

## Introduction

Children with disabilities often require services in which physicians can play an integral part. Developmental surveillance and screening are hallmarks of pediatrics and pediatric education.

Also core to pediatrics is understanding health and wellness from a systems-based perspective. This includes navigating issues that may be “disabling” such as racial bias, adverse childhood experiences, low-resource settings, and institutional barriers to equal access.

Educating students about the systems-based issues as well as the systems-based strategies to developmental issues has the potential to improve clinical care for children with disabilities and pediatric patients in general.

## Objectives

- Describe foundational disability education policies
- Identify area where physicians advocate including referrals to early intervention, review of Special education interventions and advocacy to policy makers
- Apply an eco-bio-developmental framework to healthcare at clinical and broader systems-based levels
- Describe how socioeconomic status, race, and bias can affect the identification and management of disabilities
- List resources for physicians, families, and other members of the medical home to better serve children with disabilities and their families

## Instructional Methods

The curriculum involves five, 2-hour, case-based sessions for remote learning co-facilitated by clinical and non-clinical faculty. Session cases required students to take an interprofessional approach to address the unique needs of the child and family of the case.

The faculty included persons with disabilities, parents, educators, clinical specialists, pediatricians and faculty from the state’s University Center for Excellence in Developmental Disabilities (UCEDD) to demonstrate interprofessional collaboration.

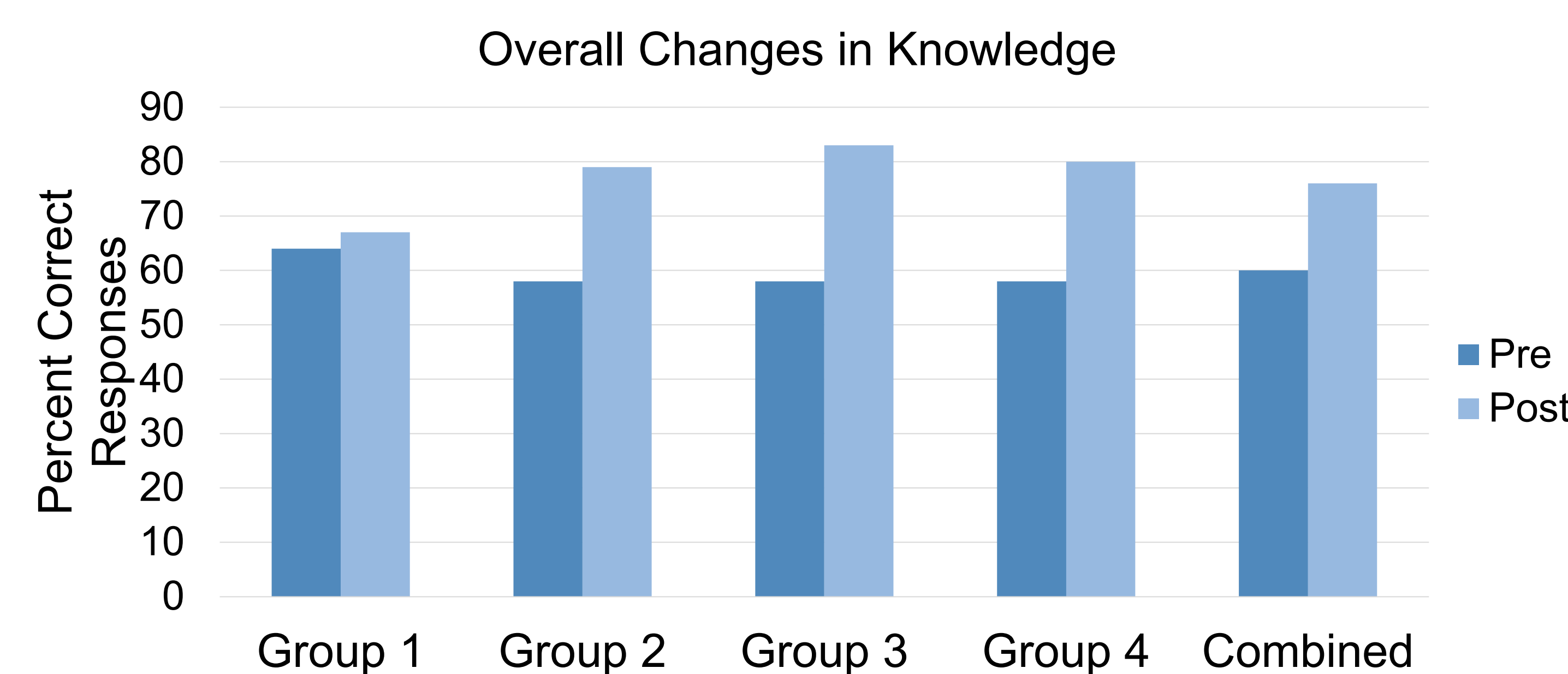
Social determinants of health and the intersectionality of race and disability were integrated into discussions on medical home, screening, early intervention, special education, local, state, and national advocacy. The eco-bio-developmental framework was used to highlight the effects of inequity of resources and how they relate to health and upstream resources.

Each session consisted of preparatory material, open-ended questions based on the assigned case, and a synchronous, remote debrief and discussion with faculty and guests.

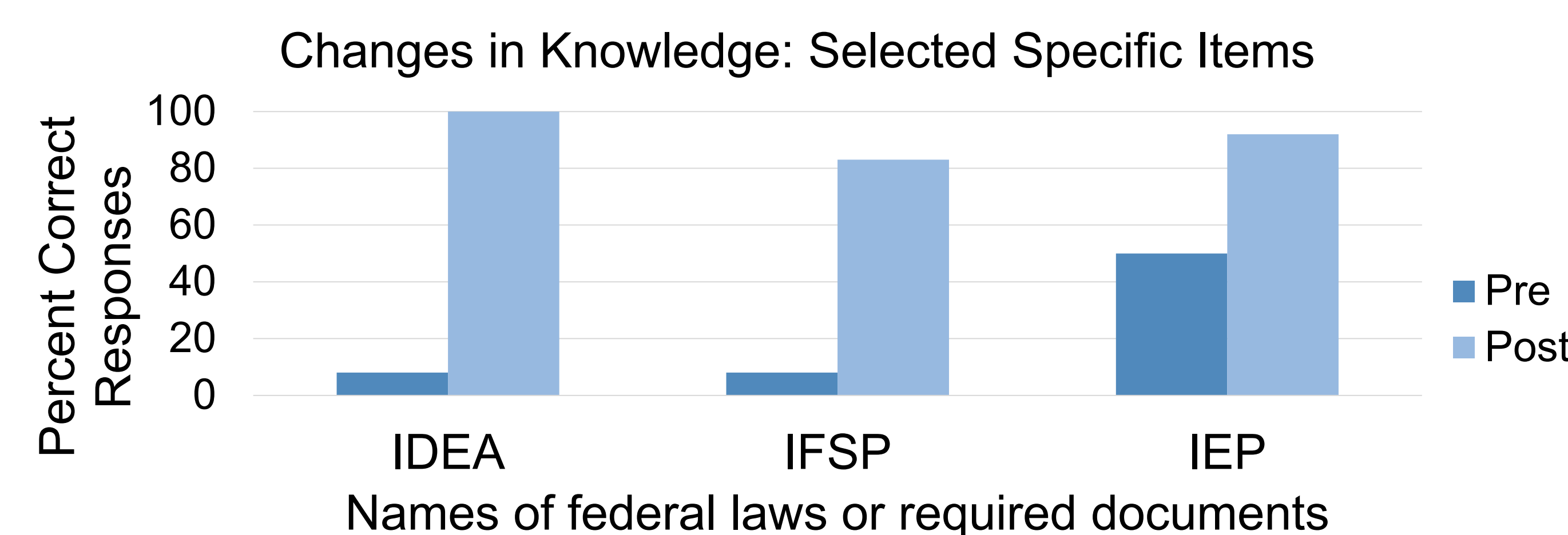
## Educational Outcomes

Each of the four times the course has been offered, students completed pre- and post-course knowledge assessments.

On average student scores increased 16% between pre- and post-assessments. Paired-sample t-test results were statistically significant,  $t(11) = -7.091$ ,  $p < 0.001$ .



Students also showed increased knowledge of major policies and documents related to special education including the Individuals with Disabilities Education Act (IDEA), Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP).



Students were asked to report important takeaways from the course. One student stated, “This course has given me the knowledge and language to be able to advocate for children with disabilities in my community.”

## Discussion

This course utilizes community connections and interprofessional education to teach students about the interplay of disability and race while also teaching about advocacy both at the bedside and on the larger stage of policy-making. The use of realistic case studies highlighted the relevancy of these issues to learners. The on-line format of this course allows for a degree of flexibility which can facilitate adoption by other institutions with their local resources. Having a community of contributors that could speak about their experiences on issues was found to be a valuable component of the course and expands the “faculty” available to medical education.

## Conclusions and Next Steps

Pediatricians play a critical role in the medical home and can play an active role in a child’s educational needs. To expand upon this course, a deeper exploration of the factors of racism on disability and medicine in general is needed. This course and its content should also be expanded to include a wider audience within pediatrics.

## Selected References

- Van Cleave, J., Boudreau, A. Z., Mcallister, J., Cooley W. C., Maxwell, A., & Kuhlthau, K. (2015). [Care coordination over time in medical homes for children with special health care needs](#). *Pediatrics*, 135(6), 1018-1026.
- Kuhlthau, K.A., Bloom, S., Van Cleave, J., Knap, A.A., Romm, D., Klatka, K., Homer, C.I., Newacheck, P.W., & Perrin, J. M. (2011). [Evidence for family-centered care for children with special health care needs: a systematic review](#). *Academic Pediatrics*, 11(2), 136-143.e8
- AAP: [Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes](#)
- US Department of Education: [Individuals with Disabilities Education Act](#)
- IDEA Part C: [Infants and toddlers with disabilities](#)
- IDEA Part B: [Assistance for education of all children with disabilities](#)
- [Section 504](#), Rehabilitation Act of 1973
- AAP: [Community physician’s role in case management of children with chronic illnesses](#)
- Farmer, J. E., Marien, W. E., Clark, M. J., Sherman, A., & Selva, T. J. (2004). [Primary care supports for children with chronic health conditions: identifying and predicting unmet family needs](#). *Journal of Pediatric Psychology*, 29(5), 355-367.
- AAP: [Prescribing therapy services for children with motor disabilities](#)
- AAP: [Pediatrician’s role in the development and implementation of an Individual Education Plan \(IEP\) and/or an Individual Family Service Plan \(IFSP\)](#)

Acknowledgements: This work was supported in part by the U.S. Department of Health and Human Services, Administration for Community Living under Grant #90DDUC0071. The opinions expressed, however, are those of the authors and do not necessarily reflect the official position of the funder.