

BUILDING FACULTY CAPACITY FOR THE DEVELOPMENT OF COMMUNITY PEDIATRICS RESIDENCY TRAINING

Successful community pediatrics training initiatives for residents require expertise, interest and considerable time on the part of faculty. Although most pediatric residency programs now provide teaching and educational experiences related to community pediatrics, considerable curricular variability exists and has been shown to be related to resident interest, faculty involvement, and support from academic and community organizations.¹ Therefore, faculty development and community experiences, particularly in the area of community child health, are needed.^{2,3}

Through funding from the Dyson Foundation, the Community Pediatrics Training Initiative (CPTI) demonstration programs were charged with the goal of developing 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. Faculty at these training programs have played integral roles in the development, implementation and sustainability of CPTI, particularly through teaching and mentorship relationships developed with residents.⁴ As one effort to assist pediatric residency programs interested in fostering faculty roles in building community training capacity, this brief examines 1) CPTI faculty perspectives related to community child health training and 2) strategies utilized by CPTI programs to engage faculty in resident training related to community child health.

FACULTY PERSPECTIVES IN RELATION TO LEVEL OF CPTI INVOLVEMENT

CPTI programs integrated both generalist and sub-specialist pediatric faculty into their community pediatrics training programs through teaching, research and mentorship of residents. Among the 235 respondents, 33% reported moderate to substantial involvement in CPTI (Figure 1). Of those moderately to substantially involved, 50% or more reported participating on Community-based Organization (CBO) Boards, in child advocacy activities, at schools, in community child health research and/or in longitudinal projects (Figure 2).

Benefits of greater CPTI involvement for faculty, beyond participation in community activities, include greater peer support through community projects, contact with colleagues and collaborative research. In addition, faculty with greater involvement in CPTI reported greater personal benefits to participating in community pediatric training such as gaining valuable skills (87%), working with like-minded peers (87%) and gaining professional recognition for community work (70%) (Figure 3).

When asked about CPTI benefits for residents, faculty, regardless of level of CPTI involvement, reported resident benefits of gaining valuable skills (97%), personal satisfaction (90%), and meeting academic requirements (79%). Of particular interest is that faculty with greater CPTI involvement indicated that professional recognition would be an important benefit for residents (65%; $p < .001$), indicating increased validation of community pediatrics throughout pediatric departments associated with CPTI. Also, 88% of those moderately or substantially involved in CPTI believe that community pediatrics training will significantly increase resident career choices. By building upon the community pediatrics knowledge, attitudes and skills of faculty, CPTI programs increased their capacity to provide quality resident education and training.

Figure 1. Faculty CPTI Involvement

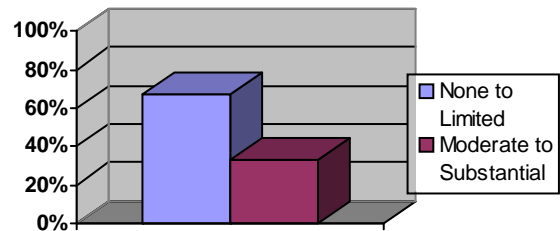


Figure 2. CPTI Faculty with Moderate to Substantial Involvement in Community Child Health

CBO Board/Committee Member	(71%)
Child Advocacy Activities	(68%)
Schools	(54%)
Community Child Health Research	(50%)
Longitudinal Child Health Projects	(50%)
Community Health Centers	(29%)
Health Departments	(28%)

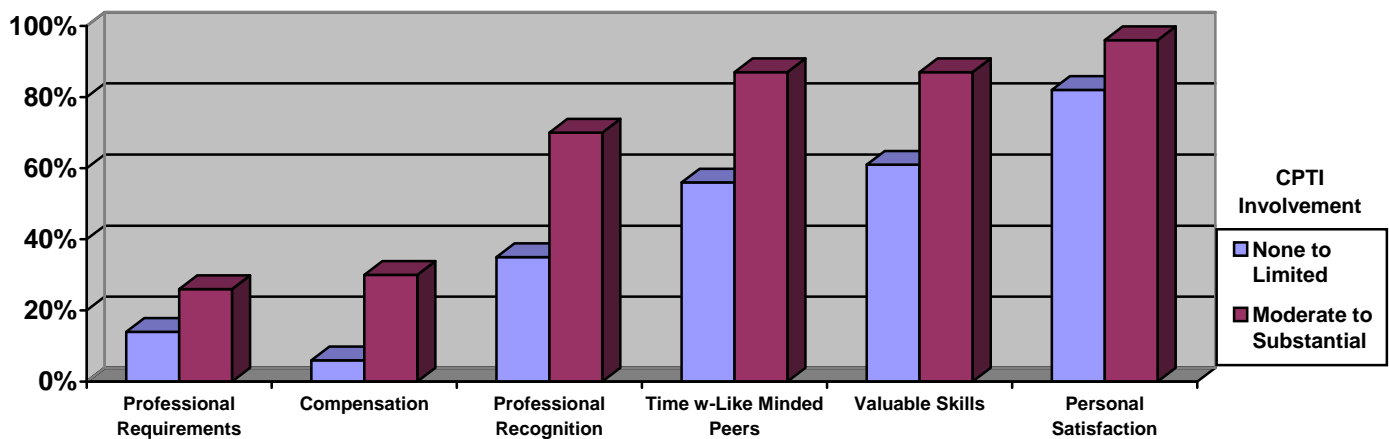
¹ Minkovitz CS, Chandra A, Solomon BS, et al. Factors Influencing Community Pediatrics Training In Residency. *J Pediatr.* 2007;150:119-120.

² Gjerde CL, Koktailo P, Olson CA, Hla KM. A Weekend Program Model for Faculty Development with Primary Care Physicians. *Family Medicine.* 2004;36(Supp):110-114.

³ Roberts KM, Devries JM. APA/HRSA National Faculty Development Scholars Program: Community-Based Teaching Track. *Ambulatory Pediatrics.* 2004;4: 92-97.

⁴ Shipley LJ, Stelzner SM, Zenni EA, et al. Teaching Community Pediatric Residents: Strategic Approaches and Successful Models for Education in Community Child Health and Child Advocacy. *J Pediatr.* 2005;115:1150-1157.

Figure 3. Faculty Perceived Benefits of CPTI Involvement



STRATEGIES FOR ENGAGING FACULTY IN COMMUNITY PEDIATRICS ACTIVITIES

Identifying core faculty with knowledge and skills related to community pediatrics is the first step in building the capacity for community pediatrics residency training programs. Next, core faculty will need to solicit participation of faculty across specialties and disciplines to solidify the foundation for resident training. Therefore, knowledge of factors that lead to faculty involvement may be helpful to resident educators promoting community experiences and designing related faculty development opportunities. The strategies listed below come from the experiences of CPTI funded programs reported in their Annual Reports.

- Identify and recruit core faculty with community child health experience, skills and knowledge
- Strengthen core faculty through the development of partnerships with local CBOs and Foundations
 - Build community based opportunities for faculty involvement (e.g., mobile health clinics)
 - Develop funding opportunities for community-based projects (particularly faculty-resident joint projects)
- Expand opportunities for involvement in community pediatric activities and training
 - Educate faculty/residents on the relevant intersections of specific specialty practice and community child health issues (e.g., through noon conferences)
 - Coordinate faculty training opportunities in the community (e.g., community leadership training)
 - Invite faculty to participate as resident mentors
 - Create advocacy networks (e.g., easy ways to facilitate participation in advocacy campaigns)

Multiple strategies for engaging faculty are needed to enhance the capacity of training programs to promote community pediatrics. Strategies are best adapted to meet the unique needs and strengths of programs; successful implementation requires both institutional and community support.

METHODS

Faculty who participated in the national evaluation of CPTI include generalists and sub-specialties in pediatrics. Faculty completed annual surveys in each of the 5 years of funding; surveys from year 4 of 5 inform this brief. Surveys were collected via mail and web access. Given staggered starts for program operations, 6 sites collected these data in 2003 and 4 sites in 2005. The total number of respondents to the survey was 235 (response rate = 76%). Faculty reported their involvement in CPTI on-going implementation (not at all-1 to substantial – 4), sources of peer support for their own involvement in community pediatrics, benefits they believe residents receive from community activities, and the extent to which they believe CPTI will influence career activities of participating residents (not at all-1 to substantial-4). Perspectives of faculty who reported moderate/substantial involvement in CPTI were compared to those who reported none or limited involvement. Chi square statistics were used to examine the bivariate relationship between the levels of faculty involvement in CPTI. Data from the 2005 CPTI Annual Reports also were used for analyses pertaining to CPTI strategies for engaging faculty in resident training related to community child health.

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