

# Training Pediatric Residents to Provide Parent Education: A Randomized Controlled Trial



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## ABSTRACT

**OBJECTIVE:** We evaluated the effect of Primary Care Positive Parenting Program (Triple P) training on pediatric residents and the families they serve to test 2 hypotheses: first, training would significantly improve resident skill in identifying and addressing discrete parenting and child behavior problems; and second, parents would report an improvement in their sense of self-efficacy, use of positive discipline strategies, and their child's behavior.

**METHODS:** Study participants included pediatric residents from 3 community clinics of a pediatric residency program, as well as English-speaking parents of children aged 18 months to 12 years without a diagnosed behavior disorder cared for by study residents. Residents were randomized to receive Primary Care Triple P training either at the beginning or end of the study period. The measured resident outcomes were self-assessed confidence and skills in giving parenting advice. The measured family outcomes were parent sense of self-efficacy, child externalizing behavior, and discipline strategies.

**RESULTS:** Primary Care Triple P training had a positive, significant, and persistent impact on residents' parenting consultation skills (mean increase on Parent Consultation Skills Checklist 48.11, 95% confidence interval [CI] 40.07, 57.36). Parents visiting intervention-trained residents demonstrated improved disciplinary practices compared to parents visiting control residents (mean change in Child Discipline Survey 0.322, 95% CI 0.02, 0.71), with stronger differential effects for parents with lower baseline skills (mean Child Discipline Survey change 0.822, 95% CI 0.48, 1.83). No differences were found for child behavior or parenting sense of confidence.

**CONCLUSIONS:** Training residents in Primary Care Triple P can have a positive impact on consultation skills and parent disciplinary practices. This finding adds strength to the call for increased residency training in behavioral pediatrics.

**KEYWORDS:** child; graduate medical education; parenting; pediatric resident; primary care; Triple P

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## WHAT'S NEW

Training pediatric residents in the Positive Parenting Program (Triple P) improved provider skill and confidence in conducting parent consultations about child behavior concerns. Study findings support prior research on Triple P's training effect and demonstrate promising family-level outcomes to explore in future research.

EFFECTIVE PARENTING IS a key determinant of healthy child development and strongly affects a child's risk of developing emotional and behavioral disorders.<sup>1–3</sup> Early emotional and behavioral symptoms as well as coercive and negative parenting can place children at increased risk for later behavior problems, child maltreatment, and other significant physical and emotional sequelae.<sup>4–8</sup> Interruption and cessation of negative parenting styles can attenuate and even prevent progression to abuse and/or serious mental health problems.<sup>9–12</sup> Although there are evidence-based parenting programs with demonstrated success in improving parenting skills and child behavioral

problems, such evidence-based programs currently reach a limited proportion of parents.<sup>13–15</sup>

Public health approaches to preventing physical and mental health problems in children increasingly recognize the medical home as a crucial site of child abuse and neglect identification and early detection and treatment of mental, emotional, and behavioral disorders. Pediatric primary care providers are often the first contact point for children and families experiencing behavioral and parenting difficulties, and research consistently demonstrates that parents view their primary care providers as credible sources of parenting information.<sup>16–19</sup> However, primary care providers vary in their degree of confidence and skill in managing mental, emotional, and behavioral concerns. In part, these variations may be due to a lack of specific instruction on brief, evidence-based behavioral interventions during residency.<sup>20,21</sup> Pediatric residency offers an ideal time to teach and practice evidence-based behavioral and parenting interventions to ensure that these professional competencies develop.<sup>22</sup>

The Positive Parenting Program (Triple P) is an evidence-based parenting program aimed at promoting positive parenting and preventing child abuse and neglect. Although Triple P has proven effective at reducing coercive parenting practices and disruptive behavior when delivered in community clinics by nurses and mental health professionals, there is limited evaluation on whether pediatricians can effectively deliver this model.<sup>23–26</sup> This study has 2 objectives: to evaluate the impact of Triple P training on pediatric residents' skill and confidence in delivering parenting information; and to understand the potential impact of residents' Triple P training status on parents' sense of self efficacy in parenting and discipline strategies as well as child behavior.

## METHODS

### STUDY SETTINGS

The study was conducted in 3 distinct community clinics operated by University of Washington faculty, which serve as resident continuity clinic teaching sites. One was an inner-city pediatric clinic, another was a health department clinic, and the third was a clinic in a large multispecialty primary care center.

### DESIGN

The randomized controlled trial included 2 study populations: pediatric residents and parents of children served by these residents. Consented residents were randomized using a computer randomization sequence. Eligible residents who consented to participation were randomized into one of two conditions: 1) intervention, which involved immediate training in Primary Care Triple P (PC Triple P), or 2) wait list control, which involved the usual provision of well-child services until subsequent training in PC Triple P. Intervention residents received PC Triple P training at the beginning of the study, and control residents received training 9 months later. Because residents were the unit of randomization, participating clinics contained both intervention and control group residents.

The sample of parents was selected on the basis of their affiliation with one of the residents in the clinical trial, and provision of Triple P services to an individual patient was not required for parent enrollment into the study. Therefore, this study examined a general impact of resident training on outcomes for families. It was not a direct test of the Triple P intervention effectiveness on families. Participating families may or may not have received Triple P during the course of this study, as parents were not asked directly about Triple P.

The Seattle Children's Research Institute institutional review board approved all study procedures, and the trial was registered at [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT01946958) (NCT01946958).

## PARTICIPANTS

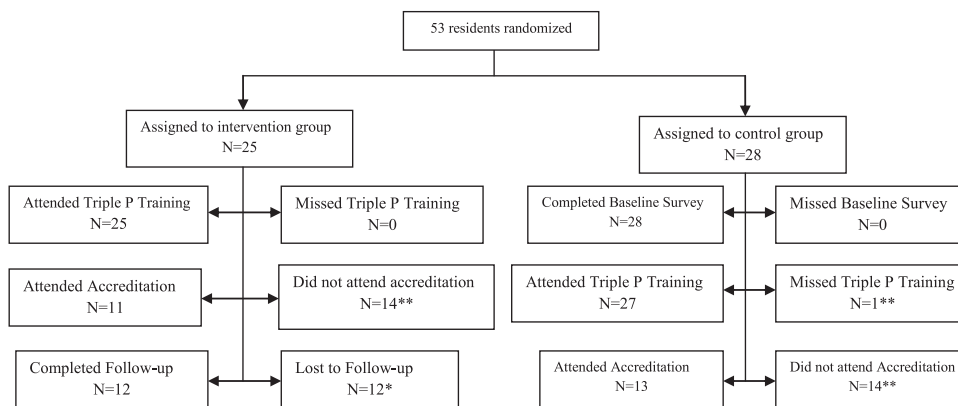
### PEDIATRIC RESIDENTS

Eligible residents from all years of residency (PL1, 2, and 3) attended continuity clinics at participating clinics. The residency program director introduced the project to eligible pediatric residents via e-mail. After the e-mail introduction, the research coordinator approached eligible residents to discuss participation. [Figure 1](#) depicts the flow of residents through the trial as well as retention and attrition numbers at key study intervals.

### PARENTS AND CAREGIVERS

After training the intervention group residents, parent recruitment began across both condition and in all participating clinics. Eligible parents had a well-child appointment the intervention group received PC Triple P training with a participating resident, spoke English, and had a child between the ages of 18 months and 12 years. Children who had received current DSM-IV diagnoses or who were receiving treatment for a behavioral problem were excluded from the trial because the Triple P training administered to residents was not intended for this subpopulation. Parents were approached and consented in person at their primary care clinic after their child's well-child appointment.

Parents were blinded to resident randomization status and the Triple P intervention. Study staff presented the



\*Residents lost to graduation and discontinuation of residency.

\*\*Residents lost to schedule conflicts

**Figure 1.** Flow chart of resident participation.

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