

**THE UNIVERSITY OF TEXAS AT AUSTIN  
STEVE HICKS SCHOOL OF SOCIAL WORK**

<b>Course Number:</b>	<b>360K/395K</b>	<b>Instructor:</b> Kendra D. Koch, PhD Email: <a href="mailto:kdkoch@utexas.edu">kdkoch@utexas.edu</a>
<b>Unique Number:</b>	<b>61260/61605</b>	<b>Office:</b> 3.212F
<b>Semester:</b>	<b>Spring 2018</b>	<b>Office Phone:</b> 512-785-4442
<b>Meeting Time/Place:</b>	<b>Thursday 2:30pm-5:30pm Room SSW 2.132</b>	<b>Office Hours:</b> Thursday 1:00pm-2:30pm Other times by appointment

**TRANSITION OF YOUTH WITH SPECIAL HEALTHCARE NEEDS  
(YSHCN) IN PRACTICE AND POLICY**

**I. STANDARDIZED COURSE DESCRIPTION**

This course is offered as a graduate level course to students in social work, nursing, and other healthcare fields to learn information and skills related to transitioning Youth with Special Healthcare Needs (YSHCN) from pediatric to adult care. Experiential and applied learning models allow students to work throughout the semester in professionally diverse teams to solve socially diverse problems in YSHCN transition, that previously have been defined in research and professional and patient –and –family focus groups. The course will employ a flipped classroom to allow students to be informed and ready to engage in classroom activities. Prior to class sessions students will have assigned readings and written assignments to complete. The goals of the course are to explore inter-professional team work; to introduce students to a comprehensive view of YSHCN transition that includes and goes beyond medical concerns; to guide students toward the importance of the consideration of social and context concerns in all areas of healthcare practice; and to give students experience in employing strategies to promote completion of YSHCN transition in medical home clinic environments. Through learning about transition, students will also learn about a range of issues related to Children and Youth with Special Healthcare Needs, including mental health issues in transition, overcoming challenges with complex populations, communication in healthcare settings, patient-and-family centered care, and understanding the role of healthcare professionals in the practice of transition. Course content will include a student review of national, local, and institutional policy on transition practices and will promote competency in social work and other healthcare professional ethics. The importance of cultural and linguistic competency is intentionally woven throughout this curriculum. The course relies on class sessions that promote experiential learning including, information gathering, group learning, case review and application, individual reflection, and group problem solving.

**II. STANDARDIZED COURSE OBJECTIVES**

Upon completion of this course, students will be able to:

1. Demonstrate knowledge, attitudes, and skills to show an applicable understanding of Medical Home, Youth with Special Healthcare Needs (YSHCN), and Youth to Adult Transition, including recalling and identifying concepts associated with each.
2. Classify different populations within Children with Special Healthcare Needs to understand how individual and subpopulation characteristics affect living, impact on family, and transition to adult healthcare.

3. Demonstrate an understanding of the primary areas of YSHCN Transition, including education, medicine, vocation, psycho-social, and family transition.
4. Appreciate the importance of relational skills to program development, patient care, and transition planning.
5. Identify the skills and tasks required of students in their individual and team professional roles when transitioning YSHCN.
6. Develop knowledge, attitudes, and skills to have an applicable understanding of transition planning with youth who have comorbid or primary mental health diagnoses.
7. Survey and utilize various transition planning and readiness tools for clinical practice, individuals, and families.
8. Appreciate the perspectives and experiences of youth and families in transition, including emotions, perceived barriers, and successes.
9. Appreciate and explore personal emotions of students about transferring care of YSHCN during transition.
10. Plan and implement a transition plan for an "identified patient" using "Core Six" guidelines.
11. Develop adequate knowledge, attitudes, and skills to have an applicable understanding of the autonomy, identity, development, and perspective of YSHCN in relationship to decision-making and self-care.
12. Appreciate their role in the shared decision-making model and will be able to translate shared decision-making to transition-planning activities.
13. Demonstrate key, research-based strategies for communication with youth, families, and other healthcare professionals, including culturally and linguistically competent transition planning and general service delivery.
14. Design and implement a community based project that demonstrates knowledge of transition concepts and furthers local development of transition programs.

### III. TEACHING METHODS

The course will employ a flipped classroom to allow students to be informed and ready to engage in classroom activities. Prior to class sessions students will have assigned readings and written assignments to complete. The goals of the course are to explore inter-professional team work; to introduce students to a comprehensive view of YSHCN transition that includes and goes beyond medical concerns; to guide students toward the importance of the consideration of social and context concerns in all areas of healthcare practice; and to give students experience in employing strategies to promote completion of YSHCN transition in medical home clinic environments.

### IV. REQUIRED TEXTS AND MATERIALS

All required articles can be found in file folders on Canvas. Students do not need a textbook or other purchased texts for this class.

### V. COURSE REQUIREMENTS

#### GRADING CRITERIA

<b>Attendance and Participation</b>	<b>25%</b>
<b>Final Project, including Portfolio, completed "Six Core," and an 8-12 page paper (40%) and Class Presentation (10%)</b>	<b>50%</b>
<b>Completion of *Baseline Read Evals</b>	<b>25%</b>
<b>TOTAL</b>	<b>100%</b>

\*NOTE: Baseline Reading Evaluations located on Canvas

Case Management Portfolio, "Six Core," and 8-12 page Narrative paper

**Due Date: May 3rd**

To gain exposure to tools, techniques, and resources that interprofessional teams use to help youth with complex health care needs broker the transition from adolescence to adulthood, in the medical setting and beyond, students will virtually undertake the role of a member of an interprofessional care team and create a portfolio of resources, tools, strategies, approaches, and reflections on the process of transitioning a patient.

Students will "create" a client on **the first day of class** by randomly selecting components of the student's identity. Students will then create a narrative for their client, including strengths and challenges, placing them in a larger social and cultural context. This client will be the focus of each individual student's final paper.

Students will work in groups to create a setting (a clinic, hospital, primary care practice), from which all of their clients will receive care. In order to simulate the experience of working within a care team, and within the scope of a particular practice setting, students each assume a role on the care team, and identify which services they would provide each client based on the scope of that role.

**FINAL PROJECT WILL INCLUDE:**

- 1▶ Portfolio, including completed "Core 6"
- 2▶ 8-12 page Narrative paper
- 3▶ Group Presentation

1▶ Each student will prepare a separate "portfolio," consisting largely of Narrative reflection and analysis of the transition process, but also including resources or instruments used during a transition. The "Core 6" transition tools and guidelines can be adapted to suit your setting but must be included, and filled out with details relevant to your client. These could include:

- assessment tools
- checklists
- portable medical summaries
- applications, e.g. for waiver programs
- or other tools used in transition, all completed if applicable

2▶ Each student's final assignment will also include an 8-12 page Narrative paper.

**If you would like ongoing feedback, feedback due dates for each portion of the paper have been provided, and instructor will provide feedback on materials turned in.** Please provide citations from literature and class readings that informed your decision-making, or that provide insight into particular aspects of transition.

The Narrative Paper should include:

- up to one page description of your case patient, including demographic information and a brief description of their medical condition, mental health status, education, vocational status and goals, family situation, and relevant psychosocial details. **Feedback due date: February 8**
- up to one page description of your group's practice setting and the makeup of your team. Reflect on the benefits and limitations of your setting and the services it's able to provide. Does your team fit the model of a "medical home?" **Feedback due date: February 15**
- up to one page description of your "role" in transition, both relative to your client and to the rest of your team. **Feedback due date: March 8th**
- up to one page description of transition model used for your particular client. **Feedback due date: March 22nd**
- 6-10 page description of the transition process (including a table, figure, or graphic that shows the primary steps of transition for your client, in the order that they happened), your specific role as healthcare professional, and how you considered all the aspects of your client's

case, including at least—the client’s characteristics, demographic, diagnoses, challenges, successes, strengths, and barriers. Consider all aspects of the client’s world when creating this description. Some things to consider:

- To what subpopulations does your client belong, both demographic and within the medical system, and how did this influence their experience of transition?
- Which of the client’s transition goals were met? Which were not? Why or why not?
- How did your team operationalize the principles in the “Core 6” Elements of Transition?
- What institutional factors inhibited your client’s success in transition, and how?
- What level of transition readiness did the client present at each stage?
- What was the outcome of your team’s work with this client?
- What feelings did you observe in the client, their family, and in yourself during this process?
- What did or did not motivate the client to make change?
- Did you make referrals for this client? To whom, and for what purpose?
- What factors could have contributed to greater success with this client?
- What role did the client’s family or caregivers play in this process?
- What role did other members of your team play in this process?
- How did your relationship with the client and their family evolve over time?
- How did the client grow and change over the course of transition, considering personal maturation, identity formation, medical trajectory, vocational and educational achievement, and development of life skills?

### **3► Group Presentation: Due May 3rd**

On the final day of class, each team will collectively present on-

- their setting, their setting’s policy/model for transition
- the challenges of meeting the needs of different subpopulations of YSHCN within one cohesive model.

Additionally, each group member will give-

- a short debriefing about their individual client and their transition experience.

Finally, each group member will submit-

- at least one community resource that was useful in transitioning their individual client.

### **VI. GRADING SCALE**

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+

74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

## VII. CLASS POLICIES

1. The class experience is co-constructed and students are expected to attend class regularly and to participate in an interactive framework between collegiate students and professor. Students are expected to complete the readings prior to class and should be well prepared to participate in discussions and experiential learning assignments. Failure to attend class and demonstrate through discussions that one has comprehended the readings will be considered in assigning the final grade.

Punctuality is an important professional practice. Class will begin promptly at 2:30 p.m.. Students should make every effort to arrive on time. Late arrivals can disrupt the class process.

Students will be allowed one unexcused absence. If a student misses more than the allotted excused absence, the professor reserves the right to lower that student's final grade by one point for each class missed beyond the one allowed. If a student is going to be absent, efforts should be made to contact the professor in advance. Students are responsible for any material missed due to absence.

2. Except in the case of extended emergencies, and then only with the permission of the professor, late assignments will not be accepted without penalty. Students are expected to turn in all required assignments on the agreed upon due date at the beginning of class. Assignments turned in after class starts will be considered late. If accepted, late assignments will be assessed point penalties at the rate of three (3) points each day late. If the due date is a problem, the student should see the professor and negotiate another due date well in advance.

3. If students are concerned about their class performance, the professor is more than willing to work with them to help improve their understanding of the class material of the assignments prior to the end of the semester. Final grades assigned in the course are not negotiable.

4. The ability to write in a professional manner is very important for healthcare professionals, particularly in the medical setting where they are working closely with a range of healthcare professionals. Written work must be typed, edited for grammatical, spelling and typographical errors. Work will be grade based on the American Psychological Association (APA) guidelines for references and citations.

5. Student feedback is welcome. Students are also encouraged to provide feedback during office hours, by phone, e-mail, or appointment.

6. All students are expected to maintain confidentiality regarding all shared professional and personal information related to agencies, clients, or the experiences of other students, as required by Section 1.07 of the National Association of Social Workers Code of Ethics.

## VIII. UNIVERSITY POLICIES

**THE UNIVERSITY OF TEXAS HONOR CODE.** The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

**PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM.** The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. Social Work also deals with complex and controversial issues. These

issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues. In this environment we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

**UNANTICIPATED DISTRESS.** Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the professor. The professor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students may contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at <https://cmhc.utexas.edu/>.

**POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION.** Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image.

Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including *any* information that might lead to the identification of a client or compromise client confidentiality in *any* way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as The University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

**POLICY ON SCHOLASTIC DISHONESTY.** Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students: <http://deanofstudents.utexas.edu/sjs/>.

**USE OF COURSE MATERIALS.** The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This sharing includes, among other

things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

**DOCUMENTED DISABILITY STATEMENT.** Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). A student should present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed and followed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit: <http://diversity.utexas.edu/disability/>.

**RELIGIOUS HOLIDAYS.** By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, examination, work assignment, or project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

**TITLE IX REPORTING.** In accordance with Title IX of the Education Amendments of 1972, the University of Texas at Austin is committed to maintaining a learning environment that is free from discriminatory conduct based on gender. Faculty, instructors, agency-based field instructors, staff, and/or teaching assistants in their supervisory roles are mandated reporters of incidents of sex discrimination, sexual harassment, sexual violence, or sexual misconduct. Students who report such incidents will be informed of University resources. Incidents will be reported to the University's Title IX Coordinator and/or the Title IX Deputy for the SSW, Professor Tanya Voss. Students, faculty and staff may contact Professor Voss to report incidents or to obtain information. Further information, including student resources related to Title IX, may also be found at <http://socialwork.utexas.edu/dl/files/academic-programs/other/qrg-sexualharassment.pdf>.

**CAMPUS CARRY POLICY.** The University's policy on concealed fire arms may be found here: <https://campuscarry.utexas.edu>. You also may find this information by accessing the Quick Links menu on the School's website.

**CLASSROOM CONFIDENTIALITY.** Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

**USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS.** Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible for keeping the university informed about a change of e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

**SAFETY.** As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

**BEHAVIOR CONCERNS ADVICE LINE (BCAL).** If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual’s behavior. This service is provided through a partnership between the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

**EMERGENCY EVACUATION POLICY.** Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor’s instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

## IX. Course Schedule

Date	Topic	Assignment Due	Readings
1/18	<b>Module 1: YSHCN Transition, Policy, Practice, and Population</b> Review Syllabus Case Assignment Team Assignment Baseline Evaluation	<b><i>Baseline Rev Read 1 [Available in Canvas]</i></b>  <b><i>Note: this is optional for the first class, but available so you can see a sample of baseline reviews</i></b>	Child and Adolescent Health Measurement Initiative (2012). “Who Are Children with Special Health Care Needs (CSHCN).” Retrieved from <a href="http://www.cahmi.org/wp-content/uploads/2014/06/CSHCN-whoarecshcn_revised_07b-pdf.pdf">http://www.cahmi.org/wp-content/uploads/2014/06/CSHCN-whoarecshcn_revised_07b-pdf.pdf</a> [Available in Canvas]  <i>Six Core Elements of Health Care Transition 2.0</i> <i>Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers.</i> pp. 1-8 only. Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]  Harris, S. (2016). <i>Learning to advocate for myself.</i> Texas Children’s Blog. Retrieved from: <a href="http://www.texaschildrensblog.org/2016/07/learning-to-advocate-for-myself/">http://www.texaschildrensblog.org/2016/07/learning-to-advocate-for-myself/</a> [Online]



			<p><i>Defining the Medical Home.</i> Retrieved from <a href="https://www.pcpcc.org/about/medical-home">https://www.pcpcc.org/about/medical-home</a> [Online]</p> <p>PCMH-PCPCC Infographic [Available in Canvas]</p> <p>Why Medical Home Works (PDF) [Available in Canvas]</p>
1/25	<p><b>Module 2: Areas of Transition: Medical and Beyond</b> Medical transition Psychosocial transition Vocational transition Educational transition Appropriate providers for transition activities</p>	<p><b><i>Due: Baseline Rev Read 2 [Available in Canvas]</i></b></p>	<p>Health Care Transition Preparation for Youth and Young Adults with Special Health Care Needs in Texas Algorithm PDF [Available in Canvas]</p> <p>Belkin, L. 2013. <i>Gabe's Care Map: Cristin Lind, Mom, Illustrates What It Takes to Raise One Boy With Special Needs.</i> Retrieved from <a href="http://www.huffingtonpost.com/2013/01/18/gabes-care-map-special-needs-children-caregivers_n_2469564.html">http://www.huffingtonpost.com/2013/01/18/gabes-care-map-special-needs-children-caregivers_n_2469564.html</a> [Available Online]</p> <p>Chen, 2012 [Available in Canvas]</p> <p>Pediatrics Consensus statement on transition [Available in Canvas]</p>
2/1	<p><b>Module 3: Transition and Professional Roles</b> Professionals involved in collaborative healthcare team Roles, responsibilities, and boundaries</p> <p>Settings for practice</p> <p>Review of "Transition Tracking and Monitoring" from the Core Six Elements of Healthcare Transition.</p>	<p><b><i>Due: Baseline Rev Read 3 [Available in Canvas]</i></b></p>	<p>Shanske, S. Arnold, J., Carvalho, M., Rein, J. (2012). Social Workers as Transition Brokers: Facilitating the Transition From Pediatric to Adult Medical Care. <i>Social Work in Health Care</i>, 51:4, 279-295, DOI: 10.1080/00981389.2011.638419 [Available in Canvas]</p> <p>Betz, C. (2013). Health Care Transition for Adolescents with Special Health care Needs: Where is Nursing? <i>Nursing Outlook</i>, 61: 271-289 [Available in Canvas]</p>

			<p>Cooley, W. (2011). <i>Clinical Report – supporting the health care transition from adolescence to adulthood in the medical home</i>. American Academy of Pediatrics, 128: 182-200. [Available in Canvas]</p> <p><i>Six Core Elements of Health Care Transition 2.0 Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers. p. 9 only</i>. Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]</p>
2/8	<p><b>Module 4: Youth and Families: Different Paths for Different Populations</b> Differences in population translated to differences in transition planning.</p> <p>Review of “Transition Tracking and Monitoring” from the Core Six Elements of Healthcare Transition</p> <p>Solution Focused Brief Therapy</p>	<p><b>Due: Baseline Rev Read 4 [Available in Canvas]</b></p> <p><b>Feedback Due Date: one page description of your case patient</b></p>	<p>Cohen, E. (2011). Children With Medical Complexity: An Emerging Population for Clinical and Research Initiatives. <i>PEDIATRICS</i>. 127 (3), 530-538. [Available in Canvas]</p> <p>Harmon, 2011 [Available in Canvas]</p> <p>Richmond, 2012 [Available in Canvas]</p>
2/15	<p><b>Module 5: Transition Planning and Mental and Behavioral Health</b></p> <p>Transition planning with youth who have comorbid or primary mental health diagnoses</p>	<p><b>Due: Baseline Rev Read 5 [Available in Canvas]</b></p> <p><b>Feedback Due Date: one page description of your group’s practice setting and the makeup of your team</b></p>	<p>Gionfriddo, 2012 [Available on Canvas]</p> <p>Jivanjee, 2009 [Available on Canvas]</p> <p>Singh, 2015 [Available on Canvas]</p> <p>Corrigan, 2016 [Available on Canvas]</p>
2/22	<b>Module 6:</b>		

	<p><b>Two Types of Transition Readiness</b></p> <p>Determining the readiness of healthcare practice to guide transition of youth</p> <p>Determining the readiness of youth for process of healthcare transition</p> <p>Review of “Transition Readiness” from the Core Six Elements of Healthcare Transition</p>	<p><b>Due: Baseline Rev Read 6 [Available in Canvas]</b></p> <p><b>Feedback Due Date:</b> one page description of transition model used for your particular client</p>	<p><i>Six Core Elements of Health Care Transition 2.0 Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers. pp. 10-11 only.</i> Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]</p> <p>Doane, L. (2016). <i>Transitioning to adult care: a patient’s perspective.</i> Texas Children’s Blog. Retrieved from: <a href="http://www.texaschildrensblog.org/2016/02/transitioning-to-adult-care-a-patients-perspcetive/">http://www.texaschildrensblog.org/2016/02/transitioning-to-adult-care-a-patients-perspcetive/</a> [Available Online]</p> <p>Schwartz, 2011 [Available on Canvas]</p>
3/1	<p><b>Module 7: Look, It’s Me: Autonomy, Identity, and Development of Youth in Transition</b></p> <p>Shared decision-making Professional roles in shared decision-making</p> <p>Importance of shared decision-making to transition</p> <p>Development and Transition</p>	<p><b>Due: Baseline Rev Read 7 [Available in Canvas]</b></p>	<p>Mustanski, 2014 [Available on Canvas]</p> <p>Banks, J, 2013 [Available on Canvas]</p> <p>Kauffman, 2006 [Available on Canvas]</p>
3/8	<p><b>Module 8: Transition Planning in Medical Practice</b></p> <p>Benefits and weaknesses of different models of transition support</p> <p>Transition planning tools</p> <p>Transition planning barriers</p> <p>Revisit “Transition Planning” from the Core Six Elements of Healthcare Transition</p>	<p><b>Due: Baseline Rev Read 8 [Available in Canvas]</b></p> <p><b>Feedback Due Date:</b> one page description of your “role” in transition, both relative to your client and to the rest of your team</p>	<p>Cramm, 2013</p> <p>Brooks, 2009</p> <p><i>Six Core Elements of Health Care Transition 2.0 Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers. pp. 12-16 only.</i> Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]</p>

3/22	<p><b>Module 9: Meds, Peds-What's the Difference?</b> Patient and family perspectives on pediatric vs. adult care   Structures and relationships within adult care necessary to transition</p> <p>Emotional experience of patient and family and its impact on success of transition Actual strengths, weaknesses, and differences of pediatric and adult healthcare delivery systems</p> <p><b>Guest Speaker TBD</b></p>	<b>NOTHING DUE</b>	N/A
3/29	<p><b>Module 10: Transition Planning from the Perspective of Youth and Family</b></p> <p>Components of Transition Planning</p> <p>Characteristics of YSHCN subpopulations and their effect on transition planning</p> <p>Planning tools for youth and/or parents</p> <p>Importance of relationship-building and consistency to transition planning</p> <p><b>Tentative: Guest Speaker, TBD</b></p>	<p><b>Due: Baseline Rev Read 10</b> <i>[Available in Canvas]</i></p>	<p>Betz, C., Lobo, M., Nehring, W., Bui, K. (2013). <i>Voices not heard: A systematic review of adolescents' and emerging adults' perspectives of health care transition</i>. Nursing Outlook, 61(5), 1-26 [Available in Canvas]</p> <p>DiFazio, R., Harris, M., Vessey, J., Glader, L., Shanske, S. (2014). <i>Opportunities lost and found: Experiences of patients with cerebral palsy and their parents transitioning from pediatric to adult healthcare</i>. Journal of Pediatric Rehabilitation Medicine, 7, 17-31[Available in Canvas]</p>
4/5	<p><b>Module 11: Personal Transfer of Care, Can it Be Done?</b> Tools to facilitate transfer of care</p> <p>Emotional aspects of transfer</p>	<b>NO Baseline Review</b>	<p><i>Six Core Elements of Health Care Transition 2.0 Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers. pp. 17-19 only.</i></p>

	<p>of care for providers and families</p> <p>The “warm hand-off”</p> <p>Review of “Transfer of Care” from the Core 6 Elements of Health Care Transition</p>		<p>Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]</p>
4/12	<p><b>Module 12: Communication with Youth, Family, and Healthcare Professionals</b></p> <p>Review of essentials of good communication in medical environments</p> <p>Technology: benefits and challenges to good communication</p>	<p><b>Baseline Rev Read 12 [Available in Canvas]</b></p>	<p>Communication Styles Handout. PDF [Available in Canvas]</p> <p>Feudtner, C. (2007). Collaborative Communication in Pediatric Palliative Care: A Foundation for Problem-Solving and Decision-Making. <i>Pediatr Clin N Am</i>, 54: 583-607. [Available in Canvas]</p>
4/19	<p><b>Module 13: Making the Transition</b> Collaborative system of care for YSHCN</p> <p>Review of “Transfer Completion” from Core Six Elements of Health Care Transition</p> <p>Reflection on the professional and emotional implications of ending a provider/patient relationship</p>	<p><b>Baseline Rev Read 13 [Available in Canvas]</b></p>	<p><i>Six Core Elements of Health Care Transition 2.0 Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers. pp. 20-22 only.</i> Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]</p> <p>Vaks, 2016 [Available in Canvas]</p>
4/26	<p><b>Module 14: Transition Activities: Measure and Process</b></p> <p><b>Presentation review and work time</b></p>	<p><b>Baseline Rev Read 14 [Available in Canvas]</b></p>	<p><i>Six Core Elements of Health Care Transition 2.0 Transitioning Youth to an Adult Health Care Provider for use by Pediatric, Family Medicine, and Med-Peds Providers. pp. 23-27 only.</i> Retrieved from <a href="http://www.gottransition.org/resourceGet.cfm?id=208">http://www.gottransition.org/resourceGet.cfm?id=208</a> [Available in Canvas]</p>
5/3	<p><b>Final Presentations</b></p>	<p><b>Case Management Portfolio, “Six Core,” and 8-12 page Narrative paper</b></p>	<p>Parting thoughts: Optional Reading- Smith, E. (2013). <i>The Atlantic</i>. Retrieved from <a href="http://www.theatlantic.com/">http://www.theatlantic.com/</a></p>

			health/archive/2013/01/there-s-more-to-life-than-being-happy/266805/ [Available Online].
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**Bibliography X.**  
N/A