EPA 2: Recognize and Provide Care for Medically and Technologically Complex Pediatric Patients in the 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

Children with complex chronic illness who present with acute problems and require emergent evaluation pose a challenging but critical activity for the ED physician. The focal components of this professional activity build on those of managing the healthy ED patient with acute illnesses (see Pediatric Emergency Medicine EPA 1).

The specific functions which define this EPA include:

1. Developing a diagnostic and management plan that takes into consideration the interaction between the acute problem and the underlying chronic illness with its associated comorbidities
2. Recognizing the cumulative risks associated with these interactions
3. Recognizing that illness may present with subtle or atypical historical or physical exam findings in these patients
4. Assessing and managing problems with medical equipment
5. Communicating and partnering with the patient’s interdisciplinary health care teams to coordinate ED care
6. Managing uncertainty (individual practitioner’s, patient’s, and patient caregiver’s) when evidence to help direct care is sparse

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
Entrustable Professional Activities
EPA 2 for Pediatric Emergency Medicine

Competencies Within Each Domain Critical to Entrustment Decisions*

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

*Nonbolded competencies labeled in the format used on the Pediatric Subspecialty or Pediatrics Milestone Projects.

| 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 |
| PBLI 1: | Use information technology to optimize learning and care delivery |
| Pediatric Subspecialty SBP 3: | Not an ACGME required competency for PEM: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate |
| PROF 2: | The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty |
| Pediatrics PROF 1: | Not an ACGME required competency for PEM: Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner |
| ICS 1: | Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds |
| ICS 3: | Act in a consultative role to other physicians and health professionals |
| Pediatric Subspecialty ICS 1: | Not an ACGME required milestone for PEM: Communicate effectively with physicians, other health professionals, and health-related agencies |

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

Context for the EPA

Rationale: Children with complex chronic illnesses who present with acute problems and require emergent evaluation pose a challenging but critical activity for the ED physician.

Scope of Practice: The PEM physician must be prepared to provide care for any patient presenting with any complaint. Secondary to their highly specialized health care needs, children with complex chronic illnesses, especially those who are technologically dependent, preferentially seek acute care in the ED. 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 demonstrate patient centeredness, communication, and clinical capabilities for these complex patients.