# Entrustable Professional Activities
## EPA 6 for Pediatric Cardiology

## EPA 6: Diagnosis and Management of Patients with Acute Congenital or Acquired Cardiac Problems Requiring Intensive Care

**Supervision Scale for This EPA**

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

### Description of the Activity

Upon completion of a general pediatric cardiology fellowship, the individual must have the knowledge base and ability to critically analyze information to formulate a care plan specific to the patient's cardiac needs for disease states common to an intensive care unit.

The specific functions which define this EPA include:

1. Evaluating and treating neonates, infants, and older pediatric patients with critical structural cardiac diseases
2. Evaluating and treating neonates, infants, and older pediatric patients with other forms of critical cardiac disease
3. Providing consultation to those caring for postoperative cardiac patients
4. Providing direct care or consultation to those responsible for primary care for cardiac patients with illnesses of noncardiac origin
5. Functioning as a member of a multidisciplinary team demonstrating professionalism and excellent communication skills
6. Participating in quality improvement and patient safety initiatives

### 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 3: | Transferring care |
| PC 6: | Using optimal clinical judgment |
| MK 1: | Demonstrating knowledge |
| PBLI 4: | Analyzing practice |
| ICS 1: | Communicating with patients/families |
| ICS 3: | Communicating with health professionals |
| ICS 4: | Working as a member of a health care team |
| SBP 5: | Working in interprofessional teams |

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## Context for the EPA

Knowledge, skills, and attitudes needed to execute the EPA safely (refer to Task Force Curriculum).

**Rationale**: Pediatric cardiologists must be able to care for patients with cardiac problems of all levels of severity, ranging from the relatively well patient in the outpatient clinic to those requiring intensive care. To achieve the best clinical outcomes, every pediatric cardiologist should have basic patient assessment and stabilization skills, command a clear understanding of complex cardiovascular anatomy and physiology, know the effects of pharmacological agents and surgical interventions on cardiac physiology, and function as an effective communicator within a multidisciplinary team.

**Scope of Practice**: This activity includes caring for patients of all ages, including neonates (some preterm), infants, older pediatric patients, and in certain circumstances, adults with congenital heart disease. There can be institutional variation in the intensive care environment and in age of patients cared for in that particular environment (e.g., whether there is a dedicated CICU vs PICU or NICU). However, the skills described here, such as establishing a diagnosis, counseling families, having knowledge of medical, interventional, and surgical therapies, and patient stabilization, apply to both the general pediatric cardiologist called to consult on a cyanotic newborn at a community hospital and to the frontline pediatric cardiologist in a cardiovascular intensive care setting. As such, the scope of practice includes functioning as a consultant to other services as well as receiving consultation from advanced pediatric cardiac subspecialists such as pediatric electrophysiologists, heart failure/transplant specialists, or noninvasive cardiac imagers. Institution-specific details would thus be dependent on the setup of each individual institution vis a vis cohorting of patients in a NICU, PICU, CICU, or adult unit.

The scope of care[1] includes evaluating and treating those patient groups who have critical structural cardiac disease and other forms of critical cardiac disease as detailed below; providing consultation to those providing primary care for cardiac patients with illnesses of a noncardiac origin; providing consultation to those caring for postoperative cardiac patients; functioning as a member of a multidisciplinary team demonstrating

professionalism and excellent communication skills; and quality improvement and patient safety.

Caring for patients with cardiac disease requiring intensive care necessitates application of specific knowledge and skills, including cardiopulmonary physiology, the relationship between cardiac structure, function, and hemodynamic state, multi-organ system management, pharmacology as it relates to cardiovascular physiology, diagnosis and management of arrhythmias, as well as airway management and cardiopulmonary support, including resuscitation and mechanical circulatory support. The specific knowledge/skills listed above are reflected particularly in the first three functions described below. Practicing in a cardiac ICU requires a general facility with all aspects of cardiac care as well as knowledge of when to consult with advanced cardiac subspecialists.

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

**Patient Population**: Neonate, infant, child, adolescent, and adult.

## Reference

1. Task Force 5: Pediatric cardiology fellowship training in critical care cardiology. Feltes TF. Roth, SJ, Almodovar MC, Andropoulos DB, Bohn DJ, Costello JM, Gajarski RJ, Mott AR, Koenig P. *J Am Coll Cardiol.* 2015; 66:712-722.