



Entrustable Professional Activities

EPA 1 for All Pediatric Subspecialties

EPA 1: Provide Consultation to Other Health Care Providers Caring for Children and Adolescents and Refer Patients Requiring Further Consultation to Other Subspecialty Providers if Necessary

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision and discussion of information conveyed for most simple and some complex cases
4. Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases
5. Trusted to execute without supervision

Description of the Activity

A key role for pediatric subspecialty providers is to effectively serve as consultants to other health care providers, specialists, and sub-specialists engaged in the care of children. Conversely, pediatric subspecialists must also be able to effectively refer patients for further consultation for issues outside the scope of their knowledge and skills.

There are three fundamental activities involved in consultation or referral. These include:

1. Recognizing the indication for consultation and/or the need for further referral
2. Carrying out the process of consultation and/or referral
3. Determining the need for ongoing care and communicating effectively to referring provider and/or next consultant

The specific functions which define this EPA include:

PRELIMINARY PHASE: Recognizing the Indication for Consultation and/or the Need for Further Referral

Consultation	Referral
<ul style="list-style-type: none"> • Demonstrating content expertise in one’s area of pediatric subspecialization 	<ul style="list-style-type: none"> • Knowing one’s limitations and scope of practice as well as referral guidelines
<ul style="list-style-type: none"> • Focusing and clarifying the clinical question to be addressed as well as the role of the consultant in the care of the patient 	<ul style="list-style-type: none"> • Acknowledging the uncertainty in the diagnosis and/or prognosis that requires the engagement of a second consultant • Communicating with patients/families and members of the medical team (e.g., referring provider) about need for consultation



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ACTION PHASE: Carrying Out the Process of Consultation and/or Referral

Consultation	Referral
<ul style="list-style-type: none"> Obtaining the essential information from the primary provider, patient, and family Creating a diagnostic impression and plan Communicating the consultation impression and plan to referring provider, other consulting physicians, and to the patient/family using bidirectional communication 	<ul style="list-style-type: none"> Facilitating the referral to another consultant

AFTERCARE PHASE: Determining Need for Ongoing Care and Communicating This Effectively to Referring Provider and/or Next Consultant

Consultation	Referral
<ul style="list-style-type: none"> Determining need for follow-up care Effectively offering access to patient for follow-up care 	<ul style="list-style-type: none"> Reviewing consultation report and implementing appropriate plans Communicating with whole patient care team and family about next steps

Judicious Mapping to Domains of Competence

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions (R = Referral; C = Consultation)

PC 1:	Gathering information (C)
PC 6:	Using optimal clinical judgment (R)
PC 9:	Counseling patients and families (R)
MK 1:	Demonstrating knowledge (C, R)
MK 2:	Practicing EBM (C)
ICS 1:	Communicating with patients/families (C, R)
ICS 4:	Working as a member of a health care team (C)
ICS 5:	Consultative role (C)
PPD 1:	Engaging in help seeking behavior (R)
PPD 8:	Dealing with uncertainty (R)



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Context for the EPA

Rationale: Pediatric subspecialists must be able to anticipate, diagnose, and manage the health needs of a broad spectrum of patients with medical needs within their own specialty. Additionally, pediatric subspecialists provide content expertise for various health conditions of infants, children, and adolescents. Subspecialists must demonstrate the requisite knowledge and communication skills to assess, document, and convey important findings as well as maintain accessibility and accountability to fulfill the consultative role. In turn, subspecialists must also be able to understand and function as referring physicians. They must know their own limitations in the context of their clinical practice and recognize medical conditions that require referral.

Scope of Practice: Each subspecialty expects practitioners to manage the medical conditions commensurate with each subspecialty's scope of practice. Subspecialists should utilize help-seeking behaviors when they have met their own limitations and make appropriate referrals. In providing consultation, subspecialty pediatricians should be aware of any potential conflicts of interest and manage these accordingly.

Setting: Subspecialists may perform both consultations and/or recommend referral in both the inpatient and outpatient settings.

PRELIMINARY PHASE: Recognizing the Indication for Consultation and/or the Need for Further Referral

Consultation	Referral
<p>Demonstrating content expertise in one's area of pediatric subspecialization</p> <ul style="list-style-type: none"> Self-assesses as to whether one has the requisite expertise to address the issue 	<p>Knowing one's limitations and scope of practice as well as referral guidelines</p> <ul style="list-style-type: none"> Self-identifies knowledge gaps and accesses information such as guidelines, expert opinion, and evidence in the literature Exercises proper judgment regarding the decision to refer (and when) by applying all relevant gathered data, evidence, and family/patient considerations Performs necessary studies prior to referral to support the need for consultation
<p>Focusing and clarifying the clinical question to be addressed as well as the role of the consultant in the care of the patient</p> <ul style="list-style-type: none"> Reaches agreement with the referral source on the nature of the problem as well as the role of the consultant in the process Determines the acuity of the medical problem and decides on the urgency of the consultation 	<p>Acknowledging the uncertainty in the diagnosis and/or prognosis that requires the engagement of a second consultant</p> <ul style="list-style-type: none"> Discusses the reason for further referral with the family and patient, sharing diagnostic and/or therapeutic goals of referral <p>Communicating with patients/families and members of the medical team (e.g., referring provider) about need for consultation</p> <ul style="list-style-type: none"> Engages patient/family in shared decision-making about the referral and provides support for questions/concerns.



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- Engages referring provider in shared decision-making about the need for further consultation

ACTION PHASE: Carrying Out the Process of Consultation and/or Referral

Consultation	Referral
<p>Obtaining the essential information from the primary physician, patient, and family and performing appropriate testing</p> <ul style="list-style-type: none"> Effectively communicates with the referral source to obtain necessary data Uses evidence-based medicine to order appropriate laboratory and radiological studies <p>Creating a diagnostic impression and plan</p> <ul style="list-style-type: none"> Uses medical knowledge to create diagnostic impression and plan after full review of all available information Recognizes limitations and makes suggestions for other specialists and resources when appropriate <p>Communicating consultation impression and plan to referring provider, other consulting physicians, and to the patient/family using bidirectional communication</p> <ul style="list-style-type: none"> Presents referring physician with a clear, complete, and timely consultation report Includes parameters for notification if clinical changes occur or new information arises Informs patient and family of findings and how this will be communicated to referral source 	<p>Facilitating the referral to another consultant</p> <ul style="list-style-type: none"> Recognizes and assists in managing the logistics of the referral Coordinates any testing needed and facilitates navigation through the health care system Provides any additional reports or data to the consultant

AFTERCARE PHASE: Determining Need for Ongoing Care and Communicating This Effectively to Referring Provider and/or Next Consultant

Consultation	Referral
<p>Determining need for follow-up care</p> <ul style="list-style-type: none"> Negotiates with the referral source whether follow-up consultation/care is needed <p>Effectively offering access to patient for follow-up care</p> <ul style="list-style-type: none"> Continues with ongoing patient care as needed 	<p>Reviewing consultation report and implementing appropriate plans</p> <ul style="list-style-type: none"> Provides the appropriate post-referral patient care, coordination, and follow-up of outstanding tests



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	<ul style="list-style-type: none">• Assumes subspecialty care of the patient using any clinical guidelines and parameters rendered in the consultation <p>Communicating with whole patient care team and family about next steps</p> <ul style="list-style-type: none">• Communicates back to referring provider about results of consultation and with other consultants about plan• Invites questions from the family regarding results of referral and next steps
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EPA Authors

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