Evaluating: ______________________________
Dates: ______________________________

*indicates a mandatory response

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
- Clinical Associate
- Fellow
- Subspecialty Resident
- Senior Resident

*Observer Name (first initial, last name):

*Activity Observed:

- Performing comprehensive and/or targeted history and physical examination on a new presentation or exacerbation of a pre-existing illness that is common to pediatrics
- Developing a differential diagnosis and management plan

*Patient Age Group:

- Neonate
- Infant
- Toddler
- Child
- Adolescent

*Setting/Location:

- Inpatient
- Outpatient
- ED
- Community
- On Call/After Hours

*Nature of Presenting Concern (select all that apply):

- Respiratory
- GI
- Cardiology
- ID
- MSK
- Hematology
- Endocrinology
- Neurology
- Nephrology
- Dermatology
- ENT/Ophthalmology
- Mental Health
- Development
- Psychosocial
- Other: ________________

*Patient Presenting Concern:

- Resp Distress
- Dehydration
- Fever
- Other: ________________

* Complexity:

- Simple
- Intermediate
- 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
<table>
<thead>
<tr>
<th>N/A or Not Observed</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had to do</td>
<td>I had to talk them through</td>
<td>I needed to prompt</td>
<td>I needed to be there just in case</td>
<td>I didn’t need to be there</td>
<td></td>
</tr>
</tbody>
</table>

*Overall Assessment*

**Relevant milestones to be evaluated:**

<table>
<thead>
<tr>
<th>N/A or Not Observed</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had to do</td>
<td>I had to talk them through</td>
<td>I needed to prompt</td>
<td>I needed to be there just in case</td>
<td>I didn’t need to be there</td>
<td></td>
</tr>
</tbody>
</table>

- 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 an approach to working with patients and families to advocate for health services or resources.
- Demonstrate a commitment 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:*

---

**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) □ No

Comments:

---
*Do you have any concerns regarding patient safety?  □ Yes (Write details in comments below)  □ No

Comments:

__________________________________________________________

*Did you have an opportunity to meet with this trainee to discuss their performance?  □ Yes □ No