THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK

Instructors:
Farya Phillips, Ph.D., CCLS
Dean's Postdoctoral Research Fellow in Psychosocial Oncology
farya@utexas.edu

Kendra Koch, MA
Doctoral Candidate
UT Austin School of Social Work
kdkoch@utexas.edu

Course Number: SW 360K	**Unique Number:** 61902/62278
Semester: Spring 2017	**Phone:** 512-471-9600
Meeting Time: Thursday, 2:30pm -5:30pm	**Office Room:** 3.212F
Meeting Place: SSW 2.132	**Office Hours:** by appointment

Course TA: Amelia Frank
              ameliagfrank@utexas.edu

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

I.   **STANDARDIZED COURSE DESCRIPTION**

This graduate level course is offered to students in social work and other healthcare fields to learn about transitioning Youth with Special Healthcare Needs (YSHCN) from pediatric to adult care. The course relies on classroom sessions that promote experiential learning including, information gathering, case review, individual reflection, and group problem solving, allowing students to work throughout the semester in professionally diverse teams to solve socially diverse problems in YSHCN transition. By having assigned readings and written assignments to complete before class, the course will employ a flipped classroom informing and readying students for classroom engagement. The goals of the course are to explore inter-professional teamwork; 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, barriers to transition, and understanding the professional 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.

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.
2. Understand differences in populations within Children with Special Healthcare Needs and to understand how individual and subpopulation characteristics affect living, impact on family, and transition to adult healthcare.
3. Understand the primary areas of YSHCN Transition, including education, medicine, vocation, psycho-social, and family transition.
4. Appreciate the importance of relational and communication skills to program development, patient care, and transition planning.
5. Understand the skills and tasks required of students in their professional roles when transitioning YSHCN.
6. Understand the impact of comorbid or primary mental health diagnoses on YSHCN transition.
7. Understand the range of 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, institutional barriers, and successes.
9. Understand uses for the "Core Six" transition guidelines.
10. Understand the roles of autonomy, identity, development, and perspective of YSHCN in relationship to client decision-making and self-care.
11. Understand their role in the transition shared decision-making.

III.   TEACHING METHODS

Lecture, readings, writing, case studies, small group process, videos, guest speakers, self-reflection and sharing of professional and community experience.

IV.   COURSE REQUIREMENTS
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.

3 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 social workers, 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- 5th edition) 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.***

IV.   CLASS 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.

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. More information may be found at
http://diversity.utexas.edu/disability/.

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 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/conduct/).

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.

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.

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.

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.

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 https://cio.utexas.edu/policies/university-electronic-mail-student-notification-policy.

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.

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, 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.

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://operations.utexas.edu/units/csas/bcal.php.

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.
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V.   GRADING CRITERIA

Attendance and Participation	**25%**
Final Project (40%)	
and Class Presentation (10%)	**50%**
Completion of Baseline Read Evals	**25%**
TOTAL	**100%**

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.   DESCRIPTION OF ASSIGNMENTS

Baseline Reading Evals-can be found in Canvas and should be completed before class.

Final Project- Consists of a portfolio for transitioning your case patient. It will include all resources and tools used during the transition (completed, if applicable), a one-page description of the transition model used, a 1-paragraph description of your case patient, a 1-page description of your "role" in transition, a 1-page description of your function and reflections as a member of a team, and a 6-10 page description of the transition process for you in the role of healthcare professional and for your case patient, including challenges, successes, strengths, and barriers.

Final Presentation- Consists of a team presentation that briefly details each case, details the challenges of meeting the needs of different patients within one cohesive model, and provides local resources to the class.

VII. COURSE SCHEDULE

January 19   Topic
YSHCN Transition, Policy, Practice, and Population
Review Syllabus
Case Assignment
Team Assignment

Due: Baseline Rev Read 1 [Available in Canvas]

Readings
Richmond, N., Tran, T., Berry, S. (2012) Can the Medical Home Eliminate Racial and
Ethnic Disparities for Transition Service Among Youth with Special Health Care Needs?
Matern Child Health J. 16, 824-833. [Available in Canvas]

Child and Adolescent Health Measurement Initiative (2012). *"Who Are Children with
Special Health Care Needs (CSHCN)."* Retrieved from http://www.cahmi.org/wp-
content/uploads/2014/06/CSHCNS-whoarecshcn_revised_07b-pdf.pdf [Available in
Canvas]

*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. 1-8
only. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in
Canvas]

Harris, S. (2016). *Learning to advocate for myself.* Texas Children's Blog. Retrieved
from: http://www.texaschildrensblog.org/2016/07/learning-to-advocate-for-myself/
[Online]

Defining the Medical Home. Retrieved from https://www.pcpcc.org/about/medical-home
[Online]

January 26   Topic
Areas of Transition: Medical and Beyond
Medical transition
Psychosocial transition
Vocational transition
Educational transition
Appropriate providers for transition activities

Due: Baseline Rev Read 2 [Available in Canvas]

Readings
Health Care Transition Preparation for Youth and Young Adults with Special Health
Care Needs in Texas Algorithm PDF [Available in Canvas]

Belkin, L. 2013. *Gabe's Care Map: Cristin Lind, Mom, Illustrates What It Takes to Raise
One Boy With Special Needs.* Retrieved from

http://www.huffingtonpost.com/2013/01/18/gabes-care-map-special-needs-children-caregivers_n_2469564.html [Available Online]

February 2   <u>**Topic**</u>
Transition and Professional Roles
Professionals involved in collaborative healthcare team
Roles, responsibilities, and boundaries
Settings for practice
Review of "Transition Tracking and Monitoring" from the Core Six Elements of Healthcare Transition.

Due: Baseline Rev Read 3 [Available in Canvas]
Description of Team Scenario (not for grade)

<u>**Readings**</u>
Shanske, S. Arnold, J, Carvalho, M., Rein, J. (2012). Social Workers as Transition Brokers: Facilitating the Transition From Pediatric to Adult Medical Care. *Social Work in Health Care*, 51:4, 279-295, DOI: 10.1080/00981389.2011.638419 [Available in Canvas]

Betz, C. (2013). Health Care Transition for Adolescents with Special Health care Needs: Where is Nursing? *Nursing Outlook*, 61: 271-289 [Available in Canvas]

Cooley, W. (2011). *Clinical Report – supporting the health care transition from adolescence to adulthood in the medical home*. American Academy of Pediatrics, 128: 182-200. [Available in Canvas]

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. <u>p. 9 only</u>. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in Canvas]

February 9   <u>**Topic**</u>
Youth and Families: Different Paths for Different Populations
Differences in population translated to differences in transition planning.
Review of "Transition Tracking and Monitoring" from the Core Six Elements of Healthcare Transition

Expert Panel, TBD

Due: Baseline Rev Read 4 [Available in Canvas]

<u>**Readings**</u>
Cohen, E. (2011). Children With Medical Complexity: An Emerging Population for Clinical and Research Initiatives. *PEDIATRICS*. 127 (3), 530-538. [Available in Canvas]

Kirk, S. Fraser, C. (2013). Hospice Support and the Transition. *Palliative Medicine*. 28 (4), 342-352. [Available in Canvas]

White, M. O'Connell, M., Cameron, F. (2015). Transition to Adult Endocrine Services: What is Achievable? *Best Practice and Research Clinical Endocrinology and Metabolism*. 29: 497-504.

February 16   <u>**Topic**</u>
Transition Planning and Mental and Behavioral Health
Transition planning with youth who have comorbid or primary mental health diagnoses

Due: Baseline Rev Read 5 [Available in Canvas]

<u>**Readings**</u>
Park et al. (2011). Health Care Service and the Transition to Young Adulthood: Challenges and Opportunities. *Academic Pediatrics*. 11 (2), 115-122. [Available in Canvas]

Fero, M., Gorter, J., Boyle, M. (2015). Trajectories of Depressive Symptoms During Transition. *Journal of Affective Disorders*. 174, 574-601. [Available in Canvas]

Smith, E. (2013). *The Atlantic.* Retrieved from http://www.theatlantic.com/health/archive/2013/01/theres-more-to-life-than-being-happy/266805/ [Available Online].

Jivaangee, P., Kruzich, J., Gordon, L. (2008). *The age of uncertainty: Parent perspectives on the transitions of young people with mental health difficulties to adulthood.* Journal of Child and Family Studies, 18(4): 435-446.

February 23   <u>**Topic**</u>
Two Types of Transition Readiness
Determining the readiness of healthcare practice to guide transition of youth
Determining the readiness of youth for process of healthcare transition
Review of "Transition Readiness" from the Core Six Elements of Healthcare Transition

Due: Baseline Rev Read 6 [Available in Canvas]

<u>**Readings**</u>
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. <u>pp. 10-11 only</u>. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in Canvas]

Doane, L. (2016). *Transitioning to adult care: a patient's perspective.* Texas Children's Blog. Retrieved from: http://www.texaschildrensblog.org/2016/02/transitioning-to-adult-care-a-patients-perspcetive/ [Available Online]

March 2   <u>**Topic**</u>
Meds, Peds-What's the Difference?
Patient and family perspectives on pediatric vs. adult care|
Structures and relationships within adult care necessary to transition
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

Due: Baseline Rev Read 7 [Available in Canvas]

Readings
Suris, JC., Akré, C., Rutishauser, C. (2014). *How adult specialists deal with the principles of a successful transition.* Journal of Adolescent Health, 45: 551-555.

March 9   **Topic**
Look, It's Me: Autonomy, Identity, and Development of Youth in Transition
Shared decision-making
Professional roles in shared decision-making
Importance of shared decision-making to transition

Due: Baseline Rev Read 8 [Available in Canvas]

Readings
Ottowa Personal Decision Guide. PDF [Available in Canvas]
Decision Coaching Using the OPDG. PDF [Available in Canvas]
Ottowa Decision Support Framework. PDF [Available in Canvas]
Interprofessional Shared Decision Making Model. PDF [Available in Canvas]

Mustanski, B., Birkett, M., Greene, G. J., Hatzenbuehler, M. L., & Newcomb, M. E. (2014). Envisioning an America without sexual orientation inequities in adolescent health. *American Journal of Public Health*, *104*(2), 218-225. DOI: 10.2105/AJPH.2013.301625

Banks, J. (2013). Barriers and supports to postsecondary transition: Case studies of African American students with disabilities. *Remedial and Special Education*, 35(1): 28-39.

March 16 – NO CLASS, SPRING BREAK

March 23   **Topic**
Communication with Youth, Family, and Healthcare Professionals
Review of essentials of good communication in medical environments
Technology: benefits and challenges to good communication

Due: Baseline Rev Read 9 [Available in Canvas]

Readings
Communication Styles Handout. PDF [Available in Canvas]

Feudtner, C. (2007). Collaborative Communication in Pediatric Palliative Care: A Foundation for Problem-Solving and Decision-Making. *Pediatr Clin N Am*, 54: 583-607.

March 30   **Topic**
Transition Planning from the Perspective of Youth and Family
Components of Transition Planning

Characteristics of YSHCN subpopulations and their effect on transition planning
Planning tools for youth and/or parents
Importance of relationship-building and consistency to transition planning

Tentative: Guest Speaker, TBD

Due: Baseline Rev Read 10 [Available in Canvas]

<u>**Readings**</u>
Betz, C., Lobo, M., Nehring, W., Bui, K. (2013). *Voices not heard: A systematic review of adolescents' and emerging adults' perspectives of health care transition.* Nursing Outlook, 61(5), 1-26

DiFazio, R., Harris, M., Vessey, J., Glader, L., Shanske, S. (2014). *Opportunities lost and found: Experiences of patients with cerebral palsy and their parents transitioning from pediatric to adult healthcare.* Journal of Pediatric Rehabilitation Medicine, 7, 17-31

April 6   <u>**Topic**</u>
Transition Planning in Medical Practice
Benefits and weaknesses of different models of transition support
Transition planning tools
Transition planning barriers
Revisit "Transition Planning" from the Core Six Elements of Heathcare Transition

Due: Baseline Rev Read 11 [Available in Canvas]

<u>**Readings**</u>
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. <u>pp. 12-16 only</u>. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in Canvas]

April 13   <u>**Topic**</u>
Personal Transfer of Care, Can it Be Done?
Tools to facilitate transfer of care
Emotional aspects of transfer of care for providers and families
The "warm hand-off"
Review of "Transfer of Care" from the Core 6 Elements of Health Care Transition

Due: Baseline Rev Read 12 [Available in Canvas]

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. <u>pp. 17-19 only</u>. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in Canvas]

April 20   <u>**Topic**</u>
Making the Transition
Collaborative system of care for YSHCN
Review of "Transfer Completion" from Core Six Elements of Health Care Transition

Reflection on the professional and emotional implications of ending a provider/patient relationship

Due: Baseline Rev Read 13 [Available in Canvas]

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. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in Canvas]

April 27   **Topic**
           Transition Activities: Measure and Process

Due: Baseline Rev Read 14 [Available in Canvas]

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. Retrieved from http://www.gottransition.org/resourceGet.cfm?id=208 [Available in Canvas]

May 4   **End of Semester Review**

Due: Final Projects and Presentations