EPA 5: Provide a Medical Home for Well Children of All Ages

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

The medical home is a partnership between patient, family and primary care practice, nested in the patient’s community, that optimizes access to and coordination of care and resources. This activity requires the pediatrician to be a key facilitator and champion of patient and family centered care, working in collaboration with an interprofessional team. Provision of a medical home may emphasize different knowledge, skills, and/or attitudes for the following age groups (see below):

- Neonate
- Infant
- Toddler
- School-age child
- Adolescent
- Transitional (to adulthood)

As a result, provision of the medical home to each of these age groups can be seen as a “nested” EPA within the broader context.

The specific functions which define this EPA include:

- Demonstrating knowledge of normal physiology, epidemiology, development, and standards of practice for the major age groups including neonates, infants, toddlers, school-age children, adolescents, and individuals transitioning to adult care
- Establishing a highly effective therapeutic relationship with patients and families
• Identifying specific patient and family needs by implementing a comprehensive assessment of patient and family
• Addressing specific patient and family needs by identifying appropriate resources and accessing and coordinating them to ensure optimal patient care
• Optimizing the primary care of the patient by implementing quality standards befitting a medical home

Judicious Mapping to Domains of Competence

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice
- Personal & Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions

| PC 4: | Interviewing patients |
| PC 10: | Providing health maintenance |
| ICS 1: | Communicating with patients/families |
| ICS 4: | Working as a member of a health care team |
| ICS 6: | Maintaining medical records |
| P 4: | Demonstrating cultural competence |
| SBP 2: | Coordinating care |
| SBP 7: | Advocating for the promotion of health |
| PPD 7: | Demonstrating self-confidence |

Context for the EPA

**Rationale:** Pediatricians must be able to provide a medical home for children of all ages. As such, the pediatrician must have the ability to address the varying needs of children of all ages, understanding the nuances of patient and family needs in the context of the community within which care occurs, exercising familiarity with available resources, and coordinating comprehensive and collaborative care.

**Scope of Practice:** Providing comprehensive care in a medical home is an expansive endeavor. Meeting the needs of a neonate varies greatly from those of an adolescent. The generalist must be able to distinguish between normal and abnormal patterns of growth, behavior and development, and individualize care with appropriate medical and community resource referrals. Beyond well-childcare, the pediatrician must also identify patterns of acute and chronic conditions and manage these according to accepted standards of care, national guidelines, and/or evidence-based approaches. The pediatrician must understand the construct of comprehensive care as it applies to children of all ages and have the ability to adapt to the specific needs of the individual and family. A medical home model executes this adaptation in the context of the community and resources available to the patient and family and integrates services to create a network of care that is as extensive as necessary to meet the needs of the
individual patient and family. The generalist must communicate, collaborate, and facilitate access to resources that meet these needs, and do so in a manner that is culturally sensitive and professional in nature.

Curricular Components That Support the Functions of the EPA

1. Demonstrating knowledge of normal physiology, epidemiology, and standards of practice for the major age groups including neonates, infants, toddlers, school-age children, adolescents, and individuals transitioning to adult care including:
   - Normal patterns of growth and principles of growth curves
   - Nutrition, dietary transitions, and indications for vitamin supplementation
   - Normal motor, language, and cognitive developmental milestones
   - Normal socio-emotional and behavioral health
   - Immunization schedule, common side effects, and contraindications
   - Age-appropriate screening per the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines
   - Anticipatory guidance around normal growth behavior and development, parenting and prevention as well as major causes of morbidity and mortality

2. Establishing a highly effective therapeutic relationship with patients and families
   - Demonstrates strong relationship building through listening, verbal narrative, and nonverbal communication skills
   - Demonstrates effective education and counseling of patients and families
   - Cultivates a partnership with the patient and family while respecting patient privacy and autonomy and maintaining appropriate professional boundaries
   - Demonstrates integrity, honesty, compassion, and empathy in one’s role and accepts responsibility for patient care including continuity of care
   - Demonstrates sensitivity and responsiveness to patients’ and colleagues’ gender, age, culture, disabilities, ethnicity, and sexual orientation

3. Identifying specific patient and family needs by implementing a comprehensive assessment of patient and family
   - Gathers a thorough, reliable, and efficient history and establishes a broad base of information about the patient that is appropriate for the scope of the visit
   - Completes an accurate, problem-directed, and properly sequenced physical exam that elicits even subtle findings
   - Judiciously and effectively uses diagnostic and therapeutic procedures and tests.
   - Integrates medical facts and clinical data, weighing alternatives, understanding limitations of knowledge, and incorporating consideration of costs, risks and benefits
• Demonstrates the ability to analyze and synthesize all the clinical/laboratory data and resource information in the context of the particular patient
• Demonstrates appropriate reasoning and decisiveness while considering patient and family preferences

4. Addressing specific patient and family needs by identifying appropriate resources and accessing and coordinating them to ensure optimal patient care

• Identifies and manages acute and chronic illnesses and understands when to involve subspecialists and community-based support services
• Recognizes complex medical and social needs of a patient and family, and facilitates group communication (with all agencies, specialists, health professionals involved) to develop and monitor comprehensive care plans
• Develops networks and cultivates information sources among professional colleagues in the institution and the local community and initiates referrals appropriately
• Effects comprehensive patient care by coordinating a multidisciplinary approach with any identified necessary resources (e.g., educational, dental, psychological, developmental, and social)
• Communicates and collaborates with community resources, agencies, and health professionals to provide support and services for patient and families
• Demonstrates clear, cogent, continuous communication as the primary care provider and health care team leader for multidisciplinary care
• Demonstrates curiosity in exploring new ideas and seeks alternative solutions to problems in the context of the patient and family preferences, and the community setting and resources available

5. Optimizing the primary care of the patient by implementing quality standards befitting a medical home

• Effectively uses technology to seek out current information from published sources, computerized literature searches, and reputable web sites, in order to optimize patient care and guidance
• Constantly evaluates own performance and incorporates feedback into improvement activities
• Effectively uses systematic approaches to reduce errors and improve standard of care for patients
• Exercises accountability and commitment by timely and accurate completion of medical records
• Participates and assists in developing systems improvements leading to seamless collaboration and communication

Curricular Components Authors

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