



Entrustable Professional Activities

Curricular Components Supporting EPA 4 for Pediatric Gastroenterology

Curricular Components That Support the Functions of EPA 4: Care of Infants, Children, and Adolescents with Nutritional Issues, Deficiencies, and Obesity

1. Performing a complete nutritional assessment that includes dietary history, relevant medical history, anthropometrics, and any relevant laboratory evaluation
 - Gathers essential and accurate nutritional information about the patient
 - Interviews patients and families to obtain a complete picture of nutritional intake, including psychosocial, economic, environmental, and cultural influences on dietary intake
 - Makes informed decisions in diagnostic workup for malnutrition
 - Initiates initial therapeutic recommendations for nutritional deficiencies/imbbalances in the clinic and inpatient setting
 - Provides anticipatory guidance for expected course of treatment plan
 - Counsels patients and families on common issues that are likely to be encountered with recommended diet and medication changes
 - Considers socioeconomic and cultural issues as they relate to nutritional choices
2. Performing necessary calculations for recommended daily intake of calories (including breakdown of protein, fat, and carbohydrates), vitamins, macronutrients, and micronutrients
 - Demonstrates knowledge of common measurements used in nutritional assessment, including recommended daily caloric allowances for growth (including carbohydrates, fat, protein), plotting on relevant growth curves, and metrics (Z-scores)
 - Shows facility with calculations for parenteral nutrition, including management of glucose infusion rate, electrolytes, and fluids
3. Demonstrating application of nutritional principles to patients with chronic diseases and obesity considering pathophysiology and epidemiology in the care of patients
 - Demonstrates knowledge of the pathophysiology of short bowel syndrome and associated issues, such as dumping syndrome, malabsorption, small intestinal bacterial overgrowth, and D-lactic acidosis
 - Knows and recommends the basic evaluation for common nutritional and vitamin deficiencies and toxicities
 - Describes common nutritional issues faced by children with common gastrointestinal disorders, including but not limited to inflammatory bowel disease (IBD), celiac disease, cystic fibrosis, lactose intolerance, eosinophilic and other allergic intestinal disorders, and chronic liver disease
 - Demonstrates comprehensive knowledge and understanding of hypercholesterolemia and hyperlipidemia/hypertriglyceridemia, including prognosis and therapeutic options
 - Knows and understands nutritional principles associated with obesity, including screening for complications (non-alcoholic fatty liver disease [NAFLD], metabolic syndrome, diabetes, etc.) and pursues a



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multidisciplinary team approach to treatment, including dietary changes and lifestyle changes, and considers referral for bariatric surgery when appropriate

4. Managing children/adolescents with diseases for which nutritional/dietary therapy is a mainstay of treatment including managing enteral/parenteral home feeding regimens, gastrostomy tubes, and jejunal tubes
 - Demonstrates use of available evidence to evaluate and optimize the care of patients with nutritional disorders
 - Applies principles of evidence-based medicine to the management of nutritional deficiencies and disorders
 - Utilizes the concept of cost-benefit analysis, for both outpatient clinic management and intensive inpatient therapy
 - Knows that clinical practice guidelines are suggestions for clinical care and may be flexible and evolve with time
 - Interacts with faculty and colleagues to discuss evaluations of complex patients (such as home TPN patients) and incorporates feedback into promoting professional growth and practice improvement
 - Manages nutrition in children including children on total parental nutrition and tube feeds, including gastrostomy and jejunal tube feeds
 - Able to manage complications of gastrostomies/enterostomies, including site breakdown and tube displacement
5. Educating parents and children on nutritional aspects of diseases as well as daily living and lifestyle
 - Effectively communicates disease information, treatment plans, and outcomes to patients and their families
 - Ensures patients understand the rationale for recommended nutritional changes, including reframing misconceptions the patient and family may have about which foods are truly “healthy” foods
 - Enables patients to be comfortable asking questions and presenting their own ideas regarding nutrition
 - Creates a comfortable environment where parents can share an honest history about eating habits and dietary history
 - Provides emotional, social, and culturally sensitive support to patients and families during nutritional assessment
 - Avoids stigmatization of patients who are underweight or overweight
 - Demonstrates self-confidence that puts patients, families, and members of the health care team at ease
6. Leading and coordinating care in conjunction with other health care professionals including registered dietitians, speech therapists, and occupational therapists for the management of nutrition and feeding disorders
 - Effectively communicates with other medical professionals involved in the care of the patient



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- Works effectively as a member or leader of a health care team coordinating care of the patient
- Demonstrates trustworthiness that makes colleagues feel secure when one is responsible for the care of their patients
- Provides leadership skills that enhance the health care delivery system with the ultimate intent of improving care of patients

Problems that **generally** require further consultation where the role of the subspecialist is to recognize, provide preliminary evaluation, and refer/co-manage

- Referral to mental health services for eating disorders once medical clearance and refeeding has been initiated
- Referral to surgery/interventional radiology for surgical placement of gastrostomy when percutaneous endoscopic gastrostomy (PEG) is not indicated or in centers where PEG tubes are not performed by the GI team
- Referral to surgery for central venous line placement for total parenteral nutrition

Curricular Components Authors

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