

**CHAMP Mapping Tool**

 **Community Health and Advocacy Milestones Profile**

* All sub-competencies listed in the column “Reporting Currently Required” are numbered according with the 2013 document listing the 21 Pediatric Milestones to be evaluated as of 2014. <http://acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsMilestones.pdf>
* All sub-competencies listed in the column “Reporting Not Yet Required” are numbered according with the original 2012 Milestones document listing all 48 Pediatric Milestones. <https://www.abp.org/sites/abp/files/pdf/milestones.pdf>
* Any questions regarding the numbering should be addressed to the lead author, Benjamin Hoffman, MD at hoffmanb@ohsu.edu

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| Community Health and Advocacy Milestones Profile (CHAMP) Mapping Tool |
|  **Community Health and Advocacy Goals & Objectives** |  |
| 1. Culturally Effective Care

Pediatricians must demonstrate skills that result in effective care of children and families from all cultural backgrounds and from diverse communities.**Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
| As of September 2014 |
| Reporting Currently Required | Reporting Not Yet Required |
| 1. Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters
 | ICS1ICS2PBLI1PROF6 | PROF2PROF5 |  |  |  |
| 1. Integrate into clinical encounters an understanding of diversity (e.g. family composition, gender, age, culture, race, religion, disabilities, sexual orientation, and cultural beliefs and practices) by recognizing and respecting families’ cultural backgrounds.
 | ICS1ICS2SBP1PBLI2 | PBLI8PBLI9PROF5 |  |  |  |
| 1. Identify children, youth, or families who have limited English language Proficiency and demonstrate the ability to use Professional interpreters and written materials in the family’s primary language to maximize communication.
 | ICS1SBP1 | PBLI7PBLI8PROF5 |  |  |  |
| 1. Identify, analyze, and describe health disparities, as well as organizational assets and barriers to delivering culturally effective services.
 | SBP2PBLI3PROF2 | ICS3ICS4ICS5SBP1PROF5 |  |  |  |
| 1. Describe and outline quality improvement activities to achieve health care equity.
 | SBP2PBLI3 | ICS3ICS4ICS5Prof5 |  |  |  |

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| 1. Child Advocacy

Recognizing their unique roles, pediatricians should advocate for the well-being of patients, families, and communities. They must develop advocacy skills to address relevant individual, community, and population health issues. **Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
| As of September 2014 |
| Reporting Currently Required | Reporting Not Yet Required |
| 1. Identify and discuss individual, family, and community (local, state and/or national) concerns that impact children’s health.
 | ICS2 SBP2 PBLI2PROF2 | ICS1ICS3SBP7 |  |  |  |
| 1. Formulate an attainable plan of action in response to a community health need.
 | ICS1SBP2 PBLI2PROF2 | ICS3ICS4SBP1SBP7PBLI2 |  |  |  |
| 1. Identify and describe resources to effectively advocate for the well-being of patients, families, and communities.
 | ICS1 SBP1 SBP2 PROF4PROF6 | ICS3SBP7PPD6  |  |  |  |
| 1. Communicate effectively with community groups and the media.
 | ICS1ICS2 PROF2 | ICS3ICS4 PBLI8 PBLI9 |  |  |  |
| 1. Find and use evidence and data to communicate, educate, affect attitude change, and/or obtain funding to achieve specific health outcomes.
 | ICS1SBP2 PROF2 | ICS3 ICS4SBP7PBLI8 PBLI9PROF2 PPD6 |  |  |  |
| 1. Describe and discuss key features of the legislative process, and identify and communicate with key legislators, community leaders, child advocates, and/or agency administrators about child and family health concerns.
 | ICS1 ICS2SBP2 PROF2 | ICS3PROF2 SBP7PBLI8 PBLI9PPD6 |  |  |  |

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| 1. Medical Home

Pediatricians must be able to identify and/or provide a medical home for all children and families under their care. As defined by the American Academy of Pediatrics, medical home is a model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. **Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
| As of September 2014 |
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| 1. Recognize the family as the principal caregiver and expert in their child’s care, the center of strength and support for the child.
 | ICS1ICS2SBP2PBLI1PBLI2PROF1 | PROF2 |  |  |  |
| 1. Identify state and national resources such as Medicaid and WIC, as well as relevant state and local programs and resources that support families and child development.
 | PROF2 | ICS3PBLI1 PBLI10 |  |  |  |
| 1. Partner with families and youth to access resources (including health care financing), and coordinate care to meet the special needs of patients with acute and chronic conditions, at home and in the school setting.
 | ICS1 ICS2 SBP1 SBP3PROF2 | ICS3 ICS4 ICS5PBLI9 |  |  |  |
| 1. Collaborate with families and communities to help navigate the health care system, including transition to adult care.
 | ICS1 SBP1PROF2PROF6 | ICS3 ICS4 ICS5SBP1PBLI9PPD6 |  |  |  |
| 1. Describe and outline quality improvement activities that result in improved access, coordination, continuity, and outcomes of care.
 | SBP2 PBLI3 | ICS3 ICS4 ICS5SBP1SBP7PPD6 |  |  |  |
| 1. Identify and access practice tools that support the provision of a medical home, e.g. electronic health records, coding, and accreditation standards (such as NCQA).
 | SBP1 PBLI3 | ICS6SBP3PBLI7 |  |  |  |

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| 1. Special Populations

Pediatricians must be competent in the care of children in special populations, including (but not limited to) children and youth in substitute care, homeless children and youth, children and youth with chronic conditions, immigrants and refugees, and children and youth who are adopted. **Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
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| 1. Identify youth at risk for poor health outcomes and/or with special health care needs; identify the special populations that exist in a community.
 | ICS1 ICS2PBLI1PBLI2PROF1PROF2 | PBLI2PROF5SBP7 |  |  |  |
| 1. Screen for risks specific to defined special populations.
 | ICS1 ICS2 | PBLI6PROF5 |  |  |  |
| 1. Demonstrate a working knowledge of psychosocial issues, legal protections, policies, and services provided for these populations at the local, state, and federal levels.
 | ICS2 PBLI1PBLI2PROF2 | ICS4SBP1PROF5 |  |  |  |

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| 1. Pediatrician as a Consultant/Collaborative Leader/Partner

Pediatricians must be able to act as child health consultants in their communities. Using collaborative skills, they must be able to work with multidisciplinary teams, community members, educators, and representatives from community organizations and legislative bodies.**Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
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| 1. Identify potential opportunities to serve as a health consultant in the community where he/she practices pediatrics and demonstrate the ability to communicate effectively with a variety of audiences within that community.
 | ICS1 PBLI1 PROF2 | ICS3 ICS4 ICS5SBP7PBLI9PPD6 |  |  |  |
| 1. Describe and discuss the essential qualities of community partnerships including shared vision, the use of complementary strengths, the willingness to collaborate, and the development of agreed-on boundaries.
 | ICS1 PBLI2PROF1 PROF2 | ICS2 ICS3 ICS4PBLI5 PBLI9PPD6 |  |  |  |
| 1. Define and discuss principles of consensus building, including fostering inclusiveness, identifying mutual goals, setting measurable outcomes, using effective problem-solving strategies, and negotiating towards consensus.
 | ICS1 ICS2 PBLI2 PROF1 PROF2 | ICS3 ICS4PBLI2PPD6 |  |  |  |

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| 1. Educational and Child Care Settings

Pediatricians must be able to interact with staff in schools and child care settings to improve the health and educational environments for children. **Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
| As of September 2014 |
| ReportingCurrently Required  | Reporting Not Yet Required |
| 1. Promote the children’s health and success in school by assessing children for school readiness, making appropriate referrals to relevant community services, and communicating and collaborating with school nurses, teachers, and administration.
 | ICS1 SBP2  | ICS3 ICS4SBP1 PBLI9PPD6SBP7 |  |  |  |
| 1. Explain how to work with families, educational, and child care institutions to help provide optimal learning environments for all children. This includes knowledge about high quality early education, the Individuals with Disabilities Education Act (IDEA), participation in Individualized Education Plans (IEP) and Individual Family Service Plans (IFSP), and provision of medications and/or medical care in school settings.
 | ICS1 SBP1 SBP3PBLI1 PROF2 | ICS3 ICS4PBLI9PPD6 |  |  |  |
| 1. Describe and discuss how a physician can collaborate to improve the physical, social, and health environment in schools and child care settings.
 | ICS1 ICS2 SBP2 SBP3 PBLI2PROF2 | ICS3 ICS4SBP1 PPD6SBP7 |  |  |  |

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| 1. Public Health and Prevention

Pediatricians must be able to practice from a population–based perspective and understand relationships between individual, family, and community-level health determinants that affect children and families in the communities they serve. Pediatricians must be able to apply community assets and resources to prevent illness, injury, and death. **Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
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| Describe and discuss modifiable risk factors and the evolving epidemiology of pediatric illnesses and their impact on child health and well-being and child health equity.  | PBLI1 PBLI2PROF2 | ICS3 ICS4SBP7 |  |  |  |
| Identify and discuss child health issues at the national, state, and local levels by accessing and using vital statistics, surveillance data, community asset mapping, and other sources of data. | PROF2 | ICS3 ICS4SBP7PBLI6 |  |  |  |
| Identify measurable outcomes for assessing progress in addressing child health issues, including health equity. | PBLI3 | ICS3 ICS4PLBI2  |  |  |  |
| Identify and describe effective public health interventions at the individual, community, and national level, e.g. screening & prevention programs aimed at modifying risk factors for disease or adverse health outcomes, and case identification and tracking. | PBLI1 PBLI3PROF2 | ICS3 ICS4SBP7PPD6 |  |  |  |
| Describe and discuss the individual practitioner’s role within the greater public health infrastructure, including early identification, notification, mandated reporting, and emergency planning/response recovery. | SBP3PROF1PROF2 | ICS3 ICS4PBLI8 PBLI9PROF2PPD6 |  |  |  |

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| 1. Inquiry and Application

Pediatricians should be capable of pursuing inquiry that advances the health of children, families, and communities. **Graduates are expected to:**  | **Milestones-Based** **Sub-competencies** | **Rotation/****Curricular****Activity** | **Assessment Method/ Demonstration of Competence** | **Level of Competence** **to be Demonstrated****-Knows****-Knows how****-Shows how****-Does** |
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| 1. Assess and apply evidence-based practices for children and families relevant to the needs and resources of their communities.
 |  PBLI2 | ICS4SBP7PBLI6 |  |  |  |
| 1. Discuss how quality improvement assessments and methodology can be integrated into interactions with community organizations serving children and families.
 | ICS1 SBP2PBLI3 | ICS4 |  |  |  |
| 1. Describe and discuss the ethical issues that relate to research and scholarship in communities.
 | ICS2 PBLI2 | ICS4 |  |  |  |
| 1. Describe and discuss different methodologies of research in communities, including community-based participatory research.
 | PBLI1 PBLI3 | ICS4PBLI6 |  |  |  |