Addressing the Gap in Parenting Education for Pediatric Residents: An Interdisciplinary Interactive Curriculum Focused on Parenting Infants

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Introduction:
- Pediatric residents are viewed by parents as authorities in parenting and raising children.
- A pediatric residency education should include curricula that addresses this important role.
- This type of education is lacking in current pediatric residencies.
- According to a 2020 survey of Association of Pediatric Program Directors, respondents noted it was "very important" to educate residents about parenting skills, but only 11% rated their program as doing so 'very well'.
- A curriculum or avenue of exposure is needed during residency to address this gap.

Goal:
- Create a curriculum to address the gap between pediatric resident training in parenting and expectation of parenting expertise.

Methods: The Workshop
- We created a 2-hour interactive, interdisciplinary infant parenting workshop.
- Delivered during the academic half-day.
- The workshop included 4 stations:

   - Station focused on infant safety and car seat installation.
2. Breastfeeding: Led by Lactation Consultants
   - Station covered breastfeeding techniques and essential supplies.
3. Formula & Feeding: Led by Speech Therapists & Registered Dietitians
   - Station provided detailed instruction on formula feeding, including mixing techniques.
4. Parenting Tips & Tricks: Led by resident and attending parents
   - Station included advice on everyday parenting challenges.

Methods: Evaluation
- Residents were given pre- and post-workshop surveys to assess baseline and post-workshop self-reflective competencies.
- 26 pediatric residents completed the pre-workshop survey.
- 20 pediatric residents completed the post-workshop survey.

SURVEY QUESTIONS
1. I feel confident I can show a family how to mix formula.
2. I feel confident I can describe the differences between different formula/infant feeding products available in the market.
3. I feel confident I can show parents how to best position and feed infants.
4. I feel confident I know general safety guidelines and positioning of infants in car seats.
5. I feel confident I can effectively swaddle an infant with a variety of products and teach parents.
6. I feel confident I can advise families when to transition their swaddle.
7. I feel confident I can advise parents on nasal suctioning devices.
8. I feel confident I can direct parents towards parenting resources such as books or websites.
9. I feel confident I can recommend resources that help parents with sleep training.

The Likert Scale for each question
1. Not confident at all
2. A little confident
3. Somewhat confident
4. Very confident
5. Extremely confident that I could teach it.

Results:
- Overall analysis shows a significant difference in resident self-reported confidence in 9 out of the 9 surveyed objectives.
- When adjusting for post-graduate year, a significant difference in Likert scale scores were found in 7 out of 9 objectives for the PGY1 class.
- Alternatively, only 1 objective showed a significant difference in the PGY 2 class and 3 in the PGY 3 class.

Discussion:
- This infant parenting curriculum offers an interactive multidisciplinary approach to bridging the gap pediatric residents have between anticipatory guidance and realistic, applicable parenting advice.
- Within just one workshop, there is a significant increase in self-reported competencies in topics of infant feeding, car seat safety, and parenting resources. The most significant increase was noted in the intern year class.
- Our program highlights the success of resident small group learning with experts within various fields of pediatrics.

Conclusions:
- Overall analysis shows a significant difference in resident self-reported confidence in 9 out of the 9 surveyed objectives.
- When adjusting for post-graduate year, a significant difference in Likert scale scores were found in 7 out of 9 objectives for the PGY1 class.
- Alternatively, only 1 objective showed a significant difference in the PGY 2 class and 3 in the PGY 3 class.

Next steps
1. Integration of this session into the program’s 18-month curriculum.
2. Development of similar workshops for toddlers, children, and teenagers.

References:
6. https://jamanetwork.com/journals/jama/article