

Effective for residents who enter training on or after July 1, 2021.

Throughout this document, each reference to “children” includes neonates, infants, children, and youth.

DEFINITION

Pediatrics is the branch of medicine concerned with the study and care of children in health and disease, their physical, mental, and social growth and development, and their opportunity to achieve their full potential as adults.

PEDIATRIC PRACTICE

Pediatricians provide care for healthy children, children with acute presentations of illness, and children with chronic medical conditions, including acute exacerbations or decompensation of these conditions. This includes a broad range of medical and surgical conditions with varying levels of acuity and complexity involving any of the organ systems. Pediatricians also address issues related to growth and development, as well as behavioural and mental health issues.

The practice of Pediatrics includes the full spectrum of care: preventive medicine; anticipatory guidance and health promotion; resuscitation; acute and longitudinal medical treatment, including diagnostic and therapeutic procedures; and palliative care. Pediatricians incorporate knowledge of normal growth and development and the accompanying anatomic and physiologic changes into their assessment and management.

Pediatric practice is both patient-centred and family-focused, recognizing the role of the family¹ unit in the child’s well-being and social development. Given the nature of children’s developmental maturity and intrinsic vulnerability, pediatricians recognize and respond to their legal and ethical responsibilities in addressing issues of capacity, privacy, and safety.

Pediatricians practise in a variety of clinical settings, ranging from hospital inpatient units, intensive care units, and emergency departments to ambulatory care settings, both within hospitals and in the community. These settings may be academic, regional, urban, rural, or remote.

¹ *Throughout this document, references to the patient’s family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.*

Pediatricians provide consultative services to family physicians, emergency physicians, surgeons, and other specialists and may also provide primary care in some settings. Pediatricians collaborate within a diverse interprofessional team. They may interact with other sectors, including schools and social agencies, to coordinate the services provided for their patients. Pediatricians play a major role in ensuring a smooth transition of care of their adolescent patients to general physicians and specialists in the adult health care system.

Pediatricians may practise as generalists within Pediatrics, or may undertake additional training in a subspecialty, area of focused competence, or specialized domain relevant to Pediatrics.

PEDIATRIC COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, pediatricians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred and family-focused care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Pediatricians are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Pediatrics
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Pediatrics
 - 1.3.1. Normal development, including physical, psychological, social, and sexual
 - 1.3.1.1. Normal variants
 - 1.3.1.2. Psychological adjustment to life stresses, including chronic illness and family dynamics
 - 1.3.1.3. Impact of chronic illness on growth and development
 - 1.3.1.4. Impact of environmental factors
 - 1.3.1.5. Impact of adverse childhood experiences (ACE), including abuse, neglect, and family dysfunction
 - 1.3.2. Embryology
 - 1.3.2.1. Embryological basis of malformations, deformations, disruptions, and dysplasias
 - 1.3.2.2. Teratogenesis
 - 1.3.3. Normal anatomy of all body systems and common variations
 - 1.3.4. Physiology as it applies to all body systems, and the changes that occur in

the continuum from fetal life to adulthood

- 1.3.5. Principles of immunity and immune dysfunction
- 1.3.6. Modes, principles, and molecular basis of Mendelian and non-Mendelian inheritance
- 1.3.7. Epidemiology of common acute and chronic medical conditions in children
- 1.3.8. Microbiology of community and hospital acquired infections in children
- 1.3.9. Principles of antimicrobial prophylaxis, antibiotic stewardship, and infection prevention and control
- 1.3.10. Social determinants of health
 - 1.3.10.1. Demographic, medical, and psychosocial factors that influence perinatal mortality and morbidity, including conditions associated with high-risk pregnancies such as maternal systemic disease
 - 1.3.10.2. Impact of poverty and food and housing insecurity
 - 1.3.10.3. Environmental factors
 - 1.3.10.4. Factors influencing access and barriers to health care, including in adolescence
 - 1.3.10.5. Factors placing children at risk of maltreatment and neglect
- 1.3.11. Factors impacting the health of Indigenous peoples
 - 1.3.11.1. Effects of colonization on and the health care disparities of Indigenous Peoples of Canada
 - 1.3.11.2. Historical agreements and legislation that govern health care for Indigenous populations
 - 1.3.11.3. Epidemiology of medical conditions affecting Indigenous children and youth, and recommendations for screening
 - 1.3.11.4. Jordan's Principle
 - 1.3.11.5. Traditional healing practices
 - 1.3.11.6. Truth and Reconciliation Commission of Canada: Calls to Action report and implications for health care
- 1.3.12. Biological, psychosocial, and socioeconomic factors affecting mental health
- 1.3.13. Legal issues in the care of children
 - 1.3.13.1. Assent and consent
 - 1.3.13.2. Capacity and medical decision-making
 - 1.3.13.3. Involuntary hospitalization and treatment
 - 1.3.13.4. Privacy and confidentiality
 - 1.3.13.5. Requirements for mandatory reporting

1.3.14. Principles of investigations and tests in children

1.3.14.1. Limits of blood volume and minimum requirements for testing

1.3.14.2. Medical imaging modalities and their indications, contraindications, and risks

1.3.14.2.1. Cumulative radiation dose and the application of the ALARA (as low as reasonably achievable) principle

1.3.14.3. Sedation and immobilization, indications and methods

1.3.15. Feeding and nutrition

1.3.15.1. Recommended nutritional requirements for the infant, child, and adolescent

1.3.15.2. Human milk and delivery methods, including breast feeding

1.3.15.3. Nutritional assessment, including effect of disease states on nutritional requirements

1.3.15.4. Parenteral and enteral nutrition for all age groups, including formula options

1.3.15.5. Health implications of restricted diets, fad diets, and diets determined by custom or socioeconomic situation

1.3.16. Pharmacologic principles of medications used for pediatric conditions, including

1.3.16.1. Pharmacokinetics

1.3.16.2. Pharmacodynamics

1.3.16.3. Mechanisms of action

1.3.16.4. Routes of delivery and elimination

1.3.16.5. Use of therapeutic monitoring

1.3.16.6. Adverse effects

1.3.17. Pharmacologic principles relevant to the following clinical contexts:

1.3.17.1. Placental transfer and breast milk excretion of drugs

1.3.17.2. Modifications of drug dosing due to age, size, and altered pathophysiologic states, including renal and liver dysfunction

1.3.17.3. Recreational drugs, in the context of both accidental and intentional exposures

1.3.17.4. Drug withdrawal

1.3.17.5. Supplementary and complementary medications

PEDIATRICS COMPETENCIES (2021)

- 1.3.18. Non-pharmacological approaches to management, including for issues related to behaviour, mental health, and pain
- 1.3.19. Principles of acute care, including emergencies and critical care
 - 1.3.19.1. Principles and algorithms for neonatal resuscitation
 - 1.3.19.2. Principles and algorithms of cardiopulmonary resuscitation
 - 1.3.19.3. Principles of invasive and non-invasive mechanical ventilation
 - 1.3.19.4. Principles, role, and logistics of both inter- and intrahospital transport of acutely ill infants and children
 - 1.3.19.5. Neurologic determination of death and principles of organ and tissue donation
- 1.3.20. Principles underlying transfusion of blood and blood products
- 1.3.21. Management of children requiring complex chronic care and/or technology dependence
- 1.3.22. Principles of pain assessment and management
- 1.3.23. Principles of palliative care, including advanced care planning and end-of-life care
- 1.3.24. Anticipatory guidance, screening, and primary and secondary prevention
 - 1.3.24.1. Changes during development and maturation, including sleep, feeding, and infantile colic
 - 1.3.24.2. Illness and injury prevention
 - 1.3.24.3. Screening for vision, hearing, and developmental milestones, and indications for referral
 - 1.3.24.4. Immunization
 - 1.3.24.4.1. Routine immunization schedules
 - 1.3.24.4.2. Targeted immunization for patients with specific indications
 - 1.3.24.4.3. Management of the non-immunized and under-immunized child
 - 1.3.24.4.4. Management of vaccine hesitancy
 - 1.3.24.5. Transition of youth with chronic health conditions to adult care
- 1.3.25. Clinical manifestations, approach to investigation, and management of the following:
 - 1.3.25.1. Behaviour and development
 - 1.3.25.1.1. Symptoms, signs, and findings
 - 1.3.25.1.1.1. Common behavioural problems
 - 1.3.25.1.1.1.1. Anger and aggression

PEDIATRICS COMPETENCIES (2021)

- 1.3.25.1.1.1.2. Bullying
- 1.3.25.1.1.1.3. Crying
- 1.3.25.1.1.1.4. Defiance

- 1.3.25.1.1.2. Delays in development
 - 1.3.25.1.1.2.1. Cognitive
 - 1.3.25.1.1.2.2. Motor
 - 1.3.25.1.1.2.3. Social
 - 1.3.25.1.1.2.4. Speech and language

1.3.25.1.2. Conditions

- 1.3.25.1.2.1. Alcohol-related neurodevelopmental disorder
- 1.3.25.1.2.2. Attention deficit hyperactivity disorder
- 1.3.25.1.2.3. Autism spectrum disorder
- 1.3.25.1.2.4. Communication disorders
- 1.3.25.1.2.5. Development coordination disorder
- 1.3.25.1.2.6. Global developmental delay and early developmental impairment
- 1.3.25.1.2.7. Intellectual disability
- 1.3.25.1.2.8. Learning disabilities
- 1.3.25.1.2.9. Sleep problems

1.3.25.2. Cardiac system

1.3.25.2.1. Symptoms, signs, and findings

- 1.3.25.2.1.1. Cardiac arrhythmias
- 1.3.25.2.1.2. Cardiac murmurs
- 1.3.25.2.1.3. Chest pain
- 1.3.25.2.1.4. Syncope

1.3.25.2.2. Conditions

- 1.3.25.2.2.1. Common forms of cyanotic and acyanotic congenital heart disease, both before and after operative correction
- 1.3.25.2.2.2. Common clinical syndromes and associated cardiac defects, including those lesions for which genetic testing is appropriate
- 1.3.25.2.2.3. Congestive heart failure, acute and chronic

PEDIATRICS COMPETENCIES (2021)

- 1.3.25.2.2.4. Cor pulmonale and pulmonary hypertension
- 1.3.25.2.2.5. Endocarditis, myocarditis, and pericarditis
- 1.3.25.2.2.6. Cardiac manifestations of Kawasaki disease
- 1.3.25.2.2.7. Rheumatic fever

1.3.25.3. Disorders of nutrition and growth

1.3.25.3.1. Symptoms, signs, and findings

- 1.3.25.3.1.1. Failure to thrive

1.3.25.3.2. Conditions

- 1.3.25.3.2.1. Nutritional deficiencies and excesses
- 1.3.25.3.2.2. Obesity and metabolic syndromes

1.3.25.4. Ear, nose, mouth, throat, and upper airway

1.3.25.4.1. Symptoms, signs, and findings

- 1.3.25.4.1.1. Deformities of the ear
- 1.3.25.4.1.2. Epistaxis
- 1.3.25.4.1.3. Feeding and swallowing issues
- 1.3.25.4.1.4. Hearing loss
- 1.3.25.4.1.5. Nasal/nasopharyngeal obstruction, congenital and acquired
- 1.3.25.4.1.6. Neck masses, congenital and acquired
- 1.3.25.4.1.7. Stridor, hoarseness, and voice abnormalities, congenital and acquired

1.3.25.4.2. Conditions

- 1.3.25.4.2.1. Abnormal dentition, dental caries, and dental trauma
- 1.3.25.4.2.2. Cleft lip and palate
- 1.3.25.4.2.3. Deafness
- 1.3.25.4.2.4. Mastoiditis and sinusitis
- 1.3.25.4.2.5. Otitis media and otitis externa
- 1.3.25.4.2.6. Pharyngitis
- 1.3.25.4.2.7. Retropharyngeal abscess, supraglottitis, and epiglottitis
- 1.3.25.4.2.8. Tonsillectomy and its complications
- 1.3.25.4.2.9. Upper airway abnormalities

1.3.25.5. Endocrine system and metabolism

1.3.25.5.1. Symptoms, signs, and findings

- 1.3.25.5.1.1. Ambiguous genitalia
- 1.3.25.5.1.2. Growth failure and short stature
- 1.3.25.5.1.3. Hypo- and hypercalcemia
- 1.3.25.5.1.4. Hypo- and hyperglycemia
- 1.3.25.5.1.5. Precocious and delayed puberty
- 1.3.25.5.1.6. Thyroid nodules and goiter
- 1.3.25.5.1.7. Weight gain and loss

1.3.25.5.2. Conditions

- 1.3.25.5.2.1. Adrenal disease
- 1.3.25.5.2.2. Diabetes mellitus, type 1 and type 2
- 1.3.25.5.2.3. Disorders of sexual development
- 1.3.25.5.2.4. Hyperlipidemia
- 1.3.25.5.2.5. Hypothalamic and pituitary disorders
- 1.3.25.5.2.6. Metabolic bone disease, including rickets and osteoporosis
- 1.3.25.5.2.7. Thyroid disorders

1.3.25.6. Eye and surrounding structures

1.3.25.6.1. Symptoms, signs, and findings

- 1.3.25.6.1.1. Change in vision
- 1.3.25.6.1.2. Ocular discharge
- 1.3.25.6.1.3. Painful or swollen eye
- 1.3.25.6.1.4. Papilledema
- 1.3.25.6.1.5. Red eye
- 1.3.25.6.1.6. Retinal hemorrhage
- 1.3.25.6.1.7. Strabismus

1.3.25.6.2. Conditions

- 1.3.25.6.2.1. Amblyopia
 - 1.3.25.6.2.2. Common ophthalmologic disorders in children, including conjunctivitis and nasolacrimal duct obstruction
 - 1.3.25.6.2.3. Ocular injuries
 - 1.3.25.6.2.4. Ocular manifestations of systemic diseases and syndromes
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PEDIATRICS COMPETENCIES (2021)

- 1.3.25.6.2.5. Orbital cellulitis
- 1.3.25.6.2.6. Structural abnormalities of the eye and ocular muscles, congenital and acquired

1.3.25.7. Gastrointestinal, hepatic, and biliary systems

1.3.25.7.1. Symptoms, signs, and findings

- 1.3.25.7.1.1. Abdominal masses
- 1.3.25.7.1.2. Abdominal pain, acute and chronic
- 1.3.25.7.1.3. Constipation and encopresis
- 1.3.25.7.1.4. Diarrhea
- 1.3.25.7.1.5. Dysphagia
- 1.3.25.7.1.6. Feeding difficulties
- 1.3.25.7.1.7. Hepatomegaly
- 1.3.25.7.1.8. Intestinal bleeding
- 1.3.25.7.1.9. Intestinal obstruction
- 1.3.25.7.1.10. Jaundice
- 1.3.25.7.1.11. Vomiting and regurgitation

1.3.25.7.2. Conditions

- 1.3.25.7.2.1. Congenital malformations of the gastrointestinal tract and abdominal cavity, including complications of surgical repair
- 1.3.25.7.2.2. Disorders of gastrointestinal motility
- 1.3.25.7.2.3. Functional disorders
- 1.3.25.7.2.4. Esophagitis, gastroesophageal reflux, and peptic ulcer disease
- 1.3.25.7.2.5. Enteropathies and colitis, including inflammatory bowel disease
- 1.3.25.7.2.6. Malabsorption syndromes, including celiac disease
- 1.3.25.7.2.7. Pyloric stenosis
- 1.3.25.7.2.8. Short gut syndrome and intestinal failure
- 1.3.25.7.2.9. Disorders of the liver and biliary tract, congenital and acquired
- 1.3.25.7.2.10. Liver transplantation, including long-term health sequelae
- 1.3.25.7.2.11. Pancreatic disorders, congenital and acquired

- 1.3.25.8. Genetics, teratology, and metabolic disease
 - 1.3.25.8.1. Symptoms, signs, and findings
 - 1.3.25.8.1.1. Dysmorphic features
 - 1.3.25.8.2. Conditions
 - 1.3.25.8.2.1. Common genetic syndromes
 - 1.3.25.8.2.2. Inborn errors of metabolism
- 1.3.25.9. Hematology and oncology
 - 1.3.25.9.1. Symptoms, signs, and findings
 - 1.3.25.9.1.1. Common abnormalities of complete blood count and peripheral morphology
 - 1.3.25.9.1.2. Abnormal bleeding or bruising
 - 1.3.25.9.1.3. Thrombosis
 - 1.3.25.9.1.4. Lymphadenopathy
 - 1.3.25.9.1.5. Hepatosplenomegaly
 - 1.3.25.9.2. Conditions
 - 1.3.25.9.2.1. Bleeding and clotting disorders, congenital and acquired
 - 1.3.25.9.2.2. Cytopenias
 - 1.3.25.9.2.3. Disorders of hemoglobin and red cells, including nutritional anemias
 - 1.3.25.9.2.4. Platelet disorders
 - 1.3.25.9.2.5. Bone marrow failure
 - 1.3.25.9.2.6. Acute leukemias
 - 1.3.25.9.2.7. Common malignancies of childhood
 - 1.3.25.9.3. Common side effects of chemotherapy and radiotherapy, and their management
 - 1.3.25.9.4. Late effects of cancer therapy
- 1.3.25.10. Immunology and allergy
 - 1.3.25.10.1. Symptoms, signs, and findings
 - 1.3.25.10.1.1. Anaphylaxis
 - 1.3.25.10.1.2. Angioedema
 - 1.3.25.10.1.3. Urticaria

- 1.3.25.10.1.4. Prolonged fever
- 1.3.25.10.1.5. Recurrent infections

1.3.25.10.2. Conditions

- 1.3.25.10.2.1. Anaphylaxis and non-IgE mediated anaphylaxis
- 1.3.25.10.2.2. Allergic rhinosinusitis
- 1.3.25.10.2.3. Angioedema and urticaria, acute and chronic
- 1.3.25.10.2.4. Autoimmune disorders
- 1.3.25.10.2.5. Food protein-induced enterocolitis syndrome (FPIES) and other non-IgE mediated food allergies

1.3.25.10.2.6. Hypersensitivity reactions, including to

- 1.3.25.10.2.6.1. Drugs and biologics
- 1.3.25.10.2.6.2. Infectious pathogens
- 1.3.25.10.2.6.3. Vaccines
- 1.3.25.10.2.6.4. Food
- 1.3.25.10.2.6.5. Insect stings and bites

1.3.25.10.2.7. Immunodeficiency syndromes

- 1.3.25.10.2.7.1. B-cell disorders
- 1.3.25.10.2.7.2. T-cell disorders
- 1.3.25.10.2.7.3. Combined immunodeficiency disorders
- 1.3.25.10.2.7.4. Phagocytic disorders
- 1.3.25.10.2.7.5. Complement disorders
- 1.3.25.10.2.7.6. Innate immunity disorders
- 1.3.25.10.2.7.7. Disorders of immune dysregulation
- 1.3.25.10.2.7.8. Management of the immunocompromised patient

1.3.25.11. Infectious diseases

1.3.25.11.1. Symptoms, signs, and findings

- 1.3.25.11.1.1. Diarrhea
- 1.3.25.11.1.2. Fever
- 1.3.25.11.1.3. Lymphadenopathy
- 1.3.25.11.1.4. Rash

1.3.25.11.2. Conditions

PEDIATRICS COMPETENCIES (2021)

- 1.3.25.11.2.1. Common infectious diseases: viral, bacterial, fungal, parasitic, protozoan, and spirochetal
- 1.3.25.11.2.2. Fever of unknown origin (FUO)
- 1.3.25.11.2.3. Fever without a focus
- 1.3.25.11.2.4. Human immunodeficiency virus (HIV) infection
- 1.3.25.11.2.5. Infection in the immunocompromised host
- 1.3.25.11.2.6. Infectious issues relating to travel and immigration
- 1.3.25.11.2.7. Occult bacteremia
- 1.3.25.11.2.8. Perinatal and congenital infections

1.3.25.12. Mental health

1.3.25.12.1. Symptoms, signs, and findings

- 1.3.25.12.1.1. Anxiety
- 1.3.25.12.1.2. Fatigue
- 1.3.25.12.1.3. Sadness
- 1.3.25.12.1.4. School avoidance
- 1.3.25.12.1.5. Self-harm
- 1.3.25.12.1.6. Suicidal ideation or attempted suicide
- 1.3.25.12.1.7. Violent behaviour

1.3.25.12.2. Conditions

- 1.3.25.12.2.1. Anxiety disorders
- 1.3.25.12.2.2. Conduct disorder
- 1.3.25.12.2.3. Conversion disorder
- 1.3.25.12.2.4. Mood disorders
- 1.3.25.12.2.5. Obsessive compulsive disorder
- 1.3.25.12.2.6. Oppositional defiant disorder
- 1.3.25.12.2.7. Personality disorders
- 1.3.25.12.2.8. Psychotic disorders
- 1.3.25.12.2.9. Somatic symptom disorder
- 1.3.25.12.2.10. Substance use disorders

1.3.25.13. Musculoskeletal system and rheumatology

1.3.25.13.1. Symptoms, signs, and findings

- 1.3.25.13.1.1. Joint and limb pain
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PEDIATRICS COMPETENCIES (2021)

1.3.25.13.1.2. Joint swelling or deformities

1.3.25.13.1.3. Spinal deformity

1.3.25.13.2. Conditions

1.3.25.13.2.1. Arthritis, acute and chronic

1.3.25.13.2.2. Bone tumours

1.3.25.13.2.3. Common fractures, dislocations, or injuries;
osteochondroses

1.3.25.13.2.4. Common gait disorders

1.3.25.13.2.5. Congenital abnormalities of the musculoskeletal system

1.3.25.13.2.6. Non-inflammatory connective tissue diseases

1.3.25.13.2.7. Scoliosis

1.3.25.13.2.8. Septic arthritis and osteomyelitis

1.3.25.13.2.9. Systemic rheumatologic diseases, including systemic lupus erythematosus, juvenile idiopathic (rheumatoid) arthritis, juvenile dermatomyositis, and periodic fever syndromes

1.3.25.13.2.10. Common vasculitides, including Henoch-Schönlein purpura and Kawasaki disease

1.3.25.14. Neurologic system

1.3.25.14.1. Symptoms, signs, and findings

1.3.25.14.1.1. Altered level of consciousness

1.3.25.14.1.2. Developmental regression

1.3.25.14.1.3. Headache

1.3.25.14.1.4. Hypertonia

1.3.25.14.1.5. Hypotonia and muscle weakness

1.3.25.14.1.6. Nystagmus, dizziness, and vertigo

1.3.25.14.1.7. Positional plagiocephaly and torticollis

1.3.25.14.1.8. Raised intracranial pressure

1.3.25.14.1.9. Seizures

1.3.25.14.1.10. Tics

1.3.25.14.2. Conditions

1.3.25.14.2.1. Autoimmune disorders affecting the neurological system

1.3.25.14.2.2. Cerebral palsy

1.3.25.14.2.3. Cerebrovascular disease

PEDIATRICS COMPETENCIES (2021)

- 1.3.25.14.2.4. Congenital malformations of the nervous system, including the skull
- 1.3.25.14.2.5. Demyelinating disorders
- 1.3.25.14.2.6. Disorders of muscle, including muscular dystrophies and myopathies
- 1.3.25.14.2.7. Disorders of peripheral nerves
- 1.3.25.14.2.8. Head trauma and sequelae, including concussion
- 1.3.25.14.2.9. Infections of the central nervous system (CNS) and sequelae
- 1.3.25.14.2.10. Movement disorders
- 1.3.25.14.2.11. Neurocutaneous syndromes
- 1.3.25.14.2.12. Neuromuscular manifestations of common systemic infections and diseases
- 1.3.25.14.2.13. Seizure disorders
 - 1.3.25.14.2.13.1. Events mimicking seizures, including breath-holding spells
- 1.3.25.15. Renal and genitourinary system
 - 1.3.25.15.1. Symptoms, signs, and findings
 - 1.3.25.15.1.1. Enuresis and urinary incontinence
 - 1.3.25.15.1.2. Hematuria
 - 1.3.25.15.1.3. Hypertension
 - 1.3.25.15.1.4. Proteinuria
 - 1.3.25.15.1.5. Retroperitoneal and pelvic masses
 - 1.3.25.15.1.6. Scrotal and inguinal swelling or pain
 - 1.3.25.15.2. Conditions
 - 1.3.25.15.2.1. Hydronephrosis, congenital and acquired
 - 1.3.25.15.2.2. Congenital structural anomalies of the urinary tract
 - 1.3.25.15.2.3. Disorders, congenital and acquired, of the male and female external genitalia, including undescended testes
 - 1.3.25.15.2.4. Disorders of acid-base and electrolyte balance
 - 1.3.25.15.2.5. Disorders of water balance
 - 1.3.25.15.2.6. Nephritic syndromes
 - 1.3.25.15.2.7. Nephrotic syndromes
 - 1.3.25.15.2.8. Renal calculi

PEDIATRICS COMPETENCIES (2021)

1.3.25.15.2.9. Renal dysfunction, acute and chronic, and indications for dialysis

1.3.25.15.2.10. Renal tubular disorders

1.3.25.15.2.11. Urinary tract infection

1.3.25.15.2.12. Vesico-ureteral reflux and obstructive uropathies

1.3.25.16. Respiratory system

1.3.25.16.1. Symptoms, signs, and findings

1.3.25.16.1.1. Cough, acute and chronic

1.3.25.16.1.2. Dyspnea

1.3.25.16.1.3. Hemoptysis

1.3.25.16.1.4. Hypoxemia

1.3.25.16.1.5. Mediastinal and intrathoracic masses

1.3.25.16.1.6. Wheezing

1.3.25.16.2. Conditions

1.3.25.16.2.1. Acute lung injury and acute respiratory distress syndrome

1.3.25.16.2.2. Aspiration, acute and chronic

1.3.25.16.2.3. Asthma

1.3.25.16.2.4. Bronchiolitis

1.3.25.16.2.5. Cystic fibrosis

1.3.25.16.2.6. Pleural effusions

1.3.25.16.2.7. Pneumothorax

1.3.25.16.2.8. Sleep apnea

1.3.25.17. Sexual and reproductive health

1.3.25.17.1. Symptoms, signs, and findings

1.3.25.17.1.1. Dysmenorrhea

1.3.25.17.1.2. Menorrhagia

1.3.25.17.1.3. Urethral or vaginal discharge

1.3.25.17.2. Conditions

1.3.25.17.2.1. Disorders of menstruation

1.3.25.17.2.2. Gynecological problems

1.3.25.17.2.3. Pregnancy

1.3.25.17.2.4. Sexually transmitted infections

1.3.25.18. Skin and dermatology

1.3.25.18.1. Symptoms, signs, and findings

1.3.25.18.1.1. Bullae

1.3.25.18.1.2. Nevi

1.3.25.18.1.3. Pruritus

1.3.25.18.1.4. Rash

1.3.25.18.2. Conditions

1.3.25.18.2.1. Acne

1.3.25.18.2.2. Common autoimmune conditions affecting the skin

1.3.25.18.2.3. Common conditions of hair and nails

1.3.25.18.2.4. Common papulosquamous eruptions

1.3.25.18.2.5. Common pigmentary or vascular congenital lesions

1.3.25.18.2.6. Common skin infections and infestations

1.3.25.18.2.7. Cutaneous findings in systemic disorders

1.3.25.18.2.8. Eczema and other dermatitides

1.3.25.18.2.9. Skin exposures to physical and chemical factors, such as burns

1.3.25.18.2.10. Vesiculobullous diseases

1.3.26. Perioperative medical management

1.3.26.1. Pre-operative medical assessment and risk mitigation

1.3.26.2. Principles of post-operative management, including pain control, sedation, fluid administration, and antibiotics

1.3.27. Life-threatening conditions, including approach to assessment and initial management of the following:

1.3.27.1. Acute respiratory distress and failure

1.3.27.2. Acute upper airway obstruction

1.3.27.3. Brief resolved unexplained events (BRUE)

1.3.27.4. Cardiorespiratory arrest and resuscitation

1.3.27.5. Coma

1.3.27.6. Drowning

PEDIATRICS COMPETENCIES (2021)

- 1.3.27.7. Drug overdoses, accidental and intentional
 - 1.3.27.8. Hepatic failure
 - 1.3.27.9. Hypothermia and hyperthermia
 - 1.3.27.10. Metabolic crises, including diabetic ketoacidosis, hyperammonemia, and metabolic acidosis
 - 1.3.27.11. Poisonings
 - 1.3.27.12. Renal failure
 - 1.3.27.13. Sepsis
 - 1.3.27.14. Severe thermal injury
 - 1.3.27.15. Severe electrolyte imbalance and acid base abnormality
 - 1.3.27.16. Shock
 - 1.3.27.17. Status epilepticus
 - 1.3.27.18. Trauma, including multiple trauma and traumatic brain injury

 - 1.3.28. Child maltreatment
 - 1.3.28.1. Social factors placing children at risk
 - 1.3.28.2. Laws relating to child protection, including professional requirements such as mandatory reporting
 - 1.3.28.3. Sentinel clinical findings suggesting child maltreatment
 - 1.3.28.4. Identification and assessment of
 - 1.3.28.4.1. Abusive head trauma
 - 1.3.28.4.2. Emotional abuse and neglect
 - 1.3.28.4.3. Physical abuse
 - 1.3.28.4.4. Sexual abuse

 - 1.3.29. Neonatal-perinatal health
 - 1.3.29.1. Fetal growth, development, and physiology, including the role of the placenta
 - 1.3.29.2. Aspects of labour and delivery that affect the neonate
 - 1.3.29.3. Process of neonatal adaptation to extrauterine life
 - 1.3.29.4. General principles of care of the newborn, including skin care, temperature regulation, feeding, fluid and metabolic homeostasis, and pain management
 - 1.3.29.5. Newborn screening protocols
 - 1.3.29.6. Factors influencing outcome in the term and preterm neonate
 - 1.3.29.7. Care and follow-up of the premature infant and high-risk newborn
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after discharge

- 1.3.29.8. Assessment and management of
 - 1.3.29.8.1. Abnormal fetal growth
 - 1.3.29.8.2. Asphyxia and perinatal distress, including standardized assessment for indications for therapeutic hypothermia
 - 1.3.29.8.3. Birth trauma
 - 1.3.29.8.4. Chronic lung disease
 - 1.3.29.8.5. Cyanosis
 - 1.3.29.8.6. Drug withdrawal
 - 1.3.29.8.7. Electrolyte and glucose abnormalities
 - 1.3.29.8.8. Feeding problems
 - 1.3.29.8.9. Hematologic conditions presenting in the newborn
 - 1.3.29.8.10. Hyperbilirubinemia
 - 1.3.29.8.11. Intraventricular and intracranial hemorrhage
 - 1.3.29.8.12. Neurologic issues
 - 1.3.29.8.13. Prematurity
 - 1.3.29.8.14. Respiratory distress
 - 1.3.29.8.15. Retinopathy of prematurity
 - 1.3.29.8.16. Sepsis
 - 1.3.29.8.17. Conditions of the newborn potentially requiring surgical intervention, including anorectal malformation, diaphragmatic hernia, esophageal atresia, gastroschisis, intestinal atresia, intestinal obstruction, necrotizing enterocolitis, omphalocele, and tracheoesophageal fistula

 - 1.3.30. Adolescent health
 - 1.3.30.1. Developmentally appropriate approaches to adolescent health care
 - 1.3.30.2. Confidentiality and its limits
 - 1.3.30.3. Anticipatory guidance regarding lifestyle choices
 - 1.3.30.4. Frameworks to promote self-management and adherence in patients with chronic health disorders
 - 1.3.30.5. Development and diversity of sexual orientation and gender identity
 - 1.3.30.6. Contraceptive counselling
 - 1.3.30.7. Assessment and management of
 - 1.3.30.7.1. Chronic fatigue
 - 1.3.30.7.2. Chronic pain
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- 1.3.30.7.3. Feeding and eating disorders
- 1.3.30.7.4. Issues relating to sexual orientation and gender identity
- 1.3.30.7.5. Substance use

1.3.31. Health needs of the following populations:

- 1.3.31.1. Children in care
 - 1.3.31.2. International adoptees
 - 1.3.31.3. Refugees
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
 - 1.5. Carry out professional duties in the face of multiple competing demands
 - 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in the practice of Pediatrics

2. Perform a patient-centred and family-focused clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient and family encounter
 - 2.1.1. Recognize medical instability and establish priorities in resuscitation
 - 2.1.2. Solicit and integrate the patient's and the family's priorities into the encounter
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Elicit information relevant to the risk profile for specific disease processes, according to symptom pattern and past medical history
 - 2.2.2. Obtain and integrate relevant information from the family history, including the construction of a pedigree, where appropriate
 - 2.2.3. Use a systematic approach to the biopsychosocial assessment of the adolescent patient, such as HEADSS²
 - 2.2.4. Use screening tools and validated questionnaires, where relevant
 - 2.2.5. Perform a physical examination
 - 2.2.5.1. Apgar scores and estimation of gestational age
 - 2.2.5.2. Vital signs using age-appropriate parameters
 - 2.2.5.3. Measurement of length, weight, and head circumference

² HEADSS mnemonic refers to interview questions about home and environment; education and employment; activities; drugs; sexuality; suicide/depression.

PEDIATRICS COMPETENCIES (2021)

- 2.2.5.3.1. Use of growth charts, including those of the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC)
 - 2.2.5.4. Age-appropriate screening of vision and hearing
 - 2.2.5.5. Relevant examination of each system, using adjuncts as needed
 - 2.2.5.5.1. Sexual maturity rating, including orchidometry
 - 2.2.5.5.2. Breast examination and pelvic examination in adolescent females
 - 2.2.5.5.3. Assessment of psychomotor development
 - 2.2.5.5.4. Assessment of child maltreatment
 - 2.2.6. Select investigation strategies, demonstrating awareness of availability and access to resources in various clinical settings
 - 2.2.6.1. Select medical imaging examinations, considering need for sedation
 - 2.2.7. Interpret the following:
 - 2.2.7.1. Hematology and biochemistry results
 - 2.2.7.2. Blood gas results
 - 2.2.7.3. Urinalysis results
 - 2.2.7.4. Cerebrospinal fluid analysis, including cell count, gram stain, protein and glucose levels
 - 2.2.7.5. Microbiology and serology results
 - 2.2.7.6. Electrocardiography
 - 2.2.7.7. Medical imaging
 - 2.2.7.7.1. Chest radiography for common pathologies
 - 2.2.7.7.2. Plain radiography of the abdomen and pelvis
 - 2.2.7.7.3. Plain radiography for common musculoskeletal conditions
 - 2.2.8. Interpret reports of investigations, including medical imaging and pathology, in the context of the patient's age and clinical condition
 - 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
 - 2.3.1. Recognize and respond to changes in the patient's status that indicate a need to reassess goals of care
 - 2.4. Establish a patient-centred and family-focused management plan for
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- 2.4.1. Primary and secondary prevention strategies as part of the overall health care plan
- 2.4.2. Ambulatory patients with common acute presentations and/or chronic medical conditions
- 2.4.3. Patients with multiple medical conditions, including consideration of competing priorities, conditions, or treatments, as well as potential pharmacokinetic and pharmacodynamic interactions
- 2.4.4. Hospitalized patients with acute illness, or acute exacerbations of chronic illness
- 2.4.5. Critically ill patients, including resuscitation and stabilization of hemodynamic and respiratory instability
- 2.4.6. Patients requiring supportive care, including symptom management and end-of-life care where appropriate
- 2.4.7. Safe transition to another health care setting, including anticipation, prevention, and management of changes in health status during transition or transport
- 2.4.8. Safe discharge of patients with acute and chronic conditions, including referral to comprehensive or interprofessional care services

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
 - 3.4.1. Perform diagnostic procedures and collect samples
 - 3.4.1.1. Phlebotomy
 - 3.4.1.2. Electrocardiography
 - 3.4.1.3. Lumbar puncture, neonatal and pediatric
 - 3.4.1.4. Nasopharyngeal and throat swabs
 - 3.4.1.5. Specimen collection for sexually transmitted infections and child maltreatment
 - 3.4.2. Perform therapeutic procedures
 - 3.4.2.1. Airway management, neonatal and pediatric, including bag-mask ventilation, tracheal intubation, and tracheostomy tube change
 - 3.4.2.2. Cardiopulmonary resuscitation, neonatal and pediatric

- 3.4.2.3. Intravenous access
- 3.4.2.4. Umbilical venous and arterial catheterization
- 3.4.2.5. Intraosseous access device insertion
- 3.4.2.6. Bladder catheterization
- 3.4.2.7. Curettage of the ear under direct visualization
- 3.4.2.8. Foreign body removal from the ear and nose
- 3.4.2.9. Subcutaneous and intramuscular injections, including immunizations
- 3.4.2.10. Gastric tube placement, oro- or nasogastric
- 3.4.2.11. Needle thoracentesis and chest tube placement
- 3.4.2.12. Stabilization of acute limb injury, including fractures
- 3.4.2.13. Cervical spine immobilization
- 3.4.2.14. Simple wound closure, including suture laceration and use of wound closure strips, staples, and tissue adhesives

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred and family-focused care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Assess and manage adherence to treatment
 - 4.1.2. Anticipate, recognize, and manage complications of therapy and/or the underlying condition of the patient
 - 4.1.3. Determine the need and timing of referral to other physicians and other health care professionals
 - 4.1.4. Coordinate investigation, treatment, and follow-up when multiple physicians and other health care professionals are involved in a patient's care
 - 4.1.5. Incorporate appropriate recommendations from consultants and other health care professionals into diagnostic and treatment plans

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
 - 5.1.1. Intervene to mitigate further injury
 - 5.1.2. Report patient safety incidents per institutional procedures
 - 5.1.3. Identify the clinical circumstances and human and systems factors contributing to an adverse event
 - 5.1.4. Provide support to involved team members in a just culture of safety

- 5.2. Adopt strategies that promote patient safety and address human and system factors
 - 5.2.1. Use cognitive aids to enhance patient safety
 - 5.2.2. Follow hospital protocols designed to decrease error

Communicator

Definition:

As *Communicators*, pediatricians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Pediatricians are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred and family-focused approach that encourages trust and autonomy and is characterized by empathy, respect, and compassion
 - 1.1.1. Demonstrate an understanding of the principles and limits of patient confidentiality, including issues related to age, maturity, and capacity
 - 1.1.2. Demonstrate an understanding of the issues related to assent and informed consent in children as well as in mature minors, as defined by professional practice and the law
 - 1.1.3. Demonstrate an appreciation of the family's perspective with regard to concerns for a patient's health, and the impact of a child's illness on family relationships
- 1.2. Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
 - 1.3.1. Respect diversity and difference, including the impact of age, gender, ability, disability, education, religion, language, cultural beliefs, social support, and emotional influences
 - 1.3.2. Demonstrate open-mindedness to the consideration of alternative health care practices
- 1.4. Respond to a patient's and family's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations

- 1.5.1. Provide support and counselling to patients and families with chronic illness, catastrophic illness, and/or impending death; provide bereavement counselling
 - 1.5.2. Provide support to families at the time of a sudden unexpected death or other crisis situation
 - 1.6. Adapt to the unique needs and preferences of each patient and to each patient's clinical condition and circumstances
 - 1.6.1. Adapt to the developmental level of the patient, using appropriate communication strategies
 - 2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**
 - 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
 - 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
 - 3. Share health care information and plans with patients and their families**
 - 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
 - 3.1.1. Use developmentally appropriate language and terminology that facilitates understanding and effective decision-making
 - 3.1.2. Ensure the patient's and family's understanding of medical information
 - 3.2. Disclose harmful patient safety incidents to patients and their families
 - 4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**
 - 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
 - 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
 - 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
 - 5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy, and for medicolegal purposes**
 - 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
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- 5.1.1. Document evidence of child maltreatment, including the use of diagrams and photographs as appropriate
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients, families, and others in a manner that enhances understanding and that respects the patient's and family's privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, pediatricians work effectively with other health care professionals and other sectors to provide safe, high-quality, patient-centred and family-focused care.

Key and Enabling Competencies: Pediatricians are able to...

1. Work effectively with physicians and other colleagues in the health care professions and other sectors

- 1.1. Establish and maintain positive relationships with physicians and other colleagues to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Utilize the skills and competencies of team members to achieve optimal patient care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues
 - 1.3.1. Liaise as needed with referring physicians, other pediatricians, pediatric subspecialists, other specialists, and other health care professionals
 - 1.3.2. Work with teachers, social workers, community leaders, child protection workers, and other non-health care professionals to assess, plan, provide, and integrate care for individuals and groups of patients

2. Work with physicians and other colleagues in the health care professions and other sectors to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional

- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
 - 3.2.1. Facilitate transfer of care to a primary care physician or other specialist
 - 3.2.2. Facilitate transfer of care from the pediatric to the adult health care setting
 - 3.2.3. Summarize all relevant patient issues in a transfer summary or referral
 - 3.2.4. Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

Leader

Definition:

As *Leaders*, pediatricians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Pediatricians are able to...

- 1. Contribute to the improvement of health care delivery in teams, organizations, and systems**
 - 1.1. Apply the science of quality improvement to systems of patient care
 - 1.1.1. Apply quality improvement tools to identify gaps in patient care and develop solutions
 - 1.2. Contribute to a just and safe culture that promotes patient safety
 - 1.3. Analyze patient safety incidents to enhance systems of care
 - 1.3.1. Participate in reviews of mortality, morbidity, and critical events
 - 1.4. Use health informatics to improve the quality of patient care and optimize patient safety
 - 2. Engage in the stewardship of health care resources**
 - 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Demonstrate just and ethical allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
 - 2.2. Apply evidence and management processes to achieve cost-appropriate care
 - 3. Demonstrate leadership in health care systems**
 - 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Demonstrate knowledge of the administrative structure of the health care system in which they practise
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- 3.1.2. Demonstrate an understanding of the organization of effective and efficient service delivery models for the care of children at the local, regional, provincial/territorial, and national levels
- 3.1.3. Assume responsibility for the organization and leadership of interprofessional teams

3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

4.1. Set priorities and manage time to integrate practice and personal life

- 4.1.1. Develop strategies to achieve a balance between patient care, practice requirements, outside activities, personal life, family responsibilities, and career goals

4.2. Manage personal professional practice(s) and career

- 4.2.1. Manage a practice, including finances and human resources

4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, pediatricians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Pediatricians are able to...

1. Respond to an individual patient's health needs by advocating with the patient and family within and beyond the clinical environment

1.1. Work with patients and families to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Identify and respond to a patient's and family's determinants of health

- 1.1.1.1. Demonstrate an understanding of the importance of community services, including school, recreation, and appropriate transportation, in the health of the pediatric patient

1.1.2. Facilitate patient and family access to resources and services in the health and social systems

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

- 1.2.1. Recommend patient and family education resources
- 1.2.2. Apply the principles of behaviour change, as adapted to the developmental context of the patient, during conversations with patients and families about adopting healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into counselling individual patients and families about the following:
 - 1.3.1. Attainment of developmental milestones
 - 1.3.2. Immunizations and prevention of communicable diseases
 - 1.3.3. Nutrition
 - 1.3.4. Oral health
 - 1.3.5. Parenting
 - 1.3.6. Physical activity
 - 1.3.7. Pro-literacy activities
 - 1.3.8. Safety and injury prevention
 - 1.3.9. Screen time and exposure to digital media³
 - 1.3.10. Sleep
- 2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**
 - 2.1. Work with a community or population to identify the determinants of health that affect them
 - 2.1.1. Identify the determinants of health of children and address barriers to access to care and resources, including those faced by marginalized populations⁴
 - 2.1.2. Describe how public policy impacts child health
 - 2.1.3. Identify marginalized populations and advocate for access to care
 - 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
 - 2.3. Contribute to a process to improve health in the community or population they serve

³ The Canadian Paediatric Society defines "screen time" as time spent with any screen, including smart phones, tablets, television, video games, computers, or wearable technology. "Digital media" refers to content transmitted over the Internet or computer networks on all devices.

⁴ The term "marginalized populations" refers to individuals with decreased access to the social determinants of health that are essential for normal growth and development. Examples include those excluded on the basis of race; ethnic or cultural origin; age; gender; sexuality; economic or housing status; and mental or physical illness or disability.

- 2.3.1. Implement measures to make a positive change in the trajectory of health of children
- 2.3.2. Participate on committees or in other group settings when there is an opportunity to advocate for health care needs of children
- 2.3.3. Identify the role of pediatricians in societal and governmental aspects of health care provision to children, including the role of child protection agencies, policies related to infection control, and safety issues

Scholar

Definition:

As *Scholars*, pediatricians demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Pediatricians are able to...

- 1. Engage in the continuous enhancement of their professional activities through ongoing learning**
 - 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
 - 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
 - 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

 - 2. Teach students, residents, the public, and other health care professionals**
 - 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
 - 2.2. Promote a safe and respectful learning environment
 - 2.3. Ensure patient safety is maintained when learners are involved
 - 2.4. Plan and deliver learning activities
 - 2.5. Provide feedback to enhance learning and performance
 - 2.5.1. Apply a coaching model in interactions with junior learners
 - 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

 - 3. Integrate best available evidence into practice**
 - 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
 - 3.2. Identify, select, and navigate pre-appraised resources
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- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
 - 4.4.1. Participate in the conduct of scholarly work
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, pediatricians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Pediatricians are able to...

- 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
 - 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.1.1. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
 - 1.1.2. Demonstrate an understanding of cultural beliefs relevant to patient confidentiality
 - 1.2. Demonstrate a commitment to excellence in all aspects of practice
 - 1.3. Recognize and respond to ethical issues encountered in practice

- 1.3.1. Apply the principles of biomedical ethics focusing on the best interest of the child
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication
- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
 - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
 - 2.2. Demonstrate a commitment to patient safety and quality improvement
- 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**
 - 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Assess capacity and apply laws governing decision-making
 - 3.1.2. Apply knowledge of the legal and professional requirements relating to assent and informed consent by children and mature minors
 - 3.1.3. Adhere to requirements for mandatory reporting
 - 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
 - 3.3. Participate in peer assessment and standard setting
- 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**
 - 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
 - 4.1.1. Apply strategies to mitigate the personal impact of adverse patient outcomes
 - 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
 - 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Pediatrics by December 31, 2022.

PEDIATRICS COMPETENCIES (2021)

Drafted – Specialty Committee – March 2020

Approved – Specialty Standards Review Committee – May 2020