

**Pediatrics: Transition to Practice EPA #1**

**Leading a general pediatric inpatient service**

Key Features:

- This EPA focuses on the independent management of an inpatient service in the role of the physician most responsible for patient care. Building on the competencies of the Core stage, this includes application of the knowledge, skills and attitudes expected of an independently practicing physician.
- This includes responsibility for the overall safe quality care of acute and chronic patients, working effectively with the interprofessional team, completing administrative tasks, bed management, and supervising, coaching, assessing and providing feedback for junior learners.
- The observation of this EPA is divided into two parts: patient care; interprofessional interaction/supervision.
- The patient care aspects of this EPA are based on at least one week of observation caring for a patient population that is reflective of a general pediatric practice in the local context.

Assessment Plan:

Part A: Patient care

Direct and indirect observation by supervisor

Use form 1. Form collects information on

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

Collect 3 observations of achievement

- At least 1 case load of high complexity
- 2 different supervisors

Part B: Interprofessional care/supervision of junior learners

Feedback from multiple observers compiled by supervising pediatrician

Use form 3. Form collects information on:

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

Collect feedback from at least 3 observers on one occasion during Transition to Practice.

CanMEDS milestones:

Part A: Patient care

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**

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

Part B: Interprofessional care/supervision

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