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Family Medicine Pediatric Education Needs Assessment

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Background

The majority of pediatric patients in Nebraska are cared for by Family Medicine physicians but there has been minimal analysis done to show whether current resident training is adequate to prepare these physicians. The previous unpublished study was presented at the Pediatric Academic Society meeting in 2006 which was conducted prior to residency work restrictions being enacted. These restrictions significantly changed many clinical experiences. The aim of this study is to assess the knowledge and confidence of Family Medicine residents in the diagnosis and management of common pediatric clinical scenarios to determine if adjustments in curriculum are necessary.

Methods

A survey was created with the assistance of a survey methodologist within REDCap to collect demographic data, program information, and to evaluate each resident's knowledge and confidence in dealing with pediatric conditions that are within the top ten most common pediatric diagnoses. These diagnoses were determined utilizing billing data in a community outpatient Family Medicine practice and a community inpatient Pediatric Hospital Medicine practice. The survey was piloted with pediatric faculty to assure content validity. Additionally, free text questions were included to determine areas that residents desired more education and how they preferred to be taught this information. The survey was distributed via email with a link to the REDCap survey to all Family Medicine Residents in Nebraska during March of 2022.

Results

Data is still in the final stages of being collected. Preliminary results show that 50% of Family Medicine residents lack confidence in diagnosing and managing respiratory illnesses in pediatric patients despite 83% being able to correctly identify incorrect management plans for two different respiratory disease processes. This correlated with respiratory illnesses being the most common condition residents requested more education on. While, the majority of residents described themselves as being confident in determining abnormal vital signs in a pediatric patient, less than 10% of them were able to correctly determine that a set of vital signs did not require intervention, indicating another potential area of curriculum development.

Conclusions

Data is in the final stages of being collected and has not been fully analyzed at this time. Conclusions are pending.