

PEDIATRIC PRIMARY CARE EDUCATION

By Stefano del Torso and Wilhelm Sedlak

Primary Care Workgroup

INTRODUCTION

In Europe there are very different primary health care services for children and adolescents : in the majority of the European countries primary care for children and adolescents is provided by pediatricians in competitions with general practitioners, with or without a specific training .

In many countries the reduction of the fertility rate has increased the competition between pediatricians and general practitioners on the smaller number of children, although the efficacy of pediatric care is demonstrated by a reduction of infant mortality rate seen in those countries where primary care is provided by pediatricians (Katz et al, Pediatrics 2002).

In the near future it is foreseen a shortage of pediatricians in some countries: it is likely that primary and secondary care could be the responsibility of the same pediatrician inside the hospital and in ambulatory setting in the community.

Organizative changes will be necessary in many health systems to enhance the optimal utilization of pediatricians by the population to continue to pursue health promotion initiatives in addition to optimal care of acute and chronic diseases.

The EBP Primary Care workgroup recommends that all children and adolescents should have a primary care provider who is fully trained as a pediatrician, who has undergone a specific training in primary care pediatrics, according to the indications of the EBP and of the national education curriculum in pediatrics .

If possible children and adolescents should have a trained pediatric primary care provider at least to the age of 6 years but possibly to the age of 18 years.

In countries where the child and the adolescent does not have a pediatrician as a primary care provider, the EBP recommends that all physicians taking care of children should undergo extensive training in primary care pediatrics under the responsibility of the national pediatric society.

All trainees in Pediatrics should have experience of office primary care pediatrics combined and integrated with secondary care pediatrics, whatever their future intentions are .

Out of hospital based experience should be performed preferably in accredited group practices with an up to date organization and equipment, in collaboration also with nurses, who have undergone extensive training in primary care pediatrics and under the supervision of physicians, who have been certified as trainers in primary care and/or pediatric primary care.

General Considerations

A primary care pediatrician is a pediatrician who offers curative and preventive services for acute and chronic problems in out patient or ambulatory settings like public health clinics, health centers and solo or group private practices.

Also in the USA as in Europe the majority of pediatricians care for children and address child health issues in the context of the community outside the hospital : recent changes in US national training requirements have encouraged a shift to more ambulatory and out of hospital based experiences (DeWitt ,AAP Committee for Pediatric Education) .

The Pediatric Education program in some European countries is 3 to 5 years long without a distinction between a common trunk and a specialized path as suggested by the UE and already implemented in other countries.

The EBP strongly recommends that the common trunk or the general pediatric training should at least follow the guidelines of the CESP Common trunk Syllabus .

PROPOSAL

Considering the differences in pediatric health care services and education programs the EBP Primary Care workgroup recommends the following approaches.

1. General pediatric training should include experiences in a setting structured and designed to emulate the practice of primary care pediatrics to educate residents as advocates for health of children within the community out of the hospital. This experience should be combined and integrated with in-hospital secondary and tertiary care

The following topics must be addressed:

Acute Care of common diseases, Preventive care, Nutrition, Immunization, Emergency Pediatrics, Accident Prevention, Social problems, Developmental problems, Psychiatry and psychological problems, Continuity of Care of chronic conditions, Environmental issues, Communication skills, Health Economics, Multicultural aspects of health care, Medico legal and legislative aspects, Epidemiology, Evidence Based Medicine, Communication techniques, Quality Management, Teamworking and Auditing

2. In the countries where an additional specific training in Pediatric Primary and Secondary Care has been activated according to the UE guidelines, trainees should have more prolonged experience in the above listed topics and in addition focus on :

Adolescent care, Primary and Secondary care interactions, Sports Medicine, Organization and ergonomics of office activity, Office administration, Personnel management, Office laboratory, Organization of research in office settings, Teaching in office settings using adult pedagogy Techniques, Electronic Medical Records and Office Information Technology, Diagnostic procedures, Physiotherapy, Counselling.

These goals can be achieved utilizing settings based out of the hospital such as Primary Care Pediatricians offices, Community Health organization, Schools and day care settings, Public health Clinics programming either block rotations (2 - 6 months) or longitudinal experiences (half day per week for 2 -3 years) .

For some aspects such as diagnostic procedures and adult pedagogy ,training should be performed in subspecialty outpatient training centers .

EXAMPLES

The Italian Model for Pediatric Education

3 years common trunk + 2 years specialized pathway

Common Trunk (3 years) :

IN Hospital Experience

12 months in hospital departments (150 acute general pediatric cases)

20 months in hospital departments (200 cases in at least 6 of the following : Allergology, Pneumology, Cardiology, Endocrinology, Gastroenterology ,Infectious Diseases, Nephrology, Neurology, Reumatology)

4 months in Neonatology and neonatal Intensive Care (at least 50 cases)

Ambulatory and OUT of Hospital experience

Emergency Room or Out Patient Clinic (500 visits , 12 hours rotations for 5/6 times a month for 3 years)

Primary Care pediatrics (150 visits in NHS Primary Care Pediatricians offices, 1/3 dedicated to preventive care, at least 40 half day hours rotation per week in the 2nd or 3rd year)

In Hospital Ambulatory / Out patient clinic (500 visits, half day rotation per week in the 2nd and 3rd year) .

Mandatory : Adolescent, Allergology, Pneumology, Cardiology, Endocrinology, Gastroenterology , Neurology, ENT

Voluntary : Dermatology, Infectious Diseases, Nephrology, Reumatology, Genetics, Orthopedics, Pediatric Surgery, Neuropsychiatry, Ophthalmology

Specialized path way . Primary Care 2 years

12 months in hospital departments (supervising responsibility)
Subspecialty out patient clinic (300 visits in half day rotation for 12 months)
Emergency Room or general pediatric Outpatient Clinic (500 visits , 12 hours rotations for 5/6 times a month for 2 years)
6 months Primary Care Pediatrics (500 visits in NHS primary Care Pediatricians offices, 1/3 dedicated to preventive care, 2 months rotations in 3 different offices, possibly group practices)
6 months Public Health Clinics (Neuropsychiatry, Rehabilitation , Family Care, Social services, Drug Addiction) with continuous care of at least 4 families at social risk in 2 years

Specialized path way . Secondary Care 2 years

12 months in hospital departments (supervising responsibility)
Subspecialty out patient clinic (300 visits in half day rotation for 12 months)
Emergency Room or general pediatric Outpatient Clinic (500 visits , 12 hours rotations for 5/6 times a month for 2 years)
12 months Neonatology and Neonatal Intensive Care (150 healthy neonates and 150 pathological neonates, at least 1/3 of these in neonatal Intensive care)

Specialized path way . Tertiary Care 2 years

The Austrian Model for Pediatric Education

The Austrian Specialist in childhood and adolescent medicine takes care of children from infancy to young adulthood till the age of 18 years. The title of “ Specialist for childhood and adolescent medicine “ exists since 1994 by law.

They take care of children and adolescents either in general practice or in the hospitals.

The Training program takes at least 6 years:

- 1) 4 years general main training program like the common trunk training program of the CESP Syllabus
- 2) 18 months for compulsory secondary training program:
2 mo ENT, 2 mo dermatology, 3 mo surgery, 3 mo gyn/obstetr.,
3 mo orthopaedic, 5 mo internal med.
- 2) 6 months voluntary training program in ambulances, out-patient-clinics, tertiary-care or research or in an authorized office of a general paediatrician.

After the 6 years of training there will be an obligatory examination (100 - 150 MCQs in Paediatrics and probably an oral case test)