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.

RESIDENT EDUCATION IN SCHOOL HEALTH: AN ISSUE WHOSE TIME HAS COME

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**Committee of the Section on School Health, 1992 to 1993**

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**REFERENCES**


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 Schools), 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 unemployable 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.” 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. Chilton 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
review which school health training has historically received. Although studies have supported school health education in principle, school health training has encountered a variable reception in pediatric residency programs. Nonetheless, recent studies have confirmed that for directors of pediatric programs, topics in school health are deemed desirable and are often taught. Recent data support the increased attention school health must receive in resident education.

Historically, school health has occupied a circumscribed arena of pediatric practice with its origins in communicable disease control and mandated screening in the school health office. Several changes in the United States have prompted a complete reevaluation of the role of school health programs; these changes include altered family structures and increased poverty associated with behavior-related chronic illnesses that trigger long-term dysfunction for children. In the past, pediatricians played fairly restricted roles in school: a few were employed by schools to provide limited medical services and consultation or sports event coverage, and a majority merely cared for children with increasingly low-severity, but high-prevalence, new morbidity conditions that impacted on the school.

The pediatrician of the future will need training in a newly appreciated, comprehensive school health initiative that includes comprehensive school health education; health services delivered along a continuum of primary care in the schools, to merely a school-focused responsibility for securing a medical home; and a healthy school environment and community.

Despite the AAP Task Force on Pediatric Education report, published in 1976, and increased influences by federal funding for primary care pediatrics, most data suggest that pediatricians receive little school health training, and a significant proportion are not comfortable with school health-related issues. However, already most pediatricians have contact with schools, whether as a primary care provider or as a designated school health consultant.

School health training has been identified by the AAP Task Force on Education as one critical part of a newly emerging curriculum for pediatric residents. Furthermore, the AAP Committee on School Health has delineated objectives for "physician education" in school health to include evaluation of school-related developmental and behavioral problems, knowledge of school and community resources, and exposure of the physician to techniques for consultation to schools. Weinberger and Osler surveyed pediatric programs 5 years after publication of the AAP Task Force on Education report and found that few programs offered substantive exposure to areas termed the "new morbidity in pediatrics" or especially to adolescent medicine. Other data substantiate some minor progress but a need for more educational changes.

Pediatric residency education is undergoing great scrutiny at this juncture as a result of several related but potentially conflicting trends in pediatrics. Pediatrics, in the main, is an increasingly ambulatory-oriented specialty with a patient base whose morbidities mirror school health-related issues. Health care reforms, including positions espoused by the AAP, have targeted children and pregnant women and looked to educational vehicles to increase primary care pediatrics. Financial vehicles are being devised to provide health services to underserved populations in schools. Despite these trends, and the AAP's own task force, few pediatric residency programs are offering substantive experience in school health, as defined by the recent AAP Section on School Health education statement. Follow-up studies of pediatric residency programs have indicated a weak presence for faculty involvement and curricular reform in school health for pediatric residents.

School health has emerged as an exciting and new aspect of innovation in health sciences education; it is a laboratory for health care reform, and the logical center of a continuum of services for children and families. School health has emerged as the center of all that is new and controversial—sexually transmitted disease prevention in the schools, school-based clinics, health education, human immunodeficiency virus education, violence prevention, and curriculum and educational reform—but it may be the best hope for the next generation. The agenda is clear, the course uncharted. Pediatricians in training need the skills to appreciate new roles and new services, and they need a means of impacting on the health status of children for generations to come.

In conclusion, residency training programs must provide education in school health, and, in turn, the AAP, through its sections, must support education in school health for the practicing pediatrician. The Residency Review Committee for Pediatrics is again looking at its special requirements: the message is clear—required school health education in residency training must be now.

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