



Entrustable Professional Activities in Primary Care Paediatrics



European Confederation
of Primary Care Paediatricians



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ECPCP Curriculum Working Group

PREFACE

Children represent our future. It is the firm conviction of all paediatric educators that this future needs to be safeguarded by appropriately training doctors who will guarantee, to the best of their capabilities, the health and well-being of all children regardless of where they live on this planet. 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? Evidence is quickly accumulating indicating that “expertise”, rather than “experience” underlies what is eventually required from a professional, which is a competency-based practice.

The European Confederation of Primary Care Paediatricians (ECPCP), as the voice of primary care paediatricians in Europe, has gone through great lengths to ensure, as much as possible, that paediatricians trained in primary care are the best possible individuals to competently take care of children. With this goal in mind, the ECPCP, representing paediatricians from different countries, was in a unique position to recognize the need to develop a European Primary Care Paediatric Training Program by creating a curriculum which represents an essential framework for professionals working with children in primary care. The curriculum serves to promote awareness of the competences that primary care paediatricians need in order to provide optimal care for their patients. Now, the ECPCP has taken that project one step further, by focusing on “Entrustable Professional Activities (EPAs)” in line with the recognition that it is not “experience” but “expertise” that defines the competency of a paediatrician.

Entrustable Professional Activities are considered as units of professional practice. They provide a framework for describing the work that doctors do and the skills that trainees must acquire before graduating from a training program. EPAs break down the work of a doctor into specific tasks, such as taking a history, performing a physical examination, developing a differential diagnosis, etc. In this context, EPAs represent a bridge between a competency framework that describe the qualities and capabilities of individuals, and the

activities, or work, involved in actual, daily, clinical practice. 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.

In focusing on the completion of its recommended training program for Primary care Paediatricians, ECPCP has emphasized the importance of integrating the content of the previously developed curriculum and specific framework in Primary Care, with the current construction of specific EPAs, in order to facilitate the translation of a competency-based framework (which could be considered too theoretical), into practical, useful, and all-inclusive clinical activities. The Entrustable Professional Activity (EPA) framework will enhance optimal patient care and patient safety by providing a reliable and valid approach in determining the level of supervision any clinician requires to effectively perform in their profession.

This document, in fact, represents the third and last part of the ECPCP project to delineate a Paediatric Training Program in Primary care. It is designed to present a practical and accessible means of giving readers, who are not completely familiar with EPAs, some concrete help in understanding them and correctly utilizing them in order to improve teaching, learning, and assessment, all working in concert towards reaching the ultimate goal of enhancing the competency of physicians who will be taking care of children.

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PROLOGUE

The European Confederation of Primary Care Paediatricians (ECPCP) represents more than 30000 Primary Care Paediatricians from 23 professional organizations in 19 European countries engaged in community paediatrics and primary child and adolescent care.

Our quest is the good health and wellbeing of the Children of Europe. Attaining this goal relies on the development and implementation of attainable and accessible primary healthcare services and facilities of the highest standards in all countries in accordance and fulfilment of the Alma Ata declaration, the UN Convention on the right of Children and the WHO Charter.

Community paediatrics and Primary Child Care are specific disciplines that deal comprehensively with the health and wellbeing of infants, children and adolescents in the context of their family, community and culture, respecting their autonomy and seeing in the child the prime subject of care whose personal wellbeing precedes all other considerations, while at the same time setting the frame for the involvement of parents, guardians and/or custodians.

We have been setting standards and defined knowledge and expertise needed to perform these tasks and hope to be regarded as models and competent assessors in these matters. To this end, the Curriculum Working Group was created in 2012 to develop a competence-based common European Primary Care Paediatric training program, that was finally published in 2014 as the Curriculum in Primary Care Paediatrics. It has been endorsed by the Global Paediatric Education Consortium (GPEC) and the European Academy of Paediatrics (EAP), and is being used in many European and non-European countries.

The Entrustable Professional Activities (EPAs) presented in this document, as a bridge between the competencies in ECPCP Curriculum and daily clinical practice, constitute an essential tool for training in Primary Care Paediatrics, and will define the future of our discipline.

ECPCP Executive Bureau is very proud to introduce this outstanding task from the ECPCP Curriculum Working Group (WG) that will be a future reference for Primary Care Paediatricians and trainees.

We wish to thank the members of the Curriculum WG, under the visionary and participative leadership of Carmen Villaizan. Their tireless dedication, even in the difficult times we are living through, made possible this outstanding project, that will undoubtedly improve the quality of Paediatric Primary Care for children and adolescents.

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ENTRUSTABLE PROFESSIONAL ACTIVITIES A PROJECT OF THE EUROPEAN CONFEDERATION OF PRIMARY CARE PAEDIATRICIANS

INTRODUCTION

This document presents the Entrustable Professional Activities (EPAs) in paediatric primary care (PPC), a project of the European Confederation of Primary Care Paediatricians (ECPCP) designed for the training of paediatric residents in the discipline of primary care (PC). This is the third and last part of a broader project that includes the curriculum in PPC and the design of a specific framework in PC.

The goals of this particular project are to identify the specific domains, the frameworks of competences, and the EPAs in PPC that would provide, to both residents and tutors, a valuable opportunity to reflect on professional practice represented by a competence-based training model in PPC settings, by focusing on effectiveness of interventions and outcomes.

Given the diversity of training programs and training sites, only a general road map can fit all. Thus, ECPCP has created a flexible document with extensive possibilities to allow it to adapt to the different models of PCP training found in Europe.

The project has been carried out by the ECPCP curriculum working group during 2017-2019. The whole group was involved in the development of the project with a dedicated and selfless participation. The work was carried out via online emails and face-to-face working meetings held twice a year.

The project was developed in three phases. The first phase consisted in setting up the objectives, performing a bibliography research and writing a preliminary first draft. During the second phase, all EPAs and sub-EPAs were shortened and simplified to enable their understanding and their use. The final phase consisted of a comprehensive review and a final edition.

On the following pages the reader will find the EPAs for PPC, preceded by a user manual. ECPCP hopes that this material will be useful in the daily teaching and assessment of the discipline of Primary Care to paediatric residents.

Carmen Villaizán Pérez
Chair ECPCP Curriculum Working Group

THE PROFILE OF THE PRIMARY CARE PAEDIATRICIAN

In many European countries, PC paediatricians (PCP) are the point of first medical contact within the health system for children up to eighteen years of age or legal majority. PCPs provide continuous, comprehensive, family-centered, coordinated, compassionate, and cultural effective care for all children from birth until completion of somatic growth and psychosocial development. Primary care paediatricians act as advocates for the Rights of the Child as declared in the UN Convention, and work with community partners to improve environmental and social factors influencing child health such as poverty, violence, abuse and neglect, as well as lack of learning experiences.

BACKGROUND OF COMPETENCY-BASED TRAINING AND EDUCATION MODELS OF EPAs

Competency-based training (CBT) is an outcome-approach to the design, implementation, assessment, and evaluation of a medical education program using an organized framework of competencies (1), (2), (3). CBT is 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 (4).

To integrate competencies into real training, the identification of specialty-related EPAs that are required of physicians, is essential (5). The EPAs can be linked to an organizing competency-framework by pointing out which specific domains of competences are considered to be the most relevant for each EPA. An EPA framework in PPC facilitates the integration in clinical practice while standardizing the learning outcomes (5).

The EPA concept is helpful in two ways: first, it allows identifying and selecting the important and representative tasks (skills) that should be mastered in training and second, it links each task to those domains of competences that are most crucial to the performance of the specific task. The set of EPAs identified should represent a valid coverage of the profession. All domains of competence should receive attention in a well-balanced way.

Once the learner demonstrates the ability to provide safe and effective patient care, while acting without supervision, the task may be safely

entrusted to the trainee, who will be acknowledged as having successfully reached the specific EPA by receiving the designation “EPA reached” (1), (6).

The EPAs furnish criteria which ensure that residents acquire the knowledge, skills, and attitudes necessary for advancing in their program and for entering the next phase of their training (6).

DEFINITIONS/GLOSSARY

- **Domain:** different but overlapping areas of competence that constitute a descriptive framework for a profession. Domains are the different categories of competencies that the trainee must master to become a PCP professional, i.e., primary care, communication skills, professionalism, health advocacy, etc. (see Table 1).
- **Competence:** an observable ability based on the integration of specific competencies (knowledge, skills, and attitudes), to successfully perform a professional task. As competencies are observable and measurable, they can be assessed to ensure their acquisition.
- **EPA (Entrustable Professional Activity):** a part of the essential work of a profession, specialty, or subspecialty that can be identified as a unit and can be entrusted to a trainee once sufficient competence has been reached. EPAs require the integration of competencies (knowledge, skills, and attitudes) and their demonstration within an “authentic context.” The word entrustable refers to the recognition of one’s ability to successfully perform a designated task without supervision.

Example:

For the EPA “Care for a well newborn” a paediatrician is required to integrate a broad spectrum of competencies such as performing a complete physical examination, communicating effectively with the parents, and promoting health advocacy.

FRAMEWORK OF COMPETENCES IN PRIMARY CARE PAEDIATRICS

The first step, prior to the development of the EPAs project, was writing the ECPCP curriculum in primary care paediatrics (7). The source and framework for this curriculum was the standard post-graduate curriculum of general paediatrics edited by the Global Paediatric Education Consortium (GPEC).

The ECPCP curriculum in primary care paediatrics identifies the learning objectives that build the framework of the systematic training design. It is structured in two main chapters in which learning objectives are divided into knowledge and skills. The first chapter defines and broadly develops the specific competences of a primary care paediatrician. The second chapter covers the learning objectives (in “outcome” based terms) that can guide training both in PC and in hospital practice, albeit with a different resource management and approach.

As models for the creation of the specific framework of competences in PCP, ECPCP relied partly on the experiences of colleagues who worked on the development of CBT and EPAs. This was accomplished by carefully studying the frameworks in primary care of both the CanMEDS and the ACGME (Accreditation Council for Graduate Medical Education) as well as the Paediatric framework of the GPEC.

The competencies from these frameworks that were appropriate for the practice of PC paediatrics were adapted to the new PCP framework of the ECPCP and additionally new and specific PC competencies were created and included in this framework. The resulting seven domains and the complete PCP framework that define PCP practice can be seen in Tables 1 and 2.

DOMAINS in PAEDIATRIC PRIMARY CARE
I. PRIMARY CARE FOR CHILDREN (PC)
II. COMMUNICATION SKILLS (COM)
III. HEALTH ADVOCACY (HA)
IV. COLLABORATION /SYSTEM BASED PRACTICE (COLL)
V. PROFESSIONALISM/ ETHICS (P)
VI. EVIDENCE BASED PRACTICE AND SCHOLARLY ACTIVITIES (EBPS)
VII. PRACTICE MANAGEMENT (PM)

Table 1: ECPCP’s domains in Paediatric Primary Care

COMPETENCIES IN THE DOMAINS OF PAEDIATRIC PRIMARY CARE
I. PRIMARY CARE FOR CHILDREN (PC)
P C1: Gather essential and accurate information about the patient

P C2:	Perform clinical examination of children across the developmental spectrum
P C3:	Be able to form a differential diagnosis and plan relevant diagnostic procedure
P C4:	Plan, perform, and interpret case–appropriate tests and procedures
P C5:	Plan, provide, and communicate appropriate management options
P C6:	Establish plans for ongoing care and appropriate timely consultation if needed
II. COMMUNICATION SKILLS (COM)	
COM 1:	Communicate effectively with children in an age–appropriate way and with families in a socially and culturally sensitive manner
COM 2:	Employ active listening skills and techniques
COM 3:	Develop a common understanding of issues and problems with patients and families to develop a shared plan of care
COM 4:	Convey effective oral and written information about the medical encounter
COM 5:	Communicate effectively with other health professionals and health related agencies
III. HEALTH ADVOCACY (HA)	
HA 1:	Defend and apply the United Nations Convention of the Rights of the Child
HA 2:	Identify and respond to both individual child health needs and family’s needs
HA 3:	Identify and respond to health-related problems in the community
HA 4:	Promote healthy lifestyles
IV. COLLABORATION/SYSTEMS-BASED PRACTICE (COLL)	
COLL 1:	Make optimal use of the structure and function of the health system
COLL 2:	Organize and prioritize responsibilities to provide appropriate patient care
COLL 3:	Participate in interprofessional healthcare teams
COLL 4:	Refer and consult when appropriate
COLL 5:	Assure sharing of essential information before any transfer of the patient within and between systems.
COLL 6:	Demonstrate cost awareness and risk-benefit analysis in childcare
COLL 7:	Ensure smooth transition from paediatric to adult care
V. PROFESSIONALISM /ETHICS (P)	
P 1:	Display ethical principles in practice, including the appropriate use of autonomy, justice, beneficence, and non-maleficence,
P 2:	towards children and their families
	Ensure patient privacy. Secure assent, consent and confidentiality
P 3:	from guardians and patients according to age

P 4:	Demonstrate sensitivity and responsiveness to patient diversity: age, sex, gender, sexual orientation, disabilities, race, cultural and religious beliefs Follow the Latin aphorisms: <i>Primum non nocere</i> (First [above all], do no harm) and <i>Medice, cura te ipsum</i> (Physician. Heal thyself)
VI. EVIDENCE BASED PRACTICE AND SCHOLARY ACTIVITIES (EBPS)	
EBPS 1:	Apply the basic principles of biostatistics in practice
EBPS 2:	Be familiar with epidemiology and clinical research design.
EBPS 3:	Identify strengths, deficiencies, and limits in one’s knowledge and expertise
EBPS 4:	Locate, appraise, and assimilate evidence from scientific studies related to their patient’s health problems and apply this appropriately to practice decisions
EBPS 5:	Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices
EBPS 6:	Identify and perform appropriate learning activities to guide personal and professional development
EBPS 7:	Use feedback in daily practice (peer review, supervision)
VII. PRACTICE MANAGEMENT (PM)	
PM 1:	Choose and apply a quality management system
PM 2:	Recognize that ambiguity is part of clinical medicine, and respond by using appropriate resources in dealing with uncertainty
PM 3:	Prevent errors and improve patient safety
PM 4:	Use healthy coping mechanisms to respond to stress
PM 5:	Manage conflict between personal and professional responsibilities

Table 2. ECPCP’s framework of competencies in primary care paediatrics

CORE SET OF EPAs IN PRIMARY CARE PAEDIATRICS

The set of EPAs constitute the major guidelines for training and assessment and strongly determine the resulting individual’s professional profile (1). This set of EPAs in PPC will guide the learning process of the trainee. A well-chosen set of EPAs constitute the most meaningful type of a workplace curriculum (8).

ECPCP’s first objective was to identify the tasks that a paediatric resident, training in Primary Care, should carry out. Based on these tasks, eleven EPAs were identified which were centered on the daily roles and activities that PCP take part in (see Table 3).

ENTRUSTABLE PROFESSIONAL ACTIVITIES for PAEDIATRIC PRIMARY CARE	
1. Provide recommended age-related paediatric health screening and anticipatory guidance	Counsel patients and their families, promote health, provide anticipatory guidance, and prevent illness through immunization and safety counselling programs. Screen all children for growth and development, for behavior and emotional problems and for learning disabilities according to national programs.
2. Care of the adolescent	Care for adolescents. Be aware of the legal and ethical aspects in this age group. Adhere to confidentiality issues and obtain consent from the adolescent patient for all medical procedures. Ensure smooth transition into adult care according to the legal requirements of countries.
3. Care of patients with acute medical problems	Assess, diagnose, manage, or refer acute medical problems, according to legal rules of the country.
4. Carry out appropriate procedures and management plans for the diagnosis and treatment of acute and chronic diseases	Perform age-adequate procedures for diagnosis and treatment with special emphasis on pain management.
5. Care for children with complex illnesses, developmental, behavioral, and psychosocial problems and children with suspect abuse or neglect	Perform basic diagnostic evaluation and make a probable diagnosis for complex medical problems, developmental and psychosocial problems; request advice from paediatric specialists or refer appropriately if needed; coordinate care and follow up.
6. Manage children with common physical injuries	Assess, diagnose, and manage common childhood injuries and refer if needed.
7. Manage children suffering from acute/potentially life-threatening events	Triage and diagnose patients with acute life-threatening situations. Resuscitate and stabilize patients in the primary paediatric workplace and transfer those who need hospital care.
8. Provide continuous and coordinated care for children with chronic conditions and/or disabilities	Provide continuous and coordinated care to children with special health care needs.
9. Collaborate as a member of an interprofessional team	

Communicate effectively and provide consultation to other health care providers and professional associates (nurses, social workers, teachers, etc.).
10. Networking in the community Be familiar with the resources of the community and use or/and coordinate social and educational services and other agencies for integrated childcare.
11. Assure patient safety and provide quality assurance Implement specific processes and strategies to improve safety and to prevent mistakes or minimize their adverse impact.

Table 3. Entrustable professional activities for Paediatric Primary Care

Most of the EPAs are made up of smaller “nested” EPAs. They describe the scope of practice in which the resident needs to be trained before reaching the ability to perform the complete EPA without supervision. A list with the eleven EPAs for PCP, with the distribution of the corresponding smaller EPAs (“sub-EPAs”) can be found in Annex 1.

HOW TO READ AN EPA?

In order to read an EPA correctly and thereby make proper and successful use of it, it is necessary to know its structure and the information provided (refer to Table 4).

Each EPA includes:

1. A Title

Which provides an informative description that specifies the kind of medical activity and defines the particular group of patients to which it is directed. It is nothing more than a brief and simplified explanation of the activity.

2. A Description of the activity

Each EPA clarifies the content which is summarized in about 50 words. The description also refers to sub-EPAs and smaller EPAs, that, taken collectively, constitute the main EPA.

3. A selection of the domains of competence

The domains describe the areas of competences that are included within each specific EPA.

Some EPAs might be excellent to demonstrate competence in organizational matters whereas others offer the opportunity to illustrate cooperation or health advocacy.

4. Competencies within each domain

Each EPA includes a group of competencies selected from the ECPCP’s framework of competences in PC paediatrics.

5. The required knowledge and skills needed

As competence results from the integration of knowledge and skills, specific supporting knowledge and skills necessary to perform each EPA are described.

See Table 4 for an EPA example with an overall description of the various parts just reviewed.

ENTRUSTABLE PROFESSIONAL ACTIVITY No 3: “CARE OF PATIENTS WITH ACUTE MEDICAL PROBLEMS”

Sub-EPA 3.1

1	Title	Assess, diagnose and manage children presenting with cough
2	Description of activity	This EPA is focused on the management of previously healthy children presenting with cough in the primary paediatric setting. The diagnostic scope includes viral upper airway infection, whooping cough, laryngitis, bronchitis, bronchiolitis, asthma, pneumonia and foreign body aspiration. The approach in this EPA will consider diagnoses by different age groups
3	Domains	PRIMARY CARE FOR CHILDREN
4	Competencies: Specific knowledge and skills (based in ECPCP curriculum)	<p>Knowledge</p> <ul style="list-style-type: none"> Recall the epidemiology of local respiratory pathogens. Recall the etiologies of pneumonia in children of different ages Identify predisposing factors, biological and environmental, for the development of respiratory disease. Recall the normal respiratory rates for age and the variations that occur with sleep, eating, and activity in normal children. Recall the common causes of cough (acute) Recognize that upper respiratory tract infection and airway obstruction in young infants may lead to respiratory distress. <p>PC1.1: Conduct a detailed history and detect features in the presentation which suggest serious or unusual pathology</p> <p>PC1.2: Undertake a focused clinical examination and interpret the signs and symptoms</p> <p>PC1.3: Formulate the differential diagnosis of acute respiratory problems in children of different ages and plan an initial screening</p> <p>PC1.4: Order when indicated and interpret the appropriate laboratory and imaging tests</p> <p>PCS. 1: Assess and initiate an age-appropriate management of patients presenting with respiratory problems</p> <p>PCS.2: Treat appropriately current infections in children</p> <p>PCS.3: Calculate dosages accurately based on weight, age and/or body surface area</p> <p>PCF.1: Counsel families appropriately regarding treatment and prevention (vaccination)</p>
5		

Table 4. In this example of EPA no. 3 (Care of Patients with Acute medical problems) the structure of an EPA is outlined by 5 numbered arrows: Arrow 1 refers to the “Title” which is a topic directly related to the ECPCP’s paediatric curriculum, (i.e., in this case, ‘Children presenting with cough’). Arrow 2 is a description of a specific activity: this section integrates topics of the ECPCP’s paediatric curriculum with specific activities related to the EPAs. Arrow

3 indicates the specific Domain of Paediatric Primary Care being covered, (i.e., in this case, “Primary Care for Children – (PC)” (see table 1). Arrow 4 Introduces the specific knowledge and skill which are derived from the ECPCP curriculum and the competencies in the Domains of Paediatric Primary Care. Arrow 5 lists the specific areas of knowledge and skills that are needed to become competent in a specific topic of this EPA: The “knowledge” is primarily derived from the ECPCP curriculum, whereas the “skills” are derived both from the curriculum as well as the Competencies related to the Domains of Paediatric Primary Care, here indicated as PC1.1, PC2.1, etc., – see Table 2).

6. An Evaluation scale based on the level of Supervision

Being evaluated on an EPA, means that trainees (learners) are judged on their readiness to provide care under a specified level of supervision that decreases as trainees increase in their competence. Assessment of an EPA aligns with the “does” section of Miller’s Pyramid of assessment, and actually, goes even beyond the “does” level. (8),(9).

We propose a 3- stage rating supervision–scale to evaluate the level of performance of residents during their period of training in Primary Care (Table 5):

UNCERTAIN	HESITANT	CONFIDENT
Supervised	Presents every patient if needed	Unsupervised (but with oversight)

Table 5: The 3-stage rating supervision–scale to evaluate the level of performance of residents

- Level 1, UNCERTAIN: the trainee acts under supervision.
- Level 2, HESITANT: the trainee is ready to act but under indirect supervision.
- Level 3, CONFIDENT: the trainee is ready to act without direct/indirect supervision.

In line with Mink *et al.* recommendations, ECPCP’s goal was to create supervision scales that were intuitive to trainers, were consistent across the (eleven) EPAs used at the same level of supervision and were progressively graded leading to “entrustment” (9).

At the end of each EPA, a table containing the learning objectives (described in “outcome” terms) corresponding to the EPA, allows for the evaluation of the trainee. Each of the learning objectives (outcomes) included in the table can be evaluated with one of the 3-level rating scale (Table 6). The table constitutes a practical and easy-to-manage model for an objective assessment. This type of assessment will serve as a road map for trainees as well as for trainers.

LEARNING OUTCOMES	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Skills related to “cough”			
PRIMARY CARE FOR CHILDREN			
• Conduct a detailed history and detect features in the presentation which suggest serious or unusual pathology			
• Undertake a focused clinical examination and interpret the signs and symptoms			
• Formulate the differential diagnosis of children of different ages presenting cough			
• Order, when indicated, and interpret laboratory and imaging tests			
• Assess and initiate age-appropriate management of patients with acute respiratory problems.			
• Treat appropriately active infections in children			
• Calculate dosages accurately based on weight, age and/or body surface area			
• Counsel families appropriately regarding treatments, and prevention (vaccination)			

Table 6: Learning outcomes assessments with a 3-level rating scale

As a main EPA may include several smaller EPAs (sub-EPAs), they are closely linked, sharing domains of competence and many of their competencies. In order to avoid repetitions, in the development of the different EPAs and sub-EPAs, the common domains and competencies are developed at the beginning, followed by the specific competencies of each sub-EPA.

HOW TO USE EPAs IN PRACTICE?

To prepare the individual PCP workplace curriculum, the trainer, together with the new resident, should tailor a selection of EPAs from the complete list of EPAs (5), (10).

The supervisor should take into account the entry-level of the resident and decide for which new responsibilities or activities he or she is to be trained. The established entry-level position determines the number and nature of EPAs that the resident can attain. As the trainee progresses through the

components of the training program, the schedule may be adapted, according to the progress made (1).

Flexibility in postgraduate medical training programs has provided residents with the opportunity to develop in a chosen direction, at a speed that can be adjusted to their capabilities (10).

ABBREVIATIONS

CanMEDS: Canadian Medical Education Directives for Specialists

CBT: Competence-Based Training

ECPCP: European Confederation of Primary Care Paediatricians

EPA: Entrustable Professional Activities

GPEC: Global Paediatric Education Consortium

PC: Primary Care

PCP: Primary Care Paediatricians

PPC: Paediatric Primary Care

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ANNEXE 1. LIST OF MAIN EPAS AND SUB-EPAS SUBORDINATED IN PAEDIATRIC PRIMARY CARE

1.	Provide recommended age-related paediatric health screening and anticipatory guidance
	Counsel patients and their families, promote health, provide anticipatory guidance and prevent illness through immunization and safety counselling programs. Screen all children for normal growth and development, for behavior and emotional problems and for learning disabilities according to national programs.
	1.1 Vaccination 1.2 Screening for growth, development, behavior and emotional problems and learning disabilities 1.3 Counselling in health education and providing anticipatory guidance in well-child care visits 1.4 Newborn
2.	Care of the Adolescent
	Care for adolescents. Be aware of the legal and ethical aspects in this age group. Adhere to confidentiality issues and obtain consent from the adolescent patient for all medical procedures. Ensure smooth transition into adult care, according to the legal requirements of countries.
	2.1 Transition 2.2 Substance use/abuse 2.3 Contraception / pregnancy 2.4 Endocrinology problems 2.5 Gynecology problems 2.6 Sexually transmitted infections 2.7 Sexual behavior 2.8 Gender identity problems 2.9 Psychiatric/ behavioral problems 2.10 Sports 2.11 Neglect, physical and sexual abuse 2.12 Acne
3.	Care of patients with acute medical problems
	Assess, diagnose, manage, or refer acute medical problems according to legal rules of the country.
	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 conditions including rashes 3.12 Red and/ glued eye 3.13 Urogenital problems 3.14 Musculoskeletal pain

4.	Carry out appropriate procedures and management plans for the diagnosis and treatment of acute and chronic diseases
	Perform age–adequate procedures for diagnosis and treatment with special emphasis on pain management.
	<ul style="list-style-type: none"> 4.1 Basic laboratory tests 4.2 Basic paediatric imaging studies 4.3 Electrocardiograms 4.4 Basic lung function tests 4.5 Blood pressure measurement 4.6 Pain management
5.	Care for children with complex illnesses, developmental, behavioral, and psychosocial problems and children with suspect abuse or neglect
	Perform basic diagnostic evaluation and make a probable diagnosis for complex medical problems, developmental and psychosocial problems; request advice from paediatric specialists or refer appropriately if needed; coordinate care and follow up.
	<p>Complex illness</p> <ul style="list-style-type: none"> 5.1 Respiratory system 5.2 Cardiovascular system 5.3 Gastrointestinal system and/or failure to thrive 5.4 Renal and urinary system 5.5 Endocrinology 5.6 Skin and/or mucous membranes 5.7 Allergy; Intolerance 5.8 Neurology 5.9 Musculoskeletal System 5.10 Genital system disorders 5.11 Prolonged fever and/or fever of unknown origin 5.12 Otorhinolaryngological disorders 5.13 Ophthalmological disorders <p>Developmental- behavior - psychosocial problems</p> <ul style="list-style-type: none"> 5.14 Abnormal physical development and/or mental impairment 5.15 Infants with regulation problems (excessive crying, feeding- and/or sleeping problems) 5.16 Children with incontinence (enuresis and/or encopresis) 5.17 Children with eating problems 5.18 Children with psychosomatic or psychiatric problems 5.19 Children with disorder of attention and/or impulsivity 5.20 Children with malformations, genetic diseases or inborn errors of metabolism <p>Children with symptoms of abuse and/or neglect</p> <ul style="list-style-type: none"> 5.21 Physical abuse 5.22 Neglect 5.23 Sexual abuse
6.	Manage children with common physical injuries
	Assess, diagnose, and manage common childhood injuries and refer if needed.
	<ul style="list-style-type: none"> 6.1 Burns, wounds, and bites 6.2 Musculoskeletal injuries

	6.3 Postsurgical injuries
7.	Manage children suffering from acute/potentially life-threatening events
	Triage and diagnose patients with acute life-threatening situations. Resuscitate and stabilize patients in the primary paediatric workplace and transfer those who need hospital care.
	7.1 Cardiorespiratory arrest 7.2 Seizures (including febrile) 7.3 Acute respiratory distress 7.4 Acute abdominal pain 7.5 Foreign objects ingested 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
8.	Provide continuous and coordinated care for children with chronic conditions and/or disabilities
	Provide continuous and coordinated care to children with special health care needs.
9.	Collaborate as a member of an interprofessional team
	Communicate effectively and provide consultation to other health care providers and professional associates (nurses, social workers, teachers, etc.).
10.	Networking in the community
	Be familiar with the resources of the community and use or/and coordinate social and educational services and other agencies for integrated child-care.
11.	Assure patient safety and provide quality assurance
	Implement specific processes and strategies to improve safety and to prevent mistakes or minimize their adverse impact.

INDEX

EPA 1. PROVIDE RECOMMENDED AGE RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE	23
1.1 Vaccination	28
1.2 Screen children for growth and development, behavior and emotional problems and learning disabilities	30
1.3 Counsel in health education and provide anticipatory guidance in well child visits	32
1.4 Newborn	34
EPA 2. CARE OF THE ADOLESCENT	37
EPA 3. CARE OF PATIENTS WITH ACUTE MEDICAL PROBLEMS	45
3.1 Cough	49
3.2 Dyspnoea	51
3.3 Fever	53
3.4 Sore throat	55
3.5 Earache	57
3.6 Abdominal pain	59
3.7 Nausea/vomiting	61
3.8 Diarrhea	63
3.9 Constipation	65
3.10 Headache	67
3.11 Skin problems and rashes	69
3.12 Red and/glued eye	71
3.13 Urogenital problems	73
3.14 Musculoskeletal pain	75
EPA 4. CARRY OUT APPROPRIATE PROCEDURES AND MANAGEMENT PLANS FOR THE DIAGNOSIS AND THE TREATMENT OF ACUTE AND CHRONIC DISEASES	77
4.1 Basic laboratory test	79
4.2 Basic paediatric imaging	79
4.3 Electrocardiograms	79
4.4 Basic lung function tests	79
4.5 Blood pressure measurement	79
4.6 Pain management	79

EPA 5. CARE FOR CHILDREN WITH COMPLEX ILLNESSES, DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS AND CHILDREN WITH SUSPECT ABUSE OR NEGLECT 85

Complex illnesses per systems

5.1. Respiratory	90
5.2. Cardiovascular	92
5.3. Gastrointestinal (including failure to thrive)	94
5.4. Renal and urinary	96
5.5. Endocrine	98
5.6. Dermatologic	100
5.7. Allergy	102
5.8. Neurologic	104
5.9. Musculoskeletal	106
5.10. Genital	108
5.11. Prolonged fever and/or fever of unknown origin	110
5.12. Otolaryngological	113
5.13. Ophthalmologic	115

Developmental-behavioral and psychosocial problems in children

5.14. Physical and/or mental impairment	117
5.15. Impaired regulation (excessive crying, feeding difficulties, sleeping disorders)	119
5.16. Incontinence (enuresis and/or encopresis)	121
5.17. Eating disorders	123
5.18. Psychosomatic and psychiatric illness	125
5.19. ADHD	127
5.20. Malformations, genetic diseases or inborn errors of metabolism	129

Children with suspect abuse or neglect

5.21. Physical abuse	131
5.22. Neglect	133
5.23. Sexual abuse	135

EPA 6. MANAGE CHILDREN WITH COMMON PHYSICAL INJURIES 137

6.1. Burns, wounds and bites	141
6.2. Musculoskeletal injuries	143
6.3. Postsurgical injuries	145

EPA 7. MANAGE CHILDREN SUFFERING ACUTE/POTENTIALLY LIFE-THREATENING EVENTS	147
7.1 Cardiorespiratory arrest	149
7.2 Seizures	149
7.3 Acute respiratory distress	149
7.4 Acute abdominal pain	149
7.5 Ingested foreign objects	149
7.6 Dehydration	149
7.7 Poisoning	149
7.8 Syncope	149
7.9 Cardiac dysrhythmia	149
7.10 Anaphylaxis	149
7.11 Traumatic head injury	149
7.12 Loss of consciousness	149
EPA 8. PROVIDE CONTINUOUS AND COORDINATED CARE FOR CHILDREN WITH CHRONIC CONDITIONS AND/OR DISABILITIES	155
EPA 9. COLLABORATE AS A MEMBER OF AN INTERPROFESSIONAL TEAM	159
EPA 10. NETWORKING IN THE COMMUNITY	163
EPA 11. ASSURE PATIENT SAFETY AND PROVIDE QUALITY MANAGEMENT	167

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

ENTRUSTABLE PROFESSIONAL ACTIVITY 1: PROVIDE RECOMMENDED AGE-RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE

Common

Title	Provide age-appropriate paediatric health screening and anticipatory guidance	
Description of activity	This EPA is focused on health promotion for patients and their families, including screening for appropriate growth; neuro-behavioral, psycho-social and academic development; anticipatory guidance and immunization counselling.	
Activities included	1.1. Vaccination 1.2. Screen children for growth and neuro-behavioral, psycho-social and academic development 1.3. Counsel in health education and provide anticipatory guidance during well child visits 1.4. New-born	
Domains of competence	I. Primary care for children II. Communication skills III. Health advocacy IV. Collaboration/Systems Based Practice V. Professionalism/Ethics 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 their families in order to create and sustain appropriate therapeutic relationships COM 2: Practice active listening COM 3.1: Take a family centered approach when providing recommendations, alternatives and uncertainties, while demonstrating an understanding of patient/family concerns COM 3.2: Empower parents (and for adolescents themselves) in their role as the primary caregiver for their children. Provide the same for adolescents as appropriate COM 4: Communicate effectively (written and oral)

	HEALTH ADVOCACY	<p>Knowledge</p> <ul style="list-style-type: none"> Recall evidence to support health promotion recommendations Recognize the essential role of the paediatrician within family, community, school and political realms Recognize the importance of the primary care patient centered in meeting the needs of all paediatric patients (regardless of age and including those with special needs) Identify the role of school health services within comprehensive school health programs and recognize the importance of collaboration during early childhood between schools and clinical care systems Remember principles of brief motivational interviewing and other counselling techniques to promote healthy behavior Recognize current cultural and social concerns and controversies regarding immunization and their influence on parents' choices regarding immunization
		<p>HA 1: Detect vulnerable or marginalized populations and respond appropriately. Include those affected by war and natural/manmade disasters, refugees, the homeless, children living in poverty, and victims of child trafficking, forced labor, forced marriage, and female genital mutilation</p> <p>HA 2: Detect opportunities for advocacy, health promotion and disease prevention for individuals and communities</p> <p>HA 3: Actively participate in health promotion programs</p>
	COLLABORATION/SYSTEMS BASED PRACTICE	<p>COLL 1: Strengthen links between primary care and other child and maternal public health efforts</p> <p>COLL 2: Collaborate to develop strategies for improving immunization rates</p> <p>COLL 3: Work effectively in a multidisciplinary team</p>
	PROFESSIONALISM /ETHICS	<p>Knowledge</p> <ul style="list-style-type: none"> Recognize available measures used to monitor the health of a child population and how they might be implemented to guide and monitor service delivery
		<p>P 1: Demonstrate ethical principles in practice including the appropriate use of justice, beneficence, non-maleficence, and autonomy</p> <p>P 2: Ability to maintain the confidentiality of patients (particularly those of adolescents), and their families</p> <p>P 3: Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion and disabilities.</p>
	PRACTICE MANAGEMENT	<p>PM 1: Perform ensured and qualitative well-baby- checks; ensures standardized quality and error management</p>

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning recommended age-related health screening and anticipatory guidance			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Communicate effectively with patients and their families in order to create and sustain appropriate therapeutic relationships • Practice active listening • Take a family centered approach when providing recommendations, alternatives and uncertainties, while demonstrating an understanding of patient/family concerns • Empower parents (and for adolescents themselves) in their role as the primary caregiver for their children. Provide the same for adolescents as appropriate • Communicate effectively (written and oral) 			
HEALTH ADVOCACY			
<ul style="list-style-type: none"> • Detect vulnerable or marginalized populations and respond appropriately. Include those affected by war and natural/manmade disasters, refugees, the homeless, children living in poverty, and victims of child trafficking, forced labor, forced marriage, and female genital mutilation • Detect opportunities for advocacy, health promotion and disease prevention for individuals and communities • Actively participate in health promotion programs 			
COLLABORATION/SYSTEMS BASED PRACTICE			
<ul style="list-style-type: none"> • Strengthen links between primary care and other child and maternal public health efforts • Collaborate with others to develop strategies for improving immunization rates • Work effectively in a multidisciplinary team 			
PROFESSIONALISM			
<ul style="list-style-type: none"> • Demonstrate ethical principles in practice including the appropriate use of justice, beneficence, non-maleficence, and autonomy • Ability to maintain the confidentiality of patients (particularly those of adolescents), and their families • Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion and disabilities 			
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> • Perform ensured and qualitative well-baby- checks; ensures standardized quality- and error management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 1: PROVIDE RECOMMENDED AGE-RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE

SubEPA 1.1.

Title	Vaccination according to national programs.	
Description of activity	This EPA is focused on immunization practice in the paediatric primary care setting	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recall objectives of immunizations and the biological basis of vaccines Recognize local/national vaccine policies and schedules Identify different types of vaccines used as well as their components Recognize adverse reactions from and contraindications to vaccines Recall the various administration routes for all vaccines Recognize cultural and social issues that influence parents' choices about immunizing their children
		PC 1.1: Obtain a complete immunization history PC 1.2: Identify any relative and absolute contraindication for immunization and obtain a detailed history of any previous reactions to vaccines in the child or family members PC 1.3: Recognize children with special vaccination indications PC 1.4: Detect missed opportunities to vaccinate as well as "false contra-indications"
		PC 2.1: Recognize local reactions to vaccines
		PC 3.1: Differentiate between co-incidental "reactions to a vaccine" (i.e., those that would have happened anyway and are not due to vaccine) and true adverse reactions to vaccines
		PC 5.1: Manage minor adverse vaccine reactions PC 5.2: Manage anaphylaxis due to immunization PC 5.3: Know how to update vaccination schedules for poorly vaccinated children, refugees and children from foreign countries PC 5.4: Plan age-appropriate pain management during vaccination (non-pharmacological sedation, medication and dosage, the route and ease of administration)
		PC 6.1: Counsel families appropriately regarding timing of vaccinations PC 6.2: Advise on vaccines for travel, directing families to appropriate available resources PC 6.3: Advise families on relative and absolute contra-indications PC 6.4: Apply the principles of cold-chain management and secure and maintain refrigerator temperature for the appropriate storage of vaccines

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning vaccination according to national programs			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Obtain a complete immunization history • Identify any relative and absolute contraindication for immunization and obtain a detailed history of any previous reactions to vaccines in the child or family members • Recognize children with special vaccination indications • Detect missed opportunities to vaccinate as well as "false contra-indications" 			
<ul style="list-style-type: none"> • Recognize local reactions to vaccines 			
<ul style="list-style-type: none"> • Differentiate between co-incidental "reactions to a vaccine" (i.e., those that would have happened anyway and are not due to vaccine) and true adverse reactions to vaccines 			
<ul style="list-style-type: none"> • Manage minor adverse vaccine reactions • Manage anaphylaxis due to immunization • Know how to update vaccination schedules for poorly vaccinated children, for refugees and children from foreign countries • Plan age-appropriate pain management during vaccination (non-pharmacological sedation, medication and dosage, the route and ease of administration) 			
<ul style="list-style-type: none"> • Counsel families appropriately regarding timing of vaccinations • Advise on vaccines for travel, directing families to appropriate available resources • Advise families on relative and absolute contra-indications • Apply the principles of cold-chain management and secure and maintain refrigerator temperature for the appropriate storage of vaccines 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 1: PROVIDE RECOMMENDED AGE-RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE

SubEPA 1.2.

Title	Screen children for appropriate physical growth and neuro-behavioral, psycho-social and academic development	
Description of activity	<p>The specific functions which define this EPA include:</p> <ul style="list-style-type: none"> • The ability to select the age-appropriate screening tool, perform the test and interpret results (e.g. screens for growth and development, special senses and medical conditions) <ul style="list-style-type: none"> ○ Infant 1-11 months ○ Toddler 12-23 months ○ Preschool child 2-5 years ○ School child 6-12 years ○ Adolescent 13-18 years • The ability to educate patients and their families about the implications of screening test results in regard to the child's overall health and future care 	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Identify which children's growth and development surveillance programs recommend the national/local guidelines • Recognize the difference between opportunistic, targeted and population screening • Recall the national well child visit plan
		PC 1.1: Be able to perform a clinical examination of various children across the developmental spectrum
		PC 3.1: Differentiate between accidental and intentional trauma/injury
		PC 4.1: Plan, perform and interpret screening tests and surveillance programs recommended: inborn errors of metabolism; hip dysplasia; growth; hearing; vision; psychomotor development; behavior and learning disabilities; hypercholesterolemia; blood pressure
		PC 5.1: Initiate intervention and/or refer to the appropriate specialist
		PC 6.1: Explain specific screening results to parents and plan appropriate follow up for further investigations

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning Screen children for growth and development, behavior and learning disabilities			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Be able to perform a clinical examination of various children across the developmental spectrum • Differentiate between accidental and intentional trauma/injury • Plan, perform and interpret screening tests and surveillance programs recommended inborn errors of metabolism; hip dysplasia; growth; hearing; vision; psychomotor development; behavior and learning disabilities; hypercholesterolemia; blood pressure • Initiate intervention and/or refer to the appropriate specialist • Explain specific screening results to parents and plan appropriate follow up for further investigations 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 1: PROVIDE RECOMMENDED AGE RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE

SubEPA 1.3.

Title	Counselling in health education and providing anticipatory guidance in well child visit according to national programs	
Description of activity	<p>This EPA is focused on well child visits in the paediatric primary care setting. The specific functions which define this EPA include:</p> <ul style="list-style-type: none"> • The ability to provide age-appropriate anticipatory guidance and perform health promotion interventions <ul style="list-style-type: none"> ○ Infant 1-11 months ○ Toddler 12-23 months ○ Preschool child 2-6 years ○ School child 6-12 years ○ Adolescent 13-18 years • The ability to counsel patients and their families 	
	Domains	Competencies. Specific knowledge and skills (based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recall relevant national policies, practices and laws, as they apply to specific groups of children • Recognize the common causes of household injuries. • Recall the incidence of different types of injuries according to age • Recall the national well child visit plan
		PC 1.1: Inquire regarding healthy habits as appropriate for age (e.g. dental care, dietary habits, smoking prevention, accident prevention)
		PC 5.1: Provide age-appropriate anticipative guidance based upon regional/local risks and exposures PC 5.2: Provide general, age-appropriate anticipative guidance regarding: a. Home safety; b. car restraint systems; c. bicycle safety; d. burns; e. water safety; f. sleep (normal patterns, sleep disorders, obstructive sleep apnea); g. school readiness; h. media use (screen-time, cellphone, TV, computer); i. substance abuse; j. poison prevention; k. obesity prevention (physical activity, nutrition, eating habits); l. social behavior/discipline; m. safe sex (sex education, contraception)
		PC 5.3: Counsel parents regarding: dental care (dental hygiene and fluoride use), skin protection (sunscreen products), protection against insect bites, heart disease prevention (avoiding tobacco, substance abuse, obesity, dislipemia), respiratory disease (second-hand smoke and tobacco use)
		PC 5.4: Counsel families regarding minimizing the dangers of substance use/abuse (e.g., abstinence, avoid peer groups with drug usage, appropriate parental support) and appropriately refer adolescents and their families for substance use/abuse intervention
		PC 5.5: Consult specialists to assist in health promotion interventions (e.g., dentists, addiction counsellors)
		PC 6.1: Counsel and direct families in obtaining assistance with the management of a child in need of protection

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning counselling in health education and providing anticipatory guidance during well child visits in accordance with national programs			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Inquire regarding healthy habits as appropriate for age (e.g. dental care, dietary habits, smoking prevention, accident prevention) • Provide age-appropriate anticipative guidance based upon regional/local risks and exposures • Provide general, age-appropriate anticipative guidance regarding: a. Home safety; b. car restraint systems; c. bicycle safety; d. burns; e. water safety; f. sleep (normal patterns, sleep disorders, obstructive sleep apnea); g. school readiness; h. media use (screen-time, cellphone, TV, computer); i. substance abuse; i. poison prevention; k. obesity prevention (physical activity, nutrition, eating habits); l. social behavior/discipline; m. safe sex (sex education, contraception) • Counsel parents regarding: dental care (dental hygiene and fluoride use), skin protection (sunscreen products), protection against insect bites, heart disease prevention (avoiding tobacco, substance abuse, obesity, dislipemia), respiratory disease (second-hand smoke and tobacco use) • Counsel families regarding minimizing the dangers of substance use/abuse (e.g., abstinence, avoid peer groups with drug usage, appropriate parental support) and appropriately refer adolescents and their families for substance use/abuse intervention • Consult specialists to assist in health promotion interventions (e.g., dentists, addiction counsellors) • Counsel and direct families in obtaining assistance with the management of a child in need of protection 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 1: PROVIDE RECOMMENDED AGE RELATED PAEDIATRIC HEALTH SCREENING AND ANTICIPATORY GUIDANCE

SubEPA 1.4.

Title	Initial evaluation of the newborn (First postpartum period)	
Description of activity	Primary care paediatricians must be able to take a complete history and perform a thorough physical examination. Identify predisposing risk factors in the history, detect congenital abnormalities, stratify risk for hyperbilirubinemia, select and appropriate screening tests and interpret results, promote early breastfeeding and parental-infant bonding and, provide anticipatory guidance and facilitate interaction with the newborn.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Identify which neonatal screening programs recommend the national/local guidelines e.g.: metabolic screen: metabolic, hormonal and mucoviscidosis, hip dysplasia, hearing and vision)
		PC 1.1: Take a careful history: <ul style="list-style-type: none"> Medical family history, data on past pregnancies, maternal and previous siblings health Course of present pregnancy, results of screenings and tests, pathologies and complications Course of labor and delivery, APGAR score Interventions and procedures recommended on the newborn including preventive procedures: metabolic diseases test, newborn hearing screening, administration of vitamin K to prevent hemorrhagic disease of the newborn, administration of ocular antimicrobial agent Screening for specific inherited diseases. HIV screening if required by State or indicated Toxicology screening if indicated
		PC 1.2: Explore familiar and psychosocial environment, recognizes possible problems mother-child interaction and problems with handling
		PC 2.1: Perform a thorough physical examination
		PC 2.2: Detect signs of birth trauma and congenital abnormalities
		PC 3.1: Perform an evaluation for jaundice, differentiate between physiological and pathological hyperbilirubinemia and assess the risk of hyperbilirubinemia
		PC 5.1: Provides anticipatory guidance on nutrition, stimulation of speech, social, motor and cognitive development, prevention of unintentional injuries, prophylaxis vitamin K and D, accident prevention, parent support, UV protection, vaccination and hygiene
		PC 5.2: Counsel about nutrition with special attention to early breastfeeding
	PC 5.3: Appreciate the special needs of the family with a newborn	
	PC 6.1: Explain and plan appropriate follow up child visits	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning Newborn			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Gather essential/accurate information: <ul style="list-style-type: none"> ○ Medical family history, data on past pregnancies, maternal and previous siblings health ○ Course of present pregnancy, results of screenings and tests, pathologies and complications ○ Course of labor and delivery, APGAR score ○ Interventions and procedures recommended on the newborn including preventive procedures: metabolic diseases test, newborn hearing screening, administration of vitamin K to prevent hemorrhagic disease of the newborn, administration of ocular antimicrobial agent ○ Screening for specific inherited diseases. HIV screening if required by State or indicated ○ Toxicology screening if indicated • Explore familiar and psychosocial environment, recognizes possible problems mother-child interaction and problems with handling • Perform a thorough physical examination • Detect signs of birth trauma and congenital abnormalities • Perform an evaluation for jaundice, differentiate between physiological and pathological hyperbilirubinemia and assess the risk of hyperbilirubinemia • Provides anticipatory guidance on nutrition, stimulation of speech, social, motor and cognitive development, prevention of unintentional injuries, prophylaxis vitamin K and D, accident prevention, parent support, UV protection, vaccination and hygiene • Counsel about nutrition with special attention to early breastfeeding • Appreciate the special needs of the family with a newborn • Explain and plan appropriate follow up child visits 			

EPA 2

CARE OF THE ADOLESCENT

ENTRUSTABLE PROFESSIONAL ACTIVITY 2: CARE OF THE ADOLESCENT

Title	Care for adolescents	
Description of activity	This EPA is focused on the care for young people in a period of rapid physical, psychological and social changes. Primary care paediatricians (PCP) need to be able to assess, diagnose and manage all common presenting complaints but also those specific for this age group. In addition, they need to know how to do a pubertal assessment and how to communicate appropriately with adolescents regarding issues such as informed consent, confidentiality, identity and compliance. PCP should ensure smooth transition transferring otherwise healthy young people and young peoples with special health care needs from child centered to adult health care systems. The goals of transition are that young peoples should have access to uninterrupted comprehensive and accessible medical care so they do not opt out of both systems only to reappear in the adult system later in an emergency.	
Domains of competence	I. Primary care for children II. Communication skills III. Health advocate IV. Collaboration/Systems Based Practice V. Professionalism/Ethics VII. Practice management	
	Domains	Competencies. Specific knowledge and skills (based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	
	General	<p>Knowledge</p> <ul style="list-style-type: none"> Recall legal and ethical principles in dealing with adolescents Recognize the normal bio-psycho-social development during puberty in girls and boys Recall general trends in use and abuse of substances and where to find information about it Identify substance abuse, predictors and risk factors Recall major physiologic and behavioral consequences attributable to substance abuse Identify influence of family and peers in modeling adolescent behavior Recall causes of delayed puberty Recall sexually transmitted infections, safer sex practices, contraception and post-coital contraception Recall gender and sex identity problems Identify impact of chronic conditions on adolescent development Recall how to ensure transition from paediatric to adult care
		PC 1.1: Take a medical history respecting the need for privacy for a young person and maintaining confidentiality
		PC 1.2: Gather essential and accurate information about the adolescent and his presenting complaint
		PC 1.3: Conduct a psychosocial history using the HEADSS framework if necessary for the presenting complaint or over time
		PC 2.1: Perform a complete, accurate, and developmentally appropriate physical examination of the adolescent, including assessment of Tanner staging for sexual maturity rating
		PC 3.1: Develop a differential diagnosis and make an informed diagnostic decision
		PC 4.1: Order when is indicated and interpret the appropriate laboratory and imaging tests
		PC 5.1: Assess and formulate a plan of management
		PC 5.2: Recognize when referral is needed
		PC 5.3: Follow local and national guidelines on notification of infectious diseases
		PC 5.4: Counsel families appropriately concerning treatment and prevention
		PC 6.1: Plan an appropriate follow-up management

<p>2.1 Transition</p>	<ul style="list-style-type: none"> • Train young people continuously without excluding parents • Promote a sense of personal responsibility for their health • Endorse their independent living • Establish late adolescence as the best time for transition, if in accordance with the national health system • Before transition provide adolescents with a CD, DVD or written portable summary of their medical history (depending on the national procedure) in order to support being responsible and informed patients • If asked by a young person, talk to their future GP and/or specialist and inform them about his health problems
<p>2.2 Substance use/abuse</p>	<ul style="list-style-type: none"> • Detect signs of ingestion/use of substance and acute intoxication
<p>2.3 Contraception/ pregnancy</p>	<ul style="list-style-type: none"> • Discuss the benefits and complications of various forms of contraception with young people and their families • Detect features in the history which suggest that pregnancy is a possibility
<p>2.4 Endocrinology problems</p>	<ul style="list-style-type: none"> • See SubEPA 5.5
<p>2.5 Gynecology problems</p>	<ul style="list-style-type: none"> • Perform a complete gynecologic history including menstrual, obstetric, sexual and relevant family and social history • Manage appropriately vaginal discharge, dysfunctional uterine bleeding, amenorrhea and dysmenorrhea depending on the national procedure of gynecological care for adolescents
<p>2.6 Sexually transmitted infections</p>	<ul style="list-style-type: none"> • See SubEPA 5.10
<p>2.7 Sexual behavior</p>	<ul style="list-style-type: none"> • Identify the common patterns of sexual behavior and experimentation in adolescents of various ages • Employ different strategies to be able to facilitate the exchange of information about inappropriate sexual behavior
<p>2.8 Gender identity problems</p>	<ul style="list-style-type: none"> • Detect and manage opposite-sex sexual feelings and behaviors on defining adolescent sexual identity
<p>2.9 Psychiatric/behavioral problems</p>	<ul style="list-style-type: none"> • Detect factors in the history that suggest an adolescent is at risk of unintentional or intentional injury • Detect those adolescents with poor self image that may make them especially vulnerable • See SubEPA 5.17 for eating disorders • See SubEPA 5.18 for other psychiatric/ behavioral problems
<p>2.10 Sports</p>	<ul style="list-style-type: none"> • Make an assessment of the level of physical activity of an adolescent practicing sports • Counsel families on appropriate diet and fluid requirements for those participating in exercise • See SubEPA 6.2
<p>2.11 Neglect, physical and sexual abuse</p>	<ul style="list-style-type: none"> • See SubEPA 5.21, SubEPA 5.22 and SubEPA 5.23
<p>2.12 Acne</p>	<ul style="list-style-type: none"> • See SubEPA 5.6
<p>COMMUNICATION SKILLS</p>	<p>COM 1.1: Communicate effectively with adolescents and families in order to create and sustain appropriate therapeutic relationships</p> <p>COM 1.2: Discuss sexual issues in a sensitive and professional manner</p> <p>COM 2.1: Demonstrate active listening</p> <p>COM 2.2: Make positive use of media to which the adolescent is most likely to be receptive</p> <p>COM 3.1: Discuss with a young person the concept of conditional confidentiality</p> <p>COM 3.2: Empower-adolescents to care for themselves</p>

	COM 4: Agree on the management plan (oral and written)
HEALTH ADVOCATE	<p>HA 2.1: Counsel adolescents regarding responsible sexual behaviors to prevent unintended pregnancy, contraception and sexually transmitted infections (STIs)</p> <p>HA 2.2: Advise on the adequate use of electronic media</p> <p>HA 3: Advise schools and other agencies on the impact of chronic illness on an adolescents ability to partake in education and training</p> <p>HA 4: Deliver anticipatory guidance relevant to accident prevention for adolescents (including drinking and driving, the use of seat belts, non violent conflict resolutions), risk taking behavior and substance abuse</p>
COLLABORATION/SYSTEMS BASED PRACTICE	<p>COLL 3: Work and communicate effectively in multidisciplinary, inter-professional groups. Collaborate with GP's, paediatric/adult subspecialists, trainers, educators and instructors including family members</p> <p>COLL 7: Plan appropriate transition pathways for healthy adolescents and for adolescents with special health care needs in order to ensure that they can have access to uninterrupted comprehensive medical care</p>
PROFESSIONALISM/ETHICS	<p>Knowledge</p> <ul style="list-style-type: none"> • Recall the principles of autonomy, beneficence, non-maleficence and justice • Recall laws and legal norms about children and families <p>P 1.1: Apply ethical principles and analysis to clinical care</p> <p>P 1.2: Respect the autonomy of the adolescent in negotiating treatment plans</p> <p>P 2.1: Respect the need for privacy for a young person</p> <p>P 2.2: Discuss consent and confidentiality in accordance with the national legal guidance</p> <p>P 2.3: If necessary, seek external advice about legal and confidentiality issues</p>
PRACTICE MANAGEMENT	PM 3: Prescribe safely

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning: Care of adolescence			
PRIMARY CARE FOR CHILDREN			
<p>General</p> <ul style="list-style-type: none"> • Take a medical history respecting the need for privacy for a young person and maintaining confidentiality • Gather essential and accurate information about the adolescent and his presenting complaint • Conduct a psychosocial history using the HEADSS framework if necessary for the presenting complaint or over time • Perform a complete, accurate, and developmentally appropriate physical examination of the adolescent, including assessment of Tanner staging for sexual maturity rating • Develop a differential diagnosis and make an informed diagnostic decision • Order when is indicated and interpret the appropriate laboratory and imaging tests • Assess and formulate a plan of management • Recognize when referral is needed • Follow local and national guidelines on notification of infectious diseases • Counsel families appropriately regarding treatments, and about prevention • Plan the appropriate follow-up management 			
<p>Transition</p> <ul style="list-style-type: none"> • Train young people continuously without excluding parents • Promote a sense of personal responsibility for their health • Endorse their independent living • Before transition provide adolescents with a CD, DVD or written portable summary of their medical history in order to support being responsible and informed patients • If asked by a young person, talk to their future GP and/or specialist and inform them about his health problems 			
<p>Substance use/abuse</p> <ul style="list-style-type: none"> • Detect signs of ingestion/use of substance and acute intoxication 			
<p>Contraception/pregnancy</p> <ul style="list-style-type: none"> • Discuss the benefits and complications of various forms of contraception with young people and their families • Detect features in the history which suggest that pregnancy is a possibility 			
<p>Endocrinology problems</p> <ul style="list-style-type: none"> • In SubEPA 5.5 			
<p>Gynecology problems</p> <ul style="list-style-type: none"> • Perform a complete gynecologic history including menstrual, obstetric, sexual and relevant family and social history • Manage appropriately vaginal discharge and dysmenorrhea 			

<p>Sexually transmitted infections</p> <ul style="list-style-type: none"> • In SubEPA 5.10 			
<p>Sexual behavior</p> <ul style="list-style-type: none"> • Detect the common patterns of sexual behavior and experimentation in adolescents of various ages • Employ different strategies to be able to facilitate the exchange of information about inappropriate sexual behavior 			
<p>Gender identity problems</p> <ul style="list-style-type: none"> • Detect and manage opposite-sex sexual feelings and behaviors on defining adolescent sexual identity 			
<p>Psychiatric/ behavioral problems</p> <ul style="list-style-type: none"> • Detect factors in the history that suggest an adolescent is at risk of unintentional or intentional injury • Detect those adolescents with poor self-image that may make them especially vulnerable • In SubEPA 5.17 for eating disorders • In SubEPA 5.18 for other psychiatric/ behavioral problems 			
<p>Sports</p> <ul style="list-style-type: none"> • Make an assessment of the level of physical activity of an adolescent practicing sports • Counsel families on appropriate diet and fluid requirements for those participating in exercise • See SubEPA 6.2 			
<p>Neglect, physical and sexual abuse</p> <ul style="list-style-type: none"> • In SubEPA 5.21 • In SubEPA 5.22 • In SubEPA 5.23 			
<p>Acne</p> <ul style="list-style-type: none"> • In SubEPA 5.6 			
<p>COMMUNICATION SKILLS</p> <ul style="list-style-type: none"> • Communicate effectively with adolescents and families in order to create and sustain appropriate therapeutic relationships • Discuss sexual issues in a sensitive and professional manner • Demonstrate active listening • Make positive use of media to which the adolescent is most likely to be receptive • Discuss with a young person the concept of conditional confidentiality • Empower-adolescents to care for themselves • Agree on the management plan (oral and written) 			
<p>HEALTH ADVOCATE</p> <ul style="list-style-type: none"> • Counsel adolescents regarding responsible sexual behaviors to prevent unintended pregnancy, contraception and sexually transmitted infections (STIs) • Advise on the adequate use of electronic media 			

<ul style="list-style-type: none"> • Advise schools and other agencies on the impact of chronic illness on an adolescents ability to partake in education and training • Deliver anticipatory guidance relevant to accident prevention for adolescents (including drinking and driving, the use of seat belts, non violent conflict resolutions), risk taking behavior and substance abuse 			
<p>COLLABORATION/SYSTEM BASED PRACTICE</p>			
<ul style="list-style-type: none"> • Work and communicate effectively in multidisciplinary, inter-professional, and cross-cultural groups • Plan appropriate transition pathways for adolescents with chronic illness and disabilities to avoid disruption of care 			
<p>PROFESSIONALISM/ETHICS</p>			
<ul style="list-style-type: none"> • Apply ethical principles and analysis to clinical care and research • Respect the autonomy of the adolescent in negotiating treatment plans • Respect the need for privacy for a young person. • Discuss consent and confidentiality in accordance with the national legal guidance • If necessary, seek external advice about legal and confidentiality issues 			
<p>PRACTICE MANAGEMENT</p>			
<ul style="list-style-type: none"> • Prescribe safely 			

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

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 3.10 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

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning Acute Medical Problems			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Communicate effectively with patients (children and adolescents) and families • Demonstrate active listening • Take a family centered approach when providing recommendations, alternatives and uncertainties, while demonstrating an understanding of patient/family concerns • Communicate effectively (written and oral) • Communicate effectively with other health care 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 upon best available evidence • Prescribe safely 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.1.

Title	Assess, diagnose and manage children presenting with cough	
Description of activity	This EPA is focused on the management of previously healthy children presenting with cough in the primary paediatric setting. The diagnostic scope includes viral upper airway infection, whooping cough, laryngitis, bronchitis, bronchiolitis, asthma, pneumonia and foreign body aspiration. The approach in this EPA will consider diagnoses by different age groups	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the epidemiology of local respiratory pathogens. Recall the etiologies of pneumonia in children of different ages Identify predisposing factors, biological and environmental, for the development of respiratory disease. Recall the normal respiratory rates for age and the variations that occur with sleep, eating, and activity in normal children Recall the common causes of cough (acute) Recognize that upper respiratory tract infection and airway obstruction in young infants may lead to respiratory distress
		PC 1.1: Conduct a detailed history and detect features in the presentation which suggest serious or unusual pathology
		PC 2.1: Undertake a focused clinical examination and interpret the signs and symptoms
		PC 3.1: Formulate the differential diagnosis of acute respiratory problems in children of different ages and plan an initial screening
		PC 4.1: Order when is indicated and interpret the appropriate laboratory and imaging tests
		PC 5.1: Assess and initiate an age-appropriate management of patients presenting with respiratory problems
		PC 5.2: Treat appropriately current infections in children
	PC 5.3: Calculate dosages accurately based on weight, age and/or body surface area	
	PC 6.1: Counsel families appropriately regarding treatment and prevention (vaccination)	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning cough			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history and detect features in the presentation which suggest serious or unusual pathology 			
<ul style="list-style-type: none"> • Undertake a focused clinical examination and interpret the signs and symptoms 			
<ul style="list-style-type: none"> • Formulate the differential diagnosis of children of different ages presenting with cough 			
<ul style="list-style-type: none"> • Order when is indicated and interpret laboratory and imaging tests 			
<ul style="list-style-type: none"> • Assess and initiate an age-appropriate management of patients with acute respiratory problems 			
<ul style="list-style-type: none"> • Treat appropriately current infections in children 			
<ul style="list-style-type: none"> • Calculate dosages accurately based on weight, age and/or body surface area 			
<ul style="list-style-type: none"> • Counsel families appropriately regarding treatments and prevention (vaccination) 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS**SubEPA 3.2.**

Title	Assess, diagnose and manage children presenting with dyspnoea	
Description of activity	This EPA is focused on the management of previously healthy children presenting with dyspnoea in the primary paediatric setting. The diagnostic scope includes viral croup, laryngitis, obstructive bronchitis, bronchiolitis, asthma, pneumonia, pneumothorax, foreign body aspiration, cardiac causes. The approach in this EPA will consider diagnoses by different age groups.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the normal respiratory rates for age and the variations that occur with sleep, eating, and activity in normal children Recall the common causes of acute dyspnoea Recall that spontaneous pneumothorax may occur and may recur in asthenic adolescents Recognize age-dependent cardiac symptoms in children
		PC 1.1: Conduct a detailed history and detect features in the presentation which suggest serious or unusual pathology
		PC 2.1: Undertake a focused clinical examination of the upper airway and lungs
		PC 2.2: Interpret heart sounds and murmurs
		PC 3.1: Formulate the differential diagnosis of acute dyspnoea in children of different ages
		PC 4.1: Order if indicated and interpret the appropriate laboratory and imaging tests
		PC 4.2: Use pulse oximetry to measure and monitor blood oxygenation
		PC 4.3: Identify common ECG abnormalities
		PC 5.1: Assess and initiate age-appropriate management of patients presenting with dyspnoea. Start appropriate emergency treatment if necessary
	PC 5.2: Calculate dosages accurately based on weight, age and/or body surface area	
	PC 5.3: Admit immediately to hospital if blood oxygenation stays below 92%	
	PC 6.1: Counsel families appropriately regarding treatments and prevention (vaccination)	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning dyspnoea			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history and detect features in the presentation which suggest serious or unusual pathology 			
<ul style="list-style-type: none"> • Undertake a focused clinical examination of the upper airway and lungs • Interpret heart sounds and murmurs 			
<ul style="list-style-type: none"> • Formulate the differential diagnosis of acute dyspnoea in children of different ages 			
<ul style="list-style-type: none"> • Order if indicated and interpret the appropriate laboratory and imaging tests • Use pulse oximetry to measure and monitor blood oxygenation • Identify common ECG abnormalities 			
<ul style="list-style-type: none"> • Assess and initiate age-appropriate management of patients presenting with dyspnoea. Start appropriate emergency treatment if necessary • Calculate dosages accurately based on weight, age and/or body surface area • Admit immediately to hospital if blood oxygenation stays below 92% 			
<ul style="list-style-type: none"> • Counsel families appropriately regarding treatments and prevention (vaccination) 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.3.

Title	Assess, diagnose and manage children presenting with fever	
Description of activity	This subEPA is focused on the management of previously healthy children presenting with fever in the primary paediatric setting. Fever in young children can be a diagnostic challenge for healthcare professionals because it is often difficult to identify the cause. In most cases, the illness is due to a self-limiting viral infection. However, fever may also be the presenting feature of serious bacterial infections such as meningitis or pneumonia.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recognize the normal range of body temperature Recognize that fever causes “fever phobia” in many patients/families and doctors Recognize the epidemiology and pathogenic patterns of infectious diseases (the most common ones in primary care) Recall the most common-diseases causing fever without focus in infants, toddlers, and children Recognize the critically ill child at different ages Endorse a rational use of antibiotics in infectious diseases in order to minimize the development of antibiotic resistance, adverse side effects and high costs
		PC 1.1: Perform a relevant focused history recognizing the symptoms and signs suggestive of an infectious disease
		PC 2.1: Undertake a focused clinical examination and interpret the signs and symptoms
		PC 2.2: Identify symptoms consistent with avoidable life-threatening conditions and recognize that symptoms may vary with age
		PC 3.1: Formulate a differential diagnosis of fever under the purview of the general paediatrician based on physical findings and using appropriate diagnostic tests
		PC 3.2: Develop a differential diagnosis of fever without localizing signs in children of different ages
		PC 4.1: Select and interpret the appropriate investigations helpful for establishing a differential diagnosis
		PC 5.1: Prescribe appropriate antibiotics for infections prior to sensitivities being available
		PC 5.2: Plan the management of children of varying ages with a high fever: local measures, medication, dosage and refer to a hospital if indicated
		PC 5.3: Follow local and national guidelines on notification of infectious diseases
	PC 5.4: Plan the use of vaccination in the control of the infection and the use of chemoprophylaxis for the contacts of patients if necessary	
	PC 5.5: In childcare centers, advise on childcare exclusion criteria (positive or negative) for infections in children	
	PC 6.1: Plan the appropriate follow-up management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning fever			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a relevant focused history recognizing the symptoms and signs suggestive of an Infectious disease 			
<ul style="list-style-type: none"> • Undertake a focused clinical examination and interpret the signs and symptoms • Identify symptoms consistent with septic shock 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of many infectious diseases • Develop a differential diagnosis of fever without localizing signs in children of different ages 			
<ul style="list-style-type: none"> • Select and interpret the appropriate investigations for establishing a differential diagnosis 			
<ul style="list-style-type: none"> • Prescribe appropriate antibiotics for infections • Plan the management of children of varying ages with high fever • Follow local and national guidelines on notification of infectious diseases • Recommend vaccination in the control of the infection and the use of chemoprophylaxis for the contacts of patients if necessary • Give advice on childcare exclusion criteria (positive or negative) 			
<ul style="list-style-type: none"> • Plan the appropriate follow-up management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.4.

Title	Assess, diagnose and manage children presenting with sore throat	
Description of activity	This EPA is focused on the management of previously healthy children presenting with sore throat in the primary paediatric setting. Primary care paediatricians must be able to 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. The diagnostic scope includes pharyngitis, tonsillitis, peritonsillar abscess, retropharyngeal abscess, epiglottitis and throat foreign body.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recognize bacteriology, epidemiology and pathogenesis of acute throat diseases Recall infectious agents responsible for acute tonsillitis complications (peritonsillar abscess, retropharyngeal abscess) Recognize the natural history of tonsillar enlargement and the indications for tonsillectomy Recall croup causes and scores. Recognize epiglottitis as a potentially lethal condition
		PC 1.1: Perform an anamnesis focused on the symptoms and the signs of acute throat disease
		PC 2.1: Perform a complete examination focusing on the pharynx and neck and interpret the signs
		PC 2.2: Elicit symptoms suggestive of peritonsillar abscess, retropharyngeal abscess
		PC 2.3: Detect physical signs on observations suggestive of epiglottitis
		PC 3.1: Formulate a differential diagnosis of the child with sore throat and plan relevant diagnostic procedures.
		PC 3.2: Identify symptoms suggestive of serious illness (epiglottitis or peritonsillar/retropharyngeal abscess)
		PC 4.1: Take a throat swab to identify tonsillar infection if indicated
		PC 4.2: Order when is indicated and interpret the appropriate laboratory and imaging tests
	PC 5.1: Develop a management plan and provide appropriate supportive and antimicrobial therapy when indicated	
	PC 5.2: Refer appropriately to an otolaryngologist as needed	
	PC 6.1: Counsel families appropriately regarding treatments, and about prevention (vaccination)	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning sore throat			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Perform an anamnesis focused on the symptoms and the signs of acute throat disease 			
<ul style="list-style-type: none"> Perform a complete examination focusing on the pharynx and neck and interpret the signs Elicit symptoms suggestive of peritonsillar abscess, retropharyngeal abscess Detect physical signs on observations suggestive of epiglottitis 			
<ul style="list-style-type: none"> Formulate a differential diagnosis of the child with sore throat and plan relevant diagnostic procedures Identify symptoms suggestive of serious illness (epiglottitis or peritonsillar/retropharyngeal abscess) 			
<ul style="list-style-type: none"> Take a throat swab to identify tonsillar infection if indicated Order when is indicated and interpret the appropriate laboratory and imaging tests 			
<ul style="list-style-type: none"> Develop a management plan and provide appropriate supportive and antimicrobial therapy when indicated Refer appropriately to an otolaryngologist as needed 			
<ul style="list-style-type: none"> Counsel families appropriately regarding treatments, and about prevention (vaccination) 			

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	Knowledge
		<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
		PC 1.1: Perform an anamnesis focused on the symptoms and the signs of acute earache
		PC 2.1: Perform the appropriate examination of the external and middle ear and interpret the signs
		PC 2.2: Detect a foreign body in the external ear canal
		PC 3.1: Elicit the symptoms and the signs of acute ear disease and formulate a differential diagnosis
		PC 3.2: Identify symptoms suggestive of serious illness (tympanomastoiditis)
		PC 4.1: Select appropriate diagnostic tests if needed
		PC 5.1: Develop a management plan and provide appropriate supportive and antimicrobial therapy when indicated
		PC 5.2: Observe current guidelines regarding the treatment of AOM with antibiotics
	PC 5.3: Administer pain medication in a stepwise fashion using appropriate medications and routes of administration	
	PC 5.4: Refer to an otolaryngologist if needed	
	PC 6.1: Advise families regarding treatments and prevention (vaccination)	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	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 (tyimpanomastoiditis, 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) 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.6.

Title	Assess, diagnose and manage children presenting with acute abdominal pain	
Description of activity	This EPA is focused on the management of previously healthy children presenting with abdominal pain in the primary paediatric setting. The primary care paediatrician should recognize the specific signs and symptoms of conditions requiring urgent intervention (e.g. appendicitis, intussusception, pyloric stenosis, hemolytic uremic syndrome, gastrointestinal bleeding), recall the etiologies of acute abdominal pain in children at different developmental ranges, identify possible biological, psychological, and social contributing factors for acute abdominal pain. Because of the differential diagnosis, the approach in this EPA will consider diagnoses by different age groups.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recall the epidemiology of abdominal and gastrointestinal pathogens. Recognize conditions which require urgent intervention (e.g. appendicitis, intussusception, pyloric stenosis, hemolytic uremic syndrome, gastrointestinal bleeding) Identify possible biological, psychological, and social contributing factors for acute abdominal pain Recognize etiology and understand the pathogenesis of gynecologic acute abdominal pain
		PC 1.1: Conduct a detailed history including the timing of introduction of various foods and the appearance of symptoms, growth curves, appetite, changes of bowel movements, and family history of gastrointestinal disorders
		PC 1.2: Detect features in the presentation which suggest serious or unusual pathology
		PC 2.1: Perform a complete physical examination including weight and height (including percentiles), hydration status, examination of the anus as well as signs of malabsorption/malnutrition, signs of specific vitamin, mineral deficiency and signs of liver disease
		PC 2.2: Recognize features which require urgent intervention
		PC 3.1: Formulate the differential diagnosis of acute abdominal pain in children of different ages and plan the initial screening evaluation
		PC 3.2: Recognize and manage early alarming signs of a serious abdomen disease in the newborn, like lethargy, feeding intolerance, fever, vomiting, abdominal distension, excessive crying, central cyanosis, heart murmur, absent femoral pulses
		PC 4.1: Order and interpret the appropriate laboratory test including stool culture and parasites, sedimentation rate (ESR), C-reactive protein (CRP)
		PC 4.2: Order and interpret when is indicated, imaging tests: chest radiography and abdominal imaging (ultrasound features of various acute abdominal conditions)
		PC 5.1: Assess and initiate age-appropriate management of patients presenting with abdominal and gastrointestinal problems in acute and outpatient
	PC 5.2: Treat appropriately active infections in children	
	PC 5.3: Calculate dosages accurately based on weight, age and/or body surface area	
	PC 5.4: Consult with and refer to specialists as needed	
	PC 6.1: Plan the appropriate follow-up management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning abdominal pain			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history including: The timing of introduction of various foods and the appearance of symptoms, growth curves, appetite, changes of bowel movements, and family history of gastrointestinal disorders • Detect features in the presentation which suggest serious or unusual pathology 			
<ul style="list-style-type: none"> • Perform a complete physical examination including weight and height (including percentiles), hydration status, examination of the anus as well as signs of malabsorption/malnutrition, signs of specific vitamin, mineral deficiency and signs of liver disease • Detect features in the presentation which suggest serious or unusual pathology 			
<ul style="list-style-type: none"> • Formulate the differential diagnosis of acute abdominal pain in children of different ages and plan the initial screening evaluation • Recognize and manage early alarming signs of a serious abdomen disease in the newborn, like lethargy, feeding intolerance, fever, vomiting, abdominal distension, excessive crying, central cyanosis, heart murmur, absent femoral pulses 			
<ul style="list-style-type: none"> • Order and interpret appropriate laboratory tests • Order and interpret when is indicated imaging tests 			
<ul style="list-style-type: none"> • Assess and initiate age-appropriate management of patients presenting with abdominal and gastrointestinal problems in acute and outpatient • Treat appropriately active infections in children • Calculate dosages accurately based on weight, age and/or body surface area • Consult with and refer to a specialist as needed 			
<ul style="list-style-type: none"> • Plan the appropriate follow-up management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.7.

Title	Assess, diagnose and manage children presenting with nausea or vomiting	
Description of activity	This EPA is focused on the management of previously healthy children presenting with nausea or vomiting. The diagnostic scope includes recognizing infectious gastroenteritis, non- infectious gastroenteritis, acute appendicitis, ileus, food allergy, drug poisoning, diseases of central nervous system, diseases of middle ear, sea sickness, metabolic diseases, pregnancy.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recognize/recall the following specific gastrointestinal conditions, providing appropriate management on primary care level: <ul style="list-style-type: none"> ○ The etiologies of acute vomiting (e.g. pyloric stenosis, food allergy, acute gastroenteritis, systemic illness) ○ The conditions which require urgent intervention (e.g. appendicitis, intussusception, pyloric stenosis, hemolytic uremic syndrome, gastrointestinal bleeding) ○ The specific signs and symptoms of dehydration, electrolyte imbalance and acid/base imbalance ○ Regurgitation is physiologic in a significant number of infants • Recall not gastrointestinal conditions that present with nausea or vomiting
		PC 1.1: Conduct a detailed history including the timing of introduction of various foods and the appearance of symptoms, abdominal pain, type of vomiting, growth curves, appetite, changes of bowel movements and family history of gastrointestinal disorder
		PC 1.2: Perform a relevant focused history, recognizing the symptoms and signs suggestive of an infectious disease
		PC 2.1: Perform a complete physical examination including weight and height (including percentiles), hydration status, examination of the anus as well as signs of malabsorption/malnutrition, signs of liver disease and signs of urgent conditions
		PC 3.1: Formulate a differential diagnosis for all of the symptoms obtained during history and physical examination
		PC 4.1: Order and interpret the appropriate investigations helpful to establishing a differential diagnosis
		PC 5.1: Assess and initiate age-appropriate management of patients according with the underlying conditions.
		PC 5.2: Advise on dietary manipulation and electrolyte replacement in children with acute vomiting
		PC 5.3: Manage mild and moderate gastro-esophageal reflux
	PC 5.4: Consult with and refer to appropriate specialists if needed	
	PC 5.5: Follow local and national guidelines on notification of infectious diseases	
	PC 6.1: Counsel families appropriately regarding recognition of urgent conditions	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning nausea/vomiting			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history including: The timing of introduction of various foods and the appearance of symptoms, growth curves, abdominal pain, type of vomiting, changes of bowel movements, family history of gastrointestinal disorder, signs suggestive of an infectious disease and signs of urgent intervention 			
<ul style="list-style-type: none"> • Perform a complete physical examination including weight and height (including percentiles), hydration status, examination of the anus as well as signs of malabsorption/malnutrition, signs of liver disease and signs of urgent conditions 			
<ul style="list-style-type: none"> • Formulate an age-appropriate differential diagnosis 			
<ul style="list-style-type: none"> • Order and interpret the appropriate investigations (laboratory and ultrasound) to establish a differential diagnosis 			
<ul style="list-style-type: none"> • Assess and initiate age-appropriate management of patients presenting with vomiting according with the underlying conditions • Advise on dietary manipulation and electrolyte replacement in children with acute vomiting • Manage mild and moderate gastro-esophageal reflux • Consult with and refer to appropriate specialists if needed • Follow local and national guidelines on notification of infectious diseases 			
<ul style="list-style-type: none"> • Counsel families appropriately regarding recognition of urgent conditions 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.8.

Title	Assess, diagnose and manage children presenting with diarrhea	
Description of activity	This EPA is focused on the management of previously healthy children presenting with diarrhea in the primary paediatric setting. The diagnostic scope includes recognizing infectious gastroenteritis, allergic or other non- infectious gastroenteritis (celiac disease, irritable bowel syndrome), food allergy, drug poisoning and deficiency of gastrointestinal enzymes.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recognize: <ul style="list-style-type: none"> ○ The specific signs and symptoms of dehydration, electrolyte imbalance and acid/base imbalance ○ The common etiologic agents of infectious diarrhea ○ Possible manifestation of food allergy ○ Celiac disease, irritable bowel syndrome • Identify that extremely low fat diets, sorbitol, fruit juices and excessive water consumption and fecal impaction may produce diarrhea
		PC 1.1: Conduct a detailed history including the timing of introduction of various foods and the appearance of symptoms, abdominal pain, growth curves, appetite, changes of bowel movements and family history of gastrointestinal disorder
		PC 1.2: Perform a relevant focused history, recognizing the symptoms and signs suggestive of an infectious disease
		PC 2.1: Perform a complete physical examination including weight and height (including percentiles), hydration status as well as signs of malabsorption/malnutrition, signs of liver disease and signs of urgent conditions
		PC 3.1: Formulate an age-appropriate differential diagnosis for all of the symptoms obtained during history and physical examination
		PC 4.1: Order and interpret the appropriate investigations to establish a differential diagnosis
		PC 5.1: Assess and initiate age-appropriate management of patients according with the underlying conditions
		PC 5.2: Advise on adequate hydration and electrolyte replacement and depending on the diagnosis dietary manipulation
		PC 5.3: Inform that antidiarrheal medications are contraindicated for children
		PC 5.4: Consult with and refer to appropriate specialists as needed
	PC 5.5: Follow local and national guidelines on notification of infectious diseases	
	PC 6.2: Counsel families appropriately regarding recognition of urgent conditions	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning diarrhea			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Conduct a detailed history including: The timing of introduction of various foods and the appearance of symptoms, abdominal pain, changes of bowel movements, growth charts, family history of gastrointestinal disorder, signs suggestive of an infectious disease and signs of urgent intervention 			
<ul style="list-style-type: none"> Perform a complete physical examination including weight and height (including percentiles), hydration status as well as signs of malabsorption/malnutrition, signs of liver disease and signs of urgent conditions 			
<ul style="list-style-type: none"> Formulate an age-appropriate differential diagnosis 			
<ul style="list-style-type: none"> Order and interpret the appropriate investigations to establish a differential diagnosis 			
<ul style="list-style-type: none"> Assess and initiate age-appropriate management of patients presenting with diarrhea according with the underlying conditions. Advise on adequate hydration and electrolyte replacement and depending on the diagnosis on dietary manipulation Inform that antidiarrheal medications are contraindicated for children Consult with and refer to appropriate specialists as needed Follow local and national guidelines on notification of infectious diseases 			
<ul style="list-style-type: none"> Counsel families appropriately regarding recognition of urgent conditions 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.9.

Title	Assess, diagnose and manage children presenting with constipation	
Description of activity	This EPA is focused on the management of previously healthy children presenting with constipation in the primary paediatric setting. The diagnostic scope includes recognizing functional constipation, anatomic causes of constipation, intestinal disorders, diseases of abdominal musculature, side effect of drug ingestion, psychosocial problems.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Identify simple constipation and those caused by organic disease (e.g. Hirschsprung disease, motility disorder and others) in the newborn period and beyond Recognize the importance of knowing the timing of onset and the relevance of predisposing conditions (e. g. celiac disease, hypothyroidism, neurodisability, psychosocial problems) Recognize the signs and symptoms of fecal overflow incontinence
		PC 1.1: Conduct a detailed history including the timing of introduction of various foods and the appearance of symptoms, growth curves, appetite, changes of bowel movements and family history of gastrointestinal disorder
		PC 2.1: Perform a complete physical examination including weight and height (including percentiles), abdominal and anus examination as well as signs of malabsorption and signs of urgent conditions
		PC 3.1: Formulate an age-appropriate differential diagnosis for all of the symptoms obtained during history and physical examination
		PC 4.1: Order and interpret the appropriate investigations to establish a differential diagnosis
		PC 5.1: Assess and initiate age-appropriate management of patients presenting with constipation according with the underlying conditions
		PC 5.2: Prescribe properly laxatives, stool softeners and lubricants
		PC 5.3: Advise on dietary manipulation and behavioral intervention when necessary in children with constipation
	PC 5.4: Consult with and refer to appropriate specialists if needed	
	PC 6.1: Plan the appropriate follow-up management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning constipation			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history including: The timing of introduction of various foods and the appearance of symptoms, abdominal pain, changes of bowel movements, family history of gastrointestinal disorder and signs of urgent intervention 			
<ul style="list-style-type: none"> • Perform a complete physical examination including weight and height (including percentiles), abdominal and anus examination as well as signs of malabsorption and signs of urgent conditions 			
<ul style="list-style-type: none"> • Formulate an age-appropriate differential diagnosis 			
<ul style="list-style-type: none"> • Order and interpret the appropriate investigations to establish a differential diagnosis 			
<ul style="list-style-type: none"> • Assess and initiate age-appropriate management of patients presenting with constipation according with the underlying conditions. • Prescribe properly laxatives, stool softeners and lubricants • Give age-appropriate dietary advice • Advise on behavioral intervention when necessary in children with constipation • Consult with and refer to appropriate specialists if needed 			
<ul style="list-style-type: none"> • Plan the appropriate follow-up management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.10.

Title	Assess, diagnose and manage children presenting with headache	
Description of activity	This EPA is focused on the management of previously healthy children presenting with headache in the primary paediatric setting. The diagnostic scope includes common causes of headaches: Infectious, tension headache, migraine.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the pathophysiology of different types of headache, its common causes, and possible contributing factors of headache such as stress Recognize acute emergent problems such as meningitis, intracranial hemorrhage or brain tumor and any focal neurological signs that should prompt immediate neuroimaging
		PC 1.1: Obtain information from patient and parents concerning the quality, intensity and location of the headache as well as associated symptoms before and during the headache
		PC 1.2: Perform an accurate history recognizing symptoms and signs suggestive of a serious disease or an urgent condition
		PC 2.1: Undertake a thorough neurological examination with nuchal rigidity, fundoscopy, palpation for sinus tenderness and any focal neurologic signs
		PC 3.1: Formulate a differential diagnosis of the child with headache and plan relevant diagnostic procedures
		PC 4.1: Use headache calendar in children with suspected tension-headache or migraine
		PC 4.2: Order when is indicated and interpret appropriate laboratory and imaging tests
		PC 5.1: Plan the appropriate initial management and reassurance when needed
		PC 5.2: Explain diagnosis and prognosis to parents
	PC 5.3: Calculate dosages accurately based on weight, age and/or body surface area	
	PC 5.4: Consult effectively with specialists arranging timely and appropriate referral.	
	PC 5.5: Arrange emergency hospitalization if required	
	PC 6.1: Plan the appropriate follow-up management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning headache			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Perform an accurate neurologic history recognizing the symptoms and signs suggestive of a serious disease or an urgent condition 			
<ul style="list-style-type: none"> Undertake a thorough neurological examination with nuchal rigidity, fundoscopy, palpation for sinus tenderness and any focal neurologic signs 			
<ul style="list-style-type: none"> Formulate a differential diagnosis of the child with headache and plan relevant diagnostic procedures 			
<ul style="list-style-type: none"> Use headache calendar in children with headache without alarm signs Order when is indicated and interpret the appropriate laboratory and imaging tests 			
<ul style="list-style-type: none"> Plan the appropriate initial management Explain diagnosis and prognosis to parents Calculate dosages accurately based on weight, age and/or body surface area Consult effectively with specialists arranging timely and appropriate referral Arrange emergency hospitalization if required 			
<ul style="list-style-type: none"> Plan the appropriate follow-up management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.11.

Title	Assess, diagnose and manage children presenting with skin conditions and rashes	
Description of activity	This EPA is focused on the management of previously healthy children presenting with skin conditions and rashes in the primary paediatric setting. The diagnostic scope includes recognizing the clinical manifestation of: pigmentary lesions, common rashes due to common exantematic viral infectious diseases and scarlatina; skin infections: bacterial (<i>Impetigo contagiosa</i>), fungal (<i>Candida</i> , <i>Tinea capitis</i> and <i>corporis</i>) and viral: (herpes, plantar and hand warts, molluscum contagiosum); dermatitis (diaper dermatitis, seborrheic dermatitis and atopic dermatitis); arthropod bites and infestations (mosquitos, lice, mites, bees and wasps); urticaria; eczematous/papular disorders (<i>Pityriasis rosea</i> , <i>Pityriasis alba</i> , <i>Striatus lichen</i>); erythema multiforme; mild and moderate acne and sunburns.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> • Recognize the primary skin lesions • Identify secondary skin lesions like purpura and petechiae which suggest serious disease • Recognize typical exanthema in common viral infectious diseases and in scarlatina • Recall the most common skin diseases in infants, children and adolescent • Recognize cutaneous manifestations of systemic disease • Recognize transient and harmless skin changes in newborns and infants • Recall the principles of topical therapy, including different potencies steroids and their side effects
		PC 1.1: Perform a focused history
		PC 2.1: Perform a complete physical examination, with inspection of the skin, mucous membranes, hair and nails
		PC 3.1: Implement a differential diagnosis for skin lesions and rashes
		PC 4.1: Diagnose infectious rashes and infestations using appropriate diagnostic techniques: skin scrapings, curettage, skin culture etc., when unable to make diagnosis by inspection alone
		PC 5.1: Plan and manage common skin problems
		PC 5.2: Treat appropriately skin infections (locally or systemically)
	PC 5.3: Refer to a paediatric dermatologist when appropriate	
	PC 6.2: Counsel families appropriately regarding sunscreen	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning skin conditions and rashes			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a focused history 			
<ul style="list-style-type: none"> • Perform a complete physical examination, with inspection of the skin, mucous membranes, hair and nails 			
<ul style="list-style-type: none"> • Implement a differential diagnosis for skin lesions and rashes 			
<ul style="list-style-type: none"> • Diagnose infectious rashes and infestations using appropriate diagnostic techniques: skin scrapings, curettage, skin culture, etc., when unable to make diagnosis by observation alone 			
<ul style="list-style-type: none"> • Plan and manage common skin complaints • Treat appropriately skin infections in children • Refer to a paediatric dermatologist when appropriate 			
<ul style="list-style-type: none"> • Counsel families appropriately regarding sunscreen 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS**SubEPA 3.12.**

Title	Assess, diagnose and manage children presenting with red and/or glued eye	
Description of activity	This EPA is focused on the management of previously healthy children presenting with red and/or glued eye in the primary paediatric setting. The diagnostic scope includes conjunctivitis (allergic, viral, bacterial), dacrocystitis, stye, chalazion, ophthalmia neonatorum, foreign body, chronic irritation (dust, gas, electronic devices), keratitis, iridocyclitis, hyposphagma and corneal abrasion.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Identify the common causes of red eye Recall the microbiology of conjunctivitis in neonates and older children. Recognize signs of conjunctivitis and iridocyclitis Recall the common causes, signs and symptoms of stye, chalazion, and nasolacrimal duct obstruction/dacrocystitis. Identify eye trauma (including foreign bodies, corneal abrasions) Recognize the association between the use of contact lenses and corneal abrasions
		PC 1.1: Perform a focused history in a child with red and/or glued eye
		PC 1.2: Obtain an accurate history of the type and timing of trauma
		PC 2.1: Examine the eye of a child (External examination of the ocular structures: penlight evaluation of the eyelids, conjunctiva, sclera, cornea and iris)
		PC 3.1: Form a differential diagnosis of the child with suspected visual impairment and/or eye disease.
		PC 3.2: Differentiate between nasolacrimal duct obstruction, dacrocystitis and infectious conjunctivitis
		PC 3.3: Distinguish between allergic and infectious conjunctivitis
		PC 3.4: Identify abnormalities requiring urgent treatment
		PC 4.1: Select and interpret the appropriate investigations helpful for establishing a differential diagnosis
	PC 5.1: Provide treatment for common eye diseases	
	PC 5.2: Calculate dosages accurately based on weight, age and/or body surface area	
	PC 5.3: Remove foreign bodies	
	PC 5.4: Consult and refer effectively to an ophthalmologist	
	PC 6.1: Advise on methods of prevention of conjunctivitis (e.g., neonatal prophylaxis, hand washing)	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning red or glued eye			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a focused history in a child with red and/or glued eye • In eye traumas, obtain an accurate history of the type and timing 			
<ul style="list-style-type: none"> • Examine the eye of a child: External examination of the ocular structures: penlight evaluation of the eyelids, conjunctiva, sclera, cornea and iris 			
<ul style="list-style-type: none"> • Form a differential diagnosis of the child with suspected visual impairment and/or eye disease • Identify abnormalities requiring urgent treatment • Differentiate between nasolacrimal duct obstruction, dacrocystitis and infectious conjunctivitis • Distinguish between allergic and infectious conjunctivitis 			
<ul style="list-style-type: none"> • Select and interpret the appropriate investigations helpful for establishing a differential diagnosis 			
<ul style="list-style-type: none"> • Provide treatment for common eye diseases • Calculate dosages accurately based on weight, age and/or body surface area • Remove foreign bodies • Consult and refer effectively to an ophthalmologist 			
<ul style="list-style-type: none"> • Advise on methods of prevention of conjunctivitis (e.g., neonatal prophylaxis, handwashing) 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS**SubEPA 3.13.**

Title	Assess, diagnose and manage children presenting with acute problems in the genital region	
Description of activity	This EPA is focused on the management of previously healthy children presenting with acute problems in the genitalia region in the primary paediatric setting. The diagnostic scope includes cystitis, paraphimosis, labial adhesions, testicular torsion, orchitis/epididymitis, urethritis, balanitis and vulvovaginitis.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> • Recall the pathogenesis, etiology and the management of: <ul style="list-style-type: none"> ○ Cystitis ○ Acquired diseases in the genitalia region • Recall the basics of voiding patterns and anomalies • Be aware of indicators of child sexual abuse
		PC 1.1: Perform a focused history
		PC 1.2: Carry out an accurate voiding history
		PC 2.1: Undertake a focused clinical examination and interpret the signs and symptoms
		PC 2.3: Identify normal and abnormal physical findings of the urogenital system
		PC 3.1: Formulate a differential diagnosis of children with problems in the genitalia region
		PC 4.1: Select and interpret the appropriate investigations: ultrasonography and laboratory tests
	PC 5.1: Treat appropriately acute urogenital infections in children	
	PC 5.2: Propose a treatment plan of non-infectious urogenital pathologies	
	PC 5.3: Calculate dosages accurately based on weight, age and/or body surface area	
	PC 6.1: Refer to an urologist or gynecologist when necessary provide prompt referral for surgical exploration of testicular torsion, and refer to a specialist in case of suspected sexual abuse	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning urogenital problems			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a relevant focused history: dysuria, changes in the volume or frequency of urination, normal and abnormal discharge, genital pain, fever • Carry out an accurate voiding history 			
<ul style="list-style-type: none"> • Undertake a focused clinical examination and identify normal and abnormal physical findings in genitalia region 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of children with problems in the genitalia region 			
<ul style="list-style-type: none"> • Select and interpret the appropriate investigations: ultrasonography and laboratory tests: urine culture, urinalysis, parasites test 			
<ul style="list-style-type: none"> • Treat appropriately acute urogenital infections in children • Propose a treatment plan of non-infectious urogenital pathologies • Calculate dosages accurately based on weight, age and/or body surface area 			
<ul style="list-style-type: none"> • Refer to an urologist or gynecologist when necessary provide prompt referral for surgical exploration of testicular torsion, and refer to a specialist in case of suspected sexual abuse 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 3: ACUTE MEDICAL PROBLEMS

SubEPA 3.14.

Title	Assess, diagnose and manage children presenting with musculoskeletal pain	
Description of activity	This EPA is focused on the management of previously healthy children presenting with musculoskeletal pain in the primary care paediatric setting. The diagnostic scope includes: common injuries/trauma: bruises, strains, sprains, fractures; pulled elbow; overuse injuries/micro traumas like Osgood-Schlatter disease, patellofemoral syndrome (chondromalacia patellae); Sindig-Larsen-Johansson syndrome; tendonitis-fascitis (heel-pain); epicondylitis (tennis elbow); Pain due to mechanical problems: popliteal cyst; osteochondrosis dissecans, knee injuries like meniscal tears; Growing pain, transient synovitis, joint laxity, torticollis, first consultation for pain due to acute arthritis of any cause.	
	Domains	Competencies. Specific knowledge and skills (Based in ECPCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recognize the most common signs and symptoms of musculoskeletal disorders in childhood and identify their causes. Identify risk factors, natural history, clinical manifestations and therapeutic measures of musculoskeletal disorders in childhood at different ages Recognize that the expression of pain is age related Recall the association of musculoskeletal disorders with specific medical conditions Recall the differential diagnosis of acquired joint diseases: osteomyelitis, pyogenic arthritis, transient synovitis and juvenile inflammatory arthritis Recognize the clinical results of traumatic events: pulled elbow, sprains and common fractures in childhood Recognize those fractures which might be indicative of child abuse Recall that muscular pain can be the first symptom of a serious cause (bone tumors, leukemia)
		PC 1.1: Perform a focused history recognizing the symptoms and signs indicating a musculoskeletal disease
		PC 2.1: Perform a complete musculoskeletal examination with posture, gait evaluation, form of the spine, muscle testing and examination of all joints for swelling and range of motion
		PC 3.1: Establish a differential diagnosis of a child with musculoskeletal pain. Be aware of age dependent diseases
		PC 3.2: Allocate a childhood limp to the area of origin and establish a differential diagnosis
		PC 3.3: Formulate a differential diagnosis for back pain in children and adolescents
		PC 3.4: Identify musculoskeletal conditions requiring urgent treatment
		PC 4.1: Use and interpret the necessary tests for diagnosis of common childhood musculoskeletal disorders: laboratory tests and imaging (ultrasound, x-ray and nuclear magnetic resonance (NMR))
		PC 5.1: Provide a therapeutic plan for those diseases which can be managed in ambulatory care: use of analgesic, anti-inflammatory and gastroprotective treatment, temporary immobilization of affected joints, appropriate emergency treatment, physiotherapeutic exercises and rehabilitation
	PC 5.2: Refer and collaborate with paediatric specialists such as orthopedic surgeons, physiotherapists and rheumatologists	
	PC 5.3: Refer to the paediatric hospital musculoskeletal conditions requiring urgent treatment (e.g. osteomyelitis)	
	PC 6.1: Give recommendations in well child visits to prevent musculoskeletal non intentional injuries and sports trauma	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning musculoskeletal pain			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a focused history recognizing the symptoms and signs suggestive of a musculoskeletal disease 			
<ul style="list-style-type: none"> • Perform a complete musculoskeletal examination with posture, gait evaluation, form of the spine, muscle testing and examination of all joints for swelling and range of motion 			
<ul style="list-style-type: none"> • Establish a differential diagnosis of a child with musculoskeletal pain. Be aware of age dependent diseases • Allocate a childhood limp to the area of origin and establish a differential diagnosis • Formulate a differential diagnosis for back pain in children and adolescents • Identify musculoskeletal conditions requiring urgent treatment 			
<ul style="list-style-type: none"> • Use and interpret the necessary tests for diagnosis of common childhood musculoskeletal disorders: laboratory tests and imaging 			
<ul style="list-style-type: none"> • Provide a therapeutic plan for those diseases which can be managed in ambulatory care: use of analgesic, anti-inflammatory and gastroprotective treatment, temporary immobilization of affected joints, appropriate emergency treatment, physiotherapeutic exercises and rehabilitation • Refer to paediatric specialists such as orthopedic surgeons, physiotherapists and rheumatologists if needed • Refer to the paediatric hospital musculoskeletal conditions requiring urgent treatment (e.g. osteomyelitis) 			
<ul style="list-style-type: none"> • Give recommendations in well child visits to prevent musculoskeletal non intentional injuries and sports trauma 			

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

ENTRUSTABLE PROFESSIONAL ACTIVITY 4: CARRY OUT APPROPRIATE PROCEDURES AND MANAGEMENT PLANS FOR THE DIAGNOSIS AND THE TREATMENT OF ACUTE AND CHRONIC DISEASES

Common

Title	Carry out appropriate procedures and management plans for the diagnosis and treatment of acute and chronic diseases	
Description of activity	Primary care paediatricians must be able to choose and interpret appropriate diagnostic tests, taking into account specific age ranges and patient safety, while using evidence-based, ethical and cost-effective decision strategies. Primary care paediatricians should have special emphasis on pain management.	
Activities included	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	
Domains of competence	I. Primary care for children II. Communication skills IV. Collaboration/Systems based practice V. Professionalism/Ethics	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	<p>Knowledge</p> <p>Basic Laboratory tests (blood, urine and stool analysis, microbiological rapid tests (rapid test for <i>Streptococcus</i>) and tuberculin skin test):</p> <ul style="list-style-type: none"> Recognize the normal values of the complete blood count (CBC) in childhood and adolescence, including variations of normal indices according to age Recall the causes of anemia, leukocytosis, neutropenia, lymphopenia, lymphocytosis, eosinophilia, monocytosis, monocytopenia and thrombocytopenia Recognize the normal values of biochemical test in childhood and adolescence Recall the proper way to collect urine and feces per age and indication Recall the sensitivity and specificity of different diagnostic tests and the indication of their use in different situations <p>Basic imaging:</p> <ul style="list-style-type: none"> Recognize the special value of ultrasonography and other imaging modalities as well as their diagnostic limitations <p>Electrocardiograms:</p> <ul style="list-style-type: none"> Recognize the normal values of electrocardiographic (ECG) parameters according to the age of the patient Recognize the normal variants, rhythm disorders and electrocardiogram changes in paediatric heart diseases <p>Basic lung function tests (spirometry, peak flow and pulse oximeter):</p> <ul style="list-style-type: none"> Know how to do the spirometry/peak flow technique in children Know the normal spirometry /peak flow values depending on the age of the patient Recognize the value of pulse oximetry in the examination of a child in respiratory distress <p>Blood pressure measurement:</p>

	<ul style="list-style-type: none"> • Know which prescription, over-the-counter and illicit drugs are likely to elevate blood-pressure • Recognize that coarctation of the aorta causes upper extremity hypertension <p>Pain management:</p> <ul style="list-style-type: none"> • Be familiar with the objective and visual tools used to assess pain • Recognize the advantages and disadvantages of different pharmacologic options for the management of pain
4.1. Basic laboratory tests	<p>PC 4.1: Interpret a complete blood count: platelet count, total leukocyte count and leukocyte differential, red blood cell indices and reticulocyte count</p> <p>PC 4.2: Utilize and interpret coagulation tests (prothrombin time and partial thromboplastin time), factor levels and bleeding time to establish the diagnosis of a bleeding disorder</p> <p>PC 4.3: Analyze the results of biochemical investigations and correctly interpret normal and abnormal results, including sedimentation rate (ESR), C-reactive protein (CRP), serology for celiac disease, fecal calprotectin, stool volume and electrolytes, sweat test as well as liver and renal function tests</p> <p>PC 4.4: Analyze the results of viral serology tests and correctly interpret normal and abnormal results.</p> <p>PC4. 5: Interpret urinalysis and urine culture results</p> <p>PC 4.6: Interpret basic stool test results, including stool culture and parasites</p> <p>PC4. 7: Perform a throat swab to identify the source of tonsillar infection, if indicated and interpret the test results</p> <p>PC 4.8: Analyze and interpret the results of mucocutaneous cultures</p> <p>PC 4.9: Request and interpret the tuberculin skin test in situations where tuberculosis is suspected</p>
4.2. Basic imaging	<p>PC 4.1: Order when indicated and interpret the appropriate radiologic tests: chest X-ray, cranial X-ray, wrist X-ray, sinus X-ray, teleradiography, neuroradiology, etc.</p> <p>PC 4.2: Appropriate use and interpretation of tests to diagnosis the common childhood musculoskeletal disorders: X-ray, ultrasound, etc.</p> <p>PC 4.3: Interpret bone age in relation to growth and pubertal development.</p> <p>PC 4.4: Recognize the use and limitations of diagnostic imaging tests such as the use of abdominal X-ray and also the use of lateral neck soft tissue X-ray vs nasopharyngeal endoscopy in the evaluation of adenoidal hypertrophy</p> <p>PC 4.5: Order ultrasound when indicated, perform the test (if you have the skills) and interpret results for the following systems: abdominal, lung, thyroid, soft tissue, lymph nodes and musculoskeletal</p>
4.3. Electrocardiograms	<p>PC 4.1: Accurately interpret ECG results according to the patient's clinical diagnosis, medication and serum electrolytes</p> <p>PC 4.2: Order when indicated and identify common ECG abnormalities</p>
4.4 Basic lung function tests	<p>PC 4.1: Measure and interpret peripheral oxygen saturation</p> <p>PC 4.2: Perform and interpret basic lung function tests (peak flow, spirometry)</p> <p>PC 5.1: Teach children with asthma how to use a peak flow meter and keep an asthma journal as well as assess inhaler use technique</p>
4.5 Blood pressure measurement	<p>PC 4.1: Measure blood pressure using an age appropriate cuff size, perform repeated measurements as indicated and correlate results with tables of normal standards</p> <p>PC 4.2: Interpret blood pressure according to age group</p>
4.6 Pain management	<p>PC 4.1: Accurately assess pain</p> <p>PC 5.1: Plan pain management as appropriate for age and according to the indication: acute pain, pre-procedural (vaccination, phlebotomy, minor surgical procedures and the treatment of wounds):</p> <ul style="list-style-type: none"> • Medication, dosage, route and ease of administration • Non-pharmacological sedation

		<ul style="list-style-type: none"> Pharmacological sedation <p>PC 5.2: Re-evaluate pain and adjust medication accordingly</p>
	COMMUNICATION SKILLS	COM 1: Communicate effectively with patients (children and adolescents) and their families in order to create and sustain a relationship of mutual respect for the decision-making of disease management
	COLLABORATION/SYSTEMS BASED PRACTICE	<p>Knowledge</p> <ul style="list-style-type: none"> Recall the concepts of ethical practice management and the efficient use of finances and human resources <p>COLL 2: Demonstrate commitment to delivering the highest quality of care</p> <p>COLL 3: Work effectively in a multidisciplinary team</p>
	PROFESSIONALISM/ETHICS	<p>Knowledge</p> <ul style="list-style-type: none"> Recall the principles of autonomy, beneficence, non-maleficence and justice <p>P 1: Apply ethical principles to clinical care and research</p>

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
<p>Skills concerning Provide recommended age related paediatric health screening and anticipatory guidance</p>			
<p>PRIMARY CARE FOR CHILDREN</p>			
<p>Basic laboratory test</p> <ul style="list-style-type: none"> • Interpret a complete blood count: platelet count, total leukocyte count and leukocyte differential, red blood cell indices and reticulocyte count • Utilize and interpret coagulation tests (prothrombin time and partial thromboplastin time), factor levels and bleeding time to establish the diagnosis of a bleeding disorder • Analyze the results of biochemical investigations and correctly interpret normal and abnormal results, including sedimentation rate (ESR), C-reactive protein (CRP), serology for celiac disease, fecal calprotectin, stool volume and electrolytes, sweat test as well as liver and renal function tests • Analyze the results of viral serology tests and correctly interpret normal and abnormal results • Interpret urinalysis and urine culture results • Interpret basic stool test results, including stool culture and parasites • Perform a throat swab to identify the source of tonsillar infection, if indicated and interpret the test results • Analyze and interpret the results of mucocutaneous cultures • Request and interpret the tuberculin skin test in situations where tuberculosis is suspected 			
<p>Paediatric imaging</p> <ul style="list-style-type: none"> • Order when indicated and interpret the appropriate radiologic tests: chest X ray, cranial X ray, wrist x-ray, sinus x-ray, teleradiography, neuroradiology, etc. • Appropriate use and interpretation of tests to diagnosis the common childhood musculoskeletal disorders: X-ray, ultrasound, etc. • Interpret bone age in relation to growth and pubertal development • Recognize the use and limitations of diagnostic imaging tests such as the use of abdominal x-ray and also the use of lateral neck soft tissue x-ray vs nasopharyngeal endoscopy in the evaluation of adenoidal hypertrophy. • Order ultrasound when indicated, perform the test (if you have the skills) and interpret results for the following systems: abdominal, lung, thyroid, soft tissue, lymph nodes and musculoskeletal 			
<p>Electrocardiograms</p> <ul style="list-style-type: none"> • Accurately interpret ECG results according to the patient's clinical diagnosis, medication and serum electrolytes. • Order when indicated and identify common ECG abnormalities 			

<p>Basic lung function tests</p> <ul style="list-style-type: none"> • Measure and interpret peripheral oxygen saturation • Perform and interpret basic lung function tests (peak flow, spirometry) • Teach children with asthma how to use a peak flow meter and keep an asthma journal as well as assess inhaler use technique 			
<p>Blood pressure measurement</p> <ul style="list-style-type: none"> • Measure blood pressure using an age appropriate cuff size, perform repeated measurements as indicated and correlate results with tables of normal standards • Interpret blood pressure according to age group 			
<p>Pain management</p> <ul style="list-style-type: none"> • Accurately assess pain • Plan the management of pain in children of varying ages for acute pain and to prevent pain during procedures (vaccination, blood test, minor surgery procedures, wounds): Plan pain management as appropriate for age and according to the indication: acute pain, pre-procedural (vaccination, phlebotomy, minor surgical procedures and the treatment of wounds): <ul style="list-style-type: none"> ○ Medication, dosage, and the route and ease of administration ○ Non-pharmacological sedation ○ Pharmacological sedation • Re-evaluate pain and adjust medication accordingly 			
<p>COMMUNICATION SKILLS</p>			
<ul style="list-style-type: none"> • Communicate effectively with patients (children and adolescents) and their families in order to create and sustain a relationship of mutual respect for the decision-making of disease management 			
<p>COLLABORATION/SYSTEMS BASED PRACTICE</p>			
<ul style="list-style-type: none"> • Demonstrate commitment to delivering the highest quality of care • Work effectively in a multidisciplinary team 			
<p>PROFESSIONALISM</p>			
<ul style="list-style-type: none"> • Apply ethical principles to clinical care and research 			

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

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: CARE FOR CHILDREN WITH COMPLEX ILLNESSES, DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS AND CHILDREN WITH SUSPECT ABUSE OR NEGLECT

Common

Title	Care for children with complex illnesses, developmental-behavioral and psychosocial problems and children with suspect abuse or neglect
Description of activity	<p>This EPA is focused on the management of children presenting with complex problems in the primary paediatric setting. Primary care paediatricians must be able to take a careful history and complete a thorough physical exam, formulate an adequate differential diagnosis, order and interpret the appropriate diagnostic tests and initiate appropriate management for children with complex problems. Primary care paediatricians should refer patients as needed to other professionals, work effectively in a multidisciplinary team, counsel and empower patients and their families and provide a clear plan for ongoing care.</p>
Most frequent acute problems	<p>Complex illnesses per systems:</p> <ul style="list-style-type: none"> 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 <p>Developmental-behaviour-psychosocial problems:</p> <ul style="list-style-type: none"> 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 <p>Children with suspect abuse or neglect:</p> <ul style="list-style-type: none"> 5.21 Physical abuse 5.22 Neglect 5.23 Sexual abuse
Domains of competence	<ul style="list-style-type: none"> I. Primary care for children II. Communication skills IV. Collaboration/Systems based practice V. Professionalism/Ethics VII. Practice management

Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
COMMUNICATION SKILLS	<p>Knowledge</p> <ul style="list-style-type: none"> • Remember the methodology of clinical interview: individual and family history <p>COM 1: Communicate effectively with patients (children and adolescents) and families in order to create and sustain appropriate therapeutic relationships</p> <p>COM 2: Demonstrate active listening</p> <p>COM 3.1: Take a family centred approach when providing recommendations, alternatives and uncertainties, while demonstrating an understanding of patient/family concerns</p> <p>COM 3.2: Empower parents (and for adolescents themselves) in their role as the primary caregiver for their children</p> <p>COM 4: Communicate effectively (written and oral)</p> <p>COM 5: Communicate effectively with other health care professionals, using appropriate communication skills required for safe and effective transfer of care</p>
COLLABORATION/SYSTEMS BASED PRACTICE	<p>COLL 3: Work effectively in multidisciplinary, inter-professional, and cross-cultural groups</p> <p>COLL 4: Refer to a paediatric specialist when appropriate</p>
PROFESSIONALISM/ETHICS	<p>Knowledge</p> <ul style="list-style-type: none"> • Recall the principles of autonomy, beneficence, non-maleficence and justice • Recall laws pertaining to children and families <p>P1: Critically analyse ethical issues commonly encountered in medical practice and formulate a framework within which such issues could be resolved</p> <p>P2: Commitment to delivering quality of care</p>
PRACTICE MANAGEMENT	<p>PM3: Prescribe safely</p>

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Common skills concerning the management of complex illnesses, developmental-behavioral and psychosocial problems and children with suspect abuse or neglect			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Communicate effectively with patients (children and adolescents) and families in order to create and sustain appropriate therapeutic relationships • Demonstrate active listening • Take a family centred approach when providing recommendations, alternatives and uncertainties, while demonstrating an understanding of patient/family concerns • Empower parents (and for adolescents themselves) in their role as the primary caregiver for their children. • Communicate effectively (written and oral) • Communicate effectively with other health care professionals, using appropriate communication skills required for safe and effective transfer of care 			
COLLABORATION/SYSTEMS BASED PRACTICE			
<ul style="list-style-type: none"> • Work effectively in multidisciplinary, inter-professional, and cross-cultural groups. <ul style="list-style-type: none"> ○ Medical professionals within an institution ○ Inpatient and outpatient physicians ○ Primary and secondary care physicians ○ Different institutions ○ Hospital and home ○ Medical and non-medical caregivers • Refer to a paediatric specialist when appropriate 			
PROFESSIONALISM/ETHICS			
<ul style="list-style-type: none"> • Critically analyse ethical issues commonly encountered in medical practice and formulate a framework within which such issues could be resolved • Commitment to delivering quality of care 			
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> • Prescribe safely 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.1

Title	Assess, diagnose and manage children presenting with complex medical problems related to the respiratory system	
Description of activity	This EPA is focused on the management of children presenting with complex medical problems related to the respiratory system in the primary care paediatric setting. The diagnostic scope includes asthma, pneumonia, tuberculosis, tracheomalacia, bronchiectasis, cystic fibrosis, vascular airway anomalies and complications of aspiration syndromes as well as the bronchopulmonary dysplasia of the premature infant.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the etiologies of pneumonia per age Recall clinical presentation of tuberculosis in children Recognize the typical clinical course of tracheal diseases (tracheomalacia and bacterial tracheitis) Recall conditions which may lead to the development of bronchiectasis Recall the pathogenesis, genetics and natural history of cystic fibrosis Identify the long-term pulmonary complications of aspiration syndromes, including foreign body aspiration and gastroesophageal reflux Recall that asthmatic patients may have bronchial hyper-responsiveness to exercise, allergens, weather changes, smoke and air pollutants, aspirin, beta-adrenergic blocking agents, as well as to viral upper respiratory infection Identify the kinetics of inhaled short- and long-acting beta-adrenergic agonists, the risks and benefits of inhaled corticosteroids, as well as the role of leukotriene antagonists in the management of asthma Recognize the importance of self-assessment and patient education in the management of asthma
		PC 1.1: Conduct a detailed history and detect features in the presentation which suggest pulmonary illness
		PC 2.1: Perform a complete physical examination with focus on the respiratory system
		PC 3.1: Formulate a differential diagnosis of chronic respiratory problems
		PC 4.1: Order appropriate laboratory and imaging tests and interpret results
		PC 4.2: Measure and interpret peripheral oxygen saturation levels
		PC 4.3: Perform and interpret the results of basic lung function tests (peak flow, spirometry)
		PC 5.1: Assess and initiate age-appropriate management of complex respiratory problems
		PC 5.2: Indicate when necessary, non-routine vaccination against respiratory illnesses, as well as chemoprophylaxis for contacts
	PC 5.3: Follow local and national guidelines regarding the reporting of infectious diseases	
	PC 6.1: Counsel families appropriately regarding medical treatment and vaccination (prevention)	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Respiratory system			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history and detect features in the presentation which suggest pulmonary illness 			
<ul style="list-style-type: none"> • Perform a complete physical examination with focus on the respiratory system 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of chronic respiratory problems 			
<ul style="list-style-type: none"> • Order appropriate laboratory and imaging tests and interpret results • Measure and interpret peripheral oxygen saturation levels • Perform and interpret the results of basic lung function tests (peak flow, spirometry) 			
<ul style="list-style-type: none"> • Assess and initiate age-appropriate management of complex respiratory problems • Indicate when necessary, non-routine vaccination against respiratory illnesses, as well as chemoprophylaxis for contacts • Follow local and national guidelines regarding the reporting of infectious diseases 			
<ul style="list-style-type: none"> • Counsel families appropriately regarding treatments and about prevention (vaccination) 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.2

Title	Assess, diagnose and manage children presenting complex cardiovascular illness	
Description of activity	This EPA is focused on the management of children presenting complex cardiovascular illness in the primary paediatric setting, including: congenital and acquired heart/valvular malformations, arrhythmias, conduction abnormalities, Kawasaki disease, myocarditis, endocarditis, pericarditis, heart failure and hypertension.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall rate and rhythm disorders Identify the causes of congestive heart failure Recall cardiac complications of other disorders: hyperthyroidism, Kawasaki disease Recall indications for dyslipidemia screening
		PC 1.1: Conduct a detailed history to detect features suggestive of cardiovascular illnesses
		PC 2.1: Correctly identify regular heart sounds, additional heart sounds, and heart murmurs
		PC 2.2: Identify the clinical manifestations of congestive heart failure at all ages
		PC 3.1: Correctly identify an innocent murmur and differentiate from a murmur that requires further evaluation
		PC 3.2: Differentiate between cardiac and non-cardiac causes of cyanosis, chest pain and syncope
		PC 4.1: Detect common ECG abnormalities
		PC 4.2: Use pulse oximetry to measure and monitor blood oxygenation
		PC 4.3: Diagnose hypertension appropriately (using age-specific blood pressure tables, appropriate cuff size, and repeated measurements)
		PC 4.4: Order appropriate laboratory and imaging studies
		PC 5.1: Assess patients presenting with complex cardiovascular problems and initiate appropriate management
	PC 5.2: Provide timely management and refer to a specialist when indicated	
	PC 5.3: Provide appropriate counseling for patients regarding: Chest pain , cardiac syncope, innocent heart murmurs	
	PC 5.4: Prescribe appropriate endocarditis antibiotic prophylaxis	
	PC 6.1: Work collaboratively with other professionals	
	PC 6.2: Counsel families appropriately regarding treatment and prevention	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Cardiovascular system			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Conduct a detailed history to detect features suggestive of cardiovascular illnesses: Dyspnoea, chest pain, syncope, cyanosis, edema, fever, family history of cardiovascular disease, etc. 			
<ul style="list-style-type: none"> Correctly identify regular heart sounds, additional heart sounds, and heart murmurs Identify the clinical manifestations of congestive heart failure at all ages 			
<ul style="list-style-type: none"> Correctly identify an innocent murmur and differentiate from a murmur that requires further evaluation Differentiate between cardiac and non-cardiac causes of cyanosis, chest pain and syncope 			
<ul style="list-style-type: none"> Detect common ECG abnormalities Use pulse oximetry to measure and monitor blood oxygenation Diagnose hypertension appropriately (using age-specific blood pressure tables, appropriate cuff size, and repeated measurements) Order appropriate laboratory and imaging studies 			
<ul style="list-style-type: none"> Assess patients presenting with complex cardiovascular problems and initiate appropriate management Provide timely management and refer to a specialist when indicated Provide appropriate counseling for patients regarding: Chest pain, cardiac syncope, innocent heart murmurs Prescribe appropriate endocarditis antibiotic prophylaxis 			
<ul style="list-style-type: none"> Work collaboratively with other professionals. Counsel families appropriately regarding treatment and prevention 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.3

Title	Assess, diagnose and manage children presenting with complex medical problems related to the gastrointestinal system and/or failure to thrive	
Description of activity	This EPA is focused on the management of children presenting with complex gastrointestinal diseases in the primary paediatric setting. Diagnoses include: recurrent abdominal pain, constipation, chronic vomiting and diarrhea, hepatomegaly/jaundice, gastrointestinal bleeding, malabsorption, gastroesophageal reflux, inflammatory bowel disease, celiac disease.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the causes and identify possible biological, psychological, and contributing social factors for chronic or recurrent abdominal pain in children Identify “red flags” which may help to differentiate functional gastrointestinal symptoms from organic disease Recall the underlying etiologies and management of chronic vomiting and gastrointestinal reflux. Recall the etiologies and pathology of hepatomegaly and jaundice Recall the etiologies for gastrointestinal bleeding Recall the different diagnosis for malabsorption
		PC 1.1: Conduct a detailed history including family history of gastrointestinal disorders
		PC 2.1: Perform a complete physical examination including weight and height (including percentiles), hydration status, examination of the anus as well as signs of malabsorption/malnutrition
		PC 3.1: Formulate an age-appropriate differential diagnosis for common gastrointestinal symptoms
		PC 4.1: Request and interpret appropriate laboratory tests including liver function tests and electrolytes, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), serology for celiac disease, sweat tests, fecal calprotectin, stool volume and electrolytes and stool culture and parasites
		PC 4.2: Order appropriate imaging studies when indicated
		PC 5.1: Assess and initiate management of patients presenting with gastroenterological problems in primary care settings
	PC 5.2: Consult with and refer to appropriate specialists as indicated	
	PC 6.1: Monitor treatment and provide long-term follow-up	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Cardiovascular system			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Conduct a detailed history including: The timing of the appearance of symptoms, (including: abdominal pain, vomiting, diarrhea, fever, changes in appetite, rectal bleeding, changes of bowel movements), growth and family history of gastrointestinal disorders... 			
<ul style="list-style-type: none"> Perform a complete physical examination including: Assessment of height and weight (according to standard percentiles), abdominal and rectal examinations, assessment of hydration status, and recognizing signs of malabsorption, malnutrition and liver disease 			
<ul style="list-style-type: none"> Formulate an age-appropriate differential diagnosis for common gastrointestinal symptoms 			
<ul style="list-style-type: none"> Request and interpret appropriate laboratory tests Order appropriate imaging studies when indicated (Ultrasound, X-ray, Barium...) 			
<ul style="list-style-type: none"> Assess and initiate management of patients presenting with gastroenterological problems in primary care settings Consult with and refer to appropriate specialists as indicated 			
<ul style="list-style-type: none"> Monitor treatment and provide long-term follow-up 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.4

Title	Assess, diagnose and manage children presenting with complex medical problems related to the renal and urinary systems	
Description of activity	This EPA is focused on the management of children presenting with complex problems related to the renal and urinary systems, in the primary paediatric setting. The diagnostic scope includes congenital renal and urinary tract malformations, UTI, glomerulonephritis, nephrosis, hypertension, nephrolithiasis, Wilm’s tumor, chronic and acute renal failure.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recall the common causes, signs and symptoms of proteinuria, hematuria, pre-renal acute renal failure, polyuria and arterial hypertension Recognize that the renal pathology may be associated with systemic diseases. Recognize the impact of kidney function on growth, nutritional status, bone metabolism and hemoglobin levels Recall drugs that are nephrotoxic Recognize the metabolic diseases (diabetes, Wilson’s disease, oxalosis, and cystinosis) and systemic diseases (lupus erythematosus, leukemia, and amyloidosis) with renal involvement Identify hemolytic-uremic syndrome, as the most common cause of acute renal failure in children
		PC 1.1: Obtain a detailed history including features suggestive of renal or urologic pathology
		PC 1.2: Obtain an accurate voiding history
		PC 2.1: Conduct a complete physical examination of renal and urinary systems
		PC 3.1: Formulate a differential diagnosis of complex medical problems related to the renal and urinary systems
		PC 4.1: Select and interpret appropriate diagnostic investigations, including: renal function parameters, urinalysis, microbiology studies as well as renal and urinary system ultrasound
		PC 5.1: Plan the appropriate initial management for each of: recurrent urinary tract infections, proteinuria and hematuria
		PC 5.2: Refer to a paediatric nephrologist/urologist when indicated
	PC 6.1: Plan the appropriate follow-up management for each of: recurrent urinary tract infection, proteinuria and hematuria	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Renal and urinary systems			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Obtain a detailed history including features suggestive of renal or urologic pathology, including: Hematuria, polyuria, dysuria, fever, weight changes... Obtain an accurate voiding history 			
<ul style="list-style-type: none"> Conduct a complete physical examination including assessment of: Hydration status, somatic growth parameters, blood pressure, edema, ascites, pleural effusion, detection of a palpable or distended bladder, a weak urinary stream, external perineal and genital features as well as signs of systemic diseases (e.g.: rashes, vasculitis, arthritis, pulmonary signs) and dysmorphic features associated with renal diseases 			
<ul style="list-style-type: none"> Formulate a differential diagnosis of complex medical problems related to the renal and urinary systems. 			
<ul style="list-style-type: none"> Select and interpret appropriate diagnostic investigations, including: renal function parameters, urinalysis, microbiology studies as well as renal and urinary system ultrasound 			
<ul style="list-style-type: none"> Plan the appropriate initial management of recurrent urinary tract infection, proteinuria and hematuria Refer for more detailed studies to paediatric nephrologist/urologist when indicated 			
<ul style="list-style-type: none"> Plan the appropriate follow-up management for each of: recurrent urinary tract infection, proteinuria and hematuria 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.5

Title	Assess, diagnose and manage children presenting with complex medical problems related to the endocrinology system	
Description of activity	This EPA is focused on the management of children presenting with complex endocrine diseases in the primary paediatric setting. The diagnostic scope includes short stature, macrosomia, thyromegaly, hypothyroidism, hyperthyroidism, diabetes type 1 and type 2, metabolic syndrome, obesity, precocious puberty and delayed puberty.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recognize normal growth velocity and the significance of a decreased growth velocity at all ages Recall the most common causes of short stature Recognize the signs of thelarche, pubarche and gynecomastia Recall the etiology precocious puberty and differentiate from pseudopuberty Recall the natural history of constitutional delay of puberty as well as the pathological causes of delayed puberty Identify risk factors, causes and parameters used in defining obesity and the metabolic syndrome in children Identify the clinical signs and most common causes of polyuria, thyromegaly, hypoglycemia, rickets, hyperthyroidism, hypothyroidism and hypocalcemia Recall the natural history of type 1 diabetes
		PC 1.1: Obtain an accurate history and sequence of symptoms and signs indicative of endocrine disorders
		PC 1.2: Conduct a detailed history regarding obesity, including a detail diet, exercise, sleep and family history
		PC 2.1: Identify signs that may be associated with endocrine disease
		PC 2.2: Perform an accurate interview and physical examination
		PC 2.3: Use growth charts appropriately
		PC 2.4: Assess sexual maturity using SMR (Sexual Maturity Rating) stages
		PC 2.5: Detect features of dysmorphic and genetic syndromes
		PC 2.6: Conduct specific anthropomorphic measurements in the assessment of obesity
		PC 3.1: Formulate a differential diagnosis for common endocrine symptoms
		PC 3.2: Distinguish between pathologic and normal phenotypic variants
		PC 4.1: Use laboratory tests as indicated
		PC 4.2: Interpret bone age in relation to growth and pubertal development
		PC 4.3: Assess growth at all ages and stages of development
	PC 4.4: Select indicated studies to rule out underlying pathology when assessing obesity and its co-morbidities	
	PC 5.1: Initiate the management of the most common pathological endocrinological entities	
	PC 5.2: Suggest appropriate interventional strategies for weight reduction	
	PC 5.3: Refer the patient to an endocrinologist when indicated	
	PC 6.1: Counsel families regarding obesity's long-term effects on health	
	PC 6.2: Provide long-term follow-up and monitor the effect of treatment	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Endocrinology			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Obtain an accurate history and sequence of symptoms and signs indicative of endocrine disorders Conduct a detailed history regarding obesity, including a detail diet, exercise, sleep and family history 			
<ul style="list-style-type: none"> Identify signs that may be associated with endocrine disease Perform an accurate interview and physical examination Use growth charts appropriately Assess sexual maturity using SMR (Sexual Maturity Rating) stages Detect features of dysmorphic and genetic syndromes Conduct specific anthropomorphic measurements in the assessment of obesity 			
<ul style="list-style-type: none"> Formulate a differential diagnosis for common endocrine symptoms Distinguish between pathologic and normal phenotypic variants 			
<ul style="list-style-type: none"> Use laboratory tests as indicated Interpret bone age in relation to growth and pubertal development Assess growth at all ages and stages of development Select indicated studies to rule out underlying pathology when assessing obesity and its co-morbidities 			
<ul style="list-style-type: none"> Initiate the management of the most common pathological endocrinological entities Suggest appropriate interventional strategies for weight reduction Refer the patient to an endocrinologist when indicated 			
<ul style="list-style-type: none"> Counsel families regarding obesity's long-term effects on health Provide long-term follow -up and monitor the effect of treatment 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.6

Title	Assess, diagnose and manage children presenting with complex medical problems involving the skin and/or mucous membranes	
Description of activity	This EPA is focused on the management of children presenting with complex problems related to the skin and/or mucous membranes in the primary care paediatric setting. The diagnostic scope includes: Moderate-severe atopic dermatitis, pigmentary and vascular lesions (Hemangioma's; Port-Wine stain; Klippel-Trenaunay syndrome; large nevi, dyschromias), infectious diseases (Meningococcal sepsis/meningitis), immunologically induced vascular diseases (Purpura Henoch-Schönlein and Kawasaki syndrome), autoimmune diseases, psoriasis, severe acne, genital lichen sclerosus, chronic urticaria and skin manifestations of neurocutaneous syndromes.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Describe the clinical manifestations and understand the pathogenesis of: vascular malformations (hemangiomas), dyschromias, acne, chronic urticaria, psoriasis, skin manifestations of neurocutaneous syndromes Recognize the cutaneous and mucosal manifestations of vascular systemic diseases. Recognize the skin manifestations of autoimmune diseases (Still' syndrome, rheumatic fever, JIA) Recognize cutaneous manifestations/purpuric skin lesions of infectious diseases that are an emergency Recognize that chronic urticaria does not warrant allergy testing
		PC 1.1: Conduct a detailed history
		PC 2.1: Perform a complete physical examination and describe cutaneous manifestations (including the skin, mucous membranes, hair and nails)
		PC 3.1: Create a differential diagnosis based on the presenting symptoms and signs
		PC 3.2: Recognize the systemic signs suggestive of a serious disease
		PC 4.1: Order appropriate laboratory and imaging tests and interpret results
		PC 5.1: Plan the management of complex skin diseases: prescribe appropriate antibiotics, corticosteroids, retinoids, emollients, propranolol, and other medications, whether orally or topically and as appropriate for age
		PC 5.2: Refer to a paediatric sub specialist dermatologist and/or other specialists when appropriate
	PC 6.1: Counsel parents regarding the long-term management of chronic dermatological diseases in children	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Skin and/or mucous membranes system			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history 			
<ul style="list-style-type: none"> • Perform a complete physical examination and describe cutaneous manifestations (including the skin, mucous membranes, hair and nails) 			
<ul style="list-style-type: none"> • Create a differential diagnosis based on the presenting symptoms and signs • Recognize the systemic signs suggestive of a serious disease 			
<ul style="list-style-type: none"> • Order appropriate laboratory and imaging tests and interpret results 			
<ul style="list-style-type: none"> • Plan the management of complex skin diseases: prescribe appropriate antibiotics, corticosteroids, retinoids, emollients, propranolol, and other medications, whether orally or topically and as appropriate for age • Refer to a paediatric sub specialist dermatologist and/or other specialists when appropriate 			
<ul style="list-style-type: none"> • Counsel parents regarding the long-term management of chronic dermatological diseases in children 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.7

Title	Assess, diagnose and manage children presenting with complex medical problems related with allergy and intolerance	
Description of activity	This EPA is focused on the management of children presenting with complex problems related with allergy and intolerance in the primary paediatric setting. The diagnostic scope includes: allergic oculo-rhinitis and asthma, urticaria, angioedema and food intolerance.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Describe the natural history, symptoms and therapeutic options in allergic diseases: rhinitis, urticaria, angioedema, anaphylaxis Describe food allergy testing, including its limitations Recognize risk factors for early-onset asthma (<3 years of age) and predictors of outgrowing symptoms Describe the pharmacology and risk-benefits ratio of short and long-acting inhaled beta-adrenergic agonists and inhaled corticosteroids as well leukotriene antagonists in the management of asthma
		PC 1.1: Conduct a detailed history including factors suggestive of allergic disease
		PC 1.2: Determine the presence of possible triggers (pollen, dust, animals, cigarette smoke, molds)
		PC 2.1: Perform a complete physical examination with focus on signs of allergic disease
		PC 3.1: Formulate a differential diagnosis of allergic diseases and plan an initial evaluation
		PC 3.2: Recall that food allergy/intolerance can be a cause of acute and recurrent abdominal pain and acute vomiting
		PC 3.3: Distinguish allergy from intolerance
		PC 3.4: Identify symptoms suggestive of serious illness
		PC 4.1: Indicate appropriate laboratory testing and interpret results (Skin tests, serum testing, pulmonary function, X-ray)
		PC 5.1: Create a management plan for common allergic diseases PC 5.2: Plan initial management of serious illness and refer to the hospital when indicated PC 5.3: Manage the side effects of immunotherapy PC 5.4: Provide preventive counselling regarding avoidance of triggers PC 5.5: Effectively collaborate with family, health team, and specialists regarding allergic disease PC 6.1: Plan long-term management of allergic conditions

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Allergy and intolerance			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history including factors suggestive of allergic disease 			
<ul style="list-style-type: none"> • Determine the presence of possible triggers (pollen, dust, animals, cigarette smoke, molds) 			
<ul style="list-style-type: none"> • Perform a complete physical examination with focus on signs of allergic disease 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of allergic diseases and plan an initial evaluation • Recall that food allergy/intolerance can be a cause of acute and recurrent abdominal pain and acute vomiting • Distinguish allergy from intolerance • Identify symptoms suggestive of serious illness 			
<ul style="list-style-type: none"> • Indicate appropriate laboratory testing and interpret results (Skin tests, serum testing, pulmonary function, X-ray) 			
<ul style="list-style-type: none"> • Create a management plan for common allergic diseases • Plan initial management of serious illness and refer to the hospital when indicated • Manage the side effects of immunotherapy • Provide preventive counselling regarding avoidance of triggers • Effectively collaborate with family, health team, and specialists regarding allergic disease 			
<ul style="list-style-type: none"> • Undertake long term management of allergic conditions 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.8

Title	Assess, diagnose and manage children presenting with complex medical problems related to neurological disorders	
Description of activity	This EPA is focused on the management of children presenting with complex medical problems related to neurological disorders, in the primary paediatric setting. The diagnostic scope includes migraines, cluster headaches, tension headaches, rebound headaches due to the abuse of analgesics, increased intracerebral pressure, psychogenic headaches, epileptic seizures, paroxysmal non-epileptic events (e.g., breath-holding, tics, self-stimulation, syncope, gastroesophageal reflux, pseudoseizures, sleep disturbances) febrile seizures, seizures due to metabolic disorders, movement disorders, hypotonia, macrocephaly and microcephaly.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the focal neurological signs Recall the diagnostic criteria of febrile seizures and the risk factors related to future epilepsy. Recall the diagnostic criteria of epilepsy in children Recall the pathophysiology and common causes of headaches, and recognize the possible biological, psychological, and social factors that can contribute to headaches Recall the common causes of ataxia (post-infectious, genetic, cerebral palsy, and benign paroxysmal vertigo) Recall the common causes of involuntary movement and movement disorders (including chorea, dystonia, myoclonus, tics, tremor) Recall the common causes of macrocephaly and microcephaly Recall the common causes of weakness and hypotonia
		PC 1.1: Perform an accurate neurologic history
		PC 2.1: Examine the nervous system of a newborn baby, child, and adolescent
		PC 2.2: Perform a reliable assessment of neurodevelopmental status at key stages
		PC 2.3: Examine the ocular fundus of a child
		PC 3.1: Interpret abnormal neurological signs
		PC 3.2: Form a differential diagnosis of the child with a suspected neurological disorder
		PC 3.3: Distinguish between epileptic seizures and paroxysmal non-epileptic events (e.g. breath-holding, tics, self-stimulation, syncope, gastroesophageal reflux, pseudoseizures, sleep disturbances)
		PC 4.1: Use a headache calendar for children presenting with headaches
		PC 4.2: Request indicated laboratory and imaging tests and interpret the results
		PC 4.3: Use video in assessing a patient with a movement disorder for episodic symptoms and signs
		PC 5.1: Effectively explain the diagnosis and prognosis to parents
	PC 5.2: Assess and initiate management of patients presenting neurological problems in primary care settings	
	PC 5.3: Provide appropriate counseling regarding activities and behavior of a child with a seizure disorder (e.g., athletics, school, driving, medications)	
	PC 5.4: Consult with specialists arranging timely and appropriate referrals	
	PC 6.1: Plan an appropriate follow-up management	
	PC 6.2: Locate self help and support groups and refer parents and children as indicated	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Neurology			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform an accurate neurologic history. 			
<ul style="list-style-type: none"> • Examine the nervous system of a newborn baby, child, and adolescent. • Perform a reliable assessment of neurodevelopmental status at key stages • Examine the ocular fundus of a child 			
<ul style="list-style-type: none"> • Interpret abnormal neurological signs • Form a differential diagnosis of the child with a suspected neurological disorder • Distinguish between epileptic seizures and paroxysmal non-epileptic events (e.g. breath-holding, tics, self- stimulation, syncope, gastroesophageal reflux, pseudoseizures, sleep disturbances) 			
<ul style="list-style-type: none"> • Use a headache calendar for children presenting with headaches • Request indicated laboratory and imaging tests and interpret the results • Use video in assessing a patient with a movement disorder for episodic symptoms and signs 			
<ul style="list-style-type: none"> • Effectively explain the diagnosis and prognosis to parents • Assess and initiate management of patients presenting neurological problems in primary care settings • Provide appropriate counselling regarding activities and behavior of a child with a seizure disorder (e.g., athletics, school, driving, medications) • Consult with specialists arranging timely and appropriate referrals 			
<ul style="list-style-type: none"> • Plan an appropriate follow-up management • Locate self help and support groups and refer parents and children as indicated 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.9

Title	Assess, diagnose and manage children presenting with complex medical problems related to the musculoskeletal system (mss)	
Description of activity	This EPA is focused on the management of children who present with complex problems of the musculoskeletal system in the primary care paediatric setting. Most serious disorders of the mss are rare diseases and age dependent and include illness that are: Acute (osteomyelitis, slipped capital femoral epiphysis), chronic (JIA) and life threatening (malignant bone tumors, malignant systemic diseases). The diagnostic scope also includes scoliosis, kyphosis and avascular necrosis (Legg-Calve-Perthes disease). The primary care paediatrician need differentiate between an isolated and local disease versus a more complex systemic illness.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recall the components of the musculoskeletal system Describe pain pathways Recognize which orthopedic diseases need urgent treatment (e.g.: Perthes, epiphysiolysis capitis femoris) Recall which diseases are caused by bacterial infection: Osteomyelitis, septic arthritis, Recall which autoimmune diseases may involve the joints (e.g.: JIA, dermatomyositis, chronic inflammatory bowel disease) Recall malignant diseases of the musculoskeletal system: bone tumors (Ewing sarcoma, osteosarcoma) and malignant systemic diseases with ostealgia (Leukemia)
		PC 1.1: Obtain essential and accurate information regarding pain including: location, radiation, duration, timing, frequency, exacerbating factors, alleviating factors, as well as associated and symptoms (e/g/: fever, fatigue; skin rash; enlargement of lymphatic organs; enteritis, etc.)
		PC 2.1: Perform a complete physical examination with particular focus on the musculoskeletal system
		PC 3.1: Form a differential diagnosis and plan, including relevant diagnostic procedures
		PC 3.2: Classify the patient's condition according to one of the following groups of diseases: Inflammatory (infectious or auto-immune); Systemic disease with mss involvement; Tumor; As of yet unknown cause
		PC 4.1: Order and interpret appropriate laboratory and imaging studies and interpret the results
		PC 5.1: Develop a management plan and provide appropriate therapy when indicated
		PC 5.2: Treat pain appropriately
		PC 5.3: Work out together and explain the condition to the patient and the family
	PC 5.4: Refer to the specialist when appropriate	
	PC 6.1: Establish a plan for ongoing care including paediatric sub-specialists, orthopedic surgeons and paediatric surgeons, if necessary	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Musculoskeletal system			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Takes a history with respect to the location, severity, duration, time of day of the pain in the mss and additionally with systemic symptoms 			
<ul style="list-style-type: none"> • Performs a complete examination of the musculoskeletal system including inspection, palpation, movement and strength 			
<ul style="list-style-type: none"> • Form a differential diagnosis and plan relevant diagnostic procedures 			
<ul style="list-style-type: none"> • Perform basic laboratory tests and/or ultrasound examination of joints and/or x-ray imaging 			
<ul style="list-style-type: none"> • Develop a management plan and provide appropriate therapy when indicated • Treat pain appropriately • Work out together and explain the condition to the patient and the family • Refer to the specialist when appropriate 			
<ul style="list-style-type: none"> • Establish a plan for ongoing care including paediatric sub-specialists, orthopedic surgeons and paediatric surgeons, if necessary 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.10

Title	Assess, diagnose and manage children presenting with complex medical problems related to genital system	
Description of activity	This EPA is focused on the management of children presenting complex problems related to genital system in the primary care paediatric setting. The diagnostic scope includes imperforate hymen, recurrent or chronic urethritis and vulvovaginitis, lichen sclerosus, hypospadias, cryptorchidism, micropenis, phimosis, testicular masses and varicocele.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recall the pathogenesis, etiology and the management of chronic or recurrent urethritis/ vulvovaginitis and lichen sclerosus Recall the etiology, pathogenesis, and the management of congenital abnormalities of the genitalia: Hypospadias, cryptorchidism, micropenis, imperforate hymen Recall the common causes of testicular masses: Varicocele, hernia, hydrocele, tumors
		PC 1.1: Obtain a detailed history and detect features in the presentation which suggest serious or unusual pathology
		PC 2.1: Identify major genital malformations
		PC 2.2a: FEMALES: Identify normal and abnormal physical findings of the urogenital system: imperforate hymen, discharge, chronic or recurrent vulvovaginitis, lichen sclerosus
		PC 2.2b: MALES: Identify normal and abnormal physical findings of the urogenital system: undescended and retractile testes, discharge, chronic or recurrent urethritis, testicular masses, hypospadias and epispadias, lichen sclerosus, phimosis
		PC 3.1: Formulate a differential diagnosis of a child presenting with a specific problem of the genitals
		PC 4.1: Select and interpret the appropriate imaging investigations and laboratory tests
		PC 5.1: Propose a treatment plan of the main pathologies
	PC 5.2: Refer to an urologist when necessary	
	PC 6.1: Plan appropriate follow-up management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Genital problems for females and males			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Obtain a detailed history and detect features in the presentation which suggest serious or unusual pathology 			
<ul style="list-style-type: none"> Identify major genital malformations FEMALES: Identify normal and abnormal physical findings of the urogenital system: imperforate hymen, discharge, chronic or recurrent vulvovaginitis, lichen sclerosus MALES: Identify normal and abnormal physical findings of the urogenital system: undescended and retractile testes, discharge, chronic or recurrent urethritis, testicular masses, hypospadias and epispadias, lichen sclerosus, phimosis 			
<ul style="list-style-type: none"> Formulate a differential diagnosis of a child presenting with genital specific problems 			
<ul style="list-style-type: none"> Select and interpret the appropriate imaging investigations (ultrasounds) and laboratory tests: Cultures, urinalysis, parasites test 			
<ul style="list-style-type: none"> Propose a treatment plan of the main pathologies Refer to an urologist when necessary 			
<ul style="list-style-type: none"> Plan the appropriate follow-up management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.11

Title	Assess, diagnose and manage children presenting with prolonged fever and/or fever of unknown origin (FUO)	
Description of activity	This EPA is focused on the management of children presenting with prolonged fever and/or fever of unknown origin (FUO) in the primary care paediatric setting. The evaluation depends on the age of the child and the duration of symptoms (usually > 1 week). The many causes of prolonged /FUO in children include infections, rheumatologic (connective tissue or autoimmune) diseases, auto-inflammatory diseases, drug fever and neoplastic disorders. Most fevers of unknown origin result from atypical presentations of common diseases.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Identify the possible causes of fever of unknown origin (FUO). Recognize symptoms and signs that may be suggestive of an immune disorder or dysfunction: recurrent infections, rashes or joint pain Recall the indications of an evaluation of immune deficiency (e.g., family history, single infection with unusual organism, multiple infections) Recall which medications suppress the immune response Recognize the effect of malnutrition and chronic illness on immunity Recall the diagnostic criteria of Systemic Lupus Erythematosus, Kawasaki disease, Juvenile rheumatoid (idiopathic) arthritis (JIA) and periodic fever syndrome Recognize the role of empiric antimicrobial therapy Recall the rational use of antibiotics, the avoidance of antibiotic overuse and the importance in preventing antibiotic resistance
		PC 1.1: Perform a detailed history with special emphasis on: past medical history (such as cardiac valve disorder), medications, immunizations, human contacts, animal and insect exposure, travel and family history
		PC 1.2: Perform a focused history recognizing the symptoms suggestive of: An infectious disease, an underlying immune disorder or a rheumatologic disorder (rash, fever, and lymphadenopathy)
		PC 1.3: Identify different patterns of fever.
		PC 2.1: Perform a focused physical examination with emphasis on: fundi, oropharynx, abdomen, lymph nodes, joints, skin, nails, genitalia and rectum
		PC 2.2: Recognize features in the history and physical which suggest serious infectious pathology
		PC 2.3: Recognize the signs and symptoms of an underlying immune disorder.
		PC 2.4: Recognize symptoms associated with the most common childhood cancers (e.g., leukemias, lymphomas, brain tumors, solid tumors, soft tissue sarcomas and bone tumors): Prolonged fever, pain, cachexia, pallor, and/or respiratory distress, etc.
		PC 3.1: Formulate a differential diagnosis based on the patient history, physical exam findings and the use of appropriate diagnostic tests
		PC 4.1: Select and interpret the appropriate laboratory and/or imaging studies that are helpful in establishing a differential diagnosis
	PC 5.1: Initiate the management of the most common pathological entities in children of different ages	
	PC 5.2: Refer a patient to a specialist when indicated	

ECPCP ■ Entrustable Professional Activities

		<p>PC 5.3: Follow local and national guidelines regarding mandatory reporting of infectious diseases</p> <p>PC 5.4: Advise childcare centers regarding exclusion criteria (positive or negative) for infections in children</p>
		<p>PC 6.1: Provide long-term follow –up and monitor treatment</p> <p>PC 6.2: Provide long-term care for the immune-compromised child:</p> <ul style="list-style-type: none"> • Advise parents on an appropriate immunization schedule • Counsel parents regarding the prevention of infections and early detection • Prescribe appropriate treatment for active infection as well as prophylactic therapy

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning prolonged fever and/or fever of unknown origin			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a detail history with special emphasis on personal background and risk factors • Perform a relevant focused history recognizing the symptoms suggestive of: An infectious disease, an underlying immune disorder or a rheumatologic disorder • Identify different fever patterns 			
<ul style="list-style-type: none"> • Perform a detailed history with special emphasis on: past medical history (such as cardiac valve disorder), medications, immunizations, human contacts, animal and insect exposure, travel and family history • Perform a focused history recognizing the symptoms suggestive of: An infectious disease, an underlying immune disorder or a rheumatologic disorder (rash, fever, and lymphadenopathy) • Identify different patterns of fever 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis based on the patient history, physical exam findings and the use of appropriate diagnostic test 			
<ul style="list-style-type: none"> • Select and interpret the appropriate investigations, laboratory and/or imaging studies that are helpful in establishing a differential diagnosis 			
<ul style="list-style-type: none"> • Initiate the management of the most common pathological entities in children of different ages • Refer a patient to a specialist when indicated • Follow local and national guidelines regarding mandatory reporting of infectious diseases • Advise childcare centers regarding exclusion criteria (positive or negative) for infections in children 			
<ul style="list-style-type: none"> • Monitor treatment and provide long-term follow-up • Provide long-term care of the immune-compromised child 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.12

Title	Assess, diagnose and manage children presenting with complex otorhinolaryngological disorders	
Description of activity	This EPA is focused on the management of children presenting with complex otorhinolaryngologic problems in the primary paediatric setting. The diagnostic scope includes recurrent or chronic otitis media, rhinitis, tonsillitis, sinusitis, laryngitis; hearing impairment / deafness; congenital ear malformations; nasal polyps; tonsillar and adenoidal hypertrophy; laryngomalacia; neck masses.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recall congenital anomalies and syndromes associated with the ear-nose-throat (ENT) system • Recognize the epidemiology and pathogenesis (including microbiological causes) of chronic ENT diseases • Recall appropriate treatment options for ENT diseases • Ear: - Recognize predisposing factors for chronic/recurrent otitis media with effusion in children <ul style="list-style-type: none"> ○ Know the indications for myringotomy and the insertion of ventilation tubes ○ Recall the complications of middle ear disease (perforation of the tympanic membrane, tympanomastoiditis, acquired cholesteatoma...) ○ Recognize the conditions that contribute to conductive and/or sensorineural hearing loss in children ○ Recall the methods for hearing evaluation at different ages • Nose and nasopharynx: - Recognize the natural history of adenoidal hypertrophy, tonsillar enlargement and know the indications for tonsillectomy and adenoidectomy <ul style="list-style-type: none"> ○ Know how to detect a septal hematoma, and foreign body in the nose ○ Identify conditions associated with epistaxis ○ Recognize the use and limitations of lateral soft tissue X-ray, nasopharyngeal endoscopy and sleep study monitoring in the evaluation of adenoidal hypertrophy • Sinuses: - Recall the natural development of the sinuses • Neck: - Recall causes of chronic lymphadenopathy and other neck masses
		PC 1.1: Perform an accurate history recognizing the symptoms and signs suggestive of an ENT disease
		PC 1.2: Assess for language and speech disorders
		PC 1.3: Detect risk factors that may predispose to hearing loss
		PC 2.1: Perform an appropriate examination of the external, middle ear, nose and pharynx and describe the findings
		PC 2.2: Perform an appropriate examination of neck masses
		PC 3.1: Formulate a differential diagnosis of chronic ENT diseases for the findings on exam
		PC 3.2: Distinguish between laryngomalacia and other causes of stridor
		PC 4.1: Order and interpret indicated laboratory and imaging tests
		PC 4.2: Select appropriate diagnostic tests and techniques of hearing evaluation at different ages
	PC 5.1: Develop a management plan to provide appropriate supportive and antimicrobial therapy when indicated	
	PC 5.2: Refer to an otolaryngologist when indicated	
	PC 6.1: Plan the appropriate follow-up management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Otorhinolaryngological disorders			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform an accurate history recognizing the symptoms and signs suggestive of an ENT disease • Assess for language and speech disorders • Detect risk factors that may predispose to hearing loss 			
<ul style="list-style-type: none"> • Perform an appropriate examination of the external, middle ear, nose and pharynx and describe the findings • Perform an appropriate examination of neck masses 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of chronic ENT diseases for the findings on exam • Distinguish between laryngomalacia and other causes of stridor • Evaluate a child with epistaxis 			
<ul style="list-style-type: none"> • Order and interpret indicated laboratory and imaging tests • Select appropriate diagnostic tests and techniques of hearing evaluation at different ages 			
<ul style="list-style-type: none"> • Develop a management plan to provide appropriate supportive and antimicrobial therapy when indicated • Refer to an otolaryngologist when indicated 			
<ul style="list-style-type: none"> • Plan the appropriate follow-up management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: COMPLEX ILLNESSES

SubEPA 5.13

Title	Assess, diagnose and manage children presenting with complex medical problems related to ophthalmological disorders	
Description of activity	This EPA is focused on the management of children presenting with complex ophthalmological diseases in the primary paediatric setting. The diagnostic scope includes: strabismus, amblyopia, nystagmus, ptosis, orbital and periorbital cellulitis, nasolacrimal duct obstruction, primary and secondary cataracts and childhood glaucoma.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Identify the critical periods in development of visual function and binocular vision. Recognize the importance of early detection of strabismus and refraction error in the prevention of amblyopia. Recall the different management options for amblyopia, including the indications and techniques for patching and surgery. Recall the predisposing factors, pathogenesis and organisms responsible for orbital and periorbital cellulitis and it's possible complications Recall the common causes, signs and symptoms of nasolacrimal duct obstruction Recall the causes, signs and symptoms of primary and secondary cataracts and childhood glaucoma. Recognize the association between the use of contact lenses and corneal abrasions
		PC 1.1: Perform a focused history for a child with an ophthalmological disease or visual impairment, including prenatal, birth and developmental history, drugs, family history, and educational concerns
		PC 2.1: Perform and examination of the eye (External examination of the ocular structures: penlight evaluation of the eyelids, conjunctiva, sclera, cornea, and iris)
		PC 2.2: Evaluate for opacities using a red reflex or Bruckner test
		PC 2.3: Perform the Hirschberg and cover tests
		PC 3.1: Form a differential diagnosis of the child with ocular symptoms
		PC 3.2: Differentiate between dacryostenosis and dacrocystitis
		PC 3.3: Identify eye diseases that require urgent treatment
		PC 4.1: Select and interpret indicated ancillary tests
		PC 4.2: Assess visual acuity
		PC 5.1: Provide treatment for common eye diseases
		PC 5.2: Provide urgent treatment when required
		PC 5.3: Consult with and refer to an ophthalmologist as indicated
	PC 6.1: Plan appropriate follow-up management	
	PC 6.2: Perform a vision screening test	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning complex medical problems: Ophthalmological disorders			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a focused history for a child with an ophthalmological disease or visual impairment, including prenatal, birth and developmental history, drugs, family history, and educational concerns 			
<ul style="list-style-type: none"> • Perform and examination of the eye (External examination of the ocular structures: penlight evaluation of the eyelids, conjunctiva, sclera, cornea, and iris) • Evaluate for opacities using a red reflex or Bruckner test • Perform the Hirschberg and cover tests 			
<ul style="list-style-type: none"> • Form a differential diagnosis of the child with ocular symptoms • Differentiate between dacryostenosis and dacrocystitis • Identify eye diseases that require urgent treatment 			
<ul style="list-style-type: none"> • Select and interpret indicated ancillary tests • Assess visual acuity 			
<ul style="list-style-type: none"> • Provide treatment for common eye diseases • Provide urgent treatment when required • Consult with and refer to an ophthalmologist as indicated 			
<ul style="list-style-type: none"> • Plan the appropriate follow-up management • Perform a vision screening test 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.14

Title	Assess, diagnose and manage children presenting with developmental, behavior, and/or psychosocial problems	
Description of activity	This EPA is focused on the management of children with developmental, behavioral and/or psychosocial impairment in the primary paediatric setting. The diagnosis scope includes: behavioral, psychomotor and speech/language impairment, autism spectrum disorder, and conditions resulting in musculoskeletal and neurologic disability.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	<p>Knowledge</p> <ul style="list-style-type: none"> • Recall the normal psychomotor and language development milestones • Recognize red flags of impaired psychomotor and language development • Recognize signs and symptoms indicative of autism spectrum disorders (ASDs) • Demonstrate familiarity with the DSM as the diagnostic manual of mental disorders • Identify multidisciplinary resources to provide the best care for children with neuro-developmental conditions. <p>PC 1.1: Conduct a complete history with focus on an accurate neurologic history</p> <p>PC 1.2: Assess development, language and behavior (using standardized tests)</p> <p>PC 1.3: Perform a psychosocial evaluation of a child with physical and/or mental disability</p> <p>PC 2.1: Perform a neurological examination of a new-born baby, child and adolescent and explain the significance of abnormal findings</p> <p>PC 2.2: Perform an age appropriate neurodevelopmental assessment at the following stages: newborn, toddler, pre-school, grade school and middle school</p> <p>PC 2.3: Perform a speech and language evaluation</p> <p>PC 2.4: Understand the significance of abnormal neurological signs on the physical exam</p> <p>PC 2.5: Evaluate psychological maturity</p> <p>PC 3.1: Formulate a differential diagnosis of a child presenting with physical and mental impairment</p> <p>PC 4.1: Perform an ASD screening test by using M-CHAT or for alarm signals</p> <p>PC 4.2: Request indicated hearing tests such as evoked potentials and audiometry</p> <p>PC 4.3: Refer appropriately to complete metabolic, genetic and neuroimaging studies</p> <p>PC 5.1: Plan appropriate initial and follow-up management</p> <p>PC 5.2: Explain the diagnosis and prognosis to the parents of the patient</p> <p>PC 5.3: Refer to a specialist when indicated</p> <p>PC 5.4: Refer to early intervention promptly and when indicated</p> <p>PC 5.5: Refer to mental health services when indicated</p> <p>PC 6.1: Monitor for treatment side effects on a regular basis</p> <p>PC 6.2: Recognize the impact of developmental disorders have on the life of the child and family</p> <p>PC 6.3: Identify support and management resources in the community and work collaboratively with the family, school and community</p>

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning: Children with abnormal development and/or physically or/and mentally impaired			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a complete history with focus on an accurate neurologic history • Assess development, language and behavior (using standardized tests) • Perform a psychosocial evaluation of a child with physical and/or mental disability 			
<ul style="list-style-type: none"> • Perform a neurological examination of a new-born baby, child and adolescent and explain the significance of abnormal findings • Perform an age appropriate neurodevelopmental assessment at the following stages: newborn, toddler, pre-school, grade school and middle school • Perform a speech and language evaluation • Understand the significance of abnormal neurological signs on the physical exam • Evaluate psychological maturity 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of a child presenting with physical and mental impairment 			
<ul style="list-style-type: none"> • Perform an ASD screening test by using M-CHAT or for alarm signals • Request indicated hearing tests such as evoked potentials and audiometry • Refer appropriately to complete metabolic, genetic and neuroimaging studies 			
<ul style="list-style-type: none"> • Plan appropriate initial and follow-up management • Explain the diagnosis and prognosis to the parents of the patient • Refer to a specialist when indicated • Refer to early intervention promptly and when indicated • Refer to mental health services when indicated 			
<ul style="list-style-type: none"> • Monitor for treatment side effects on a regular basis • Recognize the impact of developmental disorders have on the life of the child and family • Identify support and management resources in the community and work collaboratively with the family, school and community 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.15

Title	Infants presenting with regulation problems (excessive crying, feeding difficulties - and/or sleeping problems)	
Description of activity	This EPA is focused on the support and counseling of parents whose infants show excessive crying, feeding difficulties and/or sleeping problems. The goal of counseling are: Improvement of infants symptoms, reduction of parental stress and inducing positive interactions between parents and infant.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recall normal behavior of infants and toddlers • Recall normal age appropriate parent-child interaction • Recognize the concept of regulatory problems • Recall the definition of excessive crying • Recall the organic problems that cause excessive crying • Identify psychosocial factors that increase the risk for regulatory problems
		PC 1.1: Gather essential and accurate information about the infant's crying, feeding, sleeping and behavior and about any parental psychosocial problems (problems with accepting the infant; insecurity, stress, excessive demand, insensitivity, domestic conflict, postpartum depression, psychiatric disease, addiction, economic problems)
		PC 2.1: Perform a complete physical exam including a neurodevelopmental examination
		PC 3.1: Develop a differential diagnosis including organic conditions that may contribute to regulatory problems in infants
		PC 4.1: Order and interpret ancillary tests necessary to investigate any suspected organic conditions
		PC 5.1: Manage common regulation problems such as sleep problems, "the crying baby", feeding disorders. Suggest several management options
		PC 5.2: Refer the family to a specialized advisory- and/or therapeutic center (e.g., lactation consultant, psychologist) if necessary
		PC 6.1: Establish a management plan including continuity of care and follow-up consultation PC 6.2: Develop a common understanding of the parental stress and how best to improve the interaction between parents and their infant

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning infants with regulation problems			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> Gather essential and accurate information about the infant’s crying, feeding, sleeping and behavior and about any parental psychosocial problems (problems with accepting the infant; insecurity, stress, excessive demand, insensitivity, domestic conflict, postpartum depression, psychiatric disease, addiction, economic problems) 			
<ul style="list-style-type: none"> Perform a complete physical exam including a neurodevelopmental examination 			
<ul style="list-style-type: none"> Develop a differential diagnosis including organic conditions that may contribute to regulatory problems in infants 			
<ul style="list-style-type: none"> Order and interpret ancillary tests necessary to investigate any suspected organic conditions 			
<ul style="list-style-type: none"> Manage common regulation problems such as sleep problems, “the crying baby”, feeding disorders. Suggest several management options Refer the family to a specialized advisory- and/or therapeutic center (lactation consultant, psychologist) if necessary 			
<ul style="list-style-type: none"> Establish a management plan including continuity of care and follow-up consultation Develop a common understanding of the parental stress and how best to improve the interaction between parents and their infant 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.16

Title	Assess, diagnose and manage children presenting with incontinence (enuresis and encopresis)	
Description of activity	This EPA is focused on the diagnosis and the management of children presenting with enuresis or encopresis in the paediatric primary care setting	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recall normal development in relation to anal and bladder sphincter control • Explain the diagnostic criteria of enuresis and encopresis <ul style="list-style-type: none"> ○ Identify primary and secondary enuresis/encopresis ○ Recognize the signs and symptoms of fecal overflow incontinence • Recognize signs and symptoms indicative of a serious underlying condition causing enuresis and/or encopresis
		PC 1.1: Perform a complete history regarding enuresis and/or encopresis including a complete voiding and bowel movement history
		PC 1.2: Obtain information regarding risk factors for enuresis and encopresis
		PC 2.1: Perform a complete physical examination focusing on signs related to enuresis or encopresis (abdomen, genitals, back and gait)
		PC 3.1: Develop a differential diagnosis, including organic causes
		PC 4.1: Order and interpret tests and procedures as indicated
		PC 5.1: Explain non-pharmacological and pharmacological treatment options: PC 5.2: Plan the management of primary nocturnal enuresis: using one or a combination of interventions, including: <ul style="list-style-type: none"> • Education and reassurance (considering the high rate of spontaneous resolution) • Motivational therapy (e.g., sticker chart) • Enuresis alarms • Desmopressin Plan the management of primary encopresis: <ul style="list-style-type: none"> • Education and reassurance • Disimpaction + laxative therapy (Prescribe appropriate laxatives, stool softeners and lubricants)
		PC 5.3: Advise regarding dietary and behavioral intervention when indicated
		PC 5.4: Refer to a specialist (paediatric nephrologist, urologist, gastroenterologist, psychiatrist) when indicated
		PC 6.1: Monitor for treatment side effects PC 6.2: Plan for ongoing care

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning children with incontinence (enuresis and/or encopresis)			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a complete history regarding enuresis and/or encopresis including a complete voiding and bowel movement history. • Obtain information regarding risk factors for enuresis and encopresis 			
<ul style="list-style-type: none"> • Perform a complete physical examination focusing on signs related to enuresis or encopresis (abdomen, genitals, back and gait) 			
<ul style="list-style-type: none"> • Develop a differential diagnosis, including organic causes 			
<ul style="list-style-type: none"> • Perform and interpret tests and procedures according to specific age ranges (if necessary) 			
<ul style="list-style-type: none"> • Explain non-pharmacological and pharmacological treatment options: • Plan the management of primary nocturnal enuresis: using one or a combination of interventions, including: <ul style="list-style-type: none"> ○ Education and reassurance (considering the high rate of spontaneous resolution) ○ Motivational therapy (e.g., sticker chart) ○ Enuresis alarms ○ Desmopressin • Plan the management of primary encopresis: <ul style="list-style-type: none"> ○ Education and reassurance ○ Disimpaction + laxative therapy (Prescribe appropriate laxatives, stool softeners and lubricants) • Advise regarding dietary and behavioral intervention when indicated • Refer to a specialist (paediatric nephrologist, urologist, gastroenterologist, psychiatrist) when indicated 			
<ul style="list-style-type: none"> • Monitor for treatment side effects 			
<ul style="list-style-type: none"> • Plan for ongoing care 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.17

Title	Assess, diagnose and manage children presenting with complex eating disorders	
Description of activity	This EPA is focused on the diagnosis and the management of children with eating disorders in the primary paediatric setting. Eating disorders are characterized by a persistent disturbance of eating that impairs health or psychosocial functioning. Diagnoses include: anorexia nervosa, avoidant/restrictive food intake disorder, binge eating disorder, bulimia nervosa, pica, and rumination disorder.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recognize the signs and symptoms of a serious eating disorders • Explain the diagnostic criteria (DSM-5) • Identify dietary practices which place infants at risk for nutritional deficiency • Identify rumination and regurgitation habits practices
		PC 1.1: Conduct a detailed history including diet as well as behaviors related to eating disorders (vomiting, bowel movements, exercise, drugs) and identify dietary practices which place patients at risk for nutritional deficiency
		PC 1.2: Ascertain risk factors for malnutrition (e.g., social, psychological, and medical)
		PC 2.1: Perform a physical examination and detect signs indicative of an eating disorder
		PC 2.2: Detect clinical signs of nutritional deficiencies
		PC 3.1: Formulate a differential diagnosis of a child presenting with an eating disorder
		PC 3.2: Detect co-morbidities associated with eating disorders
		PC 3.3: Identify patients who should be evaluated with the SCOFF screening test
		PC 4.1: Order and interpret indicated laboratory tests
		PC 5.1: Establish a relationship of mutual trust, informed consent and shared decision-making with patients and their families/ caregivers.
		PC 5.2: Coordinate individualized, age appropriate, multimodal treatment: nutritional, pharmacologic, behavioral/psychologic and/or educational.
		PC 5.3: Identify and address life-threatening conditions appropriately
		PC 5.4: Refer to psychiatric care when indicated
	PC 6.1: Plan management and continued follow up	
	PC 6.2: Identify support and management resources in the community and work collaboratively with the family, school and community	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning eating disorders			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a detailed history including diet as well as behaviors related to eating disorders (vomiting, bowel movements, exercise, drugs) and identify dietary practices which place patients at risk for nutritional deficiency • Ascertain risk factors for malnutrition (e.g., social, psychological, and medical) 			
<ul style="list-style-type: none"> • Perform a physical examination and detect signs indicative of an eating disorder • Detect clinical signs of nutritional deficiencies 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of a child presenting with an eating disorder • Detect co-morbidities associated with eating disorders • Identify patients who should be evaluated with the SCOFF screening test 			
<ul style="list-style-type: none"> • Order and interpret indicated laboratory tests 			
<ul style="list-style-type: none"> • Establish a relationship of mutual trust, informed consent and shared decision-making with patients and their families/ caregivers • Coordinate individualized, age appropriate, multimodal treatment: nutritional, pharmacologic, behavioral/psychologic and/or educational • Identify and address life-threatening conditions appropriately • Refer to psychiatric care when indicated 			
<ul style="list-style-type: none"> • Plan management and continued follow up • Identify support and management resources in the community and work collaboratively with the family, school and community 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.18

Title	Assess, diagnose and manage children presenting with psychosomatic or psychiatric problems	
Description of activity	This EPA is focused on the diagnosis and management of children with psychosomatic and/or psychiatric problems in the primary paediatric setting. Diagnoses include: depression, anxiety and their comorbidities.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recognize signs and symptoms indicative of serious psychosomatic or psychiatric problems (anxiety disorders or depression). • Recall the diagnostic criteria according to DSM-5 • Recognize the inherent connection between physical, emotional, intellectual, and social factors in influencing development and health. • Identify community resources
		PC 1.1: Take a psychosocial history including assessment of behavior in school, amongst peers, and at home (parenting, sibling rivalry, discipline, media, divorce, death, violence), including time alone (TV, internet, social networking)
		PC 1.2: Inquire regarding symptoms consistent with depressive disorders
		PC 1.3: Detect psychosocial problems in children and families
		PC 1.4: Detect risk factors, and indications of child abuse
		PC 2.1: Perform a physical examination including identifying red flags (cuts, bruises, drugs...)
		PC 2.2: Evaluate psychological maturity
		PC 3.1: Formulate a differential diagnosis of a child presenting with psychosomatic / psychiatric problems
		PC 3.2: Identify co-morbidities associated with behavioral problems
		PC 4.1: Assess development and behavior (with the aid of standardized tests)
		PC 4.2: Order and interpret appropriate laboratory test if indicated
		PC 5.1: Coordinate individualized, age appropriate, multimodal treatment: pharmacologic, behavioral/psychologic and/or educational
		PC 5.2: Explain non-pharmacological and pharmacological treatment options
	PC 5.3: Manage common behavior problems such as sleep problems, oppositional behavior disorders...	
	PC 5.4: Respond immediately to life-threatening behavioral and mental disorders	
	PC 5.5: Refer appropriately to psychiatric care	
	PC 6.1: Plan for appropriate follow up management	
	PC 6.2: Monitor for treatment side effects	
	PC 6.3: Identify support and management resources in the community and work collaboratively with the family, school and community	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning children with psychosomatic or psychiatric problems			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Take a psychosocial history including assessment of behavior in school, amongst peers, and at home (parenting, sibling rivalry, discipline, media, divorce, death, violence), including time alone (TV, internet, social networking) • Inquire regarding symptoms consistent with depressive disorders • Detect psychosocial problems in children and families • Detect risk factors, and indications of child abuse 			
<ul style="list-style-type: none"> • Perform a physical examination including identifying red flags (cuts, bruises, drugs...) • Evaluate psychological maturity 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of a child presenting with psychosomatic / psychiatric problems • Identify co-morbidities associated with behavioral problems 			
<ul style="list-style-type: none"> • Assess development and behavior (with the aid of standardized tests) • Order and interpret appropriate laboratory test if indicated 			
<ul style="list-style-type: none"> • Coordinate individualized, age appropriate, multimodal treatment: pharmacologic, behavioral/psychologic, and/or educational • Explain non-pharmacological and pharmacological treatment options • Manage common behavior problems such as sleep problems, oppositional behavior disorders... • Respond immediately to life-threatening behavioral and mental disorders • Refer appropriately to psychiatric care 			
<ul style="list-style-type: none"> • Plan for appropriate follow up management • Monitor for treatment side effects • Identify support and management resources in the community and work collaboratively with the family, school and community 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.19

Title	Assess, diagnose and manage children presenting with disorder of attention and/or impulsivity (ADHD)	
Description of activity	This EPA is focused on the diagnosis and the management of children with ADHD, in the primary care paediatric setting.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recognize signs and symptoms indicative of ADHD and related disorders Delineate the diagnostic criteria of ADHD according to the DSM-5 Recognize community resources available for the management of ADHD
		PC 1.1: Conduct a psychosocial history and assessment: Assessment of behavior in school, at home (parenting, sibling rivalry, discipline, media use, divorce, and exposure to death and violence), assessment of social behavior and assessment of free time behavior (TV, internet, social networking)
		PC 1.2: Detect psychosocial problems of children and their families
		PC 2.1: Conduct a comprehensive medical, developmental, psychosocial and educational evaluation of the child suspected of having ADHD
		PC 3.1: Formulate a differential diagnosis of a child presenting with symptoms consistent with ADHD
		PC 3.2: Identify co-morbidities associated with ADHD (coexisting behavior/emotional disorders including oppositional defiant disorder, conduct disorder, depression, anxiety disorder, and learning disabilities)
		PC 4.1: Assess development and behavior with the assistance of validated ADHD-specific scales: SNAP IV, Conners, Vanderbilt...
		PC 5.1: Implement an age-appropriate and individualized multi-modal treatment for ADHD: behavioral/psychologic interventions, medication, and/or educational interventions,
		PC 5.2: Describe non-pharmacological and pharmacological treatment approaches PC 5.3: Refer appropriately to the Neuropaediatric/psychiatrist
	PC 6.1: Plan appropriate follow up management PC 6.2: Evaluate for treatment side effects on a regular basis PC 6.3: Identify community and educational resources, and collaborate with the school, family and community for support and management	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning children with disorder of attention and/or impulsivity			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Conduct a psychosocial history and assessment: Assessment of behavior in school, at home (parenting, sibling rivalry, discipline, media use, divorce, and exposure to death and violence), assessment of social behavior and assessment of free time behavior (TV, internet, social networking) • Detect psychosocial problems of children and their families 			
<ul style="list-style-type: none"> • Conduct a comprehensive medical, developmental, psychosocial and educational evaluation of the child suspected of having ADHD 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of a child presenting with symptoms consistent with ADHD • Identify co-morbidities associated with ADHD (coexisting behavior/emotional disorders including oppositional defiant disorder, conduct disorder, depression, anxiety disorder, and learning disabilities) 			
<ul style="list-style-type: none"> • Assess development and behavior with the assistance of validated ADHD-specific scales: SNAP IV, Conners, Vanderbilt... 			
<ul style="list-style-type: none"> • Implement an age-appropriate and individualized multi-modal treatment for ADHD: behavioral/psychologic interventions, medication, and/or educational interventions • Describe non-pharmacological and pharmacological treatment approaches • Refer appropriately to the Neuropaediatric/psychiatrist 			
<ul style="list-style-type: none"> • Plan appropriate follow up management • Evaluate for treatment side effects on a regular basis • Identify community and educational resources, and collaborate with the school, family and community for support and management 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: DEVELOPMENTAL-BEHAVIORAL AND PSYCHOSOCIAL PROBLEMS IN CHILDREN

SubEPA 5.20

Title	Assess, diagnose and manage children presenting with malformations, genetic diseases or inborn errors of metabolism	
Description of activity	This EPA is focused on the diagnosis and management of children with rare diseases. The diagnosis scope includes: congenital malformations, genetic, chromosomal and dysmorphogenetic syndromes, metabolic diseases and Fetal Alcohol Spectrum Disorder (FASD) as presented in the primary care paediatric setting.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recall the principles and molecular basis of Mendelian, multifactorial, and mitochondrial inheritance and epigenetics Recognize the indications and limitations of prenatal diagnosis Recall the Embryological basis of malformations and environmental factors in fetal development Recall the principles of dysmorphology and syndrome identification Recall Genetic techniques such as FISH, comparative genomic hybridization and next generation sequencing
		PC 1.1: Gather essential information about pregnancy (infections, drugs, alcohol, cigarettes etc.), birth and the family pedigree
		PC 1.2: Gather essential and accurate information about the child problems
		PC 1.3: Track results of newborn screening
		PC 2.1: Perform a complete clinical examination with special attention to and description of growth deficiency, major malformations, minor anomalies (describe craniofacial features), neurological and functional impairment
		PC 3.1: Formulate a differential diagnosis of a child presenting with symptoms of a rare disease, and classify according to: Teratogenic, metabolic or chromosomal/genetic causes
		PC 3.2: Identify co-morbidities associated with malformations
		PC 4.1: Plan and order appropriate laboratory studies (including metabolic and genetic testing)
	PC 5.1: Consult with and/or refer to a specialist (such as a geneticist) when indicated	
	PC 5.2: Plan for and provide appropriate management: Coordinate individualized, age appropriate, multimodal treatment: pharmacologic, behavioral/psychologic and/or educational	
	PC 6.1: Establish a plan for ongoing care	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning children with malformations, genetic diseases or inborn errors of metabolism			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Gather essential information about pregnancy (infections, drugs, alcohol, cigarettes etc.), birth and the family pedigree • Gather essential and accurate information about the child problems • Track results of newborn screening 			
<ul style="list-style-type: none"> • Perform a complete clinical examination with special attention to and description of growth deficiency, major malformations, minor anomalies (describe craniofacial features), neurological and functional impairment 			
<ul style="list-style-type: none"> • Formulate a differential diagnosis of a child presenting with symptoms of a rare disease, and classify according to: Teratogenic, metabolic or chromosomal/genetic causes • Identify co-morbidities associated with malformations 			
<ul style="list-style-type: none"> • Plan and order appropriate laboratory studies (including metabolic and genetic testing) 			
<ul style="list-style-type: none"> • Consult with and/or refer to a specialist (such as a geneticist) when indicated • Plan for and provide appropriate management: Coordinate individualized, age appropriate, multimodal treatment: pharmacologic, behavioral/psychologic and/or educational 			
<ul style="list-style-type: none"> • Establish a plan for ongoing care 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: CHILDREN WITH SUSPECT ABUSE OR NEGLECT

SubEPA 5.21

Title	Assess, diagnose and manage children with suspect physical abuse	
Description of activity	This EPA is focused on the management of children presenting to the paediatric primary care setting, with sequela of abuse (including physical developmental, behavior and/or psychosocial). Diagnoses include: non-accidental head trauma, retinal hemorrhages, rib fractures, long bones fractures, spinal injury, abdominal injury, cutaneous bruising, and burns.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recognize physical signs indicative of abuse Identify the historical and physical findings regarding a child with altered level of consciousness, that are indicative of abuse Identify legal requirements for reporting abuse and suspected abuse to law enforcement and/or child protection services Identify intervention options for families and patients involved in child abuse
		PC 1.1: Collect a psychosocial history in order to detect risk factors/indications of abuse: <ul style="list-style-type: none"> Assessment of behavior at school Assessment of behavior at home (parenting, sibling rivalry, discipline, divorce/separation, death, violence) Assessment of behavior during free time (including screen-time and social networking)
		PC 2.1: Identify the physical findings, including injuries related to child abuse
		PC 2.2: Perform a complete musculoskeletal examination including the spine, hips, and all four limbs, including joints
		PC 2.3: Perform a neurological examination of a newborn baby, child, and adolescent suspected to be a victim of abuse
		PC 3.1: Develop a differential diagnosis including conditions that can show signs similar to those of abuse
		PC 3.2: Differentiate between accidental and intentional trauma/injury
		PC 4.1: Order and interpret the ancillary tests used to support a diagnosis of possible physical abuse: X-ray, ultrasound, platelet and coagulation studies, ocular fundus exam
		PC 5.1: Provide immediate medical care for the abused victim and refer to appropriate specialist as indicated
		PC 5.2: Document a detailed report regarding the clinical findings and transmit to the appropriate authorities
	PC 6.1: Participate in a multidisciplinary team, contributing to joining their multiple roles for protecting children and adolescent rights	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning suspect physical abuse			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Collect a psychosocial history in order to detect risk factors/indications of abuse: <ul style="list-style-type: none"> ○ Assessment of behavior at school ○ Assessment of behavior at home (parenting, sibling rivalry, discipline, divorce/separation, death, violence) ○ Assessment of behavior during free time (including screen-time and social networking) 			
<ul style="list-style-type: none"> • Identify the physical findings, including injuries related to child abuse • Perform a complete musculoskeletal examination including the spine, hips, and all four limbs, including joints • Perform a neurological examination of a newborn baby, child, and adolescent suspected to be a victim of abuse 			
<ul style="list-style-type: none"> • Develop a differential diagnosis including conditions that can show signs similar to those of abuse • Differentiate between accidental and intentional trauma/injury 			
<ul style="list-style-type: none"> • Order and interpret the ancillary tests used to support a diagnosis of possible physical abuse: X-ray, ultrasound, platelet and coagulation studies, ocular fundus exam 			
<ul style="list-style-type: none"> • Provide immediate medical care for the abused victim and refer to appropriate specialist as indicated • Document a detailed report regarding the clinical findings and transmit to the appropriate authorities 			
<ul style="list-style-type: none"> • Participate in a multidisciplinary team, contributing to joining their multiple roles for protecting children and adolescent rights 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: CHILDREN WITH SUSPECT ABUSE OR NEGLECT

SubEPA 5.22

Title	Assess, diagnose and manage children suspected to be victims of neglect	
Description of activity	This EPA is focused on the management of children with developmental, behavior and/or psychosocial problems, suspected to be the result of neglect, as they present to the primary paediatric care setting. The diagnostic scope includes failure to thrive, obesity, oral and dental problems, frequent injuries, and neuro- developmental impairment	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recognize the effect of physical, emotional, intellectual, and social factors on development and health • Recognize signs, symptoms and injuries that may be the result of neglect. • Recognize the common causes of household injury • Recognize risk factors for abnormal development. • Identify dietary practices which place infants at risk for nutritional deficiency • Identify community resources for children victims of child abuse • Identify legal obligations for reporting neglect to law enforcement and/or child protection services • Identify intervention options for families and patients involved in neglect
		PC 1.1: Obtain a full immunization history
		PC 1.2: Take a detailed dietary history and identify practices which place infants at risk for nutritional deficiency and malnutrition
		PC 1.3: Perform a language and speech assessment
		PC 2.1: Perform a complete physical examination (including teeth)
		PC 2.2: Assess development and behavior (with the aid of standardized tests)
		PC 2.3: Assess behavior as well as the parent-child interaction through observation
		PC 2.4: Recognize the range of symptoms with which depressive disorders present themselves
		PC 3.1: Develop a differential diagnosis including conditions that may mimic signs and symptoms of neglect
		PC 3.2: Formulate a differential diagnosis of a child presenting with problems at school
		PC 4.1: Utilize appropriate diagnostic procedures and referrals to rule out the possibility of neglect
		PC 5.1: Provide primary (or immediate) medical care for the neglected child/adolescent and refer to appropriate specialists
		PC 5.2: Determine which social and supportive services are needed.
	PC 5.3: Promote nursing care that allows early and frequent contact with the children	
	PC 5.4: Document a detailed report regarding neglect suffered by the child/adolescent and transmit to the appropriate authority	
	PC 6.1: Participate in a multidisciplinary team, in protecting children and adolescent rights	
	PC 6.2: Pay attention to adolescents at risk for poor health outcomes and those with special health care needs	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning suspect neglect			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Obtain a full immunization history • Take a detailed dietary history and identify practices which place infants at risk for nutritional deficiency and malnutrition • Perform a language and speech assessment 			
<ul style="list-style-type: none"> • Perform a complete physical examination (including teeth) • Assess development and behavior (with the aid of standardized tests) • Assess behavior as well as the parent-child interaction through observation • Recognize the range of symptoms with which depressive disorders present themselves 			
<ul style="list-style-type: none"> • Develop a differential diagnosis including conditions that may mimic signs and symptoms of neglect • Formulate a differential diagnosis of a child presenting with problems at school 			
<ul style="list-style-type: none"> • Utilize the appropriate diagnostic procedures and referral to rule out the possibility of neglect 			
<ul style="list-style-type: none"> • Provide primary (or immediate) medical care for the neglected child/adolescent and refer to appropriate specialists • Determine which social and supportive services are needed. • Promote nursing care that allows early and frequent contact with the children • Document a detailed report regarding neglect suffered by the child/adolescent and transmit to the appropriate authority 			
<ul style="list-style-type: none"> • Participate in a multidisciplinary team, in protecting children and adolescent rights • Pay attention to adolescents at risk for poor health outcomes and those with special health care needs 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 5: CHILDREN WITH SUSPECT ABUSE OR NEGLECT

SubEPA 5.23

Title	Assess, diagnose and manage children suspected to be victims of sexual abuse	
Description of activity	This EPA is focused on the management of children with physical, developmental, behavior, and/or psychosocial problems related to sexual abuse, as presented in the primary paediatric care setting. The diagnostic scope includes vaginal discharge, amenorrhea, abdominal pain, recurrent UTI, condylomas, infectious diseases and psychosocial and behavioral problems	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Recognize risk factors, and red flags related to child sexual abuse <ul style="list-style-type: none"> ○ Recognize physical signs and symptoms, as well as injuries possibly associated with sexual abuse: ○ Acute and chronic abdominal pain ○ Vaginal discharge (e.g., trichomonas, candida, bacterial vaginosis, and foreign body) ○ Abnormal uterine bleeding ○ Amenorrhea ○ Anal/perianal findings (bleeding, signs of trauma, etc.) • Recognize behavior and psychosocial problems related to sexual abuse
		PC 1.1: Perform a complete gynecologic history including menstrual, obstetric, sexual, and relevant family and social history
		PC 1.2: Respect privacy and confidentiality during the interview
		PC 2.1: Perform a focused interview and physical examination related to suspected sexual abuse
		PC 2.2: Detect the physical findings of pregnancy
		PC 2.3: Recognize signs of gynecologic infections
		PC 3.1: Formulate a differential diagnose for problems related to sexual abuse
		PC 3.2: Consider pregnancy in the differential diagnosis of amenorrhea and vaginal bleeding whether or not there is a known history of sexual intercourse
		PC 4.1: Utilize appropriate diagnostic procedures and referrals to rule out the possibility of abuse
		PC 5.1: Provide initial medical care for sexually abused children and adolescents in order to mitigate immediate injuries and refer to appropriate specialist
	PC 5.2: Document a detailed report about the abuse or neglect suffered by a child or adolescent and transmit to the appropriate authorities	
	PC 6.1: Participate in a multidisciplinary team in protecting children and adolescent rights	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning suspect sexual abuse			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Perform a complete gynecologic history including menstrual, obstetric, sexual, and relevant family and social history • Respect privacy and confidentiality during the interview 			
<ul style="list-style-type: none"> • Perform a focused interview and physical examination related to suspected sexual abuse • Detect the physical findings of pregnancy. • Recognize signs of gynecologic infections 			
<ul style="list-style-type: none"> • Formulate a differential diagnose for problems related to sexual abuse • Consider pregnancy in the differential diagnosis of amenorrhea and vaginal bleeding whether or not there is a known history of sexual intercourse 			
<ul style="list-style-type: none"> • Utilize appropriate diagnostic procedures and referrals to rule out the possibility of abuse 			
<ul style="list-style-type: none"> • Provide initial medical care for sexually abused children and adolescents in order to mitigate immediate injuries and refer to appropriate specialist • Document a detailed report about the abuse or neglect suffered by a child or adolescent and transmit to the appropriate authorities 			
<ul style="list-style-type: none"> • Participate in a multidisciplinary team in protecting children and adolescent rights 			

EPA 6

MANAGE CHILDREN WITH COMMON PHYSICAL INJURIES

6.1 Burns, wounds and bites

6.2 Musculoskeletal injuries

6.3 Postsurgical injuries

ENTRUSTABLE PROFESSIONAL ACTIVITY 6: MANAGE CHILDREN WITH COMMON PHYSICAL INJURIES

Common

Title	Assess, diagnose, and manage common childhood injuries	
Description of activity	This EPA is focused on the management of children presenting with common burns, wounds, bites, musculoskeletal injuries and postsurgical injuries. Primary care paediatricians must be able to take a careful history and perform an adequate physical exam as well as initiate age-appropriate management and provide age-appropriate anticipative guidance. Primary care paediatricians should refer patients to specialists when indicated.	
Activities included	6.1 Burns, wounds and bites 6.2 Musculoskeletal injuries 6.3 Postsurgical injuries	
Domains of competence	I. Primary care for children II. Communication skills III. Health Advocate IV. Collaboration/Systems based practice 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 their families in order to create and sustain appropriate therapeutic relationships COM 4: Maintain comprehensive, timely and legible medical records including patient records and legal documents COM 5: Communicate effectively with other health care professionals, using appropriate communication skills required for safe and effective transfer of care
	HEALTH ADVOCATE	HA 2: Provide general, age-appropriate anticipative guidance on: musculoskeletal injuries, burns, wounds and bites HA 3: Provide anticipatory guidance based upon regional/local risks and exposures HA 4: Incorporate health promotion into daily practice
	COLLABORATION/SYSTEMS BASED PRACTICE	COLL 2: Identify the level competence and skills of other health-care providers (e.g., nurses, community health workers) COLL 3: Work effectively in multidisciplinary, inter-professional, and cross-cultural groups
	PRACTICE MANAGEMENT	PM 3: Prescribe safely (written plan)

LEARNING OUTCOMES	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Skills concerning the management of children with common physical injuries			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Communicate effectively with patients (children and adolescents) and their families • Maintain comprehensive, timely and legible medical records • Communicate effectively with other health care professionals 			
HEALTH ADVOCATE			
<ul style="list-style-type: none"> • Provide age-appropriate anticipative guidance on: musculoskeletal injuries, burns, wounds and bites • Provide anticipatory guidance based upon regional/local risks and exposures • Incorporate health promotion into daily practice 			
COLLABORATION/SYSTEMS BASED PRACTICE			
<ul style="list-style-type: none"> • Identify the level competence and skills of other health-care providers (e.g., nurses, community health workers) • Work effectively in multidisciplinary groups 			
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> • Prescribe safely (written plan) 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 6: COMMON PHYSICAL INJURIES

SubEPA 6.1

Title	Assess, diagnose, and manage common burns, wounds and bites	
Description of activity	This EPA is focused on the management of children presenting with common burns, wounds and bites	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> • Burns: Recall the specific injuries caused by different forms of burns (e.g., electrical, contact) • Wounds: Recall the classification of wounds and the principles of wound cleansing • Bites: Recognize the characteristics of bites from different sources (dog, cats...) • Identify the rabid species in your region and the bites of which that require rabies prophylaxis • Recognize that allergic reactions to insect stings/bites may cause significant morbidity including anaphylaxis • Recognize the importance of the patient education
		PC 1.1: Verify the mode of injury to children presenting with burns, wounds and bites.
		PC 1.2: Evaluate factors of presentation which suggest underlying abuse or serious pathology
		PC 2.1: Perform a physical exam evaluating for signs of injury/trauma.
		PC 2.3: Assess the percentage of body surface area involved in a burn and establish the severity depending on the depth, location/mechanism of injury.
		PC 2.4: Assess signs (redness, warmth, pus, tenderness) of infected wounds, burns and bites
		PC 2.5: Assess signs of allergy/anaphylaxis
		PC 3.1: Formulate a diagnosis based upon the history and physical findings
		PC 3.2: Differentiate between accidental and intentional trauma/injury
		PC 3.3: Classify burns on the basis of their depth
		PC 3.4: Know how to diagnose the clinical manifestations of lacerations and puncture wounds (e.g. penetrating nail injuries) in relation to the time of injury
		PC 3.5: Differentiate human bites from other bites and determine the type, size, and depth of injury from a bite
		PC 3.6: Interpret common symptoms and signs associated with allergic reactions: immediate localized and systemic reactions as well as delayed reactions that manifest with serum sickness-like reactions
	PC 4.1: Perform further evaluations as indicated	
	PC 5.1: Plan the management of lacerations and puncture wounds, bites and burns depending on its type, depth, cause, and timing, as well as taking into account possible complications	
	PC 5.2: Know how to use appropriate prophylaxis against infection and how to treat active infections	
	PC 5.3: Treat pain in a stepwise fashion, demonstrating the appropriate use of medications as well as routes of administration	
	PC 5.4: Demonstrate the appropriate use of active vaccine and immunoglobulins for tetanus prophylaxis	
	PC 5.5: Assess and initiate management of acute allergic reactions in the outpatient setting	
	PC 5.6: Refer to the emergency department or to a specialist when indicated	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning burns, wounds and bites			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Inquire as to the mode of injury to children presenting with burns, wounds and bites • Evaluate factors suggesting underlying abuse or serious pathology 			
<ul style="list-style-type: none"> • Perform a physical exam evaluating for signs of injury/trauma • Assess the percentage of body surface area involved in a burn and establish the severity depending on the depth, location/mechanism of injury • Assess signs (redness, warmth, pus, tenderness) of infected wounds, burns and bites • Assess signs of allergy/anaphylaxis 			
<ul style="list-style-type: none"> • Establish a diagnosis based upon the history and physical findings • Differentiate between accidental and intentional trauma/injury • Classify burns on the basis of their depth • Know how to diagnose the clinical manifestations of lacerations and puncture wounds (e.g. penetrating nail injuries) in relation to the time of injury • Differentiate human bites from other bites and determine the type, size, and depth of injury from a bite • Interpret common symptoms and signs associated with allergic reactions: immediate localized and systemic reactions, as well as delayed reactions that manifest with serum sickness-like reactions 			
<ul style="list-style-type: none"> • Perform further evaluations as indicated 			
<ul style="list-style-type: none"> • Plan the management of lacerations and puncture wounds, bites and burns depending on its type, depth, cause, and timing, as well as taking into account possible complications • Know how to use appropriate prophylaxis against infection and how to treat active infections • Treat pain in a stepwise fashion, demonstrating the appropriate use of medications as well as routes of administration • Demonstrate the appropriate use of active vaccine and immunoglobulins for tetanus prophylaxis • Assess and initiate management of acute allergic reactions in the outpatient setting • Refer to the emergency department or to a specialist when indicated 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 6: COMMON PHYSICAL INJURIES

SubEPA 6.2

Title	Assess, diagnose, and manage musculoskeletal injuries	
Description of activity	This EPA is focused on the management of children presenting with common musculoskeletal injuries.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recognize clinical manifestations of common musculoskeletal trauma: sprains, fractures and dislocations
		PC 1.1: Take an accurate history of the causative event
		PC 1.2: Consider factors in the presentation suggesting abuse or underlying pathology
		PC 2.1: Perform a complete musculoskeletal examination of the spine, hips, and all joints of the lower and upper limbs.
		PC 2.2: Detect the clinical manifestations common to those who exercise: sprain, strain, contusion, especially of the knee, ankle and foot
		PC 3.1: Differentiate between tendinous, muscular and osseous injuries
		PC 3.2: Differentiate between accidental and intentional trauma/injury
		PC 4.1: Appropriate use of imaging: X-rays or ultrasound
		PC 5.1: Plan for the acute management of the musculoskeletal injuries PC 5.2: Manage injuries common to exercise: sprain, strain, contusion, especially of the knee, ankle and foot PC 5.3: Appropriately use of cold compression, rest and NSAIDs for soft tissue injuries PC 5.4: Administer pain medication in a stepwise fashion using appropriate medications and routes of administration PC 5.5: Refer to the emergency department or to a specialist when indicated

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning musculoskeletal injuries			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Take an accurate history of the causative event • Consider factors in the presentation suggesting abuse or underlying pathology 			
<ul style="list-style-type: none"> • Perform a complete musculoskeletal examination of the spine, hips, and all joints of the lower and upper limbs. • Detect the clinical manifestations common to those who exercise: sprain, strain, contusion, especially of the knee, ankle and foot 			
<ul style="list-style-type: none"> • Differentiate between tendinous, muscular and osseous injuries • Differentiate between accidental and intentional trauma/injury 			
<ul style="list-style-type: none"> • Appropriate use of imaging: X-rays or ultrasound 			
<ul style="list-style-type: none"> • Plan for the acute management of the musculoskeletal injuries • Manage injuries common to exercise: sprain, strain, contusion, especially of the knee, ankle and foot • Appropriately use of cold compression, rest and NSAIDs for soft tissue injuries • Administer pain medication in a stepwise fashion using appropriate medications and routes of administration • Refer to the emergency department or to a specialist when indicated 			

ENTRUSTABLE PROFESSIONAL ACTIVITY 6: COMMON PHYSICAL INJURIES

SubEPA 6.3

Title	Assess, diagnose, and manage children with post-surgical injuries	
Description of activity	This EPA is focused on the management of children presenting common post-surgical injuries.	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge
		<ul style="list-style-type: none"> Recognize clinical complications of postsurgical injuries Wounds: Recall principles of wound cleansing
		PC 1.1: Carefully review the surgical history
		PC 1.2: Perform a focused history.
		PC 1.3: Assess pain accurately
	PC 2.1: Perform a focused clinical examination and recognize signs of post-operative complications: surgical wound infections, hematomas, wound dehiscence, poorly healing scars	
	PC 5.1: Plan the management of wound care, remove stitches if indicated	
	PC 5.2: Treat appropriately infections and other post-surgical complications	
	PC 5.3: Plan the management of pain according to age: medication, dose, route, and ease of administration	
	PC 5.4: Refer to the emergency department or to a specialist when indicated	

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning post-surgical injuries			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none"> • Revise carefully surgical history • Perform a relevant focused history. • Assess effectively pain 			
<ul style="list-style-type: none"> • Perform a focused clinical examination and recognize signs of post-operative complications: surgical wound infections, hematomas, wound dehiscence, poorly healing scars 			
<ul style="list-style-type: none"> • Plan the management of wound care, remove stitches if indicated • Treat appropriately infections and other post-surgical complications • Plan the management of pain according to age: medication, dose, route, and ease of administration • Refer to the emergency department or to a specialist when indicated 			

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

ENTRUSTABLE PROFESSIONAL ACTIVITY 7: MANAGE CHILDREN SUFFERING ACUTE/POTENTIALLY LIFE-THREATENING EVENTS

Title	Emergency care for children	
Description of activity	This EPA is focused on the management of previously healthy children presenting with signs and symptoms of an acute and potentially life-threatening event. Primary care paediatricians must be able to recognize emergency situations, take a well-focused history, perform a physical exam and initiate immediate management including resuscitation, stabilization and safe transfer to hospital if needed.	
Activities included	7.1 Cardiorespiratory arrest 7.2 Seizures (febrile included) 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	
Domains of competence	I. Primary care for children II. Communication skills IV. Collaboration/Systems based practice VII. Practice management	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	PRIMARY CARE FOR CHILDREN	Knowledge <ul style="list-style-type: none"> Recall the common causes of cardiorespiratory arrest and other potential life threatening events in children Recall the correct method for cardiopulmonary resuscitation in children of all ages Recognize the critical ill condition in children of all ages
	General	PC 1.1: Conduct a well-focused history to detect features which suggest acute/potentially life-threatening events PC 2.1: Assess and accurately record vital signs PC 2.2: Recognize the early signs and degree of respiratory distress, hypoxia and shock at different ages from new born to adolescence. Correct interpretation of O ₂ saturation PC 2.3: Assess pain accurately PC 3.1: Form a differential diagnosis and plan including relevant diagnostic procedures PC 4.1: Order and interpret appropriate emergency laboratory, EKG and radiologic tests when indicated PC 4.2: Identify relevant findings of chest radiography and abdominal imaging of various acute conditions PC 5.1: Manage early signs of serious disease PC 5.2: Plan management of different types of emergency situations PC 5.3: Appropriately refer to a hospital if indicated PC 5.4: Provide the parents with appropriate information regarding the patient's condition as well as ongoing management plans

	<p>7.1 Cardiorespiratory arrest</p>	<p>PC 5.1: Initiate and perform rapid and effective resuscitation of a patient requiring life support according to the ABC's of emergency care.</p> <ul style="list-style-type: none"> • Airway management: <ul style="list-style-type: none"> ○ Secure and verify the airway of the patient ○ Use of an oropharyngeal airway and a ventilation-bag, appropriate selection of endotracheal tube size for children of various ages, insertion of an ET tube and provision of adequate mask-valve-bag positive pressure ventilation ○ Assess the adequacy of ventilation • Cardiac and circulatory: <ul style="list-style-type: none"> ○ Provide adequate thoracic compressions ○ Recognize the value of an intraosseous device to provide fluids replacement in a critical ill child ○ Choose the correct drugs for the initial management of shock
	<p>7.2 Seizures (febrile included)</p>	<p>PC 5.1: Manage a child presenting with first seizure and a child presenting with recurring seizures PC 5.2: Use appropriate medications that may be administered rectally/intranasal in order to treat febrile seizures</p> <ul style="list-style-type: none"> • After acute management see EPA 5.8
	<p>7.3 Acute respiratory distress</p>	<p>PC 5.1: Manage a child with acute respiratory distress according to etiology</p> <ul style="list-style-type: none"> • After acute management see EPA 5.1
	<p>7.4 Acute abdominal pain</p>	<p>PC 2.1: Perform an appropriate evaluation of the abdomen and detect a “surgical abdomen”</p>
	<p>7.5 Foreign objects ingest</p>	<p>PC 1.1: Investigate as to the nature of the objects ingested (e.g. mercury, alkaline or silver cell batteries) PC 2.1: Identify signs associated with complications of a foreign body ingestion PC 4.1: Be aware of the indications and limitations of imaging patients with suspected and known foreign body ingestion PC 5.1: Manage a child with airway obstruction due to a foreign object ingestion according to age (Back slaps, Heimlich maneuver and chest thrusts as indicated)</p>
	<p>7.6 Dehydration</p>	<p>PC 2.2: Assess hydration status PC 5.1: Provide adequate fluid resuscitation</p>
	<p>7.7 Poisoning</p>	<p>PC 1.1: Use all appropriate resources available to obtain an ingestion history (time of ingestion) PC 2.1: Interpret signs associated with all common poisoning or drug ingestion PC 5.1: Access the poison control center. Identify online resources to assist with poisoning management</p>
	<p>7.8 Syncope</p>	<p>PC 3.1: Differentiate between cardiac and non-cardiac causes of syncope PC 5.1: Plan management based on the etiology</p> <ul style="list-style-type: none"> • After acute management see EPA 5.2 and EPA 5.8
	<p>7.9 Cardiac dysrhythmia</p>	<p>PC 3.1: Create a differential diagnosis of common dysrhythmias of childhood PC 4.1: Interpret ECG of a child suffering from dysrhythmia PC 5.1: Manage a child with cardiac dysrhythmia</p> <ul style="list-style-type: none"> • After acute management see EPA 5.2
	<p>7.10 Anaphylaxis</p>	<p>PC 5.1: Coordinate immediate and effective treatment for anaphylaxis, including the indication and administration of epinephrine</p> <ul style="list-style-type: none"> • After acute management see EPA 5.7
	<p>7.11 Traumatic head injury</p>	<p>PC 5.1: Plan initial management of a child with traumatic head injury</p> <ul style="list-style-type: none"> • After acute management see EPA 5.8

	7.12 Loss of consciousness	<p>PC 1.1: Identify ingestions and intoxications likely to result in neurologic toxicity (alcohol, drugs, etc.)</p> <p>PC 2.1: Detect historical and physical findings of child abuse as a cause of an altered level of consciousness</p> <p>PC 3.1: Be able to make a differential diagnosis with other causes of loss of consciousness</p> <ul style="list-style-type: none"> • After acute management see EPA 5.8
	COMMUNICATION SKILLS	<p>COM 1: Communicate effectively with patients (children and adolescents) and their families in order to create and sustain appropriate therapeutic relationships</p> <p>COM 4: Maintain comprehensive, timely and legible medical records including patient records and legal documents.</p> <p>COM 5: Communicate effectively with other health care professionals, using appropriate communication skills required for safe and effective transfer of care</p>
	COLLABORATION/SYSTEMS BASED PRACTICE	<p>COLL 2.1: Identify the level competence and skills of other health providers</p> <p>COLL 2.2: Demonstrate time-management, prioritization skills, effective delegation and follow-up skills</p> <p>COLL 3: Work effectively in multidisciplinary, inter-professional and cross-cultural groups</p> <p>COLL 4: Refer to a hospital if indicated</p>
	PRACTICE MANAGEMENT	<p>PM 3: Keep emergency equipment always ready –check regularly for expiry dates and need for replacements</p>

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning triage, diagnosis and management of children suffering from acute/potentially life-threatening events			
PRIMARY CARE FOR CHILDREN			
<p>General</p> <ul style="list-style-type: none"> • Conduct a well-focused history to detect features suggesting an acute/potentially life-threatening event • Assess and record vital signs. • Recognize the early signs and degree of respiratory distress, hypoxia and shock in different ages, from newborn to adolescence. Correct interpretation of O₂ saturation. • Assess pain accurately • Form a differential diagnosis and plan including relevant diagnostic procedures • Order and interpret appropriate emergency laboratory, EKG and radiologic tests when indicated • Identify features of chest radiography and abdominal imaging that are indicative of acute conditions • Manage early signs of serious disease • Plan effective management of different types of emergency situations • Appropriately refer to a hospital if indicated • Provide parents with appropriate information concerning the patient's condition as well as ongoing management plans 			
<p>Cardiorespiratory arrest</p> <p>Initiate and carry out rapid ABC's of emergency care:</p> <ul style="list-style-type: none"> • Airway management: <ul style="list-style-type: none"> ○ Secure and check the airway of the patient ○ Use an oropharyngeal airway, a ventilation-bag, choose the correct endotracheal tube size for children of various ages, insert an ET tube and provide adequate mask-valve-bag positive pressure ventilation ○ Assess the adequacy of ventilation • Cardiac and circulatory: <ul style="list-style-type: none"> ○ Provide adequate thoracic compressions ○ Recognize the value of an intraosseous device in providing fluids resuscitation in a critical ill child ○ Provide pharmacological management in the initial stages of shock 			
<p>Seizures (febrile included)</p> <ul style="list-style-type: none"> • Manage a child presenting with one's first seizure and with recurring seizures • Use the appropriate rectal/intranasal medications for the management of a febrile seizure 			

<p>Acute respiratory distress</p> <ul style="list-style-type: none"> • Manage a child with acute respiratory distress according to etiology 			
<p>Acute abdominal pain</p> <ul style="list-style-type: none"> • Appropriately assess an abdomen and correctly detect a “surgical abdomen” 			
<p>Foreign objects ingest</p> <ul style="list-style-type: none"> • Investigate as to the nature of the objects ingested (e.g. mercury, alkaline or silver cell batteries) • Identify signs associated with the complications of foreign body ingestion • Be aware of the indications and limitations of imaging patients with suspected and known foreign body ingestion • Manage a child with airway obstruction due to a foreign object ingestion according to age (Back slaps, Heimlich maneuver and chest thrusts as indicated) 			
<p>Dehydration</p> <ul style="list-style-type: none"> • Assess hydration status • Provide adequate fluid resuscitation 			
<p>Poisoning</p> <ul style="list-style-type: none"> • Use all appropriate resources available to obtain an ingestion history (time of ingestion) • Interpret signs associated with all common poisoning or drug ingestion • Access the poison control center. Identify online resources to assist with poisoning management 			
<p>Syncope</p> <ul style="list-style-type: none"> • Differentiate between cardiac and non-cardiac causes of syncope • Plan management based on the etiology 			
<p>Cardiac dysrhythmias</p> <ul style="list-style-type: none"> • Create a differential diagnosis of common dysrhythmias of childhood • Interpret ECG of a child suffering from dysrhythmia • Manage a child with cardiac dysrhythmia 			
<p>Anaphylaxis</p> <ul style="list-style-type: none"> • Coordinate immediate and effective treatment for anaphylaxis, including the indication and administration of epinephrine 			
<p>Traumatic head injury</p> <ul style="list-style-type: none"> • Plan the initial management of a child with traumatic head injury 			
<p>Loss of consciousness</p> <ul style="list-style-type: none"> • Identify ingestions and intoxications likely to result in neurologic toxicity (alcohol, drugs, etc.) • Detect historical and physical findings of child abuse as a cause of an altered level of consciousness • Be able to make a differential diagnosis with other causes of loss of consciousness 			

COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Communicate effectively with patients (children and adolescents) and their families • Maintain comprehensive, timely and legible medical records • Communicate effectively with other health care professionals 			
COLLABORATION/SYSTEMS BASED PRACTICE			
<ul style="list-style-type: none"> • Identify the level competence and skills of other health providers • Demonstrate time-management, prioritization skills, effective delegation and follow-up skills • Work effectively in multidisciplinary groups • Refer to a hospital if indicated 			
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> • Keep emergency equipment always ready –check regularly for expiry dates and need for replacements 			

EPA 8

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

ENTRUSTABLE PROFESSIONAL ACTIVITY 8: PROVIDE CONTINUOUS AND COORDINATED CARE FOR CHILDREN WITH CHRONIC CONDITIONS AND/OR DISABILITIES

The primary care of children with chronic problems have been comprehensively developed in EPA no. 5, to avoid repetitions this EPA only will develop remaining domains of competence necessary to care for these children.

Title	Continuity of care for children with chronic conditions and/ or disabilities	
Description of activity	Primary care paediatricians must be able to care and manage children with chronic problems and special healthcare needs. They should be able to recognize the importance of a primary-care-centered approach, identify principles and legislation that seek to protect vulnerable children, refer patients (if indicated) to specialists for advanced care, work effectively in a multi-disciplinary team, counsel and empower patients and their families, identify support programs for children and their families and provide plans for ongoing care.	
Domains of competence	II. Communication skills III. Health advocate IV. Collaboration/Systems based practice V. Professionalism/Ethics 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 their families in order to create and sustain appropriate therapeutic relationships COM 2: Demonstrate active listening COM 3.1: Take a family centered approach when communicating recommendations, alternatives and uncertainties of care, while demonstrating an understanding of patient/family anxieties and points of view COM 3.2: Empower parents to be the primary caregiver for their children's medical and social needs COM 5: Communicate effectively with other health care professionals, using appropriate communication skills required for the safe and effective transfer of care
	HEALTH ADVOCATE	Knowledge <ul style="list-style-type: none"> Recall national policies, practices and laws relevant to specific groups of children HA 2.1: Demonstrate an appreciation of the distinct health care needs of children and adults HA 2.2: Be aware of patients at-risk
	COLLABORATION/SYSTEMS BASED PRACTICE	Knowledge <ul style="list-style-type: none"> Identify the role of support programs for children with special health care needs and their families COLL 3: Work effectively in multidisciplinary, inter-professional, and cross-cultural groups
	PROFESSIONALISM/ETHICS	P 1: Apply ethical principles to clinical care P 3: Demonstrate cultural sensitivity to a diverse patient population, including, but not limited to diversity in age, gender, culture, religion and disability
	PRACTICE MANAGEMENT	PM 3: Maintain comprehensive, timely, and legible medical records including patient records and legal documents

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning continuous and coordinated care for children with special healthcare needs (chronic conditions, disabilities or both)			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Communicate effectively with patients (children and adolescents) and their families in order to create and sustain appropriate therapeutic relationships • Demonstrate active listening • Take a family-centered approach when discussing management, including alternative approaches and uncertainties, as well as demonstrating an understanding of the patient/families' concerns and points of view • Empower parents to be the primary caregiver for their children's medical and social needs • Communicate effectively with other health care professionals, using appropriate communication skills required for safe and effective transfer of care 			
HEALTH ADVOCATE			
<ul style="list-style-type: none"> • Demonstrate an appreciation of the distinct health care needs of children and adults • Be aware of vulnerable and at-risk patient groups 			
COLLABORATION/SYSTEMS BASED PRACTICE			
<ul style="list-style-type: none"> • Work effectively in multidisciplinary, inter-professional, and cross-cultural groups 			
PROFESSIONALISM/ETHICS			
<ul style="list-style-type: none"> • Apply ethical principles and to clinical care • Demonstrate cultural sensitivity to a diverse patient population, including, but not limited to diversity in age, gender, culture, religion and disability 			
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> • Maintain comprehensive, timely, and legible medical records including patient records and legal documents 			

EPA 9

COLLABORATE AS A MEMBER OF AN INTERPROFESSIONAL TEAM

ENTRUSTABLE PROFESSIONAL ACTIVITY 9: COLLABORATE AS A MEMBER OF AN INTERPROFESSIONAL TEAM

Title	Collaborate as a member of an interprofessional team	
Description of activity	Primary care paediatricians must be able to communicate effectively with other health care providers.	
Domains of competence	II. Communication skills IV. Collaboration/Systems based practice V. Professionalism/Ethics VI. Evidence based practice and scholarly activities	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	COMMUNICATION SKILLS	COM 4: Maintain comprehensive, timely, and legible medical records including patient records and legal documents COM 5: Communicate effectively with other health care professionals, using appropriate communication skills elements required for safe and effective transfer of care
	COLLABORATION /SYSTEMS BASED PRACTICE	Knowledge <ul style="list-style-type: none"> Identify the role of school health services within comprehensive school health programs and recognize the importance of collaboration between schools and clinical care systems COLL 2: Respect the diversity of roles, responsibilities, and competence of other professionals in relation to their own COLL 3.1: Strengthen collaboration between primary care and other child and maternal public health efforts COLL 3.2: Collaborate with teachers, social workers, community leaders, child protection workers, and other allied health professionals to assess, plan, review and provide health prevention, and interventions COLL 3.3: Participate in multidisciplinary teams in protecting child and adolescent rights COLL 4: Consult effectively with specialists
	PROFESSIONALISM /ETHICS	Knowledge <ul style="list-style-type: none"> Recall the principles of autonomy, beneficence, non maleficence and justice P 1: Display professional responsibility and appropriate ethics when interacting with the pharmaceutical industry P 2: Display the ability to maintain patient confidentiality, particularly that of adolescents and other family members when sharing information
	EVIDENCE BASED PRACTICE AND SCHOLARLY ACTIVITIES	EBPS 5: Give an effective lecture or presentation EBPS 7: Provide appropriate and constructive feedback to staff

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning: Collaborate as a member of an interprofessional team			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> Maintain comprehensive, timely, and legible medical records including patient records and legal documents Communicate effectively with other health care professionals, using appropriate communication elements required for safe and effective transfer of care 			
COLLABORATION/SYSTEMS BASED PRACTICE			
<ul style="list-style-type: none"> Respect the diversity of roles, responsibilities, and competence of other professionals in relation to their own Strengthen collaboration between primary care and other child and maternal public health efforts Collaborate with teachers, social workers, community leaders, child protection workers, and other allied health professionals to assess, plan, review and provide health prevention, and interventions Participate in multidisciplinary teams in protecting child and adolescent rights Consult effectively with specialists 			
PROFESSIONALISM/ETHICS			
<ul style="list-style-type: none"> Display professional responsibility and appropriate ethics when interacting with the pharmaceutical industry Display the ability to maintain patient confidentiality, particularly that of adolescents and other family members when sharing information 			
EVIDENCE BASED PRACTICE AND SCHOLARLY ACTIVITIES			
<ul style="list-style-type: none"> Give an effective lecture or presentation Provide appropriate and constructive feedback to staff 			

EPA 10

NETWORKING IN THE COMMUNITY

ENTRUSTABLE PROFESSIONAL ACTIVITY 10: NETWORKING IN THE COMMUNITY

Title	Network in the community	
Description of activity	Primary care paediatricians must be familiar with community resources (including internet groups and services, patient associations, and professional associations), and use and/or coordinate social, educational, and government services for integrated child care	
Most frequent resources	<ul style="list-style-type: none"> • Community/internet resources • Social, educational services and governmental agencies 	
Domains of competence	II. Communication skills III. Health advocate IV. Collaboration/Systems-based practice VII. Professionalism ethics	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	COMMUNICATION SKILLS	COM 5: Communicate effectively with other health care professionals, using appropriate communication skills elements required for safe and effective transfer of care between different institutions
	HEALTH ADVOCATE	Knowledge
		<ul style="list-style-type: none"> • Recall national policies, practices and laws relevant to specific groups of children
		HA 1: Detect vulnerable or marginalized populations and respond appropriately (e.g. homeless, children living in poverty, child trafficking, forced labor, forced marriage, and female genital mutilation) HA 2: Counsel families, and assist them in finding resources to help with the management of children in need of protection as well ensuring follow-up HA 3: Demonstrate advocacy skills to address relevant individual, community, and population health issues
	COLLABORATION/ SYSTEMS-BASED PRACTICE	Knowledge
		<ul style="list-style-type: none"> • Identify the role of support programs for children with special health care needs and their families • Identify the role of school health services within comprehensive school health programs and recognize the importance of collaboration during early childhood education between schools and clinical care systems • Identify the value of social networks, community resources and community and school prevention programs in the prevention of risky behaviors • Identify local/state/national requirements for reporting sexual abuse to law enforcement and/or child protection services and delineate legal obligations for reporting suspected abuse • Recognize the essential role of the paediatrician within the family, community, school and political structures • Recognize the role of government, and non-governmental organizations as well as community groups in developing health policies and advocating for children and adolescents
		COLL 1: Determine service needs and select optimal methods to support parents of children with special needs COLL 3: Collaborate with teachers, social workers, community leaders, child protection workers and other allied health professionals to assess, plan, review and provide healthcare
	PROFESSIONALISM /ETHICS	Knowledge
		<ul style="list-style-type: none"> • Recognize the ethical principles: Autonomy, Confidentiality, Beneficence and Justice
		PC 1: Demonstrate the principles of autonomy, confidentiality, beneficence and justice in solving ethical conflicts PC 2: Display the ability to maintain patient confidentiality, particularly that of adolescents and other family members when sharing information.

LEARNING OUTCOMES	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Skills concerning networking in the community			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> Communicate effectively with other health care professionals 			
HEALTH ADVOCATE			
<ul style="list-style-type: none"> Detect and address vulnerable or marginalized patients and patient populations Counsel families to assist in obtaining assistance with the management of children in need of protection Demonstrate advocacy skills to address relevant individual, community, and population health issues 			
COLLABORATION/SYSTEMS-BASED PRACTICE			
<ul style="list-style-type: none"> Determine service needs and select the optimal methods to support parents of children with special needs Collaborate with teachers, social workers, community leaders, child protection workers, and other allied health professionals to assess, plan, review and provide healthcare 			
PROFESSIONALISM /ETHICS			
<ul style="list-style-type: none"> Demonstrate the principles of autonomy, confidentiality, beneficence and justice in solving ethical conflicts Display the ability to maintain patient confidentiality, particularly that of adolescents and other family members when sharing information 			

EPA 11

ASSURE PATIENT SAFETY AND PROVIDE QUALITY MANAGEMENT

ENTRUSTABLE PROFESSIONAL ACTIVITY 11: ASSURE PATIENT SAFETY AND PROVIDE QUALITY MANAGEMENT

Title	Patient safety and quality assurance	
Description of activity	Primary care paediatricians must implement specific processes and strategies to improve safety and to prevent medical errors or minimize their adverse effect	
Most frequent strategies	<ul style="list-style-type: none"> • Prevention, reduction, reporting, and analysis of medical error • Manage documents, activities, tasks, processes, for a secure paediatric primary care practice • Monitor and refer drug/vaccination adverse effects 	
Domains of competence	II. Communication skills IV. Collaboration/Systems based practice VI. Evidence based practice and scholarly activities VII. Practice management	
	Domains	Competencies. Specific knowledge and skills (Based on ECPCP PCP curriculum)
	COMMUNICATION SKILLS	COM 3: Use appropriate means to disclose medical errors to patients and/or their families COM 4.1: Convey effective oral and written information regarding the medical encounter COM 4.2: Maintain comprehensive, timely, and legible medical records including patient records and legal documents COM 5: Use effective methods of communication among paediatric team members in order to reduce the incidence of medical errors in the ambulatory setting
	COLLABORATION/ SYSTEMS-BASED PRACTICE	Knowledge <ul style="list-style-type: none"> • Recognize the mechanisms for delivering cost-effective health promotion and disease prevention strategies to children, globally as well as in under-resourced settings
		COLL 2: Leadership in crisis resource management (problem solving, situational awareness, and communication skills) COLL 3: Display an open-minded approach to realizing medical errors, and promote effective team-work and mutual supervision in the prevention of medical errors
	EVIDENCE BASED PRACTICE AND SCHOLARLY ACTIVITIES	Knowledge <ul style="list-style-type: none"> • Identify how disease prevalence affects the positive and negative predictive value of a test • Recognize the strengths and limitations of the following types of studies and/or analyses: retrospective studies, case series, cross-sectional studies, case-control studies, longitudinal studies, cohort studies, randomized-controlled studies, before-after studies, crossover studies, open-label studies, post-hoc analyses, and subgroup analyses • Recognize the importance of self-assessment of professional competence and practice • Display professional responsibility and appropriate ethics when interacting with the pharmaceutical industry
		EBPS 1: Interpret the results of the statistical tests: p-value and a confidence interval, differentiate relative risk reduction from absolute risk reduction, interpret sensitivity and specificity EBPS 3.1: Sustain medical error prevention in learning environments (including morning report, patient hand-offs, consultations) utilizing both human and environmental factors EBPS 3.2: Maintain a questioning attitude towards medical learning EBPS 4: Use best practice guidelines to reduce medical adverse events

		<p>EBPS 5: Integrate new learning into practice</p> <p>EBPS 6: Self-directed learning and commitment in maintaining one’s competence through lifelong continuous professional development</p>
	<p>PRACTICE MANAGEMENT</p>	<p>Knowledge</p> <ul style="list-style-type: none"> • Recall definitions used in discussions of patient safety including: medical error, near miss event, sentinel event, preventable adverse events, non-preventable adverse events • Identify the common causes of adverse events associated with medication and vaccination for paediatric patients • Take into account the role of ancillary services, such as the pharmacy, in the prevention of medication errors, as well as the impact of product naming and packaging on medication safety • Recall the epidemiology of medical errors in the paediatric ambulatory setting • Identify off label drug use as a paediatric patient safety risk • Recognize the relationship between medical error detection and the development of safety strategies • Recognize that continuous quality improvement requires analysis of medical care process and outcomes, as well as strategized changes with measurable results <p>PM 1: Apply the advantages of computerized order entry (where applicable) and dose–range checking in reducing medication errors</p> <p>PM 2: Critical and self-critical abilities (reflective practice)</p> <p>PM 3.1: Detect internal adverse events and report to Critical Incident Report Systems (CIRS)</p> <p>PM 3.2: Apply the principles of cold chain and good maintenance of the refrigerator for the storage of vaccines</p> <p>PM 3.3: Keep emergency equipment always ready and regularly check expiry dates for replacement</p> <p>PM 4: Detect which interventions can reduce medical errors in high-risk situations (stress, fatigue, distraction)</p>

LEARNING OUTCOMES	UNCERTAIN	HESITANT	CONFIDENT
	Supervised	Presents every patient if needed	Unsupervised (but with oversight)
Skills concerning: Assure patient safety and provide quality management			
COMMUNICATION SKILLS			
<ul style="list-style-type: none"> • Use appropriate means to disclose medical errors to patients and/or their families • Convey effective oral and written information concerning the medical encounter. • Maintain comprehensive, timely, and legible medical records • Use effective methods of communication among paediatric team members in order to reduce the incidence of medical errors in the ambulatory setting 			
COLLABORATION/SYSTEMS-BASED PRACTICE			
<ul style="list-style-type: none"> • Leadership in crisis resource management (problem solving, situational awareness, and communication skills) • Display an open-minded approach to realizing medical errors, and promote effective team-work and mutual supervision in the prevention of medical errors 			
EVIDENCE BASED PRACTICE			
<ul style="list-style-type: none"> • Interpret the results of the statistical tests: p-value and a confidence interval, differentiate relative risk reduction from absolute risk reduction, interpret sensitivity and specificity • Sustain medical error prevention in learning environments (including morning report, patient hand-offs, consultations) utilizing both human and environmental factors • Maintain a questioning attitude towards medical learning • Use best practice guidelines to reduce medical adverse events • Integrate new learning into practice • Self-directed learning and commitment in maintaining one's competence through lifelong continuous professional development 			
PRACTICE MANAGEMENT			
<ul style="list-style-type: none"> • Apply the advantages of computerized order entry (where applicable) and dose –range checking in reducing medication errors • Critical and self-critical abilities (reflective practice) • Detect and report adverse events • Apply the principles of cold chain and good maintenance of the refrigerator for the storage of vaccines • Keep emergency equipment always ready and regularly check expiry dates for replacement • Detect which interventions can reduce error in high-risk situations 			

