

Resident Education Curriculum in Pediatric and Adolescent Gynecology: The Short Curriculum 2.0



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ABSTRACT

The degree of exposure to pediatric and adolescent gynecology (PAG) varies across residency programs in obstetrics and gynecology and pediatrics. Nevertheless, these programs are responsible for training residents and providing opportunities within their programs to fulfill PAG learning objectives. To that end, the North American Society for Pediatric and Adolescent Gynecology has taken a leadership role in PAG resident education by creating and systematically updating the Short Curriculum. This curriculum outlines specific learning objectives that are central to PAG education and lists essential resources for learners' reference. This updated curriculum replaces the previous 2014 publication with added content, resources, and updated references. Additionally, attention to the needs of learners in pediatrics and adolescent medicine is given greater emphasis in this revised North American Society for Pediatric and Adolescent Gynecology Short Curriculum 2.0. **Key Words:** Pediatric and adolescent gynecology, Postgraduate medical education, Education curriculum, Resident education, Accreditation

Introduction

Pediatric and adolescent gynecology (PAG) is an important and required aspect of training in obstetrics and gynecology (Ob/Gyn), pediatrics, and adolescent medicine and is included in these specialties' licensing examinations in Canada as well as in the United States. The degree of exposure in PAG, however, is variable across academic programs in North America. PAG is an important and specific part of the learning objectives in Ob/Gyn, pediatrics, and adolescent medicine, like those found in the Council on Resident Education in Obstetrics and Gynecology in the United States,¹ the American Board of Pediatrics,^{2,3} and the Royal College of Physicians and Surgeons of Canada.⁴ These objectives must be fulfilled so that postgraduate training

programs can receive their accreditation and residents can pass their board certification examinations. Gynecologic care for girls and adolescents requires knowledge and understanding of normal and abnormal anatomy, physiology, and growth and development, including psychosocial and intellectual development. Additionally, quality PAG care requires an understanding of the frequency of diseases at different ages, the importance of prevention, and an understanding of confidentiality and communication techniques.

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To date, the number of postgraduate residency training programs with PAG expertise in North America is limited. Furthermore, there are only 13 accredited PAG fellowship training programs in the United States and Canada. Barriers to formalized training include: lack of trained and dedicated faculty, limited opportunities to evaluate and treat pediatric patients, and the absence of a formalized teaching curriculum in PAG. Programs without this expertise or curriculum might have difficulty fulfilling the training requirements and therefore risk losing accreditation. Residents have indicated that they do not believe they get enough exposure to PAG topics and have expressed a desire to learn more about this population during their training.⁵ Several studies have documented that despite this desire to learn, most programs offer limited PAG exposure and training.^{6–8} Thus, the degree of exposure might be insufficient to meet the PAG learning objectives in most training programs.

Pediatrics residency training programs, similarly, offer limited exposure to PAG topics. Although a month of adolescent medicine training is required of all pediatric residents in the United States, use of this time varies,⁹ and, despite this training, many US pediatric residents believe they are unprepared to provide sexual and reproductive health care.¹⁰ Additionally, senior pediatric residents in Canada believe they are inadequately prepared to provide gynecologic care to adolescents.¹¹ Unmet reproductive health needs during the adolescent years might have lifelong consequences, including teen pregnancy, underscoring the need for provider comfort and knowledge in PAG topics.

The mission of the North American Society for Pediatric and Adolescent Gynecology (NASPAG) is to provide multidisciplinary leadership in education, research, and gynecologic care to improve the reproductive health of youth.¹² Two of its goals include: (1) serve and be recognized as the lead provider in PAG education, research, and clinical care; and (2) conduct and encourage multidisciplinary and interprofessional programs of medical education and research in PAG. In 2012, the NASPAG Resident Education Committee was created with the purpose of developing a curriculum and tools for the NASPAG membership to use for resident education in PAG. One of its first tasks was to develop a Short Curriculum for resident education in this discipline. In 2014, the Short Curriculum was published as an article to ensure wider dissemination of this resident education curriculum. After this publication, this curriculum was presented at several professional society and educational meetings, including the Association of Professors of Obstetrics and Gynecology/Council on Resident Education in Obstetrics and Gynecology annual meeting in February 2014, the NASPAG Annual Clinical and Research Meeting in April 2014, the American Society of Reproductive Medicine (ASRM) in October 2014, and the Society of Adolescent Health and Medicine in March 2015. In 2017, the NASPAG Resident Education Committee published a description of the collaborative process of the creation of this committee as well as the drafting and dissemination of

the Short Curriculum, Long Curriculum, and additional tools for resident education in PAG.¹³

After publication of the Short Curriculum, the committee completed a prospective study of its use in US Ob/Gyn residency programs without PAG faculty. This study showed that significant PAG deficiencies exist in these programs, and that the use of the Short Curriculum improved self-reported knowledge in PAG.¹⁴ A larger study using this curriculum in Ob/Gyn, pediatrics, and family practice residency programs with and without PAG faculty is under way. We anticipate that training programs, particularly those lacking expertise, time, or a dedicated curriculum in PAG will benefit from this updated Short Curriculum by enabling them to fulfill accreditation requirements and improve resident knowledge.

Goals of the Short Curriculum 2.0

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of gynecologic problems in the pediatric and adolescent patient, and the promotion of health for women and children. The Short Curriculum is a 2-week “nuts and bolts” curriculum in PAG for residents, using existing teaching resources that are accessible to trainees from Ob/Gyn, pediatrics, and family practice residency programs. This program is designed to be incorporated into existing rotations in which residents have contact with pediatric and adolescent patients. It may be used during a portion of the required 4-week adolescent medicine rotation for pediatric residents. This curriculum does not cover all training objectives for PAG, but it highlights important aspects learners might not otherwise encounter during training.

Target Audience

Postgraduate trainees in Ob/Gyn, pediatrics, adolescent medicine and family medicine, especially from centers with limited exposure to PAG are the target audience.

Educational Objectives

This program covers core knowledge determined to be essential for the provider encountering the PAG patient that might not be covered in other aspects of the learner's training. The learner will gain understanding of common PAG conditions; however, the Short Curriculum does not replace direct patient clinical or surgical skills training.

The first section (4 days) is focused on the prepubertal pediatric patient. At the conclusion of this curriculum the learner will:

- Identify the steps and approach to the genital exam of the prepubertal child;
- Describe the evaluation and management of the child with vulvovaginitis and vulvar skin disorders;

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