EPA 10: Resuscitate, Initiate Stabilization of the Patient, and Then Triage to Align Care with Severity of Illness

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with proactive, full supervision
   2a. As a coactivity with the supervisor
   2b. With the supervisor in the room and ready to step in as needed
3. Trusted to execute with reactive, on-demand supervision with supervisor immediately available
   3a. ALL findings double checked by supervisor
   3b. KEY findings double checked by supervisor
4. Trusted to execute under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
5. Trusted to execute without supervision
   5a. Not yet ready to also supervise others in the execution of this EPA*
   5b. Also trusted to supervise others in the execution of this EPA*

*Where supervision means: Ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level for this EPA

Description of the Activity

Managing patients with acute and severe illness is a core activity of a pediatrician.

The specific functions which define this EPA include:

- Recognizing the severely ill patient requiring resuscitation
- Patient care skills reflecting the ability to prioritize and act in rapid sequence, including an assessment, targeted history and physical and initiation of emergency treatment
- Resuscitation of a patient with acute decompensation and potential impending systemic failure requires initiation of medical therapy as well as prescribing or performing invasive procedures. These activities will vary by settings, resources, and the expertise of the practitioner/team
- Demonstrating effective communication skills in managing a severely ill patient
- Embracing the importance of and engaging in reflection after resuscitation
- Knowing when to seek help
- Transitioning care to another provider after initial stabilization
**Entrustable Professional Activities**

**EPA 10 for General Pediatrics**

Judicious Mapping to Competencies Critical to Entrustment Decisions*

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<td>Organize and Prioritize Patient Care</td>
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<td>PBLI 2</td>
<td>Reflective Practice and Commitment to Personal Growth</td>
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**Context for the EPA**

**Rationale:** A pediatrician must be able to distinguish between severely ill and unstable patients who require rapid intervention from those with an acute illness but are otherwise stable.

**Scope of Practice:** Any pediatrician must be prepared to evaluate children with an acute illness who may be severely ill. It is critical for the generalist to recognize the patient who is at risk for further decompensation and deterioration without urgent intervention, such as resuscitation, fluid therapy and/or oxygen. The pediatrician should recognize the need for assistance from colleagues in emergency medicine or critical care medicine during the care of such patients. These decisions will be impacted by the resources and expertise available to the pediatrician as they triage the patient. Care of such patients can range from the newborn period through young adulthood. Generalists may care for children in a variety of practice settings: the ambulatory office, the urgent care clinic, the hospital, or the emergency department. Generalists practicing in more rural areas with delayed access to critical care resources may need greater procedural skills to care for such children. The variety of contexts in which a generalist may practice is beyond the scope of this document. This document is intended to address the scope of knowledge and skills of the generalist in a community practice with access to support from a pediatric emergency medicine or critical care physician.