Curricular Components That Support the Functions of EPA 4: Manage Patients with Acute Common Diagnoses in an Ambulatory, Emergency, or Inpatient Setting

1. Assessing the severity of illness and using judgment as to whether or not immediate or emergency actions, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems
   - Recognizes when a child’s illness requires higher acuity care or exceeds the available level of expertise or resources
   - Initiates stabilization, resuscitation, and/or transfer of children, as appropriate. Depending on the practice site’s availability of medical equipment and medications, this could include (but is not limited to) suctioning, supplemental oxygen use, bag-mask ventilation, intubation, initiation of respiratory support, chest compressions, bedside blood glucose and blood gas testing, placement of an intravenous line, splinting, placement of a cervical collar, use of emergency medications/fluids (e.g., epinephrine, antibiotics, fluids, or cardioversion)
   - If medical supplies are available, may perform urgent procedures as indicated (e.g., lumbar puncture)

2. Gathering essential information through history, physical examination, and initial laboratory evaluation
   - Determines the child’s severity of illness in context with the presenting complaints and decides whether a complete or problem-focused history and physical examination is appropriate
   - Interprets the history, physical exam, and laboratory findings (if obtained) in the context of the child’s medical history and problem list
   - Distinguishes normal variations from abnormal symptoms or findings

3. Engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis to allow the indicated diagnostic tests to be performed
   - Synthesizes the patient’s history and the physical examination into an appropriate differential diagnosis or unified diagnosis when possible
   - Uses judgment in ordering laboratory, radiologic, and ancillary tests to aid in diagnosis, and identify associated abnormal findings
   - Limits ordering tests in mildly ill children, if such tests are unlikely to aid in diagnosis, change management, or inform isolation or infection control decisions
   - Understands there is ambiguity in the etiology of some conditions; uses judgment in balancing the need (value) and desire to know the diagnosis with the cost and utility of tests

4. Knowing or acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient’s care in developing a diagnostic workup and plans for management and follow up
   - Develops an appropriate clinical question to search for evidence-based guidance or recommendations
(e.g., PICO format)

• Locates medical literature or national guidelines (e.g., AAP guidelines) that are pertinent to the question and applies/utilizes them to inform management plans
• Initiates admission, subspecialty referral or transfer to higher level of care if needed
• Assesses child’s home environment, family’s ability to care for the child, access to reliable transportation, and ability to obtain medications/medical equipment (insurance, ability to pay) in developing treatment, medication, and follow-up plans
• Communicates with a specialist to develop a coordinated plan when evaluating patients with complex medical histories or underlying serious medical conditions that are managed by a specialist
• Works within an interprofessional framework to arrange support services and equipment if needed (e.g., home health care, physical therapy, nebulizer, oxygen, wheelchair)

5. Placing the patient at the center of all management decisions to provide patient and family centered care by engaging in bidirectional communication with patients and families

• Uses medical interpreters for families with limited English proficiency, unless the pediatrician is fluent in the family’s language and qualified to interpret
• Counsels and educates the patient/family regarding the condition (e.g., etiology, expected course, etc.)
• Engages in collaborative communication with the patient/family to formulate a management plan
• Gauges patient and family’s understanding of the condition, treatment plan, and reasons to return for care
• Elicits and discusses patient and family questions

6. Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team

• Documents clinical encounters in the medical record in a timely fashion, including the assessment, diagnosis, and management plan
• Provides oral and/or written communication to the accepting physician for patients that are transferred to another facility, patients referred to consultants or allied health providers, or patients discharged from an emergency room or inpatient setting to a community provider
• Ensures complete handoffs using a standardized template when patients are transitioning from one care provider to another such as occurs when physician coverage changes due to call shifts in the inpatient ward or emergency department
• Provides oral and written discharge instructions, to include follow-up instructions, to patients and families at discharge or the end of the encounter

Examples of problems generally within the scope of pediatric practice (based on prevalence and potential morbidity) where the role of the generalist is to recognize, evaluate and treat (this list is not all inclusive):

• Abdominal pain
• Asthma exacerbation/wheezing
• Acute otitis media
• Adenopathy
• Allergic disorders (allergic rhinitis, atopic dermatitis, contact dermatitis, drug rash, urticaria)
• Acute behavioral problems (e.g., excessive crying, sleep disturbances)
• Constipation
• Cough
• Dehydration
• Diabetic ketoacidosis (uncomplicated and responsive to therapy)
• Diarrhea
• Febrile illnesses
• Febrile seizures
• Fever in a neonate
• Gastrointestinal infections
• Gastrointestinal reflux
• Headache
• Limp
• Medication adverse effects (e.g., Clostridium difficile infection, rash)
• Musculoskeletal pain
• Pharyngitis
• Rash
• Sexually transmitted infections
• Sinusitis
• Skin and soft tissue infections (e.g., boils, cellulitis, impetigo, scabies)
• Trauma- mild to moderate (e.g., concussion, strain, sprain, bite, sting)
• Upper and lower respiratory infections (e.g., bronchiolitis, pneumonia)
• Urinary tract infections
• Viral syndromes

Examples of problems that generally require consultation where the role of the generalist is to recognize, provide preliminary evaluation and refer. This list depends greatly on the context in which one practices. Those generalists practicing in areas where access to subspecialists is difficult will likely provide more of the care and may do so with telephone advice from a trusted subspecialist as needed (this list is not all inclusive):

• Acute abdomen (e.g., appendicitis)
Entrustable Professional Activities
Curricular Components Supporting EPA 4 for General Pediatrics

- Anaphylaxis
- Child abuse (physical/sexual)
- Complicated lacerations (e.g., laceration of vermillion border, laceration associated with tendon injury)
- Displaced fractures
- Foreign body aspiration
- Hernia
- Serious or life-threatening infections (e.g., malaria, meningococcemia, neonatal HSV infection, pneumonia with empyema, osteomyelitis, septic arthritis, toxic shock syndrome)
- Ingestions
- Major trauma
- Meningitis (bacterial)
- Oncologic conditions
- Pyloric stenosis
- Renal insufficiency/failure (e.g., Hemolytic uremic syndrome, interstitial nephritis)
- Rheumatologic conditions (e.g., juvenile idiopathic arthritis)
- Severe asthma exacerbation
- Severe diabetic ketoacidosis
- Status epilepticus/recurrent seizures/afebrile seizures
- Suicidal ideation

Curricular Components Authors

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