| Dalhousie University Pediatrics Postgrad | Evaluated By: Evaluating: Dates: |
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Pediatrics: Foundations EPA #1

Assessing, Diagnosing and Initiating Management of Patients with Common Pediatric Problems

Examples include, but are not limited to:

Assessment of fever in ED/PMU, asthma, anemia, abdominal pain, respiratory distress, dehydration

This EPA does not include assessing and managing patients who are critically ill or have complex multisystem problems

Supervisor does assessment based on direct or indirect observation

| *Observer: | ☐ Faculty☐ Senior Resider | ☐ Clinical Associa | ate 🗆 | Fellow | □ Sub | specialty Resident |
|-----------------------------|--|---|----------------|--------------|----------|----------------------------------|
| * Observer Name (first init | ial, last name): | | | | | |
| *Activity Observed: | exacerbation of | mprehensive and/o of a pre-existing illr lifferential diagnos | ness that is o | common to pe | | mination on a new presentation o |
| *Patient Age Group: | ☐ Neonate | ☐ Infant | □ Toddler | □Child | □ Ado | lescent |
| *Setting/Location: | ☐ Inpatient☐ On Call/After H | ☐ Outpatient lours | | □ ED | | ☐ Community |
| *Nature of Presenting Con | cern (select all tha | t apply): | | | | |
| | ☐ Respiratory | □ GI | | ☐ Cardiology | , | □ID |
| | □ MSK | ☐ Hematology | ☐ Hematology | | ogy | ☐ Neurology |
| | ☐ Nephrology | ☐ Dermatolog | ☐ Dermatology | | nalmolog | ıy |
| | ☐ Mental Health | ☐ Developme | nt | ☐ Psychosoc | ial | ☐ Other: |
| *Patient Presenting Conce | ern: | | | | | |
| - | ☐ Resp Distress | ☐ Dehydration | 1 | ☐ Fever | | ☐ Other: |
| * Complexity: | □ Simple | □ Intermediat | ۵ | □ Complex | | |

Collect 10 observations of achievement (at least 50% are direct observation of a component of history and physical) Collect feedback from a minimum of 2 observers with at least 5 observations done by an attending physician.

- At least 1 from each age group (neonate, infant, toddler, child, adolescent)
- At least 5 different systems/subspecialties (e.g. Resp, GI, ID, Cardio, etc) represented
- Must include dehydration, respiratory distress and fever

^{*}indicates a mandatory response

| | | 1 | 2 | 3 | 4 | 5 |
|---------------------|------------------------|-------------|-------------------------------|--------------------|---|------------------------------|
| | N/A or Not Observed | I had to do | I had to talk them through | I needed to prompt | I needed to be there just in case | I didn't need to be there |
| *Overall Assessment | | | | | | |

| Perform a comprehensive and/or targeted history and physical examination based on differential diagnosis. Develop a specific differential diagnosis relevant to the patient's presentation. Select and interpret appropriate investigations based on a differential diagnosis on common pediatric problems. Synthesize patient information to determine a prioritized differential diagnosis for common pediatric problems. Develop and implement initial management plan for common pediatric problems that considers the current complexity, uncertainty, and ambiguity in a clinical situation. Conduct a patient- and family-centered interview, gathering, integrating and synthesizing all relevant medical and psychosocial information for common pediatric problems. Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures. Performant to patient safety and quality improvement through adherence to institutional policies and procedures. **1-2 things to continue doing:** **1-2 things to work on:** | | | 1 | 2 | 3 | 4 | 5 |
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| Feedback to Resident and Competence Committee Professionalism and Patient Safety: | *1-2 things to continue doing: | | | | | | |
| Feedback to Resident and Competence Committee Professionalism and Patient Safety: *Do you have any concerns regarding this learner's professionalism? Yes (Write details in comments below) | *1-2 things to work on: | | | | | | |
| Professionalism and Patient Safety: | | | | | | | |
| | Feedback to Resident and Competen | ce Comn | nittee | | | | |
| *Do you have any concerns regarding this learner's professionalism? Yes (Write details in comments below) | Professionalism and Patient Safety: | | | | | | |
| | *Do you have any concerns regarding this learne | er's professi | ionalism? 🗆 | Yes (Write deta | ils in commen | ts below) | l No |
| Comments: | | | | | | | |

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| *Do you have any concerns regarding patient safety? $\ \square$ Yes (Write details in comments | below) |
|--|------------|
| Comments: | |
| | |
| *Did you have an opportunity to meet with this trainee to discuss their performance? | ☐ Yes ☐ No |