



Entrustable Professional Activities

EPA 4 for Pediatric Infectious Diseases

EPA 4: Management of Pediatric Patients with Complex Medical Problems and a Proven or Suspected Infectious Disease.

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 medical care of medically complex children with complicated, unusual, enigmatic, and opportunistic infections and those that are critically ill in both hospital and outpatient settings.

Examples of Key Clinical Syndromes

- Short gut, congenital infection, severe neurologic compromise, and chronic organ related disease
- Immune compromised host (e.g., oncologic process, inflammatory bowel disease (IBD), rheumatologic disease, human immunodeficiency virus (HIV) and transplant populations (bone marrow transplant (BMT) and solid organ)

The specific functions which define this EPA include:

1. Obtaining essential information to develop and prioritize a working differential diagnosis of potential infectious diseases with consideration of the chronic disease process
2. Performing a targeted physical exam relevant to the clinical question(s), the chronic disease process(s), and the possible infectious process
3. Utilizing appropriate laboratory tests to confirm or exclude diagnoses
4. Applying knowledge about the epidemiology and pathophysiology of opportunistic, unusual, complicated, and fulminant infections in children with specific immune compromising conditions (primary and acquired immune deficiencies, immune suppression from medications, barrier defects, etc.) to formulate appropriate diagnostic and therapeutic management plans.
5. Choosing **empiric** antimicrobial therapy based on the differential diagnoses, the most likely diagnosis, and the local antibiogram with consideration of a possible need for therapeutic adjustments based on the underlying chronic disease process
6. Developing **targeted** antimicrobial therapy including dosing, duration, and route of administration for



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specific infectious diseases, considering the underlying chronic disease state, and relevant culture and susceptibility results

7. Accessing and applying medical literature regarding the patient's infectious process with consideration of how the presence of underlying chronic disease may affect the applicability of the available literature for a specific patient
8. Forging a therapeutic alliance in a collaborative manner with the primary medical and surgical patient team(s) and other consultant teams by advocating infectious disease recommendations to members of the health care team, patients, and families as appropriate
9. Coordinating and leading necessary infectious disease related follow-up 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*

PC 1:	Gathering information
PC 6:	Using optimal clinical judgment
PC 9:	Counseling patients and families
MK 2:	Practicing EBM
ICS 5:	Consultative role
PPD 7:	Demonstrating self-confidence

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Context for the EPA

Rationale: Pediatric infectious diseases (ID) specialists are consistently relied upon for their expertise to optimize the diagnosis and treatment of routine and opportunistic infections in medically complex patients, including critically ill patients in both inpatient and outpatient settings.

Scope of Practice: This document is intended to address the scope of knowledge and essential skills that must be mastered by the pediatric ID physician in order to diagnose and treat medically complex patients including patients who are immunocompromised as a result of treatments or underlying disease processes in the inpatient and outpatient settings. The activities detailed in this EPA range from use of specific diagnostic tools to optimize diagnosing the infection to patient and disease specific treatment strategies which may be



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complicated by the context (e.g., sociodemographics, health literacy) as well as the underlying disease process. The pediatric ID physician often provides clinical care to children with immune compromising conditions, innate disorders of immunity, and other complicated disease processes. Collaboration with other subspecialties and care teams is critical to provide comprehensive patient centered care in these settings.