

Table 2: Global Health Objectives for Tier 1 Learners (All Trainees) Linked to Established ACGME Competencies

Please note that the content below represents a thought process of the author group for the purpose of this document, guided by the aforementioned literature, but has not yet undergone vetting by larger audiences and stakeholders. This is not meant to be a “one size fits all” approach for training programs; instead, objectives should be modified at each institution based on educational priorities and needs (both locally and with global partner training sites). Any suggestions for modifications to these objectives are welcome.

<ul style="list-style-type: none"> ● PATIENT CARE ● Interview patients and families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease [IV.A.5.a).(1).(d)]: ● Analyze the impact of environmental factors such as clean water, sanitation, air quality, pollution, climate change, overcrowding, and natural disasters on child health and apply this knowledge to the interviews of patients and families who seek care in your practice. ● Reflect on and describe how fragmented family units contribute to health and illness, particularly in relation to immigrant and refugee children and adoptees that are separated from their biological parents and explore pertinent questions regarding primary caretakers and relationships among those who form the family unit. ● Perform essential components of a history and physical examination for children with immigrant or refugee status (including utilization of trauma-informed care) and identify unique considerations for providing a medical home for these children. ● Explain essential components of a comprehensive evaluation of a child/youth traveling internationally.
<ul style="list-style-type: none"> ● MEDICAL KNOWLEDGE ● Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care [IV.A.5.b)]: ● List the top causes of neonatal, infant, child, and adolescent morbidity and mortality for low- and middle-income countries (LMIC) and high-income countries (HIC) and discuss why these lists may differ. ● Describe and interpret the following core health indicators: neonatal mortality rate, maternal mortality rate, infant mortality rate, and under-five mortality rate. Compare the differences in these core health indicators between LMICs and HICs. ● Summarize the presentation, diagnosis, management, and prevention of global infectious (eg, malaria, TB, HIV/AIDS, diarrheal disease) and noninfectious (eg, prematurity, birth asphyxia, anemia, pneumonia, malnutrition, obesity, stunting, trauma, mental health) causes of child and adolescent morbidity and mortality. ● Describe the health and psychological problems of vulnerable children and adolescents who are immigrants, refugees, internally displaced, or orphans. Discuss the impact of victimizing activities such as trafficking, child labor, political conflict, and warfare.
<ul style="list-style-type: none"> ● PRACTICE-BASED LEARNING AND IMPROVEMENT ● Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems [IV.A.5.c).(6)]: ● Identify appropriate medical resources, including references and standardized guidelines (eg, WHO/CDC/country-specific guidelines) for diagnosis and treatment of conditions common to resource-limited settings and adapt them to the individual needs of specific patients.