



Entrustable Professional Activities

EPA 3 for Pediatric Hospital Medicine

EPA 3: Perform Common Procedures Associated with the Practice of Pediatric Hospital Medicine

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision and discussion of information conveyed for most simple and some complex cases
4. Trusted to execute with indirect supervision but may require discussion of information conveyed for a few complex cases
5. Trusted to execute without supervision

Description of the Activity

Pediatric hospitalists must be prepared to perform, coordinate, and/or supervise procedures common to the care of hospitalized children.

Procedures at a minimum include:

- Airway management and respiratory support
 - Oxygen delivery devices
 - Bag-mask ventilation
 - Replacement of tracheostomy tube
 - Suctioning
- Neonatal resuscitation (NRP)
- Pediatric resuscitation and stabilization (PALS)
- Placement/replacement of feeding tubes (NG/OG/G-tube)
- Lumbar puncture
- Bladder catheterization
- Access (intravenous, intraosseous)
- Sedation

The specific functions which define this EPA include

1. Describing indications, contraindications, risks, and benefits and identifying alternative options for common pediatric hospital medicine procedures
2. Performing culturally competent patient-centered informed consent
3. Preparing and utilizing appropriate equipment, personnel, and setting to perform the procedure safely and effectively
4. Anticipating, recognizing, and managing potential complications
5. Documenting the procedure in an accurate, timely, and compliant manner



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Judicious Mapping to Domains of Competence

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

Competencies Within Each Domain Critical to Entrustment Decisions

PC 6:	Using optimal clinical judgment
PC 8:	Performing procedures
PBLI 1:	Identifying gaps
ICS 1:	Communicating with patients/families
ICS 5:	Consultative role
ICS 6:	Maintaining medical records
SBP 3:	Incorporating cost awareness into care
PPD 7:	Demonstrating self-confidence

Context for the EPA

Rationale: Pediatric hospitalists are the front-line care providers for hospitalized children and as such need to have procedural skills necessary to provide safe and timely care.

Scope of Practice: Pediatric hospitalists need to have confidence and skill in procedures common to hospitalized children – including stabilization of decompensating newborn and pediatric patients. While daily practices may vary among institutions, pediatric hospitalists should have basic knowledge and skills of common procedures in order to recognize the need for, perform, or arrange them in the context of their particular health care institution. Pediatric hospitalists apply procedural best practices to individual patients and systems to ensure safe procedural care of pediatric patients.

Curricular Components That Support the Functions of the EPA

1. Describing indications, contraindications, risks, and benefits and identifying alternative options for common pediatric hospital medicine procedures
 - Thoroughly assesses the need for procedures in acutely or chronically ill children and recognizes potential complications for individual patients
 - Cites risks and benefits for particular procedures in individual patients
 - Identifies alternative diagnostic or therapeutic options for individual patients
 - Obtains consultation with specialists as needed to coordinate safe and timely procedures
 - Identifies alternative options to implement if initial procedural attempts are unsuccessful



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2. Performing culturally competent patient-centered informed consent
 - Explains indications, risks, benefits, and potential alternatives in understandable language to patient and family
 - Engages in shared decision-making based on individual patient and family values and goals to develop a plan for procedure
 - Addresses patient and families' questions and concerns prior to procedure
3. Preparing and utilizing appropriate equipment, personnel, and setting to perform the procedure safely and effectively
 - Identifies and responds to site specific factors, such as available resources and personnel, that may impact safe and timely execution of the procedure
 - Selects and utilizes relevant equipment (according to age, size, condition, environment), including monitors, procedural equipment, supplies and medications
 - Coordinates personnel for procedure: nursing, child life, other physicians
 - Adheres to safety standards for procedures (e.g., time-out)
 - Performs procedure effectively, demonstrating confidence and skill in technical aspects as well as in interprofessional teamwork and patient safety practices
 - Interprets diagnostic results or therapeutic outcomes from procedures
4. Anticipating, recognizing, and managing potential complications
 - Provides appropriate monitoring and engages appropriate personnel before and after the procedure
 - Lists complications related to procedure
 - Plans strategies to address potential complications prior to starting procedure
 - Recognizes complications when they occur and demonstrates skill in managing them
 - Identifies imminent patient safety threats and aborts procedure safely
 - Recognizes limitations and engages in help-seeking behaviors to provide safe, timely care and improve personal procedural skills
 - Provides appropriate post-procedural care including monitoring and pain assessment/control
5. Documenting the procedure in an accurate, timely, and compliant manner
 - Documents consent according to regulations for particular procedures and the institution
 - Performs all related documentation for procedure in an accurate and timely fashion, maintaining compliance with all relevant regulatory standards
 - Recognizes the importance of timely and complete documentation in the medical record to communicate details of procedure (including process and outcome) to other members of the medical team

EPA and Curricular Components Authors

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