The Royal Australasian College of Physicians

Curricula Renewal

Advanced Training in Community Child Health
Entrustable Professional Activities pilot 2015

The Royal Australasian College of Physicians

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Introduction

Supervisors make decisions based on trust every day when working with trainees. We decide if and when trainees are capable of independently performing their various tasks.

Entrustable Professional Activities, or EPAs, are a relatively recent innovation in medical education with the potential to transform our training programs. While the title may sound like educational jargon, it is really quite descriptive – these are the essential work activities that we need to be able to entrust our trainees to carry out.

The use of Entrustable Professional Activities within the College context will be evaluated over 2015–2016 through pilot studies in Basic Training for Physicians and Paediatricians and in Advanced Training in Community Child Health.

The aim of the Community Child Health Entrustable Professional Activities pilot is to explore the usefulness of EPAs in terms of both curricula design and workplace application for a College training program.

The input of the supervisors and trainees taking part in this pilot is essential to us in designing the most effective Advanced Training program we can deliver for Community Child Health.

I am really looking forward to the outcome of these pilots. It is an exciting time to be involved in education and training within the College!

Dr Mick O'Keeffe FRACP

Chair
Community Child Health Entrustable Professional Activities Pilot Working Group

Entrustable Professional Activities (EPAs)

A unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised.

ten Cate, 2015

EPAs:

- Are discrete tasks, separable from other tasks
- Can be observed and assessed
- Are often tasks with consequences that are not easily reversed and relate to safe healthcare on the spot
- Integrate competencies from multiple domains of professional practice
- Are tasks that a trainee could perform unsupervised by the end of training
- Are tasks that only professionals can do.

ten Cate, O. et al (2015).
Curriculum development for the workplace using Entrustable Professional Activities (EPAs): AMEE Guide No. 99. Med Teach, Jul 14:1-20 [Epub ahead of print].

Why do we need a new approach to training in Community Child Health?

Like many College Advanced Training programs, Advanced Training in Community Child Health presently has a system of largely time-based training requirements to be completed over the course of three years of work-based training. The complexity of these requirements has been built up over time in an effort to address perceived gaps in training. Principles

By the end of Advanced Training:

- **36 months of certified training time consisting of:**
  - **12 months attendance at an accredited Program of Excellence**
  - **6 months in community-based multidisciplinary paediatrics**
  - **6 months in behavioural & developmental paediatrics**
  - **3 months of child protection training**
  - **6 months of non-clinical activities**
  - **The balance of 36 months of non-core training in relevant community child health settings**
- **1 research project**
- **6 months of Developmental and Psychosocial Training**

Extract from training requirements for Advanced Training in Community Child Health

The final assessment of an Advanced Trainee comes from the supervisor of their last training rotation, who is asked to make a judgement as to whether the trainee is competent for independent practice as a consultant.

d) For a trainee completing advanced training only

Has the trainee completed all the activities required under the current guidelines? ☐

In your opinion, is the trainee now a competent physician and capable of providing a high standard of medical care without supervision? ☐

SUPERVISOR'S COMMENTS

Extract from current supervisor's report form

In recent times it has become apparent that a new approach to training is needed to make the shift from ticking off complex training requirements to a focus on actual performance of essential work tasks. All of the Fellows and trainees involved in the pilot have expressed a strong interest in improving Community Child Health Advanced Training and making it more relevant to workplace practice.

Why did trainees decide to participate in this pilot?

"…to me it sounded like it was more streamlined than the current system and the objectives that you can choose are more specific to community paediatrics".

"…I definitely thought it would be useful. I think I've recognised well before the pilot that in a lot of the things I do on a daily basis, I don't get to have as much direct observation as I think I should".

Why do we need a new approach to training in Community Child Health?

Proposed changes

The goal of the pilot was to explore the usefulness of Entrustable Professional Activities, both in terms of curricula design and workplace application for the Community Child Health Advanced Training program.

The pilot aimed to make four key changes:

1. Focus learning and assessment on the core activities trainees need to be able to do independently by the completion of Advanced Training in Community Child Health.
2. Streamline the work-based learning and assessment process by introducing one Learning Plan and Supervisor's Report form, to replace the existing Learning Needs Analysis and Supervisor's Report.
3. Improve the collection of evidence about trainee progression by focusing existing formative assessments on Entrustable Professional Activity tasks.
4. Improve certification decisions by ensuring that goals are set at the start of a training rotation, are reviewed mid-point, and are checked at the conclusion of the rotation.

Development of Community Child Health Entrustable Professional Activities

The Community Child Health Entrustable Professional Activities Pilot Working Group was formed in late 2013, comprising Community Child Health Fellows from across Australia and New Zealand.

The Working Group developed all plans, processes and Entrustable Professional Activities associated with the pilot, in collaboration with the College's Education Program Development team. A number of other Fellows and trainees generously contributed to the development of pilot materials, through critical comments drawn from their knowledge and experience and the donation of their time and professional expertise.

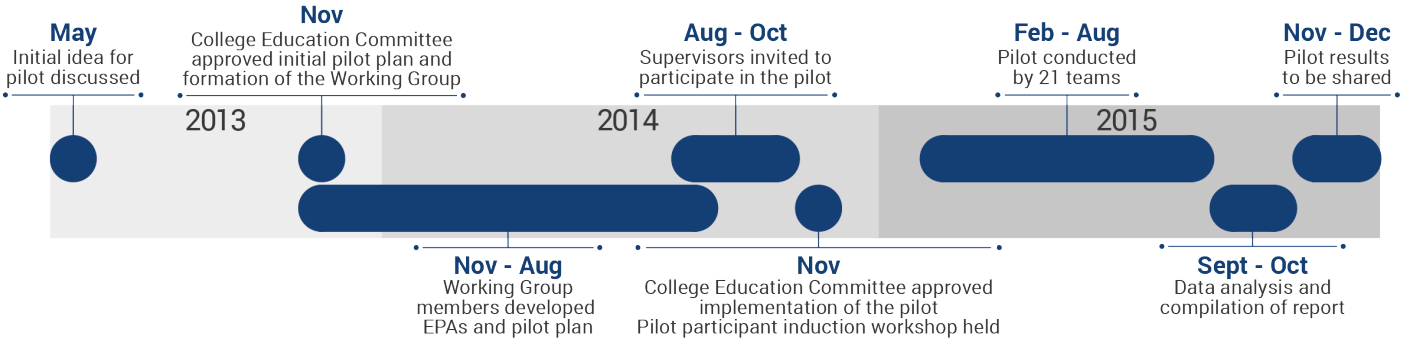
Community Child Health EPA pilot working group meeting, 2014 (members not present)

Working group members

- Dr Mick O'Keeffe, FRACP
- Dr Terence Donald, PSM FRACP
- A/Prof John Eastwood, FRACP FAFPHM
- Dr Karen Edmond, FRACP FAFPHM
- Prof Dawn Elder, FRACP
- A/Prof Sharon Goldfeld, FRACP FAFPHM
- Dr Timothy Jelleyman, FRACP
- Dr Deepa Jeyaseelan, FRACP
- Dr Jane Lesslie, FRACP
- Dr Suzanne Packer, AM FRACP
- A/Prof Gehan Roberts, FRACP
- Dr Anne Smith, FRACP
- Prof Graham Vimpani, AM FRACP, FAFPHM

Pilot process

The pilot ran for a six-month period over the course of a Community Child Health training rotation. Participant pairs comprising a supervisor and a trainee worked together for the duration of the pilot.



Timeline of activities in the Community Child Health Entrustable Professional Activities Pilot

Participants were asked to review an index of 24 Community Child Health Entrustable Professional Activities and identify four to eight Entrustable Professional Activities that were suitable for their training rotation during the pilot period.

Participants were asked to have three meetings over the course of the pilot:

1. **Planning meeting.** Participants will confirm the Entrustable Professional Activities for the trainee to focus on and identify other learning goals for the rotation.
2. **Mid-rotation review.** Participants will review progress towards the learning goals and entrustment of the Entrustable Professional Activities, and will amend learning goals for the remainder of the rotation as required.
3. **End-of-rotation review.** Participants will review progress towards the learning goals and entrustment of the Entrustable Professional Activities, and will confirm final ratings of progress achieved during the period and agreed next steps for development.

The agreed learning goals and comments about progress were documented in the Learning Plan and Supervisor's Report form.

The College Education Committee approved amended training requirements for trainees participating in the pilot. These can be viewed on the College website.

Pilot participants

22 participating pilot teams

- Pilot teams comprised pairs of supervisors and trainees.
- All Community Child Health supervisors were invited to participate through an expression of interest process.
- Participants were predominantly located in Queensland, New South Wales, Victoria or Western Australia.
- A small number of participating trainees were also dual training in General Paediatrics.

EPA Supervisor	Trainee/s
Dr Helen Heussler	Dr Vinita Prasad
Dr Murray Webber	Dr Taya Dowling
Dr Roger Blackmore	Dr Paul Hotton
	Dr Ranjini Ikkandath
A/Prof Gehan Roberts	Dr Biola Araba
Dr Vanessa Sarkozy	Dr Christine Tan
	Dr Carina Burgess
Dr Robert Leitner	Dr Alicia Montgomery
Dr Mick O'Keeffe	Dr Sarah Townsend
Dr John Wray	Dr Anna Robson
Dr Terence Yoong	Dr Ketaki Sharma
Dr Nigel Hocking	Dr Priya Heyes

EPA Supervisor	Trainee/s
Dr Jillian Sewell	Dr Katrina Hannan
Dr Julie Belousoff	
Dr Karen Liddle	Dr Eta Raicebe
Dr Uyen Tran	Dr Jacqueline Duc
Dr Jo Thomson	
Dr Martin Wright	Dr Geetika Badkar
Dr Heidi Webster	Dr Hazel Dobinson
Dr Gillian Brooks	Dr Krista Monkhouse
Dr Doug Shelton	Dr Olivia Starowicz
	Dr Penelope Larcombe
Dr Toni Redman	Dr Weiwei Chan

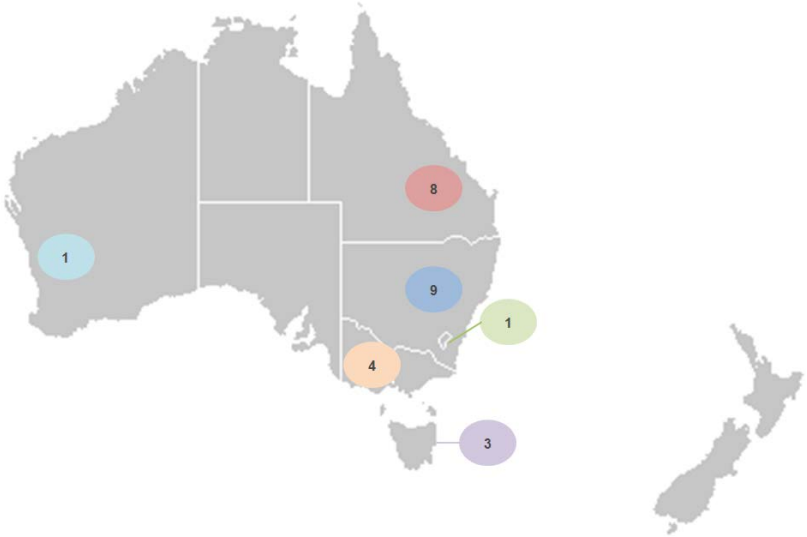
A trial of the Child Protection Entrustable Professional Activities was run alongside this pilot:

Supervisor	Trainee/s
Dr Anagha Jayakar	Dr Victoria Carter
	Dr Upsana Kapoor
	Dr Sandra Smith

Supervisor	Trainee/s
Dr Sue Packer	Dr Claire Gibbons
Dr Dimitra Tzioumi	Dr Anna Lachowicz

Geographical distribution of pilot teams

Participants were predominantly located in Queensland, New South Wales and Victoria.

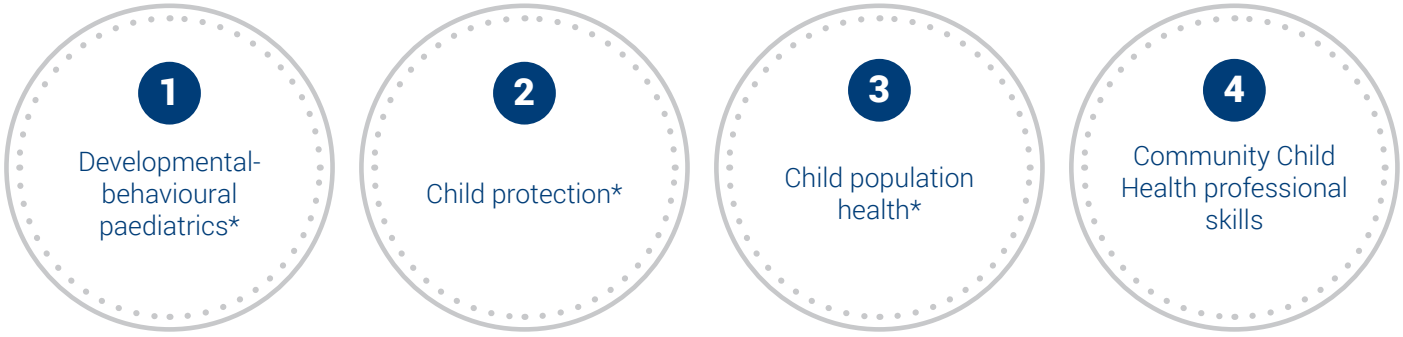


Number of pilot teams in each state in each state and New Zealand

Pilot Entrustable Professional Activities

The Community Child Health Entrustable Professional Activities were organised according to four categories, which represent the three important fields of practice in Community Child Health plus an additional category for professional skills which extends across all Community Child Health practice.

EPA organising framework



**Fields of practice for Community Child Health consultants*

24 Entrustable Professional Activities have been developed for the pilot. A description of these can be viewed in the index on the following page.

Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

A trainee entrusted with this activity can:

- perform a comprehensive assessment of an infant, child or young person's development, behaviour, learning and emotional state taking into account biological, psychological and social environmental factors
- integrate information from multiple sources into a coherent, biopsychosocial explanation for an infant child or young person's presenting concerns
- arrive at a clear understanding of an infant, child or young person's overall predicament by identifying strengths as well as difficulties, protective elements as well as risk factors for future development.

EPA example 1 (see appendix for full details)

Vulnerable children – identification, intervention, and initial management of suspected child maltreatment

A trainee entrusted with this activity can:

- identify child and family adversity that might lead to child maltreatment
- effectively facilitate intervention designed to ameliorate the adversity
- recognise and appropriately respond to possible indicators of any form of child maltreatment by following local jurisdiction reporting requirements and urgent safety measures.

EPA example 2 (see appendix for full details)

Community Child Health consultants tend to subspecialise in one of the three fields of practice throughout their careers. In recognition of this, the entrustable behaviours outlined in the Community Child Health Entrustable Professional Activities were defined as applying to either a core or stream level. It is intended that these entrustable behaviours are used to guide achievement as follows:

- **Core.** To be achieved by all Community Child Health trainees
- **Stream.** To be achieved by trainees intending to focus on that area of practice.

Index of Community Child Health Entrustable Professional Activities

This index lists the titles and description of Community Child Health Entrustable Professional Activities.

Developmental-Behavioural Paediatrics

Identifier	Title and description	Intended use:
DBP1	**Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics** A trainee entrusted with this activity can: • perform a comprehensive assessment of an infant, child or young person's development, behaviour, learning and emotional state taking into account biological, psychological and social environmental factors • integrate information from multiple sources into a coherent, biopsychosocial explanation for an infant child or young person's presenting concerns • arrive at a clear understanding of an infant, child or young person's overall predicament by identifying strengths as well as difficulties, protective elements as well as risk factors for future development.	• Core • Stream
DBP2	**Management in Developmental-Behavioural Paediatrics** A trainee entrusted with this activity can: • use diagnostic formulation to construct an individualised, multi-modal management plan • provide effective long term management of developmental and behavioural conditions under a chronic disorder model.	• Core • Stream
DBP3	**Office-based interventions in Developmental-Behavioural Paediatrics** A trainee entrusted with this activity can provide supportive family counselling, specific interventions and targeted practical advice across the range of developmental and behavioural conditions.	• Core • Stream
DBP4	**Use of psychotropic medications in Developmental-Behavioural Paediatrics** A trainee entrusted with this activity can appropriately and safely prescribe and monitor the use of relevant psychotropic medication in children presenting with developmental and behavioural concerns.	• Core • Stream
DBP 5	**Written communication in Developmental-Behavioural Paediatrics** A trainee entrusted with this activity can summarise assessment findings and management plan succinctly in written reports.	• Core • Stream

Pilot Entrustable Professional Activities

Child Protection

Identifier	Title and description	Intended use:
CP6	**Vulnerable children – identification, intervention, and initial management of suspected child maltreatment** A trainee entrusted with this activity can: • identify child and family adversity that might lead to child maltreatment • effectively facilitate intervention designed to ameliorate the adversity • recognise and appropriately respond to possible indicators of any form of child maltreatment by following local jurisdiction reporting requirements and urgent safety measures.	• Core
CP7	**Suspected child maltreatment – the forensic medical assessment** A trainee entrusted with this activity can: • complete a comprehensive review of a child referred for specialist assessment in whom a suspicion of any form of child maltreatment has been identified • complete an assessment including taking a detailed clinical history from the child and/or caregivers, conducting a physical and ano-genital examination, evaluating injuries, ordering and interpreting appropriate investigations, and preparing comprehensive reports for use in the legal system.	• Stream
CP8	**Suspected child maltreatment – formulation of findings and implementation of case plan** A trainee entrusted with this activity can: • collate and integrate clinical information to derive a coherent explanation for a child's presenting concerns • formulate an opinion about vulnerability (risk) and resilience in relation to the subject child including safety, physical health, development, relationships, behaviour and psychological wellbeing • formulate a defensible opinion regarding the likelihood that the child has experienced maltreatment • develop and implement a case plan as a part of an interagency process, that addresses physical, developmental and emotional needs of the child who is considered likely to have experienced maltreatment.	• Stream
CP9	**Suspected child maltreatment – medicolegal reports and provision of evidence in court** A trainee entrusted with this activity can: • produce comprehensive medical reports, including thorough documentation of findings and justifiable opinions for children in whom a suspicion of any form of child maltreatment has been identified • present succinct and accurate evidence in court.	• Stream

Pilot Entrustable Professional Activities

Child Population Health

Responding to an issue

** Streamed level only. Streamed level trainees to complete at least one of the following EPAs.*
^ All trainees to complete EPA CPH10 at core level.

Identifier	Title and description	Intended use:
CPH10	**Response to a child population health question*^** A trainee entrusted with this activity can: • identify and define a population health question that affects the health and wellbeing of children, youth and their families • analyse relevant data and evidence and respond to a child population health question • influence improvement of the health and wellbeing of children, youth and their families.	• Core • Stream
CPH11	**Response to environmental risks to health and safety in childhood*** A trainee entrusted with this activity can advise on the population health management of environmental health risks to the health and safety of children and young people.	• Stream
CPH12	**Response to risk of infectious diseases in childhood*** A trainee entrusted with this activity can advise on the population health approach to the prevention and control of infectious diseases in childhood.	• Stream

Program management

** Streamed level only. Streamed level trainees to complete at least one of the following EPAs.*

Identifier	Title and description	Intended use:
CPH13	**Health needs assessment*** A trainee entrusted with this activity can undertake a health needs assessment of a specific population of children and youth.	• Stream
CPH14	**Evaluation of existing health services and programs*** A trainee entrusted with this activity can evaluate an existing child population health program and develops a plan for service improvement.	• Stream
CPH15	**Planning and implementation of new health services and programs*** A trainee entrusted with this activity can develop and implement a new child population health program.	• Stream
CPH16	**Organisational management in child population health*** A trainee entrusted with this activity can manage a health service or program with a child population health focus.	• Stream

Promotion and policy

** Streamed level only. Streamed level trainees to complete at least one of the following EPAs.*

Identifier	Title and description	Intended use:
CPH17	**Promotion of child health and wellbeing*** A trainee entrusted with this activity can create, implement and evaluate strategies for the promotion of child health, wellbeing and optimal development at a population level.	• Stream
CPH18	**Child population health policy - analysis and development*** A trainee entrusted with this activity can: • identify and define a policy issue or question that affects the health and wellbeing of children, youth and their families • analyse and propose policies options that will affect the health and wellbeing of children, youth and their families • influence policy-making processes related to the health and wellbeing of children, youth and their families.	• Stream

Pilot Entrustable Professional Activities

Community Child Health Professional Skills

Identifier	Title and description	Intended use:
PS19	**Multi-disciplinary teamwork** A trainee entrusted with this activity can work effectively within a multidisciplinary team.	• Core
PS20	**Inter-agency partnership** A trainee entrusted with this activity can communicate and work effectively with professionals in other systems, within health, education, disability and non-government sectors.	• Core
PS21	**Advocacy** A trainee entrusted with this activity can: • advocate for appropriate assistance for individual children and their families • advocate to meet health needs of populations of children and families • advocate for change within the health care workplace environment.	• Core
PS22	**Teaching** A trainee entrusted with this activity can deliver good quality teaching of Community Child Health practice to various audiences including medical students, other health professionals and paediatric trainees.	• Core
PS23	**Clinician wellbeing and professional development** A trainee entrusted with this activity can practice strategies to protect, maintain and optimise own personal wellbeing and performance in the workplace.	• Core
PS24	**Research** A trainee entrusted with this activity can: • critically appraise research literature • plan and execute a research project.	• Core

Results

The pilot concluded on 31 August 2015. Trainees and supervisors who participated in the pilot were invited to Sydney to debrief experiences and share recommendations for College-wide curricula changes.

Community Child Health EPA pilot participants

Participants' preliminary feedback on the pilot has been largely positive. Sections of the debrief session were filmed in order to share insights from pilot participants on the reality of using EPAs. The videos will be made available on the College YouTube channel before the end of 2015.

The analysis of evaluation data has commenced as part of the compilation of a full report from the pilot. Results from the pilot will be shared with the College Membership, and used to inform overarching College curricula renewal plans, and form the basis for ongoing curricula improvement for Advanced Training in Community Child Health.

The EPAs used in the pilot will continue to be made available following the pilot as a resource for Advanced Trainees in Community Child Health and their supervisors.

Further information

- Visit the Community Child Health Entrustable Professional Activities pilot webpage
- Contact Curriculum@racp.edu.au

EPA example 1
Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

Community Child Health Entrustable Professional Activity

Area of practice	Developmental-Behavioural Paediatrics (DBP)	**Identifier**	DBP1
Title	**Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics**		
Description *Maximum 150 words*	A trainee entrusted with this activity can: • perform a comprehensive assessment of an infant, child or young person's development, behaviour, learning and emotional state taking into account biological, psychological and social environmental factors • integrate information from multiple sources into a coherent, biopsychosocial explanation for an infant child or young person's presenting concerns • arrive at a clear understanding of an infant, child or young person's overall predicament by identifying strengths as well as difficulties, protective elements as well as risk factors for future development.		
Quick links	• Entrustable behaviours • Required knowledge, skills and attitudes • Additional learning activities and resources • Recommended assessment methods • Appendix 1 – key theories of normal human development and behaviour • Appendix 2 – developmental and psychological domains • Appendix 3 – major clinical conditions in Developmental-Behavioural Paediatrics		

Proposed Community Child Health streaming

The Specialist Advisory Committee in Community Child Health is considering the use of 'streaming' in the Advanced Training program. The rationale is to provide clear guidance on expected **'core'** standards for all Community Child Health trainees while allowing flexibility for trainees to focus on a **'stream'** area.

The proposed three streams of Community Child Health are Developmental-Behavioural Paediatrics, Child Protection, and Child Population Health.

The entrustable behaviours outlined in the Community Child Health Entrustable Professional Activities have been defined as applying to either a core or stream level. It is intended that these entrustable behaviours are used to guide achievement as follows:

- **Core.** To be achieved by all Community Child Health trainees
- **Stream.** To be achieved by trainees intending to focus on that area of practice.

Stream	Expected achievement of this EPA	
	Core level	**Stream level**
Developmental-Behavioural Paediatrics (DBP)	Required	Required
Child Protection (CP)	Required	Not Required
Child Population Health (CPH)	Required	Not Required

EPA example 1
Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

Entrustable behaviours

These are the expected behaviours of a trainee who routinely performs this activity independently by the end of core* or stream* Community Child Health Advanced Training.

**see proposed Community Child Health streaming for more information*

Core level

Assessment

- Applies assessment and diagnostic formulation that are appropriate for typical cases, but requires supervision to assist with more complex or unusual cases
- Uses biopsychosocial assessment framework adequate to deal with majority of developmental-behavioural paediatrics presentations
- Conducts assessment that covers all major domains of development, behaviour, learning or emotional state (for further detail, see Appendix 1 – key theories of normal human development and behaviour)
- Elicits physical signs and symptoms adequately
- Adapts assessment structure to suit developmental-behavioural paediatrics context
- Assesses family dynamics
- Applies developmental and behavioural screening tools, including:
  - paper-based behavioural checklists, e.g. Conners, Social Communication Questionnaire
  - direct observation methods, e.g. Brigance
- Uses appropriate biological investigation strategy
- Recognises markers of complexity and severity that indicate need for an alternative opinion
- Conducts a time-efficient assessment

Interview skills

- Engages with patient and family to gather information in an atmosphere of trust and cooperation
- Employs good communication skills, including appropriate listening, facilitative skills and body language

Integration of information

- Collates appropriate collateral data
- Manages cross referral for assessments by allied health professionals
- Integrates information from multiple sources into a coherent biopsychosocial diagnostic formulation

Stream level

Stream level entrustable behaviours are in addition to those listed for core level

Assessment

- Applies a biopsychosocial assessment framework comprehensive enough to deal with the most complex presentations in children of varying ages. Complex presentations may include severe neuropsychological deficits and their resultant behavioural and emotional consequences, complex family dynamics, biological co-morbidity.
- Assesses family function skilfully and comprehensively
- Conducts an acute mental health risk assessment
- Makes appropriate observations of developmental skills, behaviour and mental state
- Applies a range of assessment methods, including office tools to directly elicit developmental skills and behaviour such as Griffiths, Renfrew Language Scales, ADOS
- Conducts a thorough physical examination covering all essential aspects
- Structures assessment process to allow an optimal biopsychosocial assessment, including assessments

Interview skills

- Conducts a structure history taking which is methodical, sensitive and appropriately detailed with no important omissions
- Facilitates patient and family in telling their story, with appropriate use of questioning techniques, listening skills, positive body language, empathy and respect
- Employs a high standard of communication skills, including with appropriate listening, facilitative skills and body language
- Structures interview and examination skills to effectively allow detection of child abuse, neglect, family violence, parental mental health concerns or substance abuse

EPA example 1
Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

Diagnostic formulation
- Produces coherent verbal presentations of diagnostic formulation
- Communicates diagnostic formulation effectively to parents and patient. This includes:
  - using appropriate listening and facilitative skills
  - responding to patient and families and modifying or repeating information in a different way if required
  - incorporating parents' and patient's perspective into explanation
  - avoiding the use of jargon
  - explaining the terms used
  - soliciting questions
  - checking the patient and family 's understanding of the major points raised
  - using visual or written explanations where appropriate
- Educates those involved through provision of appropriate information and resources

Diagnostic formulation
- Integrates information from multiple sources into a coherent biopsychosocial diagnostic formulation for complex or unusual cases
- Produces verbal presentations of diagnostic formulation that are highly sophisticated, comprehensive yet succinct, logical, accurate and balanced
- Facilitates diagnostic formulation discussions at a multidisciplinary team level
- Prepares effective consultation/liaison opinion for other paediatricians and psychiatrists

Supervision
- Supervises assessment skills of developmental-behavioural paediatrics subspecialty trainee

Required knowledge, skills and attitudes

Knowledge

Theories and key concepts of typical development
- Describe key elements of theories of normal development (see *Appendix 1 – key theories of normal human development and behaviour*)
- Describe key developmental concepts such as neuroplasticity, theory of mind, attachment
- Identify normal developmental milestones in key domains of development (see *Appendix 2 – developmental and psychological domains*)
- Recognise normal variations in nature and sequence of developmental milestones
- Identify the functional capacity, including cognitive, emotional, social of infants, children and young people at different stages of their development
- Describe temperament and its implication for health and development across childhood and adolescence

Ecological model of child development
- Recall that infants, children and young people exist within a multi-level context of family, school or day care and community
- Explain the negative or therapeutic impact a child's environment can have on their wellbeing
- Describe the impact of poverty and other adversities on the family unit
- Understand the impact of disorders of development, behaviour, learning and emotion on children, families and communities
- Describe how community systems can be used to support families
- Describe the impact of the education sector on infant, child and youth development and wellbeing

EPA example 1
Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

Knowledge

Life course perspective on health and development

- Describe the concept of developmental trajectory
- Describe the impact of social and individual factors on developmental trajectory and their implications for practice through an ecological framework, including:
  - risk
  - resilience
  - empowerment
- Describe the influence of biological embedding of early life experience or experience-based brain development on subsequent health and development
- Describe attachment theory and the impact of disordered attachment on child development
- Identify and discuss critical development periods in an infant, child or young person's life

Family-centred practice

- Describe principles of family-centred practice

Atypical development

- Outline risk factors for atypical development, including:
  - prenatal factors impacting on childhood development, e.g. chromosomal, adverse in utero environment
  - perinatal factors impacting on childhood development, e.g. prematurity, birth asphyxia
  - factors during childhood impacting on development, e.g. postnatal depression, deprivation, family environment, trauma, chronic disease, sensory impairment
- Describe the cumulative risk for children experiencing adverse events from within a vulnerable population
- Explain current scientific evidence around aetiology, natural history and prognosis for the range of disorders of development and behaviour (see Appendix 3 – major clinical conditions in Developmental-Behavioural Paediatrics)
- Describe clinical features and diagnostic constructs of commonly encountered conditions in developmental and behavioural paediatric practice (see Appendix 3 – major clinical conditions in Developmental-Behavioural Paediatrics)

EPA example 1
Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

Knowledge

Assessment

- Develop a comprehensive biopsychosocial framework for understanding a child's presentation that has the capacity to identify and address both risk and resilience factors impacting on infant, child and young person's development
- Understand standardised classification systems, including:
  - diagnostic classification systems, e.g. Diagnostic and Statistical Manual of Mental Disorders (DSM) , International Classification of Disease (ICD)
  - functional classification systems, e.g. International Classification of Functioning, Disability and Health (ICF)
- Describe methods for gathering data about developmental-behavioural problems, including key elements of history and examination, behavioural observation, assessment tools, medical investigation
- Possess a detailed understanding of commonly used assessment instruments, including:
  - rating scales, e.g. Conners, Child Behaviour Checklist (CBCL)
  - interview tools, e.g. Autism Diagnostic Interview-Revised (ADI-R)
  - observation tools, such as:
    - developmental, e.g. Griffiths Mental Development Scales, Bayley Scales of Infant Development
    - Autism Spectrum Disorder specific, e.g. Childhood Autism Rating Scale (CARS), Autism Diagnostic Observation Schedule (ADOS)
  - those used by allied health practitioners
- Describe appropriate methods of investigation for commonly encountered conditions in developmental and behavioural paediatric practice
- Describe the role of multidisciplinary teams, multi-sectoral services and medical and surgical subspecialties in the diagnosis of commonly encountered conditions in developmental and behavioural paediatrics practice
- Describe principles behind effective feedback of information from doctor to parents and children or young people
- Understanding of the developmentally appropriate level of involvement of children and young people in their own care

Skills

Assessment

- Gather assessment data using a range of methods, including:
  - skilful interviewing of parents, child or young person
  - behavioural observation in:
    - clinical settings, including mental state examination, parent-child interactions
    - naturalistic settings, e.g. day care centre
- Use assessment instruments appropriate to the clinical context
- Conduct a physical examination
- Collect collateral data, e.g. from other informants
- Organise a biomedical investigation
- Refer patient for allied health assessment and interpretation of the results

EPA example 1
Assessment and diagnostic formulation in Developmental-Behavioural Paediatrics

Skills	**Diagnostic Formulation**
	• Incorporate factors into diagnostic formulation such as:
	  • understanding of aetiological factors or risks, including:
	  • predisposing factors
	  • precipitating factors
	  • perpetuating factors
	  • positive factors contributing to overall resilience, including strengths, interests, positive personality features and supports
	• Identify co-morbidities
	• Develop and test a diagnostic differential
	• Interpret the functional impact of a disorder on the child or young person and their family, and how this may impact on management
	• Assess and incorporate the impact of the child or young person's disability on the family and the family context into formulation
	• Verbally present succinct, accurate diagnostic formulation
	• Present succinct, accurate diagnostic formulation in written reports
	• Communicate assessment findings effectively to parents and child or young person

Attitudes	• Consider child as an individual, with unique strengths and difficulties • Commitment to provision of family-centred care

Additional learning activities and resources

- Community Child Health tutorial series (Program of Excellence)
- Development of a biopsychosocial assessment framework by trainee, including:
  - template for content
  - appropriate appointment structure
  - process for gathering of collateral data
- Observation of use of specific assessment tools
- Formal training courses for more comprehensive tools, e.g. Griffiths, ADOS
- Observation of assessment and diagnostic formulation, followed by feedback:
  - by developmental-behavioural paediatrician, e.g. supervisor
  - by other professionals, e.g. allied health professionals, family therapist, child & adolescent psychiatrist
- Case-based discussion, including analysis of trainee history, physical exam and DB assessment findings, allied health professional reports, behaviour checklists
- Observation of trainee by supervisor while:
  - conducting an assessment
  - summarising a case presented at a multidisciplinary case conference
  - providing feedback of the diagnostic formulation to family and child or young person
- Development of personal resource library for use in clinical practice by trainee, including:
  - fact sheets
  - tip sheets
  - links to online resources

Recommended assessment methods

- Informal clinical supervision
- Case-based Discussion
- Mini-clinical Evaluation Exercise
- Developmental-behavioural Clinical Evaluation Exercise
- Information multi-source feedback process
- Review of written communications, such as report or outgoing letter

EPA example 2
Vulnerable children – identification, intervention and initial management of suspected child maltreatment

Community Child Health Entrustable Professional Activity

Area of practice	Child Protection	Identifier	CP6
Title	**Vulnerable children – identification, intervention and initial management of suspected child maltreatment**		
Description *Maximum 150 words*	A trainee entrusted with this activity can: • identify child and family adversity that might lead to child maltreatment • effectively facilitate intervention designed to ameliorate the adversity • recognise and appropriately respond to possible indicators of any form of child maltreatment by following local jurisdiction reporting requirements and urgent safety measures.		
Quick links	• Entrustable behaviours • Required knowledge, skills and attitudes • Additional learning activities and resources • Recommended assessment methods • CP9 – Suspected maltreatment – medico-legal reports and provision of evidence in court		

Proposed Community Child Health streaming

The Specialist Advisory Committee in Community Child Health is considering the use of 'streaming' in the Advanced Training program. The rationale is to provide clear guidance on expected **'core'** standards for all Community Child Health trainees while allowing flexibility for trainees to focus on a **'stream'** area.

The proposed three streams of Community Child Health are Developmental-Behavioural Paediatrics, Child Protection, and Child Population Health.

The entrustable behaviours outlined in the Community Child Health Entrustable Professional Activities have been defined as applying to either a core or stream level. It is intended that these entrustable behaviours are used to guide achievement as follows:

- **Core.** To be achieved by all Community Child Health trainees
- **Stream.** To be achieved by trainees intending to focus on that area of practice.

Stream	Expected achievement of this EPA	
	Core level	**Stream level**
Developmental-Behavioural Paediatrics (DBP)	Required	Not Required
Child Protection (CP)	Required	Required
Child Population Health (CPH)	Required	Not Required

EPA example 2
Vulnerable children – identification, intervention and initial management of suspected child maltreatment

Entrustable behaviours

These are the expected behaviours of a trainee who routinely performs this activity independently by the end of core* or stream* Community Child Health Advanced Training.

**see proposed Community Child Health streaming for more information*

Core level

Identify child and family adversity

- Performs a comprehensive biopsychosocial assessment, characterised by:
  - depth of psychosocial assessment
  - ability to ask difficult or sensitive questions during interview
  - skilled and sensitive engagement of children in the interview
  - ability to draw out and reconcile accounts of the situation from different individuals, e.g. child, parents, caregivers, referrers
  - clear verbal presentation of complex psychosocial information
- Recognises child and family vulnerability for physical harm, psychological harm, or inadequate care
- Engages in post-abuse or neglect treatment and management strategies for children and their parents or carers

Intervention

- In collaboration with relevant agencies, develops comprehensive and prioritised management plan utilising local resources designed to ameliorate vulnerability, with the aim of reducing the likelihood of physical harm, psychological harm, or inadequate care, which would necessitate involvement of statutory child protection agencies
- Recognises and appropriately responds to suspicions of physical harm, psychological harm, or inadequate care

Local jurisdiction reporting and safety

- Prepares good quality reports using relevant templates and tools
- Diligently and efficiently follows local jurisdictional procedures for the notification of suspicions of child maltreatment

Stream level

Stream level entrustable behaviours are in addition to those listed for core level

Identify child and family adversity

- Performs a comprehensive biopsychosocial assessment, characterised by:
  - highly developed ability to ask sensitive or difficult questions during interview
  - highly skilled and sensitive engagement of children in the interview
  - sophisticated ability to draw out and reconcile accounts of the situation from different individuals, e.g. child, parents, caregivers, referrers
- Demonstrates ability to discern 'hidden' issues such as family violence, substance abuse or mental health concerns and how these might increase the risks of various forms of maltreatment
- Does not miss such presentations through an inadequate assessment, e.g. failure to ask questions about family function

Intervention

- Is highly skilled in engaging families in management strategies designed to ameliorate vulnerability
- Is highly skilled in conducting a conversation with a family about referral to statutory child protection agencies

Local jurisdiction reporting and safety

- Prepares very high-quality reports (see CP9 – Suspected maltreatment – medico-legal reports and provision of evidence in court)
- Shares clear information and interacts efficiently with child protection agencies and their service providers
- Is aware of professional, legal, and ethical responsibilities in the sharing of information and interaction with agencies with the capacity to address child and family vulnerability
- Demonstrates a comprehensive and realistic understanding of the capacity and limitations of other agencies
- Provides effective training for others – e.g. police, statutory welfare agencies – about health professional responsibilities when dealing with vulnerable children

EPA example 2
Vulnerable children – identification, intervention and initial management of suspected child maltreatment

Required knowledge, skills and attitudes

Knowledge

Impact of adverse childhood experience

- Describe the implications of adverse childhood experiences and environments on health and wellbeing outcomes across the life course
- Describe short- and long-term biological effects of the trauma of maltreatment on the developing brain
- Describe the role of gene-environment interactions (epigenetics) in the biological mediation of adverse experience
- Describe long-term effects on cognitive and emotional development and mental health of exposure (at any age) to excessive psychosocial stressors, domestic violence, neglect and physical abuse
- Describe the impact of experiencing cumulative harm or adverse events on the life course of children
- Understand the population health significance of child maltreatment and outline principles of primary, secondary and tertiary prevention

Indicators

- Describe the indicators of need that can identify a vulnerable child, including physical health, mental health, belonging, physical challenges, developmental delays, learning, sense of safety, and cultural and other language challenges
- Describe the family and community factors that may increase the vulnerability of a child or young person
- Identify the particular clinical challenges associated with vulnerable populations, e.g. those groups with low socioeconomic background; immigrants and refugees; groups with disabilities
- Describe concerning psychosocial factors that may be identifiable antenatally
- Describe the possible indicators of child maltreatment in children

Assessment

- Describe the key principles of assessment of families and children to identify vulnerability secondary to family or child adversity
- Describe the evidence base for screening for family violence and child abuse
- Identify the physical and psychological features of children and young people who may have been harmed, physically, sexually, emotionally; who may have had symptoms falsified, exaggerated or induced by their parents/carers
- Describe the principles of communicating with children and young people to elicit psychosocial information

Child protection reporting requirements

- Awareness of the reporting requirements of the local jurisdiction regarding maltreatment
- Explain the mandatory reporting protocols, or alternative safety procedures, to officially recognise and protect children and young people
- Describe the process for paediatric investigation and reporting for suspected vulnerable children or young people at risk of maltreatment

Interventions

- Describe the principles of child protection interventions used by government and non-government agencies, e.g. strength-based approaches
- Identify and discuss interventions, programs and services available to reduce a family's vulnerability and decrease the probability of physical harm, psychological harm, or inadequate care
- Describe strengths and weaknesses of, and the evidence base for:
  - interventions that improve parental and child resilience and competence
  - early intervention strategies offered at a local, state and national level
  - the role of targeted and universal home visiting programs
- With respect to the above, compare and contrast locally available programs with benchmark strategies in the United Kingdom, Canada and United States
- Describe and discuss treatment and management strategies for children and their parents or carers when maltreatment has been identified

EPA example 2
Vulnerable children – identification, intervention and initial management of suspected child maltreatment

Knowledge	**Roles and responsibilities**
	• Identify the roles and responsibilities of different agencies with respect to child protection, e.g. health, statutory child protection agencies, police, education, non-government agencies
	• Discuss the role of the medical practitioner in:
	  • recognition and assessment of children who may have been harmed through physical assault, emotional/psychological trauma or inadequate care
	  • the child and caregiver psychosocial assessment process
	• Describe the roles of other professionals in addressing the maltreatment of children and young people
	Legislation and policy
	• Discuss principles of effective advocacy for children and young people
	• Discuss principles of 'children's rights' and 'in the best interest of the child' and the legislative support for these concepts
	• Identify relevant state and federal legislation addressing the maltreatment of children and young people

Skills	• Recognise possible child maltreatment • Use effective interview and examination skills in the conduct of forensic medical assessments • Demonstrate skills in communicating with and responding to children and infants in a clinical setting • Use effective consultation strategies for referrals or case discussions with colleagues
Attitudes	• Acknowledgment that all children are potentially vulnerable • Willingness to advocate for a child whose particular life circumstances increase their vulnerability

Additional learning activities and resources

Texts

- Korbin JE, Krugman RD (Eds.). Handbook of Child Maltreatment. Springer, New York, 2014.
- (ISBN 978-94-007-7207-6)
- Johnson DJ, Agbenyiga DL, Hitchcock RK (Ed.). Vulnerable children. Global challenges in Education, Health, Well-being, and Child Rights. Springer, New York, 2013.
- (ISBN 978-1-4614-6779-3)
- Giardino AP, Lyn MA, Giardino ER (Eds.) A Practical Guide to the Evaluation of Child Physical Abuse and Neglect. Springer, New York, 2014.
- (ISBN 978-1-4419-0701-1)

Other publications

- Australian Research Alliance for Children and Youth (ARACY) "Common Approach to Assessment, Referral and Support" (CAARS). http://www.aracy.org.au/projects/the-common-approach/the-common-approach (Aus)
- Children's Action Plan. Identifying, supporting and protecting vulnerable children. http://www.childrensactionplan.govt.nz/ (NZ)
- Hamby SL, Finkelhor D, Ormrod R & Turner H. The Juvenile Victimization Questionnaire (JVQ). http://www.unh.edu/ccrc/juvenile_victimization_questionnaire.html
- UNICEF. Convention of the Rights of the Child. http://www.unicef.org/crc/
- UNICEF. Hidden in Plain Sight: A statistical analysis of violence against children. http://www.unicef.org/publications/index_74865.html
- Adverse Childhood Experiences (ACE) Study. http://www.cdc.gov/violenceprevention/acestudy/

EPA example 2
Vulnerable children – identification, intervention and initial management of suspected child maltreatment

Other teaching and learning activities

- Community Child Health tutorial series, 'Program of Excellence'
- In cases involving significant child and family adversity
- Observation by trainee of assessment and diagnostic formulation:
  - conducted by community paediatrician (supervisor)
  - conducted by allied health professionals, e.g. social worker, psychologist
- Case-based Discussion (formal workplace-based assessment too tool, informal):
  - to include analysis of formulation, management plan, intervention and intra/interagency issues impacting on delivery of management plan
- Feedback based on direct observation by supervisor of trainee:
  - conducting a comprehensive biopsychosocial assessment
  - summarising a case presented at a multidisciplinary case conference
  - providing feedback of the diagnostic formulation and management plan to child and/or family

Recommended assessment methods

- Informal or indirect clinical supervision including:
  - direct observation of comprehensive biopsychosocial assessment
  - Case-based Discussion
  - ongoing supervisor review of clinical reports and letters relating to vulnerable children
- Evidence of specific teaching activities regarding the approach to vulnerable children delivered by trainee to peers, colleagues and other professionals
- Case-based Discussion
- Mini-Clinical Evaluation Exercise

Example 3
Learning Plan and Supervisor's Report pilot form

Learning Plan and Supervisors' Report

Advanced Training in Community Child Health

Instructions

Completing this form

This form consists of four parts:

Part 1: Setting learning goals	Trainee and supervisor complete at the start of the rotation
Part 2: Mid-rotation review	Trainee and supervisor complete mid-rotation
Part 3: Assessment of the training period	Trainee and supervisor complete at the end of the rotation
Part 4: Supervisor sign-off	Supervisor completes at or after the end of the rotation

- Parts 1, 2 and 3 are to be completed during or following a discussion between the trainee and the supervisor.
- For Parts 2 and 3, trainee must provide the supervisor with evidence of their progression towards or completion of learning goals.

Submitting this form

- The form is to be submitted to the College once the supervisor sign-off section has been completed by all nominated supervisors.
- Training will not be certified without a supervisors' report covering the entire period of supervision.
- The College may discuss the contents of this form with subsequent supervisors, where this is deemed necessary for support of assessment purposes.
- By submitting this form you consent for the de-identified and aggregated data collected as part of this survey to be used to inform development, research and evaluation activities at the College. This may include using the data in articles for publication in relevant journals.

*Submission must be made to the college in hard copy with original signatures by the **31 August** to:*
Education Services
145 Macquarie Street
Sydney NSW 2000

More information

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Example 3
Learning Plan and Supervisor's Report pilot form

Trainee and supervisor information					
Rotation information					
Rotation dates	Start		End		
Leave taken during the rotation (e.g. annual leave, sick leave, study leave, other)	Period of leave				Type of leave
	Start		End		
	Start		End		
	Start		End		
	Start		End		
Trainee information					
Trainee's name					
Member ID number					
Advanced Training year (Full time equivalent)	☐1 ☐2 ☐3 ☐4+				
Training position					
Training under training program/s: *Please indicate if you are dual training with another specialty*					
Supervisor information					
Supervisor 1 name					
Supervisor 1 email					
Supervisor 2 name					
Supervisor 2 email					
Hospital / location					

Example 3
Learning Plan and Supervisor's Report pilot form

Part 1: Setting learning goals

Entrustable Professional Activities (EPAs)

EPAs that the trainee and supervisor have negotiated and identified for the rotation should be listed below. The title and identification number for each EPA should be listed. A pre-rotation / current level of proficiency should be estimated for each EPA. Approximately four to eight EPAs should be identified for each six-month period of training.

KEY - Level of proficiency	
L1	The trainee has knowledge
L2	The trainee may act under full supervision
L3	The trainee may act under moderate supervision
L4* - core	The trainee may act independently, at core Community Child Health level, with only reactive supervision
L4* - streamed	The trainee may act independently, at streamed Community Child Health level, with only reactive supervision
L5	The trainee may act as a supervisor and instructor.

*EPAs are entrusted when level 4 is reached – the trainee may act independently, with only reactive supervision.

EPA identifier and title	**Complete at beginning of rotation** *(trainee and supervisor discuss and agree)*	
	Level of proficiency at beginning of rotation *(1–5)*	Goal for end of rotation (level of proficiency) *(1–5)*
e.g. Assessment and diagnostic formulation in DBP (DBP1)	*L3*	*L4 streamed*

What additional learning goals does the trainee have for this training period?
Consider curriculum learning outcomes, other training requirements such as formative assessments and feedback from previous supervisor reports.

Domain of practice *(e.g. communication)*	**Goals for this domain**

What strategies and resources will help the trainee to achieve the end of rotation goals?
Consider learning opportunities, educational resources, formative assessments etc.

e.g. In order to address EPA 1, I plan to observe senior colleagues performing this a developmental-behavioural paediatrics assessment. During these observations I will take notes on the strategies used by the consultant and reflect on how these differ to the strategies I currently use, and how I might improve my assessment technique.

Example 3
Learning Plan and Supervisor's Report pilot form

Part 2: Mid-rotation review

Domains of practice

The supervisor must rate the trainee for each domain of practice, taking into account the trainee's stage of training. For ratings of 'below expected standard', 'borderline' or 'exceeds expected standard', the supervisor must provide comments.

The domains of practice (below) make up the new Standards Framework to be implemented at a later date. In the interim please refer to the Professional Qualities Curriculum.

Domain of practice	**Rating for trainee's stage of training**					***Comments*** *Comments should include strengths and areas for improvement, including what actions the trainee should take to meet the required standard.*
	☑ **Below expected standard**	☑ **Border-line**	☑ **Meets expected standard**	☑ **Exceeds expected standard**	☑ **Insufficient observation to rate**	
Medical expertise						
Communication						
Quality and safety						
Teaching and learning						
Research						
Cultural competence						
Ethics and professional behaviour						
Judgement and decision making						
Leadership, management and team work						
Health policy, systems and advocacy						

Example 3
Learning Plan and Supervisor's Report pilot form

Entrustable Professional Activities (EPAs)

The EPAs that were identified at the start of the rotation should be listed below and a mid-rotation progress assessment of the current level of proficiency should be provided.

KEY - Level of proficiency	
L1	The trainee has knowledge
L2	The trainee may act under full supervision
L3	The trainee may act under moderate supervision
L4* – core	The trainee may act independently, at core Community Child Health level, with only reactive supervision
L4* – streamed	The trainee may act independently, at streamed Community Child Health level, with only reactive supervision
L5	The trainee may act as a supervisor and instructor.

*EPAs are entrusted when level 4 is reached – the trainee may act independently, with only reactive supervision.

EPA identifier and title	As agreed at beginning of rotation *(copy from Part 1 of form)*		Mid-rotation progress (level of proficiency)	
	Level of proficiency at beginning of rotation (1–5)	Goal for end of rotation (level of proficiency) (1–5)	Trainee self-assessment (1–5)	Supervisor assessment (1–5)
e.g. Assessment and diagnostic formulation in DBP (DBP1)	*L3*	*L4 streamed*	*L4 core*	*L4 core*

Progress with EPAs

Please comment on progress towards and barriers to completing the EPAs for this rotation.

Progress with additional learning goals

Please comment on progress towards and barriers to achieving the other learning goals planned for this rotation.

Revised/new learning goals

Do any of the planned learning goals require revision? Please detail any additional areas that need to be worked on during the remainder of the rotation.

Example 3
Learning Plan and Supervisor's Report pilot form

Part 3: Assessment of the training period

Domains of practice

The supervisor must rate the trainee for each domain of practice, taking into account the trainee's stage of training. For ratings of 'below expected standard', 'borderline' or 'exceeds expected standard', the supervisor must provide comments.

The domains of practice (below) make up the new Standards Framework to be implemented at a later date. In the interim please refer to the Professional Qualities Curriculum.

Domain of practice	Rating for trainee's stage of training					***Comments*** *Comments should include strengths and areas for improvement, including what actions the trainee should take to meet the required standard.*
	☑ Below expected standard	☑ Border-line	☑ Meets expected standard	☑ Above expected standard	☑ Insufficient observation to rate	
Medical expertise						
Communication						
Quality and safety						
Teaching and learning						
Research						
Cultural competence						
Ethics and professional behaviour						
Judgement and decision making						
Leadership, management and team work						
Health policy, systems and advocacy						

Example 3
Learning Plan and Supervisor's Report pilot form

Entrustable Professional Activities (EPAs): Assessment and recommendation for entrustment

The EPAs that the trainee and supervisor identified at the start of the rotation should be listed below and a final assessment should be provided for each one.

KEY - Level of proficiency	
L1	The trainee has knowledge
L2	The trainee may act under full supervision
L3	The trainee may act under moderate supervision
L4* – core	The trainee may act independently, at core Community Child Health level, with only reactive supervision
L4* – streamed	The trainee may act independently, at streamed Community Child Health level, with only reactive supervision
L5	The trainee may act as a supervisor and instructor.

*EPAs are entrusted when level 4 is reached – the trainee may act independently, with only reactive supervision.

EPA identifier and title	**Mid-rotation progress (level of proficiency)** *(copy from Part 2 of form)*		**End of rotation progress (level of proficiency)**	
	Level of proficiency at beginning of rotation (1–5)	Goal for end of rotation (level of proficiency) (1–5)	Trainee self-assessment (1–5)	Supervisor assessment (1–5)
e.g. Assessment and diagnostic formulation in DBP (DBP1)	*L3*	*L4 streamed*	*L4 streamed*	*L4 streamed*

Summary of the training period

Trainee

The trainee should provide a summary of the training period, including learning goals that were or were not met, any obstacles to meeting the goals and how they might be better dealt with next time.

Throughout the training period, please indicate whether you undertook any of the following activities:

☐ Case-based Discussion (4 required per year; clinical rotations only)
☐ Mini-CEX (4 required per year; clinical rotations only)
☐ Professional Qualities Reflection (2 required per year)
☐ Research project

What were some strengths and areas for improvement raised during completion of these activities? How did you act on the feedback you received?

Example 3
Learning Plan and Supervisor's Report pilot form

Supervisor
The supervisor should comment on the trainee's summary of the training period, including any additional strengths or areas for improvement, specific factors that may have affected the trainee's performance and any reservations about performance.
Is this trainee meeting the expected standard for their current stage of training? ☐ Yes ☐ No If no, does the trainee require referral to the *Workplace difficulties pathway* ☐ Yes ☐ No
Agreed actions for development
This should be a plan for improvement that has been negotiated between the trainee and the supervisor. This should be completed for all trainees, rather than only those trainees who do not meet the expected standard. If the supervisor will be changing following this period of training this section should be provide a handover to the new supervisor *(e.g. what would be required for entrustment of EPAs that were targeted but not achieved on this rotation, what other areas need to be addressed in the future).*
Trainee comments
The trainee may comment on the above entrustment and certification recommendations.

Example 3
Learning Plan and Supervisor's Report pilot form

Part 4: Supervisor sign-off

Entrustment of Entrustable Professional Activities (EPAs)

The supervisor should confirm whether any EPAs have been entrusted during this rotation. The supervisor must indicate the evidence used to make the entrustment decision and the date of entrustment. Direct observation by the supervisor is required for an EPA to be entrusted.

EPA identifier and title	Evidence for entrustment decision				Date of entrustment *(dd/mm/yy)*
	☑ Workplace-based assessment	☑ Feedback from colleagues	☑ Direct observation *(required)*	Other *(please provide details)*	
e.g. Assessment and diagnostic formulation in DBP (DBP1)	*N/A*	✓	✓	*N/A*	*15/08/14*

Certification of training period

The supervisor should confirm whether they would recommend certification of this training period by the Specialist Advisory Committee in Community Child Health.

For trainees in their final training rotation only
In your opinion, is the trainee now a competent physician and capable of providing a high standard of medical care without supervision?
☐ Yes ☐ No

Trainee comments

The trainee may comment on the above entrustment and certification recommendations.

Signatures

Supervisor 1 signature	*Date*	*Supervisor 2 signature*	*Date*

Print name	*Print name*

Trainee signature	*Date*