Overall Competencies for the Pediatric Residency Training Program

COMMUNITY MEDICINE & ADVOCACY

Goals and Competencies

Goals:

1) To increase resident competency in identifying major public health principles and issues

2) To acquaint the resident with the larger structure of healthcare delivery

3) To explore the concept of the child within the context of his environment, to improve the residents competency in evaluating the role of social determinants on health and disease and to incorporate this understanding into strategies of disease management.

4) To introduce the resident to the principles of health advocacy and the physician role in that process. Emphasis will be placed on understanding the various factors that affect a given public health issue, including the importance of stake-holders and collaborators and the important role pediatricians can play in providing the evidence base for the justification of advocacy initiatives.

Specific Requirements:
General time spent during rotation is 120 hours.

1. **Literature-20%**
    a. The literature portion includes the bibliography for the rotation as well as some of the background research for the projects. The bibliography is currently located on the RESNET site as well as in the folder.
    b. 12 of the articles in the bibliography are starred- Please read all that catch your interest but do read these.
    c. It also includes any background research that may be required for a talk given to community groups while on the rotation.

2. **Community Experiences-25%**
    a. The resident will visit a diverse selection of community organizations during the rotation; these may include CDPH Lead Inspection, WIC, mutual aid societies/social service and Poison Control Center. There is a list of objectives for each experience which represent the minimum information one should glean from the site visit. At a few of these sites, the residents will be giving talks, either to a pediatric aged population, their guardians or the staff of that organization. This is an opportunity to hone skills in a type of community advocacy; education of the lay public in the area of preventive health and health management.

3. **Introduction to Advocacy-5%**
    a. We have partnered with the IL Chapter of the AAP to introduce the resident to legislative advocacy and an overview of the chapter's initiatives- Project REACH. This is a formal session with a staff of ICAAP as well as residents from other programs.

4. **Social Determinants Community AND Advocacy Project**-**30%** See attachment.
    a. There will be 3 intermediate meetings during the rotation to discuss the development of this product, social determinants (and Adverse Childhood events)
    b. The project will be presented at the end of the rotation in the format of an initial presentation and a group discussion involving the rotation residents and the Medical Director of the rotation. An electronic document should guide the presentation; each resident should have one centered on their patient and community- although , if appropriate, the residents can collaborate is they have the same public health issue they are exploring

5. **Sessions-20%**
    a. There is an introductory session
        i. Introductions/experience
        ii. Summary of rotation- Activities, expectations, clarification, evaluation process
    b. Overview of Public Health and Public Health topics, i.e. social determinants, adverse childhood events
    c. There are 1-2 midway sessions
        i. Project discussion
    d. There is an End of Rotation Session
        i. Interactive discussion of resident projects
        ii. Discussion of Sites/ Completion of Survey Monkey

6. **Evaluation**
    c. Survey Monkey Evaluation of Sites by residents
    d. On Line Evaluations of Residents