



**INSTITUTE OF
OBSTETRICIANS &
GYNAECOLOGISTS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

INTERNATIONAL FELLOWSHIP TRAINING IN

**LABOUR WARD
MANAGEMENT**



This curriculum of training in Labour Ward Management was developed in 2015 and undergoes an annual review by Dr Michael O’Connell, Clinical Lead, Leah O’Toole, Head of Postgraduate Training and Education, and by the Obstetrics and Gynaecology Training Committee. The curriculum is approved by the Institute of Obstetrics & Gynaecology.

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Introduction

The International Clinical Fellowship Programme (ICFP) provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The ICFP enables suitably qualified overseas postgraduate medical trainees to undertake a fixed period of active training in clinical services in Ireland.

The purpose of the ICFP is to enable overseas trainees to gain access to structured training and in active clinical environments that they cannot get in their own country, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This Programme will allow participants to access a structured period of training and experience as developed by the Royal College of Physicians of Ireland to specifically meet the clinical needs of participants as defined by their home country's health service.

Aims

Upon satisfactory completion of the ICFP, the doctor will be **competent** to undertake comprehensive medical practice in their chosen specialty in a **professional** manner, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- Capability to be a scholar, contributing to development and research in the field of the chosen specialty.
- Professionalism.
- Ability to understand health care and identify and carry out system-based improvement of care.

Professionalism

Medical professionalism is a core element of being a good doctor. Good medical practice is based on a relationship of trust between profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour. It involves partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability. In addition to maintaining clinical competence, a doctor should also:

- Show integrity, compassion and concern for others in day-to-day practice
- Develop and maintain a sensitive and understanding attitude with patients
- Exercise good judgement and communicate sound clinical advice to patients
- Search for the best evidence to guide professional practice
- Be committed to continuous improvement and excellence in the provision of health care whether working alone or as part of a team

Prior to commencing their sponsored clinical placements, all participants will also be required to undergo the mandatory screening requirements of the relevant clinical site/service including occupational health assessment and Garda/Police clearance.

Training Programme Duration & Organisation of Training

The period of clinical training that will be provided under the International Clinical Fellowship Programme (ICFP) for medical specialities is up to 3 years, after which the overseas doctors will be required to return to their country of origin. It should be noted that the standard programme length is two years and that to progress to the third year of training, trainees must hold the full MRCP/UK.

- Each ICFP is developed by the Royal College of Physicians of Ireland will be specifically designed so as to meet the training needs of participants to support the health service in their home country.
- All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they possess the necessary requirements from a training and clinical service perspective.
- Each overseas doctor participating in the ICFP will be enrolled with the Royal College of Physicians of Ireland and will be under the supervision of a consultant doctor who is registered on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council and who is an approved consultant trainer.
- Appointees to the ICFP will normally be registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Appointees will agree a training plan with their trainers at the beginning of each training year.
- For the duration of their International Medical Graduate (IMG) programme and associated clinical placements, all participants will remain directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD's in Ireland;
- Successful completion of an ICFP will result in the participant being issued with a formal Certificate of completion for the Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's parent training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training. There will be posts in both general hospitals and teaching hospitals.

Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialist Director of the relevant medical speciality to be confirmed by the College. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop their sub-specialty interest.

ePortfolio logbook

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at each annual assessment review. The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum.

Up-to-date training records and an ePortfolio of achievements will be maintained by the trainee throughout. The training records will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the training plan. They will remain the property of the trainee and must be produced at their annual assessment review.

Trainees must co-operate with the College in completing their training plan.

It is in a trainee's own interest to maintain contact with the Royal College of Physicians of Ireland, and to respond promptly to all correspondence relating to training. At review, your ePortfolio will be examined.

Review

A consultant trainer/educational supervisor will be identified for each participant in the programme. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. Only departments approved for Training by the Royal College of Physicians of Ireland and its constituent training bodies will be used.

The training objectives to be secured should be agreed between each trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process. In each year trainees undergo a formal review by an appropriate panel. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer's reports. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post.

A quarterly and annual review of progress through training will be undertaken on behalf of the International Clinical Fellowship Programme (ICFP). These will include assessments and reports by educational supervisors, confirmation of achievements and the contents of the ePortfolio will be reviewed. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies.

The award of a Certificate of completion will be determined by a satisfactory outcome after completion of the entire series of assessments.

Generic Components

This chapter covers the generic components which are relevant to international 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 trainees with differing application levels in practice.

Good Professional Practice

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

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

KNOWLEDGE

Effective Communication

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

Ethics

- Respect for autonomy and shared decision making
- How to enable 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 in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

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

Raising concerns about patient safety

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

SKILLS

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

ASSESSMENT & LEARNING METHODS

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

Infection Control

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

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

KNOWLEDGE

Within a consultation

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

During an outbreak

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

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

Self-Care and Maintaining Well-Being

Objectives:

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

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

KNOWLEDGE

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

SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- 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
- RCPI Ethics programmes
- Wellness Matters Course (Mandatory)
- RCPI HST Leadership in Clinical Practice course

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

Dealing with professional colleagues and others

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

Maintaining continuity of care

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

Giving explanations

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

Responding to complaints

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

SKILLS

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

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (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
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

Leadership

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

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

KNOWLEDGE

Personal qualities of leaders

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

Working with others

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

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
 - 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 (online) – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit (online) course –mandatory
- Health Research Methods for Clinicians - recommended

Management

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

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation

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

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

ASSESSMENT & LEARNING METHODS

- Mastering Communication course
- Performing Audit online course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

Standards of Care

Objective: To be able to 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
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

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

Notes, records, correspondence

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

Prioritising, resourcing and decision taking

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

Handover

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

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

ASSESSMENT & LEARNING METHODS

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

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

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

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

KNOWLEDGE

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- 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, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

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

Therapeutics and Safe Prescribing

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

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

KNOWLEDGE

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

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
- Take and record an accurate drug allergy history and history of previous side effects

ASSESSMENT & LEARNING METHODS

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

Specialty Section

Overview: This section is divided into two main areas:

1. Labour Ward Skills
2. Labour Ward Organisation

Labour Ward Skills

- Management of normal labour including 3rd stage
- Management of abnormal labour
- Management of preterm labour
- Delivery skills
 - Vaginal delivery
 - Vacuum delivery including Ventouse, and Kiwi
 - Forceps delivery – non-rotational forceps
 - Management of multiple pregnancies
 - Caesarean section
- Interpretation of CTGs
- Management of labour ward emergencies
 - Shoulder dystocia
 - Maternal collapse
 - Severe Pre-eclampsia
 - Haemorrhage
 - Genital track trauma
 - Resuscitation of both mother and neonate
- Management of medical disorders
 - Diabetes
 - Haematological conditions
 - Pre-eclampsia
 - Renal disease
 - Hypertension
 - Infectious disease
 - Addiction
 - Sepsis
- Management of HDU:
 - Understand anaesthetic/analgesic components
 - Pathophysiology
 - Invasive monitoring

Labour Ward Organisation

- Knowledge of staffing structures, multidisciplinary relationships, equipment needs
- Understand triage, staff allocation, role of guidelines/audit
- Communication – team working and leadership skills
- Training/assessment/skills & drills
- Governance and risk management

Requirements

- Prior to commencing module, the following courses must be completed:
 - Leadership Skills RCPI Course
 - Teaching Skills RCPI Course
 - Communication Skills RCPI Course
 - MOET Course (or similar)
- This SIM requires 4 sessions per week:

- Must attend ICU/HDU sessions, neonatal sessions
- Develop a guideline for the labour ward
- Attend Risk Management Committee meeting
- Conduct/supervise a labour ward audit
- Attend/run a skills and drills training session

Organisation of the labour ward

Objectives:

- To understand the organisation / staffing structure / equipment needs of the Labour Ward
- To be expert in triaging clinical cases and allocating staff appropriately
- To be proficient in writing evidence-based guidelines and performing audit relevant to the Labour Ward
- To be able to analyse and understand Labour Ward workload and statistics
- To be able to implement and manage change effectively

Knowledge

- Organisation
 - staffing structures
 - equipment needs
 - relationship with neonatologists
 - relationship with anaesthetists
 - relationship with users
- Understand
 - how to triage clinical cases
 - how to allocate staff
 - the role of guidelines
 - audit (incl. collection / analysis of LW workload) and how this influences practice

Skills

- Co-ordinate the clinical running of the LW at a daily level including;
 - staff allocation
 - appropriate triaging of clinical cases
- Perform clinical audit relevant to Labour Ward
 - define standard based on evidence
 - prepare project & collate data
 - re-audit and close audit loop
 - formulate policy
 - implement change based on audit results
- Develop and implement a clinical guideline relevant to Labour Ward
 - purpose and scope
 - identify and classify evidence
 - formulate recommendations
 - identify auditable standards
 - introduce into practice
- Interpret LW workload / statistics
- Ability to
 - co-ordinate the LW appropriately and communicate effectively all plans and decisions to team members
 - write evidence-based guidelines (relevant to LW)
 - perform audit (relevant to LW)
 - review LW workload and statistics
 - implement change

Assessment and learning

- Observation of and discussion with senior medical / midwifery staff
 - Leadership course
- Attendance at:
 - Labour Ward/Obstetric Divisional Meeting
 - Guidelines group
 - Audit meeting

- Perinatal mortality meetings
- National Perinatal Epidemiology Centre

Normal labour

Objectives:

- To understand the physiology and mechanisms of normal labour and delivery
- To understand, support and respect the role of the midwife as an expert in normality
- To be able to actively promote the ethos of normality
- To recognise and avoid negative influences, and avoid unnecessary interventions
-

Knowledge

- The role of the midwife
- Physiology and mechanisms of normal labour and delivery
- Intermittent auscultation
- How to avoid unnecessary interventions
- The impact of the birth environment

Skills

- Manage a normal labour and delivery
- Perform intermittent auscultation
- Ability to
 - understand and actively promote normality
 - avoid unnecessary interventions
 - respect and support midwifery staff

Assessment and learning

- Record of vaginal deliveries

Failure to progress in labour

Objectives:

- To understand the physiology of normal labour and the factors that can adversely affect progress
- To be able to carry out appropriate assessment and management of women with failure to progress in first stage and second stage of labour

Knowledge

- Anatomy / Physiology
 - Anatomy of pelvis / fetal skull
 - Regulation of myometrial contractility
 - Stages of labour
 - Active management and labour
- Pathophysiology
 - Incl. causes and consequences of
 - poor progress in labour:
 - inefficient uterine action
 - malposition
 - relative / absolute
 - cephalopelvic disproportion
 - fetal acid base status
 - postpartum uterine atony
- Management
 - maternal support
 - amniotomy
 - mobilization / position
 - analgesia
 - oxytocin
 - manual rotation
 - instrumental vaginal delivery
 - caesarean section
- Pharmacology (i ncl. adverse effects)
 - oxytocin

Skills

- Take an appropriate history and perform an examination to assess progress in labour
- Manage a case of failure to progress in the first stage of labour;
 - perform exam to identify cause e.g. inefficient uterine activity / malposition / cephalopelvic disproportion (relative and absolute)
 - counsel regarding management
 - institute appropriate management (incl.
 - delivery where appropriate)
- Manage a case of failure to progress in the second stage of labour;
 - perform exam to identify cause
 - counsel regarding management
 - institute appropriate management
- Perform:
 - Ventouse (rotational and non-rotational) and Kiwi
 - forceps – outlet and mid-cavity
 - caesarean section
- Ability to perform and interpret abdominal/pelvic examination
 - formulate, implement and where appropriate modify a management plan

- liaise, where appropriate, with anaesthetists, neonatologists
- counsel women and their partners accordingly
 - management
 - maternal and fetal risks

Assessment and Learning

- Appropriate postgraduate courses e.g. MOET or equivalent
- Attend sessions in
 - obstetric anaesthesia
 - neonatology

Non-reassuring fetal status in labour

Objectives:

- To be able to carry out appropriate assessment and management of fetal acidaemia in labour
- To understand the management, complications and outcomes of hypoxic ischaemic encephalopathy

Knowledge

- Pathophysiology
 - regulation of fetal heart rate
 - fetal acid base balance
 - hypoxic ischaemic encephalopathy (HIE)
- Fetal monitoring in labour
 - Incl. principles, interpretation and predictive
 - value of fetal;
 - meconium
 - -cardiotocography (CTG)
 - ECG
 - pulse oximetry
 - pH, blood gases and lactate
 - oligohydramnios
- Management
 - position / oxygen therapy
 - acute tocolysis
 - emergency operative delivery
- Pharmacology (incl. adverse effects)
 - terbutaline / ritodrine
- Outcome
 - neonatal complications of HIE (Incl. seizures, abnormal neurological function, organ failure)
 - -Long term health implications of HIE (incl. cerebral palsy)

Skills

- Take an appropriate history
 - Manage a case of suspected and confirmed fetal acidaemia in labour:
 - arrange appropriate investigations
 - to confirm fetal acidaemia
 - counsel regarding fetal / neonatal risks and management options
 - institute, where appropriate, in-utero resuscitation / emergency delivery
- Perform:
 - CTG interpretation
 - fetal blood sampling
 - ultrasound assessment of amniotic fluid volume
- Ability to take an appropriate history
- Ability to
 - perform and interpret investigations to assess fetal status in labour
 - formulate, implement and where appropriate modify a management plan
 - liaise, where appropriate, with anaesthetists / neonatologists
 - counsel women and their partners accordingly
 - maternal and fetal risks
 - management options
 - long term health implications for infant

Assessment and Learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in obstetric anaesthesia and neonatology
- Attendance at neonatal follow up clinics
- Record of experience & competence
- Mini-CEX (Mini clinical examination)
- OSATs(Objective structured assessment of technical skill)
- CBD (Case-based discussion)

Multiple pregnancy and malpresentation

Objectives:

- To be able to carry out appropriate assessment and management of women with multiple pregnancy in labour
- To be able to carry appropriate assessment and management of women with abnormal lies / presentations diagnosed in labour

Knowledge

- Epidemiology / aetiology
 - incidence
 - predisposing factors
- Intrapartum care in twins
 - physiology of labour
 - fetal monitoring
 - inter-twin interval
 - effects of chorionicity
 - effects of prematurity
- Diagnosis / management
 - clinical exam
 - ultrasound
 - risks / benefits of caesarean section in:
 - breech presentation
 - transverse / oblique lie
 - twin and higher order multiple pregnancy
 - brow presentation
 - face presentation
- breech delivery
 - manoeuvres (assisted breech delivery and breech extraction)
 - complications (incl. problems with after coming head)
- twin delivery
 - ECV for second twin
 - ARM / oxytocin in second stage
 - operative delivery second twin

Skills

- Take an appropriate history
- Perform and interpret investigations to confirm fetal lie in labour
- Manage preterm / complex twin pregnancy in labour:
 - arrange and interpret fetal monitoring
 - counsel regarding management
 - institute appropriate management
- Manage a case of breech presentation in labour:
 - arrange and interpret fetal monitoring
 - counsel regarding management incl. risks/benefits of CS
 - institute appropriate management
- Manage a case of transverse lie in labour:
 - counsel regarding management
 - institute appropriate management
- Perform:
 - ECV in labour (incl. breech, transverse lie and second twin)
 - vaginal breech delivery
 - internal podalic version
- Ability to
 - formulate, implement and where appropriate, modify a management plan
 - liaise, where appropriate, with anaesthetists / neonatologists
 - counsel women and their partners accordingly
 - maternal and fetal risks
 - management options incl. mode of delivery

Assessment and learning

- Observation of and discussion with senior medical staff
- Suitable postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in obstetric anaesthesia and neonatology

Complex Antepartum Haemorrhage (APH)

Objectives: To be able to carry out appropriate assessment and management of women presenting with complex antepartum haemorrhage

Knowledge

- Pathophysiology
 - placental abruption
 - placenta praevia
 - other causes (incl vasa praevia)
 - morbidly adherent placenta
- Epidemiology
 - incidence
 - risk factors
- Screening / diagnosis
 - risk factors (incl. previous CS)
 - ultrasound determination of placental site
 - (incl. transvaginal ultrasound)
- Management
 - maternal resuscitation
 - clinical & laboratory assessment of;
 - haemorrhage
 - coagulation
 - assessment of fetal wellbeing
 - strategy for monitoring
 - timing / mode of delivery
 - appropriate use of blood and blood products
 - DIC

Skills

- Maternal resuscitation and stabilisation
- Take an appropriate history from a woman with APH
- Perform an examination to assess the cause and consequences of APH
- Perform and interpret appropriate investigations to assess cause and consequences of APH
- Perform an ultrasound examination to assess;
 - placental site
 - morphology (incl. retroplacental haemorrhage & abnormal implantation)
- Manage a case of APH including
 - arrange and interpret appropriate
 - laboratory investigations
 - plan mode and timing of delivery
 - appropriate use of blood and blood products
 - management of DIC
- Manage a case of suspected morbidly adherent placenta
 - arrange appropriate investigations
 - plan CS
- Ability to rapidly assess hypovolaemia and institute resuscitative measures
- Work effectively as part of a multidisciplinary team
- Ability to formulate, implement and where appropriate modify a management plan
- liaise with anaesthetists, haematologists and radiologists where appropriate
- counsel women and their partners accordingly
 - maternal and fetal risks
 - recurrence risks

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses
- Attendance at sessions in Anaesthesia / ITU

Preterm Labour

Objectives:

- To be able to carry out appropriate assessment and management of women with preterm labour / PPRM
- To be able to carry out appropriate assessment and management of women with chorioamnionitis
- To understand the management, complications and outcome of the preterm neonate

Knowledge

- Pathophysiology / Epidemiology
 - preterm labour (PTL)
 - preterm premature rupture of membranes (PPROM)
 - acute chorioamnionitis (incl microbiology)
 - epidemiology of PTL/PPROM/chorioamnionitis
- Diagnosis
 - risk factors
 - clinical exam
 - cervical length (CL)
 - vaginal infection
- Management
 - in-utero transfer (principles & process)
 - tocolysis, corticosteroid & antibiotic administration
 - mode of delivery
 - cervical cerclage (indications/risks/benefits)
 - strategy for monitoring in PPRM (incl. lab)
 - investigations, ultrasound
- Diagnosis / Management – chorioamnionitis
 - differential diagnosis acute abdominal pain in pregnancy, pyrexia
 - investigations (blood, cultures, US) antibiotic therapy
 - fetal risks (incl. fetal death, preterm labour)
 - maternal risks (incl. gram negative sepsis, acute renal failure)
- Pharmacology (Incl. adverse effects);
 - corticosteroids (for lung maturity)
 - sympathomimetics, nifedipine, atosiban, indomethacin ,antibiotics
- Outcome
 - neonatal complications of preterm birth (incl.. jaundice, RDS, ROP, IVH, PFC)
 - long term health implications of preterm birth (incl. CLD, neurodevelopmental delay, CP)

Skills

- Take an appropriate history from a woman presenting with preterm labour / PPROM /chorioamnionitis
- Manage a case of PPROM
 - confirm diagnosis
 - arrange and interpret investigations & fetal monitoring
 - institute / modify antibiotic therapy
- Manage a case of PTL
 - assess likelihood of preterm birth (incl. where appropriate measurement of CL & fFN)
 - arrange and interpret appropriate investigations & fetal monitoring
 - institute corticosteroid ± tocolysis
 - consider place of cervical cerclage
 - arrange in-utero transfer
 - plan delivery
- Manage a case of acute chorioamnionitis;
 - arrange and interpret appropriate investigations
 - counsel regarding maternal and fetal risks
 - institute and where appropriate, modify antibiotic therapy
 - refer, where appropriate, for further assessment / treatment
 - mode / timing of delivery (incl., where appropriate, termination of pregnancy)
- Perform cervical cerclage (elective / emergency)
- Ability to take an appropriate history
- Ability to formulate, implement and where appropriate modify a management plan
- arrange in-utero transfer and communicate with all parties effectively
- liaise with neonatologists / microbiologists
- counsel women and their partners accordingly
 - maternal risks
 - fetal and neonatal risks (incl. risks pulmonary hypoplasia side effects of therapy)
 - long term health implications for infant
 - recurrence risks and management plan for future pregnancy

Assessment and learning

- Appropriate postgraduate courses
- Attendance at sessions in
 - Neonatology
- Attendance at
 - MDT – perinatal meeting

Shoulder dystocia

Objectives:

- To be able to carry out appropriate assessment and management of women with a previous history of shoulder dystocia
- To be able to carry out appropriate assessment and management of women with shoulder dystocia
- To understand the management, complications and outcomes of neonates with birth trauma

Knowledge

- Epidemiology / aetiology
 - incidence
 - predisposing factors
 - risks of recurrence
- Management
 - clinical drill procedures e.g. HELPERR
- Outcome
 - neonatal complications of birth trauma (incl. IVH (intra-ventricular haemorrhage), bone fractures, brachial plexus injury, HIE(hypoxia-induced encephalopathy)) management of complications
 - long term outcome

Skills

- Take an appropriate history
- Manage a case of shoulder dystocia
 - institute and document appropriate management
 - perform:
 - McRobert's manoeuvres and supra-pubic pressure
 - internal rotation of shoulders
 - removal of posterior arm
- Manage a case of previous shoulder dystocia;
 - assess recurrence risk
 - arrange, where appropriate, appropriate investigations
 - counsel regarding maternal / fetal risks
 - plan mode / timing of delivery
- Ability to
 - formulate, implement and document a management plan for shoulder dystocia
 - perform manoeuvres to achieve delivery in shoulder dystocia
 - liaise, where appropriate, with anaesthetists / neonatologists
 - counsel women and their partners accordingly
 - maternal and fetal risks
 - long term health implications of birth trauma
 - recurrence risks and management plan for future pregnancy

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attachments in neonatology
- Attendance at neonatal follow up clinics
- Discussion of cases at risk management committee

Genital Tract Trauma

Objectives:

- To be able to carry out appropriate assessment and management of a women with a third or fourth degree perineal tear
- To be able to carry out appropriate assessment and management of a women with a uterine rupture

Knowledge

- Anatomy / Physiology
 - perineum / pelvic floor
 - anal sphincter function
- Epidemiology / aetiology
 - incidence
 - predisposing factors
- Diagnosis / management
 - clinical examination
 - ultrasound (endoanal) and rectal
 - physiology studies
 - surgical repair
 - anal sphincter
 - cervix / uterus
 - postpartum haemorrhage
- Outcome
 - long term health implications (incl. pain, incontinence)
 - implications for future pregnancy

Skills

- Take an appropriate history
- Manage a case of third / fourth degree perineal tear:
 - assess type of tear
 - counsel regarding management
 - institute appropriate management (incl. surgical repair)
 - plan appropriate follow up
- Manage a case of prior 3rd/4th degree perineal tear:
 - arrange and interpret appropriate investigations (incl. endoanal ultrasound)
 - counsel regarding management options
 - plan mode of delivery
- Manage a case of uterine rupture:
 - assess maternal and fetal condition
 - counsel regarding management
 - institute appropriate management (incl. emergency CS, repair of uterus)
- Perform:
 - repair of 3rd / 4th degree perineal tear
 - repair of uterine rupture
 - hysterectomy
- Ability to
 - formulate, implement and where appropriate, modify a management plan
 - liaise, where appropriate, with gynaecologists, surgeons
 - arrange appropriate follow up
 - counsel women and their partners accordingly
 - maternal and fetal risks
 - long term health implications
 - recurrence risks and

- management plan for future pregnancy

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g.
 - 3rd/4th degree tear course RCPI
- Attendance at pelvic floor clinic

Postpartum haemorrhage and other third stage problems

Objectives:

- To be able to carry out appropriate assessment and management of a women with a massive postpartum haemorrhage (PPH)
- To be able to recognise and manage complications of the third stage of labour

Knowledge

- Anatomy
 - pelvic anatomy and blood supply
- Epidemiology / aetiology (PPH)
 - incidence
 - predisposing factors (incl. adherent placenta, uterine inversion)
- Laboratory methods
 - diagnosis / monitoring DIC
 - cross-matching
- Management massive PPH
 - maternal resuscitation (incl. use of:
 - crystalloid / colloid iv fluids
 - blood and blood products
 - medical management (see below)
 - surgical management
 - intrauterine balloon
 - brace suture
 - internal iliac ligation
 - hysterectomy
 - interventional radiology (vascular balloons and coils)
- Pharmacology
 - Incl. adverse effects of drugs used in PPH
 - oxytocin, ergometrine
 - 15 methyl prostaglandin F2
 - misoprostol
 - recombinant fVIIa

Skills

- Manage a case of massive PPH
 - assess blood loss and consequences
 - undertake resuscitation
 - ascertain cause of haemorrhage
 - arrange and interpret appropriate investigations
 - counsel regarding management options
 - institute /modify appropriate medical and/or
 - surgical management for
 - uterine atony
 - inverted uterus
 - adherent placenta
 - uterine rupture
- Perform:
 - manual removal of placenta
 - correction of uterine inversion
 - (manual and hydrostatic replacement)
 - insertion of uterine balloon catheter
 - insertion of brace suture

- internal iliac ligation (may not see) / hysterectomy (under supervision) or refer, where appropriate, for same
- Ability to;
 - rapidly assess extent of haemorrhage and institute appropriate resuscitative measures and
 - formulate, implement and where appropriate, modify a management plan in a fluent and coherent manner demonstrating leadership skills
 - liaise, where appropriate, with gynaecologists, haematologists and radiologists.
 - counsel women and their partners accordingly
 - management options and maternal risks
 - recurrence risks and management plan for future
 - pregnancy debrief family and staff

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in
 - Anaesthesia
 - Intensive Care
- Record of experience & competence
- Drills

Anaesthesia and analgesia

Objectives:

- To understand the methods, indications for and complications of anaesthesia
- To understand the methods, indications for and complications of systemic analgesia and sedation

Knowledge

- Anatomy / Physiology
 - spinal cord
 - innervation of pelvic organs
 - pain
- Management
 - pain management during labour
 - non-pharmacological techniques
 - inhalational analgesia
 - systemic analgesia (opioids)
 - regional analgesia and anaesthesia (incl. techniques and complications)
 - pudendal
 - epidural
 - spinal
 - general anaesthesia (incl. techniques and complications)
 - analgesia and anaesthesia in high risk women (incl. hypertensive disease, cardiac disease & FGR)
- Pharmacology
 - opioid analgesics
 - local anaesthetics
 - general anaesthetics
 - phenylephrine / ephedrine
- Outcome
 - effects of neuraxial anaesthesia on
 - labour outcome
 - temperature
 - fetal wellbeing

Skills

- Counsel women about the different forms of analgesia and anaesthesia (incl. efficacy and risks)
- Counsel women and their partners about efficacy and risks of different methods of anaesthesia for assisted vaginal delivery & CS
- Ability to;
 - formulate, implement and where appropriate modify a analgesic / anaesthetic management plan
 - liaise with anaesthetists
 - discuss alternatives to conventional analgesia in a non-judgmental, professional manner

Assessment and learning

- Observation of and discussion with senior medical staff
- Attendance at sessions in:
 - Anaesthesia
 - Attend obstetric perioperative medicine clinic
- Log of experience & competence

Caesarean section

Objectives:

- To be able to carry out appropriate assessment and management of a woman with a previous caesarean section (CS)
- To plan and perform caesarean section in special circumstances
- To manage the operative complications of caesarean section

Knowledge

- Epidemiology
 - Risks of CS
 - visceral damage
 - infection
 - venous thrombosis
 - Risks associated with previous CS
 - uterine rupture
 - abnormal placentation
 - Vaginal birth after CS (VBAC)
 - success rates
 - complication rates
- Diagnosis
 - ultrasound determination of placental site
- Management
 - CS
 - surgical technique (incl. abdominal wall & uterine entry/closure)
 - prevention of complications (incl. thrombosis, infection)
 - Impact of following conditions;
 - placenta praevia
 - morbidly adherent placenta
 - fetal anomaly
 - extreme prematurity
 - prior abdominal surgery
 - extensive fibroids
- Complications:
 - Extension of incision
 - Visceral damage
- VBAC - incl.
 - use of oxytocics
 - role of induction of labour
 - fetal monitoring

Skills

- Take an appropriate history
- Manage a case of previous CS;
 - arrange appropriate investigations and
 - interpret results
 - counsel regarding management options and fetal and maternal risks
 - plan mode / timing of delivery
- Perform CS using the appropriate surgical technique in the following circumstances;
 - major placental praevia
 - morbidly adherent placenta
 - fetal anomaly likely to cause dystocia
 - severe obesity BMI > 35

- extreme prematurity
- extensive prior abdominal surgery
- extensive fibroids
- Manage complications of CS (under supervision where appropriate):
 - extension of uterine incision
 - haemorrhage
 - visceral damage
 - wound dehiscence
 - infection
 - venous thrombosis
- Ability to ;
 - counsel women with a prior CS about options (CS vs VBAC)
- Ability to;
 - counsel women and their partners about the risks of emergency and elective CS
 - formulate, implement and where appropriate modify a management plan for a women undergoing CS
 - liaise with anaesthetists, haematologists, neonatologists and radiologists where appropriate
- Ability to recognise womens' expectations and anxieties with respect to medical intervention
- Ability to communicate in a non judgmental manner with women and partners.

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attachment in
 - Anaesthesia
- Record of experience & competence
- OSATS
- O&G Ireland Guidelines

Resuscitation

Objectives:

- To be able to carry out appropriate assessment and management of maternal collapse (including cardiac arrest)
- To be able to carry out appropriate assessment and management of the depressed neonate

Knowledge

- Pathophysiology
 - hypovolaemia
 - pulmonary embolism
 - amniotic fluid embolism
 - primary cardiac event
 - trauma
 - cerebrovascular event
 - sepsis
 - electrocution
 - neonatal depression
- Epidemiology
 - maternal collapse (causes / risk factors)
 - neonatal depression
- Management
 - maternal resuscitation
 - respiratory management (incl. basic airway management, indications for intubation, ventilation)
 - circulatory management (incl. cardiac massage, defibrillation)
 - fluid management
 - indications for perimortem CS
 - principles neonatal resuscitation
 - respiratory depression / apnea
 - bradycardia / cardiac arrest
 - meconium aspiration
- Pharmacology
 - oxygen
 - epinephrine
 - sodium bicarbonate
 - atropine

Skills

- Manage a case of maternal collapse
 - ascertain cause of collapse
 - undertake resuscitation (as part of a multidisciplinary team)
 - institute/modify appropriate medical management for;
 - pulmonary embolism
 - amniotic fluid embolism
 - cardiac arrhythmia
 - sepsis
 - arrange appropriate investigations
 - perform (under supervision) perimortem CS or refer, where appropriate, for same
- Perform
 - neonatal resuscitation
 - mask ventilation

- cardiac massage
- Ability to;
 - rapidly assess maternal collapse and institute resuscitative measures in both women and neonates
 - work effectively as part of a multidisciplinary team showing leadership where appropriate
 - formulate, implement and where appropriate modify a management plan in maternal collapse / cardiac arrest
 - liaise with physicians, anaesthetists, neonatologists
 - debrief family and staff

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. MOET or equivalent
- Attendance at sessions in
 - Anaesthesia
 - Neonatology

Medical disorders on the labour ward

Objectives:

- To be able carry out appropriate intrapartum and immediate postpartum assessment and management of women with medical disorders

Knowledge

- Pathophysiology
 - Incl. the effect of labour and delivery on the following diseases;
 - diabetes
 - cardiac/respiratory abnormalities
 - haemoglobinopathies
 - thrombotic / haemostatic abnormalities
 - epilepsy
 - severe pre-eclampsia / eclampsia
 - renal disease
 - hypertension
 - HIV / sepsis
- Management
 - maternal monitoring
 - blood glucose
 - respiratory function (incl. respiratory rate, SaO₂, , blood gases)
 - cardiovascular function (incl. blood pressure, heart rate, cardiac output)
 - renal function (incl. urine output, creatinine)
 - analgesia and anesthesia
- Pharmacology
 - effects of drugs used to treat above conditions on course and outcome of labour
 - effects of drugs used in management of labour (e.g. oxytocin, syntometrine) on above conditions
 - effects of analgesics and anaesthetics on the above conditions

Skills

- Take and appropriate history and perform an examination to assess medical disorder
- Manage a woman with a medical disorder in labour incl. ;
 - monitor blood glucose and maintain euglycaemia using intravenous glucose and insulin
 - monitor cardiorespiratory function and maintain oxygenation and cardiac output
 - monitor abnormal blood clotting and respond accordingly, including therapeutic intervention
 - monitor blood pressure and, where appropriate, treat hypertension
 - monitor renal function and respond where appropriate by adjusting fluid balance or with drugs
 - use anticonvulsants effectively
- Manage a case of HIV in labour ;
 - plan mode of delivery
 - institute iv zidovudine therapy
- Ability to ;
 - formulate, implement and where appropriate modify a medical management plan for labour and delivery
 - liaise with physicians, anaesthetists
 - counsel women and their partners accordingly
 - management options in labour
 - risks of medical therapies

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. Medical Disorders
- Attendance at
 - Medical clinics
 - Diabetes clinics
 - Infectious Diseases/Obstetric Clinics
 - Addiction/Obstetric Clinics

Infection

Objectives:

- To be able to carry out appropriate assessment and intrapartum management of women with blood borne viral infection
- To be able to carry out appropriate assessment and intrapartum management of women with genital herpes
- To be able to carry out appropriate assessment and intrapartum management of women at risk of Group B haemolytic streptococcal (GBS) infection

Knowledge

- Virology /Microbiology/ Epidemiology
 - HIV1 & 2 /Hepatitis B /Hepatitis C /HSV 1&2
 - GBS (risk factors, colonisation rates)
 - pathophysiology of the above
 - risk of transmission
 - epidemiology of infection in pregnancy
- Management
 - strategies to reduce mother-child transmission (incl. anti-retroviral therapy, acyclovir, intrapartum antibiotic prophylaxis (IAP), mode of delivery, feeding)
 - differential diagnosis of genital ulcers
 - conduct of labour / delivery
 - indications for CS
 - neonatal management – prophylaxis, testing
- Pharmacology (incl. adverse effects)
 - zidovudine
 - other HIV antiretrovirals
 - acyclovir
 - antibiotics
 - HBV vaccine / immunoglobulin
- Outcome
 - neonatal infection (diagnosis / complications)
 - long term outcome - chronic HIV /Hep B /Hep C infection
 - sequelae of congenital HSV infection
 - sequelae of neonatal Group B streptococcal disease (early and late onset disease)
- Knowledge of Health and Safety requirements for staff in case of needle stick injury

Skills

- Take an appropriate history
- Manage intrapartum cases of HIV, HBV and HCV infection;
 - counsel regarding maternal and fetal risks, strategies to reduce mother-child transmission and management options
 - institute, where appropriate, anti-retroviral therapy
 - manage labour and delivery / CS
- Manage a case of HSV infection
 - arrange and interpret appropriate investigations
 - institute symptomatic treatment and acyclovir for active disease
 - counsel regarding maternal and fetal risks
 - institute, where appropriate, prophylactic acyclovir
 - plan time / mode of delivery
- Manage a case of GBS infection in pregnancy;
 - arrange and interpret appropriate investigations

- counsel regarding maternal and fetal risks
 - institute IAP
- Ability to take an appropriate history
- Ability to;
 - formulate, implement and where appropriate modify a management plan
 - liaise with HIV expert, virologist, microbiologist, multidisciplinary team, neonatologists & GP
 - counsel women and their partners accordingly
 - management options
 - risks of perinatal transmission and methods of prevention
 - risks / benefits of anti-retroviral / acyclovir / IAP therapy
 - long term outcome for mother and infant
- Ability to respect patient confidentiality

Assessment and learning

- Observation of and discussion with senior medical staff
- Appropriate postgraduate courses e.g. Maternal medicine
- Attendance at sessions in neonatology
- Log of experience & competence
- Mini-CEX

Intensive care

Objectives:

- To understand the organization and role of high dependency and intensive care
- To understand the indications for and methods of invasive monitoring
- To understand the management of organ failure

Knowledge

- Structure and organization of
 - high dependency care
 - intensive care
 - role of outreach teams
 - indications for high dependency and intensive care in obstetrics
- Management
 - methods of invasive monitoring
 - oxygenation / acid base
 - arterial pressure
 - cardiac output, preload and contractility
 - organ failure (incl. principles/techniques of supportive therapy)
 - respiratory failure
 - cardiac failure
 - renal failure
 - hepatic failure
 - coagulation failure

Skills

- Take an appropriate history and perform an examination to assess critically ill woman
- Manage a woman with organ failure;
 - undertake resuscitation
 - arrange and interpret appropriate investigations to confirm diagnosis / cause and monitor organ function
 - arrange transfer to HDU / ITU where appropriate arrange appropriate investigations
 - liaise with peri-operative medicine
 - Perform (under supervision) or refer, where appropriate, for same
 - insertion of CVP line
 - endotracheal intubation
 - insertion arterial line / PA catheter (optional)
- Ability to;
 - formulate, implement and where appropriate modify a management plan including transfer to HDU/ITU
 - liaise with intensivists, physicians, anaesthetists, neonatologists
 - counsel women and their partners accordingly
 - management options, including therapeutic interventions
 - maternal and fetal risks
 - debrief family and staff
 - Observation of and discussion with senior medical staff
 - Appropriate postgraduate courses - MOET or equivalent

Assessment and learning

- Attendance at sessions in
 - Anaesthesia
 - Intensive Care
- Log management of HDU Patients on labour ward

Neonatology

Objectives:

- To be proficient at neonatal resuscitation and assess acid-base balance
- To understand and be able to counsel about gestation related outcomes
- To understand the intra partum factors that influence neonatal outcome

Knowledge

- Understand
 - the principles of basic and advanced neonatal resuscitation
 - conditions requiring admission to NICU
 - the implications of prematurity
 - intrapartum factors that influence neonatal outcome
 - acid-base balance
- Outcome
 - neonatal complications of HIE (incl. seizures, abnormal neurological function, organ failure)
 - gestation related outcomes
 - long term health implications of HIE (incl. cerebral palsy)

Skills

- Ability to:
 - assess a neonate at birth
 - perform basic neonatal life support
 - assist in advanced neonatal life support
 - interpret cord gases and assess acid-base balance
- Be able to follow the admission process of a neonate to NICU
 - counsel parents about the outcomes of prematurity
 - counsel parents about the outcomes of HIE

Assessment and learning

- Attendance at:
 - resuscitations
 - NICU ward rounds
 - neonatal follow-up clinics
- Log book requirements:
 - Document NICU Rounds
 - No. Sessions
 - Interesting cases

Communication, team working and leadership skills

Objectives:

- Demonstrate effective communication with colleagues
- Demonstrate good working relationships with colleagues
- Demonstrate the ability to work in clinical teams and have the necessary leadership skills

Knowledge

- Communication
 - how to structure a staff interview to identify:
 - concerns and priorities
 - expectations
 - understanding and acceptance
 - breaking bad news
 - joint decision making
- Team working
 - roles and responsibilities of team members
 - factors that influence & inhibit team development
 - ways of improving team working incl.
 - objective setting & planning
 - motivation and demotivation
 - organization
 - respect
 - contribution of mentoring and supervision
- Leadership
 - qualities and behaviours
 - styles
 - implementing change /change management

Skills

- Be able to communicate both verbally and in writing with colleagues
- Ability to break bad news appropriately and support distress
- Ability to:
 - work effectively within a multidisciplinary team
 - lead a clinical team
 - respect other"s opinions
 - deal with difficult colleagues
- Be able to recognise and positively influence a dysfunctional team

Assessment and learning

- Communications skills course
- Leadership course

Training / Assessment / Skills and Drills

Objectives:

- To understand different methods of training and learning
- Demonstrate the ability to assess competencies / set objectives / deal with difficult learners
- To understand and use different methods of assessment, and feed back effectively
- To utilise and deliver skills training, scenario training and fire drills appropriately

Knowledge

- Training
 - how to assess basic competencies
 - Deficiencies
 - Strengths
 - Understanding of level of skills
 - how to set objectives
 - how to support and facilitate training
 - understand different methods of adult learning
 - how to deal with difficult learners
- Assessment
 - formal assessment of individuals using different assessment tools
 - OSATS
 - DOPS
 - Mini-CEX
 - Case based discussions
 - assessment of team performance
 - feedback techniques eg Pendleton's rules
- Skills & Drills
 - understand the differences between skills training and scenario training how to set up, deliver and assess each of the above

Skills

- Be able to assess basic competencies , set objectives and assess against these objectives
- Be able to deal with difficult learners
- Be proficient in the use of the various assessment tools
- Ability to:
 - use different assessment tools
 - feed back effectively
- Ability to:
 - understand different methods of training and learning
 - set up and run skills training, scenario training and fire drills
 - know which method to use depending on training session objective
- Lead training sessions / emergency drills on LW (Joint obstetrics and anaesthetics course)

Assessment and learning

- Logbook requirements
- Teaching skills course

Clinical governance and risk management

Objectives: Understand and demonstrate appropriate knowledge and skills in relation to CG and risk management

Knowledge

- Clinical Governance
 - organizational framework at local, SHA and national levels
 - standards e.g. O&G Ireland Guidelines, NICE, RCOG guidelines
 - clinical effectiveness
 - principles of evidence based practice
 - grades of recommendation
 - guidelines and integrated care pathways
 - formulation
 - advantages and disadvantages
 - clinical audit
 - patient / user involvement
 - types of clinical trial/evidence classification
- Risk management
 - incidents/near miss reporting
 - methods of analysing incidents including root cause analysis
 - complaints management
 - litigation and claims management
- Appraisal and revalidation
 - principles
 - process
- Risk management on LW
 - principles of risk management
 - critical incident reporting

Skills

- Participate in risk management
 - investigate a critical incident by reviewing the case and taking appropriate statements
 - write a time line
 - perform a root cause analysis
 - assess risk
 - formulate recommendations
 - write a response/report
 - feed back to staff & families
- Investigate and respond to a complaint
- Perform appraisal
- Sit on risk management committee
- Ability to practice evidence based medicine
- Ability to report and investigate a critical incident
- Ability to respond to a complaint in a focused and constructive manner.
- Ability to perform appraisal
- Ability to lead a multi-disciplinary team

Assessment and learning

- Observation of and discussion with senior medical / midwifery staff and clinical governance team.
- Attendance at risk management meetings

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 speciality 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 Programme	Personal Goals Plan Form
On Call Rota	Required	1	Training Programme	Clinical Activities
Section 2 - Training Activities				
Labour Ward sessions (min 4 per week) to include:				Clinical Activities
ICU/HDU sessions	Required	10	Training Programme	
Neonatal sessions	Required	4	Training Programme	
Obstetric anaesthesia	Required	10	Training Programme	
Clinic attendance				Clinical Activities
Pelvic Floor Clinic	Required	4	Training Programme	
Obstetric/Perioperative medicine clinic	Required	4	Training Programme	
Infectious Diseases/Obstetric clinic	Required	8	Training Programme	
Addiction/Obstetric clinic	Required	8	Training Programme	
Ward Rounds				Clinical Activities
NICU Round	Required	10	Training Programme	
Procedures/Practical Skills/Surgical Skills				Procedures
Vaginal deliveries (including instrumental deliveries)	Required	40	Training Programme	
Postpartum Haemorrhage and 3 rd stage problems	Required	10	Training Programme	
Manage HDU patient	Required	10	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
In-house activities				
Develop a guideline for labour ward	Required	1	Training Programme	
Attendance at risk management committee meeting	Required	4	Training Programme	
Attend/run a skills & drills training session	Required	1	Training Programme	
Attendance at a labour ward/obstetric divisional meeting	Required	4	Training Programme	
Audit activities				Audit and QI
Conduct/supervise labour ward audit	Required	2	Training Programme	
Audit activities and Reporting (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Training Programme	Audit & QI
Relatively Challenging Cases	Required	1	Training Programme	Cases
Section 3 - Educational Activities				
Mandatory Courses				Course Attendance
Ethics Foundation	Required	1	Training Programme	
Ethics for Obstetrics and Gynaecology	Required	1	Training Programme	
An Introduction to Health Research	Required	1	Training Programme	
HST Leadership in Clinical Practice	Required	1	Training Programme	
Mastering Communications	Required	1	Training Programme	
O&G Practical Scenarios Modules	Required	1	Training Programme	
Performing Audit	Required	1	Training Programme	
Wellness Matters	Required	1	Training Programme	
Basic Practical Skills	Required	1	Training Programme	
Third and Fourth Degree Perineal Tears and Episiotomy Workshop (OASIS)	Required	1	Training Programme	
Maternal medicine course	Required	1	Training Programme	
Communication Skills course	Required	1	Training Programme	
Teaching skills course	Required	1	Training Programme	
Non – Mandatory Courses	Desirable	1	Training Programme	Course Attendance
Study Days	Required	3	Training Programme	Study Day Attendance

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Attendance at In-House Activities				Attendance at Hospital Based Learning
Journal Club	Required	10	Training Programme	
MDT Meetings	Required	10	Training Programme	
Delivery of Teaching				Delivery of Teaching
Lecture/tutorial	Required	5	Training Programme	
Bedside Teaching/Teaching Ward Rounds	Required	5	Training Programme	
Research	Required	1	Training Programme	Research Activities
Publications	Desirable	1	Training Programme	Additional Professional Experience
Presentations During Training	Required	1	Training Programme	Additional Professional Experience
Section 4 - Assessments				
OSATS				OSATS
Caesarian Section	Required	10	Training Programme	
Mini-CEX				Mini-CEX
Infection	Required	1	Training Programme	
Case-based Discussion				CBD
Non-reassuring fetal status in labour	Required	2	Training Programme	
Quarterly Assessment/End of Post Assessment	Required	4	Year of Training	Quarterly Assessment / End of Post
End of Year Evaluation	Required	1	Year of Training	End of Year Evaluation

