

Resident Education in Pediatric and Adolescent Gynecology



The Resident Education Committee of the North American Society for Pediatric and Adolescent Gynecology (NASPAG) is to be congratulated for publishing guidelines and curriculum content for resident education in pediatric and adolescent gynecology (PAG). In this issue of the *Journal of Pediatric and Adolescent Gynecology*, Wheeler and colleagues present the rationale for the development of a multispecialty graduate medical education PAG curriculum, and describe the processes by which the committee developed the curriculum.¹

Many residency programs in pediatrics as well as in obstetrics and gynecology do not have the advantage of a setting in which there is a dedicated and trained PAG faculty member, and even if there is a PAG service, residents might have limited opportunity to evaluate and treat pediatric patients, and might not have a formalized PAG curriculum. The Council on Resident Education in Obstetrics and Gynecology (CREOG) educational objectives, the objectives of the Royal College of Physicians and Surgeons of Canada, and the Accreditation Council for Graduate Medical Education program requirements for graduate medical education in adolescent medicine all specify PAG learning objectives.²⁻⁴

To facilitate postgraduate education programs in accomplishing these objectives, NASPAG developed a resident education committee with the goal of improving resident education through the development of materials for resident education. A basic core curriculum, titled the Short Curriculum, was developed by the multidisciplinary committee, and published in 2014.⁵ This curriculum was designed for use as 10 one-hour sessions over a 2-week rotation, or as 10 sessions over the course of a 3-4 year residency. A more comprehensive curriculum with detailed learning objectives was subsequently developed by the committee and published in 2015.⁶ The residency education committee went further in disseminating the curricula, developing clinical cases, simulation models, and slides that were presented at national meetings. Electronic resources, including the PAGwebED, an online case-based tool available to NASPAG members and a PediGyn CD-ROM teaching slide set of images, supplement the short and long curricula (see [Resident_Education_Curricula.pdf](#) and http://c.myclin.com/sites/www.naspag.org/resource/resmgr/PDFs/Long_Curriculum_in_Resident.pdf). A research study that assessed the short curriculum showed improved knowledge.⁷ The NASPAG Education Committee is also working to develop and publish additional educational materials through publication of peer

reviewed online materials at MedEdPORTAL (<http://www.mededportal.org>).

These educational efforts through NASPAG are laudable. They facilitate an awareness of normal anatomy and the pediatric gynecologic exam among trainees in pediatrics as well as in obstetrics/gynecology, which is essential to the practice of both specialties. They highlight the normal physiology of the menstrual cycle as well as derangements of the cycles with associated pathophysiology among adolescents. They address common and uncommon pathologic conditions that a clinician might encounter in practice. Knowledge about these conditions is truly essential to the care of girls, adolescents, and young women. The learning tools that have been developed address gaps in knowledge and practice, and their implementation in residency training programs will ultimately benefit the health of half of the population. We applaud the development of these tools, and look forward to ongoing efforts to keep them up to date. Readers of the *Journal of Pediatric and Adolescent Gynecology* are encouraged to become familiar with the educational curricula, and to work to further disseminate the content. Onward to better health for girls, teens, and young adult women!

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