Residency Training and Continuing Medical Education in School Health

Section on School Health

Children between the ages of 5 and 18 spend a significant amount of their time in school. School health is a vital part of pediatric practice and an important concern for pediatric graduate medical education. There are few substantiated data, however, to suggest that residents entering pediatric practice or academic medicine are exposed to school health in a significant way. Many pediatricians, upon entering practice, find that they are consulted by school systems and parents whose children have problems related to school. Pediatricians find themselves unprepared for this new role and express the need for postgraduate education in school health.1-4

The American Academy of Pediatrics Task Force on Pediatric Education5 and the most recent report from the Pediatric Residency Review Committee have both underscored the appropriateness and importance of education in school health as an important part of the residency curriculum.6 The American Academy of Pediatrics believes that education in school health should be an important part of graduate medical education for pediatric residents and of continuing medical education for practicing pediatricians.

Many advances in pediatrics that affect the well-being of the child relate directly to the school setting. Increased attention to federal legislation (Section 504 of PL 93-112, the Rehabilitation Act of 1973; parts B and H of PL 102-119, the Individuals with Disabilities Education Act), health education including education about the prevention of drug and alcohol abuse and acquired immunodeficiency syndrome, new approaches to screening and health services in the schools, immunization requirements, physical fitness, and knowledge about the school environment—all are important aspects of school health and areas in which many residents and/or pediatricians have had little or no training or experience. Therefore, such topics should be included in training and continuing medical education programs to enable pediatricians to understand the various aspects of school health.

At the completion of residency, pediatricians should have acquired some skills and knowledge pertinent to school health. Pediatricians who anticipate playing an expanded role in school health through their practice, or as a school health consultant, may require additional expertise and training. Resident experiences for training in school health are available in a variety of ambulatory settings, and programs for residents should include components related to the content and practice of school health. The components include:

1. Didactic presentations about topical school health issues by general pediatricians with substantial experience in school health. The topics should include health education, screening, learning disabilities, principles of school health consultation, sports medicine, nutrition, adolescent lifestyle concerns in the school setting and educational programs teaching healthy lifestyles, school environment, legislative issues in the school setting, school phobia and absenteeism, attention deficit disorders, pediatric assessment at school entry, and special education (law and services).7

2. School site visits scheduled to orient the pediatric house officer to the school setting. These can be incorporated into ambulatory or other rotations as appropriate. Additionally, as an elective, a longitudinal assignment to an elementary or secondary school under the direct supervision of an experienced pediatrician would be valuable. In either case, the resident can observe skilled pediatricians demonstrating various school health principles and practices. Those pediatricians are often private practitioners and existing school health physicians.

3. Clinical experiences: The resident can gain experience in sports medicine by assisting a team physician at athletic events and taking part in preparation sports examinations and rehabilitation procedures. The resident can also participate in a multidisciplinary team meeting to discuss cases of children with chronic disease or learning disabilities. Additional experiences might include evaluation of suspected learning disabilities, speech and language disorders, and mental retardation. Exposure in a school for physically and/or mentally handicapped children and in a school-based health clinic would also be valuable.

4. Community practice: The resident can serve as an advocate for the special health needs of individual children in the school setting. The resident can attend a school health advisory committee meeting or that of another commissioned group responsible for the administration of the school health program. Attendance at an American Academy of Pediatrics chapter School Health Committee meeting or School Health continuing medical education course would enable the resident to interact with pediatricians experienced in the field.
Often, pediatricians in practice need to gain new skills and knowledge in order to work effectively in the school setting. In conclusion, the following knowledge and/or skills should be conveyed in resident training and continuing medical education:

1. The pediatrician should be able to serve as an advisor to a school district, participating in discussions of school health services, school environment, legislative issues, and problems of children that become evident in a school setting.7

2. The pediatrician should be equipped to offer advice and consultation about sports-related programs and physical education in a school district. Pediatricians should suggest appropriate activities for all youngsters so that physical fitness and the lifelong pursuit of fitness-related activities become a priority.

3. The pediatrician should be a resource for comprehensive school health education programs from grades K through 12.

4. The pediatrician should be involved in planning Individual Educational Programs, 504 Modification Plans, and Individual Family Service Plans for children with chronic illnesses and developmental disabilities and for those who are technology dependent.8

School health is an important subject for resident training and continuing medical education courses. Pediatric organizations should work collaboratively to emphasize the importance of school health, both in residency training programs and in continuing medical education.

**Residents Education in School Health: An Issue Whose Time Has Come**

The present reality of health care reform in the 1990s, along with the state of health of many American schoolchildren, creates an urgent need to look at the educational preparation of our future pediatricians in school health. Indeed, as detailed in much recent public health literature (ref Healthy Kids for the Year 2000: An Action Plan for Schools1), there is a recognition of the intertwined nature of health and learning, and the appreciation that school-age children with health problems, alcohol abuse, violent behaviors, school absence and/or failure, cigarette smoking, and poverty are increasingly a reflection of our country's dismal state of physical and mental health. These young people are more likely unemployed and at long-term risk.

Pediatrics as a specialty has always been a leader in trying to find solutions to child health issues. Pediatricians of the future, if their specialty is to remain viable, will need to understand and have the skills to deal with emerging social issues that affect children and their health status. Because school health has recently emerged at the national level as a crucial area to impact child health, it has become an important issue for pediatricians. Indeed, the school and its community are viewed as key in the widely publicized efforts to promote child health and, in turn, help children learn. The school is the place where the most significant long-term problems of future generations emerge and where those problems are dealt with, or, on occasion, it is the setting that provides the background for exposure to the problems of young people. On either account, pediatric residency education needs now more than ever to provide the skills to work with community systems (such as the schools and other agencies); to collaborate with nonmedical colleagues in dealing with the problems of school failure, school violence, and education outcomes for children with chronic illness; and to set the directions for comprehensive school health programs and their necessary partnerships for the 21st century.

Education in school health has been defined as “a specific identifiable curriculum and/or planned learning experience ... in order to promote the health or serve health problems of children.”1 The American Academy of Pediatrics (AAP) has further determined that school health and “school related problems” should be part of a pediatric residency program.2

The need for education in school health during pediatric residency has been effectively documented. Chilton3 reported that, in a survey of board-certified practicing pediatricians in New Mexico, the majority felt ill-prepared to deal with school health issues. Despite the fact that only 22.4% of respondents had any training in the area of school health, fully 76% of these physicians were providing school health services.3 This finding is not surprising given the mixed
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