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EDITORIAL

Training in adolescent medicine in the pediatric residency program: are we on the right path?

Helena Fonseca[1]*, *Maria Ravara*[2], *and Katia Mauricio*[3]

[1]*Unidade de Medicina do Adolescente, Departamento de Pediatria, ULSSM, Faculdade de Medicina, Universidade de Lisboa, Lisboa;* [2]*Serviço de Pediatria, Departamento da Criança e do Jovem, Hospital Professor Doutor Fernando Fonseca, Unidade Local de Saúde Amadora/Sintra, Lisboa;* [3]*Serviço de Pediatria, Departamento da Mulher e da Criança, Hospital Infante D. Pedro, Unidade Local de Saúde Região de Aveiro, Aveiro. Portugal*

The Convention on the Rights of the Child was adopted by the United Nations General Assembly on November 20, 1989 and ratified by Portugal on September 21, 1990. Article 1 defines a child as "every human being under the age of eighteen years". The age range for pediatric care in Portugal was initially established as up to 14 years and 364 days for consultations, and emergency and inpatient care by order of the Directorate-General for Hospitals on February 24, 1987. However, in 2010 the age range for pediatric care was officially extended to 17 years and 364 days, nationally[1]. Pediatric departments had to gradually adapt to this new reality.

Current evidence shows the importance of investing in adolescent health and well-being[2,3]. Disease prevention and health promotion have gained increasing importance over disease management, even though human and financial resources are still very much focused on hospital care and emergency services. Adolescents have specific health needs inherent to their stage of development. There is evidence of the health gains that come from a bio-psycho-social approach to adolescents, carried out by trained professionals and in conditions of privacy. Training in the field of adolescent medicine includes acquiring specific practical skills. For instance, assessing patients' autonomous decision-making capacity, adopting effective communication skills and tackling sensitive issues such as sexual behavior or substance use[4]. In the past decade, there has been a growing international endeavor to find appropriate responses when it comes to providing health care for adolescents, as well as training competent professionals in this area[5-7].

Adolescent medicine should have been given a prominent place in pediatric residents' training from the moment pediatric care was extended to 18 years of age in Portugal. However, this has not happened[8]. The skills and knowledge that a pediatric resident must acquire in adolescent medicine are supposedly obtained during the first three years of training, which comprise the basic pediatric training. In other words, a newly-trained pediatrician should be competent in approaching adolescents in the various contexts of medical practice: outpatient, emergency and inpatient care. This is especially true when young pediatric specialists are part of teams together with older pediatricians who have not had any specific training in adolescent medicine during their residency experience.

The emergency department is often the "gateway" for adolescent medicine consultation referrals (70% of referrals to the adolescent medicine division at ULSSM's pediatrics department come from the pediatric emergency department). A pediatric resident must be able to systematically conduct the clinical history and physical examination of an adolescent, be trained in the challenges of crisis care and be aware of the criteria for referral. Hospitalization is a time of increased vulnerability for adolescents who are admitted due to an acute illness or as a result of chronic conditions. This period should also be seen and used as an opportunity

***Correspondence:**
Helena Fonseca
E-mail: helenaregalofonseca@gmail.com

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for prevention and health promotion. In an outpatient setting, pediatric residents are initially exposed to adolescent medicine consultations and the specific factors involved in these through observation, then with increasing autonomy. This occurs both in the hospital context and during the primary health care internship.

According to the 2013 National Child and Adolescent Health Program, pediatric monitoring is recommended at key ages. In Portugal, adolescents are expected to have three consultations in a primary care center, at 10, 12-13 and 15-18 years of age. It is therefore essential that pediatric residents undertake their primary health care internship after completing their training in adolescent medicine. This training could (and, in our opinion, should) be done beforehand in an adolescent medicine internship, included in the period of basic pediatric training, to optimize the provision of care to adolescents during the primary health care internship.

The Specialized Training Program in Pediatrics was initially approved by *Ministerial Order No. Article 616/96 of October 30* and recently updated by *Ministerial Order No. 52/2023*, published in *Diário da República No. 38/2023*. All residents who start their residency in pediatrics after 2023 are covered by the new internship program, while those who started in 2022 may or may not have opted to join the new program[9].

With the new training program, residents in pediatrics may come into contact with adolescent medicine at specific points during their five-year internship: (i) in an optional internship during the 2nd or 3rd year of training, lasting one to two months; and/or (ii) in an optional internship during the 4th year, lasting three months; and/or (iii) in an optional internship in the 5th year of training, lasting one month if grouped with two other outpatient medicine internships or lasting three to 12 months, depending on the resident's personalized plan.

In other words, comparing the two extremes, by the end of their residency, a pediatric resident could have completed a total of 17 months of internship in adolescent medicine (2 + 3 + 12), or none. This flexibility gives residents the obvious advantage of being able to direct the years of training in specialized areas towards a subspecialty of their interest, without giving up the opportunity for more generalist training. But, given the risk of finishing five years of pediatric training without having had any specific contact with adolescent medicine, should not a one-month internship in the first three years of basic pediatric training be compulsory?

It would appear vital to ensure cross-sectional training in adolescent medicine for every pediatrician. If only a few residents choose adolescent medicine as an optional internship, it is essential to ensure a training period in adolescent medicine of at least one month, ideally two, for all the rest. One potential concern might be whether there are sufficient training centers available to provide this training. In our view, the current nine available pediatric departments in Portugal with a training capacity in adolescent medicine[10] should join efforts to ensure the necessary conditions to guarantee this training.

References

1. Diário da República. Despacho 9871/2010. DR 2010; 2.ª série - N. º112 - 11 de junho. Accessed August 2024. https://files.dre.pt/2s/2010/06/112000000/3212332123.pdf
2. Kozlakidis Z. Promoting Health for Adolescents: An Editorial. *International Journal of Environmental Research and Public Health*. 2023;20 (14):6336. doi: https://doi.org/10.3390/ijerph20146336
3. Ross DA, Friedman HS, Welch D, Kaoma NS, Bhushan R, Rasmussen B. Four Powerful Reasons for Increasing Investment in Adolescents and Their Wellbeing. *BMJ*. 2022;379: o2526. doi: https://doi.org/10.1136/bmj.o2526
4. World Health Organization. Core competencies in adolescent health and development for primary care providers: including a tool to assess the adolescent health and development component in pre-service education of health-care providers. *Department Of Maternal, Newborn, Child and Adolescent Health, World Health Organization*; 2015.
5. Michaud PA, Jansen D, Schrier L, Vervoort J, Visser A, Dembiński Ł. An Exploratory Survey on the State of Training in Adolescent Medicine and Health in 36 European Countries. *European Journal of Pediatrics*. 2019;178(10):1559-1565. doi: https://doi.org/10.1007/s00431-019-03445-1
6. Michaud PA, Schrier L, Ross-Russel R, et al. Paediatric Departments Need to Improve Residents' Training in Adolescent Medicine and health: a Position Paper of the European Academy of Paediatrics. *European Journal of Pediatrics*. 2018;177(4):479-487. doi: https://doi.org/10.1007/s00431-017-3061-2
7. Cristóvão Ferreira A, Videira da Silva A, Freira S, Fonseca H. Adolescent Medicine during Specialized Paediatric training: the past, the present and the future. *International Journal of Adolescent Medicine and Health*. 2021;33(3):83-88. doi: https://doi.org/10.1515/ijamh-2021-0006
8. Fonseca H, Michaud PA. The State of Adolescent Medicine as a Specific field: an International Exploratory Survey. *International Journal of Adolescent Medicine and Health*. 2021; 24;35(2):173-177. doi: https://doi.org/10.1515/ijamh-2021-0049
9. Diário da República. Portaria n. º 52/2023. Programa De Formação Especializada em Pediatria. Published February 22, 2024. Accessed August 2024. https://diariodarepublica.pt/dr/detalhe/portaria/52-2023-207631765.
10. Ordem dos Médicos. Colégio da Especialidade de Pediatria. Mapas de estágios e serviços com idoneidade formativa 2024. Accessed August 2024. https://ordemdosmedicos.pt/wp-content/uploads/2023/07/2024_Idoneidades_Pediatria-1.pdf.