Strategies for Teaching Community Pediatrics

Focus on clinical practice, public health principles when educating next generation of pediatricians.

BY HEIDI SPLETE
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ORLANDO — Pediatricians become part of the social capital of their communities, Stanley Fisch, M.D., said at a meeting sponsored by the American Academy of Pediatrics.

The concept of "community pediatrics" means a synthesis of clinical practice and public health principles aimed at providing care for each child and promoting the health of all children within family, school, and community settings, said Dr. Fisch of the University of Texas, San Antonio.

Community pediatrics as a discipline has the same elements as other specialties, with knowledge, skills, and attitudes that can be learned and developed, and Dr. Fisch offers several strategies for pediatricians who want to take residents into their practices.

"Medical education has changed rather dramatically in the past several years," Dr. Fisch said.

There has been a shift from emphasis on inputs to emphasis on outcomes, where "core competencies" are the benchmarks and objectives of achievement. Testing of knowledge and skills has given way to the development and assessment of competencies, he said.

That said, community pediatrics as a discipline can be taught, and taught very well.

For those interested in teaching the next generation, Dr. Fisch offers a 12-step program as a guide to initiating and completing a successful experience with students and medical residents.

Proper preparation makes all the difference. "Sometimes your partners might not want to get involved with teaching, and that's OK," Dr. Fisch said. But that puts the pressure on you to be organized and to not disrupt the normal routine of your office.

The 12-step program is outlined below:

1. Plan ahead. Where will the learner park his or her car, keep personal items, and have desk or computer space? Don't forget to inform the office staff and introduce them to the learner.

2. Self-orientation. Ask the learner to state three goals for his or her experience in community pediatrics.

3. Orient yourself to the learner. Find out about your resident's background and interests.

4. Site orientation. Have the office manager or a nurse orient the learner to the office environment.

5. Precepting preparation. Look to the next day's schedule and select patients whom the learner can see and topics they can review.

In addition, let them spend some time on the phone answering questions alongside the nurse or whoever answers the phones during the day.

One of the core competencies is systems-based practice, which means that when the doctor needs to attend a credentialing meeting, for example, it is an opportunity for the learner to tag along to see how a practice affects the profession as a whole.

6. Chart review. Of course, finding the "teachable moments" throughout a busy day remains a challenge. Take opportunities as they come.

For example, allow the learner to review a patient's chart, and point out examples of complete vs. poor documentation, as appropriate.

7. Commitment to a plan. Encourage learners to commit to an opinion about a diagnosis, treatment suggestion, or lab result. This opens the door for feedback about clinical skills.

8. Elaborating on the plan. When time permits, ask the learners how they arrived at the conclusions they offered, recognizing that both the process and the outcome are important.

9. Soliciting feedback. Giving feedback can be one of the most difficult aspects of teaching. Asking learners to offer their own assessment of how things are going opens a window for feedback.

This method often helps learners clarify how they are doing and where they should focus more attention.

10. Timing feedback. Setting aside a specific time and place for feedback may make this process easier for the teacher and more helpful for the learner.

Dr. Fisch offers a "recipe" for an effective "feedback sandwich."

In its simplest form, good feedback reinforces what the learner did right, corrects mistakes, and offers suggestions for improvement. More specifically, effective feedback is:

- Detailed, rather than general.
- Focused on behavior rather than on personality.
- Descriptive, rather than evaluative.
- Timely.
- Private, if possible.
- Prefaced with positive comment.
- Focused on suggestions for his or her improvement.

11. Generalizing learning. Encourage learners to improve clinical thinking by asking effective questions, such as "What do you think causes X?" and "How are X and Y similar?"

12. Reflection. Take a few moments at the end of the day and encourage learners to choose some themes or topics to explore on their own.

Community pediatrics begins with knowledge of the community.

To that end, Dr. Fisch recommends a "windshield survey" to provide residents with a sense of the community's social capital, resources, and unique characteristics, such as safety issues, types of schools, and public transportation.

This is an exercise in observation. The resident drives around the community, not getting out of the car or talking to people on the street, but simply making observations and taking notes. When the learner and teacher review the notes, opportunities may arise to discuss observational skills, as well as cultural biases and stereotypes.

The survey works like a scavenger hunt and asks learners to look for public transportation, community centers, types of houses and cars, and ethnic makeup of the community. (See box.)

"We as physicians take pride in what we do, and as we get older, we become interested in who is going to come along after us. It's not a matter of paying back, it's paying forward as well," Dr. Fisch said.

With a little planning, pediatricians can pay forward through effective teaching in a practice setting. ■

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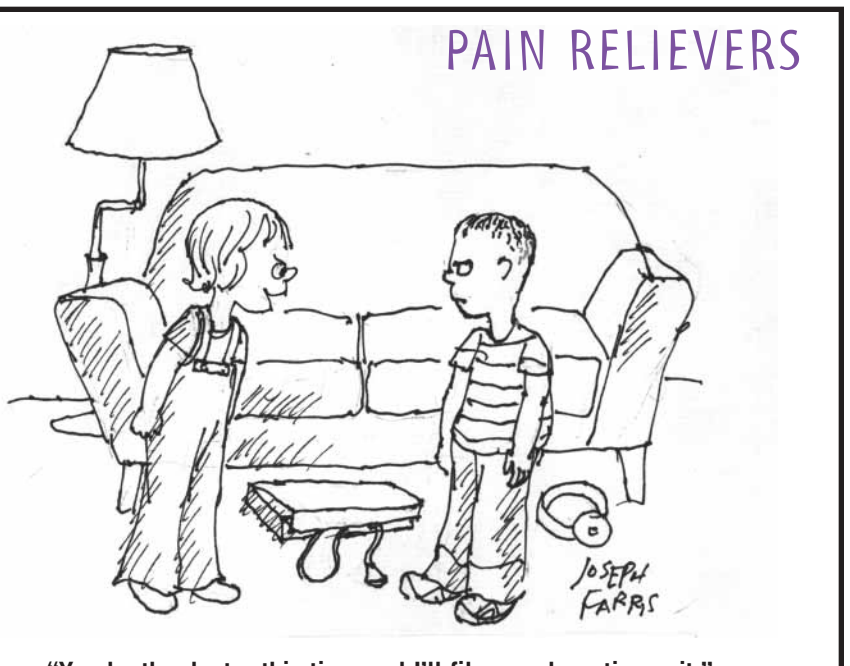
Components of a Windshield Survey

A "windshield survey" involves approximately half a day with students or residents driving around the area where they are doing their community pediatrics rotation to acquaint themselves with the community and to hone their observational skills.

The survey prompts observations about various community features, including:

- **Housing and zoning.** Age, style, and upkeep of houses.
- **Transportation.** The types of automobiles and the extent of public transportation.
- **Service centers.** Are there community recreation areas, doctors' offices and dentists' offices, alternative medical care? What types of churches?
- **Race/ethnicity**. What are the demographics? Are there signs in languages other than English?
- **Media.** What types of newspapers are available? Are there many satellite dishes?
- **Open space.** How much open space is there, and what is it like? Are there green spaces or rubble-filled lots? Are there well-kept lawns and trees on sidewalks? Is the open space public or private, and who uses it?
- **Stores.** Where do residents of the community shop? Local markets, malls, or large chain stores such as Wal-Mart? Do they travel to their shopping destinations by car or public transportation?
- **Politics.** Are there campaign posters visible? Is there evidence of a predominant party affiliation?
- **Boundaries.** What signs show where neighborhoods begin and end? Are the boundaries natural, such as a change in terrain, or physical, such as a highway?
- **Commons.** Where do people in the community congregate? What groups seem to meet in certain places, such as schools, parks or 24-hour drugstores, at certain times?
- **Street people.** If you are out during the day, who do you see on the street? Mothers with babies? Teenagers? Homeless people? What animals do you see? Strays? Pedigreed pets? Watchdogs?
- **Signs of decay.** Which neighborhoods are on the way up or down? Are there piles of trash? Abandoned buildings? Construction projects?
- **Health and morbidity.** Is there evidence of acute or chronic diseases or conditions in the community? Alcoholism or drug addiction? How far is the nearest hospital from different parts of the community?

Adapted from work by Terry Mizrahi, Ph.D., of Hunter College School of Social Work, New York.



"You be the doctor this time and I'll file a malpractice suit."