



Entrustable Professional Activities

EPA 3 for Pediatric Emergency Medicine

EPA 3: Demonstrate Competence in Performing Common Procedures Associated with the Practice of Pediatric Emergency Medicine

Supervision Scale for This EPA

1. Trusted to observe or assist
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision for most simple cases and some complex cases
4. Trusted to execute with indirect supervision but may require discussion or direct supervision at critical portions for a few complex cases
5. Trusted to execute without supervision

Description of the Activity

Pediatric emergency medicine physicians need to perform procedures necessary for the practice of this subspecialty. PEM physicians must also recognize the need for and consult subspecialty services when patients require procedures that fall outside their scope of practice.

The specific functions which define this EPA include:

1. Employing technical (motor) skills for performing PEM procedures
2. Demonstrating knowledge of the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure being performed
3. Planning and implementing required pre-procedural setup to maximize successful performance of the procedure
4. Managing procedural and post-procedural complications
5. Managing pain and sedation for the procedure
6. Assessing outcome of the procedure and diagnostic results as indicated
7. Demonstrating confidence that puts patients and their caregivers at ease
8. Optimizing communication with the patient and their caregivers that ensures informed consent and provision of post-procedural explanation and instructions

Procedures commonly performed in the practice of pediatric emergency medicine include but are not limited to the following:

- Abscess incision and drainage
- Airway and artificial ventilation management
 - Bag-valve-mask ventilation
 - Endotracheal intubation with direct or indirect laryngoscopy
 - Mechanical ventilation



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- Noninvasive ventilation
 - Supraglottic device insertion
- Cardiopulmonary resuscitation in all of the following groups:
 - Pediatric medical resuscitation <2 years
 - Pediatric medical resuscitation >2 years
 - Pediatric trauma resuscitation <2 years
 - Pediatric trauma resuscitation >2 years
- Foreign body removal
- Gastrostomy tube replacement
- Intraosseous access
- Laceration repair
- Lumbar puncture
- Orthopedic procedures: closed reduction of simple fractures/dislocations and splint placement
- Rapid sequence induction for emergent intubation
- Regional anesthesia
- Procedural sedation
- Supraventricular tachycardia conversion

The following procedures are uncommon in the daily practice of PEM, but physicians should have working knowledge of how to perform them. Simulation training may be the primary method for PEM physicians to learn and practice these procedures.

- Arterial catheterization
- Arthrocentesis
- Cardiac pacing, external
- Cardioversion and defibrillation
- Central venous catheterization
- Cricothyrotomy and translaryngeal ventilation
- Pericardiocentesis
- Resuscitation of adults (medical and trauma) >21 years
- Tracheostomy tube replacement
- Tube thoracostomy and needle decompression
- Umbilical vessel catheterization
- Vaginal delivery



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The above list of procedures is not meant to be all-inclusive and given the changing nature of medicine and practice within PEM, this list should be reviewed and revised periodically. For example, point of care ultrasound (POCUS) is an established practice in general emergency medicine and is being increasingly used in PEM but is not yet standard of care.

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

Competencies Within Each Domain Critical to Entrustment Decisions*

- *Bold competencies labeled in the format used on the Pediatric Emergency Medicine Milestone Project.*
- *Nonbolded Competencies labeled in the format used on the Pediatric Subspecialty Milestone Project.*

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 9:	General approach to procedures – Perform the indicated procedure on all appropriate patients (including those who are uncooperative, hemodynamically unstable and those who have multiple comorbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), take steps to avoid potential complications, and recognize the outcome and/or complications resulting from the procedure
PC 10:	Anesthesia and acute pain management – Provide safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation
PROF 1:	Self-awareness of one's own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors
PROF 5:	Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
Pediatric Subspecialty PROF 2:	Not an ACGME required milestone for PEM: Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
ICS 1:	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

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Context for the EPA

Rationale: Pediatric emergency medicine physicians need to perform procedures necessary for the practice of this subspecialty. PEM physicians must also recognize the need for and consult subspecialty services when patients require procedures that fall outside their scope of practice.

Scope of Practice: Procedures commonly performed in the practice of pediatric emergency medicine are listed in the “Description of the Activity” section of this EPA.