Supplemental Learning Experience: Health of Immigrant Children	How resident will learn/be evaluated
Competency 1: Patient Care	
Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.	
1. Provide medical care and anticipatory guidance to children of immigrant families with attention to common medical or developmental problems encountered in this population. PC 1, PC 4-5	Clinical/faculty preceptor
2. Know the general approach to providing a general medical evaluation/screening for <u>recent immigrants or refugees</u> : immunization status, general health, development, dental, nutritional, infectious disease screening. MK 1	Clinical/reading
3. Provide care to children of immigrant families that is sensitive to their unique cultural and socioeconomic characteristics. ICS 1, ICS 2, P1	Clinical
4. Participate in health promotion and education activities in the Hispanic immigrant community in Washington DC. ICS 1, SBP 3	Work with LAYC, Family Place, and Obesity program
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 and community health.	
1. Describe the demographic characteristics and trends of Latino and African immigrant populations in Washington, DC and at the national level. MK 1	Reading / self- assessment/ questions
2. Recognize the major underlying socioeconomic and political determinants of health of infants/children of immigrant families, and how these impact inequities in health care access. MK 1	Reading / self- assessment/ Cases / Clinical
3. Understand the definitions of various legal statuses of immigrants, including naturalized citizen, legal permanent resident, refugee, asylee, and undocumented person. MK 1	Reading Work with Health Access Cases

4. Identify health problems specific to children of immigrant families, <u>including</u> : infectious diseases, developmental problems, and chronic diseases. MK 1	Reading Cases Clinical
5. Understand the positive and negative impacts of "acculturation" on the health of children of immigrant families (example: childhood obesity). MK 1	Reading Cases Clinical
Competency 3: Interpersonal Skills and Communication	
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, heir families, their communities, and professional associates.	
1. Practice effective <b>communication</b> with families who speak another language, utilize interpreters and language services effectively and appropriately. <b>ICS 1, SBP 2, SBP 3</b>	Clinical
2. Demonstrate awareness of <b>effective communication approaches</b> for delivery of health care and promotional messages in communities with <b>limited literacy and education</b> . <b>ICS 1, SBP 2, SBP 3</b>	Clinical
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. Identify appropriate medical resources, including <b>reference texts and standardized guidelines for providing care</b> to recent immigrants/refugees or to families/children traveling to developing countries. <b>PBL2</b>	Reading/ind study/ clinical application
2. 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. <b>PBL1, SBP</b> 1-3	Work with LAYC, family place, etc.
Competency 5: Professionalism.	
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity when caring for patients in a developed <i>or</i> developing country setting.	
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1. Understand the barriers to access to care, including cultural, language, and socioeconomic, faced by immigrant families. <b>P1-3</b>	Cases Clinical
2. Give examples of <b>cultural beliefs and practices</b> relevant to health of specific immigrant populations and how these practices or <b>traditional medicine</b> can present barriers to providing care in a Western model. <b>MK1</b> , <b>P4</b>	Cases Clinical
3. Discuss <b>common ethical dilemmas and challenges</b> confronted when working with recently immigrated patients, especially those facing barriers to care due to legal or socioeconomic reasons. <b>P2-3</b> , <b>6</b>	
4. <b>Recognize personal biases</b> in caring for patients of diverse populations and different backgrounds and how these biases may affect care and decision-making. <b>P1-6</b>	1
Competency 6: Systems-based Practice	
Understand how to practice high-quality health care and advocate for patients within the context of the health care system.	
1. Have a basic understanding of the legal rights of families of various immigrant statuses and resources available to support families. MK1, SBP 1-3	Reading Cases Health Access
2. Understand how a medical-legal partnership can help address barriers to access to care. SBP 2-3	Health Access
3. Identify the <b>major organizations</b> active in your community that support health, social, educational and advocacy services for immigrant populations. <b>SBP 1-3</b>	Work with LAYC, FP, etc. directly
4. Describe financial services and options for families of varying legal statuses, and how pediatricians can advocate for them. <b>SBP 1-3</b>	Health Access Reading/cases
5. Understand both local and national health policies affecting health access and services for immigrant families. MK1, SBP 2	Reading
6. Effectively advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple appointments, transportation, or language barrier. <b>SBP 1-3</b>	Clinical practice
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7. Experience how community partnerships between medical practices and community organizations can contribute to [	Direct work with clinics and organizations
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