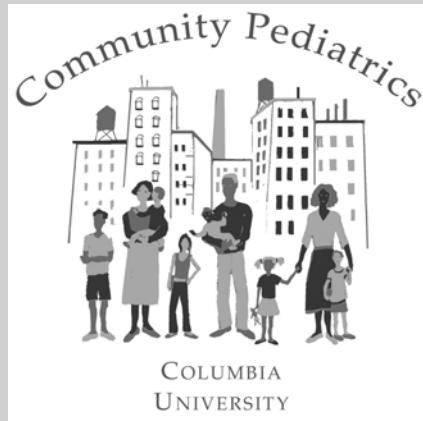


•
•
•

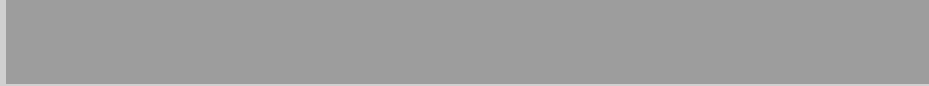
COMMUNITY PEDIATRICS

- 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

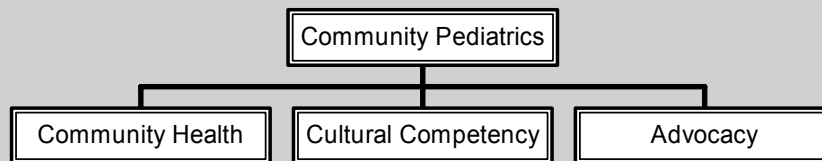
4) Strengthen and expand multidisciplinary collaborations

- Faculty development
- Scholarly pursuits
- Community service

⋮

Community Pediatrics

COMMUNITY PEDIATRICS AT COLUMBIA UNIVERSITY



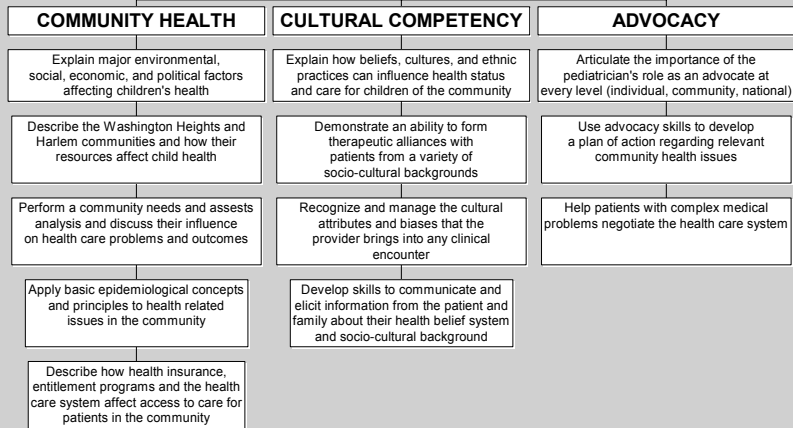
The above graphically depicts different components of the community pediatrics curriculum. By the end of three years of residency you will be competent in a number of skills pertaining to each area and essential to your role as a pediatrician.

•
•
•

COMMUNITY PEDIATRICS

COLUMBIA UNIVERSITY

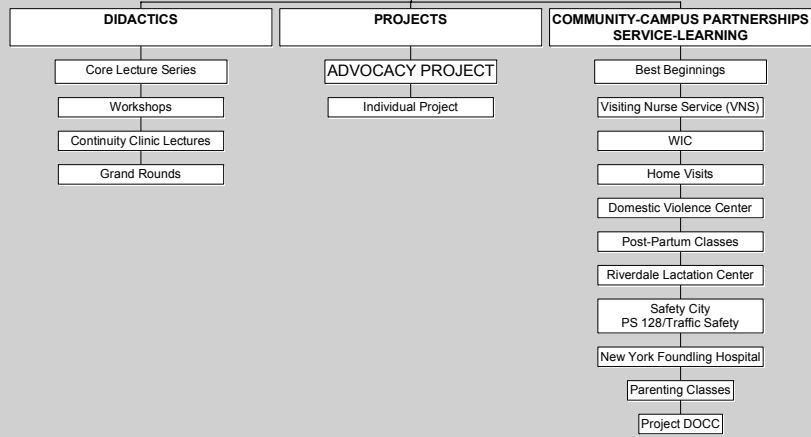
COMMUNITY PEDIATRICS



COMMUNITY PEDIATRICS

COLUMBIA UNIVERSITY

METHODOLOGY OF LEARNING



COMMUNITY PEDIATRICS

CHILDREN'S HOSPITAL OF NEW YORK-PRESBYTERIAN

CURRICULUM ACTIVITIES BY RESIDENT YEAR

1ST YEAR	2ND YEAR	3RD YEAR
Didactics -Core Lectures (6) -Continuity Clinic Lectures (12) -Workshops (3) -Grand Rounds (3)	Didactics -Core Lectures (6) -Continuity Clinic Lectures (12) -Workshops (3) -Grand Rounds (3)	Didactics -Core Lectures (6) -Continuity Clinic Lectures (12) -Workshops (3) -Grand Rounds (3)
	ADVOCACY PROJECT	ADVOCACY PROJECT
Service Learning: Early Childhood Support	Service Learning: Maternal Child Health	Service Learning: Children With Special Needs / Injury Prevention
-Best Beginnings -Home Visits -WIC -VNS -Riverdale Lactation Center	-Project FAITH -DOVE Program -Home Visits -Parenting Classes -Cultural Competency -School of Public Health	-Home Visits: Project DOCC -New York Foundling Hospital -PS 128, Safety City

•
•
•

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
- Emphasis on critical reflection: What? So What? Now What?

• • • • • • • •

•
•
•

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

• • • • • • • •