

Entrustable Professional Activities

EPA 3 for Pediatric Infectious Diseases

EPA 3: Management of Healthy Patients with Pediatric Infectious Diseases

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 and discussion of information conveyed for most simple and some complex cases
- 4. Trusted to execute with indirect supervision but may require discussion of information conveyed for a few complex cases
- 5. Trusted to execute without supervision

Description of the Activity

A key role for subspecialists is to provide consultation for the care of children with complex, prolonged, or antimicrobial-resistant infection related to a medical/surgical device, surgery, or trauma and to advise best practices in prevention of such infections and instances when removal of a device is indicated.

The specific functions which define this EPA include:

- 1. Demonstrating knowledge of pediatric infectious diseases by focusing the clinical question to distinguish high and low priority of various diagnoses
- 2. Obtaining essential information to develop and prioritize a working differential diagnosis of potential infectious diseases
- 3. Performing a thorough physical exam relevant to the clinical question(s)
- 4. Recommending specific laboratory tests to confirm or exclude diagnoses based on the differential diagnosis
- 5. Appling knowledge about the pathophysiology of unusual, complex, and fulminant pediatric infectious diseases to formulate appropriate diagnostic and therapeutic management plans
- 6. Choosing empiric antimicrobial therapy based on the differential diagnosis, the most likely diagnosis, and the local antibiogram
- 7. Developing targeted antimicrobial therapy including dosing, duration, and route of administration for specific infectious diseases, with use of culture and susceptibility results
- 8. Accessing and applying medical literature that is critical to the patient and recognizing tiers of evidence and areas in which there is a lack of evidence
- 9. Building a therapeutic alliance in a collaborative manner with the primary patient team by advocating infectious disease recommendations to members of the health care team, patients, and families
- 10. Participating in infectious disease related follow up care



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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*

PC 1:	Gathering information
PC 5:	Performing complete physical exams
PC 6:	Using optimal clinical judgment
MK 2:	Practicing EBM
PBLI 9:	Educating others
PBLI 10:	Engaging in lifelong learning
SBP 3:	Incorporating cost awareness into care
SBP 4:	Advocating for quality care
PPD 8:	Dealing with uncertainty

^{*}Based on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.

Context for the EPA

Rationale: Pediatric infectious diseases (ID) physicians must be able to diagnose and treat previously healthy children with acute, subacute, and chronic infectious diseases that range from simple to complicated, common to rare, and relatively minor to life threatening infections in the hospital and outpatient settings.

Scope of Practice: The scope of practice for a practicing pediatric ID clinician includes consultative work in both inpatient and outpatient settings, as well as more comprehensive care in some hospital and outpatient settings (e.g., HIV care). Part of the role of the ID clinician is to provide education for other care providers when acting in a consultative role. Anticipatory guidance should be provided to patients and families, and realistic treatment goals should be set. The patient population includes neonates through young adults and sometimes beyond. This document is intended to address the scope of knowledge and skills of the pediatric ID physician caring for previously healthy patients with infection in hospital and clinic settings.