Entrustable Professional Activities
EPA 4 for Neonatal-Perinatal Medicine

**EPA 4: Provide Resuscitation and Stabilization of Neonates and Infants That Aligns Care with Severity of Illness**

**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**

Managing neonates and infants in the delivery room or hospital environment that require resuscitation is a core activity of a neonatologist.

The specific functions which define this EPA include:

1. Anticipating and recognizing the sick neonate and infant requiring resuscitation. This activity includes providing effective counseling to parents with a fetus at risk, both before and after delivery.
2. Understanding the medical evidence for Neonatal Resuscitation Program (NRP) and maintain NRP provider status
3. Prioritizing and implementing management in an expeditious fashion, particularly when procedures such as airway management and vascular access are indicated
4. Effectively leading an interprofessional team before, during, and after resuscitation. Reflecting on one’s own behaviors and providing feedback to other learners to improve future resuscitations

**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
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Competencies Within Each Domain Critical to Entrustment Decisions*

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<th>Competency</th>
<th>Description</th>
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<tbody>
<tr>
<td>PC 13:</td>
<td>Providing supervision</td>
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<tr>
<td>ICS 2:</td>
<td>Demonstrating insight into emotion</td>
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<td>SBP 5:</td>
<td>Working in interprofessional teams</td>
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<tr>
<td>PPD 6:</td>
<td>Providing leadership to improve care</td>
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<tr>
<td>PPD 7:</td>
<td>Demonstrating self-confidence</td>
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Context for the EPA

**Rationale:** Ten percent of newborns require some assistance to breathe at the time of birth, and 1% will require extensive cardiopulmonary resuscitation to survive. After birth, many neonates admitted to the neonatal intensive care unit (NICU) will require cardiopulmonary resuscitation at some point during their hospital stay. Therefore, neonatologists must be able to provide resuscitation and stabilization of neonates and infants that aligns care with severity of illness.

**Scope of Practice:** The resuscitation and stabilization of neonates and infants involves the emergent management of cardiorespiratory failure and includes, but is not limited to, airway management, chest compressions, establishing emergency vascular access, and the provision of intravenous fluids and medications. The cardiopulmonary resuscitation guidelines applied to neonates and infants are developed by the *International Liaison Committee on Resuscitation (ILCOR)* and the American Heart Association (AHA) and are taught through the NRP and Pediatric Advanced Life Support (PALS) programs. It is beyond the scope of this document to consider the variety of contexts in which the neonatologist will practice. This document is intended to address the scope of knowledge and skills for which a neonatologist working in the delivery room, newborn nursery, or NICU needs to be competent, with a specific focus on neonatal resuscitation and stabilization.