

PROGRAM REQUIREMENTS FOR RESIDENCY EDUCATION IN DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in developmental-behavioral pediatrics also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Duration and Scope of Training

Developmental-behavioral pediatrics is the specialty within pediatrics that focuses on (1) understanding the complex developmental processes of infants, children, adolescents, young adults, and their families in the context of their families and communities; (2) understanding the biological, psychological, and social influences on development in the emotional, social, motor, language, and cognitive domains; (3) mechanisms for primary and secondary prevention of disorders in behavior and development; and (4) identification and treatment of disorders of behavior and development throughout childhood and adolescence.

An accredited program in developmental-behavioral pediatrics must be 3 years in duration. A progressive educational experience is required, which must include responsibility for patient care, the development of clinical proficiency, involvement in community or community based activities, and the development of skills in teaching, program development, research, and child advocacy. Subspecialty residents must participate in clinical training activities, including direct and indirect patient care activities, consultations, observations, teaching conferences, clinical supervision, and related activities.

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.

II. Faculty

The program director and the teaching staff are responsible for the general administration of the program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director (See general requirements that pertain to all pediatric subspecialties for general description, qualifications, and responsibilities of the Program Director)

B. Developmental-Behavioral Specialists

In addition to the program director, there must be at least one other physician faculty member who is board certified or appropriately qualified in the subspecialty of developmental-behavioral pediatrics. Additional subspecialty

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faculty may be required, depending on the number of subspecialty residents appointed to the program. These subspecialists in developmental-behavioral pediatrics must devote sufficient time to the program to meet its administrative and educational needs and to ensure continuity of teaching.

C. Core-related Disciplines

Additional physician and nonphysician faculty from appropriate disciplines must be available in numbers sufficient to provide ongoing teaching and supervision of the subspecialty residents 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.

D. Other-related-disciplines

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

1. Clinicians from these related disciplines must be available to the program: occupational therapy, physical therapy, social work, speech and language pathology.
2. Personnel from the following disciplines should be available to the program: audiology, nutrition, pharmacology, education, nursing, public health.

III. Facilities and Resources

The facilities must be adequate for the program to accomplish its educational goals. In addition to the facilities and resources that are required for all pediatric subspecialty programs, there must be

- A. outpatient 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, behavioral difficulties, learning problems, and chronic physical health conditions. These facilities should provide a patient base with the conditions described under Core Knowledge.
- B. collaboration with general pediatrics services to provide opportunities for consultation and teaching; and
- C. established linkages with selected community-based facilities that serve children and families, such as child care programs; early intervention programs; schools;

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and community agencies that serve children who have visual impairments, hearing impairments, or serious developmental, physical, and/or emotional disabilities.

IV. Educational Program

The program must provide instruction, research opportunities, and clinical experience in developmental-behavioral pediatrics to enable all subspecialty residents to diagnose and treat patients with developmental-behavioral disorders. 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, in program development and administration, and in child advocacy, all of which must occur with appropriate supervision.

A. Core knowledge

The education of a developmental-behavioral specialist 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:

1. Biological mechanisms of behavior and development, e.g., development and functional organization of the central nervous system, neurophysiology, genetics, and biological risk factors
2. Family and social/cultural factors that contribute to children's development and family functioning
3. Variations in temperament and adaptive styles
4. Adaptations to general health problems and their treatments, e.g., acute illnesses, chronic illnesses, physical disabilities, hospitalization
5. Developmental and behavioral aspects of a wide variety of childhood conditions, e.g., perinatal conditions, chromosomal/genetic disorders, metabolic, neurologic, sensory, endocrine, cardiac disorders
6. Cognitive disabilities
7. Language and learning disorders
8. Motor disabilities, e.g., cerebral palsy, myelodysplasia, dystrophies
9. Autistic spectrum disorders, e.g., autism, Asperger's syndrome
10. Attention disorders

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11. Externalizing conditions, e.g., aggressive behavior, conduct disorder, oppositional defiant disorder
12. Internalizing behaviors, e.g., anxiety, mood, and obsessive disorders, suicidal behavior
13. Substance use/abuse, e.g., tobacco, alcohol, illicit drugs
14. Child abuse and neglect, e.g., physical, sexual, factitious
15. Somatoform conditions
16. Sleep problems
17. Feeding/eating difficulties, e.g., obesity, failure to thrive, anorexia, bulimia
18. Elimination problems, e.g., encopresis, enuresis
19. Variations and difficulties in sexual development, e.g., sexual orientation, gender identity, deviance
20. Atypical behaviors, e.g., tic disorders, self-injurious behavior, repetitive behaviors
21. Complementary and alternative therapies

B. Clinical

The clinical training must be under the supervision of developmental-behavioral pediatricians. Clinical training must include participation in interdisciplinary activities involving physicians of various disciplines, various nonmedical professionals, and families.

The three major areas of patient care activity that must be emphasized are patient assessment, patient management, and consultation, as outlined below.

1. Assessment skills

Acquiring appropriate skills for competency in patient assessment is of prime importance and must include the following for children from infancy through adolescence:

- a) Developmental screening and surveillance techniques
- b) Behavioral screening and surveillance techniques
- c) Interviewing and assessment of family history and functioning

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- d) Neurodevelopmental assessment
- e) Assessment of behavioral adjustment and temperament
- f) Psychiatric interviewing and diagnosis
- g) Understanding of the major diagnostic classification schemas: DC 0-3, DSMIV, DSM-PC ^{*}

In developing competence in patient assessment, the subspecialty residents must learn the importance of understanding and integrating evaluations by other disciplines. The subspecialty residents must gain understanding of the scope and range of evaluations performed by all disciplines listed in Sections II. C and D.1 above.

2. Patient management

The program must provide training for the subspecialty residents to develop competence in providing anticipatory guidance, consultation and referral, individual and family counseling, behavioral treatment methods, developmental interventions, and psychopharmacotherapy. They must also become familiar with the therapeutic modalities used by the other disciplines listed in Section's II. C. and D. 1, to be able to recommend them and/or apply them in their clinical activities. They must also be familiar with the early intervention and educational systems. Finally, they should be familiar with complementary and alternative therapies for developmental and behavioral disorders .

The program must enable subspecialty residents to provide longitudinal care to children and families of diverse ethnic, racial, and socioeconomic status groups. Subspecialty residents should follow a sufficient number of children to appreciate the range of psychosocial impacts and stresses on children and families and the effectiveness of therapeutic programs.

In addition to required skills in management of all conditions referred to above (IV.A.), the development of skills in one or more of the following is

^{*} Various systems of classification have been developed to describe systematically the range of disorders of behavior and development that are encountered regularly by professionals who care for children and adolescents. The *Diagnostic Statistical Manual*, fourth edition (DSM-IV) was developed by the American Psychiatric Association. The American Academy of Pediatrics, in collaboration with several collaborating professional organizations, created the *DSM for Primary Care, Child and Adolescent Version* (DSM-PC) to emphasize the contextual nature and the process of development of many of the disorders seen in the course of pediatric care. The DC 0-3 system was developed to focus attention on the critical development of infants in the first three-years of life.

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desirable: pain management, biofeedback and hypnosis, and psycho-educational groups involving parents and children.

3. Consultation and referral

The curriculum must include instruction and experience in providing consultation to primary care providers, pediatric subspecialists, 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 nonphysicians).

C. Policy and Leadership Skills

The subspecialty residents must acquire adequate 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.

V. Research (See general requirements that pertain to all pediatric subspecialties)

VI. Evaluation (See general requirements that pertain to all pediatric subspecialties for evaluation of residents, including evaluation of core competencies, faculty, and the program)

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