



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Developmental-Behavioral Pediatrics
(Pediatrics)**

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in Developmental-Behavioral Pediatrics (Pediatrics)**

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Specialists in developmental-behavioral pediatrics focus on the complex developmental processes of infants, children, adolescents, and young adults in the context of their families and communities. Through an understanding of the biological, psychological, and social influences on development in emotional, social, motor, language, and cognitive domains, developmental-behavioral pediatricians identify and treat disorders of behavior and development.

Int. II. Duration of Education

Int. II.A. The educational program in developmental-behavioral pediatrics must be 36 or 48 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. A fellowship in developmental-behavioral pediatrics must function as an integral part of an ACGME-I-accredited residency program in pediatrics.

I.A.1.a) The developmental-behavioral pediatrics fellowship program should be geographically proximate to the affiliated pediatrics residency program.

I.A.2. The educational program in developmental-behavioral pediatrics must not negatively affect the education of residents in the affiliated pediatrics residency program.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. The program director must demonstrate a record of ongoing involvement in scholarly activity.
- II.A.2. The program director must demonstrate a record of mentoring or guiding fellows in the acquisition of competence in the clinical, teaching, research, quality improvement, and advocacy skills pertinent to the discipline.
- II.A.3. The program director must ensure that each fellow is provided with mentorship in development of the necessary clinical, educational, scholarship, and administrative skills.
- II.A.4. The program director must coordinate with the program directors of the affiliated pediatrics residency and other related subspecialty programs the incorporation of the ACGME-I Competencies into fellowship education to foster consistent expectations for fellows' achievement and faculty members' evaluation processes.
- II.A.5. Meetings with the program directors of the pediatrics residency program and all pediatrics subspecialty programs should take place at least semiannually.
 - II.A.5.a) There must be documentation of the meetings.
 - II.A.5.b) The meetings should address a departmental approach to common educational issues and concerns that may include core curriculum, the ACGME-I Competencies, and evaluation.
- II.A.6. The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load.
- II.B. Faculty**
 - II.B.1. To ensure the quality of the education and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two full-time equivalent (FTE) faculty members, including the program director.
 - II.B.2. Faculty members must encourage and support fellows in scholarly activities.
 - II.B.2.a) This must include mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients.
 - II.B.2.b) Scholarly activities must be in basic science, clinical care, education, health policy, health services, patient safety, or

quality improvement with implications for the field of developmental-behavioral pediatrics.

- II.B.3. Qualified faculty members should be available for the education of fellows from the following pediatric subspecialties:
 - II.B.3.a) adolescent medicine;
 - II.B.3.b) child and adolescent psychiatry;
 - II.B.3.c) child neurology; and,
 - II.B.3.d) medical genetics.

- II.B.4. The faculty should include the following specialists with substantial experience in treating pediatric problems:
 - II.B.4.a) allergist and immunologist(s);
 - II.B.4.b) dermatologist(s);
 - II.B.4.c) neonatologist(s);
 - II.B.4.d) neurological surgeon(s);
 - II.B.4.e) ophthalmologist(s);
 - II.B.4.f) orthopaedic surgeon(s);
 - II.B.4.g) otolaryngologist(s);
 - II.B.4.h) palliative care specialist(s);
 - II.B.4.i) pediatric cardiologist(s);
 - II.B.4.j) pediatric child abuse specialist(s);
 - II.B.4.k) pediatric endocrinologist(s);
 - II.B.4.l) pediatric gastroenterologist(s);
 - II.B.4.m) pediatric hematologist-oncologist(s);
 - II.B.4.n) pediatric infectious disease specialist(s);
 - II.B.4.o) pediatric nephrologist(s);
 - II.B.4.p) pediatric pulmonary medicine specialist(s);
 - II.B.4.q) pediatric rheumatologist(s);

- II.B.4.r) pediatric surgeon(s);
- II.B.4.s) physiatrist(s);
- II.B.4.t) radiologist(s); and,
- II.B.4.u) urologist(s).
- II.B.5. Consultants should be available for transition care of young adults.

II.C. Other Program Personnel

II.C.1. To ensure multidisciplinary and interprofessional practice in developmental-behavioral pediatrics, the following personnel with pediatric focus and experience should be available:

- II.C.1.a) audiologist(s);
- II.C.1.b) child life therapist(s);
- II.C.1.c) child psychologist(s);
- II.A.1.a) dietitian(s);
- II.A.1.b) nurse(s);
- II.A.1.c) pediatric mental health counselors;
- II.A.1.d) pharmacist(s);
- II.A.1.e) physical and occupational therapist(s);
- II.A.1.f) public health liaison(s);
- II.A.1.g) school and special education liaison(s);
- II.A.1.h) social worker(s); and,
- II.A.1.i) speech and language therapist(s).

II.D. Resources

II.D.1. There must be established linkages with community-based resources that serve children and families, such as childcare programs, early intervention programs, schools, child welfare/protective agencies, as well as community agencies that serve children with visual impairments, hearing impairments, mental health conditions, or serious developmental, physical, and/or emotional disabilities.

- II.D.2. Facilities and services, including a comprehensive laboratory, pathology, and imaging, must be available.
- II.D.3. The program must have access to laboratories to perform testing specific to developmental-behavioral pediatrics.
- II.D.4. An adequate number of developmental-behavioral pediatrics patients, ranging in age from newborn through young adulthood, must be available to provide a broad experience for the fellows.
- II.D.4.a) A sufficient number of patients must be available in community-based, inpatient, and outpatient settings to meet the educational needs of the program.

III. Fellow Appointment

III.A. Eligibility Criteria

- III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in pediatrics, or another pediatrics residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

- IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.
 - IV.A.1.a) Professionalism
 - IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.
 - IV.A.1.b) Patient Care and Procedural Skills
 - IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - IV.A.1.b).(1).(a) Fellows must demonstrate competence in the clinical skills needed in developmental-

behavioral pediatrics, including:

- IV.A.1.b).(1).(a).(i) providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans;
- IV.A.1.b).(1).(a).(ii) providing transfer of care that ensures seamless transitions;
- IV.A.1.b).(1).(a).(iii) providing for or coordinating with a medical home for patients with complex and chronic diseases;
- IV.A.1.b).(1).(a).(iv) promoting emotional resilience in children, adolescents, and their families, including:
 - IV.A.1.b).(1).(a).(iv).(a) providing care that is sensitive to the developmental stage of patients with common behavioral and mental health issues, and the cultural context of patients and patients' families; and,
 - IV.A.1.b).(1).(a).(iv).(b) demonstrating the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated.
- IV.A.1.b).(1).(a).(v) completing comprehensive histories, physical examinations, and neurodevelopmental assessments to make accurate diagnoses for patients presenting with developmental-behavioral concerns from infancy through young adulthood;
- IV.A.1.b).(1).(a).(vi) identifying and longitudinally managing behavioral variations, problems, and disorders in typically-developing children and children with developmental disorders;

IV.A.1.b).(1).(a).(vii)	recommending the appropriate medical laboratory work-up and evidence-based medical, therapeutic, educational, and behavioral interventions for children with developmental-behavioral disorders;
IV.A.1.b).(1).(a).(viii)	interpreting and advising patients' families of the early intervention, education, and child welfare/protection systems;
IV.A.1.b).(1).(a).(ix)	interpreting and advising patients' families of complementary and alternative approaches;
IV.A.1.b).(1).(a).(x)	providing appropriate genetic counseling;
IV.A.1.b).(1).(a).(xi)	using and interpreting laboratory tests, imaging, and other diagnostic procedures;
IV.A.1.b).(1).(a).(xii)	providing patient education adapted to the developmental stage of the patient and patient's caregivers to promote collaborative involvement in the patient's care and destigmatization of illnesses;
IV.A.1.b).(1).(a).(xiii)	providing reasonable modifications to procedures and practices to accommodate people with disabilities, including through the use of accessible medical equipment; and,
IV.A.1.b).(1).(a).(xiv)	using leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients.
IV.A.1.c)	Medical Knowledge
IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as

well as the application of this knowledge to patient care. Fellows must demonstrate:

- IV.A.1.c).(1).(a) knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods;
- IV.A.1.c).(1).(b) understanding of the major diagnostic classification schemas in the current versions of *The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3)*, *The Diagnostic and Statistical Manual of Mental Disorders*, and *The Diagnostic and Statistical Manual for Primary Care*.
- IV.A.1.c).(1).(c) understanding of the process of normal and abnormal development from infancy through young adulthood, including biological mechanisms and social/cultural determinants of health and disease; and,
- IV.A.1.d) Practice-Based Learning and Improvement
- IV.A.1.d).(1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- IV.A.1.e) Interpersonal and Communication Skills
- IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- IV.A.1.f) Systems-Based Practice
- IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

- IV.B.1. Fellows must have a formally-structured educational program in the clinical and basic sciences related to developmental-behavioral pediatrics.
- IV.B.1.a) The program must provide didactic experiences, such as lectures, seminars, case discussions, journal clubs, and clinical experience.
- IV.B.1.b) Developmental-behavioral pediatrics conferences must occur regularly and must involve active participation by the fellows in planning and implementation.
- IV.B.1.c) Fellow education must include instruction in:
- IV.B.1.c).(1) basic and fundamental disciplines as appropriate to developmental-behavioral pediatrics, such as anatomy, biochemistry, embryology, genetics, immunology, microbiology, nutrition/metabolism, pathology, pharmacology, and physiology;
- IV.B.1.c).(2) instruction and experience in providing consultation.
- IV.B.1.c).(3) pathophysiology of disease; reviews of recent advances in clinical medicine and biomedical research; and conferences dealing with bioethics; complications; end-of-life care; palliation and death; and the scientific, ethical, and legal implications of confidentiality and informed consent;
- IV.B.1.c).(4) the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes; and,

IV.C. Clinical Experiences

- IV.C.1. Fellows must have a minimum of 12 months of clinical experience.
- IV.C.2. Clinical responsibilities must be structured so that progressive clinical, technical, and consultative experiences are provided to enable fellows to develop expertise as developmental-behavioral pediatric consultants.
- IV.C.3. Fellows must have longitudinal responsibility for providing care to a panel of patients throughout the educational program that is

supervised by one or more members of the developmental-behavioral pediatrics program faculty.

- IV.C.3.a) This must include longitudinal care of outpatients.
- IV.C.3.b) The panel of patients must be representative of the types of developmental-behavioral disorders fellows are likely to encounter once they complete the program.
- IV.C.4. Fellow education must include experience serving as a role model and providing supervision to residents and/or medical students.

IV.D. Scholarly Activity

- IV.D.1. Fellows' Scholarly Activity
 - IV.D.1.a) The program must have a core curriculum in research and scholarship.
 - IV.D.1.a).(1) Where appropriate, the curriculum should be a collaborative effort involving all pediatrics subspecialty programs at the institution.
 - IV.D.1.b) The program must provide a Scholarship Oversight Committee for each fellow that oversees and evaluates the fellow's progress as relates to scholarly activity.
 - IV.D.1.b).(1) Where applicable, the Scholarship Oversight Committee should be a collaborative effort involving other pediatrics subspecialty programs or other experts.
 - IV.D.1.c) Each fellow must design and conduct a scholarly project in the area of developmental-behavioral pediatrics with guidance from the fellowship program director and a designated mentor. The designated mentor must:
 - IV.D.1.c).(1) be approved by the fellow's Scholarship Oversight Committee; and,
 - IV.D.1.c).(2) have expertise in the fellow's area of scholarly interest, either as a faculty member in developmental-behavioral pediatrics or through collaboration with other departments or divisions.
 - IV.D.1.d) Fellows' scholarly experience must begin in the first year and continue for the entire length of the educational program.
 - IV.D.1.d).(1) The experience must be structured to allow development of requisite skills in research and

scholarship, and provide sufficient time for project completion and presentation of results to the Scholarship Oversight Committee.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Faculty members' scholarly activity must be in a field such as basic science, clinical care, health services, health policy, quality improvement, or education as relates to developmental-behavioral pediatrics.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. Lines of responsibility for the fellows must be clearly defined.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.

VI.K. Duty Hour and Work Limitations

See International Foundational Requirements, Section VI.K