EPA 7: Recognize, Provide Initial Management, and Refer Patients Presenting with Surgical Problems

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

Pediatricians must work collaboratively with surgical specialists in the care of children with conditions where surgery is or may be indicated.

The specific functions which define this EPA include:

- Recognizing conditions where surgery is primarily indicated or is needed in conjunction with medical management
- Providing initial management and/or stabilization
- Making a referral and communicating directly to the pediatric or subspecialty surgeon
- Assisting with pre- and post-operative medical care of the child (such as nutritional support, pain management, and medication dosing for the pediatric patient)
- Providing continuity of care that insures mutual understanding of the diagnosis, management and follow up needed

Judicious Mapping to Domains of Competence

- [X] Patient Care
- [ ] Medical Knowledge
- [ ] Practice-Based Learning and Improvement
- [X] Interpersonal & Communication Skills
- [ ] Professionalism
- [X] Systems-Based Practice
- [ ] Personal & Professional Development
Entrustable Professional Activities
EPA 7 for General Pediatrics

Competencies Within Each Domain Critical to Entrustment Decisions

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<tr>
<th>Domain</th>
<th>Competency</th>
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<td>PC 3:</td>
<td>Transferring care</td>
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<td>PC 6:</td>
<td>Using optimal clinical judgment</td>
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<td>ICS 3:</td>
<td>Communicating with health professionals</td>
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<td>SBP 2:</td>
<td>Coordinating care</td>
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Context for the EPA

Rationale: Pediatricians must recognize when a patient requires surgical consultation and/or management. They should communicate effectively when referring a patient to the surgical team and provide initial treatment and stabilization during the referral process. Pediatricians should work collaboratively with surgeons to assist with the pre-operative and post-operative care of such patients, as well as providing continuity of care in the long term.

Scope of Practice: Pediatricians may care for patients with surgical problems at all ages, from the immediate newborn period through adolescence. The generalist may encounter patients with surgical problems in a variety of clinical settings. Pediatricians must convey the degree of urgency of the surgical consult based on the severity of the illness and the nature of the problem. For elective consults in particular, the generalist needs to recognize appropriate timing and potentially advocate for a family and patient if this is not achieved. The generalist must recognize the limits of managing a potential surgical problem medically and know when to escalate the urgency of a consult within the limits of the resources and expertise available to them. However, it is beyond the scope of this document to consider all contexts in which the generalist may practice, but rather to address the knowledge and skills needed by the generalist who has access to surgical support.

Curricular Components That Support the Functions of the EPA

1. Recognizing conditions where surgery is primarily indicated or is needed in conjunction with medical management
   - Recognizes acuity of presenting or developing problem to establish if surgical referral and intervention is elective or urgent
   - Prioritizes timing of surgical consult appropriately reflecting urgency of issue
   - Identifies need for consultation and the appropriate endpoints for successful medical management vs. need for surgical intervention
   - Monitors clinical exam to evaluate if medical management is no longer adequate
   - Obtains appropriate laboratory and imaging studies to monitor progression of illness
   - Discusses ongoing risks and benefits of continuing medical management vs. surgical intervention with surgical consultants, patient and family

2. Providing initial management and/or stabilization
   - Recognizes the patient who is severely ill and assess resources and expertise available to provide initial management
   - Initiates the call for additional resources as needed, for example calling an ambulance in an office practice
• Stabilizes patient medically based on available resources, for example with antibiotics and blood products or fluids
• Obtains appropriate imaging and laboratory studies for diagnostic clarity and pre-operative preparation

3. Making a referral and communicating directly to the pediatric or subspecialty surgeon
• Delivers patient information to the surgical consultant in an effective and efficient fashion, allowing open communication by the receiver
• Organizes presentation appropriately and delivers it succinctly
• Utilizes appropriate mode of communication
• Recognizes that handoff between settings is a professional responsibility

4. Assisting with pre- and post-operative medical care of the child (such as nutritional support, pain management, and medication dosing for the pediatric patient)
• Recognizes impact of underlying chronic medical problems – e.g., asthma on the anesthetic and operative plan and determines medical clearance
• Assists family with needs in the pre-operative period, ensuring that they understand basics of the procedure, risks, benefits and alternatives, medical clearance, typical recovery time needed, and restrictions (e.g. dietary, activity, etc. in the peri-operative period and beyond
• Manages transition to post-operative period, assisting in planning of discharge needs and answering questions
• Manages other chronic conditions that may impact the surgical and anesthetic plan and provides consultation to the surgical team as needed
• Assists surgeon as requested in preparing the patient for surgery with respect to laboratory studies, NPO status, and other pre-operative considerations around a more elective intervention
• Assists surgeon as requested with post-operative issues such as pain control, nausea, fluid management, and nutrition

5. Providing continuity of care that insures mutual understanding of the diagnosis, management and follow up needed
• Facilitates family centered communication with consulting team
• Coordinates plans of care between medical and surgical team, particularly with respect to discharge and follow up, including a written care plan and shared decision making throughout the process

Curricular Components Authors
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