COMMUNITY PEDIATRICS

- The Community Pediatrics Training Program
- Committed to partnering with families and communities
The Annie E Dyson Community Pediatrics Training Initiative

Columbia University
Children’s Hospital of New York
Harlem Hospital Center
Community Pediatrics Overall Curricular Goal

• You will be able to relate to, advocate for, and remain committed to the community and the children for whom you provide care.
Community Pediatrics Goals and Objectives

1) To train residents to become lifelong advocates for children and communities
   – Training of all residents in Community Pediatrics
   – Training for selected residents in a Community Pediatrics concentration
Community Pediatrics Goals and objectives

2) Enhance community service through partnerships with CBOs
   – Community members as equal partners
   – Community members as mentors/preceptors
   – Strengthen and build Community health projects
   – Create a collaborative leadership
### Community Pediatrics Goals and Objectives

3) Strengthen and expand the core community pediatric faculty
   - Faculty development
   - Scholarly pursuits
   - Community service
Community Pediatrics Goals and Objectives

4) Strengthen and expand multidisciplinary collaborations
   – Faculty development
   – Scholarly pursuits
   – Community service
The above graphically depicts different components of the community pediatrics curriculum. By the end of three years of residency you will be competent in a number of skills pertaining to each area and essential to your role as a pediatrician.
### Community Pediatrics

#### Community Health
- Explain major environmental, social, economic, and political factors affecting children’s health.
- Describe the Washington Heights and Harlem communities and how their resources affect child health.
- Apply basic epidemiological concepts and principles to health-related issues in the community.
- Demonstrate an ability to form therapeutic alliances with patients from a variety of socio-cultural backgrounds.
- Recognize and manage the cultural attitudes and biases that the provider brings into any clinical encounter.
- Develop skills to communicate and elicit information from the patient and family about their health belief system and socio-cultural background.

#### Cultural Competency
- Explain how beliefs, cultures, and ethnic practices can influence health status and care for children of the community.
- Describe how health insurance, entitlement programs, and the health care system affect access to care for patients in the community.
- Articulate the importance of the pediatrician’s role as an advocate at every level (individual, community, national).
- Help patients with complex medical problems navigate the health care system.
- Use advocacy skills to develop a plan of action regarding relevant community health issues.

#### Advocacy
- Recognize and manage the cultural attitudes and biases that the provider brings into any clinical encounter.
- Help patients with complex medical problems navigate the health care system.
- Use advocacy skills to develop a plan of action regarding relevant community health issues.
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### METHODOLOGY OF LEARNING

**DIDACTICS**
- Core Lecture Series
- Workshops
- Grand Rounds

**PROJECTS**
- Advocacy Project
  - Individual Project

**COMMUNITY-CAMPUS PARTNERSHIPS**

**SERVICE-LEARNING**
- Best Beginnings
- Post-Partum Classes
- Domestic Violence Center
- Safety City
- PS 119 Traffic Safety
- New York Foundling Hospital
- Parenting Classes
- Project DOCC
- Post-Partum Classes
- Domestic Violence Center
- Safety City
- PS 119 Traffic Safety
- New York Foundling Hospital
- Parenting Classes
- Project DOCC
### COMMUNITY PEDIATRICS

**CHILDREN'S HOSPITAL OF NEW YORK-PRESBYTERIAN**

#### CURRICULUM ACTIVITIES BY RESIDENT YEAR

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#### Service Learning

1. **1ST YEAR**
   - Project FAITH
   - DOVE Program
   - Home Visits
   - Parenting Classes
   - Cultural Competency - School of Public Health

2. **2ND YEAR**
   - Home Visits: Project DOCC
   - New York Foundling Hospital
   - PS 128, Safety City

3. **3RD YEAR**
   - Service Learning: Children With Special Needs / Injury Prevention

#### ADVOCACY PROJECT

- **1ST YEAR**
  - Early Childhood Support

- **2ND YEAR**
  - Maternal Child Health

- **3RD YEAR**
  - Children With Special Needs / Injury Prevention
Theoretical framework: Service Learning

- Established educational methodology
- Integrates community service with explicit learning objectives
- Responds to community needs, building on its own perceived assets
Service Learning

- Involves community as active partner in program design and implementation

Service Learning: Steps for implementation

- Identify partners: negotiate different agendas, expectations, roles and responsibilities
- Learning competencies for residents and community members
- Service objectives for residents and community members
- Structured reflection
How does service-learning differ from traditional clinical education?

- Balance between service and learning objectives
- Emphasis on reciprocal learning
- Emphasis on developing citizenship skills and achieving social change
- Emphasis on reflective practice
- Emphasis on addressing community-identified needs and the integral involvement of community partners

The balance between service and learning objectives - clinical education emphasizes student learning as the primary objective and service, if it is an objective at all, is secondary. Negotiation of needs between health professional school and community partners.

Emphasis on reciprocal learning - in service-learning, the traditional definitions of “faculty,” “teacher,” and “learner” are intentionally blurred.

Emphasis on developing citizenship skills and achieving social change - s-l experiences enable residents to place their roles as health professions and citizens into a larger societal context.

Emphasis on reflective practice - traditional clinical education emphasizes observing and doing, but does not typically emphasize or include opportunities for critical reflection. Opportunities for critical reflection (dialogue, journals, stories etc…) encourage residents to consider the larger, political, economic, and cultural contexts of the community concerns being addressed through s-l.

Emphasis on addressing comm-identified needs and the integral involvement of comm. partners. - partnering with comm. members in s-l can help faculty and residents focus on the strengths and assets of a community and how they can be mobilized for a community’s benefit rather than focusing narrowly on a community’s needs.
Why service-learning

• Importance of switching the focus of education and research from the campus into the community
• We have often overlooked the potential for the community to meaningfully contribute to resident education, research, and the development of knowledge.
• The creation of community-campus partnerships to address this
Service Learning Potential Outcomes: Academic Perspective

- Builds community-oriented competencies
- Enhances attitudes/behaviors in health professionals
- Enhances service delivery/access to vulnerable populations
- Improves community/academic relations