



**INSTITUTE  
OF MEDICINE**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

INTERNATIONAL CLINICAL FELLOWSHIP TRAINING IN

# REHABILITATION MEDICINE



**This curriculum of training in Rehabilitation Medicine was developed in 2021 and undergoes an annual review by Dr Paul Carroll, Clinical Lead, Colm Small, Head of Training and Education, and by the Rehabilitation Medicine Training Committee. The curriculum is approved by the Institute of Medicine.**

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## Introduction

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

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

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

### Aims

Upon satisfactory completion of the ICFP, the doctor will be **competent** to undertake comprehensive medical practice in their chosen specialty in a **professional** manner, in keeping with the needs of the healthcare system.

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

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

### Professionalism

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

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

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

## Training Programme Duration & Organisation of Training

The period of clinical training that will be provided under the International Clinical Fellowship Programme (ICFP) for medical specialities is up to 3 years, after which the overseas doctors will be required to return to their country of origin. It should be noted that the standard programme length is two years and that to progress to the third year of training, trainees must hold the full MRCP/UK.

- Each ICFP is developed by the Royal College of Physicians of Ireland will be specifically designed so as to meet the training needs of participants to support the health service in their home country.
- All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they possess the necessary requirements from a training and clinical service perspective.
- Each overseas doctor participating in the ICFP will be enrolled with the Royal College of Physicians of Ireland and will be under the supervision of a consultant doctor who is registered on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council and who is an approved consultant trainer.
- Appointees to the ICFP will normally be registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Appointees will agree a training plan with their trainers at the beginning of each training year.
- For the duration of their International Medical Graduate (IMG) programme and associated clinical placements, all participants will remain directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD's in Ireland;
- Successful completion of an ICFP will result in the participant being issued with a formal Certificate of completion for the Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's parent training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

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

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

### ePortfolio logbook

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

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

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

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

**Review**

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

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

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

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

## **Generic Components**

**This chapter covers the generic components which are relevant to international 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 trainees with differing application levels in practice.**

## Good Professional Practice

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

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

### KNOWLEDGE

#### Effective Communication

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

#### Ethics

- Respect for autonomy and shared decision making
- How to enable 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

## Infection Control

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

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

### KNOWLEDGE

#### Within a consultation

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

#### During an outbreak

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

### SKILLS

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

**ASSESSMENT & LEARNING METHODS**

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

## Self-Care and Maintaining Well-Being

### Objectives:

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

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

### KNOWLEDGE

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

### SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

**ASSESSMENT & LEARNING METHODS**

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

## Communication in Clinical and Professional Setting

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

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

### KNOWLEDGE

#### Within a consultation

- How to effectively listen and attend to patients
- 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
- 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

## 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.

## 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.

## Scholarship

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

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

### KNOWLEDGE

#### Teaching, educational supervision and assessment

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

#### Research, methodology and critical evaluation

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

#### Audit

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

### SKILLS

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

### ASSESSMENT & LEARNING METHODS

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

## Management

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

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

### KNOWLEDGE

#### Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital 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 online course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

## Standards of Care

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

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

### KNOWLEDGE

#### Diagnosing Patients

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

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

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

#### Treatment and management of disease

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



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

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

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

### KNOWLEDGE

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

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- 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

## 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

### Specialty Section

#### Overview

#### Speciality training rotations

1. Neuro-rehabilitation – 1 year
  - (i) General incl. progressive disorders
  - (ii) Acquired brain injury
2. Spinal cord Injury – 6 months
3. Prosthetics Orthotics & Limb Absence Rehabilitation (POLAR) – 6 months
4. Paediatric rehabilitation – 6 months

At the end of this period, the trainee may opt to do an 6 additional months training in one of the above sub-specialities of her choice.

#### Aspects of Rehabilitation Medicine to be covered throughout training:

5. The rehabilitation process
6. Social & community aspects of rehabilitation
7. Psychological aspects of rehabilitation
8. Organisation & management in Rehabilitation Medicine
9. Wheelchair & seating assessments
10. Electronic assistive technology
11. Driving
12. Vocational rehabilitation

## 1. Neurological Rehabilitation

**Objective:** To equip the RCPI international fellow with the knowledge and skills required for: specialist assessment and management of individuals with a wide range of neurological disabilities in all healthcare settings taking account of the influence of psychological, social and economic factors.

### (i) General neurological rehabilitation including progressive disease

#### KNOWLEDGE

- Epidemiology of disabling neurological disorders
- Mechanisms of recovery, neural plasticity, learning and skill acquisition
- Pathogenesis, assessment and management of all neurological impairments
- Detailed knowledge of the application of all modalities used to manage spasticity and bladder dysfunction
- Prevalence and assessment of sexual dysfunction related to disability
- Overlapping clinical practice across rehabilitation medicine, learning disability, psychiatry, neuropsychiatry and neuropsychology
- Burden and impact of neurological disease on families
- Management of challenging behaviour related to neurological disease
- Knowledge of a wide range of outcome measures of impairment, activity limitation and participation applicable to disabling neurological disease
- Detailed knowledge of common goal-setting techniques used in rehabilitation of people with disabling neurological disease

#### SKILLS

- Ability to apply knowledge of neurological pathophysiology and differential diagnosis within the ICF framework
- Ability to interpret neurological and neuroradiological investigations, and neuropsychological tests, in the context of the person's clinical features
- Ability to determine the prognosis of disabling neurological disorders
- Ability to develop and recommend rehabilitation programs for patients with disabling neurological disorders
- Ability to select and prescribe appropriate and safe pharmacological agents in the management of neurological disorders
- Ability to assess safety awareness and risk factors in the patient with neurological disability
- Ability to carry out a clinical assessment of the neurologically disabled person
- Ability to perform blind, ultrasound or EMG guided botulinum toxin injections
- Ability to perform ultrasound-guided injection of salivary glands

#### ASSESSMENT & LEARNING METHODS

- In house teaching and study days
- DOPS: ITB pump refill, botulinum toxin injection (limbs and salivary glands), modified nerve blocks such as suprascapular block
- Mini-CEx: e.g., supervised chairing of conferences, disability assessment
- Case-based discussion

## (ii) Acquired brain injury (ABI) rehabilitation (including neurobehavioural)

### KNOWLEDGE

- In addition to knowledge outlined in neurological rehabilitation:
- The pathophysiology of acquired brain injury
- Presentation of illness and treatment of complications in acquired brain injury.
- Prevention of further brain injury
- Provision of an appropriate prognosis following acquired brain injury
- Medical complications of acquired brain injury
- Management of the following aspects of neurological rehabilitation with particular reference to acquired brain injury:
  - Aetiology of stroke and other ABI
  - Primary and secondary prevention of stroke
  - Post-traumatic and post-stroke epilepsy
  - Behaviour that challenges the inter-disciplinary team
  - Spasticity
  - Tissue viability
  - Neurogenic pain
  - Wheelchair assessment, specialised seating and orthotics prescription
  - The technique and application of psychometric testing.

### SKILLS

- In addition to skills outlined in neurological rehabilitation:
- Ability to complete a screening psychometric assessment independently
- Ability to perform initial risk assessment of patients with acquired mood disorders in ABI, with assistance from the psychologist and liaison psychiatrist
- Ability to assess a seriously ill patient in Neuro ITU and write a rehabilitation prescription

### ASSESSMENT & LEARNING METHODS

- In addition to assessment outlined in neurological rehabilitation:
- Acute hospital liaison, supervised by consultant
- Attendance at neurobehavioural clinics (minimum 3 throughout training)
- In house teaching – NRH module on challenging behaviour
- Observation of at least one entire SMART / MATADOC assessment
- Study days
- Mini-CEx

## 2. Spinal Cord Injury

**Objective:** To equip the RCPI international fellow with the knowledge and skills necessary to manage disability resulting from spinal cord injury to a competent level taking account of the influence of psychological, social and economic factors.

### KNOWLEDGE

- The pathophysiology of spinal cord injury
- Epidemiology of spinal cord injury, traumatic and non-traumatic
- Prevention of further cord injury in a recently injured person
- Provision of an appropriate prognosis at all stages following spinal cord injury
- Application of rehabilitation principles in the context of spinal cord injury
- The early management following injury including assessment of injury severity and management of all medical complications in the acute phase of injury
- Bladder management and care of the acutely paralyzed bladder and long term care of the urinary tract
- Bowel care and management in the spinal-injured patient
- Management of high level injuries including weaning from ventilator support and management of patients with long-term ventilation needs
- Awareness of the management of the following areas with particular reference to spinal injury:
  - Tissue viability
  - Sexual function and fertility
  - Neurogenic pain
  - Wheelchair, orthotics and specialised seating provision
  - Upper limb preservation and tendon transfer
  - Application and use of appropriate outcome measures
- Works as part of a multi-disciplinary team including relevant voluntary organisations
- Awareness of the physical and psychological benefits of sport, and its role in community re-integration
- Research strategies into spinal cord repair and regeneration

### SKILLS

- Ability to assess the post-acute spinal cord- injured person and their associated injuries
- Ability to perform an ISNCSCI/ASIA assessment and understand its use in the determination of prognosis
- Ability to assess spasticity using objective outcome measures
- Ability to prescribe and perform botulinum toxin injections for spasticity

### ASSESSMENT & LEARNING METHODS

- In house - tracheostomy management course
- Study Day - Management of spinal cord injury
- Case based discussion
- Mini-CEx: ASIA scoring



### 3. Prosthetics, Orthotics and Limb Absence Rehabilitation (POLAR)

**Objective:** To equip the RCPI international fellow with the knowledge and skills necessary for the comprehensive rehabilitative management of individuals with congenital or acquired loss of limb through the skilled prescription and use of prostheses and orthoses with an understanding of their applications and limitations

#### KNOWLEDGE

##### *Prosthetics*

- The causes and epidemiology of upper and lower limb amputation
- The epidemiology, aetiology and clinical significance of peripheral vascular disease and available methods of investigation and management
- Principles of amputation surgery, and post-operative management
- Biomechanical principles of prostheses - components and manufacture
- Indications and contraindications for prosthetic management of amputation
- Rehabilitation of the amputee with co-existing medical conditions
- Knowledge of gait analysis
- Psychosocial aspects of amputee care
- Knowledge of process to enable return to driving after amputation

##### *Orthotics*

- Biomechanical principles of orthotic management
- The aims, benefits and limitations of the prescription and use of orthoses
- Knowledge of the diversity of medical conditions for which orthotic management is required
- Knowledge and understanding of the place of orthotic treatment in relation to alternative (e.g. surgical) modes of treatment
- Knowledge of the skills involved in the design, casting, manufacture and fitting of orthoses

#### SKILLS (prosthetics and orthotics)

- Ability to assess and prescribe appropriate prostheses
- Ability to assess and prescribe appropriate orthoses
- Ability to work in conjunction with engineering and technical staff and other members of the IDT involved in assessing equipment for disabled people.
- Ability to demonstrate an empathetic attitude toward patients, and parents with a child with limb deficiencies.
- Ability to appreciate the diversity of medical conditions for which orthotic management is required

#### ASSESSMENT & LEARNING METHODS

- In house teaching
- Study days
- Amputee rehabilitation course - upper and lower limb
- Mini-CEX
- Case based discussion

## 4. Paediatric Rehabilitation

**Objective:** To equip the trainee with the knowledge and skills necessary to treat and manage clinical aspects of disability in childhood while liaising with statutory services (health, education and social services); to support the child with disability and their family and to secure smooth transfer of care for 16 - 19 year olds to adult services

### KNOWLEDGE

- Normal and abnormal child development, including growth, puberty, vision, hearing, gross and fine motor skills, language and communication skills, social behaviour and emotional development and response to pain, illness and disability
- Epidemiology, natural history and various methods of management for disabling conditions of childhood, including cerebral palsy, neural tube defects, neuromuscular and musculoskeletal disorders, severe learning difficulties, juvenile rheumatoid arthritis and head injury
- Plasticity of the child's brain at various ages and the degree of neurological recovery that can be anticipated in comparison with the adult brain
- Orthopaedic complications of neurodisability and their management, particularly scoliosis, hip dislocation and joint contractures
- Vision and hearing impairment and their management
- Communication, speech and language disorders and their management
- General and specific learning difficulties
- Physical illness, including epilepsy
- Psychological aspects of childhood and adolescence, including problems relating to sexual development, non-compliance with treatment and medication, bereavement
- The legal and practical framework of education, including special provisions for children with disabilities
- Relationships between children, their families their social, cultural and educational environments
- Indications for use of orthoses and other assistive devices for mobility and communication in children and their relation to growth and development.
- Prescribing and use of medication in children

### SKILLS

- Ability to perform neurological and orthopaedic exams of children of all ages
- Ability to demonstrate effective communication skills with parents and children of all ages
- Ability to assess developmental abilities and function of the disabled child
- Ability to demonstrate an empathic attitude to children and their families
- Ability to work well as part of the paediatric interdisciplinary team

### ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- Mini-CEx
- Case Based Discussion

## 5. The Rehabilitation Process

**Objective:** To equip the RCPI international fellow with the knowledge, skills and experience to manage the rehabilitation process as a member and leader of the interprofessional rehabilitation team

### KNOWLEDGE

- Detailed knowledge of the WHO ICF Classification and its application to all aspects of disability assessment and management
- Detailed knowledge of relevant guiding legislation
- Detailed knowledge and appreciation of the roles and expertise of interprofessional colleagues
- Epidemiology of disability
- Aetiology, pathophysiology, management procedures and prognosis of the conditions for which patients are referred for rehabilitation
- Health promotion needs & prevention of medical complications of disability incl. falls, pressure injuries, contractures, pain, mood disorders, behaviour disturbance
- Knowledge of medical, nursing, surgical, therapeutic management of above conditions

**SKILLS**

- Clinical
  - Medical assessment of disabled people referred for rehabilitation in both acute and later stages of disease and disability
  - Rapid screening assessment and application of management plan (e.g. in an outpatient clinic) of the impact of disease and disability on everyday life
  - Identification of carers' needs, including respite arrangements
  - Ability to offer consultative services on patients with neurological disability in the acute care services to arrange transfer to in-patient rehabilitation or assist with discharge planning
  - Write up of consults, admission notes and orders
- Interdisciplinary team working
  - Collaborates with the interdisciplinary team in selecting the appropriate form of ongoing management according to the capabilities and needs of the disabled person
  - Contributes to the appropriate negotiation of goals and review of achievements in different settings (inpatient and community)
- Leadership
  - Works effectively within multi-professional teams in different roles, including that of team leader
  - Effectively organizes and chairs interdisciplinary case conferences and other meetings involving the disabled person and their family
  - Demonstrates appropriate self-confidence and recognizes own limitations
  - Attempt to secure equity of access to health care resources for minority groups
- Communication
  - Liaises closely with other clinical teams
  - Communicates clearly with colleagues
  - Supports and communicate effectively with relatives
  - Is able to break bad news compassionately
  - Develops and sustains supportive relationships with patients with chronic disabling conditions
  - Understands the impact of the condition on the patient and their family
  - Adopt a non-discriminatory attitude to all patients and recognise their needs as individuals
  - Seek to identify the health care belief of the patient
- Self-management
  - Have awareness of one's own limitations and be willing to ask for help
  - Be flexible and willing to change in the light of changing conditions
  - Act with empathy, honesty and sensitivity
  - Communicating with families, IDT staff, consulting physicians, insurance companies, case managers and discharge planners

**ASSESSMENT & LEARNING METHODS**

- Case based discussion
- In house teaching
- Study days

## 6. Social and Community Aspects of Rehabilitation Medicine

**Objective:** To equip the RCPI international fellow with the knowledge, skills and attitudes required to plan community rehabilitation for patients taking note of social and cultural factors

### KNOWLEDGE

- Causes and effects of societal attitudes, including culture and ethnicity, to disability and methods of assessing negative attitudes to disability
- Impact of disability on social function in the domains of housing, employment, financial, leisure, transport and inter-personal relationships
- Services provided by statutory bodies, voluntary agencies and charities, their interfaces and the regulations and legislation under which they operate
- Community care plans, the planning of services in line with these and the process of multi-agency assessments for disabled people
- Issues relating to transition of care between children and adult services
- Available services for short-term, intermittent and longer-term rehabilitation and services for people in institutional care, as well as respite care services.
- The work of voluntary and self-help groups and their inclusion in the planning and rehabilitation of disabled people and their carers
- Physical, psychological and social impact on living in residential care and of shared care arrangements
- Elements of driving assessment after
- Other aspects of assessment of disabled people living in the community through liaison with those involved in rehabilitation and care.
- Appreciation of factors in the community setting which are relevant to pre-discharge planning and effective evaluation of long-term outcomes of hospital admission
- An understanding of vocational rehabilitation

### SKILLS

- Ability to act in an advocacy role on behalf of disabled people, particularly to break down administrative barriers between different service providers
- Ability to assess an individual's long term needs, including the co-ordination of multi-agency case conferences, identifying needs, establishing management plans and monitoring progress
- Ability to plan discharge effectively
- Ability to assess of the impact of disease and disability in a home setting

### ASSESSMENT & LEARNING METHODS

- In house teaching
- Case-based discussion
- SpR study days
- Minimum of 5 home visits

## 7. Psychological Aspects of Disability and Rehabilitation

**Objective:** To equip the RCPI international fellow with the knowledge and skills to recognize and screen for psychological consequences of physical conditions, contribute effectively to the interprofessional management of psychiatric, behavioural and cognitive complications, and refer appropriately to psychologists and psychiatrists

### KNOWLEDGE

- Personality characteristics and how they may be caused or affected by illness, disease, pain and disability
- Moods and how they may be influenced by external and internal factors.
- Somatic presentation of emotional distress
- Presentation, consequences and assessment of psychiatric and organic brain syndromes in the context of physical disability
- Interpretation of the results of psychological, psychometric, social and vocational assessments
- Recognition of the specific indications for psychological support provided by psychotherapists, clinical psychologists, counsellors, or other professionals such as social workers

### SKILLS

- Ability to manage, as part of an IDT, psychologically induced disability
- Ability to demonstrate good communication skills
- Ability to present with an empathic manner
- Ability to recognise the presence of psychological influences in the presentation and rehabilitation management of a person with physical problems
- Ability to use special interview techniques when treating people with complex disabilities
- Some counselling abilities including an appreciation of the benefits and limitations of counselling

### ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- Mini-CEx
- Case-based discussion

## 8. Organisation and management in Rehabilitation Medicine

**Objective:** To equip the RCPI international fellow with the knowledge and skills to implement good organisational practice within a rehabilitation service including personnel and financial management, and application of clinical governance

### KNOWLEDGE

- Legislation concerning the provision of services through the HSE, Department of Social Protection, Department of Transport (Tourism & Sport) and other Government departments relevant to the lives of disabled people.
- Principles underlying the planning of services within and between agencies
- All aspects of clinical governance as relevant to rehabilitation medicine.
- The role of generic and specialist rehabilitation services in Ireland
- Budgetary management, including elementary principles of accounting, delegation of financial responsibility accountability and planning, and health economics applied to rehabilitation medicine
- Staff development, including personal career plans, appraisal and in-service education opportunities
- Ethical aspects, including resource allocation, selection for treatment, and withdrawal or termination of treatment in advanced progressive disability
- Statutory regulation of the medical profession in Ireland
- Appropriate application of information technology in Rehabilitation Medicine
- The legal and operational process involved in appointing staff
- Application of management principles as part of an interdisciplinary team, including ability to deal with issues such as motivation, resolution of conflict and promotion of team identity

### SKILLS

- Ability to negotiate for resources within and between agencies
- Ability to complete all elements of medical and other professional recruitment including interview skills
- Ability to demonstrate good management and leadership skills

### ASSESSMENT & LEARNING METHODS

- Membership of Hospital, College or Clinical Programme committees
- RCPI HST Leadership in Clinical Practice course
- In house teaching
- Study days

## 9. Wheelchairs and Special Seating

**Objective:** to equip the trainee with the skills to assess, with the IDT, mobility support needs and specification of appropriate wheelchair and special seating solutions

### KNOWLEDGE

- Rationale generally for provision of a wheelchair as the sole or principal means of mobility and as an aid to social mobility
- Environmental factors that limit the use of wheelchairs
- Mechanics of wheelchair propulsion by occupants and attendants
- Range of wheelchairs available and the criteria for appropriate provision
- Knowledge of the shortcomings of the different types of equipment available
- Standardised classification of specialised seating
- Assessment, fabrication and fitting techniques
- Pressure mapping techniques
- Benefits and shortcomings of different types of pressure relieving cushions
- Cost of, and funding sources for, special seating
- Safe modes of therapeutic handling

### SKILLS

- Ability to work in conjunction with engineering, technical staff and IDT members involved in assessing appropriate seating systems for people with disability
- Ability to understand the impact of inappropriate seating on a person with poor posture related to acquired disability
- Ability to assess risk and patient (and attendant) safety when providing wheelchairs
- Ability to prescribe appropriate wheelchairs and special seating systems

### ASSESSMENT & LEARNING METHODS

- In house teaching
- Study days
- Minimum of 5 clinics in wheelchair and special seating
- Case based discussion
- Mini-CEx - assess and prescribe appropriate seating systems



## 10. Environmental Control Systems and Assistive Technology

**Objective:** To equip the trainee with the knowledge and skills to jointly assess a person's suitability for assistive devices, and organise periodic monitoring

### KNOWLEDGE

- The range of environmental control equipment available through the HSE and other suppliers
- The administrative system, and funding basis, of environmental control provision
- How environmental control equipment integrates with other equipment such as electric wheelchairs or communication aids
- How residual functional capabilities of severely disabled people impact on the selection of interfaces with environmental control equipment.
- Knowledge of the range of assistive technology used to assist mobility and activities of daily living
- Knowledge of the function of manipulation devices (e.g. page turners, feeders) and of the function of devices to assist sight and hearing
- Understand supply arrangements, including procedures for assessment, supply, funding and maintenance

### SKILLS

- Assessment of people with severe disability for environmental control equipment and assistive technology
- Ability to co-ordinate provision of ECS and AT with the other rehabilitation needs of the person
- Ability to understand the ethical issues involved in providing ECS and AT to individuals with complex disabilities

### ASSESSMENT & LEARNING METHODS

- Involvement in 5 environmental control assessments during training
- Intermittent attendance at the NRH AT service
- In house teaching

## 11. Driving for People with Disability

**Objective:** To equip the trainee with the knowledge and skills necessary to give safe advice on a person's ability to drive after an injury or illness, and participate effectively in the interdisciplinary process of assessing all aspects of car mobility for disabled people

### KNOWLEDGE

- The legal framework for driving and vehicle licensing, and medical fitness to drive, in Ireland (RSA guidelines April 2019) and any guidelines of relevance in country of origin
- The cognitive, perceptual and physical factors involved in controlling a vehicle, and the wider skills of driving safely
- The engineering and safety aspects of transport in a vehicle as a driver, passenger in a fixed seat and in a wheelchair
- The range of equipment available to compensate for impairments which affect ability to drive
- The financial, technical and other assistance available to help people with disability achieve social mobility such as the Primary Medical Certificate

### SKILLS

- Ability to assess, with IDT members, medical, visual, physical and higher cognitive factors relevant to driving a car
- Ability to assess the practical problems of access to a vehicle and vehicle adaptation to suit the needs of people with limitations after injury or illness
- Ability to co-ordinate assessment with other training aspects e.g., driver education and financial help with vehicle adaptation

### ASSESSMENT & LEARNING METHODS

- Attend 5 driving assessments
- Study days
- In house teaching – attend a Disabled Drivers' clinic as an observer
- Case based discussion
- Mini-CEX

## 12. Vocational Rehabilitation

**Objective:** To equip the trainee with the knowledge and skills required to assess a person's fitness to work after injury or illness

### KNOWLEDGE

- Social policy framework of vocational rehabilitation, including the Disability Act 2005, Employment Equality Act, 1998, Equal Status Act, 2000, Training and Employment Authority (FAS), and benefits available to the disabled population, including: Disability Allowance (DA) and Blind Pension schemes, Back to Work Allowance scheme, Back to Education Allowance.
- The obligations of employers which influence decisions, including Health and Safety at Work, superannuation and redundancy, rights of employees, and arrangements for retirement on medical grounds
- Ways in which jobs may be modified e.g., by the provision of technical aids or other services to facilitate employment or return of work
- Vocational assessment and training schemes run by governmental and private agencies through further education (FE) colleges, and sheltered placement/support employment schemes
- Psychological reactions to injury or impairment, including learned helplessness, secondary gain, post-traumatic stress and depression
- The initiation of work rehabilitation and communication with the appropriate personnel to maximise a patient's potential for return to work

### SKILLS

- Ability to assess a person's fitness to work after an injury or illness, bearing in mind relevant medical factors in each case and also wider social context
- Ability to also recognise the importance of physical, psychological and social factors in each individual
- Ability to write reports for employers and benefit assessors as the patient's advocate
- Ability to demonstrate a socially inclusive attitude

### ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching – observation of a minimum of 2 vocational assessments
- Case based discussion

## Documentation of Minimum Requirements for Training

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

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	ePortfolio Form
<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 Goal Plan
<b>On Call Rota</b>	Required	20	Training Programme	Clinical Activities
<b>Section 2 - Training Activities</b>				
<b>Rehabilitation Experience</b>				Clinical Activities
Neurological rehabilitation	Required	1 year	Training Programme	
POLAR	Required	3 months	Training Programme	
Spinal Cord Injury	Required	6 months	Training Programme	
Paediatrics	Required	6 months	Training programme	
Pain Management	Required	6 months		
<b>Interdisciplinary Assessments (observe only)</b>				Clinical Activities
Driving assessments	Required	2	Training Programme	
Electronic assistive technology & environmental control assessments	Required	2	Training Programme	
Wheelchair and special seating assessments	Required	2	Training programme	
Vocational assessments	Required	2	Training programme	
<b>Outpatient Clinics</b>				Clinical Activities
Neurological rehabilitation ( incl. acquired brain injury)	Required	20	Training Programme	
Neurobehavioural	Required	3	Training Programme	
Spasticity (injections and ITB refills)	Required	5	Training Programme	
Spinal Cord Injury	Required	4	Training Programme	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	ePortfolio Form
Spinal Cord Injury interdisciplinary	Required	4	Training Programme	
Prosthetics, Orthotics, Limb Absence Rehabilitation (POLAR)	Required	5	Training Programme	
Paediatrics	Optional	4	Training programme	
<b>Ward Rounds, consultations and IDT meetings</b>				Clinical Activities
Consultant - led (medical and interdisciplinary)	Required	40	Year of Training	
Trainee – led: medical	Required	20	Year of Training	
Trainee – led interdisciplinary team meetings incl family meetings				
Year 1 (Consultant supervised)	Required	2	Training programme	
Year 2 (2 of 4 Consultant supervised)	Required	4	Training programme	
Year 3 (Consultant supervision not necessary)	Required	6	Training programme	
Acute hospital consultations	Required	8	Training programme	
Home visits	Required	1	Year of Training	
<b>Procedures and practical skills</b>				Procedures
Refilling a Baclofen pump	Required	4	Training Programme	
Botulinum toxin injections, upper and lower limbs (blind/surface markings & ultrasound guided)	Required	20	Training Programme	
Botulinum toxin injection of salivary glands (ultrasound-guided)	Required	2	Training Programme	
SMART or MATADOC (observation of one full assessment by accredited therapist)	Required	1	Training Programme	
Assess for and prescribe lower limb prostheses	Required	2	Training Programme	
Tracheostomy change	Required	2	Training Programme	
<b>Section 3 - Educational Activities</b>				
<b>Participation at in-house activities</b> , minimum of 1 per month from the categories below:				Attendance at Hospital Based Learning
Grand Rounds	Required	5	Year of Training	
Journal clubs (medical and interdisciplinary)	Required	5	Year of Training	
Radiology conference (interdisciplinary)	Required	5	Year of Training	
Interdisciplinary Education Meeting	Required	3	Year of training	

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	ePortfolio Form
<b>Delivery of teaching</b>				Additional Professional Experience
Lecture	Desirable	2	Year of Training	
Tutorial	Required	2	Year of Training	
Bedside teaching (e.g. to NCHDs, AHPs, medical students)	Required	4	Year of Training	
<b>Study days</b>	Required	4	Year of Training	Study Day Attendance
<b>Committee attendance</b> (e.g. medical advisory, executive management, clinical programmes)	Required	2	Training programme	Additional Professional Experience
<b>Audit activities and Reporting</b> (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of Training	Audit & QI
<b>Research</b> (1 project suggested over duration of training)				Research Activities
National presentation	Desirable	1	Training programme	
International presentation	Desirable	1	Training programme	
Peer-reviewed publication	Desirable	1	Training programme	
<b>Mandatory Courses</b>				Course Attendance
ACLS	Required	2	Training Programme	
Ethics Foundation	Required	1	Training Programme	
An Introduction to Health Research	Desirable	1	Training Programme	
HST Leadership in Clinical Practice (Year 3)	Required	1	Training Programme	
Mastering Communications (Year 1)	Required	1	Training Programme	
Performing Audit (Year 1)	Required	1	Training Programme	
Wellness Matters	Required	1	Training programme	
<b>Non – mandatory courses</b>				Course Attendance
Spasticity course (online or in face to face delivery)	Desirable	1	Training Programme	
Spinal Cord Injury Course	Desirable	1	Training Programme	
Health Research Methods for Clinicians	Desirable	1	Training Programme	
<b>Section 4 – Assessments</b>				

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	ePortfolio Form
<b>Case-based discussion</b> Cases discussed can be those recorded in section 2 and should cover routine, complex and unusual issues that arise in all areas of the curriculum.	Required	4	Year of Training	CBD
<b>Mini-CEX</b> Clinical and communication skills required to be competent in all areas of the specialty & should be assessed during these events such as leading IDT and family meetings, ASIA scoring, limited cognitive exam, clinical neurological exam, primary prosthetic assessment etc,	Required	4	Year of Training	Mini-CEX
<b>DOPS</b>				DOPS
Refilling a Baclofen pump	Required	4	Training Programme	
Botulinum toxin injections, upper and lower limbs (blind/surface markings & ultrasound guided)	Required	10	Training Programme	
Botulinum toxin injection of salivary glands (ultrasound-guided)	Required	2	Training Programme	
SMART or MATADOC (observation of one full assessment by accredited therapist)	Required	1	Training Programme	
<b>Quarterly Assessment/End of Post</b>	Required	4	Year of Training	
<b>End of Year Assessment</b>	Required	1	Year of Training	