



Entrustable Professional Activities

EPA 2 for Pediatric Critical Care Medicine

EPA 2: Manage and Coordinate Care in Pediatric Critical Care Units for Optimal Patient Outcomes

Supervision Scale for This EPA

1. Trusted to participate only
2. Trusted to lead with direct supervision and coaching
3. Trusted to lead with supervisor occasionally present to provide advice
4. Trusted to lead without supervisor present but requires coaching to improve member and team performance
5. Trusted to lead without supervision and to improve member and team performance

Description of the Activity

Practicing intensivists must have the ability to integrate and manage care in transit to and within pediatric critical care units to optimize the outcomes of critically ill children.

The specific functions which define this EPA include:

1. Prioritizing and arranging patient flow in the pediatric critical care unit (PICU)
2. Identifying and allocating resources within the PICU based on acuity and patient need
3. Integrating input from other members of the health care team and reconciling disparate opinions regarding the best course of action
4. Determining optimal staffing needs to assure appropriate patient care
5. Educating pediatric critical care unit staff about the treatment of critically ill children and supporting them in their care delivery

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 13:	Providing supervision
ICS 1:	Communicating with patients/families
ICS 5:	Consultative role
SBP 2:	Coordinating care
PPD 2:	Using healthy coping mechanisms
PPD 3:	Managing personal/professional conflicts

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

Context for the EPA

Rationale: Practicing intensivists need to be aware of the structural, service-based, and personnel-based resources available to them as well as resource limitations. The intensivist must be able to allocate these resources appropriately based on needs of the individual patients and the ICU as a system, within the resource constraints. To provide optimal care for critically ill patients, the intensivist must coordinate care within the pediatric intensive care unit.

Scope of Practice: By the nature of the specialty, practicing pediatric intensivists must have the ability to manage care in route to and within the pediatric intensive care unit to optimize the outcomes of critically ill patients. This requires close collaboration with hospital and unit administration, transport personnel, nursing, and physician leaders from units outside the PICU. In addition, this requires that the pediatric intensivist recognize that gaps in knowledge within the health care team can result in medical errors, emotional stress of health care providers, patients and families, job dissatisfaction, and family dissatisfaction with PICU care. As such, the practicing intensivist must be able to communicate effectively with all involved personnel as well as patients and families in order to reconcile disparate opinions regarding the best courses of action in specific situations.