

## THE PERCEIVED COMPETENCE OF PEDIATRIC RESIDENTS ABOUT INFANT AND TODDLER DEVELOPMENT

### *ÇOCUK SAĞLIĞI VE HASTALIKLARI UZMANLIK ÖĞRENCİLERİNİN -BEBEKLİK VE ERKEN ÇOCUKLUK DÖNEMİNDE GELİŞİM KONUSU'NDA KENDİNİ DEĞERLENDİRMESİ*

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Dear Editor,

In our study about "The perceived competence of pediatric residents about infant and toddler development" we found that pediatric residents in our hospital had lack of knowledge about the promotion of early childhood development and prevention, early identification and management of developmental problems and also we have presented a poster about this topic in the 1st National Developmental- Behavioral Pediatrics Congress.

In developed countries it is known that theoretical and practical lessons about the promotion of early childhood development and prevention, early identification and management of developmental problems are given for many years to the pediatric residents (1). In our country there is no nationwide and structured education programs about these topics in this field yet (2,3). Therefore this is a risk that pediatric residents will not be able to assess the child's developmental status, diagnose developmental problems and direct the family and child to early intervention services although this knowledge is crucial for pediatric science. This study aimed to evaluate the perceived competence of the knowledge, skills and experiences of the pediatric residents about the promotion of early childhood development and prevention, early identification and management of developmental problems in our hospital. "The perceived competence of pediatric residents on child development scale (PCPD)" which was developed by the researchers was administered to the pediatric residents. This instrument had 30- items, asking about perceived competence in 4 main topics: theory of child development, assessment and early identification, management of common developmental problems, and collaboration with other community services. Each item was rated on a 10- point Likert scale (1= non competent and 10= very competent), providing a total score within a range of 30 to 300. Scores of 8,9, and 10 were categorized as "competent" and scores less than 8 as "non competent".

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The instrument was administered to 54 pediatric residents. Most of the residents had more than 2 years of experience in their residency and their practice year median were 27 (3-60) months. The median PCPD score was 106 (minimum- maximum: 53 – 251). The rate of the perceived competence of the residents about assessing the development of children under 3 years of age was 35%. The ratio of residents those perceive competent about “knowing and applying the theories about developmental support in their pediatric practice” and “providing developmental and health surveillance to children with developmental problems (such as premature infants, children with Down syndrome, and cerebral palsy)” was only 13%. The ratio of the residents who perceive competent to “detect the special need children and refer them to early intervention and services” was 9%. There was no statistically significant relation between perceived competence and practice year in pediatric residency. There was a direct relation between the practice year of the residents and to know, assess and manage the developmental risks of the chronically ill children ( $p=0.03$ ). The lack of knowledge about child development was also stated in studies from other countries (4).

We would like to state that we are in need of new pediatric curriculums to improve knowledge, skills and experiences of the pediatric residents about the promotion of development in the early childhood, prevention, early identification and management of common developmental problems.

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