

12 Core Competencies: A Global Approach

The Basic Structure of the Curriculum

The GPEC fully endorses a **competency-based** focus on training. A good definition of a competency-based approach to training physicians was recently developed by a group of internationally recognized medical educators.

Competency-based education is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner-centeredness.¹

Competency frameworks for training have been introduced in many countries and are being used effectively to standardize and streamline training. Using Bloom's taxonomy of Knowledge, Skills, and Attitude (KSAs)⁴ as a structure for our framework, we have built a set of curricular documents and guidelines to assist governments, institutions, faculty and trainees develop (or refine) and implement quality approaches to training and assessment in post-graduate training and beyond. We hope that it will be used by trainers, trainees, governments, and practicing pediatricians in their day-to-day activities to improve the quality of learning, training, regulation, and clinical practice.

We have defined 12 areas of competence for the practicing pediatrician:

1. *Ethics in Practice* – The ability of a resident* to display ethical principles in practice including the appropriate use of justice, beneficence, non-maleficence, and the autonomy of patient rights.
2. *Collaboration* – The ability of a resident to work collaboratively in a medical team; to know how and when it is appropriate to consult with specialists and other members of the healthcare team; and to conduct oneself in an ethical and collegial manner while working with colleagues.
3. *Global Health Awareness* – The ability of a resident to understand the issues pertaining to basic human rights of one's patients; to be familiar with the social determinants of health; to be familiar with global health priority setting strategies; to understand the role of global health organizations and the global burden of diseases; to be familiar with the structure and function of the national or regional health system; and to be familiar with the content and mechanisms for delivering cost-effective health promotion and disease prevention interventions to children globally or in under-resourced settings.
4. *Patient Safety and Quality Improvement* – The ability of a resident to demonstrate active and meaningful engagement in quality improvement with emphasis on patient safety; to know the epidemiology of medical error and harm; to be familiar with detecting and reporting adverse events; to understand the concepts of disclosure of medical errors; understand and apply methods to reduce medical adverse events; to understand how to apply key principles of patient safety; and to understand and apply core principles of quality improvement.

5. *Research Principles and Evidence-based Practice* – The ability of a resident to understand the basic principles of biostatistics; and to be familiar with epidemiology and clinical research design.
6. *Scholarly Activity* – The ability of residents to begin to demonstrate a lifelong commitment to reflective learning; and to engage in the creation, dissemination, application, and translation of medical knowledge.
7. *Self-Leadership and Practice Management* – The ability of the resident to exhibit self-leadership skills and to implement management skills in the practice of pediatrics.
8. *Communication and Interpersonal Skills* – The ability of the resident to effectively communicate with patients, families, other health care professionals; and to demonstrate active listening.
9. *Health Advocacy and Children’s Rights* – The ability of the resident to respond to individual patient health needs and issues as part of patient care; and to understand how to provide effective health care in local communities.
10. *Professionalism* – The ability of a resident to display professional attributes and professional actions; and to practice as an expert in the field of pediatrics and as a global pediatrician.
11. *Assessment, Diagnostic, Procedural and Therapeutic Skills* – The ability of a resident to demonstrate skill in a number of assessment and diagnostic tests; to be able to interpret certain routine laboratory tests and to be aware of age specific ranges for those tests; to be able to interpret routine pediatric imaging and other tests; and to have exposure to certain imaging modalities requiring consultation with specialists.
12. *Medical Knowledge of Patient Care* – The ability of a resident to show proficiency in taking an appropriate history and physical examination of children across the developmental spectrum from birth through the transition into young adulthood; to be able to form a differential diagnosis and provide appropriate management options for: a) diseases and disorders of all organ and body-systems; b) developmental issues from birth through the transition into young adulthood; c) adolescent medicine and gynecology; d) abuse -- substance and physical; e) simple and complex acute, critical, and emergency care issues; f) palliative, peri-surgical care, rehabilitation, and sports medicine issues; and g) community and preventive pediatric care.

* Throughout the Curriculum documentation, the term *resident* is used to describe a physician-trainee during the post-graduate, specialty training period.

References

1. Frank, JR, Mungroo, R, Ahmad, Y, Wang, M, De Rossi, S and Horsley, T. Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Medical Teacher* 2010; 32(8):631-637.