



UAEU

جامعة الإمارات العربية المتحدة  
United Arab Emirates University

# NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

## NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Pediatric Infectious Diseases

Draft version 1  
2025/06/26



## List of EPAs:

EPA 1: Assessing patients with a confirmed or suspected infectious disease .....	4
EPA 2: Recognizing life, limb, and/or organ threatening presentations and initiating management.....	5
EPA 3: Assessing immunocompetent patients and initiating management for common infections .....	6
EPA 4: Providing ongoing care for immunocompetent patients with a common infection ..	8
EPA 5: Summarizing and presenting patient information for case conferences .....	9
EPA 6: Assessing inpatients with a complex and/or chronic infectious disease presentation and initiating management .....	10
EPA 7: Providing ongoing care for inpatients with a complex and/or chronic infectious disease .....	12
EPA 8: Providing consultation and ongoing care in the outpatient setting .....	13
EPA 9: Providing immunization and/or prophylaxis consultations .....	15
EPA 10: Providing infection control consultations .....	16
EPA 11: Performing antimicrobial stewardship audit and feedback .....	17
EPA 12: Documenting clinical encounters .....	18
EPA 13: Leading discussions with patients, families and/or other health care professionals in challenging scenarios .....	19
EPA 14: Delivering teaching to a variety of audiences, including peers, junior trainees, and/or other health professionals .....	21
EPA 15: Running a clinic .....	22
EPA 16: Managing an inpatient consultation service.....	23
EPA 17: Managing an outpatient practice .....	24
EPA 18 Providing telephone consultation and advice to health care providers.....	25
EPA19: Conduct Scholarly Research in Pediatric Infectious Diseases.....	26

## **Infectious Diseases pediatric**

### ***EPA 1: Assessing patients with a confirmed or suspected infectious disease***

Key Features: The focus of this EPA is the application of the clinical skills acquired in Pediatrics to perform ID-specific consultations.

- This includes gathering an accurate history, including host/sociodemographic factors and relevant exposures; performing a physical examination; reviewing the results of pertinent investigations; synthesizing the information for an organized and concise presentation to a supervisor; and documenting the assessment.
- An important aspect of this EPA is recognizing relevant infection prevention and control considerations and taking appropriate precautions.
- At this stage, a complete and accurate management plan is not required.

#### Assessment Plan:

Direct observation or case review with supervisor

Assessment form collects information on:

- Setting: PICU; inpatient; NICU; outpatient
- Patient with medical complexity/chronic medical conditions: no; yes

#### Basis for formal entrustment decisions:

Collect at least 2 observations of achievement.

- At least 1 directly observed history
- At least 1 includes review of consult note
- At least 2 different locations
- At least 1 patient with medical complexity or chronic medical conditions
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones:

- 1** ME 5.2 Follow procedures for infection prevention and control
- 2** ME 2.2 Gather a clinical history including the patient's risk factors for infectious disease
- 3** ME 2.2 Perform a physical examination relevant to the presentation
- 4** COM 2.3 Seek and synthesize relevant information from other sources (e.g., family, medical record)
- 5** ME 2.2 Select and/or interpret appropriate investigations
- 6** ME 2.2 Develop a differential diagnosis
- 7** ME 2.4 Propose a management plan
- 8** ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor

## **Infectious Diseases pediatric**

### ***EPA 2: Recognizing life, limb, and/or organ threatening presentations and initiating management***

Key Features: This EPA focuses on recognizing the potential severity of a patient's presentation, performing a timely assessment and review of the case, initiating appropriate empiric management, and where relevant, engaging other services in the patient's care.

- Examples of life, limb, and/or organ threatening presentations include meningitis, necrotizing fasciitis, malaria, sepsis/septic shock, serious CLABSIs, and other emerging infections.
- This EPA may include attention to aspects of personal safety (e.g., infection control, violent patient).
- An important aspect of this EPA is working within one's limits and contacting senior consultant/staff when appropriate.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Scenario (write in):
- Setting: clinical; simulation

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- No more than one in simulation

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones:

- 1** ME 5.2 Follow procedures for infection prevention and control
- 2** ME 2.1 Determine the urgency of the situation
- 3** ME 2.2 Perform a history and physical exam relevant to the patient presentation, in a timely manner
- 4** ME 2.2 Select and/or interpret appropriate investigations
- 5** ME 2.2 Develop a differential diagnosis
- 6** ME 2.4 Develop a plan for initial empiric management
- 7** ME 4.1 Determine the need and timing of referral to another health care professional
- 8** P 1.1 Work within one's own limits, seeking assistance as needed

## **Infectious Diseases pediatric**

### ***EPA 3: Assessing immunocompetent patients and initiating management for common infections***

Key Features: This EPA includes performing a history and physical exam for patients with a confirmed or suspected infectious disease and developing a plan for initial management, including selecting investigations, recommending appropriate PPE and isolation based on the clinical syndrome, and applying the principles of antimicrobial stewardship in the selection of treatment.

- It may include working with the medical microbiology laboratory team in the investigation and management of the case and diagnostic stewardship of laboratory resources.

#### Assessment Plan:

Direct observation and case review by supervisor with confirmation of physical examination findings when relevant

Assessment form collects information on:

- Patient age: neonate; infant; child; adolescent
- Setting: emergency department; inpatient-medical; inpatient-surgical; NICU; outpatient; PICU
- Case mix: cardiovascular; CNS; genital; GI; ophthalmic; osteoarticular; respiratory; skin and soft tissue; urinary; other (write in)
- Post-surgical infection: no; yes
- Retained hardware/foreign material: no; yes

#### Basis for formal entrustment decisions:

Collect 6 observations of achievement.

- At least 2 with confirmation of physical exam findings
- At least 1 neonate or infant
- At least 1 adolescent
- At least 1 in medical inpatient setting
- At least 1 in NICU or PICU setting
- At least 1 in outpatient or emergency department setting
- A variety of organ systems
- At least 1 patient with a post-surgical infection
- At least 1 patient with retained hardware/foreign material
- At least 3 different observers

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones:

- 1** ME 2.2 Apply infection control practices as appropriate to the clinical syndrome

- 2** ME 2.2 Gather a clinical history including the patient's risk factors for infectious disease
- 3** ME 2.2 Perform a physical examination relevant to the presentation
- 4** ME 2.2 Select and/or interpret investigations
- 5** ME 2.2 Develop a differential diagnosis
- 6** ME 1.3 Apply knowledge of the principles of antimicrobial stewardship
- 7** ME 2.4 Develop and implement a plan for initial management
- 8** ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor
- 9** COL 1.2 Work effectively with the medical microbiology laboratory

## **Infectious Diseases pediatric**

### ***EPA 4: Providing ongoing care for immunocompetent patients with a common infection***

Key Features: This EPA focuses on the care that occurs over the course of a disease process.

- This includes clinical reassessment, further investigation, and/or modification of treatment, including tailoring antimicrobial therapy, transitioning iv to po treatment, adjusting duration of treatment and responding to therapeutic drug monitoring as appropriate, and making decisions about discharge and/or follow-up.
- It may include working effectively with a consulting service and facilitating access to treatments and resources (e.g., outpatient antibiotic therapy).

#### Assessment Plan:

Case review by supervisor

Assessment form collects information on:

- Setting: emergency department; inpatient-medical; inpatient-surgical; NICU; outpatient; PICU
- Issue: modify therapy based on incoming data and clinical response; manage complication or toxicity of therapy; sign-off of care with follow up as appropriate

#### Basis for formal entrustment decisions:

Collect 6 observations of achievement.

- At least 1 inpatient (NICU, PICU medical, or surgical)
- At least 1 outpatient or emergency department
- A variety of issues
- At least 3 different observers

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones:

- 1** ME 2.2 Gather clinical information to affirm the diagnosis and assess response to therapy, possible complications, and evolution of the clinical course
- 2** ME 2.2 Select and/or interpret investigations
- 3** ME 2.4 Adapt the management plan, as needed
- 4** COL 1.3 Integrate the patient's perspective and context into the care plan
- 5** HA 1.2 Work with the patient and/or family to increase their understanding of their illness and health care needs
- 6** ME 4.1 Provide recommendations for discharge and/or follow-up
- 7** COL 1.2 Work effectively with the consulting service
- 8** HA 1.1 Facilitate access to needed health services and resources

## **Infectious Diseases pediatric**

### ***EPA 5: Summarizing and presenting patient information for case conferences***

Key Features: This EPA includes summarizing case details, reviewing relevant investigations and treatment guidelines, identifying questions to be resolved through group discussion, and presenting the case in an organized and succinct manner.

- It may include performing a literature review surrounding a pertinent aspect of the case and participating in shared decision-making about the case.
- This EPA can be observed in case conferences within the infectious diseases group or in multidisciplinary meetings.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Literature review done: no; yes

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 involving a literature review surrounding a pertinent aspect of the case presented

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones:

- 1** ME 2.2 Review and synthesize clinical information to formulate a summary of the case
- 2** ME 1.6 Identify areas of uncertainty to be addressed in group discussion
- 3** S 3.4 Perform a scholarly review of relevant health literature and/or guidelines
- 4** COL 1.3 Present the case in an organized and succinct manner
- 5** COL 1.3 Facilitate group discussion
- 6** COL 1.1 Respond appropriately to questions and input from others
- 7** COL 1.3 Participate in shared decision-making about the case
- 8** P 1.1 Behave in a professional manner



## **Infectious Diseases pediatric**

### ***EPA 6: Assessing inpatients with a complex and/or chronic infectious disease presentation and initiating management***

Key Features: This EPA includes collecting and synthesizing clinical and epidemiologic information to formulate and prioritize a differential diagnosis, select investigations, and develop a treatment plan.

- This includes applying knowledge of infection control, pharmacology, and antimicrobial stewardship as they pertain to the case and liaising with microbiology, public health, and other specialty services as appropriate.
- Examples of a complex and/or chronic presentation include fever of unknown origin/non-infectious mimics, infectious complications of substance use, travel-related illnesses or other exposures and epidemiologic risk factors, patients who are immunocompromised (primary or secondary immunodeficiency), and patients with a critical illness (e.g., ICU, PICU, NICU) and/or with multiple concurrent medical conditions.
- Examples of complex presentations include those that have inadequate source control, are not responding to usual therapy, or require special access to treatment (e.g., antimicrobial resistant organism).

#### Assessment Plan:

Case review by supervising consultant

Assessment form collects information on:

- Setting: inpatient-medical; inpatient-surgical; NICU; PICU
- Case mix (select all that apply): MDRO; asplenia; biologics/DMARDS; cancer/systemic therapy; complication of substance use; FUO/non-infectious mimic; HIV/AIDS; HSCT recipient; inborn error of immunity; neutropenia; pregnancy or the post-partum period; SOT recipient; suspected congenital infection; travel-related illness; other [write in]

#### Basis for formal entrustment decisions:

Collect at least 10 observations of achievement.

- At least 1 in inpatient-surgical setting
- At least 2 in NICU setting
- At least 1 in PICU setting
- At least 3 immunocompromised patients, for two different reasons (HIV/AIDS, neutropenia, SOT recipient, HSCT recipient, biologics/DMARDS, inborn error of immunity, asplenia, cancer/systemic therapy)
- At least 1 patient with a complex MDRO
- At least 2 patients with FUO/non-infectious mimic
- At least 1 patient with a suspected congenital infection
- At least 1 travel-related illness

When is unsupervised practice expected to be achieved: PGY 2

Relevant Milestones:

- 1** ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2** ME 2.2 Select and/or interpret investigations
- 3** ME 2.2 Formulate a differential and most likely diagnosis
- 4** ME 2.2 Integrate information that may impact the diagnosis or outcome
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** ME 2.4 Develop a management plan
- 7** ME 4.1 Develop a plan for follow-up, as needed
- 8** COL 1.3 Work effectively with the other health care professionals involved in the patient's care
- 9** ME 1.3 Apply knowledge of the principles of antimicrobial stewardship
- 10** L 2.1 Consider costs and resource availability when selecting treatment options
- 11** ME 2.2 Focus the clinical encounter performing it in a time-effective manner

## **Infectious Diseases pediatric**

### ***EPA 7: Providing ongoing care for inpatients with a complex and/or chronic infectious disease***

Key Features: This EPA includes reassessment of the patient to evaluate changes in their clinical condition, interpret results of new investigations, assess response to therapy, and identify any complications and side effects.

- It also includes recognizing the need to tailor therapy and formulate a plan for ongoing monitoring, follow-up, and completion of treatment as an inpatient or outpatient.
- This may include liaising with the referring physician, microbiology, public health, and other specialty services as appropriate.

#### Assessment Plan:

Case review by supervising consultant

Assessment form collects information on:

- Issue: modify therapy based on incoming data and clinical response; manage complication or toxicity of therapy; sign-off or transfer of care with follow up as appropriate

#### Basis for formal entrustment decisions:

Collect 12 observations of achievement.

- At least 6 of modifying therapy based on incoming data and clinical response
- At least 2 of managing complications or toxicity of therapy
- At least 4 sign-off or transfer of care with follow-up as appropriate
- At least 3 different observers

When is unsupervised practice expected to be achieved: PGY 2

#### Relevant Milestones:

- 1** ME 2.2 Gather clinical information to affirm the diagnosis and assess response to therapy, possible complications, and evolution of the clinical course
- 2** ME 2.2 Select and/or interpret investigations
- 3** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 4** ME 2.4 Adapt the management plan, as needed
- 5** COL 1.3 Integrate the patient's perspective and context into the care plan
- 6** HA 1.2 Work with the patient and/or family to increase their understanding of their illness and health care needs
- 7** COL 1.2 Work effectively with the relevant health care providers
- 8** ME 4.1 Provide recommendations for discharge and/or follow-up

## **Infectious Diseases pediatric**

### ***EPA 8: Providing consultation and ongoing care in the outpatient setting***

Key Features: This EPA focuses on providing care in the outpatient setting, including initial consultation and/or ongoing management.

- This includes assessment of the patient's condition and development of or reassessment of the treatment plan which may include surveillance for complications of the infection or its treatment, monitoring of therapy and response to therapy, and plans for follow-up.
- It also includes addressing patient/family concerns and providing education, applying knowledge of resources in the outpatient setting, and helping patients/families access those resources when needed.
- This EPA includes approaching patients with an attitude of inclusion, respect for diversity and cultural humility and advocating with patients experiencing stigmatization and/or complex social situations, such as barriers to accessing care or guardianship/substitute decision maker issues.
- This EPA may be observed in a variety of clinics such as general ID, outpatient antibiotic therapy, specific infections (TB, etc.).

#### Assessment Plan:

Case review by supervisor

Assessment form collects information on:

- Type of visit: new consult; follow-up
- Case mix: congenital infection; MRSA decolonization; HIV; post-infectious syndrome; recurrent infections; TB; undiagnosed signs/symptoms; other (write in)
- Immunodeficiency workup initiated: no; yes
- Social complexity: no; yes

#### Basis for formal entrustment decisions:

Collect 12 observations of achievement.

- A mixture of new consults and follow-up visits
- A variety of presentations
- At least 1 patient with a congenital infection
- At least 1 patient with HIV infection
- At least 1 patient with TB infection
- At least 1 where an immunodeficiency workup was initiated
- At least 1 case with social complexity

When is unsupervised practice expected to be achieved: PGY 2

#### Relevant Milestones:

- 1 ME 1.4 Perform a clinical assessment that addresses all relevant issues

- 2 ME 2.2 Select and/or interpret investigations
- 3 ME 2.2 Integrate information that may impact the diagnosis or outcome
- 4 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 5 L 2.1 Consider costs and resource availability when selecting treatment options
- 6 ME 2.4 Develop a management plan
- 7 ME 4.1 Develop a plan for follow-up, as needed
- 8 HA 1.1 Facilitate access to needed health services and resources
- 9 HA 1.2 Work with the patient and/or family to increase their understanding of their illness and health care needs
- 10 COL 1.3 Work effectively with the other health care professionals involved in the patient's care

## **Infectious Diseases pediatric**

### ***EPA 9: Providing immunization and/or prophylaxis consultations***

Key Features: This includes performing a clinical assessment and providing counselling, guidance, and preventive care.

- Examples include pre or post splenectomy, pre travel, and vaccine recommendations; counselling in the context of vaccine hesitancy; pre and post exposure prophylaxis (immune or chemoprophylaxis); and harm reduction consultations.
- The observation of this EPA includes at least one observation of counselling for vaccine hesitancy; this may be observed in a simulation encounter if clinical opportunities are not able to be provided.

#### Assessment Plan:

Case review with supervisor

Assessment form collects information on:

- Case mix: immunosuppression, transplant, or splenectomy (pre or post); infant of mother living with HIV; pre-exposure prophylaxis/harm reduction; pre travel counselling; post exposure prophylaxis; vaccine hesitancy counselling
- Direct observation of counselling: no; yes

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 immunosuppression, transplant, or splenectomy presentation
- At least 3 of any of the other presentations
- At least 1 direct observation of vaccine hesitancy counselling
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 2

#### Relevant Milestones:

- 1** COM 1.3 Elicit the patient's and/or family's beliefs, concerns, and expectations for the clinical encounter
- 2** ME 2.2 Assess the patient's risk for acquiring infectious disease
- 3** ME 2.4 Provide recommendations for immunization, chemoprophylaxis, and/or harm reduction
- 4** COM 3.1 Use plain language and avoid medical jargon
- 5** COM 4.3 Solicit and answer questions from the patient and/or family
- 6** HA 1.2 Provide educational resources and facilitate access to services for the patient and/or family
- 7** COM 1.1 Respect patient autonomy, privacy, and confidentiality

## **Infectious Diseases pediatric**

### ***EPA 10: Providing infection control consultations***

Key Features: This EPA focuses on providing consultation regarding an infection control question posed by infection control practitioners or other health care professionals.

- This includes gathering and/or reviewing clinical information about the request and synthesizing clinical data with results of investigations to develop an understanding of the clinical question and make recommendations about infection control procedures and case and contact management as relevant.
- This EPA may be completed during the IPAC rotation.
- This EPA may be observed in simulation.

#### Assessment Plan:

Direct observation or case review by supervisor or IPAC practitioner (if delegation deemed appropriate by the rotation supervisor)

Assessment form collects information on:

- Case mix (select all that apply): airborne pathogen; antimicrobial resistant organism; blood borne; decontamination/sterilization issue; emerging/re-emerging pathogen; gastrointestinal; pathogen of public health importance; respiratory virus; other (write in)
- Setting: clinical; simulation

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- A variety of the case mix
- No more than 1 in simulation

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

- 1** ME 2.2 Gather and review clinical information related to the reason for IPAC consultation
- 2** ME 3.3 Liaise with the clinical microbiology lab to determine if advanced diagnostic testing is required
- 3** ME 2.4 Provide recommendations about infection control procedures, surveillance testing of potential contacts, and/or prophylaxis, as relevant
- 4** COL 1.3 Communicate effectively with physicians and other health care professionals
- 5** P 3.1 Describe and adhere to requirements for mandatory reporting

## **Infectious Diseases pediatric**

### ***EPA 11: Performing antimicrobial stewardship audit and feedback***

Key Features: This EPA focuses on applying the principles of antimicrobial stewardship.

- This includes efficiently gathering information needed to determine the appropriateness of an antimicrobial regimen, deciding if the case warrants a formal infectious diseases consult, providing oral and/or written recommendations, and working effectively with the most responsible clinical team.
- The observation of this EPA is based on a stewardship round (in any setting) or a review of antimicrobial usage over a specific unit of time or in a specific clinical setting.

#### Assessment Plan:

Direct observation and review of documentation with supervising consultant

Use assessment form.

#### Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

- 1** ME 2.2 Gather and review clinical information related to the AMS audit
- 2** L 2.2 Identify appropriateness for antimicrobial stewardship interventions and recognize when clinical consultation is required
- 3** ME 2.4 Provide recommendations for antimicrobial treatment, including dosing, duration, tailoring and monitoring of antimicrobial therapy, as necessary
- 4** COL 1.3 Communicate effectively with physicians and other health care professionals



## **Infectious Diseases pediatric**

### ***EPA 12: Documenting clinical encounters***

Key Features: This EPA focuses on the application of written communication skills in a variety of formats, such as consultations and progress notes.

- This includes a synthesis of the pertinent clinical findings, investigations, and management plan, as well as clear articulation of the rationale for the treatment plan and education around pertinent issues, including concepts of antimicrobial stewardship, microbiology, and pharmacology.
- It may include linking the recommendations to evidence-based guidelines or other educational references for the referring physician.
- The documents submitted for review must be the sole work of the Fellow.

#### Assessment Plan:

Review of clinical documentation by supervisor

Assessment form collects information on:

- Document: inpatient consultation; inpatient progress note; outpatient consultation; outpatient progress note; sign-off, discharge, or transfer note

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 3 different types of documents
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones:

- 1** COM 5.1 Organize information in appropriate sections
- 2** COM 5.1 Document all relevant findings and investigations in an organized, concise, and legible manner
- 3** COM 5.1 Convey clinical reasoning and the rationale for decisions
- 4** COM 5.1 Provide a clear plan for ongoing management
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** S 1.3 Provide teaching points, as needed, to improve quality of care
- 7** COM 5.1 Complete clinical documentation in a timely manner
- 8** COL 2.1 Convey information thoughtfully and respectfully

## **Infectious Diseases pediatric**

### ***EPA 13: Leading discussions with patients, families and/or other health care professionals in challenging scenarios***

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

- Examples include informing a patient/family about a serious diagnosis or prognosis; explaining a complex management plan; disclosing an adverse event or unexpected complication; addressing confrontational behavior with a patient or family; dealing with a patient or family complaint; and difference of opinion with another care provider.

#### Assessment Plan:

Direct observation by supervisor, which may include input from the patient, family, and/or other members of the health care team

Assessment form collects information on:

- Issue related to: patient/family; team/other health professionals; other [write in]
- Scenario (write in):

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 issue related to a patient/family
- At least 1 issue related to the team/other health professionals
- A variety of scenarios
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

- 1** ME 2.1 Ascertain participants' understanding of the situation and the reason for the encounter
- 2** COM 1.2 Optimize the physical environment to suit the nature of the situation (e.g., privacy, safety)
- 3** COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviors to enhance communication
- 4** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 5** COM 3.1 Share information and explanations that are clear and accurate while checking for understanding
- 6** COM 4.1 Communicate in a manner that is respectful, non-judgmental, and culturally aware

- 7** COL 2.2 Manage differences and resolve conflicts
- 8** P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment
- 9** P 4.1 Apply strategies to mitigate the personal impact of challenging encounters

## **Infectious Diseases pediatric**

### ***EPA 14: Delivering teaching to a variety of audiences, including peers, junior trainees, and/or other health professionals***

Key Features: This EPA focuses on formal and informal teaching presentations to diverse audiences such as patients, families, junior and senior learners, and other health professionals.

- This includes aligning the material and language to the needs of the audience and demonstrating effective presentation skills.
- In clinical settings, it includes maintaining a respectful and positive learning environment for both learners and patients when learners are involved in their care.

#### Assessment Plan:

Direct observation by supervisor, which may include input from the learners/audience; or collated feedback from the learners/audience

Assessment form collects information on:

- Activity: academic half-day; bedside teaching; clinical rounds; journal club; other formal rounds; other (write in)
- Audience (select all that apply): Medical students, Interns and Pediatric residents; staff physicians; other health care professionals; patients and/or families; public

#### Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 3 different activities
- At least 1 formal rounds
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 2

#### Relevant Milestones:

- 1** S 2.4 Develop learning objectives for a teaching activity adapting to the audience and setting
- 2** S 3.4 Integrate best evidence and clinical expertise
- 3** S 2.4 Present the information in a clear and organized manner
- 4** S 2.4 Use audiovisual aids and/or teaching tools effectively
- 5** S 2.4 Provide adequate time for questions and discussion

## **Infectious Diseases pediatric**

### ***EPA 15: Running a clinic***

Key Features: This EPA focuses on the learner's ability to function effectively in the outpatient setting, including balancing the clinic load while making appropriate clinical decisions, managing time appropriately, and working effectively with other health professionals.

- The observation of this EPA is based on at least a half day of clinic.

#### Assessment Plan:

Direct and/or indirect observation by supervisor, with input from nurses and other staff in the clinic

Assessment form collects information on:

- Type of clinic: general ID; longitudinal; OPAT; specialized ID; other [write in]
- Setting: hospital; community

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

- 1** L 4.1 Manage time effectively to maintain clinic flow
- 2** COL 1.2 Work effectively with outpatient clinic staff
- 3** ME 2.2 Select investigations, as needed, demonstrating awareness of availability and access in the outpatient setting
- 4** ME 2.4 Formulate management plans that are suitable for implementation in the outpatient setting
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** COL 1.3 Address the questions and concerns of the referring/primary care health care provider

## **Infectious Diseases pediatric: Transition to Practice**

### ***EPA 16: Managing an inpatient consultation service***

Key Features: This EPA includes all aspects of leading a consultation service, including triaging referrals, delegating to and organizing the work of junior members of the team, providing consultation and follow-up care, working effectively with referring physicians, and making decisions for patient care.

- The observation of this EPA is based on a period of at least one week.

#### Assessment Plan:

Direct and indirect observation by supervisor

Use assessment form.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

- 1** ME 1.1 Demonstrate responsibility and accountability for patient care within the boundaries and expectations of the consultant role
- 2** ME 1.5 Prioritize patients based on the urgency of the clinical issue
- 3** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 4** ME 2.4 Establish management plans that consider all relevant aspects of the patient's care
- 5** COL 1.3 Communicate effectively with the most responsible team and other services as required
- 6** COL 2.2 Work effectively with other health care professionals when there are differences in opinion and/or recommendations
- 7** L 4.1 Manage time and prioritize tasks
- 8** L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service
- 9** P 1.1 Behave in a professional manner
- 10** L 4.2 Run the service efficiently, safely, and effectively

## **Infectious Diseases pediatric: Transition to Practice**

### ***EPA 17: Managing an outpatient practice***

Key Features: This includes medical care decisions and follow-up on investigations, preparing appropriately for clinic, providing all relevant aspects of care at and between patient visits, rescheduling if tests are incomplete or patient does not attend, and working effectively with the other health care professionals.

- It also includes appropriate accessibility in between clinic visits and arranging for coverage by another physician while away.
- This EPA should be observed in general ID clinic and/or longitudinal Fellow clinic.
- The observation of this EPA is based on the Fellow's performance over a month or more, with observations documented at intervals of at least one month (i.e., not based on a single clinic, but rather on the Fellow performance over time).

#### Assessment Plan:

Direct and indirect observation by supervisor(s), which may include input from nurse, clinic manager, administration staff, patients and/or families

Use assessment form.

#### Basis for formal entrustment decisions:

Collect at least 3 observations at intervals of at least one month; with at least 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

- 1** ME 1.1 Demonstrate responsibility and accountability for patient care, acting in the role of most responsible physician
- 2** ME 1.5 Triage consultation requests based on clinical question
- 3** L 4.1 Manage time effectively to maintain clinic flow
- 4** ME 2.4 Establish management plans that consider all relevant aspects of the patient's care
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** L 4.1 Review and act on results of investigations in a timely manner
- 7** COL 1.2 Work effectively with outpatient clinic staff
- 8** P 1.1 Respond punctually to requests from patients or other health care professionals
- 9** COM 5.1 Complete clinical documentation in a timely manner

## **Infectious Diseases pediatric: Transition to Practice**

### ***EPA 18 Providing telephone consultation and advice to health care providers***

Key Features: This EPA focuses on providing appropriate and timely advice about management and/or patient disposition as well as recognizing conditions that can be managed remotely (by telephone, video or virtual) versus those that require in-person assessment.

- It also includes keeping appropriate documentation of the interaction and guidance provided; it may include billing for the encounter.
- This EPA includes responding to unscheduled calls from physicians and other health care professionals within the same institution and from outside hospital or clinical settings.

#### Assessment Plan:

Direct observation or case review and review of clinical documentation by supervisor

Assessment form collects information on:

- Source: health care worker at same institution; health care worker from an outside hospital or clinic setting

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 from an outside setting

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones:

1. COM 2.3 Gather relevant demographics of the patient and contact information of the health care professional
2. ME 2.1 Determine the purpose and reason of the call
3. COM 2.3 Gather relevant clinical information from the health care professional
4. ME 2.2 Integrate information to determine the patient's clinical status, suspected clinical syndrome or diagnosis, and health care needs
5. ME 2.1 Identify clinical emergencies and prioritize response
6. L 2.1 Apply knowledge of the health care resources available in other care settings
7. ME 2.4 Determine the setting of care appropriate for the patient's health needs
8. ME 4.1 Provide recommendations or clarifications about investigations and/or treatment
9. ME 2.4 Provide anticipatory guidance for management of changes in the patient's clinical status
10. COL 1.3 Communicate effectively with physicians and other health care professionals
11. COM 5.1 Document advice provided by telephone to other health care providers



## ***EPA19: Conduct Scholarly Research in Pediatric Infectious Diseases***

Key Features: This EPA focuses on the fellow's ability to engage in scholarly research relevant to pediatric infectious diseases, from formulating a research question to disseminating findings through presentations and publications.

- It includes identifying a feasible, ethically sound research topic; designing a study protocol; and navigating the IRB approval process.
- It also involves conducting a literature review, selecting appropriate methods for data collection and analysis, and interpreting results within a scientific and clinical context.
- This EPA includes preparing a scholarly product (e.g., abstract, poster, manuscript) and presenting findings to peers at professional meetings.
- It also includes collaborating with mentors, statisticians, or research teams, and demonstrating responsible research conduct, including adherence to institutional policies and timelines.

### Assessment Plan:

Review of scholarly output and project documentation by research supervisor or mentor.

Assessment form collects information on:

- Type of scholarly work: clinical research, quality improvement, epidemiological study
- Stage of activity assessed: project proposal, IRB submission, data collection/analysis, abstract/manuscript preparation, presentation
- Dissemination format: departmental presentation, national/international conference, peer-reviewed journal submission

### Basis for formal entrustment decisions

Collect at least 3 documented observations of research activity at intervals of at least one month, including:

- At least 1 observation reflecting achievement of independent or near-independent performance
- Observations should include different stages of the research process (e.g., protocol development, data analysis, dissemination)
- Feedback should be obtained from at least one research supervisor or mentor directly involved in the project

When is unsupervised practice expected to be achieved: PGY 3

### Relevant Milestones

1. SCH 1.1 Identify a feasible and relevant research question related to pediatric infectious diseases.

2. ME 1.3 Conduct a focused literature review to inform study design.
3. P 1.1 Complete institutional research ethics training and demonstrate understanding of responsible conduct of research.
4. ME 4.1 Design a methodologically sound research protocol with clearly defined objectives and outcomes.
5. S 1.1 Submit a complete and accurate IRB/ethics application for approval.
6. ME 4.2 Apply appropriate methods for data collection and ensure data quality and integrity.
7. ME 4.1 Analyze and interpret data using appropriate statistical tools with support as needed.
8. COM 4.1 Prepare a scholarly abstract, manuscript, or presentation describing the research findings.
9. COL 1.1 Collaborate effectively with research mentors, statisticians, and interdisciplinary teams.
10. COM 5.1 Present research findings clearly and professionally in an academic or clinical setting.
11. P 2.1 Reflect on research process, limitations, and future directions for inquiry or improvement.

