



Entrustable Professional Activities

EPA 1 for Pediatric Pulmonology

EPA 1: Manage Patients with Acute Complex Respiratory Disease in an Ambulatory, Emergency, or Inpatient Setting

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

Description of the Activity

Children with acute complex respiratory illness pose a challenging but critical activity for the pulmonologist. This professional activity requires management of the patient with complicated or unusual respiratory disease and the patient with underlying complex multisystem disease. It requires engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis and workup and placing the patient at the center of all management decisions by engaging in bidirectional communication with patients and parents to provide patient and family centered care.

The specific functions which define this EPA include:

1. Utilizing specialized knowledge and experience to diagnose and determine the optimal course of treatment for acute manifestations of complex respiratory disease
2. Addressing comorbidities that often present in complex patients, particularly those affected by the acute process. This includes case management issues such as special resources required during and post- acute phase of illness
3. Coordinating care with the interdisciplinary health care team
4. Managing uncertainty (your own as well as that of the patient and family) as much of the care for these patients is not known or determined clearly by the existing evidence

Judicious Mapping to Domains of Competence

- ✓ Patient Care
 - Medical Knowledge
 - Practice-Based Learning and Improvement
- ✓ Interpersonal and Communication Skills
 - Professionalism



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- ✓ Systems-Based Practice
- ✓ Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

PC 2:	Organizing prioritizing responsibilities
PC 3:	Transferring care
PC 6:	Using optimal clinical judgment
PC 7:	Developing management plans
ICS 3:	Communicating with health professionals
ICS 5:	Consultative role
SBP 5:	Working in interprofessional teams
PPD 8:	Dealing with uncertainty

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

Context for the EPA

Rationale: Pediatric pulmonologists must be able to recognize and manage acute simple and complex respiratory illnesses that occur in neonates through young adults in both out- and inpatient settings.

Scope of Practice: The patient population includes both term and pre-term infants through young adulthood. Care begins with the emergence of acute illness both in established patients with chronic respiratory illness and in new patients not previously established with the practice. Care can be administered in the role of primary provider or in consultation. It will occur in settings of home (via phone or electronic communication), clinic, emergency department, or intensive care unit. This document addresses the scope of knowledge and skills of the pediatric pulmonologist in a practice with access to support by both neonatal and pediatric intensive care units and an accredited sleep laboratory. In that case, care for critically ill patients is usually provided in a consultative manner to the intensivists. Those practicing in more rural areas may be called upon to have more of a role in the care of patients who are critically ill or have sleep disordered breathing, but the practitioner should recognize his/her own limitations and seek additional assistance from subspecialists as needed.