IRISH COMMITTEE
ON HIGHER
MEDICAL TRAINING

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

PALLIATIVE MEDICINE

This curriculum of training in Palliative Medicine was developed in 2010 and undergoes an annual review by Dr. Regina McQuillan National Specialty Director, Dr Ann O'Shaughnessy, Head of Education, Innovation & Research and by the Palliative Medicine Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.

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6.0	01.07.16	Alexandra St John	Changes made to the minimum requirements

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Introduction

Introduction

Palliative medicine is the branch of medicine involved in the treatment of patients with life-limiting illness. The palliative care approach should be used by all doctors, but palliative medicine specialists provide care to patients with complex problems related to life-limiting illness, This includes; patients with complex and difficult to manage pain and other symptoms; patients and families with severe psychosocial problems associated with a diagnosis of life-limiting illness; complex decision making in relation to appropriate goals of care, and addressing issues of near futility, withholding and withdrawing of treatment; current, future and advance care planning in the context of life-limiting illness; conflict within and between teams, patients and families about clinical decisions. Palliative medicine specialists, through consultation services and formal and informal education, support other health care staff in providing the palliative care approach.

Palliative medicine specialists therefore need expertise in the management of life-limiting illnesses, and the associated symptoms; excellent communication skills with patients, families and other health care staff; expertise in legal and ethical concepts relevant to the field.

Aims

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

Competencies, for palliative medicine specialists have been developed by the HSE Palliative Care Clinical Care Programme, in partnership with others including the RCPI. There are six domains:

1. Principles of palliative care, including the importance of attending to physical symptoms and psychological, social and spiritual needs.
2. Effective communication
3. Optimising comfort and quality of life
4. Care planning and collaborative practice, with patients, family and other staff
5. Dealing with loss, grief and bereavement
6. Professional and ethical practice in the context of palliative care

Professionalism

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

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

Entry Requirements

Applicants for Higher Specialist Training (HST) in Palliative Medicine must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

BST should consist of a minimum of 24 months at SHO level or greater involved with direct patient care supervised by senior clinicians and based on a clinical curriculum and professional and ethical practice learnt through mentorship by senior clinicians and supported by RCPI's mandatory courses.

BST in General Internal Medicine (GIM) is defined as follows:

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
- Assessment of knowledge and skills gained by each trainee during their clinical experience. This assessment takes place in the form of the mandatory MRCPI examination (*The MCRPI examination was introduced as mandatory for BST as of July 2011)
- For further information please review the BST curriculum

Those who do not hold a BST certificate and MRCPI must provide evidence of equivalency (MRCP or MRCGP or MICGP).

Entry on the training programme is at year 1. Deferrals are not allowed on entry to Higher Specialist Training

The entry to HST Palliative Medicine is either via the Physician or GP route. Regardless, trainees must have at least one year of acute unselected adult medical post-intern take prior to entry to the SpR scheme. Some of this may be after acquisition of the MICGP/MRCGP but must be in approved posts:

- ("Unselected take" describes the admission of acute medical patients whose problems encompass the broad generality of medicine i.e. not restricted to a single or small group of specialties. If any major component of acute medicine e.g. cerebro-vascular accidents, myocardial infarctions is excluded from the take, this experience must be gained from other posts.)

Duration & Organisation of Training

The four years of HST in Palliative Medicine are intended to produce fully trained Palliative Medicine physicians. The programmes will be flexible and designed to give opportunity for experience of the various settings in which palliative medicine is practised, i.e. in specialist palliative care units, in hospitals or other major centres with academic activity, and community based settings.
It is essential that a period of three years full time is spent in clinical practice in specialist palliative care units or teams where a full range of services are provided in different settings, two years of which must be in specialist palliative care units.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

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

One year of training may be spent in posts in general medicine or other relevant specialities e.g. medical oncology, radiation oncology, infectious diseases, haematology, geriatric medicine, pain management or general practice, provided such posts are approved for higher medical training.

The programme to which trainees are appointed will have named consultant trainers for each slot in the programme. The ICHMT will appoint a national co-ordinator for training within each speciality (National Specialty Director for Palliative Medicine).

ePortfolio

The trainee is required to keep their ePortfolio up to date and maintained throughout HST. The ePortfolio 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 Palliative Medicine Curriculum. This will remain the property of the trainee and must be produced at the Annual Evaluation Meeting.

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. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Department and Dean of Postgraduate Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training.

At the Annual Evaluation, the ePortfolio will be examined. The results of any assessments and reports by educational supervisors, together with other material capable of confirming the trainee's achievements, will be reviewed.

Flexible Training

National Flexible Training Scheme – HSE NDTP

The HSE NDTP operates a National Flexible Training Scheme which allows a small number of Trainees to train part time, for a set period of time.

Overview

- Have a well-founded reason for applying for the scheme e.g. personal family reasons
- Applications may be made up to 12 months in advance of the proposed date of commencement of flexible training and no later than 4 months in advance of the proposed date of commencement
- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees

Job Sharing - RCPI

The aim of job sharing is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Overview

- A training post can be shared by two trainees who are training in the same specialty and are within two years on the training pathway
- Two trainees will share one full-time post with each trainee working 50% of the hours
- Ordinarily it will be for the period of 12 months from July to July each year in line with the training year
- Trainees who wish to continue job sharing after this period of time will be required to re-apply
- Trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme

Post Re-assignment – RCPI

The aim of post re-assignment is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation.

Overview:

- Priority will be given to trainees with a significant change in circumstances due to their own disability, it will then be given to trainees with a change in circumstances related to caring or parental responsibilities. Any applications received from trainees with a change involving a committed relationship will be considered afterwards
- If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis

For further details on all of the above flexible training options, please see the Postgraduate Specialist Training page on the College website www.rcpi.ie

Teaching, Research & Audit

All trainees are required to participate in teaching. They should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work.

A period of supervised research relevant to Palliative Medicine is considered desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to a MD, or PhD, by stepping aside from the programme for a time. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the medical and related specialties. It is intended that all Specialist Registrars should fulfil these competencies during Higher Medical (Specialist) Training.

Annual Evaluation of Progress

Overview

The HST Annual Evaluation of Progress (AEP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded each year. The evidence to be reviewed by the panel is recorded by the trainee and trainer in the trainee's e-Portfolio.
There is externality in the process with the presence of the National Specialty Director (NSD), a Chairperson and an NSD Forum Representative. Trainer's attendance at the Evaluation is mandatory, if it is not possible for the trainer to attend in person, teleconference facilities can be arranged if appropriate. In the event of a penultimate year Evaluation an External Assessor, who is a consultant in the relevant specialty and from outside the Republic of Ireland will be required.

Purpose of Annual Evaluation

- Enhance learning by providing formative Evaluation, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform Medical Training, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- Identify trainees who should be advised to consider a change in career direction.

Structure of the Meeting

The AEP panel speaks to the trainee alone in the first instance. The trainee is then asked to leave the room and a discussion with the trainer follows. Once the panel has talked to the trainer, the trainee is called back and given the recommendations of the panel and the outcome of the AEP.
At the end of the Evaluation, all panel members and the Trainee agree to the outcome of the Evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations will be available to the trainee and trainers within their ePortfolio.

Outcomes

- Trainees whose progress is satisfactory will be awarded their AEP
- Trainees who are being certified as completing training receive their final AEP
- Trainees who need to provide further documentation or other minor issues, will be given 2 weeks (maximum 8) from the date of their AEP to meet the requirements. Their AEP outcome will be withheld until all requirements have been met.
- Trainees who are experiencing difficulties and/or need to meet specific requirements for that year of training will not be awarded their AEP. A date for an interim AEP will be decided and the trainee must have met all the conditions outlined in order to be awarded their AEP for that year of training. The "Chairperson's Overall Assessment Report" will give a detailed outline of the issues which have led to this decision and this will go the Dean of Postgraduate Specialist Training for further consideration.
- Trainees who fail to progress after an interim Evaluation will not be awarded their AEP.

The Dean of Postgraduate Training holds the final decision on AEP outcomes. Any issues must be brought to the Dean and the Annual Chairperson's Meeting for discussion.

Generic Components

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

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

Standards of Care

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

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

KNOWLEDGE

Diagnosing Patients

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

Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Knowledge of the procedure for the commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

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

Disease prevention and health education

- screening for disease, (methods, advantages and limitations),
- health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes
- 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
- The need and place for specific types of notes e.g. problem-orientated discharge, letters, concise out-patient reports
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision taking

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

Handover

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

Relevance of professional bodies

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

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
    - Effective listening
    - Ability to articulate and deliver instructions
    - Encourage questions and openness
    - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Ability to enlist patients' involvement in solving their health problems, providing information, education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Valuing contributions of health education and disease prevention to health in a community
- Compiling adequate case notes, with 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)
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

ASSESSMENT & LEARNING METHODS

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

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

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

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

KNOWLEDGE

Management of acutely ill patients with medical problems

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

Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

SKILLS

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- 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 tool (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

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

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
- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information according to Data Protection Act 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)

- When and how to report a near miss or adverse event
- Knowledge of preventing and managing near misses and adverse events. 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

- The importance of patient safety relevance in health care setting
- Standardising common processes and procedures – checklists, vigilance
- The multiple factors involved in failures
- Safe healthcare systems and provision of a safe working environment
- The relationship between 'human factors' and patient safety
- Safe working practice, role of procedures and protocols in optimal practice
- How to minimise incidence and impact of adverse events
- 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

SKILLS

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

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
- Patient Safety (on-line) – recommended
- RCPI HST Leadership in Clinical Practice
- Quality improvement methodology course - recommended
- RCPI Ethics programmes (I-IV)
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice

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 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 infectious disease requiring notification
- In surgery or during an invasive procedure, understanding the increased risk of infection in these patients 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

Therapeutics and Safe Prescribing

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

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

KNOWLEDGE

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

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Taking a history of drug allergy and 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
- Principles of Antibiotics Use (on-line) – recommended
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

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 knowledge – understand own psychological strengths and limitations
- Understand how own personality characteristics (such as need for approval, judgemental tendencies, needs for perfection and control) affect relationships with patients and colleagues
- 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 for specific patients
- 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 (love, anger, frustration, vulnerability, intimacy, etc) in "easy" and difficult patient-doctor interactions
- Recognising the symptoms of stress and burn out

SKILLS

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

ASSESSMENT & LEARNING METHODS

- On-going supervision
- Ethics courses
- RCPI HST Leadership in Clinical Practice course
- RCPI Physician Wellbeing and Stress Management
- RCPI Building Resilience in a Challenging Work Environment

Communication in Clinical and Professional Setting

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

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

KNOWLEDGE

Within a consultation

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

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations, knowing how and when to break bad news, how to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments, how to deal with challenging or aggressive behaviour
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger, 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 concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context of status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understanding of the relevance to continuity of care and the importance of legible, accessible, records
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, 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 to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation (e.g. before handover to another team, department, specialty), of identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care such as maintaining (legible) records, 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, retain attention avoid distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of risks of information overload
- Interpreting results, significance of findings, diagnosis, explaining objectives, limitations, risks of treatment, using communication adjusted to recipients' ability to comprehend
- Ability to achieve level of understanding necessary to gain co-operation (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, assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identifying issues and responding quickly and appropriately to a complaint received

SKILLS

- Ability to elicit facts, using a mix of open and closed-ended questions appropriately
- 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 (and attempting to reach) realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (leaflets) diagrams, educational aids and resources appropriately
- Ability to establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
    - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
    - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- Ethics courses
- RCPI HST Leadership in Clinical Practice Course

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
    - Role of governance
    - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
    - Knowledge of how to prepare a budget
    - Defining value
    - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
    - How to manage staff training, development and education
- Managing performance
    - How to perform staff appraisal and deal effectively with poor staff performance
    - How to rewards and incentivise staff for quality and efficiency

Setting direction

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

SKILLS

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

Demonstrating personal qualities

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

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Quality Improvement

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

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

KNOWLEDGE

Personal qualities of leaders

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

Managing services

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

Improving services

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

Setting direction

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

SKILLS

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

Demonstrating personal qualities

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

ASSESSMENT & LEARNING METHODS

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

Scholarship

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

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Teaching, educational supervision and assessment

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

Research, methodology and critical evaluation

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

Audit

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Health Research – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit 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 course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills

Involvement in hospital committees

Specialty Section

Principles of Palliative Medicine

Objective: The aim of this specialist training is to understand and promote the role of palliative medicine, to develop and lead services and involve the patients at the centre of this service.

KNOWLEDGE

- Definition of: palliative medicine; hospice care; specialist palliative care unit; life-limiting conditions
- Evolving nature of Palliative Medicine over the course of illness, including integration with active treatment, and the significance of transition points
- Societal expectations and perceptions in regard to life-limiting conditions and death
- Differing concepts of what constitutes quality of life and a good death
- Recognise the principles of transition of care for teenagers and young adults between paediatric and adult palliative medicine services including knowledge of the differences between adult and children's hospices and the conditions they usually care for
- Understand the role of specialist palliative care in supporting other staff to provide a palliative care approach
- Health promoting concepts in palliative medicine

SKILLS

- Recognise the need for clear, timely communication between different service providers to provide a continuum of care for the patient between different settings e.g. home/hospice/hospital/nursing home
- Work with multi-professional teams, with specialist palliative medicine taking either the leading or a consultative role in hospital, hospice and community settings
- Effectively manage patients over the course of illness, including integration with active treatment, and the significance of transition points
- Reflective practice
- Ability to work appropriately in different environments

ASSESSMENT & LEARNING METHODS

- RCPI Mastering Communications course
- Workplace based assessment
- Case Based Discussion (CBD)

Optimising Comfort and Quality of Life

Objectives:

- To develop the ability to perform comprehensive specialist palliative medical assessments on patients with complex specialist palliative care needs.
- To manage co-morbidities in the context of life-limiting disease

KNOWLEDGE

Management of life limiting disease

- Initial assessment – detailed history and examination
- Assessment of the impact of the situation on the patient and family
- The factors influencing a patient's self report
- The range of management options
- Judgement of benefits and burdens of investigations, treatments and non intervention
- Anticipation and pre-emption of problems. And also specifically:
    - Recognition of transition points during course of illness
    - Recognition of dying process
- Future care planning including establishing goals of care. And also specifically:
    - Careful and effective individualised management of patient choice
    - Advance care planning
- Acknowledgement of the need for and skills in reassessment and review
- Recognition of limitations of individual knowledge and experience

Specific disease process

- The presentation, usual course and current management of cancer and other life limiting illnesses

General principles of symptom management

- History taking and appropriate examination in symptom control, and appropriate investigation
- Identify appropriate therapeutic strategies e.g. disease-modifying treatments and symptom modifying treatments
- Need for regular review of symptom response and adverse effects of treatment.
- Recognise when to refer to other agencies / disciplines

Pain and symptom assessment and management

- The physiology of pain and other symptoms
- Investigations in pain assessment
- Symptom assessment tools – clinical and research
- Drug treatment of pain – WHO analgesic ladder and appropriate use of adjuvant drugs
- The role of allied health professionals e.g. - physiotherapy, occupational therapy
- Assessment and management of symptoms and clinical problems including but not limited to gastrointestinal symptoms, fatigue, anorexia, cachexia and weakness
- Assessment of the benefits, burdens and risks of investigations
- Assessment of the benefits, burdens and risks of treatments

Rehabilitation

- Principles of rehabilitation related to illnesses with increasing disability
- Concept of maintenance of function through exercise and therapies
- Recognition of changing goals during the course of an illness
- Managing / negotiating through patient/family/clinical services conflict associated with unrealistic goals
- Facilities available for rehabilitation
- Specific skills of allied health care professionals, e.g. physiotherapist, occupational therapist, social worker
- Support services available in the home

Pharmacology and Therapeutics

- Regulation and legislation e.g. Misuse of Drugs Act, in relation to strong opioids including methadone
- Medication Prescription requirements e.g. High Tech Drugs Scheme, the Hardship Scheme, methadone, non-licensed drugs, drugs not reimbursed on the GMS
- For drugs commonly used in palliative medicine or commonly required by patients presenting to palliative medicine:
    - Use in syringe drivers stability and miscibility
    - Availability to the community

The approach in palliative medicine to management of emergencies such as:

- Overwhelming pain and distress
- Superior vena cava obstruction
- Hypercalcaemia
- Spinal cord compression
- Pathological fractures
- Delirium
- Massive haemorrhage
- Status epileticus

SKILLS

- Demonstrate an ability to manage complex symptoms, either as lead clinician, or through advising colleagues.
- Diagnose and manage co-morbidities in the context of life-limiting illness
- Demonstrate an understanding of opioid metabolism and use of alternative opioids in the context of hepatic and renal impairment
- Recognise intractable symptoms e.g. intractable nausea, irreversible delirium/cognitive impairment
- Recognise transition points in the course of illness
- Recognise the dying phase
- Provide on-going care for dying patients and their families
- Assess, anticipate, rationalise and negotiate required medications
- Manage a palliative care emergency/crisis
- Demonstrate the ability to weigh up the burdens, benefits and risks of treatment
- Promote a focus towards patient and family adaptation and optimal subjective quality of life.
- Recognise and respond to changing goals during the course of illness
- Deal with patients and family members conflicts in relation to unrealistic rehabilitation goals
- Appropriately liaise with rehabilitation centres and resources
- Assess rehabilitation potential/requirements and coordinate MDT assessment and decision-makingDemonstrate an understanding of advance care planning and an appreciation of the appropriate times to engage in discussions about preferences for care with the patient and family
- Demonstrate ethical decision-making skills and provide expertise and advice to own team and other teams in the application of ethical principles and complex decision-making e.g. withholding / withdrawing active treatment and resuscitation status, use of artificial hydration/feeding and requests for euthanasia

ASSESSMENT & LEARNING METHODS

- Study days
  - RCPI Ethics IV course

- Mini-CEX
  - Physical examination
  - Advance care planning discussion
  - Lead MDT
  - Coordinate rehabilitation decision-making

- CBD
  - Medication review
  - Complex co-morbidities
  - Symptom management

- DOPS :
  - Syringe driver set up

Psychosocial Care and Interventions

Objectives:

- To assess the ill person in relation to family, work and social contexts
- To demonstrate tact and compassion when ensuring patients and families have their appropriate needs met
- To demonstrate knowledge and recognition of psychological responses to illness in a range of situations, and skills in assessing and managing these in practice

KNOWLEDGE

- Appreciation of the ill person in relation to his/her family, work and social circumstances
- The role of the social worker and community welfare officer in relation to financial help and benefits
- Impact of illness on interpersonal relationships
- Impact of illness on body image, sexuality and role
- When and how to use family meetings
- To appreciate and employ strategies that accommodate the needs of partners and families in provision of palliative care in both an inpatient unit or home setting
- Managing within-family conflict
- The psychological impact of pain and intractable symptoms
- Responses to uncertainty and loss at the different stages of illness
- Presentation of illness in patients with pre-existing psychological and psychiatric problems
- Presentation of illness in patients with pre-existing complex social problems
- Responses and needs of children at the different developmental stages
- Responses and needs of patients with intellectual disabilities
- Distinction between sadness and clinical depression
- Knowledge and application of therapeutic interventions
- Knowledge of how to deal with individuals at risk of harm to themselves or others
- Awareness of one's own personal values and belief systems and how these influence professional judgements and behaviours
- Recognition of the importance of hope
- Manage patient and family hopes, fears and expectations
- Subjective Quality of Life measures and interpretations

SKILLS

- Specialist communication and negotiation skills
- Guide and support colleagues in their management of communication challenges in the palliative care setting
- Recognise and manage the emotional and psychological impact of working in palliative care on oneself, the team and other colleagues
- Skills specific to psychosocial patient and family assessment:
    - Construct and use genograms
    - Assess the response to illness and expectations among family members
    - Demonstrate empathetic listening and open questioning skills
    - Mediate and manage complex communication challenges in the team and with people with life-limiting conditions and their families, including the provision of information to children
- Assess personal and team member safety when conducting visits in the community
- Engage social workers and community welfare officers in relation to financial help and
- Assess suicidal ideation and refer appropriately

ASSESSMENT AND LEARNING METHODS

Effective teaching skills course (RCPI)

- Multidisciplinary meetings
- Workplace-based assessments
    - CBD
    - Mini-CEX
    - Leading a family meeting
- Study days
- Occupational Stress course
- Mastering Communication course

Grief and Bereavement

Objectives: Demonstrate the skilful application of knowledge and understanding to prepare individuals for bereavement and to support the acutely grieving person or family. Be able to anticipate and recognise abnormal grief patterns and access specialist help.

KNOWLEDGE

- Bereavement theories including the process of grieving, adjustment to loss and the social model of grief
- Awareness of cultural differences in grieving
- Grief and bereavement in children
- Bereavement support services
- Risk factors for adverse outcomes of bereavement
- The role of the palliative care social worker

SKILLS

- Demonstrate an understanding of normal and pathological responses to the diagnosis of a life-limiting illness
- Demonstrate an ability to identify those experiencing complicated grief and utilize resources to support them
- Preparation of carers and children for bereavement in partnership with parents, guardians and other family members
- Liaising with relevant organisations and bodies

ASSESSMENT & LEARNING METHODS

- CBD
- Mastering Communication course
- Attendance at bereavement services in work-setting where available
- Study days including grief and bereavement

Culture, Language, Religion and Spirituality

Objectives: Demonstrate an awareness of and respect for the social, cultural and existential values, beliefs and practices of others. Recognise differences in religious and other beliefs and personal values. Also to be able to recognise, anticipate and deal with conflicts in these beliefs and values in the clinical team.

KNOWLEDGE

Culture and ethnicity

- Recognition of cultural influences on the meaning of illness for patient and family
- Acknowledgement and appropriate accommodation of differences in beliefs and practices to ensure thorough assessment and acceptable care
- Awareness of your own and the clinical team's personal beliefs and attitudes and the importance of not imposing these on others

Existential beliefs, Spirituality and religious creeds and practices:

- Knowledge of the major cultural and religious practices which relate to medical practice, dying, mourning and bereavement
- Spirituality issues in relation to life-threatening illness and the role of spiritual care
- Knowledge of support systems within different religious groups and work with their representatives within the multidisciplinary team

SKILLS

- Apply skilled communication and negotiating skills
- Work effectively with interpreters
- Manage conflicts of beliefs and values within the team
- Show awareness and sensitivity to the way in which cultural and religious beliefs affect approaches and decisions, and respond respectfully
- Show respect for diversity and recognise the benefits it may bring
- Able to distinguish between an individual's spiritual and religious needs
- Able to elicit and respond to spiritual concerns appropriately as part of an assessment

ASSESSMENT & LEARNING METHODS

- CBD
- Study days
- Mastering Communication course
- Mini-CEX
  - Working with an interpreter

Legal Frameworks

Objectives: To demonstrate the skills and knowledge to make decisions and practice palliative medicine within a legal framework and access appropriate legal help and advice when necessary.

KNOWLEDGE

- Certification of death procedures, including definition and procedure for confirming brain death
- Coroners' Law and rules of reporting of death
- Cremation regulations
- Procedures around post mortems, both coroner and non-coroner, including organ retention
- Consent
- Decision-making when the patient is not competent
- Power of attorney, enduring power of attorney and advance care planning
- Wills and capacity to testify
- Knowledge of Children First guidelines
- Discrimination – gender, race, disability and age

SKILLS

- Manage appropriate withdrawal/withholding of treatment from competent and incompetent patients
- Implementation of resuscitation guidelines
- Record keeping and facilitating access to records including the provisions of the Data Protection Acts and Freedom of Information Acts

ASSESSMENT & LEARNING METHODS

- Attend the Coroner's Court
- CBD
  - Reporting case to the coroner
- Study days
- Advance Care Planning e-learning module
- Ethics programme

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 (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
Personal Goals Review form	Required	1	Training Post	Form 137
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
On Call Rota	Required	1	Training Post	Form 064
Section 2 - Training Activities				
Outpatient Clinics				
Medical Oncology	Required	1	Training Programme	Form 001
Interventional pain clinic	Desirable	1	Training Programme	Form 001
Radiology Oncology	Desirable	1	Training Programme	Form 001
Interventional Radiology	Desirable	1	Training Programme	Form 001
Neurology	Desirable	1	Training Programme	Form 001
Respiratory	Desirable	1	Training Programme	Form 001
Cardiology especially heart failure	Desirable	1	Training Programme	Form 001
Other chronic disease management clinics	Desirable	1	Training Programme	Form 001
Ward Rounds/Consultations				
Consultant led (minimum 2 per week)	Required	80	Year of Training	Form 002
SpR led (1 per week)	Required	40	Year of Training	Form 002
Consultations in acute hospital consult services	Required	100	Training Programme	Form 002
Procedures/Practical Skills/Surgical Skills				
Syringe driver setup	Required	10	Training Programme	Form 004
Paracentesis	Desirable	1	Training Programme	Form 004

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Family Meetings Including attendance at a bereavement service/meet a bereaved family (min 4)	Required	30	Year of Training	Form 102
Record of Offsite Activities				
Palliative Medicine reviews in an outpatient/hospice day care setting	Required	20	Training Programme	Form 082
Domiciliary visits (minimum 30 domiciliary visits over training)	Required	30	Training Programme	Form 082
Management Experience- e.g. committee membership	Required	1	Training Programme	Form 110
Section 3 - Educational Activities				
Mandatory Courses				
BLS	Required	1	Training Programme	Form 006
Building Resilience in a Challenging Environment (Year 1 or 2)	Required	1	Training Programme	Form 006
Ethics I: Professionalism	Required	1	Training Programme	Form 006
Ethics II: Ethics & Law	Required	1	Training Programme	Form 006
Ethics III: Research	Required	1	Training Programme	Form 006
Ethics IV: End of Life for GIM	Required	1	Training Programme	Form 006
Health Research – an Introduction	Required	1	Training Programme	Form 006
HST Leadership in Clinical Practice (year 3+)	Required	1	Training Programme	Form 006
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Performing Audit (Year 1)	Required	1	Training Programme	Form 006
RCPI: Antibiotic Course	Required	1	Training Programme	Form 006
RCPI: Medication Safety	Required	1	Training Programme	Form 006
Non – Mandatory Courses				
ACLS	Desirable	1	Training Programme	Form 007
Health Research Methods for Clinicians	Desirable	1	Training Programme	Form 007
Study days	Required	6	Year of Training	Form 008
Participation at In-House Activities minimum of 1 per month from the categories below:				
General Medicine Grand rounds/teaching presentations	Required	40	Training Programme	Form 011
Palliative Medicine Grand Rounds/Journal Club	Required	40	Training Programme	Form 011
MDT meeting	Required	40	Year of Training	Form 011
Delivery of Teaching				
Lecture, tutorial and bedside teaching	Required	6	Year of Training	Form 013

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Research Demonstrate a commitment to research e.g**.** submission of research proposal for ethical approval	Desirable	1	Training Programme	Form 014
Audit activities and Reporting (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of training	Form 135
Publications	Desirable	1	Year of Training	Form 016
Presentations	Desirable	1	Year of Training	Form 017
National/International meetings e.g. IAPC, National Hospice conferences	Required	1	Year of Training	Form 010
Additional Qualifications	Desirable	1	Training Programme	Form 065
Section 4 - Assessments				
DOPS				
Syringe driver setup supervision)	Required	1	Training Programme	Form 021
Portacath use	Required	4	Training Programme	Form 021
CBD Examples: • New admissions to specialist palliative care or assessed by specialist palliative care team • Management of patients' symptoms, acute deterioration, palliative care emergencies	Required	4	Year of Training	Form 020
Mini-CEX Examples: • Clinical assessments and consideration of benefits/burdens of investigations, differential diagnosis and formation of a management plan including, for example, symptoms (incl rare/complex symptoms), delirium, acute deterioration • Discussion of clinical situations with patient/family incl illness trajectory, prognosis and care planning and advance-care planning • Chair team meetings/communication of management plan to other colleagues • Chair/facilitate family meetings	Required	4	Year of Training	Form 023

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Quarterly Assessment	Required	4	Year of Training	Form 092