



**FACULTY OF
PAEDIATRICS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

INTERNATIONAL RESIDENCY TRAINING PROGRAMME IN

PAEDIATRICS

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This curriculum of training in Paediatrics was developed in 2018 through a systematic review of training, led by Dr Michael Boyle. The curriculum undergoes an annual review process by Prof Michael O'Neill, Clinical Lead. The curriculum is approved by the Paediatrics Training Committee and by the Faculty of Paediatrics.

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1. INTRODUCTION

*This section includes an overview of the training programme and
how to use this curriculum document*

1.1. Purpose of training

This curriculum outlines the Faculty of Paediatrics' and the Royal College of Physicians of Ireland's (RCPI) approach to accreditation and certification of International Residency Training Programme (IRTP) in Paediatrics.

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

Key elements of IRTP

- Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum. Professionalism and ethical practice learnt through mentorship by senior clinicians, integrated into the curriculum requirements and supported by RCPI's education programmes.
- The core curriculum has been updated to ensure that these key elements are completed to the satisfaction of the Faculty of Paediatrics. Accreditation and certification will focus on evaluation of trainees' progress and the educational validity of the posts they occupy. This will be done by formal registration of all trainees with RCPI and an ePortfolio to ensure that specific goals and outcomes are achieved and that formal supervision by trainers is undertaken during each post.
- The College recognises that not all trainees will have the same exposure to specialties and therefore their training experience will differ. As a result the topics and practical skills obtained during IRTP will reflect the individual's rotation programme.
- All IRTP trainees in Paediatrics must pass the MRCPI in Medicine of Childhood examination in order to successfully complete their IRTP programme. It should be noted that this curriculum is not a syllabus for this examination but it will provide guidance for the knowledge required to take the examination.

1.2. Purpose of the curriculum and ePortfolio

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

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

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

1.3. How to use the curriculum

Both trainees and trainers require a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with trainees, particularly during goal-setting, feedback and appraisal processes.

Each trainee is expected to engage with the curriculum by maintaining an ePortfolio in which assessments and feedback opportunities must be recorded. The ePortfolio allows trainees to build up evidence to inform decisions on their progress at the annual reviews, whilst also providing tools to support and identify further educational and development opportunities.

It is imperative that trainees keep an up-to-date ePortfolio throughout the duration of their programme.

1.4. Training Goals

Training goals are the main overarching areas of training. Each training goal is broken down into measurable and defined training outcomes.

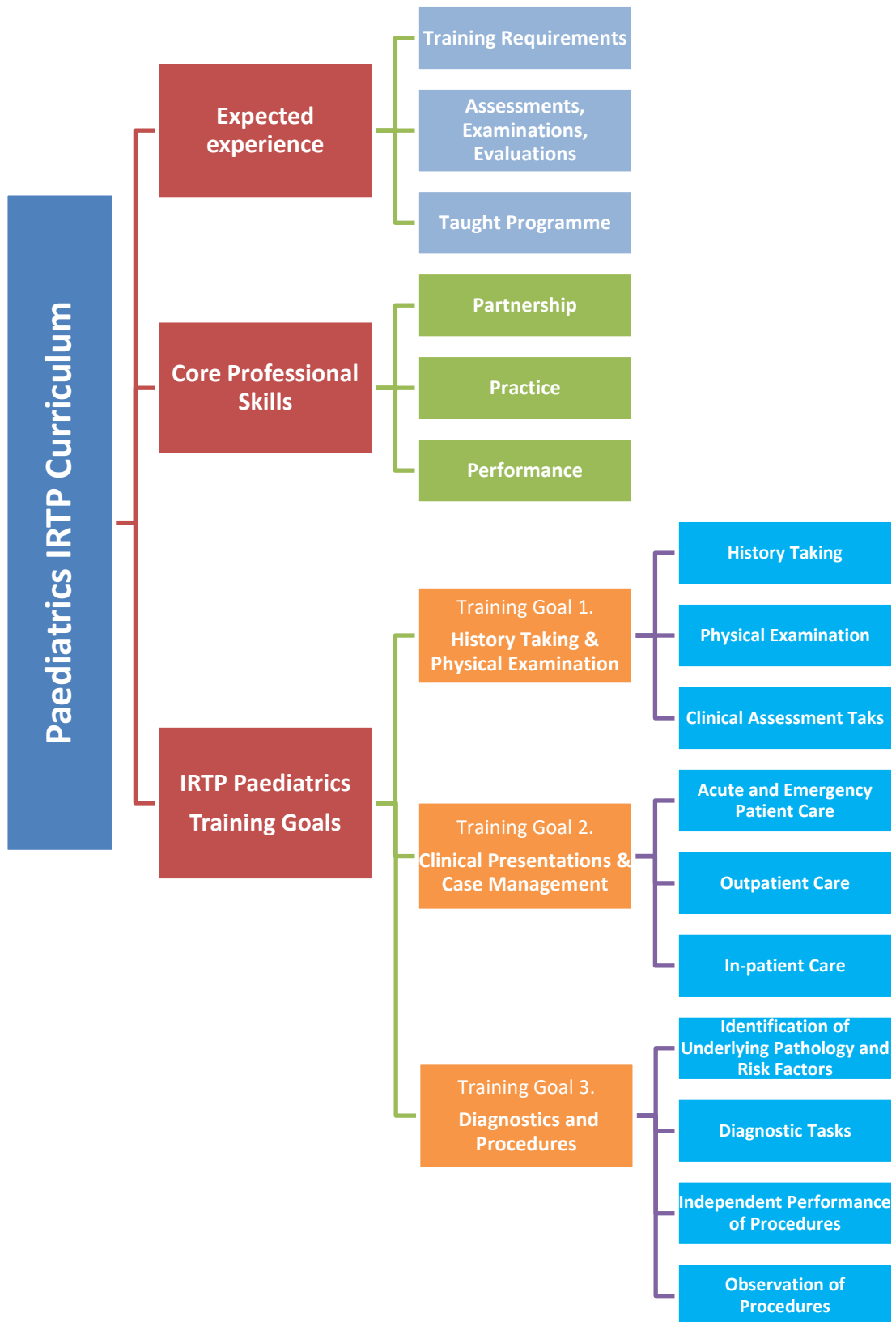
Clinical and professional experience is recorded under these training goal headings. For each post the trainee and trainer will meet to complete an end of post assessment and evaluate progress for each goal. The trainer will determine if the trainee's progress meets expectation for that point in training.

Experience will be gained a variety of posts and clinical setting. For each post a trainee is expected to develop their skills against these goals and record outcomes appropriately. Assessments of these skills incorporate core professional skills.

1.5. Outcomes

Specific outcomes are defined under each goal. By the end of Paediatrics IRTP a trainee should demonstrate an ability to meet each outcome. Evidence of experiences (training and learning), expected case mix, feedback, assessments and evaluations are some of the methods to achieve outcomes. Please refer to the "Focus of Assessment" outlined under most outcomes for indications.

1.6. Overview of Curriculum



2. EXPECTED EXPERIENCE

This section details the regulations to observe the and training experience that all International Trainees are expected to complete over the course of IRTP Paediatrics

2.1. IRTP Requirements and Policies

- IRTP consists of three years of training in approved Senior House Officer posts. Senior House Officer (SHO) grade is the initial training grade after Internship, and for most doctors the minimum period spent in this grade will be two years.
- IRTP in Paediatrics is regulated and certified by the RCPI Faculty of Paediatrics and completion of this period of training is a mandatory requirement for entry into most Higher Specialty Training programmes.
- IRTP must be done in posts that have been approved for training by RCPI.
- In addition to your clinical skills and general professional development activities it is expected that you will gain proficiency in core professional skills including clinical communication, organisational behaviour and leadership, wellbeing, quality assurance and improvement etc.

Important regulations and procedures relating to the IRTP programme are listed as follows.

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

- Register on the IRTP programme. Entry to the programme is in July on an annual basis.
- Complete 36 months of training in SHO posts that have been approved for IRTP.
- A minimum of six months must be spent in posts approved for General Paediatrics
- Six months must be spent in posts approved for pure Neonatology
- Experience in Community Paediatrics, Paediatric Emergency medicine or another paediatric subspecialty (i.e. Cardiology, Gastroenterology etc.) may be included. Not more than 6 months may be spent in any one of these specialties.
- Spend no more than six months in any one SHO post.
- Achieve all outcomes as set out in this curriculum.
- Paediatric IRTP Study Days are held each year, and trainees are required to attend ten study days over the course of their IRTP
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training.
- Attend and satisfactorily pass annual reviews
- MRCPI in Medicine of Childhood

Provisional approval

- Trainees who are in their second year of IRTP and who wish to apply to Higher Specialist Training are required to submit a letter of provisional approval of IRTP, which confirms that the trainee will complete IRTP before the start date for SpR posts. Trainees in this position are advised to apply for provisional approval well in advance of the closing date for Higher Specialist Training applications, due to the large volume of applications received every year.
- Applicants should note that provisional approval alone does not count as an application for a Certificate of Completion; only applications with a full set of supporting documents will be considered for formal approval. A letter of provisional approval will only stand for a period of six months after completion of the 24-months in approved training posts.

Entry Requirements

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

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

International Residency Training Programme Agreement

Trainees are required to sign a International Residency Training Programme Agreement prior to entering the IRTP programme, in which they must formally agree to:

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

2.2. Training Environment

All rotations must meet the criteria outlined in this curriculum and all rotations require the approval of RCPI. Regular evaluation of all rotations by RCPI is the basis for monitoring training. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

2.3. Supervising Trainers

Every IRTP post has one assigned supervising trainer, whose duties include:

- Meeting with the trainee in their first week in the post and agreeing the trainee's Personal Goals Plan.
- Appraising the trainees' progress at regular intervals during the post.
- Completing the End of Post Assessment Form in ePortfolio at the end of the post.
- Supporting the trainee, both personally and in respect of obtaining career advice, although others may be involved in this.
- Trainers may work in teams with general consultants however only one of these will be the designated supervising consultant for mentoring and ePortfolio purposes.

2.4. IRTP ePortfolio

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

The IRTP ePortfolio should be kept up to date throughout the year. It is designed to record progress through the programme, in particular whether trainees have satisfactorily completed all requirements for training.

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

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

2.5. Leave from the IRTP Programme

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

Taking time out of the IRTP programme:

Once you commence Joint Residency Training, you must complete your training in a consecutive 3-year block except in exceptional circumstances. Details on special leave and how it may affect your completion date are outlined below.

Special Leave (other than study and annual leave):

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

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

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

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

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

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

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

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

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

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

- RCPI cannot guarantee a post(s) in the trainee's current hospital or region.
- The trainee may need to wait until a suitable post becomes available.
- It may be necessary to complete a minimum of one year in a structured rotation if no suitable, stand-alone six-month post can be found.

2.6. Clinical Activities

- Record frequency of attendance at:
 - Outpatient Clinics
 - Ward rounds
 - Post-call ward rounds
 - Attendance will be discussed at the end of each post and experience evaluated
- Record frequency of call for the post.
- Where appropriate record:
 - Additional Clinical Experience
 - Subspecialty and special interest experience

2.7. Academic and Professional Development Activities

- Record completion of the Paediatrics Taught Programme; tutorials and online content
- Record attendance at hospital-based courses such as APLS, STABLE, etc. as agreed with the assigned Supervisor
- Record attendance at hospital-based learning including Grand Rounds, Journal Clubs and Multidisciplinary team meetings
- Record attendance at a minimum of 10 approved Study Days during your training programme.
- Record examination attempts in ePortfolio for each part of the MRCPI examination

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

2.8. RCPI Taught Programme

Use the *Teaching Attendance form* to record the completing of the Teaching programme and attendance at in hospital teaching. All taught elements must be completed once during IRTP. Trainees are expected to attend all in-house and local teaching and training made available to them, trainees may miss some on site sessions due to scheduling, leave etc. Attendance at all virtual tutorials is required. At the end of post assessment the trainer will indicate if they are satisfied that they trainee has attended as much available teaching as possible.

Year One

July - September

- Finding your place
 - **Online Content**
 - Communication with Patients
 - Patient & person-centered care
 - Shared Decision Making
 - Quality in Healthcare
 - Patient Safety
 - **Virtual Tutorial**
 - Time management
 - Teamwork
 - Personal and Professional Boundaries

October - December

- **Patient Safety and person-centred care**
 - **Online Content**
 - Introduction to leadership and management
 - Receiving feedback
 - Socio-Cultural Diversity
 - Patient experience and outcomes
 - Situation Awareness
 - Recognising fatigue and stress
 - **Virtual Tutorial**
 - The IMC guide to medical ethics
 - applying person-centred care principles
 - frameworks for discussing ethical dilemmas

January – March

- **Confidentiality, Capacity & Consent**
 - **Online Content**
 - Principles of effective communication
 - Accessible writing to and for patients
 - Records and Record Keeping
 - Learning and presenting at Journal Clubs
 - **Virtual Tutorial**
 - Exploring Ethical dilemmas:
 - Confidentiality
 - Consent
 - Vulnerable patients

April - June

- **Introduction to Leading for Patient Safety**
 - **Online Content**
 - Shared decision making
 - Teaching juniors
 - **Virtual Tutorial**
 - Leading for quality and patient safety
 - A culture of patient safety
 - Near misses, errors, human factors in context

Year Two

July – September

- **Ethics: Bias & Legality**
 - **Online Content**
 - Research design and methods
 - Introduction to research in clinical practice
 - Evidence appraisal
 - Communicating findings
 - Describing and recognising approaches to improving quality
 - Identify safety and quality strategies
 - A QI approach to audit
 - **Virtual Tutorial**
 - Exploring Ethical dilemmas and recognise risk of bias
 - Bias and socio-cultural diversity
 - Ethical laws and legislation

October – December

- **Communication: Patients and Emotional Intelligence**
 - **Online Content**
 - Leadership styles and multidisciplinary teamwork
 - Building time management skills
 - Data management
 - Communicating in the clinical environment
 - Literature reviews and systematic searches
 - **Virtual Tutorial**
 - Communication: self reflection
 - Supporting colleagues with stress
 - Supporting the second victim

January – March

- **Adverse Events, Near Misses and Errors**
 - **Online Content**
 - Communicate with senior colleagues
 - **Virtual Tutorial**
 - An introduction to threat and error management
 - Raising safety concerns
 - Engaging with open disclosure
 - Reporting Medical Error & Adverse events

April - June

- **Increased Responsibility: Stepping up to Reg**

- **Online Content**
 - Physician Wellbeing: becoming a registrar
 - Equity in healthcare
 - Sustainable use of resources
 - Assess functional capacity for decision making
- **Virtual Tutorial**
 - Managing the deteriorating patient,
 - situation awareness,
 - clinical judgement and decision making

2.9. Training Post Assessments

- **Personal Goals Form**

The trainer and trainee will meet and discuss expectations of the trainee and opportunities available in the current post. A completed form is required for each post.

- **End of Post Assessment**

The trainee and trainer will meet and review progress for the training post. A completed form is required for each post.

2.10. Workplace Based and Annual Assessment

Trainees will be assessed in the workplace at intervals throughout the IRTP programme. These assessments must be recorded in the ePortfolio. Trainees are also required to attend an annual review in their hospital, at which their IRTP ePortfolio is reviewed and they are given the opportunity to provide feedback on their rotation.

3. CORE PROFESSIONAL SKILLS

The Irish Medical Council outlines 3 Pillars of Professionalism: Partnership, Practice and Performance.

This RCPI training programme is designed to educate and guide doctors on the path to advanced clinical expertise in the context of the pillars of professionalism.

Trainees are expected to meet appropriate standards, as outlined in the curriculum, as they continue to gain clinical skills and expertise. It is expected that trainees learn and demonstrate the outcomes of professionalism in the performance of all clinical duties.

Outcomes for core professional skills are assessed during observation of practice, as outlined in the specialty training goals, as well as at formal examinations, end of post assessments, and end of year assessments.

The core professional skills incorporate the eight domains of good professional practice; Patient Safety and Quality in Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management), Scholarship, Professionalism, Clinical (Professional) Skills

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

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

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

https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606

3.1. Partnership

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

Chapter 2, P10

https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606

Partnership consists of:

- **COMMUNICATION AND INTERPERSONAL SKILLS**
- **COLLABORATION**
- **HEALTH PROMOTION**
- **CARING FOR THE PATIENT**

COMMUNICATION AND INTERPERSONAL SKILLS

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

COLLABORATION

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

HEALTH PROMOTION

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

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

CARING FOR PATIENTS

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

3.2. Practice

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

Chapter 2, P11

https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606

Practice consists of:

- PATIENT SAFETY AND ETHICAL PRACTICE
- ORGANISATIONAL BEHAVIOUR AND LEADERSHIP
- WELLBEING

PATIENT SAFETY AND ETHICAL PRACTICE

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

ORGANISATIONAL BEHAVIOUR AND LEADERSHIP

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

WELLBEING

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

3.3. Performance

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

Chapter 2, P12

https://issuu.com/mcir/ docs/guide_to_professional_conduct_and_e?e=12642421/35694606

Performance consists of:

- CONTINUING COMPETENCE AND LIFELONG LEARNING
- REFLECTIVE PRACTICE AND SELF-AWARENESS
- QUALITY ASSURANCE AND IMPROVEMENT

CONTINUING COMPETENCE AND LIFELONG LEARNING

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

REFLECTIVE PRACTICE AND SELF-AWARENESS

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

QUALITY ASSURANCE AND IMPROVEMENT

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

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

Outcomes

By the end of IRTP the Trainee will demonstrate an ability to:

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

4. SPECIALTY SECTION

This section includes the Paediatrics-specific Training Goals that Trainees should achieve by the end of the IRTP.

Each Training Goal is broken down into specific and measurable training outcomes both for General Paediatrics Training Goals and for Neonatal Medicine.

Training Goal 1 – History Taking & Physical Examination

This training goal includes:

- **HISTORY TAKING** (General Paediatrics Outcomes and Neonatal Medicine Outcomes)
- **PHYSICAL EXAMINATION** (General Paediatrics Outcomes and Neonatal Medicine Outcomes)
- **CLINICAL ASSESSMENT TASKS** (General Paediatrics Outcomes)

HISTORY TAKING – GENERAL PAEDIATRICS OUTCOMES**By the end of IRTP the Trainee will demonstrate an ability to:**

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

1. Take a comprehensive, targeted and adaptable history**Focus of Feedback - Communication and appropriateness**

The trainer evaluates if the trainee:

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

2. Take an allergy focused history**Focus of Feedback – Knowledge of allergy and appropriate follow up**

The trainee evaluates their ability to:

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

3. **Demonstrate how to take a psychosocial history from an adolescent** using a strength-based approach, while screening for behaviours and risk factors for potential morbidity and mortality (*e.g.* HEEDSSS model).

HISTORY TAKING – NEONATAL MEDICINE OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Take a history and assess common acute neonatal presentations

1. Take a history and assess common acute neonatal presentations

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

The trainee evaluates their ability to:

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

PHYSICAL EXAMINATION – GENERAL PAEDIATRICS OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Perform a detailed physical examination

1. Perform a detailed physical examinationPhysical Examination Types

- head to toe
- abdominal
- ENT
- Respiratory
- Neurological
- Dermatological
- pGALS

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

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

PHYSICAL EXAMINATION – NEONATAL MEDICINE OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

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

1. Perform an appropriate and thorough newborn examination

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

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

2. Perform a 6 week examination

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

CLINICAL ASSESSMENT TASKS – GENERAL PAEDIATRICS OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

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

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

Focus of Feedback – Performance of task and follow up

Training goal 2 - Clinical Presentations and Case Management

This training goals for the recognition of clinical presentations includes:

- **ACUTE AND EMERGENCY PATIENT CARE** (General Paediatrics Outcomes, Neonatal Medicine Outcomes)
- **OUTPATIENT CARE**
- **IN-PATIENT CARE**

ACUTE AND EMERGENCY PATIENT CARE – GENERAL PAEDIATRICS OUTCOMES**By the end of IRTP the Trainee will demonstrate an ability to:**

1. Recognise the deteriorating child or infant
2. Take the initial steps in the management of the deteriorating child or infant
3. Recognise organ failure
4. Manage acute seizures and status epilepticus
5. Manage common metabolic crisis

1. Recognise the deteriorating child or infantExamples of experience including, but not limited to:

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

Focus of Feedback – Progress in the recognition of emergencies

The trainee evaluates their ability to:

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

2. Take the initial steps in the management of the deteriorating child or infant**3. Recognise organ failure****4. Manage acute seizures and status epilepticus****5. Manage common metabolic crisis**

ACUTE AND EMERGENCY PATIENT CARE – NEONATAL MEDICINE OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Recognise serious life-threatening illnesses in the newborn
2. Stabilise the neonate
3. Perform neonatal resuscitation

1. Recognise serious life-threatening illnesses in the newborn

Focus of Feedback – Recognition and understanding of signs and symptoms

2. Stabilise the neonate

3. Perform neonatal resuscitation

OUTPATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Assess and manage common paediatric presentations

1. Assess and manage common paediatric presentations

Case checklist, including, but not limited to:

- Recognise and assess the level of severity of asthma
- Clinically manage an asthma admission
- Recognise and Manage dehydration
- Plan fluid therapy
- Recognise and manage acute gastroenteritis
- Recognise and Manage constipation
- Provide all relevant information when making a surgical or orthopaedic referral
- Manage the neonate with an infection
- Explain the management of eczema (primary)
- Take the initial steps in the management of the sick neonate, including phototherapy
- Recognise, evaluate, and treat patients with somatoform disorders
- Assess the medical complications of eating disorders and the indications for medical hospitalization.
- Manage children and adolescents with eating disorders who require admission for medical stabilisation

Focus of Feedback – Ability to recognise key signs and symptoms

The trainee evaluates their ability to:

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

OUTPATIENT CARE – NEONATAL MEDICINE OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Recognise prematurity and low birth weight sequelae
2. Recognise infections in the neonate
3. Recognise common diseases and neonatal issues

1. Recognise prematurity and low birth weight sequelae

Focus of Feedback – Recognition and understanding of sequelae

During discussion the trainee should be able to:

- describe prematurity sequelae
- describe low birth weight sequelae

2. Recognise infections in the neonate**3. Recognise common diseases and neonatal issues**

Focus of Feedback – Recognition and understanding of signs and symptoms

IN-PATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Assess and manage common paediatric presentations
2. Assess and manage subspecialty presentations

1. Assess and manage common paediatric presentations

Case checklist, including, but not limited to:

- Recognise and assess the level of severity of asthma
- Clinically manage an asthma admission
- Recognise and Manage dehydration
- Plan fluid therapy
- Recognise and manage acute gastroenteritis
- Recognise and Manage constipation
- Provide all relevant information when making a surgical or orthopaedic referral
- Manage the neonate with an infection
- Explain the management of eczema (primary)
- Take the initial steps in the management of the sick neonate, including phototherapy
- Recognise, evaluate, and treat patients with somatoform disorders
- Assess the medical complications of eating disorders and the indications for medical hospitalization.
- Manage children and adolescents with eating disorders who require admission for medical stabilisation

Focus of Feedback – Ability or recognise key signs and symptoms

The trainee evaluates their ability to:

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

2. Assess and manage subspecialty presentations

IN-PATIENT CARE – NEONATAL MEDICINE OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Recognise prematurity and low birth weight sequelae
2. Recognise infections in the neonate
3. Recognise common diseases and neonatal issues

1. Recognise prematurity and low birth weight sequelae

Focus of Feedback – Recognition and understanding of sequelae

During discussion the trainee should be able to:

- describe prematurity sequelae
- describe low birth weight sequelae

2. Recognise infections in the neonate**3. Recognise common diseases and neonatal issues**

Focus of Feedback – Recognition and understanding of signs and symptoms

Record ward rounds and post-call related to this section

Training Goal 3 – Diagnostics and Procedures

This training goal includes:

- **IDENTIFICATION OF UNDERLYING PATHOLOGY AND RISK FACTORS** (General Paediatrics Outcomes, Neonatal Medicine Outcomes)
- **DIAGNOSTIC TASKS**
- **INDEPENDENT PERFORMANCE OF PROCEDURES**
- **OBSERVATION OF PROCEDURES**

IDENTIFICATION OF UNDERLYING PATHOLOGY AND RISK FACTORS – GEN PAEDS OUTCOMES**By the end of IRTP the Trainee will demonstrate an ability to:**

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

1. Discuss the safe, effective and necessary role immunisations play in child health

Focus of Feedback – Understanding of immunisation and communication

The trainee evaluates their ability to:

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

2. Discuss the use of Vitamin K with parents including the indications for use

Focus of Feedback – Understanding of vitamin K and communication

The trainee evaluates their ability to:

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

3. Screen for common congenital heart disease

Focus of Feedback – Understanding congenital heart disease

The trainee evaluates their ability to:

- screen for common congenital heart disease
- discuss the anatomy and physiology of congenital heart disease
- understand the role of genetics in congenital heart disease
- recognise the clinical manifestations of congenital and acquired heart disease
- discuss screening appropriately and cooperatively with parents, guardians or caregivers

4. Interpret blood gas analysis and oximetry

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

During discussion the trainee should be able to:

- recognise the indication for gas analysis and oximetry
- explain the impact to the child of invasive investigations

5. Recognise and take the initial steps in the management of potential child protection issues

Focus of Feedback – Recognition of child protection as an emergency

During discussion the trainee should be able to:

- recognise a potential child protection issue
- discuss the initial steps in management of a child protection issue
- explain the Children First guidelines

IDENTIFICATION OF UNDERLYING PATHOLOGY AND RISK FACTORS – NEONATES OUTCOMES

By the end of IRTP the Trainee will demonstrate an ability to:

1. Investigate common neonatal disorders

1. Investigate common neonatal disorders

Focus of Feedback – Appropriate selection and performance of investigations

DIAGNOSTIC TASKS

By the end of IRTP the Trainee will demonstrate an ability to:

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

All diagnostic task outcomes

Focus of Feedback – Performance of task and follow up

INDEPENDENT PERFORMANCE OF PROCEDURES

By the end of IRTP the Trainee will demonstrate an ability to perform:

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

1. Arterial puncture for blood gas analysis**2. Blood cultures with aseptic technique****3. Blood sampling**

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

4. Height measurement using a stadiometer**5. Intravenous cannulation**

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

6. Lumbar puncture

Formally observed in the workplace, in real time, by a senior team member who is

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

The trainer evaluates if the trainee:

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

appropriate to provide feedback on performance as determined by the trainer.

OBSERVATION OF PROCEDURES

By the end of IRTP the Trainee will demonstrate an understanding of:

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

The trainee records a self-assessment of their understanding of these procedures.

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