A Pediatric Dermatology Curriculum for Primary Care Pediatricians: Impact on Confidence and Competence

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Background

- Primary care pediatricians report limited training and variable confidence in diagnosing and treating common pediatric skin conditions.
- Access to pediatric dermatologists is insufficient in many regions, and referral wait times are often among the longest in pediatric specialties.
- Scalable educational strategies that enhance primary care providers' dermatologic skills may improve timely care and clinical outcomes.

Methods

- We sought to design an educational curriculum for interested primary care pediatricians to enhance their confidence and skill in diagnosing and treating the most common pediatric dermatology conditions.
- Participants (n=25) completed monthly interactive lectures that incorporated pre-session reading assignments and a clinical application quiz.
- An advanced track (n=5/25) additionally participated in in-person pediatric dermatology clinic shadowing, one-on-one teaching sessions, and supplemental focused readings.
- Outcomes included pre- and post-course self-assessed confidence in diagnosing and managing common pediatric dermatoses and performance on multiple-choice knowledge assessments.
- 23 participants (n=23) completed the pre-course survey, and 12 participants (n=12) completed the post-course survey.

Results

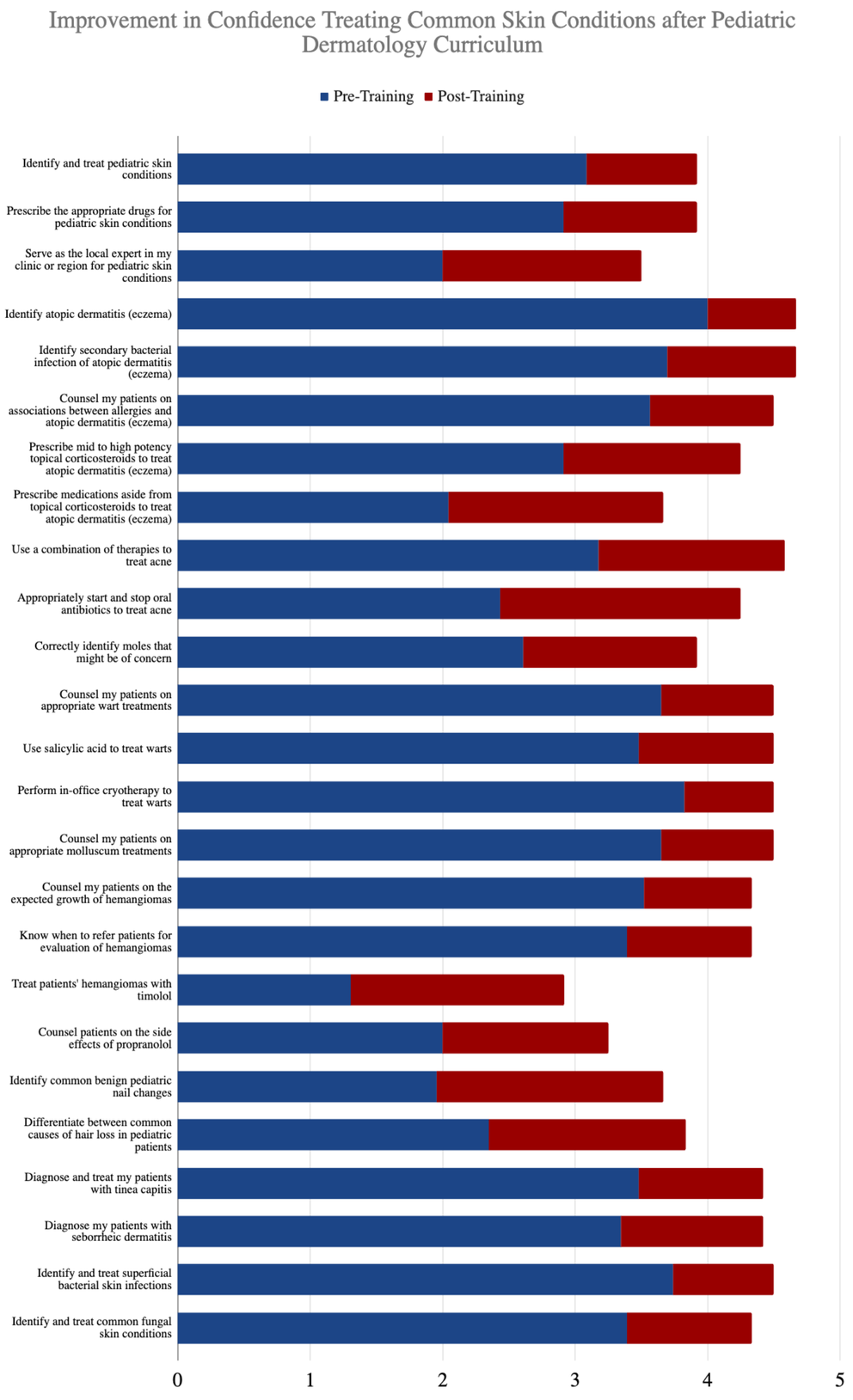

Fig. 1 Difference in Confidence Levels Following Pediatric Dermatology Curriculum

Results

- Relative to baseline, participants reported higher confidence managing frequently encountered pediatric dermatoses.
- Mean composite confidence scores increased from 3.03 (moderately confident) to 4.15 (moderately to highly confident) on a scale of 1 (low confidence) to 5 (high confidence).
- Competency-specific confidence scores are further delineated in Figure 1.
- Knowledge scores on the multiple-choice assessment improved from 51.8% correct pre-training to 73.7% post-training.
- Participants in the advanced track demonstrated particularly high gains in practical skills and confidence.
- Limitations included attrition in post-course survey completion (12 of 23 participants).

Conclusion

- A structured pediatric dermatology curriculum for primary care pediatricians is feasible and associated with improved self-reported confidence and objective knowledge gains.
- Augmenting lecture-based learning with experiential components (shadowing, coaching) may further enhance skill acquisition and may be generalizable to other underserved pediatric subspecialties.
- Larger studies assessing impact on diagnostic accuracy, referral patterns, and patient outcomes are warranted.

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