

## Broad Based Training Programme

# PAEDIATRICS

### Broad Based Training (BBT) Curriculum

BBT is a two-year structured programme for doctors providing six-month placements in four specialties to allow broader experience before applying for specialty training. A curriculum has been developed consisting of common theme competencies and specialty specific learning outcomes.

A Learning Needs Assessment is important in helping to identify both common theme and specialty specific learning outcomes for each of the six month rotations.

The overarching Educational Supervisor for each BBT trainee will be the key individual able to assist the trainee in identifying ways to cover potential gaps relating to the common themes over the duration of the programme.

In each rotation the Supervisor would also be expected to help identify areas that require development relating to the common theme competencies and also identify specialty specific learning needs. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

### BBT Common Theme Competencies

#### **Communication**

#### **Integrated Clinical Practice**

#### **Standards of Care and Education**

#### **Personal Behaviour**

#### **Management and Leadership**

For each of the common theme competencies the curriculum contains detailed learning outcome descriptors and methods of assessment and this should be referred to.

### BBT Specialty Specific Learning Outcomes

In developing the curriculum each speciality has developed a detailed a comprehensive list of learning outcomes which a trainee in the programme will be working towards addressing but it is recognised that achieving all these outcomes in a six month post may seem daunting. This tool can be used by the Supervisor and BBT trainee to help prioritise how specific learning needs can be addressed and how and when they will be assessed.

### Assessments and Reviews

During this 4 month post in Paediatrics it is the responsibility of the BBT trainee to arrange the following with their Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- Midterm and end of post review

Assessments in the 6 month placement:

- 1x epaed MSF
- 3X MiniCEX
- 2x CBD
- DOPS – competence in practical procedures is critical – currently those undertaken in Foundation are deemed appropriate but to a standard expected of a trainee in core training **FOUR are required**
- **There MUST be a reflection on at least one anonymised case of a patient who has required care between medicine and another of the BBT specialities (paediatrics, Psychiatry, General Practice) in each 6 months**
- Trainees must demonstrate participation in audit / project activity in each six month placement

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

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## Key Learning Objectives & Assessment in PAEDIATRICS

Key Learning Objectives	Assessment Modality		
<p>Neonatal:</p> <ul style="list-style-type: none"> <li>• Be able to examine the newborn baby appropriately and with sensitivity</li> <li>• Be able to perform an accurate assessment of a baby at birth</li> <li>• Be able to recognise and outline the management of common disorders presenting in the neonatal period</li> <li>• Be able to initiate appropriate resuscitation when required</li> <li>• Understand the common causes of respiratory distress in the newborn</li> <li>• Know the causes of interuterine and postnatal growth failure</li> <li>• Be able to recognise neonatal seizures or abnormal neurological states including the floppy baby</li> <li>• Know the common diagnoses and the likely prognosis of minor congenital abnormalities</li> <li>• Understand the use of antenatal diagnosis of serious congenital abnormalities and respond to parents' immediate questions</li> <li>• Understand the impact on parents of the birth of a baby with serious congenital abnormalities and the ensuing grief due to loss of the expected normal child</li> <li>• Be able to recognise neonatal jaundice and when to refer to a specialist</li> </ul> <p>General Paediatric:</p> <p>Emergency Care Recognise &amp; Assess severity of:</p> <ul style="list-style-type: none"> <li>• Cardiovascular instability</li> <li>• Dehydration</li> <li>• Breathlessness</li> <li>• Neurological impairment (acute)</li> </ul> <p>Have managed:</p> <p>Asthma Bronchiolitis Query Meningococcaemia Gastroenteritis Diabetic Ketoacidosis</p>	Mini-cex	CBDs	<p>DOPS</p> <p>Have undertaken 20 exams of the new born</p>

Status Epilepticus  
Possible deliberate injury

Elective paediatrics:

- Headache
- Chronic Cough
- Seizures
- Lymphadenopathy
- UTI
- Failure to Thrive
- Immunisation schedules
- How to take a paediatric history
- Be able to systematically examine a child
- Understand developmental progress of child up to age 5

<p>Status Epilepticus Possible deliberate injury</p> <p>Elective paediatrics:</p> <ul style="list-style-type: none"><li>• Headache</li><li>• Chronic Cough</li><li>• Seizures</li><li>• Lymphadenopathy</li><li>• UTI</li><li>• Failure to Thrive</li><li>• Immunisation schedules</li><li>• How to take a paediatric history</li><li>• Be able to systematically examine a child</li><li>• Understand developmental progress of child up to age 5</li></ul>			

## How the BBT trainee can learn

### **LEARNING OPPORTUNITIES IN PAEDIATRIC SETTING**

#### **Generic Learning Opportunities:**

Acute settings	Community settings
Handover	Ward rounds
Multi-disciplinary meetings	Audits and research
E-learning	Seminars
Lecture	External training courses
Reflective practice	Self-directed learning

#### **Specific Learning Opportunities**

<b>1) NEONATAL</b>		
Where:	How:	Who with?
Fetal medicine clinic (if available)	Familiarise with clinical problem beforehand – read up the theory. Attend; discuss peri- and postnatal fetal/neonatal management	with paediatrician/subspecialist – and parents
Delivery Suite	By attending higher risk deliveries. Ensure familiarity with neonatal life support – NLS course attendance preferable.	Ensure accompaniment of senior colleague until confident in solo practice.
Postnatal/Transition ward Neonatal Unit	Routine as well as emergency neonatal practice. Ensure familiarity with local as well as any national guidelines. Ask questions on ward rounds. Ask your consultant if you may present cases you have admitted (if you have not been asked!!)	Discuss all cases, other than the strictly normal, with a senior colleague. Any neonate under paediatric care, whether on the postnatal ward, transition or neonatal unit, should be discussed at handover which should be at least twice daily.
<b>2) PAEDIATRIC</b>		
Where:	How:	Who with?
Inpatient Wards	Routine inpatient paediatric practice. Ensure	Discuss all cases with a senior colleague. In

	familiarity with local as well as any national guidelines. Ask questions on ward rounds. Ask your consultant if you may present cases you have admitted (if you have not been asked!!)	addition all inpatients will be discussed at handover, which should be at least twice daily
Emergency Assessment Area (Emergency Dept or Child Assessment Unit)	APLS or EPLS attendance would be a distinct advantage here. Again familiarity with local and national guidelines is essential.	As always discussion with or summoning the help of a senior colleague is of paramount importance
Outpatient Dept.	You should have undertaken some basic revision of common paediatric problems.	Initially observation of consultant practice; subsequently independent consultations with consultant overview.

## Advice and Guidance Relating to preparation and planning for specialty exams on Exit from BBT

BBT trainees who are seeking to exit into Paediatrics are advised that further assessments whilst not mandatory are recommended:

- **SAIL** *Sheffield Assessment Instrument for Letters (SAIL)* has been developed and validated for use in paediatrics. The instrument assesses the trainee's competences in written communication, over time.  
**Paed CCF** (Originally SHEFFPAT) has been developed and validated for paediatrics and seeks the views of parents and guardians about the care of their child.

A course on Child Safeguarding level 2 must be undertaken pre-entry.

The following courses may be considered pre-entry but are not mandatory HOWEVER for trainees existing to Paediatrics it is advisable and **MUST** BE must be undertaken by the end of ST3:

NLS  
APLS/EPLS

MRCPCH Examination:

(<http://www.rcpch.ac.uk/training-examinations-professional-development/assessment-and-examinations/written-examinations/wr-2>)

MRCPCH Foundation of Practice may be considered.

MRCPCH Theory and Science of Practice may be considered.

MRCPCH Applied Knowledge in Practice (clinical decisions and management) may be considered.

**All must have been passed to move into ST4.**

# Broad Based Training Programme

# Paediatrics

**Educational Plan** From: ..... To: .....

Trainee : ..... email: .....

Placement Supervisor: ..... email: .....

Overall Educational Supervisor: ..... email: .....

**Learning Needs Identified:**

**How will these be addressed?**

### Assessment Planner

Assessment	Focus of assessment	When?
Additional		

### Signed & agreed:

<b>Trainee:</b>		<b>Date:</b>
<b>Placement Supervisor:</b>		<b>Date:</b>