Curricular Components That Support the Functions of EPA 1: Recognize and Provide Care for Acutely Ill and/or Injured Pediatric Patients Presenting to the Emergency Department (ED)

1. Differentiating between “sick” (acutely ill) and “not sick) (less acute) patients
   - Recognizes spectrum of acuity in which patients present to the ED
   - Identifies and distinguishes unstable and potentially unstable patients
   - Initiates medical intervention to stabilize those critically ill or injured patients in whom a complete medical history is unavailable or obtaining details can be delayed
   - Observes, monitors, and reassesses patients for clinical changes that may alter their ED care plans

2. Performing age- and developmentally appropriate, focused but detailed history and physical exam, with consideration of the anatomic, physiologic, developmental, and psychological differences of children as compared to adults
   - Gathers essential and accurate patient information
   - Demonstrates thorough and efficient data gathering
   - Organizes and synthesizes data for real-time development of differential diagnoses

3. Developing a complaint-based and age-appropriate differential diagnosis using evidence-guided reasoning and pattern recognition or illness scripts
   - Applies established and evolving evidence and principles in biomedical, clinical, epidemiological, and social-behavioral sciences pertaining to the practice of PEM
   - Evaluates patients with undifferentiated chief complaints and discriminates between medical, surgical, psychiatric, and/or social etiologies of that complaint
   - Explains pathophysiology of likely etiologies
   - Recognizes patterns/illness scripts and applies key evidence for development of differential diagnoses (DDx) based on signs and symptoms
     - Demonstrates ability to develop clinical questions; uses PICO (Patient problem or population, Intervention, Comparison, and Outcome) format when applicable
     - Searches, appraises, and interprets the literature for evidence focusing on the highest-grade evidence available
     - Applies the evidence to DDx development in the context of the individual patient

4. Developing and initiating a prioritized diagnostic evaluation and therapeutic management plan that is complaint/disease specific, evidence-guided, culturally competent, and cost effective
   - Identifies and applies key evidence-based guidelines for development of patient care plans
     - Orders diagnostic testing based on the probability of disease and likelihood of test results altering
Entrustable Professional Activities
Curricular Components Supporting EPA 1 for Pediatric Emergency Medicine

or supporting management
  o Develops clinical questions, searches the medical literature, and applies evidence to the development of individualized patient care plans

• Optimizes patient care with use of information technology
• Acknowledges and addresses culturally or socially related matters that may affect patient care delivery
• Ensures diagnostic testing and medication orders are timely and accurately written
• Accurately interprets diagnostic test results
• Selects appropriate medications and therapeutic interventions to address immediate and ongoing patient needs
• Performs procedures for emergent and urgent conditions (see Pediatric Emergency Medicine EPA 3 for details)
• Communicates effectively with and facilitates care delivered by consultants to optimize patient care
• Coordinates a multidisciplinary team to implement management plans

5. Utilizing documentation habits that ensure accurate reporting of patient encounter
   • Documents a complete ED encounter, including history, physical exam, medical decision-making, ED course, and plan of care
   • Ensures complete documentation of procedures performed in the ED, including obtaining informed consent or assent, supervising or performing procedures, and documenting outcomes including any complications
   • Efficiently communicates patient care information in a concise and appropriate manner to facilitate quality care and comply with regulatory agencies and third-party requirements

6. Demonstrating family centeredness with informed and/or shared decision-making with patients/families that is developmentally appropriate and within state statute
   • Displays responsiveness to the needs of patients and their families
   • Displays responsiveness to ED staff concerns and recommendations for patient care
   • Recognizes that governmental privacy laws vary by age, custodial, and emancipation status
   • Explains medical decision-making processes and plans of care to patients and family; allows opportunity for them to voice their concerns and share in the decision-making of the care plan
   • Encourages family presence and input to the degree desired by each family
   • Delivers difficult news effectively
   • Counsels patients and their caregivers to ensure their understanding of all instructions; addresses language, socioeconomic, religious, and cultural barriers when needed
   • Displays humanism, compassion, integrity, and respect for others

7. Activating appropriate nonmedical personnel (e.g., law enforcement, social work, crisis management,
financial counseling, pastoral services) as necessary

- Utilizes resources available within the system to optimize care delivery
- Activates resources when needed, taking into account particular contexts for individual patients
- Coordinates care such that patients’ social determinants of health are assessed and addressed

8. Developing appropriate patient dispositions

- Uses sound judgment to determine when problems require hospitalization for further management
  - Determines the most appropriate inpatient level of care based on patient needs and institutional protocols and resources
  - Determines the most appropriate service (medical vs. surgical vs. psychiatric) to assume care of patients during their hospitalization
- Uses sound judgement to determine when problems can be managed at home and coordinates discharge with appropriate follow up
  - Discusses and considers the home environment in making decisions about readiness for discharge
  - Asks direct questions about concerns that caregivers have about the patient’s care
  - Gauges family understanding of health problems
  - Ensures adequate outpatient follow-up plans
  - Ensures prescriptions are written accurately with weight and standard dosing recommendations
  - Provides and reviews written discharge instructions inviting questions from the family
  - Delivers instructions in the patients' language of preference

9. Transitioning patient care to other providers

- Appreciates the high-risk nature of transitions and the potential for convergence of cognitive biases that occur at the time of handoffs
- Uses a handover process that is standardized across the patient care unit or health system
- Transmits synthesized clinical information, avoiding errors of omission or commission
- Anticipates and discusses potential issues in patient care with the receiver of the handoff
- Engages in closed-loop communication that allows for deliberative inquiry, check-backs (provider), and clarifying questions (receiver)

Curricular Components Authors

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References


7. ACGME Program Requirements for Graduate Medical Education in Pediatric Emergency Medicine.

8. ACGME Program Requirements for Graduate Medical Education in Emergency Medicine.