Linking Milestones to Community Health and Advocacy Training: A Map to Connect Curricula to Competencies

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Background

- In 2003, AAP Community Pediatrics Training Initiative (CPTI) developed goals & objectives for residency training
  - 35 objectives in 8 categories, ie. child advocacy
  - Serve as the basis for community pediatrics/advocacy curricula in many programs
  - APA Educational Guidelines

In 2013, created expert panel to map Milestones-based competencies to CPTI objectives

- Residency and community pediatrics/advocacy directors
- Determined which competencies can be assessed in community pediatrics training
- ICS, PBLI, SBP, PROF, PPD
- Survey of 51 experts from APPD, APA Advocacy Training SIG
- Agreed upon 245 competency-objective pairs
CHAMP

- Community Health and Advocacy Mapping Profile
  - 35 of 51 original competencies
  - 12 of 21 competencies currently reported to ACGME
  - Maps existing community pediatrics/advocacy curricula to Milestones language used by program directors
CHAMP

• Used by program directors:
  • Identify areas in your curriculum to assess various competencies
  • Includes competencies that may be difficult to assess in other parts of the curriculum

• Used by Community Pediatrics/Advocacy directors:
  • Understand how your activities and assessment tools relate to competencies
  • Identify gaps in your curriculum
**Goals & Objectives**

**A. Culturally Effective Care**

Pediatricians must demonstrate skills that result in effective care of children and families from all cultural backgrounds and from diverse communities.

<table>
<thead>
<tr>
<th>Graduates are expected to:</th>
<th>Interpersonal Communication Skills</th>
<th>Systems Based Practice</th>
<th>Practice Based Learning and Improvement</th>
<th>Professionalism</th>
<th>Personal/Professional Development</th>
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<tr>
<td>1. Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters.</td>
<td>ICS-1 (ICS-1) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds</td>
<td>PBLI-1 (PBLI-1) Identify strengths, deficiencies, and limits in one’s knowledge and expertise</td>
<td>Prof 2 Show responsiveness to patient needs that supersede self-interest</td>
<td>PPD-8 (Prof 6) Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty</td>
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<td>2. Integrate into clinical encounters an understanding of diversity (family composition, gender, age, culture, race, religion, disabilities, sexual orientation, and cultural beliefs and practices) by recognizing and respecting families’ cultural backgrounds.</td>
<td>ICS-2 (ICS-2) Demonstrate the insight and understanding into emotion and human response to emotion that allow one to appropriately develop and manage human interactions</td>
<td>SBP-2 (SBP-1) Coordinate patient care within the health system relevant to their clinical specialty</td>
<td>Prof 5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation</td>
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51 original competencies

21 reportable competencies
### Community Health and Advocacy Milestones Profile (CHAMP)

#### A. 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:**

1. Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters
   - ICS1, ICS2, PBL1, Prof6
   - Reporting Currently Required
   - Rotation/Curricular Activity: Prof2, Prof5

2. 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, PBL1
   - Reporting Not Yet Required
   - PBL12
   - Assessment Method/Demonstration of Competence: Prof6

3. 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
   - Reporting Currently Required
   - Rotation/Curricular Activity: Prof2

4. Identify, analyze, and describe health disparities, as well as organizational assets and barriers to delivering culturally effective services.
   - SBP2, PBL1, Prof2
   - Rotation/Curricular Activity: ICS3, ICS4

5. Describe and outline quality improvement activities to achieve health care equity.
   - SBP2, PBL1, Prof3
   - Rotation/Curricular Activity: ICS3, ICS4

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**PBL12:** “Identify and perform appropriate learning activities to guide personal and professional development”
### Community Health and Advocacy Goals & Objectives

#### A. 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:

1. Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters
   - ICS1, ICS2, PBLI1, Prof6
   - Reporting Currently Required: 1, Reporting Not Yet Required: 0
   - Rotation/Curricular Activity: GME core curriculum, Continuity Clinic curriculum and practice, Community rotation reflection piece
   - Assessment Method/Demonstration of Competence: Short essay response and feedback, Continuity Clinic evaluation
   - Level of Competence to be Demonstrated: Knows

2. 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, PBLI, Prof1
   - Reporting Currently Required: 0, Reporting Not Yet Required: 0
   - Rotation/Curricular Activity: Healthy Steps home visits and clinic visits, Horizon Hospice home visits, Continuity Clinic practice, Adolescent rotation, Developmental/Behavioral rotation
   - Assessment Method/Demonstration of Competence: Healthy Steps and Community, Adolescent, Developmental, and Continuity Clinic rotation evaluations
   - Level of Competence to be Demonstrated: Knows how

3. 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
   - Reporting Currently Required: 1, Reporting Not Yet Required: 0
   - Rotation/Curricular Activity: Continuity Clinic curriculum and practice, Family-Centered Rounds, Newborn Nursery
   - Assessment Method/Demonstration of Competence: Continuity Clinic evaluation, General Pediatrics Ward and Newborn Nursery rotation evaluations
   - Level of Competence to be Demonstrated: Knows how

4. Identify, analyze, and describe health disparities, as well as organizational assets and barriers to delivering culturally effective services.
   - SBP2, PBLI3, Prof2
   - Rotation/Curricular Activity: Community Health and Advocacy Track (CHAT), Health Disparities in Chicago lecture, Community rotation readings
   - Assessment Method/Demonstration of Competence: SPH course and evaluation
   - Level of Competence to be Demonstrated: Knows
Future Directions

• The mapping process can be used by:
  • **Residency directors** to map their overall curriculum to identify gaps in the assessment of specific competencies
  • **Rotation directors** to map their activities to identify strengths and weaknesses in their curriculum

• **CHAMP, CHAMP mapping tool, and sample maps will be available soon:**
  http://www2.aap.org/commpeds/cpti/resources.htm

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