

Let's Talk About Peanuts: Increasing Resident Adherence to New Peanut Allergy Guidelines in a Pediatrics Residency Program



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Background

- In 2015, the LEAP trial demonstrated that early peanut introduction reduced the rate of developing peanut allergies in "high risk" infants¹
- In 2017, NIAID published guidelines recommending early peanut introduction for infants at risk of developing peanut allergies²
- Clinical guidelines are often not applied due to numerous barriers including poor physician awareness and education³
- As the next generation of physicians, residents are an important population to target when implementing new guidelines

Aim Statement

To increase University of Minnesota Pediatrics Residents'
practice of providing anticipatory guidance regarding early
peanut introduction at their continuity clinics' 4 and 6 month
well-child visits by 25% between January and May 2019. We
will do this by providing electronic dissemination of the NIAID
guidelines and a focused education session to review them

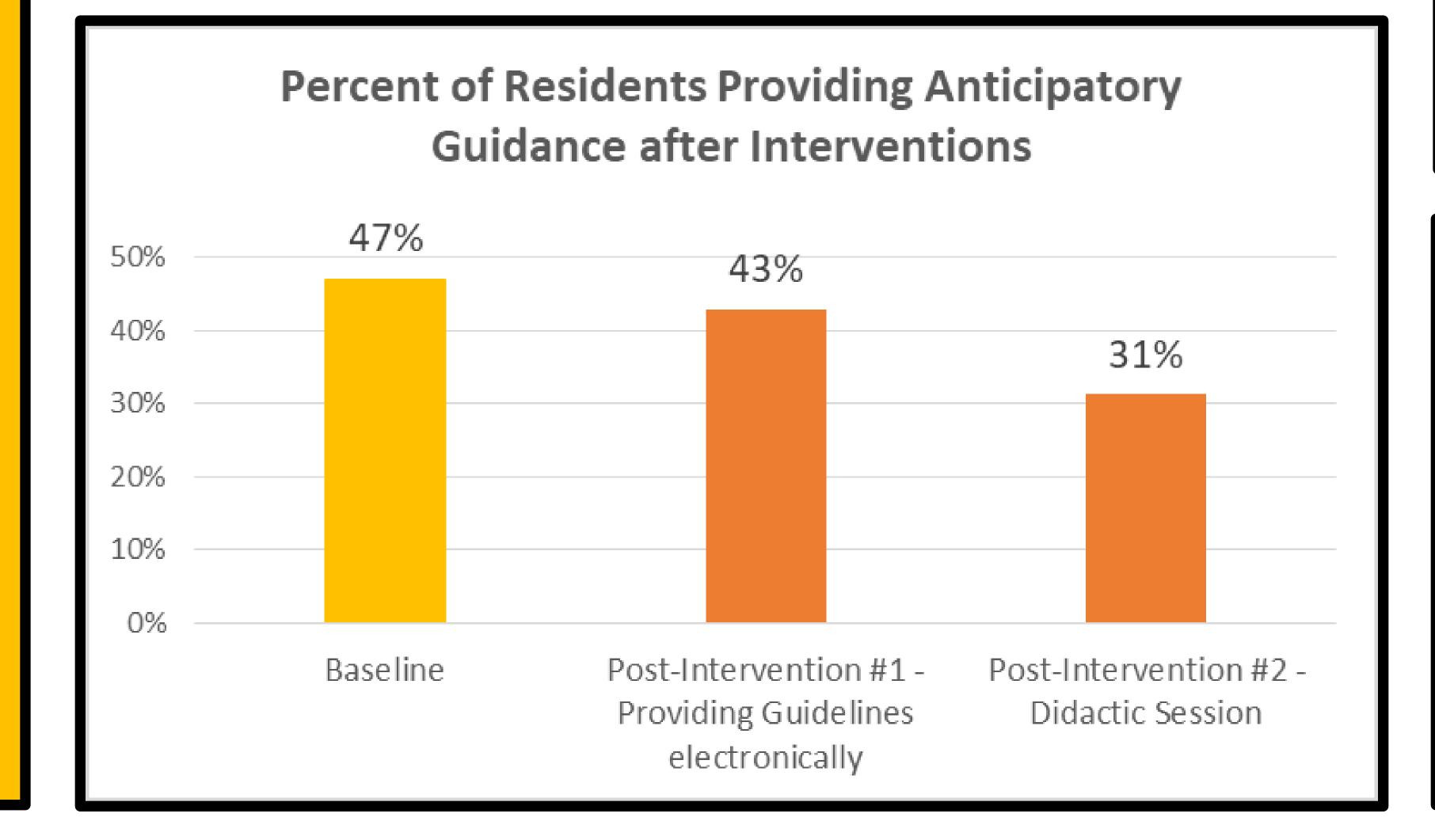
Methods

- From January to May 2019, pediatric and medicine-pediatric residents were surveyed by anonymous audience response polling software at biweekly didactic sessions.
- Out of 116 total residents, 60-70 residents attended each of these didactic sessions. 6 surveys were performed in total.
- Residents were asked if they had provided anticipatory guidance regarding early peanut introduction at any of their 4 or 6 month well child visits in the previous 2 weeks.
- 2 interventions occurred during this period:
 - 1) Electronic transmission of the guideline's "Summary for Clinicians" by email to all residents
 - 2) Focused didactic session reviewing key points of the guidelines

Results

- A mean of 36 residents responded to each survey. 48% of respondents had seen a 4 or 6 month well child visit in the previous two weeks.
- At baselines, 47% of residents said they provided anticipatory guidance.
 After providing the guidelines electronically and a focused didactic session,
 43% and 31% said they provided guidance, respectively.

Percent of Residents Discussing Early Peanut Introduction in Primary Care Clinic January 4 - May 10, 2019 Intervention 1 median line calculated from baseline polls 1/4 and 1/18 Intervention 2 Intervention 2



Discussion

- Due to the small number of data points, we are unable to draw definite conclusions from the observed trends.
- After our educational interventions, there was actually a decreased rate in residents providing anticipatory guidance.
- This may be due to residents being more appropriately selective in applying the guidelines (e.g. focusing on high risk infants instead of all infants).
- However, it is also possible that residents were less comfortable providing guidance after our interventions. This may be due to the guidelines themselves or our didactic session being difficult to understand or the guidelines being more complex than they had initially thought.

Limitations

- Limited reach of our interventions:
 - Uncertain how many people read the guidelines that were emailed
 - Only ~50% of our target population was present at our didactic session
- Survey fatigue
 - There were significantly fewer respondents in later polls
- Single-question survey provided limited information.
 - Unable to evaluate and compare our population's understanding of the guidelines pre and post interventions.

References

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- 2. Togias A, Cooper SF, Acebal ML, et al. Addendum guidelines for the prevention of peanut allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases—sponsored expert panel. *J Allergy Clin Immunol*. 2017;139(1):29-44. doi:10.1016/j.jaci.2016.10.010
- 3. Fischer F, Lange K, Klose K, Greiner W, Kraemer A. Barriers and Strategies in Guideline Implementation-A Scoping Review. *Healthc (Basel, Switzerland)*. 2016;4(3). doi:10.3390/healthcare4030036