



Entrustable Professional Activities

EPA 3 for Developmental-Behavioral Pediatrics

EPA 3: Perform Comprehensive Histories and Physical and Neurodevelopmental Examinations to Make Accurate Diagnoses for Patients Presenting with Developmental Behavioral Concerns from Infancy Through Young Adulthood

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision for most simple cases and some complex cases
4. Trusted to execute with indirect supervision but may require discussion at critical portions of history and/or exam for a few complex cases
5. Trusted to execute without supervision

Description of the Activity

Developmental-behavioral pediatricians (DBPs) care for a broad array of patients with a wide spectrum of developmental and behavioral challenges. These patients may also be involved in care with nonmedical providers such as early intervention, schools, and allied health professions. It is critical that DBPs be expert in obtaining thorough developmental-behavioral histories, including direct history elicitation from families and incorporation of information from additional sources as well as performing careful neurodevelopmental-neurobehavioral examinations in order to make appropriate and comprehensive developmental-behavioral diagnoses.

The specific functions which define this EPA include:

1. Demonstrating knowledge of typical and atypical child development
2. Recognizing patterns of developmental delay and risk factors for developmental-behavioral disorders
3. Performing subspecialty level developmental-behavioral histories, skilled observations, and neurodevelopmental examinations and linking the results of the developmental-behavioral assessment to treatment recommendations
4. Interpreting and integrating multidisciplinary evaluation results

Judicious Mapping to Domains of Competence

- ✓ Patient Care
- ✓ Medical Knowledge
- Practice-Based Learning and Improvement
- ✓ Interpersonal and Communication Skills
- Professionalism
- ✓ Systems-Based Practice



Entrustable Professional Activities

EPA 3 for Developmental-Behavioral Pediatrics

Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

PC 4:	Interviewing families
PC 5:	Performing complete physical exams
PC 6:	Using optimal clinical judgment
PC 7:	Developing management plans
MK 1:	Demonstrating knowledge
ICS 1:	Communicating with patients/families
SBP 2:	Coordinating care
SBP 5:	Working in interprofessional teams

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

Context for the EPA

Rationale: Unlike most other pediatrics subspecialties, biomedical markers for developmental-behavioral disorders are scarce and thus laboratory workup rarely leads to diagnosis. DBPs must develop expertise in obtaining a comprehensive history and performing a meticulous physical and neurodevelopmental/neurobehavioral examination to identify normal variations from pathologic findings.

Scope of Practice: DBPs provide medically based diagnostic services for patients with a broad spectrum of developmental-behavioral concerns from infancy through young adulthood. While DBPs must be competent in evaluating patients and making diagnoses independently, they also must be competent in working as a member of an interprofessional diagnostic team that may include psychologists, speech/language pathologists, special educators, social workers, physical therapists, occupational therapists, and audiologists. DBPs must have expertise in the diagnosis of the spectrum of developmental-behavioral disorders, from high prevalence, low morbidity conditions such as ADHD, learning disabilities, and motor incoordination to low prevalence, high morbidity conditions, such as autism spectrum disorders, intellectual disabilities, and cerebral palsy. 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 providing comprehensive consultative services for primary care physicians and must be confident in referring patients back to their primary care physicians, co-managing patients as necessary. Given the breadth of developmental-behavioral disorders, DBPs often also collaborate with other subspecialists, including medical geneticists, child neurologists, child psychiatrists, and pediatric physical medicine and rehabilitation (PM&R) specialists, and may also co-manage patients with these physicians.