



**FACULTY OF  
PAEDIATRICS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING *in*

# PAEDIATRICS

OUTCOME-BASED EDUCATION





BASIC SPECIALIST TRAINING *in*

# PAEDIATRICS

## OUTCOME-BASED EDUCATION

This curriculum of training in Paediatrics was developed in 2018 through a systematic review of training, led by Dr Michael Boyle.

The curriculum undergoes an annual review process by Dr Conor Hensey, Dr Edina Moylett, Dr Juan Truillo -National Specialty Directors, and the RCPI Education Department. The curriculum is approved by the Paediatrics Training Committee and the Faculty of Paediatrics.

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# National Specialty Directors' Foreword

Welcome to Basic Specialist Training in General Paediatrics as coordinated by the Faculty of Paediatrics at the Royal College of Physicians of Ireland. A career in Paediatric Medicine, whilst challenging, is ultimately very rewarding both on a personal and professional level.

The BST program, which spans two years, is designed to provide you with a sound foundation on which to build your future career in Paediatric Medicine.

The curriculum outlined in this document targets key learning for you in areas of professional development, communication, teamwork, self care and professional skills. Take time to read the contents of this document carefully.

Your main learning opportunities are in the clinical environment during your placements and this clinical training will be supported by study days and courses.

You will learn from your interactions with your patients and their parents, and from other healthcare professionals. You will learn to interact with and examine children from infancy to adolescence, you will learn how to observe and listen effectively. Communication is key in the practice of medicine but most importantly when working with children and their caregivers.

We wish you a fulfilling and enjoyable training experience.



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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 programme is designed to provide Basic Specialist Training (BST) in Paediatrics in approved training posts under supervision to fulfil agreed curricular requirements. Each post provides a Trainee with a named Trainer. The programme is under the direction of the National Specialty Director(s) of the Faculty of Paediatrics.

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## 1.2 Purpose of the curriculum

The purpose of the curriculum is to define the relevant processes, contents, outcomes and requirements to be achieved. The curriculum is structured to delineate the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the BST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcome-Based Education OBE approach.

**NOTE TO TRAINERS:** *This curriculum design differs from traditional minimum requirement based designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.*

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## 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.

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## 1.4 BST ePortfolio

ePortfolio is a record of a Trainee's progress through BST and evidence that their training is valid and appropriate. The BST ePortfolio is required for the issue of a BST Certificate of Completion.



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

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## 1.6 Outcomes

Specific outcomes are defined under each goal. By the end of BST 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.

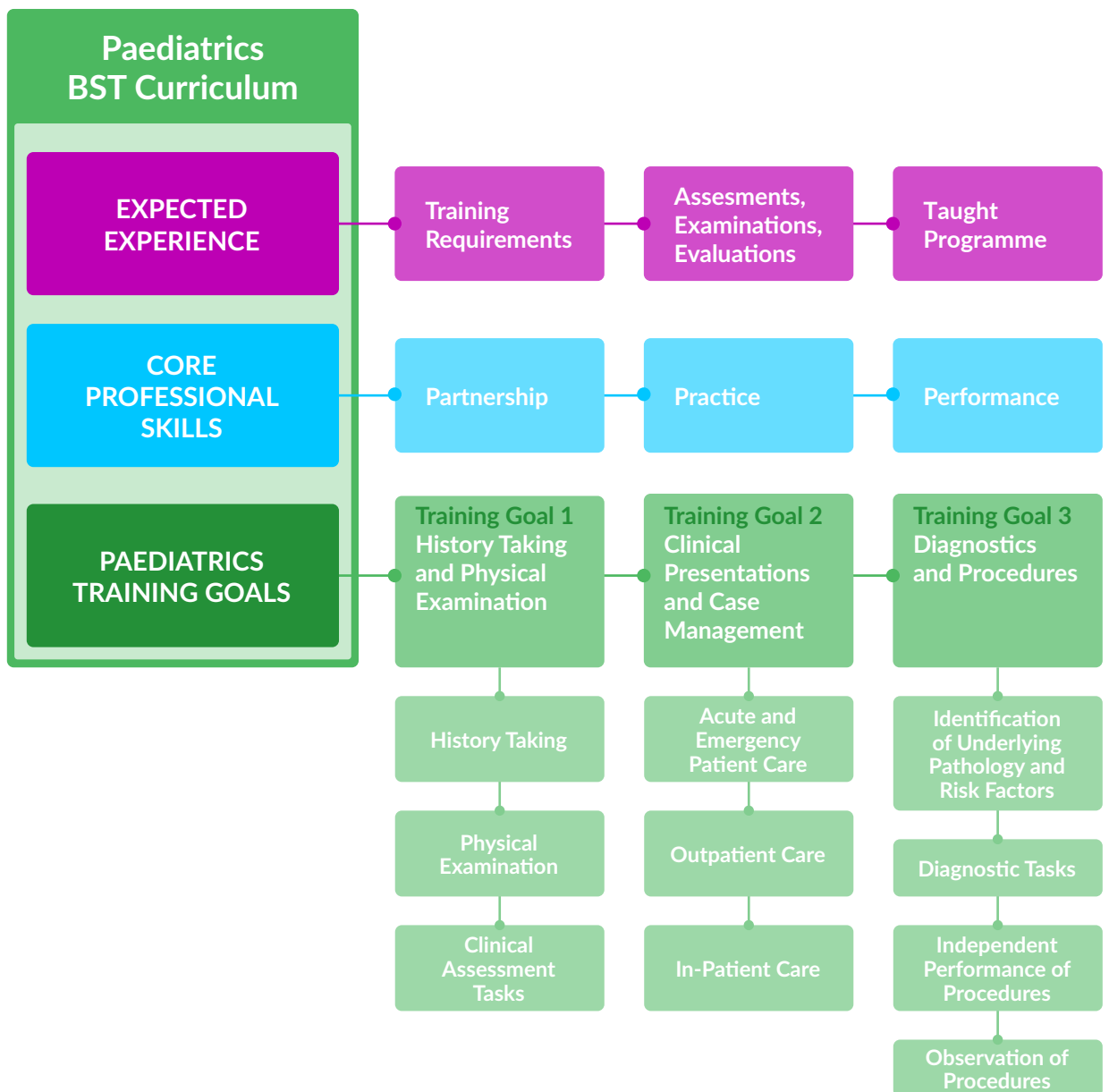
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## 1.7 Reference to rules and regulations

Please refer to the Paediatrics BST Training Handbook for rules and regulations associated with this training. Policies, procedures such as Allocation policies, Flexible Training, Absences, Withdrawal, etc. The Paediatrics Training Handbook can be accessed on the [RCPI website](#).



1.8 Overview of Curriculum







## 2 Expected Experience

This section details the training experience that all Trainees are expected to complete over the course of the Basic Specialist Training in Paediatrics.





## 2.1 Rotations and Experiential Requirements

- Complete 24 months of training in approved SHO posts:
  - Spend a minimum of six months 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.
  - Full participation in on call requirements during post.

	Months Experience	
	Min	Max
General Paediatrics	6	18
Neonatology	6	12
Community Paediatrics	0	6
Emergency Medicine	0	6
Subspecialty Posts	0	6
<b>Total Time (Months)</b>	<b>24</b>	<b>48</b>

- Achieve all outcomes as set out in this curriculum.
- Attend all mandatory educational activities throughout the programme including:
  - Paediatric BST Study Days are held each year, and trainees are required to attend ten study days over the course of their BST.
  - All courses.
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training.
- Attend and satisfactorily pass annual reviews.
- Achieve the MRCPI in Medicine of Childhood.



## 2.2 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.

## 2.3 Academic and Professional Development Activities

- Record completion of the RCPI BST Paediatrics Taught Programme; tutorials and online content.
- 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.

## 2.4 Taught Programme

### Year One

During year 1, Trainees should complete the Paediatric Procedural Skills simulation workshop.

During Year 2 Trainees should complete the course "Child Protection - recognition and response". An online module on "Paediatric Food Allergy" is available to complete at any point in the programme. HSE and workplace courses such as Neonatal Resuscitation and APLS are also required.

### July - September Finding your place

#### • Online Content

- Communication with Patients
- Patient and person-centered care
- Shared Decision Making
- Quality in Healthcare
- Patient Safety

#### • Virtual Tutorial

- Time management
- Teamwork
- Personal and Professional Boundaries

*continued overleaf...*



## 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 and Adverse events

*continued overleaf...*





## 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

## 2.5 Progress Evaluations

- Complete the personal goals form for each post
- Review progress and complete the End of post assessment
- Formally Record the outcome of annual evaluations





## 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](#):





## 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

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 BST, the trainee will demonstrate an ability to:

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

### 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 BST, the trainee will demonstrate an ability to:

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



## HEALTH PROMOTION

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

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

## CARING FOR PATIENTS

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

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

## Outcomes

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

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





## 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

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 BST, the trainee will demonstrate an ability to:

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



## ORGANISATIONAL BEHAVIOUR AND LEADERSHIP

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

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

### Outcomes

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

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

## WELLBEING

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

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

### Outcomes

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

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



## 3.2 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

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 BST, the trainee will demonstrate an ability to:**

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



## REFLECTIVE PRACTICE AND SELF-AWARENESS

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

- Pay critical attention to the practical values and theories which inform 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 BST, the trainee will demonstrate an ability to:**

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

## QUALITY ASSURANCE AND IMPROVEMENT

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

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

### Outcomes

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

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



## 4 Specialty Section

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

Each Training Goal is broken down into specific and measurable training outcomes both for General Paediatrics 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 BST, the trainee will demonstrate an ability to:

##### 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 trainer evaluates the trainee 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 Take a psychosocial history from an adolescent

**Focus of Feedback**

*The trainer evaluates the trainee ability to:*

- Take a psychosocial history from an adolescent
- Use a strength-based approach
- Screen for behaviours and risk factors for potential morbidity and mortality (e.g. HEEADSSS model)



## HISTORY TAKING – NEONATAL MEDICINE OUTCOMES

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

### 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 BST, the trainee will demonstrate an ability to:

### 1 Perform a detailed physical examination

Physical Examination Types

- Cardiovascular
- Respiratory
- Gastrointestinal
- Neurological
- ENT
- 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
- Interpret examination findings including relevant observations
- Appropriately plan for next steps

## PHYSICAL EXAMINATION – NEONATAL MEDICINE OUTCOMES

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

### 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 newborn
- Performed a smooth and minimally invasive examination
- Discussed routine and complex follow up

### 2 Perform a six-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 BST, the trainee will demonstrate an ability to:

- 1 Assess growth and nutritional status
- 2 Assess blood pressure
- 3 Assess developmental status
- 4 Assess pubertal status
- 5 Perform the assessment of the child with reduced consciousness or coma

All clinical assessment tasks:

**Focus of Feedback** – Performance of task and follow up





## Training Goal 2

### Clinical Presentations and Case Management

This training goal for the recognition of clinical presentations includes:

- Acute And Emergency Patient Care (General Paediatrics Outcomes, Neonatal Medicine Outcomes)
- Outpatient Care
- Inpatient Care

#### ACUTE AND EMERGENCY PATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

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

##### 1 Recognise the deteriorating child or infant

Examples of experience including, but not limited to:

- Acute life-threatening illness
- Acute asthma
- Acute croup
- Acid-base and electrolyte homeostasis
- Anaphylaxis
- Bronchiolitis
- Cardiopulmonary arrest
- Cardiac and respiratory emergencies
- Coma and convulsions
- Shock
- Meningococcal septicaemia
- Severe trauma
- 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 sepsis and take initial steps in management

##### 4 Recognise organ failure

##### 5 Manage acute seizures and status epilepticus

##### 6 Manage common acute respiratory presentations

##### 7 Recognise a metabolic crisis, including DKA





## ACUTE AND EMERGENCY PATIENT CARE – NEONATAL MEDICINE OUTCOMES

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

**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 BST, the trainee will demonstrate an ability to:

### 1 Assess and manage common paediatric presentations in outpatients

Case checklist, recognise and assess common paediatric presentations including, but not limited to:

- Childhood headache
- Chronic abdominal pain
- Abnormal growth (head, length, weight)
- Developmental concerns including pervasive developmental disorders
- Gait related concerns
- Recurrent UTI (relevant investigations and management)
- Atopy related illness
- Common infant problems (e.g. GERD)
- Asthma
- Constipation
- Pallor and fatigue
- Lymphadenopathy
- Recognise and evaluate patients with functional disorder

#### 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
- Select appropriate investigation and procedures to avoid unnecessary discomfort

## OUTPATIENT CARE – NEONATAL MEDICINE OUTCOMES

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

### 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

### 4 Assess and manage common feeding-related issues

#### Focus of Feedback – Ability to take feeding focussed history and provide initial advice



## IN-PATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

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

### 1 Assess and manage common paediatric presentations

Case checklist, including, but not limited to:

- Recognise respiratory distress, manage and escalate care
- Management of care for acute asthma of varying severity
- Recognise and manage dehydration e.g. gastroenteritis, prescribe fluid therapy
- Recognise common cardiac conditions (e.g SVT, congenital cardiac disease) and understand initial management
- Competent assessment of the febrile child exploring common differentials
- Recognition of common paediatric malignancies e.g., ALL, brain tumour
- Awareness of common haematological presentations, e.g., anaemia, SCD
- Recognise abnormal development and initiation of appropriate investigations
- Understanding and awareness of common paediatric emergencies including status epilepticus, DKA and anaphylaxis; ability to initiate care and call for help appropriately
- Recognise and initiate management of child with suspected sepsis including meningitis
- Take the initial steps in the management of the sick neonate, including phototherapy
- Understanding of approach to the admission and management of child with suspected eating disorder
- Admission of the child with complex medical needs
- Recognise common presentations of non-accidental injury or other forms of child abuse and understand how to appropriately escalate child protection /safety concerns
- Recognition, initial evaluation and management of commonly encountered surgical emergencies, e.g., pyloric stenosis, intussusception, appendicitis, acute bowel obstruction
- Competent communication when transferring a child to another service locally or in tertiary facility

#### 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 BST, the trainee will demonstrate an ability to:

### 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 conditions and neonatal issues in both preterm and term infants

**Focus of Feedback** – Recognition and understanding of signs and symptoms

- Record ward rounds and post-call related to this section in ePortfolio





## 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 BST, the trainee will demonstrate an ability to:

##### 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 BST, the trainee will demonstrate an ability to:

### 1 Investigate common neonatal disorders

**Focus of Feedback** – Appropriate selection and performance of investigations

## DIAGNOSTIC TASKS

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

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

All diagnostic task outcomes

**Focus of Feedback** – Performance of task and follow up



## INDEPENDENT PERFORMANCE OF PROCEDURES

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

### 1 Blood cultures with aseptic technique

### 2 Blood sampling

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

### 3 Height measurement using a stadiometer

### 4 Intravenous cannulation

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

### 5 Lumbar puncture

Formally observed in the workplace, in real time, by a senior team member who is appropriate to provide feedback on performance as determined by the trainer.

**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

### 6 Urinary Catheterisation

## OBSERVATION OF PROCEDURES

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

### 1 Intraosseous needle insertion

### 2 Umbilical artery or vein catheterisation

### 3 Tracheal intubation

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.



# Appendix

## HOW TO RECORD A PAEDIATRIC CLINICAL ASSESSMENT:

### HISTORY

Date:

Time:

Age of Patient:

### PRESENTING COMPLAINT(S)

List principal symptoms

### HISTORY OF PRESENTING COMPLAINT(S)

Describe symptoms fully, with chronology

### PAST HISTORY

Birth History. Birth Weight. Pregnancy.

Neonatal Course

Feeding History

Immunisations

Infectious Disease

Hospitalisation/Serious Illnesses/Surgeries

Development, expand in detail where appropriate

Gross motor

Fine motor

Speech

Hearing/Vision

Social

### MEDICATIONS AND ALLERGIES

List Allergies

List Medications

### FAMILY HISTORY

Congenital Diseases/Malformation

Atopy

Auto-immune disease

### SOCIAL HISTORY

Parents; age, employment, consanguinity (*Where relevant*).

**Siblings; name, age, problems**

Pets  
Smoking at home  
Housing  
Day-care/crèche, Childminder

## SYSTEMS REVIEW

(Brief enquiry for additional symptoms)

CVS

RS

GIT

CNS

Musculo-skeletal :

## EXAMINATION

**General appearance:** How ill is child? Level of consciousness, distress, interaction, rash, hydration, nutrition, communication

**Weight** : kg. (Percentile)

**Height** : cm (Percentile)

**Head Circumference** : cm (Percentile) (in children under 2).

**PEWS:**

**E.N.T.**

**EYES:**

**Hands and Face:** Appearance, Pallor, Clubbing, Cyanosis

Pulse Vol. Femoral Pulse.

**CVS:** RV+ LV+  
Heart Sounds (S1, S2, and any added sounds)  
Murmurs

**Resp.** P.E.F.R. (If relevant)  
Flaring, Accessory muscles, Recession, WOB  
Chest shape, percussion  
Sounds and Added sounds

**Abdo.** Observation (Scaphoid v distended)  
Palpation (soft, non-tender; guarding, rigidity etc. any masses)  
Hepatosplenomegaly  
Renal enlargement  
Ascites  
Genitalia  
Rectal examination (NOT routinely done in paediatrics)

**CNS:** Mental State, GCS or AVPU  
Gait  
Meningism (neck stiffness, Kernigs, Brudzinski's)  
Cranial nerves 1 - 12

Peripheral exam	RUL	LUL	LLL	RLL
Posture				
Symmetry				
Tone				
Power				
Coordination				
Reflexes				

**Musculo-Skeletal** pGALS

Gait  
Limbs  
Joints

**Impression**

**Diagnosis:** (differential diagnoses and your working diagnosis)

**Investigation:** (you wish to order to confirm or refute your diagnosis)

**Management plan:** Admit  
Acute management