EPA 1: Recognize and Provide Care for Actuely Ill and/or Injured Pediatric Patients Presenting to the Emergency Department (ED)

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute 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
5. Trusted to execute without supervision

Description of the Activity

PEM physicians care for a wide range of patients with various complaints, disease states, injury, and acuity, often in the setting of time and resource constraints. Care must encompass a comprehensive set of skills to implement careful decision-making/management and demonstrate patient-centeredness, communication, and clinical capabilities.

The specific functions which define this EPA include:

1. Differentiating between “sick” (acutely ill) and “not sick” (less acute) patients
2. Performing age- and developmentally appropriate, focused but detailed history and physical exam
3. Developing a complaint-based and age-appropriate differential diagnosis using evidence-guided reasoning and pattern recognition or illness scripts
4. Developing and initiating a prioritized diagnostic evaluation and therapeutic management plan that is complaint/disease specific, evidence-guided, culturally competent, and cost effective
5. Utilizing documentation habits that ensure accurate reporting of patient encounters
6. Demonstrating family centeredness with informed and/or shared decision-making with patients/families that is developmentally appropriate and within state statute
7. Activating appropriate nonmedical personnel as necessary
8. Developing appropriate patient dispositions
9. Transitioning patient care to other providers

Judicious Mapping to Domains of Competence

✓ Patient Care
✓ Medical Knowledge
   Practice-Based Learning and Improvement
✓ Interpersonal and Communication Skills
   Professionalism
Entrustable Professional Activities
EPA 1 for Pediatric Emergency Medicine

Systems-Based Practice
Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

*Bolded competencies labeled in the format used in the Pediatric Emergency Medicine Milestone Project

| PC 1: | Gather essential and accurate information about the patient: Abstract current findings in a patient with multiple chronic medical problems and, when appropriate, compare with a prior medical record and identify significant differences between the current presentation and past presentations |
| PC 3: | Provide transfer of care that ensures seamless transitions |
| PC 4: | Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment |
| PC 6: | Diagnostic studies — Apply the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management |
| PC 7: | Observation and reassessment — Reevaluate patients undergoing ED observation (and monitoring) and using appropriate data and resources, determine the differential diagnosis, treatment plan, and disposition |
| PC 8: | Disposition — Establish and implement a comprehensive disposition plan that uses appropriate consultation resources; provide patient education regarding diagnosis, treatment plan, medications, and time- and location-specific disposition instructions |
| MK 1: | Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatric emergency medicine |
| ICS 2: | Demonstrate the insight and understanding into emotion and human response to emotion, that allows one to develop and manage human interactions |

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**The competencies for EPA 2 are complementary competencies also relevant to EPA 1.

Context for the EPA

Rationale: PEM physicians provide care for a wide range of patients with various complaints, disease states, injury, and acuity, often in the setting of incomplete information and time/resource constraints.

Scope of Practice: The PEM physician must be prepared to provide care for any patient presenting with any complaint. Care of the patient begins either in the pre-hospital setting through online medical direction or upon arrival to the ED. Practice sites (academic versus community) may differ in terms of availability of subspecialty support and patient acuity, complexity, and volume. A comprehensive set of skills is required to implement careful decision-making/management and to demonstrate patient centeredness, communication, and clinical capabilities.