Entrustable Professional Activities

EPA 3 for Pediatric Nephrology

EPA 3: Care of the Pediatric Patient with ESKD and Kidney Transplant

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 cases 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 nephrologists are specifically trained to care for children of all ages who have or are progressing to end stage renal disease (ESRD). The appropriate evaluation and management of children who have ESRD treated with dialysis or kidney transplantation is the specific responsibility of pediatric nephrologists. Pediatric nephrologists must be effective in the selection and provision of all chronic dialysis and kidney transplantation therapies including long-term care. The provision of appropriate counseling, modality selection, and follow up to children with ESRD treated with dialysis or kidney transplants are important responsibilities of the pediatric nephrologist.

The specific functions which define this EPA include:

1. Applying clinical, epidemiologic, and regulatory knowledge in the care of children with ESRD and/or kidney transplantation, including interactions with regulatory bodies, organ procurement organizations, transplant teams, and national organizations
2. Directing appropriate evaluation for children with or approaching ESRD, including evaluation and selection for various dialysis modalities and identification of suitable candidates and preparation for transplantation
3. Identifying and providing appropriate management plans, including selection of dialysis modality for children undergoing chronic dialysis, management of all perioperative issues, and implementation and supervision of dialysis treatments and other extracorporeal filtration and dialysis-related therapies (all renal replacement therapies)
4. Identifying and providing appropriate management plans, including all ESRD therapies, and addressing care issues for children undergoing kidney transplantation, management of all perioperative issues, and implementation and supervision of immunosuppression and other kidney transplantation therapies
5. Demonstrating effective communication and principled professional behavior with patients, families, and the interprofessional health care team including surgeons, interventional radiologists, histocompatibility laboratory scientists, and allied health professionals

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 6:	Using optimal clinical judgment
PC 7:	Developing management plans
PC 9:	Counseling patients and families
MK 1:	Demonstrating knowledge
ICS 1:	Communicating with patients/families
SBP 1:	Working in care delivery settings and systems
SBP 2:	Coordinating care
SBP 5:	Working in interprofessional teams
PPD 2:	Using healthy coping mechanisms

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Context for the EPA

Rationale: Pediatric nephrologists must be able to care for children of all ages with end stage renal disease (ESRD) treated with dialysis and/or who are candidates for or recipients of kidney transplantation. They must collaborate with the patient, family, surgeons, and dialysis staff to select appropriate treatment modalities and provide appropriate counseling both acutely and during long term follow-up. The pediatric nephrologist has the responsibility of managing all aspects of the chronic care of patients requiring renal replacement therapy (RRT), including the transition between modalities, as necessary.

Scope of Practice: Care of the ESRD patient begins with recognition of the progressive nature of the patient's renal failure towards ESRD. Preparation of the patient and family for the need to initiate formal ESRD therapy includes determination of optimal timing as well as selection of a renal replacement modality for an individual patient from choices including hemodialysis, peritoneal dialysis, and both living donor and deceased donor renal transplantation. Management of the initiation and the chronic delivery of dialysis and transplant care includes: regular assessment of adequacy of therapy and assessment and treatment of complications, identification of modality failure and management of a smooth transition between modalities, and attention to the general medical, psychological, and social health of the ESRD patient, While care is focused on patients ranging in age from newborn to the 21st birthday, the pediatric nephrologist must anticipate lifelong ESRD care needs, including special needs resulting from developmental delay or other circumstances, and facilitate transition of care to adult providers to meet the needs of the individual patient.