Title: Development of a Curricular Session on Advocacy Through Service as a Pediatric Expert on a Child Fatality Review Team

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Background: Advocacy skillset development in pediatric providers is a central value of the American Academy of Pediatrics (AAP), and it has gained significant importance with the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME). Training program requirements for education in community health and child advocacy are outlined by these organizations, but implementation of consistent educational opportunities vary among training institutions.

The state of Colorado has sustained a public health model of child fatality prevention and advocacy through the Child Fatality Prevention System (CFPS). Of the 43 CFPS local review teams in the state, only 13 have pediatric medical providers in service. AAP sought to address this gap through grants to support engagement of pediatric providers with this form of advocacy.

Objectives: To engage pediatric medical trainees through participation on a child fatality review team and to bolster knowledge and skills necessary to advocate for childhood injury and fatality prevention. Participants will apply evidence based medical and injury prevention information on a multidisciplinary team. They will gain knowledge in identifying structural inequities and disparities contributing to child fatalities and recommend equitable prevention strategies present to legislature.

Methods: Learners on The Children's Hospital Colorado Pediatric Residency Program's Advocacy Block and the Child Abuse Pediatrics Elective who consent to participate are given a pre-session survey to assess their baseline knowledge of and interest in the child fatality review team process. They report their understanding of the impact disparities and structural inequities on child fatalities and their confidence level in discussing equitable child fatality prevention recommendations. Participation in a child fatality review team meeting occurs after reviewing pre-session educational material.

After the team meeting, learners debrief with facilitators, during which they are interviewed regarding their overall impressions. Content and thematic analysis will be conducted on qualitative data from the interviews. Comparative testing will be performed after the curricular intervention with a post session survey assessing the session's impact on the same items from the pre-session survey. The post-session survey will also assess overall satisfaction with the curricular session.

Results: This novel curriculum was implemented in trial sessions in September 2021. Four pediatrics interns and three Child Abuse Pediatrics Elective learners participated in one of the three monthly local review team meetings held through December 2021. Early reflective data to date suggest favorable impressions of interactions with community members and officials, enhanced understanding of the function of child fatality review teams, positive attitude change towards pediatric providers' roles on child fatality review teams, and greater intention to overall resiliency and self-care in their future work. Data collection is ongoing as additional pediatric interns complete their Advocacy block, learners rotate in the Child Abuse Pediatrics Elective, and as additional sessions resume in 2022.

Implications: Information regarding implementation of this curriculum was described to AAP in a report listing initiatives supported by the grant. The knowledge gained from this study will be generalizable and disseminated to inform broader curricular modifications for educational strategies to be adapted for development of learners' advocacy skillset.