



Proposal ID: 4867

PI

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Survey Title

Immigrant and Refugee Health Training in Pediatric Residency Programs

Date survey distributed to APPD membership (eg., 3/2015):

4/2021

Portion of APPD membership surveyed (eg., Program Directors and Associate Program Directors):

2% Program director, 81% were APDs, 23% were Faculty, 6% were Global health track directors

Response rate (eg., 50%; 99/198):

27%

Summary of main findings:

This APPD study is the first reported survey of US pediatric residency programs' preparation of trainees to care for immigrant and refugees. Of the programs surveyed, 27% (n=53) responded to this on-line survey. At the time of the survey 55% programs reported that they were offering specific training on immigrant child health for their residents. An additional 13% reported that they were currently planning to develop training. Of those programs offering immigrant training the majority (90%) offered clinical experience in immigrant child training, and didactic training (79%). About half offered community-based experiences (55%) and mentored projects (66%). A few programs (8%) offered all four types of immigrant training, including the single program that reported having implemented an immigrant track. Most programs in this survey offer a curriculum or training around equity, diversity, and inclusion (75%). Among programs that offer immigrant training, the majority (76%) provided their training as a core didactic, or as a continuity clinic (69%). Almost half (48%) offered their immigrant training as an elective. Only 31% offered immigrant training as part of a required rotation, and 13% offered as part of their intern orientation. Immigrant training was embedded in other teachings with 38% embedded in EDI teachings, and 34% embedded in another track or pathway with most of these being in a global health track (28%). With regards to the topic content of these immigrant health curriculum, the majority included a required component on working with interpreters (79%), and 90% included content on EDI such as racism and implicit bias. Other required components of the immigrant training included cross cultural training (59%), evidence-based clinical care of immigrant children (66%), health care access and disparities for immigrants (62%), and community-based organization engagement (55%). Fewer offered acculturation and post-migration stressors (17%), or international adoption (10%), or research/quality improvement (17%) as a required part of any their

immigrant training. While none offered asylum evaluation training as a required component of their training, 34% offered it as an optional training or elective. Finally, the top three barrier to being able to develop an immigrant/refugee health curriculum were reported to be lack of faculty with expertise, lack of time in residency, and lack of educational tools (in order of ranking). Overall, this study reports that while half of the responding programs offer immigrant child health training only a third of these programs offered such training as a required component, and many were embedded in other curricular teaching such as global health tracks.

Presentations:

Submitting to NCE

Publications:

None yet!