



**IRISH COMMITTEE
ON HIGHER
MEDICAL TRAINING**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

**REHABILITATION
MEDICINE**



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

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Introduction

A Consultant in Rehabilitation Medicine (RM) must possess expertise in a broad range of clinical and communication skills. A detailed medical knowledge of, and exposure to, the wide variety of disorders encountered is required as is the ability to co-ordinate a wide range of inter-professional involvement, social agencies and personal support services.

In Ireland Rehabilitation Medicine is practised exclusively as a sole specialty although, as acute rehabilitation services evolve, there is the potential for trainees to consider dual accreditation with specialties such as neurology, geriatric medicine, rheumatology and general medicine.

Aims

On satisfactory completion of specialist training in Rehabilitation Medicine the doctor will be **competent** to undertake comprehensive, independent medical practice in RM in a **professional** manner, usually within an inter-professional team, in keeping with the needs of the Irish healthcare system.

Competencies:

To allow them practise as Consultants in Rehabilitation Medicine trainees in RM will ideally acquire the following competencies during their specialist training programme:

- Ability to deliver patient care that is appropriate, effective and compassionate by applying their knowledge in the biomedical, behavioural and clinical sciences
- Ability to exhibit interpersonal and communication skills that ensure effective information exchange with patients and their families and effective teamwork with other health professionals, academics and the public
- Ability to understand comprehensively the roles and methods of referral to, and collaboration with, all clinicians within rehabilitation clinical teams
- Ability to appraise and use new scientific knowledge to improve their clinical practice
- Ability to function as a supervisor, trainer and teacher in relation to junior colleagues, medical students and other health professionals.
- Ability to demonstrate scholarship and contribute to research in the field of RM
- Ability to demonstrate professionalism in all personal interactions with patients and colleagues
- Knowledge of public health and health policy issues such as the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocation
- Ability to identify and carry out system-based improvement of 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 with 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

a) BST

Applicants for Higher Specialist Training (HST) in Rehabilitation 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 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 MRCPI 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.

b) Prior exposure to RM or related specialties

Prior experience at SHO level is essential in one of these specialties (rehabilitation medicine, neurology, rheumatology, geriatric medicine) before entry to HST and experience in any of those specialties at registrar level is highly desirable.

c) Postgraduate clinical diploma

It is acknowledged that a background in other specialties can provide an acceptable entry qualification into the specialty using diplomas such as FRCS, AFRCS, MRCS, MRCPsych, MRCPGP or another equivalent clinically based Irish/UK qualification. However, with the expected evolution of acute rehabilitation within model 3 and 4 hospitals, and RM's involvement in the evolving TARN (trauma and audit research network), maintenance of acute medical skills by RM physicians after their BST training will be essential.

Therefore applicants for HST in Rehabilitation Medicine with professional diplomas other than in general medicine must demonstrate or acquire equivalent general medical experience to those applicants who have completed a BST programme in GIM.

Other relevant and equivalent overseas qualifications may also be considered - individuals wishing to enter the specialty with such qualification should contact the ICHMT Office and NSD in Rehabilitation medicine directly.

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

Summary of Training Content

The duration of HST in Rehabilitation Medicine is 4 years, one year of which **may** be gained from a period of full-time research.

Training rotations may include up to 1 year in (HST) approved posts in specialities such as Neurology, Rheumatology, Geriatric medicine and GIM. Some flexibility in training requirements with regard to those with experience of other specialties may be shown particularly where there is evidence of transferable skills such as interdisciplinary teamwork and work with disabled people, carers, social services, and voluntary organisations.

The four-year Higher Specialist Training in Rehabilitation Medicine consists of **Obligatory Experience** and **Optional Experience**, each of which will be assessed formally, together with other aspects of training which can be acquired by short attachments or attendance at relevant courses or meetings. The outline of training is given below and described in detail in the specialty section of this curriculum.

Core Training

Approval of a training programme will only be granted if it includes experience in all of the following:

1. Neurological Rehabilitation

Over a minimum period of **12 months** trainees should gain experience in assessment and management of patients with single incident neurological injury and progressive neurological conditions

2. Spinal Injury

A **3 month** attachment to a spinal unit is mandatory as minimum training. For those who will take responsibilities for such services a period of one year is recommended.

3. Musculoskeletal Rehabilitation

A minimum period of **6 months** is required. Trainees should gain experience in the management of rheumatological and non-inflammatory joint disorders (particularly those acquired as a consequence of neurological injury), back pain, pain management, inflammatory joint disorders and metabolic bone disease

4. Prosthetics, orthotics, limb absence and

A minimum period of **3 months** is required. During this period all levels of amputation should be seen and experience gained at more than one centre. For those who will take responsibility for such services, one year of training is recommended.

Training in the following areas (5 - 10 below) will normally take place throughout the programme rather than for specified periods but details of the training received and completed satisfactorily, countersign where appropriate, will be required for certification.

5. **Wheelchairs and assistive technology**
6. **The rehabilitation process**
7. **Social and community aspects of rehabilitation**
8. **Psychosocial aspects of rehabilitation, disability and handicap**
9. **Organisational and managerial aspects of rehabilitation medicine**
10. **Environmental control systems and assistive technology**
11. **Driving for disabled people**

Additional Training

A wide variety of experience in approved posts can count towards certification in Rehabilitation Medicine. No specialist trainee will acquire comprehensive experience of all these options in the course of a four-year training programme. Therefore the curriculum sets out to define the knowledge in these areas which could be acquired during the four years of HST.

Attendance at appropriate courses and attachments for short periods to centres of excellence in areas not available to the trainee locally is recommended.

As noted previously, one year's training in approved posts in Rheumatology, Neurology, Geriatric Medicine, or Spinal Injury may be included. Training in the following areas may be obtained which will mainly consist of short attachments (up to three months) but none should exceed one year:

- Acute stroke
- Cardiac rehabilitation
- Community based rehabilitation
- Continence services / urodynamics
- Disabled school leavers and young adults
- Environmental control systems and assistive technology
- Learning disability services
- Neurobehavioural rehabilitation
- Orthopaedic and trauma rehabilitation
- Paediatric rehabilitation
- Pain management
- Palliative medicine
- Prosthetic, orthotic, limb absence rehabilitation
- Rehabilitation of sensory deficits
- Respiratory rehabilitation
- Sexual aspects of disability
- Sports medicine
- Vocational rehabilitation

Specialist trainees who wish to obtain training in other areas, for example rehabilitation engineering, computer technology for disabled living, rehabilitation in developing countries, epidemiology and public health medicine etc. should negotiate these attachments with the National Specialty Director who, in conjunction with the trainee, will consult the Dean of Postgraduate Training if necessary, to obtain approval for a training programme not specified.

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Rehabilitation Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Rehabilitation Medicine (e.g. neurobehavioural), this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly

Generic Knowledge, Skills and Attitudes

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all medical specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. A time-scale for acquisition of these generic competencies is not imposed but failure to make progress in meeting these important objectives **at an early stage** would cause concern about a doctor's ability to become independently capable as a specialist.

Teaching, Research and Audit

All trainees are required to participate formally in teaching medical students (disability modules for 3rd year medical students are based at the NRH for all 3 Dublin medical schools) and will be encouraged to become involved in module design and assessment.

Trainees will be supported and encouraged in carrying out medical and interdisciplinary clinical research into any aspect of rehabilitation medicine. 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 Rehabilitation Medicine is considered highly 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 MSc, MD, or PhD, by stepping aside from the programme for a time. Additional educational credit may be granted at the discretion of the NSD and STC for clinical work relevant to the curriculum undertaken during the second and subsequent years of this research, up to a maximum of six months credit. 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 at least one substantial audit cycle.

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 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.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures.

As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at the Annual Evaluation Meeting. The assessment of training may utilise the Mini-CEX, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. competence in procedural skills, or in generic components.

Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

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.

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Rehabilitation Medicine. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Rehabilitation Medicine. Programmes will be as flexible as possible consistent with curricular requirements to allow the trainee to develop a sub-specialty interest.

Higher Specialist Training in Rehabilitation Medicine is provided primarily in Ireland's only tertiary specialist rehabilitation centre¹ but also involves liaison and in-patient work in a range of model 2, 3 and 4 (district, regional and tertiary) hospitals. The programme to which the trainee is appointed has named consultant trainers and the programme is overseen by the National Specialty Director who will co-ordinate the training and report to the ICHMT secretariat and committee.

A Specialist Registrar is advised not to remain in the same unit for longer than 2 years of clinical training or with the same trainer for more than 1 year except in exceptional circumstances.

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

¹ National Rehabilitation Hospital (NRH), Dun Laoghaire

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

Facilities

Consultant trainers have been identified for each approved post. The trainer will be responsible for ensuring that the educational potential of the post is translated into effective and efficient training. Training objectives should be agreed between trainee and trainer at the start of each post in the form of a written training plan. The trainer should be available throughout, as required, to supervise the training process.

All training locations approved for HST have been inspected by the medical training department. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable acquisition of the knowledge, skills, clinical judgement and attitudes.

Physical facilities should include

- a) the provision of sufficient space and opportunities for practical and theoretical study
- b) Access to professional literature and information technologies so that self-learning is encouraged, and data and current information can be obtained to improve patient management.

Trainees in Rehabilitation Medicine should have access to an educational programme of lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars and study days capable of covering the theoretical and scientific background to the specialty. Trainees should be supported in being released from routine clinical duties assuming they give adequate notice of absence to their trainer and employer. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

Dual Training

Those seeking to practise Rehabilitation Medicine with another speciality should seek the advice of the Dean of Postgraduate Training and the National Specialty Directors concerned as enrolment in both specialities will be required. Such programmes will need to be individually tailored by the relevant National Specialty Directors (NSDs) so that joint programmes can be facilitated

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

- Practising 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-maleficence 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

Core training

Objectives:

- To develop the knowledge and skills to deliver specialist rehabilitation as an independent medical practitioner in a range of healthcare settings and across the boundaries of all involved agencies
- To acquire the skills to be an excellent clinician, manager and to promote research and education in Rehabilitation Medicine

The Rehabilitation Process

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

KNOWLEDGE

- Detailed knowledge of the WHO ICF Classification and its application to all aspects of disability assessment and management
- Detailed knowledge of guiding legislation, including Irish, European and international²:
- Detailed knowledge and appreciation of the roles and expertise of interprofessional colleagues
- Epidemiology of disability
- Aetiology, pathophysiology, management procedures and prognosis of the conditions for which patients are referred for rehabilitation
- Health promotion needs and prevention of medical complications of disability including falls, compromised tissue viability, contractures, pain, mood disorders and behaviour disturbance
- Knowledge of medical, surgical, nursing and therapeutic management of the above complications
- Nutritional and energy needs of severely disabled people, including supplementation
- Detailed knowledge of techniques for modulation of muscle tone and posture
- Basic exercise physiology

²Disability Act 2005; National Disability Authority Act 1999; Equal Status Acts; Employment Equality Acts; The Mental Health Act 2001, the Children's Act 2001;

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Case based discussion (CBD)
- In house teaching
- Study days

Social and Community Aspects of Rehabilitation Medicine

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- In house teaching
- CBD
- SpR study days
- Minimum of 5 home visits

Psychological Aspects of Disability and Rehabilitation

Objective: To equip the trainee with the knowledge and skills to recognize and screen for psychiatric disease, contribute effectively to the interprofessional management of psychiatric, behavioural and cognitive complications, and refer appropriately to psychologists and psychiatrists

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- Mini-CEx
- CBD

Organisation and management in Rehabilitation Medicine

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

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

Neurological Rehabilitation

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

A: General neurological rehabilitation including progressive disease

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

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

B: Acquired brain injury (ABI) rehabilitation (including neurobehavioural)**KNOWLEDGE**

In addition to knowledge outlined in neurological rehabilitation:

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

SKILLS

In addition to skills outlined in neurological rehabilitation:

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

ASSESSMENT & LEARNING METHODS

In addition to assessment outlined in neurological rehabilitation:

- Acute hospital liaison, supervised by consultant
- Attendance at neurobehavioural clinics (minimum 3 throughout training)
- In house teaching – NRH module on challenging behaviour or equivalent
- Observation of at least one entire SMART / MATADOC assessment
- Visit to a residential service for people requiring ADL supervision after ABI
- Study days
- Mini-CEx

Musculoskeletal Rehabilitation

Objective: To equip the trainee with the knowledge and skills necessary to assess, diagnose and manage disorders of the musculoskeletal system, chronic pain syndromes in musculoskeletal disease, their interactions with other disabling conditions and the ability to organise multidisciplinary rehabilitation programme for these patients

KNOWLEDGE

- Epidemiology of diseases of bones, joints and other connective tissues.
- Anatomy and physiology of joints and the spine.
- Differential diagnosis of inflammatory joint disease
- Non-inflammatory joint disorders presenting as pain and disability affecting the musculoskeletal system
- Diseases of the muscle (congenital and acquired) and bone, particularly osteoporosis.
- The biology of pain and the assessment and management of acute and chronic pain in musculo-skeletal disease
- Musculo-skeletal effects of posture and repetitive movements in the workplace and in leisure activities.
- Pain self-management programmes in musculo-skeletal disease (eg 'back school') including patient assessment, goal planning and outcome measures
- Appropriate use of pharmacological and non-pharmacological means of reducing pain and inflammation in musculoskeletal disease
- Interpretation of results of clinical, laboratory, radiological and other diagnostic techniques in assessing the impaired musculoskeletal system
- Role of other doctors and allied health professionals, and multidisciplinary working, in the management of musculoskeletal disorder

SKILLS

- Proficiency in examination of impairments of the musculoskeletal system, particularly painful joints and the painful spine
- Proficiency in assessment of activity limitations associated with diseases of bones and joints
- Proficiency in assessment of participation restriction associated with disease of bones and joints
- Proficiency in performing soft tissue and joint injections

ASSESSMENT & LEARNING METHODS

- Study days
- DOPS: Large joint and soft tissue injections
- Mini-CEx: e.g. comprehensive joint examination, detection of trigger points
- CBD

Spinal Cord Injury

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- In house - tracheostomy management course
- Study Day - Management of spinal cord injury
- CBD
- Mini-CEx: ASIA scoring
- RCPI Ethics programme

Prosthetics, Orthotics and Limb Absence Rehabilitation (POLAR)

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

KNOWLEDGE

Prosthetics

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

Orthotics

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

SKILLS (prosthetics and orthotics)

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

ASSESSMENT & LEARNING METHODS

- In house teaching
- Study days
- Amputee rehabilitation course - upper and lower limb – Strathclyde or similar
- Mini-CEx
- CBD

Wheelchairs and Special Seating

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

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

Environmental Control Systems and Assistive Technology

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

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

Driving for People with Disability

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

KNOWLEDGE

- The legal framework for driving and vehicle licensing, and medical fitness to drive, in Ireland (RSA guidelines 2014) and in neighbouring jurisdictions (UK DVLA)
- The cognitive, perceptual and physical factors involved in controlling a vehicle, and the wider skills of driving safely
- The engineering and safety aspects of transport in a vehicle as a driver, passenger in a fixed seat and in a wheelchair
- The range of equipment available to compensate for impairments which affect ability to drive
- The financial, technical and other assistance available to help people with disability achieve social mobility such as the Primary Medical Certificate

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Attend five driving assessments
- Study days
- In house teaching – attend a Disabled Drivers' clinic as an observer
- CBD
- Mini-CEx

Additional Training (A – Z)

Objective: To allow trainees the opportunity to pursue a special interest and also to promote a broad base of experience

Acute Stroke

Objective: To equip the trainee with the knowledge and skills necessary to carry out specialist assessment, investigation, treatment and secondary prevention on patients with acute stroke, and promotion of interdisciplinary management to promote recovery and reduce complications after stroke

KNOWLEDGE

- Anatomy and pathophysiology of stroke sub-types
- Classification schemes for acute stroke (e.g. TOAST, OCSP)
- Scales for describing severity of acute stroke (e.g. NIHSS)
- Investigation of the causes of stroke particularly in determining appropriate radiological tests
- The principles of acute assessment and medical management, including swallow assessment
- Differential diagnosis of acute stroke, and initial management of conditions that mimic stroke
- Indications and contraindications for acute treatments (clot lysis, radiological intervention, decompressive craniectomy)
- Complications of acute stroke and their management
- Influence of co-morbidities on stroke management
- Current research into acute stroke management

SKILLS

Ability to recognise and manage in the stroke patient:

- dysphagia and aspiration risk
- common medical complications
- complications of immobility and muscle weakness
- troublesome spasticity post-stroke
- post-stroke pain syndromes including painful subluxed shoulder
- psychological effects: adjustment disorder and post-stroke depression
- seizures post-stroke (provoked, early and late)
- cognitive impairment and neurobehavioural syndromes
- Ability to determine the stroke mechanism for the index stroke in a patient
- Ability to implement appropriate secondary prevention strategies
- Ability to triage appropriately to rehabilitation or palliative care if required

ASSESSMENT & LEARNING METHODS

- In-house teaching
- Study days on Stroke (Geriatrics /Neurology)
- Diploma in Stroke, RCPI
- CBD
- Mini-CEx (eg NIHSS estimation, brain imaging review)

Cardiac Rehabilitation

Objective: To equip the trainee with the knowledge and skills necessary to assess and describe a rehabilitation programme for patients with cardiac disease taking into account the psychological and physical difficulties faced by such patients

KNOWLEDGE

- Epidemiology, aetiology and pathology of the various types of heart disease.
- Management of acute cardiac events as well as ongoing medical management.
- Exercise physiology and changes in cardiovascular disease.
- Psychosocial aspects of cardiac disease
- Vocational aspects of cardiac rehabilitation.
- Assessing the severity of symptomatology in the light of investigations of cardiac, psychological and social status.
- Application of medical, surgical, behavioural, dietary and family therapy in the management of a person with heart disease.
- Recognition of non-organic symptomatology and behaviour in people who have cardiac disease or present with cardiac symptomatology.
- Secondary prevention of heart disease

SKILLS

- Ability to assess and describe a rehabilitation programme for people with heart disease, including those who have had cardiac surgery

ASSESSMENT & LEARNING METHODS

- In house teaching
- Study days
- CBD
- Mini-CEx

Contenance Services/Urodynamics

Objective: To equip the trainee with the knowledge and skills required to counsel the patient and their families on aspects of incontinence, working with the patient and interdisciplinary team in the management and containment of incontinence, and referring appropriately for specialist urological evaluation

KNOWLEDGE

- Anatomy of the upper and lower urinary tract
- Innervation of the lower urinary tract
- Central control of micturition
- Physiology of micturition
- Causes of urinary incontinence
- Effects of malfunction of the lower urinary tract
- Effects of urinary incontinence
- Investigation of urinary incontinence in general
- Principles and methods of management of neurogenic urinary incontinence
- Effects of different lesions of the CNS on functioning of the lower urinary tract
- The influence of physical disability in the management of incontinence
- Potential complications affecting the neurogenic bladder
- General effects of complications in the neurogenic bladder
- Benefits and costs of various methods of drainage of the neurogenic bladder.
- Surgical and non-surgical methods of urinary incontinence management
- Effects of pharmaceutical agent on the neurogenic bladder
- Correlation between neurological and urological dysfunction

SKILLS

- Proficiency in focussed history-taking and examination of the urinary system
- Ability to insert and replace suprapubic and indwelling catheters
- Ability to instruct patients in clean intermittent catheterisation using different catheter types
- Ability to liaise with the community incontinence services
- Ability to acknowledge cultural issues and requirement for a chaperone

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching - work with Urology CNS and Consultant Urologist; attend ultrasound with Consultant Radiologist and observe urodynamic testing
- CBD
- Mini-CEx: eg catheter changes

Disabled School Leavers and Young Adults

Objectives: To equip the trainee with the necessary knowledge and skills to facilitate seamless transition from adolescence to adulthood for young people with disability

KNOWLEDGE

- Health and personal development needs (including psychosexual and genetic counselling) of adolescents with disability
- Special services provided for this group through education, training and day units
- The social needs of this group, particularly for information, education, training, employment, transport, mobility, leisure and recreation
- Recognition of the difficulties experienced by young people with disability and their families during the transition between childhood and adulthood
- Recognition of the potential gaps in service provision for school leavers
- Requirement for changing educational needs as adolescents take on adult roles
- Recognition of vocational needs of young people with disability
- Effective communication between the participating agencies in developing action plans for young people with disability living in the community

SKILLS

- Ability to assess, as part of an interdisciplinary and multi-agency team, the spectrum of needs of this group of service users
- Ability to identify the future needs of young people with disability to help them mature and fulfil their potential in society
- Ability to advise local communities and authorities of their care and fiscal responsibilities with respect to the needs of young people with disability

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- CBD

Learning Disability Services

Objective: To equip the trainee with the skills required to contribute to the interdisciplinary assessment and management of people with mild to profound learning difficulties, and their families

KNOWLEDGE

- The medical and social care of people with all degrees of learning difficulties including health screening, sexual counselling, advocacy, autonomy and family involvement in care
- The principles of assessment and management of epilepsy, and disturbed behaviour, in people with learning difficulties
- Detailed knowledge of the principles of:
 - Postural support and positioning
 - Assessment and management of swallowing difficulties
 - Oesophageal reflux
 - Bowel and bladder management
- The organisation of health and social agencies that support people with learning difficulties in the community

SKILLS

- Ability to assess people with all levels of learning difficulties both physically and cognitively
- Ability to carry out a simple clinical assessment of hearing and vision in a person with moderate to profound learning difficulties
- Ability to develop, with an interdisciplinary team, a viable rehabilitation plan to enhance the quality of life of the person with learning difficulties, and their family
- Ability to communicate appropriately with people of different levels of learning difficulties and also with their families
- Ability to act with empathy in discussing diagnosis and treatment with the person with learning difficulties and their family
- Ability to integrate knowledge of specific ethical issues (capacity and decision making) in dealing with people with learning difficulties, and their families

ASSESSMENT & LEARNING METHODS

- RCPI Ethics Programme
- In house teaching
- Study days
- CBD

Neurobehavioural Rehabilitation

Objective: to equip the trainee with expertise in the care of patients with neurobehavioural dysfunction after acquired brain injury by ensuring acquisition of diagnostic skills using neurological and mental status examinations, cognitive testing, electrophysiological testing and neuroimaging, so that accurate differential diagnosis can lead to timely crisis intervention and referral for rehabilitative therapies

KNOWLEDGE

- Anatomy
 - Structural and functional neuroanatomy
 - Neurobehavioural assessment
 - Treatment
 - Neurobehavioural syndromes
- Pathophysiology and presentation of:
 - Focal neurobehavioural syndromes e.g. aphasia, apraxia, apathy, executive dysfunction, orbitofrontal syndrome
 - Major neuropsychiatric ABI syndromes
 - Neurological conditions with cognitive, emotional and behavioural features e.g. dementias, movement disorders, stroke, epilepsy, multiple sclerosis, traumatic brain injury
 - CNS infections
- Neurochemistry of cognition, emotion and behaviour
- Neuropsychopharmacology and the interactions of the following agents with other medications on central nervous system (CNS) function
 - Psychostimulants and other catecholaminergically-active agents
 - Cholinesterase inhibitors
 - NMDA receptor antagonists
 - Anticonvulsants
 - Atypical antipsychotics
 - Antidepressants
 - Emerging neuropharmacological agents
- Neuropsychological assessment
 - The content, sensitivity and specificity of neuropsychological assessment methods e.g. fixed assessment batteries, flexible batteries, projective testing, personality assessment tools
 - The influence of age, education, cultural background, fatigue, drugs, sensory impairment and primary psychiatric illness on test performance
 - The role of and indications for neuropsychological testing in evaluation and treatment planning in relation to ABI disorders
 - The relationship between neuropsychological test results and bedside or office-based screening mental status examinations
 - The anatomical and disease correlates of neuropsychological test abnormalities
- Neuroimaging
 - Principles and applications of structural and functional imaging of the brain and clinical indications for such studies
- Electrophysiological testing
 - Principles and applications of electrophysiological recordings of the CNS
- Psychosocial interventions
 - The range of, and indications for, psychosocial interventions used in the care of patients with neurobehavioural and neuropsychiatric disorders including supportive therapy, family therapy and other psychotherapeutic interventions including patient and family education, environmental interventions, behavioural management strategies and referral to community resources

SKILLS

- Ability to perform a thorough and complete neurological examination including elemental neurological function and neurological soft signs
- Ability to appropriately employ neurological examination rating scales and accurately interpret such data
- Ability to perform a complete mental status examination including general assessment and cognitive examination e.g. arousal, attention, language, memory, praxis, recognition, visuospatial function and executive function
- Ability to adjust mental status examination content and process in a manner sensitive to the patient's abilities or impairments in order to facilitate useful description of findings in patients who are unable to cooperate with any or all parts of a formal cognitive examination
- Ability to interpret mental status examination findings with respect to their structural and functional neuroanatomical correlates
- Ability to integrate collateral history information into the clinical assessment
- Ability to develop a differential diagnosis based on mental status examination findings and their integration with findings from a neurological examination
- Ability to identify, administer and interpret standardized neurobehavioural rating scales that supplement the neurobehavioural history and mental status examination
- Ability to accurately correlate neuroimaging findings with clinical examination findings (neurological and/or mental status) in patients with ABI syndromes
- Ability to accurately correlate electrophysiological findings and clinical examination findings (neurological and/or mental status) in patients with ABI syndromes
- Ability to formulate a neurobehavioural diagnosis based on findings from the clinical assessment and develop a treatment plan
- Ability to effectively communicate the diagnosis and management plan to the patient and his/her family, other healthcare professionals, officers of the court and other private or public agencies providing services to the patient
- Ability to work in, or lead, an interdisciplinary model of care

ASSESSMENT AND LEARNING METHODS

- Study days/courses
- In house teaching
- WBAs: Mini-CEX – e.g. neurological examination, mental status examination, c assessment of cognitive function; SpR-led MDT) and case-based discussion
- Visit to residential facilities that manage people with continuing neurobehavioural difficulties

Orthopaedic and Trauma Rehabilitation

Objective: To equip the trainee with the knowledge and skills to assess and manage the rehabilitative needs of patients after severe musculoskeletal trauma, brachial plexus injury and peripheral nerve injury

KNOWLEDGE

- Epidemiology, aetiology and pathology of diseases of bones and joints including trauma.
- Orthopaedic management of people who have sustained fractures, including those with multiple trauma and non-orthopaedic injuries.
- The role of orthopaedic surgery in children and adults in the areas of scoliosis and cerebral palsy management.
- The principles of surgical management of degenerative joint disease with particular reference to arthroplasty
- Aetiology, assessment and management of patients with brachial plexus and peripheral nerve injuries
- Disability arising as a result of other pathology of the connective tissues, including deformities and contractures.
- Diagnosis and management of post-traumatic stress
- Indications for medical, surgical, orthotic, paramedical, behavioural and other forms of therapy for this group of people
- Paediatric orthopaedic and particularly scoliosis and cerebral palsy management.
- Principles of orthogeriatric rehabilitation

SKILLS

- Ability to recommend appropriate use of paramedical, orthotic and other therapies in this people with this group of conditions
- Ability to recommend appropriate pain management techniques relevant to orthopaedic practice.
- Ability to assess and manage disability resulting from acquired trauma and musculoskeletal disease
- Ability to assess and appropriately management people with brachial plexus and peripheral nerve lesions
- Ability to recognize non-organic presentations of musculoskeletal disorders.
- Ability to diagnose and manage musculoskeletal disease, including back and neck pain, soft tissue rheumatism and polytrauma

ASSESSMENT & LEARNING METHODS

- CBD

Paediatric Rehabilitation

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- Mini-CEx
- CBD

Pain Management

Objective: To equip the trainee with the knowledge and skills to assess the contributing factors in the development of chronic pain disability; the relative merits of interventions for the management of chronic pain and to minimise distress related to chronic pain, and preserve the person's social participation

KNOWLEDGE

- Anatomy and pathophysiology of pain
- Distinction between acute and chronic pain
- Clinical pain patterns and their diagnostic associations including neurogenic, mechanical, inflammatory as well as common pain syndromes
- Psychosocial and cultural influences on the pain experience
- Relationship between chronic pain, impairment and disability
- Techniques for measuring pain and its impact on the lives of people with manifest disability
- The assessment of the relative importance of organic and non-organic factors in the expression of pain
- The social consequences of chronic pain for the individual and his/her family and carers, including the impact on employment and education, benefits, finance and demands on health and social service
- Psychological consequences of pain and trauma such as depression, phobias and post-traumatic stress disorders
- The appropriate investigation of people with chronic pain utilising clinical, radiological, psychological, and questionnaire techniques
- Pain self-management & chronic back pain programmes, patient assessments & selection, goal planning and use of outcome measures

SKILLS

- Ability to recognize the range of psychological reactions to chronic pain
- Ability to identify illness behaviour and other maladaptive phenomena within the constellation of symptoms associated with chronic pain
- Ability to identify modifiable cognitive and behavioural factors influencing disability such as misconceptions about the cause and meaning of pain, fear-avoidance patterns and the rest/over activity cycle
- Ability to be open-minded when dealing with people with functional disorders.
- Ability to appreciate the biopsychosocial impact of pain

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- CBD
- DOPs
- Mini-CEx

Palliative Medicine

Objective: To equip the trainee with the knowledge and skills required to communicate with the dying person, relatives and other staff while performing specialist assessment of that person to determine the role of a wide range of therapies available for palliation of symptoms, against a background of the personal, ethical and legal issues related to dying

KNOWLEDGE

- Knows that: “Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”
- Understands the distinction between palliative³ and end of life care⁴
- Knows how to provide relief from pain and other distressing symptoms
- Knows how to affirm life and regard dying as a normal process
- Knows how to manage the dying process so that death is neither hastened nor postponed
- Knows how to integrate the psychological and spiritual aspects of patient care
- Knows how to offer a support system to help patients live as actively as possible until death
- Know how to offer a support system to help the bereaved family cope during the patients illness and in their own bereavement
- Knows how to use a team approach in addressing the needs of patients and their families, including bereavement counselling, if indicated
- Is aware that these principles are applicable early in the course of illness, and are used with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

SKILLS

- Ability to perform regular clinical assessments of dying people in order to manage their pain or other symptoms effectively
- Ability to use a wide range of therapies, including radiotherapy, chemotherapy and surgery to ensure comfort and best possible function
- Ability to communicate effectively and empathically with the dying person, relatives and care staff
- Ability to acknowledge the ethical and legal problems that can be faced by professional and relatives at the time of bereavement
- Ability to be open-minded regarding end of life ethical issues

ASSESSMENT & LEARNING METHODS

- Study days
- CBD

³ Palliative care focuses on promoting quality of life in its widest sense in all domains- physical symptoms, psychosocial and spiritual

⁴ End of life care is a continuum of palliative care and is usually used to describe the care that is offered during the period when death is imminent, and life expectancy is limited to a short number of days, hours or less (HSE Clinical Care Programme)

Prosthetics, orthotics and limb absence rehabilitation (POLAR)

Objective: This additional training is described and encouraged for those who wish to work exclusively or predominantly in treating people who require rehabilitation because of limb deficiency. The precise content of a programme will depend on the experience gained in BST and on the options selected in the Rehabilitation Medicine programme. It will therefore be tailored to the needs of each trainee and should be discussed in detail with the NSD and Consultant in POLAR Rehabilitation.

KNOWLEDGE

- Knowledge of the assessment of patients for operative amputation treatment and in the co-ordination of management when several specialities are involved.
- Knowledge of the management of peri-operative amputations.
- Knowledge of the management of acute care post-amputation includes the management of co-morbid disease or associated injuries.
- Knowledge of and direct involvement and training in, dermatology, orthopaedic, plastic and reconstructive, and vascular surgery involvement in management of amputees and disability related to amputation.
- Knowledge of, and experience in observing the value of clinical psychology in the care of patients following amputation;
- Knowledge of, and experience in observing the value of allied health professional care of amputees, including gait training of the amputee, functional rehabilitation, dietetic management, nursing skin care, and statutory entitlements, in the care of patients following amputation
- Knowledge of psychometric assessment with experience of the influence of personal family and social circumstances in the experience of disability.
- Knowledge investigation and management of various and global dysvascular pathologies and their functional impact, including vascular dementia in elderly amputee patients.
- Knowledge and experience gained in close liaison with paediatric colleagues to enhance the management of children with limb deficiency.
- Knowledge of and experience of specialist upper limb absence multidisciplinary rehabilitation.
- Knowledge of prescription for high-technology and microprocessor prosthetic components
- Knowledge and experience of delivery of prosthetic care in a regional/non-national setting
- Knowledge of the role of statutory bodies, social agencies and voluntary organisations in assisting community re-integration of people with amputation and congenital limb deficiency.
- Detailed knowledge of the organisational and managerial aspects of paediatric and adult limb deficiency rehabilitation and services, working with senior IDT colleagues and management
- Knowledge gained through training in team leadership and dynamics, goal setting, resource management and conflict resolution
- Knowledge and direct experience of information technology and medical audit, hospital and unit management, planning and policies
- In-depth knowledge and experience of
 - Aetiology of amputation and congenital limb deficiency and associated co-morbid features
 - Investigation and management of various and global dysvascular pathologies and their functional impact, including vascular dementia in elderly amputee patients.
 - Care of the residual limb pain and phantom limb pain.
 - Investigation and management of osteomyelitis on in the amputee.
 - diabetic foot care and orthotic prescription for same in line with Diabetic Footcare Strategy
 - The clinical rationale for various prosthetic and orthotic prescriptions
 - Prosthetic prescription for all levels of lower limb and upper limb amputations and common congenital limb deficiency, check-out and delivery
 - Advanced pain management techniques
 - Wheelchair provision for amputee patients
 - Pressure management and tissue viability

SKILLS

- Proficiency in assessment of the person with congenital limb deficiency or amputation and their associated injuries and/or co-morbid conditions
- Ability to do pre-operative assessment of a patient for amputation.
- Ability to assess and manage, consulting appropriately, the amputee with vasculopathy including people with end stage renal disease and cardiac dysfunction.
- Prosthetic prescription for all levels of lower limb and upper limb amputations and common congenital limb deficiency, check-out and delivery
- Proficiency in management of pain related to amputation
- Proficiency in management of osteomyelitis related to amputation
- Proficiency in management of skin conditions related to amputation
- Proficiency in management of fluctuating amputee residual limb volume
- Proficiency in management of various and global dysvascular pathologies and their impact of amputee rehabilitation

ASSESSMENT & LEARNING METHODS

- In house training
- Attend at specialist clinics and units as per knowledge and skills sections
- Observe amputation surgery
- Study Days
- National and international specialist conferences
- CBD
- DOPS
- Mini-CEx

Residential Units for Disabled People

Objective: To equip the trainee with the knowledge and skills necessary to ensure appropriate, supported and high quality placement of disabled people in residential care

KNOWLEDGE

- Regulation and classification of residential care facilities for severely disabled young people
- National and international guidelines and models of care that describe minimum services and resources for those requiring long term residential and rehabilitative care
- Physical, psychological and social impact of living in residential care, and of shared care arrangements
- Statutory and local frameworks regarding the responsibilities of health and social service sectors
- Framework for delivery of meaningful activities to young disabled people in residential care
- Intrinsic and extrinsic factors influencing success or failure of community care in residential units
- Indications for, and benefits of, admitting disabled people to residential care for intermittent respite care and slow-stream rehabilitation

SKILLS

- Ability to liaise with statutory and voluntary agencies in admission and discharge planning
- Ability to liaise with voluntary and social services agencies to provide a seamless service on transfer from acute care and post-acute rehabilitation
- Ability to ensure, as part of a multi-professional team, adequate liaison with statutory and voluntary agencies to allow residents the greatest possible variety of activities and experience
- Ability to identify an appropriate unit, on the basis of individual care needs assessment, where many of residents will stay for most of their remaining lives

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- CBD

Respiratory Rehabilitation

Objective: To equip the trainee with the knowledge and skills necessary to deliver an effective respiratory rehabilitation programme.

KNOWLEDGE

- The epidemiology and pathophysiology of the most common lung diseases in particular chronic obstructive pulmonary disease and asthma.
- The role of lung function tests and basic exercise physiology in assessing fitness for a respiratory rehabilitation programme
- The epidemiology of cigarette smoking and the role of smoking cessation therapy
- The actions of drugs used in COPD and asthma
- Correct and safe use of oxygen and methods of administration such as cylinders, concentrators and liquid oxygen
- The natural history of severe smoking related lung diseases, and the role of palliative treatment

SKILLS

- Ability to recognize clinically the features of severe pulmonary disease and any reversible features
- Ability to use the chest x-ray examination as an integral part of patient assessment
- Ability to interpret pulmonary function tests and recognise classical chronic obstructive pulmonary disease or other severe impairments
- Ability to integrate objective and subjective grading of impairments i.e. dyspnoea scoring scales, shuttle walking tests into a holistic assessment of the dyspnoeic person
- Ability to deal with smoking cessation issues sensitively
- Ability to recognize the person's right to disregard advice given
- Ability to demonstrate a non-judgemental attitude

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- CBD

Sensory Deficits Rehabilitation

Objective: To equip the trainee with the knowledge and skills needed to recognise the needs of those with sensory deficits and to collaborate effectively with specialist multi-professional teams providing services to people with sensory deficits

KNOWLEDGE

Auditory Impairment

- Prevalence, aetiology and natural history of hearing impairments in children with congenital and acquired disorders
- Aetiology, pathology and natural history of hearing loss in adults, especially due to sensorineural loss
- Effects of ageing on hearing
- Prevalence and natural history of tinnitus in adults
- Hearing aids – the range of aids and equipment available through the GMS scheme and commercially, including accessory aids
- Methods of fitting and assessing the benefits of those hearing aids
- The types of cochlear implants available
- Speech reading, sign language and other communication modalities for deaf people

Visual impairment

- Aetiology and pathophysiology of visual impairment
- Methods of compensation for those with impaired vision and blindness
- Psychosocial consequences of visual impairment at different ages
- Services for blind people, including education, training, mobility allowances and eligibility for benefits
- Role of opticians and orthoptists in the identification and management of visual problems
- Legal consequences of impaired vision for driving or operating machinery
- Difference in presentation and consequences of central vs peripheral visual loss
- Tests and techniques for assessing visual impairment

SKILLS

- Ability to recognise the behavioural, language, speech and cognitive consequences of prolonged hearing impairment
- Ability to understand the impact of hearing and visual impairment

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- CBD
- Mini-CEx

Sexual Aspects of Disability

Objective: To equip the trainee with the knowledge and skills necessary to assess the sexual aspects of disability in relevant individuals and to be able to discuss all aspects of sex and sexuality both with the person with disability and the relevant family members

KNOWLEDGE

- Understand the biological and social factors relating to normal emotional and sexual development.
- Awareness of the range of problems of human sexuality, among able bodied as well as disabled people.
- Understands the physiology of sexual arousal and performance, and how this may be affected by disease processes.
- Understands the principles of assessment and rehabilitative management of sexual disorders.
- Awareness of the range of psychological, physiological, drug, appliance and other therapeutic options.
- Awareness of the contraceptive needs of disabled people

SKILLS

- Ability to confidently discuss issues of sexuality, sexual techniques and counselling with people with disability and their partners
- Ability to assess the factors which may contribute to a person with disability presenting with sexual problems
- Ability to manage the impact which a person's disability may have on their sexual performance

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- Attendance at a minimum of 5 sessions with sexual health nurse
- CBD

Spinal Cord Injury

Objective: This additional training is described and encouraged for those who wish to work exclusively or predominantly in treating people who require rehabilitation because of spinal cord disease. The precise content of a programme will depend on the experience gained in BST and on the options selected in the Rehabilitation Medicine programme. It will therefore be tailored to the needs of each trainee and should be discussed in detail with the NSD and Consultant in Spinal Cord Injury Rehabilitation

KNOWLEDGE

- Knowledge and wide experience of the management of acute spinal injuries at all levels of the spine which includes the management of associated multiple injuries
- Knowledge of, and participation in, the assessment of patients for operative treatment and in the co-ordination of management when several specialities are involved
- Knowledge of, and direct involvement and training in, the care of the neuropathic bladder through adequate urological services including urological surgery, urodynamic measurement and uro-radiology; detailed knowledge of long term care of the bladder and urinary tract
- Knowledge of, and direct involvement and training in, the care of the neuropathic bowel; detailed knowledge of long term care of the bowel
- Knowledge and experience gained during a six month attachment to a department of neurology or neurosurgery with evidence of regular experience of neuroradiology, neurophysiology and other neurodiagnostic techniques
- Knowledge of and direct involvement and training in, orthopaedic, plastic and reconstructive surgery involvement in management of people with disability related to spinal cord disease
- Knowledge of, and experience in observing the value of clinical psychology in the care of patients following major injury and attempted suicide
- Knowledge of psychometric assessment with experience of the influence of personal family and social circumstances in the experience of disability
- Knowledge of the role of statutory bodies, social agencies and voluntary organisations in assisting community re-integration of people with spinal cord disease
- Detailed knowledge of the organisational and managerial aspects of spinal cord injury, working with senior IDT colleagues and management
- Knowledge gained through training in team leadership and dynamics, goal setting, resource management and conflict resolution
- Knowledge and direct experience of information technology and medical audit, hospital and unit management, planning and policies
- Knowledge and experience gained from at least 2 months' intensive care unit regarding specialised equipment and ventilator dependent patients
- Knowledge and experience gained in close liaison with paediatric colleagues to enhance the management of children with spinal cord disease
- In-depth knowledge and experience of:
 - sexual counselling and fertility disorders
 - high-level lesions and long-term ventilator dependent patients
 - advanced pain management techniques
 - wheelchair provision, orthotics, specialised seating for complex SCI patients
 - pressure management and tissue viability
 - complex technology and bio-engineering such as robotics, environmental control systems and functional electrical stimulation
 - tendon transfer and upper limb programmes
 - sacral root stimulators

SKILLS

- Proficiency in assessment of the acute spinal cord injured person and their associated injuries
- Ability to jointly assess a patient with spinal injury for operative treatment in collaboration with Spinal Surgeons
- Proficiency in use of the ASIA System of assessment and the determination of prognosis based on this
- Ability to manage, consulting appropriately, the seriously ill SCI patient including people with cardiac dysfunction or respiratory failure requiring assisted ventilation
- Proficiency in assessing and managing all types of bladder and bowel dysfunction in spinal cord disease
- Proficiency in management of severe pain related to spinal cord disease
- Proficiency in management of autonomic dysreflexia and orthostatic hypertension

ASSESSMENT & LEARNING METHODS

- In house training - Tracheostomy management course
- Attend at specialist clinics and units as per knowledge and skills sections
- Observe spinal surgery
- Study Days
- National and international specialist conferences
- CBD
- DOPS
- Mini-CEx

Sports Medicine

Objective: To equip the trainee with the knowledge and skills necessary to participate in interdisciplinary management of sports injuries and to advise patients with disabilities or medical problems in relation to safe participation in sport

KNOWLEDGE

- The biomechanics of sport
- The physical and psychological attributes of sportsmen/women.
- The mechanisms of injuries in different sports, and their relevance to prevention
- The assessment of acute and chronic bone, joint and soft tissue injuries related to sport
- The application of fitness testing and its implications for exercise prescription
- Clinical presentation, assessment and management of acute sporting injuries
- Exercise physiology, the positive and negative effects of exercise, and the importance of retraining in the management of people who have sustained sporting injuries
- The employment, domestic and the social consequences of sports injuries for the athlete and society
- The problems of children and adolescents involved in sport, particularly those subject to over-training, fatigue and other negative influences
- Drugs and sports
- Sports and sporting activity among people with disabilities, including any special equipment that they may require
- Benefits of exercise in the non-sportsman/woman and its value in rehabilitation programmes

SKILLS

- Ability to assess and prescribe a rehabilitation programme for people injured while undertaking sporting activities
- Ability to measure physical fitness
- Ability to assess the physical and psychological consequences of failure of the acute injury to resolve to the satisfaction of the athlete
- Ability to understand the motivation of athletes and how this can help, or occasionally hinder, rehabilitation after injury
- Ability to assess and manage disabled people who have been injured while undertaking a sporting activity

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching
- CBD

Vocational Rehabilitation

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

KNOWLEDGE

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Study days
- In house teaching – observation of a minimum of 2 vocational assessments
- CBD

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	Required	1	Training Post	Form 045
On Call Rota	Required	1	Training Post	Form 064
Section 2 - Training Activities				
Outpatient Clinics				
Neurological rehabilitation	Required	25	Training Programme	Form 001
Brain Injury	Required	9	Training Programme	Form 001
Neurobehavioural	Required	5	Training Programme	Form 001
Spasticity (injections and ITB refills)	Required	5	Training Programme	Form 001
Spinal Cord Injury	Required	8	Training Programme	Form 001
Spinal Cord Injury interdisciplinary	Required	2	Training Programme	Form 001
Prosthetics, Orthotics, Limb Absence Rehabilitation (POLAR)	Required	10	Training Programme	Form 001
Musculoskeletal and rheumatology	Required	20	Training programme	Form 001
Wheelchair and special seating clinics	Required	5	Training programme	Form 001
Ward Rounds, consultations and IDT meetings				
Consultant - led (medical and interdisciplinary)	Required	40	Year of Training	Form 002
SpR – led: medical	Required	20	Year of Training	Form 002
SpR – led: interdisciplinary team meetings (<i>from year 2</i>)				
Year 2 (Consultant supervised)	Required	2	Training programme	Form 002

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Year 3 (2 of 4 Consultant supervised)	Required	4	Training programme	Form 002
Year 4 (2 of 10 Consultant supervised)	Required	10	Training programme	Form 002
Acute hospital consultations	Required	5	Year of Training	Form 002
Home visits	Required	2	Year of Training	Form 002
Rehabilitation Obligatory Experience				
Neurological rehabilitation	Required	2	Training Programme	Form 078
Musculoskeletal rehabilitation	Required	1	Training Programme	Form 078
POLAR (3 months minimum)	Required	1	Training Programme	Form 078
Spinal Cord Injury (3 months minimum)	Required	1	Training Programme	Form 078
Wheelchairs and assistive technology	Required	5	Training Programme	Form 078
Driving assessments	Required	5	Training Programme	Form 078
Environmental control assessments	Required	5	Training Programme	Form 078
Assess for and prescribe upper limb prostheses	Required	1	Training Programme	Form 078
Assess for and prescribe lower limb prostheses	Required	4	Training Programme	Form 078
Assess for and prescribe orthoses	Required	5	Training Programme	Form 078
Procedures and practical skills				
Refilling a Baclofen pump	Required	5	Training Programme	Form 004
Botulinum toxin injections, upper and lower limbs (blind / surface markings)	Required	20	Training Programme	Form 004
Botulinum toxin injections, upper and lower limbs (ultrasound-guided or CT-guided)	Required	10	Training Programme	Form 004
Botulinum toxin injection of salivary glands (ultrasound-guided)	Required	4	Training Programme	Form 004
Large joint (drainage and steroid injection)	Required	20	Training Programme	Form 004
Modified nerve block (e.g. suprascapular)	Required	5	Training Programme	Form 004
SMART or MATADOC (observation of one full assessment by accredited therapist)	Required	1	Training Programme	Form 005
Relatively unusual cases	Desirable	4	Training Programme	Form 019
Complex cases	Desirable	30	Training Programme	Form 066
Section 3 - Educational Activities				
Mandatory Courses				
ACLS	Required	1	Training Programme	Form 006
Amputee Rehabilitation course (e.g. Strathclyde)	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
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	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
Tracheostomy course	Required	1	Training Programme	Form 006
Non – mandatory courses (e.g. IPSEN online Spasticity Toolkit – recommended year 1)	Desirable	1	Year of Training	Form 007
Health Research Methods for Clinicians	Desirable	1	Training Programme	Form 007
Study days (Minimum of 4 per year planned in advance annually with NSD)	Required	4	Year of Training	Form 008
Participation at In-house activities , minimum of 1 per month from the categories below:				
Grand Rounds	Required	5	Year of Training	Form 011
Journal clubs (medical and interdisciplinary)	Required	5	Year of Training	Form 011
Radiology conference (interdisciplinary)	Required	5	Year of Training	Form 011
Seminar (interdisciplinary)	Required	3	Training Programme	Form 011
Lecture (medical and interdisciplinary)	Required	5	Year of Training	Form 011
Delivery of teaching				
Lecture	Required	2	Year of Training	Form 013
Tutorial	Required	2	Year of Training	Form 013
Bedside teaching (e.g. to NCHDs, AHPs, medical students)	Required	4	Year of Training	Form 013
Committee attendance (e.g. medical advisory, executive management, clinical programmes)	Required	2	Year of Training	Form 063
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
National or international meetings	Required	1	Year of Training	Form 010
Publications	Required	1	Training Programme	Form 016
Presentations (1 National and 1 local per year)	Required	2	Year of Training	Form 017
Research (one research project required – observational, RCT or qualitative)	Required	1	Training Programme	Form 014
Additional qualifications (e.g. MSc, MD, PhD)	Desirable	1	Training Programme	Form 065

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Examinations (European PRM Board Exam)	Desirable	1	Training Programme	Form 012
Section 4 – Assessments				
DOPS				
Refilling a Baclofen pump	Required	5	Training Programme	Form 021
Botulinum toxin injections, upper and lower limbs (blind / surface markings)	Required	8	Training Programme	Form 021
Botulinum toxin injections, upper and lower limbs (ultrasound- or CT guided)	Required	4	Training Programme	Form 021
Botulinum toxin injection of salivary glands (ultrasound-guided)	Required	2	Training Programme	Form 021
Large joint (drainage and steroid injection)	Required	8	Training Programme	Form 021
Modified nerve block (e.g. suprascapular)	Required	3	Training Programme	Form 021
SMART or MATADOC (observation of one full assessment by accredited therapist)	Required	1	Training Programme	Form 021
Case-based discussion Cases discussed can be those recorded in section 2 and should cover routine, complex and unusual issues that arise in all areas of the curriculum.	Required	4	Year of Training	Form 020
Mini-CEX Clinical and communication skills required to be competent in all areas of the specialty should be assessed during these events such as leading IDT and family meetings, ASIA scoring, limited cognitive exam, clinical neurological exam, primary prosthetic assessment etc, etc	Required	4	Year of Training	Form 023
Quarterly Assessment	Required	4	Year of Training	Form 092