

# Department of Research Abstracts

**RESIDENT TRAINING IN PREVENTIVE SERVICES** Mary Pat Frintner, William L. Cull, Lynn M. Olson.. Research, American Academy of Pediatrics, Elk Grove Village, IL. **Presented at the May 2009 Pediatric Academic Societies Annual Meeting.**

**BACKGROUND:** Well-child care is the foundation of preventive pediatrics but little is known about the consistency of resident training in preventive care. Various program-level characteristics may be associated with resident preventive services training including exposure to Bright Futures (BF), a national health care promotion and disease prevention initiative.

**OBJECTIVE:** Examine the relationship of BF exposure, program size, and continuity clinic (CC) experience on resident-rated preparedness for future preventive care.

**DESIGN/METHODS:** National, random sample of 930 pediatric residents completing training in 2008 was surveyed with 516 responding (56%). Logistic regression was used to assess the influence of BF exposure, program size ( $\leq 20$  and  $> 20$ ), CC experience in private pediatrician's office, and CC experience in community health center on resident-reported preparedness for 3 core prevention areas: well-child care (wcc), understanding child/adolescent development, and discussing behavior and discipline. Resident ratings were dichotomized: very good-excellent and poor-good preparation.

**RESULTS:** Residents in small programs were more likely to report very good-excellent preparedness in wcc, understanding child/adolescent development, and discussing behavior and discipline—see table. Residents exposed to BF reported they felt more prepared to understand child/adolescent development and discuss behavior and discipline.

Likelihood of resident reporting very good-excellent preparedness	
	Adjusted Odds Ratio (AOR)
<b>Preventive services/wcc (77% very good-excellent)</b>	
Exposure to BF	AOR=1.5, p=.08
Program Size $\leq 20$	AOR=1.9, p=.005
CC Experience in Private Pediatrician Office	AOR=.5, p=.02
CC Experience in Community Health Center	AOR=.7, p=.18
<b>Understanding child/adolescent development (71% very good-excellent)</b>	
Exposure to BF	AOR=2.5, p<.001
Program Size $\leq 20$	AOR=1.7, p=.01
CC Experience in Private Pediatrician Office	AOR=1.1, p=.68
CC Experience in Community Health Center	AOR=.6, p=.07
<b>Discussing behavior and discipline (52% very good-excellent)</b>	
Exposure to BF	AOR=2.2, p<.001
Program Size $\leq 20$	AOR=2.1, p<.001
CC Experience in Private Pediatrician Office	AOR=1.4, p=.2
CC Experience in Community Health Center	AOR=.8, p=.27

**CONCLUSIONS:** Based on resident self-report, training programs vary in their preparation of residents to provide preventive care. Future research is needed to separate out the determining factors of effective preventive services training.

