

***Munroe-Meyer Institute***  
**University Center for Excellence in Developmental Disabilities Program**  
**UCEDD Traineeship**

The Association of University Centers on Disabilities, the Maternal and Child Health Bureau and its Association of Maternal and Child Health Programs (AMCHP) have advocated for the family-professional partnerships model (including family leadership development) and have found that it is optimal in providing person- and family-centered care and for achieving improved health outcomes for children and youth with special healthcare needs and all people with disabilities and their families. The Munroe-Meyer Institute University Center for Excellence in Developmental Disabilities (UCEDD) project has infused this model into its UCEDD Traineeship program.

The UCEDD Traineeship at the UNMC Munroe-Meyer Institute offers a unique opportunity for persons with disabilities, family members of individuals with developmental disabilities, students, and professionals to enhance their leadership skills, work in interdisciplinary settings with other professionals and increase their knowledge base of services and systems for individuals with disabilities and their families in addition to their ability to work to improve those systems. This **ten- month, 600 hour** traineeship uses the leadership competencies developed by the Maternal Child Health Bureau and the Association of University Centers for Disabilities Leadership Competencies and builds these into specific activities outlined in the curriculum below. This traineeship not only allows individuals to share their experiences with other professionals in the UCEDD and other Institute programs, but also allows trainees to further their own skills, gain knowledge of the gaps and barriers often encountered by other families and professionals and gain exposure to ways they can be involved in policy development and systems change activities to improve systems for all individuals with disabilities and their families.

**The experience, knowledge, and skills that UCEDD trainees acquire include, but are not limited to:**

- The ability to communicate effectively (through listening, open mindedness, strength-based feedback, advocacy, and respect),
- The ability to see beyond their own experiences and represent broad experiences, issues, and individuals, including those whose first language may not be English.
- The ability to share their unique experiences, culture and perspective to educate others broadly about the individual needs and priorities of persons with disabilities and families,
- The ability to serve in constructive partnerships with families, persons with disabilities, professionals and policy-makers to develop and implement value-based practices for individuals with disabilities and their families,
- The ability to work collaboratively with others to positively influence UCEDD partners, families, students, trainees and faculty through teaching, training, serving on councils/boards and mentoring.

## **TRAINING GOALS AND OBJECTIVES**

- Participation in didactic interdisciplinary educational experiences to prepare trainees for leadership roles that require fact-based decision making,
- Demonstration of proficient, culturally-competent, family-centered policy and practice-related skills (both within their home discipline and other settings) and the application of a variety of methods to effectively partner with families and disability care providers,
- Understanding and demonstration of leadership skills.

## **CURRICULUM**

**The trainee responsibilities can be grouped into 6 major categories of activities:**

- ◆ Orientation
- ◆ Didactic Experiences
- ◆ Interdisciplinary Practicum Experiences
- ◆ Self-Study Activities
- ◆ Research Projects & Related Activities
- ◆ Exit Evaluation Activities

# UCEDD Trainee Curriculum

## **1. Orientation (50 hours)**

The orientation experience is designed to introduce trainees to MMI faculty, staff and resources available in the field of developmental and other long term disabilities.

### **Interdisciplinary Education Orientation**

The Trainee Services Coordinator will enroll and register each trainee and provide the initial orientation with scheduling of required Blood Borne Pathogens training, Confidentiality Agreement, HIPAA training, and other orientation and on-boarding activities as assigned.

### **Self-Assessment**

All Leadership Certificate trainees are required to complete a self-assessment at the beginning of their traineeship of their 1) interdisciplinary clinical skills, 2) level of cultural competency, 3) experiences and skills in providing family-centered care, and 4) professional leadership skills (to be completed as a joint activity with the trainee and their Interdisciplinary advisor). These assessments help the trainees identify those areas where they may need to expand their experiences and strengthen their skills. These self-assessments can be accessed from the trainee's Canvas on-line course site.

### **Individualized Study Plan**

Many trainees bring with them a study plan that addresses clinical education goals within their home discipline. The purpose of the MMI Individualized Study Plan is to weave interdisciplinary concepts and experiences into the goals and objectives already identified by the trainee. Discipline and interdisciplinary advisors will work with the trainees in the development of this plan. Consideration of the individual professional interests and needs of the trainee is woven throughout the training experience. The Individualized Study Plan should include sufficient detail to describe realistic and measurable outcomes in two or more of the MCH leadership competencies described in detail in the *Competencies* section of this Canvas site.

Each trainee should complete his or her individualized study plan within the first month of training and submit an electronic copy, approved by his or her interdisciplinary advisor, via the Canvas on-line course.

- The trainee will maintain a weekly electronic log. The trainee will log all hours of training in the various categories; the total time for each week should correspond to the hours submitted for payment for that week.
- Trainees will formally review progress on their study plan with their discipline and interdisciplinary advisors in December and March to assure that they are on track to meet their goals within the training period. Revisions in the study plan may be made if a trainee recognizes a new interest or additional training opportunities become available.

### **Interdisciplinary Clinical Observations (30 hours)**

Clinical observations allow trainees/fellows to understand the philosophy, approach, clinical tools, and contribution of other disciplines and to compare and contrast these with his or her

own discipline. These hours should be completed in the first three months of each trainee's schedule to enhance the application of interdisciplinary concepts and skills to the remaining practica.

As part of their orientation, trainees are required to:

- Observe clinical activities for each of the following disciplines: Developmental Medicine, Education and Child Development, Genetics, Nutrition, Occupational Therapy, Physical Therapy, Psychology, Recreational Therapy, and Speech-Language Pathology. Observations should average about 2 hours for each discipline.
- Additional sessions are scheduled by the Office of Trainee Services: MMI Administration, MMI Patient Information Office, and Human Genetics Laboratories. This provides orientation to the basic administrative structure of a health care facility such as MMI and to its relationship with other community, state and national agencies.
- To prepare for the interdisciplinary observations, trainees should read one article pertinent to the discipline being observed (interventions, assessments). When scheduling observation times, ask the clinic or discipline contact person to recommend articles relevant to that discipline/clinic.
- ◆ Upon completion of each observation, trainees should:
  - 1.) Use their observations and readings to pose questions and
  - 2.) Debrief each observation with the coordinator of the clinic as available and the discipline supervisor

## **2. Didactic Experiences (50 hours)**

The trainee will be expected to take advantage of Institute and Campus learning activities as available. These would include selected Leadership in Neurodevelopmental Disabilities (LEND) seminars, Clinical Topics presentations, Grand Rounds, Lunch and Learns, and other opportunities that support their training goals. Specific activities should be planned with the Training Supervisor. Included in this requirement is participation in the Project DOCC LEND seminar. DOCC is a parent-run education program for health care providers. It was founded in 1994 by three mothers of children with disabilities and was implemented at UNMC in 2004. Trainees complete a structured interview with a parent of a child with a disability in which questions about pregnancy, marriage, finances and spirituality are not off the table. They also go on a home visit to the home of family with a child who has special needs.

## **3. Interdisciplinary Practicum Experiences (150 hours)**

The trainee will participate in a variety of community-based and clinical opportunities and experiences to meet the goals of his or her leadership development plan by participating in disability-related activities and programs with priority given to those falling outside of their past experiences. The goal will be to familiarize the trainee with how the family role and perspective

across a number of programs and activities is salient to those programs and activities, with an emphasis on cross-disability experiences. The trainee will be supervised in this activity by the UCEDD Training Supervisor and will debrief each experience as they are completed.

a.) Shadowing (20 hours) : the trainee will spend 4-8 hours observing (and assisting as requested) UCEDD project managers in order to learn about project requirements and activities as well as how each project contributes in fundamental ways to disability services and supports in the state.

b.) Project support (50 hours): trainees will spend a period to be determined with their supervisor working in UCEDD and/or MMI projects that allow them to gain experience pertinent to their study plan goals.

c.) Community projects (70 hours): trainees will have the opportunity to spend time on site with community partner organizations, again based on their study plan goals and determined with their supervisor, in order to gain experience through these organizations germane to their goals. Options for this activity include the Early Development Network, Developmental Disabilities, PTI-Nebraska, Disability Rights Nebraska, and The Nebraska Family Support Network as examples

d.) Services Coordination shadowing: (10) In addition, the trainee will select from available options a care coordination opportunity where the trainee will participate in the provision of family-centered care coordination activities involving professionals and families. Selection of this activity will occur under the supervision of the discipline coordinator. The trainee will be expected to actively interact with the professional staff and family members involved and to develop a brief report on the activity(s).

#### **4. UCEDD Trainee Self-Study Activities (196 hours)**

##### **Description of Family & Community-Specific Training**

The following activities in the table below are intended to supplement the trainee's training goals. The trainee is expected to complete the majority of these activities; selection of specific items should be completed with the supervisor. These activities have been identified as a way to expose the trainee to a broad knowledge base. Some of these activities can be completed as self-study activities but should then be discussed with the Discipline Supervisor. They can be used as a basis for identifying the required UCEDD research project and presentation. These activities, overall, must be incorporated into the student work plan.

<b>Competency:</b>	<b>Activity:</b>	<b>Acquired Skills:</b>	<b>Hours needed, estimate</b>
1.1 AUCD LEND Family	*Select from the following: the Deinstitutionalization movement, the inception of Independent Living, the funding and creation of UCEDDs (UAPs) or the history of the MCHB	Demonstrate the ability to create a technical assistance	6

1: MCH Knowledge Base	on the internet and create a timeline of 10 important events from its (your selected area) inception to the present. (1.1)	document and present the information to peers and other professionals.	
5.0, 8.0 AUCD 11: MCH Working in Communities & Systems 1: MCH Knowledge Base	Choose one to three local DD service providers to “partner with” over the course of the traineeship. The goal of the experience is to spend extended time in provider settings (both day and residential as well as respite and other specialized services. This could also include a family on the Community Supports Program or involve participating alongside a job coach in a competitive job placement, depending on the individual program.) The trainee will be expected to familiarize themselves with standard practices in the settings they visit. (A potential leadership project could consist of a comparison between observed practices, what are considered best practices, and specific community-based services philosophy.)	Knowledge of adult services systems.	14
1.2 & 8 AUCD 5: MCH Communication 9: MCH Developing Others Through Teaching & Mentoring	Assemble the items listed with an asterisk (*) into a PowerPoint and present this community training to a group. Examples include the Family2Family Health Information Center Advisory Board, The Statewide Independent Living Council (SILC), the Early Development Network, the Community Advisory Board for the UCEDD or during a LEND Seminar. Meet with Interdisciplinary Education Coordinator and discipline supervisor to discuss the materials which should be presented and schedule date for presentation.	Demonstrates an understanding of MCH and AUCD Competencies and the ability to effectively communicate this information to other professionals.	4
2.0 & 5.0 AUCD 4: MCH Critical Thinking 1.3 12: MCH Policy & Advocacy	Based on an awareness of bills being considered by the Legislature that affect individuals with disabilities and their families, identify 3 legislative hearings to attend. Alternatively, write a one- to two-page summary of each bill and its ramifications for the disability community.	The impact of policy and legislation on disability services and supports.	12
1.3 AUCD 1: MCH Knowledge Base	* Research the following acronyms to determine their name, history and purpose/responsibilities. (LEND, MCHB, HRSA, IDEA, FERPA, UCEDD, AIDD and ACL) (1.3)	Identify and utilize common acronyms, listing their full names and their association to disability services.	2
1.3 AUCD 1: MCH Knowledge Base 11: MCH Working with Communities and Systems	* Create a table illustrating the Federal Administration for Community Living and its association to the Administration for Intellectual and Developmental Disabilities and the AIDD network in each state. (1.3)	Ability to recognize and assess the infrastructure of state and federal programs, their influence on individuals and families, and the interplay between local and national systems.	2

1.4 AUCD 8: MCH Family Centered-Care 12: MCH Policy & Advocacy	* Select three prominent figures from the disability community and describe their contribution to advance person-centered and family-centered planning and care. (1.4)	Knowledge of the impact of leaders on the Disability Movement	4
2.2 AUCD 12: MCH Policy & Advocacy	* Explain the differences in advocacy at an individual, group and system level identifying examples of successful parent and self- advocacy efforts and also identify the critical leadership practices. (2.2)	Discriminate between self and systems advocacy	4
2.6 AUCD 2:MCH Self-Reflection 4: MCH Critical Thinking 11:MCH Working with Communities & Systems 12: MCH Policy & Advocacy	Develop an advocacy action plan that works toward closing the gaps between the current practice and best practice for yourself, another family/individual or system. This could function as the initial proposal for the trainee's formal advocacy plan. (2.6)	Planning for promoting meaningful improvement	6
3.1 AUCD 8: MCH Family-Centered Care	* Identify the principles of family-centered care as detailed by MCHB and compare the definition to one other nationally-recognized organization's definition. (Examples may include: Beach Center, Family Voices, Early Childhood Technical Assistance Center and Family2Family USA.) (3.1)	Accessing resources on important values and principles.	3
5.0 AUCD 11: MCH Working with Communities & Systems	Shadow and learn about resources available through the United Way's Resource guide in person and by calling "211"	Accessing resources on important values and principles.	2
4.5 AUCD 5: MCH Communication 3: MCH Ethics & Professionalism	* Review the term, the need for the use of, and philosophical considerations of "People First Language." (Suggested Resource: "Disability is Natural" by Kathie Snow.) (4.5)	Understanding critical practices in communicating regarding persons with disabilities	2
1.0 AUCD 1: MCH Knowledge Base	Complete online "Partners in Policymaking" and provide certificate of completion to discipline supervisor. (6.1) (From Partners website)	Broad background on the disability movement.	35
6.0 AUCD 7: MCH Cultural Competency 8: MCH Family-Centered Care 10: Interdisciplinary Team Building	Further investigate the principles, philosophies, origins and "champions" of the "medical home" and how these are being implemented and the basis behind them. Assemble this into a white paper. Watch this video for an overview: <a href="https://www.youtube.com/watch?v=OXsNHCCYtu8&amp;feature=youtu.be">https://www.youtube.com/watch?v=OXsNHCCYtu8&amp;feature=youtu.be</a> Resources: <a href="http://www.medicalhomeinfo.org/">http://www.medicalhomeinfo.org/</a> <a href="http://www.pcpcc.org/about/medical-home">http://www.pcpcc.org/about/medical-home</a> <a href="http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html">http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html</a>	Knowledge of best practices in health delivery with children with special healthcare needs and disabilities.	8

9.1 AUCD 4: MCH Critical Thinking 1: MCH Knowledge Base	Select one research article on a study related to developmental disabilities or Children and Youth with Special Healthcare Needs (CYSHN) and identify the research components including: the purpose of the research, the questions being addressed and the results, potential impact and limitations identified from the study. Demonstrate an understanding of the concepts of Validity and Reliability. (9.1) (These hours may overlap with hours for Research Project.)	Enhance understanding of the development of information from a research perspective of affected populations	6
9.1 & 9.3 AUCD 4: MCH Critical Thinking 1: MCH Knowledge Base	Using 3 research articles from 3 different resources (Journal, news media, and internet as examples,) identify the limitation of each study and discuss these with discipline supervisor. (9.3) (Most likely these hours will overlap in required hours for Research Project.)	Enhance understanding of the development of information from a research perspective of affected populations	7
3.1 AUCD 8: MCH Family-Centered Care	Read this report on “Patient- and Family-Centered Care” sponsored by the American Hospital Association, available at <a href="https://www.aha.org/system/files/2018-02/assessment.pdf">https://www.aha.org/system/files/2018-02/assessment.pdf</a> and discuss the strengths and reasons identified for implementing “family-centered care.” Identify how families are often used to enhance the quality of care in hospitals.	Broaden knowledge of current best practices in healthcare delivery and CYSHCN	3
3.2, 3.7, & 9.1 AUCD 4: MCH Critical Thinking 8: MCH Family-Centered Care	Use the hospital self-assessment inventory from the previous activity to evaluate 2 medical clinics/hospital settings, etc. to evaluate their “family-centeredness.” Present a written report documenting your methodology, observations, and conclusions.	Broaden knowledge of current best practices in healthcare delivery and CYSHCN	5
1.2 AUCD LEND Family Identify six components of the Individuals with Disability Act (IDEA). 1: MCH Knowledge Base 5: MCH Communication	1.2.1 Read the IDEA and identify 6 specific components. 1.2.2 Talk with a family advocate to determine those components of IDEA that are most important to the family. 1.2.3 Attend a workshop or training event explaining IDEA.  Research NE Rule 51 and 52 in relation to the IDEA and be able to explain major points to a family. (See other mandatory requirement.)	Expand knowledge of key components of the IDEA and its local implementation in the state	25
6.4, 8.3 AUCD LEND Family	Attend 3 IFSP meetings and/or 3 IEP meetings	Increase knowledge of IFSP/IEP Team Process	5

10: MCH Interdisciplinary Team Building 6: MCH Negotiation and Conflict Resolution			
2.0 & 5.0 AUCD 12: MCH Policy & Advocacy 6: Negotiation & Conflict Resolution	Attend NCCD and/or similar legislation and policy consortia to learn about groups that are collaborating to promote systems change for individuals with disabilities and their families. Identify one issue of interest and prepare a sample policy brief for submission to the discipline advisor.	Expand understanding of the role of legislation and policy in terms of their impact on individuals with disabilities	12
2.0 & 5.0 AUCD 12: MCH Policy & Advocacy 5: MCH Communication	Attend UNMC student Policy Group; participate in the group activities and demonstrate an awareness of anticipated outcomes.	Expand understanding of the role of legislation and policy in terms of their impact on individuals with disabilities	5
5.0 AUCD 4: MCH Critical Thinking 12: MCH Policy & Advocacy	Participate in the development of testimony to inform policy-makers on a bill significant to issues and concerns of Nebraskans with disabilities and their families.	Increase understanding of legislative processes as regards disabilities	4
5.0 AUCD 4: MCH Critical Thinking 11: MCH Working with Communities & Systems 12: MCH Policy & Advocacy	Participate in the development of a policy brief with the intent of informing policy-makers on an issue significant to issues and concerns of Nebraskans with disabilities and their families. (This requires coordination with training supervisor.)	Increase understanding of legislative processes as regards disabilities	5
2.0 AUCD 12: MCH Policy Advocacy 5: MCH Communication	Attend meetings or conference calls of local, state, or national disability policy committees or consortia. Prepare a white paper on current issues affecting national disability policy concerns and current "hot topics" under consideration.	Increase understanding of legislative processes as regards disabilities, topical concerns under consideration in this arena	12
3.0 AUCD 11: MCH Working with Communities & Systems 12: Policy & Advocacy	Many consider the 'Affordable Care Act' to be 'disability-friendly.' Identify 3 talking points that would reiterate this. Identify concerns or unknowns as well. (Ex. Defining 'habilitation'.)	Broaden knowledge of current best practices in healthcare delivery and CYSHCN	2

2.0 & 5.0 AUCD 12: MCH Policy & Advocacy 5: MCH Communication	Attend the Arc Legislative briefing and the Arc Senatorial dinner	Increase understanding of legislative processes as regards disabilities, topical concerns under consideration in this arena	5
1.0 1.0 AUCD 1: MCH Knowledge Base 4: MCH Critical Thinking	With guidance from the discipline supervisor, complete a self-study investigation of the deinstitutionalization movement. This could involve either the state or national levels in terms of scope. Complete a white paper summarizing the results of the self-study.	Increase understanding of core principles that guided the historical movement towards community inclusion for individuals with disabilities	15
5.0 AUCD 1: MCH Knowledge Base 4: MCH Critical Thinking	Complete a self-study investigation of the philosophical bases for community services and supports and full community participation, with emphases on current examples like person-centered planning, the Olmstead decision, social role valorization, inclusion, etc. and their historical antecedents. Complete a white paper summarizing the results.	Increase understanding of core principles that guided the historical movement towards community inclusion for individuals with disabilities	12
10: AUCD 11: MCH Working with Communities & Systems 6.0 8: MCH Family Centered Care	Identify and visit 2 service coordination programs with the goal of interviewing a services coordinator on their job requirements and accompanying them on a job activity, ideally a services planning meeting with an individual in services and their family or other personal advocate (dependent on the program.)	Broaden knowledge of services coordination as a component of community services	6
5.0 & 8.0 AUCD 1: MCH Knowledge Base 7.0 12: MCH Policy & Advocacy	Research the role of Medicaid in providing long-term services and supports. Identify the specific Medicaid Waivers that Nebraska has, the number of slots they have designated for each and compare to 2 other states.	Increase understanding of current funding policy in place for services for individuals with disabilities	6

## **5. Research project (150 hours)**

For this project, the trainee will choose a topic of interest to him or her that relates to the field of disabilities studies. The trainee will be responsible for conducting a scholarly activity (commensurate with their educational level): developing a plan, generating questions and methodology, carrying out the activity, creating a poster, presenting his or her research at a trainee seminar, and presenting his or her poster at UNMC's poster symposium in April of the traineeship year.

### **Leadership Project / Advocacy Plan**

The trainee has the option to complete a Leadership Project/Advocacy Plan; this provides trainees with the experience of working in a leadership role with an interdisciplinary team of professionals on a specific activity or project of particular interest to them. A detailed description of the requirements of the Interdisciplinary Leadership Project can be found in the **Projects** section of this Canvas course. This option will be determined during the orientation component of the curriculum in cooperation with the discipline supervisor.

## **6. Exit Evaluation Activities (4 hours)**

**Self-Assessment & Exit Survey)** At the end of their training experience, all long-term trainees are required to complete a second self-assessment of their leadership, interdisciplinary clinical skills, cultural competency, and their experiences and skills in providing family-centered care.

The Exit Survey and Interview allow trainees to provide feedback on their satisfaction with the training program and provide suggestions and comments for improvement of the curricula.

### **Long-Term Follow-Up Surveys**

Leadership Graduates are contacted at designated intervals after they complete their training to identify how the MMI training experience has benefited them in their professional careers and in what types of setting and with what populations they are working. Graduates will be contacted at one, five, and ten years post-training and asked to complete an on-line survey, which is required by federal agencies that provide funding for the MMI Interdisciplinary Leadership Education Program.

# Appendix:

## UCEDD/LEND/MCH 'Cross-Walk' Competencies

**Specific MCH Leadership Competencies:** Twelve MCH leadership competencies are presented here and organized into the three categories described in the conceptual framework. (Source: MCHB, 2014)  
These categories include:

### I. Self

1. MCH Knowledge Base
2. Self-reflection
3. Ethics and Professionalism
4. Critical Thinking

### II. Others

5. Communication
6. Negotiation and Conflict Resolution
7. Cultural Competency
8. Family-centered Care
9. Developing Others through Teaching and Mentoring
10. Interdisciplinary Team Building

### III. Wider Community

11. Working with Communities and Systems
12. Policy and Advocacy

### AUCD LEND (Family) Trainee General Competencies:

1.0	An understanding of the history of the disability movement in the United States and what constitutes best practice in the field today.
2.0	An understanding of and the ability to practice advocacy at the individual, family, community and systems levels.
3.0	An understanding of, and ability to implement, principles of family centered care so as to assure the health and well-being of children and their families through a respectful family-professional partnership.
4.0	An understanding of, and an ability to advance, culturally competent practice.
5.0	A working knowledge of family systems of support, both formal and informal, at a local, state and national level.
6.0	The ability to support other health care providers in their understanding of the family perspective and its importance to effectively serving families;
7.0	The ability to be an effective partner and exhibit leadership in disability programs and activities, particularly those of an interdisciplinary nature; and
8.0	An understanding of developmental disabilities and children and youth with special healthcare needs as they pertain to a variety of families.
9.0	An understanding of and ability to engage in practical research. (Source: AUCD Family Competencies, 2007)