EPA 5: Diagnosis and Management of Patients with Congenital or Acquired Cardiac Problems

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to diagnose and manage with direct supervision and coaching
3. Trusted to execute with indirect supervision for most simple and some complex cases
4. Trusted to execute with indirect supervision but may require discussion for a few complex cases or at critical points
5. Trusted to execute without supervision

Description of the Activity

Pediatric cardiologists, completing training, are expected to be able to diagnose and manage a broad range of congenital and acquired cardiac problems. These may include, but are not limited to, cyanotic congenital heart disease (CHD) in the newborn, left to right shunt lesions such as, atrial septal defect (ASD), ventricular septal defect (VSD), patent ductus arteriosus (PDA), outflow obstruction lesions (e.g., aortic stenosis, pulmonary stenosis, coarctation), cardiomyopathies, Kawasaki Disease, dyslipidemia, and cardiac manifestation of genetic syndromes (e.g., Down, Marfan, Turner, Noonan, Williams, DiGeorge).

The specific functions which define this EPA include:

1. Knowing and understanding the natural and unnatural history as well as unique cardiovascular anatomy and physiology seen in CHD
2. Obtaining a complete history and physical examination
3. Obtaining a thorough family history with a focus on genetic abnormalities associated with an important risk of heart disease in childhood
4. Developing a prioritized differential diagnosis
5. Knowing the risks and benefits of noninvasive and invasive evaluation of infants, children, and young adults with congenital or acquired cardiovascular disease and applying these when ordering diagnostic testing in a cost-effective manner
6. Developing a management plan that incorporates medical therapy, interventional catheter procedures, and surgical intervention as well as addressing the psychosocial aspects of acute chronic disease.
7. Communicating with and counseling the patient/family regarding immediate, mid- and long-term management
8. Evaluating and managing acquired cardiac conditions found in pediatric patients
9. Identifying and applying key evidence-based guidelines
10. Recognizing cardiac conditions and indications that might require additional sub-subspecialty expertise
Entrustable Professional Activities
EPA 5 for Pediatric Cardiology

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*

<table>
<thead>
<tr>
<th>Category</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 1</td>
<td>Gathering information</td>
</tr>
<tr>
<td>PC 5</td>
<td>Performing complete physical examination</td>
</tr>
<tr>
<td>PC 6</td>
<td>Using optimal clinical judgment</td>
</tr>
<tr>
<td>PC 9</td>
<td>Counseling patients and families</td>
</tr>
<tr>
<td>MK 1</td>
<td>Demonstrating knowledge</td>
</tr>
<tr>
<td>ICS 1</td>
<td>Communicating with patients/families</td>
</tr>
<tr>
<td>ICS 4</td>
<td>Working as a member of a health care team</td>
</tr>
</tbody>
</table>

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

Context for the EPA

Rationale: The fundamental goal of clinical pediatric cardiology training is to acquire the diagnostic skills necessary to provide optimal inpatient, outpatient, and consultative care to the fetus, infant, child, and young adult with congenital or acquired cardiovascular disease.

Scope of Practice: Diagnosis and management of congenital and acquired pediatric cardiovascular disease can occur in a variety of clinical settings, including the outpatient clinic, the inpatient wards, the newborn nursery, and the neonatal, pediatric, and cardiovascular intensive care units. The fundamental skills of history-taking and physical examination form the basis for correctly initiating diagnostic assessment and determining management options appropriate for the individual patient. Knowledge of cardiac anatomy and physiology, the natural history of untreated and treated congenital and acquired cardiovascular disease, the risks and benefits of standard diagnostic tests, as well as current evidence-based guidelines for management of congenital or acquired cardiovascular disease all establish the foundation for optimal patient care.

The curricular components listed in this document adhere to current guidelines, such as those listed in the reference section below. Furthermore, there is the expectation of continued self-directed learning toward ongoing advances in diagnosis and treatment.

Setting: Inpatient, outpatient, consultation, routine, and acute/emergent or intensive care environment