



Entrustable Professional Activities

EPA 4 for Pediatric Hospital Medicine

EPA 4: Anticipate, Facilitate, and Lead Comprehensive, Coordinated, and Safe Transitions of Care

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 but may require 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 are routinely involved in patient transfers and lead institutional efforts to promote optimal patient handoffs and transitions of care. A comprehensive set of skills is needed to proactively plan and execute transitions in collaboration with patients, families, and key providers.

The specific functions which define this EPA include:

1. Identifying, communicating, and addressing transition needs early in the care plan to optimize patient care and hospital throughput
2. Taking responsibility for the coordination of an interprofessional approach to transitions of care
3. Demonstrating respect for all members of the health care team
4. Recognizing the inherent risks involved in patient transport and other transitions of care and using a systems approach to mitigate them

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 12:	Providing role modeling
PC 13:	Performing procedures
PBLI 5:	Incorporating feedback into practice
PBLI 9:	Educating others
SBP 1:	Working in care delivery settings and systems



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SBP 2:	Coordinating care
PPD 6:	Providing leadership to improve care

Context for the EPA

Rationale: Ineffective transitions of care may result in adverse events, increased health care utilization, and patient/family stress. Pediatric hospitalists are routinely involved in patient transfers and lead institutional efforts to promote optimal patient handoffs and transitions of care. Effective communication with the primary care and other health care providers is essential to ensure continuity of care.

Scope of Practice: Pediatric hospitalists participate in and/or lead transitions of care across the continuum, including admissions, discharges, transitions between hospital units, and transports to and from other institutions. A comprehensive set of skills is needed to proactively plan and execute transitions in collaboration with patients, families, and key providers.

Curricular Components That Support the Functions of the EPA

1. Identifying, communicating, and addressing transition needs early in the care plan to optimize patient care and hospital throughput
 - Anticipates discharge needs and begins planning at the beginning of the hospitalization
 - Partners with case managers to plan for home medications, durable medical equipment, transportation, and follow-up care
 - Engages in contingency planning and monitors clinical status for changes that warrant a transition in care settings
2. Taking responsibility for the coordination of an interprofessional approach to transitions of care
 - Knows the critical elements for optimal care transition such as provider handoffs, medical record documentation, medication reconciliation, and personnel and equipment requirements
 - Leads and coordinates an interprofessional team to optimize safe transitions
 - Maintains availability before, during, and after transition in case questions arise and follows up on tests pending at discharge
3. Demonstrating respect for all members of the health care team
 - Engages patients and families and advocates on their behalf to ensure that their goals and preferences are incorporated in the transition care plan
 - Collaborates with the primary provider and medical home to ensure continuity of care and follow-up
 - Communicates effectively with the primary care provider at admission, discharge, and change of clinical status
 - Uses a comprehensive array of expressive and receptive communication skills (e.g., active listening, appreciative inquiry)
 - Acknowledges the skills and contributions of all involved in the transition



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4. Recognizing the inherent risks involved in patient transport and other transitions of care and using a systems-approach to mitigate them
 - Describes potential patient safety risks in the transition of care
 - Participates in, coordinates, or leads an evaluation and improvement of the referral, admission, transfer, transport, and discharge processes within the institution to minimize risk

EPA and Curricular Components Authors

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