



# Entrustable Professional Activities

## EPA 2 for Pediatric Pulmonology

### EPA 2: Manage Patients with Complex Chronic Respiratory Disease Through All Settings and Phases of Life

#### 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 chronic respiratory illness requiring long-term care pose a challenging but critical activity for the pediatric pulmonologist. Scope of practice is the management of the respiratory system as a component of multi-system disease in children with diseases that include asthma, chronic lung disease of infancy, cystic fibrosis, lower respiratory tract infections, sleep disorders, chronic ventilatory assistance, aspiration syndromes, congenital anomalies of the respiratory system, and other diseases such as pulmonary hypertension, interstitial lung disease, and hemosiderosis.

The specific functions which define this EPA include:

1. Developing a long-term management plan with the patient/family that incorporates input of the many professionals within the health care team (e.g., nurses, nutritionists, physical therapists, speech therapists, social workers, and case managers)
2. Identifying and applying evidence-based guidelines to diagnose and manage children with chronic respiratory disease
3. Managing home respiratory equipment and effectively translating its use to more acute settings as needed
4. Assessing comorbid conditions which may be a consequence of the disease process, the medications used to treat the disease, and the emotional, behavioral, and mental health problems that often accompany chronic disease
5. Utilizing necessary procedures, such as pulmonary function testing and bronchoscopy, for evaluation of children with complex respiratory disease
6. Advocating for quality care, which includes involvement of palliative care providers and transition to adult providers

#### Judicious Mapping to Domains of Competence

- ✓ Patient Care



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- ✓ 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 8:	Performing procedures
MK 2:	Practicing EBM
ICS 3:	Communicating with health professionals
SBP 2:	Coordinating care
SBP 4:	Advocating for quality
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 manage children with complex chronic respiratory illness that requires long-term care.

**Scope of Practice:** Care for patients with chronic respiratory disease may begin with newborns, including those with cystic fibrosis identified by newborn screen, premature infants who develop severe bronchopulmonary dysplasia, and children born with congenital anomalies of the respiratory system. Other chronic respiratory diseases in children that can present from early childhood through adolescence include chronic aspiration, severe asthma, recurrent infections, sleep disorders, and those that require chronic ventilatory assistance. Care for infants and children with rare diseases, including pulmonary hypertension, interstitial lung disease, and hemosiderosis, may pose particular challenges. This document is intended to address the scope of knowledge and skills of a pediatric pulmonologist who manages children with chronic respiratory disease.