EPA 8: Facilitate the Transition from Pediatric to Adult Health Care

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

All children must have an organized transition to adult health care. This is particularly true of children with complex or chronic medical conditions. This necessitates an accountability to these patients on the part of a pediatrician to insure a seamless transition process to adult medicine counterparts.

The specific functions which define this EPA include:

- Developing a therapeutic relationship with patient and family which foundationally supports recognition and timing of transition to adult care
- Assessing for transition readiness
- 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
- Transferring care to adult health care providers, and coordinating assistance and ongoing support as needed

Judicious Mapping to Competencies Critical to Entrustment Decisions*

<table>
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<tr>
<th>ICS 2</th>
<th>Interprofessional and Team Communication</th>
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<td>P 1</td>
<td>Professional Behavior</td>
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<td>P 2</td>
<td>Ethical Principles</td>
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Entrustable Professional Activities

EPA 8 for General Pediatrics

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<th>P 4:</th>
<th>Self-Awareness and Help-Seeking</th>
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<td>SBP 3:</td>
<td>System Navigation for Patient Centered Care – Coordination of Care</td>
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<tr>
<td>SBP 4:</td>
<td>System Navigation for Patient Centered Care – Transition in Care</td>
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Context for the EPA

Rationale: Transitioning patients to adult health care is becoming a more prevalent and intentional activity of pediatricians especially with advances in chronic disease management. With this activity comes requisite knowledge and skills around identifying when the needs of the patient exceed expertise of a pediatric primary care provider and measuring the readiness of patient and family to transition to adult health care.

Scope of Practice: As patients age beyond adolescence, knowledge of illnesses and complications more typical of adults begin to gain importance and at a critical point, the pediatrician must make the decision to transition the patient to adult care. At this point, the pediatrician must exercise knowledge and skills that will facilitate a seamless transition. The transition will in some cases necessitate not only transfer of medical care to an adult primary care provider, but also include establishing connections with adult subspecialists and extension to community-based services that are designed to help a patient transition to more independence and self-care, as appropriate. The pediatrician must facilitate this transfer of care in a manner that is sensitive, timely, and comprehensive.