

**COMPETENCY BASED CURRICULUM FOR PEDIATRIC RESIDENCY EDUCATION
SOCIAL AND COMMUNITY PEDIATRICS AT SUNY (UHB/KCHC/COMMUNITY SITES)**

**Elective Rotation: Social/Community Pediatrics at SUNY
(KCHC/UHB) and multiple community sites**

Residents: Pediatric Residents at the PL1, PL2 or PL3 level

Prerequisites: none

Program Goals

Goals:

- 1) The **community** we serve is primarily that surrounding SUNY-Downstate in East Flatbush and Crown Heights in Brooklyn. It gains from the depth and breath of resources available from the institution. As the mission of University Hospital states "Integral to our concept of professional education is a commitment to confront the health problems of urban communities."
- 2) Moreover, our **residents** develop the attitudes, skills, and knowledge to become initiators and leaders of community projects for children and families. Their experience in the community will inform their present work as residents, post graduate training and future work as pediatricians. To accomplish this goal, we provide each participating resident with a guided experience of outreach and advocacy. What residents do during training at SUNY-Downstate will have a profound influence on the remainder of their career. As EJ Eckenfels writes "Community service experiences, given unconditionally to people in need, broaden the students' [and residents'] education by offering a population and community perspective of health and illness and, perhaps more important, bind them closer to society in both a moral and a political sense."¹

Sites of Operation

1. There are three principal places for work. These are: Faith-based organizations in the East Flatbush and Crown Heights community.
2. We participate in a Health program at Holy Cross Parish on the 3rd Sunday of each month at which time we support the activities of the HC Health Committee and conduct a child development project called 'Play Station.' On the Thursday preceding '3rd Sunday,' we conduct a Community Education programs for the HC Health committee as well as for members of other faith-based or secular organizations.
3. Participants in a delinquency prevention project for adolescents 'at-risk' for incarceration called 'Legit' developed by the Thomas Mott Osborne Association of New York.
4. We have an ongoing commitment to delinquency prevention with a CATCH grant developed to engage these youth and their families in a 'medical home.' We are writing a curriculum for resident training in delinquency.
5. Educational programs in public and private schools and Head-Start pre-school programs
6. We have an established program at PS 261 in Brooklyn as well as ties to our local high school- George Wingate – and to the four Family Head Start programs in the nearby community.
7. We have worked cooperatively with these organizations. They have provided support for our training of residents on their sites and for our grant applications. We have been funded by the American Academy of Pediatrics - Community Access to Child Health project for our joint with faith-based and the delinquency programs.

Other activities include:

1. Development of program material for an anti-violence coalition in south Brooklyn
2. Development of a curriculum for Community pediatrics and advocacy for the general residency

Objectives:

1. At the faith-based programs, residents learn to
 - a. appreciate the stronger positive aspects of the community life rather than the social dislocation often seen in clinic
 - b. learn to not be afraid

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- c. prepare teaching modules
- d. develop training programs for lay health workers in the community
- e. reach out to community faith-based workers to establish networks
- f. assess community needs with responsiveness to community *self*-assessment
- g. resolve issues of access to health care for individuals
- h. respond to non-medical community needs
- i. They will participate in feeding programs, health fairs, educational programs, and community activities as they arise.
- 2. At the delinquency project, resident learn to:
 - a. develop and implement teaching programs for them develop and implement and advocacy programs for delinquent youth
 - b. develop and implement and advocacy programs for them.
 - c. develop teaching materials for pediatricians and other health professionals on delinquency
 - d. respond to non-medical institutional needs of the supporting programs
 - e. serve as a resource to the children and families.
 - f. Residents will participate in parents meetings, outreach events and the development of curricular material for the Ambulatory Pediatric Association.
- 3. In the educational programs residents learn to:
 - a. develop curricular material
 - b. work with community groups in anti-violence activity

Methods for achieving objectives

- 1) a one month rotation in Social/Community Pediatrics.
- 2) Prior to the rotation, the resident chooses a single project to provide a focus for the experience. The resident will engage in the single project while participating in the activities for other community projects..
- 3) Examples of resident activities include: a grant application for to CATCH for the delinquency project; this was funded. a syllabus for the Family head Start of Brooklyn; a syllabus for non-rotation Community Pediatrics and Pediatric Advocacy for the residency as -a-whole a 'play-Station' child development process for the Holy Cross Sunday Health Fair.
- 4) From the combined Medicine-Pediatrics training program residents will have an assignment to work with the faith-based project for one evening meeting and one Sunday health program.

Competencies Achieved

Interpersonal and Communication

- 1) Attitudes, skills, and knowledge developed in working with community
- 2) Their world view will be expanded beyond what they see in clinic or practice settings
- 3) Improved exposure to and experience within the community with enhance knowledge of cultural differences and improve awareness of how to interact with different cultures.

Systems Based Practice

- 1) Practical experiential learning from working with community persons to identify the health care issues and concerns in order to advocate for the community and provide access to care, education and resources :
 - a) Violence
 - b) educational problems
 - c) nutrition
 - d) lack of access to care, including issues of insurance, legal documentation, safety
- 2) Residents will acquire skills of organizing and planning for working with the community.
 - a) organizing and planning events and meetings.
 - b) negotiating through the maze of obstacles and details when multiple factions coming together to cooperate on a single project or goal.

Professionalism

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- 1) skills, and comfort levels will improve for interacting with and organizing with persons of various ethnic, religious, racial, age and other characteristic groups that make people different.
- 2) Residents will develop sensitivity to the varying needs of different groups within the community
- 3) Residents will demonstrate sensitivity, understanding and empathy for issues they are affected by differences between people and groups within the community
- 4) Residents will appreciate the need to behave in a professional manner demonstrating honesty, respect, integrity, morality, dignity, and concern to others.
- 5) Reflect on developing one's own talents and skills in interacting with others and appreciating the differences between people.

Resource Material.

- 1) Reading and research into and for materials is an essential element of the rotation. We maintain a reading shelf with both classic and contemporary texts on the topics noted. A list of texts is attached. The use of web site research is encouraged, and we have book-marked the sites likely to provide information for sites.

Evaluation protocol

We assess the engagement of residents after their month rotation, quality and use of teaching modules, and success of grant applications, screening program, educational programs, community needs assessments. The continued satisfaction of both residents and community-based organizations are monitored.

¹ Eckenfels EJ. Contemporary medical students' quest for self-fulfillment through community service. Academic Medicine. 1997; 72:1043-50.