

ST2-CAP-EPA2 – Prepubertal child

Area of practice	Child and adolescent psychiatry	EPA identification	ST2-CAP-EPA2
Stage of training	Stage 2 – Proficient	Version	v0.5 (BOE-approved 08/11/12)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
Title	Clinical assessment of a prepubertal child.		
<p>Description Maximum 150 words</p>	<p>The trainee conducts a developmentally appropriate clinical interview with a child under 10 years old and their family. The trainee can:</p> <ul style="list-style-type: none"> • introduce themselves, explain their role and the purpose and process of the interview • engage the child in a developmentally appropriate manner including arranging the environment, selection of toys and/or activities, language level and non-verbal communication • sensitively direct the course of the interview in a child-centred way • conclude interview with a sensitive summary statement appropriate to the issues discussed and knowledge of the case • present a diagnostic formulation. 		
Fellowship competencies	ME	1, 2, 3, 7	HA
	COM	1, 2	SCH 2
	COL	1,	PROF 1, 2
	MAN		
<p>Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Understands normal child development. • Understands family and interpersonal dynamics. • Aware of the importance of rapport with, and engagement of, families/carers. • Aware of the importance of professional boundaries. 		

	<p>Skills</p> <ul style="list-style-type: none"> • Conducts a developmentally appropriate assessment including mental state examination and physical assessment. • Takes history sensitive to individual, family, social, cultural and developmental context. • Gathers additional information from relevant sources including family, school, other agencies. • Integrates information obtained (from patient and other sources) into a biopsychosocial formulation. • Develops and maintains therapeutic relationships with patients and their families/carers. • Uses culturally and developmentally appropriate verbal and non-verbal communication. • Encourages discussion, questions and interaction within the clinical encounter. • Develops and maintains effective relationships with the multidisciplinary team, GPs and other agencies. • Written communication is clear, succinct and unambiguous. <p>Attitude</p> <ul style="list-style-type: none"> • Demonstrates appropriate respect for patients and their families. • Ensures care is child- and family-focussed with a systemic perspective.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA). • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS).
References	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar