

# Residents and Community Pediatricians As Partners: Engaging in Community-based Initiatives

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# Tell us about you!

- Why did you choose to join this session?
- What questions do you have in coming to this session?

# Session Overview

- Resident's Perspective: Why does this benefit me and how do I do it? Carl
- Community Pediatrician Perspective: I've got a great project that can use a resident partner! Wendy
- Faculty Perspective: How do I help make the partnership a reality? Wendy & Jeff
- AAP and CPTI Perspective: We're doing some cool stuff! Jeff

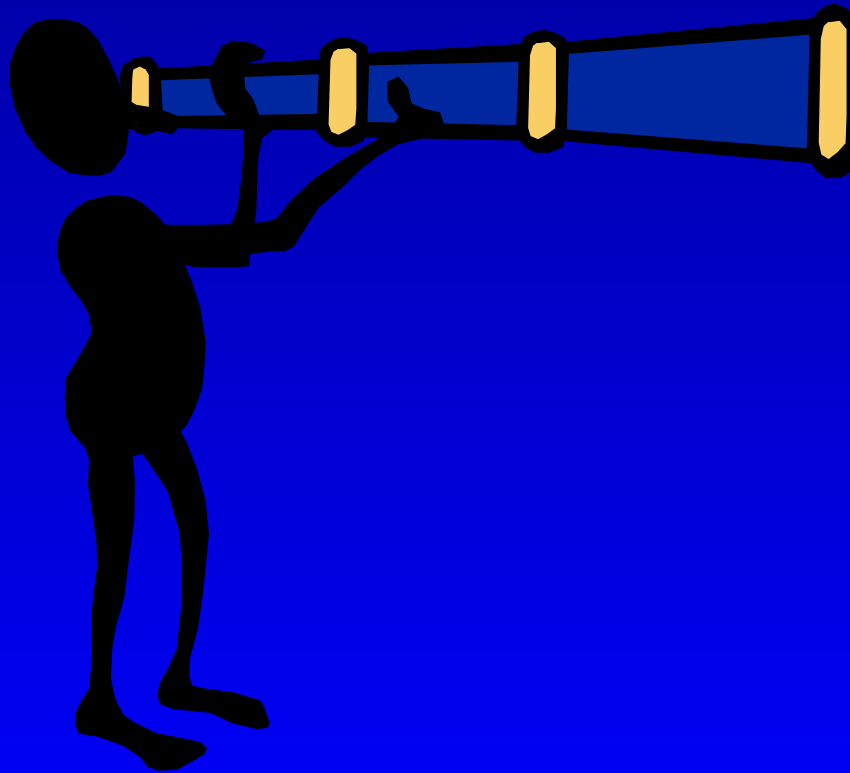
What are the benefits to residents  
of community-based initiatives?



# Resident Rationale

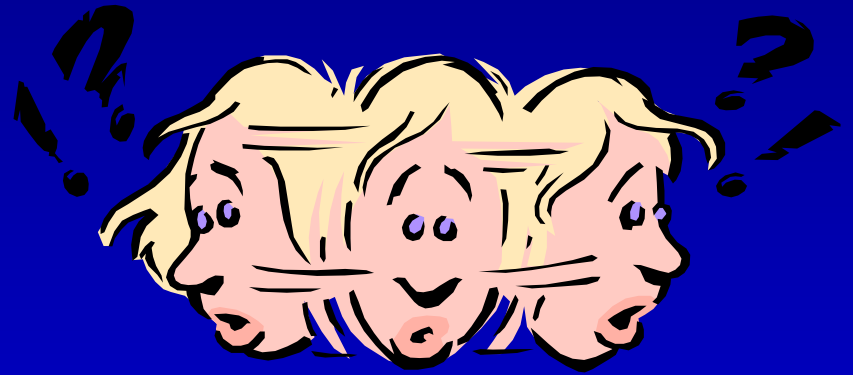
- Frustrated by the practice model
- Wanting to advocate for children
- Wanted to know how it's done “in the real world”
- Required by ACGME Residency Review Committee

# How A Resident Views a Project



# How a Resident Views a Project?

- Where to begin?
- Who can help me?
- Attitudes
  - Respect diversity and culture
  - Willing to collaborate
  - Do I have time?



# A Resident Asks: What do I Need?

- Knowledge
  - Medical home concept
  - Prevention strategies
- Skills
  - Cultural competency
  - Advocacy
  - Identify and mobilize community assets

# **What is the Role of the Resident?**

# Role of the Resident

- **Definition of a Resident Project:** “a mentored, hands-on experience in community-linked endeavors to prepare residents to be lifelong active leaders in improving and advocating for child health in the community.”

(Community-based Resident Projects Toolkit, 2005)

# Role of the Resident

- Determine health topic / issue that is important
- Select a project
- Identify project advisors and mentors
- Initiate the project
- Develop a work plan

What is the rationale for residents  
participating in community  
pediatrics activities?



# Rationale:

- 2001 ACGME Residency Review Committee for Pediatrics mandate
- AAP Policy Statement
- Millennial morbidity
- Practical residency training works

What are the benefits for a  
community pediatrician to partner  
with a resident?

# Benefits:

- Residents bring a fresh perspective
- Residents are generally enthusiastic
- Opportunity to pass on knowledge, skills, and attitude
- “Free labor”



What is our role as community  
pediatricians to extend  
opportunity to residents?

# Community Pediatrician Role:

- Project initiation
- Mentor
- Treat residents as full partners
- Role negotiation

What strategies are useful in helping residents get involved in community health and child advocacy projects?



# Strategies:

1. Provide role models
2. Encourage them to pursue their passions/interests
3. Provide exposure to community experiences and problems
4. Present data on health determinants and disparities
5. Treat them as true partners in the process
6. Provide concrete practical steps
7. Listen to feedback and offer choices

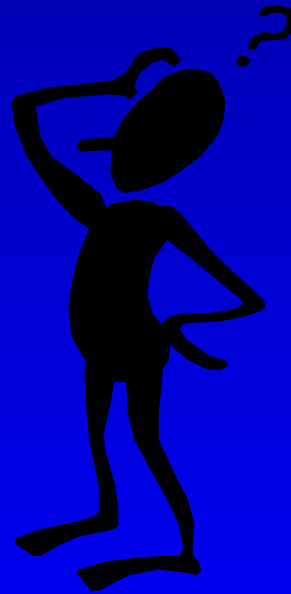
What are the benefits for the  
academic center/faculty of  
engaging residents in Community  
Pediatrics?



# Benefits:

1. Enhance institution's reputation in the community
2. Revitalize the relationship between the community pediatrician and academic center
3. Recruitment of high quality resident trainees/  
trainees remain
4. Happier residents (!) pursuing their interests and  
developing lifelong skills
5. Revitalizes the profession by engaging  
pediatricians in the most important and difficult  
child health problems
6. Essential to improving the health of children

What is our role as faculty?



# Faculty Role:

1. Engage their passions
2. Assist with partner selection
3. Project initiation: practical steps
4. Focus on process as well as outcome
5. Encourage residents to apply for CATCH grants

Where can we look to for help?:  
AAP Community Pediatrics  
Training Initiative (CPTI)



- ◆ CPTI Mission Statement: To advance the field of Community Pediatrics through promotion and support of residency training activities that empower future pediatricians to become leaders in improving the health of all children in their communities.
- ◆ Awarded grant by Dyson Foundation to manage the CPTI & strategize ways to sustain and expand community pediatrics residency training to all residency programs.

# Practical Residency Training Works



- ◆ Over 700 residents trained in community pediatrics under Dyson Initiative
- ◆ More than 180 resident projects in partnership with communities
- ◆ Publications demonstrating the success:
  - Nader *Pediatrics* 2003
  - Kaczorowski *Ambul Pediatr* 2004
  - Chamberlain *Arch Pediatr Adolesc Med* 2005
  - Kaczorowski, Aligne, Tonniges (editors) Supplement to *Pediatrics* April 2005; 14 articles, 7 commentaries by leading authorities in pediatrics
  - Dyson Initiative National Evaluation

# The Role of the AAP

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- ◆ Defines the core principles of Pediatrics in the United States
- ◆ Origins reflect a strong concern over the health of children on a community level
- ◆ Longstanding commitment to Community Pediatrics
- ◆ Ensures Community Pediatrics is fundamental component of all AAP activities

# CPTI Goals:

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- ◆ National dissemination and generalization of what we have learned to date from the Dyson Initiative
- ◆ Achieve systems change for profession of Pediatrics to address critical community and environmental factors harming children
- ◆ At least 25 additional residency programs develop enhanced Community Pediatrics training in the next 2 years

# Strategies:

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## **1. Collaboration with Successful CATCH Program: CATCH Residency Training Grants**

- ◆ \$10,000 grants to support residency programs in building sustainable opportunities for residents to gain experience through community projects

# Strategies:

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## 2. Educational Scholars Program: Community Pediatrics Scholars

- ◆ Partnership with the Ambulatory Pediatric Association (APA)

## 3. Advocacy Training

- ◆ 10 faculty-resident pairs to receive advocacy training through National AAP Legislative Conference & local AAP Chapters
- ◆ Pairs to implement educational advocacy activities at Chapter level

# Strategies:

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## 4. Assessment of Community Pediatrics Training in Residency Programs Nationwide

## 5. Dissemination of Best Practices and Resources from Programs

- ◆ Tools developed and disseminated via the CPTI website, monthly newsletter, conferences and mailings, including community pediatrics “Tip Sheets” and Toolkits

# CPTI Tools and Resources

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- Resources Available at:  
<http://www.aap.org/commpeds/cpti>
- 2004 Community Pediatrics Curriculum Manual
- 2004 Community-Based Resident Projects Toolkit
- 2005 Supplement to *Pediatrics* on Community Pediatrics; 14 articles, 7 commentaries, including Community Pediatrics Competencies

# Questions?

Many things we need can wait. The child cannot.

Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.

~ Gabriela Mistral  
Nobel Laureate

