Module 5: Patient Skill Development
Learning Objectives

- List specific steps for making a transition plan with patients
- Discuss the FloridaHATS tools with patients and caregivers
- Identify activities and tasks for patients’ transition plans
Patient Skill Development: Significance
Skill Development during Adolescence

- Sense of identity
- Self-esteem
- Self-efficacy & mastery
- Self-responsibility
- Good health habits

INDEPENDENCE!!
Expectations for Skill Development

- Understand and describe medical condition
- Relay medical history
- Communicate with medical providers
- Complete health management tasks
YSHCN and Skill-Building

- Communication
- Routine tasks
- Emergencies
Up Next! Video Clip!

- Interview with Jim
- First of 4 videos in this module
Health Care Skills: Significance for Patients
Patient Skill Development: Transition Plans
Step 1: Review Assessment Results

<table>
<thead>
<tr>
<th>Managing Medications</th>
<th>No, I do not know how</th>
<th>No, but I want to learn</th>
<th>No, but I am learning to do this</th>
<th>Yes, I have started doing this</th>
<th>Yes, I always do this when I need to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you fill a prescription if you need to?</td>
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<tr>
<td>2. Do you know what to do if you are having a bad reaction to your medications?</td>
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<tr>
<td>3. Do you take medications correctly and on your own?</td>
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<td>4. Do you reorder medications before they run out?</td>
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<tr>
<td>Appointment Keeping</td>
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<tr>
<td>5. Do you call the doctor’s office to make an appointment?</td>
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<td>6. Do you follow-up on any referral for tests, check-ups or</td>
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</tbody>
</table>
### Step 2: Identify Gaps & Needs

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I dress, feed, bathe, and care for myself</td>
</tr>
<tr>
<td>2.</td>
<td>I complete all my daily or usual medical tasks</td>
</tr>
<tr>
<td></td>
<td>List usual or daily medical tasks &amp; rate your independence</td>
</tr>
<tr>
<td></td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
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<tr>
<td></td>
<td>d.</td>
</tr>
<tr>
<td>3.</td>
<td>I can tell someone what smoking, taking drugs or alcohol, or the lack of exercise can do to me</td>
</tr>
<tr>
<td>4.</td>
<td>I make good choices about friends, food, exercise, alcohol and smoking in order to stay healthy</td>
</tr>
<tr>
<td>5.</td>
<td>I do a Testicular Self Exam or Breast Self Exam regularly</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>6.</td>
<td>I know about abstinence before marriage, safe sex practices, birth control, and how to protect myself against STD's</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>7.</td>
<td>I can tell someone about how my disability or health condition might effect my sexual development and reproductive health</td>
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<tr>
<td></td>
<td>YES</td>
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</tbody>
</table>

### Medications, Medical Tests, Equipment and Supplies

<table>
<thead>
<tr>
<th></th>
<th>I do this on my own OR I know how to do this and direct others</th>
<th>I do this with some help</th>
<th>I do not do this OR I do this only with lots of help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I can name my medications (using their proper names), and the amount and times I take them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I can tell someone why I take each of my medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I can tell someone what the side effects of my medications are and what I should do if I have a side effect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I take my medications correctly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Step 3: Make a Plan

### Health Care Transition Plan Family Worksheet

<table>
<thead>
<tr>
<th>General Goals</th>
<th>Use the space in this column to write a more specific goal and the activities that you and your child will do to complete this specific goal</th>
</tr>
</thead>
</table>
| **Basic Knowledge**  
My child will/I will help my child learn more about her/his health condition. | Specific goal and activities. |
| **Basic Knowledge**  
My child will/I will help my child be able to tell her/his health care providers about what she/he has learned about her/his health condition. | Specific goal and activities. |
| **Health Care Practices**  
My child will/I will help my child be more independent in dressing, feeding and self-care and/or | Specific goal and activities. |
Planning Guide Worksheets

- Thinking About Your Future
- Health Care Independence
- Parental Health Care Transition Activities
- Transition Plan
Step 4: Carrying Out the Plan
Step 5: Checking In

- Follow-up calls
- Reassess annually
- Make new goals
- Adjust activities
Who in your practice can complete steps 1-5?
Up Next! Video Clip!

- Interview with Jim
- 2^{nd} of 4 video clips
Setting Goals & Making Plans – with CF
Patient Skill Development: Activities & Tasks
<table>
<thead>
<tr>
<th>The Transition Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Envisioning a Future</td>
</tr>
<tr>
<td>2. Basic Knowledge</td>
</tr>
<tr>
<td>3. Health Care Practices</td>
</tr>
<tr>
<td>4. Medications &amp; Equipment</td>
</tr>
<tr>
<td>5. Doctor Visits</td>
</tr>
<tr>
<td>6. Health Care Transition</td>
</tr>
<tr>
<td>7. Transition to Adulthood</td>
</tr>
<tr>
<td>8. Health Care Systems</td>
</tr>
</tbody>
</table>
Discuss Medical Tests

- Supports communication:
  - Multiple providers
  - Insurance
Directing Personal Care

- Rehearse to direct others
- Communicate needs & instructions
- Center for Independent Living
Medication Management

- Carry a medication list
- Names, dosages, and schedule
- What each medication treats
- Expected affects
- Potential side effects
- Filling prescriptions
- Insurance approval
Medical Equipment

- Use
- Maintenance
- Ordering
- Insurance approval
Doctor Visits

- Fosters independence
- Confidential interaction
- Change tasks throughout transition plans
Medical Journal

- Emergency summary page
- Medical history
- Providers’ contact information
- Current treatments
- Medications
- Additional health information
- Allergies
- Questions for next medical visit
# Health Care Transition Summary

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Managing Provider/ Specialist</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Medications</th>
<th>Current Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>5.</td>
</tr>
<tr>
<td>2.</td>
<td>6.</td>
</tr>
<tr>
<td>3.</td>
<td>7.</td>
</tr>
<tr>
<td>4.</td>
<td>8.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Therapies</th>
<th>Frequency</th>
<th>Provider</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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</tbody>
</table>
My Health Passport

If you are a health care professional that will be helping me, PLEASE READ THIS before you try help me with my care or treatment.

My full name is: ____________________________
I like to be called: __________________________
Date of birth: __/__/____
My primary care physician: _____________________
Physician’s phone number: ______________________

Attach your picture here!

This passport has important information so you can better support me when I visit/stay in your hospital or clinic.
Please keep this with my other notes, and where it may be easily referenced.

My signature: ____________________________ Date completed: __/__/____
You can talk to this person about my health: __________________________
Phone number: ____________________________ Relationship: ____________________________

I communicate using: (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, also state if extra time/suppression is needed)

Additional information: ____________________________
Emergency Summary Page

- Most important
- Most recent
- Emergency department visits
- New provider visits
E-Summaries

- EMR Patient Portal
- Cell phone tools
- Downloadable apps
Downloadable Apps

- My Medical
  - http://www.mymedicalapp.com

- My Med Schedule
  - https://secure.medactionplan.com/mymedschedule/transplantexperience/
Up Next! Video Clip!

- Interview with Brandi

- 3rd of 4 videos in this module
Patient Recommendation: Skill Development
Patient Skill Development: Self-Management Tools
Patient Self-Management Booklets

- *Since You’re Not a Kid Any More*
  - Ages 12 – 14, Envisioning a Future

- *Now That You’re in High School*
  - Ages 15 -17, Age of Responsibility

- *When You’re 18, You’re in Charge of Your Health*
  - Ages 18+, Age of Transition
Booklet Features

- Material for YSHCN
- Health care terms and definitions
- Staying healthy
- Increasing responsibility
Booklet Activities

› Independent living

› Condition management

› Visit planning

› Self-advocacy
Since You’re Not a Kid Anymore

SINCE YOU’RE NOT A KID ANYMORE

IT'S TIME TO BE MORE IN CHARGE OF YOUR HEALTH

Visit Floridahats.org

Health Care Transition Guide for Teens in Middle School
Now That You’re in High School...
When You’re 18, You’re in Charge
Patient Skill Development: In Educational Plans:
Educational & Medical Approaches

**Education**
- Diagnosis not required
- Focus: educational outcome
- Continuous activity
- Natural part of routines
- Students with disabilities

**Medical**
- Diagnosis informs treatment
- Focus: health/well being
- Episodic
- Creates new routine
- YSHCN
IDEA Defined

Federal legislation that requires public schools to provide a free and appropriate education to ALL children
Section 504 Plans

- Physical or mental impairment which substantially limits one or more major life activities

- Not limited to specific disability categories

- Does not require evidence that the disability adversely affects the student’s educational performance
Transition Services

- Instruction
- Community experiences
- Development of employment objectives
- Daily living skills
- Managing medications and equipment
- Self-care skills
Education & Health Care: Shared Skills

- Planning

- Self-determination

- Self-responsibility

- Communication
Education & Health Care: Shared Activities

- Review school’s transition plan
- Provide health care transition plan
- Identify transferable skills
Up Next! Video Clip!

- Interview with Justin
Education Transition Plans & Health Care

And I’ll go back to the age when I was
Patient Skill Development: Resources
Florida CIL Locator

CIL Disability Resource Center
Escambia, Santa Rosa, Okaloosa, Walton Counties

Disability Resource Center
Holmes, Washington, Jackson, Bay, Calhoun, Liberty, Gulf, Franklin Counties

Ability 1st
Gadsden, Leon, Jefferson, Madison, Wakulla, Taylor Counties

CIL of North Central Florida
Hamilton, Columbia, Suwanee, Lafayette, Dixie, Gilchrist, Union, Bradford,
Levy, Alachua, Putnam, Marion, Citrus, Hernando, Sumter, and Lake Counties

Independent Living Resource Center of Northeast Florida
Baker, Nassau, Duval, Clay, St. Johns Counties

disAbility Solutions for Independent Living, Inc.
Flagler, Volusia Counties

Disability Achievement Center
Project 10

Welcome to the Project 10: Transition Education Network website! It is constantly being updated, so check back often for new material. Please contact us with any suggestions, corrections, or ideas at project10@stpete.usf.edu.

MISSION

The mission of Project 10: Transition Education Network, hereinafter referred to as "Project 10," is to assist Florida school districts and relevant stakeholders in building capacity to provide secondary transition services to students with disabilities in order to improve
Health Goals and IEPs

Resources for Families

Resources for Youths and Families for ICAAPs Transitioning Youth to Adult Care Course

Below are a number of resources and tools to help youth and families in the transition from pediatric to adult health care. The project-developed tools were created by pediatricians in practice, transition experts, youth, and parents and the remaining resources are nationally validated tools and resources from partner organizations.

The development of these resources is supported by a state implementation grant from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

The resources below were developed by ICAAAP and Specialized Care for Children at the University of Illinois at Chicago.

Health and the Transition to Adulthood: Building the Foundation for Success

The Integrated Services Committee of the Illinois Chapter of the American Academy of Pediatrics and UIC Specialized Care for Children presented a webinar for parents and families on incorporating health goals into IEPs and transition plans. The recording of this webinar is available here and the slides are available here. The resources and tools discussed in the webinar are available in the table below.
Embedding Health Outcomes in IEPs

Embedding Health Outcomes in the IEP Process

Elizabeth Hecht
Southern Regional Center CYSHCN
Key Points

- Create plan
- Address 1-3 skills
- Tailor tools & activities to individual needs
- Update annually with re-assessment
Summary of Tools

Module 5. Patient Skill Development

1. FloridaHATS Transition Plan

2. Since You’re Not a Kind Anymore

3. Now That You’re in High School

4. When You’re 18, You’re in Charge


End of Part 1