Family Medicine Expert

1. Demonstrate the skills to integrate all of the CanMEDS-FM roles in order function effectively as a generalist in the provision of care to children and adolescents.

2. Demonstrate knowledge, skills, and attitudes required to meet the needs of children and adolescents in the practice including those needs that are unique to Northern and remote environments.
   2.1. Recognize and manage common illnesses and conditions in children and adolescents:
      
      **Allergies**
      2.1.1. Evaluate and manage allergies to medications, environment and food; including recognition and management of anaphylaxis.
      
      **Behavioural Issues**
      2.1.2. Evaluate and manage excessive crying and colic in infancy. Recognize that excessive crying may have significant underlying pathology.
      2.1.3. Evaluate and manage feeding problems in infancy and food-related behavioural issues in childhood.
      2.1.4. Evaluate and manage bed-wetting on an age-appropriate basis.
      2.1.5. Evaluate and manage temper tantrums.
      2.1.6. Evaluate and manage behavioural insomnia.
      
      **Ear, Nose and Throat Disorders**
      2.1.7. Diagnose and manage ear, nose, and throat disorders (e.g. otitis externa, otitis media, sinusitis, and pharyngitis).
      
      **Gastrointestinal Disorders**
      2.1.8. Diagnose and manage chronic gastrointestinal conditions (e.g. constipation, chronic diarrhea, gastroesophageal reflux, lactose intolerance, chronic abdominal pain).
      2.1.9. Diagnose and manage failure to thrive.
      
      **Infectious Diseases**
      2.1.10. Cite reportable infectious diseases and parameters for interim exclusion from school and recreational activities.
      2.1.11. Diagnose and treat common infections ie Otitis Media, pharyngitis, uncomplicated pneumonia, URTI, uncomplicated UTI, cellulitis, STIs.
      2.1.12. Promote and implement the publicly funded immunization schedule.
      
      **Musculoskeletal Disorders**
      2.1.13. Evaluate and manage a child presenting with limp, intoeing, alignment abnormalities/scoliosis, joint instability, swelling, or pain.

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2.1.14. Identify signs and symptoms that suggest dangerous pathology in a patient with a limp (e.g., Legg-Calvé-Perthes, septic arthritis, etc.).

2.1.15. Evaluate fractures involving the growth plate and fractures/dislocations more common in children.

**Neurologic Disorders**

2.1.16. Diagnose and manage common headaches in children. Rule out other serious neurological causes.

2.1.17. Distinguish simple from complex febrile seizures and investigate/manage appropriately.

**Psychiatric Disorders**

2.1.18. Identify the high prevalence of eating disorders in adolescents and manage appropriately.

2.1.19. Identify and discuss the high prevalence of suicide and substance abuse in remote communities and manage appropriately.

2.1.20. Identify and manage suicide risk in adolescents.

2.1.21. Recognize and initiate management of depression and anxiety in adolescents.

**Respiratory Disorders**

2.1.22. Diagnose and manage common respiratory conditions (e.g. croup, asthma, etc.).

**Skin Disorders**

2.1.23. Assess and manage common skin conditions (e.g., atopic dermatitis, acne, viral exanthems, candidiasis, impetigo, seborrheic dermatitis, cellulitis, etc.).

2.1.24. Recognize early signs of less common but serious skin disorders.

2.1.25. Identify significant rashes and investigate for possible serious underlying illness (petechiae, purpura, erythema nodosum, erythema migrans, café au lait spots).

2.1.26. Identify potential anaphylaxis, educate parents and patients, and prescribe Medicalerts and EpiPen appropriately.

2.1.27. Identify atypical presentations of common GI complaints (e.g., abdominal pain, vomiting, constipation, etc.) that may suggest rare but serious complications.

2.1.28. Explain the significance of dysmorphism, congenital anomalies, or developmental delay and refer for assessment.

**Hematology**

2.1.29. Diagnose and manage anemia.

2.1.30. Management of iron deficiency.

**Cardiology**

2.1.31. Detection of murmurs with differentiation of innocent from pathological with appropriate referral.

**Endocrinology**

2.1.32. Recognize and diagnose Type I Diabetes and Type II Diabetes with appropriate referral

2.1.33. Diagnose thyroid disturbance.

2.1.34. Recognition of precocious or delayed puberty and primary amenorrhea.

**Neonatology**

2.1.35. Complete a comprehensive examination of the newborn and appropriate referral arranged for abnormal findings.

Updated: August 2017
3. **Assess and manage children and adolescents using the patient-centred clinical method.**

4. **Provide comprehensive and continuing care throughout childhood and adolescence incorporating appropriate preventive, diagnostic, and therapeutic interventions.**
   4.1. Employ case-finding as well as evidence based surveillance and screening tools (e.g. Rourke Baby Record) to detect illness, deviation from normal growth and development, and prevent injury.
   4.2. Anticipate and advise on breast-feeding issues beyond the newborn period to promote breast-feeding for as long as it is desired.
   4.3. Counsel parents about normal nutritional needs at different ages. Effectively monitor growth and suggest intervention as necessary.
   4.4. Practice an organized vaccination program within family practice including routine vaccinations and those for travel and special populations. Discuss benefits, safety, and side effects of vaccinations with parents.
   4.5. Provide education and advice on injury prevention and common behavioural and family issues. Provide suggestions to encourage motor, language, and social development.
   4.6. Conduct a systematic screening program for patients with developmental disabilities (e.g. Denver developmental screening test).

5. **Assess and manage complex clinical situations effectively in the care of children and adolescents.**
   5.1. For children of all ages, evaluate home, school, and recreational environments in terms of supports and stressors and intervene appropriately. Recognize the impact of domestic violence on children and adolescents.
   5.2. Diagnose Attention Deficit/Hyperactivity Disorder using appropriate clinical tools and collaboratively manage with appropriate referrals.
   5.3. When caring for adolescents, review and counsel about substance abuse, peer issues, home environment, diet/eating disorders, academic performance, social stress/mental illness and sexuality/STIs/contraception.
   5.4. Demonstrate an approach to manage obesity in childhood including guidance on exercise and diet.

6. **Demonstrate proficiency in evidence-based use of procedural and physical exam skills.**
   6.1. Apply critical care techniques (e.g. cardiopulmonary resuscitation in infants and children, lumbar puncture, intraosseous lines, catheterization, etc.).
   6.2. Assess hydration status and direct oral or parenteral fluid resuscitation when appropriate.
   6.3. Evaluate severity of respiratory distress and manage respiratory emergencies (e.g. epiglottitis, retropharyngeal abscess, anaphylaxis, foreign body aspiration, pneumonia, pneumothorax and status asthmaticus, etc.).

**Communicator**

7. **Demonstrate the accurate and sensitive collection and synthesis of information from the perspectives of children, adolescents, and their families.**

8. **Accurately convey needed information and explanations to children, adolescents, and their families as well as colleagues and other professionals.**

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9. Provide preventive education to children and their caretakers in the appropriate setting.
10. Adapt communication methods based on the age of the child always attempting to maximize the child’s participation in their medical care.
11. Evaluate the illness experience and influence on relationships for children and their families especially for children with chronic conditions or critical illness.
12. Develop a common understanding with children and adolescents as well as parents in managing medical or developmental issues cognizant of personal/cultural differences in parenting.
13. Evaluate and assess capacity in children and adolescents with developmental disabilities.
14. Utilize supportive decision-making techniques when working in patients who have developmental disabilities.

**Collaborator**

15. Apply a collaborative team-based model with consulting health professionals in the care of children and adolescents.
16. Engage children, adolescents, and their families as active participants in their care.

**Manager**

17. Consider the effectiveness of their own practice, health care organizations, and systems
   17.1. Promote maintenance of health and recognition of risk factors for illness.
   17.2. Use evidence-based pediatric flow sheets for prevention and screening of infants and children.
18. Manage their practice and career effectively.
19. Identify and assess the impact of remote and isolated environments on the assessment and management of patients.

**Health Advocate**

20. Recognize children as a potentially vulnerable population requiring support from health, education, and social service sectors, and be able to provide support and referral for growth and development.
   20.1. Recognize the unique social challenges that may present in Indigenous children and their home environment.
21. Discuss and describe community resources to help children and adolescents meet their greatest potential in the community, and recognize social services unique to Indigenous patients.
22. Recognize the indications for these services and advocate effectively.

**Scholar**

23. Apply evidence-based practices for pediatric and adolescent care and identify continuing education needs.
24. Evaluate medical information, its sources, and relevance to the provision of care to children and adolescents.
25. Describe the standards of care and recommendations from the College of Family Physicians of

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Canada and from the Canadian Pediatric Society for the care of children and adolescents.

26. Demonstrate the knowledge and skills for educating children and adolescents as well as their families, trainees, other health professionals, and the public.

Professional

27. Recognize unique professional obligations important for the care of children and adolescents.
28. Discuss obligations to report child abuse and neglect.
29. Demonstrate understanding of privacy legislation and physician confidentiality and consent as it pertains to children and adolescents.
30. Consider their own ideas and beliefs about parenting and reflect on how this may influence their advice to families.

Modified from content provided by Dalhousie University’s Department of Family Medicine