Core Module 1: Clinical Skills

Learning outcomes:

- To understand and demonstrate the appropriate knowledge, skills and attitudes to perform assessment of women by means of clinical history taking and physical examination.
- To manage problems effectively, and to communicate well with women, relatives and colleagues in a variety of clinical situations.
- To demonstrate effective time management.

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
HISTORY TAKING							
Define the patterns of symptoms and identify risks factors in women presenting with obstetric and gynaecological problems Comprehend the different elements of history taking Recognise that patients do not present their history in a structured fashion Recognise that the woman's wishes and beliefs and their history should inform examination, investigation and management	1	Take and analyse an obstetric and gynaecological history in a succinct and logical manner Comprehend that effective history taking in non-urgent cases may require several discussions with the woman over time Supplement history with standardised instruments or questionnaires when relevant Manage difficulties of language, physical, educational and mental impairment, with carers and family members as appropriate Use interpreters and health advocates appropriately. Maintain focus and recognise that relatives may be affecting decisions made by a woman Manage alternative and conflicting views from family, carers, friends and members of the multidisciplinary team. Assimilate history from the information available from women and other sources including members of the multidisciplinary team Manages time and draw consultation to a close appropriately	1 3	Show empathy and develop rapport Acknowledge and respect cultural diversity Acknowledge the the significance of psychological factors of a woman and her relatives Demonstrate an awareness of the interaction of social factors with the woman's condition Demonstrate an awareness of the impact of health problems on the ability of a woman to function at work and at home	1,3,4 1,3,4 1,3,4 1,3	StratOG.net. Communication skills e-tutorial. Available online GMC Good Clinical Care guidelines. Available on GMC website	Mini CEX CbD MSF (TO1 and TO2) MRCOG Part Two

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Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
NOTE KEEPING							
Understand the importance and conventions of accurate clinical note keeping	1	Record and communicate concisely, accurately, confidentially and legibly, the results of the history, examination, investigations, differential diagnosis and management plan	1	Appreciate the importance of timely dictation, cost-effective use of medical secretaries and increasing use of electronic communication	2	Caldicott Committee Report on the review of patient identifiable information (DH; 1997). Available on DH website.	MSF (TO1 & 2 forms) Mini CEX CbD
Know the relevance of data protection (see Module 3)	1	Mark each note entry with date, signature, name and status including appropriate use of electronic clinical record systems	1,2,4	Understand the limitations and problems of electronic communication	2	GMC. *Management for Doctors*. 2006. Available on GMC website.	
			1	Communicate promptly and accurately with primary care and other agencies	1,2,3		
				Demonstrate courtesy towards secretaries, clerical and other staff	1,3		
TIME MANAGEMENT AND DECISION MAKING							
Understand clinical priorities according to urgency and importance	1	Identify clinical and clerical tasks and prioritise tasks to maintain focus on individual patient needs whilst balancing multiple, competing pressures	1	Have realistic expectations of tasks to be completed, and timeframe for tasks	1	GMC. *Management for Doctors*. 2006. Available on GMC website.	MSF (TO1 & 2 forms) Reflective practice Mini CEX CbD
Understand that effective organisation, prioritisation and delegation is key to time management		Anticipate future clinical events and plan appropriately		Have the ability to prioritise workload			
Understand the importance of prompt investigation, diagnosis and treatment in disease and illness management		Estimate time required for essential tasks and plan accordingly		Appreciate the internal signs of one's own stress and ask for help. Be willing to consult, and work as part of a team			
		Group together tasks and recognise the most urgent/important tasks and ensures that they are managed expediently		Recognise when self or others are falling behind and take steps to rectify the situation and communicate changes in priority to others			
		Regularly review and reprioritise personal and team workload and organise and manage workload effectively and flexibly		Be receptive to feedback on performance and work flexibly, effectively and efficiently. Be willing to take advice, and change in the light of new information	1,3		
		Make appropriate use of other healthcare professionals and support workers		Remain calm in high pressure situations and adopt a timely, rational approach	1,3		
		Work with increasing efficiency as clinical skills develop but know when to get help		Appropriately recognise and handle uncertainty within a consultation			

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Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
TEAM WORK							
Understand the roles, competencies and capabilities of other professionals and support workers Understand that some factors adversely affect team performance. Have knowledge of methods to rectify issues. Understand the components of effective collaboration and team working Understand the roles and responsibilities of members of the healthcare team	1,2,3,4	Prepare patient lists with clarification of problems and ongoing care plan Give detailed hand over between shifts and areas of care and provide good continuity of care Participate in multidisciplinary team meetings Provide appropriate supervision to less experienced colleagues Recognise and respond to the manifestations of a patient's deterioration or lack of improvement (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly	1,2,3,4	Recognise limits of own professional competency and only practices within these limits Recognise and respects the request for a second opinion Recognise the importance of induction for new members of a team Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge	3,4		MSF (TO1 & 2 forms) Mini CEX CbD Reflective practice
COMMUNICATION AND SUPPORT							
Understand the components of effective verbal and non-verbal communication Structure a consultation appropriately Importance of the woman's background, culture, education and preconceptions (beliefs, ideas, concerns, expectations) to the process Outline the impact of healthcare beliefs, culture and ethnicity in presentations of physical and psychological conditions. Outline health needs of particular populations; e.g. the elderly, ethnic minorities	1,2,3,4	Demonstrate listening skills Use open questions where possible Avoid using jargon Communicate clearly both verbally and in writing to women, including those whose first language may not be English Utilise open and closed questioning appropriately and listen actively Question sensitively to guide the woman. Be prepared to handle difficult questions and to qualify treatment recommendations Realise when it is appropriate to ask women or carers to summarise back to check their understanding	3,4 3,4 3,4	Respect patients' views Respect the skills and contributions of colleagues Be committed to good communication whilst also inspiring confidence and trust Offer choices Acknowledge and respect diversity Use appropriate non verbal communication	3,4	RCOG patient information website section StratOG.net: The Obstetrician and Gynaecologist as a Teacher and Researcher- Communication skills e-tutorial SANDS (stillbirth and neonatal death charity) guidance for professionals website	MSF (TO1 and 2) Mini CEX CbD Reflective practice

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Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
		Identify and manage communication barriers, tailoring language to the individual woman and carer (where relevant), using interpreters when indicated. Avoid using medical jargon				GMC. Valuing diversity guide: Effective communications. Available on GMC website.	
		Give clear information and feedback, establish rapport and share communication with the woman and her relatives or carers				Human Rights Act 1998. Available online.	
		Deliver information compassionately, being alert to and managing the woman and own emotional responses e.g. anxiety, antipathy etc	1,3			Disability Discrimination Act 1995. Available online.	
		Provide information resources, ensuring that these can be obtained in different formats to enable access for all – Braille, large print, translations, spoken word etc.	1,3				
		Check a woman and any carer's understanding of information given, ensuring that all their concerns/questions have been covered	1,2				
		Make accurate contemporaneous records of the discussion					
		Manage 'follow-up' effectively and safely utilising a variety of methods e.g. telephone calls, emails, letters etc.					
		Indicate when the consultation is nearing its end and conclude with a summary and appropriate action plan and ensure that the appropriate referral and communications with other healthcare professionals resulting from the consultation are made accurately and timely					

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
BREAKING BAD NEWS							
Be aware that the way in which bad news is delivered to a patient can affect them for the rest of their life in terms of emotions, perception of the condition and their ability to cope. It also irretrievably affects the subsequent relationship with the patient Aware that every patient may require different levels of explanation and have different responses and way of coping with bad news Aware that bad news is confidential but the patient may wish to be accompanied Aware that once the news is given, patients are unlikely to take anything subsequent in, so a further appointment should be made for soon afterwards Aware that 'breaking' bad news can be extremely stressful for the professional involved Aware that, as with all clinical encounters, the interview at which bad news is given will be an educational opportunity Know that bad news may be expected or unexpected and it cannot always be predicted Know that sensitive communication of bad news is an essential part of professional practice Know that bad news has different connotations depending on the context, individual, employment, social and cultural circumstances	3,4	Demonstrates to others good practice in 'breaking' bad news Involve patients and carers (where relevant) in decisions regarding their future management comprehends the impact of the bad news on the patient, carer (where relevant), supporters, staff members and self Aware of the steps to take in preparing to break bad news: ▪ Set aside sufficient uninterrupted time ▪ Choose an appropriate private environment and ensure that there will be no unplanned disturbances ▪ Have sufficient information regarding prognosis and treatment ▪ Ensure the individual has appropriate support if desired ▪ Structure the interview ▪ Be honest, factual, realistic and empathic ▪ Be aware of relevant guidance documents Awareness of how to structure and conduct the interview: ▪ Set the scene ▪ Establish understanding ▪ Discuss; diagnosis(es), implications, treatment, prognosis and subsequent care ▪ Encourage questions and ensure comprehension, ▪ Respond to verbal and visual cues from patients and carers and relatives (where relevant) ▪ Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	3,4	Take leadership in 'breaking' bad news Respect the different ways people react to bad news Ensure appropriate recognition and management that the impact of 'breaking' bad news has on the doctor	3,4	Local and regional courses in breaking bad news StratOG.net: Early pregnancy loss: Breaking bad news e-tutorial. The Miscarriage Association. Guidance on breaking bad news. Guidance available on Miscarriage Association website. GMC Ethical Guidance: Treatment and care towards the end of life: good practice in decision making. GMC Ethical Guidance: Treatment and care towards the end of life: good practice in decision making. Learning materials and case scenarios. Available on GMC website. NHS National end of Life Care Programme website.	Mini CEX CbD Reflective practice Logbook Roleplay Multisource feedback (TO1 and TO2)

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Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
CLINICAL EXAMINATION AND INVESTIGATION							
Understand the need for a targeted and relevant clinical examination

Understand the pathophysiological basis of physical signs, both positive and negative

Understand the indications, risks, benefits and effectiveness of investigations

Comprehend constraints to performing physical examination and strategies that may be used to overcome them

Comprehend the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis

Recognise that use of a chaperone in obstetrics and gynaecology is always recommended | 1,2,3,4 | Perform valid, targeted and time efficient examinations relevant to the presentation and risk factors

■ Breast examination
■ Abdominal examination
  - Non-pregnant
  - Pregnant
■ Vaginal examination
  - Bimanual
  - Cusco's, Sims' speculum
■ Microbiology swabs
    Throat, vagina, cervix, urethra, rectum, cervical smear

Perform investigations competently where relevant

Interpret the results of investigations and actively elicits important findings

Liaise and discuss investigations with colleagues

Recognise the possibility of deliberate harm (both self harm and harm by others) in vulnerable patients and report to appropriate agencies | 1,2,3,4 | Respect patients' dignity and confidentiality

Acknowledge and respect cultural diversity and religious boundaries

Involve relatives appropriately

Be aware of Fraser competence issues

Appreciate the need for a chaperone

Appreciate the need for a patient to seek a female attendant

Provide explanations to patients in language they can understand

Insight in to ones' ability and the need to ask for help | 3,4 | GMC. Maintaining boundaries- including intimate examination. Guidance for doctors.

RCOG guidance. Maintaining Good Medical Practice. Available on RCOG website.

Gynaecological Examinations: Guidelines for Specialist Practice. RCOG. Available on RCOG website.

GMC Ethical Guidance. 0-18 years: Public interest. GMC website. | Logbook

Reflective practice

Mini CEX

CbD

Log of experiences |
| **CLINICAL REASONING: DIAGNOSTIC AND THERAPEUTIC PLANS** | | | | | | | |
| Define the steps of diagnostic reasoning

Conceptualise the clinical problem in a clinical and social context

Recognise how to use expert advice, clinical guidelines and algorithms

Be aware of and maintain an up to date knowledge of research evidence regarding the most important determinants of health | 1,2 | Interpret history and clinical signs

Recognise critical illness and responds with due urgency

Interpret clinical features and their reliability and relevance to clinical scenarios, including the recognition of the breadth of presentation of common disorders

Incorporate an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning | 1,2,3 | Recognise the difficulties in predicting occurrence of future events

Support patient self-management

Respond to questions honestly and seek advice if unable to answer

Recognise the duty of the healthcare professional to act as a patient advocate | 1,3,4

1,2,3 | Research articles relating to psychology of disease and illness.

RCOG Patient information. RCOG website.

RCOG Recovering Well Series. RCOG website. | Mini CEX

CbD

Reflective diary

Roleplay

Log of experiences |

Key:
Common competency framework competences   Medical leadership framework competences   Health inequality framework competences

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
Know how to access and use local health data	1	Gives adequate time for patients and carers (where relevant) to express their beliefs, ideas, concerns and expectations		Willingness to facilitate patient choice	1,2		
Know how to access resources for community action and advocacy (e.g. resources, legislation, policy documents).	1,2	Generate hypothesis within context of clinical likelihood	1,2	Willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and the benefit/risk balance of therapeutic intervention			
Action plans and post procedural rehabilitation and re-integration guidance		Develop problem lists and action plans		Willingness to adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers (where relevant)		GMC. Supporting Self care.GMC Good Medical Practice. Available on GMC website.	
Recognise and appropriately respond to sources of information accessed by patients	1,3,4	Develop a self-management plan with the patient ▪ Support patients and carers (where relevant) to comply with self-management plans ▪ Encourage patients to voice preferences and personal choices about their care ▪ Consider the potential impact of work on the progress and recovery of a health condition ▪ Develop and agrees a management plan with the patient and carers (where relevant), ensuring awareness of alternatives to maximise self care within patients care pathway ▪ Provide relevant evidenced-based information and where appropriate, effective patient education in the appropriate medium to enable choice, with support of the multidisciplinary team	1,3,4	Construct an appropriate management plan in conjunction with the patient, carers (where relevant) and other members of the clinical team and communicates this effectively to the patient and carers (where relevant)		RCOG Patient Information. Available on RCOG website. RCOG Recovering Well Patient Advice. RCOG website.	
Define the concepts of the natural history of disease and assessment of risk				Recognise that return to work is one of the key indicators of a successful clinical outcome			
Awareness of evidence based guidance on return to work times				Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning			
		Able to identify issues in assessing fitness for work and to discuss a range of measures which might facilitate a patient's return to work		Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care and adapt appropriately as those needs change over time			
				Encourage recognition of the benefits of health and wellbeing, and the negative effects of no work and inappropriate working			
				Recognise that individuals do not need to be 100% to return to work			

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Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
Longer term conditions • Able to define the role of rehabilitation and the role of support services and the multidisciplinary team to facilitate long-term care • Outline the concept of quality of life and how this can be measured whilst understanding the limitations of such measures for individual patients • Outline the concept of patient self care and the role of the expert patient • Understand and be able to compare and contrast the medical and social models of disability • Know about the key provisions of disability discrimination legislation • Understand the relationship between local health, educational and social service provision, including the voluntary sector Understand different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	1,2,3,4	Comprehend the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort Encourage the healthcare team to respect the philosophy of patient focussed care Develop and sustain supportive relationships with patients and carers (where relevant) with whom care will be prolonged and potentially life long Confident and positive in own values	1,3,4	Show willing and support for the patient in their own advocacy, and taking into account the best interests of the wider community Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others Recognise the potential impact of long-term conditions on the patient, relatives and friends Accept that diagnostic label does not always reflect functional capacity Show willingness to maintain a close working relationship with other members of the multidisciplinary team and primary and community care Recognise and respect the role of family, friends and carers (where relevant) in the management of the patient with a long-term condition			

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Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
THERAPEUTICS AND SAFE PRESCRIBING							
Be aware of the indications, contra-indications, adverse effects, drug interactions and dosage of commonly used drugs in obstetrics and gynaecology practice

Have a familiarity of the range of adverse drug reactions to commonly used drugs, including complementary medicines

Be aware of the potentially adverse effects of medication on performance and safety at work

Know the range of drugs requiring therapeutic drug monitoring and interpret results

Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee's clinical practice

Understand the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. NICE, Committee on Safety of Medicines, Medications and Healthcare Products Regulatory Agency (MHRA) and hospital formulary committees

Understand the importance of non-medication based therapeutic interventions including the legitimate role of placebos | 1,2

1

1,2 | Prescribe appropriately in pregnancy, and during breast feeding

Provide comprehensible explanations to the patient, and carers (where relevant), for the use of medicines

Advise women and carers (where relevant) about important interactions and adverse drug effects. Anticipate and avoid defined drug interactions, including complimentary medicines

Review the continuing need for, effect of and adverse effects of long-term medications relevant to own clinical practice

Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change e.g. deteriorating renal function

Use IT prescribing tools where available to improve safety

Employ validated methods to improve patient concordance with prescribed medication

Ensures safe systems for monitoring, review and authorisation where involved in "repeat prescribing"

Understand the principles of concordance in ensuring that drug regimes are followed

Recognise the importance of resources when prescribing, including the role of a Drug Formulary and electronic prescribing systems

Recognise the importance of resources when prescribing, including the role of a Drug Formulary and electronic prescribing systems | 1,2

3

1,2

1,2 | Minimise the number of medications taken by a patient to a level compatible with best care

Remain up to date with therapeutic alerts, and responds appropriately

Remain open to advice from other healthcare professionals on medication issues

Ensure prescribing information is shared promptly and accurately between a patient's healthcare providers, including between primary and secondary care

Appreciate the role of non-medical prescribers

Participate in adverse drug event reporting mechanisms

Ensure that if the patient works in partnership with the doctor and fully understands the need for, and how medication works, it will result in increased patient concordance | 1,2

3

1,2,3

1 | eLfH Safe prescribing e-learning modules

GMC. Good practice in prescribing medicines- guidance for doctors. GMC website.

National Institute for Clinical Evidence (NICE) website.

Committee on Safety of Medicines website

Medications and Healthcare Products Regulatory Agency website

British National Formulary website | CbD

Reflective learning

Roleplay

Log of experiences |

Core Module 1 Logbook	Competence level	Basic level ☐	Intermediate level ☐		Advanced level ☐		Not required ■	
	Level 1		Level 2		Level 3			
	Date	Signature	Date	Signature	Date	Signature		
History taking								
Take and analyse an obstetric history								
Take and analyse a gynaecological history								
Appropriate use of interpreters								
Clinical examination and investigation								
Breast examination								
Abdominal examination:								
Non-pregnant								
Pregnant								
Speculum examination:								
Cusco's								
Sims'								

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Core Module 1 Logbook	Competence level	Basic level	☐	Intermediate level	☐	Advanced level	☐	Not required	■

	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take microbiology swabs:						
Vagina						
Cervix						
Urethra						
Perform cervical cytology screening						

Training Courses or sessions		
Title	**Signature of educational supervisor**	**Date**
Breaking bad news		

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Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	**Signature of clinical trainer**

COMPLETION OF MODULE 1
I confirm that all components of the module have been successfully completed:

Date	Name of educational supervisor	Signature of educational supervisor

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