

The Future of Pediatric Education II

SURVEY OF MULTIDISCIPLINARY SECTIONS

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TABLE OF CONTENTS

<i>Summary of Findings</i>	v
Introduction	1
Methods.....	2
Characteristics of Respondents.....	3
Results	4
Graduate Medical Education.....	4
Topics for Inclusion.....	4
Experience During Graduate Medical Education.....	5
Incorporating Training In Multidisciplinary Topic Areas.....	6
Continuing Medical Education.....	7
Continuing Medical Education Formats	7
Location for Continuing Medical Education.....	8
Strategies for Keeping Current in General Pediatrics	8
Availability and Utilization of Continuing Medical Education.....	9
Quality of Continuing Medical Education Opportunities.....	11
Importance of More Education for the General Pediatrician.....	12
New Issues Being Addressed in Pediatric Practice.....	13
Conclusion	14

TABLES AND FIGURES

Table 1: Multidisciplinary Sections Included in the Survey	2
Table 2: Topics for Inclusion in Graduate Medical Education.....	4
Table 3: Inclusion of Multidisciplinary Topics in Own Graduate Medical Education.....	5
Table 4: Most Useful Continuing Medical Education Formats	7
Table 5: Preferred Location for Continuing Medical Education.....	8
Table 6: Strategies Used to Keep Current in General Pediatrics	9
Table 7: Potential Utilization of Continuing Medical Education Opportunities in Multidisciplinary Topic Areas.....	10
Table 8: Continuing Medical Education Topics Desired in the Next Two Years.....	11
Table 9: Overall Quality of Continuing Education Opportunities in Multidisciplinary Areas	11
Table 10: Proportion of Section Members Rating More Education For General Pediatrician in Topic Area as Very Important.....	12
Table 11: New Issues Addressed in Pediatric Practice	13
Figure 1: First Choice Strategy to Incorporate Training in Multidisciplinary Topics Into Graduate Medical Education.....	6

Appendix Tables

Table A: Characteristics of Respondents.....	17
Table B1: Importance of Inclusion of Selected Topics in Graduate Medical Education.....	19
Table B2: Experience of Inclusion of Selected Topics in Graduate Medical Education.....	20
Table B3: Experience of Effectiveness of Instruction in Selected Topics in Graduate Medical Education.....	21
Table C: Experience of Inclusion of Selected Topics in Graduate Medical Education by Age	22
Table D: Best Ways to Incorporate Training in Multidisciplinary Topic Areas Into Graduate Medical Education.....	23
Table E1: Availability and Utilization of Strategies for Keeping Current in General Pediatrics.....	24
Table E2: Availability and Utilization of Continuing Medical Education in Multidisciplinary Topic Areas.....	25
Table F: Importance of More Education for General Pediatrician in Multidisciplinary Section Topic Areas	26
Table G: New Issues Addressed in Pediatric Practice by Type of Community	27

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SUMMARY OF FINDINGS

Seven hundred twenty six members of the multidisciplinary sections of the American Academy of Pediatrics responded to a survey on graduate medical education (GME) and continuing medical education (CME) topics. The response rate was 56% after two mailings. Nearly 80% of respondents reported spending some proportion of their time practicing general pediatrics. A majority of respondents (52.5%) practice in urban areas. Respondents are predominantly white, non-Hispanic (82.2%) and male (71.9%); they average 23.3 years since medical school graduation.

Multidisciplinary Sections included in the survey were Administration and Practice Management, Bioethics, Child Abuse and Neglect, Clinical Pharmacology and Therapeutics, Community Pediatrics, Computers and Other Technologies, Epidemiology, Home Health, Injury and Poison Prevention, International Child Health, School Health, and Sports Medicine and Fitness.

Findings:

- Most of the multidisciplinary topic areas were seen as important for GME by more than half of all respondents. Those with the largest response were Child Abuse and Neglect, Injury and Poison Prevention, and Community Pediatrics.
- Overall, respondents reported relatively low rates of inclusion and effectiveness of instruction in multidisciplinary topics during their own graduate medical education.
- Younger respondents reported somewhat higher levels of inclusion of multidisciplinary topics in GME than older respondents.
- Respondents ranked diverse placements during residency training as the best strategy to incorporate training in multidisciplinary topics into GME. Mentoring was the second most preferred strategy.
- The most useful formats for CME identified by respondents were individual reading of the professional literature, courses at national meetings, and brief programs such as seminars and grand rounds.

- The three most frequently preferred locations for CME were the local hospital, national meetings, and the respondent's own home.
- A wide variety of strategies for keeping current in general pediatrics were reported as easily available by a substantial majority of respondents.
- A substantial proportion of respondents reported actually using CME opportunities in each of the multidisciplinary topic areas. For most of the topic areas, reported potential use was higher than reported actual use and availability.
- Administration and Practice Management and Computers and Technology were the two multidisciplinary topics with the most interest among respondents for CME in the next two years.
- A majority of respondents felt that it was very important for the general pediatrician to receive more education in their own section topic areas.
- In responding to a question about new issues being addressed in pediatric practice, substantial majorities of respondents reported having dealt with new technology in their offices, meeting patient needs for services which are not adequately reimbursed, cultural or language barriers with their patients, and meeting the needs of underserved populations.

Overall, respondents to this survey perceived a high level of need for both GME and CME in multidisciplinary topic areas. They reported this need for the general pediatrician as well as for those actively involved in a given topic area. Reported rates of inclusion and effectiveness of instruction in multidisciplinary topics during their own graduate medical education was relatively low among respondents to this survey. However, small but statistically significant age differences in this area suggest that there may be a trend to increase inclusion of these topic areas during training. Opportunities for CME in these topic areas are not as extensive as might be desirable, but section members have been able to utilize diverse strategies to learn about many of the multidisciplinary topic areas.

THE FUTURE OF PEDIATRIC EDUCATION II PROJECT

SURVEY OF MULTIDISCIPLINARY SECTIONS

INTRODUCTION

The FUTURE OF PEDIATRIC EDUCATION II (FOPE II) Project is a 3-year, grant-funded initiative launched by the pediatric community in May 1996. As part of this project, key leaders in the pediatric community are addressing the future supply and training of pediatricians and the provision of pediatric care into the next millennium. They are continuing the work begun with a 1978 report entitled "The Future of Pediatric Education."

The new report, scheduled for completion in 1999, will contain recommendations that will shape the lifelong learning process of pediatricians. Looking beyond the pediatric workforce and training of pediatricians, the recommendations encompassed in the 1999 report will also address the role and pediatric training of nonpediatricians, the financing of graduate medical education, and primary care and subspecialty issues.

The FOPE II Project consists of a 17-member Task Force that has ultimate responsibility for the development of the final report. Operating under the auspices of the Task Force are five topic-specific workgroups:

- Pediatric Workforce Workgroup
- Pediatric Generalists of the Future Workgroup
- Pediatric Subspecialists of the Future Workgroup
- Financing GME Workgroup
- Education of the Pediatrician Workgroup

Each workgroup will provide an in-depth analysis of key issues under its purview. The workgroups are charged with generating a report that will, to the extent possible, include data driven conclusions and recommendations for the optimal provision of pediatric care to all infants, children, adolescents, and young adults.

An important component of the FOPE II Project has been the gathering of insights, information, and data that will inform the deliberations of the workgroups and the Task Force. A number of strategies are being used both to provide and solicit information. One opportunity is the American Academy of Pediatrics (AAP) *Survey of Sections Project*. Seventeen AAP medical and surgical subspecialty sections have chosen to participate in this survey process. An AAP Periodic Survey of the general membership of the

Academy on issues related to graduate medical education (GME) and continuing medical education (CME) is also in process.

The present report presents findings from another source of information: a survey on GME and CME topics developed by and for the AAP Multidisciplinary Sections. The term “Multidisciplinary Sections” is a designation that is applied by the AAP, rather than the FOPE II Project. At the time that this survey was initiated in April 1997, there were 15 AAP Sections designated “Multidisciplinary.” Three sections which represent a stage of life or type of career, rather than a substantive topic area, were not included in this survey. Leaders of these three sections were given the opportunity to identify opinion leaders to review the findings of the survey. The 12 sections which were included are listed in Table 1.

Table 1
MULTIDISCIPLINARY SECTIONS INCLUDED IN THE SURVEY

Administration and Practice Management
Bioethics
Child Abuse and Neglect
Clinical Pharmacology and Therapeutics
Community Pediatrics
Computers and Other Technologies
Epidemiology
Home Health
Injury and Poison Prevention
International Child Health
School Health
Sports Medicine and Fitness

This report summarizes the findings from the survey of members of the 12 AAP Multidisciplinary Sections.

METHODS

The six-page, self-administered survey was sent to 1297 members of the 12 multidisciplinary sections. The total included a random sample of 120 of the members of each of the multidisciplinary sections, with the exception of two sections which had fewer than 120 members. In the case of Clinical Pharmacology and Therapeutics and Home Health, the entire section received the survey. The survey was fielded in February and March of 1998. A total of 726 completed surveys were returned, for a response rate of 56% after only two mailings. While this is a satisfactory rate for a mailed survey with two rounds, the true response rate is probably somewhat higher

because there were duplications in the original sample. A copy of the survey instrument is included in Appendix B.

Data Analysis

The survey permitted respondents to report up to three section memberships. In this report, section is reported as the first multidisciplinary section listed by the respondent.

When a categorical age variable was appropriate, age was divided into two groups at the median (49 years). Years since graduation from medical school was not used in the analysis as it and age are almost perfectly collinear ($r=.96$). Age was selected as it is generally highly reliably reported in the general population.

Chi-square tests were performed when categorical comparisons were made, particularly in examining the effects of gender, community type, and age group. T-tests were used when appropriate to compare means.

CHARACTERISTICS OF RESPONDENTS

Respondents were relatively evenly distributed among the 12 sections, with the exception of the smallest section, Clinical Pharmacology and Therapeutics. The response rate for this section, however, was within the same range as that of the other sections. More than half (54.8%) of the respondents reported membership in two or more sections; 21.6% belonged to more than one multidisciplinary section. In addition to their membership in a multidisciplinary section, nearly half (48.2%) of the respondents reported belonging to at least one section that is not a multidisciplinary section.

The largest proportion of respondents, 31.7%, reported a medical school, its hospital or parent university as their main employment site. Just over one-third (34.4%) of the respondents reported practicing only general pediatrics and 20.6% reported working only in a subspecialty or other specialty area. Fully 38.6% of the respondents were combining general pediatrics and a subspecialty. Twenty-six (3.6%) respondents were not in practice at the time of the survey, in most cases due to retirement.

As would be expected, the majority of respondents practice in urban areas. Only 5.6% of respondents are practicing in rural areas, with another 9.8% characterizing their areas as a "small town." Those practicing in inner-city urban areas constitute 26.6% of the respondents; non-inner city urban pediatricians comprise 25.9% and 25.2% are in suburban areas. A slim majority, 51.1%, are within ten miles of the nearest medical school, but 21.9% are more than forty miles from the nearest medical school.

The respondents are predominantly white, non-Hispanic (82.2%), with small numbers of respondents describing themselves as African American (2.5%), Asian or Pacific Islander (5.0%) and Hispanic (3.3%). Males comprise 71.9% of those who responded to the survey.

The average age of all respondents is 49.8 years, with females significantly younger than males (45.1 vs. 51.3 years). Respondents average 23.3 years since medical school graduation.

More detailed information on characteristics of respondents is provided in Table A in Appendix A.

RESULTS

GRADUATE MEDICAL EDUCATION

Topics for Inclusion in Graduate Medical Education

Most of the multidisciplinary topic areas were seen as important for graduate medical education (GME) by more than half of all respondents.

Table 2
TOPICS FOR INCLUSION IN GRADUATE MEDICAL EDUCATION
RANK ORDERED (N=726)

TOPIC	Proportion who feel “strongly” or “very strongly” that this should be a part of graduate medical education
Child Abuse and Neglect	84.4
Injury and Poison Prevention	80.3
Community Pediatrics	76.8
Bioethics	69.0
Clinical Pharmacology and Therapeutics	66.7
Administration and Practice Management	62.0
Sports Medicine and Fitness	60.6
School Health	59.1
Computers and Other Technologies	58.1
Clinical Epidemiology	52.4
Public Health Epidemiology	45.5
Environmental Health	40.1
Home Health Care	39.0
International Child Health	17.4

Consistently higher proportions of members of each corresponding section felt strongly or very strongly that their topic should be a part of GME. The section response was significantly higher for all topics except Administration and Practice Management,

Clinical Pharmacology and Therapeutics, Community Pediatrics, Computers and Other Technologies, and Public Health Epidemiology (for additional details, see Table B1 in Appendix A).

Experience During Graduate Medical Education

Overall, respondents reported relatively low rates of inclusion and effectiveness of instruction in multidisciplinary topics during their own graduate medical education. Only Child Abuse and Neglect, Clinical Pharmacology and Therapeutics, and Injury and Poison Prevention were reported as at least somewhat covered by more than 70% of respondents. The four topics most often reported as receiving substantial coverage were Child Abuse and Neglect, Injury and Poison Prevention, Clinical Pharmacology and Therapeutics, and Community Pediatrics. These topics were also most frequently reported as very effectively taught. However, no topic was reported as very effectively taught by more than half the respondents.

Table 3
INCLUSION OF MULTIDISCIPLINARY TOPICS IN OWN
GRADUATE MEDICAL EDUCATION (N=726)

Topics Reported As Having Substantial Coverage by More Than 10% of Respondents

Topic	Substantial Coverage %	Proportion Rating Very Effective ¹
Child Abuse and Neglect	40.1	45.7
Injury and Poison Prevention	37.9	43.2
Clinical Pharmacology and Therapeutics	29.1	37.2
Community Pediatrics	18.6	31.9

Topics Reported as Having No Coverage by More Than 50% of Respondents

Topic	Not Covered %	Proportion Rating Very Effective
Computers and Other Technologies	89.1	13.6
Administration & Practice Management	84.3	7.1
International Child Health	74.2	14.2
Home Health Care	72.3	16.1
Environmental Health	60.5	7.5
School Health	57.2	17.2
Sports Medicine and Fitness	52.3	11.2

Topics With Reported Mixed (None or Somewhat) Coverage

Topic	Somewhat Covered %	Proportion Rating Very Effective
Bioethics	51.8	15.0
Clinical Epidemiology	45.9	18.6
Public Health Epidemiology	45.0	17.5

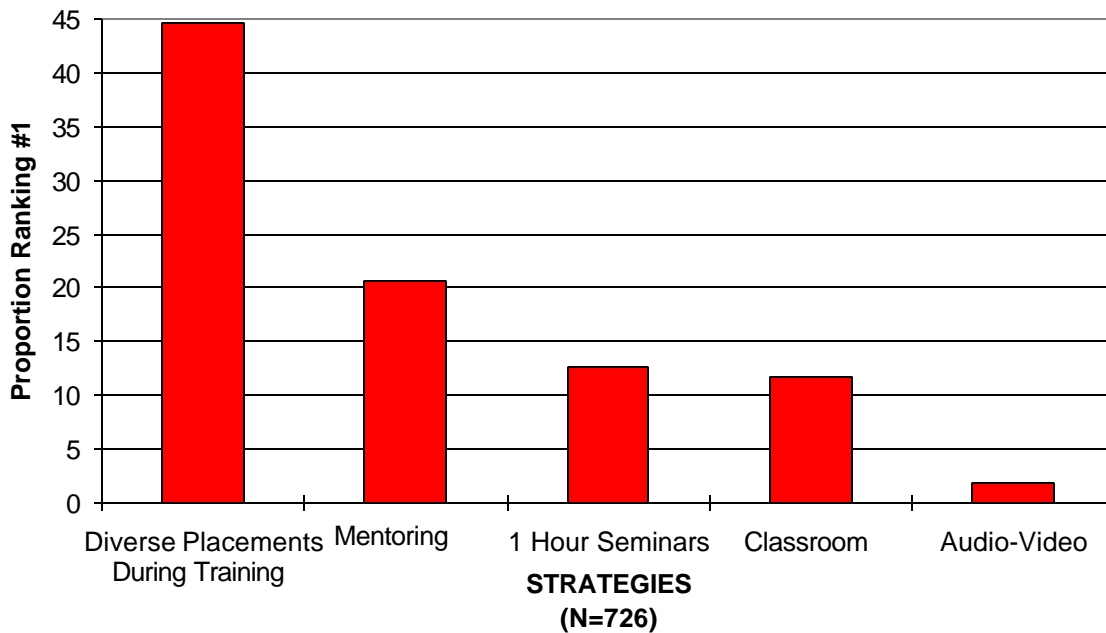
¹ Effectiveness for each topic was rated by those whose graduate medical experience included the topic.

There were some small but statistically significant differences between age groups in reported inclusion. Respondents in the older age group (older than 49 years) reported higher levels of inclusion of Clinical Epidemiology and Environmental Health during their graduate education. Those in the younger group reported higher levels of inclusion of Administration and Practice Management, Bioethics, Child Abuse and Neglect, Community Pediatrics, Computers and Other Technologies and Sports Medicine and Fitness (see Appendix A, Table C).

Detailed information on inclusion of these topics in GME and effectiveness of instruction in these topics is available in Tables B2 and B3 in Appendix A.

Incorporating Training in Multidisciplinary Topic Areas Into Graduate Medical Education
 Respondents ranked up to three strategies for incorporating training in multidisciplinary topic areas into GME. Diverse placements during residency training was by far the preferred strategy, ranked first by 44.6% of the respondents. One hour seminars, structured classroom training, and audio and video media were seldom ranked first.

Figure 1
FIRST CHOICE STRATEGY TO INCORPORATE TRAINING IN
MULTIDISCIPLINARY TOPICS INTO GRADUATE MEDICAL EDUCATION



Respondents were invited to suggest other strategies for incorporating multidisciplinary topics into GME, but not many did so. The most common suggestions were to utilize multimedia or computer technologies (seven responses) or to emphasize the importance of experiential learning (five responses). Three respondents felt that case studies would be effective, and two suggested that more long-term exposure to patients or families during training would be useful.

Response regarding incorporating these topic areas did not vary by age, gender or community. More details are available in Table D in Appendix A.

CONTINUING MEDICAL EDUCATION

Continuing Medical Education Formats

The most useful formats for continuing medical education (CME) identified by this sample were individual reading of the professional literature, courses at national meetings and brief programs such as seminars and grand rounds. However, responses ranged across the full set of options offered to respondents.

Table 4
MOST USEFUL CONTINUING MEDICAL EDUCATION FORMATS (N=726)

FORMAT	PROPORTION RANKING #1 %	AVERAGE RANKING (scale 1-4) ²
Individual Reading of the Professional Literature	22.6	2.8
Courses at National Meetings	19.3	2.9
Brief Programs (seminars, grand rounds)	19.1	2.9
Professional Self-taught CME curriculum	11.0	3.3
Consultation With Other Experts	9.8	3.4
Courses in Local Community	6.9	3.5
Audio Cassettes, Videotapes, Other Media	4.4	3.7
Journal Clubs	1.5	3.8
Internet Resources	0.8	3.9

There were no differences in preferred format by age, sex, community or distance from the nearest medical school.

² A code of "4" indicates not ranked in the top three.

Location for Continuing Medical Education

Respondents reported definite location preferences for CME activities. The local hospital was only slightly more preferred than national meetings, with home a very close third. Pediatricians preferred their homes to their offices as a site for continuing medical education. Other locations within the community were not preferred nearly as often as the local medical school or hospital. While national meetings were preferred by 18.6% of respondents, other locations requiring travel were preferred by only 3.9%.

Table 5
PREFERRED LOCATION FOR CONTINUING MEDICAL EDUCATION
(N=726)

PREFERRED LOCATION FOR CME	%	n
Local Hospital	19.0	138
National Meetings	18.6	135
Own Home	18.3	133
Local Medical School	13.8	100
Own Office	9.5	69
Other Location in Own Community	6.5	47
Other Location That Requires Travel	3.9	28
Unknown/Missing	10.2	74

There were no differences in preferred location by age, sex, community or distance from the nearest medical school.

Strategies for Keeping Current in General Pediatrics

Respondents were asked what was available to them and what they use to keep current in general pediatrics. It was clear that a wide variety of strategies are easily available to a substantial majority of the respondents. Almost everyone has access to reading professional literature, and more than three quarters are able to participate in brief local programs and self-taught CME curricula. A few strategies, such as journal clubs, section meetings, subspecialty meetings and national courses other than at national meetings, were reported as less easily available. With the exception of journal clubs, all of the strategies mentioned in the survey were used by a majority of respondents at least sometimes.

Table 6
STRATEGIES USED TO KEEP CURRENT IN GENERAL PEDIATRICS
(N=726)

STRATEGY	Proportion Of Respondents Using This Strategy Sometimes or Often
Reading Professional Literature	95.6
Brief Local Program	87.8
Courses at Professional Meetings	86.5
Consultation With Specialists	83.8
Consultation With Other Pediatricians	74.4
Local Courses	76.4
Other National Courses	63.2
Self-taught CME Curriculum	67.3
Subspecialty Meetings	53.2
Section Meetings	56.4
Audio Cassettes, Videotapes, Other Media	54.6
Journal Clubs	37.2

Detailed information on the proportion reporting easy availability and utilization of each strategy is available in Table E1 in Appendix A.

Availability and Utilization of Continuing Education in Multidisciplinary Topic Areas
 When broken down by topic, it is clear that there is wide variation in the availability of CME opportunities in the multidisciplinary topic areas. Child Abuse and Neglect, Injury and Poison Prevention, Community Pediatrics and Clinical Pharmacology and Therapeutics, the four topics reported as receiving the most substantial coverage during graduate medical education, are also most frequently reported as easily available for CME. However, the two topics reported as least often included in GME, Administration and Practice Management and Computers and Other Technologies, were reported as much more available as CME topics.

A substantial proportion of respondents reported actually using CME opportunities in each of the multidisciplinary topic areas. Actual utilization was, in fact, similar to reported easy availability.

Respondents were also asked to indicate whether they would use CME opportunities in each topic area if it were available. Reported potential use was, for most of the multidisciplinary topics, higher than reported actual use. The only exceptions were

Child Abuse and Neglect and Injury and Poison Prevention, which had the highest reported levels of both availability and utilization. For several topics with relatively low availability, including Clinical Epidemiology, Environmental Health, International Child Health, and Public Health Epidemiology, potential use exceeded reported easy availability by a substantial margin. It is notable that the two topics with the highest reported potential use, Computers and Other Technologies and Administration and Practice Management, are those reported as least covered in GME.

Table 7
POTENTIAL UTILIZATION OF CONTINUING MEDICAL EDUCATION
OPPORTUNITIES IN MULTIDISCIPLINARY TOPIC AREAS (N=726)

TOPIC	Proportion Who Would Use if Available
Computers and Other Technologies	65.6
Administration and Practice Management	58.8
Child Abuse and Neglect	57.2
Clinical Pharmacology and Therapeutics	55.9
Clinical Epidemiology	55.6
Injury and Poison Prevention	55.5
Bioethics	55.4
Sports Medicine and Fitness	55.0
Community Pediatrics	54.8
Public Health Epidemiology	52.5
School Health	52.1
Environmental Health	45.6
Home Health Care	44.1
International Child Health	40.8

Detailed information on the availability and utilization CME opportunities in multidisciplinary topic areas is in Table E2 in Appendix A.

The survey included an open-ended question regarding topic areas in which the respondent is most interested in receiving continuing medical education in the next two years. The largest response was in Administration and Practice Management and Computers and Technology. These are the two multidisciplinary topics which were reported as the least covered during GME, and which had the highest potential use if available as CME topics. First responses mentioned by more than five respondents are included in the following table.

Table 8
CONTINUING MEDICAL EDUCATION TOPICS DESIRED
IN THE NEXT TWO YEARS

Topic Area	Number of Responses
Administration & Practice Management	77
Computers and Technology	45
Sports Medicine	32
Infectious Disease	29
Bioethics	25
Community Pediatrics	25
Pharmacology	22
Child Abuse and Neglect	21
Developmental/Behavioral Pediatrics	19
School Health	19
Adolescent Issues	15
Injury and Poison Prevention	13
Epidemiology	13
Neonatology/Perinatology	11
Managed Care Issues	10
Home Health Care	10
Child Psychiatry/Psychology/Mental Health Issues	8
Attention Deficit Disorder/ADHD	7
International Child Health	6
Emergency Medicine	6
Orthopedics	6

Quality of Continuing Medical Education Opportunities in Multidisciplinary Topic Areas
 Respondents were asked to rate the overall quality of CME opportunities in these topic areas. The predominant response was that quality is variable. Very few respondents reported that quality is uniformly poor.

Table 9
OVERALL QUALITY OF CONTINUING EDUCATION OPPORTUNITIES IN
MULTIDISCIPLINARY TOPIC AREAS (N=726)

QUALITY OF CONTINUING EDUCATION AVAILABLE	%	n
Uniformly Good	21.5	156
Variable	68.7	499
Uniformly Poor	2.6	19

Unknown /Missing	7.2	52
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There were no differences in the rating of quality of CME opportunities by age, sex, community or distance from the nearest medical school.

Importance of More Education for the General Pediatrician in Multidisciplinary Topic Areas

In addition to reporting their own experiences and need for CME, survey respondents were asked to rate the importance of more education for the general pediatrician in their own section topic area. Very few pediatricians rated their own topic area as “not important,” but there was some variation by section in the proportion rating the topic as “very important” versus “somewhat important.” When compared to rankings of the multidisciplinary topic areas based on actual individual utilization of CME opportunities, rank ordered ratings of the importance of their own topic areas by section members are quite different.

Table 10
PROPORTION OF SECTION MEMBERS RATING MORE EDUCATION FOR
GENERAL PEDIATRICIAN IN OWN TOPIC AREA AS “VERY IMPORTANT”

SECTION TOPIC AREA	Proportion of Section Members Rating “Very Important”
School Health	85.2
Child Abuse and Neglect	84.0
Home Health Care	76.1
Sports Medicine and Fitness	75.4
Clinical Pharmacology and Therapeutics	70.8
Injury and Poison Prevention	69.4
Computers and Other Technologies	64.0
International Child Health	61.5
Community Pediatrics	61.4
Administration and Practice Management	57.1
Epidemiology	50.0
Bioethics	49.1

Responses of members of a few sections were significantly different from the general response. Members of the School Health and Child Abuse and Neglect sections were significantly more likely to report their topic areas as “very important” than were members of all other sections combined. Members of the Epidemiology and Bioethics sections were significantly less likely to report their topic areas as “very important.”

Detailed information on ratings of the importance of more education for the general pediatrician in multidisciplinary topic areas is in Table F in Appendix A.

New Issues Being Addressed in Pediatric Practice

The Survey of Multidisciplinary Sections included a question intended to identify emerging areas of need for CME. Respondents were asked to indicate whether they have had to address a list of new issues in practice. Substantial majorities reported having dealt with new technology in their offices, meeting patient needs for services which are not adequately reimbursed, cultural or language barriers with their patients and meeting the needs of underserved populations.

Table 11
NEW ISSUES ADDRESSED IN PEDIATRIC PRACTICE
(N=726)

NEW ISSUE IN PRACTICE	Proportion Who Have Dealt With Issue in Their Practices
New technology in the office	72.9
Meeting patient needs for under-reimbursed services	74.0
Cultural/language barriers with patients	64.9
Rural setting with limited subspecialty resources	25.6
Non-traditional setting	19.6
Underserved populations	57.2
Subspecialization within practice group	28.4

Responses to this question varied most significantly by community type. Urban practitioners were significantly more likely to have dealt with issues related to cultural or language barriers with patients, whereas those in small towns and rural areas faced limited subspecialty resources. Urban and rural practitioners were more similar to each other than to those in suburban areas in dealing with under-served populations and non-traditional settings (details on comparison by community type are in Table G in Appendix A).

There were some differences between males and females in the new issues faced in practice. Women were significantly more likely than men to report having had to deal with under-served populations (66.8% vs. 54.4%, $p < .05$), and significantly less likely to have addressed new technology in the office (64.7% vs. 76.6%, $p < .01$). In addition, there was a difference by age in that younger respondents were more likely to report practicing in rural settings with limited subspecialty resources (29.3% vs. 22.3%, $p < .05$).³

³ Gender and age differences are not shown in tables.

Forty-two respondents listed additional issues with which they have had to deal in their practices. Of these, sixteen mentioned issues related to health maintenance organizations, managed care and the changing structure of medical care in the United States; another three specifically mentioned issues related to dealing with insurance companies. Eight mentioned issues related to administration and office management. Four respondents reporting having had to address issues related to advocacy or working with their communities.

CONCLUSION

Response to the mailed Survey of Multidisciplinary Sections was good, indicating interest in the topics of graduate and continuing medical education among members of the multidisciplinary sections of the American Academy of Pediatrics. Participants in this survey have been actively involved in at least one of the multidisciplinary section topic areas, but they also reported a broad range of interest in the other topic areas included in the survey. Most topics received support well beyond their own sections as important areas for inclusion in graduate and continuing medical education.

The pediatricians who responded to this survey reported relatively low coverage of the multidisciplinary topic areas in their own graduate medical education. Among those who had some instruction in these areas during GME, few rated that instruction as “very effective.” Differences in reported inclusion of several topic areas between those older than 49 years and younger pediatricians suggest that there may be a trend to increase inclusion of these topic areas during training. Respondents recommended diverse placements during residency training and mentoring as the best strategies to better incorporate the multidisciplinary topic areas into graduate medical training.

A wide range of strategies to keep current in general pediatrics have been used by survey respondents. There is considerable variation in preference for CME format and location. This suggests that continuing education needs of pediatricians may be best served by ensuring diverse CME opportunities.

Survey respondents reported wide actual and potential participation in CME in the multidisciplinary topic areas. They reported considerable interest in topic areas, such as Administration and Practice Management and Computers and Technology, which were not generally covered during medical training. However, there was also considerable CME interest and activity among these multidisciplinary section members in areas that were better covered during training, including Child Abuse and Neglect, Community Pediatrics, Injury and Poison Prevention, and Clinical Pharmacology. Clearly, ongoing CME opportunities in these areas remain important for pediatricians who are members of multidisciplinary sections.

Many respondents reported having had to address the “new” issues in pediatric practice identified in this survey. Some of the identified concerns, such as caring for the underserved and cultural barriers in patient care, are related to changes or problems in the United States population. Other issues, such as patient needs for under-reimbursed services and managed care, are directly related to changes in the delivery and financing of health care in the United States. Pediatricians need opportunities to learn ways to address these emerging issues in their own practices.

Overall, respondents to this survey perceived a high level of need for both graduate and continuing medical education in multidisciplinary topic areas. They reported this need for the general pediatrician as well as for those actively involved in a given topic area. Opportunities for CME in these topic areas are not as extensive as might be desirable, but section members have been able to utilize diverse strategies to learn about many of the multidisciplinary topic areas.

APPENDIX A

Detailed Tables

APPENDIX B

Survey of Multidisciplinary Sections Survey Instrument