

The Dyson Community Pediatrics Training Initiative (CPTI) Cross-Site National Evaluation



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In response to the demonstrated need to promote pediatrician involvement in addressing child health concerns within communities, the Dyson Foundation is making a major commitment to prepare the pediatric workforce of the future for community leadership roles. The Foundation provided five-year grants to support curriculum revision in ten schools of medicine -- 6 beginning in 2000, and 4 beginning in 2002. The Initiative's emphasis on innovative residency training experiences provided in partnership with community organizations provides an important and unique opportunity to observe and document the short- and long-term effects of intervening in this regard during residency training. The JHU WCHPC has designed a study – The Dyson Initiative National Evaluation (DINE) – that will examine both short- and long-term outcomes with respect to both the residency training program and individual residents.

Approach

Overall, the Dyson Foundation is interested in ascertaining the soundness of their investment of resources, including sustainability beyond the funding period and the potential for replication. The Dyson Community Pediatrics Training Initiative (CPTI) is based on a model of changing long-term physician practices through residency curriculum changes that both impart knowledge and philosophy and offer practical experiences. Thus the evaluation framework incorporates both domains of influence into the assessment of the career paths of these residents. Moreover, while the residents are exposed to the initiative intervention only during the 3 years of their residency, their ultimate career paths will have further influences from their early practice and community experiences that are not influenced by CPTI. The evaluation design attempts to capture some of the influence of these early experiences.

Initial hypotheses about the influence of CPTI derive, in part, from the results of the evaluation of the CATCH program and from research on changes in pediatrician practices related to immunizations and developmental pediatrics. The research literature on changing physician practices through knowledge-based interventions alone demonstrates the importance of supplementing these with direct experience. The CATCH evaluation showed that residency and early experiences were important to the long-term careers of pediatricians and shaped their level of community activity. It also was learned from CATCH that the expression of these community activities is often delayed during the early practice careers of pediatricians when they primarily need to focus on establishing themselves in a community; it may take 10 years for them to be able to devote substantial time and energy to leadership in community pediatric roles. Thus, data collection for the short-term assessment of the CPTI also will provide the foundation and data base for study of its long-term effects.

At the *level of the residency training program*, the evaluation will assess the impact of the foundation's funding on the training activities: this level requires a process evaluation that describes the activities at each residency program. The study will examine and track institutional systems issues as well as curricular content over time through site visits, interim key informant interviews, and development of a site-specific data base. We anticipate assessing the level of institutional commitment, the existence of a program champion, organizational capacity, the nature and extent of community relationships, and modifications to the program that result from their experiences with it and through sharing information with other programs. Respondents will include faculty as well as program leaders.

With respect to the *level of the individual/resident*, the evaluation will collect baseline data and track changes over time assessing the impact of the program on trainees' attitudes and practices regarding community pediatrics. A baseline profile on each resident will be prepared, including information on medical school background, mentor relationships, career expectations, and so forth. The residents'/graduates' career paths and decisions about community-oriented practice, as well as their community-oriented activities and relationships (including mentors, peer supports) also will be tracked at regular intervals.

Because over the course of CPTI the nature of pediatric residency training in the U.S. may incorporate a growing focus on community pediatrics, the evaluation is designed to describe its impact in comparison to these background changes. To accomplish this requires collecting evaluation information that assesses related changes among non-Dyson funded residents/graduate pediatricians. Surveys of a national sample of pediatric residents in 2002 and 2006 are being conducted.

Collaboration in Study Design and Implementation

The national evaluation team is collaborating with local evaluators and the National Program Office located at the Academy of Pediatrics in order to develop instruments with common data elements and assign responsibilities for data collection so that individuals are not asked for the same information by multiple groups. The study team is working closely with sites with respect to data collection tools to both avoid duplication of research questions and collect appropriate information across all residency programs participating in the initiative. The study team also has convened an Advisory Committee composed of national leaders in community pediatrics, leaders in pediatric residency training, experts in evaluation, and Initiative participants. This group is helping guide the design and implementation of the evaluation and will recommend strategies for dissemination of evaluation findings.

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