Evaluation of a Family and Academic Medicine Partnership
Introducing Medical Students to Family Centered Care and Developmental Disabilities

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Introduction

• Family-centered care (FCC) emphasizes that the perspective and information provided by families and their children plays a vital role in clinical decision making.
• FCC can be implemented at the level of policy, program, and through interactions between physicians/health professionals and patients and families.
• Current educational strategy discusses the use of family-faculty partnerships (FCC) to train medical students.
• However, there is a paucity of well-designed research that assesses the effect of this type of training on medical students.

Objective

Understand what medical students are learning from the Seminar on Family Centered Care and Developmental Disabilities using qualitative research methods.

Methods

Inductive Content analysis is a method for coding and analyzing qualitative data. In this study, this approach was used to establish underlying topics and themes discussed by medical students. Inductive content analysis was performed on 800 student responses collected across a seven-year span in response to the following three-open ended questions:
1) What topics did the family discuss with you during the home visit?
2) What were your expectations for this seminar and how did they compare with your actual experience?
3) What are the ways this experience will impact your future dealings with families that include children or adults dealing with disabilities?

Results

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<thead>
<tr>
<th>Topics Discussed</th>
<th>Healthcare Experience</th>
<th>Family Dynamic</th>
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<tbody>
<tr>
<td>“Positive and negative healthcare experiences: daily life/routine of child with CP; changes in family and friend relationships after diagnosis”.</td>
<td>“Family dynamics, adapting to the patient’s needs, emotional impact of the diagnosis, experiences with healthcare, resources that enhance care”.</td>
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<tr>
<th>Expectations of the Seminar and Actual Experience</th>
<th>Expectations Exceeded</th>
<th>Welcomed by Families</th>
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<td>“I actually expected less than I got out of it. I feel like this experience was utterly unique and impossible. I learned more than I ever could have on my own.”</td>
<td>“Expected it to be awkward but the family was very warm and relaxing. Appreciative walking in, but walked out learning more about a disorder than I wouldn’t have been able to read in a textbook.”</td>
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<th>Impact of Experience</th>
<th>Family as Experts</th>
<th>Awareness of Context</th>
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<td>“I will make sure to make the family a part of the healthcare team because they are experts on their child. I will also make sure to directly greet and approach the child.”</td>
<td>“I will always keep in mind there’s a million other things that happen before/after I see the patient and there’s more to know that can be elicited in 15 mins.”</td>
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Discussion

• Findings provide greater insight into the experience of home-visits as a strategy to sensitize and inform medical students about the lives of children with disabilities and their families.
• Students conveyed that the actual seminar experience met or surpassed their expectations.
• Review of the home-visit experience was noted as a meaningful experience, one that placed students in a non-clinical setting and brought disability to life and increased students understanding of disability within the child, and within the family.
• Students described a heightened sense of awareness for future interactions with patients and their families following the home visit.

Conclusion

• This project provides medical trainees with an opportunity to learn from families of children with developmental disabilities.
• Students report awareness of their role in bringing a family-centered approach to clinical practice.
• Visiting a family in their home provides students a glimpse of the real-life context in which people with disabilities and their families live.

Acknowledgments

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