



# Entrustable Professional Activities

## EPA 2 for Developmental-Behavioral Pediatrics

### EPA 2: Effectively Communicate with Families, Schools, and Community Organizations to Facilitate Their Understanding of Children's Developmental-Behavioral Diagnoses and to Promote Their Engagement in Clinical Decision-Making and Treatment

#### Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to communicate effectively with direct supervision and coaching
3. Trusted to communicate effectively with supervisor occasionally present to provide advice
4. Trusted to communicate without supervisor present but requires coaching to improve effectiveness
5. Trusted to communicate effectively with families, schools, and community organizations to facilitate their understanding of children's DBP diagnoses and to promote engagement in clinical decision making and treatment without supervision

#### Description of the Activity

Developmental-behavioral diagnoses and interventions are typically not as straightforward as other medical diagnoses. Thus, developmental-behavioral pediatricians (DBPs) must be expert in communicating their impressions and recommendations to families, referring primary pediatric health care providers, early intervention providers, allied health providers, and school personnel.

The specific functions which define this EPA include:

1. Providing culturally sensitive and health literacy-based counseling to families to facilitate their understanding of their child's developmental-behavioral diagnosis
2. Providing culturally sensitive and health literacy-based counseling to families to facilitate their understanding of evidence-based interventions to pursue for their children
3. Providing counseling and anticipatory guidance for challenging issues for families
4. Assisting families in transition planning

#### Judicious Mapping to Domains of Competence

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Personal and Professional Development



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### Competencies Within Each Domain Critical to Entrustment Decisions

PC 9:	Counseling patients and families
PC 10:	Providing health maintenance
PLBI 9:	Educating others
ICS 1:	Communicating with patients/families
ICS 2:	Demonstrating insight into emotion
ICS 5:	Consultative role
ICS 6:	Maintaining medical records
SBP 2:	Coordinating care

### Context for the EPA

**Rationale:** In contrast to most other pediatric subspecialties, where an etiologic medical diagnosis leads to a specific medical treatment, all developmental-behavioral diagnoses are descriptive, rather than etiologic, in nature, and there are few evidence-based medical interventions. Thus, DBPs need to acquire the expertise to effectively communicate with families, referring medical providers, early intervention providers, therapists, and school personnel how these descriptive developmental-behavioral diagnoses have been determined. In addition, in contrast to most other pediatric subspecialties, where medications and other medical treatments are the mainstays of intervention, most of the interventions for children with developmental-behavioral disorders and their families need to be accessed in the community. Thus, it is critical for DBPs to be able to counsel patients and their families on how best to access all evidence-based educational, therapeutic, social, and community services available to children with developmental-behavioral disorders in their local communities.

**Scope of Practice:** DBPs receive referrals from primary pediatric health care providers, schools, and community agencies to provide medically based diagnostic and management services for patients with a broad spectrum of developmental-behavioral concerns from infancy through young adulthood. Whether working independently or within an interdisciplinary team, DBPs must have the expertise to make descriptive developmental-behavioral diagnoses, to pursue medical etiologic diagnoses (see Developmental-Behavioral EPA 5), and to ensure that families understand how these diagnoses were determined and what they need to do for the best possible outcomes for their children. DBPs also require the expertise to communicate their diagnoses and treatment plans to referring primary pediatric health care providers, early intervention programs, therapists, and school personnel.

### Curricular Components That Support the Functions of the EPA

1. Providing culturally sensitive and health literacy-based counseling to families to facilitate their understanding of their child's developmental-behavioral diagnosis
  - Describes for families, in a culturally sensitive and health literacy-based manner, how their child's developmental-behavioral diagnosis was made (based on information from the medical, social, and family histories, the developmental history, the physical and neurodevelopmental examinations, and any standardized testing that was performed by an interdisciplinary team, early intervention program, or school)



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- Discusses with families, in a culturally sensitive and health literacy-based manner, the need for further medical workup in an attempt to identify an etiologic diagnosis
  - Discusses with families, in a culturally sensitive and health literacy-based manner, the prognosis of their children's developmental-behavioral disorder(s)
  - Reviews with families, in a culturally sensitive and health literacy-based manner, the results of any standardized testing performed by an interdisciplinary team (psychology, speech/language pathology, occupational therapy, physical therapy, etc.) or by early intervention programs or school districts
  - Provides timely written reports to share with families, primary pediatric health care providers, early intervention programs, community therapists, and school personnel that clearly detail the DBP's diagnostic impressions to facilitate family and provider understanding of developmental-behavioral diagnoses
2. Providing culturally sensitive and health literacy-based counseling to families to facilitate their understanding of evidence-based interventions to pursue for their children
- Describes for families, in a culturally sensitive and health literacy-based manner, what evidence-based educational, therapeutic, behavioral, social, and community services are recommended for their children
  - Discusses with families, in a culturally sensitive and health literacy-based manner, how to best access the evidence-based educational, therapeutic, behavioral, social, and community services that are recommended for their children
  - Discusses with families, in a culturally sensitive and health literacy-based manner, the problems with and potential harm of nonevidence-based alternative interventions
  - Provides timely written reports to share with families, primary pediatric health care providers, early intervention programs, community therapists, and school personnel that clearly details the DBP's recommended interventions to facilitate family and provider understanding of recommended interventions
  - Educates families, in a culturally sensitive and health literacy-based manner, about social and community-based services available to children with developmental-behavioral disorders and their families, such as:
    - Early-intervention programs
    - Evidence-based parenting interventions
    - Children's mental health services
    - Early Head Start programs
    - Head Start programs
    - Early childhood special education programs
    - Special education services (e.g., Individualized Education Program [IEP])
    - Section 504 and other classroom accommodations/modifications
    - Therapeutic services (speech/language, physical therapy (PT), occupational therapy (OT), behavior therapy) available through schools or privately in the community
    - Developmental disability or children's mental health case management services
    - Supplemental medical insurance or other financial assistance programs
    - Educational advocacy services
    - Parent support groups
    - Acute functional behavioral analysis/in-home behavior management counseling services
    - Respite care services
    - Personal care attendant services
    - Counseling regarding long-term legal and financial planning issues



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- Summer camps and other extracurricular services
3. Providing counseling and anticipatory guidance for challenging issues for families
    - Provides anticipatory guidance to families, in a culturally sensitive and health literacy-based manner, about how changes in family circumstances (family relocation, change in schools, divorce, blended families, deaths in the family, birth of a new sibling, unemployment, change in insurance coverage) may affect their child with a developmental-behavioral disorder
    - Provides anticipatory guidance to families, in a culturally sensitive and health literacy-based manner, about how children with developmental-behavioral disorders are at increased risk for bullying and abuse
    - Counsels families, in a culturally sensitive and health literacy-based manner, regarding any concerns about adherence with recommended treatments/interventions
    - Provides support and anticipatory guidance for military families who often encounter recurring moves and need assistance in finding adequate services and specifically helping children with developmental-behavioral concerns that relate to managing change
  4. Assisting families in transition planning
    - Counsels families and provides anticipatory guidance, in a culturally sensitive and health literacy-based manner, about the critical role of transition planning, beginning by at least 14 years of age, for the special educational, health care (including mental health care), and legal systems.
    - Assists families in appreciating that successful transition requires communication and collaboration among primary care providers in pediatric and adult medicine, pediatric and adult subspecialty physicians, school personnel, community service representatives, and young adult patients and their families

Problems that can be referred back to primary care physicians:

- Given the prevalence of developmental-behavioral problems and disorders in the general pediatric population, the limited number of board-certified DBPs, and the long waiting lists for developmental-behavioral consultation, DBPs must be competent in effectively communicating their diagnoses and recommendations for intervention with both families and referring primary pediatric health care providers and must be confident in referring patients back to their primary care providers, co-managing patients as necessary.

Problems that generally require referral/consultation/interprofessional co-management:

- DBPs are the medical specialists who are best able to communicate with families to facilitate their understanding of their child's developmental-behavioral diagnosis and to promote their engagement in clinical decision-making and treatment. Rather than requiring consultation with another medical subspecialist for this role, DBPs benefit from consultation with medical social workers with expertise in accessing recommended services and advocating for families to receive such services.

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### Curricular Components Authors

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