



# FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN

# PAEDIATRICS



**This curriculum of training in Paediatrics was developed in 2018 through a systematic review of training, led by Dr Michael Boyle. The curriculum undergoes an annual review process by Dr Conor Hensey, Prof John Murphy and Prof Michael O'Neill National Specialty Directors, Ann O'Shaughnessy, Head of Postgraduate Training and Education and by the Paediatrics Training Committee.**

**The curriculum is approved by the Faculty of Paediatrics.**

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# Introduction

This curriculum outlines the Faculty of Paediatrics' and the Royal College of Physicians of Ireland's (RCPI) approach to accreditation and certification of Basic Specialist Training (BST) in Paediatrics.

Completion of BST is an essential step for a career in Paediatrics and entry into Higher Specialist Training. This curriculum is aimed at Senior House Officers (SHOs) in training and their supervising trainers. It outlines the knowledge, skills and attitudes that should be developed during the period of BST.

## Key elements of BST

Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum. Professionalism and ethical practice learnt through mentorship by senior clinicians, integrated into the curriculum requirements and supported by RCPI's education programmes.

The core curriculum has been updated to ensure that these key elements are completed to the satisfaction of the Faculty of Paediatrics. Accreditation and certification will focus on evaluation of trainees' progress and the educational validity of the posts they occupy. This will be done by formal registration of all trainees with RCPI and an ePortfolio to ensure that specific goals and outcomes are achieved and that formal supervision by trainers is undertaken during each post.

The college recognises that not all trainees will have the same exposure to specialties and therefore their training experience will differ. As a result the topics and practical skills obtained during BST will reflect the individual's rotation programme.

All BST trainees in Paediatrics must pass the MRCPI in Medicine of Childhood examination in order to successfully complete their BST programme. It should be noted that this curriculum is not a syllabus for this examination but it will provide guidance for the knowledge required to take the examination.

Professor Alf Nicholson, National Specialty Director (Paediatrics), Basic Specialist Training  
Prof Michael O'Neill, National Specialty Director (Paediatrics), Basic Specialist Training  
Prof John Murphy, National Specialty Director (Paediatrics), Basic Specialist Training

## Overview of Curriculum

This curriculum outlines the educational content and expected achievements of the two-year Basic Specialist Training (BST) Programme. Key training policies, training goals, standards of professionalism and specific outcomes are detailed.

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments must be recorded in the BST online ePortfolio. Trainees are also required to attend an annual review in RCPI, at which their ePortfolio is reviewed and they are given the opportunity to provide feedback on their rotation. The ePortfolio should be kept up to date throughout the year.



The curriculum for BST outlines the core knowledge, skills and achievements that are required by the end of the BST Programme to achieve a BST certificate. There will be many opportunities within the programme for trainees to acquire additional knowledge and skills over and above the core content and trainees are encouraged to actively seek additional opportunities to learn.

## **Basic Specialist Training: Requirements and Policies**

### **Overview of Basic Specialist Training in Paediatrics**

BST consists of two years of training in approved Senior House Officer posts. Senior House Officer (SHO) grade is the initial training grade after Internship, and for most doctors the minimum period spent in this grade will be two years.

BST in Paediatrics is regulated and certified by the Faculty of Paediatrics and RCPI and completion of this period of training has been a mandatory requirement for entry into most RCPI-accredited Higher Specialist Training Programmes (Specialist Registrar training) since 1999.

BST must be done in posts that have been approved for training by RCPI.

In addition to your clinical skills and general professional development activities it is expected that you will gain proficiency in core professional skills including clinical communication, organisational behaviour and leadership, wellbeing, quality assurance and improvement *etc.*

Important rules and procedures relating to the BST programme are listed below.

### **Requirements for Basic Specialist Training in Paediatrics**

**To be eligible for a BST Certificate of Completion in Paediatrics trainees are required to:**

- Register on the BST programme. Entry to the programme is in July on an annual basis.
- Complete 24 months of training in SHO posts that have been approved for BST.
- A minimum of six months must be spent in posts approved for General Paediatrics
- Six months must be spent in posts approved for pure Neonatology
- Experience in Community Paediatrics, Paediatric Emergency medicine or another paediatric subspecialty (i.e. Cardiology, Gastroenterology etc.) may be included. Not more than 6 months may be spent in any one of these specialties.
- Spend no more than six months in any one SHO post.
- Achieve all outcomes as set out in this curriculum.
- Paediatric BST Study Days are held each year, and trainees are required to attend ten study days over the course of their BST
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training.
- Attend and satisfactorily pass annual reviews
- MRCP in Medicine of Childhood

## **Provisional approval**

Trainees who are in their second year of BST and who wish to apply to Higher Specialist Training are required to submit a letter of provisional approval of BST, which confirms that the trainee will complete BST before the start date for SpR posts. Trainees in this position are advised to apply for provisional approval well in advance of the closing date for Higher Specialist Training applications, due to the large volume of applications received every year.

Applicants should note that provisional approval alone does not count as an application for a Certificate of Completion; only applications with a full set of supporting documents will be considered for formal approval. A letter of provisional approval will only stand for a period of six months after completion of the 24-months in approved training posts.

## **Entry Requirements**

To be eligible for entry to BST, trainees must have:

- Completed their Internship satisfactorily
- Be eligible for registration on the trainee specialist division of the Medical Council
- Have proof of competency in the English language in line with HSE Specifications

## **Basic Specialist Training Agreement**

Trainees are required to sign a Basic Specialist Training Agreement prior to entering the BST programme, in which they must formally agree to:

- Fully cooperate in all aspects of the BST programme
- Uphold their commitment to all allocated posts in the structured rotation programme
- Fulfil their clinical service requirements and work cooperatively with all members of the service team
- Follow the curriculum and ePortfolio requirements, complete the mandatory courses and attend assessments as required
- Undertake additional training or assessment if required to do so by RCPI
- Fully commit to and utilise available work time for the BST programme
- Attend to requests/correspondence from RCPI in a timely manner
- Act professionally at all times in their dealings with RCPI.

## **Training Environment**

Training posts require the approval of RCPI. Regular inspection of all posts by RCPI via hospital inspections is the basis for monitoring the training content of these posts. Additional monitoring data may derive from questionnaires sent to post-holders. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

**Professionalism:** Relationships with colleagues and patients are based on mutual respect, confidentiality, honesty, responsibility and accountability.

The Irish Medical Council outlines 3 pillars of professionalism; partnership, practice and performance. This RCPI training programme is designed to educate and guide doctors on the path to advanced clinical expertise in the context of the pillars of professionalism. Trainees are expected to meet appropriate standards, as outlined in the curriculum, as they continue to gain clinical skills and expertise. It is expected that trainees learn and demonstrate the outcomes of professionalism underlying in the performance of all clinical duties.

This includes:

- Showing integrity, compassion and concern for others in day-to-day practice
- Developing and maintaining a sensitive and understanding attitude with patients
- Exercising good judgement and communicating sound clinical advice to patients
- Searching for the best evidence to guide professional practice
- A commitment to continuous improvement and excellence in the provision of health care whether working alone or as part of a team

Additional detail on professional conduct and expectations in the workplace can be found on the Medical Council Website.

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

### **Supervising Trainer**

Every BST post has at least one assigned Supervising Trainer, whose duties include:

- Meeting with the trainee in their first week in the post and agreeing the trainee's Personal Goals Plan
- Appraising the trainee's progress at regular intervals during the post
- Completing the End of Post assessment in ePortfolio
- Supporting the trainee, both personally and in respect of obtaining career advice, although others may be involved in this

### **BST ePortfolio**

Trainees are required to keep a BST ePortfolio as a record of their progress through BST and to ensure that their training is valid and appropriate.

The BST ePortfolio is evidence of satisfactory completion of training and is therefore required for the issue of a BST Certificate of Completion.

The ePortfolio contains all relevant forms for recording information about each aspect of BST.



## Leave

Study leave and annual leave do not affect BST completion dates.

### **Special Leave (Other than study and annual leave):**

Examples of special leave: Sick leave, maternity leave, compassionate leave, Force Majeure Leave

As the BST programme consists of two years of intensive, supervised clinical training, any significant period of leave (i.e. greater than 4 weeks) taken over the course of the programme has the potential to affect the trainee's opportunities to acquire the core skills and knowledge required for satisfactory completion of the programme.

In cases where additional leave (including maternity leave) is agreed by the trainee's employer, the following conditions apply to all trainees:

**≤ 4 weeks over two years:** If a trainee takes special leave totalling 4 weeks or less over two years, his/her BST completion date is not affected.

**> 4 weeks over two years:** Any leave of greater than 4 weeks must be made up in blocks of 6 months' extra training.

**≤ 7 months:** 6 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 4 weeks and less than or equal to 7 months over two years.

**> 7 months:** 12 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 7 months and less than or equal to 13 months over two years.

**> 13 months:** 18 months of training in approved posts must be completed in order to meet the requirements for BST certification.

**If an extra 6, 12 or 18 months is required:** In cases where, due to leave in excess of 4 weeks, a trainee is required to complete a further period of training, the College will help to place the trainee in (a) suitable, approved training post(s).

The post(s) will be approved for BST in the trainee's specialty and will be counted towards the clinical training required for certification. However, please note the following:

- RCPI cannot guarantee a post(s) in the trainee's current hospital or region
- The trainee may need to wait until a suitable post becomes available.

### **Completion of BST: Four-Year Rule**

Trainees must complete BST within a four-year period. If a trainee's expected completion date is changed to a date greater than four years after their start date, they will be required to reapply and undertake the full two-year programme again from the beginning.

### **Withdrawal from Programme**

#### **(Withdrawal after commencing BST programme)**

**Informing the College:** If a trainee wishes to leave the programme before their expected BST completion date, they must notify the BST office in writing at least 4 weeks before they wish to leave their current post. Emailed notifications will be accepted. The trainee is not required to outline his/her reasons for leaving the programme, however providing an explanation will assist future planning and development.

**Informing the employer:** Notice of resignation by the trainee as an employee of his/her hospital must be given in accordance with the provisions of their contract of employment.

**Leave of absence:** If a trainee wishes to take leave of absence, retain credit and return to the BST programme, this must be agreed with the relevant hospital(s) and the BST office. The trainee should seek prospective approval of their leave of absence at least 4 weeks in advance. Approval will be agreed on a case by case basis and credit may not be retained in all cases.

## Training Goals

Throughout the training programme the trainee is working towards continual progression in training goals. Clinical and professional experience is recorded under these headings. For each post the trainee and trainer will meet to complete an end of post assessment and evaluate progress for each goal. The trainer will determine if the trainees progress meets expectation for that point in training.

Experience will be gained in general paediatric and neonatal posts and on acute unselected take. For each post a trainee is expected to develop their skills against these goals and record outcomes appropriately. Assessments of these skills incorporate core professional skills.

- Partnership
  - Communication and interpersonal skills
  - Collaboration
  - Health Promotion
  - Caring for the patient
- Practice
  - Patient safety and ethical practice
  - Organisational behaviour and leadership
  - Wellbeing
- Performance
  - Continuing competence and lifelong learning
  - Reflective practice and self-awareness
  - Quality assurance and improvement
- History and Physical Examination
  - History Taking
  - Physical Examination
  - Clinical Assessment Tasks
- Clinical Presentations: Recognition
  - Recognition of clinical presentations
  - Recognition of emergencies
- Diagnostics and Procedures
  - Identification of underlying pathology and risk factors
  - Diagnostic Tasks
  - Independent Performance of Procedures
  - Observation of Procedures
- Clinical Presentations: Treatment and management
  - Treatment and management
  - Emergency Management

## **Outcomes**

Specific outcomes are defined under each goal. By the end of BST a trainee should demonstrate an ability to meet that outcome. Evidence of experiences, expected case mix and details of knowledge required are outlined.

A matrix of the key information for each outcome is provided at the start of each section.

## **Details of assessment**

A record of experience is kept for each outcome.

### Outcomes recorded per post

Outcomes that require continuous progress and where experience is required in multiple clinical settings are recorded per post. At end of post assessment, the trainer will evaluate if progress has been made on this outcome.

### Outcomes that are recorded formatively

Skills that are expected to develop over time. During an assessment a trainee is evaluated against the expected standard for their level of experience. An observed skill may be recorded as a formative assessment once specific feedback has been given and areas for improvement identified. Once an outcome has been successfully attained a trainee is not required to record formative assessments unless the trainer identifies a need to repeat the assessment or a significant amount of time has lapsed since the trainee successfully completed the outcome.

### Record cases and a case mix

Examples of cases that are reflective of clinical experience gained are required to be recorded in ePortfolio. For some outcomes a mix of cases may be required to demonstrate a variety of experience.

### Workplace Interactions

Many outcomes are recorded in ePortfolio as self-assessments that are then discussed with the trainer on completion of each training post. The trainee should review the expected knowledge and complete the self-assessment when they are confident they could answer questions on the knowledge points covered.

Other outcomes will be assessed through informal observations, case based discussion or formal observation by a trainer who has delivered appropriate feedback to the trainee.

### Sign off

When an outcome is successfully signed off it is eligible to count towards progress against training goals. The assigned trainer will determine if the submitted records of experience are acceptable. The trainer may wish to discuss the records in more detail with the trainee and the trainee should be prepared to discuss any self-assessments submitted or observations.

## **Core Professional Skills**

### **Goals, Outcomes and Assessment Details**

	Per Post	Formatively	Record Examples	Attendance based	Within Clinical CBD	Informally Observed	Formally Observed	Self-assessment	On successful appraisal	Continual development	On approved recording	
	Record of experience	Workplace interactions	Sign off									
<b>Partnership</b>												
<b>Communication and interpersonal skills</b>												
Take a focused and accurate history		✓				✓		✓				
Effectively communicate information to clinical staff	✓				✓				✓			
Effectively communicate information to patients and families	✓				✓				✓			
Engage in open disclosure			✓				✓				✓	
Provide an appropriate patient handover in line with local and national handover policy					✓		✓					
<b>Collaboration</b>												
Work as part of a team	✓		✓		✓				✓			
Cooperatively solve problems with colleagues and patients					✓				✓			
Maintain clear clinical records		✓		✓				✓				
Perform procedures within the WHO safe surgery guidelines			✓		✓						✓	
<b>Health Promotion</b>												
<b>Caring for patients</b>												
Discuss the pathophysiological basis of the investigation			✓	✓	✓				✓			
Choose appropriate investigations			✓	✓	✓				✓			
Take an informed consent			✓			✓		✓				
Write problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews				✓							✓	
Deal with end of life issues and symptom control			✓		✓						✓	

	Per Post	Formatively	Record Examples	Attendance based	Within Clinical CBD	Informally Observed	Formally Observed	Self-assessment	On successful appraisal	Continual development	On approved recording	
	Record of experience	Workplace interactions	Sign off									
<b>Practice</b>												
<b>Patient safety and ethical practice</b>												
Practice aseptic techniques and hand hygiene			✓		✓						✓	
Encourage others to observe infection control principles			✓		✓						✓	
Actively participate in and understand incident reporting			✓				✓				✓	
<b>Organisational behaviour and leadership</b>												
Plan schedule and arrive on time			✓		✓						✓	
Respond to colleagues in a timely manner			✓		✓						✓	
Manage time appropriately in the clinical setting			✓		✓						✓	
Set appropriate personal goals	✓								✓			
Communicate leave and off duty appropriately with all members of team	✓								✓			
<b>Wellbeing</b>												
Recognise potential stressors							✓				✓	
Effectively deploy stress reduction strategies and wellness improvement							✓				✓	
Effectively manage your physical and mental health e.g. have own GP							✓				✓	
Direct patients and colleagues to appropriate mental health support							✓				✓	

	Per Post	Formatively	Record Examples	Attendance based	Within Clinical CBD	Informally Observed	Formally Observed	Self-assessment	On successful appraisal	On approved recording
	Record of experience			Workplace interactions				Sign off		
<b>Performance</b>										
<b>Continuing competence and lifelong learning</b>										
Teach junior healthcare professionals			✓			✓				✓
Engage in peer to peer teaching				✓		✓				✓
Deliver a presentation			✓			✓				✓
Seek opportunities to learn			✓			✓				✓
Engage in self-directed learning			✓							✓
Maintain a record of professional achievements			✓							✓
<b>Reflective practice and self-awareness</b>										
Identify gaps in own knowledge	✓									✓
Work within their own ability and call for help when appropriate			✓					✓		✓
<b>Quality assurance and improvement</b>										
Engage with audit and quality improvement projects			✓							✓
Critically evaluate a research paper				✓		✓				✓
Contribute research evidence to a group discussion				✓		✓				✓
Understand the core concepts of data protection			✓					✓		✓

## Partnership

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“Good care depends on doctors working together with patients and colleagues towards shared aims and with mutual respect. Partnership relies on trust . . . , patient-centred care . . . , working together . . . , good communication . . . and advocacy . . . .”

Chapter 2, P10

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

The training goals for partnership are:

- **Communication and interpersonal skills**
- **Collaboration**
- **Health Promotion**
- **Caring for the patient**

### Communication and interpersonal skills

Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, have a respectful and honest approach.

- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns and opinions of others
- Maintain good working relationships with colleagues

### Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Take a focused and accurate history
2. Effectively communicate information to clinical staff
3. Effectively communicate information to patients and families
4. Engage in open disclosure
5. Provide an appropriate patient handover in line with local and national handover policy

Record of experience: Recorded with a clinical case example

Workplace interactions: Handover is observed in the workplace and a trainer will record feedback. An example of engagement in the open disclosure or incident reporting process is recorded. All other outcomes are informally observed.

Sign off: Signed off once during training upon successful evaluation by the observing trainer

### Collaboration

Collaborate with patients, their families and your colleagues to work in the best interest of the patient, for improved services and to create a positive working environment.

- Work cooperatively with team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Freely share knowledge and information
- Take on-board available, relevant feedback



## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Work as part of a team
2. Cooperatively solve problems with colleagues and patients
3. Maintain clear clinical records
4. Perform procedures within the WHO safe surgery guidelines

## Health Promotion

Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence based medicine.

- Seek up to date evidence on lifestyle factors that:
  - negatively impact health outcomes
  - increase risk of illness
  - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

## Caring for patients

Take into consideration patient's individuality, personal preferences, goals and the need to provide compassionate and dignified care.

- Be familiar with
  - Ethical guidelines
  - Local and national clinical care guidelines
- Act in the patients best interest
- Engage in shared decision making and discuss consent

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Discuss the pathophysiological basis of the investigation
2. Choose appropriate investigations
3. Take an informed consent
4. Write problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
5. Deal with end of life issues and symptom control

Record of experience: Recorded with a clinical case example

Workplace interactions: A case based discussion is recorded where the trainer has seen example of discharge notes, reports etc.

Sign off: Signed off once during training upon successful evaluation by the observing trainer

## Practice

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“...behaviour and values that support good care. [Practice] relies on putting the interests and well-being of patients first. The main elements of good practice are: caring when treating patients . . . , confidentiality . . . , promoting patient safety . . . , integrity . . . , self-care . . . , practice management . . . , use of resources . . . , and conflicts of interest . . . .”

Chapter 2, P11

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

The training goals for practice are:

- Patient safety and ethical practice
- Organisational behaviour and leadership
- Wellbeing

### Patient safety and ethical practice

Put the interest of the patient first in decisions and actions.

- React in a timely manner to issues identified that may negatively impact the patients outcome
- Follow safe working practices that impact patients safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting

### Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Practice aseptic techniques and hand hygiene
2. Encourage others to observe infection control principles
3. Actively participate in and understand incident reporting

### Organisational behaviour and leadership

The activities, personnel and resources that impact the functioning of the team, hospital and health care system.

- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

### Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Plan schedule and arrive on time
2. Respond to colleagues in a timely manner
3. Manage time appropriately in the clinical setting
4. Set appropriate personal goals
5. Communicate leave and off duty appropriately with all members of team

## Wellbeing

Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes.

- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain your own physical and mental well-being

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Recognise potential stressors
2. Effectively deploy stress reduction strategies and wellness improvement
3. Effectively manage your physical and mental health e.g. have own GP
4. Direct patients and colleagues to appropriate mental health support

Record of experience: Engagement in wellbeing strategies is self-assessed

Workplace interactions: Trainees are encouraged to take a proactive approach to wellbeing

Sign off: Once during training upon successful submission of self-assessment

## Performance

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“...describes the behaviours and processes that provide the foundation for good care. [Performance] requires . . . competence . . . , reflective practice . . . , acting as a role model . . . , teaching and training medical students and doctors new to practice . . . .”

Chapter 2, P12

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

The training goals for performance are:

- Continuing competence and lifelong learning
- Reflective practice and self-awareness
- Quality assurance and improvement

## Continuing competence and lifelong learning

Continually seek to learn, to improve clinical skills and to understand established and emerging theories in the practice of medicine.

- Meet career requirements including those of the medical council, your employer and your training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Teach junior healthcare professionals
2. Engage in peer to peer teaching
3. Deliver a presentation
4. Seek opportunities to learn
5. Engage in self-directed learning
6. Maintain a record of professional achievements

## Reflective practice and self-awareness

Bring awareness to your actions and decisions and engage in critical appraisal of own work to drive lifelong learning and improve practice.

- Pay critical attention to the practical values and theories which inform every day practice
- Be aware of your own level of practice and learning needs
- Evaluate and appraise your decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Identify gaps in their knowledge
2. Work within their own ability and call for help when appropriate

## Quality assurance and improvement

Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams.

- Gain knowledge of quality improvement methodology
- Follow best practice in patient safety
- Conduct ethical and reproducible research

## Outcomes

**By the end of BST the trainee will demonstrate an ability to:**

1. Engage with audit and quality improvement projects
2. Critically evaluate a research paper
3. Contribute research evidence to a group discussion
4. Understand the core concepts of data protection

# **General Paediatrics Skills**

## **Goals, Outcomes and Assessment Details**

## History and Physical Examination

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The training goals for history and physical examination are:

- **History Taking**
- **Physical Examination**
- **Clinical Assessment Tasks**

### History Taking

**By the end of BST the trainee will demonstrate an ability to:**

1. Take a comprehensive, targeted and adaptable history
2. Take an allergy focused history
3. Take a history and assess common acute neonatal presentations
4. Demonstrate how to take a psychosocial history from an adolescent using a strength-based approach, while screening for behaviours and risk factors for potential morbidity and mortality (*e.g.* HEADSSS model).

### General Paediatrics

#### **Take a comprehensive, targeted and adaptable history**

**Record of experience:** Recorded with a clinical case example

**Workplace interactions:** Assessment of this outcome is formally observed by a registered trainer who will provide real time feedback. This is completed once, or formatively if additional refinement of approach is required.

**Sign off:** Signed off once during training upon successful evaluation by the observing trainer

Focus of Feedback - Communication and appropriateness

The trainer evaluates if the trainee:

- asked relevant questions
- was fluid, focused and practiced in approach
- obtained the appropriate consent for the people who are present
- communicated with empathy
- ensured those present understood the terms and language used
- ensured the patients dignity and privacy
- appropriately summarised their findings
- understood the diagnostic significance of patterns of symptoms

### **Take an allergy focused history**

Record of experience: Self-assessed by the trainee for a specified clinical case

Workplace interactions: Progress may be discussed with the trainer

Sign off: Once during training upon successful submission of self-assessment

Focus of Feedback – Knowledge of allergy and appropriate follow up

The trainee evaluates their ability to:

- understand the pathophysiology of allergy
- differentiate between IgE and non IgE allergy
- recognise the risk of anaphylaxis
- confidently determine when allergy testing is indicated
- recognise common food allergies
- appropriately refer children requiring specialist care

### Neonatal Medicine

#### **Take a history and assess common acute neonatal presentations**

Record of experience: Self-assessed by the trainee for a specified clinical case

Workplace interactions: Informally observed in the workplace by senior staff members specific real time feedback given. Progress may be discussed with a trainer during end of post assessment based on workplace feedback and submitted self-assessments.

Sign off: Once during training upon successful evaluation of self-assessment by trainer

Focus of Feedback – Key concepts in assessing a neonate and taking a history

The trainee evaluates their ability to:

- take a history of pregnancy
- take a familial history
- understand the relevance of scans in neonatal history
- identify the key concerns of the parent

## Physical Examination

**By the end of BST the trainee will demonstrate an ability to:**

1. Perform a detailed physical examination
2. Perform an appropriate and thorough newborn examination
3. Perform a 6 week examination

### General Paediatrics

#### **Perform a detailed physical examination**

**Record of experience:** A case mix is recorded including a range of examination types, Examples to include head to toe, abdominal, ENT, Respiratory, Neurological, and pGALS.

**Workplace interactions:** Informally observed in the workplace by senior staff members who provide recorded feedback on performance. Progress is discussed with a trainer during end of post assessment based on workplace feedback and submitted assessments.

**Sign off:** Evaluated per post with an emphasis on progression of skills with experience

**Focus of Feedback – Skill in physical examination, management of the child and follow up**  
The trainee evaluates their ability to:

- Perform an accurate, organised and appropriate physical examination
- Manage the environment
- Minimise disturbance to the child
- Document findings
- Appropriately plan for next steps

### Neonatal Medicine

#### **Perform an appropriate and thorough newborn examination**

**Record of experience:** Recorded formatively as a directly observed procedure

**Workplace interactions:** Formally observed in the workplace, in real time, by a senior team member who is appropriate to provide feedback on performance as determined by the trainer. Progress is discussed with a trainer and observations are repeated until the expected level of proficiency is reached.

**Sign off:** On successful completion of a directly observed procedure in line with the trainers expectations.

**Focus of Feedback – Skill in physical examination, management of the child and follow up**  
The trainer evaluates if the trainee:

- demonstrated an understanding of the expected behaviour of a new born
- performed a smooth and minimally invasive examination
- discussed routine and complex follow up



## Perform a 6 week examination

Record of experience: Recorded formatively as a directly observed procedure

Workplace interactions: Formally observed in the workplace, in real time, by a senior team member who is appropriate to provide feedback on performance as determined by the trainer. Progress is discussed with a trainer and observations are repeated until the expected level of proficiency is reached.

Sign off: On successful completion of a directly observed procedure in line with the trainers expectations

Focus of Feedback – Skill in physical examination, management of the child and follow up  
The trainer evaluates if the trainee:  
performed the examination  
managed the neonate  
communicated with the primary care givers

## Clinical Assessment Tasks

**By the end of BST the trainee will demonstrate an ability to:**

1. Assess pubertal status
2. Assess nutritional status
3. Assess blood pressure
4. Assess developmental status
5. Assess hepatic synthetic dysfunction or failure
6. Perform the assessment of the child with reduced consciousness or coma

### General Paediatrics

**Assess pubertal status**

**Assess nutritional status**

**Assess blood pressure**

**Assess developmental status**

**Assess hepatic synthetic dysfunction or failure**

Record of experience: Each task should be assigned to at least one case during training.

Workplace interactions: Informally observed in the workplace and the trainee should seek feedback where appropriate. These tasks may be discussed with the trainer at end of post assessment.

Sign off: On the trainers approval of submitted case examples.

Focus of Feedback – Performance of task and follow up

## Perform the assessment of the child with reduced consciousness or coma

Record of experience: One case example and completion of APLS training.

Workplace interactions: Informally observed in the workplace and the trainee should seek feedback where appropriate. This task may be discussed with the trainer.

Sign off: On the trainers approval of submitted case examples.

## Clinical Presentations: Recognition

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The training goals for the recognition of clinical presentations are:

- Recognition of clinical presentations
- Recognition of emergencies

### Recognition of clinical presentations

**By the end of BST the trainee will demonstrate an ability to:**

1. Assess common paediatric conditions
2. Recognise dehydration
3. Recognise acute gastroenteritis
4. Recognise constipation
5. Recognise, evaluate, and treat patients with somatoform disorders
6. Recognise and assess the level of severity of asthma
7. Recognise prematurity and low birth weight sequelae
8. Recognise infections in the neonate
9. Recognise common diseases and neonatal issues

### General Paediatrics

#### Assess common paediatric conditions

Record of experience: A case mix reflective of experience is recorded.

Workplace interactions: Informally observed in the workplace and the trainee should seek feedback on performance. Progress is discussed with a trainer during end of post assessment based on workplace feedback and submitted cases. Complete Case Based Discussion throughout the programme. Core professional skills are evaluated as part of this discussion and case notes should be available for the trainer to review.

Sign off: Evaluated per post with an emphasis on progression of skills with experience.

Focus of Feedback – Ability or recognise key signs and symptoms

The trainee evaluates their ability to:

- understand the pathophysiology of the presentation
- recognise the clinically significant signs and symptoms
- differentiate breath sounds e.g. wheeze, stridor and grunting
- select appropriate investigation and procedures to avoid unnecessary discomfort

#### Recognise acute gastroenteritis

Record of experience: Case examples

Workplace interactions: The trainee is expected be able to discuss the recognition of acute gastroenteritis.

Sign off: Submit one case example

Focus of Feedback – Knowledge of gastroenteritis, record keeping and follow up

During discussion the trainee should be able to:

- identify signs and symptoms of dehydration
- discuss the adjustment of management plan based on the child's age
- plan fluid therapy
- explain the embryology of the gastrointestinal tract and its relationship to disease, *e.g.* malrotation
- explain the physiology of the GI tract, including the liver and pancreas
- describe the principles of absorption and malabsorption

**Recognise dehydration**

**Recognise constipation**

**Recognise and assess the level of severity of asthma**

**Recognise, evaluate, and treat patients with somatoform disorders**

Record of experience: At least one case recorded per outcome

Workplace interactions: These presentations may be discussed with the trainer

Sign off: On the trainer's approval of submitted case examples

Focus of Feedback – Recognition of signs and symptoms and follow up

**Neonatal Medicine**

**Recognise prematurity and low birth weight sequelae**

Record of experience: A case based discussion (CBD). Case examples may also be recorded.

Workplace interactions: The trainee is expected to initiate and record a CBD

Sign off: On successful completion of CBD

Focus of Feedback – Recognition and understanding of sequelae

During discussion the trainee should be able to:

- describe prematurity sequelae
- describe low birth weight sequelae

**Recognise infections**

**Recognise common diseases and neonatal issues**

**Recognise serious life threatening illnesses in the newborn**

Record of experience: Each presentation should be assigned to at least one case during the neonatal rotation. These can also be recorded in other posts where appropriate.

Workplace interactions: Informally observed in the workplace and the trainee should seek appropriate feedback. These outcomes will be discussed at the neonatal end of post assessment.

Sign off: On approval of submitted case examples.

Focus of Feedback – Recognition and understanding of signs and symptoms

## Recognition of Emergency

**By the end of BST the trainee will demonstrate an ability to:**

1. Recognise the deteriorating child or infant
2. Recognise organ failure
3. Recognise serious life threatening illnesses in the newborn

### General Paediatrics

#### **Recognise the deteriorating child or infant**

**Record of experience:** Self-assessed by the trainee for a case mix including all ages. Examples of experience to include:

- Acute life threatening illness
- Acute asthma
- Acute croup
- Acid-base and electrolyte homeostasis
- Bronchiolitis
- Cardiopulmonary arrest
- Cardiac and respiratory emergencies
- Coma and convulsions
- Shock
- Meningococcal septicaemia
- Severe trauma
- Suspected sepsis
- Poisonings

**Workplace interactions:** The trainee should seek feedback in the workplace on the ability to recognise paediatric emergencies. Progress will be discussed with trainer during end of post assessment.

**Sign off:** Evaluated per post with an emphasis on progression of skills with experience

**Focus of Feedback – Progress in the recognition of emergencies**

The trainee evaluates their ability to:

- understand the pathophysiology of the presentation
- recognise the clinically significant signs and symptoms
- select appropriate investigation and procedures to avoid unnecessary discomfort

## **Recognise and take the initial steps in the management of potential child protection issues**

Record of experience: A case based discussion. Case examples may also be recorded.

Workplace interactions: The trainee is expected to initiate and record a case based discussion with their trainer.

Sign off: On successful completion of case based discussion

Focus of Feedback – Recognition of child protection as an emergency

During discussion the trainee should be able to:

recognise a potential child protection issue

discuss the initial steps in management of a child protection issue

explain the Children First guidelines

## **Recognise organ failure**

Record of experience: Self-assessed by the trainee for a specified clinical case

Workplace interactions: Informal feedback in the workplace. Progress may be discussed with trainer.

Sign off: Once during training upon successful submission of self-assessment

## **Neonatal Medicine**

### **Recognise serious life threatening illnesses in the newborn**

Record of experience: Self-assessed by the trainee for a specified clinical case

Workplace interactions: Informal feedback in the workplace, during the neonatal rotation in particular. Progress may be discussed with trainer.

Sign off: Once during training upon successful submission of self-assessment

## Diagnosics and Procedures

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The training goals for diagnostics and procedures are:

- Identification of underlying pathology and risk factors
- Diagnostic tasks
- Independent performance of procedures
- Observation of procedures

### Identification of underlying pathology and risk factors

**By the end of BST the trainee will demonstrate an ability to:**

1. Discuss the safe, effective and necessary role immunisations play in child health
2. Recognise and take the initial steps in the management of potential child protection issues
3. Discuss the use of Vitamin K with parents including the indications for use
4. Screen for common congenital heart disease
5. Interpret blood gas analysis and oximetry
6. Investigate common neonatal disorders

### General Paediatrics

#### **Discuss the safe, effective and necessary role immunisations play in child health**

Record of experience: Discussion is self-assessed with a case example

Workplace interactions: Case may be informally discussed with trainer

Sign off: Once during training upon successful submission of self-assessment

Focus of Feedback – Understanding of immunisation and communication

The trainee evaluates their ability to:

- explain the mechanism of action of common vaccinations
- discuss vaccination schedules
- critically evaluate the evidence base for common vaccinations
- engage appropriately and cooperatively with parents, guardians or caregivers

#### **Discuss the use of Vitamin K with parents including the indications for use**

Record of experience: Discussion is self-assessed with a case example

Workplace interactions: Case may be informally discussed with trainer

Sign off: Once during training upon successful submission of self-assessment

Focus of Feedback – Understanding of vitamin K and communication

The trainee evaluates their ability to:

- discuss the indications for use of vitamin K
- respond to parents or guardians concerns
- discuss the evidence base for use
- engage appropriately and cooperatively with parents, guardians or caregivers

### **Screen for common congenital heart disease**

Record of experience: Self-assessed task with a case example

Workplace interactions: Case may be informally discussed with trainer

Sign off: Once during training upon successful submission of self-assessment

Focus of Feedback – Understanding congenital heart disease

The trainee evaluates their ability to:

- screen for common congenital heart disease

- discuss the anatomy and physiology of congenital heart disease

- understand the role of genetics in congenital heart disease

- recognise the clinical manifestations of congenital and acquired heart disease

- discuss screening appropriately and cooperatively with parents, guardians or

- caregivers

### **Interpret blood gas analysis and oximetry**

Record of experience: A case based discussion with a case examples

Workplace interactions: The trainee is expected to initiate and record a case based discussion with their trainer.

Sign off: On successful completion of the case based discussion

Focus of Feedback – The interpretation of blood gas analysis and oximetry

During discussion the trainee should be able to:

- recognise the indication for gas analysis and oximetry

- explain the impact to the child of invasive investigations

## **Neonatal Medicine**

### **Investigate common neonatal disorders**

Record of experience: A case mix reflective of experience is recorded

Workplace interactions: The trainee should seek feedback in the workplace on the ability to choose and carry out appropriate investigations. Progress will be discussed with trainer during end of post assessment.

Sign off: Evaluated at end of post for the neonatal medicine rotation with an emphasis on progression of skills with experience

Focus of Feedback – Appropriate selection and performance of investigations

## Diagnostic Tasks

**By the end of BST the trainee will demonstrate an ability to:**

1. Record and interpret electrocardiograms
2. Interpret biochemical tests
3. Interpret commonly encountered X-rays
4. Demonstrate knowledge of the indications for common neuro-imaging abnormalities by CT, MRI or ultrasound
5. Perform peak flow rates
6. Perform a Mantoux test

### All diagnostic task outcomes

Record of experience: Each task should be assigned to at least one case during training

Workplace interactions: Informally observed in the workplace and the trainee should seek feedback where appropriate. Performance of these tasks may be discussed with the trainer.

Sign off: On the trainers approval of submitted case examples

Focus of Feedback – Performance of task and follow up

## Independent Performance of Procedures

**By the end of BST the trainee will demonstrate an ability to perform:**

1. Arterial puncture for blood gas analysis
2. Blood cultures with aseptic technique
3. Blood sampling
4. Height measurement using a stadiometer
5. Intravenous cannulation
6. Lumbar puncture

**Arterial puncture for blood gas analysis**

**Blood cultures with aseptic technique**

**Blood sampling**

Record of experience: Self-assessed by the trainee for a specified clinical case

Workplace interactions: The trainee should seek feedback from informal observations in the workplace. Progress may be discussed with trainer.

Sign off: On successful submission of self-assessment

Focus of Feedback – The indications for, and risks associated with, this procedure



## Height measurement using a stadiometer Intravenous cannulation

Record of experience: Recorded with a clinical case example

Workplace interactions: Assessment of this outcome is formally observed by a registered trainer who will provide real time feedback. This is completed once, or formatively if additional refinement of approach is required.

Sign off: Once during training upon successful evaluation by the observing trainer

Focus of Feedback – The indications for, and risks associated with, this procedure

## Lumbar puncture

Record of experience: Recorded formatively as a directly observed procedure

Workplace interactions: Formally observed in the workplace, in real time, by a senior team member who is appropriate to provide feedback on performance as determined by the trainer. Progress is discussed with a trainer and observations are repeated until the expected level of proficiency is reached.

Sign off: On successful completion of a directly observed procedure in line with the trainers expectations

Focus of Feedback – Performance of lumbar puncture, management of the child and follow up

The trainer evaluates if the trainee:

- prepared appropriately
- performed the procedure to the expected standard
- was able to discuss indications for when consent is not required for lumbar puncture
- was able to discuss the interpretation of test results

## Observation of Procedures

**By the end of BST the trainee will demonstrate an understanding of:**

1. Intraosseous needle insertion
2. Umbilical artery or vein catheterisation
3. Tracheal intubation

Record of experience: The trainee records a self-assessment of their understanding of the procedure

Workplace interactions: The trainee should seek opportunities to observe procedures in the workplace or as part of a simulation and ensure they understand all key concepts.

Sign off: On successful submission of self-assessment

## Clinical Presentations: Treatment and management

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The training goals for the treatment and management of clinical presentations are:

- **Treatment and management**
- **Emergency management**

### Treatment and management

**By the end of BST the trainee will demonstrate and ability to:**

1. Manage common paediatric presentations
2. Clinically manage an asthma admission
3. Manage dehydration
4. Plan fluid therapy
5. Manage acute gastroenteritis
6. Manage constipation
7. Provide all relevant information when making a surgical or orthopaedic referral
8. Manage the neonate with an infection
9. Explain the management of eczema (primary)
10. Take the initial steps in the management of the sick neonate, including phototherapy
11. Assess the medical complications of eating disorders and the indications for medical hospitalization.
12. Manage children and adolescents with eating disorders who require admission for medical stabilisation.

### General Paediatrics

#### Manage common paediatric presentations

**Record of experience:** A case mix reflective of experience is recorded.

**Workplace interactions:** Informally observed in the workplace and the trainee should seek feedback on performance. Complete a case based discussion with your trainer. Progress is discussed with during end of post assessment based on workplace feedback and submitted cases.

**Sign off:** Evaluated per post with an emphasis on progression of skills with experience

Focus of Feedback – Ability to manage common presentations

The trainee evaluates their ability to:

manage the causes of respiratory distress including age-related drug therapy and emerging treatment strategies

manage common presentations appropriate to the age of the child

describe the pharmacology and pharmacodynamics of common treatment options

explain the risk factors, and potential complications associated with common treatments

advise parents, guardians or care givers on post care

appropriately refer children requiring specialist care

## **Explain the management of eczema (primary)**

Record of experience: A case based discussion. Case examples may also be recorded.

Workplace interactions: The trainee is expected to initiate and record the discussion

Sign off: On successful completion

Focus of Feedback – Understanding how to manage eczema

During discussion the trainee should be able to:

explain the links between eczema and allergy

discuss appropriate treatment options

## **Clinically manage an asthma admission**

**Manage dehydration\***

**Plan fluid therapy\***

**Manage acute gastroenteritis**

**Manage constipation**

**Provide all relevant information when making a surgical or orthopaedic referral**

**Assess the medical complications of eating disorders and the indications for medical hospitalization.**

**Manage children and adolescents with eating disorders who require admission for medical stabilisation.**

## **Neonatal Medicine**

### **Manage a neonate with an infection**

Record of experience: Management of each presentation should be assigned to at least one case during training. Outcomes marked with an asterisk (\*) are covered in the case based discussion in the clinical recognition section.

Workplace interactions: Informally observed in the workplace and the trainee should seek feedback where appropriate. Management of these presentations may be discussed with the trainer at end of post assessment.

Sign off: On the trainers approval of submitted case examples.

Focus of Feedback – Appropriate management and follow up

### **Take the initial steps in the management of the sick neonate, including phototherapy**

Record of experience: A case based discussion. Case examples may also be recorded.

Workplace interactions: The trainee is expected to initiate and record a case based discussion.

Sign off: On successful completion

Focus of Feedback – Managing the sick neonate

During discussion the trainee should be able to:

identify the indications for phototherapy

## Emergency management

**By the end of BST the trainee will demonstrate an ability to:**

1. Identify and take the initial steps to manage the deteriorating child or infant
2. Manage acute seizures and status epilepticus
3. Manage common metabolic crisis
4. Stabilise the neonate
5. Perform neonatal resuscitation

### General Paediatrics

**Identify and take the initial steps to manage the deteriorating child or infant**

Record of experience: Self-assessed by the trainee for a case mix including all ages.

Workplace interactions: The trainee should seek feedback in the workplace on the ability to manage paediatric emergencies. Progress will be discussed with trainer during end of post assessment.

Sign off: Evaluated per post with an emphasis on progression of skills with experience

Focus of Feedback – Progress in the management of emergencies

The trainee evaluates their ability to:

- stabilise the patient and manage symptoms
- choose age appropriate management options
- engage appropriately and cooperatively with family members present

### General Paediatrics

**Manage acute seizures and status epilepticus**

**Manage common metabolic crisis**

### Neonatal Medicine

**Stabilise the neonate**

**Perform neonatal resuscitation**

Record of experience: Management of each presentation should be recorded as part of at least one case during training.

Workplace interactions: Informally observed in the workplace and the trainee should seek feedback where appropriate. Management of these presentations may be discussed with the trainer at end of post assessment.

Sign off: On the trainers approval of submitted case examples.

Focus of Feedback – Appropriate management and follow up

# Professional Development

## Clinical Activity

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Record frequency of attendance at:

Outpatient Clinics

Ward rounds

Post-call ward rounds

Attendance will be discussed at the end of each post and experience evaluated

Record frequency of call for the post.

Where appropriate record:

Additional Clinical Experience

Subspecialty and special interest experience

## Academic and Professional Development activities

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Record attendance at hospital based learning including Grand Rounds, Journal Clubs and Multidisciplinary team meetings

Record attendance at a minimum of 10 approved Study Days during your training programme.

Record examination attempts in ePortfolio for each part of the MRCPI examination

Record attendance at mandatory courses

- APLS
- BST Leadership in Clinical Practice
- Child Protection
- Ethics, Safe Prescribing Skills and Blood Transfusion for Paediatrics
- Infection control (can be part of hospital induction day)
- NRP
- STABLE

A summary of attendance will be visible at the end of post assessment

## Progress Evaluations

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Complete the personal goals form for each post

Review progress and complete the End of post assessment

Formally Record the outcome of annual evaluations

	Record Frequency	Record Examples	Assessed
<b>Professional Development</b>			
<b>Clinical Activity</b>			
Outpatient Clinics	✓		✓
Ward rounds	✓		✓
Post-call Ward rounds	✓		✓
On call requirements	✓		✓
Additional Clinical Experience		✓	
Subspecialty and special interest experience		✓	
	Online	Off Site	In Hospital
<b>Academic and Professional Development activities</b>			
Attendance at hospital based learning			✓
Study Day Attendance		✓	
Course Attendance		✓	
Examinations		✓	
Mandatory Courses	✓	✓	✓
APLS			✓
BST Leadership in Clinical Practice		✓	
Child Protection		✓	
Ethics, Safe Prescribing Skills and Blood Transfusion for Paediatrics	✓	✓	
Infection control			✓
NRP			✓
STABLE			✓
<b>Progress Assessments</b>			
Personal Goal Plan			✓
End of post assessment			✓
Annual assessment			✓