



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



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Personal and Professional Development

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

**Based on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.*

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.