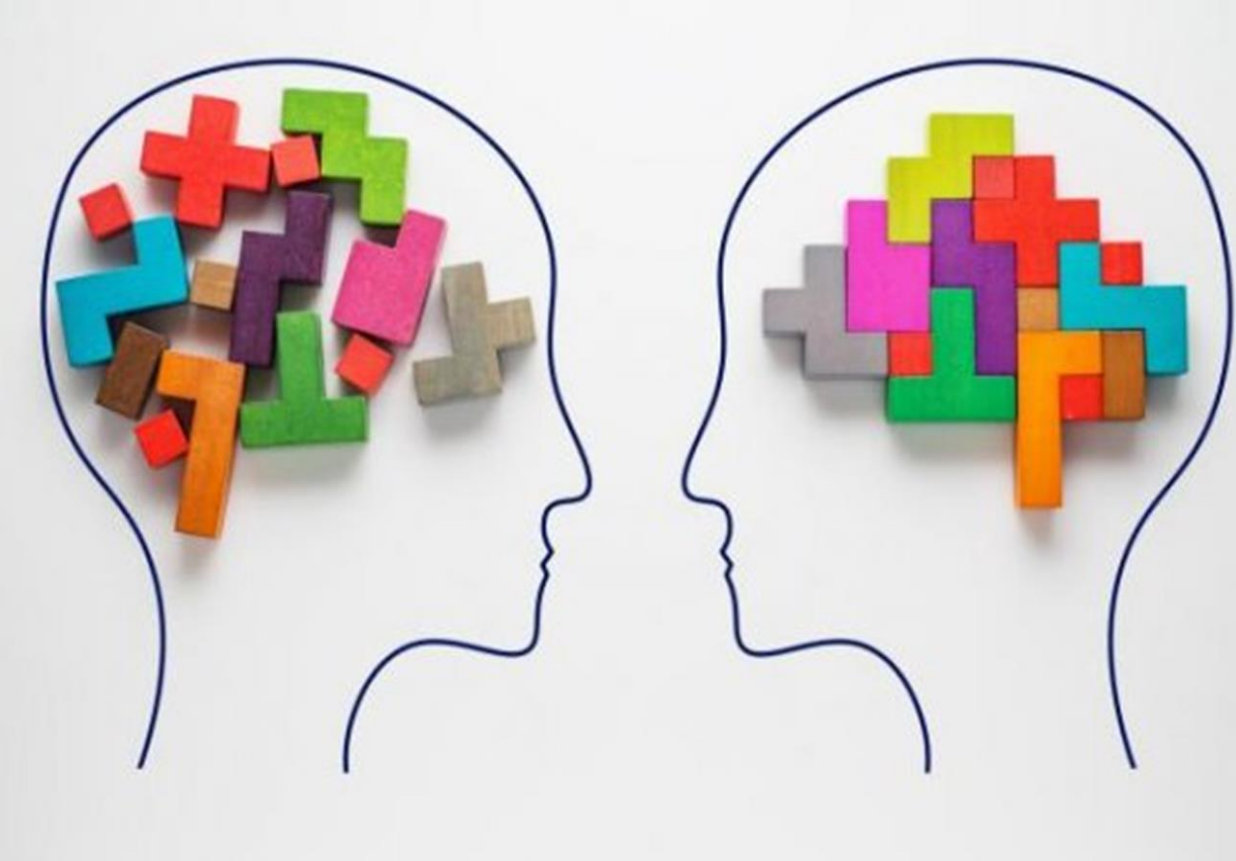


Pediatri europei a confronto sulla formazione curriculare *(nelle cure primarie)*



GOOD TRAINING MEANS
QUALIFIED PAEDIATRICIANS
AND QUALIFIED
PAEDIATRICIANS MEAN THE
BEST CARE FOR CHILDREN AND
TEENAGERS.



This is not only for tutors but for every primary care paediatrician that is interested in being updated and wants an autoreflexive on going learning

Questo non è solo per i tutor ma per ogni pediatra di famiglia che è interessato ad essere aggiornato evuole un'autoriflessione sull'apprendimento in corso

1. Current situation of curricular training in pediatrics /Primary care pediatrics
2. How should it be?
3. How should we evaluate?

1. Situazione attuale della formazione curriculare in pediatria/Pediatria di famiglia
2. Come dovrebbe essere?
3. Come dobbiamo valutare?

1. **Current situation** of curricular training in
pediatrics /Primary care pediatrics

2. How should it be?

3. How should we evaluate?

1. **Situazione attuale della formazione curriculare in
pediatria/Pediatria di famiglia**

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Volume 109, Issue 5
May 2002

ARTICLE | MAY 01 2002

Demography of Pediatric Primary Care in Europe: Delivery of Care and Training 🛒

Manuel Katz, MD; Armido Rubino, MD; Jacqueline Collier, PhD; Joel Rosen, BA; Jochen H. H. Ehrich, MD



In **75%** of the countries, **some form** of training in pediatric care for pediatricians was reported.

Community-based teaching programs were offered in a **minority** of countries. **Formal training** in primary care varied from established curricula to no teaching at all.

Nel 75% dei paesi è stata segnalata una qualche forma di formazione in assistenza pediatrica per i pediatri. In una minoranza di paesi sono stati offerti programmi di insegnamento su base comunitaria. La formazione formale variava da programmi di studio consolidati a nessun insegnamento.



Diversity of Pediatric Workforce and Education in 2012 in Europe: A Need for Unifying Concepts or Accepting Enjoyable Differences?

Jochen H. H. Ehrich, MD, DCMT^{1,2}, Alfred Tenore, MD^{3,4}, Stefano del Torso, MD^{3,5},
Massimo Pettoello-Mantovani, MD, PhD^{1,6}, Simon Lenton, FRCPC^{1,7}, and Zach Grossman, MD^{3,8}

A special primary pediatric care track during general training was offered in **52%** of the countries.

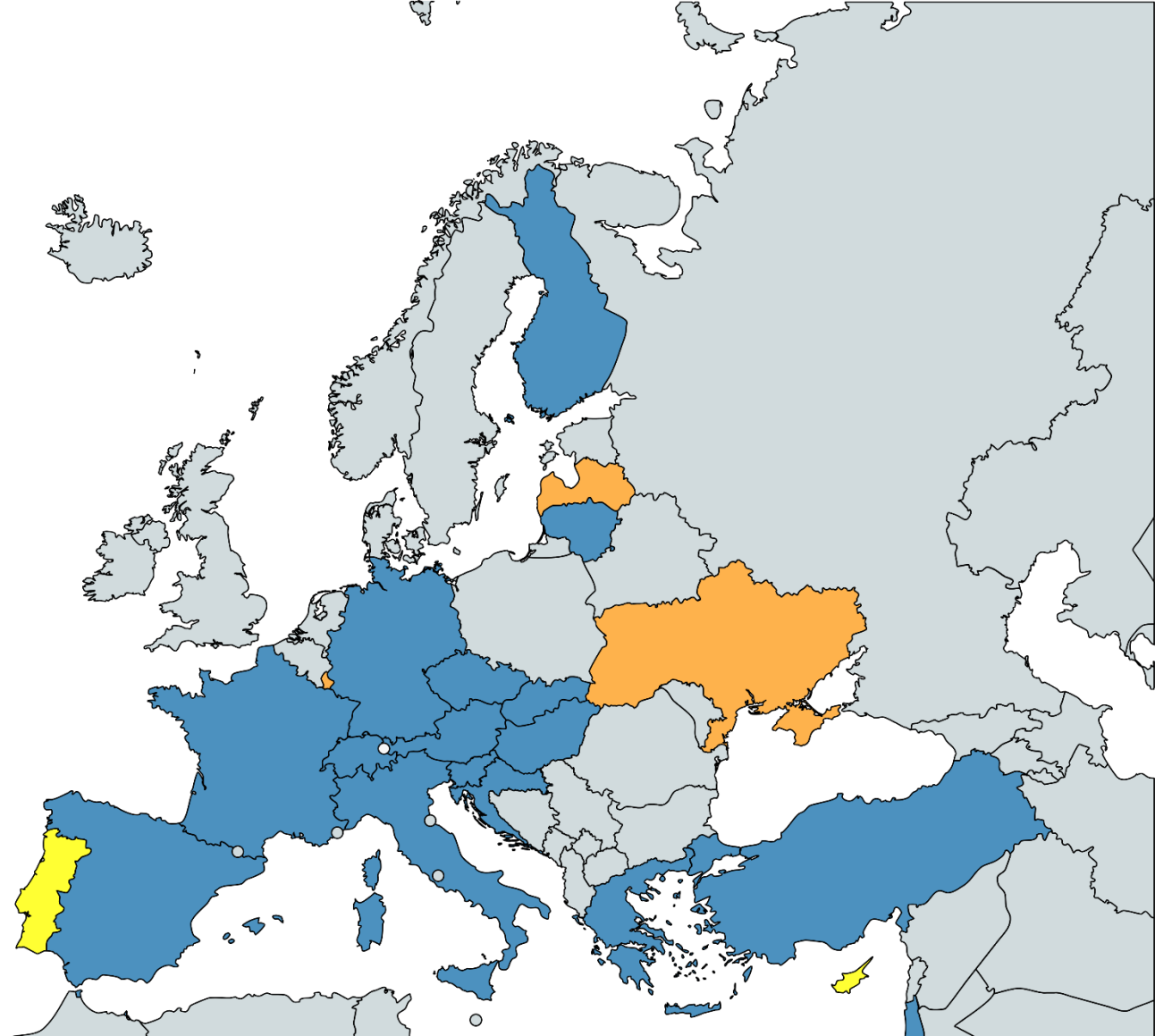
Un percorso speciale di assistenza pediatrica primaria durante la formazione generale è stato offerto nel 52% dei paesi.

ECPCP



21 European
countries organized
in 25 organizations

21 paesi europei
organizzati in 25
organizzazioni



LENGTH OF THE GENERAL PAEDIATRIC TRAINING

Duration of general paediatric training?

TRAINING IN PRIMARY CARE PAEDIATRICS

In your country, does general paediatric training include a training in paediatric primary care?

If there is a training program in PC, is it mandatory?

How long is the PC training?

CURRICULUM FOR PAEDIATRIC TRAINING

Do you have a curriculum for paediatric training?

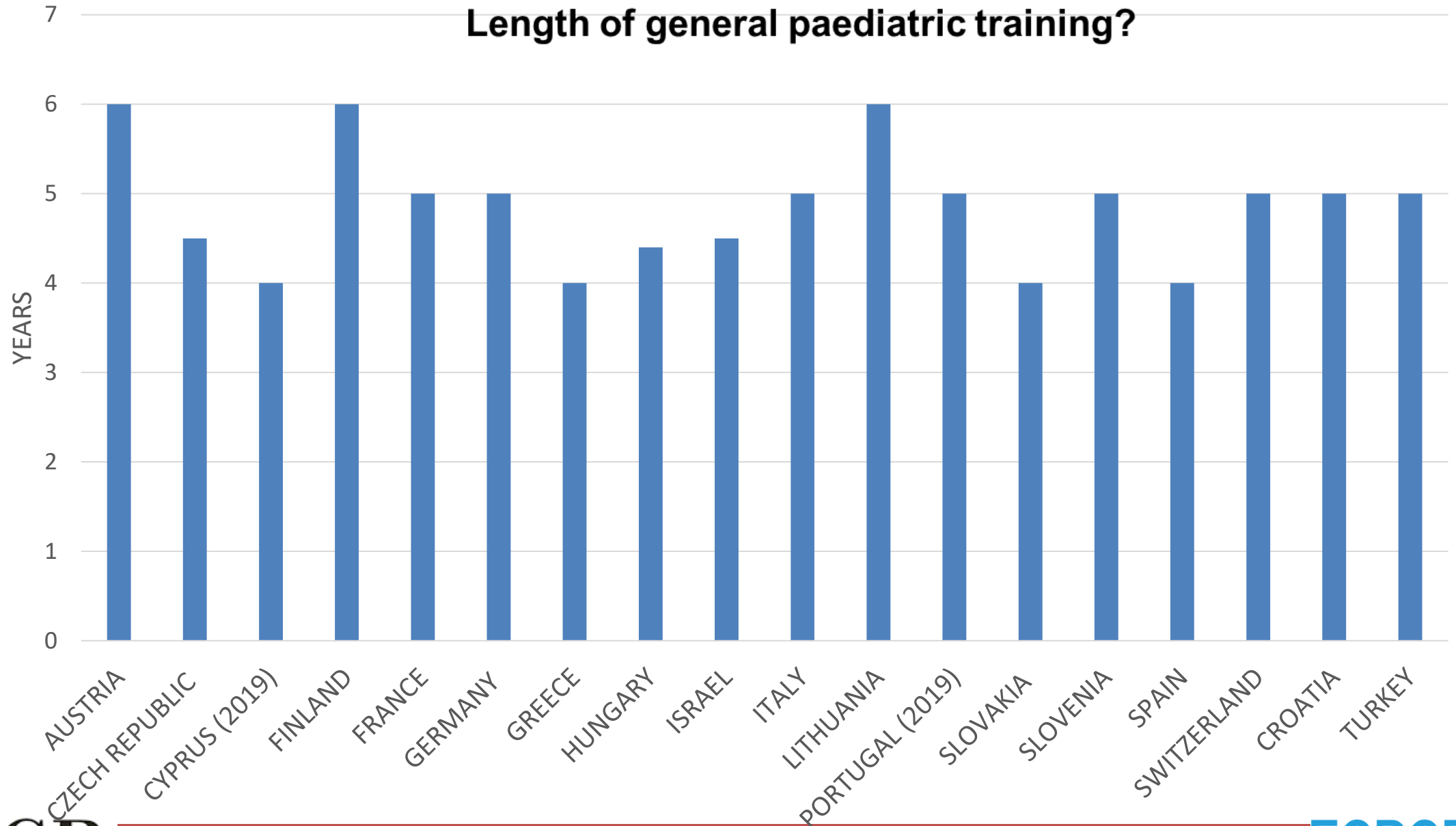
a- For general paediatric training

b- For primary care training

Which organization is responsible for the official contents of paediatric training?

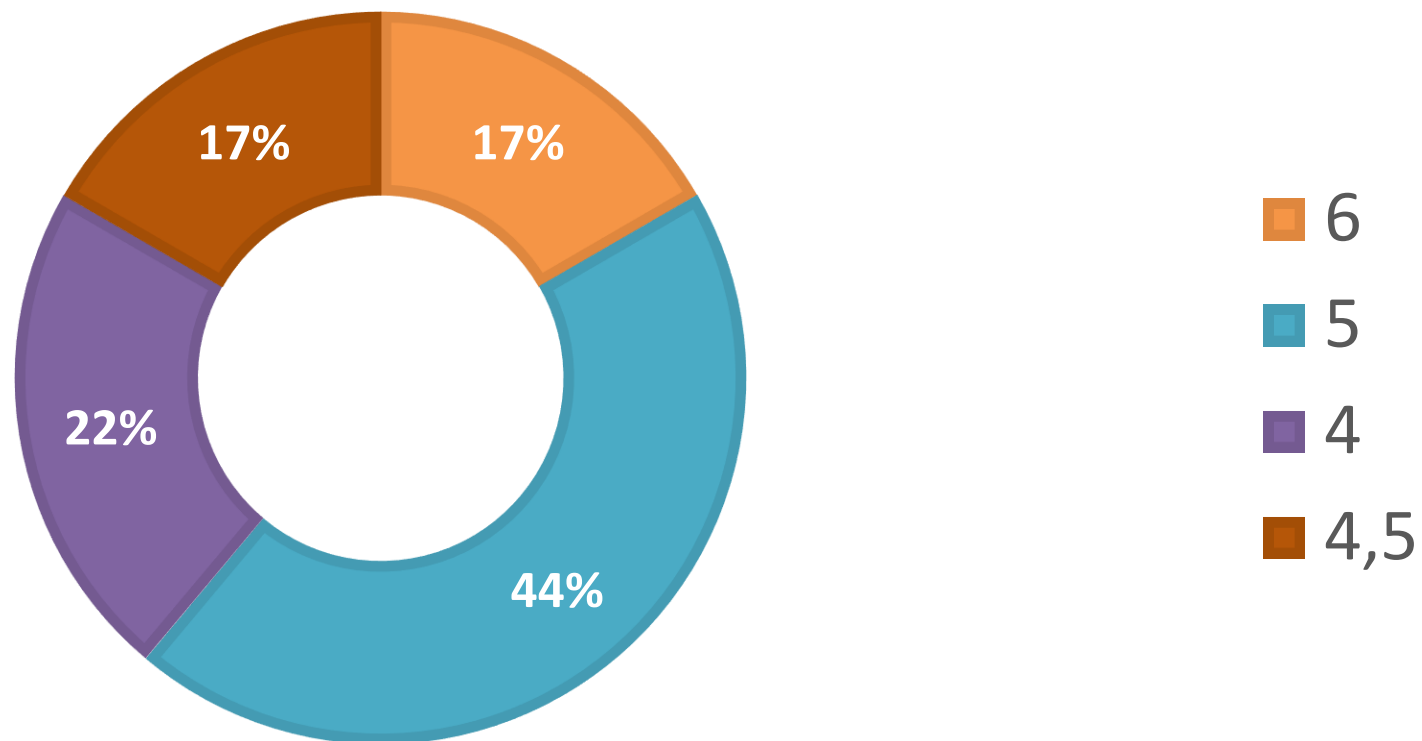
DURATA DELLA FORMAZIONE PEDIATRICA GENERALE?

Length of general paediatric training?



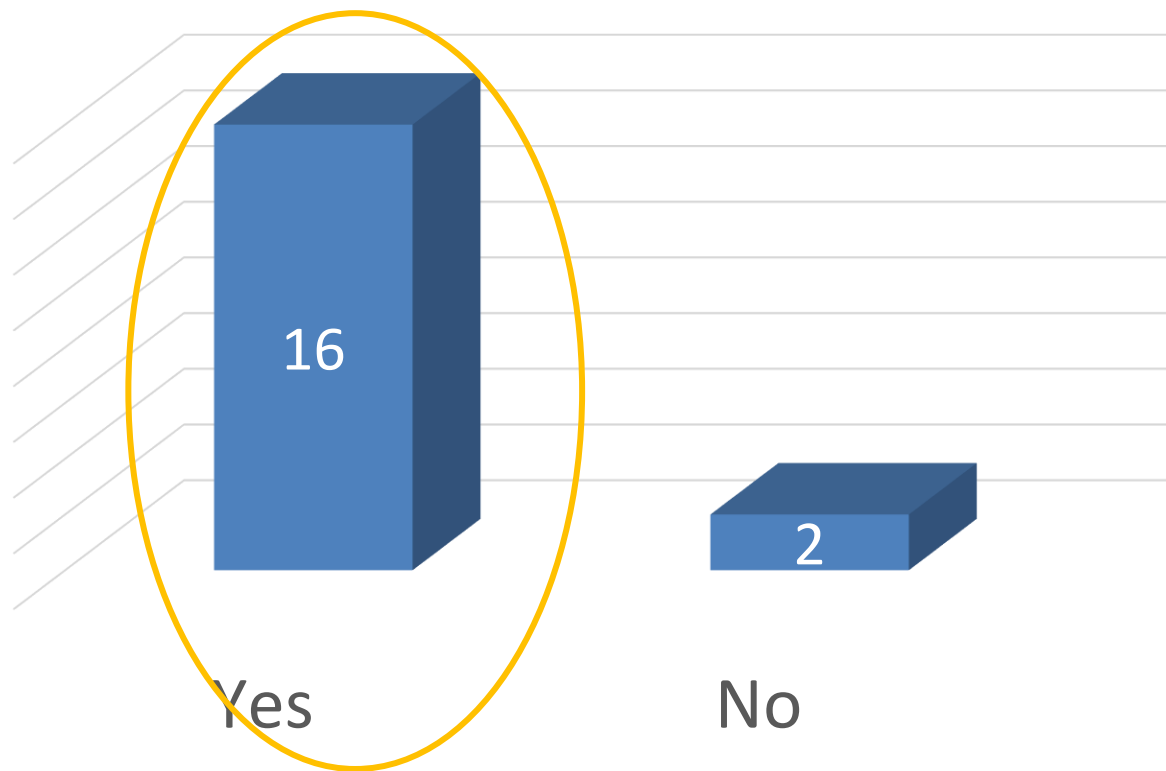
DURATA DELLA FORMAZIONE PEDIATRICA GENERALE? (PERCENTUALI)

LENGTH OF GENERAL PAEDIATRIC TRAINING?
(PERCENTAGES)



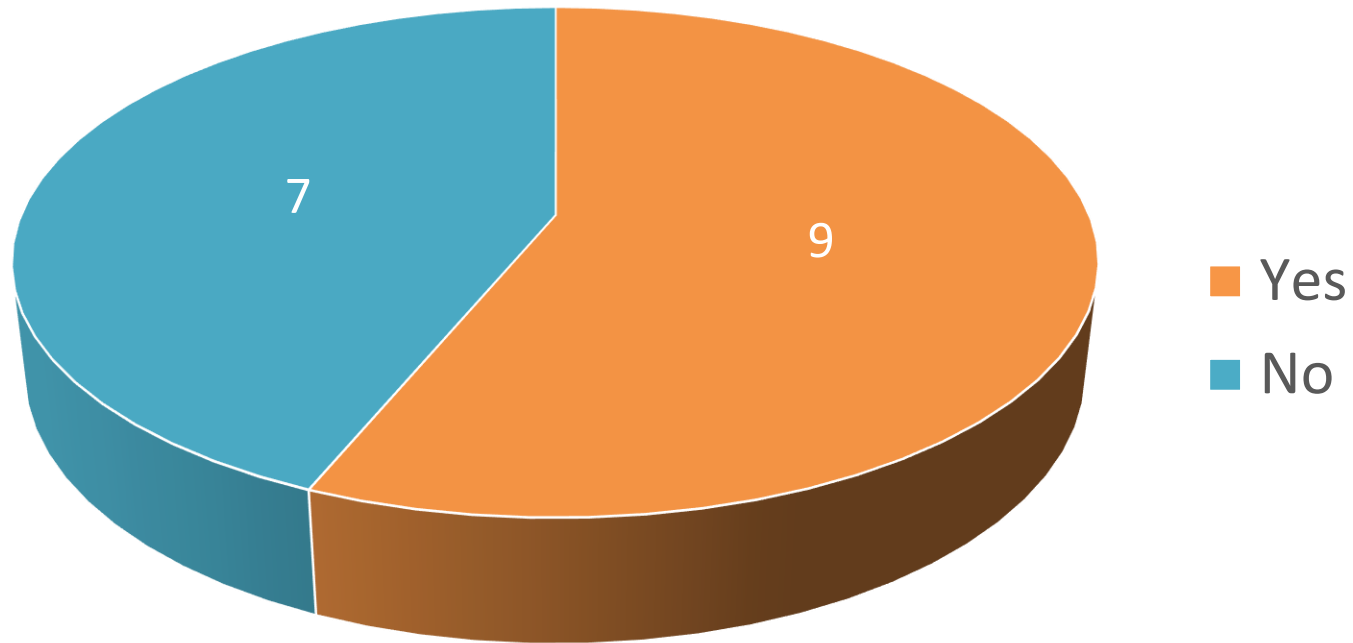
NEL VOSTRO PAESE, LA FORMAZIONE PEDIATRICA GENERALE COMPRENDE UNA FORMAZIONE IN CURE PRIMARIE PEDIATRICHE?

In your country, does general paediatric training include a training in paediatric primary care?

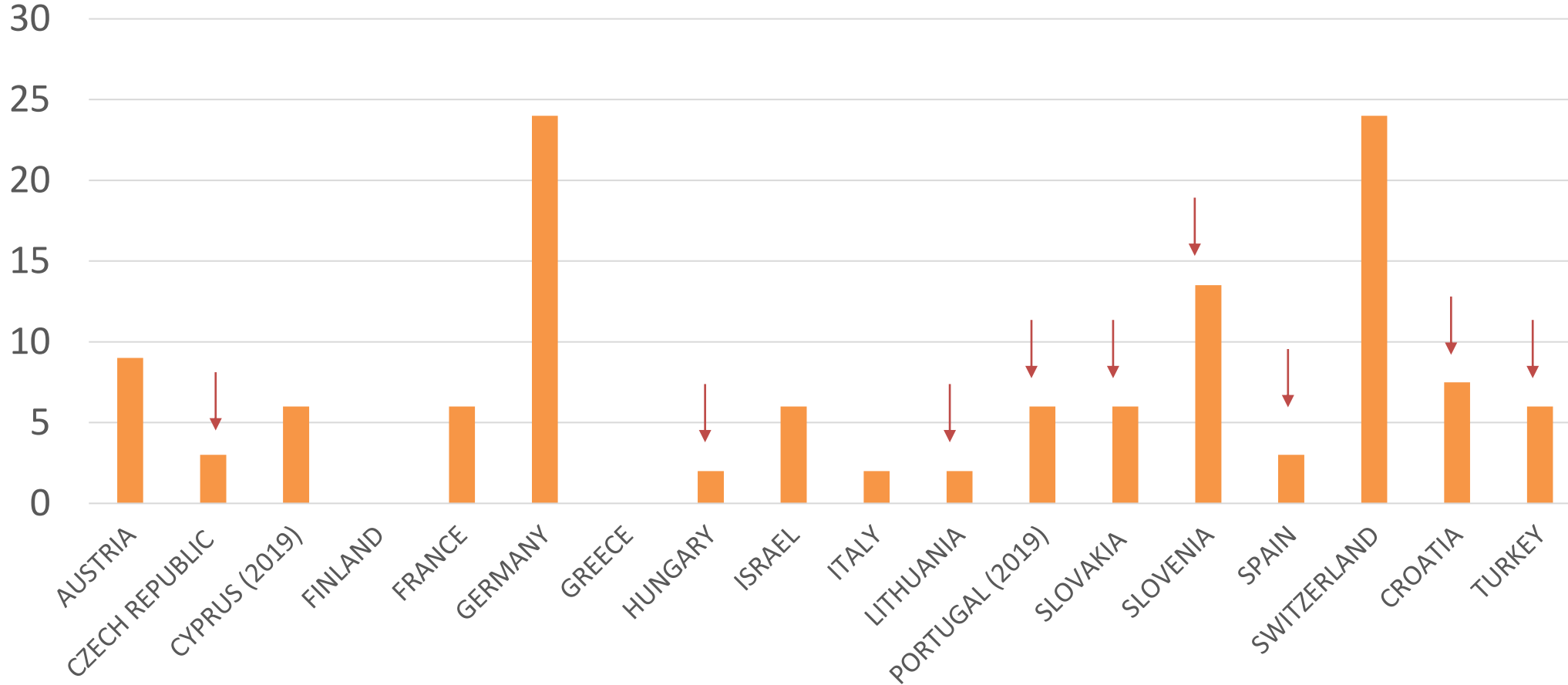


SE ESISTE UN PROGRAMMA DI FORMAZIONE NEL PC, È OBBLIGATORIO?

If there is a training program in primary care, is it mandatory?

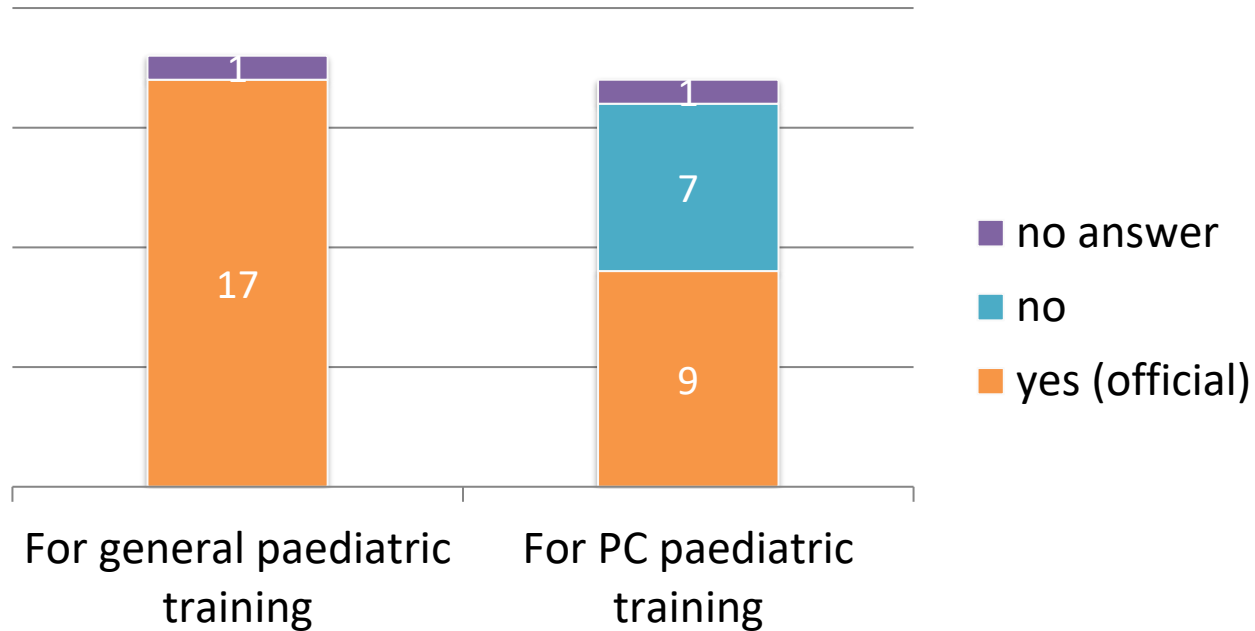


How long is the primary care training?



AVETE UN CURRICULUM PER LA FORMAZIONE PEDIATRICA?

Do you have a curriculum for paediatric training?



Which organization is responsible for the official contents of paediatric training?

	MINISTRY OF HEALTH	MINISTRY OF EDUCATION	UNIVERSITY	MEDICAL CHAMBER	PAEDIATRIC ASSOC.
AUSTRIA					
CROATIA					
CZECH REPUBLIC					
CYPRUS (2019)					
FINLAND					
FRANCE					
GERMANY					
GREECE					
HUNGARY					
ISRAEL					
ITALY					
LITHUANIA					
LUXEMBURG					
PORTUGAL (2019)					
SLOVAKIA					
SLOVENIA					
SPAIN					
SWITZERLAND					
TURKEY					

QUALE ORGANIZZAZIONE È RESPONSABILE DEI CONTENUTI UFFICIALI DELLA FORMAZIONE PEDIATRICA?



- **44%** of the countries (ECPCP) – 5 years paediatric training
- Although most of the general paediatric training include a training in paediatric primary care **only in 50%** of the countries is mandatory
- Only **50%** of the countries have a curriculum for paediatric training in primary care

- 44% dei paesi (ECPCP) – 5 anni di formazione pediatrica
- Sebbene la maggior parte della formazione pediatrica generale comprenda una formazione in cure primarie pediatriche.
- Solo nel 50% dei paesi è obbligatoria Solo il 50% dei paesi dispone di un curriculum per la formazione pediatrica nelle cure primarie

1. Current situation of curricular training in pediatrics /Primary care pediatrics
2. How should it be?
3. How should we evaluate?

2. Come dovrebbe essere?

Good curricular training in primary care should...

Una buona formazione curricolare nelle cure primarie dovrebbe...

1. Reframe the **specific** competences in primary care paediatrics.
2. Provide residents and teaching professionals with a competence based training model focused **on outcomes**.
3. Constitute a **common, flexible model** with possibilities to be adapted to the different models of training in European countries.

1. Riformulare le competenze specifiche in pediatria di famiglia.
2. Fornire agli specializzandi e ai professionisti dell'insegnamento un modello di formazione basato sulle competenze e focalizzato sui risultati.
3. Costituire un modello comune e flessibile con possibilità di adattamento ai diversi modelli di formazione nei paesi europei.

Training should be based on the successful **demonstration** of the application of specific knowledge, skills, and attitudes required for the practice of a specific area of medicine.

The progression in training requires the learner to demonstrate the ability to perform successfully (competence) **at the different stages of development**

La formazione dovrebbe basarsi sulla **dimostrazione** efficace dell'applicazione di conoscenze, abilità e attitudini specifiche richieste per la pratica di una specifica area della medicina.

La progressione nella formazione richiede che lo studente dimostri la capacità di eseguire con successo (competenza) **le diverse fasi di sviluppo**



European Academy of Paediatrics

Paediatric Section of U.E.M.S

EUROPEAN BOARD OF PAEDIATRICS

D.M.B. Hall 18.8.98

TRAINING PROGRAMME FOR PRIMARY AND AMBULATORY PAEDIATRIC CARE

EAP/paediatric section of the UEMS



European Academy of Paediatrics

Paediatric Section of U.E.M.S.
Union Européenne des Médecins Spécialistes



Curriculum for Common Trunk Training in Paediatrics

Agreed by the general assembly in Brussels, 6th December 2014

EAP/paediatric section of the UEMS

GENERAL SKILLS AND COMPETENCIES

NORMAL AND ABNORMAL DEVELOPMENT

Knowledge

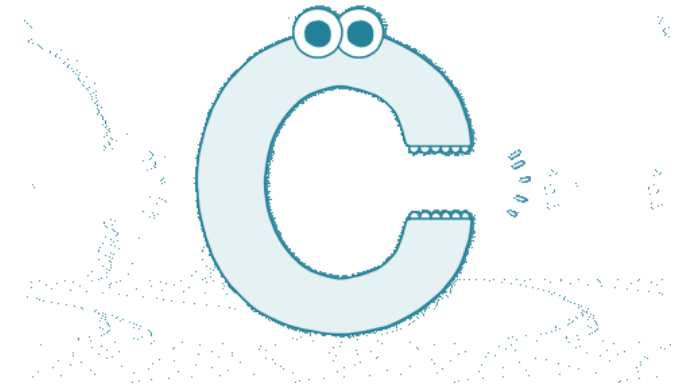
- Normal and abnormal gross and fine motor-, cognitive-, social and emotional-, receptive and expressive language development of infants and young children
- Pre-, peri- and postnatal risk factors and causes of delayed- or abnormal development
- Common patterns of developmental abnormality (gross motor-, speech- and language, global)
- Range of deficits in common genetic syndromes (eg, fragile X, trisomy 21, fetal alcohol syndrome)
- Current neonatal and childhood screening tests used in respective national child health visits
- Screening- and diagnostic assessment instruments for developmental delay and mental retardation
- Indications for imaging tools (ultrasound, MRI), metabolic and genetic testing
- Indications for physio-, educational-, occupational- and/or speech therapy
- Indications for referral of a child to a paediatric neurologist, speech pathologist

Skills

- Taking a history of developmental milestones reached
- Developmental assessment of a child 5 years AND under.
- Basic assessment of hearing and vision
- Initiation of appropriate investigations to make a diagnosis based upon the history and pattern of abnormal development observed
- Communication of findings and implications of developmental assessment to parents

European clinical **guidelines**

KNOWLEDGE



Simulation-based training programs in pediatrics to teach technical skills, teamwork, and team communication.

SKILLS



National training programs

The integration of specific :

Knowledge

+

Skills

+

Attitude

to perform a professional task.

L'integrazione di specifici:

Conoscenza

+

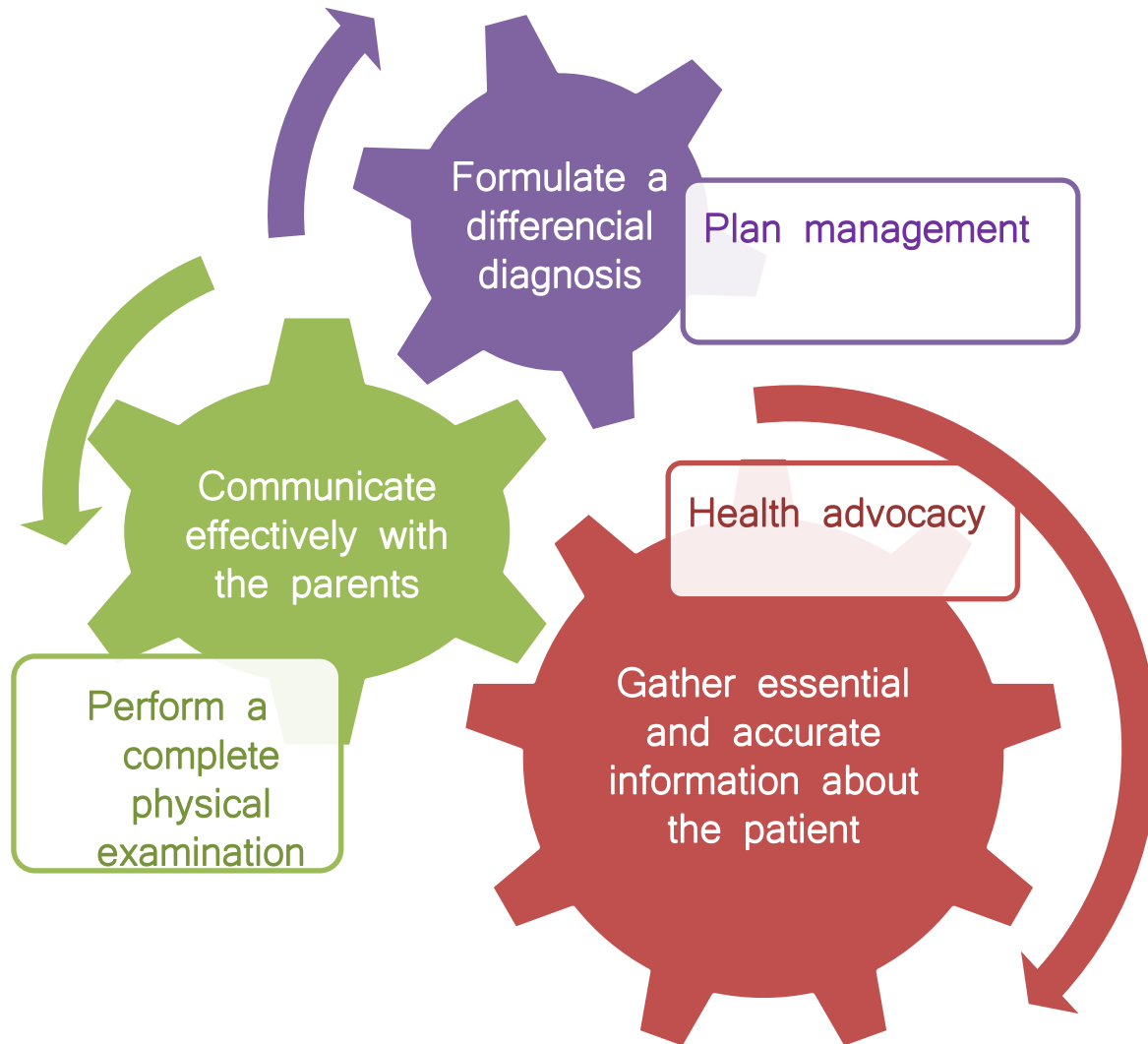
Capacità

+

Atteggiamento

per svolgere un compito professionale.





- Raccogliere informazioni essenziali e accurate sul paziente,
- Eseguire un esame fisico completo, Formulare una diagnosi differenziale, Pianificare la gestione,
- Comunicare efficacemente con i genitori,
- Tutela della salute.

PROFESSIONAL ACTIVITY

CARE FOR A CHILD WITH COUGH



EPA (Entrustable professional activity)

- A part of the essential work of a profession.
- Can be entrusted to a trainee once sufficient competences has been reached.

EPA (Attività professionale di fiducia)

Una parte del lavoro essenziale di una professione.

Può essere affidato ad un tirocinante una volta raggiunte competenze sufficienti.



The **EPA**s integrate these competences and promote their demonstration in the "authentic context", the clinical activity.



Gli EPA forniscono un quadro per la valutazione nell'educazione medica basata sulle competenze richiedendo l'integrazione di molteplici competenze cliniche nell'ambiente clinico autentico.

Validity Evidence for Assessing Entrustable Professional Activities During Undergraduate Medical Education. Violato, Claudio PhD¹; Cullen, Michael J. PhD²; Englander, Robert MD, MPH³; Murray, Katherine E. MD⁴; Hobday, Patricia M. MD⁵; Borman-Shoap, Emily MD⁶; Ersan, Ozge PhD⁷. Academic Medicine [96\(7S\):p S70-S75, July 2021.](#)



Entrustable Professional Activities in Primary Care Paediatrics



European Confederation
of Primary Care Paediatricians



https://www.ecpcp.eu/fileadmin/pdf_doc_ppt/EPAs-ECPCP__Def_.pdf

- 1- **Health screening** and anticipatory guidance
- 2- Care of the **adolescent**
- 3- Care of patients with **acute medical problems**
- 4- Management of **acute and chronic** diseases
- 5- Care of the child with **complex issues**
- 6- Management of common **physical injuries**
- 7- Children with **life threatening events**
- 8- Care of children with **disabilities**
- 9- **Team** work
- 10- Networking in the **community**
- 11- Patient **safety and quality** assurance

11
PRIMARY CARE
PAEDIATRIC
ACTIVITIES

1. Promuovere la salute, fornire orientamenti anticipatori
2. Cura dell'adolescente
3. Cura di pazienti con problemi medici acuti
4. Gestione (studi/interventi) della malattia acuta e cronica
5. Cura del bambino con malattie complesse
6. Gestione delle lesioni fisiche comuni
7. Bambini con eventi potenzialmente letali
8. Cura dei bambini con disabilità
9. Lavoro di squadra
10. Fare rete nella comunità
11. Garanzia di qualità e sicurezza del paziente

INNOVATION REPORTS

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Entrustable Professional Activities for the Training of Postgraduate Primary Care Pediatricians

Villaizán Pérez, Carmen MD, PhD¹; Aparicio Rodrigo, María MD, PhD²; Kovacs, Akos MD³; Barak, Shimon MD⁴; Calamita, Patrizia MD, PhD⁵; Dejak Gornik, Katja MD⁶; Jaeger-Roman, Elke MD⁷; Kartousova, Beata MD⁸; Katz, Manuel MD, MPH⁹; Rafele, Innocenza MD¹⁰; Reali, Laura MD¹¹; Reingold, Stephen MD¹²; Sauseng, Werner MD¹³; Fehr, Folkert MD¹⁴

Author Information

Academic Medicine 98(4):p 468-472, April 2023. | DOI: 10.1097/ACM.00000000000005132

EPA 1

PROVIDE RECOMMENDED AGE-RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE

1.1 Vaccination

1.2 Screen children for growth and development, behavior and emotional problems and learning disabilities

1.3 Counsel in health education and provide anticipatory guidance in well child visits

1.4 New-born

EPA 2

CARE OF THE ADOLESCENT

EPA 3

CARE OF PATIENTS WITH ACUTE MEDICAL PROBLEMS

- 3.1 Cough
- 3.2 Dyspnoea
- 3.3 Fever
- 3.4 Sore throat
- 3.5 Earache
- 3.6 Abdominal pain
- 3.7 Nausea/vomiting
- 3.8 Diarrhea
- 3.9 Constipation
- 3.10 Headache
- 3.11 Skin problems and rashes
- 3.12 Red and/glued eye
- 3.13 Urogenital problems
- 3.14 Musculoskeletal pain

EPA 4

CARRY OUT APPROPRIATE PROCEDURES AND MANAGEMENT PLANS FOR THE DIAGNOSIS AND THE TREATMENT OF ACUTE AND CHRONIC DISEASES

- 4.1 Basic laboratory test
- 4.2 Basic paediatric imaging
- 4.3 Electrocardiograms
- 4.4 Basic lung function tests
- 4.5 Blood pressure measurement
- 4.6 Pain management

EPA 5

CARE FOR CHILDREN WITH COMPLEX ILLNESSES, DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS AND CHILDREN WITH SUSPECT ABUSE OR NEGLECT

Complex illnesses per systems

- 5.1 Respiratory
- 5.2 Cardiovascular
- 5.3 Gastrointestinal (including failure to thrive)
- 5.4 Renal and urinary
- 5.5 Endocrine
- 5.6 Dermatologic
- 5.7 Allergy
- 5.8 Neurologic
- 5.9 Musculoskeletal
- 5.10 Genital
- 5.11 Prolonged fever and/or fever of unknown origin
- 5.12 Otorhinolaryngological
- 5.13 Ophthalmologic

Developmental- behavior- psychosocial problems

- 5.14 Physical and/or mental impairment
- 5.15 Impaired regulation (excessive crying, feeding difficulties, sleeping disorders)
- 5.16 Incontinence (enuresis and/or encopresis)
- 5.17 Eating disorders
- 5.18 Psychosomatic and psychiatric illness
- 5.19 ADHD
- 5.20 Malformations, genetic diseases or inborn errors of metabolism

Children with suspect abuse or neglect

- 5.21 Physical abuse
- 5.22 Neglect
- 5.23 Sexual abuse

EPA 6

MANAGE CHILDREN WITH COMMON PHYSICAL INJURIES

- 6.1** Burns, wounds and bites
- 6.2** Musculoskeletal injuries
- 6.3** Postsurgical injuries

EPA 7

MANAGE CHILDREN SUFFERING ACUTE/POTENTIALLY LIFE-THREATENING EVENTS

- 7.1** Cardiorespiratory arrest
- 7.2** Seizures
- 7.3** Acute respiratory distress
- 7.4** Acute abdominal pain
- 7.5** Ingested foreign objects
- 7.6** Dehydration
- 7.7** Poisoning
- 7.8** Syncope
- 7.9** Cardiac dysrhythmia
- 7.10** Anaphylaxis
- 7.11** Traumatic head injury
- 7.12** Loss of consciousness

EPA 8

PROVIDE CONTINUOUS AND COORDINATED CARE FOR CHILDREN WITH CHRONIC CONDITIONS AND/OR DISABILITIES

EPA 9

COLLABORATE AS A MEMBER OF AN INTERPROFESSIONAL TEAM

EPA 10

NETWORKING IN THE COMMUNITY

EPA 11

ASSURE PATIENT SAFETY AND PROVIDE QUALITY MANAGEMENT

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: CARE OF PATIENTS WITH ACUTE MEDICAL PROBLEMS

Common

Title	Assess, diagnose and manage common acute medical problems	
Description of activity	Primary care paediatricians must be able to make a careful history and physical exam, identify predisposing factors, record the common causes, formulate an adequate differential diagnosis, indicate and interpret the appropriate diagnostic tests, initiate age-appropriate management and referring, counsel patient and family in children presenting with:	
Most frequent acute problems	3.1 Cough 3.2 Dyspnoea 3.3 Fever 3.4 Sore throat 3.5 Earache 3.6 Abdominal pain 3.7 Nausea/vomiting 3.8 Diarrhea 3.9 Constipation 13.10 Headache 3.11 Skin problems and rashes 3.12 Red and/glued eye 3.13 Urogenital problems 3.14 Musculoskeletal pain	
Domains of competence	I. Primary care for children II. Communication skills VII. Practice management	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	COMMUNICATION SKILLS	COM 1: Communicate effectively with patients (children and adolescents) and families in order to create and sustain appropriate therapeutic relationships COM 2: Demonstrate active listening COM 3: Take a family centered approach when providing recommendations, alternatives and uncertainties, while demonstrating an understanding of patient/family concerns COM 4: Communicate effectively (written and oral) COM 5: Communicate effectively with other health care professionals, using appropriate communication skills
	PRACTICE MANAGEMENT	PM 2.1: Demonstrate time-management, prioritization skills, effective delegation and follow-up skills PM 2.2: Demonstrate problem solving and management skills that enable independent decision making based upon best available evidence PM 3: Prescribe safely



ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.5.

Title	Assess, diagnose and manage children presenting with earache	
Description of activity	This EPA is focused on the management of previously healthy children presenting with earache in the primary paediatric setting. The diagnostic scope includes acute otitis media (AOM), recurrent otitis media, otitis media with effusion, otitis externa and foreign body in the ear canal.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	<p>Knowledge</p> <ul style="list-style-type: none"> • Recognize bacteriology, epidemiology and pathogenesis of acute ear diseases. • Recognize predisposing factors for otitis media with effusion in children • Recall etiology of referred pain to the ear • Identify pneumatic otoscopy as the preferred generally available method of diagnosis middle ear effusion • Recognize indications for myringotomy and insertion of ventilation tubes (grommets) • Recall the complications of middle ear disease (e.g., perforation of the tympanic membrane, acquired cholesteatoma, tympanomastoiditis, tympanosclerosis, facial paralysis, meningitis) • Identify pneumatic otoscopy as the preferred generally available method of diagnosis middle ear effusion <p>PC 1.1: Perform an anamnesis focused on the symptoms and the signs of acute earache</p> <p>PC 2.1: Perform the appropriate examination of the external and middle ear and interpret the signs</p> <p>PC 2.2: Detect a foreign body in the external ear canal</p> <p>PC 3.1: Elicit the symptoms and the signs of acute ear disease and formulate a differential diagnosis</p> <p>PC 3.2: Identify symptoms suggestive of serious illness (tympanomastoiditis)</p> <p>PC 4.1: Select appropriate diagnostic tests if needed</p> <p>PC 5.1: Develop a management plan and provide appropriate supportive and antimicrobial therapy when indicated Observe current guidelines regarding the treatment of AOM with antibiotics</p> <p>PC 5.2: Administer pain medication in a stepwise fashion using appropriate medications and routes of administration</p> <p>PC 5.3: Refer to an otolaryngologist if needed</p> <p>PC 5.4:</p> <p>PC 6.1: Advise families regarding treatments and prevention (vaccination)</p>



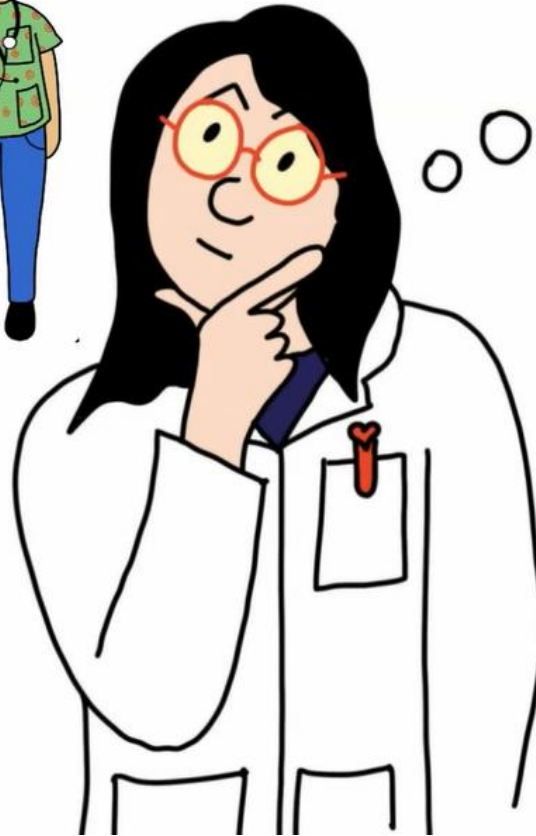
- Training should be a model focused **on outcomes**, a flexible model with possibilities to be adapted to the different models of training in European countries
- Based on the successful **demonstration of a professional activity** at a real situation **at the different stages of development (Entrustable professional activity= EPA)**
- A model based on entrustable professional activities could **constitute a road map for training**

- La formazione dovrebbe essere un modello incentrato sui risultati, un modello flessibile con possibilità di adattamento ai diversi modelli di formazione nei paesi europei
- Basato sulla dimostrazione di successo di un'attività professionale in una situazione reale nelle diverse fasi di sviluppo (Attività professionale affidata = EPA)
- Un modello basato su attività professionali affidate potrebbe costituire una road map per la formazione

1. Current situation of curricular training in pediatrics /Primary care pediatrics
2. How should it be?
3. How should we evaluate?

3. Come dobbiamo valutare?

BUT HOW CAN
PAEDIATRICIANS
KNOW
THAT THEIR
TRAINEES HAVE
GAINED THE
ABILITY TO PROVIDE
SAFE AND EFFECTIVE
PATIENT CARE?



Is this junior
doctor ready
to be **trusted**
on her own?

Could I **trust** her
with this task
without direct
supervision?

But how can the public be **ensured** that paediatric graduates are **competent**?

Is there a **better way** to guarantee competence than just relying on the time spent in a training program?

Ma come garantire al pubblico la competenza dei laureati in pediatria?

Esiste un modo migliore per garantire la competenza che affidarsi semplicemente al tempo trascorso in un programma di formazione?

EPA prioritizes directly observing learners in the workplace to provide ongoing constructive feedback with the goal of improvement.

Assessment for learning

Gli EPA danno priorità all'osservazione diretta degli studenti sul posto di lavoro per fornire feedback e coaching costruttivi continui con l'obiettivo di miglioramento

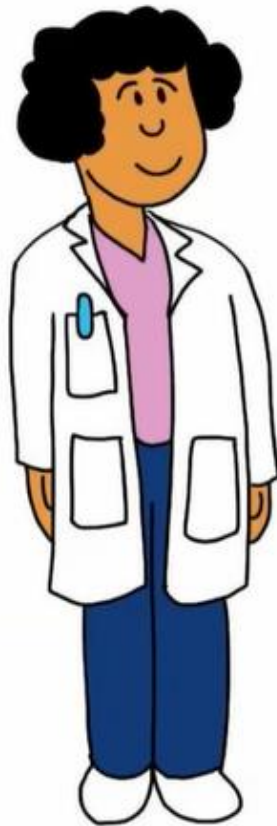
Valutazione per l'apprendimento

*Lentz A, Siy JO, Carraccio C. Assessment: Towards Assessment As a Sociotechnical System for Learning. Acad Med. 2021 Jul 1;96(7S):S87-S88.
doi: 10.1097/ACM.0000000000004104. PMID: 34183608.*



LEARNING OUTCOMES	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Skills concerning earache			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform an anamnesis focused on the symptoms and the signs of acute earache 			
<ul style="list-style-type: none"> • Perform the appropriate examination of the external and middle ear and interpret the signs • Detect a foreign body in the external ear canal 			
<ul style="list-style-type: none"> • Elicit the symptoms and the signs of acute ear disease and formulate a differential diagnosis • Identify symptoms suggestive of serious illness (tympanomastoiditis, facial paralysis, meningitis) 			
<ul style="list-style-type: none"> • Select appropriate diagnostic tests if needed 			
<ul style="list-style-type: none"> • Develop a management plan and provide supportive and antimicrobial therapy when indicated • Administer pain medication in a stepwise fashion using appropriate medications and routes of administration • Refer to an otolaryngologist if needed 			
<ul style="list-style-type: none"> • Advise families regarding treatments and prevention (vaccination) 			

LEARNING OUTCOMES	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Skills concerning Acute Medical Problems			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> Communicate effectively with patients and families Demonstrate active listening Take a family centered approach to address patient uncertainties, while demonstrating respect for patient and family concerns Communicate effectively (written and verbal) Communicate effectively with other healthcare professionals 			✓
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> Demonstrate: <ul style="list-style-type: none"> Time-management Prioritization skills Effective delegation Follow-up skills Demonstrate decision making based on patient needs Prescribe safely 	✓		



Entrustable Professional Activities

LEARNING OUTCOMES
Skills concerning cough
PRIMARY CARE FOR CHILDREN
<ul style="list-style-type: none"> Conduct a detailed history and physical examination to identify unusual pathology Undertake a focused clinical examination Formulate the differential diagnosis Order investigations when indicated and interpret results Assess and initiate an age-appropriate management plan for respiratory problems Treat appropriately current infectious respiratory problems Calculate dosages accurately based on weight and renal/hepatic function Counsel families appropriately regarding treatments and prevention (vaccination)

	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Identify children who suggest serious or life-threatening symptoms			✓
Identify children presenting with cough		✓	
Identify children with acute respiratory infection	✓		
Identify children with chronic respiratory disease			
Identify children with asthma			
Identify children with other chronic respiratory conditions			



A model based on entrustable professional activities could constitute a road map for training and an accurate assessment tool

Un modello basato su attività professionali affidate potrebbe costituire una road map per la formazione e un accurato strumento di valutazione

“Although EPAs may be considered a relatively new concept in medical education, having been introduced in 2005, basically, they are nothing more than putting into words the daily clinical activities involved in patient-care that physicians have intuitively done since the beginnings of the profession.”

Alfred Tenore , 2020

«Sebbene gli EPA possano essere considerati un concetto relativamente nuovo nella formazione medica, essendo stati introdotti nel 2005, fondamentalmente non sono altro che l’espressione a parole delle attività cliniche quotidiane coinvolte nella cura del paziente che i medici hanno svolto intuitivamente fin dagli inizi della professione.»

Professor of Paediatrics, California University of Science and Medicine San Bernardino, California, USA
Past President, European Academy of Paediatrics (Paediatric Section of UEMS)
Past Chair, Global Paediatric Education Consortium (GPEC)
Past Vice Chair, Council for European Specialist Medical Assessment (CESMA-UEMS)





WE DO NOT TEACH HOW **TO MANAGE OTITIS/COUGH...**

WE TEACH HOW **TO MANAGE A CHILD WITH OTITIS/COUGH...**

NON INSEGNIAMO COME GESTIRE L'OTITE

INSEGNIAMO COME GESTIRE UN BAMBINO CON L'OTITE

GOOD TRAINING MEANS
QUALIFIED PAEDIATRICIANS
AND QUALIFIED
PAEDIATRICIANS MEAN THE
BEST CARE FOR CHILDREN AND
TEENAGERS.



GRAZIE MOLTE

