



Entrustable Professional Activities

EPA 1 for Adolescent Medicine

EPA 1: Provide Care for Adolescent and Young Adult Patients with Acute Physical and Mental Health Issues

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to provide care with direct supervision and coaching
3. Trusted to provide care with indirect supervision and discussion of case details for most simple and some complex cases
4. Trusted to provide care with indirect supervision but may require discussion of case details for a few complex cases
5. Trusted to provide care without supervision

Description of the Activity

Adolescents and young adults present with acute physical and mental health conditions specific to their age group. Some are self-limited and require little or no intervention but can be a cause of distress to patients and families, others are easily diagnosed and treated, and others, when left unaddressed, greatly contribute to the mortality and morbidities experienced by this age group. A key role of the adolescent medicine specialist is to be able to assess and manage the full range of medical disorders as well as manage/co-manage the mental health disorders seen in this population.

The specific functions which define this EPA include:

1. Developing a knowledge base of acute physical and behavioral health conditions (to include mental health and substance use problems) and related risk factors for and etiologies of these conditions specific to adolescents and young adults and the guidelines and standards of care for the evaluation and management of these conditions
2. Performing specialized examinations (e.g., pelvic examinations, musculoskeletal examinations) to diagnose specific acute adolescent and young adult diseases, conditions, and injuries
3. Applying evidence-based guidelines and standards of care to the evaluation and management of these conditions in order to treat adolescent-specific acute medical and behavioral health disorders
4. Monitoring and providing follow up with adolescents, young adults, and their families and caregivers, as appropriate
5. Providing/recommending appropriate referrals to other health care providers (e.g., psychiatrists, gynecologists, orthopedists) necessary for adjunctive evaluation and/or management of more complex acute medical or behavioral health conditions

Judicious Mapping to Domains of Competence

- Patient Care
 Medical Knowledge
 Practice-Based Learning and Improvement



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- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions

PC 1:	Gathering information
PC 2:	Organizing prioritizing responsibilities
PC 5:	Performing complete physical exams
PC 6:	Using optimal clinical judgment
MK 1:	Demonstrating knowledge
MK 2:	Practicing EBM
ICS 1:	Communicating with patients/families
ICS 3:	Communicating with health professionals

Context for the EPA

Rationale: Adolescent Medicine specialists must be able to identify and manage a set of acute medical issues in adolescents above what is expected of a general pediatrician. These acute issues are in the realms of reproductive health, mental health, and sports injuries.

Scope of Practice: The Adolescent Medicine specialist typically cares for patients between the ages of 10 and 25 years of age with some exceptions for younger and older ages depending on the availability of other experts in the community for particular diagnoses such as eating disorders and other mental health conditions. The Adolescent Medicine specialist provides both outpatient and inpatient care of common adolescent conditions. There is a spectrum of care provided by Adolescent Medicine specialists, from community primary care to inpatient tertiary care. This document is intended to address the scope of knowledge and skills of the Adolescent Medicine specialist who provides subspecialty care for acute problems for teens and young adults in the outpatient and inpatient settings. As such it focuses on common problems that an Adolescent subspecialist would manage and understand, while recognizing his/her own limitations and seek additional care from other subspecialties as needed.

Curricular Components That Support the Functions of the EPA

1. Developing a knowledge base of acute physical and behavioral health conditions (to include mental health and substance use problems) and related risk factors for and etiologies of these conditions specific to adolescents and young adults and the guidelines and standards of care for the evaluation and management of these conditions

Problems **generally** within the scope of adolescent medicine subspecialty practice (based on prevalence and potential morbidity) where the role of the specialist is to recognize, evaluate, and treat or determine that patient needs referral to a different subspecialist for more specialized treatment.



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- Reproductive health care
 - Menstrual disorders including amenorrhea, oligomenorrhea, dysmenorrhea, abnormal uterine bleeding, and premenstrual syndrome
 - Acute pelvic/genitourinary pain
 - Infectious conditions including vulvovaginitis, cervicitis, pelvic inflammatory disease, toxic shock syndrome, urethritis, proctitis, epididymitis, prostatitis
 - Sexually transmitted infections including chlamydia, gonorrhea, syphilis, trichomoniasis, herpes, human papilloma virus, and HIV
 - Pregnancy diagnosis, initial evaluation of normal and abnormal (ectopic, miscarriage, molar) pregnancy; options counseling and care coordination
 - Contraceptive options, including Emergency Contraception
- Mental health care: The acute presentation of specific disorders and conditions to include
 - Mood disorders presenting with dysfunction and/or suicidal/homicidal intent
 - Anxiety disorders presenting with dysfunction
 - Self-injurious behaviors
 - Crises related to sexual orientation and/or gender
 - Substance use disorders presenting in crisis
 - Toxidromes related to acute accidental or intentional ingestions
 - Family conflict or dysfunction presenting as crisis
 - Behavioral disorders, oppositional defiant disorder (ODD), conduct disorders presenting with dysfunction.
 - Schizophrenic spectrum, somatiform, personality disorders, and other psychotic disorders
 - Eating disorders (to include anorexia nervosa, bulimia nervosa, Avoidant/Restrictive Food Intake Disorder [ARFID], and Binge Eating Disorder [BED]) presenting with either acute physical or mental health symptoms
- Orthopedic/musculoskeletal conditions
 - Acute injuries of major joints of those frequently involved with sports injuries: knee, shoulder, ankles, and elbows; including sprains and strains
 - Concussion, closed head injuries, mild traumatic brain injury
 - Minor as well major injuries that may need to be evaluated on-site by physician attending sports event for high school students
 - Acute presentation of musculoskeletal or joint pain or limitation that may have more chronic etiology or course, such as a slipped capital femoral epiphysis (SCFE), overuse injuries
 - Acute presentation of heat injury related to sports
- Providing appropriate counseling as needed
 - Demonstrates motivational interviewing and assesses stages of change
 - Delivers developmentally appropriate and evidence-based contraceptive options counseling
 - Provides developmentally appropriate and evidence-based pregnancy options counseling
 - Provides developmentally appropriate treatment for behavior changes related to alcohol and other drug use



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- Demonstrates knowledge of the evaluation and follow-up of an adolescent disclosing sexual assault or other abuse
 - Provides evidence-based counseling about return to sports or activities following concussion
 - Determining the need for inpatient admission
 - Judges the acuity of the condition
 - Determines physiological stability versus instability of the patient
 - Systems Coordination
 - Demonstrates the ability to access support across disciplines/professions to optimize and coordinate patient care in an acute situation (legal, nursing, mental health, social work, child protection, psychiatry)
2. Performing specialized examinations (e.g., pelvic examinations, musculoskeletal examinations) to diagnose specific acute adolescent and young adult diseases, conditions, and injuries
- Performing a complete adolescent physical examination
 - Determines sexual maturity rating of male and female adolescents and is able to distinguish normal versus abnormal pubertal development
 - Performs breast, pelvic, and male genitourinary examination
 - Performs examination of musculoskeletal system with focus on major joints involved in acute injuries
 - Synthesizes clinical findings into a unified diagnosis where possible
 - Gathering a complete social history and mental health assessment
 - Discusses confidentiality issues with patients and their families
 - Inquires about patient strengths and risk behaviors
 - Gathers at least part of the social history privately and confidentially with the patient
 - Includes sensitive information regarding sexuality, mood, substance use, and safety
 - Uses evidence-based screening tools for mental health issues
 - Uses evidence-based screening tools for alcohol and other drug use
 - Demonstrates sensitivity to the unique needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth
3. Applying evidence-based guidelines, as available, and standards of care to the evaluation and management of these conditions in order to treat adolescent specific acute medical and behavioral health disorders
- Identifying and applying key evidence-based guidelines
 - Utilizes the most recent guidelines including Centers for Disease Control (CDC) sexually transmitted disease (STD) treatment, U.S. Medical Eligibility Criteria for Contraceptive Use, U.S. Preventive Services Task Force, and World Health Organization (WHO) Contraceptive Guidelines
 - Searches the literature for evidence focusing on the highest-grade evidence available
 - Interprets the evidence in light of its grade
 - Applies the evidence to the care of the patient given the particular context for that patient



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4. Monitoring and providing follow up with adolescents, young adults, and their families and caregivers, as appropriate
 - Monitoring adherence to treatment and providing appropriate follow up for adolescents and young adults with acute health conditions
 - Decides on the frequency of follow up necessary for the acute condition
 - Facilitates coordination with the primary care provider and/or other subspecialist as needed
5. Providing/recommending appropriate referrals to other health care providers (e.g., psychiatrists, gynecologists, orthopedists) necessary for adjunctive evaluation and/or management of more complex acute medical or behavioral health conditions

Problems that **generally** require further consultation where the role of the subspecialist is to recognize, provide preliminary evaluation, and refer

- Testicular disorders
- Sexual assault
- Complications of PID, such as TOA, treatment resistant epididymitis
- Complications of pregnancy, such as ectopic, missed, or incomplete abortion
- GYN disorders requiring surgical treatment
- Active suicidal or homicidal intent
- Psychotic disorders
- Acute mania
- Aggressive behaviors
- Sports injuries requiring surgical repair, orthopedic treatment of fractures
- Complications of concussion that include altered mental status
- Addiction/dependence requiring inpatient or residential treatment
- Eating disorders needing residential care
- HIV/AIDS

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The Adolescent EPAs were developed by consensus with adolescent provider representatives from the AAP, SAHM, CoPS, and the ABP.

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