

Entrustable Professional Activities

EPA 5 for Pediatric Pulmonology

EPA 5: Demonstrate Competence in Performing the Common Procedures of the Pediatric Pulmonary Subspecialist

Supervision Scale for This EPA

- 1. Trusted to observe or assist
- 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 or direct supervision at critical portions for a few complex cases
- 5. Trusted to execute without supervision

Description of the Activity

All pediatric pulmonologists need to be able to perform and/or interpret the common procedures of the subspecialty, including tests of pulmonary function, evaluation of respiration during sleep, bronchoscopy, mechanical ventilation, and noninvasive ventilation.

The specific functions which define this EPA include:

- 1. Demonstrating knowledge of the anatomy, physiology, indications, risks, benefits, alternatives, and potential complications of the procedures
- 2. Communicating with the patient and family to ensure informed consent as well as post procedure instructions
- 3. Managing pain and sedation for the procedure
- 4. Performing technical skills pertinent to the procedure
- 5. Managing post-procedure complications
- 6. Interpreting results of the procedure in the context of the patient
- 7. Demonstrating confidence that puts patients and families at ease

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



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Competencies Within Each Domain Critical to Entrustment Decisions*

PC 6:	Using optimal clinical judgment
PC 8:	Performing procedures
PC 9:	Counseling patients and families
MK 1:	Demonstrating knowledge
ICS 2:	Demonstrating insight into emotion
ICS 6:	Maintaining medical records
SBP 3:	Incorporating cost awareness into care
PPD 1:	Engaging in help seeking behaviors
PPD 7:	Demonstrating self-confidence

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

Context for the EPA

Rationale: Pediatric pulmonologists must have the knowledge and skills to competently perform specialty specific procedures as well as the knowledge and skills to discuss and refer patients for procedures and diagnostic testing performed by other specialists.

Scope of Practice: Pediatric pulmonologists must be able to perform procedures specific to the specialty across pediatric age ranges (newborn to late adolescence/young adult) including tests of pulmonary function, evaluation of respiration during sleep, flexible bronchoscopy, and management of invasive and noninvasive ventilation. In addition, pediatric pulmonologists must be able to recognize the indications for procedures performed by other specialists, communicate the rationale for referral for these procedures to children and their families, and interpret the results. Procedures in this category would include diagnostic imaging of the respiratory system and other systems when relevant to breathing, evaluation of nonrespiratory parameters during sleep, biopsies, sampling, or resection of components of the upper and lower airways, pleura or pleural fluid, lung parenchyma, GI tract, and other organ systems when relevant. Pediatric pulmonologists must also understand airway clearance and pulmonary rehabilitation procedures.