

Community Pediatrics



Community Pediatrics Track Resident Projects

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Kim Noble:

Reach Out and Read parent handout bookmarks

School readiness, or the development of the social, emotional, and cognitive skills necessary for children to enter school ready to learn, creates the foundation for academic success, physical and mental health, and general well-being. Children who are less ready for school attain lower levels of education and are at risk for many negative outcomes, including adolescent parenthood, delinquency, unemployment, depression, and reduced access to healthcare. Reading aloud with children is one of the single most important activities that parents can do to foster readiness for school. The Reach Out and Read (ROR) program promotes school readiness by providing families with a free book at each well child check between 6 months and 5 years. Additionally, the program encourages pediatricians to offer advice regarding reading aloud at each visit, and to have waiting room volunteers demonstrate appropriate reading practices. Adherence to the program has been shown to increase the amount of time parents report reading aloud with children, and to lead to documented increases in children's vocabulary skills. In our clinics, many providers admit to frequently not providing anticipatory guidance when they give out the books. For this project, Kimberly Noble worked with the national ROR office to develop bookmark-shaped parent handouts with developmentally appropriate anticipatory guidance for each age printed in English and Spanish. The bookmarks were written at the 4th-grade level, and included items like "It is OK if your baby puts the book in her mouth" for 6-9 month olds, and "Ask how your child's life is like the book. Does your child ever feel the same way as the child in the story?" for 5-year-olds. It is our hope that the bookmarks will serve not only to remind parents when they are home about the importance of reading aloud, but will also serve as a reminder to clinicians about reading-related talking points for each age. The bookmarks are being printed by the national ROR office, and will be made available to clinics around the country.

Robyn Matloff:

Developing a clinical decision model for the prevention, evaluation and treatment of childhood obesity in primary care settings.

Parental perceptions of childhood obesity counseling by primary care providers.

Lower income, minority populations have been among those hardest hit by the childhood obesity epidemic. By having its clinics within the community, the Ambulatory Care Network of NY Presbyterian has the possibility to impact thousands of children at risk for or already suffering from obesity related co-morbid diseases. Started by Community Pediatrics graduate Emily Rothbaum, we developed a clinical task force to unify the approach to childhood obesity in our ambulatory care network. We evaluated the current data and recommendations by leading pediatric organizations and then held near monthly meetings with general pediatricians, sub-specialists, researchers, public health experts and nutritionists to develop a clinical decision model to implement in our pediatric clinics.

Ultimately however, the challenge of implementing a healthy lifestyle for a child is dependent upon the family. As such, I am currently working on a survey that evaluates how parents perceive obesity counseling by primary care providers. It is the hope of this project that we will better understand some of the barriers our families face and be able to work with them to overcome them.

Anne Abbott Pierog:

Garden to table

Anne has partnered with the Healthy Schools Healthy Families Program at PS 152, a public elementary school in upper Manhattan, to develop a gardening project for the science curriculum for 3rd and 4th grade students. Anne is studying eating habits and behaviors of the children by administering surveys in the classroom and to parents before and after the project is implemented. Healthy Schools Healthy Families (HSHF) is an elementary school-based health promotion program for medically underserved children in New York City. HSHF identifies and addresses unmet health needs in the school community by partnering with the schools, the surrounding community, local and national stakeholders and private and public sectors.

Nadia Saldanha and Zoe Shamash:

Health Education to middle and high school students

Nadia and Zoe will be teaching a health education class using the SHAPE curriculum created by former Community Pediatrics Residents to middle and high school students enrolled in the Lang Youth Medical Program. The Lang program is a science education and mentoring program for young people in Washington Heights. It partners with New York Presbyterian to provide experiences and an environment that supports and improves the social, personal and academic development of the Lang Scholars during their six-year enrollment. At the same time, it creates new connections between the Hospital and community. This project will allow increased resident exposure to the students as well as provide health education on common adolescent topics.

Amy Ost:

Expansion of a Resident Continuity Clinic for Children with Complex, Chronic Medical Illnesses in the Washington Heights Community

The care of children with chronic, ongoing medical needs differs greatly from otherwise healthy children. The amount of time and resources required for children with complex medical illnesses impacts care providers from all disciplines within the healthcare system. In urban, poor socio-economic neighborhoods this disparity may be even further exacerbated. As residents, we are seldom able to provide meaningful, longitudinal care for these patients. Most often, we encounter the highest proportion of these patients in either the Inpatient or Emergency Room setting. Navigating a multi-provider, complex medical system frequently lends itself to difficulty. Thus, a full insight into the patient and their family are not easily appreciated. In addition, it is during the Inpatient or Emergency Room visit that patients are frequently in a more vulnerable state than their otherwise baseline health. All these factors may lead to both adverse patient and provider experiences.

The results of continued interactions of this nature may progress to fragmentation of care. Rooting communication with an identified primary care pediatrician is a well-known strategy to alleviate these adverse provider and patient experiences. The project proposal is an attempt to create a unique resident experience that will train residents to acquire the necessary skills for effective primary care coordination. The resident and mentor will pilot a comprehensive, care coordination approach to the medical care of children with complex, chronic medical illnesses in a community-based medical practice. The goal is to enroll 8-10 patients into a personalized resident continuity clinic and provide primary care services under the medical home model. The resident and mentor will organize a structured approach to regularly scheduled clinic visits and greatly broaden the assessment of these children and their families. This will include providing home and school visits as a central component of care. Other methodologies to employ are shared care planning and the introduction of advanced care planning early into the care relationship. Finally, the resident and mentor will pilot a tracking tool that will continually be tested throughout the project to examine whether early identification of these patients can ease the navigation of their care.

Eleza Golden:

Creating a teaching module for practitioners to identify likely cases of child abuse from the genital exam

The goal of this project is to create a web-based program of 250 photographs of the genital exam taken during a fixed period of time at the Children's Advocacy Center. These photographs, accompanied by a brief description of the clinical scenario, will be made into a web-based program that will be shown to a group of medical students,

residents, fellows, and attendings. Subjects will be asked to decide whether the exam was normal or abnormal, and to point out the specific abnormality on the photo. They will be provided with immediate feedback. Our objective will be (i) to examine the longitudinal changes in ability to discriminate normal from abnormal with serial exposure and (ii) to optimize our web-based program to maximize the learning curve for groups of varying experience levels.