

A. Culturally Effective Care		es-Based petencies			Level of Competence
•	As of Septe	ember 2014	Rotation/	Assessment Method/	to be Demonstrated
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:	Reporting Currently Required	Reporting Not Yet Required	Curricular Activity	Demonstration of Competence	-Knows -Knows how -Shows how -Does
Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters	ICS1 ICS2 PBLI1 PROF6	PROF2 PROF5	CHT Rotations: Community Building Blocks Global Health Required Activities: Home visit Optional Activities: suggested books/movies, International elective	Faculty observation during home visit Community Building Blocks debrief End of intern year OSCE	
 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. 	ICS1 ICS2 SBP1 PBLI2	PBLI8 PBLI9 PROF5	CHT Rotations: Continuity Clinic/ OAC Community Building Blocks Required Activities: Home visit Optional Activities: suggested books/movies, International elective	Continuity clinic SCO Continuity clinic eval End of intern year OSCE	
 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. 	ICS1 SBP1	PBLI7 PBLI8 PROF5	CHT Rotations: Continuity Clinic/OAC Required activities: Direct patient care Optional activities:	Continuity clinic eval Continuity clinic SCO	

4.	Identify, analyze, and describe health disparities, as well as organizational assets and barriers to delivering culturally effective services.	SBP2 PBLI3 PROF2	ICS3 ICS4 ICS5 SBP1 PROF5	CHT Rotations: Community Building Blocks, Health Policy Required Activities Home visit modules, Health Policy Lectures Optional Activities: Suggested videos, health disparities conference	Community Building Blocks eval Community building blocks de- brief Health Policy eval
5.	Describe and outline quality improvement activities to achieve health care equity.	SBP2 PBLI3	ICS3 ICS4 ICS5 PROF5	CHT Rotations: Required Activities: Optional Activities: QI project, REACH project	QI project documentation in portfolio



Community Health and Advocacy Goals & Objectives					
B. Child Advocacy		es-Based petencies			Level of Competence
Recognizing their unique roles, pediatricians should advocate for the	As of Sept	ember 2014	Rotation/	Assessment Method/	to be Demonstrated
well-being of patients, families, and communities. They must develop advocacy skills to address relevant individual, community, and population health issues.	Reporting Currently Required	Reporting Not Yet Required	Curricular Activity	Demonstration of Competence	-Knows -Knows how -Shows how -Does
Identify and discuss individual, family, and community (local, state and/or national) concerns that impact children's health.	ICS2 SBP2 PBLI2 PROF2	ICS1 ICS3 SBP7	CHT Rotations: Community Building Blocks, CHAI Required Activities: Partnership with local advocacy organization Optional Activities: Meeting with local agencies, Internet research	Community building blocks eval Community building blocks de- brief CHAI eval	
Formulate an attainable plan of action in response to a community health need.	ICS1 SBP2 PBLI2 PROF2	ICS3 ICS4 SBP1 SBP7 PBLI2	CHT Rotations: CHAI Required Activities: Partnership with local advocacy organization Optional Activities:	CHAI project report CHAI eval	
Identify and describe resources to effectively advocate for the well-being of patients, families, and communities.	ICS1 SBP1 SBP2 PROF4 PROF6	ICS3 SBP7 PPD6	CHT Rotations: CHAI, Health Policy, Community Building Blocks Required Activities: Partnership with local advocacy organization; field trips to policy organizations, CFSA afternoon Optional Activities: Visits to community organizations that advocate for children	CHAI project report CHAI eval Community building blocks eval	

4.	Communicate effectively with community groups and the media.	ICS1 ICS2 PROF2	ICS3 ICS4 PBLI8 PBLI9	CHT Rotations: CHAI, Community Building Block Required Activities: Partnership with local advocacy organization Optional Activities: PR Media training, talks for community groups	CHAI eval Community building blocks eval
5.	Find and use evidence and data to communicate, educate, affect attitude change, and/or obtain funding to achieve specific health outcomes.	ICS1 SBP2 PROF2	ICS3 ICS4 SBP7 PBLI8 PBLI9 PROF2 PPD6	CHT Rotations: CHAI, Health Policy Required Activities: Partnership with local advocacy organization, Health Policy final presentation Optional Activities:	CHAI project report CHAI eval Policy brief presentation; Health Policy eval
6.	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 ICS2 SBP2 PROF2	ICS3 PROF2 SBP7 PBLI8 PBLI9 PPD6	CHT Rotations: Health Policy, Community Building Blocks Required Activities: Health Policy course lectures Optional Activities: AAP Legislative Day, AAP Legislative conference	Policy brief presentation Health Policy eval



Community Health and Advocacy Goals & Objectives					
C. Medical Home	Milestones-Based Sub-competencies				Level of
Pediatricians must be able to identify and/or provide a medical home	As of Sept	ember 2014	Rotation/	Assessment Method/	Competence to be
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.	Reporting Currently Required	Reporting Not Yet Required	Curricular Activity	Demonstration of Competence	-Knows -Knows how -Shows how -Does
Graduates are expected to:			OUT Be te tiene	Opention the allies and	
Recognize the family as the principal caregiver and expert in their child's care, the center of strength and support for the child.	ICS1 ICS2 SBP2 PBLI1 PBLI2 PROF1	PROF2	CHT Rotations: Continuity Clinic/ OAC Required Activities: Patient care, continuity clinic conference Optional Activities:	Continuity clinic eval	
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	ICS3 PBLI1 PBLI10	CHT Rotations: Community Building Blocks, Health Policy Required Activities: Meeting with Director of Special Education for DCPS, CFSA afternoon, Health Policy lectures and site visits Optional Activities: WIC visit, meet with SW, meet with MLP Lawyer, Meet with Health Leads	Community Building Blocks eval Health Policy eval Home visit family recommendations	

3.	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 SBP3 PROF2	ICS3 ICS4 ICS5 PBLI9	CHT Rotations: Continuity Clinic/ OAC, Community Building Blocks Required Activities: Meeting with Director of Special Education for DCPS Optional Activities: Meeting with MLP Lawyer	Continuity clinic eval Community Building Blocks eval
4.	Collaborate with families and communities to help navigate the health care system, including transition to adult care.	ICS1 SBP1 PROF2 PROF6	ICS3 ICS4 ICS5 SBP1 PBLI9 PPD6	CHT Rotations: Continuity Clinic/ OAC Required Activities: Patient care Optional Activities:	Continuity clinic eval
5.	Describe and outline quality improvement activities that result in improved access, coordination, continuity, and outcomes of care.	SBP2 PBLI3	ICS3 ICS4 ICS5 SBP1 SBP7 PPD6	CHT Rotations: THEARC Required Activities: Optional Activities: Participation in Goldberg QI projects	THEARC eval
6.	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	ICS6 SBP3 PBLI7	CHT Rotations: THEARC Required Activities: Enhanced Medical Home readings, Medical home worksheet Optional Activities:	Medical homes worksheet



Community Health and Advocacy Goals & Objectives					
D. Special Populations	Milestones-Based Sub-competencies				Level of
Pediatricians must be competent in the care of children in special	As of Sept	ember 2014	Rotation/	Assessment Method/	Competence to be
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.	Reporting Currently Required	Reporting Not Yet Required	Curricular Activity	Demonstration of Competence	-Knows -Knows how -Shows how -Does
Graduates are expected to:					
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 ICS2 PBLI1 PBLI2 PROF1 PROF2	PBLI2 PROF5 SBP7	CHT Rotations: Continuity Clinic/ OAC, Community Building Blocks Required Activities: Continuity clinic didactics, COPC lecture Optional Activities	Community Building Blocks eval	
Screen for risks specific to defined special populations.	ICS1 ICS2	PBLI6 PROF5	CHT Rotations: Continuity Clinic/OAC Required Activities: Patient care, continuity clinic didactics Optional Activities:	Continuity clinic eval	
Demonstrate a working knowledge of psychosocial issues, legal protections, policies, and services provided for these populations at the local, state, and federal levels.	ICS2 PBLI1 PBLI2 PROF2	ICS4 SBP1 PROF5	CHT Rotations: CAPC, Community Building Blocks Required Activities: CAPC readings, CFSA session, meeting with Director of Special Education of DCPS Optional Activities: Meeting with MLP lawyer, visit to DC Youth Jail, SW meeting	CAPC eval Community Building Blocks eval	



Com	munity Health and Advocacy Goals & Objectives					
(E. Pediatrician as a Consultant/Collaborative		nes-Based npetencies			Level of Competence
L	.eader/Partner	As of Sept	ember 2014	Rotation/	Assessment Method/	to be Demonstrated
comm multid	Pediatricians must be able to act as child health consultants in their communities. Using collaborative skills, they must be able to work with nultidisciplinary teams, community members, educators, and epresentatives from community organizations and legislative bodies.		Reporting Not Yet Required	Curricular Activity	Demonstration of Competence	-Knows -Knows how -Shows how -Does
Gradu	uates are expected to:					
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 ICS5 SBP7 PBLI9 PPD6	CHT Rotations: CHAI, Community Building Blocks Required Activities: Partnership with advocacy org, Optional Activities: Teaching science class at local school	Community Building Blocks eval CHAI eval	
2.	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 PBLI2 PROF1 PROF2	ICS2 ICS3 ICS4 PBLI5 PBLI9 PPD6	CHT Rotations: CHAI, THEARC Required Activities: Partnership with advocacy org Optional Activities: Meetings with community partners, DCPNI	CHAI eval	
3.	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 ICS4 PBLI2 PPD6	CHT Rotations: CHAI Required Activities: Partnership with advocacy org Optional Activities:	CHAI eval	



Community Health and Advocacy Goals & Objectives			T	Γ	
F. Educational and Child Care Settings		es-Based petencies			Level of Competence
Pediatricians must be able to interact with staff in schools and child care settings to improve the health and educational environments for	As of Sept	ember 2014	Rotation/ Curricular	Assessment Method/ Demonstration of	to be Demonstrated
children. Graduates are expected to:	Reporting Currently Required	Reporting Not Yet Required	Activity	Competence	-Knows -Knows how -Shows how -Does
 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 ICS4 SBP1 PBLI9 PPD6 SBP7	CHT Rotations: Continuity Clinic/ OAC Required Activities: Patient care Optional Activities:	Continuity clinic eval	
 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 SBP3 PBLI1 PROF2	ICS3 ICS4 PBLI9 PPD6	CHT Rotations: Continuity Clinic/ OAC, Community Building Blocks Required Activities: Meeting with director of Special Ed for DCPS, completion of health forms and medication administration forms, IEP reviews Optional Activities: Meeting with MLP lawyer	Continuity clinic eval Community Building Blocks eval	
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 PBLI2 PROF2	ICS3 ICS4 SBP1 PPD6 SBP7	CHT Rotations: Community Building Blocks Required Activities: Meeting with director of Special Ed for DCPS Optional Activities: Visit to local public school, visit to school-based health center	Community Building Blocks eval Community Building Blocks de-brief	



Com	munity Health and Advocacy Goals & Objectives					
G. Public Health and Prevention		Milestones-Based Sub-competencies				Level of Competence
perspe	ricians must be able to practice from a population–based ective and understand relationships between individual, family, and unity-level health determinants that affect children and families in	As of Sept	ember 2014	Rotation/ Curricular	Assessment Method/ Demonstration of	to be Demonstrated
the co comm	mmunities they serve. Pediatricians must be able to apply unity assets and resources to prevent illness, injury, and death.	Reporting Currently Required	Reporting Not Yet Required	Activity	Competence	-Knows -Knows how -Shows how -Does
1.	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 PBLI2 PROF2	ICS3 ICS4 SBP7	CHT Rotations: Community Building Blocks Required Activities: Home visit modules Optional Activities:	Community Building Blocks eval Faculty observation of home visit Home visit family recommendations	
2.	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 ICS4 SBP7 PBLI6	CHT Rotations: Community Building Blocks Required Activities: COPC lecture, neighborhood map as part of home visit Optional Activities: Review DCPCA data tool, use census.gov for neighborhood statistics	Community Building Blocks eval Community Building Blocks de- brief	
3.	Identify measurable outcomes for assessing progress in addressing child health issues, including health equity.	PBLI3	ICS3 ICS4 PLBI2	CHT Rotations: REACH project Required Activities: Optional Activities:	REACH progress reports Research Day poster	
4.	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 PBLI3 PROF2	ICS3 ICS4 SBP7 PPD6	CHT Rotations: Continuity Clinic/OAC Required Activities: Patient care, continuity clinic conference Optional Activities:	Continuity clinic eval	

Describe and discuss the individual practitioner's role within the	SBP3	ICS3 ICS4	CHT Rotations: CAPC	CAPC eval	
greater public health infrastructure, including early identification, notification, mandated reporting, and emergency planning/response recovery.	PROF1 PROF2	PBLI8 PBLI9 PROF2	Required Activities: Patient care at CAPC, assigned readings		
		PPD6	Optional Activities:		



Community Health and Advocacy Goals & Objectives Milestones-Based Level of H. Inquiry and Application **Sub-competencies** Competence to be Rotation/ Assessment Method/ As of September 2014 Pediatricians should be capable of pursuing inquiry that advances the **Demonstrated** Curricular **Demonstration of** health of children, families, and communities. Activity Competence -Knows Reporting Reporting -Knows how **Graduates are expected to:** Currently Not Yet -Shows how Required Required -Does CHT Rotations: Continuity clinic eval Continuity Clinic/ OAC 1. Assess and apply evidence-based practices for children and PICO worksheet ICS4 families relevant to the needs and resources of their Required Activities: PBLI2 SBP7 EBM continuity clinic communities. conference PBLI6 Optional Activities: REACH project CHT Rotations: THEARC eval THEARC Discuss how quality improvement assessments and ICS1 Required Activities: methodology can be integrated into interactions with community SBP2 ICS4 organizations serving children and families. PBLI3 Optional Activities: Attendance at community meetings CHT Rotations: CITI certificate REACH project, Community Building Blocks Community Building Blocks de-3. Describe and discuss the ethical issues that relate to research. ICS2 ICS4 Required Activities: and scholarship in communities. PBLI2 COPC Lecture: CITI training Optional Activities: CHT Rotations: COPC lecture discussion Community Building Blocks PBLI1 ICS4 Required Activities: 4. Describe and discuss different methodologies of research in COPC lecture communities, including community-based participatory research. PBLI3 PBLI6 Optional Activities: REACH Project