Entrustable Professional Activities for Developmental Pediatrics

2023
VERSION 1.0

This document is to be used in conjunction with the *Entrustable Professional Activity User Guide*, which is available on the Royal College's website.

This document applies to those who begin training on or after July 1, 2023.

Developmental Pediatrics: Transition to Discipline EPA #1

Applying a comprehensive approach to the performance of developmental assessments

Key Features:

- This EPA focuses on a structured approach to history gathering and physical examination.
- At this stage, the focus is on an approach that is comprehensive and organized; depth and mastery are not required, but an understanding of how this approach links to the case formulation is important.
- This EPA may be observed during the assessment of a child/youth with any developmental concern.

Assessment Plan:

Direct observation and/or case review by supervisor

Use Form 1. Form collects information on:

- Type of observation (select all that apply): direct; case review
- Age: infant; preschool; school-age; adolescent
- Presentation: developmental/behavioural; neuromotor

Collect at least 3 observations of achievement
- At least 2 direct observations
- At least 1 preschool
- At least 1 school-age
- At least 1 developmental/behavioural presentation
- At least 1 neuromotor presentation
- At least 2 different assessors

CanMEDS Milestones:

1 **COM 1.2** Optimize the physical environment for child/youth and family comfort, dignity, and privacy

2 **COM 1.1** Demonstrate empathy, respect, and compassion

3 **ME 2.2 Gather a history relevant to the presentation**

4 **COM 1.4** Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the child/youth and family

5 **ME 2.2 Perform a physical examination relevant to the presentation**

6 **ME 2.2 Demonstrate an organized, structured approach to the assessment**

7 **ME 2.2 Identify key features of the history and physical examination that inform the case formulation**

8 **COM 2.2** Manage the flow of the encounter

Developmental Pediatrics: Transition to Discipline EPA #2

Applying a development milestone approach based on history and observation

Key Features:

- This EPA focuses on applying a developmental milestone approach to the skills a child/youth is demonstrating in the major domains of development: gross motor; fine motor; communication (expressive/receptive); cognitive; social/play.
- It also includes differentiating typical from atypical development.
- At this stage, this EPA is limited to children less than 6 years of age.

Assessment Plan:

Direct observation and case discussion with supervisor or other health professional (e.g., occupational therapist, physiotherapist, or speech language pathologist)

Use Form 1

Collect at least 3 observations of achievement

CanMEDS Milestones:

1 **ME 2.2 Observe and/or elicit skills in the following domains: gross motor; fine motor; communication; cognitive; social/play**

2 **ME 2.2 Ask questions that clarify skill development, comparing what is seen at home or in the community with what is being observed**

3 **ME 1.3** Apply knowledge of developmental milestones in the following domains: gross motor; fine motor; communication; cognition; social/play

4 **ME 2.2 Differentiate typical from atypical development**

5 **ME 2.2 Synthesize information for clear and succinct presentation to a supervisor**

Developmental Pediatrics: Foundations EPA #1

Using developmentally appropriate communication and play in child/youth assessments

Key Features:

- This EPA focuses on using a developmentally appropriate approach to foster a therapeutic relationship.
- This EPA includes putting the child/youth and family at ease and incorporating developmentally appropriate activities, such as play, into the interaction.
- It also includes setting the stage for the assessment: using appropriate communication skills; adapting to the child's/youth's developmental level (including situations when it is different from chronological age); demonstrating cultural sensitivity; acknowledging confidentiality; and establishing rapport.

Assessment Plan:

Direct observation by supervisor

Use Form 1. Form collects information on:

- Age: infant; preschool; school-age; adolescent
- Behaviour (select all that apply): high activity level; inhibited/anxious; dysregulated (e.g., irritable/aggressive); other

Collect at least 5 observations of achievement

- At least 3 different age groups
- At least 1 adolescent
- At least 1 child with high activity
- At least 1 child with inhibited/anxious behaviour
- At least 1 child with dysregulated behaviour
- At least 2 different observers

CanMEDS Milestones:

1 **COM 1.2** Optimize the physical environment for child/youth and family comfort, dignity, and privacy

2 **COM 1.1** Demonstrate empathy, respect, and compassion

3 **COM 1.1** Set the stage for the assessment, including building initial rapport and trust

4 **COM 2.1 Use strategies to put the child/youth and family at ease, including incorporating developmentally appropriate activities, such as play, into the interaction**

5 **ME 2.2 Adapt the assessment to the child's/youth's age, developmental stage, and other relevant factors (e.g., visual or hearing impairment,**

behaviour)

6 **COM 4.1 Communicate in a manner that is respectful, non-judgmental, and culturally aware**

7 **COM 1.4 Respond to non-verbal communication and use appropriate non-verbal behaviours to enhance communication**

Developmental Pediatrics: Foundations EPA #2

Gathering a developmental history

Key Features:

- This EPA focuses on gathering information relevant to the presenting developmental concern and historical collateral information (e.g., diagnostic workup, previously completed standardized ratings scales) and includes identifying any concerns related to mental health and well-being.
- This EPA should be observed with some presentations that complicate history taking. Examples include: the severity of the presentation (ambulatory status, communication status, pattern of development); presence of multiple medical, developmental, and/or family complexities; need for an interpreter.
- This EPA may be observed with children/youth with any developmental concern.

Assessment Plan:

Direct observation and/or case presentation with supervisor or Core or TTP resident

Use Form 1. Form collects information on:

- Type of observation: direct; case presentation
- Age: infant; preschool; school-age; adolescent
- Presentation: developmental/behavioural; neuromotor
- Complexity of case: standard; high
- Interpreter: no; yes

Collect at least 5 observations of achievement

- At least 2 direct observations
- At least 1 case presentation
- At least 1 from each age group
- A mixture of developmental/behavioural and neuromotor presentations
- At least 2 children/youth with high complexity
- At least 1 with an interpreter
- At least 2 different assessors

CanMEDS Milestones:

1 **COM 2.2** Provide a clear structure for and manage the flow of the encounter

2 **ME 2.2 Gather and review background information, including the medical record, reports from community care and/or service providers, and previous developmental screening**

3 **ME 2.2 Gather a history relevant to the presentation, including potential etiologic risk factors and concurrent conditions**

4 **ME 2.2 Explore the child's/youth's functioning and engagement in opportunities for fun, fitness, family activities, and friendships**

5 **ME 2.2 Gather information about the child's/youth's mental health and well-being**

6 **COM 2.1 Explore the child's/youth's and family's hopes and expectations for the future**

7 **COM 2.1 Explore caregiver wellness and family supports**

8 **COM 4.1** Communicate in a manner that is respectful, non-judgmental, and culturally aware

9 **COM 2.1** Elicit information with a strengths-based approach

10 **ME 2.2** Perform the assessment in a time-effective manner without excluding key elements

11 **ME 2.2** Synthesize information for clear and succinct presentation to a supervisor

Developmental Pediatrics: Foundations EPA #3

Performing physical exams

Key Features:

- This EPA focuses on the selection and performance of physical examination techniques and maneuvers relevant to the presentation.
- This includes neurologic, neuromotor, and dysmorphology examinations as they pertain to Developmental Pediatrics.
- This includes identifying findings as typical or atypical and demonstrating an appreciation of the contribution of physical findings to understanding the clinical presentation but, at this stage, interpreting the findings is not required.

Assessment Plan:

Direct observation by supervisor

Use Form 1. Form collects information on:

- Age: infant; preschool; school-age; adolescent
- Exam technique (select all that apply): dysmorphology; musculoskeletal; neurological; standardized neurological
- Assessment performed (select all that apply): FASD; gait; hypotonia; hypertonia; muscle strength; other

Collect at least 8 observations of achievement

- At least 1 assessment of dysmorphology in a preschool child
- At least 1 musculoskeletal examination
- At least 1 standardized neurological exam in an infant
- At least 1 assessment of dysmorphology for FASD
- At least 1 assessment of gait
- At least 1 assessment of muscle strength
- At least 1 assessment of hypotonia
- At least 1 assessment of hypertonia

CanMEDS Milestones:

1 **COM 1.2** Optimize the physical environment for child/youth and family comfort, dignity, and privacy

2 **ME 2.2 Determine the need to perform a neurologic, musculoskeletal, and/or dysmorphology exam**

3 **ME 2.2 Perform neurologic, musculoskeletal, and/or dysmorphology exam techniques in a skilful manner**

4 **ME 2.2 Adapt the assessment to the child's/youth's age, developmental stage, and other relevant factors (e.g., visual or hearing impairment,**

behaviour)

5 ME 2.2 Identify findings as typical or atypical

Developmental Pediatrics: Foundations EPA #4

Assessing a child's/youth's development through observation and use of standardized tools

Key Features:

- This EPA focuses on ascertaining the developmental skills of a child in the core developmental domains (i.e., adaptive skills, behaviour, emotional and/or mental health, fine motor skills; gross motor skills, language, learning and achievement, and social communication skills).
- This includes advising the child/youth and family about the confidentiality of the assessment, observing the child/youth while taking a history, and may include selecting, administering, and/or interpreting standardized tools.
- It also includes synthesizing that information and applying a framework to determine the child's/youth's level of development.

Assessment Plan:

Direct observation and/or case review with supervisor, which may include input from other health professionals that were part of the interaction

Use Form 1. Form collects information on:

- Age: infant; preschool; school-age; adolescent
- Presentation: developmental/behavioural; neuromotor
- Use of standardized tool: no; yes

Collect at least 4 observations of achievement

- At least 2 children/youth with a developmental/behavioural presentation
- At least 2 children/youth with a neuromotor presentation
- At least 2 observations in which a standardized developmental assessment tool was used

CanMEDS Milestones:

1 **COM 1.1** Advise the child/youth and family about the confidentiality of the assessment

2 **ME 2.2 Observe and/or elicit skills in the core developmental domains**

3 **ME 2.2** Demonstrate an organized, structured approach to the assessment

4 **ME 2.2 Determine the need for a standardized assessment of one or more areas of the child's/youth's development**

5 **ME 2.2 Synthesize information gathered from observing the child/youth and, if used, from the standardized tool**

6 **ME 1.3** Apply knowledge of developmental milestones

7 **ME 2.2** Differentiate typical from atypical development

8 **ME 2.2 Determine the child's/youth's level of development**

Developmental Pediatrics: Foundations EPA #5

Identifying children/youth who would benefit from consultation with another member of the interprofessional team

Key Features:

- This EPA focuses on appropriate utilization of the expertise of other members of the team.
- This includes recognizing the need for consultation, applying knowledge of the scope of practice of the members of the interprofessional team (including other physicians, other health care professionals, and community or school-based team members), and delineating a clear purpose for the referral.

Assessment Plan:

Case discussion with supervisor, which may include input from other team members

Use Form 1. Form collects information on:

- Age: infant; preschool; school-age; adolescent
- Presentation: developmental/behavioural; neuromotor
- Referred to: own practice setting; community-based service

Collect at least 6 observations of achievement

- At least 1 from each age group
- At least 3 neuromotor
- At least 3 developmental/behavioural
- At least 2 referrals within own practice setting
- At least 2 referrals to a community-based service

CanMEDS Milestones:

1 **ME 4.1** Determine the need for and timing of referral to another physician, health professional, and/or community partner

2 **L 3.1 Apply knowledge of the structure and function of the multisectoral developmental service system**

3 **COL 1.2 Apply knowledge of the roles and scopes of practice of other professionals involved in the care of children/youth**

4 **ME 4.1 Formulate a clear and appropriate request for consultation**

5 **COL 3.2** Summarize the child's/youth's condition for the consultant

6 **COL 1.3 Communicate effectively with other members of the interprofessional team**

7 HA 1.1 Facilitate the child's/youth's/family's access to health and social services

Developmental Pediatrics: Foundations EPA #6

Participating in interprofessional team meetings

Key Features:

- This EPA focuses on the developmental pediatrician's role as a contributor to the interprofessional team.
- At this stage this includes presenting observations and perspectives from the developmental pediatric assessment, responding to questions from other team members, and communicating effectively in this setting.
- At this stage the resident is not yet expected to facilitate the team meeting. This is an expectation of the Core stage.

Assessment Plan:

Direct observation by supervisor, which may include input from other team members

Use Form 1. Form collects information on:

- Presentation: developmental/behavioural; neuromotor

Collect at least 2 observations of achievement

- At least 1 developmental/behavioural
- At least 1 neuromotor

CanMEDS Milestones:

1 **ME 2.2 Synthesize the developmental pediatrics assessment for presentation to other members of the interprofessional team**

2 **COL 1.2 Apply knowledge of the roles and scopes of practice of other professionals involved in the care of children/youth**

3 **COL 1.1 Respond appropriately to input from others**

4 **COL 1.3 Communicate effectively with other members of the interprofessional team**

5 **COL 2.1 Actively listen to and engage in interactions with members of the interprofessional team**

6 **P 1.1 Behave in a professional manner**

Developmental Pediatrics: Core EPA #1

Providing developmental pediatric consultations

Key Features:

- This EPA focuses on performing a consultation for children/youth with presentations across the full breadth of developmental concerns, including where co-occurring concerns are presenting simultaneously as well as cases with psychosocial, medical, and developmental complexity.
- This includes performing a developmental assessment, integrating standardized tools, interpreting investigations, developing a diagnostic formulation, and establishing a comprehensive management plan.
- The observation of this EPA must include some consultations done in conjunction with at least one other member of the interprofessional team (i.e., team-based consultation) and at least one consultation done using a virtual care technology.

Assessment Plan:

Direct observation and/or case review with supervisor

Use Form 1. Form collects information on:

- Type of observation (select all that apply): direct; case review; virtual care
- Age: infant; preschool; school-age; adolescent
- Presentation: developmental/behavioural; neuromotor
- Diagnosis (write in):
- Complexity (select all that apply): standard; high
- Team-based consultation: no; yes

Collect at least 10 observations of achievement

- At least 7 direct observations
- At least 1 observation using a virtual care technology
- At least 2 infants
- At least 3 preschool children
- At least 3 school-age children
- At least 2 adolescents
- At least 5 developmental/behavioural presentations
- At least 5 neuromotor presentations
- A variety of diagnoses
- At least 5 cases with high complexity
- At least 2 team-based consultations
- At least 3 different assessors

CanMEDS Milestones:

1 **ME 2.2 Gather a child-/youth- and family-centred history and perform a physical exam relevant to the presentation**

2 **ME 2.2** Make observations of family functioning

3 **ME 2.2 Perform a developmental assessment**

4 **ME 2.2 Determine the need for a standardized assessment of one or more areas of the child's/youth's development**

5 **ME 2.2 Interpret the results of standardized assessments and other investigations**

6 **ME 2.2** Integrate factors such as family functioning, cultural and language background, and exposure to adverse childhood experiences into the interpretation of the developmental assessment

7 **ME 2.2 Integrate all relevant sources of information to formulate a comprehensive overview of the child/youth and a developmental and, if possible, etiologic diagnosis(es)**

8 **COM 4.3 Engage the child/youth and family in goal setting and shared decision-making regarding recommendations for management**

9 **ME 2.4 Establish a child-/youth- and family-centred management plan**

10 **S 3.4** Integrate best evidence and clinical expertise into decision-making

11 **ME 4.1 Determine the need for and timing of referral to another physician, health professional, and/or community partner**

12 **COL 1.3** Work effectively with other members of the interprofessional team

Developmental Pediatrics: Core EPA #2

Documenting consultations

Key Features:

- This EPA focuses on the application of written communication skills to document a complex consultation.
- This includes a synthesis of the pertinent findings of history, observation, physical examination, standardized assessments and investigations as well as the management plan, demonstrating awareness that the recipients of the document may include the family or school as well as the referring physician.
- It also includes clear articulation of the responsibilities of the developmental pediatrician, other team members and specialists, and the referring physician in further care. It may include linking the recommendations to evidence-based guidelines or other educational references for the referring physician.

Assessment Plan:

Review of document by supervisor, which may include input from the receiving physician, the youth/family, or interprofessional team members

Use Form 1. Form collects information on:

- Presentation: developmental/behavioural; neuromotor
- Note incorporates (select all that apply): standardized assessment(s); assessments by other member(s) of the interprofessional team; not applicable

Collect at least 5 observations of achievement

- At least 2 of each presentation
- At least 1 document that incorporates assessment(s) completed by other team member(s)
- At least 1 document that incorporates a standardized assessment

CanMEDS Milestones:

1 **COM 5.1** Demonstrate awareness of the potential recipients of documentation (e.g., family, school, interprofessional team members, referring physician)

2 **COM 5.1** Organize information appropriately

3 **COM 5.1 Document all relevant findings, investigations, and standardized assessments**

4 **COM 5.1** Convey clinical reasoning and rationale for recommendations

5 **COM 5.1 Emphasize the strengths of the child/youth and strategies for promoting the child's/youth's and family's personal goals**

6 **COM 5.1 Provide a clear plan for ongoing management**

7 **COL 1.2 Identify the roles of the referring physician, the developmental pediatrics team, and/or other providers in the ongoing management plan**

8 **S 1.3** Provide links to educational resources, when relevant

9 **COM 5.1 Complete documentation in a timely manner**

Developmental Pediatrics: Core EPA #3

Providing ongoing management

Key Features:

- This EPA focuses on providing comprehensive care that includes assessing progress; implementing strategies for screening, surveillance and monitoring; planning for transitions; and addressing child/youth and family concerns, education, and appropriate follow-up.
- This includes managing complex medical, psychosocial, neuromotor, mental health, behavioural, and school issues.
- The observation of this EPA may be based on a single encounter at any time point in the child's/youth's care after the initial consultation, and should include a longitudinal view of a child's/youth's clinical course incorporating previous and current health status and anticipating future needs.

Assessment Plan:

Direct observation and/or case review with supervisor

Use Form 1. Form collects information on:

- Presentation: developmental/behavioural; neuromotor
- Complexity: standard; high
- Longitudinal clinic: no; yes

Collect at least 5 observations of achievement

- At least 2 children with a developmental/behavioural presentation
- At least 2 children with a neuromotor presentation
- At least 2 with high complexity
- At least 2 of the observations must be done in the resident longitudinal clinic

CanMEDS Milestones:

1 **ME 2.2 Perform an assessment that addresses all relevant issues**

2 **ME 2.4 Provide surveillance for, management, and monitoring of conditions co-existing with developmental disorders**

3 **ME 2.2** Synthesize information to assess progress and response to current recommendations and management

4 **ME 2.2 Anticipate transitions and future health needs**

5 **COM 4.3 Engage the child/youth and family in goal setting and shared decision-making regarding recommendations for management**

6 **S 3.4** Integrate best evidence and clinical expertise into decision-making

7 **ME 2.4 Develop recommendations for management, which may include modification of current therapy**

8 **COL 1.2 Work effectively with other physicians, colleagues, and those involved in the care of children/youth in the health care professions and other sectors**

9 **HA 1.2 Work with the child/youth and family to increase their understanding of their condition and health care needs**

Developmental Pediatrics: Core EPA #4

Providing pharmacologic therapy

Key Features:

- This EPA includes prescribing and monitoring pharmacologic therapy for developmental, behavioural, and/or neuromotor conditions.
- It includes identifying indications for pharmacologic therapy, assessing for potential drug interactions, discussing the potential benefits, adverse effects and alternatives, initiating therapy, and establishing a plan to monitor the pharmacologic treatment(s).
- It also includes assessing response to therapy, adverse effects, and adherence to therapy as well as discontinuing and/or deprescribing therapy, as appropriate.

Assessment Plan:

Direct observation by supervisor

Use Form 1. Form collects information on:

- Indication for pharmacotherapy (select all that apply): attention and hyperactivity/impulsivity; emotional regulation; tone management; other (please specify)
- Combined/complex presentation: no; yes
- Visit type: initiation; follow-up

Collect at least 6 observations of achievement

- At least 2 for attention and hyperactivity/impulsivity
- At least 2 for emotional regulation
- At least 2 for tone management
- At least 2 children/youth with combined/complex presentations
- At least 2 observations of initiation
- At least 2 observations of follow-up

CanMEDS Milestones:

1 **COM 4.1 Explore the family's beliefs and attitudes towards medications and other therapeutic options**

2 **S 3.4 Integrate best evidence and clinical expertise into decision-making**

3 **ME 2.4 Determine the most appropriate pharmacologic treatment**

4 **ME 3.2 Obtain and document informed consent, explaining the risk and benefits of, and the rationale for a proposed intervention**

5 **ME 2.4 Select or adjust dosage based on factors such as response, tolerability, age, and pharmacokinetic considerations**

6 **ME 2.4 Select, implement, and/or follow a monitoring strategy, including growth, vital signs, and laboratory monitoring as relevant**

7 **ME 4.1 Assess and manage treatment adherence**

8 **ME 2.2 Assess and monitor response to therapy**

9 **COM 5.1 Document prescriptions accurately in the medical record, including the rationale for decisions**

Developmental Pediatrics: Core EPA #5

Conveying findings, results, diagnoses, and management plans to children/youth and families

Key Features:

- The focus of this EPA is the application of communication skills to clearly and compassionately convey the results of an assessment, standardized tools, and/or interprofessional team findings, recommendations and/or management plans to the child/youth and family.
- Based on the nature of these results, these conversations may be challenging or emotionally charged. Examples include a diagnosis or treatment that is discordant with the family's expectations, and conflict within the family.

Assessment Plan:

Direct observation by supervisor, which may include input from other members of the interprofessional team

Use Form 1. Form collects information on:

- Age: infant; preschool; school-age; adolescent
- Presentation: developmental/behavioural; neuromotor
- Challenging discussion: no; yes
- Other interprofessional in attendance: no; yes

Collect at least 4 observations of achievement

- At least 3 different age groups
- At least 1 adolescent
- At least 1 developmental/behavioural presentation
- At least 1 neuromotor presentation
- At least 1 challenging discussion
- At least 1 with another interprofessional clinician in attendance
- At least 2 different observers

CanMEDS Milestones

1 **COM 1.1** Demonstrate empathy, respect, and compassion

2 **COM 4.1** Communicate in a manner that is respectful, non-judgmental, and culturally aware

3 **COM 3.1 Use plain language and avoid medical jargon**

4 **COM 3.1 Share information and explanations that are clear and accurate**

5 **COM 4.3** Provide information in a positively framed/strengths-based manner (e.g., focus on function, family, fitness, fun, friends, and future) and how they may relate to the management of the child's/youth's condition

6 **COM 3.1** Verify and validate the child's/youth's and/or family's understanding

7 **COM 4.3** Answer questions in a respectful manner

8 **COM 1.4** Identify, verify, and validate non-verbal cues

9 **COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**

10 **COM 1.5** Establish boundaries as needed in emotional situations

11 **COM 2.2 Summarize and close the encounter effectively**

Developmental Pediatrics: Core EPA #6

Working with community partners to facilitate care for children/youth and their families

Key Features:

- This EPA focuses on engaging and supporting community partners in the development and implementation of integrated recommendations for an individual child/youth and family.
- This EPA includes connecting the child/youth/family with the appropriate resources in the community (e.g., school, therapists, orthotists, early intervention), obtaining consent to share information with these other professionals, supporting those professionals in understanding the child's/youth's condition and their role in the child's/youth's care, and responding to requests for guidance.
- It includes, as needed, advocating for the child's/youth's access to supports, accommodations, and services.
- The observation of this EPA is divided into two parts: direct communication with a community partner to develop/discuss a plan; preparation of a letter advocating for access to resources.

Assessment Plan:

Part A: Co-creation of care plan
Direct and/or indirect observation by supervisor

Use Form 1. Form collects information on:

- Presentation: developmental/behavioural; neuromotor
- Setting: daycare; preschool services; school-age services

Collect at least 3 observations of achievement

- A mix of developmental/behavioural and neuromotor presentations
- At least 1 daycare or preschool services
- At least 1 school-age services

Part B: Advocacy letter
Review of written documentation by supervisor

Use Form 1

Collect at least 1 observation of achievement

CanMEDs Milestones:

Part A: Co-creation of care plan

1 **P 3.1 Obtain assent/consent from the child/youth and family to share information with community partners**

2 **COL 1.2** Apply knowledge of the scope of practice of community service providers involved in the care of children/youth

3 **COL 1.1 Exchange information about the child's/youth's condition and recommendations for management**

4 **COL 1.3 Communicate effectively with other professionals involved in the care of children/youth**

5 **COL 1.1** Respond appropriately to input and questions from other members of the interprofessional team

6 **COL 1.1** Provide education with respect to the child's/youth's disorder and its management

7 **HA 1.1 Advocate for access to support services, community services, and/or equipment**

8 **COL 1.2 Incorporate the perspective of community service providers in the development and/or implementation of a management plan**

Part B: Advocacy letter

1 **COL 1.1** Provide education with respect to the child's/youth's disorder and its management

2 **COM 5.1 Use language and terminology that is appropriate for the intended audiences**

3 **HA 1.1 Advocate for appropriate benefits and accommodations**

4 **COM 5.1** Organize information appropriately

5 **COM 5.1 Provide information that is accurate and appropriate for the purpose of the documentation**

6 **COM 5.1 Ensure documentation is clear, concise, and grammatically correct**

7 **COM 5.1** Complete documentation in a timely manner

Developmental Pediatrics: Core EPA #7

Leading interprofessional team meetings

Key Features:

- This EPA focuses on the collaborative/shared leadership of the developmental pediatrician within the interprofessional team.
- This includes establishing an agenda; facilitating the discussion; providing medical expertise; attending to meeting flow, organization, and time management; encouraging participation of individual team members; integrating information from the interprofessional team to develop a shared formulation of the assessment and management of the patient.
- This EPA includes both meetings with complex issues related to the child/youth (e.g., psychosocial, medical/developmental) and issues related to the team (e.g., managing differences of opinion between team members, identifying and managing conflict within the team).

Assessment Plan:

Direct observation by supervisor, which may include input from other health professionals

Use Form 1. Form collects information on:

- Presentation: developmental/behavioural; neuromotor
- Difference of opinion: no; yes

Collect at least 3 observations of achievement

- At least 1 developmental/behavioural
- At least 1 neuromotor
- At least 1 meeting with differences of opinion

CanMEDS Milestones:

1 **L 3.1** Establish an agenda and set priorities

2 **L 3.1 Facilitate the meeting, attending to flow, organization, and time management**

3 **L 3.1 Ensure engagement and participation of attendees**

4 **L 3.1 Summarize and clarify key points of the meeting**

5 **COM 1.4 Manage one's own non-verbal communication**

6 **COL 1.3** Demonstrate respect for the opinions of other meeting participants

7 **P 1.1 Intervene when behaviours towards other attendees undermine a respectful environment**

8 **COL 2.2 Apply knowledge of and manage group dynamics**

9 **HA 1.1 Advocate for the child's/youth's and/or family's needs and concerns**

10 **ME 1.4** Contribute clinical expertise to the discussion, as required

11 **COL 1.3 Develop a shared formulation of the results of the assessment and the management plan**

Developmental Pediatrics: Core EPA #8

Planning and completing personalized training experiences related to administering standardized assessment tools

Key Features:

- This EPA allows the resident to individualize training to meet the needs of their intended practice and/or personal career goals.
- It includes selecting a validated standardized assessment tool that will be relevant for future practice, developing a learning plan to acquire proficiency with the tool, and administering the tool, interpreting its results and integrating it into the developmental assessment.
- The observation of this EPA is divided into two parts: development of a plan to learn to administer a standardized assessment tool that requires a formal training approach (the plan must be SMART: specific, measurable, achievable, realistic, and timely); and administration of the tool with a child/youth.

Assessment Plan:

Part A: Learning plan
Review of resident's learning plan by supervisor

Use Form 4

Collect at least 1 observation of achievement

Part B: Tool administration
Direct observation of tool administration by supervisor or delegate

Use Form 1. Form collects information on:

- Standardized tool administered (write in):

Collect at least 1 observation of achievement

CanMEDS Milestones:

Part A: Learning plan

1 **P 2.1** Demonstrate a commitment to maintaining and enhancing competence

2 **L 4.2** Examine personal interests and career goals

3 **S 1.1** Define learning needs related to personal practice and/or career goals

4 **ME 1.1** Demonstrate an awareness of what is required in the setting of future practice

5 **S 1.2** Interpret data on personal performance to identify opportunities for learning and improvement

6 **S 1.1** Create a learning plan that is feasible and includes clear deliverables and a plan for monitoring ongoing achievement

7 **S 1.1** Identify resources required to implement a personal learning plan

8 **L 4.2** Adjust educational experiences to gain competencies necessary for future practice

Part B: Tool administration

1 **COM 1.2** Optimize the physical environment for child/youth and family comfort, dignity, and privacy

2 **COM 1.1** Set the stage for the assessment, including building initial rapport and trust

3 **ME 2.2 Administer a standardized assessment tool**

4 **ME 2.2 Perform the assessment in a time-effective manner, without excluding key elements**

5 **ME 2.2 Interpret the findings of a standardized assessment tool**

6 **COM 3.1** Convey the findings of the assessment to the child/youth and family in a clear understandable manner

Developmental Pediatrics: Transition to Practice EPA #1

Managing a developmental pediatrics practice

Key Features:

- This EPA focuses on managing the caseload of a staff physician: providing quality care for individual patients, triaging referrals, balancing clinical demands with administrative and academic tasks including teaching, and fulfilling those other responsibilities.
- The observation of this EPA is based on a block of time of at least a week and may occur in the inpatient or outpatient setting (or both) and in children/youth with behavioural/developmental and/or neuromotor presentations.

Assessment Plan:

Direct and indirect observation by supervisor, with input from other health care professionals

Use Form 1. Form collects information on:

- Setting (select all that apply): inpatient; outpatient

Collect at least 2 observations of achievement

CanMEDS Milestones:

1 **ME 1.1** Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

2 **ME 2.1 Triage referrals on the basis of the child's/youth's condition and need for developmental pediatrics expertise**

3 **ME 1.4 Perform relevant and time-effective clinical assessments**

4 **ME 2.4 Establish child-/youth- and family-centred management plans**

5 **S 3.4 Integrate best evidence and clinical expertise into decision-making**

6 **ME 1.5** Carry out professional duties in the face of multiple competing demands

7 **L 4.1 Set priorities and manage time to fulfil diverse responsibilities**

8 **L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service**

9 **P 4.1** Manage the mental and physical challenges that impact physician wellness and/or performance

Developmental Pediatrics: Transition to Practice EPA #2

Managing longitudinal aspects of care

Key Features:

- This EPA focuses on the longitudinal management of a group of children/youth in the role of the physician most responsible for patient care, i.e., in a continuity clinic.
- This includes responsibility for medical care decisions and follow-up on investigations, integrating a life-span perspective including planning for transitions, providing all relevant aspects of care at and between patient visits, and working effectively with the other health care professionals.
- It also includes appropriate accessibility in between clinic visits and arranging for coverage by another physician while away.
- The observation of this EPA is not based on a single patient encounter, but rather on the resident performance over a period of time.
- Observations of this EPA will be documented at 3-month intervals beginning in the Core stage, with at least 4 observations during residency and achievement of the EPA before the completion of Transition to Practice.

Assessment Plan:

Direct and indirect observation by supervisor(s), with input from other physicians and/or other health professionals

Use Form 1

Collect at least 1 observation of achievement, with at least 4 documented observations at 3-month intervals

CanMEDS Milestones:

1 **ME 1.1** Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

2 **L 4.1 Manage time effectively in the outpatient clinic**

3 **ME 2.4 Establish child-/youth- and family-centred management plans**

4 **ME 2.4 Prepare the child/youth/family for transitions in the child's/youth's development and care**

5 **S 3.4** Integrate best evidence and clinical expertise into decision-making

6 **ME 4.1 Coordinate the services provided by the interprofessional team**

7 **L 4.1 Follow up and act on test results in a timely manner**

8 P 1.1 Respond punctually to requests and/or concerns from children/youth, families, and other health care professionals

9 COL 1.2 Work effectively with other physicians, colleagues, and those involved in the care of children/youth in the health care professions and other sectors

10 P 1.1 Make arrangements for coverage by another physician when absent or unavailable

Developmental Pediatrics: Transition to Practice EPA #3

Contributing to the improvement of health care delivery for children/youth with developmental concerns in teams, organizations, and systems

Key Features:

- This EPA includes participation with a significant role in any of the following: advocating at the system level for supports and services to improve functioning and outcomes for children/youth with developmental concerns; developing patient education resources; developing knowledge translation strategies for families and/or health care and community professionals; participating, developing, or leading quality assurance/improvement activities to improve care delivery.
- The observation of this EPA is based on the supervisor's observation of the resident's participation in a leadership activity.

Assessment Plan:

Direct and/or indirect observation by supervisor

Use Form 4

Collect at least 1 observation of achievement

CanMEDs Milestones:

1 **P 2.1** Demonstrate a commitment to active participation in the activities of the profession

2 **L 3.1** Demonstrate leadership skills to enhance health care

3 **HA 2.2** Improve clinical practice by applying a process of continuous quality improvement

4 **HA 2.3** Contribute to a process to improve health in the communities or populations served

5 **S 3.4** Integrate best evidence and clinical expertise into decision-making

6 **COL 1.2** Work effectively with other physicians, colleagues, and those involved in the care of children/youth in the health care professions and other sectors

Developmental Pediatrics: Transition to Practice EPA #4

Developing a personal learning plan for continuing professional development

Key Features:

- This EPA may include a variety of scenarios. Examples include: a plan to act on the performance gaps identified in another EPA; a plan to prepare for practice in a setting requiring distinct skills.
- The plan should be SMART (specific, measurable, achievable, realistic, timely).
- Achievement of this EPA includes providing a) the rationale for a learning plan, b) self-reflection, c) personal needs assessment, d) time management, and e) identification of the methods to achieve the personal learning plan, such as literature review, clinical training, mentorship, conference attendance and/or rounds attendance.

Assessment Plan:

Review of resident's submitted learning plan by supervisor and/or mentor

Use Form 4

Collect at least 1 observation of achievement

CanMEDS Milestones:

1 **P 2.1** Demonstrate a commitment to maintaining and enhancing competence

2 **L 4.2** Examine professional interests and career goals

3 **S 1.1** Define learning needs related to professional practice and/or career goals

4 **S 1.2** Interpret data on personal performance to identify opportunities for learning and improvement

5 **S 3.1** Generate focused questions that address knowledge gaps

6 **S 1.1** Create a learning plan that is feasible and includes clear deliverables and a plan for monitoring ongoing achievement

7 **S 1.1** Identify resources required to implement a personal learning plan

8 **L 4.2** Adjust educational experiences to gain competencies necessary for future practice