EPA 2: Provide Recommended Pediatric Health Screening

Supervision Scale for This EPA

1. Trusted to observe the EPA
2. Trusted to practice EPA only under proactive, full supervision as a coactivity with the supervisor
3. Trusted to practice EPA only under proactive, full supervision with the supervisor in the room and ready to step in as needed
4. Trusted to practice EPA only under reactive, on-demand supervision with supervisor immediately available and ALL findings double checked
5. Trusted to practice EPA only under reactive, on-demand supervision with supervisor immediately available and KEY findings double checked
6. Trusted to practice EPA only under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
7. Trusted to practice EPA unsupervised
8. Trusted to supervise others in practice of EPA (where supervision means ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level)

Description of the Activity

Screening, which serves the purpose of early identification and treatment of populations of patients, is an important element of preventive health care. Foundational knowledge is critical, including knowledge of 1) available screening tests; 2) their status from a regulatory perspective (e.g. mandatory, recommended or voluntary); 3) their sensitivity, specificity, and positive and negative predictive values; 4) their cost/benefit ratio for patients and society; and 5) the risk/benefit ratio for the patient.

The specific functions which define this EPA include:

- Applying knowledge in selection and interpretation of screening tools and tests (e.g. screens for growth and development, special senses, and medical conditions)
- Engaging patients and families in shared decision-making for those screening tests that are not mandated by state law
- Educating patients and families about the implications of the results to their overall health and care plan

Judicious Mapping to Domains of Competence

- [ ] Patient Care
- [X] Medical Knowledge
- [X] Practice-Based Learning and Improvement
- [ ] Interpersonal & Communication Skills
- [X] Professionalism
- [X] Systems-Based Practice
- [X] Personal & Professional Development
Competencies Within Each Domain Critical to Entrustment Decisions

| MK 1: | Demonstrating knowledge |
| PBLI 9: | Educating others |
| P 2: | Demonstrating professional conduct |
| SBP 3: | Incorporating cost awareness into care |
| PPD 8: | Dealing with uncertainty |

Context for the EPA

**Rationale:** A pediatrician must have a thorough understanding of the variety of screening tests and tools that are used in health maintenance visits. A national evidence-driven guideline is detailed in the Bright Futures/AAP Periodicity Schedule. Additionally, certain populations of at-risk children (e.g., patients with Down Syndrome) have separate recommended screenings. Finally, the pediatrician may utilize other health screens as required by their local or state agencies and different payor groups.

**Scope of Practice:** Recommended screening tests span the entire age range of pediatrics, starting with newborn metabolic screening to depression screening in young adulthood. Any pediatrician conducting health maintenance exams must have a thorough understanding of the recommended screenings outlined in the Bright Futures/AAP Periodicity Schedule. Additionally, for routine screening to be successful the pediatrician must ensure that his/her interprofessional staff is properly educated and protocols structured so that screening occurs in a timely manner, and that the results are reviewed and reported to patients. If there is an abnormal result the pediatrician must then initiate treatment and/or refer to the appropriate specialist. The pediatrician must be competent in discussing both the rationale and the results of screening to families. The pediatrician is ultimately accountable for all of these steps in the process.

Curricular Components That Support the Functions of the EPA

1. Applying knowledge in selection and interpretation of screening tools and tests (e.g., screens for growth and development, special senses, and medical conditions)
   - Discusses the types of screening tools available and their proper utilization
   - Describes how certain biomechanical screening tests work (e.g., auditory brainstem response (ABR) and otoacoustic emissions)
   - Applies the concepts of sensitivity, specificity and predictive values to screening
   - Determines the risk/benefit ratio of performing the screen for the patient and for society
   - Initiates further evaluation, treatment, or referral when a screening test is abnormal

2. Engaging patients and families in shared decision-making for those screening tests that are not mandated by state law
   - Determines the health literacy of the patient and family to facilitate shared decision making
   - Engages in effective bi-directional communication with families and patients about prioritizing tests
   - Knows which screens are mandated or recommended by Bright Futures/AAP, local schools and governmental agencies, or payors
• Educates patients and families about the value of screening tests. Elicits and discusses any patient questions
• Explains to patients and families that some tests, although recommended, may not be covered by their payor

3. Educating patients and families about the implications of the result to their overall health and care plan

• In the case of a normal result, ensures the patient and family’s awareness and understanding of the implications of the result; and documents appropriately
• In the case of an abnormal result, discusses with the patient and family and elicits questions. Determines the next step in evaluation and/or treatment and refers to specialists or services as indicated. Documents the management plans and any discussions with the patient and family
• Communicates in a sensitive manner the concept of uncertainty with screening test results, and the importance of ongoing monitoring or further testing if there are ongoing concerns despite a normal screen

Curricular Components Authors

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