## Curricular Components for Pediatric Emergency Medicine EPA

<table>
<thead>
<tr>
<th>1. EPA Title</th>
<th>Recognize and provide care for acutely ill and/or injured pediatric patients presenting to the Emergency Department (ED)</th>
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<tbody>
<tr>
<td>2. Description of the activity</td>
<td>PEM physicians care for a wide range of patients with various complaints, disease states, injury and acuity, often in the setting of time and resource constraints. Care must encompass a comprehensive set of skills to implement careful decision-making/management and demonstrate patient-centeredness, communication and clinical capabilities. The specific functions which define this EPA include:</td>
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<td>• Performing age and developmentally appropriate, focused but detailed history and physical exam</td>
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<td>• Developing a complaint based and age appropriate differential diagnosis using evidence-guided reasoning and pattern recognition or illness scripts</td>
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<td>• Developing and initiating a prioritized diagnostic evaluation and therapeutic management plan that is complaint/disease specific, evidence-guided, culturally competent and cost effective</td>
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<td>• Utilizing documentation habits that ensure accurate reporting of patient encounters</td>
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<td>• Demonstrating family centeredness with informed and/or shared decision-making with patients/families that is developmentally appropriate and within state statute</td>
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<td>• Activating appropriate non-medical personnel as necessary</td>
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<td>• Developing appropriate patient dispositions</td>
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<td>• Transitioning patient care to other providers</td>
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| 3. Judicious mapping to domains of competence | X Patient Care |
| | X Medical Knowledge |
| | ____ Practice-based Learning and Improvement |
| | X Interpersonal & Communication Skills |
| | ____ Professionalism |
| | ____ Systems-based Practice |
| | ____ Personal and Professional Development |

| 4. Competencies within each domain critical to entrustment decisions | **Bolded** PC 1: Gather essential and accurate information about the patient: Abstract current findings in a patient with multiple chronic medical problems and, when appropriate, compare with a prior medical record and identify significant differences between the current presentation and past presentations |
| | **Bolded** PC 3: Provide transfer of care that ensures seamless transitions |

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<th>Competencies labeled in the format used on the Pediatric Emergency Medicine Milestone Project</th>
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<tr>
<td><strong>3. PC 4:</strong> Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment</td>
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<td><strong>4. PC 6:</strong> Diagnostic studies - Apply the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management</td>
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<td><strong>5. PC 7:</strong> Observation and reassessment - Re-evaluate patients undergoing ED observation (and monitoring) and using appropriate data and resources, determine the differential diagnosis, treatment plan, and disposition</td>
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<td><strong>6. PC 8:</strong> Disposition - Establish and implement a comprehensive disposition plan that uses appropriate consultation resources; provide patient education regarding diagnosis, treatment plan, medications, and time- and location-specific disposition instructions</td>
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<td><strong>7. MK 1:</strong> Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatric emergency medicine</td>
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<td><strong>8. ICS 2:</strong> Demonstrate the insight and understanding into emotion and human response to emotion, that allows one to develop and manage human interactions</td>
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* The competencies for EPA 2 are complementary competencies also relevant to EPA 1.

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5. Curricular components that support the functions of the EPA (knowledge, skills and attitudes needed to execute this EPA safely):

**Rationale:** PEM physicians provide care for a wide range of patients with various complaints, disease states, injury and acuity, often in the setting of incomplete information and time/resource constraints.

**Scope of Practice:** The PEM physician must be prepared to provide care for any patient presenting with any complaint. Care of the patient begins either in the pre-hospital setting through online medical direction or upon arrival to the ED. Practice sites (academic versus community) may differ in terms of availability of subspecialty support and patient acuity, complexity and volume. A comprehensive set of skills is required to implement careful decision-making/management and to demonstrate patient centeredness, communication and clinical capabilities.

**Differentiating between “sick” (acutely ill) and “not sick” (less acute) patients**
- Recognizes spectrum of acuity in which patients present to the ED.
- Identifies and distinguishes unstable and potentially unstable patients.
- Initiates medical intervention to stabilize those critically ill or injured patients in whom a complete medical history is unavailable or obtaining details can be delayed.
- Observes, monitors and reassesses patients for clinical changes that may alter their ED care plans.

Performing age and developmentally appropriate, focused but detailed history and physical exam, with consideration of the anatomic, physiologic, developmental and psychological differences of children as compared to adults

- Gathers essential and accurate patient information.
- Demonstrates thorough and efficient data gathering.
- Organizes and synthesizes data for real-time development of differential diagnoses.

Developing a complaint based and age appropriate differential diagnosis using evidence-guided reasoning and pattern recognition or illness scripts

- Applies established and evolving evidence and principles in biomedical, clinical, epidemiological and social-behavioral sciences pertaining to the practice of PEM.
- Evaluates patients with undifferentiated chief complaints and discriminates between medical, surgical, psychiatric and/or social etiologies of that complaint.
- Explains pathophysiology of likely etiologies.
- Recognizes patterns/illness scripts and applies key evidence for development of differential diagnoses (DDx) based on signs and symptoms.
  - Demonstrates ability to develop clinical questions; uses PICO (Patient problem or population, Intervention, Comparison and Outcome) format when applicable.
  - Searches, appraises and interprets the literature for evidence focusing on the highest grade evidence available.
  - Applies the evidence to DDx development in the context of the individual patient.

Developing and initiating a prioritized diagnostic evaluation and therapeutic management plan that is complaint/disease specific, evidence-guided, culturally competent and cost effective

- Identifies and applies key evidence-based guidelines for development of patient care plans.
  - Orders diagnostic testing based on the probability of disease and likelihood of test results altering or supporting management.
  - Develops clinical questions, searches the medical literature and applies evidence to the development of individualized patient care plans.
- Optimizes patient care with use of information technology.
- Acknowledges and addresses culturally or socially-related matters that may affect patient care delivery.
- Ensures diagnostic testing and medication orders are timely and accurately written.
- Accurately interprets diagnostic test results.
- Selects appropriate medications and therapeutic interventions to address immediate and ongoing patient needs.
- Performs procedures for emergent and urgent conditions (see PEM EPA 3 for details).
- Communicates effectively with and facilitates care delivered by consultants to optimize patient care.
- Coordinates a multi-disciplinary team to implement management plans.
**Utilizing documentation habits that ensure accurate reporting of patient encounter**
- Documents a complete ED encounter including history, physical exam, medical decision-making, ED course, and plan of care.
- Ensures complete documentation of procedures performed in the ED including obtaining informed consent or assent, supervising or performing procedures, and documenting outcomes including any complications.
- Efficiently communicates patient care information in a concise and appropriate manner, to facilitate quality care and comply with regulatory agencies and third party requirements.

**Demonstrating family centeredness with informed and/or shared decision-making with patients/families that is developmentally appropriate and within state statute**
- Displays responsiveness to the needs of patients and their families.
- Displays responsiveness to ED staff concerns and recommendations for patient care.
- Recognizes that governmental privacy laws vary by age, custodial and emancipation status.
- Explains medical decision-making processes and plans of care to patients and family; allows opportunity for them to voice their concerns and share in the decision-making of the care plan.
- Encourages family presence and input to the degree desired by each family.
- Delivers difficult news effectively.
- Counsels patients and their caregivers to ensure their understanding of all instructions; addresses language, socioeconomic, religious, and cultural barriers when needed.
- Displays humanism, compassion, integrity and respect for others.

**Activating appropriate non-medical personnel (e.g. law enforcement, social work, crisis management, financial counseling, pastoral services) as necessary**
- Utilizes resources available within the system to optimize care delivery.
- Activates resources when needed, taking into account particular contexts for individual patients.
- Coordinates care such that patients’ social determinants of health are assessed and addressed.

**Developing appropriate patient dispositions**
- Uses sound judgment to determine when problems require hospitalization for further management.
  - Determines the most appropriate inpatient level of care based on patient needs and institutional protocols and resources.
  - Determines the most appropriate service (medical vs. surgical vs. psychiatric) to assume care of patients during their hospitalization.
- Uses sound judgment to determine when problems can be managed at home and coordinates discharge with appropriate follow-up.
  - Discusses and considers the home environment in making decisions about readiness for discharge.
• Asks direct questions about concerns that caregivers have about the patient’s care.
• Gauges family understanding of health problems.
• Ensures adequate outpatient follow up plans.
• Ensures prescriptions are written accurately with weight and standard dosing recommendations.
• Provides and reviews written discharge instructions inviting questions from the family.
• Delivers instructions in the patients' language of preference.

Transitioning patient care to other providers
• Appreciates the high-risk nature of transitions and the potential for convergence of cognitive biases that occur at the time of hand-offs.
• Uses a hand-over process that is standardized across the patient care unit or health system.
• Transmits synthesized clinical information, avoiding errors of omission or commission.
• Anticipates and discusses potential issues in patient care with the receiver of the handoff.
• Engages in closed loop communication that allows for deliberative inquiry, checkbacks (provider) and clarifying questions (receiver).

References
American Board of Pediatrics Subboard of Pediatric Emergency Medicine. Content Outline Pediatric Emergency Medicine Subspecialty In-training, Certification, and Maintenance of Certification Examinations. https://www.abp.org/content/content-outlines-subspecialties


