Entrustable Professional Activities

Curricular Components Supporting EPA 8 for General Pediatrics

Curricular Components That Support the Functions of EPA 8: Facilitate the Transition from Pediatric to Adult Health Care

1. Developing a therapeutic relationship with patient and family which foundationally supports recognition and timing of transition to adult care
    - Demonstrates strong relationship building through listening, narrative, and nonverbal communication skills
    - Demonstrates effective education and counseling of patient and family
    - 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 of accepting responsibility for patient care, including transition to adult care
    - Demonstrates sensitivity and responsiveness to patient's gender, age, culture, disabilities, ethnicity, and sexual orientation

2. Assessing for transition readiness
    - Recognizes when patient needs, regardless of patient age, are moving beyond the scope of pediatric care, and one's own knowledge and skills require assistance from adult provider(s)
    - Ascertains patient and family's level of understanding of medical needs including medications, care plan, and goals
    - Identifies and addresses concerns of patient and family regarding transition to adult provider(s)
    - Develops shared goals with patient and family and updates them regularly starting in early adolescent years
    - Counsels and empowers the patient and family around self-care
    - Discusses the approach to transition to adult care and initiates the process

3. Transition planning that includes establishing a care team with an adult primary care provider and medical home, adult subspecialists, as needed and community-based resources
    - Develops and regularly updates transition plan, including readiness assessment findings, goals and prioritized actions, medical summary, and emergency care plan
    - Identifies and connects patient to adult primary care provider and medical home that is fitting for the patient's medical needs
    - Prepares patient and family for any legal changes in decision-making, privacy and consent, and access to information
    - Identifies need for decision-making supports for youth with intellectual challenges and refers family to appropriate legal and social resources
    - Provides information for insurance, community-based resources, and self-care management

- Plans optimal timing of transfer of care, weighing comfort of patient and family and ongoing health needs
- Obtains consent for release of medical information

4. Transferring care to adult health care providers, and coordinating assistance and ongoing support as needed
    - Communicates effectively with adult primary care provider including transfer letter and updated care plan
    - Coordinates comprehensive medical care by effectively communicating and engaging with adult subspecialists and community-based resources as needed
    - Communicates details around transition of care to patient (and family), including updated medical summary and emergency care plan/contacts
    - Plans follow up contact with adult provider(s) to confirm successful transfer of care

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References

1. American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. Pediatrics. 2011; 128:182.

2. Maternal and Child Health Bureau and the National Alliance to Advance Adolescent Health. Got Transition. (http://www.gottransition.org/about/index.cfm) Accessed January 30, 2017.