Curricular Components That Support the Functions of EPA 2: Facilitate the Transition of Patients with Endocrine Disorders from Pediatric to Adult Health Care

Disorders covered under this EPA include but are not limited to:

- Type 1 diabetes mellitus
- Type 2 diabetes mellitus
- Turner syndrome
- Adult growth hormone deficiency
- Panhypopituitarism
- Adrenal insufficiency
- Thyroid disorders

1. Recognizing when another provider is better suited to care for one’s patients based on age and other socio-demographic factors
   - Knows the limitations of pediatric expertise with respect to medical issues and sequelae more commonly seen in adults
   - Assesses the level of social comfort of patients with continued pediatric care
   - Determines when local care by an adult endocrinologist may be in the best interest of the patient/family
   - Determines the appropriate timing of transition with respect to patient’s educational or professional plans

2. Recognizing when a patient is ready to assume full responsibility (transition) for their care in a non-pediatric setting
   - Identifies the skills necessary for independent self-care with respect to individual disorder in a disease specific manner
   - Determines the psychosocial readiness of a patient to accept increasing responsibility leading to independence

3. Assessing the patient for transition readiness
   - Determines the patient’s understanding of the pathophysiology of disease
   - Assesses the patient’s understanding of his/her plan of care and the necessity of medication/compliance
   - Utilizes checklists and other transition resources previously developed and available (e.g., Endocrine Society guidelines for Type 1 diabetes, Endocrine Practice resources for Turner syndrome)

4. Educating the patient/family as well as the receiving care team and engaging in a longitudinal process for care transition
   - Discusses the need for transition to adult care with patient/family to determine concerns and addresses
5. Counseling the patient and family to empower the patient in areas of self-care
   • Discusses the need for the patient to progressively take over health management (e.g., prescription refills, making appointments, insurance needs)
   • Knows how to counsel parents in delegating responsibility to the patient incrementally to encourage self-sufficiency while maintaining appropriate oversight

6. Navigating the health care system in order to more effectively coordinate care
   • Knows the resources available locally to assist with transition (e.g., insurance assistance, social work, support groups)

7. Communicating before, during, and after the initial transition with one’s interprofessional colleagues to ensure that the transitions has been seamless
   • Notifies the accepting physician/practitioner of planned transition, including anticipated date and brief review of patient’s history
   • Documents and provides an appropriate summary of patient’s history for accepting provider
   • Encourages accepting provider and patient to be in contact should questions or difficulties arise during/following the process of transition

Curricular Components Authors

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