The Anne E. Dyson Community Pediatrics Training Initiative, funded through the Dyson Foundation, was developed in response to the demonstrated need for pediatrician involvement in addressing child health concerns within communities. The purpose of the national cross-site evaluation (initiated July, 2000) is to examine the short- and long-term effects of intervening in this regard during residency training.

Study Questions

- Has The Initiative promoted change in residency programs?
- How have the funded programs influenced career choices of participating residents?
- To what extent does The Initiative enhance participation in community child health activities both during and after residency?
- Is The Initiative sustainable over time?

Status of the Evaluation

The first cohort of “Dyson” residents will be graduating in June 2003. They will be entering the field with three years of exposure to community pediatric training and will be tracked by the DINE in regards to their professional pursuits and participation in community activities related to child health.

The first Dyson cohort consists of ~130 residents entering residency at the six Wave One programs in 2000. The average response rate for this cohort is 88% for the annual written survey. Currently, the DINE is collecting data on and tracking 423 Wave One residents. In addition, over 200 Wave One faculty are included in the national evaluation. The average response rate for the annual faculty survey is 78%.

Wave Two programs began implementation of the Initiative in July 2002. Baseline data collection, which includes written faculty and resident surveys as well as key informant interviews, will conclude in February 2003. Wave Two programs will include ~95 residents per cohort and ~115 faculty who will be participating in the national cross-site evaluation.

To date, the DINE has collected and analyzed the first two years of Annual Program Profiles submitted by each of the Wave One Programs. In addition, the DINE conducted key informant interviews with program leaders in 2002 to obtain information on program implementation and sustainability activities.

Several comparison groups also are included in the evaluation in order to better understand the context of the Initiative:

Baseline Year – 3rd yr Residents: For both Wave One and Wave Two programs, written surveys were collected from 3rd year residents during the baseline data collection year. This comparison group contains ~200 residents.

National Comparison Survey of Residents: This survey, fielded in the Spring 2002, examines similar questions to the Initial Resident Survey and was administered to a sample of ~1500 residents with a 42% response rate.

National Pediatric Residency Program Directors Survey: This survey distributed to 206 program directors in May 2002, examines trends in pediatric residency training. A survey response rate of 82% was obtained.

Annual Data Collection Activities

Written Surveys:
- Initial Resident Survey – collected from Interns
- Annual Resident Survey – collected from PL2s and PL3s
- Resident Exit Survey – collected just prior to completion of residency
- Dyson Physician Survey – to be collected up to 10 years post residency (in development)
- Annual Faculty Survey
**Annual Program Profile:** Obtains information on programmatic changes as a component of grant reporting.

**Cross-sectional Data Collection Activities**

**Key Informant Interviews:**
- Resident KIIs – conducted at baseline & at Year 5 with a random sample of 1st and 3rd year residents
- Faculty KIIs – conducted at baseline & at Year 5 with a random sample of faculty
- Program Leaders (i.e., PIs, Chairman, Deans, and Residency Directors) – conducted at Baseline, Year 3 and Year 5.

**Comparison Surveys:**
- Baseline Year 3rd Yr Resident Survey – collected during baseline year from 3rd yrs
- National Comparison Survey of Residents – collected in 2002 and 2006

**Instrument Development**

Development of data collection instruments has been based on: an extensive literature review; questions included in the AAP 3rd Year Resident Survey; the AAMC Medical School Graduation Questionnaire; findings from the CATCH evaluation; prior AAP Periodic Surveys; and guidance from the DINE Advisory Committee. Both survey and key informant interview (KII) instruments were developed in an effort to provide contextual information with quantitative results. Written survey information is collected from residents and faculty annually, while KIIs are conducted during the first and last years of funding. Additional instruments developed include the Annual Program Profile, the National Comparison Survey of Residents and the National Survey of Pediatric Residency Program Directors.

**Partnerships**

Building successful research partnerships has been a top priority for the DINE team in the early years of the Initiative. Partnership efforts include on-going communications and collaboration activities with the DINE Advisory Committee, Principal Investigators, local evaluation teams, the Technical Assistance Team, and the National Program Office. These partnerships continue to yield valued feedback regarding instrument development and data collection strategies. In addition, collaborative research projects of the DINE and investigators from individual sites are emerging from these partnership relationships.

The DINE also works closely with programs to individualize data collection strategies to enhance participation each year. A prize of $800 (for a resident to attend a pediatrics meeting) is offered to programs that first reach a 95% or higher response rate for resident surveys. In 2001, the Children’s Hospital of Philadelphia won the prize with a 97% response rate. The 2002 winner for Wave 1 programs was the University of Hawaii, with a 100% response rate. The Wave 2 award will be announced in February 2003.

**Distribution of Results**

The DINE provides site specific and national aggregate survey results to programs and the Initiative leadership each year. Periodically, the DINE also provides summary information on evaluation activities and findings. For the convenience of recipients, evaluation products are provided in hard copy and electronic formats.

**Plans for 2003**

The focus of the DINE work in 2003 will be data analysis, dissemination of findings, and drawing on partnerships to develop strategies for tracking and surveying graduated residents. Specific planned activities include:

- Presentation and publication of findings from the two national comparison surveys completed in 2002
- Analyses of selected cross-site data from the first three years to prepare a peer-reviewed paper in collaboration with Dyson PIs.
- Development of the instrument to be used for surveying graduated Dyson residents
- Collaboration to develop and field an AAP Periodic Survey focused on pediatrician participation in community child health activities

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