



# Entrustable Professional Activities

## EPA 5 for Developmental-Behavioral Pediatrics

### EPA 5: Recommend Appropriate Medical Workup and Evidence-Based Medical, Therapeutic, Educational, and Behavioral Interventions for Children with Developmental-Behavioral 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 and discussion of information conveyed for most simple and some complex cases
4. Trusted to execute with indirect supervision but may require discussion of information conveyed for a few complex cases
5. Trusted to execute without supervision

#### Description of the Activity

Developmental-behavioral pediatricians (DBPs) have traditionally provided care for children with developmental-behavioral disorders within multispecialty teams, including psychologists, speech/language pathologists, special educators, occupational therapists, and physical therapists. However, even within such interprofessional teams, it is the DBP's role to determine the most appropriate medical workup in an attempt to: 1) establish an etiologic diagnosis to account for the developmental-behavioral disorder, 2) provide targeted surveillance for potential associated medical complications, and 3) provide genetic counseling for families. In the current era of health care reform, in many states, it is now difficult to access insurance coverage for the other members of the multispecialty team, given that all of these allied health services are available through local school districts and are considered by most insurance carriers to be educational rather than medical services. Thus, in addition to their responsibility for medical workup and providing evidence-based medical interventions, DBPs also must have expertise in recommending evidence-based educational, therapeutic, and behavioral interventions for children with developmental-behavioral disorders, working closely with each child's family, school district, and local community providers.

The specific functions which define this EPA include:

1. Pursuing medical workups in an attempt to identify an underlying etiologic diagnosis to account for each child's descriptive developmental-behavioral diagnosis
2. Recommending evidence-based medical interventions for children with developmental-behavioral disorders
3. Recommending evidence-based educational, therapeutic, and behavioral interventions for children with developmental-behavioral disorders in the community

#### Judicious Mapping to Domains of Competence

- ✓ Patient Care



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

### Competencies Within Each Domain Critical to Entrustment Decisions\*

PC 6:	Using optimal clinical judgment
PC 7:	Developing management plans
MK 1:	Demonstrating knowledge
ICS 2:	Demonstrating insight into emotion
ICS 4:	Working as a member of a health care team
SBP 3:	Incorporating cost awareness into care

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

### Context for the EPA

**Rationale:** Unlike most other pediatric subspecialties, a specific etiologic diagnosis is not made in a majority of children with developmental-behavioral disorders, particularly those with high prevalence, low morbidity problems (such as learning disabilities and ADHD). Thus, DBPs require expertise in tailoring medical laboratory workups based on each child's presenting medical, social, family, and developmental histories and physical and neurodevelopmental examinations. Also, unlike most other pediatric subspecialties, there are only a limited number of evidence-based medical interventions for developmental-behavioral disorders, which are chronic special health care problems. Thus, given the lack of traditional biomedical treatments and the chronicity of the conditions, families often pursue, and educators and allied health professionals often recommend, nonevidence-based alternative therapies. Such nonevidence-based therapies may be potentially harmful and can be financial and time-consuming burdens to families that prevent them from taking advantage of evidence-based educational, therapeutic, and behavioral interventions. Thus, given their training in evidence-based medicine, DBPs also must assume the critical role of recommending and advocating for evidence-based educational, therapeutic, and behavioral interventions for children with developmental-behavioral disorders in their communities.

**Scope of Practice:** DBPs receive referrals from primary pediatric health care providers, schools, and community agencies to offer medically based diagnostic and management services for patients with a broad spectrum of developmental-behavioral concerns from infancy through young adulthood. Whether working within an interprofessional team or independently, it is the DBP's role to pursue a medical workup to attempt to establish an etiologic diagnosis for each child's developmental-behavioral disorder. Within this role, DBPs often collaborate with other subspecialists, such as medical geneticists and child neurologists, particularly if the DBP's initial workup uncovers a genetic etiology or structural brain anomaly. As there are relatively few



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evidence-based biomedical treatments for children with developmental-behavioral disorders (e.g., stimulant medication for attention deficit hyperactivity disorder [ADHD]), most of the interventions recommended need to be accessed in the community (e.g., early intervention services, special education services, behavior therapy, speech/language therapy, occupational therapy, physical therapy). Thus, given their training in evidence-based medicine, it is also the DBP's role to guide families to pursue evidence-based interventions in the community.