Long-term Pediatrician Outcomes Of A Parent Led Curriculum In Developmental Disabilities
Bruce L. Keisling, PhD; Elizabeth A. Bishop, EdD; David A. Kube, MD, Jenness M. Roth, MED; Frederick B. Palmer, MD

Participants
Pediatric and medicine/pediatric residents who participated in Project DOCC™ during their one-month required rotation in Developmental-Behavioral Pediatrics at the Boling Center for Developmental Disabilities between the years of 2002 and 2010 N=203. Fifty-eight responded to the survey. Of those, 48 were practicing pediatricians while the others (1%) were practicing in fields of hematology/oncology, internal medicine, cardiology, hematology/oncology, neurology, endocrinology, immunology and critical care.

Research Design
Anonymous 10-item Project DOCC™ Resident Follow-Up Survey was created using a mixed methods approach administered electronically through email.

Measures
Survey obtained data about:
• current clinical specialization,
• years in practice,
• means by which DOCC components are incorporated into practice
• Current setting of practice and
• training/advocacy efforts engaged in since DOCC

For quantitative items in the survey, pediatricians were primarily asked to endorse all categories that applied to them, comments describing how the Parent Interview and Home Visit experiences have influenced their subsequent training, advocacy, and clinical practice with CSHCN and their families.

Descriptive statistics were used to analyze the quantitative items and thematic content analysis was used to synthesize the qualitative comments made by the physicians.

Fifty-eight former residents completed the ten-item Project DOCC™ Resident Follow-Up Survey, a 29% response rate. Pediatricians affirmed the important role that Project DOCC™ had in their residency training and the heightened family-centered awareness it brought to their current clinical practice.

Table 1  Awareness gained from Project DOCC™ experience

<table>
<thead>
<tr>
<th>Item</th>
<th>% Endorsement</th>
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<tbody>
<tr>
<td>Be aware that a child with developmental delay or dysfunction can influence the parent-child relationship</td>
<td>84.8%</td>
</tr>
<tr>
<td>Be aware of common immediate and continuing parental reaction to diagnosis of a disability in their children</td>
<td>69.6%</td>
</tr>
<tr>
<td>Recognize how common parental responses can influence their ability to cope with the child at a particular time in their life</td>
<td>63.0%</td>
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<tr>
<td>Verbally communicate the initial impression or final diagnosis and recommendations for further assessment and evaluation to the family</td>
<td>56.5%</td>
</tr>
<tr>
<td>Be aware of parental &quot;diagnosis shopping&quot; and know ways in which to minimize its effect on the child</td>
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</tr>
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<td>Recognize special adjustments that siblings of children with disabilities may need to make</td>
<td>52.2%</td>
</tr>
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<td>Be aware of techniques to facilitate optimal family functioning</td>
<td>28.3%</td>
</tr>
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Moreover, responding doctors reported that they shared materials with families in their waiting areas and clinical areas (62.1%); were engaged in the broader disability community through advocacy boards or groups (24%); and received materials from disability organizations through mailing lists and list servs (21%).

Thematic Analysis
Forty-seven comments were collected on the qualitative measures of the survey, using thematic analysis and coding, four major themes emerged.

1. Low physician response rate; the most prevalent concerns for increasing response rates included reminder emails to non-respondents, reminder emails to the survey owners, and incentives in the form of prizes for respondents awarded through a lottery. None of these strategies were employed in the present survey. However, since the survey was anonymous, the authors were not able to identify and contact those physicians who did not complete the survey.

2. Brevity of survey limited the reliability and validity of the measure. Developing a more in-depth survey with additional quantitative and qualitative items, or using a normed and validated dependent measure for pediatric service providers such as the Measure of Processes of Care for Service Providers might yield more robust findings.

3. Inability to firmly conclude that the practice outcomes reported by the pediatricians derived exclusively from their participation in a parent led curriculum or were the result of a general accumulation of clinical experience in the field. Future studies should compare the practice outcomes of pediatric cohorts who received Project DOCC™ training during residency with those who did not participate in this parent led experience.

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