




# Variations on a Mini-Fellowship Theme

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# Agenda

- Introductions
  - General Overview of Mini-Fellowship Program
  - The Vanderbilt Consortium LEND (VCL) Developmental-Behavioral Pediatrics Mini-Fellowship for Pediatric Health Care Professionals
  - The Maine LEND Developmental-Behavioral Pediatric Mini-Fellowship
  - The University of TN Boling Center for Developmental Disabilities LEND Developmental Pediatric Mini-Fellowship
  - Discussion and Q & A
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# Introductions and General Overview of Mini-Fellowships

- Introductions
- Purpose of Mini-Fellowship Program





# The Vanderbilt Consortium LEND (VCL) Developmental-Behavioral Pediatrics Mini-Fellowship for Pediatric Health Care Professionals

**Tyler Reimschisel, MD, MHPE**

Director, Vanderbilt Consortium LEND

**Tara Minor, MAT, MA**

Educationalist, Vanderbilt Consortium LEND



# VCL: Recruitment

- Brochure distributed to community health care professionals via blast email and/or fax
- Cumberland Pediatrics Foundation monthly newsletter
- Vanderbilt Kennedy Center website
- Word of mouth





# VCL: Participants

- 14 total participants since the fall of 2016
  - 9 general pediatricians
  - 1 pediatric cardiology
  - 1 internal medicine
  - 2 FNP
  - 1 PNP
- All but 2 from Middle Tennessee area
  - Others come from as far away as 142 miles
- Years of clinical experience range from 5 to 30+
- All but one have been women





# VCL: Curriculum

- Initially 3 participants in a cohort, recently increased to 6 this fall
- Participants meet a ½ day a week for 10 weeks: 50 hours of CME credits
- Didactics on autism, Down syndrome, motor impairment, genetics, and other high-yield topics during orientation and for one hour each week
- STAT-MD Training (early autism screening)
- Precepted clinics with faculty
- Option to participate in the assessment of their own referred patients



# VCL: Clinical Settings/Experience

- Clinics are in the Center for Childhood Development within Vanderbilt Children's Hospital
- Faculty includes 3 NPs, 3 DBPs, 2 NDDs, 1 psychologist, 1 BCBA
- Participants attend one of several general developmental disabilities clinics each week (3 learners per clinic)
  - Younger child with autism
  - Older child with autism
  - Motor impairment
  - Learning disability
  - Behavior management





# VCL: Feedback/Assessment

Pre/Post Questionnaires to assess goals and learning

Goals of participants have included:

- Increase knowledge of diagnosing & managing ASD, DD, ADHD, and LD
- Find more local resources for my patients
- Make better referrals for patients
- Improve medication management of patients with ADHD
- Learn to communicate to families of children with disabilities constructively and positively
- Gain expertise to provide ongoing education to those in my practice
- Learn about medical & social issues facing children with motor impairment
- Help get patients needed home therapy
- Learn newer modalities of treatment
- Educate my community about DD



# VCL: What Participants Learned

- Where to refer for dyslexia and other learning issues
- The difference between “neuropsych, psych and psycho ed” testing
- Where to find resources for patients with ASD and ADHD
- Confidence in my ability to screen for ASD and ADHD
- A better understanding of when a referral is needed
- What lab work is recommended
- How to take more focused patient histories for NDD concerns
- How to screen young children with the STAT-MD



# VCL: Most Useful/Best Aspects of Experience

- Learning how to use the STAT-MD
- Being able to assess my own patient in clinic
- Learning about local resources
- Opportunity to expand knowledge beyond what can be done in online or lecture-based CME
- Learning interviewing skills
- Interaction with the specialists and patients





# VCL: Additional Topics? Improvements?

- View ADOS being given
- More information on CP and Down syndrome/opportunity to visit Down syndrome clinic
- None





## VCL: What Has Worked

- Soliciting information in advance regarding participants goals, background, and interests and distributing to faculty
- Working to schedule participants' patients in clinics
- Including a variety of clinics in the experience
- Encouraging representation of multiple professions of both participants and faculty
- Providing resources to participants (STAT-MD kits, picture communication kits, access to information on community resources on shared drive)



# VCL: Challenges

- Scheduling clinics and faculty, especially as program has grown
- Scheduling faculty in didactic time slots
- Summer session impossible to schedule, so no mini-fellowship in summer





# VCL: Next Steps

- Week-long immersion experience to increase catchment area
  - More formal journal club
  - Attendance at Division meeting
- Offer MOC Part IV
- Considering multi-site research study
- Pre/Post-Test assessment of medical knowledge competency domain



# The Maine LEND Developmental-Behavioral Pediatric Mini-Fellowship

**Carol Hubbard MD MPH PhD**

Director, Division of Developmental-Behavioral Pediatrics  
Maine Medical Center  
Barbara Bush Children's Hospital





# Maine: Recruitment

- Advertising: email to local pediatric and family medicine practices, conversations with practice directors
- 2 page application describing background and goals for the fellowship
- Goal to have participants from all the local primary practices that see children, to serve as leaders and liaisons for their groups for developmental-behavioral care
- Selection based on schedule and merit--so far all applicants have participated




# Maine: Participants

- 2016-17: Two pediatricians
- 2017-18: Two pediatricians and 1 NP
- 2018-19: 1 NP so far

Range of ages and experience (3.5 to 20+ years in practice), all women, all but one work part-time



# Maine: Curriculum

- 1 “fellow” at a time
  - 42 hours and 42 CME credits, \$1000 stipend
  - Individualized curriculum based on the learner’s interests
    - Clinical time with DBP faculty-observer, discussion, helping to record and score ADOS
    - NICU follow-up clinic
    - Occasional clinical sessions with psychologists (ADOS, cognitive assessment)
    - Didactics with faculty on ASD, ADHD, psychological assessment, resources and services, topics of special interest
    - Option to attend lecture series for long-term LEND trainees
    - Option to expedite assessment of one of their own referred patients and to participate in the evaluation
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# Maine: Clinical Setting

- Maine Medical Partners (Maine Medical Center) Division of Developmental-Behavioral Pediatrics within the Pediatric Specialty Care program
- Faculty includes 3 DBPs and 5 psychologists
- General DBPeds clinic, NICU follow-up clinic (team assessment)




# Maine: Feedback/Assessment

- Pre- and Post-questionnaires that have evolved over time
- Goals of Participants:
  - To provide more comprehensive care for children with NDD, to be able to recognize them early
  - To increase familiarity with autism diagnosis and what to look for as a PCP
  - To improve ability to interpret psychological and educational evaluations
  - Better understanding of community resources (a common goal)
  - To improve sensitivity of language and word choices
  - When to refer to DBPeds, to gauge the urgency of referral, and what patients may expect when they are referred



## Maine: What Participants Learned (Narrative)

- Increased comfort with identifying and managing ADHD, better med management, and more knowledge about less commonly used medications
  - Increased comfort with identifying and managing ASD, will ask different screening questions if a question of autism comes up, improved first pass evaluation for autism
  - Better at identifying at-risk kids and getting them hooked up with services sooner
  - Better awareness of resources, feel more knowledgeable and confident about resources and how to guide patients (3 respondents)
  - More targeted referrals
  - Better able to manage difficult patients in office
  - Better understanding of neuropsych exam
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# Maine: Changes in Self-Reported Comfort and Confidence (from pre- and post-questionnaires)

Asked about: Devel delay, Intellectual disability, ASD, LD, ADHD

How confident are you in your ability

- To recognize
- To manage in collaboration with a developmental specialist

How comfortable do you feel

- Providing guidance/advocacy for education and community services
- Giving parenting and behavioral guidance
- Managing medical care


Response scale: Not at all; somewhat; moderately; very



# Results of questionnaires


- Self-reported change was striking
- For almost all questions respondents felt they increased at least one level, ending up with Moderate or Very ratings for all of them, compared to starting with Not at all or Somewhat ratings on the pre-questionnaire for many questions
- Considerable variability between the two participants
- One participant (a NP) had Very comfortable/confident ratings for all disorders for educational guidance, parenting/behavioral guidance, and managing medical care

## Other questions


- Diagnosing ADHD: Moderately -> Very comfortable (both participants)
  - Managing ADHD meds independently: Somewhat -> Very comfortable (both participants)
  - Both felt they improved in reviewing assessment records to endorse LD and ID
- 




# Maine: Most Useful Aspects

- Fabulous learning opportunity, loved meeting the team and observing different approaches, observing the ADOS, having conversations with providers about complicated patients
  - Like mix of clinical observation, ADOS, neuropsych, and didactics
  - Opportunity to be present for new patient evaluations
  - Observation of a variety of patients, seeing multiple ADOS done
  - Working with all 3 DBPeds
  - Spending time with a wide variety of knowledgeable clinicians who are enthusiastic teachers
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# Maine: Criticisms/Suggestions (less useful aspects)

- None--other than when patients did not show up
  - Could be more structured and individualized
  - Some questions remained unanswered and would like more teaching time to answer questions
  - Saw a lot of autism though don't manage it on a daily basis
  - Less time observing psychological testing and more discussion about interpreting would be helpful
  - Would like more planning ahead to see a provider's own patients for their initial evals and also going to IEP meetings if possible
  - Would like read-only access to EMR to review charts in advance
  - Guidance on how to facilitate better hand-off back to PCPs
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# Maine: What Has Worked

- Soliciting information in advance about each participant's goals and interests
  - Covering standardized topics (ADHD, ASD, community resources) but also addressing individual interests of the learners
  - 1:1 clinical and teaching time with DBPeds faculty (and sometimes with resident present as well)
  - Working to schedule one of the participant's own patients for DBPeds evaluation
  - Flexibility of how long the 'fellowship' is to accommodate schedules
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# Maine: Challenges

- Recruitment
- Working around participants schedules and trying to have good mix of patients
- Lack of administrative support



# The University of TN Boling Center for Developmental Disabilities LEND Developmental Pediatric Mini-Fellowship

**Toni M. Whitaker, MD**


LEND Director, Division Chief Developmental Pediatrics

University of TN Boling Center for Developmental Pediatrics, Memphis  
University Le Bonheur Children's Hospital Pediatric Specialists

*CDC's Learn the Signs. Act Early. Ambassador to Tennessee*



# UT Boling: Recruitment

- TN Health Department grant funding for training events and mini-fellowships
  - Funding and rollout timing + busy flu season = scarce initial participants!
  - Advertising
    - Email of flyer/conversation to local Pediatric and Family Medicine practices leaders
    - Email to physicians and practice leaders from Dept Pediatrics Chair
    - Hospital newsletter to providers
  - Flyer
    - Highlighted free CME (no cost except time)
    - Listed expected content and locations
  - No application process at present
    - Discussed scope and preferences personally to ensure matched needs
    - Offered flexibility based on practitioner needs (schedule & content)
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## Developmental Pediatrics Mini-Fellowship for Pediatricians and Family Physicians

Enhance your knowledge  
and patient care skills of  
common developmental  
and behavioral problems.



**Purpose:** The purpose of this mini-fellowship is to increase the ability of primary care physicians to care for children with developmental delays/disabilities and behavioral problems including autism spectrum disorder, intellectual disability, language and motor delays, learning disabilities, and ADHD.

**Description:** Community physicians will be partnered with University of Tennessee Boling Center and Le Bonheur Developmental Pediatricians for educational sessions and clinical observations related to a variety of developmental disabilities to increase their understanding of diagnosis and management strategies in a primary care setting.

**CME:** Participants will receive up to 50 hours CME credit.

**Cost:** FREE!

**Location:** University of Tennessee Boling Center for Developmental Disabilities and Le Bonheur Children's Hospital Outpatient Center

**Dates:** Sessions will be held weekly for 10 weeks (5 hour sessions). Exact dates and times will be set after participants are selected.

**Partners:** Tennessee Department of Health in partnership with the Centers for Disease Control and Prevention (CDC), University of Tennessee Boling Center for Developmental Disabilities Leadership Education in Neurodevelopmental Disabilities (LEND) and University Centers for Excellence in Developmental Disabilities (UCEDD) programs, University of Tennessee Department of Pediatrics, and Le Bonheur Children's Hospital.

#### Continuing Medical Education (CME) Credit

The University of Tennessee College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Tennessee College of Medicine designates this live activity for a maximum of 50 AAFP PBA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### Course Director:

- Tom Whitaker, MD  
UT Boling Center LEND Director,  
Interim Division Chief of Developmental  
Pediatrics, University of Tennessee  
Health Science Center

#### Primary Faculty:


- Tom Whitaker, MD
- Delia Harris, MD
- Tanjula Gibson, MD
- Ron Espinal, MD
- Bruce Keating, PhD

#### Featured topics include:

- Autism spectrum disorder
- Intellectual disability
- Language and motor delays
- Learning disabilities
- Interprofessional approach to developmental and behavioral concerns
- Online and community resources for individuals with neurodevelopmental disabilities and their families


**Contact:** Tom Whitaker, MD, for more information or to apply.  
email: [twhitak1@utmc.edu](mailto:twhitak1@utmc.edu)  
phone: Sheree Barden 901-448-6512  
or Tom Whitaker 901-448-1043

# UT Boling: Participants

- 4 total participants since early 2018 (grant goal 3)
    - 3 general Pediatricians (with another wishing to start soon)
    - 1 Family Medicine physician
  - 2 local Memphis; 2 from Jackson, TN, small city ~80 miles away
  - Years of clinical experience range from ~4 to over 20
  - 1 part-time
  - 1 current residency program leader (another interested also residency program leader)
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# UT Boling: Experience

- Participants offered up to 50 hours CME credits
  - Primarily observational clinics with providers
    - Developmental Pediatricians (NDD, DBP) – direct in room
    - Child Psychology – behavioral therapy (PCIT), cognitive and ASD testing; behind glass w/discussion
    - Specialty interdisciplinary clinics – ADHD, Infant/Toddler, Spina Bifida, Feeding Swallowing, TSC
  - Didactics offered from interprofessional faculty at LEND/UCEDD on common topics and offered time with faculty for individual discussions if needed
    - Sample topics: Autism, CP, Advocacy, Etiologic considerations in DD, Nutrition in DD
    - Time with Family Faculty (special education, advocacy)
  - Training offered in developmental screening, ASD screening
    - Participants already using measures consistent with grant objectives
    - Offering additional training options
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# UT Boling: Logistics

- Continuing Medical Education Credit (CME)
  - Free for faculty course director from our University
  - Plenty of paperwork
  - Must be started early as can take some time to approve
  - Ensure that documentation complete
- 2 clinic sites: UT Boling Center, Le Bonheur Children's Hospital (2 locations)
  - Who approves?
  - HIPAA training – modified “student” rules slightly after explanation of role
  - Vaccinations (or titers), TB skin test
  - Logistics information on sites, contacts, parking, “volunteer” badges
    - Once that information was prepared, can be individualized



# UT Boling: Logistics

- 1 “mini-fellow” at a time
  - Schedule micromanaging J = happy mini-fellows + happy providers
  - Prep provider schedule at least a month in advance, shared best options by email
  - Their responses varied as to timing
  - Communicate to providers and remind (helped with flexibility for rare changes)
  - Some clinics better suited to observers due to space and other considerations
  - Tried to book times when 2 providers present + resident help (and noting number of “other” trainees)
    - No shows, unforeseen issues, preferred case types
- Additional resources
  - Prior archived grand rounds presentations
  - *Act Early* packets, “ACT Curriculum” information



# UT Boling: Feedback

- Goals of participants have varied
  - Clinically based goals for program, feedback for program improvement
- Short post-survey pending, but lots of personal feedback that participants have found the experience helpful
  - No drop outs
  - Some have extended training over time
- They have already seen changes in their ability to handle certain concerns, and have noted new concerns!
- We have ongoing availability to answer questions, share resources (informal)



# UT Boling: Sustainability

- Grant funds have covered faculty time
  - Planning
  - Administration
  - Clinical time + teaching
- Some level of sustainability is possible without continued additional funds
- Our faculty members have reported enjoying hosting the mini-fellows
  - Seek periodic feedback
  - Learning environment for students (interdisciplinary) and medical residents seems positive



# Questions