Overall Competencies for the Pediatric Residency Training Program

BEHAVIORAL & DEVELOPMENTAL PEDIATRICS

Goals and Competencies

PC: Patient Care; MK: Medical Knowledge; PBLI: Practice-Based Learning & Improvement
IC: Interpersonal & Communication Skills; P: Professionalism; SBP: Systems-Based Practice

GOAL 1: Understand and be able to apply principles of child development to pediatric practice.

COMPETENCIES: (PC, MK, PBLI, IC, P, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Identify significant markers of normal development within each developmental domains (cognitive, language, social, emotional and motor) at all ages across childhood.		1	2	3
2. Consistently include adequate, meaningful markers of development in well child care documentation as well as in-patient, out-patient subspecialty, and other sick visit charts as appropriate.			1,2	3
3. Advise parents, when called for, about aspects of their child(ren)'s development that fall within and beyond the parameters of "normal" for a given age/stage of development.			1,2	3

GOAL 2: Recognize/identify atypical patterns of development throughout childhood and learn to utilize management strategies for working with special needs children that are appropriate for general pediatric practice.

COMPETENCIES: (PC, MK, PBLI, IC, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Advise parents, when called for, about aspects of their child(ren)'s development that fall within and beyond the parameters of "normal" for a given age/stage of development.			1,2	3
2. Be able to describe the primary characteristics within prevalent categories of developmental disabilities including cerebral palsy, Down syndrome, Fragile X syndrome, outcomes of prematurity, autism/PDD, speech/language dysfunction, outcomes of intrauterine substance exposure, and lead poisoning.	1	2	3	
3. Coordinate care management for children demonstrating a range of developmental disabilities.	1	2	3	

GOAL 3: Understand the range of expected/normal behaviors and be able to counsel parents and children around "typical" behavioral challenges throughout childhood.

COMPETENCIES: (MK, PBLI, IC, P, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Advise parents about aspects of their child(ren)'s behavior that fall within the parameters of "normal" for a given age/stage of development.			1,2	3
2. Integrate individual and family circumstances into primary care anticipatory guidance, as appropriate.		1		2,3
3. Counsel patient families on managing a range of common behavior problems using a family-focused, culturally sensitive and individually tailored approach.		1	2	3

GOAL 4: Know characteristics of and interactions between the most common disorders that can affect a child's school functioning (e.g. learning disabilities, ADHD, conduct disorders, oppositional defiant disorders, mood disorders) and be able to help schools and families, as appropriate, identify and manage patients' behavioral and learning challenges.

COMPETENCIES: (PC, MK, PBLI, IC, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Describe the major characteristics that define and differentiate among learning disabilities, ADHD, conduct disorders, oppositional defiant disorders, and mood disorders and their co-morbid presentations.	1		2	3
2. Identify, and consistently screen for, characteristics that can negatively influence a child's learning, behavior, and overall school performance in the context of well child visits.	1		2	3
3. Use standardized screening and/or assessment tools to help in the diagnosis of learning or behavioral disorders among school aged children.		1,2		3
4. Provide medication management and coordinate any needed behavioral counseling for patients with ADHD in the resident's primary care panel.	1		2,3	

GOAL 5: Recognize when children's developmental, learning, and behavioral issues warrant referral for further assessment and/or management by other medical, mental health, or educational specialists and be able to work effectively with professionals across disciplines to optimize the development of patients and support their families.

COMPETENCIES: (PBLI, IC, P, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Help families negotiate the process of requesting a comprehensive assessment of their child's educational, developmental, and neuropsychological development from the school system or other qualified personnel.	1		2,3	
2. Assist patients and their families in understanding/ interpreting findings from comprehensive assessments of learning and behavior.	1		2,3	
3. Help families advocate for and obtain any developmental, educational, therapeutic, and/or mental health services indicated as a result of assessments.	1	2	3	
4. Identify characteristics of quality programs and services for children and families (e.g. day care, preschools, special education, therapeutic) in a community. Help families evaluate and select programs/services that support their particular goals for their children.	1			2,3

GOAL 6: Recognize the range of intrinsic (e.g. biologic, genetic, temperamental) and extrinsic (e.g., parenting, family structure and change, poverty, exposure to toxins, day care/schools, other risk conditions) factors that can influence a child's development/behavior, integrating assessment of individual and family circumstances into all clinical encounters in order to help individually tailor guidance and treatment approaches.

COMPETENCIES: (PC, MK, PBLI, IC, P, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. List and be able to discuss how family characteristics and other environmental variables can influence children's behavior and development.			1,2	3
2. Integrate individual and family circumstances into primary care anticipatory guidance, as appropriate.		1		2,3
3. Counsel patient families on managing a range of common behavior problems using a family-focused, culturally sensitive and individually tailored approach.		1	2	3
4. Identify characteristics of quality programs and services for children and families (e.g., day care, preschools, special education, therapeutic) in a community. Help families evaluate and select programs/services that support their particular goals for their children.	1			2,3

GOAL 7: Learn to use a variety of methods (including child and adult interviews, observation, examination, and formal screening tools) to gather data on children's development, behavior, school/educational, psychosocial, and family functioning in the context of developmental surveillance within primary care pediatrics.

COMPETENCIES: (PC, MK, IC, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Use, score, and present the findings to families from established primary care developmental, behavioral, and psychosocial screening tools during well child patient visits.		1	2	3
2. Integrate selected, meaningful observations of (elicited and spontaneous) child behavior/development into well child chart records.	1		2	3
3. Use established structured or semi-structured interviews with children and parents as second stage screening for developmental or behavioral problems; discuss findings and recommendations with families and other significant individuals, as called for.	1	2	3	