NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Neonatal Perinatal Medicine

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Neonatal Perinatal Medicine
EPA 1: Resuscitating late preterm or term infants

Key Features: This EPA includes recognizing the sick/deteriorating infant requiring resuscitation, performing the skills of neonatal resuscitation as per current guidelines, and knowing when to call for assistance.

- Basic procedural skills included in this EPA are mask ventilation, intubation of late preterm or term infant with a normal airway, chest compressions, and emergency umbilical venous catheter insertion, medications administration.
- This EPA does not include resuscitation of the extreme preterm infant nor the neonate with complex medical conditions. It also does not include ongoing management of the neonate and leadership of the resuscitation team.

Assessment Plan:
Direct observation by supervisor
Assessment form collects information on:

- Setting: clinical; simulation
- Gestational age (write in):
- Procedure performed (select all that apply): mask ventilation; intubation; chest compressions; umbilical venous catheter insertion; medications administration, none.

Basis for formal entrustment decisions:
Collect 3 observations of achievement.

- At least 3 with mask ventilation
- At least 1 observation of each procedure
- At least 1 observation by a neonatologist

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones:

1 **ME 2.1** Recognize instability and medical acuity in a clinical presentation
2 **ME 2.1 Determine the acuity of the issue and the priorities for patient care**
3 **ME 1.4 Recognize one's own limits and seek assistance as needed**
4 **ME 2.2** Provide assessment and initial stabilization of ABCs
5 **ME 1.3** Apply knowledge of established protocols for neonatal resuscitation
6 **ME 3.4 Perform the sequence of neonatal resuscitation as per established protocols**
7 **ME 3.1** Integrate planned procedures or therapies into resuscitative efforts
8 **ME 3.4 Perform bag/mask ventilation effectively when indicated.**
9 **COL 1.2 Integrate the skills of other health care professionals in the resuscitation**

COL 1.3 Communicate effectively with other health care professionals

P 4.1 Maintain capacity for professional clinical performance in stressful situations

Neonatal Perinatal Medicine
EPA 2: Performing clinical assessments for infants without complex conditions, and developing management plans

Key Features: This EPA focuses on obtaining pertinent antenatal, perinatal and/or postnatal information, performing a comprehensive physical examination and integrating the history, physical findings and relevant investigations to develop a differential diagnosis and management plan for neonates with common, non-complex conditions.

- This EPA also includes documenting the clinical assessment and care plan.
- This EPA does not include care of critically ill infants or those with complex multi-system conditions, nor ongoing management of the neonate.
- The observation of this EPA is divided into two parts: clinical assessment; clinical documentation.

Assessment Plan:
Part A: Clinical assessment
Direct observation by supervisor
Assessment form collects information on:

- Physical exam observed: yes; no
- Presentation: respiratory distress; other
- Other presentation (write in):
- Corrected gestational age (write in):

Basis for formal entrustment decisions:
Collect 2 observations of achievement.

- At least 2 with observed physical exam
- At least 1 patient with respiratory distress
- At least 1 moderate to late prematurity

Part B: Clinical documentation
Review of admission and orders by supervisor
The documentation of the observation of this EPA must include narrative comments.

Basis for formal entrustment decisions:
Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones:
Part A: Clinical assessment
1 ME 2.2 Elicit an accurate, relevant history including pertinent antenatal, perinatal and/or postnatal information

2 **ME 2.2 Perform a physical exam that informs the diagnosis**
3 **ME 2.2 Select and/or interpret investigations**
4 **ME 2.2 Develop a differential diagnosis**
5 **ME 2.4 Develop a management plan for common neonatal presentations**
6 **COM 3.1** Convey information to the family clearly and compassionately

Part B: Clinical documentation

1 **COM 5.1 Document all relevant findings and investigations**
2 **COM 5.1** Organize information in appropriate sections
3 **ME 2.2 Synthesize clinical information to formulate a summary of the case**
4 **COM 5.1 Provide a clear plan for ongoing management**
5 **COM 5.1 Convey clinical reasoning and the rationale for decisions**
6 **COM 5.1 Document relevant patient care orders**
7 **COM 5.1** Complete clinical documentation in a timely manner

Neonatal Perinatal Medicine

EPA 3: Providing clinical updates about the condition and management of infants without complex conditions

Key Features: This EPA focuses on the application of communication skills to provide clinical updates to families and caregivers.

- This includes understanding the clinical course and natural history of the condition, as well as assessing parental understanding and answering basic questions related to clinical care.
- This EPA includes the demonstration of self-awareness, recognizing one's limits and knowing when to seek assistance.
- This EPA does not include antenatal consultation, clinical updates for infants with complex conditions, or high-stakes decision making.

Assessment Plan:

Direct observation by supervisor

The documentation of the observation of this EPA must include narrative comments.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones:

1 **P 1.2 Ensure that family and/or caregiver(s) are informed about the diagnosis and plan of care**

2 **COM 1.1 Introduce oneself and explain one's role in the interprofessional team**

3 **COM 1.1 Communicate using a patient-centered and family-integrated approach that facilitates trust and that is characterized by empathy, respect, and compassion**

4 **ME 2.2 Synthesize clinical information to formulate a summary of the case**

5 **COM 3.1 Convey information about medical course and management plan clearly and accurately**

6 **COM 3.1 Use appropriate language and avoid medical jargon**

7 **COM 1.4** Identify, verify and validate non-verbal cues on the part of the family and/or caregiver(s)

8 **COM 3.1** Use strategies to verify and validate the understanding of the family and/or caregiver(s)

9 **ME 1.4 Recognize one's own limits and seek assistance as needed**

Neonatal Perinatal Medicine
EPA 4: Leading the resuscitation and stabilization of moderate preterm, late preterm, and term infants

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

- This EPA may be observed in simulation or in any clinical setting: delivery room, NICU, postpartum ward and emergency department.
- This EPA does not include infants with complex disorders (such as hydrops, complex airway, diaphragmatic hernia, etc.).
- The observation of this EPA is divided into 2 parts: medical management of resuscitation and leading the team.

Assessment Plan:

Part A: Medical management of resuscitation

Direct observation by supervisor

Assessment form collects information on:

- Setting: delivery room; NICU; other clinical setting; simulation
- Corrected gestational age (write in):
- Diagnosis: birth depression; prematurity; other – specify (write in):
- Complexity of resuscitation (select all that apply): chest compressions, intubation; none of the above

Basis for formal entrustment decisions:

Collect 7 observations of achievement.

- At least 3 in the delivery room
- At least 5 in a clinical setting
- At least 3 resuscitations that include intubation or chest compressions (i.e., requiring more than PPV)
- At least 3 observations by a neonatologist

Part B: Team management

Multiple observers provide feedback individually, which is then collated into one report.

Assessment form collects information on:

- Observer role: nurse; nurse practitioner; respiratory therapist; physician; physician assistant; other observer

Basis for formal entrustment decisions:

Collect feedback from at least 5 observers, which should represent at least 3 different health professions.

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones:

Part A: Medical management of resuscitation

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 neonatal resuscitation as per established protocols**

4 **ME 2.4** Provide concurrent treatment and ongoing assessment of the patient's clinical condition

5 **ME 2.4 Reassess clinical status and re-evaluate and adjust resuscitative and diagnostic efforts as appropriate**

6 **ME 2.4** Manage hemodynamic support and monitoring

7 **ME 2.4** Manage non-invasive and/or invasive ventilation

8 **ME 3.1** Integrate planned procedures or therapies into resuscitative efforts

9 **COL 1.3** Communicate with the health care team using clear language

10 **COL 1.2** Seek and respond to input from other health care professionals

11 **ME 2.2 Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued**

12 **ME 1.4 Recognize one's own limits and seek assistance as needed**

13 **P 4.1** Maintain capacity for professional clinical performance in stressful situations

Part B: Team Management

1 **L 4.2 Establish clear leadership in resuscitative efforts, assuming the leadership role as appropriate**

2 **COL 1.2 Use closed loop communication**

3 **COL 1.2 Delegate tasks and direct team members to aid in resuscitation**

4 **ME 5.2 Demonstrate situational awareness, avoid fixation error**

5 **ME 1.4** Act decisively and maintain control in critical situations

6 **COL 1.2 Seek and respond to input from other health care professionals**

7 **L 1.2** Establish a safe environment for debriefing critical events

Neonatal Perinatal Medicine

EPA 5: Providing neonatal-perinatal consultations for patients without complex conditions

Key Features: This EPA focuses on performing the clinical assessment (antenatal and postnatal history, physical exam) and developing a management plan for uncomplicated antenatal and postnatal consultations.

- Examples include anticipated delivery at greater than 28 weeks gestation, single system medical issues (e.g., hypothermia, jaundice, dusky spells, jittery, respiratory distress/apnea), single system surgical issues (e.g., gastroschisis, imperforate anus, tracheo-esophageal fistula), neonatal abstinence syndrome, maternal disorders of pregnancy, and maternal medication use.
- This EPA may be observed in the delivery room, pediatric inpatient ward, emergency department, MFM and/or postpartum clinic or unit.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct observation with supervisor (neonatologist or perinatologist)

Assessment form collects information on:

- Type of consult: antenatal; postnatal
- Issue: prematurity > 28 weeks; surgical; medical; maternal
- Specify issue (write in):

Basis for formal entrustment decisions:

Collect 7 observations of achievement.

- At least 4 antenatal
- At least 1 of each issue in the antenatal group
- At least 1 postnatal medical issue
- At least 2 assessors

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones

1 **COM 2.1** Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information

2 **COM 2.3** Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care

3 **ME 2.2 Perform the history and physical exam in a timely manner, without excluding key elements**

4 **ME 2.2** Select and/or interpret investigations

5 **ME 1.3 Apply knowledge of normal and aberrant fetal physiology, growth,**

and development

ME 2.2 Develop a differential diagnosis

ME 2.4 Develop and implement a management plan

ME 3.1 Describe the indications, contraindications, risks and alternatives for a given procedure or therapy

COM 3.1 Convey information to the family clearly and compassionately

COM 4.3 Answer questions from the family

HA 1.1 Assess a patient's need for additional health services or resources

ME 4.1 Determine the need and timing of follow up

Neonatal Perinatal Medicine
EPA 6: Managing transport for infants without complex conditions

Key Features: This EPA focuses on communication with the requesting physician, provision of medical advice, and guidance of the transport team.

- This includes collecting the information necessary to assess the need and urgency of transfer to an NICU setting and the appropriate level of NICU care, and providing pre-transport advice and anticipatory management, as relevant.
- It also includes direction to the transport team regarding stabilization and pre-transport management.
- Examples include patients with moderate prematurity, mild to moderate respiratory distress, stable surgical issues, and severe jaundice.
- The observation of this EPA is divided into two parts: consultation with referring physician; guidance to transport team.

Assessment Plan:
Part A: Consultation for transport
Direct observation or case discussion with supervisor
Assessment form collects information on:

- Decision to transfer: yes; no
- Reason for consult (write in):

Basis for formal entrustment decisions:
Collect 5 observations of achievement.

- At least 1 where patient did not need transfer.

Part B: Guidance during transport
Direct observation of callback by supervisor, with input from the transport team
The documentation of the observation of this EPA must include narrative comments.

Basis for formal entrustment decisions:
Collect 5 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones:
Part A: Consultation for transport

1 COM 2.3 Request and synthesize patient information gathered by another health professional
2 ME 2.2 Integrate information from the clinical assessment to determine the patient's clinical status and health care needs
3 L 2.1 Apply knowledge of the resources and/or services available in various

care settings

4 **ME 2.4** Determine the setting of care appropriate for the patient's health needs

5 **ME 2.4 Assess the need and timing of transfer to another level of care**

6 **ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer**

7 **ME 2.4 Plan the logistics of transfer including stabilization and procedures prior to transfer, equipment and personnel requirements, methods of monitoring and assessment during transport**

8 **COM 5.1 Document telephone advice provided, and the care provided during transport**

Part B: Guidance during transport

1 **ME 1.3 Apply knowledge of the physiological implications of ground and air transport**

2 **ME 1.3** Apply knowledge of the indications, function, and limitation of biomedical devices used in the care of the infant

3 **ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer**

4 **ME 2.4 Provide anticipatory guidance for management of changes in the patient's clinical status during medical transport**

5 **COL 1.2** Consult as needed with other health care professionals, including other physicians

6 **COL 1.3 Communicate with the health care team using clear language**

7 **COM 5.1** Document telephone advice provided and the care provided during transport

Neonatal Perinatal Medicine
EPA 7: Performing the foundational procedures of Neonatal Perinatal Medicine

Key Features: This EPA includes applying knowledge of the procedure-specific indications and contraindications, risks and benefits, and common complications; obtaining informed consent, as appropriate; performing the procedure; and completing appropriate documentation.

- This EPA includes the following procedures: arterial and venous blood sampling, peripheral intravenous catheter placement, umbilical arterial catheter placement, umbilical venous catheter placement, mask ventilation, laryngeal mask airway insertion, endotracheal intubation (excluding patients with difficult airway or extreme prematurity), chest compressions, intraosseous cannulation, surfactant administration, lumbar puncture (LP), oro-/nasogastric tube placement, electrocardiogram (ECG), thoracentesis, urinary catheterization, and suprapubic urine aspiration
- This EPA may be observed in the clinical or simulation setting.

Assessment Plan:
Direct observation by supervisor
Assessment form collects information on:

- Setting: delivery room; NICU; other clinical setting; simulation
- Corrected gestational age (write in):
- Procedure: arterial blood; venous blood; PICC; umbilical artery catheter; umbilical vein catheter; mask ventilation; laryngeal mask; intubation; chest compressions; intraosseous; surfactant; LP; oro-/NG tube; ECG; thoracentesis; urinary catheter; suprapubic urine aspiration
- Emergency procedure: yes; no
- Consent obtained: yes; no
- Gender: male; female

Basis for formal entrustment decisions:
Collect at least 37 observations of achievement, with at least:

- 5 mask ventilations (clinical setting)
- 5 intubations (clinical); at least 2 preterm infants
- 1 chest compressions
- 3 umbilical arterial lines; (2 clinical)
- 3 umbilical venous lines; (2 clinical); 1 emergency
- 3 PICCs; (2 clinical); 1 preterm
- 3 LPs (clinical), 2 preterm
- 2 oro-/NG tube (clinical)
- 1 surfactant (clinical)
- 4 blood sampling, 2 each arterial and venous (all clinical)

- 1 laryngeal mask
- 2 thoracenteses
- 2 urinary cath, once each for male and female
- 1 suprapubic urine aspiration
- 1 intraosseous
- 3 different observers for intubation; 2 different observers for all other procedures (except those requiring just 1 observation)

When is unsupervised practice expected to be achieved: **PGY 1\PGY 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, gown and glove**

5 **ME 3.4** Maintain universal precautions

6 **ME 3.4** Handle sharps safely

7 **ME 3.4 Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances**

8 **ME 3.4** Establish and implement a plan for post-procedure care

9 **ME 3.4** Recognize and manage complications

10 **COM 5.1 Document the encounter to convey the procedure and outcome**

Neonatal Perinatal Medicine
EPA 8: Assessing infants with complex conditions and developing admission plans for level 3 NICU care

Key Features: This EPA focuses on assessment (including history, physical examination, initial investigations) probable diagnosis, and initial management.

- It includes patients with medical and surgical issues, and post-resuscitation stabilization. It also includes infants transported in.
- This EPA requires direct observation of the physical exam in patients with complex issues.

Assessment Plan:

Direct observation and/or case review or chart-based recall with supervisor (staff neonatologist, entrusted fellow)

Assessment form collects information on:

- Presentation: cyanosis; extreme prematurity; cardiovascular instability; respiratory distress; abdominal wall defect; abdominal emergencies; neurocritical emergencies; congenital anomalies; CDH
- Physical exam observation (check all that apply): none; neurological; cardiovascular; dysmorphology survey.
- Outborn: no; yes

Basis for formal entrustment decisions:

Collect 7 observations of achievement.

- At least 5 different examples of the case mix
- At least 1 observation of each type of physical exam
- At least 1 outborn admission
- At least 2 neonatologist assessors

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones:

1 **ME 2.1** Prioritize issues to address in the patient's assessment and management

2 **ME 2.2 Elicit an accurate, relevant history including pertinent antenatal, perinatal and/or postnatal information**

3 **ME 2.2 Perform a physical exam that informs the diagnosis**

4 **ME 2.2 Select and/or interpret investigations**

5 **ME 2.2 Develop a differential diagnosis**

6 **ME 2.2 Integrate information from the clinical assessment to determine the patient's clinical status and health care needs**

7 **ME 2.4 Develop and implement a management plan**

ME 1.4 Recognize one's own limits, and seek assistance as needed

ME 4.1 Determine the need and timing of referral to other health care professionals

COM 5.1 Document relevant information in a timely manner

Neonatal Perinatal Medicine
EPA 9: Providing ongoing management for patients without complex conditions in a level 2 or 3 NICU

Key Features: This EPA focuses on ongoing patient management including assessing response to treatment, responding to changes in clinical status as needed, and planning for discharge or disposition.

- Examples of patients without complex conditions include neonates with respiratory distress, severe hypoglycemia, neonatal sepsis, severe hyperbilirubinemia, hypoxic-ischemic encephalopathy without multiorgan injury, seizures, and common surgical disorders.
- This EPA includes applying supportive care, such as assisted ventilation, fluid management, hemodynamic management, and nutritional support, in addition to specific management of the underlying condition.
- An important consideration in this EPA is the awareness of the impact of the NICU environment on families and neonatal neurodevelopment (e.g., noise, lighting, repeated noxious stimulation, breastfeeding, skin-to-skin care, parental mental health, etc.).
- This EPA may be observed at any timepoint in the patient's NICU stay, after the initial admission.

Assessment Plan:
Direct and/or indirect observation by supervisor
Assessment form collects information on:

- Corrected gestational age (write in):
- Condition: respiratory distress; severe hypoglycemia; neonatal sepsis; severe hyperbilirubinemia; hypoxic-ischemic encephalopathy without multiorgan injury; seizures; common surgical disorder
- Decision (select all that apply): escalation of care; de-escalation of care; no change to treatment plan; ready for transition to home or lower level of care

Basis for formal entrustment decisions:
Collect 10 observations of achievement.

- At least 2 infants who are less than 34 weeks
- At least 1 patient with each of the following disorders: respiratory distress, severe hypoglycemia, neonatal sepsis, severe hyperbilirubinemia, and common surgical disorder
- At least 1 patient with hypoxic-ischemic encephalopathy without multiorgan injury or 1 patient with seizures
- At least 1 patient requiring escalation of care
- At least 1 patient ready for transition to home or lower level of care

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones

1 **ME 1.3** Apply clinical and biomedical sciences to manage common patient presentations in Neonatal Perinatal Medicine

2 **S 3.4 Integrate best evidence and clinical expertise into decision-making**

3 **ME 2.1** Iteratively establish priorities as the patient's situation evolves

4 **ME 1.4 Perform appropriate clinical assessments throughout the course of a patient's illness**

5 **ME 2.2** Ascertain the patient's clinical status and response to treatment

6 **ME 2.4 Adapt management plans, as needed, in response to new findings or changing clinical circumstances**

7 **ME 2.4 Provide supportive care, including fluid management, pain and symptom management, and nutritional support as relevant**

8 **HA 1.2 Promote positive neurodevelopmental care practices**

9 **ME 2.4** Determine the setting of care appropriate for the patient's health needs

10 **ME 2.4 Assess the need and timing of transfer to another level of care**

11 **COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**

12 **P 1.1** Respond punctually to requests from families or other health care providers

Neonatal Perinatal Medicine

EPA 10: Reaching shared decisions with families regarding non-critical aspects of care

Key Features: This EPA moves beyond information sharing and focuses on the development of care plans which may be emotionally charged; these discussions may include other health care providers.

- Examples include discontinuation of apnea monitoring, transfer to level 2 care, and feeding plans.
- The observation of this EPA must include the incorporation of input from the families and/or other health care professionals involved in these discussions.
- Decisions regarding critical aspects of care such as high-risk interventions and end of life decision-making are not part of the EPA; this is an expectation of the Core stage.

Assessment Plan:

Direct observation by supervisor, with input from other health care providers and families
Assessment form collects information on:

- Participants at discussion: family; other health care professionals; others

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 discussion including other health care professionals

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones

1 **ME 2.3 Work with the patient's family to establish goals of care**

2 **COM 3.1 Convey information about medical course and management plan clearly and accurately**

3 **COM 3.1 Use appropriate language and avoid medical jargon**

4 **COM 3.1 Use strategies to verify and validate the understanding of the family**

5 **COM 4.3** Use communication skills and strategies that help the family make informed decisions

6 **COM 1.5** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately

7 **COM 1.4 Respond to non-verbal communication and use appropriate non-verbal behaviors to enhance communication**

8 **COM 4.3 Answer questions regarding care delivery, treatment decisions and/or prognosis in a respectful manner**

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

10 COL 1.2 Respect the roles and responsibilities of other health care professionals

Neonatal Perinatal Medicine
EPA 11: Providing clear and concise handover at transitions of care

Key Features: This EPA focuses on verbal and written communication with other health professionals, including anticipatory guidance, during transitions of care.

- This includes handovers within the NICU, transition of NICU patients to other facilities or care areas, and transition of NICU patients to home.

Assessment Plan:
Direct observation and/or review of transfer/discharge documentation by supervisor
Assessment form collects information on:

- Type of handover: morning handover; evening handover; transfer within hospital; transfer to other hospital; discharge home
- Type of observation: direct; review of documentation

Basis for formal entrustment decisions:
Collect 6 observations of achievement.

- At least 3 direct observations of morning or evening handovers
- At least 3 transfers or discharges
- At least 1 direct observation of transfer or discharge

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones:

1 ME 4.1 Establish plans for ongoing care, including follow-up on investigations and response to treatment

2 COL 3.2 Summarize patient issues providing rationale for key decisions

3 COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

4 COL 3.2 Communicate with the receiving physician(s) or health care professional during transitions in care, clarifying issues as needed

5 ME 5.2 Use structured communication tools and strategies to enhance patient safety

Neonatal Perinatal Medicine
EPA 12: Supervising and educating other learners

Key Features: This EPA focuses on providing clinical teaching and supervision to junior learners (e.g., students and junior residents) while ensuring patient care and safety.

- This EPA includes delegation of tasks to other residents and students and may include administrative duties relevant to organization of the medical team.
- The documentation of the observation of this EPA must include narrative comments.

Assessment Plan:
Direct observation by supervisor, with input from students and residents.

Basis for formal entrustment decisions:
Collect 4 observations of achievement.

- At least 2 different assessors

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones:

1 **S 2.3 Provide opportunities for appropriate clinical responsibility**
2 **COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
3 **S 2.3 Supervise learners to ensure they work within their limits**
4 **S 2.4 Identify the learning needs and desired learning outcomes of others**
5 **S 2.4 Present information in an organized manner to facilitate understanding**
6 **S 2.5 Provide feedback to enhance learning and performance**
7 **S 2.5 Provide specific suggestions for improvement of performance**
8 **S 2.4 Provide adequate time for questions and/or discussion**
9 **P 1.1** Intervene when behaviors toward colleagues and/or learners undermine a respectful environment

Neonatal-Perinatal Medicine
EPA 13: Documenting clinical encounters

Key Features: This EPA focuses on the application of written communication skills in a variety of formats: admission histories, consultation reports, progress notes, discharge summaries; and resuscitation notes.

- The documents submitted for review must be the sole work of the resident
- This EPA may be observed in any care setting and any patient presentation

Assessment:
Review of clinical documentation by supervisor
Assessment form collects information on:

- Document: admission; consultation; progress note; discharge summary; resuscitation
- Complex case: no; yes

Basis for formal entrustment decisions:
Collect 8 observations of achievement.

- At least 2 consults or admissions
- At least 1 complex admission
- At least 2 progress notes
- At least 2 discharge summaries
- At least 2 resuscitation notes

When is unsupervised practice expected to be achieved: **PGY 1**

Relevant Milestones:

1 **COM 5.1 Document all relevant findings and investigations**
2 **COM 5.1 Document resuscitative/stabilization efforts and the sequence of events, as applicable**
3 **ME 2.2 Synthesize clinical information to formulate a summary**
4 **COM 5.1 Provide a clear plan for ongoing management**
5 **COM 5.1 Convey clinical reasoning and the rationale for decisions**
6 **COM 5.1 Document relevant discussions with families and/or other health care providers, as applicable**
7 **COM 5.1 Organize information in a logical manner**
8 **COM 5.1 Complete clinical documentation in a timely manner**

Neonatal Perinatal Medicine

EPA 14: Leading the resuscitation and stabilization of critically ill infants, including infants that are extremely preterm and/or complex

Key Features: This EPA focuses on complex clinical scenarios such as extreme prematurity, respiratory failure, cardiac arrest, shock, asphyxia, hydrops, and major congenital anomalies.

- It includes identifying priorities for the management of the patient, applying neonatal resuscitation guidelines, as applicable, and the skills of crisis resource management to guide team functioning
- It includes leading the interprofessional team in the resuscitation as well as in pre- brief and debrief session
- This EPA does not include ongoing management of the neonate.
- This EPA may be observed in simulation or in any clinical setting: delivery room, NICU, postpartum ward, pediatrics ward and emergency department.
- The observation of this EPA is divided into two parts: medical management of the resuscitation; and leading a team. The medical management aspects are observed based on individual patient encounters; the observation of working with the team is based on team members' experience of working with the resident over a period of time

Assessment Plan:

Part A: Medical management of the resuscitation

Direct observation by supervisor

Assessment form collects information on:

- Setting: clinical; simulation
- Corrected gestational age (write in):
- Issue: multiple birth; severe respiratory distress; cardiovascular decompensation; other severe organ dysfunction; congenital diaphragmatic hernia; gastroschisis; other congenital malformation; hydrops fetalis; other issues

Basis for formal entrustment decisions:

Collect 12 observations of achievement.

- At least 5 infants less than 28 weeks gestation, at least 3 in clinical setting
- At least 1 multiple birth in the clinical setting
- At least 3 infants with severe respiratory distress in clinical setting
- At least 1 infant with cardiovascular decompensation
- At least 1 infant with congenital diaphragmatic hernia
- At least 1 infant with gastroschisis
- At least 1 infant with hydrops fetalis

Part B: Leading the team

Multiple observers provide feedback individually, which is then collated into one report.
Assessment form collects information on:

- Observer role: nurse; nurse practitioner; respiratory therapist; physician; physician assistant; other observer

Basis for formal entrustment decisions:

Collect feedback from at least 5 observers, which should represent at least 3 different health professions.

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones

Part A: Medical management of resuscitation

1 **ME 2.4 Reassess clinical status and re-evaluate and adjust resuscitative and diagnostic efforts as appropriate**
2 **ME 3.4** Direct the sequence of neonatal resuscitation
3 **COL 1.3** Communicate with the health care team using clear language
4 **COL 1.2** Delegate tasks and direct team members to aid in resuscitation
5 **ME 2.4** Manage hemodynamic support and monitoring
6 **ME 2.4 Manage non-invasive and/or invasive ventilation**
7 **ME 3.1 Integrate planned procedures into resuscitative efforts**
8 **ME 5.2** Demonstrate situational awareness, avoid fixation error
9 **ME 4.1** Ask for additional assistance and/or other services when indicated
10 **P 4.1** Maintain capacity for professional clinical performance in stressful situations
11 **ME 1.4 Act decisively and maintain control in critical situations**
12 **ME 2.2 Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued**

Part B: Leading the team

1 **L 4.2 Establish clear leadership in resuscitative efforts**
2 **COL 1.2 Delegate tasks and direct team members to aid in resuscitation**
3 **COL 1.2 Use closed loop communication**
4 **COL 1.2 Seek and respond to input from other health care professionals**
5 **L 1.2** Establish a safe environment for debriefing critical events
6 **COL 1.3** Convey the purpose of debriefing an event to the health care team
7 **COL 1.3 Facilitate discussions within the health care team, ensuring everyone has the opportunity to participate**
8 **S 2.5** Role model self-assessment and feedback seeking behavior
9 **L 1.2** Encourage all members of the team to identify opportunities to improve patient care
10 **L 1.1 Summarize debriefing discussions, identifying potential improvements**

in health care delivery

11 P 4.3 Recognize, support and respond effectively to colleagues in need

Neonatal Perinatal Medicine
EPA 15: Providing antenatal consultations for patients with complex conditions

Key Features: This EPA focuses on performing the clinical assessment (antenatal and postnatal history, physical exam) and developing a management plan for complex antenatal consultations.

- Examples include patients with multiple or complicated medical and surgical issues, patients at limits of or with uncertain viability, and patients with multiple congenital anomalies, hydrops, or uncertain diagnosis.
- This includes counselling the family regarding the diagnosis, prognosis and options for management.
- The observation of this EPA is divided into two parts: performing the consultation; and providing antenatal counselling.

Assessment Plan:

Part A: Clinical assessment and management

Direct observation by supervisor (neonatologist or perinatologist)

Assessment form collects information on:

- Type of consult: antenatal; postnatal
- Issue (select all that apply): uncertain viability/diagnosis, complex surgical issue; complex medical issue; multidisciplinary antenatal consult; life limiting condition
- Specific issue (write in):

Basis for formal entrustment decisions:

Collect 6 observations of achievement.

- At least 1 consult for uncertain viability/diagnosis
- At least 1 consult each for life limiting condition, medical, and surgical issues
- At least 3 assessors

Part B: Antenatal counselling

Direct observation by supervisor, with input from other health care providers and families

Assessment form collects information on:

- Source of information (select all that apply): direct observation; family feedback; other physician; other health care professional; other source
- Issue: uncertain viability/diagnosis; life-limiting condition; complex surgical issue; complex medical issue

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 discussion for uncertain viability/diagnosis or life limiting condition

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:

Part A: Clinical assessment and management

1 **ME 1.3 Apply knowledge of normal and aberrant fetal physiology, growth, and development**

2 **ME 2.2 Select and/or interpret investigations**

3 **ME 2.2 Develop a differential diagnosis**

4 **ME 2.4 Develop and implement a management plan**

5 **L 2.1** Consider costs when choosing diagnostic and/or treatment options

6 **S 3.4 Integrate best evidence and clinical expertise into decision making**

7 **HA 1.1 Assess a patient's need for additional health services or resources**

8 **P 1.3 Recognize and respond to ethical issues**

9 **ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice**

Part B: Antenatal counselling

1 **COM 1.1 Develop trusting and supportive relationships with families in distress**

2 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**

3 **COM 3.1** Use appropriate language and avoid medical jargon

4 **COM 4.3 Answer questions from the family**

5 **COM 3.1** Use strategies to verify and validate the family's understanding

6 **COM 1.4** Respond to non-verbal communication and use appropriate non-verbal behaviors to enhance communication

7 **COM 1.5 Recognize when strong emotions (e.g. fear, anger, anxiety, sorrow) are impacting an interaction and respond appropriately**

8 **COM 1.5** Establish boundaries as needed in emotional situations

9 **ME 2.3 Address with the family their ideas about the nature and cause of the health problem, and their fears and concerns**

10 **ME 2.3 Work with the patient's family to establish goals of care**

11 **ME 2.4 Develop management plans that align with the goals of care**

12 **HA 1.1** Facilitate access to bereavement support for a patient's family, as appropriate

13 **P 1.3** Recognize and respond to ethical issues

14 **P 4.1** Exhibit self-awareness, recognizing and managing the impact of end of life care on personal well-being and professional performance

Neonatal Perinatal Medicine
EPA 16: Managing transport for infants with complex conditions

Key Features: This EPA focuses on communication with the requesting physician, provision of medical advice, and guidance of the transport team.

- This includes collecting the information necessary to assess the need and urgency of transfer to an NICU setting and the appropriate level of NICU care, and providing pre-transport advice and anticipatory management, as relevant.
- It also includes direction to the transport team regarding stabilization and pre-transport management.
- Examples of complex conditions include patients with extreme prematurity, respiratory failure, cardiac arrest, shock, asphyxia, hydrops, hypoxic-ischemic encephalopathy with multi-organ failure, and major congenital anomalies.
- The observation of this EPA is divided into two parts: consultation with referring physician; guidance to transport team.

Assessment Plan:
Part A: Consultation for transport
Direct observation or case discussion with supervisor
Assessment form collects information on:

- Reason for consult (write in):

Basis for formal entrustment decisions:
Collect 5 observations of achievement.

Part B: Guidance during transport
Direct observation of callback by supervisor, with input from the transport team

Basis for formal entrustment decisions:
Collect 5 observation of achievement.

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:
Part A: Consultation for transport

1 **COM 2.3 Request and synthesize patient information gathered by another health professional**
2 **ME 2.2 Integrate information from the clinical assessment to determine the patient's clinical status and health care needs**
3 **L 2.1 Apply knowledge of the resources and/or services available in various care settings**
4 **ME 2.4 Determine the setting of care appropriate for the patient's health**

needs

5 **ME 2.4 Assess the need and timing of transfer to another level of care**

6 **ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer**

7 **ME 2.4 Plan the logistics of transfer including stabilization and procedures prior to transfer, equipment and personnel requirements, methods of monitoring and assessment during transport**

8 **COM 5.1 Document telephone advice provided and the care provided during transport**

Part B: Guidance during transport

1 **ME 1.3 Apply knowledge of the physiological implications of ground and air transport**

2 **ME 1.3 Apply knowledge of the indications, function, and limitation of biomedical devices used in the care of the infant**

3 **ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer**

4 **ME 2.4 Provide anticipatory guidance for management of changes in the patient's clinical status during medical transport**

5 **COL 1.2 Consult as needed with other health care professionals, including other physicians**

6 **COL 1.3 Communicate with the health care team using clear language**

Neonatal Perinatal Medicine
EPA 17: Performing the Core procedures of Neonatal Perinatal Medicine

Key Features: This EPA includes explaining demonstrating knowledge of the procedure specific indications and contraindications, risks and benefits, and common complications, obtaining informed consent, as appropriate, performing the procedure and completing post-procedure documentation.

- This EPA includes the following procedures: peripherally inserted central catheter (PICC) insertion, peripheral arterial catheter insertion, intubation of the extreme preterm infant, airway management for patients with a difficult airway, exchange transfusion, chest tube insertion; pericardiocentesis, paracentesis, cardioversion, and defibrillation.
- This EPA may be observed in the clinical or simulation setting.

Assessment Plan:
Direct observation by supervisor
Assessment form collects information on:

- Setting: delivery room; NICU; other clinical setting; simulation
- Corrected gestational age (write in):
- Procedure: PICC insertion; peripheral arterial catheter; intubation; airway management for patients with a difficult airway; exchange transfusion; chest tube insertion; pericardiocentesis; paracentesis; cardioversion; defibrillation
- Emergency procedure: yes; no
- Consent obtained: yes; no

Basis for formal entrustment decisions:
Collect 18 observations of achievement.

- At least 3 PICC insertions in clinical setting, with at least 2 for infants less than 34 weeks gestation
- At least 2 peripheral arterial catheter insertions in clinical setting
- At least 4 intubations of an infant < 28 weeks gestation, at least 2 of which are in clinical setting, of which at least 1 is in the delivery room setting
- At least 2 airway management for patients with a difficult airway
- At least 1 exchange transfusion
- At least 2 chest tube insertions, at least one in clinical setting
- At least 1 pericardiocentesis
- At least 1 paracentesis
- At least 2 cardioversion and/or defibrillation

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

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, gown and glove**

5 **ME 3.4** Maintain universal precautions

6 **ME 3.4** Handle sharps safely

7 **ME 3.4 Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances**

8 **ME 3.4 Establish and implement a plan for post-procedure care**

9 **ME 3.4 Recognize and manage complications**

10 **COM 5.1 Document the encounter to convey the procedure and outcome**

Neonatal Perinatal Medicine

EPA 18: Providing ongoing management for critically ill infants, including extremely preterm, and chronically ill infants with complex conditions

Key Features: This EPA focuses on reassessing, developing, progressing and/or adjusting comprehensive management plans for patients with a broad range of medical and surgical conditions that affect multiple organ systems, including all comorbidities (actual and anticipated).

- Examples include patients with failure of the respiratory, cardiovascular and other organ systems, congenital diaphragmatic hernia, complex gastroschisis, tracheoesophageal fistula (TEF), esophageal atresia, neural tube and other neurological malformations, hypoxic-ischemic encephalopathy with multi-organ failure, metabolic conditions, hematologic and oncologic conditions, and other rare genetic or congenital disorders.
- This EPA also includes providing ongoing assessment and management of specific medical needs such as providing pain, sedation and comfort management, wound assessment, gastrostomy, ostomy and tracheostomy care, and the management of infants that are technology dependent including troubleshooting that equipment.
- This EPA may be observed at any timepoint in the patient's NICU stay, after the initial admission.

Assessment Plan:

Direct and/or indirect observation by supervisor

Assessment form collects information on:

- Corrected gestational age (write in):
- Category (select all that apply): respiratory; cardiac; surgical; technology- dependent; multisystem; other category
- Primary diagnosis (write in):
- Decision (select all that apply): escalation of care; de-escalation of care; no change to treatment plan; ready for transition to home or lower level of care

Basis for formal entrustment decisions:

Collect 10 observations of achievement.

- At least 2 infants with gestational age <28 weeks
- At least 1 each of: respiratory; cardiac; surgical; technology-dependent; multisystem
- A mix of primary diagnoses
- At least 3 patients with clinical deterioration
- At least 3 patients ready for transition to home or lower level of care

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:

ME 1.3 Apply clinical and biomedical sciences to manage patient presentations in Neonatal Perinatal Medicine

ME 2.1 Iteratively establish priorities as the patient's situation evolves

ME 1.4 Perform appropriate clinical assessments throughout the course of a patient's illness

ME 2.2 Ascertain the patient's clinical status and response to treatment

ME 2.4 Provide supportive care, including fluid management, pain and symptom management, and nutritional support as relevant

ME 2.3 Work with the patient's family to establish goals of care

ME 2.4 Develop plans to monitor the evolution of the clinical course and/or the patient's response to treatment

ME 2.4 Adapt management plans, as needed, in response to new findings or changing clinical circumstances

ME 3.1 Integrate planned procedures and/or therapies into the overall plan of care

L 2.1 Consider costs when choosing diagnostic and/or treatment options

ME 2.4 Manage issues related to a gastrostomy, ostomy and/or tracheostomy

ME 2.4 Troubleshoot biomedical devices used for monitoring and/or treatment

ME 4.1 Coordinate investigation, treatment and follow up when multiple physicians and health care professionals are involved

ME 4.1 Determine the need and timing of referral to another health care professional

ME 2.4 Assess the need and timing of transfer to another level of care

COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

S 3.4 Integrate best evidence and clinical expertise into decision making

COL 1.3 Engage in respectful shared decision-making with physicians and colleagues in other health care professions

COM 3.1 Convey information to the family clearly and compassionately

Neonatal Perinatal Medicine

EPA 19: Coordinating transitions in care setting and follow up for patients with complex conditions

Key Features: This EPA focuses on the coordination required to provide continuity of care following discharge or transfer for patients with complex conditions.

- This includes assessing the needs of the patient and family, orchestrating the team that will be involved in the infant's care, optimal use of community resources, providing handover to receiving physicians, and ensuring that patient's family understands the current status of the infant and the management and follow-up plan.
- This requires communication and collaboration with families, consultants and other health professionals to review management options, prognosis, and anticipated long-term sequelae.
- Examples of complex discharges relevant to this EPA include patients with complex medical issues and/or psychosocial social issues.
- The observation of this EPA must include the incorporation of input from the families and/or other health care professionals involved in these discussions.

Assessment Plan:

Direct and/or indirect observation by supervisor with input from family and other health care professional

Assessment form collects information on:

- Corrected gestational age (write in):
- Case complexity (select all that apply): medical; multisystem; social; other complexity
- Services needed on discharge (write in):

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 patient with at least 3 services on discharge

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:

1 **ME 2.2** Integrate information from the clinical assessment 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, prevent and manage changes in health status at the time of transition**

4 **ME 4.1 Establish plans for ongoing care, including follow-up on investigations and response to treatment**

COL 1.2 Consult as needed with other health care professionals, including other physicians

HA 1.1 Work with other health care professionals to address barriers to access to resources and services

P 1.1 Keep the family informed of changes in health status, treatment plan and/or setting of care

COM 3.1 Convey information to the family regarding the patient's care needs, discharge plan and anticipatory guidance.

COM 4.3 Answer questions from the family

HA 1.2 Select family education resources related to neonatal-perinatal care

COL 3.2 Organize handover to the accepting physician

COL 3.2 Summarize patient issues providing rationale for key decisions

COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

Neonatal Perinatal Medicine

EPA 20: Reaching shared decisions with families regarding patients with medical complexity and/or life limiting conditions

Key Features: This EPA focuses on communication skills applied in the setting of establishing goals of care and management plans for patients with medical complexity and/or life limiting conditions for whom palliative care and/or organ donation would be an option; these discussions may include other health care providers.

- This includes recognizing one's own biases and values, the potential impact on management and counselling, and respecting ethical principles.
- Examples of medical complexity include decisions regarding tracheostomy, TPN for short gut or other long-term life-prolonging assistive devices/treatments.

Assessment Plan:

Direct observation by supervisor, with input from other health care providers

Assessment form collects information on:

- Type of discussion: end of life; complex medical decision; other
- Source of information (select all that apply): direct observation; family feedback; other physician; other health care professional; other source

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 end of life discussion
- At least 1 discussion of a medically complex decision

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:

1 **COM 1.1 Develop trusting and supportive relationships with families in distress**

2 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**

3 **COM 3.1** Use appropriate language and avoid medical jargon

4 **COM 3.1** Use strategies to verify and validate the family's understanding

5 **COM 1.4** Respond to non-verbal communication and use appropriate non-verbal behaviors to enhance communication

6 **COM 1.5 Recognize when strong emotions (e.g. fear, anger, anxiety, sorrow) are impacting an interaction and respond appropriately**

7 **COM 1.5** Establish boundaries as needed in emotional situations

8 **ME 2.3 Work with the patient's family to establish goals of care**

9 **ME 2.4 Develop management plans that align with the goals of care**

COM 5.1 Document the clinical encounter to accurately reflect the discussion and decisions

HA 1.1 Facilitate access to bereavement support for a patient's family, as appropriate

P 1.3 Recognize and respond to ethical issues

P 4.1 Exhibit self-awareness, recognizing and managing the impact of end-of-life care on personal well-being and professional performance

Neonatal Perinatal Medicine
EPA 21: Leading rounds and coordinating inpatient care

Key Features: This EPA focuses on leading the day-to-day care provided by a team of health care professionals in the NICU.

- This EPA includes responsibility for medical decision making, leading the inpatient teams, including delegation of tasks, priority setting, and time management, and preventing and resolving conflict.
- The observation of this EPA is divided into two parts: patient and team management; and interactions with the interprofessional team.

Assessment Plan:
Part A: Medical and team management
Direct observation by neonatologist

Basis for formal entrustment decisions:
Collect at least 4 observations of achievement, over at least 2 weeks.

- At least 2 assessors

Part B: Interactions with team
Multiple observers provide feedback individually, which is then collated to one report for Competence Committee review.
Assessment form collects information on:

- Role of observer: nurse; nurse practitioner, respiratory therapist; student; resident; physician; physician assistant; other observer

Basis for formal entrustment decisions:
Collect feedback from at least 5 observers, which should represent at least 3 different health professions.

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:
Part A: Medical and team management

1 **ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
2 **ME 1.5 Prioritize among patients based on clinical acuity**
3 **L 4.1 Manage time and prioritize tasks**
4 **S 3.4 Integrate best evidence and clinical expertise into decision making**
5 **ME 3.1 Integrate planned procedures and/or therapies into the overall plan of care**
6 **ME 5.2 Track and follow-up on clinical data such as investigations and**

laboratory tests

7 **COL 1.2 Make effective use of the scope and expertise of other health care professionals**

8 **L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service**

9 **COL 1.2** Communicate effectively with other health care professionals

10 **COL 2.2 Work effectively with other health care professionals to develop plans for clinical care when there are differences in opinion and/or recommendations**

11 **COM 1.5** Manage disagreements and emotionally charged conversations

12 **L 2.1** Allocate health care resources for optimal patient care

13 **P 1.1** Respond punctually to requests from families or other health care providers

Part B: Interaction with team

1 **COL 1.2 Make effective use of the scope and expertise of other health care professionals**

2 **COL 2.1** Delegate tasks and responsibilities in an appropriate and respectful manner

3 **COL 1.1** Respond appropriately to input from other health care professionals

4 **COL 1.2 Communicate effectively with other health care professionals**

5 **HA 1.1** Facilitate timely patient access to services and resources

6 **P 1.1 Respond punctually to requests from families or other health care providers**

7 **P 1.1 Demonstrate professional behaviors, including punctuality, integrity and compassion**

8 **L 4.2 Run the service efficiently, safely, and effectively**

9 **P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment**

Neonatal Perinatal Medicine
EPA 22: Identifying, analyzing, and disclosing patient and system-level safety events

Key Features: This EPA focuses on the response to an individual patient who has experienced a patient safety incident. Examples include oversedation, medication errors, procedural complications (e.g., perforation), or miscommunication between teams regarding treatment plan.

- This includes recognizing when a patient has experienced an adverse event, disclosing the event to the family, classifying it as a patient safety issue and contributing information to the institutional safety monitoring program.

Assessment Plan:
Direct observation or case review by supervisor
Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decisions:
Collect 2 observations of achievement.

- At least 1 in the clinical setting

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Milestones:

1 **ME 5.1 Identify a patient safety incident in a timely manner**
2 **ME 5.1** Incorporate, as appropriate, into a differential diagnosis, harm from health care delivery
3 **ME 2.2** Select and interpret investigations
4 **ME 5.1 Mitigate further injury from adverse events, as appropriate**
5 **ME 2.4** Develop and implement a management plan
6 **COM 3.2 Communicate the reasons for unanticipated clinical outcomes and disclose patient safety incidents**
7 **COM 4.3 Answer questions from the family**
8 **ME 5.1 Document harmful patient safety incidents as per institutional processes**
9 **ME 5.1 Identify potential improvement opportunities arising from harmful safety incidents and near misses**
10 **COM 3.2 Plan and document follow-up to a harmful patient safety incident**

Neonatal Perinatal Medicine
EPA 23: Identifying learning needs from clinical encounters and addressing gaps in knowledge and skills

Key Features: The focus of this EPA is reflection on performance feedback, identification of knowledge and skill gaps, and the development of a plan to address those gaps.

- These plans must be clear, concrete and feasible, focusing on areas for improvement and must include the appropriate choice of clinical experiences and/or appropriate academic resources (journals, textbooks, conferences, electives).
- The plan should be SMART (specific, measurable, assessable, realistic, timely).
- The range of submissions should include different learning domains roles (e.g., communication skills, leadership skills, knowledge base).

Assessment Plan:
Review of learning plan by supervisor, mentor, coach, or academic advisor.
The documentation of the observation of this EPA must include narrative comments.

Basis for formal entrustment decisions:
Collect 3 plans.

Neonatal Perinatal Medicine: Transition to Practice
EPA 24: Managing a tertiary care NICU service

Key Features: This EPA focuses on the NPM specialist's role in the overall delivery of patient care in a level 3 NICU.

- This includes responsibility for medical decision making across the breadth of NICU clinical scenarios and settings, and includes triaging incoming transfers and transport calls, overseeing the care of neonates in the unit, and managing discharges and transfers out of the unit.
- This also includes clinical administrative aspects such as the judicious use of resources in decisions about bed management and patient flow, human resource management/delegation when there are multiple competing demands, and the other responsibilities of the attending physician such as supervising and completing assessments for junior learners, supporting the interprofessional team and maintaining a professional work environment.
- The observation of this EPA must be based on a block of time of at least a week.

Assessment Plan:
Direct and/or indirect observation by physician, nurse clinician or charge nurse
The documentation of the observation of this EPA must include narrative comments.

Basis for formal entrustment decisions:
Collect 4 observations of achievement.

- At least 1 observation by charge nurse

When is unsupervised practice expected to be achieved: **PGY 3**

Relevant Milestones:

1 **ME 1.5 Carry out professional duties in the face of multiple, competing demands**
2 **L 4.1** Manage time and prioritize tasks
3 **ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
4 **ME 1.5** Prioritize among patients based on clinical acuity
5 **S 3.4** Integrate best evidence and clinical expertise into decision-making
6 **L 2.1 Allocate health care resources for optimal patient care**
7 **ME 4.1 Coordinate the involvement of consulting services in patient care**
8 **COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
9 **COL 2.2 Work effectively with other health care professionals to develop plans for clinical care when there are differences in opinion and/or recommendations**

COM 1.5 Manage disagreements and emotionally charged conversations

L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service

P 4.1 Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings


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