

Specialty Training Curriculum Dutch Physician Global Health and Tropical Medicine (GH&TM)

Translated summary of the Dutch 2020 revised version of the specialty training curriculum for Physicians Global Health and Tropical Medicine for the global audience and more specifically for the consultants that supervise residents during their Global Health Residency, the final part of the specialty training programme GH&TM

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Chapter 1: Purpose and use of the Curriculum

The curriculum for the Physician Global Health and Tropical Medicine (GH&TM) is accredited by the Royal Dutch Medical Association (KNMG). The curricular outcomes are based on skills and knowledge described in 'Entrustable Professional Activities'" (EPA's) (See Appendix 1 and 2). After completing the specialty training programme, the resident is able to perform the EPA's without supervision.

The curriculum is the foundation for the local specialty training programmes in the different teaching hospitals. The resident steers his/her individual learning by drawing up an Individual Development Plan (IDP). This IDP should take the local specialty training programme and the local possibilities in account.

The EPA's are based on the 7 CanMEDS competencies.



Chapter 2: Profile of the Physician GH&TM

The Physician GH&TM is a general physician with all-round knowledge of specific diseases, disease patterns, health and health systems that occur in the modern and globalized society. The knowledge of Global Health is applied by the Physician GH&TM in and outside of The Netherlands. The Physician GH&TM works within curative care, public health, advocacy and medical leadership. His or her specific field of medicine is at the crossroads of curative and preventive care and applies to the individual patient as well as to the community in which the patient interacts. Special attention is paid to vulnerable groups within the population: groups of people with specific characteristics that expose them to poor health conditions. Therefore, the Physician GH&TM has specific knowledge of poverty related diseases and socioeconomic related health inequity. Communication skills related to health care are gender sensitive,



intercultural and age specific, with respect for diversity in cultural and social norms and values, rights and ways of interacting. The Physician GH&TM is characterized by his or her continuous discipline to strive for optimization of knowledge and practice. He or she recognizes and critically evaluates scientific aspects of the professional discipline and, when necessary, formulates research questions for applied research. The Physician GH&TM advocates for integrated health care management. He/she is an expert in daily management of a health care clinic and is competent to make decisions concerning tasks, management, human and material resources, to facilitate preventive and curative care. As a professional, the Physician GH&TM strives for the highest attainable standard of care and ethical behaviour. He/she is competent, in theory and practice, to act effectively in resource scarce circumstances, in favour of population health on macro, meso and micro level.

Chapter 3: Core of the curriculum

The curriculum for the Physician GH&TM encompasses 8 themes. These cover 18 Entrustable Professional Activities (EPA's), skills which the resident will further develop during all four components of the specialty training programme. The EPA's are visualized in Table 3.

Table 3: Area of competence, themes and EPA's

Area of competence	Themes	EPA
Patient care	A. Generalist in patient care	1. Provides basic surgical care
		2. Provides basic paediatric care
		3. Provides basic gynaecological and obstetric care
		4. Provides basic care to patients with infectious diseases and NCDs
	B. Emergency Treatment	5. Applies Triage system and provides care to acutely ill patients
		6. Provides appropriate Trauma aftercare
		7. Applies Triage and provides care to acutely ill children
		8. Provides Neonatal care
	C. Health Care to the chronically ill	9. Provides care to chronically ill patients
	D. Essential	10. Performs basic surgeries



	surgical skills	11. Performs gynaecological and obstetric surgeries	
	E. Antenatal, natal and postnatal care	12. Provides comprehensive antenatal care to women women with uncomplicated and complicated pregnancy	
		13. Management of labour for complicated and uncomplicated pregnancies	
		14. Provides perinatal care in low resource settings	
Public Health	F. Epidemiology incl. Burden of Disease	15. Applies knowledge on local epidemiology and Burden of Disease	
	G. Public health in a Global Health context	16. Provides preventive care in the Global Health context	
Medical leadership	H. Healthcare management	17. Performs daily management in a health facility	
		18. Contributes to the medium-long term development and sustainability of comprehensive local health care	
	EPA mainly conferred in Surgery component		
	EPA mainly conferred in Gynaecology/obstetrics component		
	EPA mainly conferred in Paediatrics component		
	EPA mainly conferred in Global Health Residency		

Chapter 4: Structure of the training

The training of the residents GH&TM focuses on lifelong learning. This is achieved by facilitating learning process at the workplace, especially by laying initiative and responsibility of the learning process with the resident him- or herself. This self-direction is conducted through consultation of the supervisor and documented in the resident's portfolio. The role of the supervisor is to coach the learning process. The training is based on the following core characteristics:

- The learning is active: the resident identifies a problem, formulates learning goals for his/her learning in practice, prepares educational activities and is prepared to reflect and participate in intervision
- Learning means developing and is process-based
- The resident is responsible for his/her learning process



- The supervisor is co-responsible for the learning process of the resident
- The head of the institute has the final responsibility for the entire process
- The learning process is a combination of theory and practice

The structure of the training is partly practical and consists of clinical work. The resident learns and develops through participating in the daily clinical routine and is coached in this process by the supervisor. To facilitate this process several instruments are used. Based on periodic reviews of performance the resident actively selects and performs the learning activities and assessment instruments in order to reach the identified learning goals. Structured and constructive feedback from the supervisor is essential in this learning process. Supervisor and resident are free to apply other instruments than those described in this training plan, in order to evaluate activities.

The specialty training programme consists of the four components described in Table 4.1

Table 4.1 Training components

Component	General Surgery or Paediatrics	Gynaecology/Obstetrics	Netherlands Course on Global Health and Tropical Medicine	Global Health Residency	Total duration
Theoretical	5 course	5 course days	70 course days		
training	days				
Clinical training	9 months	9 months		6 months	27
(including					months
theoretical					
training)					

For the training components in hospitals in The Netherlands the following options exist:

- General surgery followed by gynaecology/obstetrics
- Paediatrics followed by gynaecology/obstetrics

In Table 4.2 the theoretical parts of the components are described.

Table 4.2 Theoretical training

Theoretical training	Themes (Table 3) and Content
Course days during	Focus on theme A
clinical training	Specific information related to international aspects of clinical care
	and intercultural aspects of clinical practice
Netherlands Course on	Focus on themes A, C, E, F, G and H
Global Health and	The course focuses on curative and preventive care, management
Tropical Medicine	and policy in health care and research in health, disease and health
	care. Specific contextualization of the themes in relation to working
	in an international context.



In the following Table (Table 4.3) the Global Health Residency is described.

Table 4.3 The Global Health Residency

Component	Goals and Themes (see Table 3)
Global Health Residency	 Development of competences in all themes, based on the Individual Development Plan of the resident, aimed at the granting of EPA's Earlier granted EPA's are contextualized and if applicable improved Development of experience in contributing to the effectiveness of local health care.

Chapter 5: Training, testing and evaluation

During the training formative and summative evaluation instruments are utilized (See Evaluation Scheme Appendix 3). The purpose of the formative instruments is to give feedback on the development of the resident. Based on the feedback, learning goals of the individual development plan of the resident can be formulated and evaluated. The summative instruments are applied to define the level of competencies that the resident has achieved, based on the formative evaluations. The formative and summative evaluations together lead to the granting of EPA's. The EPA's guarantee the required level of competencies of the resident or physician GH&TM to external interested parties.

In Table 5.1 the EPA proficiency levels are described and in Appendix 4 the Expected EPA levels of the Physician GH&TM

Table 5.1 EPA proficiency levels

Level	Description
1	Has knowledge of
2	Acts adequately under full supervision
3	Acts adequately under limited supervision (supervision is available at request)
4	Acts independently
5	Acts as a supervisor and instructor

In Table 5.2 the Formative evaluation instruments are described.



Table 5.2 Formative evaluation instruments

Formative instruments	Description
Clinical Evaluation	Tool to evaluate daily clinical practice of the resident through direct
Exercise (CEX)	observation. The initiative to apply a CEX can be with the resident, supervisor
	or other medical staff members. CEX evaluation by different staff members
	increases validity of the results
	Competence levels are:
	1: Poor
	2: Fair
	3: Average
	4: Good
	5: Excellent
Objective Structured	This instrument is applied directly after an intervention or procedure, in
Assessment of	order to evaluate the resident on important aspects of the intervention.
Technical Skills (OSATS)	
360 Degree feedback	Colleagues (For example nurses, MDs, patients) of the hospital are asked to
	evaluate the resident by using a fixed form. Specifically, the competences
	professional behaviour and collaboration can be evaluated with this
	instrument.
Critical Appraisal of	A CAT is a critical appraisal of a scientific article, related to a relevant clinical
Topic (CAT)	or other scenario related to international health care. This appraisal consists
	of a standardized answer based on literature review. This instrument
	evaluates the competence of knowledge and science
Open-book-exam	Knowledge, integration and application of knowledge
Pre- and post-test	Knowledge, integration and application of knowledge
Self-reflection report	Before the Global Health Residency the resident writes a self-reflective
	analysis concerning competence levels of earlier training components. This
	report forms the basis for the Individual Development Plan for the training
	abroad.

During the training component the supervisor and resident periodically have meetings to review the performance of the resident. In these meetings the supervisor has a coaching role and the character of the review is reflective. The basis of the review is the portfolio and the Individual Development Plan of the resident.

In the following table (Table 5.3) the summative instruments are described.

Table 5.3 Summative instruments

Summative instruments	Description
Assignment/Public Health Exercise	Academical skills and evidence-based medicine.
	Focus on EPA's 15, 16, 17, 18



Selective assessment	The head of the training institute together with
	the local supervisor define the achieved level of
	competences on completing a training component
Final assessment	The head of the training institute defines the final
	achieved level of competences

The portfolio

The **portfolio** has a central place in the training and is a means to give structure, to stimulate the resident to self-reflection and active learning, to monitor progress and if necessary, adjust the programme. The portfolio is also the evidence of achievement of the required competences. It contains the following elements:

- 1. Curriculum vitae
- 2. Individual Development Plan
- 3. Self-reflection report
- 4. Realized formative and summative evaluations (CEX, CAT, 360-degree feedback, reviews of performance, selective assessments and EPA's)
- 5. Transfer documents from supervisors to the head of the institute

The role of the supervisor is to motivate the resident to adequately utilize the portfolio, to train, to monitor progress and to organize an adequate learning environment for the resident. The reviews of performance are important to structure this role of the supervisor. The role of the head of the institute is to assess and approve the Individual Development Plan for each training component, the selective assessments and the final assessment of the training components.

Learning conversations

Every training component starts with an **introduction** between resident and supervisor. In this introduction general training goals are aligned to the individual development plan of the resident in the specific hospital setting, based on developed competences in previous components and specific learning goals of the actual training component. The application of evaluation instruments is scheduled. A **review of performance** is a structured conversation between supervisor and resident in order to, based on the portfolio, reflect on the learning process and progress of the resident. Before the conversation the resident prepares the session through a self-assessment and the supervisor fills in an assessment form. The supervisor forms his/her assessment by also taking into account the feedback of team members at the hospital and the portfolio. The outcome of the review of performance is captured in the portfolio and the individual development plan is adjusted if necessary. The resident can apply for the granting of EPA's during the training component, but normally this application proceeds at the end of the training component, during the **selective or final assessment**, by the head of the institute after consulting the supervisor. A positive final assessment in which the resident has reached the required level of all EPA's, leads to an official registration as Physician GH&TM.



Chapter 6: Teacher professionalization

Didactic skills and a good training climate are indispensable for the training of the residents. These skills are facilitated by the training institute. Themes that need to be covered are:

- Strategies for giving and receiving feedback
- Theory about learning and evaluating in the clinical setting
- Structure of the training, teaching and evaluation in the clinical setting

Supervisors need to master the formative evaluation instruments, to be able to work with the portfolio and to conduct the introduction and periodic reviews of performance.



Appendix 1: Description of Entrustable Professional Activities (EPA's) GHR

Title	Surgical care		
Description	Provides basic surgical care at a surgery department in a low resource		
	setting		
Relation to CanMEDS	☑ Medical expert		
competencies	□ Communicator		
	☑ Collaborator		
	☐ Scholar		
	☐ Health advocate		
	☑ Manager		
	☑ Professional		
Knowledge, skills and	Skills		
behaviour	Outpatient care consisting of a medical interview, physical		
	examination and treatment plan		
	 Surgical triage with the available means 		
	 Collaboration with and coordination of the de clinical team in 		
	order to achieve quality care		
	Consider determinants of health & disease and cultural context		
	Areas of Knowledge		
	General basic surgeries		
	Local epidemiology		
	 Available local means and constraints 		
	Local cultural perceptions		
	Professional behaviour		
	Treats patients with respect		
	Collaborates with a professional attitude		
	Communicates with respect for the level of understanding of the		
	patient and family in the specific context.		
Summative evaluation	CEX, OSAT, CAT, 360-degree feedback		
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 4		
	After residency paediatrics/gynaeco-obstetrics: level 2 at the end of the		
	GHR		
Award	After 3 years		



Title	Paediatric care	
Description	Provides basic paediatric care at a paediatric department in a low resource	
	setting	
Relation to CanMEDS	☑ Medical expert	
competencies		
	☐ Collaborator	
	☐ Scholar	
	☐ Health advocate	
	☑ Professional	
Knowledge, skills and	Skills	
behaviour	Outpatient care consisting of a medical interview, physical examination,	
	evidence-based differential diagnosis and treatment plan	
	Informed-consent interview with parents or caretakers	
	Clinical file administration	
	Organization of patient hospitalisation	
	Paediatric inpatient care	
	Adequate communication with the patient, parents or caretakers	
	and other health care professionals	
	Areas of Knowledge	
	Different paediatric pathologies	
	Professional behaviour	
	Manages time effectively and is able to make priorities in case of	
	high patient occupation	
	Promotes quality assurance	
	Communicates professionally with the child and parents or	
	caretakers	
	Is medically and ethically responsible for the choice of treatment	
Summative evaluation	CEX, OSAT, CAT	
	360-degree feedback	
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 2 after GHR	
	After residency paediatrics/gynaeco-obstetrics: level 4 after paediatrics	
	residency	
Award	After 3 years	



Title	Gynaecological care
Description	Provides gynaecological care at a gynaecology department in a low resource
	setting
Relation to CanMEDS	☑ Medical expert
competencies	□ Communicator □ Co
	☐ Collaborator
	Scholar
	☐ Health advocate
	⊠ Manager
	⊠ Professional
Knowledge, skills and	Skills
behaviour	Outpatient care consisting of a medical interview, physical examination (including cytology, ultrasound, cervical biopsy) and treatment plan
	Gynaecological triage with the available means
	 Gynaecological diagnostics with the available means, including reproductive health
	Collaboration with other health care professionals in order to achieve
	quality care
	 Collaboration and coordination of personnel in order to achieve quality care
	Consideration of the patient's level of understanding, determinants of disease and cultural context
	Areas of Knowledge
	Gynaecology and reproductive health
	Local epidemiology
	Available local means and restraints
	Local cultural beliefs
	•
	Professional behaviour
	Takes into account determinants of disease and cultural context
	Collaborates professionally with other health care professionals
Summative evaluation	CEX, OSAT, CAT
	360-degree feedback
Level to be achieved	Level 4 after residency gynaecology-obstetrics
Award	After 3 years



Title	Communicable and Non-Communicable Diseases (NCDs)
Description	Provides care for patients with infectious diseases and NCD's in a low
	resource setting
Relation to CanMEDS competencies	☑ Medical expert
	⊠Communicator
	☐ Collaborator
	⊠Scholar
	☐ Health advocate
	☐ Manager
	⊠Professional
Knowledge, skills and	Skills
behaviour	 Outpatient care consisting of a medical interview, physical examination and treatment plan Clinical triage with the available means Diagnostics with the available means Collaboration with other health care professionals in order to achieve quality care Collaboration with and coordination of a clinical team in order to achieve quality care Emergency care and acute life support Lumbar puncture and pleural puncture Realization of a blood smear Consideration of the patient's level of understanding, determinants of disease and cultural context
	Areas of Knowledge Principles of tropical medicine Local epidemiology Available local means and restraints Local cultural beliefs
	Professional behaviour
	Takes into account determinants of disease and cultural context
	Collaborates professionally with other health care professionals
Summative evaluation	CEX, OSAT, CAT
	360 degree feedback
Level to be achieved	Level 4 after residency gynaecology-obstetrics
Award	After 3 years



Title	Triage and emergency care
Description	Realizes triage and emergency care in a low-resource setting
Relation to CanMEDS	☑ Medical expert
competencies	☐ Communicator
	⊠ Collaborator
	□ Scholar
	☐ Health advocate
	☑ Manager
	□ Professional
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Knowledge, skills and	Skills
behaviour	Clinical emergencies
	Medical conditions where transition to palliative care is necessary
	Correct and effective communication with collaborating nurses
	Consultation of other specialists if necessary
	Clinical file administration
	Acute life support or Acute trauma life support
	Diagnostics with the available means
	 Collaboration with other health care professionals in order to
	achieve quality care
	 Collaboration and coordination of personnel in order to achieve quality care
	 Emergency care and acute life support
	 Consideration of the patient's level of understanding,
	determinants of disease and cultural context
	Areas of Knowledge
	 Prioritization of diagnostics and treatment
	Local reanimation guidelines
	Airway obstruction
	• (tension) pneumothorax
	Hypovolemic shock
	Diagnostic tests
	available local means and restraints
	Professional behaviour
	Asks timely for supervision
	leadership
	 professional collaboration with colleagues
	Takes local cultural beliefs into account



Summative evaluation	CEX, OSAT,
	360-degree feedback
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 4 after residency general surgery After residency paediatrics/gynaeco-obstetrics: level 4 after GHR
Award	After 3 years



Title	Care after trauma
Description	Provides medical care after trauma in a low-resource setting
	(for trauma care see EPA 5)
Relation to CanMEDS	⊠Medical expert
competencies	⊠Communicator
	☑ Collaborator
	☐ Scholar
	☐ Health advocate
	⊠ Manager
	☐ Professional
Knowledge, skills and	Skills
behaviour	Recognition of lesions due to trauma
	• ATLS
	Medical interview and diagnostics
	Recognition of conditions where transition to palliative care is
	necessary
	 Recognition and handling of signs of physical abuse
	Communication with patients and family concerning
	prognostics
	 Communication with collaborating nurses
	Reposition of joint luxations and plaster immobilisation, as well
	as external fixation
	Skin or skeleton traction
	Areas of Knowledge
	Wound and fracture healing
	Principles of conservative fracture treatment
	Available local means and restraints
	,
	Professional behaviour
	Professional collaboration with colleagues
Summative evaluation	CEX, OSAT, CAT
	360-degree feedback
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 4 after
	residency general surgery
	After residency paediatrics/gynaeco-obstetrics: level 2 after GHR
Award	After 3 years
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Title	Acute paediatric care
Description	Provides acute paediatric care in a low-resource setting
Relation to CanMEDS competencies	 ✓ Medical expert ✓ Communicator ✓ Collaborator ☐ Scholar ☐ Health advocate ✓ Manager ☐ Professional
Knowledge, skills and behaviour	Skills • Effective communication • Temperature management • Indication of supplementary diagnostics • Setup of intravenous drips • Professional communication with parents or caretakers • Clinical file administration • Consideration of the patient's level of understanding, determinants of disease and cultural context Areas of Knowledge • APLS • ETAT Professional behaviour • Acknowledges proper limits of knowledge and practice • Takes leadership role • professional collaboration with colleagues
Summative evaluation	CEX, OSAT, CAT 360-degree feedback
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 2 after GHR After residency paediatrics/gynaeco-obstetrics: level 4 after paediatrics residency
Award	After 3 years



Title	Neonatal care
Description	Provides neonatal paediatric care in a low-resource setting
Relation to CanMEDS competencies Knowledge, skills and behaviour	 ✓ Medical expert ✓ Communicator ✓ Collaborator ☐ Scholar ☐ Health advocate ✓ Manager ☐ Professional Skills • information transfer at birth
	 Neonatal temperature management at birth Neonatal life support at birth Setup of Intravenous drips Leadership concerning diagnostics and treatment Professional communication with parents or caretakers Organization of critical incident meeting after complicated birth Areas of Knowledge APLS ETAT Most common neonatal pathologies
	 Professional behaviour Acknowledges proper limits of knowledge and practice Procures parent participation Takes leadership role Communicates effectively with birth attendants concerning women with high-risk pregnancies professional collaboration with colleagues
Summative evaluation	CEX, OSAT, CAT 360-degree feedback
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 2 after GHR After residency paediatrics/gynaeco-obstetrics: level 4 after paediatrics residency
Award	After 3 years



Title	Chronic diseases
Description	Provides care for patients with chronic diseases in a low-resource setting
Relation to CanMEDS	☑ Medical expert
competencies	□ Communicator □
	☐ Collaborator
	⊠ Scholar
	☐ Health advocate
	□ Manager
	☑ Professional
Knowledge, skills and	Skills
behaviour	NCD management
	Recognition of chronic conditions
	 Treatment and follow-up of patients with chronic diseases
	Follow up of local guidelines
	Secondary/tertiary prevention
	Transfer to palliative care
	Effective communication considering the patient's level of
	understanding, determinants of disease and cultural context
	Stimulation of behavioural change
	Areas of Knowledge
	 Local gender specific epidemiology
	Available means and restraints
	 Local guidelines for chronic diseases
	Local possibilities for palliative care
	Healthy lifestyle
	Communication skills towards behavioural change
	Professional behaviour
	 professional collaboration with colleagues
	Effective communication considering the patient's level of
	understanding, determinants of disease and cultural context
Summative evaluation	CEX, PHE
Level to be achieved	Level 4 after GHR
Award	After 3 years



Title	Basic surgery
Description	Provides basic surgeries in a low-resource setting
Relation to CanMEDS	☑Medical expert
competencies	☑ Communicator
	⊠Collaborator
	☐ Scholar
	☐ Health advocate
	☐ Manager
	☐ Professional
Knowledge, skills and	Skills
behaviour	Correct surgical assessment
	Medical/ethical consideration for intervention
	Informed-consent interview
	Preoperative patient management
	 Organization of hospitalisation and surgery
	Time-out surgery and hygiene measures
	Basic surgical interventions
	Teamwork during surgery
	Post-operative patient management
	Effective communication with colleagues
	Areas of Knowledge
	National and international guidelines and procedures
	Professional behaviour
	Acknowledges proper limits of knowledge and practice
	 professional collaboration with colleagues and patients
	Effective communication considering the patient's level of
	understanding, determinants of disease and cultural context
Summative evaluation	CEX, OSATS, CAT, 360-degree feedback
Level to be achieved	After residency general surgery/gynaeco-obstetrics: level 4 after surgery residency
	After residency paediatrics/gynaeco-obstetrics: level 2 after GHR
Award	After 3 years



Title	Gynaecologic interventions
Description	Provides gynaecological interventions in a low-resource setting
Relation to CanMEDS	☑ Medical expert
competencies	∑ Communicator
	⊠ Collaborator
	☐ Scholar
	☐ Health advocate
	☐ Manager
	☑ Professional
Knowledge, skills and	Skills
behaviour	 Correct gynaecological assessment
	 Medical/ethical consideration for intervention
	Informed-consent interview
	 Preoperative and peri-operative patient management
	Organization of hospitalisation and surgery
	Time-out surgery and hygiene measures
	Basic gynaecological interventions
	Teamwork during surgery
	Post-operative patient management - Effective appropriation with pull-agrees
	Effective communication with colleagues
	Areas of Knowledge
	National and international guidelines and procedures
	Professional behaviour
	 Acknowledges proper limits of knowledge and practice
	 professional collaboration with colleagues and patients
	Effective communication considering the patient's level of
	understanding, determinants of disease and cultural context
Summative evaluation	CEX, OSATS, CAT, 360-degree feedback
Level to be achieved	Level 4 after gynaecology residency
Award	After 3 years



Title	Normal and complicated pregnancy
Description	Provides care for a normal and complicated pregnant woman in a low-
	resource setting
Relation to CanMEDS	☑ Medical expert
competencies	□ Communicator
	⊠ Collaborator
	□ Scholar
	☐ Health advocate
	☐ Manager
	☑ Professional
Knowledge, skills and	Skills
behaviour	Antenatal control
	Basic obstetric ultrasound
	Interpretation of fetal hart monitoring
	Correct assessment
	Medical/ethical consideration for treatment
	Informed-consent interview
	Effective communication considering the patient's level of
	understanding, determinants of disease and cultural context
	Stimulation of behavioural change
	Effective information transfer
	Areas of Knowledge
	Physiology of pregnancy
	Risks in pregnancy
	 National and international guidelines and procedures for antenatal
	and postnatal care
	 Local law, policies and perspectives on abortion
	Professional behaviour
	 professional collaboration with colleagues and patients
	Effective communication considering the patient's level of
	understanding, determinants of disease and cultural context
Summative evaluation	CEX, OSATS, CAT, 360-degree feedback
Level to be achieved	Level 4 after gynaecology residency
Award	After 3 years
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Title	Normal and complicated delivery
Description	Provides obstetric care for normal and complicated births in a low-resource setting
Relation to CanMEDS	⊠Medical expert
competencies	☑ Communicator
,	⊠Collaborator
	⊠ Scholar
	☐ Health advocate
	☐ Manager
17 1 1 1 1 1 1 1 1 1	☐ Professional
Knowledge, skills and	Skills
behaviour	Physiologic and complicated delivery
	Physiologic puerperium
	Attendance of the healthy new-born A Divergence methods give
	Puerperal pathologies Surface diagraphy and a series and a serie
	Exclusive breastfeeding advocacy Parts graph
	Partograph Footal condition manifesting interpretation
	 Foetal cardiac monitoring interpretation Basic obstetric ultrasound
	Attendance of birth, including necessary manoeuvres
	Shoulder dystocia National and the state of the
	Vacuum extraction Cuturing of province of marines of mari
	Suturing of perineal rupture
	Episiotomy repair
	Manual placenta removal
	Areas of Knowledge
	Physiology and pathology of delivery
	Physiology and pathology of puerperium
	Physiology and pathology of the new-born
	Risks in pregnancy
	Professional behaviour
	Professional collaboration with colleagues and patients
	Effective communication considering the patient's level of understanding, gender, determinants of disease and cultural context
Summative evaluation	CEX, OSATS, CAT, 360-degree feedback
Level to be achieved	
	Level 4 after gynaecology residency



Title	Perinatal healthcare abroad								
Description	Provision of perinatal care in a low resource healthcare facility.								
Relation to CanMEDS	☐ Medical expert								
competencies	□ Communicator □ Co								
	□ Collaborator □ Co								
	☐ Scholar								
	⊠Health advocate								
	□ Professional								
	Li i i oressional								
Knowledge, skills and	Skills								
behaviour	Recognizes risk groups for maternal and infant mortality								
	 Organizes patient care according to local guidelines 								
	 Organizes pre-conceptive counselling, including anticonception 								
	Promotes exclusive breastfeeding								
	Provides supportive supervision								
	Administrates the clinical file for antenatal care								
	Provides vacuum aspiration								
	Provides abortion with medication								
	Areas of Knowledge								
	Antenatal and postnatal care								
	Extended programme on immunization (epi)								
	Access to care models								
	Local norms and values concerning pregnancy and delivery								
	International standards concerning maternal and infant mortality								
	Professional behaviour								
	Teamwork								
	Communication adapted to the specific patient								
	Is aware of personal values and norms concerning abortion and								
	communicates openly and in a non-judgemental manner								
Summative evaluation	CEX, OSAT								
Level to be achieved	4 after GHR								
Award	After 1 year								



Title	Epidemiology and burden of disease
Description	Applies basic and applied knowledge of epidemiology and burden of
	disease
Relation to CanMEDS	☐ Medical expert
competencies	☐ Communicator
	☐ Collaborator
	⊠ Scholar
	☑ Health advocate
	☑ Professional
Knowledge, skills and	Skills
behaviour	 Evaluation of medical care in the epidemiologic context Interpretation of epidemiologic data and studies Assessment of relevance of research in the local context, by considering social determinants of health Interpretation of burden of disease in a global and local context Locally relevant applied epidemiologic research with disaggregated data Epidemiologic methodology and basic statistical analysis Collaboration with expert centres or consultants Translation of epidemiologic data to local and national settings
	Areas of Knowledge • Local epidemiology
	Local epidemiologyCultural and gender specific opinions concerning health care and
	disease epidemiology
	Professional behaviour
	Contextualized Leadership
	Collaboration with local, regional and national health authorities
	Professional collaboration with external consultants
Summative evaluation	NTC exam, Public health exercise 1
Level to be achieved	4 after GHR
Award	After 1 year



Title	Preventive care in a global health context							
Description	Provides preventive care in a global health context							
Relation to CanMEDS								
competencies	☐ Communicator							
	⊠ Collaborator							
	⊠ Scholar							
	☐ Health advocate							
	☐ Manager							
	□ Professional							
Knowledge, skills and	Skills							
behaviour	 Population health promotion through collective prevention Individual health promotion through selective prevention Integration of preventive care to medical care Contextualized methodologic and situational advisory, with consideration of the patient's level of understanding, gender, determinants of disease and cultural context 							
	 Areas of Knowledge Local epidemiology Prevention of infectious diseases and NCD's Primary Health Care (PHC) Essential Programme on Immunization (EPI) Knowledge of accessibility of local (referral) services Influence of lifestyle and gender specific behaviour and possible lifestyle interventions Health literacy Interventions to prevent infectious diseases and NCD's, fit in a sociocultural and gender specific context Mass media and social media 							
	Professional behaviour							
	Contextualized Leadership							
Cummative evaluation	Professional collaboration with colleagues							
Summative evaluation	CEX A often CLID							
Level to be achieved	4 after GHR							
Award	After 1 year							



Title	Daily management in a health care facility
Description	Carries out daily management in a health care facility
Relation to CanMEDS	☐ Medical expert
competencies	☐ Communicator
	□ Scholar
	☐ Health advocate
	⊠ Manager
	⊠ Professional
Knowledge, skills and	Skills
behaviour	Team coordination in a health care facility
Schaviour	 Implementation of standardized operational procedures (sop's)
	 Planning of resources for medical care
	Reporting about care results and outcome of the health care
	facility
	Application of intercultural communication skills
	Chairman role
	Effective time management and logistics
	Active participation in multidisciplinary meetings
	Cost-effectively acting in a low resource setting
	Elaboration of a management plan
	Networking with stakeholders
	Implementation and maintenance of patient referral systems
	Formulation of learning goals and feedback and organization of
	educational activities
	Areas of Knowledge
	Management roles in health care
	Human resource development including performance
	management
	Quality control and assurance
	Professional behaviour
	Applies understanding of (gender specific) hierarchy
	Assumes the leadership role if appropriate for the situation
	Interacts professionally with colleagues
	Shows respect for social, gender specific and geographical
	diversity
	Collaborates effectively with colleagues and other personnel
	 Coaches effectively and attentively collaborators



	Reflects critically his/her role as a physician
Summative evaluation	CEX, CAT, 360-degree feedback, NTC exam
Level to be achieved	4 after GHR
Award	After 1 year



Title	development of local health care and middle- and long-term health policy in
	a broad sense
Description	Contributes to the development of local health care and middle- and long-
	term health policy in a broad sense
Relation to CanMEDS	☐ Medical expert
competencies	☐ Communicator
	□ Scholar
	☐ ☐ Health advocate
	☑ Professional
Knowledge, skills and	Skills
behaviour	Analysis of the local health care system
	Assignation of available resources
	Critically evaluation of guidelines and recommendations applicable
	for individuals and population groups
	Estimation of situations of increased health risk
	Knowledge application of worldwide developments in the field of
	research and policy
	Prioritization based on the burden of disease and specific socio-
	economic and gender-related vulnerabilities in health
	Stakeholder analysis
	Contribution to the development of international rules and law
	Areas of Knowledge
	Health systems
	Health care organization
	Outbreak management
	Monitoring and evaluation of programmes in health
	Health impact assessment and integral health policy
	International agreements concerning healthcare organization
	(WHO, EU)
	Public relation policy
	Professional behaviour
	Assumes the leadership role if appropriate for the situation
	Interacts professionally with colleagues
	Reflects critically his/her role as a physician
Summative evaluation	PHE 2, NTC exam
Level to be achieved	4 after GHR
Award	After 1 year



Appendix 2: Surgical and Gynaecological interventions

Beneath the required levels of performance to be achieved at the end of the residency are indicated, according to the following levels:

- 1: has knowledge of
- 2: acts adequately with strict supervision
- 3: acts adequately with limited supervision
- 4: acts independently
- 5: contributes and educates knowledge and skills

Surgical interventions

The resident is competent to perform the most common essential and emergency surgical interventions. 1-5 (or 1-4) means the required level of performance at the end of residency has developed till 5 (or 4).

- - Basic surgical procedures
 - Wound management 1-5
 - Burns 1-5
 - Foreign bodies 1-5
 - Cellulitis and abscess 1-5
 - Excision and biopsies 1-5
- Laparotomy and abdominal trauma 1-4
- Acute abdominal conditions 1-4
- Abdominal wall hernia 1-4
- Urinary tract: treatment of acute urinary retention 1-4
- Resuscitation and preparation for anaesthesia and surgery 1-5
- - Amputation 1-3
- - Trauma procedures
 - Traction 1-5
 - Casts and splints 1-5
 - External fixation 1-3

Gynaecological and obstetric interventions

The resident is competent to perform the most common gynaecological and obstetric interventions

- - Pelvic transversal and median abdominal incision (1-5)
- - Caesarean section, primary secondary and repeat
- Annex extirpation (1-4)
- - Treatment of Extra Uterine Gravidity (1-4)
- - Uterus extirpation (1-3)
- - Curettage (1-5)
- - Excision or incision of vulvar pathologies (1-4)
- Endometrial biopsy (pipelle) (1-5)
- - Repairment of episiotomy / sphincter rupture (1-4)



Appendix 3: Evaluation Scheme

Training Component				II		Course days	NTC*		Abroad				
Months	3	6	9	3	6	9		1	2	3	0	3	6
CEX	1	2	2	1	2	2						2	2
OSATS	5	5	5	5	5	5						5	5
CAT		1	1		1	1						1	
360-degree feedback			1			1							1
Self-reflection report											1		
Assignment/Public health exercise									1			1	1
Pre- and post-test							10						
Exam of knowledge										1			
Review of performance	1	1	1	1	1	1						1	1
Selective and final Assessment			1			1							1

^{*}NTC= Dutch Course on Global Health and Tropical Medicine



Appendix 4: Expected EPA levels of the Physician GH&TM

General Surgery/Gynaeco- obstetrics					Paediatrics/Gynaeco-obstetrics					
Component	1	Ш	Ш	IV		Component	1	Ш	Ш	IV
EPA 1	4					EPA 1				
EPA 2				2		EPA 2	4			
EPA 3		4				EPA 3		4		
EPA 4				4		EPA 4				4
EPA 5	4					EPA 5				4
EPA 6	4					EPA 6				2
EPA 7				2		EPA 7	4			
EPA 8				2		EPA 8	4			
EPA 9				4	-	EPA 9				4
EPA 10	4					EPA 10				2
EPA 11		4				EPA 11		4		
EPA 12		4				EPA 12		4		
EPA 13		4				EPA 13		4		
EPA 14				4	-	EPA 14				4
EPA 15				4		EPA 15				4
EPA 16				4		EPA 16				4
EPA 17				4	•	EPA 17				4
EPA 18				4	•	EPA 18				4

I: General Surgery Training Component/ Paediatrics Training Component

II: Gynaeco-obstetrics Training Component

III: Dutch Course on Global Health and Tropical Medicine

IV: Global Health Residency

EPA Levels:

- 1: has knowledge of
- 2: acts adequately with strict supervision
- 3: acts adequately with limited supervision
- 4: acts independently
- 5: contributes and educates knowledge and skills