

Community Awareness

Description:

The Resident will spend a variable amount of time with a variety of agencies in order to see first hand what services are offered, how their individual missions are carried out, programs offered, etc. The Resident may be required to participate in certain activities such as, but not limited to, presentations and discussion of topics assigned by the representative of the agency.

It is the responsibility of the Resident to contact the individual identified as the representative of the agency, as soon as possible, to determine when and where to meet. The Resident will also inform said individual of his/her continuity clinic responsibilities. Tutorial material is kept in the Department office and the Resident is responsible for returning it there. In case of illness or absence for any reason, the Resident will notify the person he/she is working with at the time, the Attending, the Chief Resident, and the Program Administrator. Failure to do so will be considered an unexcused absence. It is expected that the Resident will conduct him/herself in a professional manner at all times.

As part of the rotation the Resident will be required to do a project which must have prior approval from the attending. Failure to complete this project results in an incomplete for the Community Awareness Rotation.

The Resident will turn in a written summary which will become part of a resource book. This written summary should also be given to the residency program coordinator to be placed in the resident's educational portfolio.

Note:

The goals and objectives described in detail below are not meant to be completed in a single one month block rotation but are meant to be cumulative, culminating in a thorough and complete exposure to the importance of community awareness at the end of residency.

Core Pediatric Goals

GOAL: Cultural, Ethnic, and Community Sensitivity. Understand and appreciate cultural diversity in patients and recognize the health-related implications of cultural and religious beliefs and practices of groups represented in a community.

1. Conduct a history and physical examination and formulate a treatment plan that demonstrates awareness of and sensitivity to family cultural and religious views as they relate to health care choices and coping with wellness, illness and death.
2. Use culturally and linguistically appropriate terms in communicating medical information (e.g., the rationale for common pediatric medical therapies such as rule-out sepsis, management of chronic asthma, expectant management of viral illness, and childhood immunization).
3. Recognize that different diseases and conditions are more common in certain ethnic groups and apply this knowledge to specific cases (e.g., Beta Thalassemia: Southeast Asian nations; Hypertension: African Americans).
4. Describe how to offer and provide language assistance services (including bilingual staff and interpreter services) in a timely manner to each patient and family with limited English

proficiency.
5. Demonstrate ease and competence in the use of a trained medical interpreter by telephone and in person.
6. Identify barriers to the provision of culturally appropriate services within your hospital or practice, and develop strategies to address these barriers.
7. Recognize the range of differing health beliefs and values systems of patients/families from diverse cultural and ethnic backgrounds, and treat these differences with respect and sensitivity.
8. Assist families in accessing religious support systems in the context of their own faith when they are in unfamiliar medical settings.
9. Create and sustain a professional and therapeutic relationship with patients and families across a broad range of socioeconomic and cultural backgrounds.
10. Address within-culture and within-religion variability regarding health beliefs and practices in one's diagnostic approach and treatment planning for patients from different ethnic and religious groups.
11. Enumerate the most common ethnic and cultural communities in one's service area (e.g., Southeast Asian, Latino, African American), and for each: <ol style="list-style-type: none"> 1. Describe one or two special health needs and beliefs. 2. Identify resources or programs to meet these needs. 3. Refer families to available resources.
12. Recognize the unique challenges faced by immigrants, refugees and migrating families in gaining access to schools, navigating physical and mental health care systems, and finding legal advocates.
GOAL: Family Context for Health Care. Recognize the perspective, cultural assets and needs of families and provide care for children within the context of the patient's family.
1. Recognize the strengths of a family and identify the protective factors in a given family or community that are important predictors of success and may influence a child's risk behavior choices.
2. During medical interviews, demonstrate sensitivity to family health beliefs by asking open-ended or nonjudgmental questions about these beliefs, respecting different views, and integrating these beliefs into the diagnostic or therapeutic plan.
3. Recognize and respond appropriately to common reactions of family members (e.g., denial, anger and grief) to acute and chronic illnesses in children.
4. Identify the complex roles that children may play in family systems (e.g., "vulnerable child" or "scapegoat") and assist families in overcoming these destructive patterns.
5. Reflect on the range of parental expectations regarding the role of the primary care pediatrician and describe how you incorporate these expectations into your diagnostic approach and treatment planning.
6. Conduct medical interviews that demonstrate awareness of and sensitivity to the

educational level and social situation of families, and structure advice and care plans that reflect resource availability.

7. Describe the range of perspectives and functions of fathers, mothers, grandparents, other family members and non-traditional family members, because these affect family responses to physician instructions, making health decisions and implementing management plans.

8. Encourage family members and other caregivers (including siblings, where appropriate) to become active members of the health care team, especially for children with chronic illness or other special needs.

9. Assess traditional and non-traditional family structures in an open and non-judgmental fashion (e.g., divorced, single-parent, blended, multi-generational, foster, and gay/lesbian families).

10. Respond constructively to the "difficult" parent and child, seeking help from expert resources if needed (e.g., social work, child life, patient advocate, ethics consultant).

11. Recognize and manage family-based pathology that may influence child health, e.g., alcoholism, substance abuse, psychiatric disorders, and ill health.

GOAL: Child Health Advocacy. Understand and participate in the multiple child advocacy roles of the pediatrician.

1. Explain why children need child advocates (e.g., children cannot vote, lobby, or speak for themselves).

2. Define the role of a child advocate and describe ways in which a pediatrician can advocate for children.

3. Discuss how the American Academy of Pediatrics advocates for children (e.g., AAP's federal and state legislative activities and the CATCH Program). Identify other regional, national, and international child advocacy organizations (e.g., Children's Defense Fund, Mothers Against Drunk Driving, Alliance for Child Survival) and describe how to obtain more information about them.

4. Describe several major public health issues affecting children that are being considered by the local, state, or federal government (e.g., hand gun control, children's health insurance, smoking cessation, helmet use, abduction surveillance systems). Identify the key elements of the position for and against each issue and the proponents and opponents, and discuss how the pediatrician might become involved.

5. Identify and communicate with key legislators, staff members and agency administrators, as well as other advocates for child health, regarding specific child health issues.

6. Discuss barriers to health and health care for children in one's own community and some strategies to overcome these, including action the pediatrician can take, what the role of local and national government agencies should be, and community resources that are available to lessen or overcome the barriers.

7. Demonstrate a working knowledge of non-medical systems that influence and direct care for children, including the criminal justice, child protection, and substitute care systems.

8. Describe how to assess the perceptions of one's local community about critical health priorities for children and how to use that information to target issues for child advocacy efforts (e.g., services for indigent children, school dropout, teen curfews, drug abuse prevention).

9. Speak effectively about child health matters to families and community groups and participate in local child advocacy activities.

10. Advocate for support that benefits children in child care settings and related community agencies, e.g.:

1. Licensure of child care and related settings
2. Requirements of centers to have child health consultants
3. Inclusion and funding for children with special health care needs
4. Quality
5. Cost
6. Availability
7. Outcomes research

11. Describe the role of the pediatrician as a public or private advocate for schools and educational institutions, and community agencies that support children's activities and services (e.g., camps, early intervention programs, Head Start).

GOAL: Public Health and Community Medicine. Understand key principles about health promotion and disease prevention for children and adolescents.

1. Discuss the political, social and economic aspects of a policy designed to reduce childhood mortality or morbidity (e.g., administration of influenza vaccine to children ages 6 to 24 months, fitness, playground safety).

2. Discuss, in general terms, the services of the state and local health department, e.g., family planning, newborn screening, lead screening and abatement, oral health promotion. Describe services available to patients and families, how to access services, and collaborate with these agencies as opportunities arise in practice.

3. Give examples of important national and international strategies or programs for health promotion and disease prevention that affect children and their families (e.g., Healthy People 2010 objectives, U.S. Preventive Services Task Force, UNICEF and WHO recommendations).

4. Discuss how financial, cultural, political, and environmental issues affect a community's response to preventable health problems. Analyze how these factors influence particular health problems of children (e.g., lead poisoning, obesity).

5. Promote family and community use of commonly available preventive services such as poison control, playground safety, proper use of car seats and restraints, gunlocks, etc.

6. Promote community-wide prevention efforts such as "Back to Sleep" program and others.

GOAL: The Pediatrician's Role in Community, State and National Agencies and Efforts. Understand key issues related to the pediatrician's role and interactions with community agencies and advocacy groups at the local, state and national levels.

1. Describe the existing and potential relationship between the pediatrician and community agencies that serve children and families.

2. Collaborate with community-based organizations, schools, and/or legislators to address important health problems affecting children.

3. Participate in a community health initiative, coalition, or needs assessment that addresses

an important health problem for children.

4. Identify specific ways in which physicians can participate in the legislative process to create or improve public programs for children.

5. Describe the role and responsibility of boards of community agencies.

6. Demonstrate knowledge of the essential qualities of community partnerships including shared vision, complementary strengths, willingness to collaborate, and agreed-upon boundaries.

GOAL: Community-based Health Service Delivery. Understand how to use public, private, and community resources to meet the needs of specific populations and individuals.

1. Collaborate with families and communities to provide care coordination in a medical home for children where the family is recognized as the principal caregiver and center of strength and support for the child; the family is also recognized as the expert in their child's care and youth as experts in their own care.

2. Integrate information obtained from community asset mapping/needs assessment into the daily care of children and families.

3. Value the roles of community resources in providing services for children and families.

4. Discuss the similarities, differences, and importance of the many agencies that provide health care services to children, including traditional medical services, and state- and federally-supported programs.

5. Identify agencies that provide health-related services to children in their homes or schools including early intervention programs, hospice, and home health aides.

6. Identify agencies and resources that provide mental health services to children.

7. Identify resources available to children and families with special needs, e.g., case management services, social work services, and services for homeless, migrant, pregnant or disabled children.

8. Describe the roles and practice parameters for individuals who provide health-related services in the community (e.g., community health workers, substance abuse counselors, home health aides, school health aides).

9. Identify and work collaboratively with a variety of community resources when providing care to families in need. For at least one patient, coordinate care among several different local community agencies.

GOAL: Community-Oriented Practice. Understand the fundamental principles of community-oriented practice.

1. Define "community-oriented practice" (in contrast to patient-oriented practice); identify characteristics of community-oriented practices, and explain methods and practices used to tailor the practice to the needs of the community (e.g., collaboration with community agencies to provide medical care, advocating for children).

2. Give examples of differences in management of medical conditions in different practice settings (e.g., rural, suburban, inner city, community-based, medical center-based).

3. Identify differences in practice patterns between rural, suburban, inner city, or major

medical center settings, focusing on common barriers to care in each setting (e.g., lack of rapid emergency care, lack of night or weekend services, difficult access to subspecialists, lack of mental health facilities, patients without a medical home).

Pediatric Competencies

Competency 1. Patient Care Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health

1. Develop and carry out patient care plans, using principles of evidence-based decision-making and appropriate prioritization, and taking into account the needs, beliefs and resources of patient and family.

3. Provide effective preventive health care and anticipatory guidance to patients and families.

Competency 2. Medical Knowledge Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Recognize the limits of one's knowledge and expertise by seeking information needed to answer clinical questions and using consultants, community resources, and referrals appropriately. Use this process to guide life-long learning plans.

Competency 3. Communication Skills Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Communicate effectively in a developmentally appropriate manner with patients and families to create and sustain a therapeutic relationship across the broad range of socioeconomic and cultural backgrounds.

2. Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.

3. Develop effective approaches for teaching students, colleagues, other professionals and lay groups.

4. Work effectively as a member or leader of a health care team, and collaborate productively with professional organizations.

5. Serve as a consultant on pediatric matters to other physicians and health professionals.

6. Maintain comprehensive, timely and legible medical records.

Competency 4. Practice-based Learning and Improvement Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1. Assess the health care needs of one's practice population, and use this information to direct population-based problem-solving, with special attention to preventable morbidity and risk.

2. Be prepared to alter one's practice of medicine over time in response to new discoveries and advances in epidemiology and clinical care.

3. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement (e.g., use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

Competency 5. Professionalism Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Demonstrate commitment, responsibility, and accountability for patient care, including continuity of care.

2. Be honest and use integrity in your professional duties.

3. Consistently use compassion and empathy in one's role as a physician.

4. Maintain professional boundaries in one's dealings with patients, family, staff, and professional colleagues.

5. Place the needs of patients and society over your own self-interest.

6. Demonstrate sensitivity and responsiveness to patients' and colleagues' gender, age, culture, disabilities, ethnicity, and sexual orientation.

7. Meet high standards of legal and ethical behavior.

8. Develop a healthy lifestyle, fostering behaviors that help balance personal goals and professional responsibilities. Recognize and respond to personal stress and fatigue that might interfere with professional duties.

Competency 6. Systems-Based Practice Understand how to practice quality health care and advocate for patients within the context of the health care system.

1. Know how types of medical practice and delivery systems differ from one another with respect to how they control health care costs, allocate resources, and assure quality.

2. Advocate for patients in one's practice by helping them with system complexities and identifying resources to meet their needs.

3. Work with health care managers and providers to assess, coordinate, and improve patient care, consistently advocating for high quality.

4. Advocate for the promotion of health and the prevention of disease and injury in populations.

Rotation Specific Competencies

Patient Care:

1. Understands and weighs alternatives for diagnosis and treatment
2. Provides services that are aimed at preventing disease or maintaining health
3. Prioritizes a patient's problems

Medical Knowledge:

1. Is aware of indications, contraindications, and risks of commonly used medications and procedures
2. Applies the basic science, clinical, epidemiologic, and social-behavioral knowledge to the care of the patient

Interpersonal Skills and Communication:

1. Creates and sustains therapeutic and ethically sound relationships with patients and families
2. Provides education and counseling to patients, families, and colleagues
3. Works effectively as a member of the health care team

Practice-based Learning and Improvement:

1. Undertakes self-evaluation with insight and initiative

2. Is motivated to acquire self knowledge

Professionalism:

1. Is honest, reliable, cooperative, and accepts responsibility
2. Demonstrates sensitivity to patient culture, gender, age, preferences, and disabilities
3. Is responsive to needs of patients and society, which supersedes self-interest

Systems Based Practice:

1. Is a patient advocate
2. Applies knowledge of how to partner with health care providers to assess, coordinate and improve patient care
3. Advocates for high quality patient care and assists patients in dealing with system complexity

References:

1. American Board of Pediatrics, Content Specification, 2007
2. Ambulatory Pediatric Association
3. Association of Pediatric Program Directors
4. Pediatric RRC, January 2006

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