

ENHANCING COMMUNITY PEDIATRICS TRAINING: Perspectives of Residents and Faculty of the Community Pediatrics Training Initiative (CPTI), Five Years Later

INTRODUCTION

Improving the health of children requires recognition of the influences of family and community on children's well being as well as the collaborative efforts of many community stakeholders. Pediatricians and other clinicians have important roles to play in such community partnerships given their expertise in child health and commitment to their well-being.¹

Pediatric residency training is viewed as an opportune time to equip pediatricians with the skills necessary to understand their communities and partner with them. In fact, pediatric residency programs now require "structured educational experiences with planned didactic and experiential opportunities for learning...that prepare residents for the role of advocate for the health of children within the community."² There has been a substantial increase in community pediatrics training in the last decade – results from a 2002 survey of U.S. pediatric residency programs indicate that most programs either require involvement or

provide community activities as elective opportunities.³ Programs also expose residents to such activities as communicating with elected officials, participating in longitudinal projects, conducting research in the community, and, to a lesser degree, providing legislative testimony.

In 2000, the Dyson Foundation began funding 10 programs to accelerate change and refine training strategies in community pediatrics during residency. This demonstration program is known as the Dyson Community Pediatrics Training Initiative (CPTI).

Summarized in this brief are early observations gleaned from interviews with residents and faculty, which were conducted as one component of the national cross-site evaluation of the CPTI. Our intent is for these findings to inform efforts of other residency programs also seeking to enhance educational efforts related to community pediatrics.

KEY FINDINGS

Residents broadly embrace activities related to community child health and report enhanced knowledge and skills such as:

- Awareness of resources available in the community
- Increased understanding of the way culture and the family impact the health of the child
- Improved counseling skills and ability to provide anticipatory guidance to patients
- New-found appreciation that they can "make a difference" through advocacy

Faculty derive personal benefits from community pediatrics work, teaching, and mentoring, such as:

- Increased familiarity with resources in the community
- Increased knowledge and skills in advocacy and other related areas
- New areas to focus on and colleagues to collaborate with (e.g., public health)

Faculty report benefits at the program and institutional level, including:

- Resident recruitment – attracting individuals who are very accomplished and interested in becoming skilled in community aspects of pediatric care
- Meeting competency requirements, particularly in relation to increased skills in patient care and advocacy
- Enhanced visibility among community organizations and within the medical school

Implementation challenges:

- Need for faculty development
- Institutional barriers to publishing on community pediatric research
- Scheduling residents to participate in project work with community organizations
- Insufficient time in one block-rotations to accomplish intended goals

¹Rezet B, Risko W, Blaschke GS; Dyson Community Pediatrics Training Initiative Curriculum Committee. Competency in community pediatrics: consensus statement of the Dyson Initiative Curriculum Committee. *Pediatrics*. 2005 Apr;115(4 Suppl):1172-83.

²Accreditation Council for Graduate Medical Education. Program Requirements for Residency Education in Pediatrics. Available at: http://www.acgme.org/acWebsite/downloads/RRC_progReq/320pr106.pdf. Accessed 8/31/06.

³Solomon B, Minkovitz CS, Mettrich JE, Carracio C for the Dyson Initiative National Evaluation Team. Training in Community Pediatrics: A National Survey of Program Directors. *Ambul Pediatr*. 2004;4:476-481.

“CPTI: An Investment in Pediatric Residency Education”

The Dyson Community Pediatrics Training Initiative (CPTI) provided funding to 10 pediatric residency programs over a five-year period to enhance their training in community child health. The goal of CPTI was to develop pediatric professionals with greater interest and skills in interdisciplinary collaborations, community partnerships, and child advocacy to advance the health of all children in their communities. The first six grantees began Dyson-funded activities in 2000 and included Columbia University; Children’s Hospital of Philadelphia; Medical College of Wisconsin; University of California, San Diego; University of Hawaii; and University of Rochester. Four more sites were added in 2002: the University of California, Davis; the University of Florida, Jacksonville; Indiana University; and the University of Miami.

Within a set of core principles outlined by the foundation, the programs developed their own training strategies, therefore emphasizing the individual needs, strengths, and resources of each pediatric residency program and the surrounding community. The programs each included didactic and experiential learning, using approaches such as journal clubs, noon seminars, and community-focused Grand Rounds coupled with block rotations and longitudinal community projects that allowed residents to gain exposure to and experience in working with vulnerable communities. Implementation of the curricular experiences was adapted to fit the needs and structure of each residency program; some programs offered stand alone “block rotations” on community child health, while others integrated the content and skills training into the curricula of other rotations. Common threads in all programs were emphases on cultural competency, advocacy, and the development of relationships with faculty and community-based organizations (CBOs) in order to provide the most meaningful and sustainable training for pediatric residents.

More detailed information on and resources developed by the CPTI grantees can be found at the Initiative’s national program office website located at the American Academy of Pediatrics, <http://www.aap.org/compeds/cpti/>

FINDINGS

BENEFITS REPORTED BY RESIDENTS

During the interviews, second- and third-year residents reported having gained new knowledge and skills about how to work in their communities. They also described new perspectives about the challenges and unmet needs of their patients and how this affects their interactions with their patients.

Enhanced Knowledge about Community Resources

Nearly half of the residents interviewed experienced an increased understanding about community resources and systems (e.g., understanding the public school system) as a result of their community pediatrics training. They reported that they are more aware of the resources available in the community, are better equipped to refer patients to and advise patients on community resources, and have the tools to find community resources now and in the future. One resident described a specific experience: “When I learned that a woman had been abused by her spouse, I was able to make referrals to community resources. That included providing anticipatory guidance regarding the intake process at the shelter and making phone calls directly to the agency on behalf of the family.” The residents highlighted that more “practical” experiences related to community resources, such as visiting a community-based organization (CBO) or school, were often more beneficial than lectures because of the importance of having a firsthand look and networking with community members.

Increased Understanding of Family Context

More than half of residents indicated that they had an increased understanding of the role that culture plays in the community and of the context of the patient/family as a result of community pediatrics training. They commented that it is important to

“I have more of an understanding of hardship and how families work, the grandparents and parent dynamics. You understand that when you tell a parent that they need to start giving up the bottle at about 9 months to a year with the baby and they don’t that it might be because their mother, who they may live with, feels that it is alright to keep the bottle until the child is 2 or 3. And this is a battle the mom does not want to fight with the grandma.”

understand the culture from which their patients come, as well as to appreciate how the patients live and the obstacles they encounter in order to treat them more effectively. Specifically, residents mentioned that going on walking tours of the community and visiting community sites were helpful in understanding the context of their patients’ lives. Residents in programs that place an emphasis on home visits, or who attended early intervention evaluations, said these experiences were also critical in understanding their patients’ perspectives.

Improved Interactions with Patients

Almost one-third of residents described changes in the way they counsel and provide anticipatory guidance to their patients. Most stated that they spend more time taking a patient’s psychosocial history and make more of an effort to tailor their guidance and care plan to the specific patient’s situation. One resident said that he now asks “questions that are not just medical questions...like who lives at home? Are you able to make rent? How did you get to the appointment? And, can you afford the medications I am prescribing? I have a better understanding of family constraints.”

“In interacting with families, I spend more time talking about psychosocial history in order to offer support in these areas . . . If the boiler needs to be repaired, I can suggest resources. I can write a letter of medical necessity. I don’t use the ‘it’s not my role’ excuse.”

Appreciating the Role Specialists Can Play

“There are several other sub-specialists in the department that the residents see as role models such as the GI docs that do the obesity work.”

The AAP defines community pediatrics as pertaining to “...all pediatricians, generalists and specialists alike...” In some programs, specialist involvement was apparent from the start. Subspecialists provided lectures that were community oriented and their involvement in resident research projects was reported. As a result, residents often agreed that community pediatrics was applicable to everyone, whether they aimed to be a general pediatrician or a specialist – “The program has done a great job of showing us the big picture and why it is important and how it impacts kids. I plan to do a cardiology fellowship and I want to pursue the obesity angle.”

“I always thought I would have to go into general pediatrics to do this kind of work but have found that you can go into any sub-specialty and be an excellent community physician.”

Greater Appreciation for Opportunities to Work in the Community

Community pediatrics rotations provide exposure to community settings such as courts, CBOs, home visiting, and schools. According to one resident, “It is a chance to break away from the hospital. So much of what we see in children can’t change. It’s an eye-opening experience to see where patients live.”

Completing their own advocacy project was viewed as important to allow residents to tailor community pediatrics training to their own interests. A third-year resident described a positive experience with one of these projects: “I did an advocacy project . . . It opened my eyes about what doctors can do in the political arena. It also took some of the mystery out of the political process...[I realized] how easy it is to access state legislators.” The rotations also allowed the residents to work closely with faculty. As one resident reported, “The first community pediatrics rotation gave me exposure to faculty who I might otherwise never have come into contact with.”

Overall, the residents were positive about their community pediatrics experiences during residency. One resident commented, “Before the rotations, I thought they would be a vacation time, but at the end I wished I had more weeks to do advocacy. I heard about it and read, but being immersed in the projects is a much different experience.”

Key Roles of Faculty in Community Pediatrics Training

Faculty participation is a critical part of ensuring an institutionalized and sustained focus on community pediatrics knowledge and skills development in residency programs. During the interviews, faculty described the following categories of roles they played with regard to community pediatrics training:

- Precepting residents in community or clinical settings
- Giving lectures or presenting at Grand Rounds
- Mentoring and/or advising residents
- Interacting with community programs
- Developing curricula
- Supervising or working with residents on research projects

Faculty integrated community issues into the care of individual patients and clinical instruction. One faculty member stated: “I interview all residents during their community peds rotation and spend a good deal of time putting the community issues into the context of clinical care, behavioral problems, special education issues, etc.”

BENEFITS REPORTED BY FACULTY

Faculty Connect Community Work to their Practice

Overall, faculty reported that they have derived personal benefits from community pediatrics work, teaching, and mentoring. A notable proportion of faculty commented on the increased level of knowledge and skills around advocacy and other related areas. One faculty member stated, “The days that general pediatrics could just get by with what you learn in medical school is gone. A much greater level of knowledge is expected and so is an interaction with public health measures and we develop a stronger bond with the community. Now science is the easy part, the other stuff is hard! This has been a huge shift for me.”

Efforts were made to engage both generalists and specialists and enhance linkages among diverse faculty. In some instances this resulted in greater recognition of the connections between their medical specialization and the activities of focus in community pediatrics training and practice. As noted at one program, “We have learned that a lot of sub-specialists here are doing a lot of community work; they just didn’t see it as connected to their clinical and teaching work.”

Some faculty felt that the recent program focus on community changed how and with whom they did research. For example, one faculty member noted that they were now doing more work with colleagues in other departments, such as public health. Another faculty member stated, “My CV before and after show very different things. There is an increased community approach that I would have never taken before.”

Heightened Awareness of Community Concerns by Faculty/Medical Centers

Faculty also described changes in perspectives regarding the community and family context. According to one person, “We have seen such changes in how the community is treated. We used to just ignore what was going on in the community. But now we have increased our awareness and we now have a different relationship with the community. The GPs, residents, and peds have changed the way they look at the community.” Another faculty member, a sub-specialist, commented, “It is a new way of thinking for me—taking the patient’s perspective. Taking care of the patient rather than [simply] treating the disease.”

Other faculty remarked that community pediatrics training has prompted changes in the way the medical centers communicate with the community. One specialist stated, “[CPTI] has really changed me. It has brought me out of the lab and interacting with the community. I would not have done that before.” More faculty are realizing that it is important to have direct partnerships with agencies and community groups. In addition, faculty are more aware of resources available in the community.

“This place has changed a lot. The attitudes have changed a lot. [We] did not take a social history before. One doctor in particular now takes a social history and his approach has changed. Everyone is affected and awareness has increased. We have a more accepting environment. It’s a lot of fun and I really enjoy it. I like working with like minded people on a political level.”

Implementation Challenges

Engaging Faculty

Implementation of community pediatrics training at these programs was not without its challenges. While CPTI leaders generally did not experience resistance from specialty or other general pediatrics faculty and the number of faculty-resident projects quadrupled⁴, the base of faculty involvement in community pediatrics training did not expand to the extent originally intended.

“One of the things I wish we’d have worked on is faculty development. What you need to teach the residents is about working in the community and turning it into scholarship. Having peer support and a network for the faculty is needed.”

Some faculty perceived the need for more faculty development related to community pediatrics and support and assistance in their teaching roles. Several faculty noted that although they learn a lot from the residents and their involvement in community pediatrics, they thought it should be the other way around. One faculty asked, “How do faculty find good community-based mentors?”

Although some faculty reported greater community orientation in their approach to research, scholarship related to community pediatrics was not, overall, revealed as a major focus for faculty. Although some suggested that this training initiative heightened attention to scholarship related to community child health, often the faculty do not see themselves as having the time to participate.

⁴ Women’s and Children’s Health Policy Center. October 21, 2005. CPTI Annual Reports Summary. Presented at the Dyson Initiative National Evaluation Advisory Committee Meeting.

Scheduling Challenges

Scheduling residents to participate in project work with community organizations continues to be challenging from several perspectives. Although the individual projects are an important part of the curriculum, some residents felt that there wasn't enough time in one block to accomplish everything they intended. Several recommended having an option of working on a project that has already been established. In addition, great care needs to be taken to ensure that resident projects fit the needs of the community-based organizations themselves. Juggling the dual objectives of CBO projects and resident training requires a fair amount of creativity and flexibility on everyone's part.

"In PL2 and PL3, there are projects that you do. It is a relatively positive experience, but it is hard to find the time to get the projects done. For my project, I set up a new branch of Reach Out and Read at my continuity clinic. Time is provided during the elective rotation, but the theory of that doesn't meet reality. I therefore switched projects so that I could incorporate mine with a regular required activity of my residency."

Residents also thought that having community pediatrics integrated into the curriculum (i.e., built into the schedule or existing activities) made it easier to be involved. However, some residents expressed regret that they weren't more activities already planned. According to a second-year resident, "They are good about trying to get people to take initiative to advocate, but I wish there were more opportunities to have things organized that we can do, like after school exercise programs."

Incorporating Hands-On Experiences

Some residents reported that they felt restless during the more didactic sessions and preferred to be out in the community or doing something practical. Many seemed to prefer going to community sites where they provide a service, rather than simply observing. Others specifically commented on the fact that at times they are learning about advocacy, rather than doing advocacy.

"It might be nice if there was some way to get more hands on involvement . . . It's so much more variable and remembering things in a lecture about something doesn't work . . . Seeing how things work, having someone come in and see the equipment they use in someone's home versus a lecture on disabilities."

Evaluation of the Dyson Community Pediatrics Training Initiative and Report Methods

CPTI is being rigorously evaluated by site-specific evaluations conducted by each of the 10 grantees as well as a cross-site national evaluation whose goal is to assess the impact of the Dyson Community Pediatrics Training Initiative on pediatric residency training programs and on careers of individual pediatric residents. This national evaluation, being conducted by the Women's and Children's Health Policy Center at the Johns Hopkins Bloomberg School of Public Health, is a prospective longitudinal study that involves annual surveys of CPTI program residents, faculty, and graduates, annual program reports, site visits, and several national comparison surveys.

Findings herein are drawn from qualitative data collected as part of the national evaluation team visits to the programs in 2004 and 2006. Key informant interviews were conducted among random samples of 80 faculty and 108 second- and third-year residents across the ten sites (20% sample/program) which were then in their fifth year of Dyson funding. Of the faculty who specifically indicated whether or not they sub-specialize, 65% were generalists and 35% were sub-specialists.

Domains of interest for the key informant interviews varied by category of respondent. Discussion topics were identified by literature reviews, baseline key informant data collected in Year 1 of implementation of the CPTI, and review by the National Evaluation Advisory Committee. Residents were asked structured questions regarding: 1) the nature and scope of their involvement to date in community child health activities; 2) their reactions to and the impact of these experiences; 3) their interactions with faculty in relation to community child health; 4) mentoring in specific regard to community issues; and 5) anticipated future involvement in child health in the community. Faculty responded to questions related to: 1) their roles in providing training for residents in relation to community child health; 2) their perceptions of the benefits of resident involvement in community activities (for the residents, for themselves, and for the residency training program); 3) the impact of their involvement in community child health on their scholarly activity; and 4) how community pediatrics is valued in their department. Faculty who were interviewed also were asked to comment on the likelihood that the training program changes implemented for the CPTI grant would continue once foundation funding was no longer available.

The structured interviews were coded by trained abstractors, and the major themes of interest are described in this brief.

BENEFITS REPORTED BY PEDIATRIC RESIDENCY PROGRAMS AND DEPARTMENTS

Resident Recruitment

Benefits to the programs themselves were reported in the key informant interviews. Resident recruitment is an important part of building a strong community pediatrics training program. Having a critical mass can allow those interested in community pediatrics to have more like-minded peers and greater institutional legitimacy. Both residents and faculty interviewed noted that the residency program applicants seek out the community training. One residency director said, “We use it extensively for recruitment. Use it to lure folks who we are interested in and who are already interested in community peds. [CPTI] is readily accepted and the interns look forward to it.”

“The quality of residents has changed. Community peds is having a presence on the interviewing committee. The [applicants] we wanted accepted this year so our job is much more enjoyable.”

Strengthening Community Ties

The implementation of community pediatrics training has, overall, enhanced the visibility of residency programs among community organizations. This, in turn, has translated into greater visibility of the pediatrics department within the medical school and university administrations, as well as among faculty in other departments. One principal investigator stated, “We are now recognized within the institution for our community ties.”

“Our link with CBO’s has been the most successful part of what we do – they come to us and we come to them with new opportunities.”

The enhanced focus on community child health also served to increase the number and quality of links between the pediatrics department and community organizations. A principal investigator commented, “We now have approximately 50 community partners, approximately one-third of which are formed by residents doing community pediatrics training.”

SUMMARY: CONSIDERATIONS IN MOVING FORWARD

Several important themes concerning implementing curricula related to community pediatrics emerged from these interviews with residents and faculty conducted for the national evaluation of the CPTI. These perspectives and experiences may stimulate insights and ideas for pediatric training programs wishing to further enhance their focus on community child health. Clearly, opportunities exist to capitalize on the “excitement” that training and experiences in advocacy offer for residents. Acknowledgement and institutional recognition of their work to influence and to effect positive changes in child health on a community level may enhance the sustainability of community pediatrics training. Further, consideration might be given to the potential benefits of incorporating faculty development as a key element of program efforts to expand and enhance community pediatrics training during residency. There also may be benefit to reaching out to specialist faculty as well as to a broad base of generalist faculty and helping them recognize the “connections” between their own professional activities and the intent of community pediatrics training efforts. Finally, it appears that the incorporation of community pediatrics training information in promotional materials can be a useful recruitment strategy for prompting interest among young physicians entering the field of pediatrics with a keen interest in serving their communities.

ACKNOWLEDGMENTS

We gratefully acknowledge the generous support of the Dyson Foundation in funding the national cross site evaluation of the CPTI. Also appreciated are the contributions to instrument design and data analysis made by members of the Dyson national evaluation advisory committee: Carol Bazell, MD, MPH; O. Marion Burton, MD; Carol Carraccio, MD; Diana Gurieva, MPH; David Heppel, MD, MPH; Judith Palfrey, MD; Kenneth Roberts, MD; Sarah Stelzner, MD; Jeffrey Stoddard, MD; Tom Tonniges, MD; and Patricia Volland, CSW, MBA. Collecting the data incorporated into this brief would not have been possible without the partnership of the Principal Investigators and staff of the 10 residency programs funded by the Dyson Foundation CPTI between 2000 and 2006.

Development of this brief was anchored by the work of Erin W. Hansen, MHS, with substantive contributions also made by Cassandra Althaus, MPH. Graphic design and production was provided by Lauren Zerbe.

Holly Grason, Bernard Guyer, Cynthia Minkovitz – Co-Principal Investigators