



Deficiencies of cross-training between pediatrics and otolaryngology

Michael Clifford Fabian*

Department of Surgery, Humber River Regional Hospital, Toronto, Ont., Canada

Received 28 January 2005; accepted 25 March 2005

KEYWORDS

Cross-training;
Pediatrics;
Otolaryngology;
Otolaryngology
resident;
Pediatric training;
Otolaryngology
training

Summary

Objective: Conditions relating to the ear, nose and throat are very frequent problems encountered by general pediatricians. Similarly, a major percentage of patients seen and operated on by the general otolaryngologist are of the pediatric age group. It is my hypothesis that there is a deficiency of cross-training between these two specialties. **Methods:** All pediatric and otolaryngology program directors in Canada were contacted by mail. They were asked to complete a questionnaire regarding the need for further cross-training, what training their residents are presently receiving, and clinical entities that needed more attention.

Results: Data were tabulated and analyzed. 62.5% of pediatric program directors and 83.3% of otolaryngology program directors responded. All pediatric program directors indicated a need for teaching by otolaryngologists for their residents and 90% identified an area of deficiency in training. Similarly, 90% of otolaryngology program directors indicated a need for teaching by pediatricians for their residents and 89% of those identified an area of deficiency in training.

Conclusions: These results suggest that there is a deficiency in cross-training between pediatrics and otolaryngology.

© 2005 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

The most common presenting complaints seen by the general primary care pediatrician are those relating to the ear, nose or throat. Similarly, general otolaryngologists see a large volume of patients of the pediatric age group, these children often requiring

surgery or hospitalization. Despite these factors, there are no formal guidelines from the Royal College of Physicians and Surgeons of Canada for cross-training between these two specialties. There has been an abundance of discussion relating to this cross-training issue at international meetings, and several programs have implemented their own curricula guidelines, but there appears to be no publications in this regard. There have been some references in the literature as to specific clinical

* Tel.: +1 4169186557; fax: +1 4163220466.
E-mail address: fabianent@rogers.com.

entities, but no general training recommendations. Steinbach and Sectish surveyed US and Canadian pediatric program directors evaluating resident competency of otitis media and their future plans for otitis media training. They concluded that although otitis media is the most common disease seen by practicing general pediatricians, aside from informal case-by-case education, only slightly more than half of all pediatric residency programs have some formalized resident education of this common pediatric problem, and most of those curricula are infrequent lectures [1]. Specific pediatric knowledge gaps of otolaryngologists have also been described in the literature. Robin et al. looked at pediatric otolaryngologists' knowledge and understanding of genetics and genetic testing for deafness and hard of hearing (D/HOH). They concluded that while the surveyed pediatric otolaryngologists have a good knowledge of genetics and genetic testing for D/HOH, recurrence risks were often inaccurate [2]. Osguthorpe also outlined the need for knowledge in allergy/immunology for otolaryngology residents, despite the fact that almost sixty percent of otolaryngology programs in North America had no formal training in this area [3].

As there is such a major overlap between pediatrics and otolaryngology, I performed a study looking at the issue of cross-training. For the pilot study, I decided to direct the questionnaires to program directors. They are the individuals who would know exactly what the present training curriculum was,

and they would be responsible for any modification of training. Two aspects of cross-training were explored, namely, what training the residents were presently receiving and what they felt was necessary. I also felt it was necessary to identify specific knowledge gaps. This is the pilot study and further studies will be performed to make recommendations for resident curricula change.

2. Methods

Questionnaires were mailed to all pediatric and otolaryngology program directors in Canada. They were asked to complete the required fields and make additional comments (Tables 1 and 2). Pediatricians were asked if they felt teaching by otolaryngologists would be beneficial for pediatric residents. If the answer was yes, the areas of teaching were divided into three categories, namely, lectures/rounds, clinics or rotation. They were then asked if the residents presently receive any formal training by otolaryngologists. If the answer was yes, they were asked to clarify whether it was lectures/rounds, clinics or rotation. Finally, they were asked what areas they perceived would be important for their residents to know more about relating to otolaryngology. Similarly, otolaryngologists were asked the same questions relating to further teaching by pediatricians. Forms were coded and not matched to a specific program for analysis.

Table 1 Questionnaire sent to all pediatric program directors in Canada

1. Do you think teaching by otolaryngologists would be beneficial for pediatric residents?

Yes/no

If yes, which would you feel is most appropriate?

- Lectures/rounds
- Clinics
- Rotation

2. Do your residents presently get any formal training by otolaryngologists?

Yes/no

If yes, which method?

- Lectures/rounds
- Clinics
- Rotation

3. What areas do you perceive would be important for your residents to know more about relating to otolaryngology?

Table 2 Questionnaire sent to all otolaryngology program directors in Canada

1. Do you think teaching by pediatricians would be beneficial for ENT residents?

Yes/no

If yes, which would you feel is most appropriate?

- Lectures/rounds
- Clinics
- Rotation

2. Do your residents presently get any formal training by pediatricians?

Yes/no

If yes, which method?

- Lectures/rounds
- Clinics
- Rotation

3. What areas do you perceive would be important for your residents to know more about relating to pediatrics?

Download English Version:

<https://daneshyari.com/en/article/10088607>

Download Persian Version:

<https://daneshyari.com/article/10088607>

[Daneshyari.com](https://daneshyari.com)