EPA 3: Provide Care to Patients in the NICU with Surgical Problems in Collaboration with Pediatric and Subspecialty Surgeons

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

Neonatologists need to work collaboratively with pediatric general surgeons and surgical subspecialists in the care of neonates and infants with conditions where surgery is or may be indicated.

The specific functions which define this EPA include:

1. Recognizing conditions where surgery is indicated primarily or in conjunction with medical management, including knowledge of the limitations of one’s ability to manage problems medically
2. Providing management and/or stabilization pre- and post-operatively of neonates and infants with problems requiring surgical intervention to include appropriate nutritional, cardiopulmonary, and pain management
3. Communicating directly with the pediatric general or subspecialty surgeon to facilitate the timely and coordinated care of neonates and infants with surgical needs
4. Providing continuity of care that ensures that patients and families understand the diagnosis, management, and follow-up needed

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
Entrustable Professional Activities
EPA 3 for Neonatal-Perinatal Medicine

Competencies Within Each Domain Critical to Entrustment Decisions*

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Context for the EPA

Rationale: Many neonates and infants are born with or develop conditions after birth for which surgery is curative or palliative. Neonatologists must be able to anticipate delivery room needs of infants with known congenital anomalies, as well as identify patients who develop conditions that may benefit from surgery. Optimal pre- and post-operative stabilization, management, and communication help ensure optimal outcomes.

Scope of Practice: Neonatologists must be able to provide care to neonates and infants with surgical problems, including delivery room management, pre- and post-operative stabilization and management and communicating with relevant pediatric general and surgical subspecialists. This includes, but is not limited to: airway management, ventilator management, cardiac support, establishing IV access, providing prolonged parenteral and complete enteral nutrition, providing adequate pain management, providing continuity of care that ensures a seamless transition to home, and ensuring optimal communication among the medical team and the family throughout the infant’s care in the NICU. It is beyond the scope of this document to consider all surgical management skills the neonatologist may be called upon to practice. This document is intended to address the scope of knowledge and skills of a neonatologist practicing in a hospital setting, with a specific focus on pre- and post-operative medical management of surgical patients.