EPA 3: Care of Infants, Children, and Adolescents with Common Outpatient GI, Liver/Biliary, Pancreatic, and Nutritional Issues

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 but may require discussion of information conveyed for a few complex cases
5. Trusted to execute without supervision

Description of the Activity

Pediatric gastroenterologists, entering unsupervised practice, are able to diagnose and manage common gastrointestinal complaints (including vomiting, diarrhea, abdominal pain, constipation, and failure to thrive), and diagnose and manage common liver/biliary/pancreatic outpatient complaints (elevated transaminases, neonatal cholestasis, etc.). Pediatric gastroenterologists must be able to differentiate between organic disease and functional disorders. They must be familiar with signs and symptoms of organic diseases as well as the diagnosis and treatment of functional GI disorders.

The specific functions which define this EPA include:

1. Obtaining accurate and complete information sufficient to develop a differential diagnosis and management plan
2. Demonstrating knowledge of diseases/conditions and symptoms common to pediatric gastroenterology, hepatology, and nutrition
3. Communicating management plans to patients, their families, and caregivers
4. Educating patients, their families and caregivers, and other health professionals about the disease process and management plan
5. Adapting management plans to changing clinical information
6. Communicating and providing consultation to referring physicians and other health care providers

Judicious Mapping to Domains of Competence

✓ Patient Care
✓ Medical Knowledge
✓ Practice-Based Learning and Improvement
✓ Interpersonal and Communication Skills
Entrustable Professional Activities

EPA 3 For Pediatric Gastroenterology

Professionalism
 Systems-Based Practice
 Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

| PC 4: | Interviewing patients |
| PC 6: | Using optimal clinical judgment |
| PC 10: | Providing health maintenance |
| MK 1: | Demonstrate knowledge |
| MK 2: | Practicing EBM |
| PBLI 9: | Educating others |
| ICS 5: | Consultative role |

*Based on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.

Context for the EPA

Rationale/Scope of Practice: Pediatric gastroenterologists must have a broad understanding of common outpatient GI, liver, and nutritional issues including constipation, gastro-esophageal reflux disease, functional GI disorders, failure to thrive, diarrhea, and basic liver outpatient complaints including hyperbilirubinemia/jaundice, elevated liver enzymes, and other common liver diseases.

Because functional GI disorders (FGID) and motility disorders are common in children, pediatric gastroenterologists require comprehensive exposure to the diagnosis and treatment of these disorders and their complications, as well as a thorough understanding of their pathophysiology. Pediatric gastroenterologists should understand the types and current classification of FGID and the Rome criteria. They should be familiar with the epidemiology of FGID and the natural history of these disorders. Pediatric gastroenterologists should thoroughly comprehend the bio-psycho-social model of illness and the concept of the brain–gut axis in the evaluation and treatment of FGID. They also should be cognizant of fictitious disorder by proxy and how it may mimic organic or functional disease. They should know the diagnostic criteria and alarm signs that should prompt further evaluation. They need to know the role of different diagnostic tests, including their indications and potential limitations. They need to know the indications, pharmacology, and potential benefits and adverse effects of the available medications as well as the role of psychological evaluation and behavioral modifications as part of the multidisciplinary approach to these disorders. Pediatric gastroenterologists should comprehend the swallowing mechanism, including the role of the central nervous system in swallowing. They should be familiar with the indications and technique of performing tests to evaluate swallowing disorders in children.

Pediatric gastroenterologists should know the anatomy and innervation of the different portions of the esophagus and understand the most common causes of esophageal dysmotility. Pediatric gastroenterologists should be familiar with the pathophysiology and modes of presentation of gastroesophageal reflux disease (GERD) and how it is distinguished from physiologic gastroesophageal reflux. They should understand the
differential diagnosis of GERD, its evaluation (including pH monitoring, esophageal impedance monitoring, and endoscopy with biopsies), and treatment options (including lifestyle changes, pharmacologic therapy, and surgical interventions).

Pediatric gastroenterologists should be able to recognize normal and abnormal defecation patterns in children, from newborns to adolescents. Pediatric gastroenterologists should understand the causes of chronic constipation and fecal incontinence and know when diagnostic studies are indicated. They should understand the approach to treatment, including lifestyle changes, diet, and medications. They should be able to establish an appropriate evaluation plan that includes laboratory studies to identify complicating factors, imaging studies, and diagnostic tests. Pediatric gastroenterologists should be able to define areas of concern or create a problem list and develop a clear and specific approach for treatment and evaluation of each entity. Patient care also should include emphasis on appropriate collaborations with other members of the health care team.

Because acid peptic diseases are among the most common conditions treated in pediatric gastroenterology practice, pediatric gastroenterologists require comprehensive exposure to the diagnosis and management of these conditions and should have a thorough understanding of their pathophysiology. Pediatric gastroenterologists should understand the anatomy, physiology, and development of the esophagus, stomach, and duodenum as they relate to acid peptic conditions. Pediatric gastroenterologists should understand the natural history, epidemiology, presentation, and complications of acid peptic diseases and GERD. They should be familiar with the extraesophageal manifestations of GERD. Pediatric gastroenterologists should be knowledgeable regarding differences in presentation of conditions in the differential diagnosis of acid peptic diseases, including the following: functional dyspepsia, eosinophilic esophagitis, infectious esophagitis, gastritis, other causes of GI tract inflammation (e.g., Crohn’s Disease, celiac disease), eating disorders, and symptom falsification (by the patient or the patient’s caregiver). Other non-GI causes of vomiting including CNS disorders (leading to increased intracranial pressure), metabolic disorders, and anatomical obstruction should also be considered.

Pediatric gastroenterologists must be proficient in the evaluation of acid peptic diseases and should have a complete understanding of all diagnostic approaches for acid peptic disorders in children, including indications, contraindications, benefits, costs, limitations, and interpretation. Pediatric gastroenterologists should understand the treatment of acid peptic diseases including potential benefits and risks of each option.