PEDIATRIC EDUCATION
IN THE COMMUNITY

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European Academy of Paediatrics

Harmonise standards of paediatric training, professional development and physician accreditation throughout Europe in order to promote and assure child health

Global Pediatric Education Consortium

Committed to helping the global pediatric community to improve the quality of training, assessment, professional development and physician accreditation for general pediatrics in order to improve the quality of medical care provided to infants, children, adolescents, and young adults worldwide

Council for European Specialist Medical Assessment (CESMA-UEMS)

To promote harmonisation of European Board assessments
To provide guidelines to the Boards on the conduct of assessments
To encourage take up of Board assessments as a quality mark
To offer an alternative to National assessments, where appropriate
I. Introduction
   A. Turmoil in medical education
   B. Clinical teaching in the community setting

II. Teaching capabilities of the “community” physician
   A. Definition of “Clinical Teacher”
   B. Attributes of a “Good” Clinical Teacher

III. Community physicians’ needs as teachers
   A. Teacher - related
   B. Organizational - related
   C. Professional Development - related

IV. Conclusions
Re-evaluation of the undergraduate curriculum in the clinical area

The changing needs of the society

The changing needs of doctors

Innovative methods of teaching

Medical Education is not a compendium of facts to be memorized!
Introduction

The traditional mainstay of medical student education have become super-specialised and often have a faster turnover of patients. Admitted patients are more seriously ill.

Clinical experience gained becomes less representative of ‘real life medicine’.

discordance between holistic educational goals of modern curricula and the limited focus of medical practice in secondary care.
Medical Education is not a compendium of facts to be memorized! The daily living and doing of being a physician in real-life situations.

Clinical clerkships in medical schools increasingly relying teaching by community physicians in ambulatory clinics.

Why?
What is the rationale for incorporating the teaching of Pediatrics also in the Community?

Community-based clinics (or community clinics) provide a setting for students to learn about:

- common medical conditions
- chronic diseases
- preventive care
- psychosocial issues

involved in the patient-physician interaction

Morrison J R: Medical Education 2006;40: 92-93
The increasing shift to community-based medical education has produced several studies exploring:

- The teaching capabilities of the community-based physician
  - Starr S et al.: Academic Medicine 2003;78:820

- The clinic physicians' needs as teachers... as well as potential barriers to medical student teaching
  - Hashim MJ et al.: Education for Health 2010;23:1

Two important requisites need to be identified before placing students in “Community” Ambulatory Clinics, under the preceptorship of a Community Pediatrician/Physician,
The increasing shift to community-based medical education has produced several studies exploring the teaching capabilities of the community-based physician as well as the clinic physicians' needs as teachers... as well as potential barriers to medical student teaching.

Hashim MJ et al: Education for Health 2010;23:1
Are Community-Based Physicians Good Teachers?

Community physicians have been trained as professionals in providing medical care. Most have received little formal training in teaching.

What do community physicians think of themselves as teachers?

Many have a strong belief that being a physician = teacher. Recognition that the skills used in teaching patients are similar to the skills required to teach students. This helps explain why preceptors are willing to perform as teachers with little or no formal teacher training.

What constitutes their "teacher identity"?
Are Community-Based Physicians Good Teachers?

In an era of increasing demands on physician time, a strong teacher identity may help to facilitate recruitment and retention of high-quality, community faculty.

What does one look for in identifying what makes a good Clinical Teacher?

Definition: “Someone who interacts with a student in the context of ongoing patient care” with good “Cognitive” attributes.
During our medical school or residency training years, we all have come across two types of teachers:

- Made our learning experience memorable and inspired us to:
  - Work harder
  - Study longer
  - Sleep less

- Who we cannot remember... or would like to forget!

A Good Clinical Teacher

Cognitive

Non-Cognitive
### Key Cognitive and Non-cognitive Attributes of Clinical Teachers

**Cognitive**
- Is knowledgeable
- Demonstrates clinical skills
- Is well organized
- Has excellent communication skills
- Provides feedback
- Explains concepts clearly
- Sets goals and expectations
- Provides direct supervision

**Non-cognitive**
- Is enthusiastic
- Is stimulating
- Is encouraging
- Creates a positive, supportive learning environment
- Models professional characteristics
- Focuses on learner’s needs
- Interacts positively with students
- Listens

The increasing shift to community-based medical education has produced several studies exploring the teaching capabilities of the community-based physician as well as potential barriers to medical student teaching.

- Hashim MJ et al: Education for Health 2010;23:1
Clinic Physicians' Needs (Requests) as Teachers

Studies exploring the perceptions of physicians based in the community may be classified in three categories:

- Teaching – related
- Organizational – related
- Professional Development – related
Clinic Physicians’ Needs (Requests) as Teachers

Teaching - related

- Access to formal documentation/notification regarding:
  - Intended aims
  - Clear learning objectives and outcomes
  - Assessment criteria (formative vs summative)

- Feedback from students (reports of student performance)
Are students ready to see patients alone initially?

<table>
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<tr>
<th></th>
<th>YES(^{(1)})</th>
<th>YES(^{(2)})</th>
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<tbody>
<tr>
<td>Are students ready to see patients alone initially?</td>
<td>66 %</td>
<td>58 %</td>
</tr>
<tr>
<td>Medical students can add value to clinics?</td>
<td>88 %</td>
<td>92 %</td>
</tr>
<tr>
<td>I enjoy teaching medical students in my clinic?</td>
<td>94 %</td>
<td>96 %</td>
</tr>
</tbody>
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In 1999 the AAP issued its first policy statement on community pediatrics

(1) Hashim MJ et al: Education for Health 2010;23:1
(2) Tenore A et al: Personal Data 2000 - 2010
Clinic Physicians' Needs (Requests) as Teachers

Organizational - related

- Adequate notification of student placement
- Advanced distribution of logistical information (student rosters)
- Continuity in student placement (vs ad hoc daily placements)
- Functional communication system (preceptor/faculty)
  - Regularly scheduled group discussions to elicit feedback from the preceptors
  - Seeking preceptors' views and needs
Clinic Physicians’ Needs (Requests) as Teachers

Professional Development – related

- Acquiring teaching skills and professional development through preceptor training workshops.
  - Emphasizing: andragogy vs padagogy
    - communication skills
    - precepting

- Studies confirm the expectation that teaching by these physicians be recognized in some form such as
  - certificates of teaching contribution,
  - letters of appreciation
  - honorary academic ranks in the faculty
Clinical clerkships in medical colleges are increasingly relying on teaching by community physicians in ambulatory clinics.

In general, community physicians are motivated and enjoy to teach medical students at their clinics.

Community physicians value the intrinsic rewards of teaching (contributing to the education of young professionals).

Clerkship coordinators should ensure ongoing communication with community preceptors as well as offer recognition of teaching contribution and opportunities for professional development.

A new “team” has been formed that needs full collaboration from both sides to fulfill its common purpose.
Pearls for Effective Collaboration

“Collaboration” is linked to positive outcomes for Students & Patients

- Committed to the common goal
- Take up responsibility and Accountability
- Empathize and understand to be understood
- Communicate with one another (openly and directly)
- Mutual respect for one another (and the student)

“The secret of education is respecting the student”

Ralph Waldo Emerson
Thank you for your Attention