

Entrustable Professional Activities

EPA 2 for Pediatric Cardiology

EPA 2: Care for Patients Who Require Catheter-Based Interventions

Supervision Scale for This EPA

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

Description of the Activity

Upon completion of a general pediatric cardiology fellowship, the individual must: 1) understand the indications and appropriate timing for referral for diagnostic or interventional cardia catheterization; 2) balance the potential complications of the procedure with the potential benefits; 3) compare the risk benefit profile to other options of therapy; 4) critically analyze the results of the catheterization procedure; and 5) effectively communicate all of this information to the patient and other members of the care team.

The specific functions which define this EPA include:

- 1. Demonstrating the skills and knowledge required to perform a thorough pre-catheterization assessment including detailed review of the medical history, current condition, physical examination, and relevant diagnostic studies
- 2. Knowing the risks and benefits specific to the full spectrum of cardiac catheterization procedures and of potential noncardiac catheterization options for optimal patient management
- 3. Interpreting the hemodynamic and angiographic data
- 4. Communicating the intent and risks of the procedure as well as the results of the procedure to patients, families, and professional colleagues

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



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Competencies Within Each Domain Critical to Entrustment Decisions*

PC 7:	Developing management plans
PC 9:	Counseling patients and families
MK 1:	Demonstrating knowledge
PBLI 5:	Incorporating feedback into practice
SBP 3:	Incorporating cost awareness into care

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

Context for the EPA

Rationale: Pediatric cardiologists must be able to manage the care of patients requiring cardiac catheterization as well as interpret data generated from the procedure.

Scope of Practice: The care of patients who require cardiac catheterization is an essential activity of a pediatric cardiologist. All pediatric cardiologists must understand the indications, risks, benefits, and limitations of cardiac catheterization and have the ability to correctly analyze and utilize the catheterization data. The patient population includes the fetus, infant, child, adolescent, and adult with congenital or acquired heart disease. This document is intended to address the scope of knowledge and skills of pediatric cardiologists referring their patients for cardiac catheterization. As such, it focuses on activities required to make an appropriate referral and provide care after the procedure with the understanding that the pediatric cardiologist will recognize his/her own limitations and seek additional assistance from a pediatric interventional cardiologist as needed.

Setting: Diagnosis and management in the following settings: inpatient, outpatient, consultation, routine, and acute/emergent or intensive care environment.

Patient Population: Infant, child, adolescent, and adult.