EPA 6: Facilitate the Transition of Care

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 without verification of information after the handover for most simple and some complex cases
4. Trusted to execute with indirect supervision without verification of information after the handover for all but a few complex cases
5. Trusted to execute without supervision

Description of the Activity

During the practice, pediatric hematologists/oncologists transfer the care of patients to other providers (e.g., physician experts, primary care providers, or adult medicine counterparts). This has necessitated an accountability to these patients on the part of a pediatric hematologist/oncologist to insure a seamless transition process.

The specific functions which define this EPA include:

1. Recognizing when another provider is better suited to care for one’s patient based on age, other socio-demographic factors, or medical issues
2. Assessing for transition readiness
3. Educating the patient/family and receiving care team and engaging in a longitudinal process for care transition
4. Navigating the health care system in order to coordinate care
5. Communicating before, during, and after the initial transition with one’s interprofessional colleagues to ensure that the transition has been seamless

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*

<table>
<thead>
<tr>
<th></th>
<th>Competency</th>
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<tbody>
<tr>
<td>PC 3:</td>
<td>Transferring care</td>
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<td>PC 10:</td>
<td>Providing health maintenance</td>
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<td>PBLI 1:</td>
<td>Identifying gaps</td>
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<tr>
<td>ICS 1:</td>
<td>Communicating with patients/families</td>
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<td>ICS 3:</td>
<td>Communicating with health professionals</td>
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<td>ICS 6:</td>
<td>Maintaining medical records</td>
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<td>SBP 2:</td>
<td>Coordinating care</td>
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<td>SBP 4:</td>
<td>Advocating for quality care</td>
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### Context for the EPA

**Rationale:** Pediatric hematologists/oncologists must be able to effectively transition the care of patients to other providers as required by the patient’s age, therapeutic requirements (i.e., patient completed with therapy and now in long-term follow-up care), or other socio-demographic factors (i.e., patient relocation, change in insurance coverage status). The needs of the individual patient and family will vary, but include education, planning, and communication at multiple levels to ensure a seamless transition of care.

**Scope of Practice:** To achieve optimal health, all patients require appropriate care that is medically and developmentally appropriate. Effective health care transition ensures that appropriate health care services are available in an uninterrupted manner as patients move from one health care setting to another, and as patients move from the child to adult model of health services. Coordination of patient, family, and provider responsibilities for pediatric patients at all ages is critical. For a successful transition of care, pediatric hematologists/oncologists must engage the patient, family, and receiving health care provider in education and assess the readiness to transition that is specific to their setting and population. Special consideration is required for patients with special health care needs as they transition from adolescence to an adult care model, particularly those between the ages of 18–21 years.