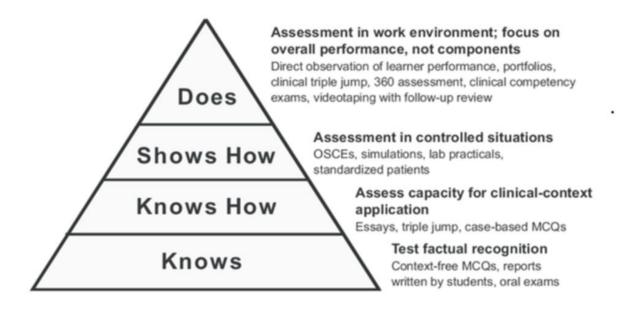
EPNS Board Examination on Paediatric Neurology Knowledge

The board examination focuses on knowledge and clinical reasoning as depicted on the two lowest levels of the Millers Pyramide. Clinical skills and professional attitudes (top levels of Millers pyramid) may be assessed on a national level.



Miller's Pyramid of Professional Competence with examples of assessment techniques used in medical education Source: Reproduced with permission from Miller GE. Assessment of clinical skills/competence/performance. Acad Med 1990;9:63–7.

The examination is partly aligned with the EPNS teaching courses, additionally the candidates have to accomplish their knowledge by self-directed learning or other courses (as Distant learning course from BPNA).

The learning objective list is for trainees in Paediatric Neurology, who intend to pass the EPNS Board Examination for Paediatric Neurology.

The catalogue is based on the syllabus of the European Paediatric Neurology Society and the learning objective catalogues from Great Britain, Netherlands, Switzerland, Australia and Canada. The learning objective catalogue was discussed and accepted by the committee of national advisors of the EPNS and the Board of EPNS.

The examination is uniformly done in English as a multiple-choice test.

Learning Objectives Catalogue

According to the different themes, the knowledge should comprise epidemiology, aetiology, pathogenesis, pathology, clinical features (including localisation and age dependant appearance), investigation, differential diagnosis, management (including transition) and prognosis.

Domaines:

- 1. Basic knowledge
- 2. Neonatal Neurology
- 3. Developmental Neurology, learning disorders
- 4. Malformations/Neuroimaging
- 5. Epileptology/paroxysmal disorders
- 6. Movement disorders
- 7. Neuromuscular disorders
- 8. Neuroimmunology/Infections
- 9. Neurometabolic disorders/ neurodegenerative disorders/ Neurogenetics
- 10. Cerebrovascualr problems
- 11. Neurooncology
- 12. Non neurooncological neurosurgical problems
- 13. Neurocutaneous problems should go after neurooncology
- 14. Neuroophthalmology
- 15. Sleep related problems
- 16. Behavioural and psychiatric disorders
- 17. Headache
- 18. Brain trauma and neurosurgical problems
- 19. End of life care, decision of change of care, brain death
- 20. Medically unexplained neurological disorders
- 21. Aspects of Adult Neurology

Information on chapters referring to EPNS guidelines

1.	Basic knowledge					
	1.1. Neuroanatomy and neuroimaging chapter 2					
	1.2	. Neuro	chapter 1			
	1,3	, Neuro	chapter 3			
	1.4	chapter 4				
	1.5	Neurol	ogical examination and clinical localisation	chapter 21		
	1.6	6 Pharm	allocated in special			
	cha	apters				
	2.	Acute Neurology:				
		2.1.	Seizures including status epilepticus	chapter 9		
		2.2.	Altered state of consciousness/acute encephalopathy			
			including brain death	chapter 19		
		2.3	Acute headache	chapter 16		
		2.4	Raised Intracranial pressure	chapter 14		
		2.5	Acute ophthalmological symptoms and signs	chapter 17		
		2.6	Acute facial palsy			
		2.7	Acute ataxia/acute movement disorders			
			including status dystonicus	chapter 7		
		2.8	Acute weakness (as myositis, GB, myelitis, cross sectional symp	otoms) chapter 8		
		2.9.	Acute hemiparesis	chapter 10		
		2.10	Head trauma, spinal trauma and peripheral nerve lesions (inclu	ding plexus)		
			child abuse	chapter 5		
	3.	Neonatal Neurology chapter 6				
		3.1.	Pregnancy related problems			
		3.1.1	Prenatal infections			
		3.1.2	Maternal problems (as diabetes, eclampsia)			
		3.1.3.	Prenatal exposure to toxic agents and drugs			
		3.1.4	Small for gestational age			
		3.1.5	Pregnancy problems (as oligo/polyhydramnion)			
		3.1.6	Prenatal consultations / counselling			
		3.2	Neonatal problems			
		3.2.1	Problems/disorders of prematurity			
		3.2.2	Hypoxic ischaemic encephalopathy			
		3.2.3	Neonatal seizures			
		3.2.4	Neonatal stroke			
		3.2.5	Neonatal meningitis/infections			
		3.2.6	Plexus palsy			
		3.2.7	Floppy infant			
		3.2.8	inborn errors of metabolism			
		3.2.9	Cerebral malformations and dysmorphic syndromes			
			including congenital hydrocephalus and myelomeningocele			

4.	Develo	pmental	Neurology	chapter 4
	4.1.			
	4.1.1	Microc	ephaly / Macrocephaly and CSF circulation problems	
	4.1.2.	Plagioc	ephalus and Torticollis	
	4.1.3	Cranios	synostosis	
	4.2.	Develo	pmental problems	
	4.2.1	Develo	pmental delay and its aetiology	
	4.2.2.	Develo	pmental regression and its aetiology	
	4.3.	Cerebro	al palsy (aetiology , problems and treatment)	
	4.4	Behavi	oural problems as ADHD, Autism	
5.	Malfor	mation a	and Neuroimaging	chapter 2
	5.1. No	rmal dev	velopment and findings	
	4.1	1. Norn	nal structural development (Anlage, Proliferation, migra	tion, maturation)
	4.1	2 Norm	al anatomy in neuroimaging	
			ion of head brain and spine	
	5.2.1		ephaly, macrocephaly, craniosynostosis	
	5.2.2	•	ms of Anlage	
	F 2 2	-	oprosencephaly, corpus callosum abnormalities, Dandy \	Walker problems)
	5.2.3		ration and migrations abnormalities	
	(as schizencephaly, lissencephaly, polymicrogyria) 5.2.4 Spinal malformations			
	5.2.4	•	nairormations 1C, spinal dysgraphia)	
	Epileptology and non epileptic paroxysmal disorders		chapter 6	
		6.1	Epileptic disorders	
		6.1.1.	Normal EEG findings age dependant and typical pathological	ogies goes within question
		6.1.2	Neonatal seizures	
		6.1.3.	Infantile spasm	
		6.1.4.	Childhood epileptic syndromes	
			(as Watanabe - Dravet, Lennox Gastaut syndrome, abso	ence seizures, BECTS,
	CSWS)			
		6.1.5.	Adolescent epileptic seizures	
			(as juvenile myoclonus epilepsy, Grand Mal epilepsy)	
		6.1.6	Genetic epileptic Encephalopathies	
		6.1.7	Structural and symptomatic epilepsies	
		6.1.8	Status epilepticus convulsive and non convulsive	
		6.1.9	Febrile convulsions	
			Treatment of epilepsy	
		6.2.	Non epileptic paroxysmal disorders	
		6.2.1	Benign neonatal sleep myoclonus	
		6.2.2	Breath holding spells	
		6.2.3	Hyperekplexia	
		6.2.4	Benign paroxysmal vertigo	
		6.2.5	Tics and stereotypies	

6.

		6.2.7 Paroxysmal dyskinesia
		6.2.8 Pseudo epileptic attacks (as functional)
		6.2.9 Sleep related events as pavor nocturnus
7.	Mover	ment disorders see also domaine 9 chapter 7
	7.1.	Pattern recognition included in other question
	7.1.1	Clinical pictures as spasticity, ataxia, dystonia, myoclonus, athetosis, chorea
	7.1.2	Anatomical attribution
		as cerebral, basal ganglia, cerebellar, vestibular, proprioception
	7.2.	Movement disorders
	7.2.1	Primarily hyperkinetic causes
		as chorea minor, choreoathethotic cerebral palsy, metabolic and genetic problems
	7.2.2	Primarily hypokinetic causes
		as Huttingtons disease, Parkinsonismus, spastic syndromes
	7.2.3	Primarily ataxic causes
		as Louis Barr syndrome, cerebellar malformations
	7.2.4	Tic problems
	7.2.5	Tremors
8.	Neuro	muscular disorders chapter 8
	8.1.	Floppy infant and differential diagnosis
	8.2.	Anterior horn cells diseases
	8.2.1	Hereditary as SMA
	8.2.2	Inflammatory as acute flaccid poliradiculatis
	8.3.	Peripheral nerve problems
	8.3.1	hereditary as Charcot Marie Tooth
	8.3.2	inflammatory as Guillain Barré, CIDP
	8.4.	neuromuscular junctions as myasthenic syndromes
	8.5	muscle disease
	8.5.1	Muscular dystrophies as Duchenne , Steinert
	8.5.2	Structural myopathies as Nemaline Rode
	8.5.3	Myotonic Syndromes as Thompson and Becker
	8.5.3	Metabolic myopathies as Pompe
	8.5.4	Inflammatory myopathies as myositis
9.	Neuro	infections / Neuroimmunology/ chapter 9
	9.1	Neuroinfections
	9.1.1	Meningitis and Encephalitis including Neuroboreliosis
	9.1.2	Brain and spinal abscess
	9.2	Neuroimmunological problems
	9.2.1	Multiple sclerosis

6.2.6 Syncopal attacks (as vasovagal, reflex anoxic, cardiac, vertigo)

	9.2.2	MOG and Aquaporin related disorders	
		as ADEM, Optic neuritis, Myelitis	
	9.2.3	Polyradiculitis as Guillain Barré	
	9.2.4	Autoimmune encephalitis as NMDA encephalitis	
	9.2.5	Para- and postinfectious ataxia	
	9.2.6	Myoclonus-Opsoclonus (as in neuroblastoma or parainfection	us)
	9.2.7	paraneoblstic syndromes	
10.	Neuro	metabolic disorders/ neurodegenerative disorders/ Neurogen	etics chapter 10
	10.1	White matter problems	
	as met	achromatic leucodystrophy, Krabbe, Vanishing white matter o	lisease
	10.2	Grey matter disease	
	as NCL		
	10.3	Basal ganglia disorders as M. Wilson, Chorea Huntington,	
	10.4	Encephalomyopathies as mitochondrial, peroxysomal, glycol	isation disorders,
		glucosetransportation	
	10.5.	Disorders of system degenerations	
		as Friedreichs Ataxia, hereditary spastic paraparesis	
	10.x	Neurotransmittor problems	
	10.6.	Well defined neurogenetic disorders	
		as Fragile X syndrome, Angelmann Syndrome, Rett Syndrom	l
	10.7.	Neurocutaneous syndromes as NF I, TS, Sturge Weber Syndro	ome
11	Caraba		ala anto v 11
11.		ovascular problems	chapter 11
	11.1.	Arterial ischaemic stroke	
		as by arteriopathies (as Focal cerebral arteriopathy, Moyam	oya, arterial dissection),
		thromboembolic , sickle cell	
		events, vasculitis	
	11.2	Haemorrhagic stroke including subarachnoid bleed	
		as by arteriovenous malformation, fistulas, cavernomas, ane	eurysma
	11.3	Sinuous venous thrombosis	
	11.4	Stroke mimics as migraine, alternating hemiplegia	
12.		ncology	chapter 12
	12.1	Infratentorial tumours as pylocystic astrocytoma, medullobla	astoma, ependymoma
	12.2	Brainstem tumours as brain stem glioma	
	12.3	Craniopharyngeoma	
	12.4	Supratentorial tumours as DNET	
	12.5	Spinal tumours	
	12.6	Neuroblastoma and Opso Clonus Myoclonus	
	12,7	Neurological Complication of treatment of malignancies	
13.	Non ne	eurooncological neurosurgical problems	chapter 13

	13.2	Spinal infarctions	
	13.3.	Spinal tumors	
	13.4	Hydrocephalus and shunt problems	
14. Neu	ırocutar	neous problems	chapter 14
	14.1.Ne	eurofibromatosis	
	14.2.Tu	iberous sclerosis	
	14.3.St	urge Weber	
	14.4 ot	her neurocutaneous problems	
15.	Neuro	pphthalmology	chapter 15
	15.1. P	upil anomalies	
		tosis, Iris and conjunctival problems	
		culomotor problems as cranial nerve palsies and supranuclear pro	blems
		etinal problems	
	-	otic nerve problems	
	15.6 Ce	entral vision problems	
16.	Sleep r	elated problems	chapter 16
	16.1	Knowledge on physiological pattern of sleep and related problem (as rhythmic problems)	IS
	16.2	obstructive and central sleep apnoeas	
	16.3	Narcolepsy	
	16.4.	Pavor nocturna, night terrors, parasomnia	
	16.5.	Insomnia	
	16.6.	Sleep related neurological disorders	
		as frontal lobe epilepsy, BECTs , Panayotopolous syndrom	
		as Undine syndrome	
17.	Psychia	tric and behavioural problems	chapter 4
	17.1	ADHD and related problems	
	17.2	Neurological aspects of Autismus spectrum disorders	
	17.3	Tic problems	
	17.4.	Complex motor stereotypies	
	17.5.	Functional and psychosomatic neurological disorders	
		enting with gait problems, pseudoparesis	
	17.6	neurological causes of common behavioural problems	

Spinal malformations as dysraphia, spinal infarctions, spinal tumors

13.1

18.	Headac	he	chapter 17	
	18.2 18.3.	Migraine Migraine equivalents in young children Tension type Dangerous headaches into other question		
19.	Brain tr see guid	auma and neurosurgical problems delines	chapter 18	
20.	20.1 20.2. 20.3.	ife care, decisions of change of care, brain death Diagnosis of brain death Prognostic factors in acute encephalopathy Technical support in prognosis guidelines	chapter 19	
21.	Medica see guid	lly unexplained neurological disorders delines	chapter 20	
22,	•	s of Adult Neurology Localisation by clinical examination Neurological problems in adult life occurring also in children	chapter 21	

Version of 15.11.2021 adjusted to guidelines