

ACGME Program Requirements for Graduate Medical Education in Developmental-Behavioral Pediatrics

Effective: July 1, 2009

Introduction

Int.A. Scope of Training

Int.A.1. Developmental-behavioral pediatrics is the specialty within pediatrics that focuses on:

Int.A.1.a). understanding the complex developmental processes of infants, children, adolescents and young adults, in the context of their families and communities;

Int.A.1.b) understanding the biological, psychological, and social influences on development in the emotional, social, motor, language, and cognitive domains;

Int.A.1.c) mechanisms for primary and secondary prevention of disorders in behavior and development; and

Int.A.1.d) identification and treatment of disorders of behavior and development throughout childhood and adolescence.

Int.A.2. The program must provide instruction, scholarly opportunities, and clinical experience in developmental-behavioral pediatrics to enable all fellows to diagnose and treat patients with developmental-behavioral disorders.

Int.A.3. Fellows must have progressive educational experience, which must include responsibility for patient care, the development of clinical proficiency, involvement in community-based activities, and the development of skills in teaching, program development, research, and child advocacy. Fellows must participate in clinical training activities, including direct and indirect patient care activities, consultations, observations, teaching conferences, clinical supervision, and related activities.

Int.A.4. The goal of education in this subspecialty is to understand and foster optimal cognitive, social, and emotional functioning of the patients and their families. This can be achieved only through close collaboration with several medical and nonmedical disciplines that address a similarly broad goal through their own unique and complementary perspectives.

VIII. Program Personnel and Resources

VIII.A. Faculty

VIII.A.1. Developmental-Behavioral Medicine Specialists

In addition to the program director, there must be at least one other

faculty member in Developmental-Behavioral Medicine. Depending on the number of fellows appointed to the program, additional subspecialty faculty should actively contribute to the education of the fellows. These subspecialists in developmental-behavioral pediatrics must devote the time needed to the program to meet its educational and administrative needs and to ensure continuity of teaching.

VIII.A.2. Other Physician Teaching and Consultant Faculty

Additional physician and non-physician faculty from appropriate disciplines must be available in numbers sufficient to provide ongoing teaching and supervision of the fellows in the full breadth of this subspecialty. In addition to the full range of pediatric subspecialists, consultant faculty from child and adolescent psychiatry, child neurology, pediatric physical medicine and rehabilitation and/or neurodevelopmental disabilities, and psychology (developmental, clinical, educational, or pediatric) must be available to the program. Formal linkages should be established to ensure their participation in instruction and clinical supervision.

VIII.B. Other Program Personnel

Programs must have access to the additional professional and technical personnel needed to support the clinical and educational conduct of the program.

VIII.B.1. Clinicians from these related disciplines must be available to the program: occupational therapy, physical therapy, social work, and speech and language pathology.

VIII.B.2. Personnel from the following disciplines should be available to the program: audiology, childhood education, and public health.

VIII.C. Resources

The facilities and resources necessary for the program to accomplish its educational goals must be available. There must be:

VIII.C.1. facilities for developmental-behavioral clinical services. These must include clinical services for children from infancy through adolescence with or at risk for developmental delays and disabilities, mental health conditions, behavioral difficulties, learning problems, and chronic physical health conditions. These facilities should provide a patient base with the conditions described under Medical Knowledge.

VIII.C.2. collaboration with general pediatrics services to provide opportunities for consultation and teaching;

VIII.C.3. established linkages with selected community-based resources that serve children and families, such as child care programs, early intervention programs, schools; child welfare/protective agencies, and community agencies that serve children who have visual impairments, hearing

impairments, mental health conditions, or serious developmental, physical, and/or emotional disabilities; and

VIII.C.4. an adequate number of patients with developmental and behavioral disorders, who range in age from infancy through adolescence, available to the training program to ensure that each fellow achieves competence in patient care.

IX. Educational Program

IX.A. Patient Care

IX.A.1. Assessment skills Competency

IX.A.1.a) Fellows must acquire appropriate skills for competence in patient assessment, including the following:

IX.A.1.b) Developmental screening and surveillance techniques

IX.A.1.c) Behavioral screening and surveillance techniques

IX.A.1.d) Interviewing to ascertain family history and family function

IX.A.1.e) Neurodevelopmental assessment

IX.A.1.f) Assessment of behavioral adjustment and temperament

IX.A.1.g) Understanding of the major diagnostic classification schemas: DC 0-3, DSMIV, DSM-PC

IX.A.1.h) In developing competence in patient assessment, the fellows must learn the importance of understanding and integrating evaluations by other disciplines. The fellows must gain understanding of the scope and range of evaluations performed by all disciplines listed in Sections VIII.B.2 and VIII.C.1 above.

IX.A.2. Patient management

IX.A.2.a) The program must provide training for the fellows to develop competence in providing evidence-based interventions for children with developmental and behavioral disorders and problems. This includes diagnostic assessment, consultation and referral. They must also acquire knowledge and be able to interpret and advise families of:

IX.A.2.a).(1) the therapeutic modalities used by the other disciplines listed in Sections VII.A.2. and VII.B.1, to be able to recommend them and/or apply them in their clinical activities;

- IX.A.2.a).(2) the early intervention, educational, and child welfare/protection systems; and
- IX.A.2.a).(3) complementary and alternative approaches that are often pursued by families.
- IX.A.2.b) Throughout the three years of training, the fellow must provide longitudinal care for patients which provides the opportunity to observe the risks, benefits, and outcomes of therapy.
- IX.A.3. Consultation and referral
- The curriculum must include instruction and experience in providing consultation to primary care providers, pediatric subspecialists, early childhood daycare/education centers, schools, and other community organizations. Included as well must be the development of skills for multidisciplinary collaboration with both physician and other professional colleagues, including the process of making referrals to appropriate specialists (physicians and non-physicians).
- IX.B. Medical Knowledge
- IX.B.1. The program must include a formal educational program with activities pertaining to the knowledge and skills required in the clinical care of patients, as well as instruction and experience in teaching, scholarly activity, program development and administration, and child advocacy, all of which must occur with appropriate supervision.
- IX.B.2. Fellows' education must include an understanding of theories of the process of normal development from infancy through young adulthood, in addition to a structured curriculum that includes the following:
- IX.B.2.a) Biological mechanisms of behavior and development, e.g., development and functional organization of the central nervous system, neurophysiology, genetics, and biological risk factors
- IX.B.2.b) Family and social/cultural factors that contribute to children's development and family functioning
- IX.B.2.c) Variations in temperament and adaptive styles as well as psychosocial development
- IX.B.2.d) Variations in sexual development
- IX.B.2.e) Developmental and behavioral aspects of and adaptation to a wide variety of, acute illnesses, chronic illnesses, and physical disabilities
- IX.B.2.f) Cognitive disabilities
- IX.B.2.g) Language and learning disorders

- IX.B.2.h) Developmental and behavioral aspects of motor disabilities, e.g., cerebral palsy, myelodysplasia, dystrophies
- IX.B.2.i) Autism, Asperger's syndrome, autistic spectrum disorder
- IX.B.2.j) Attention disorders
- IX.B.2.k) Externalizing conditions, e.g., aggressive behavior, conduct disorder, oppositional defiant disorder
- IX.B.2.l) Internalizing behaviors, e.g., anxiety, mood, and obsessive disorders, suicidal behavior
- IX.B.2.m) Developmental and behavioral aspects of substance use/abuse, e.g., tobacco, alcohol, illicit drugs as a co-morbidity of developmental and behavioral disorders
- IX.B.2.n) Developmental and behavioral aspects of child abuse and neglect, (e.g., physical, sexual, factitious) as it impacts children with developmental behavioral disorders; developmental behavioral sequelae of child abuse and neglect
- IX.B.2.o) Issues arising from variations in family structure
- IX.B.2.p) Somatoform conditions
- IX.B.2.q) Sleep disorders
- IX.B.2.r) Developmental aspects of feeding/eating difficulties associated with developmental behavioral disorders
- IX.B.2.s) Elimination problems, e.g., encopresis, enuresis
- IX.B.2.t) Atypical behaviors, e.g., tic disorders, self-injurious behavior, repetitive behaviors
- IX.B.2.u) Developmental and behavioral characteristics in children with genetic abnormalities

IX.C. Systems Based Practice

Fellows must acquire knowledge of, and have experience with, health-care systems, community resources, support services, and the structure and administration of educational programs for children with and without special educational needs. Program faculty must provide instruction in legislative processes (local, state, and national), health-care policy, child advocacy organizations, and the legal and judicial systems for children and families, including child welfare/protection systems.

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