

DEVELOPMENTAL - BEHAVIORAL PEDIATRICS

Department of Pediatrics

SCOPE OF PRACTICE

PGY-4 – PGY-6

The scope of practice in a Developmental-Behavioral Pediatrics (DBP) fellowship expands progressively each year, with increasing clinical responsibilities, autonomy, and teaching roles.

PGY-4

- **Completion of 1st year of DBP Core Curriculum and Conferences:**
 - Participate in Didactic teaching sessions
 - Typical Behavior and Development: Understanding of Theories of Development for: Infant, Toddler, Preschool Age, School Age, Adolescence
 - Atypical Behavior and Development: Intellectual Disabilities (including Genetic Syndromes); School Problems (Neurodevelopmental Variation, Subtypes of Learning disabilities), Attention Deficit Hyperactivity Disorder; Autism Spectrum Disorder; Cerebral Palsy, Neural Tube Defects, Genetics/Dysmorphology, Sensory Impairments (Hard of Hearing/Deaf, Visual Impairment/Blind), High-Risk Infants, Behavioral Disorders
 - Public Laws/Policy: Individuals with Disabilities Education Act (IDEA), Americans with Disabilities Act
 - Pediatric Fellowships Core Curriculum
 - Participate in M+M conference/Collaborative Office Rounds, Pediatric Grand Rounds
 - Participation in the MCHB SC Leadership Education in Neurodevelopmental Disabilities (SC LEND) and Leadership in DBP program in Year 1, August-May
 - Complete SC LEND equity curriculum
- **Develop proficiency in physical/neurological examination**
 - Neurological assessment: infants/children/adolescents, including primitive and protective reflexes, general neurological examination
 - Dysmorphology/recognition of genetic syndromes
- **Develop proficiency in general neurodevelopmental/neurocognitive assessment and diagnosis**
 - Age based
 - 0-3 years
 - Preschool

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- Areas of development
 - Fine and Gross Motor testing, utilizing standardized testing procedures
 - Speech/Language Testing, utilizing standardized testing procedures
 - Cognitive/Adaptive testing, utilizing standardized testing procedures
 - Social-emotional/behavioral, utilizing standardized testing procedures
- Develop proficiency in screening for Autism Spectrum Disorder using the Screening Tool for Autism in Toddlers (STAT) and the RITA-T.
- **Develop proficiency in management and treatment of developmental and behavioral problems and disorders**
 - Develop proficiency in management of general behavior problems and knowledge of behavior modification principles in children 0-5 years
 - Develop proficiency in management of specific developmental and behavioral disorders in children 0-5 years (Autism, ADHD, ODD, Down syndrome)
- **Clinic Experience/Training**
 - Participate in outpatient clinics involving assessment and follow-up of:
 - Neonatal High Risk Infant developmental follow up Clinic
 - 0-3 Neurodevelopmental Clinic
 - 0-3-age autism screening
 - Preschool-age learning and behavioral problems
 - Down syndrome Clinic
 - Neurodevelopmental Cardiology Clinic
 - Complete inpatient consults, and round with Developmental attending on consults
 - Participate in interdisciplinary/interprofessional teams and staffing
 - Participate in parent interpretive conferences
 - Take call 2nd half of first year (home call)
 - Clinical supervision: Direct Supervision for the first month, then Indirect Supervision with Direct Supervision immediately available.
- **Teaching Responsibilities**

Observation & Assisted Teaching:

 - Shadow faculty delivering didactic lectures to residents and students.
 - Assist in small-group discussions with residents and medical students (incl. observing)

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- developmental screening in clinic)
 - Assist in the supervision of medical students in clinic (shadowing and early clinical exposure).
 - Attend and begin contributing to DBP didactic sessions.
- **Advocacy/Leadership/community services**
 - Develop understanding of Advocacy/Community services for children with disabilities
 - Complete advocacy/leadership component of SC LEND program
 - Complete advocacy/leadership project as SC LEND requirement
- **Research**
 - Complete research component of LEND curriculum
 - Identify Scholarship Oversight Committee; identify potential areas of research interests/questions
 - Participate in HRSA/MCHB DBP Fellowship leadership/research meeting
 - Begin exposure to database and statistical packages (e.g. RedCap,SPSS)
 - Understanding of core concepts of statistical methods of analysis used in developmental-behavioral pediatrics

PGY 5

- **Continue DBP Core Curriculum and Conferences as in Year 1**
 - Continued participation in the MCHB Leadership in DBP program
- **Continue to develop proficiency in physical (neurological/dysmorphology) examination**
- **Develop proficiency in general neurodevelopmental/neurocognitive assessment and diagnosis for elementary, middle school, and high-school aged child/adolescent using standardized measures**
 - See Yr 1 for details of domains
 - Complete school age evaluations, utilizing standardized cognitive/adaptive screening testing, academic achievement screening, and other tests of motor function as needed

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- Develop proficiency in Behavioral-Mental Health Screening and Assessment in these age groups
- Participate in 3 week ADOS training course
- **Develop proficiency in Autism Spectrum Disorder diagnostic assessment**
 - Learn Autism Spectrum Disorder assessment tools (i.e. Autism Diagnostic Observation Schedule-2, modified Autism Diagnostic Interview -R)
- **Develop proficiency in management and treatment of developmental and behavioral problems and disorders**
 - Develop proficiency in management of general behavior problems and knowledge of behavior modification principles in school age children and adolescents, including CBT, PCIT, parent behavior training
- **Develop understanding and expertise of medical management of developmental and behavioral disorders in school age children and adolescents:**
 - Psychopharmacology in Developmental Disabilities
 - ADHD (also with anxiety, depressive symptoms, aggression, oppositional behavior)
 - Stimulant medications
 - Non-stimulant medications
 - Aggressive Behavior/Emotional dysregulation
 - Cerebral Palsy-increased tone, spasticity
 - Myelomeningocele
- **Clinic Experience/Training**
 - Participate in general developmental and behavioral pediatric clinics
 - Participate in outpatient clinics involving assessment and follow-up of:
 - Myelomeningocele/Spina Bifida Clinic
 - Cerebral Palsy
 - Child and Adolescent Psychiatry
 - Genetic Disorders
 - Complete inpatient consults, and round with Developmental attending on consults
 - Participate in and lead in selected interdisciplinary/interprofessional teams and

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- staffing
 - Lead parent interpretive conferences
 - Take call 4 months (home call)
 - Clinical supervision: Indirect Supervision with Direct Supervision immediately available.
- **Leadership/Advocacy/community services**
 - Continue to develop understanding of Advocacy/Community services for children with disabilities
 - Visit community agencies for children and adolescents (Pattison’s Academy, Family Resource Center, etc)
 - Develop understanding of technical assistance in the community, and community outreach. Engage in interdisciplinary collaboration with schools, early intervention programs, and community services.
 - May attend AAP Legislative Conference, Pediatric Subspecialty Advocacy Track
- **Research**
 - Complete basic research courses –epidemiology
 - Complete basic epidemiology project-including development of research question and methodology
 - Development of main research project: design and implement research project with assistance of Scholarship Oversight Committee
 - Establish database for research project
 - Apply concepts of statistical methods of analysis used in developmental-behavioral pediatrics
 - Participate in HRSA/MCHB DBP Fellowship leadership/research meeting
- **Teaching Responsibilities**
 - Lead small-group discussions for residents and medical students in teaching DB screening/assessment.
 - Assist in the supervision of medical students in clinic (shadowing and early clinical exposure).
 - Supervise residents during clinical encounters, providing feedback on history-taking and physical exams.

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- Participate in case discussions with residents and students.
- Attend and begin contributing to DBP didactic sessions.
- Develop and deliver didactic lectures on core DBP topics (e.g., developmental screening, autism, ADHD). to MSIII and MSIV, Pediatric residents on DBP rotation, Pediatric residents at noon conference, and other related health fields as invited
- Present clinical cases and research findings at journal club, didactics, Collaborative Office Rounds 10% of the time

PGY-6

- **Complete DBP Core Curriculum, continue conference attendance**
 - Continued participation in the MCHB Leadership in DBP program
- **Continue to develop proficiency in general neurodevelopmental/neurocognitive assessment and diagnosis for elementary, middle school, and high-school aged child/adolescent using standardized measures**
 - Develop proficiency in Autism Spectrum Disorders assessment tools (with certification by certified psychologist if identified as career goal).
 - Continue to develop proficiency in Behavioral-Mental Health Screening and Assessment
- **Continue to develop proficiency in management and treatment of developmental and behavioral/ mental health problems and disorders**
 - See Year 1 & 2, adding:
 - Affective Disorders: Depression, Anxiety, Obsessive-Compulsive Disorders
 - Tourette Syndrome/Tic Disorders (+/-ADHD)
 - Self-Injurious Behavior
 - International Adoption patients
 - Developmental-Behavioral aspects of Adolescent Medicine and Chronic Illness
 - Pediatric Neurology/Physical Medicine & Rehabilitation
- **Clinic Experience/Training**
 - Participate in general developmental and behavioral pediatric clinics
 - Participate in outpatient clinics involving assessment and follow-up of:

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- Myelomenigocele/Spina Bifida Clinic
 - Cerebral Palsy
 - Child and Adolescent Psychiatry
 - Genetic Disorders
 - Complete inpatient consults, and round with Developmental attending on consults
 - Participate in and lead in selected interdisciplinary/interprofessional teams and staffing
 - Lead parent interpretive conferences
 - Take call 4 months (home call)
 - Clinical supervision: Indirect Supervision with Direct Supervision immediately available, grading to Direct Supervision available, then Oversight as legally appropriate.
- **Leadership/Advocacy/community services**
 - Continue to develop understanding of Advocacy/Community services for children with disabilities
 - Visit community agencies for children and adolescents (LowCountry Children’s Center, Family Resource Center, etc.)
 - Develop understanding of technical assistance in the community, and community outreach
 - Optional MUSC Interprofessional Education (IPE) fellowship
 - **Research**
 - Complete data collection for research project
 - Apply concepts of statistical methods of analysis used in developmental-behavioral pediatrics
 - Participate in HRSA/MCHB DBP Fellowship leadership/research meeting
 - Analyze and submit research project for presentation at a national conference as a poster or platform presentation
 - By the end of Year Three, assimilate research findings into manuscript form and submit for publication to a peer-reviewed journal
 - **Teaching Responsibilities**

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- Act as a primary educator for pediatric residents and medical students. and DBP 1st year fellow
- Lecture to MSIII's on pediatric rotation, Pediatric residents at noon conference, and other allied health fields as invited
- Lead formal didactic sessions, including case-based learning and interactive workshops.
- Mentor junior fellows in research and clinical decision-making.
- Lead discussion at Collaborative Office Rounds 10% of time
- Lecture locally and/or statewide on DBP topic as invited
- Develop curriculum or contribute to faculty development teaching initiatives.

This progressive structure ensures that by the end of fellowship, DBP fellows are competent clinicians, educators, and leaders in the field, fully prepared to practice independently, contribute to resident and medical student education while managing complex developmental and behavioral disorders.