

Program Development: Improving Medical Pediatric Residents Training in Child Development Jessica Lorenzo-Gaier, PhD and Laura Dewey, PhD Nemours/A.I. duPont Hospital for Children



Goals

Understand the current process for training in behavior and development for pediatric medical residents.

Develop and implement training opportunities to improve autism competency and early identification of symptoms.

Expand access to live teaching opportunities as residents complete behavioral health observations during their developmental medicine rotation.

Educational Competencies

- Understanding typical developmental milestones, ASD symptoms, and early red flags for developmental delays.
- Increase familiarity with interdisciplinary approaches for providing care for ASD patients.
- Increase familiarity with psychodiagnostic testing for ASD.
- Review components of a psychological evaluation report.
- How to make referrals.

Successes

- Met with faculty are involved in behavior and development training for medical residents to review current educational objectives for developmental medicine rotation.
- Identified clinic days for live teaching when ASD diagnostic testing is being completed.
- Completed 9 live teaching observations.
- Residents had the opportunity to observe 1-3 ASD assessment cases.
- Residents also observed a multidisciplinary assessment of ASD patients presenting with feeding concerns

Observation Opportunities during Developmental Medicine Rotation

Behavior Consultation Clinic	Nurses & Kids
Daycare Observation	Behavioral and Developmental Access Clinic
Child Development Watch	Family Consultation Clinic
Autism Behavior Clinic	Psychiatry
Occupational Therapy	Speech Therapy
Physical Therapy	Audiology
Child Advocacy Center	Cerebral Palsy Clinic
Down Syndrome Clinic	Weight Management
Diabetes Collaborative Clinic	Child Development Lecture

Challenges

Increasing familiarity with medical resident curriculum

Balancing rotation goals with new objectives

Scheduling

Social distancing

Next Steps

- Collect residents' pre/post ratings of knowledge and confidence for working with ASD.
- Utilize telehealth to continue behavioral health observations while maintaining social distancing guidelines.
- Identify other opportunities for live teaching during behavioral health observations across development.
- Create a library of recorded psychology testing and therapy appointments to allow for more targeted observations of different populations.
- Review sample psychological reports to increase resident's familiarity with psychodiagnostic testing and ability to support families with continued treatment planning.

Background

- Autism Spectrum Disorder (ASD) has been increasing in prevalence, with current estimates at 1 in 59 children (Baio et al., 2018).
- Early identification and intervention has been shown to improve outcomes across domains for children diagnosed with ASD (Warren et al., 2011).
- Families often present with initial developmental concerns to their primary care physician (Zwaigenbaum, Bauman, Fein, 2015).
- A 2019 study revealed that medical students and pediatric trainees reported low general knowledge of ASD and were unfamiliar with commonly presenting sensory concerns among children with ASD (Austriaco et al., 2019).

References

- Austriaco, K., Aban, I., Willig, J., & Kong, M. (2019). Contemporary Trainee Knowledge of Autism: How Prepared Are Our Future Providers?. Frontiers in pediatrics, 7, 165.
- Baio, J., Wiggins, L., Christensen, D. L., Maenner, M. J., Daniels, J., Warren, Z., ... & Durkin, M. S. (2018).
 Prevalence of autism spectrum disorder among children aged 8 years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. MMWR Surveillance Summaries, 67(6) 1
- Warren, Z., McPheeters, M. L., Sathe, N., Foss-Feig, J. H., Glasser, A., & Veenstra-VanderWeele, J. (2011). A systematic review of early intensive intervention for autism spectrum disorders. Pediatrics, peds-2011.
- Zwaigenbaum, L., Bauman, M. L., Fein, D., (2015). Early screening of autism spectrum disorder: recommendations for practice and research. Pediatrics, 136(suppl 1):S41–S59