# **Undergraduate Academic Board**

Audio: 786-6755 | ID: 284572 | Summary

# September 9, 2016 2:00-5:00pm

## **Physical location: ADM 204**

Audio Conference: 786-6755, Passcode: 284572

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II.	Appro	val of the Agenda (¡	og. 1)					
III.	Approval of Meeting Summary (pg. 2-3)							
IV.	Admin A. B.	nistrative Report Vice Provost for U University Registr	ndergraduate Academic Affairs ar Lora Volden	s Susan Kalina				
V.	Chair's A. B.	s Report UAB Chair, Carrie GERC Chair, Sandy	O					
VI.	Policy	Related Issues						
VII.	Progra	nm/Course Action R	Request- Second Readings					
VIII.	_	•	Request- First Readings					
	Add	•	ems Engineering Fundamentals					
	Chg		cupational Endorsement Certifica					
	Chg	PHTE-UECERT: Occ	upational Endorsement Certifica	te in Pharmacy Technology				

## IX. Informational Items and Adjournment:

- **A.** Critical Care Paramedic Non-credit Course (pg. 4-8)
- **B.** Bridge to Independence through Career Readiness Workforce Credential (pg. 9-15)
- **C.** PM A494S Lean Six Sigma Green Belt (pg. 16-23)
- **D.** COHI A590 Selected Topics for Healthcare Professionals (pg. 24-32)
- **E.** COH A049 Leadership Education in Neurodevelopmental and Related Disorders LEND (pg. 33-79)

# **Undergraduate Academic Board**

Audio: 786-6755 | ID: 284572 | Summary

# April 29, 2016 2:00-5:00pm

# **Physical location: ADM 204**

Audio Conference: 786-6755, Passcode: 284572

#### I. Roll

(E) Sandy Pence (FS)	(P) Carrie King (COH, Chair)	(T) Casey Rudkin (KPC)
(P) Utpal Dutta (FS)	(P) Yvonne Chase (COH)	(P) Luke Grabarek (Mat-su)
(P) Cheryl Smith (FS)	() Vacant (COE)	() Kathrynn Hollis-Buchanan (Kod)
(P) Alberta Harder (CAS)	() Vacant (CTC)	(A) DB Palmer (PWSC)
(T) Barbara Harville (CAS)	() Vacant (COENG)	(P) Christina Stuive (ADV)
(P) Grant Cochran (CAS)	(P) Robin Hanson (LIB)	(P) Ian Minnock (USUAA)
() Vacant (CBPP)		

#### **Ex-Officio Members**

- (P) Susan Kalina
- (P) Lora Volden
- (T) Scheduling and Publications
- II. Approval of the Agenda (pg. 1-2)
- **III. Approval of Meeting Summary** (pg. 3-4)
- IV. Administrative Report
  - A. Vice Provost for Undergraduate Academic Affairs Susan Kalina
  - B. University Registrar Lora Volden
- V. Chair's Report
  - A. UAB Chair, Carrie King
  - B. GERC Chair, Sandy Pence
- VI. Program/Course Action Request- Second Readings

Chg BAEL-BA Bachelor of Arts in Elementary Education (with Teacher Certification)

Approved and forward to Faculty Senate

# VII. Program/Course Action Request- First Readings

Chg	<u>ADT A131</u>	Auto Electrical II
Chg	CNT A162	PC Architecture and Building
Chg	CNT A170	CCNA 1
Chg	CNT A261	CCNA 2
Chg	<b>CNT A270</b>	CCNA 3
Chg	CNT A271	CCNA 4

Approved at first read, forward to Faculty Senate

Add PM A430 Systems Engineering Fundamentals
Postponed until Fall 2016

# VIII. Old Business

#### IX. New Business

- A. Vote for UAB Chair
- B. CIM Feedback
- C. UAB Final Report
- D. Discussion on development and edits of UAA policies

## X. Informational Items and Adjournment:

- A. Deletion of CAS minors per the prioritization process:
  - 1. Chemistry
  - 2. Statistics
  - 3. Theatre
- B. Purge List 2016-17 (pg. 5-10)

## Mat-Su College University of Alaska Anchorage Course Content Guide

School: Mat-Su College Course Subject: PMED-CEU

Course Title: Critical Care Emergency Medical Transport

**Number of CEUs:** 96 (one hour of contact per CEU)

**Grading Basis:** Pass/Fail

**Implementation Date:** Fall 2016 (advertise in fall and offer in spring 2017)

**Course Description:** Prepares paramedics, nurses and other health care providers for specialty certification in Critical Care Emergency Transport. Presents the skills and knowledge necessary to manage critical patients between hospitals, specialty referral centers, and extended care facilities, including high risk transfers.

**Course Prerequisites:** Currently Certified Paramedics (with at least 1 year of experience) or Currently Licensed RN's (with at least 1 years of experience in ER or ICU or similar acute care setting).

**Registration Restrictions**: Proof of Licensure or Certification is required to register. Current certifications in CPR, ACLS, ITLS/PHTLS, and PALS/PEPP/PPC (paramedics) or CPR, ACLS, PALS/PEPP/ENPC, and ITLS/PHTLS/TNCC/TNATC (nurses).

Course Fee: Yes (\$995)

#### **Course Schedule:**

The course will run for 10 weeks on a Monday/Thursday schedule from 9:00am-5:00pm where identical content is taught by the same instructor on Monday <u>and</u> Thursday. Students may either attend Monday <u>or</u> Thursday and could flip-flop from week to week based on their work schedule.

The course will run on a "shift-friendly/flip-flop" schedule. This concept may be non-traditional and new to the college but it allows Public Safety workers, like Nurses and Paramedics, to attend classes weekly without taking time off work. Furthermore it does not create strains on local departments that must cover those shifts while employees are in training.

Observational ride-alongs with local critical care transport providers will be scheduled on a student-by-student basis.

#### **Course Instruction:**

The course will be taught on campus in a traditional classroom setting in the PMED classroom, PMED Skills Lab, and PMED Simulation Lab. The EMS Program Coordinator will identify subject matter experts (e.g.; Doctors, Nurses, Respiratory Therapists, etc.) as required by the CCEMT-P Educational Site License to deliver classroom instruction.

#### **Learning Outcomes:**

At the conclusion of this course, students will be able to:

- Describe the history of ambulance/air medical transports.
- Differentiate between routine and specialty equipment found on a Critical Care Transport unit.
- Identify indications for critical care transport.
- Describe the inter-facility transfer process
- Apply the medicolegal aspects of Critical Care Transport
- Interpret laboratory data.
- Define shock and discuss the major pathophysiologies of shock.
- Describe the assessment techniques to help identify shock.
- Describe the general management for the patient in shock and describe pharmacological intervention in different types of shock.
- Define multisystem organ failure. List the history, signs and symptoms of the patient with sepsis.
- Describe the management of the patient with sepsis.
- Describe the history, signs, symptoms and management of the patient with acute respiratory distress syndrome (ARDS).
- Describe the history, signs, symptoms and management of the patient with disseminated intravascular coagulations (DIC).
- Describe the proper infection control procedures that the CCEMTP should take when treating patients.
- Assess oxygen saturation using a pulse oximeter.
- Assess carbon dioxide levels using an end tidal CO2detector.
- Identify the categories of information obtained through an ABG analysis.
- Describe important landmarks and anatomical structures of the chest wall and respiratory system.
- Discuss methods and procedures for plural decompression assessment.
- Identify transport complications associated with pleural decompression.
- Identify indications, purpose and assessment for chest tubes. Identify transport complications for chest tubes.
- Identify indications, procedures and complications for ET tube and tracheal suctioning.
- Identify indications and purpose for portable ventilators. Discuss methods for ventilator assessment and transport complications for portable ventilators.
- Identify indications, criteria and purposes for a tracheostomy.
- Describe procedures to tracheostomy patients and transport complications.
- Identify indications, criteria and purpose for needle and surgical crico-thyrotomy. Describe procedures, complications and transport of each.

- Discuss and identify indications, purpose, procedures, transport and complications for retrograde intubations.
- Discuss between types, assessing, transport and complications of invasive lines.
- Identify hemodynamic monitor controls.
- Interpret hemodynamic readings and alarm indications along with troubleshooting procedures.
- Identify transport complications of hemodynamic monitors.
- Identify purposes for invasive hemodynamic monitoring.
- Identify the function of each component of a PA catheter.
- Identify normal hemodynamic pressures and identify normal pressure waveforms.
- Interpret SVO2 monitoring data and discuss appropriate therapeutic modalities to treat abnormal values.
- Discuss indications of measuring cardiac output and cardiac index.
- Describe problems encountered in measuring PA pressures, state appropriate interventions and describe complications involved.
- Identify indications for blood administration, procedures for blood administration.
- Identify signs and symptoms of transfusion reactions and management procedures for transfusion reactions.
- Describe procedure for administration of whole blood or packed red cells.
- Describe the difference between monitoring and assessing a patient using an ECG machine.
- Demonstrate proper lead placement and identify wave changes relative to myocardial ischemia, injury and infarction.
- Describe possible complications of various infarct locations.
- Identify the complications associated with the ICD and location of placement in the chest wall.
- Describe the procedures for deactivating an ICD with a magnet.
- Understand the basic concepts underlying cardiac pacemaker technology.
- Identify indication for IABP. Define the primary physiologic effects achieved by the inflation and deflations of the IABP.
- Describe the set up and operation of an IABP.
- Identify proper timing and appropriate corrective action as well as transportation complications of IABP.
- Identify the indications, mechanism of action, pharmacokinetics, dosing and side effects of the following types of drugs: Sedatives, Analgesics, Paralytics, Antihypertensive, Volume Expanders, Vasopressors, Bronchodilators, Antiarrhythmic, Antianginals, Thrombolytic, Anticoagulants, Antibiotics, and Etomidate.
- Identify assessment, indications, contraindications, placement, procedures and transport complications for the following: GI, GU and Renal Assessment, NG and OG Feeding Tubes, Urinary Catheters, Ostomies, Hemodialysis and Peritoneal Dialysis, Rectal Considerations.

- Describe the major components of a neurological examination. Describe the
  differences in the neurological assessment between a brain injured or spinal
  injured patients. Perform a neurological exam. Identify transport considerations
  for patients with neurological injuries including intracranial pressure and
  intracranial pressure monitoring.
- Differentiate operational aspects of critical care transport and conventional prehospital care. Recognize situations warranting diversion or interception.
- Identify indications, complications and transportation of pediatrics, obstetrical/gynecological, moribund and burn patients.

## **Topical Course Outline**

The course consists of five modules.

#### Module A Preparatory – Critical Care Environment

- 1.1 Concepts and Components
- 1.2 Flight Physiology
- 1.3 Air Medical Considerations
- 1.4 Medical Legal Aspects
- 1.5 Basic Radiographic Interpretation
- 1.6 Lab Data Interpretation
- 1.7 Peripheral and Central Vascular Access
- 1.8 Hemodynamic Monitoring
- 1.9 Blood Administration

#### Module B Medical

- 2.1 Respiratory
- 2.2 Cardiology
- 2.2.1 12 and 15 Lead Interpretation
- 2.2.2 Mechanical and Circulatory Assist Devices
- 2.3 Renal and Urology
- 2.4 Gastrointestinal
- 2.5 Neurology
- 2.6 Endocrinology
- 2.7 Hematology
- 2.8 Infectious Disease and Control

## Module C Airway Management

- 3.1 Advanced Airway
- 3.2 Mechanical Ventilation

#### Module D Trauma

- 4.1 Trauma Care
- 4.2 Burn Care

#### Module E Special Considerations

5.1 High Risk Obstetrics

- 5.2 Pediatrics
- 5.2.1 Child Abuse
- 5.3 Sepsis and MODS
- 5.4 Pharmacology
- 5.4.1 Pain Management
- 5.5 Organ Donation and Transplant

## **Assessment of Student Learning:**

In order to earn the specialty certification of CCEMT-P the student must take and pass the standardized and computerized CCEMPT Final Examination which is proctored by the course medical director.

#### **References:**

Finger Lakes Community College. (2013). Critical Care Emergency Medical Transport Program Course Syllabus. Canandaigua, NY: State University of New York.

University of Maryland Baltimore College. (n.d.). Critical Care Emergency Medical Transport Program. Retrieved April 11, 2016, from http://ehspace.umbc.edu/ccemtp/

#### **Program**

#### Bridge to Independence through Career Readiness Workforce Credential

The purpose of the TAPESTRY Post-Secondary Transition Program is to provide students (ages 18 to 26) with intellectual and cognitive disabilities a post-secondary college experience to develop self advocacy skills, engage in career exploration, and develop social skills that lead to employment in a career field or enrollment in a post-secondary educational program. Students earn a UAA Workforce Credential when they complete the one-year program.

#### **Admission Requirements**

- Must have documentation of an intellectual disability or cognitive impairment.
- 18 26 years of age at the time of application.
- Must be able to be independent and unsupervised while on campus, with or without a support person (please note: 100% supervision is <u>not</u> provided).
- Must have reliable transportation.
- Must have a stable living environment.
- Must have a plan for your medical needs while on campus.

#### **Graduation Requirements**

Complete the program requirements below. Students must pass all non-credit TAPESTRY classes. If they are not able to pass a class they may repeat the class to obtain the Workforce Credential.

DLS A010 TAPESTRY Orientation Seminar DLS A012 TAPESTRY Exploration Seminar DLS A014 TAPESTRY Core Social Skills DLS A016 TAPESTRY Job Search Seminar DLS A018 TAPESTRY Internship DLS A024 TAPESTRY Employability Skills

# **Program Student Learning Outcomes**

Students who successfully complete this program will:

- 1) Demonstrate individual competencies in social skills, career exploration, work skills, and advocacy.
- 2) Be able to participate in employment and/or enrollment in an additional postsecondary program.



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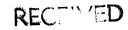
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13a. Impacted Courses or Programs: List any programs or college requirements that require this course.									
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3.   Initiator Name (typed):	uAnn Piccard	Initiator Signed Initials	DS LP			Date: July 11,	2016		
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								tices of LSS using fa e. Develop leadershi	
and teaming skills n									ıρ
operational objective	es of organizations.	Hands-on applica	tion of	LSS and pro	ject m	anagement proces	ses, tools	s and techniques to c	ase
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of strategic and ope leadership, cross-ful				ve and colla	borativ	ve learning environ	ment em	phasizes communica	ition,
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Disapproved Department Chair Docusigned by: Matthew Kupilik	Date July 11, 2016	Disapproved Approved		7/25/11
Disapproved CS研码设备 Curriculum Committee	ee Chair Date	Disapproved	Provost or Designee	Date

I. Date of Initiation: July 8, 2016

II. Course Information:

A. College: College of Engineering

B. Course Prefix: PM
C. Course Number: A494S
D. Course Credits: 3 credits
E. Contact Hours: (3+0)

F. Course Program: Master of Science, Project Management

G. Course Title: Lean Six Sigma Green Belt

H. Grading Basis: A-F
I. Implementation Date: Fall 2016

J. Course Description: Fundamentals of Lean Six Sigma (LSS) necessary

to prepare individuals to implement principles and practices of LSS using fact-based and data-driven methodologies to improve the customer experience,

reduce waste and add unique value. Develop leadership and teaming skills necessary to facilitate

efforts by teams and work groups to produce tangible results in support of strategic and

operational objectives of organizations. Hands-on

application of LSS and project management processes, tools and techniques to case studies and real projects will prime individuals to lead and

facilitate process improvement projects to produce

tangible results in support of strategic and

operational objectives of organizations. Interactive and collaborative learning environment emphasizes

communication, leadership, cross-functional

teamwork and professionalism.

K. Course Prerequisites: N/A
L. Course Co-requisites: N/A
M. Other Restrictions: N/A

N. Registration Restrictions: Department approval

O. Course Fee: No

#### III. Instructional Goals:

The Faculty will:

- Introduce fundamental concepts of LSS process improvement, LSS culture, the role of a Green Belt in a wide spectrum of industries and organizations.
- Reinforce importance of aligning LSS goals with organizational objectives.

- Provide opportunities to practice leadership, teaming, and communication skills applicable to LSS initiatives and understand the leadership responsibilities of Green Belt facilitators working with diverse stakeholders. Develop negotiation and influencing skills necessary to drive productive change in organizations.
- Develop skills necessary to influence and lead productive, sustainable change in organizations.
- Explain and reinforce use of project management processes, tools and techniques applied to LSS initiatives.
- Introduce concepts of LSS Define-Measure-Analyze-Improve-Control (DMAIC) process phases: define, measure, analyze, improve, and control and toll-gating between each phase
- Provide opportunities to select/apply and practice LSS concepts, tools and approaches used in culture of continuous improvement.
- Reinforce importance of continuous improvement processes, benefits of Kaizen events, and the specific roles of the Green Belt facilitator.
- Provide opportunities to build foundation of continuous improvement in teams and organizations.
- Provide opportunities to develop communication skills in multiple delivery modalities.
- Provide opportunity to apply LSS and PM knowledge, skills, tools and techniques to real project.

IV. Student Outcomes	V. Outcomes Assessment:
At the completion of this course, students will be able to:	As measured by:
1. Understand how LSS projects can help	a. Class Discussions
achieve organizational goals, improve the	b. In-class Exercises
customer experience, reduce waste, free up	c. Team-based Projects
resources to add unique value, and create	
an ongoing culture of data-driven	
continuous improvement.	
2. Understand organizational context and	a. Class Discussions
how to align LSS project goals strategic	b. In-class Exercises
and operational objectives.	c. Team-based Projects
3. Demonstrate ability to lead teams	a. In-class Role Play
engaged in LSS projects, conduct	b. In-class Exercises
workshops, and align/communicate with	c. Team-based Projects
peers and leaders in diverse organizational	
contexts using facilitation,	
planning/organizational, negotiation, and	
conflict management skills.	

IV. Student Outcomes	V. Outcomes Assessment:
At the completion of this course, students will be able to:	As measured by:
4. Demonstrate ability to assess	a. In-class Role Play
organizational maturity and identify issues	b. In-class Exercises
associated with organizational/culture change, and implement successful	c. Team-based Projects
approaches to produce lasting results.	
5. Demonstrate ability to apply project	a. In-class Exercises
management processes, tools and	b. Team-based Projects
techniques to LSS initiatives to properly	
charter and scope a LSS project and move	
it from the current "as-is" state to desired	
"to-be" future state.	
6. Understand project selection, tollgate	a. In-class Exercises
requirements, and communication	b. Team-based Projects
requirements with project sponsor	
throughout each stage in the DMAIC	
process.	
7. Determine stakeholder requirements,	a. In-class Role Play
define the problem, and select and apply	b. In-class Exercises
appropriate tools throughout the DMAIC	c. Team-based Projects
process.	-
8. Apply Kaizen event guidelines to guide	a. In-class Exercises
process owners in defining the problem,	b. Team-based Projects
organizing a Kaizen event, and leading a	
team through the event, documenting	
lessons learned.	
9. Demonstrate how to conduct team	a. In-class Role Play
workshops, identify and document lessons	b. In-class Exercises
learned, and promote opportunities for	c. Team-based Projects
continuous improvement of projects.	
10. Practice effective teamwork, leadership	a. Final Gallery Walk Presentation
and communication skills using different	J
communication modalities.	
11. Demonstrate mastery of LSS and PM	a. Final Gallery Walk
process, tools, techniques, and approaches	b. Team Project Report and
to achieve and communicate results.	Presentation
	c. ASQ Green Belt Exam

#### VI. Course Level Justification:

This stacked 400/600-level course integrates Lean Six Sigma (LSS) and Project Management approaches, processes, tools and techniques, and effective leadership,

facilitation, communication, and stakeholder management skills necessary to produce sustainable, change in organizations, produce meaningful results, and lay a foundation for a culture of continuous improvement.

Graduate students will undertake broadly scoped and complex projects that require demonstration of mastery of leadership, stakeholder management, strategic alignment, communication, and advanced application of LSS and project management process, concepts, tools and techniques to produce results. Undergraduate students will be exposed to the same concepts and hands-on application and be contributing members of more complex projects and/or lead more narrowly scoped, less complex projects at the discretion of the instructor.

Both graduate and undergraduate students will be expected to participate in processes to select, plan, execute and control LSS projects, facilitate teams, and produce results. All students will be expected to demonstrate competency in handson work as well as demonstrate the knowledge necessary to pass the American Society of Quality (ASQ) Green Belt certification exam.

# VII. Topical Course Outline:

- 1. Lean Six Sigma (LSS) overview
- 2. Strategic alignment
- 3. Leadership, teaming and communication
- 4. Leading and anchoring productive and sustainable change in organizations
- 5. Project Management processes, tools and techniques applied to LSS
- 6. Customer needs: assessing, chartering and scoping LSS initiatives
- 7. What does success look like? How to establish the right metrics and measure/communicate progress
- 8. Define-Measure-Analyze-Improve-Control (DMAIC) Process
- 9. Value stream mapping
- 10. LSS tools: selection, application, monitoring, reporting
- 11. Kaizen and continuous Improvement
- 12. Communication and stakeholder engagement
- 13. Producing meaningful, sustainable results

#### VIII. Suggested Textbooks:

Franchetti, M (2015). Lean Six Sigma for Engineers and Managers with Applied Case Studies. CRC Press

Locher, D (2011). Lean Office and Service Simplified: The Definitive How-To Guide. CRC Press/Taylor & Francis Group: Boca Raton, FL

#### IX. Selected Bibliography:

George, M (2002). Lean Six Sigma: Combining Six Sigma Quality with Lean Production Speed. McGraw Hill: New York, NY.

George, M (2005). Lean Six Sigma Pocket Toolbook. McGraw Hill: New York, NY.

Brassard, M (2002). The Six Sigma Memory Jogger II. GOAL/QPC: Salem, NH.



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1a. School or College CH College of Health	1b. Division No Division Code			1c. Department n/a			
2. Course Prefix 3. Course Number	4. Previous Course Prefix	& Number	5a. Credits/CEUs	5b. Contact Hours			
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6. Complete Course Title			170	(1-6+0-270)			
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13a. Impacted Courses or Programs: List an	y programs or college requi	rements that	require this course.				
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14. General Education Requirement							
15. Course Description (suggested length 20 to 50 words) Presents variable selected topics which address current issues of healthcare. Designed with an interdisciplinary emphasis for healthcare professionals.							
16a. Course Prerequisite(s) (list prefix and num code and score) varies with topic	ber or test 16b. Co-requis n/a	site(s) (concurr	ent enrollment required)				
16c. Automatic Restriction(s)	16d. Registrati	on Restriction	(s) (non-codable)				
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19. Justification for Action Professional development courses of current issues in healthcare; selected topics designed with an interdisciplinary emphasis for							
practicing healthcare professionals.							
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# Course Content Guide University of Alaska Anchorage

**I. Date** April 11, 2016

II. Course Information

A. School/College: College of Health

B. Course Subject: COHI
C. Course Number: A590
D. Number of Credits: 1 - 6

**E. Contact Hours:** 15-90+(0-270)

F. Course/Program Title: Selected Topics for Health Professionals

**G.** Grading Basis: A - F

**H. Course description:** Presents variable selected topics which address current

issues of healthcare. Designed with an interdisciplinary

emphasis for healthcare professionals.

I. Prerequisite(s): Varies with topic

J. Co-requisite(s): N/A

K. Lab Fees: Varies with topic

#### III. Instructional goals

This course is designed to provide a specific interdisciplinary topic to promote collaboration among health professionals in addressing specific health-related issues. Faculty will:

- 1. Present didactic instruction in relevant specialty areas.
- 2. Facilitate learning in interdisciplinary team approaches to primary care and behavioral health diagnostic and intervention services.
- 3. Facilitate learning in cultural competence related to the topic area.

#### IV. Learning Outcomes and Assessment Measures:

The learning outcomes and assessment measures will vary with topic. See example submitted with this CCG.

#### V. Course Level Justification

This 500-level course is designed for licensed or certified healthcare professionals.

## VI. Topic Course Outline

Varies with topic. See attached example.

#### VII. Suggested Texts

Varies with topic. See attached example.

#### VIII. Bibliography/ Resources

Varies with topic. See attached example.

# Course Content Guide University of Alaska Anchorage

I. Date April 11, 2016

**Course Information** 

II.

A. School/College: College of Health

B. Course Subject: COHI
C. Course Number: A590
D. Number of Credits: 3

E. Contact Hours: 150

F. Course/Program Title: Selected Topics for Healthcare Professionals: Education

in Geriatrics and Alzheimer's Disease and Related

Disorders (ADRD)

**G.** Grading Basis: A - F

H. Course description: The AK GILD program provides face-to-face and

distance delivered interdisciplinary leadership training (150 hours) over an academic semester to prepare leaders to promote systems change and advocacy to meet the needs of older Alaskans, Alaskan Native elders, and their

families in rural and frontier communities.

I. Prerequisite(s):

Admission to the AK GILD Program

J. Co-requisite(s):

N/A

K. Lab Fees:

No

#### III. Instructional goals

This training program is designed to provide interdisciplinary training to prepare leaders to promote systems change and advocacy to meet the needs of older Alaskans, Alaskan Native elders, and their families, with a focus on rural and frontier communities. Faculty will:

- 1. Present didactic instruction in relevant aging specialty areas.
- 2. Facilitate learning in interdisciplinary team approaches to primary care and behavioral health diagnostic and intervention services.
- 3. Guide access to community-based practicum sites to understand coordination of community and medical services.
- 4. Provide training in cultural competence and patient-centered care practices from a Life Course Perspective.

#### IV. Trainee Learning Outcomes and Assessment Measures:

Outcomes and Assessment Measures						
Upon completion of the program, trainees will	Evaluation					
be able to:						
1. Practice leadership skills to effect	Seminar presentations,					
systems change and advocacy by:	discussions with content experts					
a. Linking concepts and requirements of	_					
the Alaskan Core Competencies,						
Association for Gerontology in Higher						

Education Gerontology Competencies,	
and Southcentral Nuka system of	
culturally competent care with	Student-led seminar
programs/services to Alaskan healthcare	presentations, case study
system.	discussions
b. Applying leadership skills to support	
systems change for older Alaskans and	
Alaska Native elders, especially for those vulnerable and underserved	
populations affected by health	
disparities related to cultural, economic,	
geographic, and other factors.	
c. Developing expertise in the prevalence,	
assessment, and management of the full	Case study discussions
range of older Alaskans' and Alaska	
Native elders' primary care and	
behavioral health issues, with an	
additional focus on ADRDs within rural	
and frontier communities.	
2. Practice patient-centered skills and	Student-led seminar discussions
cultural competence by:	
a. Synthesizing validated Nuka System of	Review of the Nuka System of
care interdisciplinary team practice and	care, with local content experts
relationship-based care outcomes into	
community-based healthcare practices	
for older Alaskans and Alaska Native	
elders and integrate geriatrics, primary	
care and behavioral health care delivery into community-based care, in rural and	
frontier communities.	
b. Integrating Life Course Theory into	Case studies, capstone project
family-centered, community-based care,	Case stadies, capstone project
in rural and frontier communities.	
3. Integrate interdisciplinary community-	Participation in externships in
based services by:	community agencies and long
a. Developing expertise in the roles,	term care facilities in a variety
strategies, outcomes, and challenges to	of settings across the state
implementation of interdisciplinary	
health and behavioral care teams that	Seminar discussions with local
serves older Alaskans and Alaska	content experts
Native elders and their families.	
b. Effectively participating as a member	Capstone project
of an interdisciplinary healthcare team	
that serves older Alaskans and/or Alaska Native elders.	
Alaska mauve elders.	

4. Analyze health and emerging issues by:

a. Evaluating health policy issues including, history of Alaska policies in aging, systems change, and long term care as it relates to health and behavioral health care delivery in rural and frontier regions of Alaska.

Seminar discussions Reflective assignments

#### V. Course Level Justification

This is a 500-level course and is designed for licensed or certified healthcare professionals.

#### VI. Topic Course Outline

- I. History of aging-related policies and practices
  - A. Overview of Older Americans Act legislation
  - B. Federal programs
    - 1. Medicare
    - 2. Social Security
    - 3. Indian Health Service/Alaska Native Tribal Health system
    - 4. Administration for Community Living
    - 5. Area Agencies on Aging
  - C. Aging services in Alaska: Continuum of care for older adults
    - 1. Senior & Disability Services
    - 2. Alaska Pioneer Homes
    - 3. Assisted living home industry
    - 4. Community-based housing options
    - 5. Senior centers
    - 6. Private care
    - 7. Primary care and services for mental health and older adults

#### II. Health disparities in older adults

- A. Economic
- B. Cultural
- C. Geographic
- D. Other factors, especially focused on Alaska

#### III. Systems/culture change for long-term services and supports

- A. Models of long-term care environments
- B. Community-based services
- C. Emerging advocacy movements in systems change

## IV. Health & the physiology of aging

- A. Physical health and preventative care
- B. Neuroscience, neural plasticity, and brain health
- C. Pharmacology and metabolizing drugs
- D. Leading causes of death for older adults (i.e. cancer, stroke, heart disease)
- E. Nutrition and physical activity
- F. Sexuality and the older adult

#### V. Nuka System of Care – Southcentral Foundation

- A. Relationship based
- B. Customer-owned
- C. Whole health system transformation/redesign
- D. Patient centered health service delivery
- E. Long-term care for Alaska Natives
- F. Overview of Nuka and other tribal health organizations
- G. Cultural competency and Alaska Native history; impacts of historical trauma
- H. Core values in respect and communication with Alaska Native elders

#### VI. Alzheimer's disease and related dementias

- A. Alzheimer's disease
- B. Other dementia's: Parkinson's, Lewy Body, cardiovascular, etc.
- C. Emerging ADRD research
- D. ADRDs and Alaska Natives, American Indians
- E. Support services

## VII. Emerging issues in aging in Alaska

- A. Palliative and end of life care
- B. Caregiving and the family
- C. Health literacy
- D. Care coordination
- E. LGBT and aging
- F. People with disabilities (physical and intellectual)
- G. Societal accommodations
- H. Assistive technology and telehealth
- I. Advocacy and policy
- J. Safety falls prevention, Silver Alert, gatekeepers, etc.
- K. Well-being: purpose, respect, value, ageism in mainstream society
- L. Elder mistreatment and abuse/neglect; justice and advocacy; guardianship and conservatorship; living wills, advanced directives
- M. Suicide, depression, self-neglect, substance use and abuse

#### VII. Suggested Texts

**NOTE:** As an interdisciplinary, leadership training program, AK GILD does not utilize a written text; rather the didactic seminars utilize national and state content experts along with national databases and multiple web sites with a national focus.

#### VIII. Bibliography/ Resources

Associations/Organizations – National:

Association for Gerontology in Higher Education Careers in Aging <a href="http://www.aghe.org/5002">http://www.aghe.org/5002</a> Administration on Aging <a href="http://www.aoa.gov/">http://www.aoa.gov/</a>

American Society on Aging (ASA), Mental Health and Aging Network <a href="http://www.asaging.org">http://www.asaging.org</a> American Psychological Association-APA Division 20 <a href="http://www.apadiv20.phhp.ufl.edu">http://www.apadiv20.phhp.ufl.edu</a>

Association for Gerontology in Higher Education <a href="http://www.aghe.org">http://www.aghe.org</a>

Gerontological Association of America (GSA) www.geron.org

Global Aging Initiative <a href="http://www.csis.org/gai/">http://www.csis.org/gai/</a>

International Association on Gerontology <a href="http://www.sfu.ca/iag/events/index.htm">http://www.sfu.ca/iag/events/index.htm</a>

World Health Organization <a href="http://www.who.int/hpr/ageing/">http://www.who.int/hpr/ageing/</a>

Mind Alert Booklets: Mind Alert Monographs <a href="http://www.asaging.org/mindalert-lecture-monographs">http://www.asaging.org/mindalert-lecture-monographs</a>

American Society of Aging Videos and Conference General Sessions

http://www.asaging.org/asa-videos-general-sessions-aging-america

American Psychological Association (APA) http://www.apa.org/topics/aging/

#### Alaska Aging Organizations:

AARP Alaska: <a href="http://states.aarp.org/about-aarp-alaska/">http://states.aarp.org/about-aarp-alaska/</a>

Alaska Commission on Aging: <a href="http://dhss.alaska.gov/acoa/Pages/default.aspx">http://dhss.alaska.gov/acoa/Pages/default.aspx</a>

Alaska Mental Health Trust Authority: http://mhtrust.org/

Alaska Senior & Disabilities Services: http://dhss.alaska.gov/dsds/Pages/default.aspx

Anchorage Aging and Disability Resource Center (ADRC):

http://www.muni.org/departments/health/DirectServices/pages/ADRC.aspx

Mat-Su ADRC: LINKS Mat-Su ADRC http://linksprc.org/

Kenai Peninsula ADRC: Independent Living Center, Inc. http://www.peninsulailc.org/

Southeast ADRC: Southeast Alaska Independent Living Center (SAIL) <a href="http://www.sailinc.org/">http://www.sailinc.org/</a>

Bristol Bay ADRC: Bristol Bay Native Association http://www.bbna.com/website/ElderlyServ.html

Anchorage Senior and Activity Center: http://www.anchorageseniorcenter.org/

Mat Su Senior Services: http://www.matsuseniors.com/

Chugiak-Eagle River Senior Center: <a href="http://www.chugiak.org/">http://www.chugiak.org/</a> Wasilla Area Senior Center: <a href="http://www.wasillaseniors.com/">http://www.wasillaseniors.com/</a>

#### Centenarians:

Okinawa Centenarian Study http://www.okicent.org/

The New England Centenarian Study http://www.bumc.bu.edu/centenarian/

Life expectancy Calculator is located at <a href="http://www.bumc.bu.edu/centenarian/the-living-to-">http://www.bumc.bu.edu/centenarian/the-living-to-</a>

100-life-expectancy-calculator/

or go to <a href="https://www.livingto100.com/">https://www.livingto100.com/</a>

## Cross Cultural and Ethnogeriatrics:

Center for Cross-Cultural Research-Western Washington University

http://www.wwu.edu/culture

Artic Health. Provides information on issue affecting the health and well-being of people living in northern latitudes. <a href="http://arctichealth.nlm.nih.gov/">http://arctichealth.nlm.nih.gov/</a>

Alaska Medical Library at UAA http://www.consortiumlibrary.org/aml/

Stanford Geriatric Education Center. Presents ethnic modules designed for training health professionals

http://www.stanford.edu/group/ethnoger/index.html

Stanford University Medical School: Health and Health Care of Alaska Native Older Adults <a href="https://geriatrics.stanford.edu/ethnomed/alaskan.html">https://geriatrics.stanford.edu/ethnomed/alaskan.html</a>

Alaska Native Tribal Health Consortium http://www.anthc.org

UAA National Resource for American Indians, Alaska Native and Native Hawaiian Elders <a href="https://www.uaa.alaska.edu/elders/publications/reports.cfm">https://www.uaa.alaska.edu/elders/publications/reports.cfm</a>

Southcentral Foundation resources: <a href="https://www.southcentralfoundation.com/other-resources/">https://www.southcentralfoundation.com/other-resources/</a>

#### Health:

American Geriatrics Society Initiative

http://www.americangeriatrics.org/gsi/who is gsi/gsi mission goals

Older Adults Health and Age Related Changes Reality versus Myth

http://www.apa.org/pi/aging/resources/guides/older.aspx

My Family Health Portrait: The Surgeon General'....s Family History Initiative

http://www.hhs.gov/familyhistory/

Physical and Biological Aging:

The Dana Foundation-Brain Center <a href="http://www.dana.org/">http://www.dana.org/</a>

Whole Brain Atlas <a href="http://www.med.harvard.edu/AANLIB/home.html">http://www.med.harvard.edu/AANLIB/home.html</a>

Neuroscience website http://www.nsi.edu

Frontiers in Neuroscience http://frontiersin.org/neuroscience

#### Aging Research:

Agency for Health Care Research http://www.ahcpr.gov/

Berlin Studies https://www.base-berlin.mpg.de/de/node/9025

National Institute on Aging http://www.nia.nih.gov

Age Changes and Differences in Personality Traits and States of the Old and Very Old

http://psychsoc.gerontologyjournals.org/cgi/content/full/57/2/P144

#### Multi-Topics/Videos/Webinars:

University of Washington GWEC archival web site and additional sites associated with them http://www.nwgwec.org/home/ed/online-lectures/

Online lectures from the Geriatric Healthcare Lecture Series, (Over 70 lectures from 2011 to present, organized by general topics)

#### ADRD's:

Alzheimer's Association – National: http://www.alz.org/

Alzheimer's Resource of Alaska: http://www.alzalaska.org/

Association of American Indian Physicians

https://www.aaip.org/media/news/m.blog/76/inaugural-national-conference-on-alzheimer-s-

disease-dementia-in-native-american-communities

NIH National Institute of Neurological Disorders and Stroke

http://www.ninds.nih.gov/funding/areas/neurodegeneration/workshops/adrd2013/

Alzheimer's Project Resources: http://www.alzheimersproject.org/Services/Alzheimer-s-

Disease-Resource-Manual

National Institutes in Aging ADRD Research:

https://www.nia.nih.gov/alzheimers/publication/2014-2015-alzheimers-disease-progress-

report/category-h-alzheimers-disease

Health Literacy:

CDC: http://www.cdc.gov/healthliteracy/ CDC Health Literacy & Older Adults Report: http://www.cdc.gov/healthliteracy/pdf/olderadults.pdf

US DHHS: <a href="http://health.gov/communication/literacy/olderadults/literacy.htm">http://health.gov/communication/literacy/olderadults/literacy.htm</a>

LGBT and Aging:

Pharmacology and the Older Adult:



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15. Course Description (suggested length 20 to 50 words) The LEND program provides distance delivered graduate-level interdisciplinary leadership training (300 hours) over an academic year to prepare leaders to promote systems change to meet the needs of Alaskan children and youth with developmental disabilities and their families, with a focus on rural and frontier communities. Trainees receive a stipend.												
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17. Mark if cours	e has fees none		18. 🔲 Mark i	f cou	rse is a se	elected	topic	course				
19. Justification for Action LEND is not a degree program. A Workforce Crediential will provide trainees with university documentation of program completion.												
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# Course Content Guide University of Alaska Anchorage

I. **Date** January 2012

II. Course Information

**A. School/College:** College of Health

**B. Course Subject:** Disability and Long Term Support

C. Course Number: A049
D. Number of Credits: N/A
E. Contact Hours: 300+

F. Course/Program Title: Leadership Education in Neurodevelopmental and

Related Disorders

**G. Grading Basis:** No grade

**H. Course description:** The LEND program provides distance delivered

graduate-level interdisciplinary leadership training (at least 300 hours) over an academic year to prepare leaders to promote systems change and advocacy to meet the needs of Alaskan children and youth with developmental disabilities and their families, with a focus on rural and

frontier communities. Trainees receive a stipend.

**I. Prerequisite(s):** Admission to the LEND Program

J. Co-requisite(s): N/A K. Lab Fees: No

#### III. Instructional goals

This training program is designed to provide interdisciplinary graduate training to prepare leaders to promote systems change and advocacy to meet the needs of Alaskan children and youth with ASD/DD and their families, with a focus on rural and frontier communities. Faculty will:

- 1. Present didactic instruction in relevant clinical specialty areas.
- 2. Facilitate hands-on clinical experience in interdisciplinary team approaches to diagnostic and intervention services.
- 3. Guide access to community-based practicum sites to understand coordination of community and medical services.
- 4. Provide training in cultural competence and family-centered care practices from a Life Course Perspective.

# IV. Trainee Learning Outcomes and Assessment Measures:

	Outcomes and Assessment Measures						
Uţ	oon completion of the program, trainees will	Evaluation					
be	e able to:						
1.	Practice leadership skills to effect systems	Seminar discussions					
	change and advocacy by:	Discussion Board postings					
	a. Linking concepts and requirements of						
	Title V legislation and policies and						

		public health core functions for MCH	
		Programs/services to Alaskan	
	,	healthcare system	
	b.		Seminar presentations
		systems change for children with developmental disabilities, especially	Written assignments
		for those vulnerable and underserved	
		populations affected by health	
		disparities related to cultural,	
		economic, geographic, and other	
		factors	
	c.	Developing expertise in the etiology,	
		prevalence, assessment, diagnosis, and	
		management of the full range of	Case study discussions
		childhood neurodevelopmental	
		disabilities, with a focus on	
		developmental disabilities within rural	
2	D.	and frontier communities	Whitten againments
2.		actice family-centered skills and cultural mpetence by:	Written assignments Seminar discussions
	a.	Synthesizing validated family-centered	Seminar discussions
	а.	strategies and outcomes into	Participation in leadership
		community-based healthcare practices	workshops
		for Alaskan children and youth with	W COMMANDE
		developmental disabilities	
	b.	Integrating Life Course Theory into	
		family-centered, community-based	
		care, in rural and frontier communities	
3.		egrate interdisciplinary community-	Participation in rural
		sed services by:	neurodevelopmental outreach
	a.	Developing expertise in the roles,	clinics and other clinics in a
		strategies, outcomes and challenges to	variety of settings across the state
		implementation of interdisciplinary teams with children and youth with	Seminar discussions
		developmental disabilities and their	Definitial discussions
		families	
	b.	Effectively participating as a member	
		of an interdisciplinary healthcare team	
		that serves Alaskan children or youth	
		with developmental disabilities	
4.		nalyze public health and emerging issues	Seminar discussions
	by		Reflective assignments
	a.	Evaluating crucial state public health	
		systems including, population-based	
		screening, prevention, and preparation	
		and response to emergency events as it relates to healthcare delivery in rural	
		relates to heartifeare derivery in rural	

	and frontier regions of Alaska	
5.	Demonstrate and apply skill in research by incorporating applied research planning, implementation and assessment strategies into delivery practice, in a manner that supports quality rural health services and outcomes for children and youth with developmental disabilities and their families	Leadership research project
6.	Apply skills in technology by effectively utilizing and integrating available telehealth and assistive technologies to promote innovative healthcare delivery services	Participation in distance- delivered instruction Seminar discussions

#### V. Course Level Justification

The LEND program provides graduate level interdisciplinary training for future leaders in maternal and child health at the state and national level. The LEND program focuses on leadership for systems change, family-centered care and policy to improve services to children who experience developmental disabilities and their families.

## VI. Topic Course Outline

- I. History of maternal and child health policies and practices
  - A. History and overview of Title V of the Social Security Act legislation
  - B. Federal programs
    - 1. Medicaid
    - 2. EPSDT
    - 3. Newborn screening
    - 4. CHIP
    - 5. Children and youth with special health care needs
  - C. MCH service delivery programs and funding mechanisms in Alaska
    - 1. Denali KidCare
    - 2. Alaska Tribal Health System programs
    - 3. Military programs (EFMP services)
    - 4. Private providers
    - 5. Neurodevelopmental outreach clinics (Title V)
- II. History of policies and programs for individuals with disabilities
  - A. Overview of federal policies and programs
  - B. Historical overview of advocacy efforts
  - C. Key legislation, e.g. 94-142, ADA, IDEA
  - D. Services through University Centers of Excellence on Developmental Disabilities
  - E. Policies and programs in Alaska
  - F. Alaska disability law and advocacy
- III. Services for children and youth with developmental disabilities in Alaska

- A. Alaska Division of Senior and Disability Services
- B. Governor's Council on Disabilities and Special Education
- C. Alaska Mental Health Trust Authority
- D. Infant learning programs
- E. Parent navigation services
- IV. Health disparities among children and youth with developmental disabilities
  - A. Economic
  - B. Cultural
  - C. Geographic
  - D. Other factors, especially focused on Alaska
- V. Systems change for children with developmental disabilities
  - A. Discipline-based models
  - B. Interdisciplinary models
  - C. Ethical implications of systems change for vulnerable populations
  - D. Medical home model
  - E. Application of telehealth services
- VI. Childhood neurodevelopmental disabilities
  - A. Incidence and prevalence
  - B. Surveillance in Alaska
  - C. Specific conditions, i.e. ASD, FASD
  - D. Screening and assessment
  - E. Evidence-based interventions
  - F. Availability and accessibility of services in Alaska
  - G. Transition services and resources
- VII. Family-centered services
  - A. Role of parents and families in health care management of children with developmental disabilities
  - B. Family roles in educational services for children and youth with developmental disabilities
  - C. Common challenges/barriers to services
  - D. Family care giving issues
  - E. Family-centered service coordination in health and disability services
  - F. Family partnerships
- VIII. Program planning, management and evaluation
  - A. Healthy People 2010/2020
  - B. Healthy Alaskans 2010/2020
  - C. Bright Futures
  - D. Interdisciplinary planning
  - E. Formative/summative evaluation strategies
- IX. Emerging Issues
  - A. Application of the Life Course Theory and application to service delivery
  - B. Children's mental health needs and services
  - C. Child trauma
  - D. Emergency and disaster preparedness

#### VII. Suggested Texts

**NOTE:** As an interdisciplinary, leadership training program, LEND does not utilize a written text; rather the didactic seminars utilize national and state content experts along with national databases and multiple web sites with a national focus.

## VIII. Bibliography/ Resources Interdisciplinary Leadership Topics

#### Overview of the Maternal and Child Health Bureau

- MCHB History and Timeline. http://mchb.hrsa.gov/timeline/index.shtml
- "What is MCH?" http://depts.washington.edu/mchprog/whatismch

#### **Introduction to the Interdisciplinary Team Process**

- Association of University Centers on Disability (AUCD) Training Guide. http://www.aucd.org/docs/councils/ntdc/idguide110101.pdf
- MCHB-funded research on interdisciplinary training <a href="http://webcast.hrsa.gov/Postevents/archivedWebcastDetailNewInterface.asp?aeid=510">http://webcast.hrsa.gov/Postevents/archivedWebcastDetailNewInterface.asp?aeid=510</a>

#### **Family-Centered Care**

American Academy of Pediatrics (AAP) Policy Statement (reaffirmed 2007): Family-Centered Care and the Pediatrician's Role.
 http://aappolicy.aappublications.org/cgi/reprint/pediatrics;112/3/691.pdf

#### **Health Disparities/Cultural Competencies**

- National Center for Cultural Competence. <a href="http://nccc.georgetown.edu/">http://nccc.georgetown.edu/</a>
- <u>Cultural competence in clinician communication.</u> Kodjo C (2009). Pediatrics in Review. 30:57-64.

#### **Leadership in Maternal and Child Health Context**

- MCHB Leadership Competencies. <a href="http://leadership.mchtraining.net/">http://leadership.mchtraining.net/</a>
- Accreditation Council on Graduate Medical Education. http://www.acgme.org/outcome/comp/compFull.asp

#### **Mapping out Your LEND Leadership Activities**

 Association of University Centers on Disability. http://www.aucd.org/template/page.cfm?id=6

#### **Medical Home**

- American Academy of Pediatric (AAP) Policy Statement The Medical Home.
   http://aappolicy.aappublications.org/cgi/reprint/pediatrics;110/1/184.pdf
- Medical Home for Children and Youth with Special Health Care Needs: A Review of the Evidence.
  - http://www.nichq.org/CYSHN/MH%20Evidence%20Review\_FINAL%207.2.09.pdf

#### Advocacy and Children with Special Health Care Needs (CSHCN)

- Cincinnati Children's Advocacy Information.
   <a href="http://www.cincinnatichildrens.org/svc/alpha/c/special-needs/resources/advocacy.htm">http://www.cincinnatichildrens.org/svc/alpha/c/special-needs/resources/advocacy.htm</a>
- Americans with Disabilities Act. <a href="http://www.ada.gov/">http://www.ada.gov/</a>

#### **Introduction to Grant Writing: Grantsmanship Fundamentals**

 The Eunice Kennedy Shriver Intellectual and Developmental Disability Research Centers. http://depts.washington.edu/chdd/iddrc.html

#### **International Classification of Function**

World Health Organization <a href="http://www.who.int/classifications/icf/en/">http://www.who.int/classifications/icf/en/</a>

#### Adult Transition: Guardianship, Work, Leisure, Health care

 Developmental and Behavioral Disorders Grown Up. Journal of Developmental and Behavioral Pediatrics. <a href="https://www.jdbp.org">www.jdbp.org</a>

#### **Screening for Developmental Delays**

• <u>Selecting Developmental Surveillance and Screening Tools</u>: Dennis Drotar, Terry Stancin, Paul H. Dworkin, Laura Sices, and Susan Wood (2008). Pediatrics in Review. 29: e52-58e.

#### **High Risk Infant Follow-Up**

Critical Elements of Care for the LBW Infant.
 <a href="http://www.medicalhome.org/4Download/cec/CEC.pdf">http://www.medicalhome.org/4Download/cec/CEC.pdf</a>

#### **Early Intervention & Childhood Special Education:**

 Early Intervention. Guralnick MJ and Conlon CJ (2007). Chapter 33 in Batshaw M, Pellegrino L and Roizen N (ed). Children with disabilities. Baltimore, MD:Brookes Publishing.

#### **Medical Genetics**

- AAP Policy Statement Molecular Genetic Testing in Pediatric Practice (2008).
   http://aappolicy.aappublications.org/cgi/reprint/pediatrics;106/6/1494.pdf
- AAP Policy Statement The Clinical Genetics Evaluation of the Child with Mental Retardation or Developmental Delays.
   <a href="http://aappolicy.aappublications.org/cgi/reprint/pediatrics;117/6/2304.pdf">http://aappolicy.aappublications.org/cgi/reprint/pediatrics;117/6/2304.pdf</a>

#### **Oral Health for Children with Special Needs**

The Impact of Oral Disease on the Lives of Washingtonians (2007).
 The Washington State Oral Disease Burden Document.
 <a href="http://www.doh.wa.gov/cfh/Oral\_Health/burden.htm">http://www.doh.wa.gov/cfh/Oral\_Health/burden.htm</a>

#### **Sexuality and Disability**

 Florida Developmental Disabilities Council and University of Albany, Center of Intellectual Disabilities. <a href="http://flfcic.fmhi.usf.edu/projects/community.htm">http://flfcic.fmhi.usf.edu/projects/community.htm</a>

#### **Nutrition and Disability**

http://depts.washington.edu/chdd/ucedd/ctu\_5/nutritionnews\_5.html

#### **Cerebral Palsy**

<u>Cerebral palsy: medical aspects.</u> Dodge NN (2008). Pediatric Clinics of North America.
 55: 1189-207.

#### **Intellectual Disability**

- Mental retardation: management and prognosis. Johnson CP, Walker WO Jr. (2006).
   Pediatrics In Review. 27:249-256.
- Mental retardation: overview and diagnosis. Walker WO Jr, Johnson CP. Pediatrics in Review (2006). 27: 204-12.

Mental retardation: diagnosis, management, and family support. Johnson CP, Walker WO Jr, Palomo-González SA, Curry CJ. (2006). Current Problems in Pediatric and Adolescent Health Care. 36:1538-5442.

#### **Epilepsy**

- Special considerations for a first seizure in childhood and adolescence. Camfield P, Camfield C. Epilepsia (2008).49: Suppl 1:40-4.
- www.epilepsyfoundation.org
- www.epilepsy.com

#### **Attention Deficit/Hyperactivity Disorder**

- National Initiative for Children's Healthcare Quality, ADHD Tool Kit. http://www.nichq.org/adhd\_tools.html
- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD).
   www.chadd.org

#### **Tourette Syndrome**

• Tourette Syndrome Association. <u>www.tsa-usa.org</u>.

#### **Etiologies for Developmental Disabilities**

American Academy of Neurology practice guideline on workups for etiology.
 <a href="http://aan.com/professionals/practice/guidelines/guideline summaries/Global Devlopmental\_Delay\_Clinicians.pdf">http://aan.com/professionals/practice/guidelines/guideline summaries/Global Devlopmental\_Delay\_Clinicians.pdf</a>

#### **Biochemical Genetic Disorders/Inborn Errors of Metabolism**

 Phenylketonuria: The Christine M. Trahms Program for Phenylketonuria at University of Washington. <a href="http://depts.washington.edu/pku/hcproviders/index.html">http://depts.washington.edu/pku/hcproviders/index.html</a>

#### **Down Syndrome**

Online Mendelian Inheritance in Man (OMIM).
 http://www.ncbi.nlm.nih.gov/entrez/dispomim.cgi?id=190685

#### **Fetal Alcohol Syndrome**

 UW Fetal Alcohol Syndrome Diagnosis and Prevention Network. http://depts.washington.edu/fasdpn/

#### Fragile-X Syndrome

■ Fragile X overview. http://www.genome.gov/19518828

#### Child Abuse/Nonaccidental Trauma

• Tackling child neglect: a role for pediatricians.

## **Congenital Anomalies**

- Neural Tube Defects
  - Folic acid for the prevention of neural tube defects: U.S. Preventive Services Task Force recommendation statement.
  - Developmental Disabilities Research Reviews
  - Spina Bifida Association of America: www.sbaa.org
- Hydrocephalus

- A contemporary definition and classification of hydrocephalus, Harold L & Rekate MD (2009). <u>Seminars in Pediatric Neurology</u>.16: 9-15.
- Craniofacial anomalies
  - http://www.seattlechildrens.org/clinics-programs/craniofacial/
  - American Cleft Palate-Craniofacial Association. <a href="http://www.acpa-cpf.org/">http://www.acpa-cpf.org/</a>
  - Cleft Palate Foundation. <a href="http://www.cleftline.org/">http://www.cleftline.org/</a>

#### **Neuromuscular Disorders**

- Muscular dystrophies
  - Rehabilitation of children and adults who have neuromuscular diseases.
     Hornyak JE and Pangilinan PH Jr (2007). <a href="Physical Medicine and Rehabilitation Clinics of North America 18:883-897">Physical Medicine and Rehabilitation Clinics of North America 18:883-897</a>.
- Spinal muscular atrophies
  - Modern management of spinal muscular atrophy. Iannaccone ST (2007). Journal of Child Neurology. 22: 974-978.

#### **Autism Curriculum:**

#### **Autism Kickoff**

http://www.autismspeaks.org/government\_affairs/combating\_autism\_act.php

#### **Autism Overview**

Autism spectrum disorders: what's new, and what to do Johnson CP, Myers SM (2009). Pediatric Annals. 38: 5-8.

#### **Screening for ASD**

 "Learn the Signs: Act Early" campaign from the CDC: http://www.cdc.gov/ncbddd/actearly/index.html

#### **ASD Diagnosis**

First 100 Days Toolkit: www.autismspeaks.org

#### **Educational and Behavioral Interventions for youth with ASD**

http://www.ocali.org/

#### **Effective Preschool Programming for Children with ASD**

http://www.ocali.org/

Date: February 16, 2012

TO: Dr. Michael Driscoll

**Executive Vice Chancellor and Provost** 

FROM: Dr. Karen Ward

Director, Center for Human Development

RE: Leadership Education in Neurodevelopmental Disabilities (LEND) Workforce Credential

The Center for Human Development (CHD) is proposing a new Workforce Credential Program titled Leadership in Neurodevelopmental and Related Disorders. The program is funded by the Health Resources and Services Administration, Maternal and Child Health Bureau.

Access to health services for children and youth with developmental disabilities in Alaska is seriously challenged by shortages across the professional workforce. Alaska shares this problem with other **rural and frontier** states, but challenges are magnified by a diversity of populations and their wide dispersion across the vast landmass of Alaska. As one of the nation's most **rural and frontier states**, the purpose of this program is to *Grow Our Own* professionals to improve the health of infants, children, and adolescents who have, or are at risk for developing autism and other developmental disabilities (referred to hereafter as ASD/DD), and their families.

The aim of the *Alaska LEND* program is to improve the health of infants, children, and adolescents who have, or are at risk for developing autism and other developmental disabilities (ASD/DD), and their families by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence. Interdisciplinary leadership training is the hallmark of the program with the faculty representing **nine core disciplines**: medicine, nursing, occupational therapy, family, psychology, social work, special education, speech-language pathology and public health.

The program will provide a **distance-delivered** interdisciplinary graduate training curriculum (300 hours) over an academic year to prepare leaders to promote systems change and advocacy to meet the needs of Alaskan children and youth with ASD/DD and their families, with a focus on rural and frontier communities. Trainees receive a stipend.

#### **Catalog Copy**

#### Leadership Education in Neurodevelopmental Disabilities (LEND) Workforce Credential

The Leadership Education in Neurodevelopmental Disabilities (LEND) Workforce Credential provides graduate-level interdisciplinary leadership training for individuals who have a commitment to providing family-centered, coordinated systems of health care and related services. The program aims to improve the health of infants, children, and adolescents who have, or are at risk for developing, autism and other developmental disabilities. Trainees will receive a stipend.

#### **Admissions requirements**

1. A Baccalaureate degree and are enrolled in a graduate program in one of the following disciplines: nursing, public health, social work, psychology, special education, education, speech language pathology, occupational therapy, medicine. -or-

Have achieved an academic degree and training which constitutes basic professional level training for his/her field in one of the following disciplines nursing, public health, social work, psychology, special education, education, speech language pathology, occupational therapy, medicine.

Be a parent of a child with developmental disabilities or autism spectrum disorder.

- 2. A minimum of 3.0 GPA
- 3. Long-term professional leadership goals focused in Developmental Disabilities and/or Autism Spectrum Disorder

## **Content and Trainee Outcomes**

The *Alaska LEND Without Walls* competencies are designed to address critical focus areas: leadership, family and culture, interdisciplinary and community-based services, public health and emerging issues, research, and technology.

- 1. Practice leadership skills to effect systems change and advocacy by:
  - a. Linking concepts and requirements of Title V legislation and policies and public health core functions for Maternal and Child Health Bureau (MCHB) Programs/services to Alaskan healthcare system.
  - b. Applying leadership skills to support systems change for children with developmental disabilities, especially for those vulnerable and underserved populations affected by health disparities related to cultural, economic, geographic, and other factors
  - c. Developing expertise in the etiology, prevalence, assessment, diagnosis, and management of the full range of childhood neurodevelopmental disabilities, with a focus on developmental disabilities within rural and frontier communities

- 2. Practice family-centered skills and cultural competence by:
  - a. Synthesizing validated family-centered strategies and outcomes into community-based healthcare practices for Alaskan children and youth with developmental disabilities
  - b. Integrating Life Course Theory into family-centered, community-based care, in rural and frontier communities
- 3. Integrate interdisciplinary community-based services by:
  - Developing expertise in the roles, strategies, outcomes and challenges to implementation of interdisciplinary teams with children and youth with developmental disabilities and their families
  - b. Effectively participating as a member of an interdisciplinary healthcare team that serves Alaskan children or youth with developmental disabilities
- 4. Analyze public health and emerging issues by:
  - a. Evaluating crucial state public health systems including, population-based screening, prevention, and preparation and response to emergency events as it relates to healthcare delivery in rural and frontier regions of Alaska
- 5. Demonstrate and apply skill in research by incorporating applied research planning, implementation and assessment strategies into delivery practice, in a manner that supports quality rural health services and outcomes for children and youth with developmental disabilities and their families
- 6. Apply skills in technology by effectively utilizing and integrating available telehealth and assistive technologies to promote innovative healthcare delivery services

## **Academic Progress Requirements**

Trainees will identify three leadership competencies from the Maternal and Child Health Bureau (MCHB) Leadership Competencies list on which to focus and select didactic and clinical experiences that best meet their interests and discipline expectations. Trainees will complete all activities on their Individualized Leadership Training Plan (ILTP). The trainee and faculty discipline mentor will meet monthly to evaluate progress towards completing the competencies and activities as outlined in the ILTP.

#### **Completion requirements**

Trainees must complete 300 hours of training and meet the following requirements.

- 1. Orientation –attend a 2-day face-to-face orientation in Anchorage.
- 2. Interdisciplinary Clinical Experiences –participate in approximately 100 hours in a wide range of interdisciplinary community-based clinical sites. Of particular importance, all trainees will participate in one rural outreach clinic sponsored by the Alaska Title V Agency.
- 3. Core Seminar Series attend weekly distance-delivered didactic seminars.
- 4. MCH Leadership Seminars/Workshops –attend distance-delivered leadership seminars and a 2-day face-to-face workshop each semester on cross-cutting leadership skills.

5. Leadership Research Project –complete a leadership/research project as a capstone activity for skill development consistent with the LEND purpose: foster excellence in service provision for children and youth with ASD/DD and their families, based on respect for the family, cultural competence, and active cooperation among service providers and family members. Trainees will be required to work in teams with other disciplines to complete the project. Trainees will develop their project proposals during the first semester and present their project at the end of the second semester.

## **Faculty**

Mary Dallas Allen: <a href="mailto:mdallen@uaa.alaska.edu">mdallen@uaa.alaska.edu</a>

Annette Blanas: annette@alaskachd.org

Ellen Brigham: afetb1@uaa.alaska.edu

Beth Ellen Davis: bedavis@uw.edu

Susan Kaplan: <u>afshk@uaa.alaska.edu</u>

Virginia Miller: afvlm@uaa.alaska.edu

Richard Kiefer-O'Donnell: anrak@uaa.alaska.edu

Catherine Sullivan: afchs1@uaa.alaska.edu

Karen Ward: <u>karenw@alaskachd.org</u>

#### **Program Approval Summary Form**

MAU: University of Alaska Anchorage

Title: Leadership Education in Neurodevelopmental Disabilities Workforce Credential

Target admissions date: Fall 2011

# How does the program relate to the Education mission of the University of Alaska and the MAU?

The University of Alaska is committed to preparing today's students for tomorrow, recognizing that tomorrow's careers will require advanced skills, greater knowledge, and more flexibility than ever before (University of Alaska Workforce Development Priorities and Guidelines; November 2009).

One of the goals set forth in the UA Academic Master Plan (Spring 2011 to Fall 2015) is to develop and enhance programs to meet state needs including meeting the demands for technical and workforce training in Alaska. The plan calls for partnering with state and

federal agencies, employers, the Alaska Workforce Investment Board, and other entities to develop training programs. Similarly, one of the UAA strategic priorities is to collaborate closely with public and private sector partners to maintain and develop our programs supporting workforce development and high-demand careers (Strategic Plan 2017). The LEND program is designed to advance the knowledge and skills of the full range of health and other professionals to improve healthcare delivery systems for children and youth with ASD/DD in rural and frontier communities in Alaska which supports the UA and UAA strategic direction. Further, the program is delivered in partnership with the Alaska Division of Public Health Section of Women's Children's and Family Health.

## Who promoted the development of the program?

The development of the program was promoted by the Center for Human Development (CHD), Alaska Division of Public Health Section of Women's Children's and Family Health, and the Governor's Council on Disabilities and Special Education. The CHD is a University Center for Excellence in Developmental Disabilities (UCEDD) authorized in federal law, the Developmental Disabilities Act and Bill of Rights of 2000. The mission of CHD is to improve the quality of lives for people who experience disabilities and their families across the life span though interdisciplinary pre-service preparation and continuing education of students; community service, including training and technical assistance for individuals with disabilities, their families and support staff; provision of services, supports and assistance through demonstration and model activities; applied research, evaluation, and the analysis of public policy in areas that affect individuals with disabilities and their families; and information dissemination about persons with disabilities and professional "best practices." The LEND programs grew from the 1950s efforts of the Children's Bureau (now the Maternal and Child Health Bureau) to identify children with disabilities as a Title V program priority. They are funded under the 2006 Combating Autism Act and are administered by the Health Resources and Service's Administration's (HRSA) Maternal and Child Health Bureau (MCHB). Alaska was served by the LEND program at the University of Washington. However, the Washington LEND did not have the resources or focus to adequately meet the needs of Alaska. In FY 2011 there was an opportunity to obtain a planning grant from the Health Resources and Service's Administration's Maternal and Child Health Bureau to develop an Alaska specific program. LEND programs must be based at a university, usually as part of a University Center for Excellence (UCEDD), and collaborate with university hospitals and/or health care centers. CHD, the Alaska UCEDD received a planning grant. In FY 12 CHD was awarded a 5-year implementation grant. There are currently 43 LEND's in 37 states. Collectively, they form a national network that shares information and resources and maximizes their impact. They work together to address national issues of importance to children with special health care needs and their families, exchange best practices and develop shared products. They also come together regionally to address specific issues and concerns.

What process was followed in the development of the program (including internal and external consultation)?

With resources from the planning grant the Alaska LEND program was developed with consultation and technical assistance from established programs at the University of Washington, Utah State University, the University of Colorado, Oregon Health Sciences University as well as the Association of University Centers on Disabilities, and the Maternal Child Health Bureau. The curriculum was developed by an interdisciplinary core faculty representing social work, public health occupational therapy, speech language pathology, special education, nursing, family public health and psychology from the University of Alaska Anchorage and medicine the University of Washington an Executive Planning Team. An Executive Planning Team (EPT) was comprised of programmatic leadership from the Alaska Division of Public Health, Section of Women's, Children's and Family Health (Title V), community leaders, and Deans or Department chairs from the College of Education, the Department of Psychology, the College of Health and the Vice Provost for Health Programs at UAA.

# What is the impact on existing programs and units across the system, including GER's?

None

# What State Needs are met by this program? Information describing the program and why existing programs in the UA system are not able to meet it.

Children and youth with disabilities and chronic disease continue to increase and the complexity of disorders pose significant challenges for workforce preparation and service delivery. Individuals of all ages with autism and developmental disabilities are living in communities with their families. They need improved access to early intervention, care management, mental health, and adult healthcare services including routine health maintenance and attention to prevention of secondary conditions. Systems change is needed to make early screening truly universal, especially for infants and toddlers who may experience autism spectrum disorder.

Although Alaska has made progress in developing paraprofessional services in local communities (i.e., community, behavioral, dental aide programs), specialty screening, diagnostic, and intervention services are largely absent from most remote locations. Outside a handful of population hubs (e.g., Anchorage, Fairbanks, Juneau, Ketchikan, Sitka, Kenai), services for physical therapy, speech therapy, occupational therapy, dentistry, medical care, and behavior consultation are highly inconsistent.

Current research has demonstrated the need for greatly enhanced early detection and intervention for ASD/DD to increase the effectiveness of interventions hampered by Alaska's workforce development issues (CDC, 2006; Filipek, et al., 1999; Fombonne, 2005). Early identification and service provision give children and families the best opportunity for the greatest possible quality of life, and are a major part of MCHB initiatives. The complexity of concerns that families experiencing these disorders face, and the continuing advances in science that can increase the effectiveness of diagnostic and intervention strategies challenge the development of a highly competent workforce.

ASD/DD providers must have up-to-date skills in assessment, screening, and treatment of a variety of disorders in an interdisciplinary model, based in a medical home and in a

culturally relevant and family-centered context. They must also understand the socio-ecological issues that affect service delivery. Tools to bridge the geographic distances have become more effective and complex, and providers need skills in the effective use of technology. Advances in identification and treatment of ASD/DD, along with innovative technology for access to those services can potentially improve lives and reduce long-term impacts and costs. This is only possible through coordinated efforts to increase skills and leadership abilities of Alaska's providers to effectively work with families in a culturally appropriate manner with current best practice tools.

The training needs of the Alaska healthcare workforce continue to span the full scope of core services needed by children and youth with ASD/DD across the life span. The interdisciplinary healthcare training and delivery needs of the state are challenged by the diversity of geography, culture, and access. Furthermore, the multiple models of delivery, based on the independence of tribal, private, and public healthcare systems vulnerable to the silo effect contribute to a complexity of planning and implementation.

The purpose LEND program is to *Grow Our Own* professionals to improve the health of infants, children, and adolescents who have, or are at risk for developing autism and other developmental disabilities (referred to hereafter as ASD/DD), and their families. As such the focus of the program is to provide interdisciplinary training to develop leadership skills to in advocacy and systems change; not to advance discipline specific skills. Existing programs are to train professionals in a variety of disciplines. This program focuses on leadership and the skills necessary for professionals to work in environments with a variety of other disciplines.

#### What are the Student Opportunities and Outcomes?

Trainees will have the skills to assume leadership positions in a variety of healthcare and service delivery state and community agencies. Trainees will also have opportunities to assume national leadership and policy positions that focus on autism and developmental disabilities. Trainees will develop competencies to: 1) to improve healthcare delivery systems for children and youth with ASD/DD in **rural and frontier communities in Alaska**; 2) promote innovative practice models that enhance cultural competency, partnerships among disciplines, and family-centered approaches to care; and 3) to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD/DD.

#### What are the Enrollment projections?

During the 2011 – 2013 grant period the program will enroll at least 12 trainees per academic year. The first cohort, which began September 2011, has 13 trainees.

#### **Describe Research Opportunities**

Each trainee is required to complete a leadership research project with mentoring from a faculty.

#### Describe Fiscal Plan for development and implementation.

CHD has a 5-year grant (July 2011 – June 2013) funded by the Health Resources and Services Administration, Maternal and Child Health Bureau. Resources are available to buy out a percentage of the core faculty to provide instruction and mentoring; to provide stipends of \$8,000 per year per trainee; and travel support for face-to-face training. The Maternal and Child Health Bureau requires trainees to receive a stipend and approved the amount. If grant funding is lost, a new cohort will not be admitted. Loss of funding will not affect an admitted cohort, as fudning for each academic year is secured in July prior to each cohort commencement.

# Resource Implication Form

1.	School/College	College of Health		
2.	Program/Course	e Leadership Educat	ion in Neurodevelop	mental Disabilities
3.	Course Prefix D	LS		
4.	Course Number	· A501		
5.	Implementation	Date Fall 2011		
6.	Type of Action a ☐ Course addit	and Category ion ☐ Course change	☑ Program addition	☐ Program change
an Ju Ch fac pe	explanation of h    part-time fact   new full-time   reassignmen   additional cla   modification of additional cot additional cot other costs    Explanation: The 2013) funded hild Health Burea culty FTE to prover trainee; and suthort will not be a	low it will be funded a culty faculty to ffull-time faculty iss/lab space of class/lab space rary resources imputer equipment by the Health Resources are avoide instruction and management in travel for facedmitted. Loss of fundare.	and by whom. \$98,000 \$ \$ \$ \$ \$ \$ \$ \$402,000  Development has a surces and Services A service	5-year grant (July 2011 – Administration, Maternal and percentage of the core stipends of \$8,000 per year ant funding is lost, a new a admitted cohort, as ach cohort commencement.
	Approved			
	—— Disapproved	Department Chair		Date
	Approved			
	Disapproved	Dean/Director of School	ol/College	Date
	Approved			
	Disapproved	Provost		 Date

## Alaska LEND Without Walls Individualized Leadership Training Plan 2011–12

This document is meant to be a tool to help have all requirements and assignments for the LEND program in one place, and to help you start to develop your individual plan.

▶ You and your Faculty Mentor will make a timeline for completing the requirements, unless it is a time specific activity (like the rural outreach clinic in your community or presenting on a given date at a seminar...).

## The ILTP (Individualized Leadership Training Plan) column:

- ▶ Some activities give options for completing the assignment, you can note what you plan to do.
- ▶ Some required activities you may feel you have met from recent previous experience. You can make a case to your mentor to waive that activity, and make a suggestion for an alternate activity that will help you grow.

Note: Seminars and required didactic are not able to be waived and replaced.



## **Other Required Activities**

Other Required Activities	Required Product
<ul> <li>a. Completed the MCH Leadership Self –assessment:</li> <li>within 2 weeks of orientation</li> <li>between January 15 and February 15</li> <li>in the last 2 weeks of the program</li> </ul>	You will be sent an individual link for you to complete the MCH Leadership Skills Self-Assessment. It is best to schedule 45 minutes to take the entire assessment, as it is difficult to save mid-way through.
	You will complete this assessment at the beginning, middle, and end of your LEND training program. It will help to identify areas for personal growth and to report the effectiveness of our program. Any reporting of results will be aggregated and all identifying information will be removed.
b. ILTP Goals	After meeting with your faculty mentor, write your personal ILTP goals and add this content to your individual trainee homepage under "My goals."
c. Your personal page on the trainee hub	Add brief introduction and any ILTP "to do's" that you want to have listed on your homepage. This is your space, you can add a photo or other information as you want. Only the faculty and staff have access to view your personal page. At the end of the program, you will be able to take this with you to use as an ePortfolio.

## **Notes:**

"Leadership Workshops" are the face-to-face Fall and Spring trainings.

S= Seminar: Activity is related to or happens during a seminar or face-to-face.

O=Overlap: Activity overlaps with other competencies/may appear in multiple places.

F=Family: Overlaps with Annette's family experiences, counts toward Family hours.

C=Clinical: Item counts toward clinical and field experience hours.

D= Item counts as didactic hours.

L=Item counts as leadership hours.

## Leadership

**Leadership 1:** Effectively link concepts and requirements of Title V legislation and policies and public health core functions for Maternal and Child Health Programs/services to Alaskan health care system.

## **Objectives**

- 1. Summarize the historical & social context of treatment and education for children and youth with Autism Spectrum Disorder and/or other Developmental Disabilities (ASD/DD) and their families, and frame the currently available health care, educational, and social services in the context of their historical evolution.
- 2. Explain the systems and services resulting from legislation such as Title V of the Social Security Act, SSI, Medicaid/EPSDT, the state Children's Health Insurance Program, ADA, and IDEA, the Alaska Tribal Health System, and Military (EFMP services).
- 3. Summarize the mission and guiding principles of MCHB with an emphasis on the provision of services that are family centered, culturally competent, coordinated, and community-based and the role of LEND programs in the context of other MCHB programs.
- 4. Ascertain the impact of Title V legislation and MCH Program services on the existing Alaskan health care delivery system.

L1	Related Activities	Required Product	ILTP
	a. AUCD Interdisciplinary Handbook Quiz: Knowledgeable about the 75-year history of Title V.	Quiz on the AUCD Handbook on Blackboard.	
0	b. Knowledgeable about the history of DD.	Given the historical context of Title V and DD, identify a critical issue for a future program, practice, and policy change. Post on the discussion board why this is important or relevant, including what can and should be done in Alaska (be realistic).	
	c. Develop a working knowledge of resources available through the following websites: <u>AMCHP</u> , <u>HRSA</u> , <u>MCHB</u> , <u>CDC</u> , and <u>AUCD</u> .	Share resources by adding at least 2 useful links/resources to the resource guide from each web site using the form in the Blackboard assignment.	
	d. Develop a working knowledge of resources for Early Childhood Education from the Department of Education website: <a href="http://www.eed.state.ak.us/parents.html">http://www.eed.state.ak.us/parents.html</a>	Add at least 3 resources to the resource guide using the form in the Blackboard assignment.	

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L1	Related Activities	Required Product	ILTP
	e. Develop a working knowledge of services and resources provided by Alaska Title V and Special Health Care Needs programs.	Add at least 3 resources to the resource guide using the form in the Blackboard assignment.	
D	f. Complete the Alaska Division of Senior and Disability services care coordinator training. Training is either: a 2 day face-to-face training, a series of six 2-hour webinars, or a self-study course. Click Link here.	Scan your certificate of completion and upload it to Blackboard or mail hardcopy to Rain at CHD.	
	g. Case study on applying federal, state, and program eligibility criteria for children and youth with ASD/DD, including financial resources available for families such as SSI, Medicaid, and Waiver programs, and local resources.	Discuss the impact of federal and state policies on affected individuals and families. Name your post with the title of the case study. Check back and read your fellow trainees' posts and reply to at least two with a paragraph or additional links related to their topic.	
	h. Demonstrate knowledge of IDEA and how it impacts educational services for children from birth to 22 years.	Outline IDEA provisions related to your host family child; comment on how IDEA is working or not for your host family child. (Share on Discussion Board.)	
С	<ul> <li>i. Choose one:</li> <li>Attend an ID/DD Waiver Training OR</li> <li>Attend an Advocacy Training OR</li> <li>Attend one local, statewide, or regional Title V committee and/or task force meeting regarding coordination and integration of community systems of care for children, youth and/or adults with ASD/DD and/or their families.</li> </ul>	On the trainee hub, record the hours in your activity log, and write a reflection entry about the experience in your personal journal. Once you have completed that, note what you did to complete the assignment in Blackboard. Example: In the assignment text field, you write, "I attended the Title V committee meeting on [topic] that happened on [date]. Reflection journal entry completed on my personal page."	

## Leadership

**Leadership 2:** Work collaboratively with families, young adults, community organizations, health care professionals and state agencies to promote effective policy implementation, program development, and systems-integration based practice concepts and models.

## **Objectives**

- 1. Integrate knowledge of policy analysis, advocacy and constituency building into collaborative health care delivery and practice.
- 2. Employ skills used to effectively build and lead collaborative teams in workplace observations, didactic sessions and role playing.
- 3. Differentiate various modes and styles of negotiation across environments, team composition and function.
- 4. Actively participate with families as key members of interdisciplinary teams. Include families/young adults as collaborative decision makers, and practice family-centered care.

L2	Related Activities	Required Product	ILTP
L	<ol> <li>a. Choose one of the following:         <ol> <li>Participate in Partners in Policymaking advocacy training meeting <a href="http://www.pipalaska.org/">http://www.pipalaska.org/</a></li> </ol> </li> <li>Attend the Alaska Mental Health Trust Authority meeting <a href="www.mhtrust.org">www.mhtrust.org</a></li> <li>Attend a Governor's Council on Disabilities and Special Education quarterly meeting;</li> <li>Participate as a member of a subcommittee of the Governor's Council (rural services; early childhood; education; developmental disabilities; or legislative)</li></ol>	Post a reflection on the discussion board: What did you observe? Who were the stakeholders? In what ways do/will the activities of the group affect advocacy and/or systems change?	
О	b. Track a key legislative initiative with implications for services for children and youth with ASD/DD.	Log movement and summary of the implications in form in Blackboard assignment. Share results at 4/20 seminar.	
S	c. View "In the Driver's Seat"	Completed during orientation day 1.	

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L2	Related Activities	Required Product	ILTP
S	d. Lead an interdisciplinary case study conference at a seminar related to policy implementation and program development (with other Trainees). Case study will be provided.	Report assignment is complete in Blackboard by giving a brief description of what you did.	
S	e. Attend leadership workshop on Negotiation and Managing Conflict.	This will happen at the December 9, 2011 Leadership Workshop. Rain will mark as complete based on attendance.	
F C O	f. Attend team meetings with Host Family (e.g. educational. health care, community service).	Write the activities in your journal and track the hours on your trainee page.	

**Leadership 3:** Apply leadership skills to support systems change for children with ASD/DD, especially for those vulnerable populations affected by health care disparities related to cultural, economic, geographic, and other factors.

## **Objectives**

- 1. Clarify the complex nature of health care services for children and youth with ASD/DD and their families so as to create a roadmap for them.
- 2. Summarize and differentiate the various discipline based and interdisciplinary models of systems change.
- 3. Summarize research findings for causes and solutions to health care disparities as they apply to systems change.
- 4. Analyze the ethical issues when advocating for systems change that impacts individuals in vulnerable populations, including concerns such as choice and informed consent.

L3	Related Activities	Required Product	ILTP
С	<ul> <li>a. Choose one of the following: <ol> <li>Observe a FASD Diagnostic</li> <li>Interdisciplinary Team Assessment</li> <li>Observe Parent Conference Assessment:</li> <li>Early Intervention/ Infant Learning</li> <li>Observe Parent Conference Assessment:</li> <li>school districts</li> <li>Observe an initial family meeting with a Care Coordination.</li> <li>Children with Special Health Care Needs Meeting at Providence/other site.</li> </ol> </li> </ul>	<ul> <li>On your trainee page, post a reflection journal entry that addresses the following:</li> <li>What activity did you attend?</li> <li>How did this meet the definition of an interdisciplinary team vs. discipline specific?</li> <li>What could have been done differently to make it more interdisciplinary?</li> <li>Once you have completed that, note what you did to complete the assignment in Blackboard.</li> </ul>	
O C	b. Observe assessment, referral, and follow up management of ASD/DD in a Neurodevelopmental Outreach Clinic or clinic at Providence Children's Hospital.	Overlaps with other competency areas. Only appears once in Blackboard, under ICS1 where there is a related assignment.	
	c. Review selected family interviewing/ assessment tools.	Post as a resource in the shared resource guide linked from this assignment in Blackboard.	
S O	d. Participate in a journal club and lead a discussion in interdisciplinary pairs on current issues and health disparities in ASD/DD during a LEND seminar in the Spring Semester.	After the session, write the name of your article and any impressions you came away with after the discussion on the assignment in Blackboard.	

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L3	Related Activities	Required Product	ILTP
L	<ul> <li>e. Choose one of the following:</li> <li>1. Serve on a community-based advisory board.</li> <li>2. Serve on a LEND committee, e.g. curriculum.</li> <li>3. Serve as the Virtual Trainee liaison.</li> </ul>	Report assignment is complete in Blackboard by giving a brief description of what you did.	
L	<ul> <li>f. Participate in one of the following:</li> <li>1. Bioethics at UW or Stephanie Bauer at UAA;</li> <li>2. An Ethics conference addressing ethics and the delivery of services related to ASD/DD needs specifically.</li> </ul>	Report assignment is complete in Blackboard by giving a brief description of what you did.	
S	g. Present and lead an interdisciplinary case discussion that includes discipline-specific standards of professional and ethical conduct. You may work with another Trainee in your field if desired/possible. This will happen at the Ethics related seminar 10/28.	Email your case study to Dr. Bosek at <a href="mailto:anrlb3@uaa.alaska.edu">anrlb3@uaa.alaska.edu</a> . [This is a duplicate of the assignment in ICS2. You just have to do it once, and attach your paper in Blackboard.]	

Leadership 4: Promote the advancement of innovative leadership strategies through use of effective training and mentoring.

## **Objectives**

- 1. Select and employ, from an array professional and self-assessment strategies, tools that result in the development of training and mentoring plans, in support of quality services for children and youth with ASD/DD and families.
- 2. Display leadership skills in problem-solving and problem-resolution across settings and activities
- 3. Identify a solution to a specific problem at a family, clinical, or system level. Include obstacles to implementing such a solution and the means for overcoming these obstacles.
- 4. Apply effective teaching and communication strategies in practice with professionals and families of children and youth with ASD/DD.
- 5. Participate as a member of a leadership peer community by sharing leadership challenges and growth with other LEND participants, both regionally and nationally.

L4	Related Activities	Required Product	ILTP
O C	a. Conduct an educational session on one of the following topics for ASD/DD in a community venue:  Screening; Family Support; Overview of Evidence-based Interventions for children or youth; Etiology of disability: Research findings; Services for young children; LEND program and purpose	Run your plan for your workshop by your faculty mentor. Post description of what you did on discussion board.	
	Possible venues: During rural outreach clinic, In collaboration with Stone Soup Group or LINKS, or for the school district		
O L	b. Participate in national opportunities with other LEND Trainees.	Describe specific ways you have connected with the larger LEND trainee community. Note resources/ opportunities of interest to your fellow Alaska trainees. Post at least 3 entries to complete this assignment.	
S O	c. Identify and discuss barriers and solutions for host family.	Present as a case study at seminar for peers (Spring Semester).	
S	d. Participate in Leadership Workshop in adult learning and teaching	Rain will mark as complete based on attendance.	

**Leadership 5:** Develop expertise in the etiology, prevalence, assessment, diagnosis, and management of the full range of childhood neurodevelopmental disabilities, with a focus on ASD and other developmental disabilities within rural and frontier communities.

## **Objectives**

- 1. Describe prevalence and etiology of ASD/DD and need for effective surveillance.
- 2. Critically review the process and results of screening and assessments for children and youth with ASD/DD.
- 3. Critique, select and provide evidence-based interventions for children and youth with ASD/DD.
- 4. Assess the quality and scope of transition supports, resources, services and issues and determine appropriate plans for children and youth with ASD/DD.

L5	Related Activities	Required Product	ILTP
D	a. Complete the 12 self-guided CHD Autism Training Modules and suggest follow-up project. The link to take you to the modules will be available starting November 14 from the Blackboard assignment. Plan on about an hour per module to complete.	Upload completion certificate to Blackboard assignment.	
O C	b. Observe assessment, referral, and follow up management of ASD/DD in a Neurodevelopmental Outreach Clinic or clinic at Providence Children's Hospital.	Overlaps with other competency areas. Only appears once in Blackboard, under ICS1 where there is a related assignment.	
С	c. Observe a diagnostic evaluation (incl. Spina bifida/Metabolic); participate in a follow-up team meeting to review and interpret findings (videoconference).	Post in your personal journal on the hub a statement about your experience. Please include "L5c" in the title of the post.	
F C S	d. Participate in a post-secondary transition planning meeting for youth with ASD/DD ages 18-22 years.	Bring your experience to an interdisciplinary seminar discussion. Write a brief statement about that experience and insights that came out of the discussion here.	

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L5	Related Activities	Required Product	ILTP
O C	e. Observe a FASD Diagnostic Interdisciplinary Team Assessment through one of the FASD Diagnostic Clinics.	Report assignment is complete in Blackboard and mark as clinical hours.	
S	f. Sign up for a specific ASD/DD condition and research it on the medicalhomeportal.org site. Come prepared to answer questions and to discuss the condition at the 11/18 seminar.	For your topics, come prepared to discuss:  a. Description of condition b. Genetics, Prognosis, Prevalence and Impacts. c. Feel free to use additional sources To sign up for your topics, click the link to the sign-up sheet in the Blackboard assignment. Rain will mark as complete based on attendance.	

## **Family Culture**

Family Culture 1: Integrate validated family-centered strategies and outcomes into community-based health care practices for Alaskan children and youth with ASD/DD.

## **Objectives**

- 1. Demonstrate respect in the role of parents and families in the community with the ongoing health care management of a child with ASD/DD.
- 2. Explain how families have had to overcome barriers and resolve challenges related to children and youth with ASD/DD.
- 3. Identify the successes families have had in improving laws, regulations, guidelines, and practices at the community, state, and national levels.

C 1 Related Activities	Required Product
a. Read the following articles before meeting with your host family (copies of these available in the Blackboard assignment):	<ul> <li>Write a brief article critique (1 page) for each article that answers the following questions.</li> <li>Upload the paper to the Blackboard assignment. (If you have recent experience with research methodology, talk to your mentor about waiving the critique, and just reading the articles in preparation.)</li> <li>Summary: A concise summary of the research article.</li> <li>Statement of the Research Problem: Describe the problem as visualized by the authors, the motivation for researching the problem, and the importance of the topic to the ASD/DD field.</li> <li>Underlying theoretical model(s) used by the authors: Briefly summarize the conceptual basis of the research study (previously reported models, concepts, and research studies).</li> <li>Description of the Research Procedures: What is the overall research method used by the researchers? Is the research design and/or experimental design sound? Are there any flaws in the research design?</li> <li>Conclusions: Are the conclusions justified given the research design adopted and research procedures followed? Have the limitations been correctly recognized and addressed? Assess the soundness of the implications (as described by the authors) of this research for research and practice.</li> </ul>

- 1. Hill, C. & Rose, J. (2009). Parenting stress in mothers of adults with an intellectual disability: parental cognitions in relation to child characteristics and family support. *Journal of Intellectual Disability Research*, 53,(12), 969-980.
- 2. Gerstein, E. D., Crnic, K. A., Blacher, J., & Baker, B. L. (2009). Resilience and the course of daily parenting stress in families of young children with intellectual disabilities. *Journal of Intellectual Disability Research*, 53,(12), 981-997.
- 3. Glidden, L. M., Bamberger, K. T., Turek, K. C., & Hill, K. L. (2010). Predicting mother/father-child Interactions: parental personality and well-being, socioeconomic variable and child disability status. *Journal of Applied Research in Intellectual Disabilities*, 23(1), 3-13.
- 4. Knestrict, T., & Kuchey, D. (2009). Welcome to Holland: characteristics of resilient families raising children with severe disabilities. *Journal of Family Studies*, 15(3), 227-244.
- 5. Plant, K. M., & Sanders, M. R. (2006). Predictors of care-giver stress in families of preschool-aged children with developmental disabilities. *Journal of Intellectual Disability Research*, *51*(2), 109-124.
- 6. Trute, B., Hiebert-Murphy, D., & Wright, A. (2007). Family-centered service coordination in childhood health and disability services: the search for meaningful outcome measures. Child: care, health, and development, 34 (3), 367-372.

FC	1 Related Activities	Required Product	ILTP
O F	b. Build a relationship with at least one family outside the structured learning environment by spending time with the family throughout the training program to understand the challenges families of children and youth with ASD/DD face in such areas as shopping, transportation, housing, education, and recreation.	Contact family and schedule meeting in 1st month. Develop a plan for the experiences you will have with your host family. Track your time and experiences in a single journal entry that you can use throughout your family experience (so all are in one place on your personal page). Track your hours under the "Host Family" category on your time tracking.	
D	c. Complete the Family Centered Care Provider Self Assessment <a href="http://www.familyvoices.org">http://www.familyvoices.org</a> (Resources and Publications-Tools)	Post a reflection on the discussion board.	
S	d. Participate in a seminar regarding the impact of ASD/DD on the lives of families (11/4).	Rain will mark as complete based on attendance.	
O C	e. Participate with a parent navigator lead to provide follow-up services and assistance for at least one family other than your host. (Can be related to the Rural Neurodevelopmental Outreach Clinic activity)	Post to your journal in your personal page on the hub a reflection about your experience. [This is repeated under ICS2b, just do it once here.]	
С	f. Attend a parent support group meeting	Post a reflection about the experience to your personal journal on the hub. Please include "FC1f" in the title of the post.	
S	g. Apply the 6-principles of family centered care as described in resources found at the Institute for Family Centered Care through a case study project (11/4).	Post a reflection about the case study discussion that happened during the seminar on the discussion board.	
S	h. Conduct a brief presentation on a national and/or local initiative aimed at improving laws, regulations, guidelines, and practices and lead a group discussion at a seminar.	Rain will mark as complete based on participation and presenting at 4/20/12 seminar.	
С	i. If possible and appropriate, observe an Individual Family Support Planning (IFSP) meeting or an Individual Education Plan (IEP) meeting (potentially with host family).	Post a reflection on the discussion board that answers specific questions. See the Blackboard assignment for specifics.  Complete between 3/2/12–3/16/12.	

Family Culture 2: Communicates effectively in the culturally and linguistically diverse rural and frontier communities.

## **Objectives**

- 1. Recognize and demonstrate respect for the unique cultural perspective of each family in their interactions with the community, health care partners, and state agencies.
- 2. Identify strategies and attitudes that reflect sensitivity to the broad array of values and norms in the diverse populations within their communities, states, and region, which must include culturally and ethnically diverse individuals. This also includes individuals with differing income levels and access to educational, transportation and medical services.
- 3. Recognize and identify his/her own cultural norms and beliefs, and target areas where their norms may interfere with the provision of culturally effective services.
- 4. Participate in interdisciplinary clinics with cultural groups that differ significantly from their cultural group of origin and identify barriers that impact delivery of effective services.
- 5. Delineate and employ those professional competencies that reflect a commitment to provide culturally competent and responsive care.

F	C 2 Related Activities	Required Product	ILTP
	a. Research websites and other literature to identify strategies and resources useful to professional practice, service delivery, etc. to promote cultural competence and sensitive to diversity.	Post at least 3 resources in the shared resource guide.	
D	b. Review FASD Center for Excellence American Indian / Alaska Native / Native Hawaiian Resource Kit: <a href="http://www.fasdcenter.samhsa.gov/grabgo/NativeKit.cfm">http://www.fasdcenter.samhsa.gov/grabgo/NativeKit.cfm</a>	Post a reflection in your personal journal on the hub.	
S	<ul> <li>c. Participate in NCBI (National Coalition Building Institute) workshop at the December Leadership Workshop.</li> </ul>	Rain will mark as complete based on attendance.	
S	d. Conduct a brief presentation on professional considerations in cultural competency in their specific discipline at seminar 4/13.	Rain will mark as complete based on attendance and completion of presentation.	
D	e. Complete a <b>portion</b> of the Cultural and Linguistic Competence Assessment for Disability Organizations with your organization. <b>See Blackboard for specifics.</b>	Upload a reflection paper that includes 2 strategies for organizational improvement.	

Family Culture 3: Integrate Life Course Perspective into family-centered, community-based care, in rural and frontier communities.

## **Objectives**

- 1. Summarize the strategies, process and suggested outcomes from implementation of Life Course Perspective approaches (e.g., family history, structural and cultural context, transitions and their impact, etc.) especially as it applies to provision of family-centered services.
- 2. Evaluate health care delivery case studies in the context of Life Course Perspective and identify its impact on family-centered outcomes.
- 3. Employ Life Course Perspective strategies in the planning and evaluation of maternal and child health programs.

FC	23 Related Activities	Required Product	ILTP
S	a. Read the attached PDF document: Policy Brief: A New Agenda for MCH Policy and Programs: Integrating a Life Course Perspective.	Rain will mark as complete based on attendance.	
	If you are interested, check out this additional resource: <u>Integrating</u> the <u>Life Course in MCH Training Programs</u> . We recommend just opening the slides and reading through them.		
	Play the Life Course Game during the December Leadership Workshop, and participate in the discussion that follows. Rain will mark assignment as complete based on attendance.		
S	b. Participate in a seminar on sexuality and disability.	Rain will mark as complete based on attendance.	
D	c. Watch Webinar: Transitioning Youth and Young Adults from Pediatric to Adult Health Care Systems: <a href="http://aucd.org/resources/webinar_detail.cfm?event=2746&amp;parent=740">http://aucd.org/resources/webinar_detail.cfm?event=2746&amp;parent=740</a>	Complete post test in the Blackboard assignment.	
S	d. Participate in an interdisciplinary discussion related to Life Course Issues among the various host families (this will happen in a Spring Seminar).	Rain will mark as complete based on attendance.	
S	e. Participate in a seminar about advocacy, including a panel of self-advocates and discussion following the panel.	Rain will mark as complete based on attendance.	

## **Interdisciplinary Community-based Services**

*Interdisciplinary Community-based Services 1:* Develop expertise in the roles, strategies, outcomes and challenges to implementation of interdisciplinary teams with children and youth with ASD/DD and their families.

## **Objectives**

- 1. Summarize current interdisciplinary team models, roles, strategies, outcomes and challenges, with special consideration to rural and frontier delivery systems of Alaska.
- 2. Critique the research associated with current interdisciplinary models, roles and outcomes, and identify differences in models across a variety of clinical and community settings.
- 3. Describe and apply interdisciplinary planning and formative/summative evaluation strategies, with special consideration to rural and frontier delivery systems of Alaska.
- 4. Develop team building, training and mentoring plans to support interdisciplinary practice.

IC	S 1 Related Activities	Required Product	ILTP
O C	a. Observe assessment, referral, and follow up management of ASD/DD in a Neurodevelopmental Outreach Clinic or clinic at Providence Children's Hospital.	Upload a reflection paper on challenges with special consideration to rural and frontier delivery systems of Alaska and propose suggestions for systems change. Page length: 1.5–2 pages.	
S	b. Identify at least 2 disparate rural or frontier contexts for service delivery. Develop a plan for a home or center based service model based on use of local and consultative resources.	Lead a discussion on your plan at a seminar. Rain will mark as complete after your presentation.	

*Interdisciplinary Community-based Services 2:* Effectively participate as a member of an interdisciplinary health care team that serves Alaskan children or youth with ASD/DD.

## **Objectives**

- 1. Effectively collaborate with families, other professionals and community agency personnel as part of a true interdisciplinary team.
- 2. Identify and use effective interdisciplinary team leader strategies to achieve meaningful outcomes during clinical experiences.
- 3. Integrate training from diverse rural and frontier clinical experiences to identify and problem-solve the barriers and challenges in accessing interdisciplinary health care delivery.
- 4. Employ only professional and ethical behavior while interacting with professionals from other disciplines, children and youth with ASD/DD, family members, and other community professionals.

IC	S 2 Related Activities	Required Product	ILTP
S	a. Observe an interdisciplinary case conference with a clinical focus.	In the Blackboard assignment, report what you did and provide a brief reflection on the experience.	
O C	b. Assist a family navigator to provide follow- up services and assistance for at least one family other than your host. (Can be related to the Neurodevelopmental Outreach Clinic activity).	This is a repeat of FC1e. It gets completed once in Blackboard under that assignment.	
S O	c. Present and lead an interdisciplinary case discussion that includes discipline-specific standards of professional and ethical conduct. You may work with another Trainee in your field if desired/possible. This will happen at the Ethics related seminar 10/28.	Overlaps with other competency area, L3. The assignment just appears once in Blackboard under L3.	

## Public health and emerging issues

**Public Health and emerging issues 1:** Evaluate crucial state public health systems including, population-based screening, prevention, and preparation and response to emergency events as it relates to health care delivery in rural and frontier regions of Alaska.

#### **Objectives**

- 1. Describe the national and statewide application of the Medical Home model, including concepts, practices, outcomes and medical home competencies.
- 2. Identify emerging issues in health care and practice priorities including those issues addressed in Healthy People 2020 and the Bright Futures Guidelines.
- 3. Develop and employ accurate needs assessment procedures and program evaluation techniques to the planning and evaluation service programs for children and youth with ASD/DD and their families.
- 4. Identify child trauma issues, with special concern to those experienced by Alaskan children and youth with disabilities, including those with ASD/DD.
- 5. Summarize evidence-based early intervention / prevention services which support EC MH needs, as suggested by Bright Futures in Practice: Mental Health as well as mental health priorities specified in Healthy People 2010 and Healthy People 2020.

PH	IEI 1 Related Activities	Required Product	ILTP
S	a. Read the <i>Joint Principles of the Patient-Centered Medical Home</i> found at: <a href="http://practice.aap.org/content.aspx?aid=2">http://practice.aap.org/content.aspx?aid=2</a> 063&nodeID=8002	Participate in a seminar discussion that compares and contrasts situations in your training where one or more of the Joint Principles was or was not applied. Rain will mark as complete based on attendance.	
S	b. Participate in a medical home seminar	Rain will mark as complete based on attendance.	
S	c. During a seminar (10/21), participate in a discussion and presentation by the AK DHSS Director of Title V and MCH Program managers.	Rain will mark as complete based on attendance.	
S	d. Complete case studies exercises addressing planning, administering and evaluating medical home models in Alaska.	Rain will mark as complete based on attendance.	

**Public Health and emerging issues 2:** Identify and functionally define emerging issues regarding children and youth with ASD/DD and their families in rural and frontier communities, including the potential presence or development of secondary disabilities.

## **Objectives**

- 1. Report on emerging issues in health care and practice priorities including those issues addressed in Healthy People 2020 and the Bright Futures Guidelines.
- 2. Identify specific emerging issues for children and youth with ASD/DD including victimization and child trauma, and/or the co-occurrence of FASD & ASD.
- 3. Summarize elements of the Logic Model and other approaches to program planning and evaluation processes, tools and outcomes.
- 4. Apply core grant writing skills relative to a) identification of funding sources/priorities, b) understanding the role of each common element of a grant proposal, including its logic model, c) framing work and evaluation plans and d) planning a budget.

PH	EI 2 Related Activities	Required Product	ILTP
	a. Watch a webinar on emergency preparedness for ASD/DD and families from the AUCD webinar library:  September Emergency Preparedness (Module C) call featuring Susan Wolf-Fordham from the EK Shriver Center.	Research plans/resources in your local community. Enter one or two resources for Alaska communities on the form in the assignment.	
S	b. Complete a web-based Child Trauma training/module and participate in a seminar discussion.	Details needed.	
S	c. Participate in a leadership workshop on grant writing	TBD. Details needed.	
S	d. Participate in seminar on developing a Logic Model or Performance Based accountability	TBD. Details needed.	
S	e. Participate in a seminar on Domestic Violence and its implications for ASD/DD	TBD. Details needed.	

## Research

**Research 1:** Incorporate applied research planning, implementation and assessment strategies into delivery practice, in a manner that supports quality rural health services and outcomes for children and youth with ASD/DD and their families.

## **Objectives**

- 1. Critique the current body of research literature for a given discipline, interdisciplinary or health care function focus (e.g., prevention, health disparities, diagnosis, intervention, etc) to promote systems development and change for Alaskan children and youth with ASD/DD and their families.
- 2. Implement and evaluate a plan to manage the progression of their leadership/research projects
- 3. Summarize core public health research principles, methods and interpretation.
- 4. Identify positive ethical practices in conducting research with children and youth with ASD/DD and their families and apply these strategies and systems to their research projects.
- 5. Accurately apply in cooperative research proposal, the empirical design process, from question distillation through to IRB proposal.
- 6. Collaborate with mentors and peers in the dissemination of Alaskan findings, via publications, conference presentations, technical assistance or workshops.

R 1	Related Activities	Required Product	ILTP
D	a. Successfully complete UAA CITI Human Subjects modules (IRB)	Scan your certificate(s) of completion and upload it to Blackboard or mail hardcopy to Rain at CHD.	
L	<ul> <li>b. Design and conduct an interdisciplinary leadership project (with another trainee of another discipline) or collaborate with a faculty mentor on an existing project, or QI, program evaluation project.</li> </ul>	Team and idea approved.  Final product presentation.	
L	<ul> <li>c. Complete one of the following:</li> <li>Submit an abstract on the project to a discipline specific professional meeting</li> <li>Present project findings at a community-based family centered forum, (e.g. a parent conference)</li> <li>Submit for proposal to present findings at a local, regional or national conference</li> </ul>	Upload what you did to this assignment in Blackboard.	
O S	d. Participate in a Journal Club or other research article discussion.	Overlaps with assignment L3d. Complete once in Blackboard.	

## **Technology**

**Technology 1:** Effectively utilize and integrate available telehealth and assistive technologies to promote innovative health care delivery services.

#### **Objectives**

- 1. Plan, organize, implement and lead telehealth interactive event with at least two remote communities, using both video conferencing and real time document sharing tools.
- 2. Summarize the functions, tools and resources found within the Alaskan telehealth network.
- 3. Summarize the functions, tools and resources that are used to provide assistive technology.
- 4. Summarize assistive technology funding sources and services for Alaskan children and youth with ASD/DD.

T 1	Related Activities	Required Product	ILTP
S	a. Conduct a case conference or other professional exchange via videoconferencing	Will be automatically marked as complete as all Trainees are participating in interdisciplinary exchanges during seminars.	
S	b. Visit ATLA and listen to the presentation and check out the available AT. Apply information learned to your host family. In what ways can AT support the child and family?	Write your recommendation and resources for your family in the Blackboard assignment text box.	
	c. Participate in a regular on line exchanges with other LEND trainees	Will be automatically marked as complete as all Trainees do this as part of program.	
S	d. Participate in web-based seminars relevant to areas of interest in ASD/DD	Will be automatically marked as complete as all Trainees are participating in interdisciplinary exchanges during seminars.	
	e. Document experiences using an e-portfolio. This needs better instructions or a rubric.	All Trainees are developing an e- portfolio as their personal home page on LEND hub.	
S	f. Participate in a seminar on telehealth in Alaska.	Rain will mark as complete based on attendance.	

#### **Alaska LEND Without Walls Competencies**

These codes help you and your mentor know if your ILTP is giving you the experiences you need to gain key skills in all required areas.

## Leadership (L)

- L1: Effectively link concepts and requirements of Title V legislation and policies and public health core functions for MCH Programs/services to Alaskan healthcare system.
- L2: Work collaboratively with families, young adults, community organizations, healthcare professionals and state agencies to promote effective policy implementation, program development, and systems-integration based practice concepts and models.
- L3: Apply leadership skills to support systems change for children with ASD/DD, especially for those vulnerable and underserved populations affected by health disparities related to cultural, economic, geographic, and other factors.
- L4: Promote the advancement of innovative leadership strategies through use of effective training and mentoring.
- L5: Develop expertise in the etiology, prevalence, assessment, diagnosis, and management of the full range of childhood neurodevelopmental disabilities, with a focus on ASD and other developmental disabilities within rural and frontier communities.

## Family and Culture (FC)

- FC1: Integrate validated family-centered strategies and outcomes into community-based healthcare practices for Alaskan children and youth with ASD/DD.
- FC2: Communicate effectively in the culturally and linguistically diverse rural and frontier communities.
- FC3: Integrate Life Course Theory into family-centered, community-based care, in rural and frontier communities.

## **Interdisciplinary Community-based Services (ICS)**

- ICS1: Develop expertise in the roles, strategies, outcomes and challenges to implementation of interdisciplinary teams with children and youth with ASD/DD and their families.
- ICS2: Effectively participate as a member of an interdisciplinary healthcare team that serves Alaskan children or youth with ASD/DD.

#### **Public Health and Emerging Issues (PHEI)**

- PHEI1: Evaluate crucial state public health systems including, population-based screening, prevention, and preparation and response to emergency events as it relates to healthcare delivery in rural and frontier regions of Alaska.
- PHEI2: Identify and functionally define emerging issues regarding children and youth with ASD/DD and their families in rural and frontier communities, including the potential presence or development of secondary disabilities.

## $Research\left( R\right)$

Incorporate applied research planning, implementation and assessment strategies into delivery practice, in a manner that supports quality rural health services and outcomes for children and youth with ASD/DD and their families.

#### Technology (T)

Effectively utilize and integrate available telehealth and assistive technologies to promote innovative healthcare delivery services.

## MCH Leadership Skills Self Assessment

This is the MCH Leadership Skills Self Assessment that LEND Trainees take at the beginning, middle, and end of program. Results are shared with the trainees and their faculty mentors. It helps trainees identify areas for personal and professional growth. The aggregate results are also used to report on program effectiveness.

Trainees use the following scale to rate themselves on each item: Low (0) to High (5). On each item they rate their **current level of understanding** of that competency, **and then they rate how important** it is to them.

	Competency
SELF	MCH Knowledge Base
1	Use data to identify issues related to the health status of a particular MCH population group.
2	Describe health disparities within MCH populations & offer strategies to address them.
3	Demonstrate the use of a systems approach to explain the interactions among individuals, groups, organizations & communities.
4	Assess the effectiveness of an existing program for specific MCH population groups.
	Self-Reflection
5	Recognize that personal attitudes, beliefs, and experiences (successes and failures) influence one's leadership style.
6	Use self-reflection techniques effectively to enhance program development, scholarship and interpersonal relationships.
7	Identify a framework for productive feedback from peers and mentors.
	Ethics & Professionalism
8	Identify and address ethical issues in patient care, human subjects research, and public health theory and practice.
9	Describe the ethical implications of health disparities within MCH populations.
10	Interact with others and solve problems in an ethical manner.
11	Identify ethical dilemmas and issues that affect MCH population groups and initiate and act as a catalyst for the discussion of these dilemmas and issues.
12	Consider the culture and values of communities in the development of polices, programs, and practices that may affect them.
13	Describe the ethical implications of health disparities within MCH populations and propose strategies to address them.

#### Critical Thinking

- Use population data to assist in determining the needs of a population for the purposes of designing programs, formulating policy, and conducting research or training.
- 15 Formulate a focused and important practice, research or policy question.
- 16 Apply important evidence-based practice guidelines and policies in their field.
- Identify practices and policies that are not evidence-based but are of sufficient promise that they can be used in situations where actions are needed.
- Translate research findings to meet the needs of different audiences.
- 19 Discuss various strategies, including supportive evidence, for the implementation of a policy.

#### OTHERS Communication

- Share thoughts, ideas, and feelings effectively in discussions, meetings, and presentations with diverse individuals & groups.
- Write clearly and effectively to express information about issues and services that affect MCH population groups.
- 22 Understand nonverbal communication cues in self and others.
- 23 Listen attentively and actively.
- Tailor information for the intended audience(s) (consumers, policymakers, clinical, public, etc.) by using appropriate communication modalities (verbal, written, nonverbal).
- Demonstrate the ability to communicate clearly through effective presentations and written scholarship about MCH populations, issues.
- 26 Articulate a shared vision for improved health status of MCH populations.
- Employ a repertoire of communication skills that includes disseminating information in a crisis, explaining health risks, and relaying difficult news.
- 28 Refine active listening skills to understand and evaluate the information shared by others.
- Craft a convincing MCH story designed to motivate constituents and policymakers to take action.

#### Negotiation and Conflict

- Apply strategies and techniques of effective negotiation and evaluate the impact of personal communication and negotiation style on outcomes.
- 31 Demonstrate the ability to manage conflict in a constructive manner.

#### Cultural Competence

- 32 Conduct personal and organizational self-assessments regarding cultural competence.
- Assess strengths of individuals and communities and respond appropriately to their needs based on sensitivity to and respect for their diverse cultural and ethnic backgrounds and socioeconomic status.
- Suggest modifications of health services to meet the specific needs of a group or family, community, and/or population.
- Employ strategies to assure culturally-sensitive public health and health service delivery systems.
- 36 Integrate cultural competency into programs, research, scholarship, and policies.

#### Family Centered Care

- Solicit and use family input in a meaningful way in the design or delivery of clinical services, program planning & evaluation.
- Operationalize the "family-centered care" philosophical constructs (e.g., families and professionals share decision-making; professionals use a strengths-based approach when working with families) and use these constructs to critique and strengthen practices, programs, or policies that affect MCH population groups.
- Ensure that family perspectives play a pivotal role in MCH research, clinical practice,
  programs, or policy (e.g., in community needs assessments, processes to establish priorities for
  new initiatives or research agendas, or the development of clinical guidelines).
- Assist primary care providers, organizations, and/or health plans to develop, implement, and/or evaluate models of family-centered care.
- Incorporate family-centered & medical home models of healthcare delivery into health professions & continuing education curricula and assess the effect of this training on professional skills, health programs or policies.

## Developing Others through Teaching and Training 42 Recognize and create learning opportunities for others. 43 Participate in a mutually beneficial mentoring relationship. 44 Teach audiences of different sizes, backgrounds, and settings. 45 Incorporate feedback from learners to evaluate teaching effectiveness. 46 Give and receive constructive feedback about behaviors and performance. Interdisciplinary Team-Building Identify and assemble team members appropriate to a given task (e.g., research question, 47 program, curriculum, clinical care issue). 48 Develop and articulate a shared vision, roles and responsibilities 49 Facilitate group processes for team-based decisions (e.g., foster collaboration and cooperation) Value and honor diverse perspectives (e.g., discipline, ethnic, cultural, economic) of team 50 members. 51 Identify forces that influence team dynamics. 52 Enhance team functioning, redirect team dynamics, and achieve a shared vision. Share leadership based on appropriate use of team member strengths in accomplishing 53 activities and managing challenges for the team Use knowledge of disciplinary competencies and roles to improve teaching, research, advocacy, 54 and systems of care.

#### WIDER COMMUNITY

55

#### Working with Communities and Systems

Use shared outcomes to promote team synergy.

- Participate instrategic planning processes such as developing a mission, vision, strategic goals, and activities.
- 57 Develop agendas and lead meetings effectively
- Identify community stakeholders and their extent of engagement in the collaboration process.
- Interpret situations systemically; i.e., identifying both the whole situation and the dynamic interplay among its parts.

Assess the environment to determine goals and objectives for a new or continuing program, list 60 factors that facilitate or impede implementation, develop priorities, and establish a timeline for implementation Manage a project effectively and efficiently including planning, implementing, delegating and 61 sharing responsibility, staffing, and evaluation Translate mission and vision statements for different audiences, understanding their different 62 cultures, perspectives, and use of language. 63 Use negotiation & conflict resolution strategies with stakeholders when appropriate. Maintain a strong stakeholder group with broad based involvement in an environment of trust 64 and use an open process. Policy and Advocacy Frame problems based on key data, including economic, political, and social trends that affect 65 the MCH population. Use data, levels of evidence, and evaluative criteria in proposing policy change. 66 67 Identify a wide range of stake-holders who influence changes in MCH policy. 68 Apply appropriate evaluative criteria to the analysis of alternative policies. 69 Analyze the potential impact of policies on diverse population groups. Understand the roles and relationships of groups involved in the public policy development and 70 implementation process, including the executive, legislative, and judicial branches of government at all levels and interest groups. Formulate strategies to balance the interests of diverse stakeholders, consistent with desired 71 policy change. Present evidence and information to a legislative body, key decision-makers, foundations, or 72 the general public

## Sample results for the "SELF" section:

Rating scale: Low (0) to High (5)			<u>Pre</u>			
	Competency	Understanding Rating 0-5	N/A	Importance Rating 0-5	N/A	
SELF	MCH Knowledge Base					
1	Use data to identify issues related to the health status of a	2		5		
	particular MCH population group.  Describe health disparities within MCH populations & offer					
2	strategies to address them.	0	Ĺ	5		
3	Demonstrate the use of a systems approach to explain the interactions among individuals, groups, organizations &	1		5		
4	Assess the effectiveness of an existing program for specific MCH	1		5		
	population groups.					
l	Average:	1	0	5	0 !	
	Self-Reflection					
5	Recognize that personal attitudes, beliefs, and experiences	3	1	5		
	(successes and failures) influence one's leadership style.		<b></b>		:	
6	Use self-reflection techniques effectively to enhance program	2		5		
7	development, scholarship and interpersonal relationships. Identify a framework for productive feedback from peers and	1		5		
	Average:	2	0	5	0	
	Ethics & Professionalism					
_	Identify and address ethical issues in patient care, human					
8	subjects research, and public health theory and practice.	3		5		
9	Describe the ethical implications of health disparities within MCH	1		5		
	populations.		<u></u>			
10	Interact with others and solve problems in an ethical manner.	4		5		
	Identify ethical dilemmas and issues that affect MCH population		1			
11	groups and initiate and act as a catalyst for the discussion of	1	1	5		
12	these dilemmas and issues. Consider the culture and values of communities in the development	2		5		
	of polices, programs, and practices that may affect them.					
13	Describe the ethical implications of health disparities within MCH	2		5		
	populations and propose strategies to address them.  Average:	2.1667	0			
	Critical Thinking	2.1007	·		'	
	Use population data to assist in determining the needs of a					
14	population for the purposes of designing programs, formulating	2		5		
	policy, and conducting research or training.					
15	Formulate a focused and important practice, research or policy	2		5		
16	Apply important evidence-based practice guidelines and policies in their field.	2		5		
	Identify practices and policies that are not evidence-based but		1			
17	are of sufficient promise that they can be used in situations	2		5		
18	where actions are needed. Translate research findings to meet the needs of different	2		5		
19	Discuss various strategies, including supportive evidence, for the	2		5		
19	implementation of a policy.					
l	Average:	2	0	5	0	
	SELF Average:	1.7917	0	5	0	



THE VELLEY OF A LEASE AND COMES. Educat, et in Normodariel symmetal. Disabilities (LiTeth) is now included under the accreditation of the Fourty Art. June to age of a true. Accordingly, the new Work-love Cooleanied program in Lendership a fasteurier a Celiego et Handla. The Comprise for our kopres i bins absege as a critar plongs ande. rancel set a, e come as cresional

May 9, 2012

Ms. Megan Carlson Assistant Vice Provost University of Alaska Anchorage 3211 Providence Drive Anchorage, AK 99508

Dear Assistant Vice Provost Carlson:

This is in reply to your correspondence dated March 26, 2012, requesting approval from the Northwest Commission on Colleges and Universities for the University of Alaska Anchorage (UAA) to add a new Workforce Credential program in Leadership Education in Neurodevelopmental Disabilities (LEND) in the institution's College of Health. The Commission has approved this change as a minor change under Policy A-2, Substantive Change. Accordingly, the new Workforce Credential program in Leadership Education in Neurodevelopmental Disabilities (LEND) is now included under the accreditation of the University of Alaska Anchorage.

Thank you for keeping the Northwest Commission on Colleges and Universities apprised of developments and initiatives at the University of Alaska Anchorage. If you have questions, please do not hesitate to contact me.

Sincerely.

Vice President

PJG:jmb

cc: Mr. Thomas R. Case, Chancellor

Dr. Sandra E. Elman, President, NWCCU