

兒科EPAs分享

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如何評估EPAs

- 短暫任務執行觀察
- 個案討論
- 長期臨床行為觀察
- 成果評量

table 2

Ad Hoc and Summative Entrustment Decisions

	Ad Hoc Entrustment Decisions	Summative Entrustment Decisions
When	Daily: on every ward or clinic in every clinical training institution	One-off recognition of ability, supplemented with permission to act unsupervised and a duty to contribute to care, for 1 unit of professional practice, at graduation standards level
Condition	Situation dependent—based on supervisor's judgment re: case, context, trainee's readiness	Trainee has passed the threshold of competence and trustworthiness for an EPA at the level of licensing; clinical oversight remains in place for trainees

**TABLE
1.6****Sources of Information to Support
Summative Entrustment Decisions**

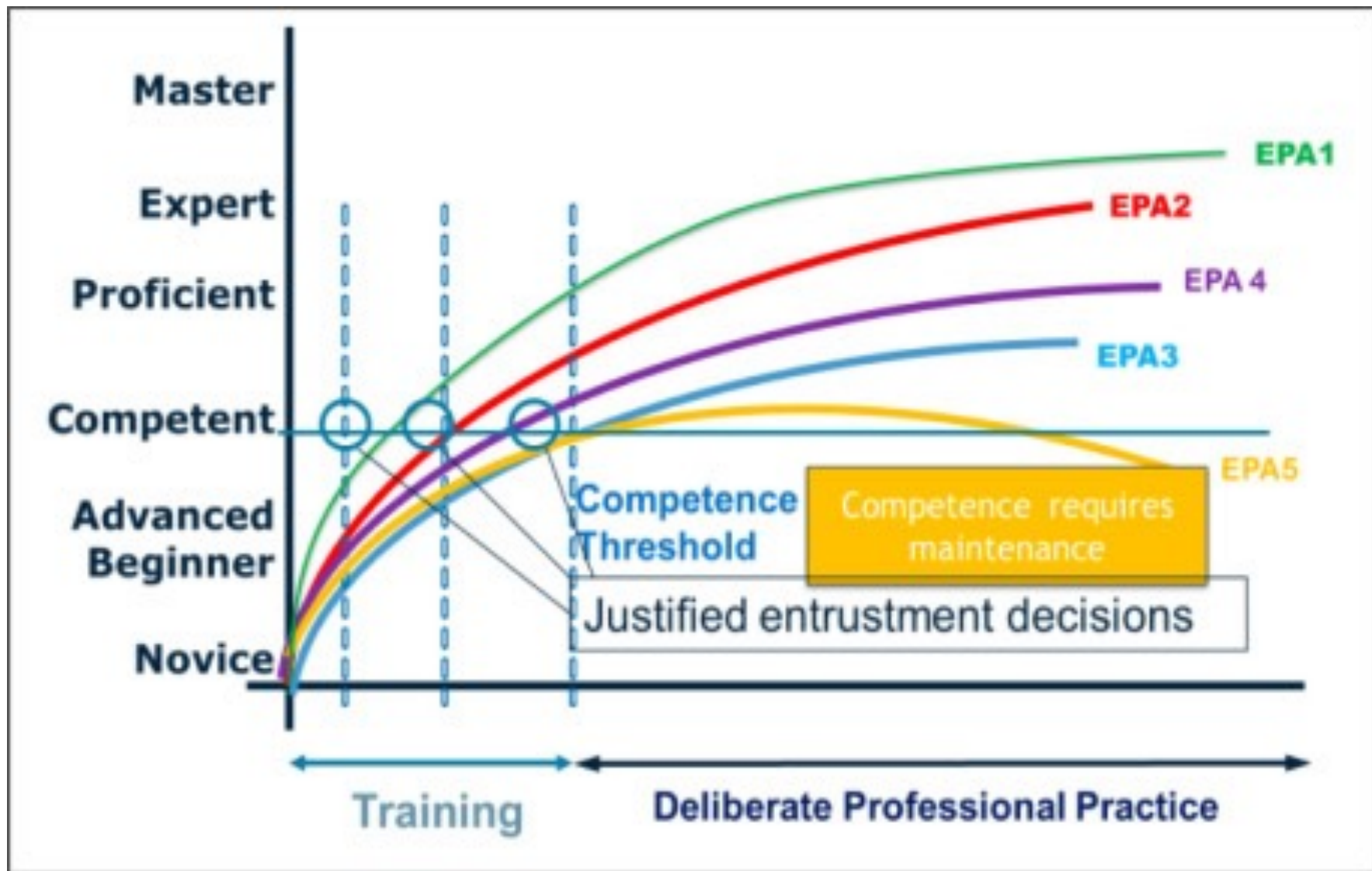
Sources	Examples
Knowledge testing	Written or e-tests, case-based discussions, observed teaching
Short practice observations	Mini-CEX, DOPS, handoffs, video, and other*
Long practice observations	Multisource feedback, review of shifts
Simulation tests	OSCE, OSATS, [†] standardized patient tests
Work product evaluation	EHR entries, presentations, papers, reports, event analysis

*From Gigerenzer G: *Gut Feelings. The Intelligence of the Unconscious*. New York, Penguin Group, 2007, pp 1–280.

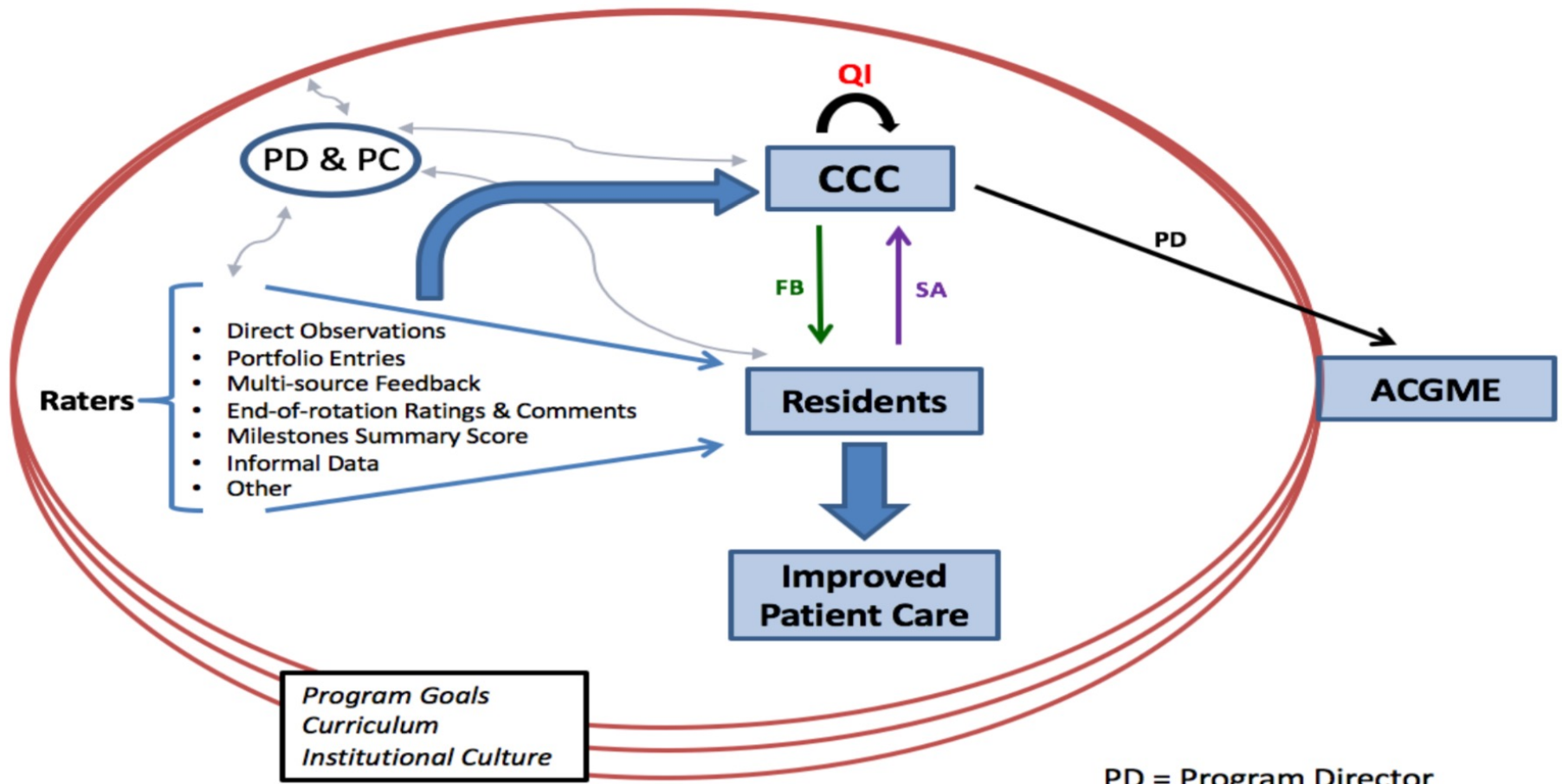
[†]Can also be used as a direct observation tool.

DOPS, Direct observation of procedural skills; *EHR*, electronic health record; *mini-CEX*, clinical evaluation exercise; *OSATS*, objective structured assessment of technical skill; *OSCE*, objective structured clinical examination.

Milestones	Teaching Methods	Major Rotation/ Learning Experiences (Goals)	Assessment Methods (e.g.)						Questions & Realizations
			Direct Obs.	Global Assmt	Portfolio	Chart Stim Recall	MSF	Stand. Patients (OSCE)	
PC1 <i>(Data gathering)</i>	Bedside rounds	Wards Cont. clinic	X					X	
PC2 <i>(<u>man</u> plans)</i>	Case vignettes				X	X			What do we expect of interns vs. seniors?



Clinical Competency Committees (CCCs)



PD = Program Director
PC= Program Coordinator
FB = Feedback
SA = Self-Assessment
QI= Quality Improvement



兒科PGY的EPA

The Pediatrics Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education
and

The American Board of Pediatrics



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The figure below presents an example set of milestones for one sub-competency in the same format as the milestone report work. Each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes that resident's performance in relation to the milestones
or
- selecting the "Not yet Assessable" response option. This option should be used only when a resident has not yet had a learning experience in the sub-competency.

PBLU3. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement					
Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Unable to gain insight from encounters due to a lack of reflection on practice; does not understand the principles of quality improvement methodology or change management; is defensive when faced with data on performance improvement opportunities within one's practice	Able to gain insight from reflection on individual patient encounters, but potential improvements are limited by a lack of systematic improvement strategies and team approach; is dependent upon external prompts to define improvement opportunities at the population level	Able to gain insight for improvement opportunities from reflection on both individual patients and populations; grasps improvement methodologies enough to apply to populations; is still reliant on external prompts to inform and prioritize improvement opportunities at the population level	Able to use both individual encounters and population data to drive improvement using improvement methodology; analyzes one's own data on a continuous basis, without reliance on external forces, to prioritize improvement efforts, and uses that analysis in an iterative process for improvement; is able to lead a team in improvement	In addition to demonstrating continuing improvement activities appropriately utilizing quality improvement methodologies, thinks and acts systemically to try to use one's own successes to benefit other practice systems, or population open to analysis that sometimes requires course correction to optimize improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

From milestone

Patient Care & (PC7) 病人動向 (Disposition)

運用可用資源，為病人擬定針對疾病的衛教、會診及藥物等治療計畫，並告知後續治療之時間與場所。

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	描述急診病人照顧可用之基本資源。	運用適當資源，對常見急診主訴(ED complaints) 訂出特定追蹤計畫。	對於病情複雜病人，為其安排關於診斷、治療計畫、藥物、後續門診的衛教。 及時尋求適當的資源(如原主治醫師、會診醫師、個管師、社工等)。 正確決定病人需要住院或可離院。 正確將病人收治到適當層級的照護單位(加護病房、一般病房、觀察區)。	為急診病人制定包括後續診斷、處置的住院計畫或離院衛教。 讓病人/照顧者(家屬)一同參與急診出院準備計畫，使其發揮效果。	開發或改善醫院相關系統，讓資源得以最有效率地運用，來促進病人動向安全。
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

建議：

Curricular Components for General Pediatrics EPA 4

1. EPA Title	Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting
2. Description of the activity	<p>The ability to manage pediatric patients who present with common acute illnesses is a key activity of a pediatrician. The scope of practice includes well children and children with chronic underlying disease who present with an acute illness.</p> <p>The specific functions which define this EPA include:</p> <ul style="list-style-type: none"> • Assessing the severity of illness and using judgment as to whether or not immediate or emergency actions, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems • Gathering essential information through history, physical examination and initial laboratory evaluation • Engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis to allow the indicated diagnostic tests to be performed • Knowing or acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient's care in developing a diagnostic work-up and plans for management and follow-up • Placing the patient at the center of all management decisions to provide patient and family centered care by engaging in bidirectional communication with patients and families • Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team
3. Judicious mapping to domains of competence	<input checked="" type="checkbox"/> Patient Care <input checked="" type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning and Improvement <input checked="" type="checkbox"/> Interpersonal & Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice <input type="checkbox"/> Personal & Professional Development
4. Competencies within each domain critical to entrustment decisions	PC 1: Gathering information PC 5: Performing complete physical exams PC 6: Using optimal clinical judgment PC 7: Developing management plans MK 2: Practicing EBM ICS 1: Communicating with patients/families ICS 6: Maintaining medical records
5. Curricular Components that support the functions of the EPA (knowledge, skills and	

美國小兒科醫學會EPAs

attitudes needed to execute this EPA safely):

Rationale: Pediatricians spend a large proportion of their time caring for patients with common acute problems. Pediatricians must be able to recognize and manage common acute pediatric problems, as well as provide counseling and education to patients and families.

Scope of Practice: This document is intended to address the scope of practice of a pediatrician with access to support from subspecialists and the ability to transfer patients to higher acuity facilities. It focuses on those common acute problems that a pediatrician would routinely identify and manage. Inherent in this scope of practice is the pediatrician's recognition of his/her personal limitations in knowledge and skills, leading to referral or help-seeking from colleagues when problems become complicated or are beyond the limits of the generalist.

Common acute conditions occur in pediatric patients of all ages. The care of these patients occurs in a variety of settings: inpatient, outpatient clinic, urgent care centers, and the emergency department. The scope of practice will change with the type of setting a pediatrician works in. Some pediatricians may work in both inpatient and outpatient settings, including seeing patients in the emergency department. They may be called upon to resuscitate, stabilize, manage, or transfer patients as part of their scope of practice. Other pediatricians in office-based settings may have solely an outpatient practice, and they may rely on Emergency Medicine providers (emergency rooms) to provide care for sicker patients.

Curricular components that support the functions of the EPA:

Assessing the severity of illness and using judgment as to whether or not immediate or emergency actions, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems

- Recognizes when a child's illness requires higher acuity care or exceeds the available level of expertise or resources.
- Initiates stabilization, resuscitation, and /or transfer of children, as appropriate. Depending on the practice site's availability of medical equipment and medications, this could include (but is not limited to) suctioning, supplemental oxygen use, bag-mask ventilation, intubation, initiation of respiratory support, chest compressions, bedside blood glucose and blood gas testing, placement of an intravenous line, splinting, placement of a cervical collar, use of emergency medications/fluids (e.g. epinephrine, antibiotics, fluids, or cardioversion).
- If medical supplies are available, may perform urgent procedures as indicated (e.g. lumbar puncture).

Gathering essential information through history, physical examination and initial laboratory evaluation

- Determines the child's severity of illness in context with the presenting complaints and decides whether a complete or problem-focused history and physical examination is appropriate.

- Interprets the history, physical exam, and laboratory findings (if obtained) in the context of the child's medical history and problem list.
- Distinguishes normal variations from abnormal symptoms or findings.

Engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis to allow the indicated diagnostic tests to be performed

- Synthesizes the patient's history and the physical examination into an appropriate differential diagnosis or unified diagnosis when possible.
- Uses judgment in ordering laboratory, radiologic, and ancillary tests to aid in diagnosis, and identify associated abnormal findings.
- Limits ordering tests in mildly ill children, if such tests are unlikely to aid in diagnosis, change management, or inform isolation or infection control decisions.
- Understands there is ambiguity in the etiology of some conditions; uses judgment in balancing the need (value) and desire to know the diagnosis with the cost and utility of tests.

Knowing or acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient's care in developing a diagnostic work-up and plans for management and follow-up

- Develops an appropriate clinical question to search for evidence based guidance or recommendations (e.g., PICO format).
- Locates medical literature or national guidelines (e.g. AAP guidelines) that are pertinent to the question and applies/utilizes them to inform management plans.
- Initiates admission, subspecialty referral or transfer to higher level of care if needed.
- Assesses child's home environment, family's ability to care for the child, access to reliable transportation, and ability to obtain medications/medical equipment (insurance, ability to pay) in developing treatment, medication, and follow-up plans.
- Communicates with a specialist to develop a coordinated plan when evaluating patients with complex medical histories or underlying serious medical conditions that are managed by a specialist.
- Works within an interprofessional framework to arrange support services and equipment if needed (e.g. home health care, physical therapy, nebulizer, oxygen, wheelchair).

Placing the patient at the center of all management decisions to provide patient and family centered care by engaging in bidirectional communication with patients and families

- Uses medical interpreters for families with limited English proficiency, unless the pediatrician is fluent in the family's language and qualified to interpret.
- Counsels and educates the patient/family regarding the condition (e.g. etiology, expected course, etc.).
- Engages in collaborative communication with the patient/family to formulate a management plan.
- Gauges patient and family's understanding of the condition, treatment plan, and reasons to return for care.

- Elicits and discusses patient and family questions.

Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team

- Documents clinical encounters in the medical record in a timely fashion, including the assessment, diagnosis and management plan.
- Provides oral and/or written communication to the accepting physician for patients that are transferred to another facility, patients referred to consultants or allied health providers, or patients discharged from an emergency room or inpatient setting to a community provider.
- Ensures complete handoffs using a standardized template when patients are transitioning from one care provider to another such as occurs when physician coverage changes due to call shifts in the inpatient ward or emergency department.
- Provides oral and written discharge instructions, to include follow-up instructions, to patients and families at discharge or the end of the encounter.

Examples of problems generally within the scope of pediatric practice (based on prevalence and potential morbidity) where the role of the generalist is to recognize, evaluate and treat (this list is not all inclusive):

- Abdominal pain
- Asthma exacerbation/wheezing
- Acute otitis media
- Adenopathy
- Allergic Disorders (allergic rhinitis, atopic dermatitis, contact dermatitis, drug rash, urticaria)
- Acute Behavioral problems (e.g. excessive crying, sleep disturbances)
- Constipation
- Cough
- Dehydration
- Diabetic ketoacidosis (uncomplicated and responsive to therapy)
- Diarrhea
- Febrile illnesses
- Febrile seizures
- Fever in a neonate
- Gastrointestinal infections
- Gastrointestinal reflux
- Headache
- Limp
- Medication adverse effects (e.g. *Clostridium difficile* infection, rash)
- Musculoskeletal pain
- Pharyngitis
- Rash
- Sexually transmitted infections
- Sinusitis

- Skin and soft tissue infections (e.g. boils, cellulitis, impetigo, scabies)
- Trauma- mild to moderate (e.g. concussion, strain, sprain, bite, sting)
- Upper and lower respiratory infections (e.g. bronchiolitis, pneumonia)
- Urinary tract infections
- Viral syndromes

Examples of problems that generally require consultation where the role of the generalist is to recognize, provide preliminary evaluation and refer. This list depends greatly on the context in which one practices. Those generalists practicing in areas where access to subspecialists is difficult will likely provide more of the care and may do so with telephone advice from a trusted subspecialist as needed (this list is not all inclusive):

- Acute abdomen (e.g. appendicitis)
- Anaphylaxis
- Child Abuse (physical/sexual)
- Complicated lacerations (e.g. laceration of vermilion border, laceration associated with tendon injury)
- Displaced fractures
- Foreign body aspiration
- Hernia
- Serious or life threatening infections (e.g. malaria, meningococemia, neonatal HSV infection, pneumonia with empyema, osteomyelitis, septic arthritis, toxic shock syndrome)
- Ingestions
- Major trauma
- Meningitis (bacterial)
- Oncologic conditions
- Pyloric stenosis
- Renal insufficiency/failure (e.g. Hemolytic uremic syndrome, interstitial nephritis)
- Rheumatologic conditions (e.g. juvenile idiopathic arthritis)
- Severe asthma exacerbation
- Severe diabetic ketoacidosis
- Status epilepticus/recurrent seizures/afebrile seizures
- Suicidal ideation

兒科專科醫師訓練課程基準(修正版)

- ◆ 本課程訓練完成所需時間為 3 年
- ◆ 考核標準(方法)：1、由指導之主治醫師予以考核 2、學習護照
- ◆ 訓練計畫涵蓋下列內容：
 - 1、專業素養與態度
 - 2、兒童操作型技術
 - 3、健康諮詢
 - 4、成長
 - 5、發展
 - 6、行為問題
 - 7、營養
 - 8、意外傷害及中毒的處置
 - 9、青春期
 - 10、周產期嬰兒與新生兒
 - 11、兒童遺傳科(醫學遺傳學與畸形學)
 - 12、常見之兒童急症
 - 13、常見兒科慢性病症與失能
 - 14、處方
 - 15、水分與電解質輸液治療
 - 16、兒童虐待
 - 17、社區照顧者任務

項目	PGY 以下	R1	R2	R3
健兒門診	<ul style="list-style-type: none"> ➢ 可以正確說出健兒門診的服務重點 	<ul style="list-style-type: none"> ➢ 可以提供父母完整的健兒門診服務 (包括: 正確教導父母使用健兒手冊) 	<ul style="list-style-type: none"> ➢ 可以適時且正確地提醒父母及兒童應接受的口腔及視力篩檢 	<ul style="list-style-type: none"> ➢ 可以教導及協助年輕醫師參與健兒門診的服務 ➢ 可以依據現行健保體系提供的兒童健檢次數以及詳細內
生長發展評估	<ul style="list-style-type: none"> ➢ 可以描述如何使用生長曲線圖 ➢ 可以說出發展里程碑中幾個重要的遲緩表徵 	<ul style="list-style-type: none"> ➢ 有能力正確使用生長圖分析兒童的成長 ➢ 能正確向父母或照顧者說明兒童的生長狀況 	<ul style="list-style-type: none"> ➢ 知道如何計算矯正年齡 ➢ 能合併使用多項指標正確監測孩童營養狀態 	<ul style="list-style-type: none"> ➢ 對於生長狀況不如理想者可以正確提供父母相關的處置建議 ➢ 對於懷疑發展遲緩者可以提供正確的轉介及早期療育的建議
疫苗注射(Vaccination)	<ul style="list-style-type: none"> ➢ 說出現行之疫苗注射計畫以及疫苗種類 ➢ 能說出自費疫苗の種類以及施打時程 ➢ 能說明各種疫苗之重要性與其副作用 	<ul style="list-style-type: none"> ➢ 可以正確提供父母有關施打疫苗之重要性、疫苗副作用 ➢ 可以正確回答家長對於自費疫苗使用的問題 	<ul style="list-style-type: none"> ➢ 正確說出早產兒或免疫缺損問題嬰幼兒的疫苗注射注意事項 ➢ 能辨識各種疫苗施打的禁忌。 ➢ 提供未按時接種嬰幼兒之「補接種」建議。 	<ul style="list-style-type: none"> ➢ 能熟悉並解釋疫苗可以混合施打的項目, 以及是否會影響單一疫苗的效價 ➢ 可說出台灣在疫苗施打後, 對疾病預防的成果 ➢ 可以具有對於現行的預防注射提出建議或批評的能力 ➢ 能教導並且協助實習或住院醫師疫苗基本觀念

常見之兒童急症

COMMON ACUTE PEDIATRIC ILLNESSES

項目	PGY 以下	R1	R2	R3
病史	<ul style="list-style-type: none"> 能對罹患急性疾病兒童收集病史，並正確記錄 			
檢驗	<ul style="list-style-type: none"> 能判讀血球計數、正常血液抹片與正常血球型態、尿液常規、生化值含黃疸值、脊髓液檢驗值 	<ul style="list-style-type: none"> 能依病情需要開立常見疾病必要之檢驗，並判讀實驗數據之意義 	<ul style="list-style-type: none"> 能整合病史與檢驗結果，分析個案 能快速判讀重症病患之檢驗結果 	
影像、心電圖、腦電圖	<ul style="list-style-type: none"> 知道常見疾病的胸部及腹部 X 光典型影像 兒童心電圖之操作 	<ul style="list-style-type: none"> 能判讀課程內疾病的胸部及腹部 X 光典型影像 能判讀 VT 及 PSVT 的心電圖變化 	<ul style="list-style-type: none"> 能執行心臟超音波之 M mode 計算 ejection fraction 並檢視 4 chamber view 肋膜及腹膜積水判讀 能以超音波診斷腹腔及胸腔內積水 	<ul style="list-style-type: none"> 會判讀胸部及腹部 CT 影像 能判讀常見心律不整的心電圖變化 小兒科腦部超音波、腎臟超音波之判讀

<p>身體檢查</p>	<ul style="list-style-type: none"> ➢ 能分辨異常呼吸音 ➢ 知道呼吸窘迫的症狀 ➢ 知道休克的症狀 ➢ 知道意識改變的評估 ➢ 能明確描述皮膚疹之分布與型態 ➢ 能辨識瘀青、出血點及紫斑 	<ul style="list-style-type: none"> ➢ 能辨識 peritoneal signs, 如 muscle guarding、rebounding pain、psoas sign、obturator sign 以及腹部有無腫塊, 肝脾有無腫大等 ➢ 能區別功能性或病理性心雜音 ➢ 能辨識異常淋巴結腫大 ➢ 能對扁桃腺化膿作鑑別診斷 ➢ 能對口腔潰瘍作鑑別診斷 	<ul style="list-style-type: none"> ➢ 能正確執行叩診 ➢ 能熟練兒科神經學檢查 ➢ 能判別各種皮疹 	<ul style="list-style-type: none"> ➢ 能夠依病人的年齡不同, 解釋不同疾病的理學檢查表現及評估方向。
<p>診斷與處置決定</p>	<ul style="list-style-type: none"> ➢ 知道各年齡層急性腹痛的常見原因, 並能處理因急性腸胃炎引起之嘔吐及腹瀉。 ➢ 知道各年齡層急性下呼吸道疾病, 如細支氣管發炎及肺炎的常見原因及處理方式 ➢ 了解發燒的的定義、機轉及退燒藥使用原則 ➢ 知道氣喘的定義 ➢ 可以判斷感冒可能出現的表徵, 並能與 A 群鏈球菌作鑑別診斷, 可予以適當處理 ➢ 知道兒童藥物使用原則, 劑量換算 ➢ 知道兒童尿道感染常見的原因 	<ul style="list-style-type: none"> ➢ 能初步鑑定發燒原因, 可以適當處理兒童發燒問題 ➢ 可以經由腹痛的位置, 鑑別診斷腹痛之原因, 並適當處理兒童腹痛問題 ➢ 判斷脫水程度, 對脫水兒童輸液的正确使用法 	<ul style="list-style-type: none"> ➢ 加強兒科急診及加護病房訓練, 對兒科之各種緊急病況之鑑別及處理, 培養獨立訓練及正確緊急處理力, 如氣管內管置放、血管通路設置、緊急輸液、胸部按壓等 	<ul style="list-style-type: none"> ➢ 能診斷及處理下述急症 ➢ 致死性之心律不整 ➢ 呼吸衰竭 ➢ 心臟衰竭 ➢ 糖尿病併酮酸血症 ➢ 腎臟衰竭

相關章節: 操作型技術、意外事故

美國兒科醫學會 AAP EPA 18 項 ←	兒科醫學會核心課程 ←
<ol style="list-style-type: none"> 1. Provide consultation to other health care providers caring for children ← 2. Provide recommended pediatric health screening ← 3. Care for the well newborn (台兒10) ← 4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting (台兒12) ← 5. Provide a medical home for well children of all ages. (Entrustment decisions for this EPA may require stratification by age group) ← 6. Provide a medical home for patients with complex, chronic, or special health care needs. (Entrustment decisions for this EPA may require stratification by age group) (台兒 13) ← 7. Recognize, provide initial management and refer patients presenting with surgical problems ← 8. Facilitate the transition from pediatric to adult health care (台兒9) ← 9. Assess and manage patients with common behavior/mental health problems (台兒6) ← 10. Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness (Entrustment decisions for this EPA may require stratification by two age groups: neonate and non-neonate) ← 	<ol style="list-style-type: none"> 1、專業素養與態度 ← 2、兒童操作型技術(AAP-17) ← 3、健康諮詢 (AAP-1) ← 4、成長 ← 5、發展 ← 6、行為問題 (APP-9) ← 7、營養 ← 8、意外傷害及中毒的處置 ← 9、青春期 (AAP-8) ← 10、周產期嬰兒與新生兒 (AAP-3) ← 11、兒童遺傳科(醫學遺傳學與畸形學) ← 12、常見之兒童急症 (AAP-4) ← 13、常見兒科慢性病症與失能 (APP-13) ← 14、處方 ← 15、水分與電解質輸液治療 ← 16、兒童虐待 ← 17、社區照顧者任務 ←
<ol style="list-style-type: none"> 11. Manage information from a variety of sources for both learning and application to patient care ← 12. Refer patients who require consultation ← 13. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices) ← 14. Apply public health principles and quality improvement methods to improve care and safety for populations, communities, and systems ← 15. Lead an interprofessional health care team ← 16. Facilitate handovers to another healthcare provider either within or across settings ← 17. Demonstrate competence in performing the common procedures of the general pediatrician (台兒2) ← 18. Engage in mindful practice ← 	

EPA

兒科第一代工作坊

附件一 第一版 EPA Worksheet* 1

林曉娟、王俊隆、湯仁彬、李倩瑜、邱郁芬

1.EPA Title	Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting Fever in neonate
2.Description of the activity	<p>7天大足月男嬰，發燒一天39度，活力差呼吸喘，被家人送到醫學中心急診，哺餵母乳。媽媽有上呼吸道感染症狀。</p> <p>於急診觀察時理學檢查耳溫為攝氏39.5度、呼吸每分鐘60次，心跳每分鐘170次，前胸門輕微膨出、頸部柔軟、四肢活動正常，根據以上主訴，最可能的診斷為何？你應建議進行何項檢查？如何與家屬衛教與說明檢查目的？</p> <p>The specific functions which define this EPA include:</p> <ul style="list-style-type: none"> Assessing the severity of illness and using judgment as to whether or not immediate or emergency actions, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems Gathering essential information through history, physical examination and initial laboratory evaluation Engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis to allow the indicated diagnostic tests to be performed Knowing or acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient's care in developing a diagnostic work-up and plans for management and follow-up Placing the patient at the center of all

	therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team
3.Link with Domains of Competence	Patient Care Medical Knowledge Practice-based Learning and Improvement Interpersonal & Communication Skills Professionalism Systems-based Practice Personal & Professional Development
	PC 1: Gathering information PC 5: Performing complete physical exams PC 6: Using optimal clinical judgment PC 7: Developing management plans MK 2: Practicing EBM ICS 1: Communicating with families ICS 6: Maintaining medical records
5. Curricular Components that support the functions of the EPA (knowledge, skills and attitudes needed to execute this EPA safely):	1.能對發燒新生兒的家屬收集病史，並正確記錄。 2.評估新生兒發燒原因與疾病嚴重程度，依病情嚴重程度決定轉送單位。 3.能依判讀血球計數、尿液常規、生化值含黃疸值、脊髓液檢驗值。 4.知道常見疾病的胸部X光典型影像。 能分辨異常呼吸音。 知道呼吸窘迫的症狀。 知道休克的症狀。 知道意識改變的評估。 5.了解發燒的的定義、機轉及退燒藥使用原則。 6.知道新生兒藥物使用原則，劑量換算。 7.能與家屬、醫療團隊溝通及說明檢查過程、結果。

兒科PGY EPA

一般醫學兒科訓練 EPA 評估表單-1(Ped EPA-1)

日期： 年 月 日 學員：

教師：

兒科組第個月： 第 1個月 2個月 3個月 4個月

1.主題：常見疾病入院之診療（可複選）							
病人疾病： <input type="checkbox"/> 肺炎或其他下呼吸道感染 <input type="checkbox"/> 泌尿道感染 <input type="checkbox"/> 急性腸胃炎合併脫水 <input type="checkbox"/> 腸病毒感染 <input type="checkbox"/> 發燒 <input type="checkbox"/> 其他（以核心課程項目為限）_____							
2.情境說明：在新病人入院時，進行初步照護，從病史詢問、身體檢查到初步處置與病歷紀錄之執行。（使用限制：生命徵象穩定之病人）							
3.信賴等級（觀察學員後，下次遇到類似情境時您認為此學員勝任之程度）							
	信賴等級	未評估 (NA)	教師在 旁逐步 共同操 作	教師在 旁必要 時協助	教師事 後重點 確認	必要時 知會教 師確認	獨立 執行
評估項目							
整體任務							
4.參考項目							
(1)蒐集病史資料							
(2)身體診察							
(3)一般檢驗、檢查的 安排與判讀							
(4)整合臨床所見排序 臨床鑑別診斷							
(5)建立醫囑							
(6)解釋病情與治療計 畫並取得知情同意							
(7)諮商衛教							
(8)病歷書寫							
5. 使用之方式(可複選) <input type="checkbox"/> CbD <input type="checkbox"/> 直接觀察診療行為 <input type="checkbox"/> 整體觀察							
6. 具體描述與回饋							

醫策會PGY訓練計畫導入之EPAs

3. 當下評估項目與信賴等級：

觀察學員此次之表現，類推至下次遇到類似情境時，您對其信賴之程度為何？

信賴等級 評估項目	不足以評估/ 未評估(NA)	教師在旁逐 步共同操作	教師在旁必 要時協助	教師事後重 點確認	必要時知會 教師確認	獨立 執行
學員信賴等級						

期待學員展現之信賴等級：教師事後重點確認

結構化質性回饋：請就下列至少一個項目，說明您對此學員信賴或不信賴之理由。

(1)充分掌握病 史	
(2)正確判讀數 據與檢查報告	
(3)清楚手術之 目的與挑戰	
(4)麻醉計畫之 合理性	

一般醫學兒科

- EPA1：常見疾病入院病人之診療。
- EPA2：在急診/門診進行常見主訴看診。
- EPA3：住院中病人的臨床照護。
- EPA4：兒童生長發育評估與預防保健諮詢。

1. 擬參採「急診醫學 4 個 EPAs 評估表單」，研擬適用一般醫學兒科之 EPA 評估表單。
2. 評量考核方式及頻率：

No	評估方式	頻率
1	CbD	至少 2 次
2	EPA	4 個 EPA 至少各 1 次
3	360 度評量	至少 2 次

執行說明

□ 評估方式

□ 表單說明

□ 總結評估

一般醫 學兒科	<ul style="list-style-type: none"> • EPA1：常見疾病入院病人之診療。 • EPA3：在急診/門診進行常見主訴看診。 • EPA2：住院中病人的臨床照護。 • EPA4：兒童生長發育評估與預防保健諮詢。 	1. 擬參採「急診醫學 4 個 EPAs 評估表單」，研擬適用一般醫學兒科之 EPA 評估表單。		
		2. 評量考核方式及頻率：		
		No	評估方式	頻率
		1	CbD	至少 2 次
2	EPA	4 個 EPA 至少各 1 次		
3	360 度評量	至少 2 次		

一般醫學兒科訓練 EPA 評估表單-1(Ped EPA-1)

日期： 年 月 日 學員： 教師：

兒科組第個月： 第 1個月 2個月 3個月 4個月

1.主題：常見疾病入院之診療（可複選）

病人疾病： 肺炎或其他下呼吸道感染 泌尿道感染 急性腸胃炎合併脫水
 腸病毒感冒 發燒
 其他（以核心課程項目為限）_____

2.情境說明：在新病人入院時，進行初步照護，從病史詢問、身體檢查到初步處置與病歷紀錄之執行。（使用限制：生命徵象穩定之病人）

3.信賴等級（觀察學員後，下次遇到類似情境時您認為此學員勝任之程度）

評估項目	信賴等級					
	未評估 (NA)	教師在旁逐步共同操作	教師在旁必要時協助	教師事後重點確認	必要時知會教師確認	獨立執行
整體任務						

4.參考項目

(1)蒐集病史資料						
(2)身體診察						
(3)一般檢驗、檢查的安排與判讀						
(4)整合臨床所見排序臨床鑑別診斷						
(5)建立醫囑						
(6)解釋病情與治療計畫並取得知情同意						
(7)諮商衛教						
(8)病歷書寫						

5. 使用之方式(可複選) CbD 直接觀察診療行為 整體觀察

6. 具體描述與回饋

一般醫學兒科訓練 EPA 評估表單-2(Ped EPA-2)

日期： 年 月 日 學員： 教師：

兒科組第個月： 第 1個月 2個月 3個月 4個月

1.主題：常見疾病住院中之診療（可複選）

病人疾病： 肺炎或其他下呼吸道感染 泌尿道感染 急性腸胃炎合併脫水
 腸病毒感冒 發燒
 其他（以核心課程項目為限）_____

2.情境說明：對住院中的應人進行每日的臨床照護，整合資訊、更新問題與診斷，擬定治療計畫，並且衛教解釋病情。（使用限制：生命徵象穩定之病人）

3.信賴等級（觀察學員看診後，下次遇到類似情境時您認為此學員勝任之程度）

評估項目	信賴等級					
	未評估 (NA)	教師在旁逐步共同操作	教師在旁必要時協助	教師事後重點確認	必要時知會教師確認	獨立執行
整體任務						

4.回饋參考內容

(1)整合資訊進行再評估						
(2)更新診察與治療計畫						
(3) 解釋病情與治療計畫並取得知情同意						
(4) 諮商衛教						
(5)適時尋求資源或會診						
(6)判斷出院時機						
(7)出院後追蹤計畫						
(8)病歷書寫						

5. 使用之方式(可複選) CbD 直接觀察診療行為 整體觀察

6. 具體描述與回饋

一般醫學兒科訓練 EPA 評估表單-3(Ped EPA-3)

日期： 年 月 日 學員： 教師：

兒科組第個月： 第 1個月 2個月 3個月 4個月

1.主題：在門診或急診進行常見主訴之診療 (可複選)
 病人主訴：發燒 腹痛 嘔吐/腹瀉 咳嗽/呼吸急促 黃疸
其他 (以核心課程項目為限) _____

2.情境說明：在急診或門診，進行新急診病人的初步照護，從焦點式問診到初步處置與病歷紀錄之執行(使用限制：生命徵象不穩定的病人需教師陪同看診)

3.信賴等級(觀察學員看診後，下次遇到類似情境時您認為此學員勝任之程度)

評估項目	信賴等級					
	未評估 (NA)	教師在旁逐步共同操作	教師在旁必要時協助	教師事後重點確認	必要時知會教師確認	獨立執行
整體任務						

4.回饋參考內容

(1)初步辨識是否有危急病況						
(2)蒐集病史、身體診察資料						
(3)一般檢驗、檢查的安排						
(4)整合臨床所見排序臨床鑑別診斷						
(5)建立醫囑						
(6)病歷寫作						
(7)解釋病情與治療計畫並取得知情同意						
(8)諮詢衛教						

5. 使用之方式(可複選) CbD 直接觀察診療行為 整體觀察

6. 具體描述與回饋

一般醫學兒科訓練 EPA 評估表單-4(Ped EPA-4)

日期： 年 月 日 學員： 教師：

兒科組第個月： 第 1個月 2個月 3個月 4個月

1.主題：兒童生長發育評估與預防保健諮詢 (可複選)
 兒童族群：0~1歲大 1~3歲大 4歲以上

2.情境說明：對不同年齡孩童進行生長發育評估、預防接種諮詢。(使用限制：不限)

3.信賴等級(觀察學員看診後，下次遇到類似情境時您認為此學員勝任之程度)

評估項目	信賴等級					
	未評估 (NA)	教師在旁逐步共同操作	教師在旁必要時協助	教師事後重點確認	必要時知會教師確認	獨立執行
整體任務						

4.回饋參考內容

(1)能正確使用生長曲線並解釋生長狀況						
(2)能蒐集病史與診察資料判斷發展狀況						
(3)能衛教預防接種時程與注意事項						
(4)能運用兒童健康手冊進行保健衛教						

5. 使用之方式(可複選) CbD 直接觀察診療行為 整體觀察

6. 具體描述與回饋

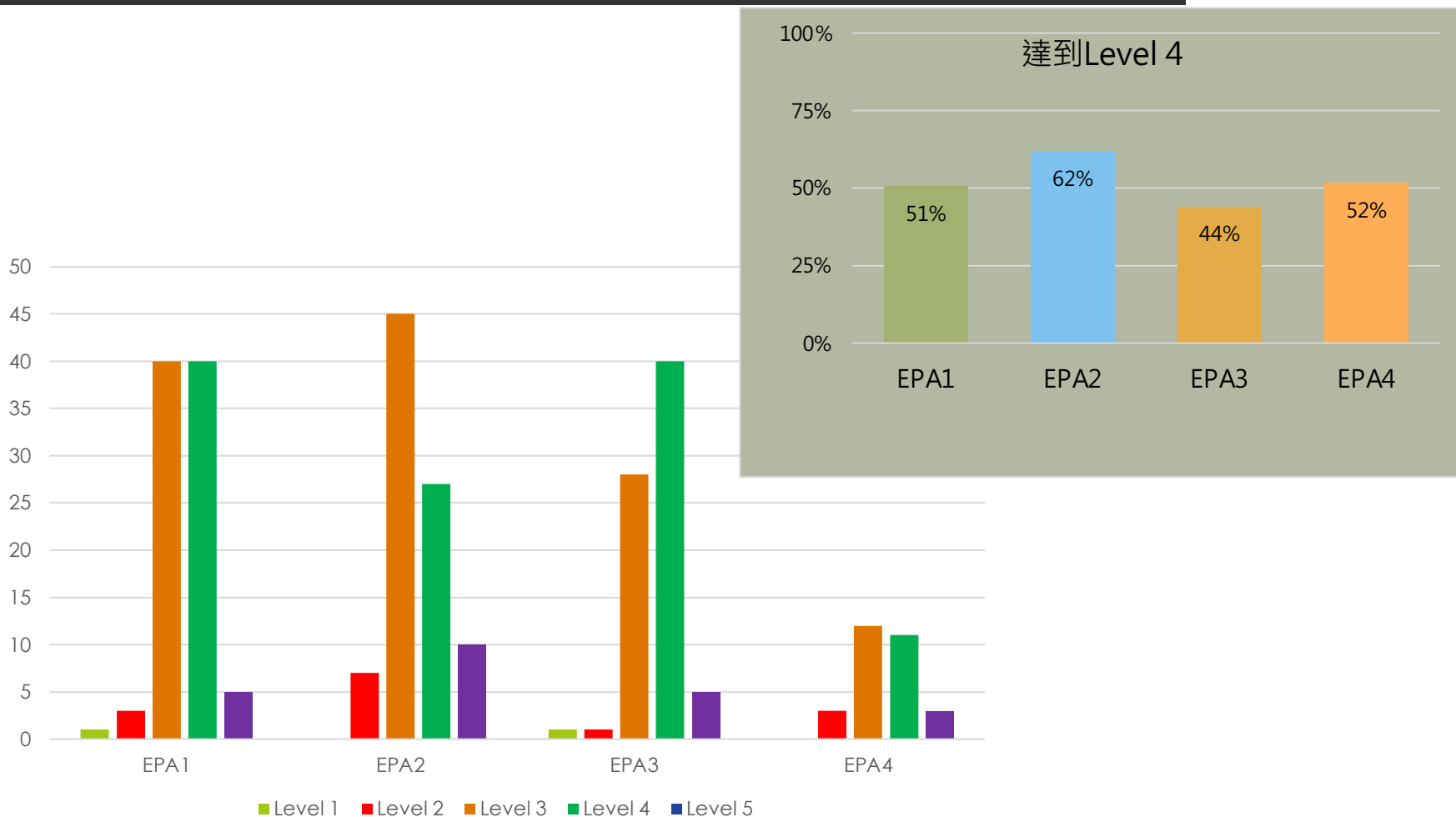
EPA執行注意事項

- 可自行設計執行時程
- 單一EPA可藉由CbD、直接觀察診療行為、整體觀察
 - ✓ 直接觀察診療行為：MiniCEX或任何短暫任務執行觀察
- EPA-4不限於健兒門診，其他場域觀察亦可
- 各EPA至少被一位教師藉多元方法完整觀察並填一張表單

總結評估

- 時間：建議訓練結束前一週
- 成員：主席1名、其他成員至少2名（建議包含教學部主管、導師、臨床教師）
- 會議前準備資料：
 - ✓ 學員之各項評量表單
 - ✓ 護照、案例分析或其他作業
 - ✓ 學術活動出席狀況
- 會議中檢視資料、討論信賴等級、整體訓練結果是否通過、質性回饋
- 上傳資料，與學員回饋

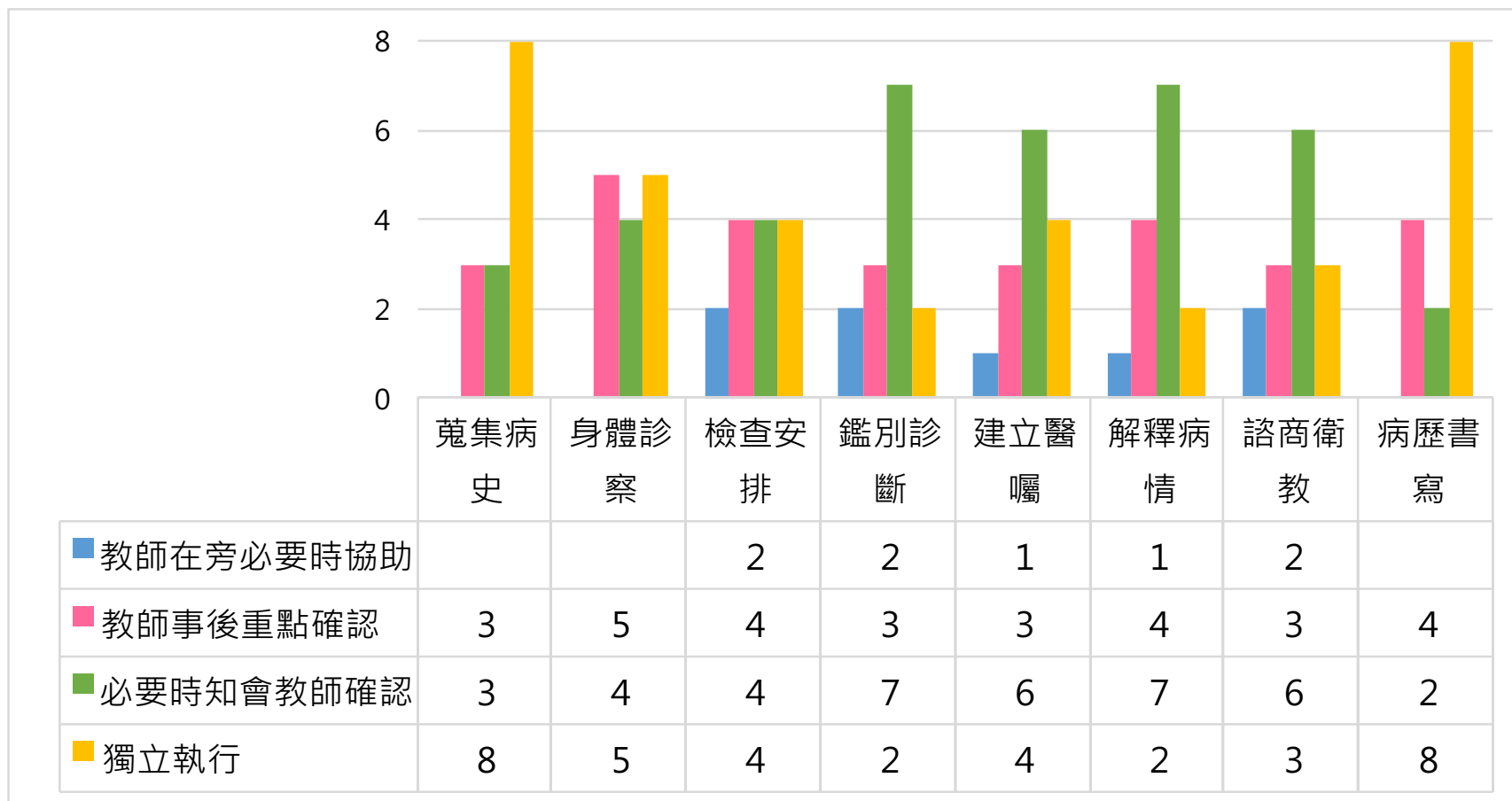
MMH 107~108 EPA結果



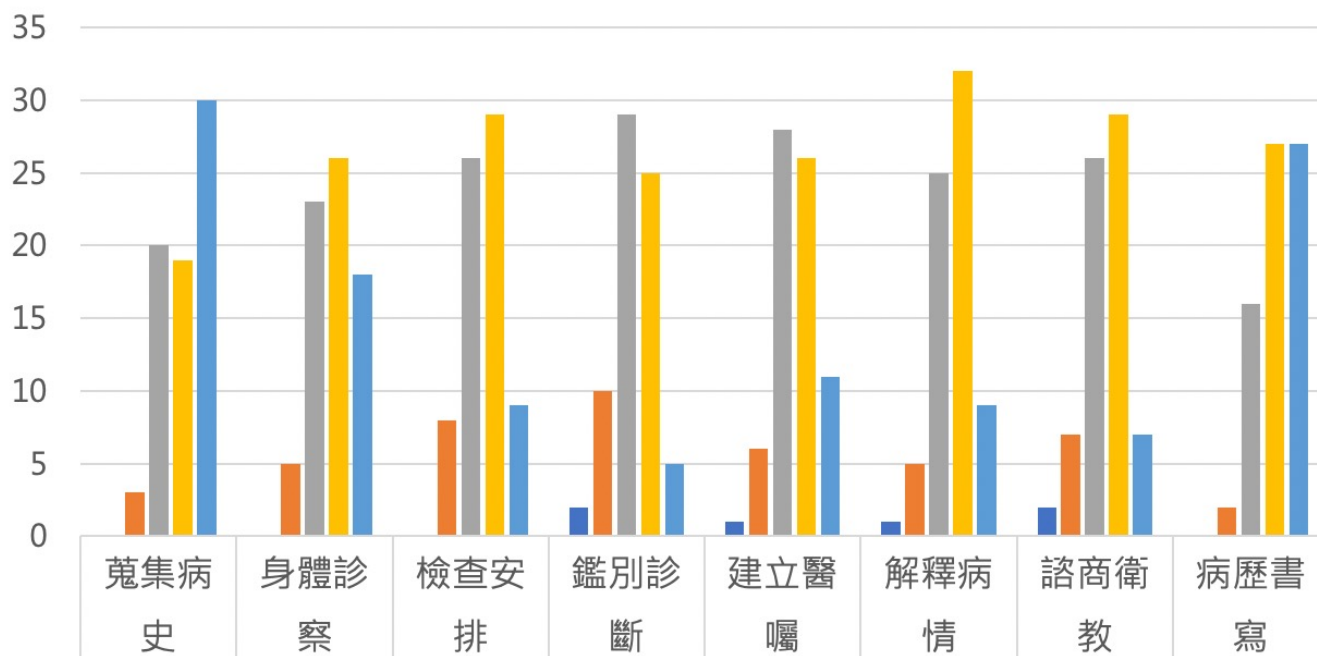
EPA 1

常見疾病入院之診療各項評估之信賴等級

年度	份數
107	14



108年度 PGY EPA1 信賴等級

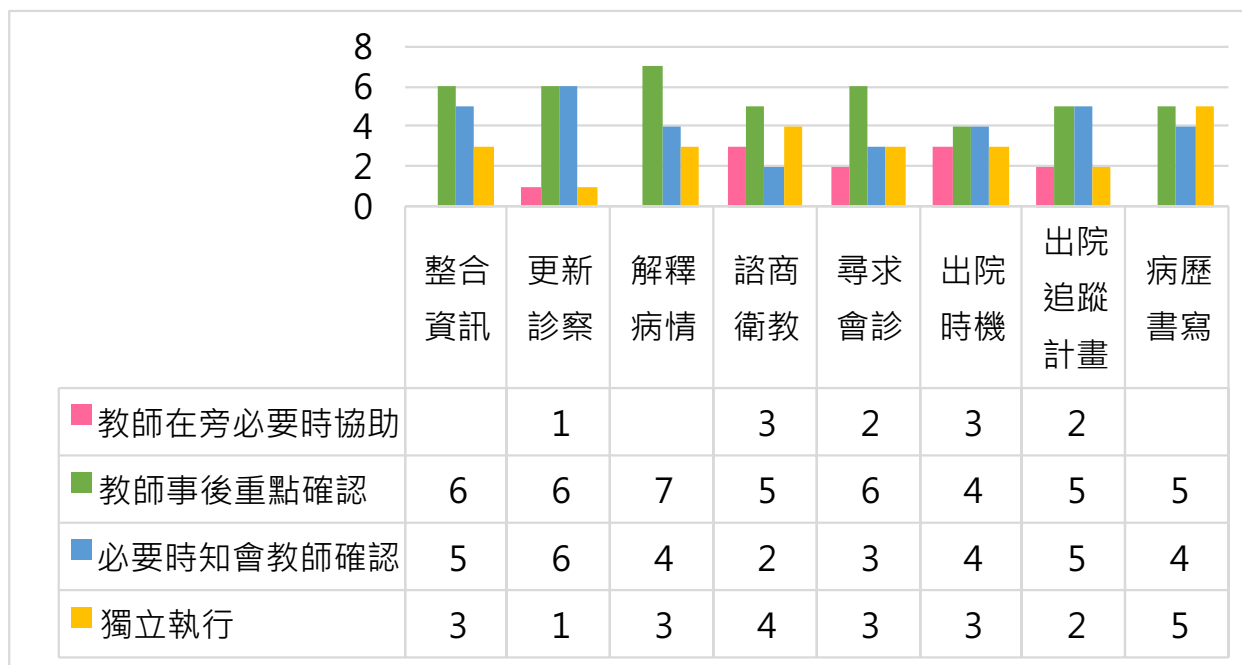


■ 教師在旁逐步共同操作	0	0	0	2	1	1	2	0
■ 教師在旁必要時協助	3	5	8	10	6	5	7	2
■ 教師事後重點確認	20	23	26	29	28	25	26	16
■ 必要時知會教師確認	19	26	29	25	26	32	29	27
■ 獨立執行	30	18	9	5	11	9	7	27

EPA 2

常見疾病住院中之診療各項評估之信賴等級

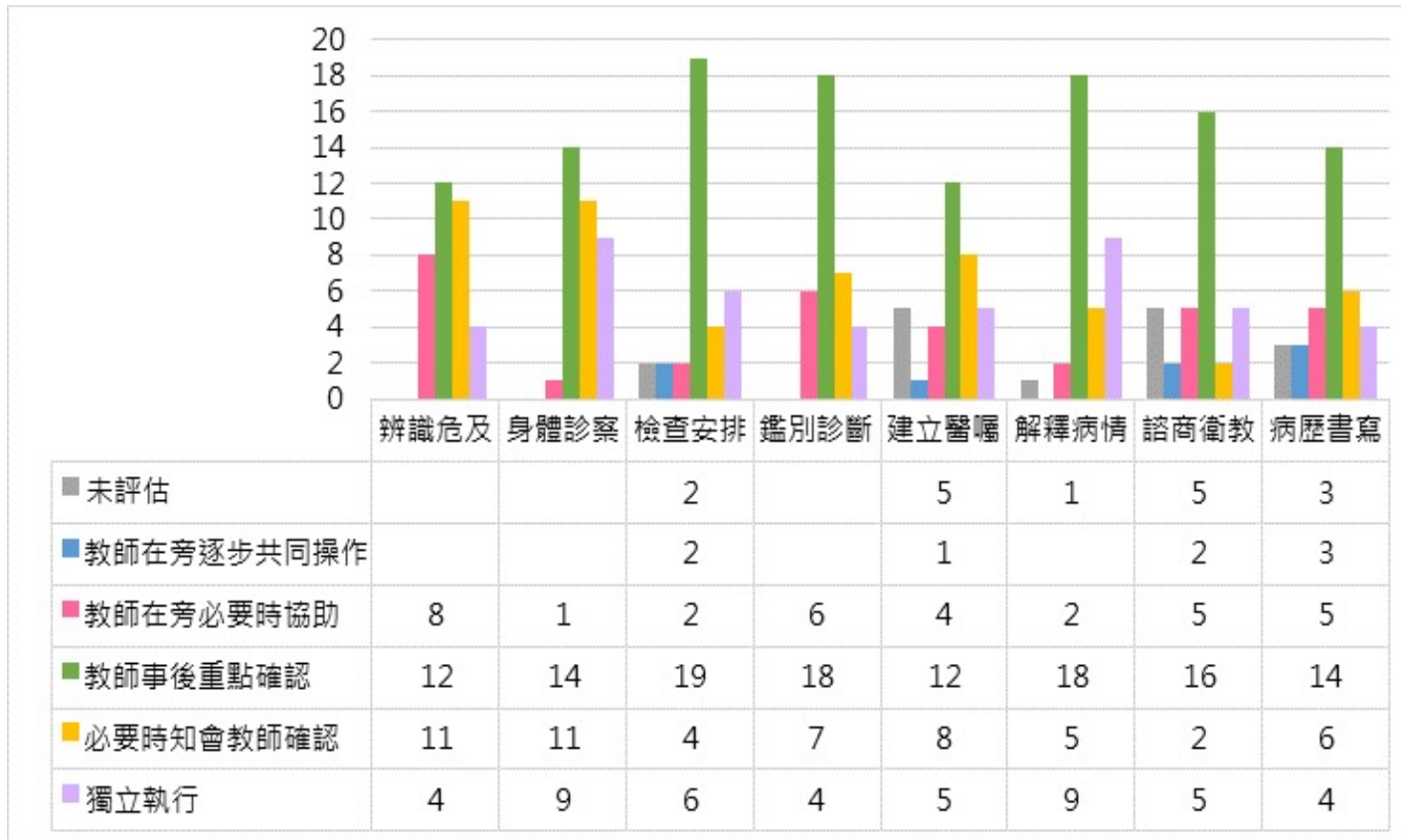
年度	份數
107	14



EPA 3

在門診或急診進行常見主訴之診療各項評估之信賴等級

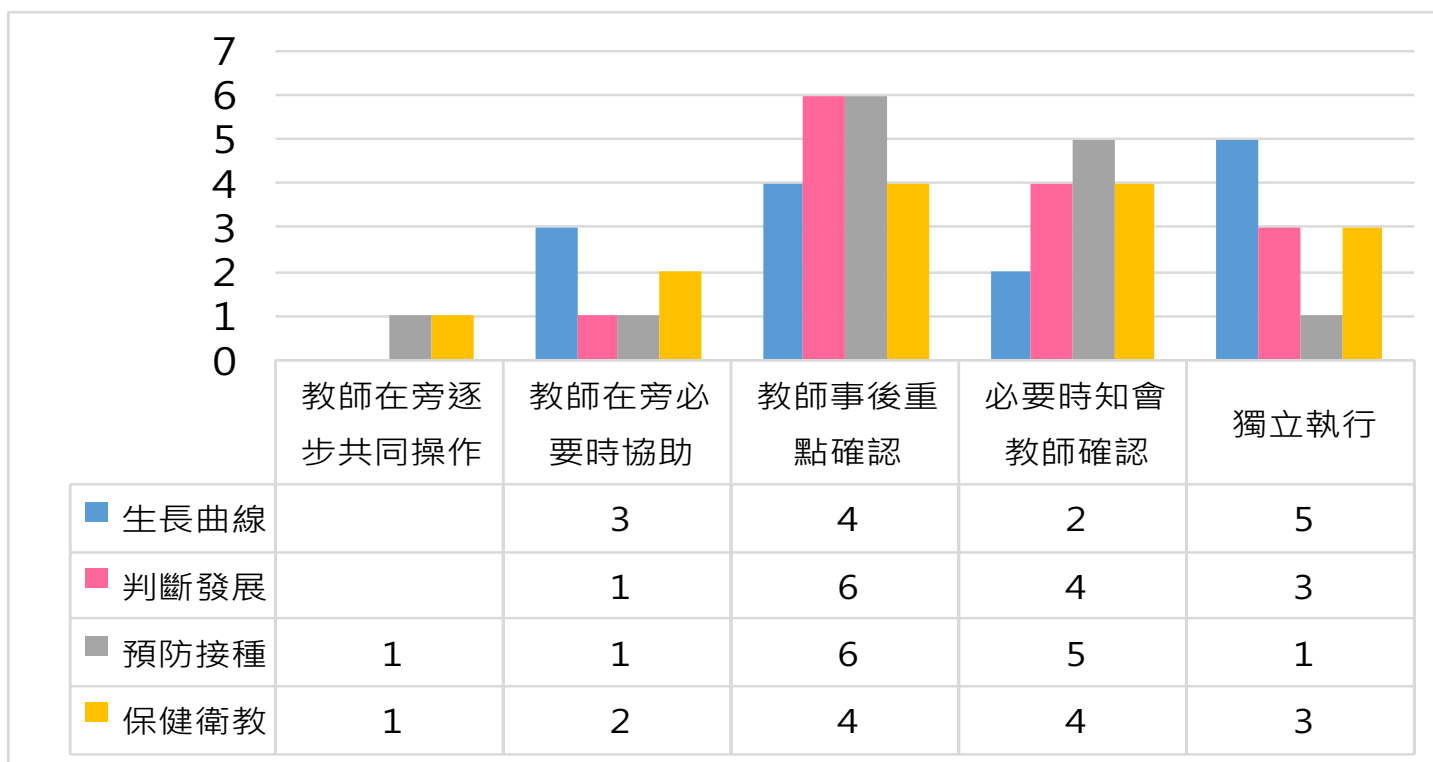
年度	份數
107	35



EPA 4

兒童生長發育評估與預防保健諮詢各項評估之信賴等級

年度	份數
107	14



對象：

107 年度一年期 PGY 學員(107 年 8 月至 108 年 7 月間收案)。

(三)試辦醫院收案情形

序號	醫院名稱	兒科
1	長庚醫療財團法人林口長庚紀念醫院	22
2	臺北榮民總醫院	8
3	長庚醫療財團法人高雄長庚紀念醫院	9
4	台灣基督長老教會馬偕醫療財團法人馬偕紀念醫院	14
5	中國醫藥大學附設醫院	3
6	臺中榮民總醫院	6
7	高雄榮民總醫院	2
8	國立成功大學醫學院附設醫院	7
9	彰化基督教醫療財團法人彰化基督教醫院	2
10	三軍總醫院附設民眾診療服務處	2
11	奇美醫療財團法人奇美醫院	3
12	國泰醫療財團法人國泰綜合醫院	3
13	長庚醫療財團法人基隆長庚紀念醫院	3
14	新光醫療財團法人新光吳火獅紀念醫院	3
15	臺北市立萬芳醫院—委託財團法人臺北醫學大學辦理	1
16	長庚醫療財團法人嘉義長庚紀念醫院	2
17	義大醫療財團法人義大醫院	3
18	佛教慈濟醫療財團法人台北慈濟醫院	3
19	衛生福利部雙和醫院(委託臺北醫學大學興建經營)	2
20	童綜合醫療社團法人童綜合醫院	1
21	天主教耕莘醫療財團法人耕莘醫院	1
	總計	100

感謝衛生福利部提供資料

EPAs	信賴等級										整體訓練結果			
	LV.5		LV.4		LV.3		LV.2		LV.1		通過		未通過	
	人次	百分比	人次	百分比	人次	百分比	人次	百分比	人次	百分比	人次	百分比	人次	百分比
EPA1：常見疾病入院病人之診療	29	29.00	48	48.00	19	19.00	4	4.00	0	0.00	99	99.00	1.00	1.00
EPA2：住院中病人的臨床照護	25	25.00	51	51.00	19	19.00	5	5.00	0	0.00				
EPA3：在急診/門診進行常見主訴看診	29	29.00	44	44.00	19	19.00	8	8.00	0	0.00				
EPA4：兒童生長發育評估與預防保健諮詢	19	19.00	59	59.00	13	13.00	8	8.00	1	1.00				
註：LV.1：教師在旁逐步共同操作／LV.2：教師在旁必要時協助／LV.3：教師事後重點確認／LV.4：必要時知會教師確認／LV.5：獨立執行														

感謝衛生福利部提供資料

一般醫學兒科

■ LV.5：獨立執行 ■ LV.4：必要時知會教師確認 ■ LV.3：教師事後重點確認
 ■ LV.2：教師在旁必要時協助 ■ LV.1：教師在旁逐步共同操作

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



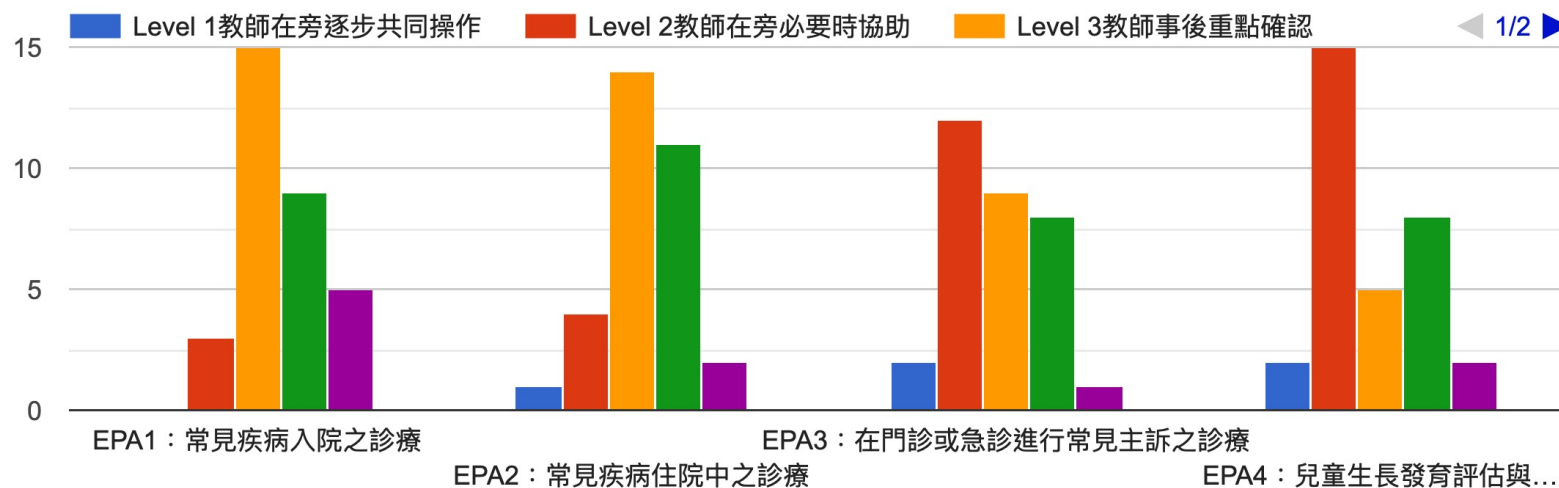
感謝衛生福利部提供資料

20190720 兒科醫學會 EPA教師共識會



兒科醫學會問卷 EPA1~4 整體任務信賴等級 (N=32)

您認為現行PGY EPA，PGY學員 達到的能力調查



兒科醫學會EPA工作坊

EPA	方案一	方案2
能力分級	<ol style="list-style-type: none">1教師在旁逐步共同操作2教師在旁必要時協助3教師事後重點確認4必要時知會教師確認5獨立執行	<ol style="list-style-type: none">1.可以說出操作內容2.在直接指導下可以操作3.可以在間接指導下操作4.可以獨立操作，事後報備5.可以指導其他資淺學員

兒科醫學會EPA工作坊

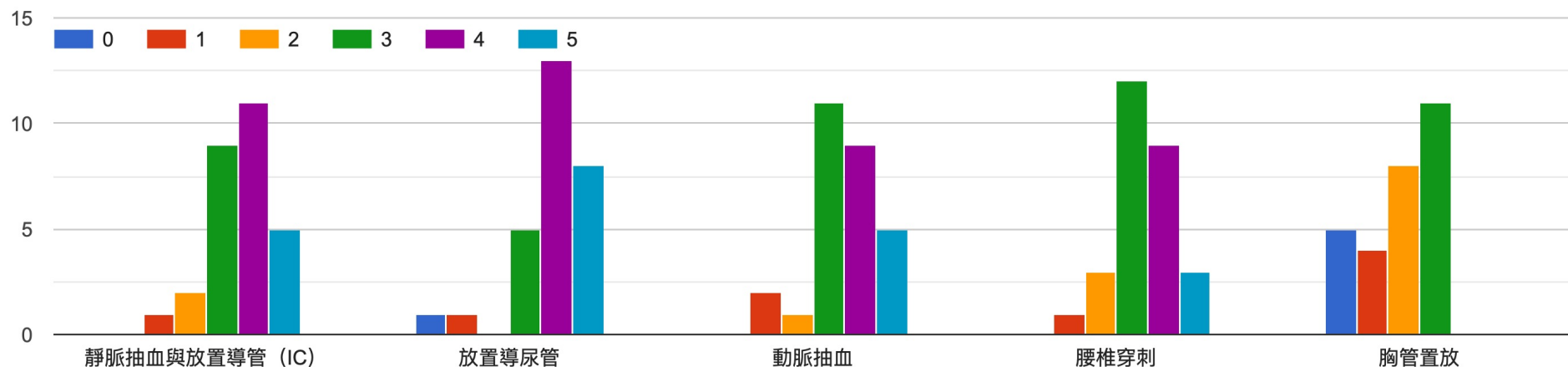
EPA	方案一	方案2
能力分級	<ol style="list-style-type: none">1教師在旁逐步共同操作2教師在旁必要時協助3教師事後重點確認4必要時知會教師確認5獨立執行	<ol style="list-style-type: none">1.可以說出操作內容2.在直接指導下可以操作3.可以在間接指導下操作4.可以獨立操作，事後報備5.可以指導其他資淺學員

填寫R1/PGY2訓練結束後應具備之適合等級，作為本會撰寫EPAs參考，以便推出適合兒科住院醫師訓練的評估方式(N=28)

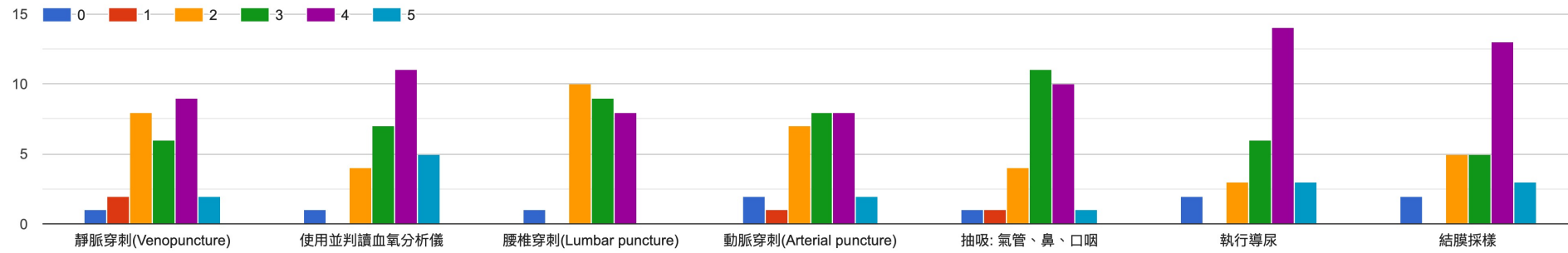
共識結果

1. 可說出操作內容
2. 在直接指導下可以操作
3. 可以在間接指導下操作
4. 可以獨立執行，事後報備
5. 可以指導其他資淺學員

一、兒童操作技術

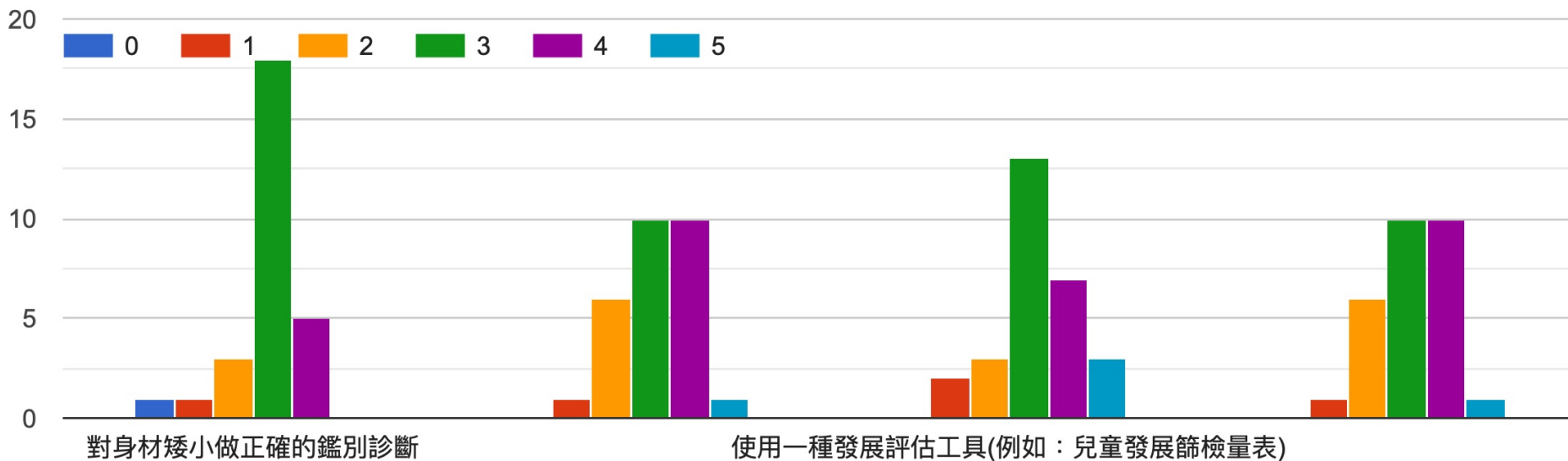


八、新生兒操作技術

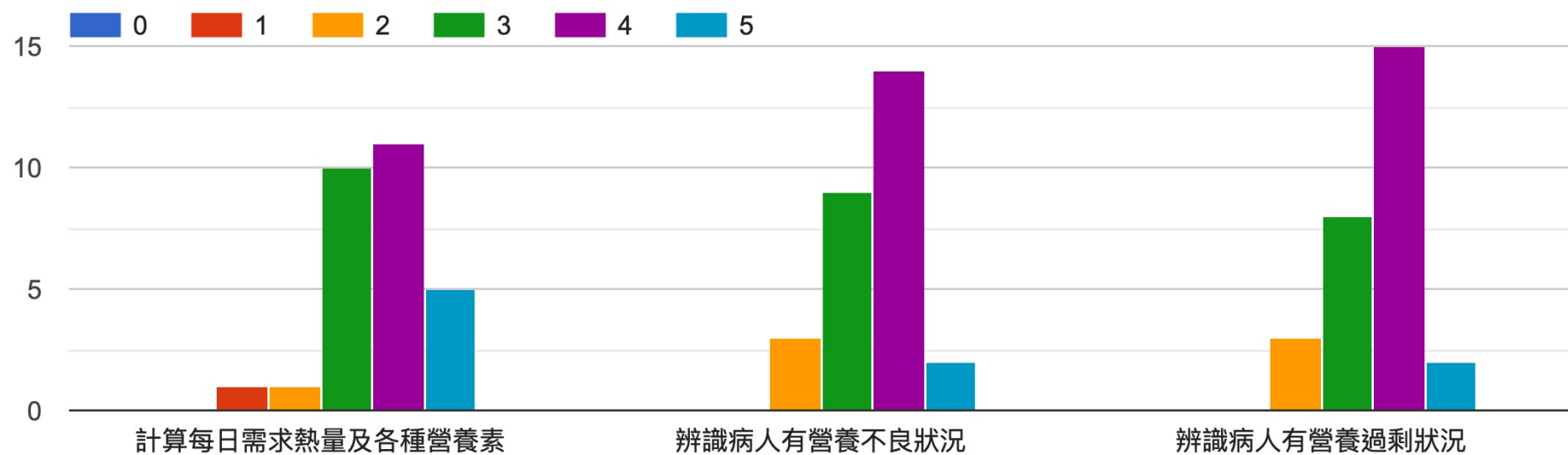


三、生長與發展

- 1。 對身材矮小做正確的鑑別診斷
- 2。 運用評估發展的四大項目Motor、Adapti...
- 3。 使用一種發展評估工具(例如：兒童發展...
- 4。 操作兒童的基本神經學身體檢查



五、營養



↩	↩	↩	↩
↩	↩	↩	↩
↩	100%↩	94.9%↩	AAP4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting (台兒 12 常見之兒童急症)↩
EPA1↩	↩	↩	(PGY 試辦)常見疾病入院之診療↩
EPA2↩	↩	↩	(PGY 試辦)常見疾病住院之診療↩
EPA3↩	↩	↩	(PGY 試辦)急診門診常見主訴之診療↩
↩	96.3%↩	23.1%↩	台兒 16 兒童虐待↩
EPA4↩	92.6%↩	35.9%↩	AAP1. Provide consultation to other health care providers caring for children (台兒 3 健康諮詢)↩
↩	92.6%↩	71.8%↩	AAP3. Care for the well newborn (台兒10周產期嬰兒與新生兒)↩
↩	92.6%↩	43.6%↩	AAP17. Demonstrate competence in performing the common procedures of the general pediatrician (台兒2兒童操作型技術)↩
↩	88.9%↩	48.7%↩	台兒 4 成長&發展↩
↩	85.2%↩	43.6%↩	AAP 10. Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness (Entrustment decisions for this EPA may require stratification by two age groups: neonate and non-neonate)↩
↩	81.5%↩	28.2%↩	AAP 7. Recognize, provide initial management and refer patients presenting with surgical problems↩
↩	70.4%↩	61.5%↩	台兒 15、水分與電解質輸液治療↩
↩	66.7%↩	7.7%↩	AAP 9. Assess and manage patients with common behavior/mental health problems (台兒 6 行為問題)↩
↩	63%↩	7.7%↩	台兒 8、意外傷害及中毒的處置↩
↩	63%↩	23.1%↩	AAP 6. Provide a medical home for patients with complex, chronic, or special health care needs. (Entrustment decisions for this EPA may require stratification by age group) (台兒 13 常見兒科慢性病症與失能)↩
↩	63%↩	12.5%↩	AAP 8. Facilitate the transition from pediatric to adult health care (台兒9青春期)↩
↩	59.3%↩	17.9%↩	台兒 7、營養↩
↩	59.3%↩	12.8%↩	AAP 12. Refer patients who require consultation↩
↩	55.6%↩	↩	AAP 2. Provide recommended pediatric health screening↩
↩	51.9%↩	25.6%↩	台兒 1、專業素養與態度↩

109年兒科醫學會公告PGY2的 6個EPAs

EPA1: 常見疾病住院之診療

EPA2: 在門診或急診進行常見主訴之診療

EPA3: 正常新生兒的照顧

EPA4: 操作技術

EPA5: 水分與電解質輸液治療

EPA6: 成長與發育

日期： 年 月 日

學員：

教師：

1.主題：正常新生兒的照顧						
2.情境說明：						
3.信賴等級(觀察學員看診後，下次遇到類似情境時您認為此學員勝任之程度)						
信賴等級						
未評估 (NA)	1.可以說出 操作內容	2.在直接指 導下可以 操作	3.可以在間 接指導下 操作	4.可以獨立 執行，事後 報備	5.可以指導 其他資淺 學員	
評估項目						
整體任務						
4.回饋參考內容						
(1) 能給予新生兒初步急救						
(2) 完整的新生兒身體檢查						
(3) 提供營養哺餵建議						
(4) 辨識在嬰兒室中，那些是有問題嬰兒的前期症狀						
(5) 衛教家屬及給予諮詢						
(6) 能辨識非正常狀態						
5. 使用之方式(可複選) <input type="checkbox"/> CbD <input type="checkbox"/> 直接觀察診療行為 <input type="checkbox"/> 整體觀察						
6. 具體描述與回饋						



您的熱誠參與是最好的Feedback



FEEDBACK