



Entrustable Professional Activities

EPA 3 for Pediatric Critical Care Medicine

EPA 3: Management of Patients at the End of Life

Supervision Scale for This EPA

1. Trusted to participate only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision with supervisor immediately available to assist when needed
4. Trusted to execute with indirect supervision but may require coaching to manage a few complex issues
5. Trusted to execute without supervision

Description of the Activity

Children with critical illness or injury who will not survive require special consideration. The physician must be capable of making recommendations to the family to limit or withdraw therapy in an empathetic, sensitive, but direct manner. He or she must be proficient in managing care at the end of life, including minimization of pain and suffering, while also remaining cognizant of the legal requirements and ramifications related to care at the end of life.

The specific functions which define this EPA include:

1. Leading end-of-life discussions with families and patients in a culturally appropriate manner
2. Managing goals of care including pain and suffering at the end of life
3. Coordinating care with palliative care teams and other providers to support the care of the child, family, and staff at the end of life
4. Demonstrating expertise in performance of a brain-death exam and communicating the results to health care professionals and families
5. Documenting decisions about end-of-life care in the medical record
6. Collaborating with organ procurement agencies and appropriate authorities to facilitate compassionate management of patients who become donors

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 4:	Interviewing families
PC 5:	Performing complete physical exams
PC 6:	Using optimal clinical judgment
PC 9:	Counseling patients and families
ICS 2:	Demonstrating insight into emotion
ICS 3:	Communicating with health professionals
ICS 6:	Maintaining medical records
P 3:	Demonstrating humanism

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

Context for the EPA

Rationale: By the nature of the subspecialty, those who practice pediatric critical care medicine are exposed to children and young adults at the end of life. Pediatric intensivists are routinely called upon to manage end-of-life goals of care, minimize pain and suffering, collaborate with palliative care teams, perform brain-death exams, document end-of-life decisions, and manage organ donors.

Scope of Practice: Care for critically ill children at the end of life is a regular component of the practice of pediatric intensivists. This document is intended to address the scope of knowledge and skills of the pediatric intensivist, with a focus on critically ill patients at the end of life. Although the document enumerates several specific aspects of care pertinent to this EPA, this list is not intended to be comprehensive. Rather, it seeks to provide examples of common issues captured by this EPA. The intensivist should recognize his/her own limitations and seek additional assistance as needed.