**TABLE 1: PEDIATRIC GHT RESIDENT REQUIREMENTS** 

Didactics/Clinical Experience/Scholarship	Experience	Credit/Requirement	
Didactics	Journal Club (required to attend at least 6 of 10 sessions)	1 per session	
(Required 10 credits per year)	Topics in Global Medicine	1 per session	
yeary	Global Health Elective	5 credits	
	Refugee Clinic	10	
Local Clinical	Yale Children's Hispanic Clinic	2/session	
Opportunities	Center for Asylum Medicine Evaluation	2/session	
(Required 10 credits per	Y-HEALER Program	2/session	
year)	Haven Free Clinic	2/session	
	TB Clinic	2/session	
	Yale J+J GH Scholars Program Yale Pediatric GH Site <sup>1</sup>	One immersive experience required	
Immersive Clinical Opportunities (≥4-week rotation; required once)	Indian Health Service Alternate approved site <sup>2</sup> Alternate approved immersive experience <sup>3</sup>		
	AAP Federal Advocacy Internship		
Project (Required once)	Research	Case study, QI project, research study (if tied to existing project, or longitudinal engagement)	
	Curriculum building	Immigrant health, asylum medicine, Y-HEALER curriculum, ethics, other	
Presentation (Required once each)	Conference presentation or manuscript publication (required)	Pediatric Research Day, YSM Global Health Day, AAP, North American Refugee Health Conference, APPD, PAS, CUGH, Unite for Sight, Global Surgery Day	
	Dissemination plan back to the community (required)	Depends on research project and immersive experience	
	Immersive clinical experience talk (required)	Noon conference, GH luncheon	

<sup>1</sup>The Yale Pediatric Global Health Track will be seeking to establish longitudinal relationships with 3 sites over the course of the next 3 years – Dominican Republic, Ghana, South Africa. A site in Asia/East Asia will be added in the future. By designating established sites, we create the opportunity for bidirectional learning and capacity strengthening and a mutually beneficial collaboration. This is an important component of any global health track

<sup>2</sup>Residents with long-standing relationships with another site can provide justification and obtain approval to have that site serve as their immersive experience

<sup>3</sup>We acknowledge that some residents may not want to travel outside of New Haven for exceptional reasons (although highly encouraged). These residents can work with their mentors to develop an alternate immersive experience

**TABLE 2: DIDACTIC CURRICULUM** 

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  Medical Knowledge Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral  Hea under glob heal social	CUGH Competencies	Example Lectures to fulfill competencies at a broad level for all residents	lectures/journal club/case discussion for GHT residents to establish added skills (in some cases through other arms of Peds GHT)
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  Medical Knowledge Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral  Hea under glob heal social	Adapted from Bal		
Medical Knowledge Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral	alth Care: Focuses on derstanding how balization affects health, alth systems, and the livery of health care alth Equity and Social tice: The framework for alyzing strategies to address alth disparities across ially, demographically, or ographically defined	e.g. Understanding Asthma Disparities in the United States (Dr. Bev Sheares)  Undocumented immigrant children: A Legal 101 for Pediatric Providers (Esq. Edwin Colon and Patricia Nogelo)  Why the WHO is advocating for Universal Health Coverage esp. in LMICs	Apply WHO (or in country/local) practice guidelines for the management of common diseases in low resources settings  Use local resources to help advocate for patients to receive equitable healthcare  Diagnostic imaging in
application of this knowledge to patient care publisheal Soci Dete Focu that envi factor dete that	bulations bal Burden of Disease: compasses basic derstandings major causes of morbidity d mortality and their iations ween high-, middle- and v-income regions, and with	Climate Change and Child Health  Food insecurity and food safety; poverty and child health in the US  Major causes of neonatal, infant, and child morbidity and mortality world-wide (general and topic specific e.g. diarrheal illness, malaria, HIV)  "Prevention of Pediatric HIV" Vermund  "Breastfeeding and global child health" Perez- Escamilla	limited resource settings  Knowledge of common presentation and management of most frequent infectious and non-infectious causes of pediatric illness in refugee, immigrant and LMIC settings  Management of pediatric illness in humanitarian crises (natural and manmade)  "Managing intensive care in limited resource settings" Canarie  "Endoscopy in Tanzania" Koral  "Developmental assessment in developing countries"  GH elective

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ACGME Competency	CUGH Competencies	Example Lectures to fulfill	Example
		competencies at a broad	lectures/journal
		level for all residents	club/case discussion for
			GHT residents to
			establish added skills (in
			some cases through
			other arms of Peds GHT)
Professionalism:	Ethics: Encompasses the	Provide culturally sensitive	
Demonstrate a	application of basic principles	care to diverse populations.	"Ethical Issues in global
commitment to carrying	of ethics to global health		Health"
out	issues and settings.	Address ethical dilemmas of	
professional		providing care for	Humility and respect
responsibilities and an	Professional Practice: Refers	uninsured, underinsured	when practicing in new
adherence to ethical	to activities related to the	and low resource setting.	cultural contexts
principles.	specific	E.g. "Undocumented	
	profession or discipline of the	patients and the ethics of	
	global health.	resource allocation in the	
		hospital." Dr. Gusmano	
Interpersonal and	Sociocultural and political	Effective use of an	Scholarly Project
Communication Skills	awareness:	interpreter	Requirement:
Demonstrate	conceptual basis with which to		Dissemination of
interpersonal and	work effectively within diverse	Cultural humility and	scholarly project with
communication skills that	cultural settings and across	competence in effectively	community and
result in the effective	local, regional, national, and	discussing medical issues	stakeholders
exchange of information	international political	with families.	
and collaboration with	landscapes.		Work effectively and
patients, their families,			with humility with local
and health professionals.	Collaboration, Partnering,		professionals who are
	and Communication: The		well versed in the
	ability to select, recruit, and		cultural context and
	work with a diverse range of		presenting medical
	global health stakeholders to		problems.
	advance research, policy, and		
	practice goals, and to foster		
	open dialogue and effective		
	communication with partners		
Described by a discount of	and within a team.	Abella	Colorlad
Practice-based Learning	Clinical immersion: immersive	Ability to identify	Scholarly project
and Improvement:	experience allows for true	appropriate medical	requirement
Demonstrate the ability to investigate and	practice-based learning in	resources, including references and standardized	
evaluate the care of	limited resource settings, with opportunity to reflect with	guidelines for diagnosis and	
patients, to appraise and	mentors locally and back at	treatment of conditions	
assimilate scientific	Yale	common in international	
evidence, and to	Scholarly project: The ability	health that may present	
continuously	to design, implement, and	domestically. Appropriate	
improve patient care	evaluate global health	education and prophylaxis	
based on constant self-	programs to maximize	for pediatric patients	
evaluation and	contributions to	traveling abroad.	
lifelong learning.	effective policy, enhanced		
	practice, and improved and		

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	sustainable health outcomes.		
ACGME Competency	CUGH Competencies	Example Lectures to fulfill	Example
		competencies at a broad	lectures/journal
		level for all residents	club/case discussion for
			GHT residents to
			establish added skills (in
			some cases through
			other arms of Peds GHT)
Systems-based Practice:	Strategic Analysis:	Describe differences in	Understand the basics of
Demonstrate an	The ability to use systems	health care models around	systems thinking and
awareness of and	thinking to analyze a diverse	the world.	how it is applied to global
responsiveness to the	range of complex and		public health
larger context and	interrelated factors shaping	Recognize barriers that	
system of health care, as	health trends to formulate	immigrants and refugees	Bidirectional learning
well as the ability to call	programs at the local,	encounter when accessing	between Yale Pediatric
effectively on other	national, and international	health system in North	Global Health and host
resources in the system	levels.	America – know available	institution
to provide optimal health		resources	
care.	Capacity Strengthening:		
	Sharing knowledge, skills, and		
	resources for enhancing global		
	public health programs,		
	infrastructure, and workforce		
	to address current and		
	future global public health		
	needs.		