



**INSTITUTE OF  
OBSTETRICIANS &  
GYNAECOLOGISTS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

**OBSTETRICS &  
GYNAECOLOGY**



**This curriculum of training in Obstetrics and Gynaecology was developed in 2010 and undergoes an annual review by Dr Keelin O'Donoghue and Dr Orfhlaith O'Sullivan National Specialty Directors, Head of Education, RCPI, and by the Obstetrics and Gynaecology Training Committee. The curriculum is approved by the Institute of Obstetricians and Gynaecologists.**

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## Introduction

Obstetrics and Gynaecology is a predominantly clinical specialty. A trainee must deal with normal and abnormal pregnancy and with disorders of the female reproductive organs. Besides the physiological and pathological processes involved, the psycho-social effects of reproductive events and of gynaecological disorders must be understood. The Obstetrician-Gynaecologist must develop diagnostic and therapeutic skills and a particularly high competence in communication. Simultaneously, the trainee must develop competence in all Obstetric procedures and in a number of core Gynaecological surgical procedures.

At present, all trainees in Obstetrics and Gynaecology must be competent in both specialties, however some Obstetrician-Gynaecologists will wish to develop special skills in a particular area. Special skills and interests can be facilitated during the training, while sub-specialisation requires dedicated time in a sub-specialist training programme taken at the end of core training or as out-of-programme experience.

Besides these specialty specific elements, trainees in Obstetrics and Gynaecology must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

## Aims

Upon satisfactory completion of specialist training in Obstetrics and Gynaecology, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the *Irish* healthcare system.

**Competencies**, at a level consistent with practice in the specialty of Obstetrics and Gynaecology, will include the following:

- Patient care that is appropriate, effective and compassionate in 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.
- The judgement and manual dexterity required to conduct instrumental vaginal delivery safely, with a low complication rate.
- The judgement and surgical skills required to perform both open and laparoscopic procedures safely and with a low complication rate.
- Interpersonal and communication skills that ensure effective exchange of information 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.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Capability to be a scholar, contributing to development and research in the field of Obstetrics and Gynaecology.
- Professionalism
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the (*Irish*) health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.
- Ability to understand health care and identify and carry out system-based improvement of care.

**Professionalism:**

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness with the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

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## Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Obstetrics and Gynaecology. Programmes will include posts in both general hospitals and maternity hospitals, all of which are teaching hospitals. Throughout the programme each trainee will rotate at some point as this is a national rotational programme. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Obstetrics and Gynaecology. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of Higher Specialist Training. No trainee should remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year, unless for the purposes of completing research towards a higher degree.

Where an essential element of the curriculum is missing from a programme, access to it will be arranged, by day release for example, or if necessary by secondment.

## Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between 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.

All training locations approved for Higher Specialist Training have been inspected by the Institute of Obstetricians & Gynaecologists. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of Obstetrics and Gynaecology to be acquired.

Physical facilities include the provision of sufficient space and opportunities for practical and theoretical study; access to professional literature and information technologies so that self-learning is encouraged and data and current information can be obtained to improve patient management.

Trainees in Obstetrics and Gynaecology should have access to an educational programme of e.g. lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc., capable of covering the theoretical and scientific background to the specialty. Study time equivalent to 26 days per annum should be allocated for this formal educational programme. The schedule of appropriate educational activities will be set down by the Training Committee for Obstetrics and Gynaecology and the minimum acceptable attendance stated.

Trainees should be notified in advance of dates so that they can arrangements can be made for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.



## **Generic Components**

**This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.**

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

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## 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 patients 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, families 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

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## 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)

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## 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
- RCPI HST Leadership in Clinical Practice course

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## 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
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient 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 adults 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



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- 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 (Year 1)
- 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

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## 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 (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- 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.

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## 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 every day 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.

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## 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

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

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## 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 and PCCC
- 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 course (online)
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

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## 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 e.g. driving
- 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)
- Annual Audit
- Medical Council Guide to Professional Conduct and Ethics

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## 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
- ACLS 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 Early Warning Scores (EWS) 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/ACLS (or APLS for Paediatrics)
- 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**

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

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## 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
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- 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 adult patients receiving palliative care

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- 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
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- 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

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**Clinical Obstetrics**

**Objective:** Training in Clinical Obstetrics aims to equip the Specialist Obstetrician to deliver safe and effective care to women during normal risk and complicated (or potentially) pregnancies, to work as part of a multi-disciplinary team, and to act as a team leader where appropriate, especially during life-threatening emergencies.

**Normal Pregnancy and Antenatal Care**

**Objective:** To be able to organise antenatal care that is appropriate to the patient's needs and uses resources appropriately.

## KNOWLEDGE

- Physiology of normal pregnancy
- Interventions in normal pregnancy which are supported by evidence

## SKILLS

- Be able to review the patient's previous medical, psychiatric, social and obstetric history
- Be able to obtain an accurate account of events in previous pregnancies
- Be able to perform or arrange booking ultrasound for dating
- Be able to use available resources for further ultrasound investigations appropriately
- Be able to arrange appropriate antenatal care, referring to combined care and midwifery clinics where appropriate
- Discuss patients' fears, anxieties, correct misconceptions (if any), promote smoking cessation and lifestyle modifications
- Discuss requests for home births, alternative medicine, birth plans in a rational, research informed and non-judgmental manner

## ASSESSMENT &amp; LEARNING METHODS

## EXPOSURE TO CLINICAL LEARNING ENVIRONMENT

## STUDY DAYS AND MEETINGS

- Mini-CEX - Should undertake one each six months, covering a range of different antenatal problems
- Logbook review and Trainer feedback at end of year assessments

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**Pregnancy in Women with Additional Social Needs**

**Objective:** To be able to recognise patients with complicated psychosocial situations and liaise with the appropriate agencies.

**KNOWLEDGE**

- The law in relation to consent with regards to sexual activity and consenting to healthcare needs and how to sensitively navigate through legal and ethical considerations
- The law and implications in relation to pregnant women with intellectual disabilities
- How to deal with psychosocial issues during pregnancy
- How to engage with Medical Social Work and allied agencies
- Signs of domestic violence

**SKILLS**

- Be able to enquire about domestic violence
- Be able to liaise with social workers, community care and allied agencies, police, courts in case where this is necessary
- Be able to care for women with concealed pregnancies.
- Adopt a non-judgmental attitude
- Protect patient's privacy
- Act as an advocate for the mother and baby

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Day in Psychosocial issues during pregnancy
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments



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**Obstetric and Gynaecological Ultrasound**

**Objective:** To be able to perform basic obstetric and gynaecological ultrasound.

**KNOWLEDGE**

- Basic principles of obstetric ultrasound
- Basic principles of pelvic and transvaginal ultrasound

**SKILLS**

- Communicate with patient and discuss results of ultrasound examination
  - Obstetric ultrasound
  - Be able to identify:
    - measure endometrial thickness – recommended
    - diagnose ovarian cyst – recommended
  - Advanced Skills
    - Fetal abnormality scan – recommended

**ASSESSMENT & LEARNING METHODS****EXPOSURE TO CLINICAL LEARNING ENVIRONMENT**

- Certificate in Basic Ultrasound course (online – completed at BST)
- Intermediate ultrasound skills
- Advanced ultrasound skills (Non mandatory)\*
- Completion of ultrasound modules online including eLogbook cases
- Ultrasound Objective Structured Assessment of Technical Skills (OSATS)
- Logbook review and Trainer feedback at end of year assessments

\*such as the UCD graduate certificate in Obstetrics and Gynaecology ultrasound or Fetal Medicine Fellowship

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**Termination of Pregnancy Care less than 12 weeks gestation****Objectives:**

- To counsel, organise and provide (or refer for) holistic and appropriate care for people seeking termination of pregnancy less than 12 weeks gestation

**Knowledge**

- Legal context, certification and notification
- IOG/RCPI Interim Clinical Guidance for Termination of Pregnancy under 12 weeks
- Medical Termination of pregnancy
- Surgical Termination of pregnancy
- Adjunctive aspects of care (eg blood grouping, Anti D, contraception, postabortion care)

**Skills**

- Take an appropriate history
- Perform an examination / ultrasound and interpret findings
- Have appropriate discussion on management options
- Discuss & provide postabortion care including contraception, if appropriate

**Assessment and Learning**

EXPOSURE TO CLINICAL LEARNING ENVIRONMENT  
STUDY DAYS AND SPECIFIC COURSES

- Case Based Discussion
  - MTOP
  - STOP
  - Prevention of Rhesus isoimmunisation
  - Contraception
- OSATS
  - STOP/MVA
- Logbook review and Trainer feedback at end of year assessments

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**Antenatal Screening for Congenital Abnormalities**

**Objective:** To provide accurate information and non-directional counselling for women seeking screening or diagnosis of congenital abnormalities.

**KNOWLEDGE**

- Differences between screening and diagnosis
- Sensitivity, specificity and risk of screening modalities available
- Age-related risk of trisomy 21
- Recurrence risk of common abnormalities or how to access this information
- How to provide genetics counselling

**SKILLS**

- Be able to counsel patients and to explain screening and diagnosis.
- Be able to counsel about available screening options.
- Be able to counsel about indications, benefits and hazards of amniocentesis and chorionic villus biopsy
- Be able to liaise with fetal medicine specialist, ultrasonographers, geneticists, paediatricians
- Adopt a non-judgemental attitude and be non-directive in counselling
- Communicate adverse results sympathetically but accurately

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study day fetal medicine issues
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Care of the Patient with a Fetus with a Congenital Abnormality**

**Objective:** To provide holistic, appropriate, and responsive care for expectant parents with an antenatal diagnosis of a fetal abnormality

**KNOWLEDGE**

- Knowledge of fetal abnormalities and how they may present antenatally
- Outline prognosis of fetal abnormalities and role of antenatal diagnosis/therapy
- Role of multidisciplinary team in planning antenatal and postpartum care
- Legal context, certification and notification in relation to termination of pregnancy
- IOG/RCPI Interim Clinical Guidance on termination of pregnancy

**SKILLS**

- Accurate and sensitive consultation and counselling
- Appropriate liaison with multidisciplinary team (fetal medicine, neonatology, paediatric surgery, bereavement, medical social work) and attendance at MDT meetings.
- Discuss & provide post birth care including planning for further pregnancies, if appropriate
- Termination of pregnancy care, including role of feticide

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Bereavement study days and meetings
- Case Based Discussion
- An Approach to Caring and Coping (workshop)
- Study day fetal medicine issues
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Antenatal Care of Patient with a Growth Restricted Fetus**

**Objective:** To suspect, investigate, diagnose, and plan delivery of a fetus with intrauterine growth restriction.

**KNOWLEDGE**

- Define the causes of a clinically small for gestational age fetus
- Define risks and sequelae of intrauterine growth restriction.
- Define the indications, limitations, predictive value of ultrasound investigations

**SKILLS**

- Ultrasound skills
- Be able to evaluate fetal growth clinically
- Be able to perform basic biometry and amniotic fluid estimation on ultrasound
- Be able to arrange more detailed ultrasound evaluation
- Competent to devise a research informed management plan.
- Competent to decide when in-patient hospital care is required.
- Competent to decide when delivery is indicated and to participate in multidisciplinary decisions about timing and mode of delivery
- Appreciate patients' fears and anxieties and counsel appropriately

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study days and meetings
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Antenatal Care of Patient with a Multiple Pregnancy**

**Objective:** To diagnose twin or higher order multifetal pregnancy, determine chorionicity and deliver safe and appropriate care.

**KNOWLEDGE**

- Classify twin pregnancy by chorionicity
- Management of multiple pregnancy
- Define diagnosis and management of twin-to-twin transfusion syndrome
- Define conjoined twins
- Define TRAP Syndrome

**SKILLS**

- Ultrasound skills
- Be able to diagnose twins or triplets on ultrasound
- Be able to use ultrasound department appropriately for investigation of chorionicity and biometry
- Exercise appropriate judgement in referral to other specialists or units
- Recognise early signs of preterm labour
- Exercise appropriate judgement in relation to location, timing and mode of delivery
- Communicate with patients about diagnosis of twins and prognosis in case of complications

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study days and meetings
- Case Based Discussion
- Attend multiple birth clinic or obstetric clinic looking after multiple pregnancies
- Logbook review and Trainer feedback at end of year assessments

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### **Antenatal Care of a Patient with a Previous Caesarean Section**

**Objective:** To be able to evaluate a patient with a history of previous Caesarean section and make an appropriate plan for safe delivery.

#### KNOWLEDGE

- Current literature on VBAC benefits and risks
- Local auditable outcomes for patients with one previous CS

#### SKILLS

- Be able to evaluate patients with a previous CS
- Be able to counsel patients about VBAC
- Discuss a patient's expectations and fears about delivery
- Impart information in a way that patient can understand
- Negotiate an appropriate plan for delivery

#### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study days and meetings
- Mini-CEX
- Logbook review and Trainer feedback at end of year assessments

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**Antenatal Care of a Patient with Placenta Praevia**

**Objective:** To be able to diagnose and organise safe care for a patient with placenta praevia

**KNOWLEDGE**

- Diagnostic criteria for placental praevia
- Diagnostic techniques for detecting placenta percreta/accreta
- Appreciate risks of maternal mortality and need for senior supervision

**SKILLS**

- Ultrasound skills
- Be able to suspect placenta praevia clinically
- Be able to locate placental using ultrasound
- Use appropriate judgment in assessing need for in-patient care
- Use appropriate judgment in deciding when and where to deliver
- Make appropriate arrangements for delivery, involving multidisciplinary team as appropriate.  
Delivering a baby of a patient with placenta praevia
- Counsel patient about individualized risks of peripartum hysterectomy

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study days and meetings
- Mini-CEX
- Case Based Discussion
- Surgical skills of delivery
- Logbook review and Trainer feedback at end of year assessments



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**Care of a Patient with Threatened or Established Preterm Labour**

**Objective:** To be able to carry out specialist assessment of a patient with threatened or established preterm labour and make appropriate decisions about management.

**KNOWLEDGE**

- Gestation specific mortality statistics in your unit
- Gestation specific benefits and risks of interventions with tocolytics, steroids, Caesarean section
- Cervical changes
- Chorioamnionitis and placental abruption
- The diagnosis and management of patient with threatened or established preterm labour

**SKILLS**

- Ultrasound skills
- Perform ultrasound biometry
- Make appropriate decisions about in utero transfer and mode of delivery
- Make appropriate decisions about prophylactic treatment (eg steroids, magnesium sulphate)
- Participate in multidisciplinary discussion with neonatologists and parents in cases of delivery at limits of viability
- Liaise with neonatologists
- Impart accurate information about prognosis in a compassionate way

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study days and meetings
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Care of a patient with Red Cell Alloimmunisation**

**Objective:** To be able to diagnose and assess the severity of red cell alloimmunisation and refer to a subspecialist clinic where appropriate.

**KNOWLEDGE**

- Pathophysiology of alloimmunisation
- Knowledge of which red cell antigens are immunogenic
- Knowledge of the predictive value of anti D quantitation
- Knowledge of Red Cell Alloimmunisation

**SKILLS**

- Make appropriate decisions with respect of referral for non-invasive or invasive testing
- Explain the problem, prognosis and planned management to patient

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Day on medical complications of pregnancy
- Study days and meetings
- Case Based Discussion
- Record of number of cases in logbook
- Logbook review and Trainer feedback at end of year assessments

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## Care of a Patient with Diabetes in Pregnancy

**Objective:** To be able to organise safe and effective care for a woman with a pregnancy complicated by diabetes.

### KNOWLEDGE

- Pathophysiology of pregnancy in patients with pre-existing diabetes
- Indications for screening for gestational diabetes
- Good judgement in making decisions about timing and mode of delivery
- Importance of multidisciplinary team of endocrinologist, dietician, nurse practitioner
- IOG/RCPI clinical guidelines

### SKILLS

- Diagnosis and management of a patient with diabetes
- Referral to appropriate clinics
- Multidisciplinary team working
- Attendance at combined diabetic antenatal clinic

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study Day on medical complications of pregnancy
- Case Based Discussion
- Attend antenatal diabetes clinic
- Logbook review and Trainer feedback at end of year assessments

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**Care of a Patient with Pregnancy Induced Hypertension (PIH); Pre-Eclampsia (PET) or Eclampsia**

**Objective:** To be able to organise safe and effective care for a woman with a pregnancy complicated by PIH or PET

**KNOWLEDGE**

- Pathophysiology of pregnancy in patients with PIH or PET
- The need for careful surveillance of fetal well being
- Good judgement in making decisions about timing and mode of delivery
- Emergency management of eclampsia
- The role of antihypertensive agents
- The importance of postnatal care

**SKILLS**

- Make appropriate arrangements for antenatal care
- Explain the problem, prognosis and planned management to patients
- Manage patient appropriately including MgSo<sub>4</sub> /fluid management/anti hypertensive medications and treatment
- HDU management
- Management of timing, mode and location of delivery.

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Days and Meetings
- Case Based Discussion
- Number of cases recorded in logbook
- Advanced practical Skills course in obstetric emergencies
- Obstetrics and Gynaecology practical scenario modules online
- PROMPT
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients with a Medical Complication in Pregnancy (or predated pregnancy)**

**Objective:** To be able to organise safe and effective care for a woman with a pregnancy complicated by a medical condition

**KNOWLEDGE**

- Pathophysiology of pregnancy in patients with various medical conditions
- The importance of multidisciplinary team working
- The potential antenatal, intrapartum and postnatal complications
- Law in relation to termination of pregnancies
- The following medical systems should be considered:
  - Respiratory system - asthma
  - Cardiovascular system - congenital heart disease
  - Neurological system - epilepsy
  - Renal system
  - Gastrointestinal system

**SKILLS**

- Manage patient appropriately
- Refer patients to appropriate specialised clinics
- Make appropriate arrangements for safe antenatal, intrapartum and postpartum care
- With regard to termination of pregnancy, ensure that medical or surgical options are appropriate in context of particular condition

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Day on medical complications of pregnancy
- Case Based Discussion
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

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## Care of Patients with Haematological Disorders in Pregnancy and Puerperium

**Objective:** To be able to diagnose haematological disorders in pregnancy and make appropriate plans for immediate and long-term care.

### KNOWLEDGE

- Classification of the main hereditary and acquired thrombophilias
- Classification of the main coagulation defects and their inheritance
- Pharmacology and therapeutics of anticoagulant drugs used in pregnancy and the puerperium
- Presenting symptoms and signs of venous thromboembolism in pregnancy.
- The predictive value and limitations of diagnostic tests for venous thromboembolism
- Potential maternal mortality risk of pulmonary embolism in pregnancy and puerperium

### SKILLS

- Management of anticoagulation during pregnancy
- Be able to suspect and diagnose venous thromboembolism in pregnancy.
- Be able to supervise care of patients on therapeutic or prophylactic anticoagulants in pregnancy
- Make appropriate arrangements for referral to specialised clinics
- Make appropriate decisions about timing and mode of delivery
- Work closely with haematologists and laboratory

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Haematology study days and meetings
- Case Based Discussion
- Record number of cases in logbook
- Logbook review and Trainer feedback at end of year assessments

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## Care of Patients with an Infection Complicating Pregnancy

**Objective:** To be able to organize safe and effective care for a woman with a pregnancy complicated with infection

### KNOWLEDGE

- Impact of infections on pregnancy with particular reference to HIV, Hepatitis, syphilis and HSV
- Management of Urinary Tract Infections in pregnancy
- Other infection to be considered; Rubella, Toxoplasmosis and CMV

### SKILLS

- Manage patient appropriately
- Refer the patient to appropriate specialised clinics
- Exhibit multidisciplinary team working
- Ensure delivery is optimal for mother, baby and staff
- Ensure that appropriate postnatal care is provided for both mother and baby

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Attendance at study day on infections related to pregnancy
- Case Based Discussion
- Record number of cases in logbook
- Attend specialised infectious diseases antenatal clinic
- Logbook review and Trainer feedback at end of year assessments

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### **Care of Patients with a Pregnancy Complicated by Substance Abuse**

**Objective:** To be able to organize safe and effective care for a woman with a pregnancy complicated by substance abuse.

#### KNOWLEDGE

- Appreciate the potential adverse effects of substance abuse on pregnancy outcome
- Appreciate the importance of multidisciplinary team working
- Awareness of prescribing guidelines for methadone in pregnancy

#### SKILLS

- Manage patient appropriately, Refer the patient to the appropriate specialised clinics
- Ensure arrangements for safe delivery
- Ensure appropriate structures in place for postnatal care

#### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Attendance at Study Day
- Case Based Discussion
- No. of cases in logbook
- Attend a substance abuse/addiction clinic
- Logbook review and Trainer feedback at end of year assessments



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### **Care of Patients with Second or Third Trimester Intrauterine Death**

**Objective:** To provide appropriate and compassionate care for a patient with an intrauterine fetal death.

#### KNOWLEDGE

- Causes of intrauterine death
- Diagnosis of intrauterine death on ultrasound
- How to plan induction of labour
- Use of mifipristone and misoprostol

#### SKILLS

- Appropriate management of labour, including induction of labour if required.
- Counsel patient appropriately about fetal death, autopsy and obtain consent
- Liaise with midwives, bereavement team, chaplaincy, pathologist
- Counsel patient compassionately about immediate and long-term implications
- Arrange appropriate follow-up

#### ASSESSMENT & LEARNING METHODS

##### EXPOSURE TO CLINICAL LEARNING ENVIRONMENT

- Exposure to clinical learning environment
- Study Day – Bereavement and Counselling
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients with Complications during the Puerperium**

**Objective:** To recognise and intervene appropriately in the care of women experiencing difficulties or complications during the puerperium.

**KNOWLEDGE**

- Physiology of the puerperium
- Physiology of lactation
- How to investigate, diagnose and treat the causes of puerperal pyrexia
- Recognition and management of mastitis and breast abscesses
- Recognition and management of other postnatal infection eg endometritis, wound infection
- Issues around post natal depression
- How to recognise puerperal depression
- How to recognise puerperal psychosis

**SKILLS**

- Multidisciplinary team working, liaising with appropriate specialists according to patient need.
- Liaise with psychiatrist in the care of women at risk of or affected by psychiatric disease in the puerperium
- Liaise with midwives, general practitioners, psychiatrists in the care of women during the puerperium

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Day - Post natal depression
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Intrapartum & Operative Obstetrics**

**Objective:** Training in Intrapartum and Operative Obstetrics aims to equip the Specialist with the diagnostic skills to recognise abnormalities in labour, the decision-making skills and technical skills required to intervene appropriately and safely.

**Management of Normal Labour**

**Objective:** To have the knowledge skills and attitudes required to play a leadership role in management of a busy labour ward.

## KNOWLEDGE

- Mechanisms and management of first and second stages of labour
- Physiology of fetal wellbeing or compromised wellbeing during labour
- Current national guidelines on management of labour

## SKILLS

- Multidisciplinary team working
- Be able to prioritise the needs of patients in busy labour ward
- Be able to work closely with midwives and anaesthetists in organising the work of the labour ward
- Be able to communicate with women in labour about their progress
- Be able to recognise complications as they occur

## ASSESSMENT &amp; LEARNING METHODS

- Exposure to clinical learning environment
- Advanced Practical Skills in Obstetric Emergencies
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

### **Management of Induction of Labour**

**Objective:** To have the knowledge, skills and attitudes required to assess patients requiring induction of labour and supervise safe and effective induction.

#### KNOWLEDGE

- Indications, benefits and hazards of induction of labour
- Physiology of cervical ripening
- Methods of inductions of labour

#### SKILLS

- Be able to exercise good judgement in selecting patients for induction of labour
- Be able to assess the suitability of the cervix and select an appropriate method of induction
- Be able to work closely with midwives and anaesthetists in organising the work of the labour ward
- Be able to communicate with women in labour about decisions relating to induction of labour

#### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study Days and meetings
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Dystocia in Labour**

**Objective:** To be able to assess a patient whose labour is not progressing normally and intervene appropriately.

**KNOWLEDGE**

- Define the causes of dystocia
- Indications and contraindications to the use of oxytocin
- Recognise all malpositions and malpresentations
- Appropriate judgement in prescribing oxytocin
- Appropriate judgement in deciding on the need for delivery by Caesarean section

**SKILLS**

- Diagnosis and management of dystocia
- Respect opinion of midwifery staff but be able to think independently with appropriate liaison with senior personnel
- Counsel patient appropriately, with clear explanations regarding labour trajectory and possible interventions and outcomes
- Awareness of associated risks eg difficult instrumental delivery, shoulder dystocia, postpartum haemorrhage

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Days and Meetings
- In house training, skills and drills
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Intrapartum Care of Multiple Pregnancies**

**Objective:** To deliver safe and appropriate care for labour in multiple pregnancies

**KNOWLEDGE**

- Knowledge of management of twin pregnancy in labour
- Basis of electronic fetal heart rate monitoring of twin pregnancies
- Limitations of the currently available methods of monitoring twins during labour
- Interpret fetal heart rate changes during labour
- Management of second twin
- Current relevant guideline

**SKILLS**

- Interpret fetal heart rate monitoring
- Make appropriate decisions about the need for interventions including operative delivery and fetal blood sampling
- Competent to manage and coordinate delivery of both twins, including appropriate use of oxytocin.
- Manage breech delivery

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Obstetrics and Gynaecology Practical Scenario Modules online
- Advanced Practical Skills in Obstetric Emergencies
- Logbook review and Trainer feedback at end of year assessments

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## **Intrapartum Care of the Patient with Suspected Fetal Hypoxia**

**Objective:** To deliver safe and appropriate care to a woman whose baby shows signs of fetal hypoxia during labour.

### KNOWLEDGE

- Normal fetal physiology in labour
- Basis of electronic fetal heart rate monitoring
- Limitations of the currently available methods of monitoring the fetus during labour
- Interpretation of fetal heart rate changes during labour

### SKILLS

- Fetal heart rate monitoring
- Make appropriate decisions about the need for fetal blood sampling
- Perform fetal blood sampling appropriately and efficiently
- Make appropriate decisions about the need for delivery
- Communicate with patient with suspected fetal hypoxia

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study Days and Meetings
- Obstetrics and Gynaecology Practical Scenario Modules online
- Logbook review and Trainer feedback at end of year assessments

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**Cord Prolapse**

**Objective:** To recognise and intervene efficiently and safely in cases of cord prolapse .

**KNOWLEDGE**

- Define and recognise cord prolapse.
- Make an appropriate judgement on whether to proceed with Caesarean section in cases where the prognosis for fetal survival is poor

**SKILLS**

- To be able to relieve pressure on the prolapsed cord and instruct other professionals how to do so.
- To maintain calmness while co-ordinating shortest safe “decision to incision” interval
- Act as a team leader, liaising appropriately with midwives, anaesthetists, paediatric staff
- To communicate the nature of the emergency to the patient and relatives in a calm but realistic manner

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Days and Meetings
- Case based Discussion
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments



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**Care of a Patient with a Significant Placental Abruption**

**Objective:** To be able to diagnose and assess the severity of placental abruption, resuscitate the woman and make appropriate decisions about delivery of the baby.

**KNOWLEDGE**

- Pathophysiology of and risk factors for placental abruption
- Laboratory values for normal and abnormal coagulation studies in pregnancy
- Indications for use of blood products and clotting factors
- Recognition of placental abruption
- Clinical assessment of the degree of blood loss in a patient with a concealed placental abruption.
- Make an appropriate judgement on when Caesarean section should be undertaken and when it should be avoided.

**SKILLS**

- Recognise placental abruption
- Explain the nature of the emergency to a critically ill patient and her family in a calm and compassionate manner
- Co-ordinate a team of midwives, anaesthetists, and laboratory staff caring for a patient with a severe placental abruption
- Appropriate management including transfusion and fluid management
- Supervise safe induction of labour in coagulopathic patient with dead fetus

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Number of cases recorded in logbook
- Obstetrics and Gynaecology Practical Scenario Modules
- Advanced Practical Skills in Obstetric Emergencies
- PROMPT
- Logbook review and Trainer feedback at end of year assessments

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**Labour in the Presence of a Previous Caesarean Section**

**Objective:** To be able to provide safe and effective care to a woman in labour who has had one previous Caesarean section.

**KNOWLEDGE**

- Current literature on labour following a previous Caesarean section
- Incidence of uterine scar dehiscence
- Risk factors for uterine scar dehiscence
- Recognising the clinical signs of uterine scar dehiscence
- Exercising good judgement in deciding when to proceed with attempted vaginal delivery and when to perform a repeat Caesarean section

**SKILLS**

- Care of patient in labour with a history of a previous Caesarean section
- Communicate with patients about progress in labour and encourage realistic expectations

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Days and Meetings
- Case Based Discussion
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

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**Operative Vaginal Delivery****Objective:** To be able to perform safe instrumental vaginal**KNOWLEDGE**

- Criteria for safe operative delivery
- Current literature on operative delivery
- Exercising good judgement in deciding on transfer to theatre for “trial of instruments”
- Different types of vacuum cups and different types of forceps

**SKILLS**

- Communicate plans for delivery with patient
- Liaise with midwives and work as a part of team during second stage of labour.
- Appropriate decision making in terms of location of delivery (e.g. labour ward room, operating theatre)
- Be able to assess presentation and position of head
- Be skilled in the use of non-rotational forceps
- Be skilled in the use of ventouse
- Be able to offer at least one technique for safe vaginal delivery of babies in occiput posterior and occiput transverse position
- Be skilled in the after care of a women following operative vaginal delivery, particularly in relation to bladder function
- Review events of delivery with patient before discharge from hospital

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Advanced Practical Skills in Obstetric Emergencies
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

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**Shoulder Dystocia**

**Objective:** To be able to intervene in a safe and timely manner in a labour complicated by shoulder dystocia.

**KNOWLEDGE**

- Risk factors and warning signs for shoulder dystocia
- shoulder dystocia drill

**SKILLS**

- Diagnose and manage shoulder dystocia
- Be able to perform recommended manoeuvres
- Be able to act as a team leader during this emergency
- Be able to communicate nature of emergency briefly and succinctly to patient
- Be able to give a full explanation afterwards and document events

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- In house training – skills and drills
- Obstetrics and Gynaecology Practical Scenario Modules
- Advanced practical skills in obstetric emergencies
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

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**Third and Fourth Degree Tears**

**Objective:** To be able to recognise and repair third and fourth degree tears with a low rate of adverse outcome, and to provide appropriate patient follow-up. .

**KNOWLEDGE**

- Recognise third and fourth degree tears

**SKILLS**

- Competent to repair third and fourth degree tear
- Liaise with midwives, anaesthetists, physiotherapists, senior colleagues as appropriate
- Competent to provide appropriate adjuvant treatment including antibiotics, laxatives as appropriate
- Explain nature of complication to patient
- Ensure appropriate postnatal follow-up
- Discussion regarding mode of delivery in subsequent pregnancies.

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Obstetrics and Gynaecology Practical Scenario Modules
- Hands on Training course – Recognition and Repair of Third and Fourth Degree Perineal Tears
- Logbook review and Trainer feedback at end of year assessments

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**Caesarean Section**

**Objective:** To be able to perform Caesarean section efficiently and with a low rate of complications.

**KNOWLEDGE**

- Know pelvic anatomy in pregnancy
- Perform Caesarean section safely and in a timely manner
- Act as a team leader, working with midwives, anaesthetists, theatre staff
- Communicate appropriately with patient and partner during operation

**Complicated Caesarean Section**

**Objective:** To perform potentially difficult and complicated Caesarean sections with a low rate of complications.

**KNOWLEDGE**

- Be aware of the circumstances that contribute to difficult or complicated Caesarean section

**SKILLS**

- Perform routine and complicated caesarean sections
- Be able to perform Caesarean section safely in cases of multiple previous Caesarean sections
- Be able to perform Caesarean section safely in cases of transverse lie
- Be able to perform Caesarean section safely in case of morbid obesity
- Be able to perform Caesarean section safely in cases of extreme prematurity
- Be able to perform Caesarean section safely at full dilatation
- Exercise good judgement in choice of incision on uterus
- Communicate appropriately with patient and partner during and after operation

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Logbook review and Trainer feedback at end of year assessments

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**Postpartum Haemorrhage**

**Objective:** To be able to intervene in a case of postpartum haemorrhage to reduce the risk of and morbidity and mortality

**KNOWLEDGE**

- Define primary and secondary postpartum haemorrhage and their causes
- Be aware of the morbidity and mortality associated with postpartum haemorrhage
- pharmacology of oxytocin, ergometrine, misoprostol, PGF2 alpha
- Knowledge of how to perform manual removal of retained placenta
- Knowledge of how to perform exploration of the genital tract under anaesthesia
- Exercise appropriate judgement in deciding when measures such as hysterectomy or ligation of internal iliac arteries are necessary

**SKILLS**

- Recognition and management of PPH
- Medical management of PPH
- Surgical management of PPH including B Lynch sutures and use of intrauterine balloons
- Work as a team leader during emergency
- Exercise appropriate judgement in consulting with a colleague for advice

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- In house training – skills and drills
- Case Based Discussion
- Obstetrics and Gynaecology Practical Scenario Modules
- Advanced practical skills in obstetric emergencies
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

### **Peripartum Hysterectomy**

**Objective:** To be able to make an appropriate decision about the need for peripartum hysterectomy and perform the operation safely.

#### KNOWLEDGE

- Knowledge of peripartum hysterectomy
- Indications for peripartum hysterectomy
- Appreciate the necessity to work collaboratively with MDT when caring for the patient

#### SKILLS

- Exercise appropriate judgement in assessing need for peripartum hysterectomy
- Recognise the emotional and physical impact of operation on patient and relatives
- Recognise desirability of a “second opinion” from another obstetrician prior to proceeding with surgery, while ensuring patient safety is not compromised
- Seek opportunities to accrue appropriate surgical skills

#### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments



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**Clinical Gynaecology**

**Objective:** The fully trained specialist in Gynaecology will be able to investigate all common gynaecological complaints, make appropriate diagnoses and advise patients about appropriate management options, and make appropriate subspecialist referrals.

**Care of Patients with first Trimester Miscarriage**

**Objective:** To provide safe, effective, compassionate care of women with first trimester pregnancy loss.

**KNOWLEDGE**

- Aetiology, epidemiology and recurrence risk of spontaneous miscarriage
- The predictive value and limitations of ultrasound and HCG measurements
- The investigations indicated in patients with recurrent miscarriage

**SKILLS**

- Perform transvaginal ultrasound and interpret findings
- Make a diagnosis in a timely manner
- Use resources appropriately
- Make appropriate judgments on need for medical or surgical management
- Make appropriate arrangements for follow-up and referral to specialist clinics
- Counsel patients sympathetically about nature, incidence and recurrence risk of miscarriage

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Days and Meetings
- Case Based Discussion
- Mini-CEX
- Logbook review and Trainer feedback at end of year assessments

**Care of Patients with Suspected or Confirmed Ectopic Pregnancy**

**Objective:** To make an early and accurate diagnosis of ectopic pregnancy and manage it in a safe and timely manner.

**KNOWLEDGE**

- Aetiology, epidemiology and recurrence risks of ectopic pregnancy
- The predictive value and limitations of ultrasound and HCG measurements
- 
- Guidelines for surgical management
- Guidelines for use of methotrexate

**SKILLS**

- Management of ectopic pregnancy including recognition of typical and atypical clinical presentations of ectopic pregnancy
- Perform transvaginal ultrasound and interpret findings
- Make a diagnosis in a timely manner
- Make appropriate judgements on need for diagnostic laparoscopy
- Competent to provide appropriate surgical management of ectopic pregnancy
- Appreciate risks of life-threatening haemorrhage in ectopic pregnancy
- Coordinate appropriate follow-up as required eg BHCG testing.
- Counsel patient compassionately about immediate and long-term implications

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Diagnosis – Case Based Discussion
- Management - OSATS
- Advanced Gynaecological Surgery Simulation course
- Minimal Access Skills course
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients with Acute Pelvic Pain and Dysmenorrhoea**

**Objective:** To be able to evaluate, investigate and plan appropriate treatment of a woman with acute pelvic pain.

**KNOWLEDGE**

- Differential diagnosis of acute pelvic pain
- Recognise signs of intra-abdominal haemorrhage
- Recognise symptoms and signs of ectopic pregnancy
- Recognise symptoms and signs of ovarian torsion
- Recognise signs of intra-abdominal haemorrhage
- Exercise good judgement in triaging patient

**SKILLS**

- Perform appropriate clinical assessment of a patient with acute pelvic pain
- Use diagnostic facilities appropriately
- Medical and surgical management options
- Communicate suspected diagnosis and planned management with patient.
- Respect patient's need for privacy for history taking and pelvic examination in Emergency Department setting

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Basic Ultrasound Skills course online
- Minimal Access Skills course
- Logbook review and Trainer feedback at end of year assessments

**Care of Patients with Menorrhagia**

**Objective:** To be able to evaluate, investigate and plan treatment of a women with excessive menstrual blood loss.

**KNOWLEDGE**

- Physiology and normal of menstruation
- Causes of menstrual abnormalities
- Pharmacology of agents available for management of menorrhagia
- Knowledge of medical and surgical therapeutic options for menorrhagia including indications, contraindications and potential complications of same.

**SKILLS**

- Be able to take a competent menstrual history
- Be able to perform appropriate gynaecological examination
- Exercise good judgement in assessing severity of the problem
- Use diagnostic and therapeutic facilities appropriately
- Be able to perform transvaginal ultrasound
- Be able to perform outpatient hysteroscopy
- Exercise appropriate judgement in discussing discuss all treatment options for menstrual abnormalities
- Be able to insert Mirena device
- Exercise appropriate judgement in counselling about endometrial ablation
- Exercise appropriate judgement in counselling about hysterectomy
- Know how to perform at least one second generation technique for endometrial ablation
- Be able to communicate appropriately with patient

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Case Based Discussion
- Mini-CEX
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients with Chronic Pelvic Pain and Dysmenorrhoea**

**Objective:** To be able to evaluate, investigate and plan appropriate treatment of a woman with chronic and acute pelvic pain.

**KNOWLEDGE**

- Causes of chronic pelvic pain
- Distinguish between primary and secondary dysmenorrhoea
- Evidence for efficacy of available treatments for endometriosis

**SKILLS**

- Take a targeted history, assessing severity of problem and impact on patient's life
- Perform pelvic examination
- Use diagnostic and therapeutic facilities appropriately
- Exercise good judgement in deciding on need for diagnostic laparoscopy
- Advise the patient about appropriate medical and surgical treatments for endometriosis
- Be able to communicate diagnosis and prognosis to patient

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Case based Discussion
- Mini-CEX
- Logbook review and Trainer feedback at end of year assessments

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## Care of Patients Entering the Menopause

**Objective:** To be able to diagnose and plan management of women with menopausal symptoms.

### KNOWLEDGE

- Physiology, short and long term effects of the menopause
- Knowledge of the different routes of administration and formulations of HRT
- Knowledge of the role of local oestrogen therapy
- Appreciate the particular importance of a premature menopause
- Knowledge of complementary treatments available
- Know the appropriate investigation and management of patients at high risk of osteoporosis

### SKILLS

- Be able to take an appropriate menopause history.
- Be to initiate appropriate treatment
- Be able to interpret bone density studies
- Ability to provide counseling to women about the pros and cons of HRT

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study Days and meetings
- Case Based Discussion
- Mini-CEX
- Logbook review and Trainer feedback at end of year assessments

### **Care of Patients with Premenstrual Syndrome**

**Objective:** To be able to counsel and support a woman with PMS

#### KNOWLEDGE

- Know the physiology of PMS
- Knowledge of therapeutic options
- Knowledge of complementary treatments available

#### SKILLS

- Be able to take an appropriate history
- Be able to provide appropriate counselling and treatment for PMS
- Manage patient appropriately

#### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study Days and meetings
- Case Based Discussion
- Mini-CEX
- Logbook review and Trainer feedback at end of year assessments

### **Care of Patients with Psychosexual Symptoms**

**Objective:** To provide sympathetic and supportive care to a woman with psychosexual symptoms and concerns.

#### KNOWLEDGE

- Know how to sensitively elicit a psychosexual history
- Understand the issues surrounding sexuality and sexual dysfunction
- Understanding factors that may predispose to psychosexual symptoms
- Appropriate treatment of contributing factors eg lubrication for dyspareunia
- Arrange appropriate referral for counseling and appropriate supportive care

#### SKILLS

- Being aware of importance of providing a sympathetic and supportive environment
- Be able to take a psychosexual history
- Assessment of factors causing vulval pain or dyspareunia in order that appropriate treatment or referral can be initiated.

#### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Study Days and meetings
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments



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**Female Genital Mutilation**

**Objective:** To demonstrate knowledge of female genital mutilation and to provide sympathetic, supportive and appropriate care to women with this condition both during and outwith pregnancy.

**KNOWLEDGE**

- Know worldwide and local prevalence of FGM
- Know types of FGM, and associated symptoms and signs.
- Understand impact FGM may have on conception, pregnancy and delivery.
- Understand appropriate surgical management of FGM
- Know law surrounding FGM
- Know about further referral pathways for supportive care (eg IFPA)

**SKILLS**

- Being aware of importance of providing a sympathetic and supportive environment
- Assessment of FGM both during and outwith pregnancy to facilitate appropriate treatment and referral.
- Appropriate surgical management of FGM

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Study Days and meetings
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients following Sexual Assault**

**Objective:** To provide sympathetic and supportive care to a woman following sexual assault. (While patients who have been sexually assaulted will normally have been cared for in a specialised Sexual Assault Treatment Unit (SATU) setting, all gynaecologists should be able to provide emergency care for the patient who has been sexually assaulted.)

**KNOWLEDGE**

- Medical and legal issues relating to sexual assault
- Know the national guidelines for the care of patients who have been sexually assaulted.
- Know that immediate health care needs (eg physical injury) take priority over forensic examination
- Knowing location of nearest SATU and how to contact same.
- Care options for patients who disclose rape / sexual assault
  - Immediate report to An Garda Siochana with SATU attendance for forensic examination and health care (emergency contraception, STI prophylaxis)
  - Attend SATU for health care only (emergency contraception, STI prophylaxis)
  - Attend SATU for health care and forensic examination, but if uncertain as to whether they wish to report to An Garda Siochana or not, forensic samples can be securely stored in SATU for up to one year giving the patient time to decide whether or not to report
- Know that immediate reporting to An Garda Siochana is optimal response from societal and forensic perspectives, but also being aware that patients may choose an alternative option.
- Be aware that anogenital injury is not an inevitable consequence of sexual assault.
- Know that the absence of anogenital injury on examination does not disprove a disclosure of sexual assault and also be aware that genital injury can occur in context of consensual intercourse.

**SKILLS**

- Caring for patients who have been sexually assaulted.
- Follow procedures for the appropriate referral of patients following sexual assault
- Complying with forensic requirements
- Be able to document care provided appropriately
- Be able to offer emergency contraception, STI prophylaxis (including for chlamydia and Post Exposure Prophylaxis for HIV)
- Be sensitive to the psychological trauma suffered by the patient who has been sexually assaulted.
- Liaise with Garda Siochana, Psychological Support (e.g. Rape Crisis), Medical Social Work and arrange appropriate follow up.

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Study Day: Care of Patient following sexual assault
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients with Uterovaginal Prolapse**

**Objective:** To be able to evaluate, assess and plan appropriate treatment of a woman with symptoms of utero-vaginal prolapse

**KNOWLEDGE**

- Know the anatomy of utero-vaginal prolapse
- Know the indications, contraindications and efficacy of the available operative procedures

**SKILLS**

- Take a targeted history, assessing severity of problem and impact on patient's life
- Perform an appropriate pelvic examination
- Exercise good judgement in deciding on the need for surgery versus conservative management
- Be skilled in the use of ring pessaries where appropriate
- Assess patient's fitness for surgery
- Choose appropriate operation
- Exercise good judgement in referral to colleague with special interest in complicated prolapse
- Be able to communicate diagnosis and prognosis with patient
- Be able to counsel appropriately about surgery

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- OSATS
- Logbook review and Trainer feedback at end of year assessments

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**Care of Patients with Urinary Incontinence**

**Objective:** To be able to evaluate, investigate and plan appropriate treatment of a woman with urinary incontinence.

**KNOWLEDGE**

- Understand normal and abnormal bladder function
- Know the anatomy and physiology of urinary continence
- Know the therapeutic options available

**SKILLS**

- Take a targeted history, assessing severity of problem and impact on patient's life
- Perform an appropriate pelvic examination
- Perform a bladder scan – non mandatory
- Perform flow rate – non mandatory
- Multidisciplinary team working
- Assess patient's fitness for surgery
- Be able to discuss the results of filling voiding cystometry report with a patient
- Exercise good judgment in referring to physiotherapists, continence nurse specialists
- Exercise good judgement in deciding on the need for surgery
- Exercise good judgement in prescribing medication
- Choose appropriate operation
- Exercise good judgement in referral to a colleague with sub-specialist or special interest in urogynaecology
- Be able to counsel appropriately about surgery
- Be able to supervise compliance with medication
- Perform filling, voiding cystometry (non Mandatory)

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Mini-CEX
- Advanced practice module in urodynamics (non mandatory)
- Logbook review and Trainer feedback at end of year assessments

**Care of Patients with Sub-Fertility**

**Objective:** To be able to investigate couples with sub-fertility and plan appropriate management.

## KNOWLEDGE

- Physiology of normal fertility
- Causes of sub-fertility
- Evidence to support interventions in the various sub-groups of sub-fertility
- The appropriate investigation of ovulation, male fertility and tubal patency
- Knowledge of ART (Assisted Reproductive Therapy) cycles

## SKILLS

- Be able to take an appropriate gynaecological history
- Be able to enquire about sexual function
- Be able to perform appropriate gynaecological examination
- Be able to perform transvaginal ultrasound
- Exercise appropriate judgement in selecting patients for laparoscopy
- Exercise appropriate judgement in referring patients for assisted reproduction
- Be sensitive to the physiological effects of sub-fertility on the couple and counsel appropriately

## ASSESSMENT &amp; LEARNING METHODS

- Exposure to clinical learning environment
- Case Based Discussion
- Study Day
- Logbook review and Trainer feedback at end of year assessments

**Care of Patients with Amenorrhea/Oligomenorrhoea**

**Objective:** To be able to investigate, diagnose and plan appropriate management of women with amenorrhea or oligomenorrhoea.

**KNOWLEDGE**

- Physiology of normal menstruation
- Classify the causes of primary and secondary amenorrhea
- Know the appropriate investigation of the hypothalamic-pituitary-ovarian axis
- Know the agreed criteria for the diagnosis of polycystic ovarian syndrome

**SKILLS**

- Be able to take an appropriate menstrual history
- Perform an appropriate examination, modified according to patient's age
- Be able to perform transvaginal ultrasound
- Exercise appropriate judgement in ordering bloods including karyotype
- Appropriate liaison with endocrinologist and dietician eg PCOS, premature menopause
- Exercise appropriate judgement in the use of drugs in PCOS
- Exercise appropriate judgement in assessing the need for hormone replacement therapy
- Be sensitive to the psychological effects of a diagnosis of Turner's syndrome, congenital absence of uterus, premature menopause please suggest the right term

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

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## Care of Patients with Abnormal Cervical Cytology and Colposcopy

**Objective:** To be able to investigate and treat cervical intra-epithelial neoplasia.

### KNOWLEDGE

- Know and understand the principles of cervical screening
- Know the natural history of pre-invasive disease of the cervix
- Interpret histology of biopsy and excision specimens

### SKILLS

- Knowledge of cervical screening
- Interpretation of histology of biopsy and excision specimens
- Be sensitive to the psychological effects of abnormal cytology and colposcopy
- Liaise with pathologists and nurse colposcopists
- Exercise appropriate judgement in referring for colposcopy
- Exercise appropriate judgement in referring to gynaecological oncologist
- Colposcopy - May undertake training for BSCCP (non mandatory)

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Case Based Discussion
- Registration with BSCCP (not mandatory)
- Logbook review and Trainer feedback at end of year assessments

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## Care of Patients with Gynaecological Malignancy

**Objective:** To be able to suspect, diagnose and organise treatment of women suffering from gynaecological malignancy.

### KNOWLEDGE

- Clinical presentation of the gynaecological malignancies
- Staging of the common gynaecological malignancies
- Evidence-based treatment of common gynaecological malignancies according to stage
- Common presentations of secondary or recurrent disease

### SKILLS

- Exercise judgement in giving clinical priority to patients with suspected malignancy
- Use diagnostic facilities appropriately
- Exercise good judgement in referring to gynaecological oncologist
- Be honest and compassionate in communicating with patients with suspected or confirmed malignancies  
Liaise with gynaecological oncologist, medical oncologist, radiotherapist, palliative care specialist and their teams

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments



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## Care of Paediatric and Adolescent Patients with Gynaecological Problems

**Objective:** To be able to investigate and manage gynaecological problems in children or adolescents.

### KNOWLEDGE

- Physiology of normal puberty
- Classify the causes of precocious puberty and primary amenorrhea
- Appropriate investigations of the hypothalamic-pituitary-ovarian axis
- Classify intersex conditions
- Law and ethics in relation to adolescent sexual activity
- Be sensitive to the psychological effects of a diagnosis of Turner's syndrome, intersex, congenital absence of uterus

### SKILLS

- Be able to take an appropriate history
- Perform an appropriate examination, modified according to patient's age
- Be able to recognise stages of puberty according to the Tanner score
- Knowledge of care of paediatric and adolescent patients with gynaecological problems
- Exercise appropriate judgement in ordering karyotype
- Exercise appropriate judgement in investigating pelvic pain and dysmenorrhoea in adolescence
- Exercise appropriate judgement in referring to other specialists eg endocrinology, dietician
- Respect patients' confidentiality.

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Case Based Discussion
- Study Day – Adolescent Gynaecology
- Logbook review and Trainer feedback at end of year assessments

**Operative Gynaecology**

**Objective:** The fully trained Specialist in Gynaecology should demonstrate good judgement in selecting patients for surgery, provide perioperative care to a high standard and be able to perform a number of standard gynaecological operations safely, with a low rate of morbidity.

**Preoperative Care**

**Objective:** To be able to deliver safe and effective care to women preparing for gynaecological surgery.

## KNOWLEDGE

- Evidence based guidelines for perioperative thromboprophylaxis
- Evidence based guidelines for perioperative antibiotic cover
- How to evaluate patient's fitness for surgery
- How to obtain appropriate consent
- How to exercise appropriate judgement in balancing risks of surgery versus anticipated benefits.
- How to give realistic information to patients about nature of surgery and anticipated risks and benefits
- Liaise with anaesthetists and physicians in patients with concurrent disease

**Postoperative Care**

**Objective:** To be able to deliver safe and effective care to women following gynaecological surgery.

## KNOWLEDGE

- Be familiar with the normal postoperative course of patients following gynaecological operations
- Be able to assess patients' recovery following surgery
- Be able to recognise deviations from the normal postoperative course
- Communicate details of surgery and anticipated postoperative course with patients
- Arrange appropriate follow-up

---

## Care of Patients Suffering from Complications Following Gynaecological Surgery

**Objective:** To be able to recognise complications of surgery and organise safe and effective clinical and psychological care for patients suffering from these complications.

### KNOWLEDGE

- Know the complications of gynaecological surgery in general and those specific to particular operations

### SKILLS

- Evaluate patient's fitness for surgery
- Consent
- Assess recovery following surgery
- Exercise appropriate judgement in seeking a second opinion in a patient with a suspected complication
- Exercise appropriate judgement in making a decision about returning patient to operating theatre
- Recognise postoperative haemorrhage and hypovolaemia
- Recognise symptoms and signs of postoperative bowel obstruction, ileus or perforation
- Recognise symptoms and signs of urinary tract injuries following gynaecological surgery
- Recognise symptoms and signs of postoperative haematoma or abscess
- Multidisciplinary team working
- Explain nature of complication and planned management to patient and relatives in an honest manner
- Liaise with other specialists

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Case Based Discussion
- Study Days and meetings
- Logbook review and Trainer feedback at end of year assessments

## **Basic Surgical Skills for Open Surgery**

**Objective:** To adopt surgical techniques and principles that reduce morbidity.

### KNOWLEDGE

- Appropriate scrub technique and principles of sterility in theatre
- Principles of electrosurgery

### SKILLS

- Basic surgical skills
- Handles instruments safely
- Economic in movements
- Handles tissues appropriately
- Ties knots safely
- Gives assistant and scrub nurse clear and appropriate directions
- Communicates well with all other personnel in theatre

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Basic Surgical Skills course (attended in BST)
- OSATS
- Logbook review and Trainer feedback at end of year assessments

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**Wound Care and Management**

**Objective:** To understand and apply principles of care of surgical wounds that are associated with reduced morbidity.

**KNOWLEDGE****Basic Skills**

- Knows physiology of wound healing
- Chooses appropriate incision
- Uses appropriate suture materials
- Uses appropriate technique to close wound
- Recognises early signs of wound infection, dehiscence, abscess formation, haematoma formation.
- Communicates appropriately with nursing staff about wound care and suture removal

**Advanced Skills:**

- Exercises appropriate judgement in deciding when to drain abscess or haematoma, re-suture wound
- Is skilled in wound debridement
- Knowledge of repair of dehisced wound
- Is skilled in drainage of abscess or haematoma
- Explains wound care and wound complications to patient

**SKILLS**

- Wound care and management

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Record number of cases in logbook
- Logbook review and Trainer feedback at end of year assessments

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**Diagnostic and Operative Hysteroscopy**

**Objective:** To be able to perform diagnostic and operative hysteroscopy safely.

**KNOWLEDGE****Basic Skills:**

- Understands principles of hysteroscopy.
- Knows principles of electrosurgery.
- Can insert hysteroscopy.
- Can demonstrate anatomical landmarks.

**Advanced Skills:**

- Communicates with awake-patient during hysteroscopy.

Non mandatory – special interest module only:

- Can remove endometrial polyp using electrosurgery.
- Can remove submucosal fibroid using electrosurgery.
- Can use a second generation technique to ablate endometrium.
- Exercises good judgement in selecting patients for outpatient hysteroscopy.

**SKILLS**

Perform diagnostic hysteroscopy and endometrial ablation

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Number of cases recorded in logbook
- Logbook review and Trainer feedback at end of year assessments

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**Diagnostic and Operative Laparoscopy**

**Objective:** To be able to perform diagnostic and operative laparoscopy safely.

**KNOWLEDGE**

- Is familiar with guidelines for safe laparoscopic entry
- Shows awareness of the potential for minor and major complications associated with laparoscopic surgery

**SKILLS**

- Exercises good judgement in selecting patients for laparoscopic surgery

**Basic Skills:**

- Insert Veress needle safely
- Employ an alternative technique for laparoscopic entry in a patient with adhesions
- Demonstrate anatomical landmarks on abdominal wall
- Insert ports safely
- Use bipolar diathermy safely
- Perform Laparoscopy sterilisation

**Advanced Skills:**

- Ablate endometriosis
- Perform laparoscopic salpingectomy for ectopic pregnancy
- Perform laparoscopic ovarian cystectomy/oophorectomy

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Record number of cases in logbook
- Minimal Access Skills course
- Advanced Gynaecological Surgical Skills simulation course
- Logbook review and Trainer feedback at end of year assessments

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**Abdominal Hysterectomy**

**Objective:** To be able to perform abdominal hysterectomy with or without salpingo-oophorectomy safely.

**KNOWLEDGE**

- Knows anatomy of female pelvis
- Knows indications for abdominal hysterectomy
- Open abdomen safely in case with adhesions
- Identify anatomy in case with adhesions, endometriosis or fibroids
- Identify ureter
- Appropriate management of injury to bladder
- Appropriate management of bowel adhesions
- Secure haemostasis

**SKILLS**

- Perform abdominal hysterectomy
- Mobilise bladder gently and safely
- Place drains safely
- Shows awareness of the risks of surgery
- Exercise good judgement in intraoperative decision making e.g. changing to sub-total hysterectomy

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Record number of cases in logbook
- Advanced Gynaecological Surgical Skills simulation course
- Logbook review and Trainer feedback at end of year assessments



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**Vaginal Hysterectomy****Objective:** To be able to perform vaginal hysterectomy safely**KNOWLEDGE**

- Know anatomy of female pelvis
- Knows indications for vaginal hysterectomy

**SKILLS**

- Exercises good judgement in selecting patient for vaginal hysterectomy and performs vaginal hysterectomy
- Open peritoneum
- Mobilise bladder gently and safely
- Repair injury to bladder
- Secure haemostasis
- Exercises good judgement in intraoperative decision making e.g. changing to abdominal hysterectomy
- Shows awareness of potential complications

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- OSATS
- Record number of cases in logbook
- Logbook review and Trainer feedback at end of year assessments

## **Operations for Uterovaginal Prolapse**

**Objective:** To be able to perform vaginal repair surgery safely.

### KNOWLEDGE

- Understand anatomical basis for operations for prolapse
- Exercises good judgement in choice of operation for primary prolapse
- Understands the principles of sacrospinous fixation and abdominal sacrocolpopexy

### SKILLS

- Perform surgical procedures for uterovaginal prolapse
- Perform anterior colporrhaphy
- Perform posterior colporrhaphy
- Perform repair of enterocele
- Explains postoperative bladder care to patient
- Counsels patient about risks of recurrent prolapse

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- OSATS
- Record number of cases in logbook
- Logbook review and Trainer feedback at end of year assessments

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## **Operations for Urinary Incontinence (ONLY AS PART OF SPECIAL INTEREST MODULE)**

**Objective:** To be able to perform operations for urinary incontinence safely.

### KNOWLEDGE

- Understands principles of female incontinence
- Understands anatomical basis for operations for urinary stress incontinence

### SKILLS

- Care and management for patient with urinary incontinence
- Can perform cystoscopy
- Positions patient appropriately for colposuspension
- Positions patient appropriately for TVOT/TVT
- Places sutures appropriately in colposuspension
- Perform TVT/TVOT (Non mandatory)
- Explains postoperative bladder care to patient

### ASSESSMENT & LEARNING METHODS

- Exposure to clinical learning environment
- Logbook review and Trainer feedback at end of year assessments

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**Surgery for Gynaecological Malignancy**

**Objective:** To be able to diagnose and organise appropriate referral for patients with gynaecological malignancy.

**KNOWLEDGE**

- Understands principles underlying staging of gynaecological cancers
- Understands principles underlying gynaecological cancer surgery and their complications
- Understand principles of radiotherapy and its complications

**SKILLS**

- Appropriate diagnosis and management of patient with gynaecological malignancy
- Exercise good judgement in referral of patients to gynaecological oncologist
- Interpret findings on combined rectal and vaginal examination in patients with cervical cancer
- Recognise recurrent and secondary disease
- Communicates appropriately with gynaecological oncologists and radiotherapists
- Can break bad news to patients and discuss patient's fears and expectations realistically but with compassion

**ASSESSMENT & LEARNING METHODS**

- Exposure to clinical learning environment
- Case Based Discussion
- Logbook review and Trainer feedback at end of year assessments

**Audit**

**Objective:** The fully trained specialist in Obstetrics and Gynaecology should be able to organise, conduct, present, interpret and discuss regular audits of outcomes of his personal and departmental work.

**Perinatal audit (Perinatal and maternal audit)**

**Objective:** To be able to collect, interpret, analyse and critically evaluate auditable outcomes in Obstetrics and Gynaecology and to use these audits as a means of improving the quality of care.

## KNOWLEDGE

- Define perinatal mortality
- Define perinatal morbidity
- Define maternal mortality
- Define maternal morbidity
- Know local and national statistics
- Be able to organise collection of statistics
- Be able to present monthly perinatal audit
- Interpret results
- Discuss results with colleagues in a constructive way

**Gynaecological Audit**

**Objective:** To be able to collect, interpret, analyse and critically evaluate gynaecological morbidity statistics.

## KNOWLEDGE

- Define perioperative morbidity
- Be able to organise collection of statistics
- Be able to present monthly audit
- Interpret results
- Discuss ways of reducing morbidity
- Discuss results with stakeholders in a constructive way
- Knowledge of audit cycle

## SKILLS

- Perform and audit or a QI

## ASSESSMENT &amp; LEARNING METHODS

- Performing Audit course in Year 1
- Perform Audit or QI each year
- Logbook review and trainer feedback at end of year assessments

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## Special Interest Modules

### Maternal Medicine

**OVERVIEW:** This module is designed to deal with medical problems in pregnancy, both those which predate the pregnancy and those which are diagnosed during pregnancy. Trainees should work alongside physicians to deepen understanding of the underlying medical condition. An emphasis is placed on physiological changes in pregnancy.

Specifically, once trained, trainees should:

- Work well as part of a multidisciplinary team
- Be clinically competent and confident in the management of common maternal diseases during pregnancy
- Be aware of their own clinical and professional limitations and comfortable with seeking advice from other specialists or professional groups
- Be conversant with sources of information about drugs used to treat medical conditions and their effects on the fetus or neonate
- Be familiar with radiological, haematological, biochemical and microbiological investigations and their correct interpretation in pregnant subjects
- Be able to undertake and use clinical audit
- Be able to write evidence based guidelines

The main focus of training will be in these pregnancy clinics; however, other adult medical clinics need to be attended.

A minimum of three sessions per week should be dedicated to this module, one of which should include in-patient management. The trainee should develop or update a medical/obstetric practice guideline and conduct or supervise a relevant audit.

A formal assessment will be performed prior to awarding of certification of completion of special interest module. This assessment will include the RCPI Chair, NSD and a Trainer (who provided the module rather the trainee's trainer). The trainer will be chosen by the NSD.

Certificate of completion of special interest modules will be awarded at the IOG AGM, study day, membership conferring or at CSCST graduation.

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## Hypertension

### Objectives:

- To be able to carry out appropriate assessment and management of women with chronic hypertension.
- To be able to carry out appropriate assessment and management of women with pregnancy induced hypertension, pre-eclampsia and associated complications

### Knowledge

#### Chronic hypertension (HT)/Pregnancy-induced hypertension/Pre-eclampsia

- Definition / diagnosis
  - measurement of BP in pregnancy (incl. validated devices)
  - impact of pregnancy on BP
  - superimposed pre-eclampsia (PE)
  - prevalence (primary & secondary causes)
- Pathophysiology
  - acute HT
  - chronic HT (including end organ damage)
- Management
  - screening for common causes secondary HT
  - pregnancy management (including fetal monitoring)
  - maternal and fetal risks
  - contraception
  - preconception counselling
- Pharmacology (incl. adverse effects)
  - anti-adrenergics (e.g. propranolol, labetalol, oxprenolol)
  - calcium channel blockers (e.g. nifedipine)
  - vasodilators e.g. hydralazine
  - ACE inhibitors (e.g. lisinopril)
- Outcome
  - long term cardiovascular risks

**Skills**

- Take an appropriate medical history from a woman with pre-existing HT family history
  - secondary causes of chronic HT
  - complications of chronic HT
  - outcomes of previous pregnancies
  - drug therapy
- Perform an examination to screen for;
  - secondary causes of HT
  - complications of HT
- Manage a case of chronic HT including;
  - counsel regarding fetal and maternal risks (including long term health implications)
  - arrange appropriate investigations
  - institute / modify drug therapy
  - plan delivery / postnatal care
  - refer, where appropriate, for further assessment / treatment
  - plan re future pregnancy
- Ability to take an appropriate history & conduct an examination to screen for secondary causes and complications of chronic HT
- Ability to:
  - perform and interpret appropriate investigations
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - manage antihypertensive drug therapy in antenatal & postnatal periods
  - liaise with primary care & physicians in management of HT
  - counsel women accordingly
    - maternal and fetal risks
    - safety of antihypertensive therapy
    - contraception
    - future pregnancies

**Assessment and Learning**

- Attendance at:
  - maternal medicine clinic
  - HT clinic
- Attendance at sessions in:
  - obstetric anaesthesia
  - ITU / HDU



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## Renal Disease

**Objectives:** To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing renal disease & renal transplants

To be able to carry out appropriate assessment and management of women with pregnancy induced renal disease

### Knowledge

- Kidney in normal pregnancy
  - anatomical changes (incl. hydronephrosis)
  - functional changes
  - interpretation renal function tests
  - fluid and electrolyte balance
- Pre-existing renal disease [CRD] (reflux nephropathy, glomerulonephritis, polycystic kidney disease)
  - pathology
  - prevalence
  - pre-pregnancy assessment
  - pregnancy management
  - outcome (including genetic implications)
- Renal transplant recipients
  - pre-pregnancy assessment
  - diagnosis rejection
  - pregnancy management
  - long term considerations
  - pharmacology (including adverse effects)
  - cyclosporine, tacrolimus
  - azothiaprine
  - corticosteroids
- Acute renal failure (ARF) in pregnancy & puerperium
  - aetiology and diagnosis (incl. differential diagnosis abnormal renal function – see 1.18)
  - management and outcome
  - indications for and principles of renal support
- Urinary Tract infection
  - differential diagnosis proteinuria

**Skills**

- Take an appropriate history from a woman with CRD
  - family history
  - complications of CRD
  - outcome of previous pregnancies
  - drug therapy
- Perform an examination to screen for complications of CRD
- Manage a case of CRD
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug treatment
  - plan delivery and postnatal care
  - refer where appropriate, for further assessment / treatment
- Manage a case of renal transplant or ARF;
  - counsel regarding fetal and maternal risks
  - arrange and interpret appropriate investigations
  - refer for further assessment / treatment
- Ability to take an appropriate history and conduct an examination to assess a woman with CRD
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - manage antihypertensive therapy in antenatal and postnatal periods
  - liaise with nephrologists and intensivists in management of acute and CRD
  - counsel women accordingly
    - maternal and fetal risks
    - inheritance
    - recurrence risks
    - contraception

**Assessment and Learning**

- Attendance at
  - renal medicine clinic
  - Attendance at sessions in ITU/HDU
- Developing evidence-based guidelines

## Cardiac Disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing cardiac disease
- To be able to carry out, under supervision, appropriate assessment and management of women with pregnancy induced cardiac disease

### Knowledge

- **Heart in normal pregnancy**
  - anatomical and functional changes (incl. differential diagnosis heart murmur)
  - ECG, echocardiography and assessment of cardiac function
- **Congenital heart disease (HD)**
  - classification (cyanotic and acyanotic) & risks
  - prevalence
  - functional impact of pregnancy
  - pre-pregnancy assessment, indications for TOP
  - pregnancy management (incl. prevention / management of endocarditis, thromboembolism, arrhythmias, cardiac failure)
  - maternal / fetal outcome (incl. genetic implications)
  - contraception
- **Acquired heart disease** (rheumatic HD, ischaemic HD, valve replacement, Marfan syndrome, arrhythmias)
  - functional impact of pregnancy
  - pre-pregnancy assessment
  - diagnosis (incl. differential diagnosis chest pain, palpitations pregnancy management (incl. management of CF)
  - Pharmacology (including adverse effects)
  - diuretics / antihypertensives
  - inotropes e.g. digoxin, ACEI
  - anti-arrhythmics (e.g. adenosine, mexiletine, lidocaine, procainamide)
  - anticoagulants (LMW heparin, warfarin)
- **Peripartum cardiomyopathy**
  - diagnosis (incl. differential diagnosis breathlessness)
  - management and outcome

### Skills

- Take an appropriate history, appropriately investigate and formulate list of differential diagnoses from a woman with cardiac disease
- Perform an examination to assess cardiac disease
- Manage a case of congenital and acquired HD in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - refer to cardiologists, haematologists, anaesthetists for further assessment / treatment
  - plan delivery and postnatal care in liaison with cardiologists, intensivists and anaesthetists
  - counsel re contraception & future pregnancies

**Assessment and learning**

- Attendance at:
  - Adult cardiac clinic (1)
  - Echocardiography session(s):
    - Adult (1)
    - Antenatal (4)
- Attendance at sessions in:
  - Obstetric anaesthesia
  - ITU/HDU

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## Liver Disease

**Objectives:** To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing liver disease.

To be able to carry out appropriate assessment and management of women with pregnancy induced liver disease (obstetric cholestasis and acute fatty liver of pregnancy).

### Knowledge

- **Liver in normal pregnancy**
  - anatomical and functional changes
  - interpretation of liver function tests in pregnancy
- **Pre-existing liver disease**
  - pathology
  - functional impact of pregnancy
  - pregnancy management
  - maternal and fetal outcome
  - contraception
- **Obstetric cholestasis (OC)**
  - pathogenesis
  - prevalence
  - diagnosis (incl. differential diagnosis of itching & altered liver function)
  - pregnancy management (including fetal monitoring)
  - pharmacology (including adverse effects)
  - UDCA
  - Recurrence risks
- **Acute fatty liver of pregnancy (AFLP)**
  - diagnosis (incl. differential diagnosis of overlap syndromes e.g. PE )
  - management and outcome (incl. management of liver failure)
  - recurrence risks

**Skills**

- Take an appropriate history from a woman with liver disease;
  - complications of liver disease
  - drug therapy
- Perform an examination to assess liver disease
- Manage a case of chronic liver disease in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - refer to hepatologists for further assessment / treatment
  - plan delivery and postnatal care in liaison with hepatologists
  - counsel re contraception
- Manage a case of OC & AFLP
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations & fetal monitoring
  - institute/modify drug treatment
  - refer where appropriate for further assessment / treatment
  - plan delivery and postnatal care
  - counsel re contraception
- Plan for future pregnancy
- Ability to take an appropriate history and conduct an examination to assess a woman with liver disease
- Ability to
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with hepatologists where appropriate (e.g. chronic liver disease, AFLP)
  - counsel women accordingly
    - maternal and fetal risks
    - inheritance
    - recurrence risks

**Assessment and Learning**

- Attendance at hepatology clinic (Minimum of 2)

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## Hepatitis

**Objective:** To be able to carry out appropriate assessment and management of women with hepatitis in pregnancy

### Knowledge

- **Virology / Epidemiology**
  - hepatitis A,B,C (HAV, HBV, HCV)
  - natural history / viral dynamics
  - pathophysiology acute / chronic hepatitis
  - mode / risk of transmission
  - epidemiology of infection in pregnancy
- **Screening / diagnosis**
  - differential diagnosis of jaundice / abnormal LFTs
  - rationale & organization of Hepatitis B (HbsAg) screening programme
  - laboratory tests
    - serology e.g. enzyme immunoassay (EIA)
    - diagnostic e.g. Western blot, PCR
  - risk groups for HCV
  - neonatal testing
- **Management**
  - supportive care
  - screening for coincident infection (HBC, HCV)
- **Prevention**
  - HAV / HBV vaccination in pregnancy
  - Prevention perinatal infection
    - HA immunoglobulin (IG)
    - HBIG and vaccination
  - Mode of delivery / breastfeeding
- **Outcome**
  - HBV/HCV -related disease (cirrhosis, hepatocellular carcinoma)
- **Pharmacology**
  - HAV vaccine, HAIG
  - HBV vaccine, HBIG

**Skills**

- Take an appropriate history
- Perform an examination to assess jaundice
- Manage a case of HBV infection in pregnancy
  - arrange and interpret appropriate investigations
  - counsel regarding maternal and fetal risks, strategies to reduce mother-child transmission and management options
  - manage labour and delivery / CS
- Manage a case of HCV infection in pregnancy
  - arrange and interpret appropriate investigations in high risk cases
  - counsel regarding maternal and fetal risks, strategies to reduce mother-child transmission and management options
  - manage labour and delivery / CS
- Counsel regarding HAV and HBV vaccination in Pregnancy
- Ability to counsel women
  - before HBV/HCV screening test
  - after positive result
  - about HAV/HBV vaccination
- Ability to;
  - formulate, implement and where appropriate modify a management plan in acute HAV infection
  - formulate, implement and where appropriate modify a management plan in a women with HBV / HCV infection
  - liaise with hepatologists, virologists, neonatologists & GP
  - counsel HBV/HCV infected women and their partners accordingly
    - management options
    - risks of perinatal transmission and methods of prevention
    - long term outcome for mother and infant
- Ability to respect patient confidentiality

**Assessment and Learning**

- Attendance at sessions in
  - Virology (1)
  - Neonatology (1)
- Attendance at
  - Hepatology clinic (2)
  - MDT Obstetrics/Infectious diseases clinic



## Respiratory Disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing lung disease
- To be able to carry out appropriate assessment and management of women with asthma
- To be able to carry out, under supervision, appropriate assessment and management of women with other acute lung disease

### Knowledge

- **Lungs in normal pregnancy**
  - anatomical and functional changes
  - interpretation of chest X-ray and pulmonary function tests (incl. blood gases) in pregnancy
- **Pre-existing lung disease** (asthma, sarcoidosis, cystic fibrosis [CF], restrictive lung disease)
  - pathogenesis
  - prevalence
  - functional impact of pregnancy
  - pregnancy management
  - maternal and fetal outcome
- **Pharmacology (incl adverse effects)**
  - sympathomimetics (e.g. salbutamol, terbutaline)
  - theophyllines
  - disodium cromoglycate
  - corticosteroids

### Skills

- Take an appropriate history from a woman with lung disease;
  - lung function results
  - drug therapy
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with respiratory physicians / intensivists where appropriate (e.g. CF, ARDS)
  - counsel women accordingly
    - maternal and fetal risks
    - safety of asthma therapy in pregnancy
    - contraception
    - future pregnancies
- Manage a case of acute/chronic lung disease in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment

### Assessment and Learning

- Attendance at
  - chest clinic (1)
  - CF clinic (1)
  - Pulmonary function lab (1)
- Attendance at sessions in ITU/HDU

## Gastrointestinal Disease

### Objectives:

- To be able to carry out appropriate assessment and management of women with pre-existing GI disease
- To be able to carry out appropriate assessment and management of women with pregnancy induced GI disease

### Knowledge

- **GI Tract in normal pregnancy**
  - anatomical and functional changes
- **Pre-existing GI disease** (ulcerative colitis, Crohn's disease, coeliac disease, irritable bowel syndrome)
  - pathogenesis
  - functional impact of pregnancy
  - pregnancy management
  - maternal and fetal outcome
  - pharmacology (incl. adverse effects)
    - sulphasalazine, 5-ASA
    - corticosteroids
    - bulking agents, lactulose
    - anti-spasmodics
- **Pregnancy-related GI disease** (hyperemesis gravidarum [HG], reflux oesophagitis, constipation)
  - pathogenesis
  - prevalence
  - diagnosis (incl. differential diagnosis of vomiting and role of endoscopy)
  - pregnancy management (incl. parenteral nutrition & steroids)
  - Pharmacology (incl. adverse effects)
    - anti-emetics e.g. cyclizine, metoclopramide,
    - antacids (e.g. magnesium trisilicate)
    - H2-receptor antagonists (e.g. ranitidine)

### Skills

- Take an appropriate history, examination and manage a case of chronic GI disease in pregnancy and pregnancy-induced GI disease
  - counsel re fetal & maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage a case of appendicitis in pregnancy
  - counsel re fetal & maternal risks
  - arrange and interpret appropriate investigations
  - refer, for further assessment / surgery
- Perform and interpret appropriate investigations, formulate list of differential diagnoses

### Assessment and Learning

- Attendance at
  - GI clinic (Minimum of 1)
  - Developing evidence-based guidelines

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## Diabetes and Endocrine

### Objectives:

- To be able to carry out appropriate assessment and management of women with pre-gestational and gestational diabetes and other endocrine disorders
- To be able to carry out, under supervision, appropriate assessment and management of women with pre-gestational diabetic complications and other endocrine disorders

### Knowledge

- **Glucose homeostasis and endocrine function (thyroid, pituitary and adrenal) in pregnancy**
- **Pre-existing diabetes**
  - pathogenesis & classification
  - prevalence
  - complications (metabolic, retinopathy, nephropathy, neuropathy, vascular disease)
  - pre-pregnancy assessment
  - functional impact of pregnancy in uncomplicated and complicated diabetes
  - pregnancy management
    - pre-pregnancy care
    - maternal monitoring (glycaemic control)
    - fetal monitoring
    - intrapartum care
    - maternal and fetal outcome (incl. fetal abnormality, macrosomia, FGR)
    - pharmacology (incl adverse effects)
      - insulin
      - oral hypoglycaemics (e.g. metformin)
    - contraception
- **Gestational diabetes (GDM)**
  - pathophysiology and diagnosis
  - prevalence
  - pregnancy management (incl. diet, insulin & oral hypoglycaemic agents)
  - maternal and fetal outcome
  - long term risks & management
  - contraception
- **Thyroid Disease**
  - Hypo- and hyper-thyroidism
  - Interpretation of TFTs
  - Medication (L-thyroxine , carbimazole PTU)
- **Pituitary and Adrenal diseases**
  - Pathophysiology (hyperprolactinaemia, Cushing's Syndrome, hypopituitarism, Addison's disease, Diabetes Insipidus)
  - Pharmacology
- **Pregnancy-related endocrine disease**
  - Pathophysiology (Post-partum thyroiditis, Diabetes Insipidus)
- **Outcome**
  - Pregnancy outcomes for above

**Skills**

- Take an appropriate history from a woman with pre-existing diabetes;
  - diabetic control
  - presence / severity of complications
  - drug therapy
- Perform an examination to screen for diabetic complications
- Manage a case of pre-gestational diabetes
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations and monitoring
  - institute/modify drug therapy (including management of hypoglycemia)
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment (e.g. in women with complications)
- Manage a case of GDM
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations & fetal monitoring
  - refer to dietician for further assessment
  - institute/modify drug therapy, where appropriate
  - plan delivery and postnatal care
- Manage cases of endocrine disorders (all listed)

**Assessment and Learning**

- Attendance at
  - diabetic clinics (min 6 – 2 obstetric and 4 endocrine)
- Attendance at sessions in;
  - Neonates
  - ITU/HDU

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## Neurological Disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing neurological disease
- To be able to carry out appropriate assessment and management of women with pregnancy-induced neurological disease
- To be able to carry out appropriate assessment and management of women with epilepsy and migraine

### Knowledge

- Neurological function in pregnancy
- Pre-existing neurological disease (epilepsy, migraine, multiple sclerosis, myasthenia gravis, myotonic dystrophy, idiopathic intracranial hypertension, previous CVA)
  - pathogenesis
  - prevalence
  - functional impact of pregnancy
- pregnancy management including;
  - pre-pregnancy care
  - prenatal diagnosis
  - peripartum care
  - maternal and fetal outcome
  - pharmacology (incl adverse effects)
    - phenytoin, valproic acid, carbamazepine, lamotrigine
    - propranolol, tricyclic antidepressants
    - acetazolamide
    - pyridostigmine
- contraception
- acute / pregnancy-induced neurological disease (neuropathies –Bell's palsy, carpal tunnel syndrome)
  - Pathogenesis stroke (incl. cerebrovascular disease, cerebral venous thrombosis, SAH), neuropathies
  - diagnosis (incl. differential diagnosis headache, convulsions and altered consciousness & cerebral imaging, electrophysiology)
  - management (incl. corticosteroids)
  - maternal and fetal outcome

**Skills**

- Take an appropriate history from a woman with neurological disease
  - previous / current therapy
  - previous procedures / operations
  - drug therapy
- Perform an examination in a woman with neurological disease.
- Manage a case of chronic neurological disease in pregnancy (including previous stroke)
  - counsel regarding fetal and maternal risks (including risks therapy)
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment
- Ability to take an appropriate history and conduct an examination to assess a woman with neurological disease
- Ability to
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with neurologists, physiotherapists, intensivists where appropriate (e.g. CF, ARDS)
  - counsel women accordingly
    - maternal and fetal risks
    - risks of anti-epileptic therapies
    - postnatal care
    - contraception
    - long term outcome

**Assessment and Learning**

- Attendance at
  - obstetric medicine clinic
  - neurology clinic (min 2; 1 Epilepsy, 1 general neurology)
- Attendance at sessions in ITU/HDU

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## Connective Tissue Disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing connective tissue disease (CTD)
- To be able to carry out appropriate assessment and management of women with pre-existing uncomplicated APS

### Knowledge

- Systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS)
  - pathogenesis
  - prevalence
  - diagnosis (incl. classification criteria [Sapporo, American Rheumatoid Association] , laboratory investigations)
  - functional impact of pregnancy
  - management incl;
    - pre-pregnancy care
    - maternal and fetal monitoring
    - maternal and fetal outcome
  - pharmacology (incl adverse effects)
    - corticosteroids, azothiaprine
    - aspirin, LMW heparin
    - contraception
  - outcome (incl. management of neonatal lupus)
- Other CTDs (incl. scleroderma, rheumatoid arthritis, mixed CTD)
  - pathogenesis
  - diagnosis
  - functional impact of pregnancy
  - Management incl;
    - pre-pregnancy care
    - maternal and fetal monitoring
    - maternal and fetal outcome
  - pharmacology (incl adverse effects)
    - aspirin, NSAIDs
    - corticosteroids
    - chloroquine, sulphasalazine, azothiaprine, penicillamine
  - contraception

**Skills**

- Take an appropriate history from a woman with CTD
  - previous obstetric history
  - drug therapy
- Manage cases of SLE and APS in pregnancy;
  - counsel re fetal and maternal risks (incl. risks therapy)
  - arrange and interpret appropriate investigations (incl. fetal monitoring)
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment
- Manage a case of other CTD in pregnancy
  - counsel re fetal and maternal risks (incl. risks therapy)
  - arrange and interpret appropriate investigations (incl. fetal monitoring)
  - plan delivery and postnatal care
  - refer, where appropriate, for further
- Ability to take an appropriate history and conduct an examination to assess a woman with neurological disease
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with immunologists, physicians, physiotherapists, s where appropriate
  - counsel women accordingly
    - maternal and fetal risks
    - contraception
    - long term outcome
    - future pregnancies

**Assessment and Learning**

- Obstetric Medical Clinic



**Haematological disease/Thromboembolic disease****Objectives:**

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing haematological disease
- To be able to carry out appropriate assessment and management of women with pregnancy-induced haematological disease

**Knowledge**

- Haematological function in pregnancy
  - red cell / plasma volume changes during pregnancy
  - changes in coagulation system during pregnancy
  - interpretation of haematological / clotting tests
- Anaemia
  - pathogenesis (iron, folate & vitamin B12 deficiency)
  - prevalence
  - diagnosis
  - maternal and fetal outcome
  - pharmacology (including adverse effects)
    - iron (oral & parenteral), folic acid, vitamin B12
- Haemoglobinopathies (Sickle cell & Thalassemia syndromes)
  - genetic basis and pathogenesis
  - prevalence
  - prenatal diagnosis, fetal monitoring
  - functional impact of pregnancy
  - maternal and fetal outcome
  - management (incl. vaso-occlusive crisis in SCD, haematinic & transfusion therapy)
- Thrombocytopenia
  - prevalence
  - diagnosis (incl. differential diagnosis thrombocytopenia)
  - pathogenesis (incl. ITP, HUS and TTP)
  - maternal and fetal outcome
  - management (incl. role of splenectomy)
  - pharmacology (including adverse effects)
    - corticosteroids, azathiaprine
    - iv immunoglobulin G
- Congenital coagulation disorders
  - genetic basis / pathogenesis vWD, haemophilia
  - prevalence
  - prenatal diagnosis
  - diagnosis / maternal monitoring (clotting factor levels / vWF antigen activity, vWF:RCo)
  - maternal and fetal outcome
  - management (including pre-pregnancy counselling and intrapartum care)
  - pharmacology (including adverse effects)
    - DDAVP
    - Recombinant and plasma derived factor concentrate
- Disseminated intravascular coagulation [DIC]
  - aetiology and pathogenesis
  - diagnosis
  - management
    - resuscitation with volume replacement
    - platelet, fresh frozen plasma

- Thromboembolic disease
  - VTE
    - Pathogenesis
    - Manifestations
    - Diagnosis
    - Prophylaxis/treatment
    - Pharmacology
    - Outcome
    - Family planning
  - Thrombophilia
    - Congenital and acquired
    - Diagnosis
    - Management

**Skills**

- Take an appropriate history from a woman with haematological disease.
  - diagnosis
  - drug therapy
- Perform an examination to assess anaemia / thrombocytopenia/VTE
- Manage a case of anaemia during pregnancy;
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy (incl. where appropriate parenteral iron, blood transfusion)
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage cases of sickle cell and thalassaemia syndromes;
  - counsel regarding fetal and maternal risks / prenatal diagnosis
  - arrange and interpret appropriate investigations (including fetal monitoring in SCD)
  - institute/modify therapy (incl. vaso-occlusive crisis in SCD, blood transfusion)
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage a case of immune thrombocytopenic purpura in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage a case of VTE in pregnancy
- Manage a case of thrombophilia
- Ability to take an appropriate history and conduct an examination to assess a woman with haematological disease
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with haematologists, geneticists where appropriate
  - counsel women accordingly
    - maternal and fetal risks
    - prenatal diagnosis
    - contraception
    - long term outcome
    - future pregnancies

- 
- Manage a case of congenital coagulation disorder in pregnancy
    - counsel re fetal and maternal risks / prenatal diagnosis
    - arrange and interpret appropriate investigations
    - institute/modify therapy
    - plan delivery and postnatal care
    - refer, where appropriate, for further assessment / treatment
  - Manage a case of DIC in pregnancy
    - identify and treat underlying cause
    - arrange and interpret appropriate investigations
    - institute/modify resuscitative and replacement therapy

#### **Assessment and Learning**

- Attendance at:
  - haematology clinic/ obstetric medicine

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**Skin Disease****Objectives:**

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing skin disease
- To be able to carry out appropriate assessment and management of women with pregnancy-induced skin disease

**Knowledge**

- **Physiological skin changes of pregnancy**
  - Skin changes
  - Nail / hair changes
- **Pre-existing skin disease** (eczema, psoriasis, acne)
  - pathogenesis
  - prevalence
  - functional impact of pregnancy
  - pregnancy / postnatal management
  - pharmacology (including adverse effects)
    - emollients
    - topical corticosteroids
    - topical benzoyl peroxide
- **Pregnancy-induced skin disease** (pemphigoid gestationis, polymorphic eruption of pregnancy [PEP], prurigo of pregnancy, pruritic folliculitis of pregnancy)
  - pathogenesis
  - prevalence
  - diagnosis (incl. skin histological and immunofluorescent findings)
  - maternal and fetal outcome
  - management (including plasmapheresis, immunosuppressants)
  - pharmacology (including adverse effects)
    - topical / systemic corticosteroids
    - antihistamines (e.g. diphenhydramine)
  - recurrence risks

**Skills**

- Take an appropriate history from a woman with skin disease
  - diagnosis
  - drug therapy
- Perform an examination in a woman with skin disease.
- Manage a case of chronic skin disease in pregnancy
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - refer, where appropriate, for further assessment, treatment
- Manage a case of pregnancy-induced skin disease
  - arrange and interpret appropriate maternal & fetal investigations
  - counsel re maternal and fetal risks
  - institute/modify drug therapy
  - plan pregnancy, delivery and postnatal care
  - refer for further assessment / treatment
- Ability to take an appropriate history and conduct an examination to assess a woman with skin disease
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a management plan
  - liaise with dermatologists appropriate
  - counsel women accordingly
    - maternal and fetal risks
    - safety of topical therapies in pregnancy
    - recurrence risks

**Assessment and Learning**

- Attendance at
  - Obstetric Medicine Clinic

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## Medical Disorders on the Labour Ward

**Objectives:** To be able carry out appropriate intrapartum and immediate postpartum assessment and management of women with medical disorders

### Knowledge

- Pathophysiology
  - Including the effect of labour and delivery on the following diseases;
    - diabetes
    - cardiac/respiratory abnormalities
    - haemoglobinopathies
    - thrombotic / haemostatic abnormalities
    - epilepsy
    - severe pre-eclampsia / eclampsia
    - renal disease
    - hypertension
    - HIV / sepsis
- Management
  - maternal monitoring
  - blood glucose
  - respiratory function (incl. respiratory rate, SaO<sub>2</sub>, , blood gases)
  - cardiovascular function (incl. blood pressure, heart rate, cardiac output)
  - renal function (incl. urine output, creatinine)
  - analgesia and anesthesia
- Pharmacology
  - effects of drugs used to treat above conditions on course and outcome of labour
  - effects of drugs used in management of labour (e.g. oxytocin, syntometrine) on above conditions
  - effects of analgesics and anaesthetics on the above conditions

**Skills**

- Take and appropriate history and perform an examination to assess medical disorder
- Manage a woman with a medical disorder in labour incl. ;
  - monitor blood glucose and maintain euglycaemia using intravenous glucose and insulin
  - monitor cardiorespiratory function and maintain oxygenation and cardiac output
  - monitor abnormal blood clotting and respond accordingly, including therapeutic intervention
  - monitor blood pressure and, where appropriate, treat hypertension (see 1.1)
  - monitor renal function and respond where appropriate by adjusting fluid balance or with drugs
  - use anticonvulsants effectively
- Manage a case of sickle cell disease during labour:
  - counsel regarding management and risks
  - optimize hydration, oxygenation, analgesia
  - manage sickle crisis (incl. fluids, oxygen, antibiotics and analgesics)
- Manage a case of HIV in labour:
  - plan mode of delivery
  - institute iv zidovudine therapy
- Ability to take an appropriate history and conduct an appropriate examination in a woman with a medical disorder
- Ability to:
  - formulate, implement and where appropriate modify a medical management plan for labour and delivery
  - liaise with physicians, anaesthetists, neonatologists
  - counsel women and their partners accordingly
    - management options in labour
    - risks of medical therapies

**Assessment and Learning**

- Attendance at;
  - Medical clinics
- Mini-CEX
- Case-Based Discussion

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## Addiction in Pregnancy

**Objectives:** To reach a diagnosis and institute management of women presenting with addiction in pregnancy

### Knowledge

- Pharmacology
  - Methadone
  - Heroin
  - Cocaine
  - C<sub>2</sub>H<sub>5</sub>OH
  - Benzodiazapines
- Manage
  - Stabilisation and Management
  - Concurrent ID issues
- Liaise with MDT

### Assessment and Learning

- Attend obstetric addiction clinic
- Attend addiction clinic sessions



## Labour Ward Management

**Overview:** This module is divided into two main areas:

1. Labour Ward Skills
2. Labour Ward Organisation

### Labour Ward Skills

- Management of normal labour including 3<sup>rd</sup> stage
- Management of abnormal labour
- Management of preterm labour
- Delivery skills
  - Vaginal delivery
  - Vacuum delivery including Ventouse, and Kiwi
  - Forceps delivery – non-rotational forceps
  - Management of multiple pregnancies
  - Caesarean section
- Interpretation of CTGs
- Management of labour ward emergencies
  - Shoulder dystocia
  - Maternal collapse
  - Severe Pre-eclampsia
  - Haemorrhage
  - Genital track trauma
  - Resuscitation of both mother and neonate
- Management of medical disorders
  - Diabetes
  - Haematological conditions
  - Pre-eclampsia
  - Renal disease
  - Hypertension
  - Infectious disease
  - Addiction
  - Sepsis
- Management of HDU:
  - Understand anaesthetic/analgesic components
  - Pathophysiology
  - Invasive monitoring

### Labour Ward Organisation

- Knowledge of staffing structures, multidisciplinary relationships, equipment needs
- Understand triage, staff allocation, role of guidelines/audit
- Communication – team working and leadership skills
- Training/assessment/skills & drills
- Governance and risk management

## Organisation of the Labour Ward

### Objectives:

- To understand the organisation / staffing structure / equipment needs of the Labour Ward
- To be expert in triaging clinical cases and allocating staff appropriately
- To be proficient in writing evidence-based guidelines and performing audit relevant to the Labour Ward
- To be able to analyse and understand Labour Ward workload and statistics
- To be able to implement and manage change effectively

### Requirements

- Prior to commencing module, the following courses must be completed:
  - Leadership Skills RCPI Course
  - Teaching Skills RCPI Course
  - Communication Skills RCPI Course
  - MOET Course (or similar)
- This SIM requires 4 sessions per week:
  - Must attend ICU/HDU sessions, neonatal sessions
- Develop a guideline for the labour ward
- Attend Risk Management Committee meeting
- Conduct/supervise a labour ward audit
- Attend/run a skills and drills training session

A formal assessment will be performed prior to awarding of certification of completion of special interest module. This assessment will include the RCPI Chair, NSD and a Trainer (who provided the module rather than the trainee's trainer). The trainer will be chosen by the NSD.

Certificate of completion of special interest modules will be awarded at the IOG AGM, study day, membership conferring or at CSCST graduation.

### Knowledge

- Organisation
  - staffing structures
  - equipment needs
  - relationship with neonatologists
  - relationship with anaesthetists
  - relationship with users
- Understand
  - how to triage clinical cases
  - how to allocate staff
  - the role of guidelines
  - audit (incl. collection / analysis of LW workload) and how this influences practice

**Skills**

- Co-ordinate the clinical running of the LW at a daily level including;
  - staff allocation
  - appropriate triaging of clinical cases
- Perform clinical audit relevant to Labour Ward
  - define standard based on evidence
  - prepare project & collate data
  - re-audit and close audit loop
  - formulate policy
  - implement change based on audit results
- Develop and implement a clinical guideline relevant to Labour Ward
  - purpose and scope
  - identify and classify evidence
  - formulate recommendations
  - identify auditable standards
  - introduce into practice
- Interpret LW workload / statistics
- Ability to
  - co-ordinate the LW appropriately and communicate effectively all plans and decisions to team members
  - write evidence-based guidelines (relevant to LW)
  - perform audit (relevant to LW)
  - review LW workload and statistics
  - implement change

**Assessment and Learning**

- Observation of and discussion with senior medical / midwifery staff
  - Leadership courses RCPI
- Attendance at:
  - Labour Ward/Obstetric Divisional Meeting
  - Guidelines group
  - Audit meeting
  - Perinatal mortality meetings
- National Perinatal Epidemiology Centre
- HST Leadership in Clinical Practice course
- Formal assessment with special interest module assigned trainer

**Normal Labour****Objectives:**

- To understand the physiology and mechanisms of normal labour and delivery
- To understand, support and respect the role of the midwife as an expert in normality
- To be able to actively promote the ethos of normality
- To recognise and avoid negative influences, and avoid unnecessary interventions
- 

**Knowledge**

- The role of the midwife
- Physiology and mechanisms of normal labour and delivery
- Intermittent auscultation
- How to avoid unnecessary interventions
- The impact of the birth environment

**Skills**

- Manage a normal labour and delivery
- Perform intermittent auscultation
- Ability to
  - understand and actively promote normality
  - avoid unnecessary interventions
  - respect and support midwifery staff

**Assessment and learning**

- Log book of vaginal deliveries

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## Failure to Progress in Labour

### Objectives:

- To understand the physiology of normal labour and the factors that can adversely affect progress
- To be able to carry out appropriate assessment and management of women with failure to progress in first stage and second stage of labour

### Knowledge

- Anatomy / Physiology
  - Anatomy of pelvis / fetal skull
  - Regulation of myometrial contractility
  - Stages of labour
  - Active management and labour
- Pathophysiology
  - Incl. causes and consequences of
  - poor progress in labour:
    - inefficient uterine action
    - malposition
    - relative / absolute
  - cephalopelvic disproportion
  - fetal acid base status
  - postpartum uterine atony
- Management
  - maternal support
  - amniotomy
  - mobilization / position
  - analgesia
  - oxytocin
  - manual rotation
  - instrumental vaginal delivery
  - caesarean section
- Pharmacology (i ncl. adverse effects)
  - oxytocin

**Skills**

- Take an appropriate history and perform an examination to assess progress in labour
- Manage a case of failure to progress in the first stage of labour;
  - perform exam to identify cause e.g. inefficient uterine activity / malposition / cephalopelvic disproportion (relative and absolute)
  - counsel regarding management
  - institute appropriate management (incl. delivery where appropriate)
- Manage a case of failure to progress in the second stage of labour;
  - perform exam to identify cause
  - counsel regarding management
  - institute appropriate management
- Perform:
  - Ventouse (rotational and non-rotational) and Kiwi
  - forceps – outlet and mid-cavity
  - caesarean section
- Ability to perform and interpret abdominal/pelvic examination
  - formulate, implement and where appropriate modify a management plan
  - liaise, where appropriate, with anaesthetists, neonatologists
  - counsel women and their partners accordingly
    - management
    - maternal and fetal risks

**Assessment and Learning**

- Appropriate postgraduate courses e.g. MOET or equivalent
- Attend sessions in
  - obstetric anaesthesia
  - neonatology

**Non-Reassuring Fetal Status in Labour****Objectives:**

- To be able to carry out appropriate assessment and management of fetal acidaemia in labour
- To understand the management, complications and outcomes of hypoxic ischaemic encephalopathy

**Knowledge**

- Pathophysiology
  - regulation of fetal heart rate
  - fetal acid base balance
  - hypoxic ischaemic encephalopathy (HIE)
- Fetal monitoring in labour
  - Incl. principles, interpretation and predictive value of fetal;
  - meconium
  - -cardiotocography (CTG)
  - ECG
  - pulse oximetry
  - pH, blood gases and lactate
  - oligohydramnios
- Management
  - position / oxygen therapy
  - acute tocolysis
  - emergency operative delivery
- Pharmacology (incl. adverse effects)
  - terbutaline / ritodrine
- Outcome
  - neonatal complications of HIE (Incl. seizures, abnormal neurological function, organ failure)
  - long term health implications of HIE (incl. cerebral palsy)

**Skills**

- Take an appropriate history
  - Manage a case of suspected and confirmed fetal acidaemia in labour:
  - arrange appropriate investigations
  - to confirm fetal acidaemia
  - counsel regarding fetal / neonatal risks and management options
  - institute, where appropriate, in-utero resuscitation / emergency delivery
- Perform:
  - CTG interpretation
  - fetal blood sampling
  - ultrasound assessment of amniotic fluid volume
- Ability to take an appropriate history
- Ability to
  - perform and interpret investigations to assess fetal status in labour
  - formulate, implement and where appropriate modify a management plan
  - liaise, where appropriate, with anaesthetists / neonatologists
  - counsel women and their partners accordingly
  - maternal and fetal risks
    - management options
    - long term health implications for infant

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**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in obstetric anaesthesia and neonatology
- Attendance at neonatal follow up clinics
- Log of experience & competence
- Mini-CEX (Mini clinical examination)
- OSATs(Objective structured assessment of technical skill)
- CBD (Case-based discussion)



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## Multiple Pregnancy and Malpresentation

### Objectives:

- To be able to carry out appropriate assessment and management of women with multiple pregnancy in labour
- To be able to carry appropriate assessment and management of women with abnormal lies / presentations diagnosed in labour

### Knowledge

- Epidemiology / aetiology
  - incidence
  - predisposing factors
- Intrapartum care in twins
  - physiology of labour
  - fetal monitoring
  - inter-twin interval
  - effects of chorionicity
  - effects of prematurity
- Diagnosis / management
  - clinical exam
  - ultrasound
  - risks / benefits of caesarean section in:
    - breech presentation
    - transverse / oblique lie
    - twin and higher order multiple pregnancy
    - brow presentation
    - face presentation
- Breech delivery
  - manoeuvres (assisted breech delivery and breech extraction)
  - complications (incl. problems with after coming head)
- Twin delivery
  - ECV for second twin
  - ARM / oxytocin in second stage
  - operative delivery second twin

**Skills**

- Take an appropriate history
- Perform and interpret investigations to confirm fetal lie in labour
- Manage preterm / complex twin pregnancy in labour:
  - arrange and interpret fetal monitoring
  - counsel regarding management
  - institute appropriate management
- Manage a case of breech presentation in labour:
  - arrange and interpret fetal monitoring
  - counsel regarding management incl. risks/benefits of CS
  - institute appropriate management
- Manage a case of transverse lie in labour:
  - counsel regarding management
  - institute appropriate management
- Perform:
  - ECV in labour (incl. breech, transverse lie and second twin)
  - vaginal breech delivery
  - internal podalic version
- Ability to
  - formulate, implement and where appropriate, modify a management plan
  - liaise, where appropriate, with anaesthetists / neonatologists
  - counsel women and their partners accordingly
    - maternal and fetal risks
    - management options incl. mode of delivery

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Suitable postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in obstetric anaesthesia and neonatology

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**Complex Antepartum Haemorrhage (APH)**

**Objectives:** To be able to carry out appropriate assessment and management of women presenting with complex antepartum haemorrhage

**Knowledge**

- Pathophysiology
  - placental abruption
  - placenta praevia
  - other causes (incl vasa praevia)
  - morbidly adherent placenta
- Epidemiology
  - incidence
  - risk factors
- Screening / diagnosis
  - risk factors (incl. previous CS)
  - ultrasound determination of placental site
  - (incl. transvaginal ultrasound)
- Management
  - maternal resuscitation
  - clinical & laboratory assessment of;
  - haemorrhage
  - coagulation
  - assessment of fetal wellbeing
  - strategy for monitoring
  - timing / mode of delivery
  - appropriate use of blood and blood products
  - DIC

**Skills**

- Maternal resuscitation and stabilisation
- Take an appropriate history from a woman with APH
- Perform an examination to assess the cause and consequences of APH
- Perform and interpret appropriate investigations to assess cause and consequences of APH
- Perform an ultrasound examination to assess;
  - placental site
  - morphology (incl. retroplacental haemorrhage & abnormal implantation)
- Manage a case of APH including
  - arrange and interpret appropriate
  - laboratory investigations
  - plan mode and timing of delivery
  - appropriate use of blood and blood products
  - management of DIC
- Manage a case of suspected morbidly adherent placenta
  - arrange appropriate investigations
  - plan CS
- Ability to rapidly assess hypovolaemia and institute resuscitative measures
- Work effectively as part of a multidisciplinary team
- Ability to formulate, implement and where appropriate modify a management plan
- Liaise with anaesthetists, haematologists and radiologists where appropriate
- Counsel women and their partners accordingly
  - maternal and fetal risks
  - recurrence risks

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses
- Attendance at sessions in Anaesthesia / ITU

**Preterm Labour****Objectives:**

- To be able to carry out appropriate assessment and management of women with preterm labour / PPRM
- To be able to carry out appropriate assessment and management of women with chorioamnionitis
- To understand the management, complications and outcome of the preterm neonate

**Knowledge**

- Pathophysiology / Epidemiology
  - preterm labour (PTL)
  - preterm premature rupture of membranes (PPROM)
  - acute chorioamnionitis (incl microbiology)
  - epidemiology of PTL/PPROM/chorioamnionitis
- Diagnosis
  - risk factors
  - clinical exam
  - cervical length (CL)
  - vaginal infection
- Management
  - in-utero transfer (principles & process)
  - tocolysis, corticosteroid & antibiotic administration
  - mode of delivery
  - cervical cerclage (indications/risks/benefits)
  - strategy for monitoring in PPRM (incl. lab)
  - investigations, ultrasound
- Diagnosis / Management – chorioamnionitis
  - differential diagnosis acute abdominal pain in pregnancy, pyrexia
  - investigations (blood, cultures, US) antibiotic therapy
  - fetal risks (incl. fetal death, preterm labour)
  - maternal risks (incl. gram negative sepsis, acute renal failure)
- Pharmacology ( Incl. adverse effects);
  - corticosteroids (for lung maturity)
  - sympathomimetics, nifedipine, atosiban, indomethacin ,antibiotics
- Outcome
  - neonatal complications of preterm birth (incl.. jaundice, RDS, ROP, IVH, PFC)
  - long term health implications of preterm birth (incl. CLD, neurodevelopmental delay, CP)

**Skills**

- Take an appropriate history from a woman presenting with preterm labour / PPROM /chorioamnionitis
- Manage a case of PPROM
  - confirm diagnosis
  - arrange and interpret investigations & fetal monitoring
  - institute / modify antibiotic therapy
- Manage a case of PTL
  - assess likelihood of preterm birth (incl. where appropriate measurement of CL & fFN)
  - arrange and interpret appropriate investigations & fetal monitoring
  - institute corticosteroid ± tocolysis
  - consider place of cervical cerclage
  - arrange in-utero transfer
  - plan delivery
- Manage a case of acute chorioamnionitis;
  - arrange and interpret appropriate investigations
  - counsel regarding maternal and fetal risks
  - institute and where appropriate, modify antibiotic therapy
  - refer, where appropriate, for further assessment / treatment
  - mode / timing of delivery (incl., where appropriate, termination of pregnancy )
- Perform cervical cerclage (elective / emergency)
- Ability to take an appropriate history
- Ability to formulate, implement and where appropriate modify a management plan
- Arrange in-utero transfer and communicate with all parties effectively
- Liaise with neonatologists / microbiologists
- Counsel women and their partners accordingly
  - maternal risks
  - fetal and neonatal risks (incl. risks pulmonary hypoplasia side effects of therapy)
  - long term health implications for infant
  - recurrence risks and management plan for future pregnancy

**Assessment and Learning**

- Appropriate postgraduate courses
- Attendance at sessions in
  - Neonatology
- Attendance at
  - MDT – perinatal meeting

## Shoulder Dystocia

### Objectives:

- To be able to carry out appropriate assessment and management of women with a previous history of shoulder dystocia
- To be able to carry out appropriate assessment and management of women with shoulder dystocia
- To understand the management, complications and outcomes of neonates with birth trauma

### Knowledge

- Epidemiology / aetiology
  - incidence
  - predisposing factors
  - risks of recurrence
- Management
  - clinical drill procedures e.g. HELPERR
- Outcome
  - neonatal complications of birth trauma (incl. IVH (intra-ventricular haemorrhage), bone fractures, brachial plexus injury, HIE(hypoxia-induced encephalopathy)) management of complications
  - long term outcome

### Skills

- Take an appropriate history
- Manage a case of shoulder dystocia
  - institute and document appropriate management
  - perform:
    - McRobert's manoeuvres and supra-pubic pressure
    - internal rotation of shoulders
    - removal of posterior arm
- Manage a case of previous shoulder dystocia;
  - assess recurrence risk
  - arrange, where appropriate, appropriate investigations
  - counsel regarding maternal / fetal risks
  - plan mode / timing of delivery
- Ability to
  - formulate, implement and document a management plan for shoulder dystocia
  - perform manoeuvres to achieve delivery in shoulder dystocia
  - liaise, where appropriate, with anaesthetists / neonatologists
  - counsel women and their partners accordingly
    - maternal and fetal risks
    - long term health implications of birth trauma
    - recurrence risks and management plan for future pregnancy

### Assessment and Learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attachments in neonatology
- Attendance at neonatal follow up clinics
- Discussion of cases at risk management committee

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**Genital Tract Trauma****Objectives:**

- To be able to carry out appropriate assessment and management of a women with a third or fourth degree perineal tear
- To be able to carry out appropriate assessment and management of a women with a uterine rupture

**Knowledge**

- Anatomy / Physiology
  - perineum / pelvic floor
  - anal sphincter function
- Epidemiology / aetiology
  - incidence
  - predisposing factors
- Diagnosis / management
  - clinical examination
  - ultrasound (endoanal) and rectal
  - physiology studies
  - surgical repair
  - anal sphincter
  - cervix / uterus
  - postpartum haemorrhage
- Outcome
  - long term health implications (incl. pain, incontinence)
  - implications for future pregnancy



**Skills**

- Take an appropriate history
- Manage a case of third / fourth degree perineal tear:
  - assess type of tear
  - counsel regarding management
  - institute appropriate management (incl. surgical repair)
  - plan appropriate follow up
- Manage a case of prior 3rd/4th degree perineal tear:
  - arrange and interpret appropriate investigations (incl. endoanal ultrasound)
  - counsel regarding management options
  - plan mode of delivery
- Manage a case of uterine rupture:
  - assess maternal and fetal condition
  - counsel regarding management
  - institute appropriate management (incl. emergency CS, repair of uterus)
- Perform:
  - repair of 3rd / 4th degree perineal tear
  - repair of uterine rupture
  - hysterectomy
- Ability to
  - formulate, implement and where appropriate, modify a management plan
  - liaise, where appropriate, with gynaecologists, surgeons
  - arrange appropriate follow up
  - counsel women and their partners accordingly
    - maternal and fetal risks
    - long term health implications
    - recurrence risks and
    - management plan for future pregnancy

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g.
  - 3rd/4th degree tear course RCPI
- Attendance at pelvic floor clinic

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**Postpartum Haemorrhage and other Third Stage Problems****Objectives:**

- To be able to carry out appropriate assessment and management of a women with a massive postpartum haemorrhage (PPH)
- To be able to recognise and manage complications of the third stage of labour

**Knowledge**

- Anatomy
  - pelvic anatomy and blood supply
- Epidemiology / aetiology (PPH)
  - incidence
  - predisposing factors (incl. adherent placenta, uterine inversion)
- Laboratory methods
  - diagnosis / monitoring DIC
  - cross-matching
- Management massive PPH
  - maternal resuscitation (incl. use of:
    - crystalloid / colloid iv fluids
    - blood and blood products
  - medical management (see below)
  - surgical management
    - intrauterine balloon
    - brace suture
    - internal iliac ligation
    - hysterectomy
  - interventional radiology (vascular balloons and coils)
- Pharmacology
  - Incl. adverse effects of drugs used in PPH
    - oxytocin, ergometrine
    - 15 methyl prostaglandin F2
    - misoprostol
    - recombinant fVIIa

**Skills**

- Manage a case of massive PPH
  - assess blood loss and consequences
  - undertake resuscitation
  - ascertain cause of haemorrhage
  - arrange and interpret appropriate investigations
  - counsel regarding management options
  - institute /modify appropriate medical and/or
  - surgical management for
    - uterine atony
    - inverted uterus
    - adherent placenta
    - uterine rupture
- Perform:
  - manual removal of placenta
  - correction of uterine inversion
  - (manual and hydrostatic replacement)
  - insertion of uterine balloon catheter
  - insertion of brace suture
  - internal iliac ligation (may not see) / hysterectomy (under supervision) or refer, where appropriate, for same
- Ability to:
  - rapidly assess extent of haemorrhage and institute appropriate resuscitative measures and
  - formulate, implement and where appropriate, modify a management plan in a fluent and coherent manner demonstrating leadership skills
  - liaise, where appropriate, with gynaecologists, haematologists and radiologists.
  - counsel women and their partners accordingly
    - management options and maternal risks
    - recurrence risks and management plan for future
  - pregnancy debrief family and staff

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in
  - Anaesthesia
  - Intensive Care
- Log of experience & competence
- Drills

## Anaesthesia and Analgesia

### Objectives:

- To understand the methods, indications for and complications of anaesthesia
- To understand the methods, indications for and complications of systemic analgesia and sedation

### Knowledge

- Anatomy / Physiology
  - spinal cord
  - innervation of pelvic organs
  - pain
- Management
  - pain management during labour
    - non-pharmacological techniques
    - inhalational analgesia
    - systemic analgesia (opioids)
  - regional analgesia and anaesthesia (incl. techniques and complications)
    - pudendal
    - epidural
    - spinal
  - general anaesthesia (incl. techniques and complications)
  - analgesia and anaesthesia in high risk women (incl. hypertensive disease, cardiac disease & FGR)
- Pharmacology
  - opioid analgesics
  - local anaesthetics
  - general anaesthetics
  - phenylephrine / ephedrine
- Outcome
  - effects of neuraxial anaesthesia on
  - labour outcome
  - temperature
  - fetal wellbeing

### Skills

- Counsel women about the different forms of analgesia and anaesthesia (incl. efficacy and risks)
- Counsel women and their partners about efficacy and risks of different methods of anaesthesia for assisted vaginal delivery & CS
- Ability to;
  - formulate, implement and where appropriate modify a analgesic / anaesthetic management plan
  - liaise with anaesthetists
  - discuss alternatives to conventional analgesia in a non-judgmental, professional manner

### Assessment and learning

- Observation of and discussion with senior medical staff
- Attendance at sessions in:
  - Anaesthesia
  - Attend obstetric perioperative medicine clinic
- Log of experience & competence

**Caesarean section****Objectives:**

- To be able to carry out appropriate assessment and management of a woman with a previous caesarean section (CS)
- To plan and perform caesarean section in special circumstances
- To manage the operative complications of caesarean section

**Knowledge**

- Epidemiology
  - Risks of CS
  - visceral damage
  - infection
  - venous thrombosis
  - Risks associated with previous CS
  - uterine rupture
  - abnormal placentation
  - Vaginal birth after CS (VBAC)
  - success rates
  - complication rates
- Diagnosis
  - ultrasound determination of placental site
- Management
  - CS
    - surgical technique (incl. abdominal wall & uterine entry/closure)
    - prevention of complications (incl. thrombosis, infection)
    - Impact of following conditions;
      - placenta praevia
      - morbidly adherent placenta
      - fetal anomaly
      - extreme prematurity
      - prior abdominal surgery
      - extensive fibroids
- Complications:
  - Extension of incision
  - Visceral damage
- VBAC - incl.
  - use of oxytocics
  - role of induction of labour
  - fetal monitoring

**Skills**

- Take an appropriate history
- Manage a case of previous CS;
  - arrange appropriate investigations and
  - interpret results
  - counsel regarding management options and fetal and maternal risks
  - plan mode / timing of delivery
- Perform CS using the appropriate surgical technique in the following circumstances;
  - major placental praevia
  - morbidly adherent placenta
  - fetal anomaly likely to cause dystocia
  - severe obesity BMI > 35
  - extreme prematurity
  - extensive prior abdominal surgery
  - extensive fibroids
- Manage complications of CS (under supervision where appropriate):
  - extension of uterine incision
  - haemorrhage
  - visceral damage
  - wound dehiscence
  - infection
  - venous thrombosis
- Ability to ;
  - counsel women with a prior CS about options (CS vs VBAC)
- Ability to;
  - counsel women and their partners about the risks of emergency and elective CS
  - formulate, implement and where appropriate modify a management plan for a women undergoing CS
  - liaise with anaesthetists, haematologists, neonatologists and radiologists where appropriate
- Ability to recognise womens' expectations and anxieties with respect to medical intervention
- Ability to communicate in a non judgmental manner with women and partners.

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attachment in
  - Anaesthesia
- Log of experience & competence
- OSATS
- O&G Ireland Guidelines

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**Resuscitation****Objectives:**

- To be able to carry out appropriate assessment and management of maternal collapse (including cardiac arrest)
- To be able to carry out appropriate assessment and management of the depressed neonate

**Knowledge**

- Pathophysiology
  - hypovolaemia
  - pulmonary embolism
  - amniotic fluid embolism
  - primary cardiac event
  - trauma
  - cerebrovascular event
  - sepsis
  - electrocution
  - neonatal depression
- Epidemiology
  - maternal collapse (causes / risk factors)
  - neonatal depression
- Management
  - maternal resuscitation
    - respiratory management (incl. basic airway management, indications for intubation, ventilation)
    - circulatory management (incl. cardiac massage, defibrillation)
    - fluid management
  - indications for perimortem CS
  - principles neonatal resuscitation
    - respiratory depression / apnea
    - bradycardia / cardiac arrest
    - meconium aspiration
- Pharmacology
  - oxygen
  - epinephrine
  - sodium bicarbonate
  - atropine

**Skills**

- Manage a case of maternal collapse
  - ascertain cause of collapse
  - undertake resuscitation (as part of a multidisciplinary team)
  - institute/modify appropriate medical management for;
    - pulmonary embolism
    - amniotic fluid embolism
    - cardiac arrhythmia
    - sepsis
  - arrange appropriate investigations
  - perform (under supervision) perimortem CS or refer, where appropriate, for same
- Perform
  - neonatal resuscitation
    - mask ventilation
    - cardiac massage
- Ability to:
  - rapidly assess maternal collapse and institute resuscitative measures in both women and neonates
  - work effectively as part of a multidisciplinary team showing leadership where appropriate
  - formulate, implement and where appropriate modify a management plan in maternal collapse / cardiac arrest
  - liaise with physicians, anaesthetists, neonatologists
  - debrief family and staff

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in
  - Anaesthesia
  - Neonatology



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**Medical Disorders on the Labour Ward****Objectives:**

- To be able carry out appropriate intrapartum and immediate postpartum assessment and management of women with medical disorders

**Knowledge**

- Pathophysiology
  - Including the effect of labour and delivery on the following diseases:
    - diabetes
    - cardiac/respiratory abnormalities
    - haemoglobinopathies
    - thrombotic / haemostatic abnormalities
    - epilepsy
    - severe pre-eclampsia / eclampsia
    - renal disease
    - hypertension
    - HIV / sepsis
- Management
  - maternal monitoring
    - blood glucose
    - respiratory function (incl. respiratory rate, SaO<sub>2</sub>, , blood gases)
    - cardiovascular function (incl. blood pressure, heart rate, cardiac output)
    - renal function (incl. urine output, creatinine)
  - analgesia and anesthesia
- Pharmacology
  - effects of drugs used to treat above conditions on course and outcome of labour
  - effects of drugs used in management of
    - labour (e.g. oxytocin, syntometrine)
    - above conditions
  - effects of analgesics and anaesthetics on the above conditions

**Skills**

- Take an appropriate history and perform an examination to assess medical disorder
- Manage a woman with a medical disorder in labour incl. ;
  - monitor blood glucose and maintain euglycaemia using intravenous glucose and insulin
  - monitor cardiorespiratory function and maintain oxygenation and cardiac output
  - monitor abnormal blood clotting and respond accordingly, including therapeutic intervention
  - monitor blood pressure and, where appropriate, treat hypertension
  - monitor renal function and respond where appropriate by adjusting fluid balance or with drugs
  - use anticonvulsants effectively
- Manage a case of HIV in labour;
  - plan mode of delivery
  - institute iv zidovudine therapy
- Ability to:
  - formulate, implement and where appropriate modify a medical management plan for labour and delivery
  - liaise with physicians, anaesthetists
  - counsel women and their partners accordingly
    - management options in labour
    - risks of medical therapies

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. Medical Disorders
- Attendance at
  - Medical clinics
  - Diabetes clinics
  - Infectious Diseases/Obstetric Clinics
  - Addiction/Obstetric Clinics

**Infection****Objectives:**

- To be able to carry out appropriate assessment and intrapartum management of women with blood borne viral infection
- To be able to carry out appropriate assessment and intrapartum management of women with genital herpes
- To be able to carry out appropriate assessment and intrapartum management of women at risk of Group B haemolytic streptococcal (GBS) infection

**Knowledge**

- Virology /Microbiology/ Epidemiology
  - HIV1 & 2 /Hepatitis B /Hepatitis C /HSV 1&2
  - GBS (risk factors, colonisation rates)
  - pathophysiology of the above
  - risk of transmission
  - epidemiology of infection in pregnancy
- Management
  - strategies to reduce mother-child transmission (incl. anti-retroviral therapy, acyclovir, intrapartum antibiotic prophylaxis (IAP), mode of delivery, feeding)
  - differential diagnosis of genital ulcers
  - conduct of labour / delivery
  - indications for CS
  - neonatal management – prophylaxis, testing
- Pharmacology (incl. adverse effects)
  - zidovudine
  - other HIV antiretrovirals
  - acyclovir
  - antibiotics
  - HBV vaccine / immunoglobulin
- Outcome
  - neonatal infection (diagnosis / complications)
  - long term outcome - chronic HIV /Hep B /Hep C infection
  - sequelae of congenital HSV infection
  - sequelae of neonatal Group B streptococcal disease (early and late onset disease)
- Knowledge of Health and Safety requirements for staff in case of needle stick injury

**Skills**

- Take an appropriate history
- Manage intrapartum cases of HIV, HBV and HCV infection;
  - counsel regarding maternal and fetal risks, strategies to reduce mother-child transmission and management options
  - institute, where appropriate, anti-retroviral therapy
  - manage labour and delivery / CS
- Manage a case of HSV infection
  - arrange and interpret appropriate investigations
  - institute symptomatic treatment and acyclovir for active disease
  - counsel regarding maternal and fetal risks
  - institute, where appropriate, prophylactic acyclovir
  - plan time / mode of delivery
- Manage a case of GBS infection in pregnancy;
  - arrange and interpret appropriate investigations
  - counsel regarding maternal and fetal risks
  - institute IAP
- Ability to take an appropriate history
- Ability to:
  - formulate, implement and where appropriate modify a management plan
  - liaise with HIV expert, virologist, microbiologist, multidisciplinary team, neonatologists & GP
  - counsel women and their partners accordingly
    - management options
    - risks of perinatal transmission and methods of prevention
    - risks / benefits of anti-retroviral / acyclovir / IAP therapy
    - long term outcome for mother and infant
- Ability to respect patient confidentiality

**Assessment and Learning**

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. Maternal medicine
- Attendance at sessions in neonatology
- Log of experience & competence
- Mini-CEX

## Intensive Care

### Objectives:

- To understand the organization and role of high dependency and intensive care
- To understand the indications for and methods of invasive monitoring
- To understand the management of organ failure

### Knowledge

- Structure and organization of
  - high dependency care
  - intensive care
  - role of outreach teams
  - indications for high dependency and intensive care in obstetrics
- Management
  - methods of invasive monitoring
  - oxygenation / acid base
  - arterial pressure
  - cardiac output, preload and contractility
  - organ failure (incl. principles/techniques of supportive therapy)
  - respiratory failure
  - cardiac failure
  - renal failure
  - hepatic failure
  - coagulation failure

### Skills

- Take an appropriate history and perform an examination to assess critically ill woman
- Manage a woman with organ failure:
  - undertake resuscitation
  - arrange and interpret appropriate investigations to confirm diagnosis / cause and monitor organ function
  - arrange transfer to HDU / ITU where appropriate arrange appropriate investigations
  - liaise with peri-operative medicine
  - Perform (under supervision) or refer, where appropriate, for same
    - insertion of CVP line
    - endotracheal intubation
    - insertion arterial line / PA catheter (optional)
- Ability to:
  - formulate, implement and where appropriate modify a management plan including transfer to HDU/ITU
  - liaise with intensivists, physicians, anaesthetists, neonatologists
  - counsel women and their partners accordingly
  - management options, including therapeutic interventions
  - maternal and fetal risks
  - debrief family and staff
  - Observation of and discussion with senior medical staff
  - Appropriate postgraduate courses - MOET or equivalent

### Assessment and Learning

- Attendance at sessions in
  - Anaesthesia
  - Intensive Care
- Log management of HDU Patients on labour ward

**Neonatology****Objectives:**

- To be proficient at neonatal resuscitation and assess acid-base balance
- To understand and be able to counsel about gestation related outcomes
- To understand the intra partum factors that influence neonatal outcome

**Knowledge**

- Understand
  - the principles of basic and advanced neonatal resuscitation
  - conditions requiring admission to NICU
  - the implications of prematurity
  - intrapartum factors that influence neonatal outcome
  - acid-base balance
- Outcome
  - neonatal complications of HIE (incl. seizures, abnormal neurological function, organ failure)
  - gestation related outcomes
  - long term health implications of HIE (incl. cerebral palsy)

**Skills**

- Ability to:
  - assess a neonate at birth
  - perform basic neonatal life support
  - assist in advanced neonatal life support
  - interpret cord gases and assess acid-base balance
- Be able to follow the admission process of a neonate to NICU
  - counsel parents about the outcomes of prematurity
  - counsel parents about the outcomes of HIE

**Assessment and Learning**

- Attendance at:
  - resuscitations
  - NICU ward rounds
  - neonatal follow-up clinics
- Log book requirements:
  - Document NICU Rounds
  - Number of sessions
  - Interesting cases

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## Communication, Team Working and Leadership Skills

### Objectives:

- Demonstrate effective communication with colleagues
- Demonstrate good working relationships with colleagues
- Demonstrate the ability to work in clinical teams and have the necessary leadership skills

### Knowledge

- Communication
  - how to structure a staff interview to identify:
    - concerns and priorities
    - expectations
    - understanding and acceptance
  - breaking bad news
  - joint decision making
- Team working
  - roles and responsibilities of team members
  - factors that influence & inhibit team development
  - ways of improving team working including:
    - objective setting & planning
    - motivation and demotivation
    - organisation
    - respect
  - contribution of mentoring and supervision
- Leadership
  - qualities and behaviours
  - styles
  - implementing change /change management

### Skills

- Be able to communicate both verbally and in writing with colleagues
- Ability to break bad news appropriately and support distress
- Ability to:
  - work effectively within a multidisciplinary team
  - lead a clinical team
  - respect others' opinions
  - deal with difficult colleagues
- Be able to recognise and positively influence a dysfunctional team

### Assessment and Learning

- Mastering Communication Course
- HST Leadership in Clinical Practice Course

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**Training / Assessment / Skills and Drills****Objectives:**

- To understand different methods of training and learning
- Demonstrate the ability to assess competencies / set objectives / deal with difficult learners
- To understand and use different methods of assessment, and feed back effectively
- To utilise and deliver skills training, scenario training and fire drills appropriately

**Knowledge**

- Training
  - how to assess basic competencies
  - Deficiencies
  - Strengths
  - Understanding of level of skills
  - how to set objectives
  - how to support and facilitate training
  - understand different methods of adult learning
  - how to deal with difficult learners
- Assessment
  - formal assessment of individuals using different assessment tools
    - OSATS
    - DOPS
    - Mini-CEX
    - Case based discussions
  - assessment of team performance
  - feedback techniques eg Pendleton's rules
- Skills & Drills
  - understand the differences between skills training and scenario training how to set up, deliver and assess each of the above

**Skills**

- Be able to assess basic competencies , set objectives and assess against these objectives
- Be able to deal with difficult learners
- Be proficient in the use of the various assessment tools
- Ability to:
  - use different assessment tools
  - provide and receive feedback effectively
- Ability to:
  - understand different methods of training and learning
  - set up and run skills training, scenario training and fire drills
  - know which method to use depending on training session objective
- Lead training sessions / emergency drills on LW (Joint obstetrics and anaesthetics course)

**Assessment and Learning**

- Logbook requirements
- Teaching skills course



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## Clinical Governance and Risk Management

**Objectives:** Understand and demonstrate appropriate knowledge and skills in relation to CG and risk management

### Knowledge

- Clinical Governance
  - organizational framework at local, SHA and national levels
  - standards e.g. O&G Ireland Guidelines, NICE, RCOG guidelines
  - clinical effectiveness
  - principles of evidence based practice
  - grades of recommendation
  - guidelines and integrated care pathways
  - formulation
  - advantages and disadvantages
  - clinical audit
  - patient / user involvement
  - types of clinical trial/evidence classification
- Risk management
  - incidents/near miss reporting
  - methods of analysing incidents including root cause analysis
  - complaints management
  - litigation and claims management
- Appraisal and revalidation
  - principles
  - process
- Risk management on LW
  - principles of risk management
  - critical incident reporting

### Skills

- Participate in risk management
  - investigate a critical incident by reviewing the case and taking appropriate statements
  - write a time line
  - perform a root cause analysis
  - assess risk
  - formulate recommendations
  - write a response/report
  - feed back to staff & families
- Investigate and respond to a complaint
- Perform appraisal
- Sit on risk management committee
- Ability to practice evidence based medicine
- Ability to report and investigate a critical incident
- Ability to respond to a complaint in a focused and constructive manner.
- Ability to perform appraisal
- Ability to lead a multi-disciplinary team

### Assessment and Learning

- Observation of and discussion with senior medical / midwifery staff and clinical governance team
- Attendance at risk management meetings

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## Urodynamics, Urogynaecology and Vaginal Surgery

### Training Programme

1. Training should be undertaken under the supervision of a named preceptor for one year. The preceptor must be competent in undertaking urodynamic investigations and supervise at least one urodynamic session a week. The preceptor must undertake direct supervision of the trainee for the bulk of the module. The trainee may undertake a limited number of sessions under the supervision of professionals other than the preceptor. In these circumstances, it is the preceptor's duty to ensure that the profession to whom the duty of training is delegated is sufficiently confident to train the trainee.
2. The trainee should obtain an application form for the Advanced Practice Module (APM) from the administrator of the Institute of Obstetricians and Gynaecologists. It should be signed by the nominated preceptor and the head of the Department indicating that both agree for the trainee to undertake the module.
3. The trainee should attend a theoretical course that provides the essential knowledge component of training for this module. Ideally this should be the urodynamics course run by the Institute of Urology in Bristol. It would be expected that the trainee supplement the knowledge provided on this course by reading the appropriate textbooks and current literature. The theoretical course should be undertaken during the years training module.
4. The trainee must attend a minimum of 30 urodynamic clinics and the attendance documented in the appropriate section of the logbook.
5. The trainee must write up 10 reference case reports of interesting patients, covering a range of different conditions. These should include details of the patient's assessment and diagnosis and a critical review of the urodynamic traces. Each of these case reports should be not more than a thousand words.

### Assessment

On completion of the logbook it should be submitted to the Institute of Obstetricians and Gynaecologists for independent assessment. Provided it is assessed as satisfactory, a certificate of competence will be awarded by the Institute.

A formal assessment will be performed prior to awarding of certification of completion of special interest module. This assessment will include the RCPI Chair, NSD and a Trainer (who provided the module rather than the trainee's trainer). The trainer will be chosen by the NSD.

Certificate of completion of special interest modules will be awarded at the IOG AGM, study day, membership conferring or at CSCST graduation.

**Overview**

This module is designed to provide training in urogynaecology. Successful completion of the SIM (Special Interest Module) will provide the clinical foundation for managing women with pelvic floor disorders and future development of an interest in urogynaecology.

This module is designed for people with a desire to practise urogynaecology as a special interest. On completion, individuals should:

- understand the basics MDT in the management of pelvic floor disorders
- be able to take a history and examine patients with pelvic floor disorders
- work as a multidisciplinary team and understand the role of related specialties
- undertake basic investigations including laboratory urodynamics
- understand the role for more advanced investigations such as video urodynamics and ambulatory urodynamics
- undertake primary continence and prolapse surgery
- understand the role of complex and re-do pelvic floor surgery
- understand regional referral pathways for complex and recurrent cases
- understand the importance of audit
- be able to use evidence-based guidelines and write new guidelines where needed.

It is recommended that trainees:

- have shown appropriate clinical and surgical aptitude
- will typically require 12 months with regular dedicated urogynaecology sessions each week to achieve competencies
- undertake urodynamics course or equivalent
- complete urodynamic module

Urodynamic investigations are an essential component in the management of women who present with lower urinary tract symptoms. This module is designed to equip individuals with the knowledge and skills required to undertake urodynamic investigations within the correct clinical context. Once the module is successfully completed a clinician should be able to;

1. Undertake an appropriate urogynaecological clinical evaluation.
2. Perform all relevant urodynamic investigations.
3. Establish a diagnosis and formulate a treatment plan.
4. Effectively communicate the information required to both the patient and colleagues.

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**Basic Skills****Objective:**

The objective is to equip individuals with the knowledge and skills required to undertake urodynamic investigations within the correct clinical context including the ability to:

- Undertake an appropriate urogynaecological clinical evaluation.
- Perform all relevant urodynamic investigations.
- Establish a diagnosis and formulate a treatment plan.
- Effectively communicate the information required to both the patient and colleagues.

**Knowledge**

- History to include assessment of symptoms, severity and quality of life
- Examination to include neurological assessment, prolapse staging, assessment of bladder neck mobility and demonstration of stress incontinence
- Investigations prior to urodynamics including urinalysis, MSU, frequency volume charts and pad test.
- Patient counselling prior to performing a urodynamic investigation
- Knowledge and appropriate use of ICS terminology

**Skills**

- Calibration of flow transducers. Calibration of Urethral Pressure Profile (UPP) withdrawal machine. Use of appropriate pump filling speeds.
- Familiarity with three-way taps including flushing, zeroing and recording of pressures
- Uroflowometry
  - a. Understand the indication for the investigation
  - b. Explain the procedure to the patient
- Correct interpretation of the results and identification of any artefacts
- Residual Urine Volume
  - a. Measurement by ultrasound
  - b. Measurement by catheterisation
- Filling/Voiding Cystometry
  - a. Explain the procedure to the patient
  - b. Zeroing of pressure transducers
  - c. Perform the test in accordance with ICS recommendations in terms of catheterisation, position, filling speed, provocation tests and voiding cystometry
  - d. Comment on the quality of their trace obtained including any artefacts
  - e. Describe and interpret the results giving an accurate diagnosis.
  - f. Provide appropriate treatment recommendations

**Assessment and Learning Methods**

- Urethral Function Tests
  - Trainees should undertake a minimum of five UPP investigations. They should be in a position to explain the test to a patient. Perform the procedure and obtain good quality traces and interpret the results.

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## General urogynaecology assessment

### History

**Objectives:** To demonstrate the knowledge, skills and attitudes required for clinical assessment of pelvic floor dysfunction.

- Understand the different facets of obtaining a urogynaecological history.
- Obtain a general history.
- Obtain urinary/prolapse/bowel history.
- Assess impact of symptoms on quality of life (QoL) and be familiar with tools for objective assessment of pelvic floor dysfunction.

### Knowledge

- Terminology used for pelvic floor dysfunction
- Relationship between pelvic floor symptoms and other medical conditions
- Bladder diaries
- Validated questionnaires used in urogynaecology
- Evidence-based guidance
- Take an appropriate history
- Present a relevant urogynaecological history including impact of condition on QoL
- Interpret bladder diaries
- Able to select appropriate standardised symptom and QoL questionnaires

### Skills

- Ability to take an appropriate history and use terminology in accordance with the International Continence Society
- Ability to use clinical history and bladder diary to make an initial diagnosis
- Ability to communicate patient's symptoms and understand their severity and social and psychological impact
- Ability to select and analyse appropriate questionnaires
- Ability to use evidence-based guidance in clinical practice

### Assessment and learning

- Attend urogynaecology clinics
- Case discussion and observation of senior medical staff
- Record of cases seen
- CBD

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**Examination**

**Objectives:** To be able to carry out a competent examination.

- Undertake a general examination.
- Undertake a pelvic examination and be familiar with standardised methods of assessment of pelvic organ prolapse.
- Undertake a relevant neurological examination.

**Knowledge**

- Examination findings relevant to pelvic floor disorders
- Examination findings relevant to patients with pelvic organ prolapse
- Neurological findings in denervation of the pelvic floor
- Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)
- Objective methods for assessment of pelvic organ prolapse

**Skills**

- Perform an appropriate general pelvic floor and neurological examination
- Ability to carry out a relevant examination and elicit abdominal and pelvic findings
- Ability to describe stage of pelvic organ prolapse using a recognised method
- Ability to perform neurological examination of the S4 pathway
- Ability to communicate significance of clinical findings to the patient
- Ability to put clinical findings in the context of the patient's symptoms

**Assessment and learning**

- Attend supervised clinics
- Observation of senior medical staff, assisting and case discussion with senior staff
- Record of cases seen
- CBD

## Investigations

### Objectives:

- To be able to select appropriate tests, carry out the test proficiently and interpret the results.
- Initial assessment of pelvic floor symptoms and signs.
- Learn to interpret results of laboratory investigations in the context of the patient's symptoms

### Knowledge

- Relevant anatomy and physiology
- Urodynamics including:
  - urine culture and cytology
  - pad tests
  - assessment of urinary
  - residual
  - uroflowmetry
  - subtracted dual-channel cystometry
- Modalities for imaging the urinary tract
- Indications for advanced urodynamics (i.e. video urodynamics, ambulatory urodynamics and urethral function studies)

### Skills

- Perform appropriate investigation
- Understands when to refer for further investigation
- Ability to assess urinary residual by bladder scan
- Ability to describe tests to patient and refer to relevant specialist
- Ability to explain the relevance of the test findings to the patient and to communicate the results with sensitivity
- Ability to make appropriate requests for imaging of the lower urinary tract
- Ability to understand the impact of results on clinical management
- Awareness of regional referral pathways and role of regional subspecialist in the management of complex cases

### Assessment and learning

- Direct observation of senior colleagues
- Completion of urodynamics module
- Multidisciplinary team meetings
- Urodynamics case log book
- OSATS (a trainee should complete ten, showing contemporaneous evidence of progression to full competency; at least five should indicate competency in all technical aspects)
- CbD

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**Multiprofessional working (allied specialties)****Objectives:**

- To be able to select an appropriate conservative treatment pathway.
  - Learn to refer to appropriate discipline or specialty for further investigation or treatment.
  - Understand and set treatment goals.
  - Know how to contribute to the multidisciplinary team

**Knowledge**

- Pharmacological action and adverse effects of antimuscarinics
- Principles of pelvic floor muscle training and role of different physical therapies
- Principles of bladder retraining
- Non-surgical management of pelvic organ prolapse
- Basic understanding of anorectal dysfunction

**Skills**

- Understand the role of drug therapy for women with overactive bladder symptoms
- Understand the role of pelvic floor re-education in female urinary incontinence
- Understand the indications for vaginal pessaries
- Understand the indications for anorectal investigation
- Ability to recognise the importance of nonsurgical management in the treatment pathway
- Ability to prescribe appropriately and counsel on success and adverse effects
- Ability to instruct a patient in bladder training
- Awareness of referral of patients to physiotherapists and nurse specialists at an early stage of the treatment pathway
- Ability to work in a multidisciplinary team and to liaise appropriately with community continence services
- Ability to counsel patients on containment measures and support groups
- Ability to counsel, select and fit an appropriate vaginal pessary for pelvic organ prolapse
- Ability to counsel on simple treatments for faecal incontinence and refer appropriately

**Assessment and learning**

- Attend a physiotherapy clinic
- Observe multidisciplinary case discussion
- Case log book
- CBD



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## Surgical skills

### Objectives:

- To be clinically competent in assessment prior to surgery for stress urinary incontinence (SUI) and pelvic organ prolapse (POP).
- To understand and be able to counsel patients on the prognosis and complications of surgery for SUI and POP.
- To be clinically competent in undertaking vaginal hysterectomy and colporrhaphy as primary surgery for POP.
- To be able to manage common complications of vaginal surgery and understand when to involve other specialists.
- To understand indications for referral to a urogynaecology subspecialist.

### Knowledge

- Knowledge of equipment, diathermy instrumentation and theatre set-up
- Awareness of potential surgical complications
- Understand the management of major haemorrhage
- Understand the indications and complications of the following procedures:
  - cystoscopy
  - colposuspension
  - bladder neck injections
- Knowledge of surgical management of detrusor overactivity
- Knowledge of surgical management of faecal incontinence
- Knowledge of surgical procedures for recurrent POP and SUI

### Skills

- Be able to perform and manage complications of the following procedures:
  - cystoscopy
  - anterior repair
  - posterior repair
  - vaginal hysterectomy
- Able to manage postoperative voiding difficulty
- Recognise indications for referral
- Recognise referral to subspecialist
- Select patients appropriately for vaginal surgery
- Counsel on vaginal surgery including nonsurgical alternatives, surgical complications and outcome
- Recognise and appropriately manage intraoperative visceral injury including repair of simple operative bladder injury and postoperative bladder drainage
- Instruct nursing staff on catheter management following continence surgery
- Supervise a patient undergoing a programme of intermittent self-catheterisation
- Recognise role of other specialists in the management of surgical complication

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**Assessment and learning**

- Training programme
- Direct observation/consultant supervision within the module
- Case log book
- OSATS x 10 (a trainee should be able to show contemporaneous evidence of progression in surgical competence and have achieved full competency for each surgical procedure)
- CBD

## Gynaecology

### Overview:

This module provides special interest training in hysteroscopy, laparoscopy and benign open gynaecological surgery. The trainee should be able to choose the most appropriate care pathway for the patient following acquisition of hysteroscopic, laparoscopic and benign open gynaecological surgery skills. The trainee should also know when to refer more complex cases.

A simulation course in minimally invasive surgery should be completed prior to commencing this module.

Logbooks should provide a brief summary of the cases, identifying increasing complexity up to independent practice.

OSATS should only commence once a minimum number of cases defined have been undertaken.

A formal assessment will be performed prior to awarding of certification of completion of special interest module. This assessment will include the RCPI Chair, NSD and a Trainer (who provided the module rather than the trainee's trainer). The trainer will be chosen by the NSD.

Certificate of completion of special interest modules will be awarded at the IOG AGM, study day, membership conferring or at CSCST graduation.

Specifically, once trained, individuals should:

- be clinically competent and confident in all aspects of assessing patients for major gynaecological surgery
- be able to select and counsel appropriate patients for laparoscopic, hysteroscopic or open surgery
- be clinically competent in performing abdominal hysterectomy with and without oophorectomy for benign disease
- be clinically competent in performing surgery to the ovary, including post-hysterectomy oophorectomy
- be clinically competent in performing other appropriate abdominal procedures, including adhesiolysis
- be clinically competent in laparoscopy skills, including laparoscopic hysterectomy and laparoscopically assisted vaginal hysterectomy in uncomplicated cases
- have a thorough understanding of complications of surgery, how to manage them and when to involve other specialists
- be able to undertake and use clinical audit
- be able to write evidence-based guidelines
- be aware of the limits of their skills and to refer patients to appropriate colleagues as necessary.
- Requirements: At least 3 surgical sessions per week
- 2 surgical audits must be undertaken during the module
- Module may be delivered in more than one unit

## Open benign gynaecological surgery

**Objective:** To understand and demonstrate knowledge, skills and attitudes in relation to open abdominal gynaecological surgery.

### Knowledge

- Understand the anatomy and innervation of the genital tract
- Knowledge of equipment, instrumentation and theatre set-up
- Understand the principles of diathermy
- Awareness of potential risks and complications of abdominal surgery (including anaesthesia)
- Understand the principles and management of major haemorrhage
- Knowledge of emergency hysterectomy procedures, complications and risks

### Skills

- Appropriate selection of patients appropriately for abdominal surgery
- To perform:
  - abdominal hysterectomy +/- bilateral salpingo-oophorectomy (BSO)
  - oophorectomy ovarian cystectomy
  - myomectomy
- Adhesiolysis drainage of pelvic abscess post-hysterectomy oophorectomy
- Be able to identify the ureter
- Be able to identify the internal iliac artery
- Control major haemorrhage
- Recognise damage to bowel and bladder and be aware of repair procedures
- Recognise intraoperative complications and management
- Management of postoperative complications
- Awareness of clinical scenarios where emergency hysterectomy is necessary
- To provide counselling regarding the options for the management of benign gynaecological conditions, provide counselling regarding abdominal surgery, complications and alternatives
- Awareness of long-term complications of abdominal surgery

### Assessment and Learning

- Observation of techniques and then practice with assistance from supervisor
  - Relevant
  - hysterectomy
  - opening and closing abdomen using vertical incision
- Audit of cases
- OSATS:
  - Hysterectomy
  - Opening and closing the abdomen using vertical incision
- Log of cases: TAH +/- BSO x 20 (minimum) at level 5 Competence. (No OSATS until 10 completed)
- Minimum of five cases of :
  - oophorectomy
  - ovarian cystectomy
  - myomectomy
  - adhesiolysis
  - drainage of pelvic abscess
  - post-hysterectomy oophorectomy

**Laparoscopic benign abdominal surgery**

**Objective:** To understand and demonstrate knowledge, skills and attitudes in relation to laparoscopic abdominal gynaecological surgery.

**Knowledge**

- Anatomy of the abdomen, female genital tract, bladder, ureters and lower bowel
- Knowledge of laparoscopic equipment and theatre set-up
- The principles of safe use of energy sources
- Knowledge of safe entry techniques and port site problems
- Knowledge of potential risks and complications specific to laparoscopic surgery (including anaesthesia)
- Knowledge of the contribution of preoperative investigations, particularly CA125 and transvaginal ultrasound scan findings
- Knowledge of the pathological processes involved in ovarian disease and endometriosis

**Skills**

- Set up laparoscopic equipment, the theatre environment, patient positioning, optimisation and recording of images
- Proficiency in Veress needle, Hasson direct and Palmer's point entry techniques
- Position and safe insertion of secondary ports
- Assess peritoneal cavity including ureteric visualisation
- Proficiency in safe tissue handling with laparoscopic instruments, sharp and blunt dissection
- Correct use of various haemostatic techniques
- Provide counselling regarding benefits, risks and alternatives to laparoscopic surgery
- Recognition of the limitations of their operative laparoscopic surgery skills
- Ability to select patients appropriately for operative laparoscopy
- Correct use of tissue retrieval techniques
- Perform laparoscopic suturing
- Checks for bladder and bowel integrity
- Be able to recognise intraoperative complications and manage them, including when to convert to an open procedure
- Be able to recognise delayed-onset complications
- Proficiency in the performance of adhesiolysis
- Proficiency in the performance of ovarian cystectomy and oophorectomy
- Proficiency in the performance of excision and ablation of peritoneal endometriosis and ovarian endometrioma
- Proficiency in the laparoscopically assisted vaginal hysterectomy and laparoscopic hysterectomy

**Assessment and Learning**

- OSATS: Operative laparoscopy (do not introduce until at least 10 have been performed, then commence logbook)
- Case logbook:
  - Adhesiolysis x 10(min)
  - Ovarian cystectomy and oophorectomy x 10(min)
  - excision and ablation of peritoneal endometriosis and ovarian endometrioma x 10(min)
  - laparoscopically assisted vaginal hysterectomy and laparoscopic hysterectomy x 10(min)

**Hysteroscopic benign surgery****Objectives:** The safe use of hysteroscopic surgery for benign surgical conditions**Knowledge**

- Knowledge of instruments
- Principles of safe use of energy sources; distension media
- Knowledge of
  - potential complications
  - methods of endometrial preparation
  - outpatient/office methods of diagnosis and treatment

**Skills**

- Ability to:
  - perform first-generation endometrial ablation
  - transcervical resection of the endometrium (TCRE)/transcervical resection of fibroid (TCRF)
  - resect submucous fibroids grade 0–2
  - resect intrauterine adhesions/septum
- Ability to manage difficult cervical dilatation
- Use of the loop ball, Collins knife and bipolar electrodes
- Manage complications intra- and postoperatively
- Provide counselling regarding hysteroscopic surgery, complications and alternatives
- Ability to perform hysteroscopic procedures in a fluent and safe manner
- Demonstration of safe use of electro-surgery
- Demonstration of safe hysteroscopic fluid management

**Assessment and Learning**

- OSATS: Operative hysteroscopy (do not introduce until at least 10 have been performed, then commence logbook)
- Record of cases:
  - first-generation endometrial ablation / transcervical resection of the endometrium / (TCRE)/transcervical resection of fibroid (TCRF) x 20(min)
  - resect submucous fibroids grade 0–2 x 5(min)
  - resect intrauterine adhesions/septum x 5(min)

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## **Diagnostic Hysteroscopy - outpatient setting**

**Objectives:** The safe use of hysteroscopic surgery in diagnosis

### **Knowledge**

- Knowledge of instruments
- Principles of safe use of energy sources; distension media
- Knowledge of
  - potential complications
  - methods of endometrial preparation
  - outpatient/office methods of diagnosis and treatment

### **Skills**

- Ability to manage difficult cervical dilatation
- Manage complications intra- and postoperatively

### **Assessment and Learning**

- OSATS

## 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 speciality 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	Personal Goals Form
<b>On Call Rota</b>	Required	1	Training Post	Clinical Activities
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics (minimum of one antenatal clinical per week )</b>				Clinics
General Antenatal +/- specialist antenatal	Required	25	Year of Training	
Diabetic Antenatal Clinic	Required	10	Training Programme	
Medical Antenatal	Required	10	Training Programme	
Multi-birth Clinical Experience	Required	10	Training Programme	
Rhesus Clinical Experience	Desirable	1	Training Programme	
Infectious Antenatal	Required	10	Training Programme	
Gynaecology Adolescent Clinical Experience	Required	10	Training Programme	
Gynaecology Oncology	Required	10	Training Programme	
Urogynaecology	Required	10	Training Programme	
Subfertility	Required	10	Training Programme	
Addiction/Substance Abuse Clinical Experience	Required	10	Training Programme	
General Gynaecology	Required	10	Training Programme	
<b>Ward Rounds/Consultations</b>				Clinical Activities
Consultant Led	Required	10	Year of Training	



Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Emergencies/Complicated Cases</b>				Cases
Shoulder Dystocia	Required	5	Training Programme	
Eclampsia	Required	2	Training Programme	
Severe Pre-Eclampsia	Required	10	Training Programme	
Antepartum Haemorrhage	Required	10	Training Programme	
Postpartum Haemorrhage	Required	10	Training Programme	
Ectopic Pregnancy Cases	Required	20	Training Programme	
<b>Procedures/Practical Skills/Surgical Skills</b>				Procedures, Skills, & DOPS
Caesarean Section – demonstrate experience with increasingly complex cases from year 1-5	Required	100	Training Programme	
Fetal Blood Sampling	Required	10	Training Programme	
Manual Removal of Placenta	Required	5	Training Programme	
Ventouse Delivery – demonstrate management with increasingly complex cases, including rotational	Required	100	Training Programme	
Forceps Delivery - demonstrate management with increasingly complex cases	Required	50	Training Programme	
Multiple Pregnancy	Required	10	Training Programme	
Cervical Cerclage	Required	2	Training Programme	
ERPC	Required	10	Training Programme	
Diagnostic Hysteroscopy	Required	50	Training Programme	
Operative Hysteroscopy	Desirable	10	Training Programme	
Diagnostic Laparoscopy	Required	50	Training Programme	
Laparoscopic Sterilisation	Required	5	Training Programme	
Operative Laparoscopy	Required	10	Training Programme	
Abdominal Hysterectomy	Required	5	Training Programme	
Vaginal Hysterectomy	Required	5	Training Programme	
Ovarian Cystectomy/Oophorectomy	Required	5	Training Programme	
Pelvic Floor Repair	Required	10	Training Programme	
Diagnostic Cystourethroscopy	Desirable	5	Training Programme	
Repair of Obstetric Anal Sphincter Injury	Required	5	Training Programme	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Ultrasound Procedures</b>				Procedures, Skills, & DOPS
Fetal Biometry	Desirable	1	Training Programme	
Liquor Assessment	Desirable	1	Training Programme	
Early Pregnancy	Desirable	1	Training Programme	
Placental Assessment	Desirable	1	Training Programme	
<b>Additional/Special Experience Gained</b>	Desirable	1	Training Programme	Clinical Activities
<b>Relatively Challenging Cases</b>	Required	10	Training Programme	Cases
<b>Management Experience</b>	Desirable	1	Training Programme	Management Experience
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				Teaching Attendance
Ethics Foundation	Required	1	Training Programme	
Ethics for Obstetrics and Gynaecology	Required	1	Training Programme	
An Introduction to Health Research Methods	Required	1	Training Programme	
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	
Mastering Communications (Year 1)	Required	1	Training Programme	
O&G Practical Scenarios Modules (7 online modules)	Required	1	Training Programme	
Performing Audit (Year 1)	Required	1	Training Programme	
Wellness Matters	Required	1	Training Programme	
<b>Simulation Workshops</b>				Teaching Attendance
OASIS – Perineal Tear and Episiotomy Repair Workshop	Required	1	Training Programme	
Advanced Practical Skills for Obstetrics & Gynaecology (Years 1 )	Required	1	Training Programme	
Advanced Gynaecological Surgical Skills (Years 3-5)	Required	1	Training Programme	
An Approach to Caring and Coping	Required	1	Training Programme	
Minimal Access Skills	Required	1	Training Programme	
<b>Study Days</b>	Required	3	Year of Training	Teaching Attendance
<b>Attendance at In-House Activities</b>				Attendance at Hospital Based Learning

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Perinatal meeting	Required	10	Training Programme	
Journal Club	Required	10	Training Programme	
MDT Meetings	Required	10	Training Programme	
<b>Delivery of Teaching</b>				Delivery of Teaching
Lecture/tutorial	Required	5	Training Programme	
Bedside Teaching/Teaching Ward Rounds	Required	5	Training Programme	
<b>Research</b>	Required	1	Training Programme	Research
<b>Audit Activities</b> (1 per year to either start or complete, Quality Improvement (QI) 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 During Training</b>	Required	2	Year of Training	Additional Professional Experience
<b>Additional Qualifications</b>	Desirable	1	Year of Training	Additional Professional Experience
<b>Committee Attendance (years 4-5) sit on one committee for a year</b>	Required	1	Training Programme	Additional Professional Experience
<b>Section 4 - Assessments</b>				
<b>CBD</b>	Required	1	Year of Training	Case Based Discussion
<b>OSATS</b> – the minimum requirements are set to demonstrate competency level for each of the following procedures. If you are deemed to be proficient – you will not need to fill additional OSATS forms. You will need to demonstrate ability dealing with increasingly complex procedures. The minimum requirements are set to “1”, however, if you did not demonstrate proficiency, you will need to complete additional OSATS until you reach the required competency level				OSATS
Caesarean Section (at each level)	Required	1	Training Programme	
Cervical Cerclage	Required	1	Training Programme	
Fetal Blood Sampling	Required	1	Training Programme	
Manual Removal of Placenta	Required	1	Training Programme	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Operative Vaginal Delivery - Vacuum	Required	1	Training Programme	
Operative Vaginal Delivery - Forceps	Required	1	Training Programme	
Operative Uterine Evacuation	Required	1	Training Programme	
Multiple Pregnancy	Required	1	Training Programme	
Abdominal Hysterectomy	Required	1	Training Programme	
Vaginal Hysterectomy	Required	1	Training Programme	
Posterior Repair with Perineorrhaphy	Required	1	Training Programme	
Anterior Repair	Required	1	Training Programme	
Diagnostic Cystourethroscopy	Desired	1	Training Programme	
Diagnostic Hysteroscopy	Required	1	Training Programme	
Diagnostic Laparoscopy	Required	1	Training Programme	
Operative Laparoscopy	Required	1	Training Programme	
Opening and Closing the Abdomen	Required	1	Training Programme	
Perineal Repair	Required	1	Training Programme	
STOP/MVA	Optional	1	Training Programme	
<b>ULTRASOUND OSATS</b>				OSATS
Ultrasound Machine Controls	Required	5	Training Programme	
Transabdominal and Transvaginal ultrasound examination of early pregnancy	Required	5	Training Programme	
Biophysical Profile Score	Required	5	Training Programme	
Fetal Measurement, Lie and Presentation	Required	5	Training Programme	
Liquor Assessment	Required	5	Training Programme	
Placental Assessment – Ultrasound	Required	5	Training Programme	
Ultrasound Assessment of Endometrium	Required	5	Training programme	
Ultrasound Assessment of the Normal Female Pelvis	Required	5	Training programme	
<b>Mini-CEX</b>	Required	2	Year of Training	Mini-CEX
<b>Quarterly Assessment/End of Post</b>	Required	4	Year of Training	Quarterly Assessment/End of Post Assessment
<b>End of Year Evaluation</b>	Required	1	Year of Training	End of Year Evaluation

## Documentation of Minimum Requirements – Special Interest Modules

### MATERNAL MEDICINE

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 the module signed by both Trainee & Trainer)	Required	1	Specialty Module	
<b>Weekly Timetable</b> (Sample Weekly Timetable for module)	Required	1	Specialty Module	
<b>On Call Rota</b> (where appropriate)	Required	1	Specialty Module	
<b>Section 2 - Educational Activities</b>				
Teaching Basic Practical Skills	Required	1	Specialty Module	
<b>Section 3 - Training Activities</b>				
<b>Maternal Medicine sessions (min 3 per week) to include:</b>				
Minimum of 1 in-patient management session per week	Required	40	Specialty Module	
<b>Clinic attendance</b>				
Maternal medicine clinic	Required	40	Specialty Module	
Haematology (including bleeding disorders clinic and thrombosis clinic)	Required	2	Specialty Module	
Hypertension clinic	Required	4	Specialty Module	
Renal Medicine clinic	Required	4	Specialty Module	
Adult cardiac clinic	Required	4	Specialty Module	
Echocardiogram clinics to include:				
Adult	Required	1	Specialty Module	
Antenatal	Required	4	Specialty Module	
Hepatology clinic	Required	2	Specialty Module	
Virology clinic	Required	1	Specialty Module	
Neonatal clinic	Required	1	Specialty Module	
Chest clinic	Required	1	Specialty Module	
Cystic Fibrosis clinic	Required	1	Specialty Module	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Pulmonary function lab	Required	1	Specialty Module	
Microbiology lab	Required	1	Specialty Module	
Radiology session	Required	1	Specialty Module	
General psychiatric clinic or perinatal mental health clinic	Required	1	Specialty Module	
GI clinic	Required	1	Specialty Module	
Diabetic clinic: Min of 10 to include:				
Obstetric clinic	Required	6	Specialty Module	
Endocrine	Required	4	Specialty Module	
Neurology clinic: Min of 2 to include				
Epilepsy	Required	1	Specialty Module	
General neurology	Required	1	Specialty Module	
<b>Ward Rounds</b>				
Obstetric anaesthesia	Required	10	Specialty Module	
ICU/HDU (min of one calendar week)	Required	20	Specialty Module	
Psychiatric MDT	Required	1	Specialty Module	

## LABOUR WARD MANAGEMENT

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 the module signed by both Trainee & Trainer)	Required	1	Specialty Module	
<b>Weekly Timetable</b> (Sample Weekly Timetable for module)	Required	1	Specialty Module	
<b>On Call Rota</b> (where appropriate)	Required	1	Specialty Module	
<b>Section 2 - Training Activities</b>				
<b>Labour Ward sessions (min 4 per week) to include:</b>				
ICU/HDU sessions	Required	10	Specialty Module	
Neonatal sessions	Required	4	Specialty Module	
Obstetric anaesthesia	Required	10	Specialty Module	
<b>Clinic attendance</b>				
Pelvic Floor Clinic	Required	4	Specialty Module	
Obstetric/Perioperative medicine clinic	Required	4	Specialty Module	
Infectious Diseases/Obstetric clinic	Required	8	Specialty Module	
Addiction/Obstetric clinic	Required	8	Specialty Module	
<b>Ward Rounds</b>				
NICU Round	Required	10	Specialty Module	
<b>Procedures/Practical Skills/Surgical Skills</b>				
Vaginal deliveries (including instrumental deliveries)	Required	40	Specialty Module	
Postpartum Haemorrhage and 3 <sup>rd</sup> stage problems	Required	10	Specialty Module	
Manage HDU patient	Required	10	Specialty Module	
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				
HST Leadership in Clinical Practice (year 3+)	Required	1	Specialty Module	
3 <sup>rd</sup> /4 <sup>th</sup> Degree Tear course	Required	1	Specialty Module	
Maternal medicine course	Required	1	Specialty Module	
Communication Skills course	Required	1	Specialty Module	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Teaching skills course	Required	1	Specialty Module	
<b>In-house activities</b>				
Develop a guideline for labour ward	Required	1	Specialty Module	
Attendance at risk management committee meeting	Required	4	Specialty Module	
Attend/run a skills & drills training session	Required	1	Specialty Module	
Attendance at a labour ward/obstetric divisional meeting	Required	4	Specialty Module	
<b>Audit activities</b>				
Conduct/supervise labour ward audit	Required	2	Specialty Module	
<b>Section 4 - Assessments</b>				
<b>OSATS</b>				
Caesarian Section	Required	10	Specialty Module	
<b>Mini-CEX</b>				
Infection	Required	1	Specialty Module	
<b>Case-based Discussion</b>				
Non-reassuring fetal status in labour	Required	2	Specialty Module	



## UROGYNAECOLOGY

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 the module signed by both Trainee & Trainer)	Required	1	Specialty Module	
<b>Weekly Timetable</b> (Sample Weekly Timetable for module)	Required	1	Specialty Module	
<b>On Call Rota</b> (where appropriate)	Required	1	Specialty Module	
<b>Section 2 - Training Activities</b>				
<b>Urogynaecology clinics (min 3 per week)</b>	Required	120	Specialty Module	
<b>Clinics</b>				
Attendance at Physiotherapy clinic	Required	1	Specialty Module	
<b>Procedures/Practical Skills/Surgical Skills</b>				
Cystoscopy	Required	10	Specialty Module	
Anterior Repair	Required	10	Specialty Module	
Posterior Repair	Required	10	Specialty Module	
Vaginal Hysterectomy	Required	10	Specialty Module	
<b>In-house activities</b>				
MDT Meeting	Required	1	Specialty Module	
<b>Section 3 - Educational Activities</b>				
<b>Courses</b>				
Urodynamics Course	Required	1	Specialty Module	
<b>Teaching Basic Practical Skills</b>	Required	1	Specialty Module	
<b>Section 4 - Assessments</b>				
<b>OSATS</b>				
Cystoscopy	Required	10	Specialty Module	
Anterior Repair	Required	10	Specialty Module	
Posterior Repair	Required	10	Specialty Module	
Vaginal Hysterectomy	Required	10	Specialty Module	
Investigations	Required	10	Specialty Module	
<b>Case reports</b> (1000 words max)	Required	10	Specialty Module	
<b>Case-based discussion</b>	Required	1	Specialty Module	



## GYNAECOLOGICAL SURGERY

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 the module signed by both Trainee & Trainer)	Required	1	Specialty Module	
<b>Weekly Timetable</b> (Sample Weekly Timetable for module)	Required	1	Specialty Module	
<b>On Call Rota</b> (where appropriate)	Required	1	Specialty Module	
<b>Section 2 - Training Activities</b>				
<b>Benign Gynaecological Surgery sessions (min 3 per week)</b>	Required	120	Specialty Module	
<b>Procedures/Practical Skills/Surgical Skills</b>				
TAH +/- BSO	Required	20	Specialty Module	
Oophorectomy	Required	5	Specialty Module	
Ovarian Cystectomy	Required	5	Specialty Module	
Adhesiolysis	Required	10	Specialty Module	
Drainage of pelvic abscess	Required	5	Specialty Module	
Post-hysterectomy oophorectomy	Required	5	Specialty Module	
Ovarian cystectomy and oophorectomy	Required	10	Specialty Module	
Excision/ablation of peritoneal endometriosis and ovarian endometrioma	Required	10	Specialty Module	
Laparoscopically assisted vaginal hysterectomy and laparoscopic hysterectomy	Required	10	Specialty Module	
First generation endometrial ablation/TRCE/TRCF	Required	20	Specialty Module	
Resect submucous fibroids grade 0-2	Required	5	Specialty Module	
Resect intrauterine adhesions/septum	Required	5	Specialty Module	
<b>Audit activities</b>				
Surgical Audit	Required	2	Specialty Module	
<b>Section 3 - Educational Activities</b>				
Teaching Basic Practical Skills	Required	1	Specialty Module	
<b>Section 4 - Assessments</b>				
<b>OSATS</b>				
Hysterectomy	Required	10	Specialty Module	
Open/close abdomen using vertical incision	Required	10	Specialty Module	
TAH +/- BSO (OSATS only after min 10 completed)	Required	10	Specialty Module	

<b>Curriculum Requirement</b>	<b>Required/ Desirable</b>	<b>Minimum Requirement</b>	<b>Reporting Period</b>	<b>Form Name</b>
Operative laparoscopy	Required	10	Specialty Module	
Operative hysteroscopy	Required	10	Specialty Module	
Diagnostic hysteroscopy	Required	10	Specialty Module	