
What should primary care providers know about pediatric skin conditions? A modified Delphi technique for curriculum development

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Background: There is limited access to pediatric dermatology in the United States, resulting in inadequate education and patient care.

Objective: This Delphi study aimed to identify important objectives for a pediatric dermatology curriculum for general practitioners.

Methods: A modified, 2-round Delphi technique was used to develop consensus on objectives developed by expert pediatric dermatologists. A panel of 20 experts (pediatric dermatologists, family practitioners, and general pediatricians) rated objectives using a 5-point Likert-type scale. Items with group medians 4.0 or greater with at least 70% agreement reached consensus.

Results: In round 1, the expert panel rated 231 objectives from 16 categories for inclusion in an online curriculum. In round 2, experts were given group feedback and rated 235 objectives. A total of 170 items met consensus. Generally, objectives surrounding common conditions including acne, molluscum, warts, atopic dermatitis, and newborn skin met consensus whereas objectives on rare growths, birthmarks, and inherited conditions failed to meet consensus.

Limitations: The Delphi panel consisted of US-based physicians, most in urban areas with a dedicated pediatric specialist at their institution.

Conclusions: The accepted objectives encompass management of common conditions and referral of potentially dangerous diseases and can be used to develop a pediatric dermatology curriculum for primary care providers. (J Am Acad Dermatol 2014;71:656-62.)

Key words: consensus; curriculum development; Delphi; dermatology education; educational objectives; pediatric dermatology; primary care education.

There is a marked shortage of pediatric dermatologists in the United States with only 232 board-certified pediatric dermatologists as of 2012.^{1,2} Despite the scarcity of pediatric dermatology specialists, dermatologic disorders account for 4% to 6% or more of emergency-room visits, up to 20% to 30% of pediatric clinic visits, and a sizeable number of inpatient consultations.³⁻⁷ The

Abbreviations used:

AAD: American Academy of Dermatology
ABP: American Board of Pediatrics
APA: American Pediatric Association

majority of skin disease in children is not seen by pediatric dermatologists, but rather by pediatricians

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and other primary care providers. With increasing work-hour limitations and limited elective time many pediatric residents are not able to take dermatology electives or attend regular teaching conferences on dermatology.⁸⁻¹⁰ The Accreditation Council for Graduate Medical Education has no required, dedicated pediatric dermatology service for either pediatric or family medicine residency training programs.^{11,12} Paradoxically, recently trained general pediatricians and fellows rate dermatology one of the highest areas of educational need.^{13,14}

Online educational content is increasingly being used to address knowledge and practice gaps in residency and continuing medical education.¹⁵⁻¹⁸ The American Academy of Dermatology (AAD) has recently published the AAD Medical Student Core Curriculum, a collection of approximately 35 modules with 2 dedicated pediatric modules on core dermatology knowledge that every graduating medical student should know.¹⁹ This curriculum is now easily accessible and widely used by students,²⁰ residents, and others,²¹ but has limited pediatric dermatology content.

With the ultimate goal of developing a pediatric dermatology curriculum, we sought to identify the core topics that practicing primary care providers should master upon completion of their residency training using the Delphi technique. The Delphi technique is an iterative consensus-building process that relies on a panel of experts to identify and rate objectives in several rounds using group feedback from the prior round.²² The modified Delphi method uses an initial content panel to identify a draft set of objectives that the expert panel then rates.²³ The Delphi method has been widely used in health care and medical education as a tool to obtain consensus opinion among experts because it allows each participant equal contribution to decision making, uses anonymity, provides controlled feedback, and is an efficient way to pool the opinions of geographically separated participants.²⁴⁻²⁹

We hypothesized that we could use the modified Delphi technique to reach consensus among pediatric dermatologists, pediatricians, and family practitioners on core pediatric dermatology objectives that should be achieved by pediatrics and family practice residents during their training.

METHODS

Design

We performed a 2-phase modified Delphi process using anonymous online surveys (Qualtrics, Provo, UT). In phase 1, an initial cohort of 16 US pediatric dermatologists and pediatricians was selected from the Society for Pediatric Dermatology Education Committee to draft the initial list of objectives.

Each participant was invited to submit core objectives in 1 of 16 topic areas that primary care residents practicing primarily in the outpatient setting should master. When possible, previously validated objectives from pre-existing AAD Medical Student Core Curriculum, the American Board of Pediatrics (ABP) Content Outline, and the American Pediatric Association (APA) Guidelines were used.³⁰⁻³² Of note, the AAD and APA guidelines were developed

using formal consensus processes, whereas the ABP objectives are drafted and peer edited by experts in pediatrics and updated periodically.³³ All objectives were reviewed and edited (E. F. D. M. and D. F. F.) and compiled into an online survey consisting of 231 objectives organized into 16 topic areas.

In phase 2, an expert panel of pediatricians, pediatric dermatologists, and family practitioners was selected based on participation in the Society for Pediatric Dermatology Education Committee (excluding experts who had written objectives), peer recommendations, and recruitment of physicians who were noted to be educational leaders in their fields and actively involved in medical education. Inclusion criteria required that experts both see pediatric patients as part of their general ambulatory practice and actively train residents.

For each round of the questionnaire, participants were sent a weblink via Qualtrics and were able to save their progress and complete the survey within a week. Participants who had not responded within a week were sent follow-up e-mails. A second survey was sent out 1 month later and participants were again given 1 week to complete this survey. Anonymity was maintained throughout the study so participants were unaware of the other panel members' identities and all responses were given equal voting power.

CAPSULE SUMMARY

- There is a scarcity of pediatric dermatologists in the United States and limited pediatric dermatology education for residents in primary care.
- A multidisciplinary panel identified 170 pediatric dermatology objectives that primary care providers should master.
- These objectives will guide pediatric dermatology curriculum development for future and current primary care providers.

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