



# Entrustable Professional Activities

## EPA 4 for Developmental-Behavioral Pediatrics

### EPA 4: Recognize and Longitudinally Manage Behavioral Variations, Problems, and Disorders in Typically Developing Children with Developmental Disorders

#### 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 management for a few complex cases
5. Trusted to execute without supervision

#### Description of the Activity

Developmental-behavioral pediatricians (DBPs) are referred patients (with and without associated developmental problems) due to concerns about their behavior. Behavioral problems occur across a spectrum from variation to problem to disorder, and DBP physicians are responsible for behavioral diagnoses and providing both behavioral and psychopharmacologic management. DBP physicians also need to be confident in differentiating those problems most appropriately cared for by DBP physicians from those that require referral to other mental health specialists.

The specific functions which define this EPA include:

1. Describing the spectrum of behavioral concerns and risk factors for behavioral problems in both children with typical development and developmental disorders
2. Providing behavioral consultations for children with typical development and developmental disorders presenting with behavioral variations and problems
3. Identifying and managing behavioral disorders in children and adolescents with both typical development and developmental disorders

#### 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 4:	Interviewing families
PC 6:	Using optimal clinical judgment
PC 7:	Developing management plans
PC 9:	Counseling patients and families
MK 1:	Demonstrating knowledge
ICS 3:	Communicating with health professionals
ICS 5:	Consultative role
SBP 2:	Coordinating care

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

### Context for the EPA

**Rationale:** DBPs are referred patients due to concerns about their behavior. Behavioral diagnoses are primarily clinical diagnoses, and laboratory workup is rarely contributory to the diagnostic process. Thus, DBPs must develop expertise in identification and management of behavioral variations, problems, and disorders in both typically developing children and children with developmental disorders.

**Scope of Practice:** Behavioral concerns are ubiquitous in general pediatric practice, and primary pediatric health care providers rely on DBP physicians for medically based behavioral consultation. DBP physicians must be expert in differentiating behavioral variations, problems, and disorders. Given the overwhelming prevalence of behavioral concerns in children, DBPs need to be able to provide consultative services for referring physicians for behavioral variations/problems and to identify and longitudinally manage behavioral disorders, particularly behavioral disorders that occur in children/adolescents with associated developmental disorders. 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, special educators, social workers, and other allied health personnel. Particularly given that there are approximately ten times as many board-certified child psychiatrists (approximately 8,000) as board-certified DBPs (755), DBPs also require expertise in differentiating those patients with behavioral disorders who they should manage from those that should be referred to (or co-managed with) other medical (child psychiatrists, pediatric sleep medicine specialists) and nonmedical (psychologists) specialists.