**FACULTY OF PAEDIATRICS**

**ROYAL COLLEGE OF PHYSICIANS OF IRELAND**

INTERNATIONAL CLINICAL FELLOWSHIP TRAINING IN

# ADOLESCENT MEDICINE AND MENTAL HEALTH IN PAEDIATRIC MEDICINE

This ICFP curriculum of training in Adolescent Medicine and Mental Health was developed in 2023 by Dr Elizabeth Barrett, Dr Louise Kyne, Dr Sarah Richardson and Dr Órla Walsh. It undergoes annual revision by the Clinical Leads and the RCPI Education Department. It is approved by the Specialist Training Committee in Paediatrics and by the Faculty of Paediatrics.

| Version | Date Published | Last Edited By | Version Comments |
|---------|----------------|----------------|------------------|
| 1.0 | July 2024 | Mariangela Esposito | No edits |

# Table of Contents

# 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.

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 section of the curriculum covers the generic components which are relevant to ICFP 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 ICFP trainees with differing application levels in practice.**

## Good Professional Practice

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

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

**KNOWLEDGE**

**Effective Communication**

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

**Ethics**

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

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

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

**Raising concerns about patient safety**

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

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

**SKILLS**

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

**ASSESSMENT & LEARNING METHODS**

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

## Infection Control

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

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

**KNOWLEDGE**

**Within a consultation**

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

**During an outbreak**

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

**SKILLS**

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

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

## Self-Care and Maintaining Well-Being

**Objectives:**

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

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

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

## Communication in Clinical and Professional Setting

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

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

### KNOWLEDGE

**Within a consultation**

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

**Difficult circumstances**

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

**Dealing with professional colleagues and others**

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

**Maintaining continuity of care**

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

**Giving explanations**

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

**Responding to complaints**

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

**SKILLS**

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

**ASSESSMENT & LEARNING METHODS**
- Mastering Communication course
- Consultant feedback at annual assessment

- o   Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- o   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
  - o Role of governance
  - o Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
  - o Knowledge of how to prepare a budget
  - o Defining value
  - o Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
  - o How to manage staff training, development and education
- Managing performance
  - o How to perform staff appraisal and deal effectively with poor staff performance
  - o How to rewards and incentivise staff for quality and efficiency

**Setting direction**

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

**SKILLS**

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

## Demonstrating personal qualities

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

**ASSESSMENT & LEARNING METHODS**

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

## Quality Improvement

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

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

### KNOWLEDGE

**Personal qualities of leaders**

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

**Managing services**

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

**Improving services**

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

**Setting direction**

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

### SKILLS

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

**Demonstrating personal qualities**

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

### ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice

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

## Scholarship

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

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

**KNOWLEDGE**

**Teaching, educational supervision and assessment**

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

**Research, methodology and critical evaluation**

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

**Audit**

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

**SKILLS**

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

**ASSESSMENT & LEARNING METHODS**

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

## Management

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

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

### KNOWLEDGE

**Health service structure, management and organisation**

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital 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 assess and treat patients' problems consistently and effectively

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

**Treatment and management of disease**

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

**Disease prevention and health education**

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

**Notes, records, correspondence**

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

**Prioritising, resourcing and decision taking**

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

**Handover**

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

**Relevance of professional bodies**

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

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

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

- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

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

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

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

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

### KNOWLEDGE

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

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

**Managing the deteriorating patient**

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

**ASSESSMENT & LEARNING METHODS**

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

## Therapeutics and Safe Prescribing

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

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

### KNOWLEDGE

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

### SKILLS

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

**ASSESSMENT & LEARNING METHODS**

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

# Specialty Section

**The specialty section of this curriculum details the specific knowledge and skills to be gained in the different areas of training identified by the Clinical Leads who designed this programme. This section has been designed with the intent to meet the training needs and interests of the Fellow.**

There are four main conceptual areas of training identified in this specialty section:

### General and Developmental Paediatrics

Both Dr Walsh and Dr Richardson (Clinical Leads) work as General Paediatricians with a special interest in Adolescent Medicine and Child mental health respectively. Therefore, whilst this area of training is not of primary interest to the Fellow, it is important to account for exposure to General and Developmental Paediatrics as an integrative aspect of this Fellowship.

### Adolescent Medicine

The Fellow will encounter adolescent patients as inpatients and outpatients both with General Paediatrics and Subspecialist Services. The points of knowledge and skills listed in this section are not exhaustive but are representative of the most common cases they may encounter.

Depending on their interests, the Fellow has the possibility to get exposure to elective training experiences, potentially including time in clinics specialising in substance use, sexual health, paediatric subspecialties and AYA clinics in adult hospitals. Additional training experience will be discussed and agreed with the assigned Trainer.

### Psycho-Social Problems and Psychiatry for Adolescents

This area of training requires an 8-month placement in liaison psychiatry/psychological medicine, under the supervision of a Psychiatry Consultant who trains both psychiatrists and medical/paediatric trainees. Trainees will gain exposure to work across the spectrum of consultation-liaison psychiatry and ADHD, Neurodiversity, Social and Communication disorders. This will also encompass work in psychological medicine in acute and chronic illness. 30—40% of young people attending tertiary clinics have a psychological component to their presentation. Additionally, adolescence is a peak time for de novo presentations of major mental health disorders. In view of this, the Fellow will gain an understanding of a range of first presentations (including history taking and assessment relating to mood disorders, anxiety disorders, psychosis, somatoform complaints, eating disorders and other difficulties). Many of these are covered in the general curriculum. The Fellow also will gain experience and exposure to MDT work supporting medical patients with ongoing medical conditions. This work is often shared across mental health and physical health teams.

### Adolescent Safeguarding

A core requirement for all Paediatricians and Psychiatrists is the development of skills required to be able to recognise different types of neglect and abuse and to be able to manage, report and refer appropriately.

## General and Developmental Paediatrics

**Objective:** To be competent in the assessment, the investigation, management and treatment of general paediatric and developmental conditions.

**KNOWLEDGE**
- Ability to take a comprehensive paediatric history and perform a detailed examination of a child or adolescent and arrive at a differential diagnosis
- Understand the diagnostic significance of patterns of symptoms, pathophysiology and physical signs
- Summate the relevant history and examination and develop a plan for treatment and relevant investigations
- Understanding the importance of effective communication and handover using SBAR

**PROCEDURAL SKILLS – where applicable**
- Venepuncture and intravenous cannulation
- Blood pressure measurement using age-appropriate BP cuffs
- Phlebotomy skills for obtaining blood for investigations
- Basic CPR skills and resuscitation including intraosseous access
- Lumbar puncture
- Urine microscopy
- Perform and interpret an ECG

**ASSESSMENT & LEARNING METHODS**
- CBD on Interpretation of developmental assessment

# Adolescent Medicine[1]

**Objective**: for the Fellow to be competent in the assessment, investigation, management and treatment of adolescent conditions.

## KNOWLEDGE

### ROUTINE ADOLESCENT HEALTHCARE

- Take a social history using a strength-based approach while screening for behaviours and risk factors for potential morbidity and mortality (e.g.: HEEADSSS model)
- Describe the goals, components, and techniques of motivational interviewing
- Identify the different situations in which motivational interviewing can be used with the adolescent population
- Practice building rapport with adolescents using a strength-based approach
- Compare and contrast the components of a visit for an adolescent at different stages of adolescence
- Discuss the importance of disease prevention through screening and anticipatory guidance, including healthy lifestyles
- Screen for safety issues and provide counselling on injury prevention
- Identify the socio-cultural aspects of young people's lives that shape their cultural values
- Enhance skills in providing culturally sensitive healthcare for adolescents
- Incorporate principles of harm reduction into primary and secondary prevention strategies for behaviour change
- Identify the ways in which social determinants of health and toxic stresses impact adolescent and adult health
- Discuss strategies for providing trauma informed care and addressing social determinants of health within adolescent settings
- Identify opportunities in which anticipatory guidance can be provided to parents around normal adolescent development and risk taking
- Discuss the importance of communication with parents and support of their adolescents, and provide hints on how to discuss sensitive issues

### ADOLESCENT GROWTH AND DEVELOPMENT

- Describe Sexual Maturity Rating staging and develop skills in properly staging adolescents' physiologic development
- Recognise the stages and progress of normal pubertal development
- Characterise the developmental continuum of adolescence including impact on health, risk-taking, and development of protective factors
- Assess knowledge related to adolescent brain maturation, development of executive function and its influence on adolescent risk-taking behaviour

---

[1] This section of the curriculum has been adapted from the Society for Adolescent Health and Medicine Resident Curriculum available at https://www.adolescenthealth.org/Training-and-CME/Adolescent-Medicine-Resident-Curriculum.aspx

- Explain the difference between gender identity and sexual orientation, and how these both exist on a spectrum
- Apply a developmental framework when discussing the development of gender identity with patients and families
- Apply a developmental framework when discussing the development of sexual orientation with patients and families

## CONSENT AND CONFIDENTIALITY

- Recognise the health rights and implications of the law on the care of adolescents in Ireland
- Describe what evaluation and treatment can be offered confidentially in Ireland
- Discuss how EMR and patient access to records affects confidentiality and adolescents accessing health care
- Review state-specific laws regarding mandated reporting and the procedures that ensue thereafter

## ADOLESCENT GYNAECOLOGY

- Describe the normal female menstrual cycle, and understand the concept of anovulatory cycling during pubertal development
- Describe the differential diagnosis, initial evaluation, and management options for common menstrual disorders including amenorrhea, irregular menses, abnormal uterine bleeding, and dysmenorrhea
- Explain options for menstrual regulation in adolescents with physical or developmental disabilities
- Examine your values around prescribing contraception to adolescents and young adults, and discuss professional responsibility to provide evidence-based care
- Describe Local Practice Recommendations for Contraceptive Use, and understand how to apply these in counselling patients about options and providing contraception
- Explain the various contraceptive methods, including ideal and typical failure rates, mechanism of action, benefits, and side effects, as well as addressing common myths about contraception
- Apply a shared decision-making framework to contraceptive counselling methods in working with teens
- Explain the investigations required, differential diagnoses and management of delayed puberty/primary amenorrhoea
- Discuss the diagnosis and management of benign and malignant ovarian cysts
- Develop an understanding of the diagnosis and management of complex gynaecological anomalies
- Describe the diagnosis and management of disorders of sexual differentiation.

## EATING DISORDERS IN ADOLESCENTS

- Recognise the overlap between mental health and physical health for young people with eating disorders
- Recognise and define DSM-5 eating disorders including anorexia nervosa, bulimia nervosa, avoidant/restrictive food intake disorder, binge eating disorder
- Describe risk factors (including genetic and neurobiological vulnerabilities) that may predispose youth to develop eating disorders

- Recognise that eating disorders can develop in all populations (i.e.: males, normal /overweight adolescents, adolescents with chronic disease, refugees), and that certain populations are at higher risk
- Identify medical complications of eating disorders and reasons for medical hospitalization
- Recognise long-term health risks associated with eating disorders and that they are more likely if youth with eating disorders are not identified early, followed closely, and treated using a multidisciplinary approach
- Recognise that disordered eating including dieting is common during adolescence
- List indications to refer adolescents with disordered eating to eating disorder specialists (e.g. medical, mental health, nutrition)
- Recognise that unhealthy weight control behaviours can occur at any weight, may be present in youth with overweight, or may initiate after a provider raises concerns about weight or rate of gain

## ADOLESCENT OBESITY

- Recognise risk factors for, public health impact of, and medical complications of obesity
- Discuss appropriate screening labs for obese individuals
- As sensitivity is required in addressing overweight with young people to avoid development of unhealthy weight control practices, demonstrate techniques, effective language, and strategies to work with adolescents around weight loss
- List indications for pharmacotherapy and bariatric surgery in adolescents

## TRANSITION TO ADULT HEALTHCARE

- Describe the timing and progression of transition preparation during adolescence
- Identify at least one tool for assessing youth readiness for transition
- Delineate the key components of transition preparation and implementation
- Describe the objectives and measurable outcomes of transitional care
- Describe the impact of chronic illness on physical, emotional, sexual, social, and cognitive development, and the reciprocal impact of normal adolescent development on chronic illness
- Explain how chronic disease and intellectual impairment uniquely impact the process of transition preparation and challenges they pose for transfer of care
- List the consequences in young adulthood of ineffective, delayed, or unsuccessful transition

## MEDICALLY UNEXPLAINED SYMPTOMS IN ADOLESCENTS

- Provides a consult service to young people who present with complex medically unexplained symptoms and present these effectively to consultant colleagues using a biopsychosocial approach and provide management plan
- Takes a lead role in an MDT around the management of a complex case
- Develop a toolkit of skills and strategies for management of medically unexplained symptoms for both the family and the condition
- Evidence a range of management plans – based on a holistic biological, psychological and social assessment and mental state examination
- Demonstrate ability to provide support effectively to young people and families who present with medically unexplained symptoms
- Contributes to delivery of local training in medically unexplained symptoms, including applying understanding of protective factors and resilience

- Collates evidence of involvement in local, national or international training events as organiser or facilitator/speaker
- Collates list of learning resources and discusses their pros and cons
- Leads on audit and research focussed on medically unexplained symptoms/mental health
- Recognise the impact of own psychological experience and personality on clinical practice
- Use reflective notes on discussions with colleagues, staff and patients which demonstrate ability to provide support effectively

## SKILLS

- Build rapport with adolescents using a strength-based approach
- Identify opportunities in which anticipatory guidance to parents around normal adolescent psychosocial development and risk-taking
- Discuss the importance of parents' communication with and support of their adolescents, and provide hints on how to discuss sensitive issues
- HEEADSSS – developmentally appropriate psychosocial history
- Motivational interviewing techniques
- MDT work
- Liaison with specialist teams
- MEED Risk assessment tool
- Use evidence toolkits to effect change – examples include therapeutic interviewing, adherence, motivation, conflict, management of chronic illness
- Demonstrates understanding of local and national pathways and policy around children and young people's mental health

## ASSESSMENT & LEARNING METHODS

- Attendance at clinics
- CBD
- Study days
- Child Obesity Education Sláintecare online course - https://childhoodobesity.ie/resources/health-professional-practice/

# Psycho-Social Problems and Psychiatry for Adolescents

**Objective**: for the Fellow to understand the role of liaison psychiatry and adolescent behaviour interventions in the managing of children and young people with mental illness and medical comorbidities. What is liaison psychiatry? What is emergency psychiatry? What approaches can be undertaken in the context of mild difficulties, moderate difficulties and more sever difficulties?

Furthermore, social context is exquisitely impactful in youth mental health. As highlighted in the general paediatric curriculum, the disadvantaged child is at increased risk. Trainees will gain awareness of

- Community problems: racism, bullying, gender issues, traffic-safe play spaces, pollution
- Access to healthcare for marginalised groups
- Local community: demographic structure, areas of deprivation, service provision and access
- Ethnic minority health needs
- Ability to elicit accurate information about a family's social circumstances with sensitivity
- Awareness of potential communication problems with people of different social, ethnic and racial backgrounds – strategies to cope with these
- Develop sensitivity on assessing the impact of being disadvantaged. Concepts around resilience, ACES and supports across community settings

## KNOWLEDGE

- Spending time with the Liaison Psychiatry/ Psychological Medicine MDT. Initial assessment, Formulation, and initial treatment as a team member
- Develop formulation and understanding multiaxial formulation: why is this necessary, what are the current debates about this arena? Understanding ICD-11 and DSM-V
- Identification and initial management of adolescent behaviour disorders and mental illness as appropriate in paediatric setting
- Awareness of local pathways, how to create links with psychiatry colleagues where no liaison services exist
- Understanding of history, examination and presenting features of both rare and common disorders such as:

  o Mood disorder
  o First presentations for self-harm or suicidal ideation, understanding how to assess deliberate self-harm and suicide attempt
  o First episode psychosis presentations
  o Anorexia nervosa and bulimia nervosa, ARFID, other eating disorder pathologies and complications
  o Anxiety disorders, OCD, and panic attacks
  o Neuropsychiatry approaches e.g. Overlaps between tic and neurological disorders, ADHD, behaviour, epilepsy, and common comorbidities
  o Attention deficit and social communication issues
  o Somatic symptom disorders
  o Substance, drug and alcohol abuse
- Understanding Adverse Childhood Experiences (ACEs) and the role they play in risk factors and protective factors
- Understanding the challenges of migrant patients and marginalised families

- Awareness of EDI in patient care
- Understanding social challenges for families
- Understanding the role of medical social work and mental health social work
- Awareness of community services for families on discharge

## SKILLS

- Assess child behaviour disorders in conjunction with colleagues and diagnose and treat where medical conditions are contributing
- When to suspect underlying psychiatric disorders warranting referral to child psychiatry service- how to undertake basic history taking and examination for a range of disorders, including ADHD, depression, psychotic disorders etc.
- Conduct a comprehensive assessment of the pattern of relationships and functioning within a family, recognising the importance of infant mental health and early parenting and attachment
- Apply working knowledge and experience of a range of social, psychological and biological interventions
- Understand local referral pathways and how to work in conjunction with colleagues.
- Provide joint care with psychiatry colleagues as appropriate
- Manage families' expectations and communication
- Collaborating and communication with MDT, including patients and families
- Understanding the role that psychosocial issues stressors have on these presentations
- Handling communication
- Listening skills

## ASSESSMENT & LEARNING METHODS

- Assessment of patients in the emergency dept following the psychosocial model
- Observation by supervisor and attendance to clinics – (supervised management of outpatient cases, undertaking joint emergency assessments with psychiatry team members)
- Attendance at MDT weekly during psychiatry placement, understanding roles of the team members Trainee will also attend daily handovers about emergency reviews
- Chairing family meetings where the trainee is involved in care of the young person and has attended sufficient meetings to be aware of necessary skills
- CBD
- DOPS
  - Perform a mental state exam
  - Perform a risk assessment of a child in crisis
  - Perform a risk assessment of a child with an eating disorder
  - Perform a history taking following the biopsychosocial model
  - Develops a diagnostic formulation (e.g. using biopsychosocial model or "4p framework"), which includes: Comorbidities, Mental health issues in parents and family, Normal and abnormal psychological and social development
- Attendance at Journal Club, Grand Rounds
- Present at monthly mental health meetings – desirable

# Psychological medicine in acute and chronic illness

**Objective**: for the Fellow to attend during their 6month placement in psychiatry MDT assessments and discussions around chronic and acute presentations. Acute reviews with the psychiatry MDT of new acute presentations. Formulation, initial treatment overview, and treatment pathways for ongoing care.

## KNOWLEDGE
The RCPI curriculum recognises the need for paediatricians to understand:

- Members and roles of the child and family counselling team
- Other health service resources available to families
- How to apply a child psychiatry perspective to normal, as well as abnormal illness behaviour, as encountered in all aspects of child health
- Understanding the concept of therapeutic interventions used and perspectives in child psychiatry, psychology and psychiatric social work
- Understand the use of behaviour questionnaires
- Knowledge and understanding of drug and alcohol abuse
- Knowledge of normal and abnormal reactions to stress, bereavement, chronic illness, death
- Knowledge of how to take a detailed child psychiatric history, including eliciting painful information sensitively and efficiently
- Use and understand non-verbal communication
- Define which are appropriate referrals to child psychiatry and psychology
- Learn to be sensitive to opportunities for therapeutic intervention during history taking
- Lean basic skills in supportive psychotherapy, behaviour therapy, family therapy
- Develop sensitivity to the impact of behaviour and psychological problems on relationships and family functioning
- Knowledge of Autism, ADHD, learning disabilities

## SKILLS
- Detailed developmental and neurological assessment
- Multidisciplinary team working
- Investigations and assessment of the child with regression in abilities
- Clinical Skills:
  - History taking - communication and language development
  - Take a detailed child psychiatric history, including eliciting painful information sensitively and efficiently o Assessment of Autism, ADHD, Learning disabilities as part of clinical history assessment
  - Detailed developmental assessment
  - Drawing up a management plan, considering continuing medical problems and attendant social, educational and psychological factors

## ASSESSMENT & LEARNING METHODS
- CBD

# ADHD, Neurodiversity, Social and communication disorders/autism spectrum disorder, Neurodisability

**Objective**: for the Fellow to be aware of the meaning of a diagnosis for young people and families. Awareness of management of social and communication disorders and autism spectrum disorders (ASD), particularly within the context of a co-existent developmental delay or disability. Awareness of managing a spectrum disorder as a paediatric patient (outpatient, inpatient) and local arrangements around assessment and intervention.  Awareness of neurodiversity and changing landscape and understanding.

## KNOWLEDGE

- Know the standard assessment and intervention methods available for children with ASD and ADHD
- History taking and how to identify autism and communication disorders, identify possible psychiatric co-morbidity and make onward referrals

## SKILLS

- Recognise the range of presentations of ASD and ADHD, and make onward referral for detailed assessment
- Interpret tools to assess for ASD and ADHD in preschool and school-age adolescents
- Manage the comorbidities of ASD and ADHD where medical management required, e.g. sleep disorder, feeding disorder including ARFID, bowel and bladder continence, malnutrition, epilepsy etc.
- Provide medical assessment and diagnosis as appropriate in the management of behaviour that challenges, including self-injurious behaviour, within the MDT
- Use a range of communication skills with disabled children, their families and other professionals

## ASSESSMENT & LEARNING METHODS

- CBD
- Case Presentation: Know the services available for children with ASD and ADHD – specialised preschools, ASD Units, home tuition grants etc. This will vary across countries, and we will ask the trainee to present on the situation in their home country.

# Adolescent safeguarding

**Objectives**: To be able to recognise different types of neglect and abuse and to be able to manage, report and refer appropriately.

**KNOWLEDGE**
- Definitions of different types of abuse: physical, sexual and emotional
- Legal aspects of abuse in Ireland
- Knowledge of a definition of a mandated reporter and their role in reporting into the child protection agency (e.g., Tusla)
- Clinical signs of neglect and abuse
- Knowledge of the forensic medical examination
- Knowledge of risks of cyberbullying, trafficking and social media
- Develop skills for assessing risk, asking about, and addressing bullying online and in schools
- List the risk factors for, and identify the public health significance of unintended injury in adolescence
- Identify and counsel teen about injury prevention using effective prevention programs and resources

**SKILLS**
- Recognise the red flags for child maltreatment
- To be able to differentiate abuse from non-abuse
- Conduct an assessment of abuse
- Recognition and management of abuse
- Assess injuries in relation to history, developmental stage and ability of the adolescents

**ASSESSMENT & LEARNING METHODS**
- CBD
- Child Protection hospital teaching
- Child First Course
- Recognition and Response course for BST

## Documentation of Minimum Requirements for Training

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

| Curriculum Requirement | Required/ Desirable | Minimum Requirement | Reporting Period | Form Name |
|---|---|---|---|---|
| **Section 1 - Training Plan** | | | | |
| Personal Goals Plan | Required | 1 | Training Post | Goals Plan |
| On-call rota – Working on the emergency department assessment team with the team during hours – 2 days per week | | 1 | Training Post | Clinical Activities |
| **Section 2 - Training Activities** | | | | |
| **Outpatient Clinics** | | | | Clinics |
| Adolescent Clinic | Required | 10 | Year of Training | |
| Child Mental Health Clinic | Required | 10 | Year of Training | |
| Paediatric and Adolescent Gynaecology Clinics | Required | 10 | Year of Training | |
| Subspecialty Clinics | Required | 5 | Year of Training | |
| Elective Clinics | Desirable | 1 | Year of Training | |
| **Ward Rounds/Consultations** (CHI Crumlin and Temple Street) | | | | Clinical Activities |
| In patient consultations and follow up. Record 20 Cases, assessed through case-based discussion of 5 examples | Required | 20 | Year of Training | |
| Weekly teaching ward round when on site in temple street | Required | 30 | Year of Training | |
| **Common and Complicated cases** | | | | Cases |
| ARFID | Required | 5 | Training Programme | |
| Common adolescent presentations | Required | 5 | Training Programme | |
| Chronic Fatigue Syndrome | Required | 2 | Training Programme | |
| Growth and development concern | Required | 5 | Training Programme | |

| Curriculum Requirement | Required/ Desirable | Minimum Requirement | Reporting Period | Form Name |
|---|---|---|---|---|
| LGBTQ+ Adolescent | Required | 2 | Training Programme | |
| Menstrual disorders | Required | 10 | Training Programme | |
| Eating Disorders | Required | 10 | Training Programme | |
| Depression | Required | 1 | Training Programme | |
| Anxiety and physical symptoms associated | Required | 5 | Training Programme | |
| First Episode Psychosis | Required | 1 | Training Programme | |
| Suicide and Self-harm | Required | 10 | Training Programme | |
| Adolescent Obesity | Required | 10 | Training Programme | |
| Adolescent transitioning to adult healthcare service | Required | 2 | Training Programme | |
| Adolescent with medically unexplained symptoms | Required | 2 | Training Programme | |
| **Chronic Cases/Long term care** | | | | Cases |
| Long-term management of chronic complex disease | Desirable | 2 | Training Programme | |
| **ICU/CCU** | | | | |
| ICU management of self-harm | Desirable | 1 | | |
| **Additional/Special Experience Gained** | Desirable | 1 | Training Programme | Cases |
| **Section 3 - Educational Activities** | | | | |
| **RCPI Courses** | | | | Teaching Attendance |
| An Introduction to Health Research | Desirable | 1 | Training Programme | |
| Childhood Development Disorders | Desirable | 1 | Training Programme | |
| NCHD Ethics Foundation | Desirable | 1 | Training Programme | |
| NCHD Ethics for Paediatrics | Desirable | 1 | Training Programme | |
| HST Leadership in Clinical Practice | Desirable | 1 | Training Programme | |
| Mastering Communication for NCHDs | Desirable | 1 | Training Programme | |
| Performing Audit | Desirable | 1 | Training Programme | |
| Wellness Matters for NCHDs | Desirable | 1 | Training Programme | |
| **Other Courses** | | | | Teaching Attendance |
| MSc Adolescent Health, NUIG | Desirable | 1 | Training Programme | |
| MSc Eating Disorders and Nutrition, UL | Desirable | 1 | Training Programme | |
| ADOS course at Trinity College Dublin ADOS-2 - School of Medicine - Trinity College Dublin (tcd.ie) | Desirable | 1 | Training Programme | |

| Curriculum Requirement | Required/ Desirable | Minimum Requirement | Reporting Period | Form Name |
|---|---|---|---|---|
| Short courses for eating disorders- National Eating disorders Programme, master degree in eating disorders | Desirable | 1 | Training Programme | |
| Short courses for neurodiversity Courses - Equality, Diversity and Inclusion (ucd.ie) | Desirable | 1 | Training Programme | |
| Short courses for psychological first aid (WHO) | Desirable | 1 | Training Programme | |
| **Participation at In-house activities** – minimum of 1 per month from the categories below: | | | | Attendance at Hospital Based Learning |
| Grand Rounds   (minimum of 2 per month), 1 Presentation | Required | 15 | Year of Training | |
| Journal Clubs | Required | 10 | Year of Training | |
| MDT Meetings (weekly), including:<br>• MDT meetings for in-patients<br>• Team Meetings<br>• Eating disorder MDT<br>• Complex obesity MDT | Required | 40 | Year of Training | |
| **Delivery of Teaching to peers and students**:<br>• Lecture<br>• Tutorial<br>• Bedside teaching | Required | 10 | Training Programme | Delivery of Teaching |
| **Additional Teaching Activities** | | | | Additional Professional Experience |
| Development of teaching materials | Desirable | 1 | Year of Training | |
| Involvement in the organization of postgraduate teaching | Desirable | 1 | Year of Training | |
| Involvement in the organization of International Adolescent Health Week | Desirable | 1 | Training Programme | |
| **Research** | Required | 1 | Training Programme | Research Activities |
| **Audit activities and Reporting**<br>• 1 audit/QI in Mental Health<br>• 1 audit/QI in Adolescent Medicine | Required | 2 | Training Programme | Audit & QI |

| Curriculum Requirement | Required/ Desirable | Minimum Requirement | Reporting Period | Form Name |
|---|---|---|---|---|
| International meetings | Desirable | 1 | Training Programme | Additional Professional Experience |
| Presentations | Required | 1 | Training Programme | Additional Professional Experience |
| Publications | Desirable | 1 | Training Programme | Additional Professional Experience |
| Additional Qualifications | Desirable | 1 | Training Programme | Additional Professional Experience |
| **Section 4 - Assessments** | | | | |
| CBD | Required | 5 | Year of Training | Case Based Discussion |
| DOPS <br> • HEEADSSS <br> • Mental State Examination <br> • Risk assessment of a child in crisis <br> • Risk assessment of a child with an eating disorder | Required | 4 | Training Programme | Procedures, Skills & DOPS |
| Mini-CEX <br> Including, but not limited to: <br> • History taking following the biopsychosocial model <br> • Discussion of medication use with families and young people | Required | 4 | Year of Training | MiniCEX |
| Quarterly/End of Post Assessments | Required | 4 | Year of Training | Quarterly/End of Post Assessments |
| End of Year Evaluation | Required | 1 | Year of Training | End of Year Evaluation |