EPA 1: Manage Patients with Acute, Common Single System Diseases in an Inpatient Setting

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 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

The ability to manage neonates and infants requiring hospitalization for common acute disease processes is a key activity of a neonatologist. This includes performance of all indicated procedures associated with the subspecialty.

The specific functions which define this EPA include:

1. Gathering essential information through history taking, physical exam, and judicious laboratory evaluation
2. Using sound clinical reasoning to develop a prioritized differential diagnosis that allows the proper diagnostic tests to be performed
3. Knowing or acquiring knowledge of the evidence related to the primary problem, taking gestational age into consideration as appropriate
4. Applying the evidence to the patient’s care in developing a management plan that addresses the primary problem, the need for hospitalization, plans for nutritional support, discharge criteria, and follow-up plans
5. Placing the patient at the center of all management decisions to provide patient and family centered care by engaging in bidirectional communication with caregivers and parents
6. Disseminating the therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team

Judicious Mapping to Domains of Competence

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
Entrustable Professional Activities
EPA 1 for Neonatal-Perinatal Medicine

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 |
| PC 7: | Developing management plans |
| PC 8: | Performing procedures |
| ISC 1: | Communicating with patients/families |

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

Context for the EPA

Rationale: Neonatologists must be able to provide care for neonates and infants who present with a broad range of illnesses, including those that predominantly affect a single organ system. Care of these patients must take into consideration relevant pregnancy and delivery circumstances and the gestational age of the infant. Common, single-system diseases can evolve to include multiples systems and greater complexity. The neonatologist must anticipate these potential complications and recognize when they occur. It is beyond the scope of this document to attempt to identify all of the single system diseases for which a neonatologist would be responsible; rather, it includes common, illustrative problems that a practicing neonatologist will see commonly.

Scope of Practice: Care of newborns and infants with illnesses included in this EPA is provided in a number of different contexts. In some cases, the neonatologist may act as a consultant to a general pediatrician or family physician who is primarily responsible for these babies. In other cases, the neonatologist may be the primary provider.