

## **Entrustable Professional Activities**

### **EPA 4 for Pediatric Emergency Medicine**

# EPA 4: Provide Patient Triage, Resuscitation, and Stabilization; Align Care Provided with Severity of Illness

#### **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**

Pediatric emergency medicine physicians are frontline providers for a spectrum of patient presentations. The PEM physician provides leadership in the recognition, prioritization, and provision of immediate interventions necessary for critically ill or injured patients.

The specific functions which define this EPA include:

- 1. Demonstrating leadership and oversight of the multidisciplinary resuscitative team
- 2. Initiating and implementing system response to mass casualty events and disaster management
- 3. Prioritizing patient care based on the degree of illness and/or injury
- 4. Initiating immediate stabilization of critically ill and/or injured patients
- 5. Applying standardized algorithms to the care of critically ill and/or injured patients
- 6. Recognizing and treating patients with impending deterioration
- 7. Recognizing indications for cessation of resuscitative efforts
- 8. Applying post-resuscitative care principles
- 9. Stabilizing and determining appropriate dispositions for adult patients in the pediatric ED

#### **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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## **EPA 4 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 competency labeled in the format used on the Emergency Medicine Milestone Project.

PC 2:	Organize and prioritize responsibilities to provide patient care that is safe, effective, and
	efficient
PC 4:	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
PC 5:	Emergency stabilization — Prioritize critical initial stabilization action and mobilize hospital
	support services in the resuscitation of a critically ill or injured patient; reassess after
	stabilizing intervention
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
Emergency	Not an ACGME required milestone for PEM: Team management — Lead patient-centered care
Medicine	teams, ensuring effective communication and mutual respect among members of the team
ICS 2:	

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

#### Context for the EPA

**Rationale**: Pediatric emergency medicine physicians are frontline providers for a spectrum of patient presentations including the critically ill or injured child.

**Scope of Practice**: The PEM physician provides leadership in the recognition, prioritization, and provision of immediate interventions necessary for critically ill or injured patients.