

Research Protocol

Title: New York State Advocacy and Community Pediatrics Program Survey

Investigators:

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Study Purpose

The purpose of this study is to assess the scope and needs of the 30 pediatric residency programs in New York State with regard to training of residents in advocacy and community pediatrics.

Background

The ACGME requires that pediatric residency programs provide 2 educational units (4 weeks each) of training in advocacy and community pediatrics. Over the past 2 years, there have been 2 New York State meetings to establish a collaborative of educators in pediatric advocacy and community pediatrics. At these meetings, it has become clear, that there is variability in resources and experience of the institutions in providing training in advocacy and community pediatrics.

Design and Procedures

The faculty member responsible for overseeing training in advocacy/community pediatrics at each of the 30 pediatric residency programs in New York State will be contacted, first by e-mail and subsequently by phone. The faculty member will be asked if s/he would participate in a 10-15 minute phone questionnaire regarding advocacy/community pediatrics at his/her institution. The faculty member will be told that the purpose of this study is to describe what training is currently available in New York State with the goal to combine resources and develop a

New York State Advocacy and Community Pediatrics Program Survey

collaborative to provide faculty development, shared resources and solutions to mutual concerns. The questionnaire has questions regarding the timing, structure and content of advocacy/community pediatrics training. In addition, the questionnaire has questions about institutional support. (see appendix A). After the questionnaire is completed, the faculty member will be asked if they agree to future communications .

Inclusion and Exclusion Criteria

All 30 accredited pediatric residency training programs in New York State will be contacted. There will be no exclusions.

Rationale for Subject Selection

The faculty member at each institution with the most direct knowledge regarding advocacy/community pediatrics training at their institution will be contacted.

Risk/Benefit Assessment

Risk Category

Risk for participation in this study is minimal.

Potential Risk

The risk potential involves the brief time spent in participating in the questionnaire.

Protection Against Risk

The data will be pooled and identifying institutional and personal information will be removed from the analysis (see below).

Potential Benefit to the Subjects

In establishing the collaborative, we hope to share resources and experience to facilitate quality advocacy/community pediatrics training at all institutions in New York State.

Alternatives to Participation

The faculty member can decline to participate.

Monitoring Subjects and Criteria for Withdrawal of Subjects from the Study

The questionnaire will involve one phone call. After data is analyzed, we will share it with all participating institutions and contact the institutions for further collaboration. The faculty member can withdraw from participation at any time, by phone call or e-mail.

Location

Please see appendix B that lists all the Pediatric Training Programs in New York State.

Process of Consent

After explaining the purpose of the questionnaire, it will be explained that the interviewee can decline to answer any question after consent and can withdraw from participation at any time. Verbal agreement to participate in the questionnaire will be tacit consent. We will not be obtaining written consent and, if necessary, request a waiver of consent.

Subject Capacity to Give Consent

N/A

Data Analysis and Data Monitoring

The data will be abstracted from the questionnaires eliminating identifying information. Qualitative statistics will be used to describe the results.

Data Storage and Confidentiality

The data will be stored on a personal computer in a locked office. Only the investigators listed above will have access to the data.

References:

Chamberlain, L.J.; and J. M. Kaczorowski. 2014. "You Get What You Pay For": Resources for Training and Practice in Pediatrics. *PEDIATRICS*, 134(1) 173.

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Minkovitz, C.S.; Goldshore, M.; Solomon, B.S.; Guyer, B.; and H. Grason. 2014 Five-Year Follow-up of Community Pediatrics Training Initiative. *PEDIATRICS*, 134(1): X9.

The Pediatrician's Role in Community Pediatrics. 2005. Policy Statement by the American Academy of Pediatrics. *PEDIATRICS*, 115:1092