EPA 4: Manage Patients with Acute, Common Diagnoses in an Ambulatory, Emergency, or Inpatient Setting

### Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with proactive, full supervision
   - 2a. As a coactivity with the supervisor
   - 2b. With the supervisor in the room and ready to step in as needed
3. Trusted to execute with reactive, on-demand supervision with supervisor immediately available
   - 3a. ALL findings double checked by supervisor
   - 3b. KEY findings double checked by supervisor
4. Trusted to execute under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
5. Trusted to execute without supervision
   - 5a. Not yet ready to also supervise others in the execution of this EPA*
   - 5b. Also trusted to supervise others in the execution of this EPA *

*Where supervision means: Ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level for this EPA

### Description of the Activity

The ability to manage pediatric patients who present with common acute illnesses is a key activity of a pediatrician. The scope of practice includes well children and children with chronic underlying disease who present with an acute illness.

The specific functions which define this EPA include:

- Assessing the severity of illness and using judgment as to whether immediate or emergency actions, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems
- Gathering essential information through history, physical examination, and initial laboratory evaluation
- Engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis to allow the indicated diagnostic tests to be performed
- Knowing or acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient’s care in developing a diagnostic work-up and plans for management and follow up
- Placing the patient at the center of all management decisions to provide patient and family centered care by engaging in bidirectional communication with patients and families
Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team

Judicious Mapping to Competencies Critical to Entrustment Decisions*

<table>
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<th>PC 2: Physical Exam</th>
<th>PC 4: Clinical Reasoning</th>
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<td>PC 5: Patient management</td>
<td>MK 2: Diagnostic Evaluation</td>
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<td>PBL 1: Evidence-Based and Informed Practice</td>
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<td>ICS 1: Patient-and Family-Centered Communication</td>
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Context for the EPA

**Rationale:** Pediatricians spend a large proportion of their time caring for patients with common acute problems. Pediatricians must be able to recognize and manage common acute pediatric problems, as well as provide counseling and education to patients and families.

**Scope of Practice:** This document is intended to address the scope of practice of a pediatrician with access to support from subspecialists and the ability to transfer patients to higher acuity facilities. It focuses on those common acute problems that a pediatrician would routinely identify and manage. Inherent in this scope of practice is the pediatrician’s recognition of his/her personal limitations in knowledge and skills, leading to referral or help-seek from colleagues when problems become complicated or are beyond the limits of the generalist.

Common acute conditions occur in pediatric patients of all ages. The care of these patients occurs in a variety of settings: inpatient, outpatient clinic, urgent care centers, and the emergency department. The scope of practice will change with the type of setting a pediatrician works in. Some pediatricians may work in both inpatient and outpatient settings, including seeing patients in the emergency department. They may be called upon to resuscitate, stabilize, manage, or transfer patients as part of their scope of practice. Other pediatricians in office-based settings may have solely an outpatient practice, and they may rely on Emergency Medicine providers (emergency rooms) to provide care for sicker patients.