EUROPEAN CURRICULUM FOR TRAINING IN PRIMARY CARE OR COMMUNITY PAEDIATRICS

This text is adapted from ECPCP Curriculum in Primary Care Paediatrics. This version was extracted from the original to be used by EAP/UEMS as a training curriculum for the field (area of expertise) of Primary Care or Community paediatrics.
INTRODUCTION

The European Union of Medical Specialists (Union Européenne des Médecins Spécialistes - UEMS) is
convinced that both quality and expertise of medical care are directly linked to the quality of the
training provided to the medical professionals. It is therefore committed to contribute to the
improvement of medical training at all European levels through the development of European
Standards in the different medical disciplines.

In 1994, UEMS provided the first recommendations for good medical training in the European
Union (EU). Since then, the UEMS Specialist Sections and European Boards have continued working
on developing these EU Standards.

Following UEMS goals, the European Board of Paediatrics (EBP) has set the objectives of assessing,
setting standards and progressively harmonise the content and quality of training. Also, the EBP
supports continuing medical education in all fields of paediatrics within the member states of the EU
and other European countries.

Accordingly, the paediatric section of the UEMS recommends that the Common Trunk Curriculum
training in general paediatrics of 3 years should be followed by 2 to 3 years of paediatric special
training in one of the three optional fields in the discipline of paediatrics:

- Primary care (PC) or community paediatrics
- Secondary care or hospital-based general paediatrics
- Tertiary care or hospital-based paediatric subspecialties

In order to encourage beneficial specialisation, while maintaining the integrity of paediatrics
as a whole, it is the policy of the EBP to establish Paediatric Specialty Boards to accommodate
the special requirements of well-defined areas of paediatric practice.

Primary care or community paediatrics

Children have the unquestionable right to good health and wellbeing and to access the highest
attainable standards of health care services and facilities. Any restriction of delivery of
appropriate care, especially failing to develop a proper primary health care system, contradicts
article 24 of the UN Convention on the Rights of the Child.

Countries where PC of children is not provided by PC Paediatricians should assure that the service
is delivered by professionals with adequate knowledge, proper skills and formal training both
in paediatrics and in primary care that meets accepted standards. In these countries children,
adolescents and families willing and needing expert professional advice should have easy and fast
access to "second opinion" by paediatricians.

On the other hand, many countries in Europe rely on Paediatricians as the Primary Caretakers of
infants, children and adolescents. More than 25 000 from 18 European countries are members of ECPCP.

Primary Paediatric Care (PPC) is that discipline in Medicine that deals comprehensively with
the health and well-being of infants, children and adolescents in the context of their family,
community and culture. It respects their autonomy and sees in the child the prime subject of
care, whose personal well-being precedes all other considerations, while at the same time sets the
frame for the involvement of parents, guardians and/or custodians as integral parts of the "unit of
care".

A primary care paediatrician (PCP) uses the resources efficiently to ensure his/her patients get the
most appropriate care for their particular problem through coordination with other professionals and
the use of high technology services based on secondary care.

The PCP exercises his/her professional role by promoting health, preventing disease and providing cure,
care or palliation, either directly or through the services of others and according to the health needs
and resources available within the community they serve.

The PCP guides his/her patients through the complexities of the healthcare system and assists them
in accessing these services where and when necessary while protecting them from unnecessary
screening, testing, and treatment.

The PCP takes an active role in the educational and social upbringing of the individual by managing the
interface with parents, guardians and teachers and taking an advocacy role for the patient when
needed.
The PCP develops a person-centred approach, orientated to the individual, his/her family, and the community and deals with people and their problems in the context of their life circumstances. PCPs are the initial contact persons for all undifferentiated unselected concerns of children, adolescents and their families: these include acute and chronic diseases, problems of the so-called new morbidity and psychosocial concerns. They assume the care for all children with long term conditions, in cooperation with specialised care centres.

PCPs play a major role in prevention and health promotion and assume responsibility for screenings, immunizations and regular health checks for babies. They are engaged in the prevention and early recognition of child abuse and neglect, working in conjunction with local authorities for the safeguard of children.

They offer urgent emergency care, stabilize the child and refer, if necessary. They serve as guides for the patients in complicated health systems.

Trainees in PPC must acquire experience in each of the areas of responsibility as given under the syllabus of general paediatrics, in a structured and approved training program. For this reason, the European Confederation of Primary Care Paediatricians (ECPCP) recognized, in 2012, the need to develop a common European primary care paediatric curriculum. The curriculum promotes the acquisition of competencies that primary care paediatricians need to provide care for their patients. It also serves as a guide to assess training for paediatric residents in the primary care setting.

The curriculum is designed for a competence-based training in paediatric PC settings, focusing on the effectiveness of interventions and patient safety attuned to the unique requirements of PC for children and adolescents.

The inspiration for this curriculum came from the curriculum written by the Global Pediatric Educational Consortium (GPEC) and the work on the COSI project, where a core set of quality indicators for practicing PC paediatrics was set.

The curriculum represents an essential framework for professionals working with children in primary and community care.

It is structured in two chapters, with learning objectives divided into knowledge and skills, following the UEMS and EBP framework.

The first chapter covers the specific competencies of a primary care paediatrician. The second chapter includes learning objectives of non-primary care specific areas, competencies shared with hospital practice, as needed by primary care paediatricians in their daily practice. As knowledge and skills in this second chapter are mostly included in the Curriculum for Common Trunk Training in Paediatrics already approved by EBP, they have been deleted from the present text.

Small squares in front of every item of knowledge and skill make possible the “ticking off” of competences already achieved and provide a quick view of the learning needs. The paediatric tutor will thus be able to point out solely those objectives which trainees need to learn in the primary care setting.

REFERENCES
This text was adapted from the ECPCP Curriculum in Primary Care Paediatrics. All the Authors, Advisors and Reviewers are members of ECPCP Curriculum WG or members of ECPCP affiliated societies.

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SPECIFIC PRIMARY CARE AREAS

Community and Preventive
- Community Paediatrics
- Preventive Paediatrics

Developmental
- Behavioral and mental Health
- Growth and Development
- Nutrition
- Language, Learning, and Sensory Disorders
- Psychosocial Functioning

Adolescence
- Adolescent Medicine
- Substance abuse

Abuse
- Child Abuse and Neglect
Community and preventive

COMMUNITY PAEDIATRICS

Knowledge and understanding

- Recognize health care systems approach and the variation in systems that exist across and between countries.
- Recognize that continuous quality improvement requires analysis of care process and outcome measures, as well as planned changes with measurement of results.
- Recognize importance of a primary care patient centered medical home in meeting child and adolescent needs for all children, and children with special health care needs.
- Identify role of support programs for families and children with special health care needs.
- Identify and mobilize community assets and resources toward preventing illness, injury, and related morbidity and mortality.
- Identify role of school health services within comprehensive school health programs and recognize importance of collaboration during early childhood education between schools and clinical care systems.

Skills

Be able to:

- Provide a medical home for all children and families, consisting of well-trained physicians who provide accessible, continuous, comprehensive, family-centred and coordinated medical care.
- Focus on youth at risk for poor health outcomes and those with special health care needs.
- Demonstrate advocacy skills to address relevant individual, community, and population health issues.

The curriculum of Community Paediatrics should be complemented with the following areas: Adolescent Medicine, Behavioral and Mental Disorders, Child Abuse and Neglect, Prevention Paediatrics, Psychosocial Functioning, Language and Learning Disorders.
1. PREVENTIVE PAEDIATRICS

1. PUBLIC HEALTH

Knowledge and understanding

- Recognize available measures used to monitor the health of a child population and how they might be implemented to guide and monitor service delivery.
- Recognize the resources that may be available from health agencies, including the voluntary sector and allied health professionals.
- Identify principles and practice of common legal processes and legislation relating to safeguarding all children including the most vulnerable.
- Recall the evidence to support health promotion activities.

Skills

Be able to:
- Identify the key determinants of child health and well being.
- Counsel families to find help with the management of children in need of protection and the pathways to ensure follow-up.
- Evaluate population statistics and know how they might be used in service development.
- Actively participate in health promotion programs.
- Consult appropriately with specialists to assist in health promotion interventions (e.g., dentists, addiction counselors).
- Incorporate health promotion activities into daily practice (e.g., prevention of tooth decay, smoking cessation, accident avoidance, obesity prevention).

2. IMMUNIZATION

Knowledge and understanding

- Recall objectives of immunizations, immune system and how vaccines work.
- Recall the vaccine preventable diseases.
- Recognize local/national policy and schedules.
- Identify different types of vaccines used and their composition.
- Recognize reactions to vaccines.
- Recognize current issues and controversies regarding immunization.
- Recall the various administration routes of all vaccines.
- Recognize cultural and social issues that influence parents choice about accepting immunization of their child.
Skills

Be able to:
- Obtain a full immunization history.
- Identify any risk factors for immunization and a detailed history of any previous reactions to vaccines in the child or family member.
- Detect local reactions to vaccines.
- Differentiate between co-incidental “reactions to a vaccine” (i.e., those that would have happened anyway and are not due to vaccine) and adverse reactions.
- Detect children with special vaccination requirements.
- Advise on vaccines for travel, directing families to the various resources which offer vaccine recommendations for individuals as appropriate.
- Advise families on contra-indications, absolute and relative.
- Manage anaphylaxis and other adverse events.
- Collaborate with others to develop strategies for improving immunization rates.
- Detect missed opportunities and false contra-indications.

3. SPECIFIC IMMUNIZATIONS

- The primary care paediatrician should recognize the type, composition, schedule recommendations and contraindications of the following vaccines:
  - Influenza vaccine
  - Meningococcal vaccine
  - Pneumococcal vaccine
  - Hepatitis vaccine
  - Tetanus vaccine
  - Diphtheria-tetanus combination
  - Pertussis vaccines (cellular and acellular)
  - DTaP and Tdap vaccines
  - Measles vaccine
  - Mumps vaccine
  - Rubella vaccine
  - Poliovirus vaccine
  - Hemophilus influenza type b vaccine
  - Varicella vaccine
  - Human papillomavirus vaccine (HPV)
  - Rotavirus vaccine
  - Recombinant Calmette and Guerin bacillus (BCG)
4. OTHER DISEASE PREVENTION MEASURES

☐ The primary care paediatrician should recognize the indications and counsel parents regarding:
  – Dental protection (fluoride)
  – Skin protection (sunscreen products)
  – Protection against insect bites
  – Heart disease prevention (Tobacco, see Substance Abuse; Obesity, see Nutrition; dyslipemia, see Metabolism)
  – Osteoporosis (tobacco, see substance abuse; obesity, see nutrition)
  – Respiratory disease (second-hand smoke and tobacco use)

5. ANTICIPATORY GUIDANCE

Knowledge and understanding

☐ Recognize the common causes of household injury.
☐ Recall the influence of age on the different types of injury.

Skills

Be able to:

☐ Provide general, age-appropriate anticipative guidance on:
  – Home safety
  – Car restraint systems
  – Bicycle safety
  – Burns
  – Water safety
  – Sleep (SIDS, obstructive sleep apnea, normal patterns)
  – School readiness
  – “Screen” time (TV, computer)
  – Substance abuse
  – Poison prevention (see toxicology and poisoning)
  – Obesity issues (exercise, physical activity, nutrition, food/feeding behavior)
  – Behavior/discipline

☐ Provide anticipative guidance based upon regional/local risks and exposures.
☐ Perform a physical exam evaluating for signs of injury/trauma.
☐ Differentiate between accidental and intentional trauma/injury.
6. SCREENING

Knowledge and understanding

☐ Identify which children’s growth and development surveillance programs operate in the local area.
☐ Identify which neonatal screening programs operate in the area (e.g., metabolic, hearing and vision).
☐ Recognize the difference between opportunistic, targeted and population screening.
☐ Recognize the ethical dilemmas posted by screening.

Skills

Be able to:
☐ Evaluate and implement screening and surveillance programs:
  – Growth
  – Inborn errors of metabolism
  – Hearing
  – Vision
  – Blood pressure
  – Hypercholesterolemia
☐ Explain specific screening results to parents and organize the appropriate follow up investigations.
Developmental

### BEHAVIORAL AND MENTAL HEALTH

**Knowledge and understanding**

- Recall norms (percentiles) of normal emotional and behavioral development.
- Recognize signs and symptoms that indicate serious conditions such as ADHD, autistic spectrum or anxiety disorders or depression.
- Explain the criteria necessary to make a diagnosis (i.e., DSM).
- Recognize that observations in the physicians’ office may not reflect the symptoms demonstrated in other situations.

**Skills**

**Be able to:**

- Organize screening for behavioral problems and mental disorders.
- Establish a climate of mutual trust, informed consent and shared decision-making with children, adolescents, families and caregivers.
- Assess development and behavior (with the help of standardized tests).
- Identify resources and protective factors and collaborate with school, family, and community for support and management.
- Implement multi-modal treatment for complex disorders.
- Manage common behavior problems such as sleep problems, “the crying baby”, feeding disorders, enuresis and encopresis, oppositional behavior.
- Identify features in the history that may predispose to behavioral problems.
- Identify the need for specialized input and consult with specialists.
- Identify abnormal neonatal behavior.
- Classify mother-infant bonding.
- Recognize the range of symptoms with which depressive disorders present themselves.
- Promote nursing policies that allow early and frequent contact.
- Differentiate between rumination and GI Problems, normal and abnormal repetitive movements.
- Gain information on behavior and parent-child interaction through observation.
- Identify co-morbidities associated with behavioral problems.
- Advise families, school and/or childcare center on the probable causes and management of various forms of child behavior.
- Formulate a differential diagnosis of a child presenting problems at school.
- Explain the non-pharmacological and pharmacological treatment approaches of behavioral and mental disorders to children, adolescents, families and caregivers.
- Advocate for systems of intervention to address behavioral problems in children.
- React immediately to life-threatening behavioral and mental disorders.
- Evaluate for side effects of treatment on a regular basis.
- Provide relevant, age- and cultural appropriate written information to children, families and caregivers about behavioral and mental disorders.
- Provide timely and legible documentation for collaborators and handovers.
GROWTH AND DEVELOPMENT

Knowledge and understanding

☐ Recall the effects of fetal growth restriction on long-term health.
☐ Identify prenatal factors and peri- and postpartum influences that can affect growth and development of the newborn.
☐ Recognize the normal developmental sequence for motor, adaptive, language, and social skills development from birth through childhood.
☐ List the meaning, uses, and limitations of bone age.
☐ Identify specific health issues, diseases and disorders related to the various stages of growth and development.
☐ Recognize warning signs that may signify the potential for abnormal development.
☐ Recognize relationship between physical, emotional, intellectual, and social factors and their influence on development and health.

Skills

Be able to:

☐ Assess growth at all stages of development using appropriate tools.
☐ Perform early detection of children with probable abnormal development.
☐ Formulate a differential diagnosis for a child presenting learning or social difficulties.
☐ Demonstrate the types of anthropometric measurements used in assessing nutritional status and discuss their value.
☐ Utilize body mass index in monitoring growth.
☐ Identify normal and abnormal variations in head shape.
☐ Identify the growth pattern of acquired microcephaly.
☐ Identify the growth pattern of familial macrocephaly.
☐ Distinguish between hydrocephaly and macrocephaly.
☐ Distinguish between normal growth and abnormal growth by evaluating plots on a growth chart.
☐ Identify the normal developmental achievements for the neonatal period.
☐ Identify the normal motor developmental milestones and identify the normal cognitive developmental milestones for key age of: 2, 4, 6, 9, 12, 18, 24 months 3, 5, 6-11 years (13, 15, 17 years variability according countries).
☐ Initiate appropriate investigations to help make a diagnosis based upon the history and pattern of abnormal development observed.
☐ Communicate effectively with specialists.
☐ Determine service needs and select optimal methods to support parents of children with abnormal progress.
NUTRITION

Knowledge and understanding

General
☐ Remember the physiological basis of nutrition and the recommendations for the nutritional requirements at each age.
☐ Recall the food guide pyramid of healthy foods.
☐ Identify dietary practices which place infants at risk for nutritional deficiency.
☐ List the principles and methods for alternative feeding (e.g., via gastrostomy, nasogastric tube) and the common problems that may arise from them.

Specific items
☐ Infant feeding:
  – Remember the basic physiology of breast feeding, characteristics and advantages of human milk
  – Recall the common problems and solutions of feeding problems and maternal drugs that will be contraindicated to breast feeding
  – Recognize the indications for the use of protein hydrolysate formulas as well as other specific formulas
  – Identify the cultural influences on the timing of the introduction of solid foods and know the appropriate age for initiating solid food and the appropriate sequence

☐ Deficiency states:
  – Recall a selection of dietary sources of micronutrients, the functions of those micronutrients, and the effects of their deficiencies (iron, copper, zinc, calcium, phosphate, iodine, folate B12, vitamin D and other vitamins)
  – Identify the symptoms and clinical signs related to the main nutritional deficiencies
  – Recognize those clinical conditions that often require additional nutritional support and the complications of tube feeding

☐ Obesity:
  – Recall the genetic risk factors, etiology and health problems associated with obesity
  – Identify the lifestyle choices that may contribute to obesity, including inadequate physical activity and excessive “screen” time, (e.g., TV, computer)
  – Recognize the changes in pubertal manifestations that may occur in obese children
Skills

Be able to:

General
- Take a detailed dietary history and identify dietary practices which place infants at risk for nutritional deficiency and features which may affect absorption of nutrients.
- Undertake an accurate anthropometric assessment using a full range of measurements including height, weight, body mass index (BMI), mid-arm circumference.
- Regularly utilize these measurements to track expected growth.
- Counsel families about age-appropriate dietary practices.
- Consult effectively with specialists.

Specific items
- Infant feeding:
  - Communicate the importance of breast feeding to the mother
  - Make appropriate recommendations to address feeding problems
  - Counsel on breast feeding in premature, cleft lip /cleft palate and sick newborns
  - Advise a mother about appropriate complementary feeding
  - Recognize the signs of food allergy
- Deficiency states:
  - Check risk factors for the development of malnutrition (e.g., social, psychological, and medical)
  - Detect from a dietary history a diet that is likely to be deficient in a nutrient
  - Apply the principles of dietary supplementation in those with, or at risk of, dietary deficiencies
- Obesity:
  - Perform an accurate interview and physical examination in children with obesity (measure blood pressure, identify acanthosis nigricans and clinical signs of genetic obesity syndromes)
  - Measure and interpret growth curves and BMI, evaluate abdominal vs. hip circumference and detail pattern of obesity (whether generalized or central)
  - Select investigations to rule out medical conditions associated with obesity and look at co-morbidities
  - Advise on interventional strategies involved in weight reduction
  - Counsel families on the long-term effects of obesity on health
  - Provide long-term follow-up and monitor the treatment using BMI charts
  - Refer a patient with obesity to a specialist when necessary
LANGUAGE, LEARNING AND SENSORY DISORDERS

Knowledge and understanding

- Recall the normal psychomotor and language development milestones.
- Recognize the alarm signals of psychomotor development abnormalities.
- Recognize the alarm signals of autism spectrum disorders (ASDs).
- Identify the DSM-V diagnostic categories for language disorders.
- Interpret differences between language disorders and speech disorders:
  - Language disorders: phonological, semantic, syntactic, pragmatic
  - Speech disorders: dysarthria, dislalia, diglossia, disfemia

Skills

Be able to:
- Perform an anamnesis to adequately assess language disorders or speech disorders.
- Perform a language evaluation to establish a diagnosis of language disorders or speech disorders.
- Carry out a global evaluation of psychomotor development.
- Implement a specific evaluation of autism spectrum disorders (ASDs) by screening scales like M-CHAT or the use of alarm signals of ASDs.
- Implement hearing test such as evoked potentials, audiometry to evaluate language disorders or speech disorders and refer appropriately to the Otolaryngologic unit.
- Refer appropriately to the Neuropediatric unit to complete metabolic, genetic and neuroimaging studies.
- Refer appropriately the language disorders or speech disorders to early attention, occupational therapy or speech therapy.
- Carry out a psychosocial evaluation of the child with language disorders or speech disorders and refer if necessary to social work or mental health.
PSYCHOSOCIAL FUNCTIONING

Knowledge and understanding

- Remember the methodology of clinical interview: individual and familiar.
- Recall the methodology of motivational interview.
- Recognize risk factors, alarm signals and indicators of child abuse.
- Identify valuation of social nets.
- Identify community resources.
- Identify community and school prevention programs of risk behaviors.
- Recall laws and legal norms about children and families.
- Recognize cultural and ethnic differences.
- Identify ethical principles: Autonomy, Confidentiality, Beneficence and Justice.

Skills

Be able to:
- Elaborate a psychosocial history:
  - Assessment of behavior of the children in the school
  - Assessment of familiar behavior (parenting, sibling rivalry, discipline, media, divorce, death, violence)
  - Assessment of social behavior with peers
  - Assessment of the free time behavior of the children (TV, internet, social networking)
- Detect psychosocial problems in children and families.
- Detect risk factors, alarm signals and indicators of child abuse.
- Elaborate a three generation map or “genogram”.
- Carry out a motivational interview.
- Counsel families with affective and socialization needs.
- Valuate psychological maturity.
- Execute ethic priorities of values such as autonomy, confidentiality, beneficence and justice and solve conflicts based on them.
Adolescence

■ ADOLESCENT MEDICINE

Knowledge and understanding

General
□ Identify clinical changes related to adrenarche and gonadarche.
□ Recognize that the interrelationships of adolescence involve a combination of biological, psychological and social development.
□ Identify psychosocial risks of adolescence.

Specific items
□ Delayed puberty:
  - Recall pathological causes and natural history of delayed puberty.
□ Psychological development:
  - Identify sources of stress and the modes of coping by adolescents and their families
  - Recognize social media use patterns and the importance of balance, boundaries, and parental involvement in monitoring use by adolescents
□ Sexual development:
  - Identify that development and exploration of sexual feelings is a normal part of adolescent development
  - Recognize that same and opposite-sex sexual feelings and behaviors has a strong impact on defining an adolescents sexual identity
□ Cognitive development of adolescence:
  - Recognize the limited ability of early adolescents to link cause and effect to the consequences of health behaviors
  - Identify that abstract reasoning develops late in adolescence

Skills

Be able to:

General
□ Assess accurately sexual maturity using SMR (Sexual Maturity Rating) stages
□ Interpret the growth chart and bone age x-ray when evaluating constitutional delayed puberty.
□ Interpret changing laboratory parameters through puberty.
□ Interpret basal and stimulated levels of gonadotrophins and testosterone response to human chorionic gonadotrophin(HCG).
□ Utilize appropriate genetic testing.
Specific items

- **Psychological development:**
  - Conduct a psychosocial history using the HEADSS (Home, Education/employment, peer group Activities, Drugs, Sexuality and Suicide/depression) framework
  - Elicit the family dynamics in any routine history and identify its potential impact on symptoms
  - Detect an adolescent “loner” who does not identify with any peers and who may have psychological difficulties
  - Detect an adolescent with a poor self-image which may correlate with many adolescent problems

- **Sexual development:**
  - Employ different strategies to be able to facilitate the exchange of information about inappropriate sexual behavior
  - Discuss sexual issues with adolescents in a sensitive and professional manner
  - Direct adolescent patients and their families to available confidential services

- **Cognitive development of adolescence:**
  - Determine the level of cognitive reasoning of adolescents
  - Utilize techniques to facilitate engaging effectively with adolescents appropriate to their level of cognitive development
SUBSTANCE ABUSE

Knowledge and understanding

- Recognize health consequences of substance abuse for individuals and society.
- Recall general trends in use and abuse of substances, and where to find information about it.
- Identify substance abuse predictors and risk factors.
- Retrieve concepts of tolerance of, dependence on and withdrawal from, addictive drugs.
- Recall major physiologic and behavioral consequences attributable to substance abuse, including the potential for physiologic addiction, specifically for alcohol, cannabis, tobacco, opiates, amphetamines, hallucinogens, cocaine and inhalants.
- Identify risk of abuse of cough and cold preparations (e.g., pseudoephedrine, dextromorphan) and of alternative and herbal products.
- Identify role of the paediatrician in counseling youth and parents, and in education within the schools about the dangers of tobacco/alcohol and other substance abuse.
- Remember principles of brief motivational interviewing and other counseling techniques to promote healthy behavior change and prevent substance use/abuse.

Skills

Be able to:

- Obtain information from patients and parents about substance use/abuse, understanding the requisites for privacy and confidentiality.
- Counsel families about methods to minimize the dangers of substance use/abuse (e.g., abstinence, avoid peer groups with drug usage, appropriate parental support) and to prepare an adolescent and their family for referral for substance use/abuse treatment.
- Identify signs of ingestion/use and acute intoxication of specific substances like alcohol, cannabis, tobacco, opiates, amphetamines, hallucinogens, cocaine, inhalants or cough and cold preparations.
- Use toxicology screening results to identify substances used/abused.
- Refer for further management as appropriate.
Abuse

CHILD ABUSE AND NEGLECT

Knowledge and understanding

- Recall concept and types of neglect, abuse and factitious disorder by proxy.
- Recognize children, parents, family and social characteristics associated with increased risk of neglect, abuse or factitious disorder by proxy.
- Recognize indicators, manifestations and injuries possibly associated with abuse and neglect.
- Identify local/state/national requirements for reporting sexual abuse to law enforcement and/or child protection services and legal obligations for reporting suspected abuse.
- Identify intervention options for families and patients involved in child abuse and factitious disorder by proxy.

Skills

Be able to:

- Perform an accurate interview and physical examination in cases of suspected abuse or neglect.
- Identify the general signs and injuries related to child abuse and neglect and develop a differential diagnosis with conditions that can mimic them.
- Utilize the appropriate diagnostic procedures and referral to rule out the possibility of abuse or neglect.
- Provide the first medical care for abused children and adolescent in order to mitigate immediately the identified injuries and refer to appropriate specialist.
- Document and transmit a detailed report about the abuse or neglect suffered by a child or adolescent to the appropriate authority.
- Participate in a multidisciplinary team, contributing to joining their multiple roles for protecting children and adolescent rights.