EPA 3: Care for the Well Newborn

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

Care of the well newborn in the immediate perinatal period will occur predominantly in the newborn nursery. Scope of practice for this EPA includes well full-term and late pre-term infants. A pediatrician is also expected to manage the common problems that occur in these newborns.

The specific functions which define this EPA include:

- Performing a physical examination to look for normal variations, abnormal signs and congenital anomalies
- Identifying and applying key evidence-based guidelines for care of the newborn
- Providing routine care, as well as addressing common problems that develop within the first 28 days of life
- Using judgment to know when common problems can be handled at home, and arrange for discharge and follow up
- Assessing maternal/family readiness to care for the infant post discharge
- Transitioning care to the community practitioner
- Demonstrating confidence that puts new parents at ease
Entrustable Professional Activities
EPA 3 for General Pediatrics

Judicious Mapping to Competencies Critical to Entrustment Decisions*

<table>
<thead>
<tr>
<th>PC 2:</th>
<th>Physical Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBLI 1:</td>
<td>Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>ICS 1:</td>
<td>Patient-and Family-Centered Communication</td>
</tr>
<tr>
<td>SBP 4</td>
<td>System Navigation for Patient Centered Care-Transitions in Care</td>
</tr>
</tbody>
</table>

*Modified based on Pediatrics Milestones 2.0. ©2021 ACGME/ABP. All rights reserved.

Context for the EPA

Rationale: Pediatricians must be able to anticipate and manage the health and medical needs of the normal term and late preterm newborn, as well as manage those newborn medical conditions that do not require an intensive care nursery prior to hospital discharge. They should also be able to manage those conditions that evolve or emerge at home during the neonatal time period.

Scope of Practice: 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 neonatologist. As such it focuses on common problems that a generalist should manage with the understanding that the generalist will recognize his/her own limitations and seek additional assistance from a neonatologist as needed. Ideally, care from the generalist would begin during the perinatal period with a prenatal visit to the pediatrician to begin anticipatory guidance for parents, especially new parents. Care of the normal newborn begins at delivery and continues through the 28th day of life. The patient population includes both term newborns (37 weeks 0/7 days of gestation to 41 weeks 6/7 days) and late pre-term newborns (34 weeks 0/7 days through 36 weeks 6/7 days). Scope of practice will change with context and may include delivery room care. Those practicing in more rural areas may be called upon to resuscitate and stabilize premature infants < 34 weeks of age.