Entrustable Professional Activities
EPA 2 for General Pediatrics

EPA 2: Provide Recommended Pediatric Health Screening

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
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 Competencies Critical to Entrustment Decisions*

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<th>MK1</th>
<th>Clinical Reasoning</th>
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<td>ICS 1</td>
<td>Patient- and Family-Centered Communication</td>
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**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.