the problem solving in complex cases
- Liaison with other specialty colleagues in problem solving (often complex) for these children
- Direct observation of supervising consultant practise
- MDT and family meetings
- Liaison with pharmacology and stoma colleagues
- Reading relevant literature
- Attend conferences – e.g. and occasional talks BPNA, AACPD

### ASSESSMENT

- CBD
- Mini CeX
- Review of clinic letters
- Feedback from families and colleagues - as may arise

### ADDITIONAL RESOURCES

- See Key Resources Appendix

## Feeding and Nutrition

**Objectives:** Skilled in the assessment of and management of nutrition in children with disabling conditions.

### KNOWLEDGE AND COMPETENCY

- Monitor growth and puberty
- Identify faltering growth or malnutrition (failing to thrive) and intervene
- Identify and investigate the causes of feeding disorders and malnutrition –neurological impairment, feeding aversion, GI reflux, motility issues, and gut failure
- Competent in the causes of faltering growth and malnutrition and medical management
- Manage gut health for all age groups
- Understand role of HCP on the team to optimise nutrition – OT, SLT, dietetics and physio
- Prescribe and manage enteral feeding in conjunction with dietetic colleagues
- Gain knowledge of indication for, use of and care of enteral feeding options including blended diets
- Indication for VFSS

### LEARNING METHODS

- All Outpatient clinics
- Liaison with and attendance at HCP assessments and specialty MDT Feeding clinics
- Observe VFSS session at CHI
- Observe stoma nurse session in care of stoma sites.
- Webinars and conferences

### ASSESSMENT

- CBD

## Epilepsy – neurophysiology

**Objectives:** Become proficient in managing epilepsy.

### KNOWLEDGE AND COMPETENCIES

- Understanding of the neurophysiology of seizure activity
- Know and recognise the differential diagnosis of seizure episodes
- Treatment and monitoring of simple epilepsy conditions
- Know when to refer to neurology colleagues for shared care of more complex epilepsy

### LEARNING METHODS

- Neurodisability Clinic
- Neurology clinic
- PET course
- Neuroradiology meeting
- Observe EEG process
- Webinars and conferences

### ASSESSMENT

- CBD

## Sleep disorders

**Objectives:** Identify and manage sleep disorders in children with a disabling disorder.

### KNOWLEDGE AND COMPETENCY

- Identify and describe sleep problems
- Detailed assessment of sleep habits and patterns
- Identify sleep disorders
- Understand and diagnose the varying causes of sleep disorder in children with disabling conditions
- Manage sleep disorder and make appropriate referrals to specialty services as appropriate for shared care e.g. respiratory, neurology, ENT, psychology
- Understand sleep studies in conference with specialty colleagues
- Understand how sleep problems can affect development in children who experience disability
- Make appropriate recommendations to improve sleep hygiene and sleep habits

### LEARNING METHODS

- Outpatient clinics and inpatient care
- Liaison with and attendance at specialty clinics and service

### ASSESSMENT

- CBD
- Webinars and conferences

## Fundamentals of Paediatric Rehabilitation

**Objectives:** To develop expertise in key concepts and skills fundamental to rehabilitation.

### KNOWLEDGE AND COMPETENCIES

- Conducting an assessment to identify and describe impairments and causes of disability
  - Understanding the fundamental concepts of the ICF-CY framework (disability, functioning, activity limitation, participation restriction)
- Contextualising this assessment in the context of patient functioning.
- Physical examination in the context of acquired disability, including:
  - Tone, movement, gait, joint ranges, functional hand use
  - Vision (including cerebral visual impairment) & hearing
  - Cognition
  - Bowel & bladder function
- Understanding of the structure and organisation of rehabilitation, including interdisciplinary working, case conferences, family meetings, care plans and timetables
- Working effectively in an interdisciplinary team, and understanding the roles and skills of all team members
- Formalised goal setting, and evaluation of patient goal attainment
- Planning and implementing a rehabilitation program tailored to the young person and their family
- Using appropriate standardised outcome measures, tools and descriptors to produce a comprehensive evaluation
- Understanding child development in the context of acquired disability at various ages
- Liaison with other hospital teams, health and social care practitioners, community healthcare providers and advocacy groups
- Knowledge of the roles and responsibilities of government agencies
- Managing conflict
- Knowledge of the expected natural trajectories of development and disability after acquired disability, and the impact of developmental stage on rehabilitation planning
- Understanding, requesting and interpreting relevant radiological investigations
- Discharge planning
- Anticipation of impact of disability on education, and liaison with educators
- Understanding of the impact of acquired disability on the family unit
- Gain awareness of Standardised Rehabilitation Assessments and Outcome Measures

### CLINICAL SKILLS

- Assessment and management of disorders of tone and movement
- Assessment of the need for orthoses and other mobility aids, and understanding of the rationale for a specific choice of orthosis or device
- Prevention and management of skin breakdown/ pressure areas
- Knowledge of the indications for and side-effects of common pharmacological agents used to treat the consequences of acquired disability
- Counselling families

### LEARNING METHODS

- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Active participation in (and leading of) family meetings
- Outpatient clinic reviews
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers
- Review of relevant literature, in particular the ICF-CY
- Shadowing HSCPs and attending joint sessions

**ASSESSMENT**

- CBD
- Direct observation of clinical encounters
- Review of clinical notes and letters

## Acquired Brain Injury

**Objectives:** To be able to assess and manage young people with acquired brain injuries, to counsel their families, and to link with appropriate services.

### KNOWLEDGE AND COMPETENCIES

- Expert rehabilitation assessment of a patient with acute ABI, mindful of medical background, developmental history, previous functioning, interests, family structure, home environment and level of educational attainment
- Knowledge of the causes of ABI (traumatic and non-traumatic), pathophysiology
- Assessment of ABI severity
- Knowledge of recovery trajectories and prognostication
- Assessment of the physical consequences of ABI (e.g. hemiplegia, spasticity, dystonia, swallowing problems, communication difficulties)
- Assessment of post-traumatic amnesia using the Westmead PTA Scale
- Assessment and management of disordered consciousness (see below)
- Management of fatigue and sleep problems, including the use and interpretation of sleep diaries
- Assessment and management of swallowing and feeding problems after ABI
- Assessment of functional impact of ABI, supported by the use of standardised outcome measures
- Understanding of the longterm impact of ABI on cognition, behaviour, executive functioning, mental health and relationships
- Appropriate referral to external services and agencies
- Appropriate use of drug treatments for the complications of ABI
- Understanding of the classroom impacts of ABI

### LEARNING METHODS

- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Active participation in (and leading of) family meetings
- Outpatient clinic reviews
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers
- Attendance in classroom and liaison with CHI teaching staff

### ASSESSMENT

- MiniCeX
- CBD
- Review of clinic letters
- Direct observation

## Spinal cord Injury

**Objectives:** To be able to assess and manage young people with spinal cord injuries, to counsel their families, and to link with appropriate services.

### KNOWLEDGE AND COMPETENCIES

- Expert rehabilitation assessment of the young person with spinal cord injury (mindful of medical background, developmental history, previous functioning, interests, family structure, home environment and level of educational attainment) to identify and anticipate medical complications and functional impact of SCI.
- Knowledge of the causes of SCI (traumatic and non-traumatic) and pathophysiology
- Assessment of the physical consequences of SCI (e.g. hemiplegia, spasticity, dystonia, swallowing problems, communication difficulties)
- Assessment and management of bowel and bladder problems
- Assessment and management of dysautonomia and autonomic dysreflexia
- Assessment and monitoring of bone health, scoliosis and musculoskeletal deformity.
- Assessment and management of nutrition, weight and growth after SCI.
- Assessment of functional impact of SCI, supported by the use of standardised outcome measures
- Understanding of the social and educational impact of SCI.
- Understanding of the long-term impact of SCI on mental health, relationships and sexual development.
- Appropriate referral to external services and agencies
- Planning of necessary adaptations and supports at home, in school, and in the community.
- Appropriate use of drug treatments for the complications of SCI.

### LEARNING METHODS

- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Active participation in (and leading of) family meetings
- Outpatient clinic reviews
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers

### ASSESSMENT

- Mini CeX
- CBD
- Review of clinic letters
- Direct observation

## Disorders of Consciousness

**Objectives:** Understanding and assessment of disorders of consciousness, particularly after acquired brain injury.

### KNOWLEDGE AND COMPETENCIES

- Knowledge of the spectrum of disorders of consciousness, including coma, vegetative state/unresponsive wakefulness, minimally conscious state, locked-in syndrome.
- Experience in methods of describing levels of consciousness e.g. Rancho los Amigos Scale
- Knowledge of methods of assessment of the child with disordered consciousness e.g. Wessex Head Injury Matrix (WHIM), MATADOC
- Understanding how the existence of a persistent disorder of consciousness impacts on long-term prognosis.
- Design and coordination of a management plan for PDOC, including education of and liaising with nursing staff, HSCPs, and family.

### LEARNING METHODS

- Review of relevant literature pertaining to assessment methods
- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Active participation in (and leading of) family meetings
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers
- Participation in ongoing service development with Rehabilitation Team in the development of methods for the assessment of persistent disorders of consciousness (PDOD) in children

### ASSESSMENT

- Mini CeX
- CBD
- Review of clinic letters
- Direct observation

## Bowel and Bladder Care

**Objectives:** Expertise in the management of bowel and bladder problems in the context of ABI, spinal cord problems and complex physical disability.

### KNOWLEDGE AND COMPETENCIES

- Knowledge of the pathophysiology of bowel and bladder dysfunction in the context of physical disability, especially in the context of neural tube defects and spinal cord injury
- Understanding of the impact of bowel and bladder dysfunction on functioning, participation and quality of life
- Collaboration with medical and nursing colleagues in Urology in the management of these problems
- Knowledge of assessment modalities for bladder function:
  - History
  - Physical examination
  - Bladder diary
  - Fluid balance/ “ins and outs”
  - Renal and bladder US, including bladder volumes compared to expectations
  - Uroflow and Urodynamics
  - Contrast studies
- Understanding of the role of clean intermittent catheterisation, and the goals of a CIC programme in terms of renal health and social continence
- Assessment of constipation, and knowledge of the interaction with constipation and bladder health, movement disorders and quality of life
- Implementation of bowel care plans tailored to each individual young person as required
- Ability to discuss bowel and bladder problems with young people and their families, to assist insight and understanding, to troubleshoot difficulties with recommended medical management, and to design steps to improve effectiveness of (and adherence to) recommended care
- To advocate appropriately for increased independence in bowel and bladder care for children

### LEARNING METHODS

- Review of relevant literature pertaining to assessment methods
- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers
- Joint reviews with Urology Clinical Nurse Specialist
- Paediatric Continence clinic (Cavan)

### ASSESSMENT

- Mini CeX
- CBD
- Review of clinic letters

## Equipment and Assistive Technology

**Objectives:** Knowledge of the principles of assistive technology, and ability to apply that knowledge to clinical decision making.

### KNOWLEDGE AND COMPETENCIES

- To understand the indications for and uses of various mobility aids
  - Orthoses
  - Frames
  - Crutches/ sticks
  - Walkers
  - Wheelchairs (self-propelled and powered)
- Understanding augmented communication aids in general and educational setting
- To understand the indications for home adaptations, and the processes needed for this to be implemented e.g. hoists, grab rails, sleep systems, specialised seating
- To work jointly with the interdisciplinary team in the shared area of management and prevention of joint contractures to determine if and when medical intervention is indicated
- To understand the function of and indication for upper limb orthoses and splints, both functional splints and resting splints
- To anticipate future changing needs for equipment in the context of a child's growth and development

### LEARNING METHODS

- Review of relevant literature pertaining to assessment methods
- Active participation in (and leading of) ward rounds
- Active participation in (and leading of) team meetings
- Joint sessions with HSCPs including Augmented Communication Assessments
- Formal consultant-delivered teaching
- Informal discussion with/ observation of consultant trainers

## **Child and Adolescent Mental Health (CAMH) /Psychiatry**

**Objectives:** Understand role of child psychiatry and child behaviour interventions in managing children with neurodisabling conditions.

### **KNOWLEDGE AND COMPETENCY**

- Identify and manage child behaviour disorders –feeding, sleep, agitation, self-harm, self-injurious behaviour, and aggression from medical perspective
- Assess child behaviour disorders in conjunction with colleagues
- Assess, investigate, diagnose and treat where medical conditions are contributing to behaviour changes
- Suspect underlying psychiatric disorders warranting referral to child psychiatry service, including ADHD, depression, psychotic disorders etc.
- Provide joint care with psychiatry colleagues as appropriate

### **LEARNING METHODS**

- Neurodevelopment and Neurodisability clinics
- Appropriate reading – see Key Resources Appendix
- Attendance at CAMH's-ID and Child Psychiatry Clinics
- Webinars and conferences

### **ASSESSMENT**

- CBD

## Genetics

**Objectives:** To develop the skills to apply knowledge of genetics in practice.

### KNOWLEDGE AND COMPETENCIES

- Understand the growing relevance of genetic knowledge of the diagnosis of neurodisabling conditions and in their potential treatment
- Know when and how to explore a genetic cause for a neurodisabling condition – recognise dysmorphism, developmental patterns, and malformations
- Create an accurate three generation family tree
- Understand informed consent when undertaking genetic investigations
- Knowledge of Genetic conditions
- Knowledge of genetic and family patterns
- Genetic counselling and family support throughout diagnostic process and following a diagnosis.

### LEARNING METHOD

- Attendance at Genetic Clinics
- Neurodevelopment and Neurodisability clinics
- Appropriate reading

### ASSESSMENT

- CBD
- DOPS – Three-dimensional family tree
- Webinars and conferences
- Portfolio
- see Key Resources Appendix

## Advocacy and Development of Services

**Objectives:** To develop skills in advocacy and development of services.

### KNOWLEDGE AND COMPETENCIES

- To develop skills and methods in the identification and assessment of unmet needs of children with disabilities and their families
- To identify the priority needs of individual children and their families, and to liaise with relevant agencies, stakeholders, decision makers and public officials to support the provision of appropriate services based on clinical assessment
- To partake in the collection and use data to better understand the needs of the population, and to advocate for specific changes supported by evidence
- Knowledge of law and statute as it pertains to the provision of services to children

### LEARNING METHODS

- Attendance at outpatient and community clinics
- Identify local services governmental and NGO that provide care and support
- Reading of HSE national organisational structure

## Research and Science

**Objectives:** Understand the principals and use of science, data collection and research.

### KNOWLEDGE AND COMPETENCY

- Principles of data collection in routine practise
- Principles of audit and research

### LEARNING METHOD

- Partake in the collection data in routine practise (as standard) to be “study-ready”
- Decide, design and complete research project (audit or project) with intention to present and publish, or with a particular service improvement in mind
- Engage with available research department to plan and assess research

### ASSESSMENT

- Research review with supervising consultant
- Presentation locally, nationally or internationally
- RCPI Research Courses
- Ethics Course
- Ethics Committee, if relevant.
- Publication, if relevant

## Palliative Care and Advance Care (End of Life) Planning

### KNOWLEDGE AND COMPETENCY

- Competent in recognising when a joint palliative care approach is necessary for a child and family
- Competent in communication of the reasons for this approach
- Good knowledge of the symptom management for palliative and comfort care as well as end of life care
- Know when to confer with colleagues in palliative care
- Know the available services in palliative care nationally, in hospital and community
- Know how to engage with ethical, human rights and legal resources and organisations to guide care and particularly in complex cases and where there is a difference of opinion
- Consideration of cultural and religious diversity in caring for children and their families

### LEARNING METHODS

- Care of children with CMN or life-limiting conditions (as outpatients and inpatients) will include consideration of palliative care
- Reading of appropriate literature and resources
- MDT's and observation of colleagues
- Consulting palliative care colleagues
- Listening to families
- Use of Advance Care Planning Resources – national document and Wishes Document
- Children's palliative care All Island Conference
- 

### ASSESSMENT & LEARNING METHODS

- CBD
- Webinars and conferences
- Portfolio

### ADDITIONAL RESOURCES

- Informing Families Resource – See Key Resources Appendix

## Key Resources Appendix

*These are the resources which provide the basic and advanced training that the fellow can use to enrich their basic and advanced knowledge in paediatric community child health and neurodisability. A thorough grounding in these should stand the trainee in very good stead, in the context of appropriate clinical exposure and learning opportunities.*

### Books

Mary Sheridan. *From Birth to Five Years*

*Regular access to the following books would be an advantage: i.e., worth buying yourself, or getting your local hospital department or library to buy:*

Aicardi J. *Diseases of the Nervous System in Childhood*. Mac Keith Press, 2nd Ed. 1998. ISBN10: 1898683166, ISBN 13: 9781898683162 (New edition imminent)

Hall D. and Hill P. *The Child with a Disability*. Wiley & Sons. Ltd. Ltd, 2nd Ed. 1996. ISBN: 0632047763

Maria B L. *Current Management in Child Neurology*. BC Decker (available in UK via Elsevier Health Sciences), 3<sup>rd</sup> Edition (includes CD-ROM). 2005. ISBN10: 1550092928, ISBN 13: 9781550092929

Fenichel G. *Clinical Paediatric Neurology A Signs and Symptoms Approach*. Elsevier Health Sciences. 5<sup>th</sup> Edition, May 2005. ISBN 10: 1416001697, ISBN 13: 9781416001690

Capute A and Accardo P. *Developmental Disabilities in Infancy and Childhood*. Brookes Publishing Cp. 1996. ISBN 13: 978-1-55766-756-4

Aicardi J. *Epilepsy in Children*. Lippincott, Williams and Wilkins, 3<sup>rd</sup> edition. 2002. ISBN-10: 0781726980, ISBN-13: 978-0781726986

Wallace S. *Epilepsy in Children*. Hodder Arnold. 2004. ISBN-10: 0340808144, ISBN-13: 9780340808146

Stephenson J and King M. *A Handbook of Neurological Investigations in Children*. Mackeith Press.. 2010. ISIN B001204)W6

Gillberg C. *Clinical Child Neuropsychiatry*. CUP. 1995. ISBN 10: 0521433886, ISBN 13: 9780521433884

Reynolds C and Fletcher-Janzen E. *Clinical Child Neuropsychology*. Springer. 1997. ISBN 10: 030645257X ISBN 13: 978-0306452574

Jones K. *Smith's Recognisable patterns of Human Malformation*. Saunders. 6<sup>th</sup> Edition. 2005 ISBN-10: 0-7216-0615-6, ISBN-13: 978-0-7216-0615-6

Forsyth R and Newton R. *Paediatric Neurology*. Oxford University Press. 2007. ISBN: 978-0-19-856939-8

Firth H. and Hurst J. *Clinical Genetics and Genomics*. Oxford University Press. 2017. ISBN-10 0199557500

Goldman A., Hain R. and Liben S. *Palliative Care for Children*. Oxford University Press. 2006. ISBN: 0198526539

Davies H and Fallowfield L (Eds). *Counselling and Communication in Health Care*. John Wiley and Sons. 1991. ISBN 10: 0471929654, ISBN 13: 978-0471929659

Corney R (Ed). *Developing Communication and Counselling Skills in Medicine*. Tavistock/Routledge. 1991. ISBN 0415042364

Kurz S. *Teaching and Learning Communication Skills*. Radcliffe Medical Press. Feb 1998. ISBN10 1857756584, ISBN13: 9781857756586

Davies H. *Counseling Parents of Children with Chronic Illness or Disability*. British Psychological Society Books. 1993. ISBN: 9781854330918

Alexander M.A., Matthews D (Ed) *Pediatric Rehabilitation* 4th Edition, 2010, ISBN 10: ISBN: 9781933864372

Menkes B., Sarnat H.B., Maria B.L. (Ed) *Child Neurology* by Menkes, 7th Edition. ISBN 10: 0781751047, ISBN 13: 978-0781751049

Gilberg C., Aicardi J., Bzx M., *Diseases of the nervous system in childhood*, London: Mac Keith Press 2009 3rd edition, ISBN 9781898683926

Moore P., Naumann M, *Handbook of Botulinum Toxin Treatment*, second edition, Blackwell Science, 2003. ISBN 063205957-5

Fernandez-Alvarez E., Aicardi J., *Movement disorders in children* / Mac Keith Press 2001, ISBN 1898683239

Dan B., Mayston M., Paneth N., Rosenbloom L., (Ed) *Cerebral Palsy Science and Clinical Practice*. Wiley 1<sup>st</sup> edition 2014. ISBN: 9781909962385

MacGregor DL., Kulkarni AV., Dirks PB., Rumney P., (Ed) *Head injury in children and adolescents* / Mac Keith Press 2007, ISBN 9781898683506

## Journals and Publications

Developmental Medicine and Child Neurology

<http://www.blackwellpublishing.com/journal.asp?ref=0012-1622>

MacKeith Press clinics in Developmental Medicine

<http://www.mackeith.co.uk/cdmlist.html>

Child: Health, Care and Development

<http://www.blackwellpublishing.com/journal.asp?ref=0305-1862&site=1>

Archives of Disease in Childhood

<http://adc.bmj.com>

Pediatric Neurology

<http://www.pedneur.com>

NICE Guidelines relevant to Paediatric Neurodisability

<http://www.nice.org.uk/page.aspx?o=guidelines.completed>

WHO International Classification of Function

<http://www.who.int/classifications/icf/en/>

**Access to the following is also recommended**

Journal of Child Psychology and Child Psychiatry

<http://www.blackwellpublishing.com/journal.asp?ref=0021-9630>

Archives of Physical Medicine and Rehabilitation

<http://journals.elsevierhealth.com/periodicals/yapmr>

Clinical Rehabilitation

<http://www.sagepub.co.uk/journalsProdDesc.nav?prodId=Journal201806>

ILEA

[www.epilepsy.org](http://www.epilepsy.org)

**Videos**

The following *videos* are highly recommended:

Two Way Street. Triangle and NSPCC. 2001 – about communicating with disabled children and young people

<http://www.triangle-services.co.uk/index.php?page=publications>

DoH Video on transition

[www.dh.gov.uk/rtansition](http://www.dh.gov.uk/rtansition)

Informing Families of their child's disability: National Best Practise Guidelines - DVD to be watched.

**Courses and Meetings**

Attendance at seminars, courses, and annual scientific meetings of following organisations is recommended:

Newly formed Irish Academy of Childhood Disability 2021

British Academy of Childhood Disability

European Academy of Childhood Disability

British Paediatric Neurology Association (including Paediatric Epilepsy Training Courses PET1, PET2 etc )

Down Syndrome Medical Interest Group

All Island Children's Palliative Care Conference

Cerebral Palsy and Developmental Medicine Associations in American academy AACPDM, Australia, Asia and Europe. Yearly meetings with excellent joint meetings usually every second year.

Faculty of Paediatrics Biannual Meetings

RCPCH Annual meeting

**Other Organisations and Websites of Interest**

American Academy of Neurology

American Academy of Paediatrics

## Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise
- You should expect the demands of your post to exceed the minimum required number of cases documented for training
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Clinical Activities
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics</b>				Clinics
Neurodisability clinics (including down-syndrome, complex care and autism and intellectual disability)	Required	40	Training Programme	
Spina bifida	Required	3	Training Programme	
Spasticity management clinics	Required	3	Training Programme	
Botulinum toxin injection sessions	Desirable	3	Training Programme	
Selective dorsal rhizotomy assessment forum	Desirable	1	Training Programme	
Multidisciplinary Feeding Clinic	Required	1	Training Programme	
Gait Laboratory	Required	1	Training Programme	
Acquired Brain Injury	Required	1	Training Programme	
Genetics clinics	Desirable	4	Training Programme	
Metabolic clinics	Desirable	4	Training Programme	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Child Psychiatry	Desirable	4	Training Programme	
<b>Ward Rounds</b>				Clinical Activities
Consultant led	Required	40	Training Programme	
<b>Consultations</b>	Required	20	Training Programme	Clinical Activities
<b>Emergencies/Complicated Cases</b>	Desirable	1	Training Programme	Cases
<b>Child Safeguarding Cases</b>	Required	1	Training Programme	Cases
<b>Procedures/Practical Skills in older infants and children</b>				Procedures, Skills & DOPS
Botox injection	Desirable	2	Training Programme	
Post-traumatic amnesia assessment	Desirable	1	Training Programme	
Observation of autism assessment tool	Desirable	1	Training Programme	
Observation of a Baclofen Pump maintenance (ITB)	Desirable	1	Training Programme	
Ages and stages screening	Required	1	Training Programme	
Observation of psychological cognitive assessment	Desirable	1	Training Programme	
Use of goal attainment scaling	Optional	1	Training Programme	
Use, and interpretation, of measures of function and outcome e.g. WeeFIM or FIM+FAM	Optional	1	Training Programme	
<b>Additional/Special Experience Gained (sub-specialty experience)</b>				Clinical Activities
Child vision	Required	1	Training Programme	
Cochlear implant	Desirable	1	Training Programme	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Management Experience</b>	Desirable	1	Training Programme	Management Experience
<b>Section 3 - Educational Activities</b>				
<b>Courses</b>				Teaching Attendance
Paediatric Epilepsy training (PET - to at least level 2)	Desirable	1	Training Programme	
WeeFIM	Desirable	1	Training Programme	
FIM + FAM	Desirable	1	Training Programme	
Motor management BPNA Course	Desirable	1	Training Programme	
RCPI Research Courses	Desirable	1	Training Programme	
CPRR	Desirable	1	Training Programme	
Ethics RCPI Course	Desirable	1	Training Programme	
RCPI Leadership Course	Desirable	1	Training Programme	
RCPI Management Course	Desirable	1	Training Programme	
RCPI Mastering Communication Course	Desirable	1	Training Programme	
RCPI Wellness Matters Course	Desirable	1	Training Programme	
Griffith's Child development Assessment	Optional	1	Training programme	
<b>Study Days</b>	Required	4	Training Programme	Teaching Attendance

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Participation at In-house activities</b>				Attendance at Hospital Based Learning
Grand Rounds	Required	10	Training Programme	
Journal Club	Required	10	Training Programme	
Radiology Conferences	Required	10	Training Programme	
MDT Meetings				
Multidisciplinary care with joint clinics and meetings (Physiotherapists for spasticity management, SLT for feeding management, OT for sleep disorders)	Required	5	Training Programme	
Attendance at HSCP therapy sessions as necessary to understand and share competencies (saliva control management, sensory dysregulation management, sleep management, spasticity management behaviour therapy and psychology for disturbed behaviour)	Desirable	5	Training Programme	
Discharge planning meetings	Required	4	Training Programme	
<b>Delivery of Teaching</b>				Delivery of Teaching
Tutorial	Desirable	1	Year of Training	
NCHD and Student Teaching	Desirable	1	Training Programme	
Lecture	Desirable	1	Training Programme	
Bedside Teaching	Desirable	1	Year of Training	
<b>Research</b>	Required	1	Training Programme	Research Activities

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Clinical Audit activities and reporting</b> (1 per year to start or complete, Quality Improvement projects can be uploaded against audit)	Required	1	Year of Training	Audit & QI
<b>Publications</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Presentations</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>National/International meetings</b> (e.g., IACD/BACD/EACD/AACPDM/BPNA)	Required	1	Training Programme	Additional Professional Experience
<b>Additional Qualifications</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Committee Attendance</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Section 4 - Assessments</b>				
<b>Case Based Discussion</b>	Required	4	Year of Training	CBD
<b>DOPS</b>	Required	4	Year of Training	Procedures, Skills & DOPS
<b>Mini-CEX</b>	Required	4	Year of Training	Mini-CEX
<b>Quarterly Assessments/End of Post Assessments</b>	Required	4	Year of Training	Quarterly Assessment/End of Post Assessment

<b>Curriculum Requirement</b>	<b>Required/ Desirable</b>	<b>Minimum Requirement</b>	<b>Reporting Period</b>	<b>Form Name</b>
<b>End of Year Evaluation</b>	Required	1	Year of Training	End of Year Evaluation