# **Community Pediatrics Competencies**



Residents completing the community pediatrics rotation will consistently and correctly demonstrate competence appropriate for the level expected of a family medicine resident, in the following areas:

### 1. Interviewing & communication skills (CanMEDS-FM Communicator, Health Advocate)

- Communicate effectively with patients and families: Use developmentally age appropriate language for patients; avoid the use of jargon.
- Demonstrate cultural competence: Adapt style of communication to meet the needs of a wide variety
  of patients (e.g. different cultures, different social economic backgrounds).
- c. Manage patient encounter: Recognize need for balance between managing presenting problem and patient and parental expectations, particularly with older children and adolescents, where patient and parental expectations may differ.
- d. Provide education and counseling for a variety of common childhood conditions: (e.g. viral infections, skin eruptions, nutrition, growth & development, immunizations and childhood infectious diseases).
- e. Document notes clearly, completely and efficiently: Use age appropriate templates when available (e.g. Rourke Baby Record, Greig Health Record).

#### 2. Clinical and Technical skills (Can-MEDS-FM: FM Expert)

- a. Demonstrate specific clinical skills: Take history appropriate to presenting complaint. This may include pregnancy and birth history, developmental history, family history, and social history (Home & Environment, Education & Employment, Activities, Drugs, Sexuality, Suicide/Depression). Perform age and sex appropriate physical examinations. Recognize normal stages of childhood and adolescent physical development (e.g. Tanner Staging of Puberty). Actively engage the patient in the physical examination to build positive doctor patient relationship. Involve caregiver in examination where appropriate (e.g. holding children in position for ear exam), especially in the examination of a distressed or developmentally delayed child.
- Demonstrate specific technical skills: Perform common office based procedures in the care of children and adolescents (e.g. immunizations, ear syringing, treatment of warts).

## 3. <u>Problem formation & synthesis, knowledge-base & prescribing skills (including use of Evidence-Based approach to manage clinical problems) (CanMEDS-FM: FM Medical Expert, Scholar)</u>

- a. Recognize and manage common pediatric problems within the scope of a family physician. See Box 1. Use history, clinical exam and additional information (e.g. Connor's Scale for use in ADHD) to form differential diagnosis, management plan and appropriate follow up. Recognize that some common illnesses may present differently in children than in adults.
- b. Recognize pediatric problems outside of the scope of family medicine/limitations of office-based practice and refer to most appropriate care (e.g. general pediatrician, developmental/behavioural specialist, psychiatrist, or other pediatric medical sub-specialist).
- c. Identify and manage acute situations: Recognize children with unstable clinical status (e.g. lethargy and decreased level of consciousness, poor intake, prolonged fever, decreased urine output) and those at risk of becoming unstable and arrange for alternate level of care (e.g. referral to the emergency department).
- d. Act in a self-directed manner: In a self-directed manner, seek and demonstrate application of medical knowledge, from evidence-based sources.

#### 4. Team Participant (CanMEDS-FM: Collaborator, Scholar, Professional)

a. **Active team participant**: Collaborate and communicate effectively with preceptors, colleagues, consultants and allied health professionals. Actively participate in multidisciplinary rounds if applicable.

#### 5. Organizational Abilities (CanMEDS-FM: Manager, Collaborator, Health Advocate, Professional)

- Manage tasks and resources: Multi-task and make decisions safely and efficiently. Care for assigned and expected patient volume and complexity.
- b. **Limited resources**: Demonstrate reflection on how to manage pediatric patients in often resource-limited environments (e.g. limited access to behavioural interventions).

### 6. <u>Professionalism, Self-Direction, Motivation, Responsibility, Self-Care</u> (CanMEDS-FM: Professional, Health Advocate)

- Advocate for individuals: Demonstrate empathy while addressing patient needs and sensitivity to social determinants of health. Advocate for individual patients to access appropriate care. While respecting patient confidentiality, effectively and appropriately engage family or other supports.
- b. Demonstrate professionalism: Arrive on time, respond to pages and calls in a timely way, actively seek opportunities to be present and attain competence as often as possible. Demonstrate dedication to patient care and learning.
- c. Recognize limitations but function independently: While acknowledging personal limitations and gaps, seek help actively and appropriately. Demonstrate ability to provide safe patient care with minimal supervision.
- d. Self care, professional resilience: Demonstrate self-care (including balance of clinical –personal responsibilities) and reflect on stressful/challenging or difficult clinical or other situations in order to develop professional resilience.
- e. **Feedback receptiveness**: Demonstrate willingness to receive feedback and to learn by seeking verbal and written feedback (including initiating Field Notes).
- f. Time and Practice Management: Acquire skills in time and practice-management (including billing, and office management) relevant to the community environment.

#### **Box 1 Selected Common Pediatric and Adolescent Problems**

- Attention Deficit Hyperactivity Disorder
- Abdominal pain
- Allergies
- Anemia
- Asthma
- · Behavioural Problems
- Childhood Obesity
- Cough
- Concussion
- Constipation
- Croup
- Depression and Anxiety
- Diarrhea
- Earache
- Eating Disorders/Nutritional Deficiencies
- Epistaxis

- Fatique
- Fever
- · Growth and developmental issues
- Immunizations
- Menstrual disorders
- Puberty
- Rash
- · Risky behaviours
- Suicide
- Somatization
- Upper Respiratory Tract Infection
- Urinary Tract Infection
- Viral Illnesses
- Weight loss/Failure to thrive