



UAEU

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NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Pediatrics

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Pediatrics

EPA 1: Performing and presenting a basic history and physical examination

Key Features: This EPA focuses on clinical assessment, including performing a basic history and physical examination and presenting the case.

- This EPA does not include correct diagnosis, management, or communication of the plan with the patient/family.

Assessment Plan:

Direct observation of the history and physical by supervisor or entrusted resident or fellow
Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Activity (select all that apply): history; physical; presentation.
- Setting: inpatient; outpatient; emergency department; community

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 neonate or infant
- At least 1 preschool or school age
- At least 1 adolescent
- At least 2 observations by the supervisor
- At least 2 observations of a complete encounter that includes history, physical, and presentation
- At least 1 observation of a complete encounter by the supervisor

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1 COM 1.2 Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
- 2 ME 2.2 Elicit an accurate, relevant history
- 3 COM 2.1 Conduct the interview in a patient-centered manner
- 4 ME 2.2 Perform a physical exam that informs the diagnosis
- 5 COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in the patient's care
- 6 ME 2.2 Synthesize patient information from the clinical assessment for the purpose of written or oral summary to a supervisor
- 7 P 1.1 Exhibit appropriate professional behaviors

Pediatrics

EPA 2: Documenting orders for pediatric patients

Key Features: This EPA focuses on written documentation of orders for the assessment and management of any patient, after discussing the case with a supervisor or entrusted resident or fellow.

- This includes taking into account patient characteristics to adapt the assessment plan and/or dosing and using the appropriate order structure and local order entry system.
- This EPA includes ordering diagnostic tests as well as treatments, such as intravenous fluids, medications, and diet/nutrition.
- This EPA may be observed in simulation.

Assessment Plan:

Review of clinical documentation by supervisor or entrusted resident

Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Setting: inpatient; outpatient; emergency department; community; simulation
- Type of orders: medication/prescription; intravenous fluids; diet/nutrition; diagnostic tests; other (please specify)

Basis for formal entrustment decisions:

Collect 6 observations of achievement.

- A variety of age groups
- At least 1 neonate/infant
- At least 1 child/adolescent
- At least 1 medication/prescription orders
- At least 1 intravenous fluids order
- At least 1 diet/nutrition order
- At least 3 observations by the supervisor

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1 COM 5.1 Document patient care orders
- 2 ME 2.4 Adjust medication dosing for patient age, size, and/or other relevant factors
- 3 COM 5.1 Organize information in appropriate sections
- 4 ME 2.1 Recognize situations requiring direct communication of orders to the appropriate team member
- 5 P 1.1 Complete assigned responsibilities in a timely fashion

Pediatrics

EPA 3: Recognizing deteriorating and/or critically ill patients and initiating stabilization and management

Key Features: This EPA focuses on recognizing when a patient requires timely intervention and/or an increased level of care and initiating necessary interventions including pediatric basic life support and advanced life support, when needed.

- It includes identifying when further assistance is required and promptly seeking it.
- This EPA does not include the delivery room setting and does not include leading the resuscitation or ongoing management of the patient.
- This EPA may be observed in simulation.

Assessment Plan

Direct observation or case review by supervisor or entrusted resident or fellow

Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Case mix: decreased level of consciousness; fever; hypo/hypertension; hypoxemia; pain; seizure; tachy/bradycardia; tachy/bradypnea; other presentation (please specify)
- Setting: inpatient; outpatient; emergency department; community; simulation

Basis for formal entrustment decisions:

Collect at least 5 observations of achievement.

- At least 1 neonate
- At least 1 infant
- At least 1 preschool, school age or adolescent
- At least 3 different clinical presentations
- No more than 2 simulations
- At least 1 observation by a pediatrician
- At least 3 different observers

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1** ME 2.2 Provide assessment and initial stabilization of ABCs
- 2** ME 2.1 Determine the acuity of the issue and the priorities for patient care
- 3** ME 3.4 Perform the sequence of resuscitation as per established protocols
- 4** ME 2.2 Select and/or interpret appropriate investigations
- 5** ME 2.4 Reassess clinical status and re-evaluate and adjust resuscitative and diagnostic efforts as appropriate
- 6** COL 1.3 Work effectively with other members of the health care team

- 7 ME 1.4 Recognize urgent problems that need the involvement of more experienced colleagues and seek their assistance

Pediatrics

EPA 4: Managing low-risk deliveries and initiating resuscitation

Key Features: This EPA focuses on recognizing the features of normal and abnormal fetal to neonatal transition and responding appropriately, providing standard newborn care, and initiating basic neonatal resuscitation (NRP), when needed.

- It includes identifying when further assistance is required and collaborating with the neonatal resuscitation team.
- This includes term and near-term deliveries where there are no expected congenital anomalies. This EPA does not include high-risk deliveries, antenatal consultation/care, care beyond initial management of resuscitation (feeding, ongoing NICU care), or nursery care.
- This EPA may be observed in the delivery room or in a simulation setting.

Assessment Plan:

Direct observation by a supervisor, which may include input from members of the neonatal resuscitation team.

Assessment form collects information on:

- Setting: delivery room; simulation
- Case mix: standard newborn care (stimulation and drying); initiation of resuscitation

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- No more than 2 in simulation
- At least 3 initiations of resuscitation
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1 ME 1.4 Perform a focused clinical assessment, without excluding any key elements
- 2 ME 1.3 Apply knowledge of the physiology of neonatal adaptation to extrauterine life
- 3 ME 3.4 Perform basic neonatal resuscitation, if needed
- 4 ME 2.1 Recognize when a neonate needs additional resuscitation
- 5 ME 1.4 Recognize urgent problems that need the involvement of more experienced colleagues and seek their assistance
- 6 COL 1.3 Work effectively with other members of the healthcare team
- 7 COM 3.1 Communicate effectively with the parent(s)

Pediatrics

EPA 5: Providing well newborn care

Key Features: This EPA includes providing care to healthy newborns and includes the routine screening of newborn exams and discharge counseling.

- This EPA is divided into two parts: initial assessment of newborns; and discharge assessment.
- The discharge assessment aspect of this EPA includes planning follow-up and providing anticipatory guidance and counseling for healthy newborn care.

Assessment Plan:

Part A: Newborn exam

Direct observation by a supervisor, entrusted resident, or fellow

Assessment form collects information on:

- Setting: delivery room; postpartum unit/mother-baby unit; special care nursery; NICU; community practice; inpatient pediatric unit

Part B: Discharge assessment

Direct observation, case presentation, or review of written documentation by a supervisor, entrusted resident, nurse practitioner, or advanced care nurse

Assessment form collects information on:

- Setting: delivery room; postpartum unit/mother-baby unit; special care nursery; NICU; community practice; inpatient pediatric unit
- Case mix: late preterm; term

Basis for formal entrustment decisions:

Part A: Newborn exam

Collect 5 observations of achievement.

- At least 2 different observers

Part B: Discharge assessment

- Collect 5 observations of achievement.
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

Part A: Initial assessment

- 1 ME 2.2 Elicit an accurate, relevant history including pertinent antenatal, perinatal, and/or postnatal information
- 2 ME 2.2 Perform all elements of the newborn physical examination

- 3 ME 2.2 Recognize normal variants and abnormal findings on the neonatal physical examination
- 4 COM 3.1 Share information and explanations that are clear and accurate
- 5 COM 3.1 Use plain language and avoid medical jargon

Part B: Discharge assessment

- 1 ME 2.2 Perform a focused clinical assessment to assess readiness for discharge
- 2 ME 4.1 Establish plans for ongoing care
- 3 HA 1.3 Provide counseling and anticipatory guidance for common neonatal issues, including breastfeeding, safe sleeping, car seat safety, and postpartum depression
- 4 ME 1.3 Apply knowledge of newborn screening protocols
- 5 COM 3.1 Provide the parent (s) with information about newborn screenings, and associated processes for results and follow-up
- 6 COM 3.1 Convey information to the family clearly and compassionately
- 7 COM 3.1 Use plain language and avoid medical jargon
- 8 COM 3.1 Use strategies to verify and validate the understanding of the patient and/or family
- 9 COM 4.3 Answer questions from the family

Pediatrics

EPA 6: Assessing, diagnosing, and initiating management for newborns with common problems

Key Features: This EPA includes performing a comprehensive and/or targeted history and physical examination for a patient with a new presentation.

- It also includes developing a differential diagnosis and initial management plan and presenting the case to a supervisor.
- Examples of common problems include neonatal abstinence syndrome, poor weight gain, hypoglycemia, hyperbilirubinemia, respiratory distress, and the neonate at risk for sepsis.

Assessment plan

Direct observation or case review by the supervisor

Assessment form collects information on:

- Case mix: hyperbilirubinemia; hypoglycemia; neonatal abstinence syndrome; poor weight gain; respiratory distress; risk for sepsis; other (please specify)

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different presentations

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1** ME 2.2 Elicit a history, including the perinatal history as relevant
- 2** ME 2.2 Perform a physical examination relevant to the presentation
- 3** COM 2.3 Seek and synthesize relevant information from other sources (e.g., family, medical records)
- 4** ME 1.3 Apply knowledge of the limitations of blood volume on laboratory testing and the challenges of medical imaging in children
- 5** ME 2.2 Interpret the results of investigations in the context of the patient's presentation
- 6** ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
- 7** ME 2.2 Select and/or interpret appropriate investigations
- 8** ME 2.2 Synthesize and interpret information from the clinical assessment
- 9** ME 2.4 Develop a plan for initial management
- 10** COM 3.1 Convey information to the family clearly and compassionately

Pediatrics

EPA 7: Assessing, diagnosing, and managing patients with common pediatric problems

Key Features: This EPA includes performing a comprehensive and/or targeted history and physical examination for a patient with a new presentation or an exacerbation of a pre-existing illness that is common in pediatric care.

- It also includes developing a differential diagnosis and initial management plan and presenting the case to a supervisor.
- This EPA does not include assessing and managing patients who are critically ill or have complex multisystem problems.

Assessment plan:

Direct observation or case review by a supervisor, entrusted resident, or fellow
Assessment form collects information on:

- Activity (select all that apply): history; physical; diagnosis; management plan
- Patient age: neonate; infant; preschool; school age; adolescent
- Setting: inpatient; outpatient; emergency department; community; on call/after hours
- Case mix: respiratory; gastrointestinal; ID; cardiac; rheumatic/ musculoskeletal; hematology/oncology; endocrine; neurology; renal/genitourinary; otolaryngology/ ophthalmology; dermatology; genetic; mental health; developmental/behavioral/ psychosocial; allergy/immunology
- Presentation: dehydration; fever; respiratory distress; other (write in)

Basis for formal entrustment decisions:

Collect 10 observations of achievement.

- At least 5 direct observations of a component of history and/or physical
- At least 1 from each age group
- At least 5 types of condition
- At least 1 observation for each of respiratory distress, dehydration and fever
- At least 5 observations by an attending physician
- At least 5 different observers

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1 ME 2.2 Elicit a history, including the perinatal history as relevant
- 2 COM 2.1 Conduct the interview in a patient-centered manner
- 3 ME 2.2 Perform the physical exam in a manner that minimizes discomfort or distress, without excluding key elements

- 4** ME 2.2 Perform a physical examination relevant to the presentation
- 5** ME 2.2 Adapt the clinical assessment to the child's age and development
- 6** COM 2.3 Seek and synthesize relevant information from other sources (e.g., family, medical records)
- 7** ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
- 8** ME 1.3 Apply knowledge of the limitations of blood volume on laboratory testing and the challenges of medical imaging in children
- 9** L 2.1 Consider costs when choosing care options
- 10** ME 2.2 Select and/or interpret appropriate investigations
- 11** ME 2.2 Synthesize and interpret information from the clinical assessment
- 12** ME 2.4 Develop a plan for initial management

Pediatrics

EPA 8: Providing primary and secondary preventive health care

Key Features: This EPA includes identifying opportunities and providing developmentally appropriate anticipatory guidance and preventive care for patients and their families.

- This includes guiding healthy habits (e.g., diet and nutrition, physical activity, sleep), preventing injuries and illness, advising regarding immunizations for children and contacts, performing appropriate screening, and supporting mental health.
- This EPA also includes applying knowledge of social determinants of health, dynamics of family functioning (including parental mental health), and the specific challenges faced by vulnerable populations.

Assessment Plan:

Direct observation and/or case review by a supervisor, entrusted resident, or fellow
Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Chronic disease: yes; no
- Vulnerable population: yes; no

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 direct observation
- At least 1 from each age group
- At least 1 chronic disease
- At least 1 vulnerable population
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones:

- 1** ME 2.2 Assess a child's growth and development
- 2** ME 2.2 Use screening tools and validated questionnaires, as applicable
- 3** ME 1.3 Apply knowledge of variations from typical growth, development, and behavioral patterns
- 4** ME 2.2 Determine the patient's status with respect to the immunization schedule
- 5** ME 2.2 Assess a patient's and family's health habits, access to health care, food and other resources, and other social determinants of health
- 6** ME 2.4 Provide counseling and anticipatory guidance, appropriate for the age and developmental stage for healthy growth and development
- 7** COM 4.1 Incorporate the patient's/family's beliefs, values, preferences, context, and

expectations

- 8** ME 2.4 Develop a plan for primary and secondary prevention strategies as part of the child's overall care
- 9** HA 1.1 Facilitate timely access to services and resources in the health and/or social system(s)
- 10** HA 1.2 Work with the patient and/or family to increase their understanding of their illness and healthcare needs
- 11** COM 4.1 Communicate in a manner that is respectful, non-judgmental, and culturally aware
- 12** HA 1.2 Provide advice about appropriate educational resources
- 13** HA 1.3 Work with the patient and/or family to increase opportunities to adopt healthy behaviors

Pediatrics

EPA 9: Performing basic pediatric procedures

Key Features: This EPA includes determining which procedures are necessary and appropriate to the situation.

- Procedures include bag valve mask ventilation; cardiopulmonary resuscitation (ventilation and massage, defibrillation in core); intraosseous injection; lumbar puncture in neonates and infants; changing tracheostomy tubes for obstruction or decannulation; needle thoracostomy in the neonate.
- Some procedures may be observed in a clinical or simulation setting, including Pediatric Advanced Life Support (PALS) or Neonatal Resuscitation Program (NRP) courses, and/or mock codes.

Assessment plan:

Direct observation by the supervisor

Assessment form collects information on:

- Procedure: bag valve mask ventilation; cardiopulmonary resuscitation (ventilation and massage); changing tracheostomy tubes for obstruction or decannulation; intraosseous injection; lumbar puncture; needle thoracostomy
- Setting: clinical; simulation
- Patient age: neonate; infant; preschool; school age; adolescent

Basis for formal entrustment decisions:

Collect 12 observations of achievement (those marked with an asterisk may be observed in simulation).

- At least 4 bag valve mask ventilation in neonate/infant (no simulation), preschool* and school age/adolescent*
- At least 2 cardiopulmonary resuscitations*
- At least 1 changing tracheostomy tube for obstruction or decannulation*
- At least 1 intraosseous injections*
- At least 2 lumbar punctures in neonates/infants
- At least 1 needle thoracostomy in neonate* (clinical setting recommended, but simulation is acceptable)

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for a proposed procedure
- 2 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials

- 3** ME 3.4 Position the patient appropriately
- 4** ME 3.4 Demonstrate aseptic technique: skin preparation; draping; establishing and respecting the sterile field; hand cleanse, mask, gown, and glove
- 5** ME 3.4 Select and provide sedation and local analgesia, as appropriate
- 6** ME 3.4 Handle sharps safely
- 7** ME 3.4 Perform the procedure in a skillful and safe manner
- 8** ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
- 9** COL 1.2 Communicate effectively with patient and/or assistant(s) during the procedure
- 10** P 1.1 Work within personal limits, asking for assistance as needed
- 11** COM 5.1 Document the procedure and outcome

Pediatrics

EPA 10: Communicating assessment findings and management plans to patients and/or families

Key Features: This EPA focuses on the application of communication skills and strategies to convey information, engaging the patient and/or family in shared decision-making.

- This EPA also includes teaching the patient and/or family about the diagnosis and management.
- This does not include complex situations such as discussions involving disclosing serious diagnoses, end-of-life decision-making, or suspected child maltreatment.

Assessment plan:

Direct observation by a supervisor, or entrusted resident or fellow

Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Setting: inpatient; outpatient; emergency department; community; on call/after hours

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 neonate, infant, or preschool
- At least 1 school age
- At least 1 adolescent
- At least 2 observations by the supervisor
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1 COM 1.1 Establish rapport with the patient and family
- 2 COM 1.6 Tailor the approach to communication to the needs of the patient and/or family
- 3 COM 1.1 Engage the patient in the discussion as appropriate for their developmental stage
- 4 COM 3.1 Convey information about the medical course and management plan
- 5 COM 3.1 Use plain language and avoid medical jargon
- 6 COM 3.1 Use strategies to verify and validate the understanding of the patient and/or family
- 7 COM 4.3 Use communication skills and strategies that help the patient and/or family make informed decisions
- 8 COM 4.3 Solicit and answer questions from the patient and/or family

- 9 COM 4.1 Communicate in a manner that is respectful, non-judgmental, and culturally aware

Pediatrics

EPA 11: Documenting clinical encounters

Key Features: This EPA focuses on the application of written communication skills in a variety of formats such as assessment/progress notes; consult letters; discharge summaries; consult requests.

- This includes a synthesis of the pertinent clinical findings, investigations, management plan, and clinical reasoning, as well as clear documentation of the plan for further care.
- Any documents submitted for review must be the sole work of the resident.

Assessment Plan:

Review of documentation by a supervisor, clinical associate, entrusted resident, or fellow
Assessment form collects information on:

- Setting: inpatient; outpatient; emergency department; community; on call/after hours; simulation
- Patient age: neonate; infant; preschool; school age; adolescent
- Case complexity: low; moderate; high
- Format: admission note; consult letter; discharge summary; progress note; other (write in)

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 admission note
- At least 1 discharge summary
- At least 1 progress note
- At least 1 consult letter

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant milestones

- 1** ME 2.2 Synthesize and interpret information from the clinical assessment
- 2** COM 5.1 Organize information in appropriate sections
- 3** COM 5.1 Document all relevant findings and investigations
- 4** COM 5.1 Convey clinical reasoning and the rationale for decisions
- 5** COM 5.1 Provide a clear plan for ongoing management
- 6** COM 5.1 Complete clinical documentation in a timely manner

Pediatrics

EPA 12: Transferring clinical information between health care providers during handover

Key Features: This EPA focuses on communicating acute and ongoing information about a group of patients with varying complexity between colleagues at times of transition in physician responsibility.

- It includes handover when going off duty, at the end of a rotation, and/or at the end of call shifts.

Assessment Plan:

Direct observation by a supervisor, or entrusted resident or fellow, which may include a review of sign- out sheet, electronic document, or other communication tool.

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency department; level I and/or II NICU

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 1-2

Relevant Milestones:

- 1 ME 5.2 Use structured communication tools and strategies to enhance patient safety
- 2 COL 3.2 Summarize and prioritize patient issues providing a rationale for key decisions
- 3 COL 3.2 Provide anticipatory guidance for ongoing management, such as results of outstanding investigations and/or anticipated events/outcomes
- 4 COL 3.2 Clarify issues with the receiving physician(s), as needed, and confirm with closed loop communication
- 5 COL 1.3 Integrate the patient's and family's perspective and context into the care plan
- 6 P 1.1 Demonstrate punctuality
- 7 P 1.1 Complete assigned responsibilities in a timely fashion

Pediatrics

EPA 13: Coordinating transitions of care for non-complex pediatric patients

Key Features: This EPA focuses on transferring patients from one hospital setting to another or to other healthcare facilities and discharging patients.

- This includes summarizing the hospital course and any remaining issues, coordinating ongoing care/follow-up, and providing all needed documentation (e.g., summary, prescription) in a timely manner.
- This also includes the oral or written transfer of information and responsibility of patient care from one practitioner to another.
- This EPA does not include complex patients.

Assessment Plan:

Direct observation and/or case review by a supervisor, entrusted resident, or fellow
Assessment form collects information on:

- Transition type: transfer; discharge

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 of each transition type
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 2-3

Relevant milestones

- 1** ME 2.2 Integrate clinical information to determine the patient's clinical status and health care needs
- 2** ME 4.1 Establish plans for ongoing care, follow-up on investigations, response to treatment, and/or monitoring for disease progression
- 3** L 2.1 Apply knowledge of the resources and/or services available in other care settings
- 4** ME 2.4 Anticipate changes in health status at the time of transition
- 5** HA 1.1 Facilitate timely access to services and resources in the health and/or social system(s)
- 6** COM 3.1 Convey information to the patient and/or family regarding the patient's care needs and treatment plan
- 7** COM 4.3 Solicit and answer questions from the patient and/or family
- 8** COL 3.2 Communicate with the accepting physician(s) or health care professional, clarifying issues as needed
- 9** COL 3.2 Summarize and prioritize patient issues providing a rationale for key decisions
- 10** COL 3.2 Provide anticipatory guidance for ongoing management, such as results of

outstanding investigations and/or anticipated events/outcomes

Pediatrics

EPA 14: Resuscitating and stabilizing neonates following delivery

Key Features: This EPA focuses on applying neonatal resuscitation guidelines, as relevant, and working effectively with the resuscitation team.

- This includes high-risk deliveries.
- This includes providing stabilization and arranging transfer to the NICU, as relevant.

Assessment Plan:

Direct observation, case presentation, or review of written documentation by a supervisor, entrusted resident, or fellow

Assessment form collects information on:

- Gestational age (write-in)

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 observers

When is unsupervised practice expected to be achieved: PGY 2-3

Relevant milestones

- 1 ME 1.4 Recognize one's own limits and seek assistance as needed
- 2 ME 2.1 Recognize instability and medical acuity in a clinical presentation
- 3 ME 2.1 Determine the acuity of the issue and the priorities for patient care
- 4 ME 1.3 Apply knowledge of established protocols for neonatal resuscitation
- 5 ME 3.4 Perform the sequence of neonatal resuscitation as per established protocols
- 6 ME 3.1 Integrate planned procedures or therapies into resuscitative efforts
- 7 COL 1.2 Integrate the skills of other healthcare professionals in the resuscitation
- 8 P 4.1 Maintain capacity for professional clinical performance in stressful situations

Pediatrics

EPA 15: Assessing and managing patients with mental health issues

Key Features: This EPA focuses on the recognition, assessment, and management of mental health issues.

- Examples include patients with ADHD; anxiety disorder; conversion disorder; early psychosis; eating disorders; mood disorders; obsessive-compulsive disorder; oppositional/disruptive and conduct disorders; substance abuse disorders, including tobacco/nicotine products; and suicidal ideation, intent, and attempts.

Assessment plan:

Direct observation or case review by the supervisor

Assessment form collects information on:

- Case mix: ADHD; anxiety disorder; conversion disorder; early psychosis; eating disorder; mood disorder; obsessive compulsive disorder; oppositional/disruptive and/or conduct disorder; substance abuse; suicidal ideation, intent, and attempts
- Setting: inpatient; outpatient; emergency department; community; longitudinal clinic

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 2 by direct observation
- At least 5 different conditions
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 2-3

Relevant milestones

- 1 ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, social, and behavioral development
- 2 ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 3 ME 2.2 Use screening tools and validated questionnaires, as applicable
- 4 ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis
- 5 ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and context
- 6 ME 2.4 Prescribe first-line psychotropic medicines as applicable
- 7 ME 4.1 Develop a plan for ongoing management and follow-up
- 8 ME 4.1 Determine the need for and timing of referral to another health care professional
- 9 HA 1.1 Facilitate timely access to services and resources in the health and/or social

system(s)

- 10** P 1.1 Apply the principles and limits of confidentiality as defined by professional practice standards and the law
- 11** P 3.1 Apply relevant aspects of mental health law and child welfare legislation

Pediatrics

EPA 16: Assessing and managing patients with developmental, behavioral, and school issues

Key Features: This EPA focuses on the recognition, assessment, and management of behavioral, developmental, and school issues.

- Examples include patients with autistic spectrum disorders, common behavior problems, isolated and global learning difficulties, isolated and global developmental disorders, sleep hygiene issues, and sleep disorders.

Assessment plan:

Direct observation or case review by the supervisor

Assessment form collects information on:

- Case mx: autistic spectrum disorder; common behavior problem(s); learning difficulty; developmental disorder; sleep hygiene issue and/or sleep disorder
- Setting: inpatient; outpatient; emergency department; community; longitudinal clinic

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 2 by direct observation
- At least 4 different conditions
- At least 2 in longitudinal clinic
- At least 2 in the community
- At least 3 different observers

When is unsupervised practice expected to be achieved: PGY 2-3

Relevant milestones

- 1 ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, social, and behavioral development
- 2 ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 3 ME 2.2 Use screening tools and validated questionnaires, as applicable
- 4 ME 2.2 Adapt the clinical assessment to the child's age and developmental stage
- 5 ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis
- 6 ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and context
- 7 ME 4.1 Determine the need for and timing of referral to another health care professional
- 8 ME 4.1 Develop a plan for ongoing management and follow-up
- 9 COL 1.3 Support and educate professionals in other sectors, including daycare and

school teachers, in their interactions with the patient and family

- 10** COM 1.1 Communicate using a patient-centered approach that facilitates trust and autonomy and is characterized by empathy, respect, and compassion
- 11** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 12** HA 1.1 Facilitate timely access to services and resources in the health and/or social system(s)

Pediatrics

EPA 17: Analyzing patient safety events to improve the quality of care

Key Features: This EPA includes the review and analysis of a patient safety event and identification of the human, system, and other factors leading to the event.

- This includes a review of expected standards or outcomes of health care delivery, an analysis of the reasons for the gap in the desired outcome and may include suggestions for potential improvement.
- The observation of this EPA requires that the resident participates in the analysis, but it is not necessary for the resident to implement or participate in the implementation of any changes.
- This EPA may be observed via the presentation of findings (e.g., at rounds or to a committee) or via submission of a report.
- This EPA may be observed using a simulated patient safety case.

Assessment Plan:

Direct observation of case presentation by supervisor.

Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2-3

Relevant Milestones:

- 1** ME 5.1 Identify the circumstances contributing to an adverse event
- 2** L 1.1 Identify the impact of human and system factors on healthcare delivery
- 3** S 4.4 Perform data analysis
- 4** L 1.1 Integrate existing standards for health care delivery with findings of data collection
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** L 1.1 Identify changes in practice/clinical care to prevent adverse events
- 7** L 3.1 Demonstrate an understanding of the operations of pediatric healthcare delivery
- 8** P 2.2 Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment

Pediatrics

EPA 18: Diagnosing and managing pediatric patients

Key Features This EPA focuses on assessing, diagnosing, and providing management for patients with acute presentation.

- This includes patients with a new presentation, as well as patients with acute exacerbations or decompensations of a chronic disorder and/or complications of treatment of the condition.
- It also includes arranging for inpatient, emergency, or outpatient follow-ups.
- This EPA does not include resuscitation of critically ill or injured patients.

Assessment Plan

Direct observation or case review by a supervisor, entrusted resident, or fellow

Assessment form collects information on:

- Patient ages: neonate; infant; preschool; school age; adolescent
- Setting: inpatient; outpatient; emergency department; community; NICU; PICU
- Case mix (check all that apply): respiratory; gastrointestinal; ID; cardiac; rheumatic/musculoskeletal; hematology/oncology; endocrine; neurology; renal/genitourinary; otolaryngology/ophthalmology; dermatology; genetic; allergy/immunology

Basis for formal entrustment decisions:

Collect 8 observations of achievement.

- At least 6 direct observations
- At least 2 of each age group: neonate; infant/preschool; school-aged; adolescent
- No more than 2 observations with the same type of condition as the primary presenting medical problem
- At least 6 observed by the supervisor
- At least 3 different assessors

When is unsupervised practice expected to be achieved: PGY 2-3

Relevant milestones

- 1** ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2** ME 1.3 Apply clinical and biomedical sciences to manage complex patient presentations
- 3** ME 2.2 Select and/or interpret appropriate investigations
- 4** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 5** ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and context

- 6** COL 1.3 Integrate the patient's and family's perspective and context into the care plan
- 7** HA 1.1 Identify barriers to access and care for individual patients
- 8** ME 4.1 Determine the need for and timing of referral to another health care professional
- 9** ME 4.1 Establish plans for ongoing care, follow-up on investigations, response to treatment, and/or monitoring for disease progression
- 10** COM 4.3 Use communication skills and strategies that help the patient and/or family understand the diagnosis and plan
- 11** COL 1.3 Work effectively with other healthcare professionals to plan and provide integrated care

Pediatrics

EPA 19: Resuscitating and stabilizing critically ill patients

Key Features: This EPA focuses on the resuscitation and stabilization of critically ill pediatric patients of all ages.

- This EPA includes identifying priorities for management and the need for intensivist and/or other specialist support.
- It includes participating in a debrief session after the acute event.
- This EPA does not include ongoing inpatient management of acutely ill pediatric patients.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct observation by the supervisor

Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Setting: inpatient; outpatient; emergency department; community; on call/after hours; simulation
- Case mix (check all that apply): respiratory; hemodynamic; fluid and electrolyte/metabolic; neurologic; other presentation (write in)

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 neonate
- At least 1 infant/preschool
- At least 1 school aged
- At least 1 adolescent
- No more than 1 in a simulation setting
- At least 1 of each presentation

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1** COL 1.2 Work effectively as the leader of a resuscitation team
- 2** ME 2.1 Determine the acuity of the issue and the priorities for patient care
- 3** ME 2.2 Focus on the assessment, performing in a time-effective manner without excluding key elements
- 4** ME 3.4 Perform the sequence of resuscitation as per established protocols
- 5** ME 2.2 Select and/or interpret appropriate investigations
- 6** ME 2.2 Synthesize patient information to determine a differential diagnosis

- 7** ME 2.4 Develop and implement focused treatment strategies
- 8** ME 4.1 Determine the need for and timing of referral to another health care professional
- 9** COL 1.3 Apply closed-loop communication in urgent or crisis situations to work effectively with physicians and other colleagues in the healthcare professions
- 10** P 4.1 Maintain capacity for professional clinical performance in stressful situations

Pediatrics

EPA 20: Assessing patients with medical and/or psychosocial complexity

Key Features: This EPA builds on the skills achieved to focus on obtaining a history and completing a physical exam for patients with an undifferentiated, complex single system or multiple active competing conditions at varying levels of chronicity.

- This includes patients with medical and/or psychosocial issues who may be unstable and/or uncooperative.
- It includes developing a prioritized problem list with a differential diagnosis.
- This EPA does not include ongoing management of the patient.

Assessment Plan:

Direct observation or case review by the supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency department; community; on call/after hours; NICU; PICU
- Patient age: neonate; infant; preschool; school age; adolescent
- Case mix (check all that apply): respiratory; gastrointestinal; ID; cardiac; rheumatic/musculoskeletal; hematology/oncology; endocrine; neurology; renal/genitourinary; otolaryngology/ophthalmology; dermatology; genetic; mental health; developmental/behavioral/psychosocial; allergy/immunology
- Case complexity: low; medium; high
- Acuity: emergent; urgent; non-urgent

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 2 direct observations
- No more than 1 in a neonate
- At least 3 different types of conditions
- No more than 2 assessments with the same type of condition
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1** ME 2.2 Gather a history, including all pertinent medical and psychosocial issues
- 2** COM 2.2 Manage the flow of complex patient encounters
- 3** ME 2.2 Perform the physical exam in a manner that minimizes discomfort or distress, without excluding key elements
- 4** ME 2.2 Perform a physical examination relevant to the presentation

- 5 ME 2.2 Adapt the clinical assessment to the child's age and development
- 6 COM 2.3 Seek and synthesize relevant information from other sources (e.g., family, medical records)

Pediatrics

EPA 21: Providing ongoing management for patients with chronic conditions

Key Features: This EPA focuses on providing ongoing comprehensive management that includes implementing screening, surveillance, or monitoring strategies, assessing medication adherence and effects, as well as addressing patient and family concerns, and providing education and appropriate follow-up.

- It includes identifying patients with a fluctuating clinical course, recognizing the need for change or escalation of therapy, and implementing a therapeutic plan.
- This EPA may include patients whose condition is complex and therefore requires a consideration of the patient's treatment goals, interactions between different diseases and treatments, consideration of multi-morbidity and frailty, and, often, coordination with other physicians and health care professionals.
- This EPA includes providing anticipatory guidance to the patient and family in the primary care role for overall health maintenance and/or surveillance and advocating for the patient's health care needs.
- This may include the management of patients who are technology dependent.

Assessment plan

Direct observation or case review by the supervisor

Assessment form collects information on:

- Case mix: respiratory; gastrointestinal; ID; cardiac; rheumatic/musculoskeletal; hematology/oncology; endocrine; neurology; renal/genitourinary; otolaryngology, ophthalmology; dermatology; genetic; allergy/immunology
- Setting: inpatient; outpatient; emergency department; community; NICU; PICU; home

Basis for formal entrustment decisions:

Collect 8 observations of achievement

- At least 3 direct observations
- At least 8 different conditions
- At least 1 community setting
- At least 5 different observers

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1 ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.1 Consider comorbidities and clinical urgency in determining priorities to be addressed
- 3 ME 2.2 Select and/or interpret appropriate investigations

- 4** ME 2.2 Integrate and summarize information obtained through the clinical assessment and investigations
- 5** ME 2.4 Identify and address interactions between different diseases and different treatments
- 6** ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and context
- 7** ME 2.4 Adapt guideline-based recommendations for care to the context of the patient's specific needs and priorities
- 8** ME 4.1 Determine the need for and timing of referral to another health care professional
- 9** ME 4.1 Establish plans for ongoing care, follow-up on investigations, response to treatment, and/or monitoring for disease progression
- 10** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 11** COL 1.2 Work effectively with other healthcare professionals, including other physicians
- 12** L 2.1 Demonstrate resource stewardship in clinical care
- 13** HA 1.1 Facilitate timely access to services and resources in the health or social system(s)

Pediatrics

EPA 22: Recognizing and managing suspected child maltreatment and/or neglect

Key Features: This EPA focuses on recognizing and managing patients who have experienced physical, emotional, and/or sexual maltreatment or neglect, or in whom it is suspected.

- It also includes recognizing when a patient is at risk, when there may be a detrimental imbalance between care needs and care provided, or when police and/or social services need to be engaged.
- This EPA does not include preparing legal reports or testifying in court about alleged child abuse and/or neglect.

Assessment Plan

Direct observation by the supervisor

Assessment form collects information on:

- Patient age: neonate; infant; preschool; school age; adolescent
- Case mix: physical maltreatment; emotional maltreatment; sexual maltreatment; neglect; Munchausen by proxy

Basis for formal entrustment decisions:

Collect at least 3 observations of achievement.

- At least 2 different types of maltreatment

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1 ME 2.2 Recognize and respond to factors that raise the suspicion of child maltreatment and/or neglect
- 2 ME 2.2 Recognize sentinel clinical findings suggesting child maltreatment and/or neglect, including injuries, behavioral and emotional changes, and other clinical signs
- 3 ME 1.6 Work within professional boundaries, delegating forensic interviewing to other professionals as indicated
- 4 ME 2.2 Assess a child for signs and symptoms of child maltreatment and/or neglect
- 5 ME 3.4 Collect specimens for assessment of sexually transmitted infections and/or child maltreatment
- 6 COM 5.1 Document evidence of child maltreatment, including the use of diagrams and photographs as appropriate
- 7 ME 2.2 Select and/or interpret appropriate investigations
- 8 ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and context

- 9** ME 4.1 Develop a plan for ongoing management and follow-up
- 10** ME 4.1 Determine the need to involve specialized care professionals, child protective services, or law enforcement
- 11** COM 1.1 Communicate using a patient-centered approach that facilitates trust and autonomy and that is characterized by empathy, respect, and compassion
- 12** HA 1.1 Facilitate timely access to services and resources in the health and/or social system(s)
- 13** P 3.1 Adhere to requirements for mandatory reporting
- 14** P 3.1 Apply relevant aspects of child welfare legislation
- 15** P 1.1 Exhibit appropriate professional behaviors

Pediatrics

EPA 23: Performing core pediatric procedures

Key Features: This EPA includes determining which procedures are necessary and appropriate to the situation.

- Procedures include: accessing port-a-cath; cardiopulmonary resuscitation (defibrillation); chest tube; ear curettage; G-tube reinsertion; immunization (intramuscular); immunization (subcutaneous); intubation; IV insertions; lumbar puncture with/without injection in preschool/school-age child; managing occlusion in long-term access line; nasogastric tube; nasopharyngeal swab; obtaining an EKG; phlebotomy; surfactant administration; throat swab; umbilical arterial line; umbilical venous line; urinary catheterization
- Some procedures may be observed in a simulation setting, including Pediatric Advanced Life Support (PALS) or Neonatal Resuscitation Program (NRP) and/or mock codes.
- This EPA does not include other commonly performed procedures that are present in the other stages of training.

Assessment plan:

Direct observation by the supervisor

Assessment form collects information on:

- Procedure: access port-a-cath; cardiopulmonary resuscitation (defibrillation); chest tube; ear curettage; G-tube reinsertion; immunization (intramuscular); immunization (subcutaneous); intubation; IV insertion; lumbar puncture with/without injection; manage occlusion in long-term access line; nasogastric tube; nasopharyngeal swab; obtain EKG; phlebotomy; surfactant administration; throat swab; umbilical arterial line; umbilical venous line; urinary catheterization
- Setting: clinical; simulation
- Patient age: neonate; infant; preschool; school age; adolescent
- Gender: female; male

Basis for formal entrustment decisions:

Collect 33 observations of achievement (those marked with an asterisk may be observed in simulation).

- At least 1 access port-a-cath*
- At least 1 cardiopulmonary resuscitation (defibrillation)*
- At least 1 G-tube reinsertion*
- At least 2 immunizations (intramuscular and subcutaneous) *
- At least 3 intubations in neonates/infants
- At least 2 IV insertions, including one infant/preschool age

- At least 2 lumbar punctures with/without injection in preschool-age/school age
- At least 3 nasogastric tubes in neonates/school age
- At least 1 nasopharyngeal swab
- At least 1 obtain EKG
- At least 2 surfactant administrations in the neonate
- At least 1 throat swab
- At least 1 umbilical arterial line
- At least 2 umbilical venous line
- At least 2 urinary catheterizations (1 in a boy; 1 in a girl)

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones:

- 1** ME 3.2 Obtain and document informed consent, explaining the risks and rationale for a proposed procedure
- 2** ME 3.4 Gather and/or manage the availability of appropriate instruments and materials
- 3** ME 3.4 Position the patient appropriately
- 4** ME 3.4 Demonstrate aseptic technique: skin preparation; draping; establishing and respecting the sterile field; hand cleanse, mask, gown, and glove
- 5** ME 3.4 Select and provide sedation and local analgesia, as appropriate
- 6** ME 3.4 Handle sharps safely
- 7** ME 3.4 Perform the procedure in a skillful and safe manner
- 8** ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
- 9** COL 1.2 Communicate effectively with patient and/or assistant(s) during the procedure
- 10** P 1.1 Work within personal limits, asking for assistance as needed
- 11** ME 3.4 Establish and implement a plan for post-procedure care
- 12** ME 3.4 Recognize and manage complications
- 13** COM 5.1 Document the procedure and outcome

Pediatrics

EPA 24: Leading discussions with patients, families, and/or other healthcare professionals in emotionally charged situations

Key Features: This EPA focuses on the application of advanced communication and conflict resolution skills to address difficult situations that may involve patients, families, and/or members of the health care team.

- This EPA may be observed in any scenario that is emotionally charged. Examples include managing conflict (parent/physician; patient/physician; patient/parent; physician/health care professional), disclosing unexpected complications and/or medical errors, addressing non-adherence with treatment plans (e.g., vaccine refusal), and breaking bad news.
- This EPA does not include end-of-life discussions.
- This EPA includes documentation of the encounter.
- This EPA may be observed in a simulation setting.

Assessment Plan

Direct observation by a supervisor with a review of documentation

Assessment form collects information on:

- Communication: addressing non-adherence with treatment plan; breaking bad news; disclosing unexpected complications and medical errors; managing conflict
- Setting: inpatient; outpatient; ICU; simulation
- Adolescent: yes; no
- Interpreter: yes; no

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 3 different types of communication
- At least 1 from each setting
- At least 1 observation of communication with an adolescent
- At least 4 different supervisor observers

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1 COM 1.2 Ensure the physical environment is suitable for the nature of the situation (e.g., privacy, safety)
- 2 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
- 3 COM 1.4 Respond to non-verbal communication and use appropriate non-verbal

behaviors to enhance communication

- 4** COM 1.5 Establish boundaries as needed in emotional situations
- 5** COM 3.1 Share information and explanations that are clear and accurate
- 6** COM 3.1 Use strategies to verify and validate the understanding of the patient and/or family
- 7** COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware
- 8** COM 4.3 Answer questions from the patient and/or family
- 9** COL 2.2. Listen to understand and acknowledge other perspectives
- 10** P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment
- 11** COM 5.1 Document the clinical encounter to reflect discussion and decisions

Pediatrics

EPA 25: Coordinating transitions of care for patients with medical or psychosocial complexity

Key Features: This EPA builds on previous skills, adding patient care scenarios that are more complex (from a medical, social, and psychosocial perspective) as well as transitions that may require the coordination of multiple teams or professionals.

- This includes assessing the needs of the patient and family, orchestrating the team that will be involved in the patient's care, making optimal use of community resources, providing handover to receiving physicians, and ensuring that the patient's family understands the status of the patient health care needs and the management and follow-up plan.
- This EPA includes inter-facility or intra-hospital transfer of a patient; movement of patients between health care professionals and/or settings, including an admission from a community setting, emergency department, different level of care within a hospital, and transfer of care from one practitioner to another; discharging a patient from an inpatient facility; and the transition of care to the adult setting.

Assessment Plan

Direct observation and/or case review by a supervisor, entrusted resident, nurse practitioner, or other with expertise in transitions

Assessment form collects information on:

- Case mix (select all that apply): medical complexity; multisystem complexity; social complexity; other complexity [write in]
- Transition type (select all that apply): transfer of care; discharge
- Settings: inpatient; outpatient; emergency department; community; PICU; NICU
- Patient age: neonate; infant; preschool; school age; adolescent

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 of each transition type
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1 ME 2.2 Integrate clinical information to determine the patient's clinical status and health care needs
- 2 L 2.1 Apply knowledge of the resources and/or services available in other care settings
- 3 ME 2.4 Anticipate changes in health status at the time of transition

- 4** ME 4.1 Establish plans for ongoing care, follow-up on investigations, response to treatment, and/or monitoring for disease progression
- 5** COL 1.2 Consult as needed with other health care professionals, including other physicians
- 6** HA 1.1 Work with other health care professionals to address barriers to access to resources and services
- 7** COM 3.1 Convey information and provide anticipatory guidance to the patient and family regarding the patient's care needs and treatment plan
- 8** COM 4.3 Answer questions from the patient and/or family
- 9** HA 1.2 Select and/or provide access to family education resources
- 10** COL 3.2 Communicate effectively with the accepting physician, providing a summary of patient issues and ongoing guidance for care

Pediatrics

EPA 26: Leading the inpatient team

Key Features: This EPA focuses on the efficient leadership of an inpatient service in the role of the senior resident.

- This includes organizing and delegating the daily workload for the medical team, working effectively with the inter-professional team, coordinating patient management and discharge plans, and using available resources judiciously.
- At this stage, this EPA does not include the role of the most responsible physician for medical decisions.
- The observation of this EPA is not based on a single patient encounter, but rather on the resident performance over a period of at least one week.

Assessment Plan:

Direct and indirect observation by a supervisor, of at least one week of clinical activity, with input from other team members and health professionals (nurse, clinical assistant, other health professionals, other residents, or students)

Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones:

- 1 L 4.1 Manage time and prioritize tasks
- 2 COL 1.2 Delegate responsibilities to members of the health care team appropriate to their scope of practice and level of expertise
- 3 COL 1.3 Communicate effectively with physicians and other healthcare professionals
- 4 ME 1.3 Apply a broad base and depth of knowledge to manage the breadth of pediatric patient presentations
- 5 ME 4.1 Determine the need for and timing of referral to another health care professional
- 6 HA 1.1 Facilitate timely access to services and resources in the health and/or social system(s)
- 7 L 2.1 Allocate health care resources for optimal patient care
- 8 ME 4.1 Coordinate investigation, treatment, and follow-up when multiple physicians and health care professionals are involved
- 9 P 1.1 Respond punctually to requests from patients or other healthcare professionals
- 10 P 1.1 Exhibit appropriate professional behaviors

11 P 2.2 Demonstrate a commitment to patient safety and quality improvement

Pediatrics

EPA 27: Advancing the discipline through scholarly activity

Key Features: The observation of this EPA is based on the completion of a scholarly project.

- This may include basic or clinical science related to pediatric medicine, advocacy, medical education, patient safety, QI, knowledge translation, and others at the discretion of the program director.
- This EPA includes reviewing and appraising relevant literature, using appropriate methods, analyzing findings, critically reflecting on the findings, discussing what the project has added to the field of inquiry, and disseminating results in some format (e.g., grand rounds, research day, manuscript suitable for journal submission) at the discretion of the program director.
- It includes the preparation of an abstract, structured progress report, and/or manuscript.

Assessment Plan:

The research supervisor recommends the achievement of the EPA to the competence committee.

Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

- 1 S 4.4 Pose questions that are appropriately constructed and amenable to scholarly inquiry
- 2 L 4.1 Organize work to manage clinical, scholarly, and other responsibilities
- 3 S 4.4 Identify, consult, and collaborate with content experts and others in the conduct of scholarly work
- 4 S 4.4 Collect data for a scholarly project
- 5 S 4.4 Perform data analysis
- 6 S 4.4 Integrate existing literature and findings of data collection
- 7 S 4.4 Identify areas for further investigation
- 8 S 4.5 Summarize and communicate the findings of research and scholarly inquiry

Pediatrics

EPA 28: Providing teaching and feedback

Key Features: The focus of this EPA is the role of the pediatrician as a teacher of junior learners, other residents, physicians, other health professionals, and the public.

- This includes formal and informal teaching, as well as assessing and providing constructive feedback to junior learners.
- Examples of formal and informal teaching include didactic sessions (e.g., grand rounds, academic half-day, prepared teaching sessions with staff, formal undergraduate medical courses, small group formal sessions, large group formal sessions, conference presentations, community presentations), informal (i.e., impromptu) didactic sessions, physical examination skills teaching, procedural skills teaching and bedside teaching.
- The observation of this EPA is divided into two parts: providing teaching and assessing and providing constructive feedback.

Assessment Plan:

Part A: Providing teaching

Direct observation by a physician or entrusted resident or fellow, including feedback from learners

Assessment form collects information on:

- Activity: academic half-day session; bedside teaching; community presentations; conference presentation; grand rounds; large group formal session; informal/impromptu teaching; physical examination skill teaching; prepared teaching sessions with staff; procedural skills teaching; small group formal session; undergraduate medical course; other teaching events

Part B: Assessing and providing constructive feedback to junior learners

Direct observation by a supervisor with input from the junior learner

Assessment form collects information on:

- Challenging situation: yes, no
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Part A: Providing teaching

Collect 4 observations of achievement.

- A variety of teaching events

Part B: Assessing and providing constructive feedback to junior learners

Collect 2 observations of achievement.

- At least 1 challenging situation

When is unsupervised practice expected to be achieved: PGY 3-4

Relevant milestones

Part A: Teaching

- 1 S 2.4 Identify the learning needs and desired learning outcomes of others
- 2 S 2.4 Develop learning objectives for a teaching activity adapting to the audience and setting
- 3 ME 1.3 Apply knowledge of the biomedical and clinical sciences relevant to Pediatrics
- 4 S 2.4 Present information in an organized manner to facilitate understanding
- 5 S 2.4 Provide adequate time for questions and discussion

Part B: Providing feedback

- 1 S 2.2 Create a safe space for feedback to be given and received
- 2 S 2.5 Identify behaviors to continue as well as those for improvement
- 3 S 2.5 Provide examples of learner performance to support the overall assessment
- 4 S 2.5 Provide specific actionable suggestions for improvement of performance
- 5 P 1.1 Complete learner assessments in a timely fashion

Pediatrics

EPA 29: Leading a general pediatric inpatient service

**** (valid ONLY for PGY-4 on the last 6 months of training)***

Key Features: This EPA focuses on the independent management of an inpatient service in the role of the physician most responsible for patient care. Building on the competencies of the Core stage, this includes the application of the knowledge, skills, and attitudes expected of an independently practicing physician.

- This includes responsibility for the overall safe quality care of acute and chronic patients, working effectively with the inter-professional team, completing administrative tasks, bed management, supervising, coaching, assessing, and providing feedback for junior learners.
- The observation of this EPA is divided into two parts: patient care; inter-professional interaction/supervision.
- The patient care aspects of this EPA are based on at least one week of observation caring for a patient population that is reflective of general pediatric practice in the local context.

Assessment Plan:

Part A: Patient care

Direct and indirect observation by the supervisor

Assessment form collects information on:

- Complexity and volume of caseload: low; high
- Setting (write-in)

Part B: Inter-professional Care/supervision of junior learners

Feedback from multiple observers compiled by supervising pediatrician

Assessment form collects information on:

- Observer role (select all that apply): nurse; clinical assistant; consulting physician; social worker; other trainees (e.g., subspecialty resident, junior resident, medical student); other health care professional.

Basis for formal entrustment decisions:

Part A: Patient care

Collect 3 observations of achievement

- At least 1 caseload of high complexity
- 2 different supervisors

Part B: Inter-professional Care/supervision of junior learners

Collect feedback from at least 3 observers on one occasion.

When is unsupervised practice expected to be achieved: PGY 4

Relevant milestones:

Part A: Patient care

- 1** ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of the most responsible physician
- 2** ME 1.4 Perform relevant and time-effective clinical assessments
- 3** ME 1.5 Prioritize patients based on the urgency of clinical presentations
- 4** L 2.1 Allocate health care resources for optimal patient care
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** ME 2.4 Develop plans for patient care that anticipate clinical response and progress to other settings of care, including home
- 7** L 4.1 Set priorities and manage time to fulfill diverse responsibilities
- 8** L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service
- 9** P 4.1 Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings
- 10** ME 4.1 Coordinate treatment and follow-up across care settings
- 11** HA 1.1 Facilitate timely access to services and resources in the health and/or social system(s)

Part B: Inter-professional care/supervision

- 1** COL 1.2 Make effective use of the scope and expertise of other healthcare professionals
- 2** COL 1.2 Assign tasks and responsibilities to other team members, commensurate with their skills and patient complexity
- 3** COL 1.3 Communicate effectively with physicians and other healthcare professionals
- 4** COL 1.1 Respond appropriately to input from other healthcare professionals
- 5** P 1.1 Respond punctually to requests from patients or other healthcare professionals
- 6** S 2.1 Use strategies for deliberate, positive role-modeling
- 7** S 2.2 Create a positive learning environment
- 8** S 2.5 Provide feedback to enhance learning and performance
- 9** P 1.1 Exhibit appropriate professional behaviors
- 10** P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment

Pediatrics

EPA30: Managing the longitudinal aspects of patient care in a general pediatric outpatient setting* (valid ONLY for PGY-4 on the last 6 months of training)

Key Features: This EPA focuses on the longitudinal management of a general pediatric outpatient clinic in the role of the physician most responsible for patient care.

- This includes responsibility for medical care decisions, time and caseload management, follow-up on investigations, and accessibility in between clinic visits.
- The observation of this EPA is not based on a single patient encounter, but rather on the resident performance over a period of time.

Assessment Plan:

Direct and/or indirect observation by supervisor(s), with input from nurse, clerk +/- other health care professionals

Use assessment form.

Basis for formal entrustment decisions:

At least 2 observations of achievement.

- Collect observations at 1-3 months intervals

When is unsupervised practice expected to be achieved: PGY 4

Relevant milestones:

- 1** ME 2.2 Select investigation strategies demonstrating awareness of availability and access in the outpatient setting
- 2** ME 2.4 Formulate treatment plans that are suitable for implementation in the outpatient setting
- 3** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 4** COL 1.3 Provide accurate, timely, and relevant written information to the referring/primary care physician
- 5** L 4.1 Manage time effectively to maintain clinic flow
- 6** COL 1.2 Work effectively with outpatient clinic staff and managers
- 7** P 1.1 Respond punctually to requests from patients or other healthcare professionals
- 8** L 4.2 Manage clinic booking and scheduling
- 9** L 4.1 Review and act on incoming test results in a timely manner
- 10** L 4.2 Describe remuneration models relevant to Pediatrics

Pediatrics

EPA 31: Leading discussions about goals of care* (valid ONLY for PGY-4 on the last 6 months of training)

Key features: This EPA focuses on the application of communication skills to lead discussions with patients and families about the progression of illness and the evolution of the goals of care.

- This includes patients with complex medical issues and/or life-limiting conditions for whom decisions regarding goals of care may impact plans for management.
- This EPA includes the legal and ethical aspects of these discussions and decisions.
- It may also include providing referrals to resources to support ongoing patient care and/or bereavement resources for the family.
- This EPA may be observed in simulation.

Assessment plan

Direct observation by the supervisor

Assessment form collects information on:

- Setting: clinical, simulation

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- No more than 1 in simulation

When is unsupervised practice expected to be achieved: PGY 4

Relevant milestones

- 1 ME 2.1 Identify patients with life-limiting conditions, including those for whom the burden of disease-modifying treatment or investigations may be greater than the clinical benefit.
- 2 ME 2.3 Recognize and respond to signs that it is time to transition care away from a disease-modifying approach
- 3 COM 3.1 Share information about diagnosis and prognosis clearly and compassionately
- 4 COM 3.1 Use strategies to verify the understanding of the patient and/or family
- 5 COM 2.1 Gather information about the patient's beliefs, values, preferences, context, and expectations with regard to their care
- 6 ME 2.3 Address the impact of the medical condition on the patient's future quality of life
- 7 ME 2.3 Establish goals of care in collaboration with the patient and/or family

- 8 COM 1.5 Recognize when strong emotions (e.g., fear, anger, anxiety, sorrow) are impacting an interaction and respond appropriately
- 9 ME 2.4 Develop a plan to optimize symptom management in support of the patient's goals of care
- 10 ME 2.4 Develop management plans that accurately reflect the patient and/or family's goals of care
- 11 COM 5.1 Document the clinical encounter to accurately reflect the discussion and decisions

Pediatrics

EPA 32 Leading family meetings and inter-professional team meetings* (valid *ONLY* for PGY-4 on the last 6 months of training)

Key Features: This EPA focuses on leading meetings for the purposes of discussing the clinical status and management, clarifying patient/family expectations, setting treatment goals, reviewing patient progress, and/or discharge planning.

- This includes leading the discussion, attending to meeting flow and organization, encouraging participation from all members, integrating information from the inter-professional team, promoting patient-centered goal setting, and facilitating discharge planning.
- This EPA includes identifying and managing conflict between patients, families, other physicians, and other health care providers, as well as complex communication scenarios such as those needing the use of an interpreter.

Assessment plan:

Direct and/or indirect observation by a supervisor, with input from others

Assessment form collects information on:

- Type of meeting: family; team
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 2 of each meeting type
- At least 1 direct observation by a supervising pediatrician
- No more than 1 in simulation

When is unsupervised practice expected to be achieved: PGY 4

Relevant milestones:

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of the most responsible physician
- 2 COM 5.3 Share information with patients, families, and other healthcare providers in a manner that respects patient privacy and confidentiality, and enhances understanding
- 3 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 4 COL 1.3 Communicate effectively with physicians and other healthcare professionals
- 5 COL 1.3 Engage in respectfully shared decision-making with other healthcare professionals

- 6 L 4.2 Facilitate interprofessional meetings, ensuring engagement and participation of attendees and appropriate time management
- 7 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a collaborative manner
- 8 COM 1.4 Manage one's own non-verbal communication skills in difficult situations
- 9 P 1.1 Intervene when behaviors among colleagues and/or learners undermine a respectful environment
- 10 P 1.1 Exhibit appropriate professional behaviors
- 11 ME 2.4 Establish management plans in patient encounters when there are significant disagreements about what is achievable

