

Education and Training Addressing the Future Needs of Child and Youth Health

An Educator's Perspective:
Whence and Whither

Sue Tallett

18 November 2006



Whence.....evolving trends

- ◆ Changing demographics
 - Female : male ratio in paediatrics
 - ◆ Similar lifestyle choices
 - Longer training pre-residency
 - Increase in international medical graduates (again!)
 - Increased options for career choices
 - Decreased flexibility in core training
 - Fewer residents entering community paediatric practice

Whence.....evolving trends

- ◆ Increasing structure and higher standards for RCPSC programs
 - Overall and rotation specific goals and objectives
 - CanMEDS objectives
 - Education to service ratio
 - ◆ Protected academic half days
 - ◆ Changing call requirements
 - ◆ European work directives
 - More thorough evaluation including CanMEDS
 - ◆ OSCEs, HPEs etc

Whence.....evolving trends

- ◆ Increased content
 - New diseases, investigations, treatments
 - New topics e.g. ethics, quality improvement, patient safety
 - New skill sets e.g. computer literacy for hospital and knowledge data bases
 - Patients and families more knowledgeable and involved

Current issues and tensions

◆ Generalism

- Promotion of generalism
- Promoting models of collaborative care that are respectful of generalism

◆ Length of training

- Too long (cannot attract trainees into research careers)
- Too short (increased knowledge and technology; ensuring competence; lack of depth of experience on rotations)

Current issues and tensions

◆ Funding issues

- Need more funding for residency training positions
- Need more funding to pay community paediatric faculty to teach (distributed education model)
- Need more resources to cope with increased training demands;
'stretched to the limit'

Current issues and tensions

- ◆ Increasing number of career choices
 - Many more subspecialties
 - Clinical, educational, research career pathways
- ◆ Expectations of enhanced training for academic careers- Masters, PhD

Whither.....challenges and questions

- ◆ Who provides the care for children?
 - Nurse practitioner, family doctor, community paediatrician, paediatric subspecialist, adolescent psychiatrist, paediatric surgeon
 - *Develop levels of care*

Whither.....challenges and questions

- ◆ Who makes decisions re career options?
 - the trainee or government?
 - *We need to make decisions to support trainee choices and ensure appropriate distribution of physicians based on need*

Whither.....challenges and questions

- ◆ What effective and efficient models of training should we consider?
 - 2 year core then:
 - ◆ research training pathway
 - ◆ subspecialty training
 - ◆ community paediatric training
 - 4 year core to incorporate all new aspects of paediatrics
 - *Flexible pathway depending on career choice*

Whither.....challenges and questions

- ◆ Where should we train residents?
 - Hospital based (comfort with complexity)
 - Community based (increase generalism)
 - Combination
 - *Combination but flexible pathways should allow differentiation to include relevant areas*

Whither.....challenges and questions

- ◆ How do we integrate new content and is it for all trainees?
 - Chronic complex patients, transplant recipients
 - New technology for practice and/or learning
 - ◆ Simulation
 - ◆ Computer data bases
 - *Lifelong learning, practice audit, teamwork, communities of learners and communities of practice*

Whither.....challenges and questions

- ◆ How do we educate the teachers of the future and enhance scholarship in the training of the next generation of paediatricians?
- ◆ How do we ensure educational research to develop an evidence- based approach to teaching and learning?
- ◆ *Continue efforts to increase the scholarship of teaching and education through faculty development*