



Entrustable Professional Activities

EPA 2 for Adolescent Medicine

EPA 2: Provide Continuity of Care for Adolescent and Young Patients with Chronic Medical Problems and Complex Health Conditions

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to provide and coordinate care with direct supervision and coaching
3. Trusted to provide and coordinate care with indirect supervision for most simple and some complex cases
4. Trusted to provide and coordinate care with indirect supervision but may require discussion of case details and care coordination for a few complex cases
5. Trusted to provide and coordinate care without supervision

Description of the Activity

Although a relatively healthy group, many adolescents and young adults have chronic and/or complex medical, mental health, or developmental issues that persist from childhood or present during adolescence (such as eating disorders; abnormalities in growth and development; reproductive, gynecologic, and sexual health issues; substance abuse; musculoskeletal problems; behavioral and mental health issues; obesity; and other special health care needs). The assessment and long-term management of many of these conditions lend themselves to interdisciplinary care models that include care of the teen or young adult along with the family. Specialists need to incorporate into care models patient-centered approaches that respect confidentiality and facilitate communication with adolescents and young adults.

The specific functions which define this EPA include:

- Developing knowledge of chronic physical and mental health conditions specific to adolescents and young adults, their etiologies, and the guidelines and standards of care for evaluation and management of these conditions
- Monitoring and providing appropriate follow up for adolescents and young adults with chronic health conditions and their families, as appropriate, and addressing factors that impact quality of life (e.g., mental health, physical functioning, and support)
- Developing skills in working in interdisciplinary team settings, recognizing the roles and expertise of each discipline and being able to facilitate communication and coordination within treatment teams and across different specialty teams
- Demonstrating patient-centered, culturally competent approaches in the delivery of health care to adolescents and young adults with special health care needs or chronic conditions, respecting patient autonomy, shared decision making, and confidentiality, and involving families, as appropriate

Judicious Mapping to Domains of Competence

- ✓ Patient Care



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- ✓ 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 2:	Organizing prioritizing responsibilities
PC 4:	Interviewing patients
PC 7:	Developing management plans
MK 2:	Practicing EBM
ICS 1:	Communicating with patients/families
ICS 3:	Communicating with health professionals
SBP 2:	Coordinating care
SBP 3:	Incorporating cost awareness into care

*Based on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.

Context for the EPA

Rationale: Adolescent Medicine specialists must be able to coordinate the care of complex and chronic medical conditions of childhood that persist into the adolescent years and identify and then manage those conditions that present in adolescence. Understanding when confidentiality can be maintained while still providing a culturally sensitive and unified care approach with family is critical. Additionally, knowing when confidentiality must be broken for the safety of the adolescent is important. Navigating care with an interprofessional and/or multidisciplinary team is essential in the care of these adolescents/young adults.

Scope of Practice: The scope of practice will vary by clinical context. Specialists in Adolescent Medicine should be comfortable managing, coordinating the interprofessional and multidisciplinary teams, and/or being an identified specialist for most, if not all, of the following: eating disorders, obesity, and reproductive health, including menstrual disorders, genitourinary problems, chronic pain and/or fatigue, substance abuse disorders, HIV, organ-specific chronic disease states, and disorders of cognition, learning, attention, mood, and education. Comorbidity is common. The Adolescent Medicine specialist may be the key member of a team assessing pubertal development, fertility (and impacts of therapy on fertility), bone health, contraception and STDs, indications for genetic testing, and patient-centered, literacy level appropriate education.