**Pediatrics EPAs**

This completed form must be received by the NIHS for each application submitted. The application process is not complete without this form:

**Resident/Fellow Full Name:**

**Postgraduate Year (PGY):**

**Emirates ID:**

The following is the Entrustable Professional Activities (EPAs) that were developed to provide the opportunity for frequent, time-efficient, feedback-oriented and workplace-based assessment in the course of daily clinical workflow.

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| **EPA** | **Level of Entrustment** | | | | | **PGY level** | **Date of Entrustment** |
| **1**  **Trusted to observe only** | **2**  **Act under direct supervision** | **3**  **Act under indirect supervision i.e on request and quickly available** | **4**  **Act with oversight supervision or post hoc** | **5**  **Trusted to perform independently without supervision**  **Fellow can supervise junior trainees** |
| Performing and presenting a basic history and physical examination |  |  |  |  |  |  |  |
| Documenting orders for pediatric patients |  |  |  |  |  |  |  |
| Recognizing deteriorating and/or critically ill patients and initiating stabilization and management |  |  |  |  |  |  |  |
| Managing low risk deliveries and initiating resuscitation |  |  |  |  |  |  |  |
| Providing well newborn care |  |  |  |  |  |  |  |
| Assessing, diagnosing, and initiating management for newborns with common problems |  |  |  |  |  |  |  |
| Assessing, diagnosing, and managing patients with common pediatric problems |  |  |  |  |  |  |  |
| Providing primary and secondary preventive health care |  |  |  |  |  |  |  |
| Performing basic pediatric procedures |  |  |  |  |  |  |  |
| Communicating assessment findings and management plans to patients and/or families |  |  |  |  |  |  |  |
| Documenting clinical encounters |  |  |  |  |  |  |  |
| Transferring clinical information between health care providers during handover |  |  |  |  |  |  |  |
| Coordinating transitions of care for non-complex pediatric patients |  |  |  |  |  |  |  |
| Resuscitating and stabilizing neonates following delivery |  |  |  |  |  |  |  |
| Resuscitating and stabilizing critically ill patients |  |  |  |  |  |  |  |
| Assessing patients with medical and/or psychosocial complexity |  |  |  |  |  |  |  |
| Diagnosing and managing pediatric patients |  |  |  |  |  |  |  |
| Providing ongoing management for patients with chronic conditions |  |  |  |  |  |  |  |
| Assessing and managing patients with mental health issues |  |  |  |  |  |  |  |
| Assessing and managing patients with developmental, behavioral, and school issues |  |  |  |  |  |  |  |
| Recognizing and managing suspected child maltreatment and/or neglect |  |  |  |  |  |  |  |
| Performing core pediatric procedures |  |  |  |  |  |  |  |
| Leading discussions with patients, families and/or other health care professionals in emotionally charged situations |  |  |  |  |  |  |  |
| Coordinating transitions of care for patients with medical or psychosocial complexity |  |  |  |  |  |  |  |
| Leading the inpatient team |  |  |  |  |  |  |  |
| Advancing the discipline through scholarly activity |  |  |  |  |  |  |  |
| Providing teaching and feedback |  |  |  |  |  |  |  |
| Leading a general pediatric inpatient service |  |  |  |  |  |  |  |
| Managing the longitudinal aspects of patient care in a general pediatric outpatient setting |  |  |  |  |  |  |  |
| Leading discussions about goals of care |  |  |  |  |  |  |  |
| Leading family meetings and interprofessional team meetings |  |  |  |  |  |  |  |
| Analyzing patient safety events to improve quality of care |  |  |  |  |  |  |  |

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| Name of Sponsoring Institution |  |
| Name of the Program |  |
| Name of the Program Director |  |
| Signature of the Program Director |  |

**Official Stamp Date:**