



CURRICULUM FRAMEWORK

GRADUATE MEDICAL EDUCATION

Pediatrics Residency Program

PROGRAM CODE: NT62721655

Academic Year 2025-2026

*(Released along with Decision No. 529/2025/ QĐ-VUNI dated August 27th 2025 by
Provost of VinUniversity)*



Records of changes

Version	Published date	Effective Date	Approved by	Description of changes
1.0	08/01/2020	08/01/2020	Prepared by: Program Director Approved by: Provost	First Release
2.0	12/8/2020	12/8/2020	Prepared by: Program Director Approved by: Provost	Second Release
3.0	16/8/2021	16/8/2021	Prepared by: Program Director Approved by: Provost	Third Release
4.0	02/8/2022	02/8/2022	Prepared by: Program Director Approved by: Provost	Fourth Release
5.0	15/9/2023	15/9/2023	Prepared by: Program Director Approved by: Provost	Fifth Release
6.0	29/8/2024	29/8/2024	Prepared by Pediatrics Residency Program Director Reviewed by: College Vice Dean, Graduate Medical Education Committee Approved by: Provost	Sixth Release
7.0	27/8/2025	27/8/2025	Prepared by Curriculum Review Taskforce Reviewed by Scientific and Educational Committee Approved by: Provost (Decision No. 529/2025/QĐ-VUNI dated August 27 by Provost of VinUniversity).	Seventh Release

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1. PROGRAM OVERVIEW

1.1 Program Profile

Name of the degree	Residency Program
Name of the program	Pediatrics Residency Program
Program Code¹	NT62721655
Vietnam Qualifications Framework Level²	
Length of Program	4 years
Mode of Delivery	Full-time
Language of Delivery	English/ Vietnamese
Total credits	244 credits
Home College	College of Health Sciences

1.2 Program Purpose

The program aims to train residents to become pediatricians, who:

- Practice comprehensive pediatrics, emphasizing excellence in clinical skills and evidence-based, high-value, compassionate, and culturally competent care.
- Acquire training and preparation to be competitive for subspecialty training at national and international settings.
- Conduct clinical, patient safety, or quality improvement research.
- Educate patients, medical students, and colleagues effectively.
- Acquire leadership skills and work collaboratively and collegially in an interdisciplinary team.

¹ Program Code is identified in the program license and it must be aligned with the Circular No. 09 (2022) on the statistical classification of academic disciplines in higher education.

² The Vietnamese Qualifications Framework (VQF) referred to as Appendix III.1, established in 2016, serves as a structured system for organizing and categorizing qualifications across various levels of education and training in Vietnam. This framework aims to standardize the capacity, academic requirements, and qualifications necessary for specific levels within vocational education and higher education in the country. The VQF consists of 8 qualification levels: Level 1 - Primary I; Level 2 - Primary II, Level 3 - Primary III, Level 4 - Intermediate; Level 5 - College/ Advance Diploma; Level 6 - Bachelor; Level 7 - Master; Level 8 - PhD.

1.3 Program Educational Objectives and Program Learning Outcomes

1.3.1 Program Educational Objectives

PEO1: Provide competent, evidence-based, and compassionate care for infants, children, and adolescents across a broad spectrum of clinical settings.

PEO2: Demonstrate the highest standards of professionalism and ethical conduct in all interactions with patients, families, and healthcare teams.

PEO3: Communicate effectively and collaborate with multidisciplinary teams to deliver coordinated and patient-centered pediatric care.

1.3.2 Program Learning Outcomes (Resident Outcomes)

After successful completion of the program, residents are able to:

Our curriculum will ensure that residents achieve competencies required by ACGME-I in 6 domains, which are further subdivided into 38 standards and indicated below:

1. Patient Care Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in:	1.1 Serving in a variety of roles including direct patient care provider, leader or member of a multi-disciplinary team of providers, consultant to other physicians, and teacher to the patient and other physicians. 1.2 Preventing, counseling, detecting, diagnosing and treating gender-specific diseases. 1.3 Managing patients in a variety of health care settings, including the inpatient ward, the critical care units, and the emergency setting; 1.4 Managing patients across the spectrum of clinical disorders as seen in the practice of general pediatrics, including the subspecialties of pediatrics and non-pediatric specialties; 1.5 Using clinical skills of interviewing and physical examination; 1.6 Using the laboratory and imaging techniques appropriately; and, 1.7 Providing care for a sufficient number of undifferentiated acutely and severely ill patients.
2. Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical,	2.1 Evaluating patients with an undiagnosed and undifferentiated presentation; 2.2 Treating medical conditions commonly managed by pediatricians; 2.3 Providing basic preventive care; 2.4 Interpreting basic clinical tests and images; 2.5 Recognizing and providing initial management of emergency medical problems;

epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate proficiency in knowledge of:	2.6 Using common pharmacotherapy; and, 2.7 Using and performing diagnostic and therapeutic procedures appropriately.
3. Practice-based Learning and Improvement Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:	3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise; 3.2 Set learning and improvement goals; 3.3 Identify and perform appropriate learning activities; 3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; 3.5 Incorporate formative evaluation feedback into daily practice; 3.6 Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; 3.7 Use information technology to optimize learning; and, 3.8 Participate in the education of patients, families, students, residents, and other health professionals.
4. Interpersonal and Communication Skills Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:	4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; 4.2 Communicate effectively with physicians, other health professionals, and health-related agencies; 4.3 Work effectively as a member or leader of a health care team or other professional group; 4.4 Act in a consultative role to other physicians and health professionals; and, 4.5 maintain comprehensive, timely, and legible medical records.

5. Professionalism Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:	5.1 Compassion, integrity, and respect for others; 5.2 Responsiveness to patient needs that supersedes self-interest; 5.3 Respect for patient privacy and autonomy; 5.4 Accountability to patients, society and the profession; and, 5.5 Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
6. Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:	6.1 Work effectively in various health care delivery settings and systems relevant to their clinical specialty; 6.2 Coordinate patient care within the health care system relevant to their clinical specialty; 6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; 6.4 Advocate for quality patient care and optimal patient care systems; 6.5 Work in inter-professional teams to enhance patient safety and improve patient care quality; and, 6.6 Participate in identifying system errors and implementing potential systems solutions.

2. CURRICULUM STRUCTURE

2.1 Curriculum Composition

No.	Curriculum Components	Number of Credits	Credit Distribution (%/Total Credits)
1	Compulsory MoH	17	7.0
2	Core Clinical Skill	9	3.7
3	Clinical Rotations	208	85.2
4	Thesis	10	4.1
	TOTAL	244	100

2.2 Courses and Credit Distribution by Courses

No	Course code	Name of Courses	Credit	Credit Hour Allocation		Prerequisite(s)	Grading System (L = Letter Grade or P/F = Pass-Fail)
				Theory	Practice		
I	COMPULSORY MoH COURSES		17				
I.1	HASS1010	Philosophy	3	3	0	*	L
I.2	PEDA6011	Medical Pedagogy	2	2	0	*	L
I.3	CCSC6142	Research Methods & Evidence-Based Medicine	2	2	0	*	L
I.4	ENGL6011	Medical English	10	0	0	*	P/F
II	CLINICAL CORE SKILLS		9				
	CCSC6180	Core Clinical Skills	9	2	7	*	L
III	ROTATIONS		208				
III.1	Core Rotations - Junior						
1	PECR6081	Pediatric Emergency Medicine 1	5	1	4	*	L
2	PECR6111	Pediatric Infectious Diseases 1	5	1	4	*	L
3	PECR6011	General Pediatrics – inpatient 1	5	1	4	*	L
4	PECR6012	General Pediatrics – inpatient 2	5	1	4	*	L
5	PECR6121	Pediatric Pulmonology 1	5	1	4	*	L

No	Course code	Name of Courses	Credit	Credit Hour Allocation		Prerequisite(s)	Grading System (L = Letter Grade or P/F = Pass-Fail)
				Theory	Practice		
6	PECR6091	Pediatric Intensive Care 1	5	1	4	*	L
7	PECR6021	Neonatal Intensive Care 1	5	1	4	*	L
8	PECR6101	Pediatric Cardiology 1	5	1	4	*	L
9	PECR6022	Neonatal Intensive Care 2	5	1	4	*	L
10	PECR6092	Pediatric Intensive Care 2	5	1	4	*	L
III.2	Core Rotations - Senior						
1	PECR6102	Pediatric Cardiology 2	5	1	4	**	L
2	PECR6023	Neonatal Intensive Care 3	5	1	4	**	L
	PECR6082	Pediatric Emergency Medicine 2	5	1	4	**	L
3	PECR6093	Pediatric Intensive Care 3	5	1	4	**	L
4	PECR6024	Neonatal Intensive Care 4	5	1	4	**	L
5	PECR6083	Pediatric Emergency Medicine 3	5	1	4	**	L
6	PECR6122	Pediatric Pulmonology 2	5	1	4	**	L
7	PECR6013	General Pediatrics – inpatient 3	5	1	4	**	L
8	PECR6014	General Pediatrics – inpatient 4	5	1	4	**	L

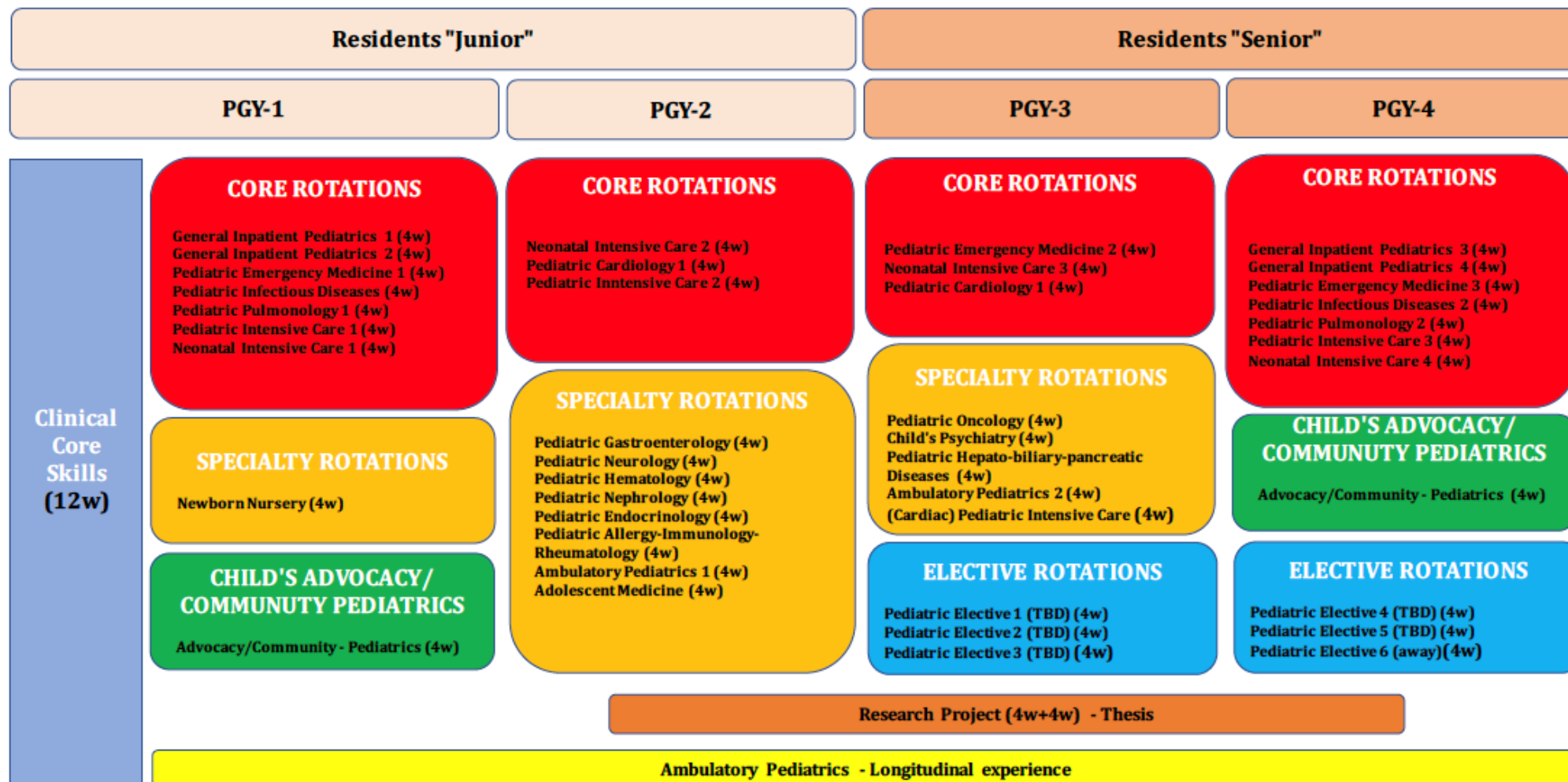
No	Course code	Name of Courses	Credit	Credit Hour Allocation		Prerequisite(s)	Grading System (L = Letter Grade or P/F = Pass-Fail)
				Theory	Practice		
9	PECR6112	Pediatric Infectious Diseases 2	5	1	4	**	L
III.3	Child's Advocacy/Community Pediatrics						
1	PEDS6051	Community/Advocacy (Pediatrics) 1	4	2	2	**	L
2	PEDS6052	Community/Advocacy (Pediatrics) 2	4	2	2	**	L
III.4	Subspecialty Rotations						
1	PEDS6031	Newborn nursery	5	1	4	**	L
2	PEDS6190	Pediatric Vaccinations	5	1	4	**	L
3	PEDS6180	Pediatric Neurology	5	1	4	**	L
4	PEDS6210	Pediatric Hematology	5	1	4	**	L
5	PEDS6170	Pediatric Nephrology	5	1	4	**	L
6	PEDS6060	Adolescent Medicine	5	1	4	**	L
7	PEDS6130	Pediatric Allergy-Immunology-Rheumatology	5	1	4	**	L

No	Course code	Name of Courses	Credit	Credit Hour Allocation		Prerequisite(s)	Grading System (L = Letter Grade or P/F = Pass-Fail)
				Theory	Practice		
8	PEDS6140	Pediatric Endocrinology	5	1	4	**	L
9	PEDS6041	Ambulatory Pediatrics 1	5	1	4	**	L
10	PEDS6160	Pediatric Gastroenterology	5	1	4	**	L
11	PEDS6200	Cardiac Pediatric Intensive Care	5	1	4	**	L
12	PEDS6070	Child Psychiatry	5	1	4	**	L
13	PEDS6150	Pediatric Hepato-Biliary-Pancreatic Diseases	5	1	4	**	L
14	PEDS6220	Pediatric Oncology	5	1	4	**	L
15	PEDS6042	Ambulatory Pediatrics 2	5	1	4	**	L
	Elective Rotations						
1	PEDS6013	Elective 1 (TBD)	5	1	4	**	L
2	PEDS6013	Elective 2 (TBD)	5	1	4	**	L
3	PEDS6013	Elective 3 (TBD)	5	1	4	**	L

No	Course code	Name of Courses	Credit	Credit Hour Allocation		Prerequisite(s)	Grading System (L = Letter Grade or P/F = Pass-Fail)
				Theory	Practice		
4	PEDS6014	Elective 4 (TBD)	5	1	4	**	L
5	PEDS6014	Elective 5 (TBD)	5	1	4	**	L
6	PEDS6014	Elective 6 (away)	n/a	0	0	**	L
VI	PECR6890	THESIS	10				

*Admission to the Pediatric Residency Program; ** Based on semi-annual review of the Clinical Competence Committee

2.3 Curriculum Block



2.4 Standard Study Plan

2.4.1 Standard Study Plan for Cohort 6

VINUNIVERSITY PEDIATRICS RESIDENCY PROGRAM - BLOCK DIAGRAM

PGY-1

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	VinUni	VinUni	VinUni	NCH	NCH	NCH	NCH	VMEC	NCH	VMEC	VMEC	VMEC	N/A
Rotation Name	Core Clinical Skills	Core Clinical Skills	Core Clinical Skills	ED junior	Pulmonology junior	Gen Ped junior	Inf dis junior	Gen Peds Junior	PICU junior	NICU Junior	Immunization	Nursery	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

PGY-2

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	SCDI	NCH	NCH	NCH	NCH	NCH	NCH	NCH	NCH	VMTC	NCH	NCH	N/A
Rotation Name	Community Peds	Cardiology junior	Gastroenterology	Neurology	Hematology	Nephrology	Adolescent	Allergy-Immunology-Rheum	Endocrine	ambulatory	NICU junior	PICU	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

PGY-3

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Variable	Variable	variable	NCH	NCH	NCH	NCH	NCH	NCH	NCH	VMTC	VinUni	N/A
Rotation Name	Elective	Elective	Elective	Cardiology senior	CICU	ED senior	Child Psychiatry	HBP	Oncology	Ambulatory	NICU senior	Research	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

PGY-4

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Variable	Variable	Variable	SPC	VMEC	NCH	NCH	VMEC	NCH	NCH	NCH	VinUni	N/A
Rotation Name	Elective	Elective	Elective	Community Advocacy	ED	Gen Peds senior	Pulmonology senior	Gen Ped senior	Infectious Diseases senior	NICU senior	PICU senior	Research	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

Legend

NCH Primary Site - Vietnam National Children's Hospital
 VinUni Site - VinUniversity Campus
 VMEC Site - Vinmec Times City International Hospital
 SCDI Site - Centre for Supporting Community Development Initiatives
 CCS Core Clinical Skills
 ED Emergency Department
 Gen Peds Inpatient - General Pediatrics Ward
 NICU Neonatal Intensive Care Unit
 PICU Pediatrics Intensive Care Unit
 CICU Cardiac PICU
 SPC Spring Hospice Center
 HBP Hepato-biliary-pancreatic unit

This standard study plan has been applied to the previous cohorts (3, 4, and 5) with some adaptations in accordance with the rotations that have already taken place in previous years (see Appendix).

2.4.2 Standard Study Plan (Cohort n.5)

PGY-2

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	SCDI	VMEC	NCH	NCH	NCH	NCH	NCH	NCH	NCH	VMTC	NCH	NCH	N/A
Rotation Name	Community Peds	Immunization	Neurology	Hematology	Nephrology	Adolescent	Gastroenterology	Allergy-Immunology-Rheum	Endocrine	ambulatory	NICU junior	PICU	Vacation
	4	4	4	4	4	4	4	4	4	4	4	4	4

PGY-3

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Variable	Variable	variable	NCH	NCH	NCH	NCH	NCH	NCH	NCH	VMTC	VinUni	N/A
Rotation Name	Elective	Elective	Elective	Cardiology senior	CICU	ED senior	Child Psychiatry	HBP	Oncology	Ambulatory	NICU senior	Research	Vacation
	4	4	4	4	4	4	4	4	4	4	4	4	4

PGY-4

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Variable	Variable	Variable	SPC	VMEC	NCH	NCH	VMEC	NCH	NCH	NCH	VinUni	N/A
Rotation Name	Elective	Elective	Elective	Community Advocacy	ED	Gen Peds senior	Pulmonology senior	Gen Ped senior	Infectious Diseases senior	PICU senior	NICU senior	Research	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

- Legend
- NCH Primary Site - Vietnam National Children's Hospital
 - VinUni Site - VinUniversity Campus
 - VMEC Site - Vinmec Times City International Hospital
 - SCDI Site - Centre for Supporting Community Development Initiatives
 - CCS Core Clinical Skills
 - ED Emergency Department
 - Gen Peds Inpatient - General Pediatrics Ward
 - NICU Neonatal Intensive Care Unit
 - PICU Pediatrics Intensive Care Unit
 - CICU Cardiac PICU
 - SPC Spring Hospice Center
 - HBP Hepato-biliary-pancreatic unit

2.4.2 Standard Study Plan (Cohort n.4)

PGY-3

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Variable	Variable	NCH	NCH	VMTC	NCH	NCH	NCH	NCH	NCH	NCH	VinUni	N/A
Rotation Name	Elective	Elective	Cardiology	ED senior	NICU senior	PICU	Allergy-Immunology	Child Psychiatry	Oncology	Hematology	Ambulatory	Research	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

PGY-4

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	SPC	Variable	Variable	Variable	NCH	VMTC	VMTC	NCH	NCH	NCH	NCH	VinUni	N/A
Rotation Name	Community Advocacy	Elective	Elective	Elective	Pulmonology senior	ED	Gen Peds senior	Infectious Diseases senior	Cardiology senior	PICU senior	NICU senior	Research	Vacation
WEEKS	4	4	4	4	4	4	4	4	4	4	4	4	4

- Legend
- NCH Primary Site - Vietnam National Children's Hospital
 - VinUni Site - VinUniversity Campus
 - VMTC Site - Vinmec Times City International Hospital
 - SCDI Site - Centre for Supporting Community Development Initiatives
 - CCS Core Clinical Skills
 - ED Emergency Department
 - Gen Peds Inpatient - General Pediatrics Ward
 - NICU Neonatal Intensive Care Unit
 - PICU Pediatrics Intensive Care Unit
 - CICU Cardiac PICU

2.5 Course Descriptions

2.5.1. Compulsory Courses by MOH

- ***Marxism-Leninism Philosophy (Philosophy Science and Society)***

Philosophy will help residents achieve VinUni's learning outcomes related to their qualities, abilities, critical thinking, national pride and global awareness as outlined in the Competency Framework of VinUni learners.

- ***Medical English***

As required by the Vietnam Ministry of Health, residents must achieve a Vietnamese Standardized Test of English Proficiency (VSTEP) Level 4 certificate or equivalent prior to graduation. Residents who hold a VSTEP Level 3 or equivalent are exempt from the Medical English course but must attain VSTEP Level 4 or equivalent before completing their program. Residents who do not meet the exemption criteria are required to enroll in the Medical English course. The Medical English course at VinUniversity consists of three components totaling 150 hours: English for Communication (25 hours), Applied Medical English (25 hours), and 100 hours of online self-accessed study using SLC English for Doctors. The course is designed to strengthen residents' English language skills and enhance their communicative competence in professional medical settings. It also focuses on developing essential communicative and academic skills beneficial to their future careers. Residents enrolled in the course will take an initial placement test and a final proficiency assessment to evaluate whether they have achieved VSTEP Level 4 equivalency. The course will be graded on a pass/fail basis, determined by participation, attendance, and satisfactory completion of assignments.

- ***Medical Pedagogy***

The overarching goal of this course is to equip residents with the knowledge, skills, and professional attitudes necessary to effectively understand and apply core concepts in medical education within their clinical practice. The course aims to strengthen residents' ability to develop competencies in teaching, supervision and assessment of junior trainees, feedback delivery, maintaining wellbeing, and professionalism. This course will be divided into two parts within the residency program. Part 1 consists of five workshops, delivered during the Core Clinical Skills course in the PGY-1 year. Part 2 comprises four half-day workshops, scheduled as residents transition into senior roles—ideally at the end of PGY-2 or the beginning of PGY-3 in a four- to five-year program. Participation in both parts is mandatory for all residents across the Residency Programs. A variety of teaching methods will be employed, including didactic lectures, facilitated small-group discussions, case-based learning, and role plays to enhance engagement and practical skill development.

- ***Research Methods and Evidence-Based Medicine***

This course is required by MOH and will be delivered during PGY1. The Research course provides an overview of the research process, research methods, and EBM.

Specific topics covered in this course include introduction to public health, study design, measures of disease, formulation of research questions using the PICO (Population/Patient, Intervention, Control/Comparison, Outcome) format, and EBM. Learners will learn to apply research methods and EBM into patient care scenarios to as well as into scholarship.

2.5.2. Core Clinical Skills Course

The Core Clinical Skills (CCS) Course focuses on common medical topics, which are essential for all residents regardless of their specialty, including pharmacology/pharmacotherapy, communication skills, simulation training and clinical procedural skills.

Inside the pharmacology/pharmacotherapy part, all the main classes of drugs will be reviewed, and specific attention will be paid to the appropriate use of antibiotics and the main aspects of antimicrobial stewardship.

The communication skills component will reinforce the core principles of professionalism, interpersonal communication, and effective patient care. The residents will practice in detail scenarios such as breaking bad news, medical errors and disclosure, interprofessional communication and obtaining patient consent. These scenarios will help residents to recognize the key role of communication in patient care and interprofessional collaboration, demonstrate effective communication in a variety of settings including obtaining patient consent, medical error disclosure, breaking bad news, and end of life care planning, and describe medical professionalism as well as the fundamental principles and professional responsibilities.

The Simulation Training and Clinical Procedural Skills sessions utilize a variety of teaching methodologies to develop practical skills required for all residents. The curriculum includes a combination of didactic lectures, small-group learning, and simulation activities that are primarily conducted at the VinUniversity Simulation Center. Core content covered in this course includes Basic Life Support (BLS), and Pediatric Advanced Life Support (PALS) training as well as communication skills training, procedural skills training, and mock code simulations. This course also includes simulation activities, namely the representation of a real-world process to achieve educational goals through experiential learning. Simulation-based education will complement and augment the pediatric residents' clinical and didactic education. Finally, this course will include some specific activities and lectures specific to pediatrics, to provide all the pre-clinical theoretical didactics and practical training needed to effectively and safely start the clinical rotations at the hospital sites.

2.5.3 Rotations

- Core Rotations

The group of core rotations are represented by those clinical experiences that are essential for all (general) pediatricians to develop the appropriate theoretical knowledge and practical skills to manage pediatric patients, whatever the specific subspecialty and/or work setting are after the graduation. These rotations are organized in the two main hospital sites sponsored by our Program, namely VinMec Times City Hospital (VMTC) and Vietnamese National Children's Hospital (VNCH). Some core rotations are developed in both clinical sites.

The list of core rotations includes:

- General Inpatient Pediatrics (VMTC and VNCH, 4 rotations),
- Pediatric Emergency Medicine (VMTC and VNCH, 3 rotations),
- Pediatric Infectious Diseases (VNCH, 2 rotations),
- Pediatric Cardiology (VNCH, 2 rotations),
- Pediatric Pulmonology (VNCH, 2 rotations),
- Pediatric Intensive Care Medicine (VNCH, 3 rotations),
- Neonatal Intensive Care Medicine (VNCH and VMTC, 4 rotations).

During each core rotation (with the only exception of the Pediatric Emergency Care rotation at the VMTC), one junior (PGY-1/2) and one senior (PGY-3/4) resident will be assigned to the same rotation/department, in order to maximize the learning experience and creating a teaching environment based on a hierarchical model (that should also integrate the residents and medical students).

Overall, all these core clinical rotations are designed to enable residents to achieve the knowledge, skills, and attitudes for becoming a competent and complete (general) pediatrician, able to manage both common and complex diseases in newborns, children, and adolescents. The learning process occurs through hands-on, supervised clinical experiences, which are also supported by bedside teaching and didactic activities. Residents have also the opportunity to learn procedures under faculty supervision.

During these inpatient rotations at Vinmec and public hospitals, trainees are expected to gain proficiency in the diagnosis and management of inpatient pediatric issues.

All these clinical experiences will allow the residents to: gain knowledge on the etiology, pathogenesis, clinical presentation and natural history of diseases treated by general pediatricians; demonstrate appropriate skills in diagnosis, judgment and resourcefulness in therapy; receive instruction and feedback to master interviewing, communication and interpersonal skills that are necessary to elicit and record a thorough and accurate history, establish and maintain a therapeutic physician-patient relationship, and initiate or motivate the patient to implement optimal medical management; receive instruction and feedback to master physical exam skills; and demonstrate the humanistic treatment and care of patients.

Especially during the core rotations, the residents can be exposed to several procedures (as also required by ACGME-I), which will be performed under direct supervision of the attending until the resident has demonstrated competency in these procedures. Some of these may be taught mainly through simulation depending on the available resources and clinical settings. The following procedures and skills can be done in the residents' training: bag-mask ventilation, bladder catheterization, lumbar puncture, neonatal and non-neonatal endotracheal intubation, peripheral intravenous catheter placement, procedural sedation and pain management, reduction of simple dislocation, simple laceration repair, simple removal of foreign body, immunization administration, temporary splinting of fracture, tympanometry and audiometry interpretation, venipuncture, vision screening, developmental assessment, arterial line placement, arterial puncture , chest tube placement, and thoracentesis.

- ***Specialty (non-core) rotations***

During the subspecialty (non-core) rotations, residents will explore all the areas of pediatric care to round out their education. The goal will be to give them exposure to subspecialty pediatric areas. The subspecialty rotations will be primarily inpatient, but may include outpatient, consultation, and procedural experience. Residents may also choose to return to a subspecialty rotation for an elective experience.

These rotations are organized in the two main hospital sites sponsored by our Program, namely VinMec Times City Hospital (VMTC) and Vietnamese National Children's Hospital (VNCH).

The list of non-core (subspecialty) rotations includes the following ones:

- Newborn Nursery (VMTC),
- Pediatric vaccinations (VMTC),
- Pediatric Neurology (VNCH),
- Pediatric Hematology (VMCH),
- Pediatric Nephrology (VMCH),
- Adolescent Medicine (VMCH),
- Pediatric Allergy-Immunology-Rheumatology (VMCH),
- Pediatric Endocrinology (VMCH),
- Ambulatory Pediatrics (VNCH and VMTC),
- Pediatric Gastroenterology (VMCH),
- Child Psychiatry (VNCH),
- Pediatric Hepato-Biliary-Pancreatic Diseases (VNCH),
- Pediatric Oncology (VNCH),
- Pediatric Cardiac Intensive Care (VNCH).

Each clinical rotation is designed to provide the residents with experiences in acute care and chronic disease management in the specific subspecialty area. They will also orient their self-study and experience patient-related clinical teaching to other residents. Finally, they will be exposed to interdisciplinary teamwork. Residents may

have the chance to perform procedures, under supervision, related to the subspecialty area of the rotation.

Inside these non-core rotations, ambulatory (outpatient) pediatrics is an essential part of the residents' training. These ambulatory rotations will allow the residents to gain experience in the management of non-acute diseases and/or (mild) pediatric problems and/or para-physiological situations. The Program also provides the residents with a longitudinal experience of patient care in the continuity clinics, where the residents will see both sick children and well-child for a minimum of 36 half-days per year. The residents will follow their patients along with the clinical faculty. Residents can expect to perform ambulatory procedures including visual and developmental screening and other procedures as appropriate for the ambulatory setting.

- *Child's advocacy – Community Pediatrics*

Community Pediatrics/Child Advocacy encompasses the care of children in the context of their environment and community. Residents will understand their role as a child advocate, understand how to effectively support children within their community, and how to work in partnership with community entities to promote the well-being of children, especially in disadvantaged situations. The ACGME-I requires a total of 2 blocks (8 weeks) of Community Pediatrics and Child Advocacy. During these blocks, they will work in community sites and in cooperation with community partners (in detail, the Spring Hospice in Hanoi, and the Centre for Supporting Community Development Initiatives in Hanoi).

- *Elective rotations*

Residents are required to have a minimum of six educational units of an individualized curriculum as determined by the learning needs and future career plans of the residents. Thus, PGY-3 and PGY-4 residents have designated 'elective' blocks which allow them to explore their professional interests. Residents who are in a good academic standing and in their terminal year(s) of training may be eligible to apply for an away-elective rotation in the country or abroad, as an elective rotation (this rotation will not bear specific credits).

2.5.4 Thesis

Any resident participating in a Residency program at VinUni must perform one research project, whose results are presented in a thesis. Each resident will work with the advisor(s) to develop and carry out their own research starting from PGY-2. This project will be developed longitudinally until the thesis discussion. To promote this research task, all the residents will have two dedicated research rotations during PGY-3 and PGY-4.