

Residency Review and Redesign in Pediatrics Project

Themes

Preamble: Uncertainties about the future of pediatric health care, along with uncertainty as to the ability and willingness of the public to pay for that health care, argue for models of pediatric education that are flexible enough to provide for a variety of professional futures. The Residency Review and Redesign in Pediatrics Project recognizes that there are a number of factors that must be considered as part of a comprehensive evaluation of the current status of pediatric residency education and the necessary refinements for future pediatric residency education over the next 15-20 years. These include:

1. Changes in society and health care:

- a. A shift in the causes of health-related morbidity and mortality in children and adolescents from acute to chronic illnesses and disorders;
- b. Changes in families that may impede access to health care, especially more single-parent families and families in which both parents work;
- c. Increasing cultural diversity of children and parents, with a corresponding need for effective ways of increasing cultural competence and cultural diversity of the pediatric workforce;
- d. Changes in biomedical and psychosocial knowledge, as well as diagnostic and treatment methods;
- e. Changes in information technologies that affect access to health care information by health professionals, patients, and families, and the exchange of information among them;
- f. Changes in the expectations of the pediatric workforce, with more individuals seeking part-time employment and, in general, a greater emphasis on family and personal priorities.

2. The current and future practice of pediatrics:

- a. General pediatricians will continue to be the experts in offering a comprehensive approach to health care for children and adolescents, especially those with chronic physical, mental, developmental, and behavioral disorders. Pediatric education must ensure that *distinct* pediatric expertise in this regard continues to be maintained and enhanced.
- b. The professional practices of pediatricians in large cities with ready access to subspecialists tend to differ from practices in smaller cities or rural locations; roles also vary with the staffing structure of pediatric practices and local practice demographics. Pediatric education needs to acknowledge this diversity.
- c. Pediatric health care is increasingly delivered by teams of professionals from health care and the community working in concert with patients and parents. Pediatric education must foster the development and maintenance of the leadership, collaboration, and communication skills needed to function within such teams.

3. **Flexibility for multiple career paths and child health needs:**
 - a. Education in pediatrics must be flexible, acknowledging the diversity of pediatric practice and the variety of practice settings that exist now and will exist in the future. The current model of education must be compared with alternatives that allow for greater differentiation according to career goals.
 - b. Certification and maintenance of certification must be correspondingly flexible. Maintenance of certification must be able to accommodate reentry into practice after prolonged absences, as well as mid-career changes in the type of practice.

4. **Changes in the educational process:**
 - a. No single educational method will suffice for pediatric education. The general principle, however, is that education must facilitate active personal ownership of learning; the process of training must foster reflective practice and develop the skills of self-directed *lifelong* learning.
 - b. The expectations for pediatric education must be articulated and staged along the educational continuum, from medical school to resident education to continued, career-long professional development. Better use of the fourth year of medical school to enhance pediatric education should be explored.
 - c. The “basic science” requirements for the study of pediatrics should be re-examined and possibly modified in content and timing of learning.
 - d. Pediatric residents are closely supervised; opportunities for independent decision-making, even for advanced residents, are limited. The period of transition from residency to workplace or to the next phase of training and education has become progressively important and should be critically analyzed.
 - e. The principles of continuous quality improvement must be taught as such and by example. Patient care and education must both be based on evidence where evidence exists, and both must be continuously re-evaluated according to measured outcomes.
 - f. Pediatric health care is patient- and family-centered. The advice and counsel of patients and parents must be utilized in the design of education programs for pediatricians.
 - g. Pediatricians must understand the principles of public health, i.e., the health of populations as well as the health of individuals, in order to be effective care providers and advocates for children. This perspective must be incorporated across different stages of the educational process.
 - h. Evaluation of achievement of clinical competencies during residency requires appropriate mechanisms and competent evaluators. Programs to assure competency in evaluation are urgently needed.