CH Progress+

Paediatric training for excellence

- Progression and length of training are personalised and flexible

taking a whole-

that Schools can use to encourage greater flexibility and diversity of the training experience. The

And

training programme. In order to train clinicians effectively and efficiently, and provide a high-quality service for paediatric patients, it is crucial that all medical school curricula

views of children, young people and their families. You can find out more about RCPCH &Us at

CCT Paediatrics

SPIN if done

CCT Paediatrics

(Sub-specialt)

thinking and “family-friendly” specialty that allows for flexible working, including Out of

	arthritis, and directs trainees to related high-quality e-learning resources and evidence-based	Reflection	
	explore common issues around breast-feeding,	Reflection	

and reflect on and learn from the process. Simply put, it is an intellectual process leading to a 'working diagnosis' and a clinical management plan.

and to present evidence that helps refute or confirm these.

to support their self-management, to support each other and to be experts in their own care.

different settings, reflecting on the impact of their interventions.

	non-medical aspects of a case with the family and non-clinical setting or in a patient's home.	Reflection	
		Reflection	
	A "What matters to us" exercise is undertaken by	Reflection	

"My TPD's were incredibly accommodating in helping me to achieve my unusual training requirements. The really positive thing is that after I had done the placements, work was done to create permanent placements for paediatric trainees in CAMHs, and so other trainees have also benefitted from this, as have the children who have experienced a more integrated approach." **New Consultant**

Medicine traditionally relies on categorical diagnoses, which are supposed to map to specifc

However, clinical experience teaches us that this is an imperfect model - children in socially

"Doing clinical work alongside service improvement and development has been something I have really enjoyed during this time period. For me, each aspect has informed the other – the service improvement work improving my knowledge and broadening my experience, and my clinical work informing my ability to input into service development".
Trainee ST4

		Re fection	
	all involved professionals) to share their fndings and	Re fective	

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'service work' becomes educational, as long as there is a mechanism for feedback. Emphasis

The supervisor role is one that enables the trainee to flourish, providing a balance between the

Trainees participate in nurse-education sessions, fostering two-way learning indicative of a

	The School of Paediatrics runs an end-of-post survey meetings review the findings and senior trainers in support cross-fertilisation of good practice and an		
	well-being and morale; the ARCP process;		

retention and morale. Trainee well-being and resilience sessions should be set up and

recommendations of the 'Improving doctor's working lives' working group.

Peer-led coaching and mentoring is promoted within the School.

Regular reflective practice sessions are included in weekly teaching timetables.

	opportunistic feedback and ways of 'stretching'		
		Reflection	

are personalised and flexible

curriculum Learning Outcomes at ARCP and defined way points. It is expected that core training will be achieved within 3-4 years, at which point the trainee progresses to specialty

	can be used in a non-clinical setting to gain these will be that the non-clinical component will not lead to an increase in training time. Non-clinical components		

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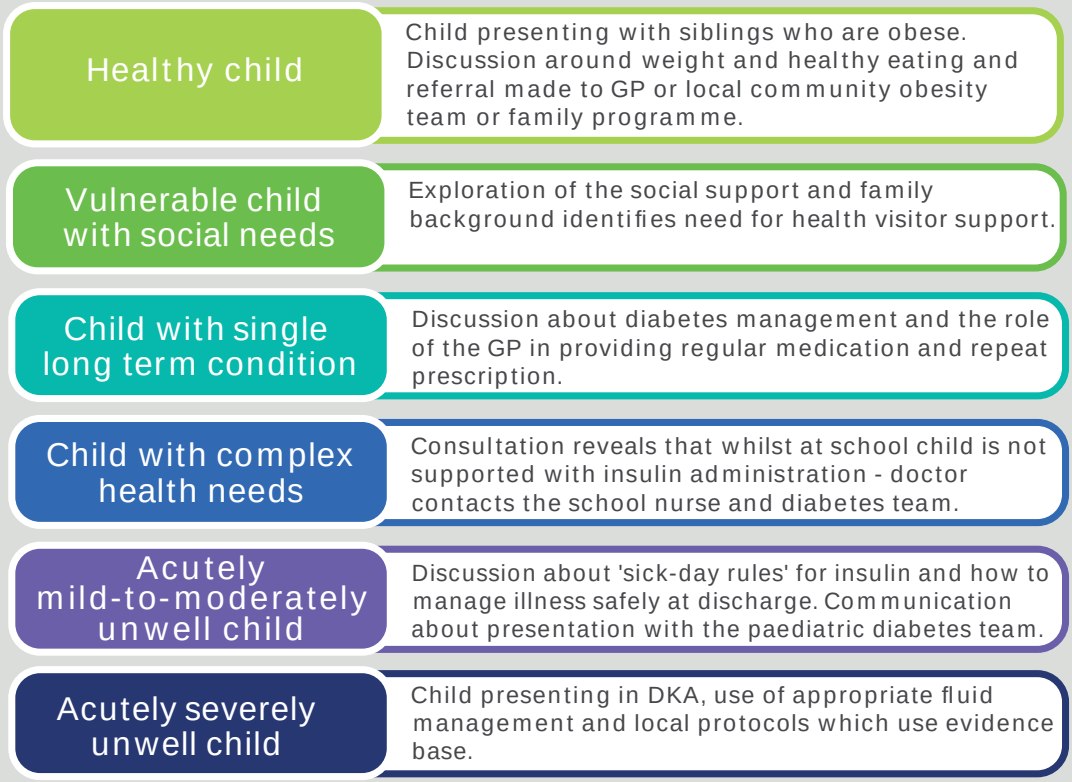
	- - - ee has identifed they would like more exposure to).		



Dr Bob Klaber & Dr Mando Watson, Connecting Care for Children (North West London)

of a multi-disciplinary, multi-professional team. Trainees can appreciate the impact of

"Myself and my consultant, along with local GPs and the general paediatric consultant body, developed a series of GP referral pathways for our most common referral reasons. In being involved in discussions with my consultant about referrals and auditing our referrals from primary care, I gained a lot of insight into why children are referred to paediatrics, and into how triaging decisions are made by consultants who are reviewing referrals. In creating referral criteria and pathways for common referral reasons, I did a lot of reading including reading relevant NICE guidelines, review articles, and guidelines from other hospitals, which also helped my own knowledge enormously, and gave me good frameworks for doing my own consultations. Alongside this I sought input from primary care referrers into this new way of working to ensure that we create pathways which best serve local children and their families."
Trainee, ST4

communication skills, understand the diagnostic process and the management of long-term conditions. This cannot just be reflected in the number of clinics but also the quality of the learning

using video-technology. The Whole Ppopulation Segmentation Model should be use to broaden the

	'helicopter' role, providing clinical support to patients	Reflection	

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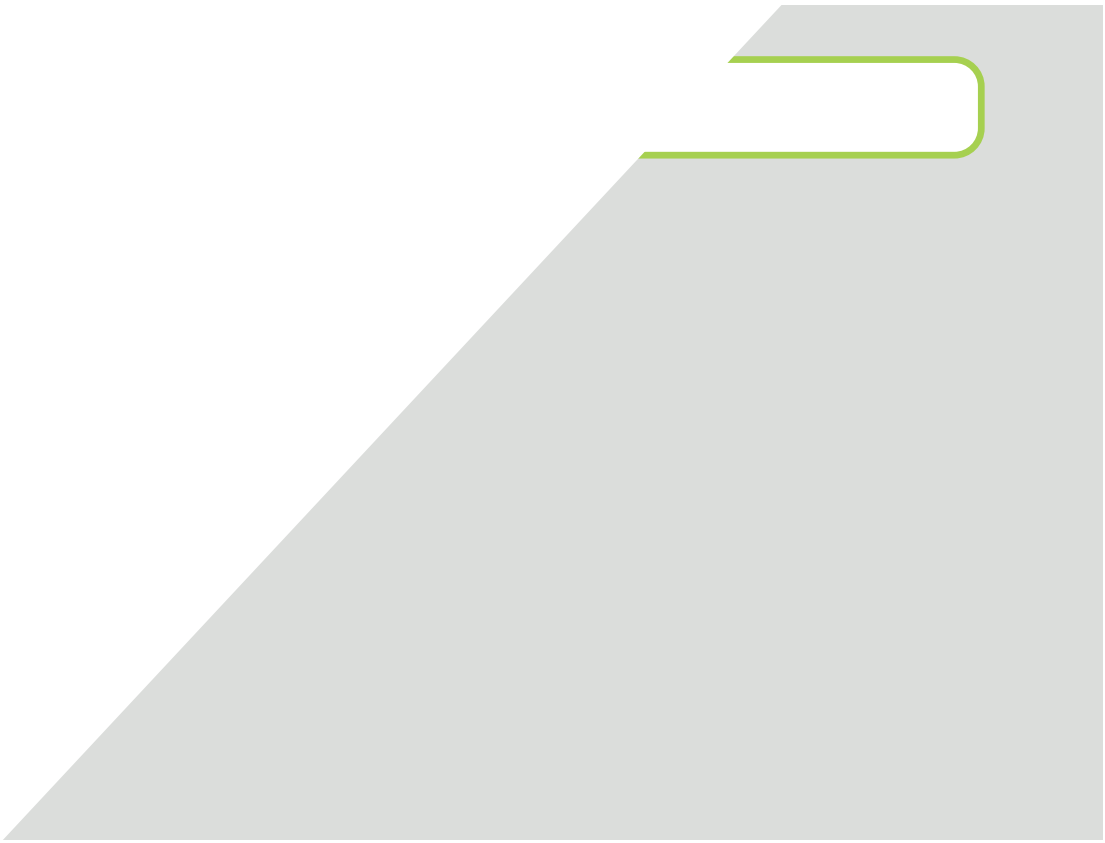

Having a ‘what matters to me’ poster on the ward for families to use.

Trainees ‘adopting a patient’ with a new diagnosis to better understand the true nature of

	Trainees spend a session in a sexual health drop-	Reflection	
	4-limb Cerebral Palsy and learning difficulties in		

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"The training in CAMHs that I had gave me excellent skills and contacts with the CAMHS teams. I was able to share my skills with other trainees in East of England by organising training days on mental health as part of our registrar training program" **New Consultant**

	sexual abuse (CSA) and self-harm. On the ward they are withdrawn and fnd it diffcult to open up to		

		Re f ection	

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identifying health promotion opportunities throughout their day-to-day practice; for example,

		Refection	

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"To understand more about the role of school nurses I spent a day in school and assisted in a nursery led session 'What is a doctor? What is a nurse?' This day was invaluable and helped me better appreciate the role of another health professional. In the future this will allow me to manage patients more holistically and consider social prescribing as part of all my management plans." **Foundation Trainee**

"I organised joint training days with GP and paediatric trainees to help us to share experiences and knowledge and promote integrated delivery of care." **New Consultant**

joined-up care and more preventative approaches, through earlier recognition and treatment

to work in a more joined-up way to provide holistic care centred around the patient's needs.

trainee to find a solution.

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A specifc focus on the health needs of young people (aged 11-25)

or 18. There is increasing recognition of the health needs of adolescence and young adults 16-

Trainees need the skills and confdence to engage with young people including:

- Explaining confdentiality.

	the sim lab; they learn the value of team in-situ teaching, often with low-fdelity scenarios; they use team in-situ teaching to identify latent errors		

The WHO defnes human factors as ‘the study of all the factors that make it easier to do the work in the right way’ and ‘the interrelationship between humans, the tools and equipment

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