Dear Student:

Welcome to the Munroe-Meyer Institute!

Approximately 15% of all children in the United States have some special healthcare need, including developmental and physical disabilities. Any physician who cares for children will deal with children who have special educational needs, physical needs, and family supports. It is hoped that your experience at Munroe-Meyer Institute will acquaint you with some of the multiple specialties available to care for children with special healthcare needs and to understand the interdisciplinary concept. It is very important that all physicians participate in a team approach to children and families with special healthcare needs. Understanding the abilities of other health professionals and valuing their input will be important in developing your practice.

The field of developmental and other long term disabilities is growing rapidly and it will require you to learn new skills. While at Munroe-Meyer Institute, I urge you to make arrangements with your advisor to observe as many disciplines as you can. An appreciation of their skills will help you in your practice to be able to triage children into appropriate services and to help families in obtaining needed care. While you are here, please have some fun even though the work is serious business. A smile and a friendly word from a professional can do much to put a client and family at ease. It is my hope that we will have an opportunity to meet personally. However, if this doesn't occur, I want you to know how much we value your time with us.

Sincerely,

Bruce A. Buehler, M.D.
Director, Munroe-Meyer Institute for Genetics and Rehabilitation
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ORIENTATION GUIDELINES
FOR
TRAINEES, INTERNS, AND POST-DOCTORAL STUDENTS

Policy: To prepare qualified students in the collaborative leadership skills as described in the UNMC/MMI mission, a systematic orientation will be implemented to maximize learning and promote frequent access to MMI resources. Timely, and correct sequencing of orientation experiences will build upon the student's knowledge base and support their clinical and research service productivity.

Procedure:

1. Department notifies Erni Steele of date student is expected by providing:
   - accurate spelling of the student's name
   - dates of training
   - if grant supported, title of grant

2. Business Services will provide grant account number to assign company center for student funding.

3. Erni will prepare student file and obtain completion of registration/enrollment documents.
   - immunization

ORIENTATION ACTIVITIES

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<td>□ Registration</td>
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<td>□ Munroe-Meyer Brochure, Newsletter MMInfo</td>
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<td>□ Payroll procedure, taxes</td>
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<td>□ Absence/leave policy/procedure</td>
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Electronic Information/Access
- Computer Clusters - Hours, Location
- Passwords
- E-Mail, Intranet, Internet, Care Cast
- Library access
- Information Technology Support
- Informational Technology Courses. Register online
  [info.unmc.edu/leis](http://info.unmc.edu/leis) and select ITS Education
- MMI Distribution Lists

Travel Policy and Procedures

- Student Handbook
- Study Plan
- Advisement (departmental and interdisciplinary)
- Electronic Logging Procedure
- LEND Seminar Schedule (Mondays 11-1)
- Clinic Schedule
Other students studying at MMI (student/department) - Distribution list
Fitness Center
Student Headquarters/Office

B. Tour of Munroe-Meyer Institute
   □ All departments
   □ Media Center Computer Work Station
   □ 412 Building - Diagnostic MMI

Erni Steele or Department

C. Patient Information Office (PIO)
   Patient Reception - Brace Place
   Patient Registration and MMI Medical Records or Hospital Records
   Clinical Services Scheduling Procedure
   □ Scheduled weekly clinics or scheduled evaluation (records in chart bin)
   □ Billing policy and procedure
   □ Funding coordination/questions about Third Party Payers' requirements
   □ Requesting patient records (Munroe-Meyer, Hospital, or 412 Saddle Creek)
   □ FAX machine(s)
   □ Care Cast Access/password application
   □ Micro Fiche Reader

Joanne Johnson ½ hr.

D. Human Genetics Laboratories
   Michelle Hess 1 hr.

E. Procedure for scheduling observations of interdisciplinary assessments,
discipline assessments, etc.

   **Procedure:**
   □ Arranged by student
   □ View schedule (available in Care Cast) or call department contact person
   □ Use Master Clinic Schedule to identify scheduled clinical services
   □ Call clinic or department contact staff to obtain permission
   □ Get to appointment five minutes early and introduce yourself to
team members, family and patient
   □ Ask questions
   □ Seek feedback and debriefing
   □ Complete observation forms, if required
   □ Document on Electronic Log

F. Department Orientation
   □ Xerox machine policy and how-to (trouble-shooting, call **Mark Conlin x 9-7376**).
   □ Supplies request procedure
   □ Computer disks
   □ Departmental procedures
   □ Telephone long distance usage
   □ Fax machine/number
# Discipline Directors, Administrative Staff, Telephone Extensions and Locations

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<tr>
<td>Bruce A. Buehler, M.D., Director</td>
<td>559-6400</td>
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<tr>
<td>J. Michael Leibowitz, Ph.D., Deputy Director</td>
<td>559-5702</td>
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<tr>
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<td>498-6540</td>
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**University Center on Disabilities (UCD) Coordinators**

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*MIM = Munroe-Meyer Institute
*Munroe = Hattie B. Munroe Pavilion
*UNL = University of Nebraska - Lincoln
*Munroe-A = Hattie B. Munroe Addition A 1990
*BTNRH = Boys Town National Research Hospital
*Munroe-B = Hattie B. Munroe Addition B 1998
Institute Background

Mission
The mission of Munroe-Meyer Institute (MMI), the Nebraska University Center for Excellence, is to improve the quality of life for persons with disabilities and for their families. The Institute's services, interdisciplinary education, research, technical assistance, and outreach programs have evolved with the support and guidance of consumers with the aim of promoting independence, inclusion, and productivity of persons with disabilities in order to empower those individuals to exert greater control over their everyday lives.

The mission is derived from the following common set of values shared by MMI staff:

- families should be supported in their efforts as caregivers and as the primary decision maker regarding the needs of their children,

- services and supports should take place in inclusive community settings and should be accessible, available, and designed to meet the needs of those who receive these services,

- people with developmental disabilities should be fully included in all areas of community life which will be enhanced by their participation,

- consumers should be involved in the design, operation, and assessment of services and programs they use and,

- well-trained professionals working in concert with consumers can significantly impact upon the quality of life of persons with developmental disabilities.

The Institute provides interdisciplinary family-centered services and supports for consumers and all individuals with disabilities. These services include the development of new and innovative ways to promote inclusion of the individual in the community.

The Institute trains individuals and practitioners in the field of developmental disabilities through interdisciplinary educational experiences conducted at the University of Nebraska Medical Center and through outreach training and on-site technical assistance. Education of students and practicing professionals is of utmost importance to the mission of MMI so that these individuals can utilize their skills throughout the state of Nebraska and the region in meeting the needs of consumers and their families.

It is important to develop research in both basic and applied sciences for prevention and amelioration of disabilities in order to eventually decrease the number of disabilities in children and adults. MMI is committed to continued expansion of its program in human molecular genetics. MMI conducts applied research including program evaluation and the development of model systems to be utilized in communities to enhance inclusion of individuals with disabilities in the community.
All these goals are accomplished in cooperation with consumers and community service providers in Nebraska to enable persons with disabilities to live independent and productive lives as members of the community.

History
MMI was constructed by a private board in 1958 as a memorial to C. Louis Meyer, a long-time Omaha resident and nationally known industrialist. It functioned as a rehabilitation center for children with disabilities such as polio and cerebral palsy. In 1968 the Institute was deeded to the University of Nebraska and its scope broadened to include all developmental and other long-term disabilities. With the Hattie B. Munroe Pavilion, also constructed in 1958, Munroe-Meyer Institute serves as a training site featuring a modern dental clinic, a heated swimming pool, outdoor and indoor playgrounds, and a sophisticated human genetics laboratory. An addition to the HBM Pavilion completed in 1990 houses an augmentative communications program, a gait analysis laboratory, connective tissue disease research laboratories and laboratories devoted to research related to children with other long-term disabilities. A new three story addition was completed in June 1998 and houses expanded recreational programs, an expanded gait analysis laboratory, and state-of-the-art molecular genetics laboratories.

Organization
MMI is one of seven major administrative units of the University of Nebraska Medical Center. Located on the UNMC campus, MMI is well integrated into the Medical Center's day-to-day clinical care and teaching activities. MMI’s clinical activities are conducted on an inpatient/out-patient basis either on-site, in local public schools, homes, or in designated community clinics throughout the state of Nebraska.

MMI is administered by a director and a deputy director and is divided into 18 disciplines: audiology, developmental medicine, education and child development, genetics, health policy and planning, human genetics laboratories, molecular genetic laboratories, nursing, nutrition, occupational therapy, orthotics and prosthetics, pediatric dentistry, physical therapy, psychology, recreational therapy, social work, and speech-language pathology. The Media Center, Patient Information Office and the Business Office provide support and assistance to staff and students. The Institute is staffed by approximately 300 professional and support personnel. Many of the professional staff hold faculty appointments at the Medical Center, University of Nebraska at Omaha or University of Nebraska -Lincoln campuses.

MMI is a University Center for Excellence in Developmental Disabilities, Education, Research and Services (UCD) and a member of the Association of University Centers on Disabilities (AUCD). UCD's are a network of over 60 interdisciplinary programs across the United States dedicated to providing interdisciplinary education, exemplary services, technical assistance, and research in developmental disabilities. These programs are funded by the federal Administration on Developmental Disabilities (ADD), a part of the Administration on Children and Families and in some cases by the Maternal Child Health Bureau (MCHB) of the Health Resources and Services Administration. The network is a valuable resource to clients and professionals alike in the development and maintenance of outstanding programs to serve individuals with developmental disabilities.
Maternal Child Health/LEND
LEND: Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disabilities

This federally funded training program is coordinated with the HEALTHY PEOPLE 2010 Objectives. Maternal and Child Health Bureau is a unit under the U. S. Department of Health and Human Services and the Health Resources and Services Administration. It uses the research/demonstration/learner centered model to guide programs that result in interdisciplinary leaders who effect systems change as seen through impact on capacity-building in delivery systems, policy action, and advocacy in public health. These leaders and LEND faculty will engage in collaborative work that will result in the initiation of community-based, coordinated, inclusive systems of care for children with developmental disabilities and for their families. At MMI, LEND is directed by Cynthia Ellis, M.D. and co-directed by G. Bradley Schaefer, M.D. The identified LEND Faculty (see page 11) provide the day-to-day leadership in collaboration with the Education Coordinator and Student Services Coordinator.
<table>
<thead>
<tr>
<th>WEEK</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
</table>
| #1   | Genetics 9 am-2 pm  
Gait Clinic 8:30 & 11:30 am  
Botox Clinic 8:30-11:00 am  
Diabetes Clinic 8:30-11:30 am  
Endocrinology Clinic 1:30-4:30 pm  
Medicine Clinic 1-3 pm  
Dev Peds Clinic 1-5 pm  
- Dr. McAllister | Neurobehavioral 9 -noon  
Endocrinology 8:30-noon  
Metabolic 9-noon CMH  
- Dr. Richard Lutz  
Augmentative Comm 9 am-noon  
Diabetes Clinic 1:30-4:30 pm  
Feeding & Swallowing 2-4 pm | MHC-Cerebral Palsy  
8 am-noon  
Augmentative Comm 9 -noon  
Diabetes 8:30-noon  
Genetics 1:30-4 pm  
Continuous Glucose Monitoring  
Sensor 9-11:30 am | Developmental TIPS 8-noon  
Growth Hormone Clinic 8:30-noon  
Neuromuscular 8:30-noon (Peds)  
Developmental Peds 8:30 & 10:30 Dr. Ellis 1:30 & 3:00 Dr. Needelman  
Metabolic Bone Disease Clinic 8:30-4:30 @ CMH  
ADHD 1-4 pm Dr. Evans  
Seating & Power Mobility 1-5 pm  
Genetics 1:4-30 pm | Neuromuscular (Adults) 8:30-noon - South Tower, Suite 222  
Diabetes 8:30-11:30 am  
Endocrinology 1:30-4:30 pm | Genetics 8:30-noon  
(Feb, April, June, Aug, Oct & Dec As Sch) |
| #2   | Genetics 9:30 am-2 pm  
Gait Clinic 8:30 & 11:30 am  
Botox Clinic 8:30-11:00 am  
Diabetes Clinic 8:30-11:30 am  
Endocrinology Clinic 1:30-4:30 pm  
Medicine Clinic 1-3 pm  
Dev Peds Clinic 1-5 pm  
- Dr. McAllister | MHC-Cerebral Palsy  
8 am-noon  
Augmentative Comm 9-noon CMH  
- Dr. Richard Lutz  
Augmentative Comm 9 am-noon  
Endocrinology 8:30-noon  
Diabetes Clinic 1:30-4:30 pm  
Feeding & Swallowing 2-4 pm | Augmentative Comm 9-noon  
Diabetes 8:30-noon  
Continuous Glucose Monitoring  
Sensor 9-11:30 am | Developmental TIPS 8-noon  
Growth Hormone Clinic 8:30-noon  
Developmental Peds 8:30 & 10:30 Dr. Ellis 1:30 & 3:00 Dr. Needelman  
Metabolic Bone Disease Clinic 8:30-4:30 @ CMH  
MHC-Cerebral Palsy 9-noon  
MHCP-Midline Neurologic 12:30-4:30 pm  
(Feb, April, June, Aug, Oct & Dec)  
ADHD 1-4 pm Dr. Evans  
Seating & Power Mobility 1-5 pm  
Genetics 1:4-30 pm | Neuromuscular (Adults) 8:30-noon - South Tower, Suite 222  
Diabetes 8:30-11:30 am  
Endocrinology 1:30-4:30 pm | |
| #3   | Genetics 9 am-2 pm  
Gait Clinic 8:30 & 11:30 am  
Botox Clinic 8:30-11:00 am  
Diabetes Clinic 8:30-11:30 am  
Endocrinology Clinic 1:30-4:30 pm  
Medicine Clinic 1-3 pm  
Dev Peds Clinic 1-5 pm  
- Dr. McAllister | Endocrinology 8:30-noon  
Behavioral Mgmt 9-noon CMH  
- Dr. Richard Lutz  
Augmentative Comm 9 am-noon  
Metabolic Bone Disease Clinic 9-4 - Dr. Plotkin  
Diabetes Clinic 1:30-4:30 pm  
Feeding & Swallowing 2-4 pm | Diabetes 8:30-noon  
Augmentative Comm 9-noon  
Continuous Glucose Monitoring  
Sensor 9-11:30 am  
FAS 1:30-4:30 pm  
Adult Neuromuscular -Lincoln 1-6 pm | Developmental TIPS 8-noon  
Growth Hormone Clinic 8:30-noon  
Neuromuscular 8:30 - noon (Peds)  
Developmental Peds 8:30 & 10:30 Dr. Ellis 1:30 & 3:00 Dr. Needelman  
Metabolic Bone Disease Clinic 8:30-4:30 @ CMH  
MHCP-Midline Neurologic 12:30-4:30 pm  
(Feb, April, June, Aug, Oct & Dec)  
ADHD 1-4 pm Dr. Evans  
Seating & Power Mobility 1-5 pm  
Genetics 1:4-30 pm | Neuromuscular (Adults) 8:30-noon - South Tower, Suite 222  
Diabetes 8:30-11:30 am  
Endocrinology 1:30-4:30 pm | |
| #4   | Developmental TIPS 8 am-noon As sch  
Gait Clinic 8:30 & 11:30 am  
Botox Clinic 8:30-11:00 am  
Diabetes Clinic 8:30-11:30 am  
Genetics 9 am-2 pm  
Endocrinology Clinic 1:30-4:30 pm  
Medicine Clinic 1-3 pm  
Dev Peds Clinic 1-5 pm  
- Dr. McAllister | Neurobehavioral 9 -noon  
Endocrinology 8:30-noon  
Metabolic 9-noon CMH  
- Dr. Richard Lutz  
Augmentative Comm 9 am-noon  
Diabetes Clinic 1:30-4:30 pm  
Feeding & Swallowing 2-4 pm | Augmentative Comm 9-noon  
Diabetes 8:30-noon  
Sleep Clinic 9-noon - Dr. Kuhn  
Continuous Glucose Monitoring  
Sensor 9-11:30 am  
Genetics 1:30-4 pm | Developmental TIPS 8-noon  
Growth Hormone Clinic 8:30-noon  
Developmental Peds 8:30 & 10:30 Dr. Ellis 1:30 & 3:00 Dr. Needelman  
Metabolic Bone Disease Clinic 8:30-4:30 @ CMH  
MHCP-Midline Neurologic 12:30-4:30 pm  
(Feb, April, June, Aug, Oct & Dec)  
ADHD 1-4 pm Dr. Evans  
Seating & Power Mobility 1-5 pm  
Genetics 1:4-30 pm | Neuromuscular (Adults) 8:30-noon - South Tower, Suite 222  
Diabetes 8:30-11:30 am  
Endocrinology 1:30-4:30 pm | |
| #5   | Gait Clinic 8:30 & 11:30 am  
Botox Clinic 8:30-11:00 am  
Diabetes Clinic 8:30-11:30 am  
Endocrinology Clinic 1:30-4:30 pm  
Medicine Clinic 1-3 pm  
Dev Peds Clinic 1-5 pm  
- Dr. McAllister | Endocrinology 8:30-noon  
Metabolic 9-noon CMH  
- Dr. Richard Lutz  
Augmentative Comm 9 am-noon  
Diabetes Clinic 1:30-4:30 pm  
Feeding & Swallowing 2-4 pm | Augmentative Comm 9-noon  
Diabetes 8:30-noon  
Continuous Glucose Monitoring  
Sensor 9-11:30 am  
Genetics 1:30-4 pm | Developmental TIPS 8-noon  
Growth Hormone Clinic 8:30-noon  
Developmental Peds 8:30 & 10:30 Dr. Ellis 1:30 & 3:00 Dr. Needelman  
Metabolic Bone Disease Clinic 8:30-4:30 @ CMH  
ADHD 1-4 pm Dr. Evans  
Seating & Power Mobility 1-5 pm  
Genetics 1:4-30 pm | Neuromuscular (Adults) 8:30-noon - South Tower, Suite 222  
Diabetes 8:30-11:30 am  
Endocrinology 1:30-4:30 pm | |
<table>
<thead>
<tr>
<th>Discipline or Team</th>
<th>Clinical Activity</th>
<th>Core Team</th>
<th>When</th>
<th>Where</th>
<th>Who to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD Clinic</td>
<td>Assessment, diagnosis and intervention services for children with suspected attention deficit hyperactivity disorder.</td>
<td>Psychology</td>
<td>Thursday, 1:00-4:30 pm</td>
<td>MMI 3016</td>
<td>Psychology ext. 9-6408</td>
</tr>
<tr>
<td>Augmentative Communication Team Alternative Communication</td>
<td>Interdisciplinary evaluations and recommendations to determine the most appropriate systems for interaction, conversation, writing and education for persons with a communication disorder</td>
<td>OT Speech</td>
<td>Tuesdays or Wednesdays, all day (i.e., 1 day evaluation &amp; staffing for one client)</td>
<td>Speech Department, 3rd floor, MMI, #3027</td>
<td>Speech ext. 9-6460</td>
</tr>
<tr>
<td>Autism Best Case Program</td>
<td>Assessment/behavioral teaching program for young children with autism</td>
<td>Psychology</td>
<td>Monday - Friday 8:30-2:00</td>
<td>Room 1028, 1st floor</td>
<td>Susan Wilczynski ext. 9-4409</td>
</tr>
<tr>
<td>Autism Clinic</td>
<td>Interdisciplinary assessment, diagnosis and intervention services for children with suspected pervasive developmental disorder.</td>
<td>Psychology Speech</td>
<td>As scheduled</td>
<td>Psychology, 3rd floor, MMI</td>
<td>Keith Allen ext. 9-5756</td>
</tr>
<tr>
<td>Behavioral Health Clinics</td>
<td>Psychological assessment, diagnosis, and intervention service with selected referrals from physicians.</td>
<td>Psychology</td>
<td>Mondays - Plattsmouth 9-4:30 Tuesday &amp; Thursday - Columbus Wednesday - Hastings - Fremont</td>
<td>Off-site</td>
<td>Vicki Morrison ext. 9-6408</td>
</tr>
<tr>
<td>Botox Clinic/Upper Limb</td>
<td>Evaluation and treatment of spasticity using botulinum toxin A.</td>
<td>OT Orthopedics Nursing</td>
<td>Monday 9:00-11:00 am</td>
<td>Clinic conference room, 2nd fl., MMI #2091</td>
<td>Sandy Houser ext. 9-5144</td>
</tr>
<tr>
<td>Cerebral Palsy Clinic (Medically Handicapped Children’s Program)</td>
<td>This clinic provides diagnosis and triage for children up to 21 with cerebral palsy. It is an interdisciplinary screening and follow-up clinic that uses an arena assessment format.</td>
<td>Developmental Pediatrics Nursing Orthopedic Surgery OT PT Nutrition Psychology</td>
<td>First Wednesday &amp; second Tuesday of month 8:00 am-3:30 pm</td>
<td>412 Saddle Creek</td>
<td>Sandy Houser ext. 9-5144</td>
</tr>
<tr>
<td>Developmental Clinic</td>
<td>Interdisciplinary consultation service to provide assessment of children with developmental problems.</td>
<td>Developmental Pediatrics Nursing Other disciplines on a consultative basis</td>
<td>Thursday morning &amp; afternoon 8:30 &amp; 10:30 am 1:30 &amp; 3:00 pm</td>
<td>412 Saddle Creek</td>
<td>Erni Steele ext. 9-6430</td>
</tr>
<tr>
<td>Developmental TIPS Clinic</td>
<td>Collaborative interdisciplinary arena assessment of infants who are graduates of an NICU experience.</td>
<td>Developmental Pediatrics Education Nursing Other disciplines as needed</td>
<td>Thursday 8:00-noon</td>
<td>Clinic conference room, 2nd fl., MMI #2039</td>
<td>Norfolk Clinic</td>
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</tbody>
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Munroe-Meyer Institute (MMI)
Interdisciplinary Clinical Training Opportunities
<table>
<thead>
<tr>
<th>Discipline or Team</th>
<th>Clinical Activity</th>
<th>Core Team</th>
<th>When</th>
<th>Where</th>
<th>Who to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Alcohol Syndrome Clinic</td>
<td>Interdisciplinary assessment and diagnosis for children with prenatal exposure to alcohol. Behavioral assessment and interventions for behavior problems.</td>
<td>Genetics, Psychology</td>
<td>Third Wednesday, 1:00-4:30 pm</td>
<td>412 Saddle Creek</td>
<td>Erni Steele ext. 9-6430</td>
</tr>
<tr>
<td>Feeding and Swallowing Team (FAST)</td>
<td>Comprehensive interdisciplinary assessment of an individual’s oral motor functions, nutritional status, behavioral management and swallowing functions including video fluoroscopic assessment.</td>
<td>Nursing, Nutrition, OT, Speech</td>
<td>Tuesdays 2-4 pm</td>
<td>Meet team and family in Speech Dept., 3rd floor MMI, #3027</td>
<td>Sandy Houser, ext. 9-5144, or Paul Laikko, ext. 9-5755</td>
</tr>
<tr>
<td>Full Team Assessment</td>
<td>Interdisciplinary team assessments to address specific concerns of the family and referral source.</td>
<td>Disciplines as needed to address concerns from family and referral source.</td>
<td>As scheduled.</td>
<td>Meet team in the Clinic Area, 2nd floor MMI, #2091</td>
<td>Designated service coordinator (case manager) listed on weekly schedule.</td>
</tr>
<tr>
<td>Gait Clinic</td>
<td>Evaluation and treatment of walking disorders in children and adults with disabilities.</td>
<td>Physical Therapy, Orthopedics, The Brace Place</td>
<td>Monday 8:30 &amp; 11:00 am</td>
<td>Motion Analysis Lab, rm. 1087, 1st floor HBM-B</td>
<td>Stacey DeJong ext. 9-6451</td>
</tr>
<tr>
<td>Genetics Clinic</td>
<td>Comprehensive genetic services including diagnosis of congenital anomalies, genetic counseling for recurrence risks and family implications, identification of resources, advanced laboratory testing, coordination of care and treatment for persons with multiple complex needs.</td>
<td>Geneticist, Genetic Counselor, Nursing, Other disciplines on a consultative basis</td>
<td>First, second, &amp; third Monday 9:00 am-3:00 pm. Fourth Monday, 9-11 am Wednesday, 1:30-5:00 pm Thursday, 1:00-4:30 pm First Saturday of every other month 8:30 am-noon.</td>
<td>412 Saddle Creek</td>
<td>Erni Steele ext. 9-6430</td>
</tr>
<tr>
<td>Metabolic Bone Disease Clinic</td>
<td>Primary &amp; secondary metabolic bone diseases in children are seen in this clinic including osteogenesis imperfecta, rickets, osteoporosis secondary to CP, etc.</td>
<td>Pediatric Metabolism</td>
<td>Thursdays 8:30–4</td>
<td>Children’s Hospital, Scott Pavilion, 2nd floor</td>
<td>Horacio Plotkin, e-mail: <a href="mailto:hplotkin@unmc.edu">hplotkin@unmc.edu</a></td>
</tr>
<tr>
<td>Metabolic Clinic</td>
<td>Interdisciplinary assessment, intervention and ongoing clinical management for children with metabolic disorders.</td>
<td>Pediatrics, Nutrition</td>
<td>As scheduled</td>
<td>412 Saddle Creek or Children’s Hospital</td>
<td>Sandy Houser ext. 9-5144</td>
</tr>
<tr>
<td>Midline Neurological Defects Clinic (Medically Handicapped Children’s Program)</td>
<td>A coordinating clinic provided by the State program for medically handicapped children.</td>
<td>Developmental Pediatrics, Neurosurgery, Urology, Nursing, Orthopedic Surgery, OT, PT, Nutrition, Psychology</td>
<td>Second Thursday 12:30-4:30 pm (Feb, Apr, Jun, Aug, Oct, Dec)</td>
<td>412 Saddle Creek or Children’s Hospital</td>
<td>Sandy Houser ext. 9-5144</td>
</tr>
<tr>
<td>Discipline or Team</td>
<td>Clinical Activity</td>
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<td>When</td>
<td>Where</td>
<td>Who to Contact</td>
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<tr>
<td><strong>Neurobehavioral Clinic</strong></td>
<td>This interdisciplinary clinic provides support for families and children with complex interdependent neurological and behavioral disorders. The clinic provides assessment and diagnoses of disorders with recommendations for intervention. Support is also provided to the schools and other clinicians through school follow-up and further testing when needed.</td>
<td>Developmental Medicine, Pediatric Neurology, Psychology, Nursing, Speech as needed</td>
<td>First &amp; Fourth Tuesday 9:00 am-noon</td>
<td>412 Saddle Creek</td>
<td>Sandy Houser ext. 9-5144</td>
</tr>
<tr>
<td><strong>Neuromuscular Clinic</strong></td>
<td>This interdisciplinary clinic, sponsored by the Muscular Dystrophy Association, provides a team approach to patients with a wide variety of neuromuscular disorders. Diagnosis and management are the focus of this clinic.</td>
<td>Pediatric Neurology, Adult Neurology, OT, PT, Speech</td>
<td>First &amp; Third Thursday 8:30 am-noon (Pediatric); Friday Morning - Omaha 8:00 am-2:00 pm (Adults)</td>
<td>412 Saddle Creek South Tower Doctors Bldg., Suite 222</td>
<td>Contact specific MMI Discipline on schedule at least by Tuesday before clinic</td>
</tr>
<tr>
<td><strong>Orthopedic/Physical Therapy Clinic</strong></td>
<td>Interdisciplinary assessment and consultation of children with musculoskeletal neuro orthopedic concerns.</td>
<td>Orthopedist, Physical Therapist, Occupational Therapy as needed</td>
<td>Third Wednesday 8:00 am</td>
<td>412 Saddle Creek</td>
<td>Barb Glover ext. 9-6415</td>
</tr>
<tr>
<td><strong>Recreational Therapy (Child)</strong></td>
<td>Therapeutic recreation programs to address cognitive, physical, and socio-emotional functional ability as needed for leisure and recreation participation.</td>
<td>Certified Therapeutic Recreation Specialists</td>
<td>Preschool: Wednesdays 9:30-11:30 am and/or 12:30-2:30 pm After school: M-Th 3-5 pm during the school year Saturday: 10 am-12 noon during the school year Arnie Stern’s Saturday Knights: 6-10 pm one Saturday per month during the school year Camp Munroe: M-F 9 am-3 pm Camp for a 6 week summer day camp.</td>
<td>Recreation area. 1st floor MMI</td>
<td>Michael Crawford ext. 9-5772</td>
</tr>
<tr>
<td><strong>Recreational Therapy (Adult)</strong></td>
<td>Therapeutic recreation programs to address cognitive, physical, and socio-emotional functional ability as needed for leisure and recreation participation.</td>
<td>Certified Therapeutic Recreation Specialists</td>
<td>Adult swim: Monday 10 am-12 noon Adult program: Thursday 7-9 p.m. during the school year</td>
<td>Recreation area, 1st floor MMI</td>
<td>Michael Crawford ext. 9-5772</td>
</tr>
<tr>
<td><strong>Seating &amp; Wheelchair Clinic</strong></td>
<td>Interdisciplinary evaluation of mobility needs of children and adults with recommendations for appropriate seating or wheeled, mobility systems.</td>
<td>OT, PT, Durable Medical Equipment Suppliers</td>
<td>Thursdays 8-4:30</td>
<td>First Floor, MMI in Brace Place, rm. 1041</td>
<td>Barb Glover ext. 9-6415</td>
</tr>
</tbody>
</table>
* MMI offers numerous off-site clinics which are not listed above such as:
  
  - Psychology Behavioral Health Clinics in Hastings, Columbus, Fremont, Plattsmouth
  - BoysTown Craniofacial Complex Clinic
  - BoysTown Hearing and Learning Disorders
  - Genetics Clinics, Greater Nebraska sites
  - MHCP, Scottsbluff

* Telehealth clinics arranged by Genetics

Ask Erni Steele (ext. 9-6430) how to schedule observation in any of the off-site clinical experiences.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Multidisciplinary</th>
<th>Interdisciplinary</th>
<th>Transdisciplinary</th>
<th>Primary Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guiding Philosophy</td>
<td>Team members recognize importance of information from other disciplines</td>
<td>Team members willing to share and be responsible for providing services as part of the comprehensive service plan.</td>
<td>Team members commit to teach, learn, and work across traditional discipline lines to implement a joint service plan.</td>
<td>Service and care providers engage in learning and coaching to develop the necessary expertise to improve the child’s participation across activity settings and learning opportunities.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Parents meet w/team members individually</td>
<td>Parents meet w/entire team or a representative of the team.</td>
<td>Parents are full, active members of the team.</td>
<td>Parents and other care providers are equal team members.</td>
</tr>
<tr>
<td>Lines of Communication</td>
<td>Informal</td>
<td>Occasional case-specific staffing.</td>
<td>Regular Team meetings to exchange information, knowledge, and skills among team members.</td>
<td>Ongoing interaction among team members for reflection and sharing information occurs beyond scheduled meetings.</td>
</tr>
<tr>
<td>Service Plan Responsibility</td>
<td>Team members responsible and implement their discipline specific plan.</td>
<td>Team members share information with each other about their part of the plan.</td>
<td>Team members are jointly responsible and accountable for how the primary service provider implements the plan.</td>
<td>Members jointly responsible &amp; accountable; provide coaching to the PSP to effectively implement plan across activity settings &amp; care providers.</td>
</tr>
<tr>
<td>Service Plan Implementation</td>
<td>Implement their portion of plan, incorporate other sections where possible.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MCH Leadership Education in Neurodevelopmental Disabilities (LEND)  
Training and Faculty

MCH LEND Training Program
Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disabilities

This federally funded training program is coordinated with the HEALTHY PEOPLE 2010 Objectives. Maternal and Child Health Bureau is a unit under the US Department of Health and Human Services and the Health Resources and Services Administration. It uses the research/demonstration/learner centered model to guide programs that result in interdisciplinary leaders who effect systems change as seen through impact on capacity-building in delivery systems, policy action, and advocacy in public health. These leaders and LEND faculty will engage in collaborative work that will result in the initiation of community-based, coordinated, inclusive systems of care for children with developmental disabilities and for their families. At MMI, LEND is directed by Cynthia Ellis, M. D. and G. Bradley Schaefer, M. D. The identified LEND Faculty provide the day to day leadership in collaboration with the Education Coordinator and Student Services Coordinator.

This INTERDISCIPLINARY LEADERSHIP TRAINING is evaluated on context, resources and process. The training process must reflect that

- Families and care providers are actively involved throughout the training program
- Interdisciplinary interaction and exchange occurs between faculty and trainees in all learning endeavors
- Faculty model interdisciplinary practice, program planning, and teaching
- Content and practices in the LEND curriculum are monitored and revised as new/better information emerges
- Leadership skills and competencies are taught through specific course content and experiences
- Family-centered, community-based training is emphasized throughout the curriculum
- Trainees are exposed to and expected to work within culturally diverse communities
- Effective and comprehensive evaluation of the training program is performed and used to modify the curriculum
- All LEND faculty, trainees, and collaborators participate in the evaluation of the program

Outcomes: Upon completion of the program LEND long term trainees are:

- working in the MCH/NBD/CSHCN field 5 years after completion of the program
- contributing to the field of childhood Neurodevelopmental disabilities through publication and presentation
- serving as mentors to novices (new students, new professionals in the field)
- demonstrating other leadership capacity in MCH at the state, regional or national level
MCH LEND Faculty

J. Michael Leibowitz, Ph.D.  Administration
Michael Gorga, Ph.D.  Audiology
Cindy Ellis, M.D.  Developmental Medicine
Barb Jackson, Ph.D.  Education and Child Development
Magda Peck, Sc.D.  Health Policy
Warren Sanger, Ph.D.  Human Genetics Labs
Joanne Johnson, B.S.  Information Technology
Joanne Johnson, B.S.  Media
Sandy Houser, R.N., M.S.N.  Nursing
Cindy Van Riper, R.D., M.S.  Nutrition
Fouad Salama, D.D.S.  Pediatric Dentistry
Wayne Stuberg, Ph.D.  Physical Therapy
Pat Gromak, MA., OTR/L  Occupational Therapy
Joe Evans, Ph.D.  Psychology
Keith Allen, Ph.D.  Psychology
G. Bradley Schaefer, M.D.  Genetics
Michael Crawford, Re.D.  Recreation Therapy
Deborah Reay, M.S.W.  Social Work
David Beukelman, Ph.D.  Speech Language Pathology
Marsha Sullivan, MA  Speech Language Pathology
Interdisciplinary Leadership Training
in Developmental Disabilities

Goals

While at Munroe-Meyer Institute, it is expected that students will acquire and/or sharpen clinical skills and knowledge in their individual discipline. In addition, the interdisciplinary process is a major emphasis for training at MMI. The mission of the MMI Interdisciplinary Education Program is to develop knowledge, and attitudes, as well as clinical, research, leadership, and administrative skills in the delivery of family-centered services to individuals with disabilities and their families. The educational curriculum is offered through an individualized plan of study to develop skilled interdisciplinary leaders through:

- active participation in required core policy and leadership opportunities,
- participation in a broad base of interdisciplinary education and services at UNMC and in statewide clinics.

The curriculum is managed through a combined interdisciplinary and disciplinary advisement process by diverse faculty.

To obtain a Certificate of Interdisciplinary Leadership Training in Developmental Disabilities, the long-term student will prepare an individualized Study Plan to achieve the following goals:

1. To understand and incorporate into practice the principles of family-centered care, including becoming a culturally skilled provider.

2. To build interpersonal skills necessary for effective participation in interdisciplinary team activities. This includes:
   a. recognition of the philosophy, approaches, tools and contribution of one’s own and other disciplines;
   b. understanding of the interdependent contributions of each discipline as team members; and
   c. enhancement of the trainee’s skills for providing consultation/technical assistance to other disciplines/teams/agencies.

3. To develop an awareness of life span issues facing individuals with disabilities and their families and develop strategies to support families in addressing these issues.

4. To develop leadership skills necessary for interagency collaboration, community policy planning, and agency implementation of outcome evaluation and quality management principles.

5. To develop research skills in the area of disabilities.
### INTERDISCIPLINARY LEADERSHIP CERTIFICATE CURRICULUM OVERVIEW

Students funded by MCH, MMI Guild, MMI Board

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMELINE</th>
<th>RESPONSIBLE FACULTY</th>
<th>APPROXIMATE TIME COMMITMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADVISEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline Advisor Assignment</td>
<td>1st week</td>
<td>Discipline Director</td>
<td>Student Seminar</td>
</tr>
<tr>
<td>Discipline Advisor Regular Meetings</td>
<td>TBA</td>
<td>Disciplinary Advisor</td>
<td>TBA</td>
</tr>
<tr>
<td>Interdisciplinary Advisor Assignment</td>
<td>1st week</td>
<td>Education Coordinator</td>
<td>Student Seminar</td>
</tr>
<tr>
<td>Interdisciplinary Advisor Monthly Meetings</td>
<td>monthly</td>
<td>Interdisciplinary Advisor</td>
<td>12 hrs/year</td>
</tr>
<tr>
<td><strong>ORIENTATION</strong></td>
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<tr>
<td>Interdisciplinary Observations</td>
<td>end of 2nd month</td>
<td>Interdisciplinary Advisor</td>
<td>30 hrs/year</td>
</tr>
<tr>
<td>Self-Assessment, Interdisciplinary Skills (Pre)</td>
<td>1st month</td>
<td>Interdisciplinary Advisor</td>
<td>Student Seminar</td>
</tr>
<tr>
<td>Development of Study Plan</td>
<td>end of 1st month</td>
<td>Interdisciplinary Advisor</td>
<td>Student Seminar</td>
</tr>
<tr>
<td>Logs</td>
<td>weekly</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
<td>30 min/week</td>
</tr>
<tr>
<td><strong>CLINICAL TRAINING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline Specific Training</td>
<td>TBA</td>
<td>Disciplinary Advisor</td>
<td>188 hrs/year - trainee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1000 hrs/year - intern</td>
</tr>
<tr>
<td>Interdisciplinary Practicum Experience</td>
<td>by end of term</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
<td>400 hrs/year - trainee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>600 hrs/year - intern</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1000 hrs/year - postdoc</td>
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<tr>
<td>Team Interdisciplinary Clinic participations:</td>
<td>3 by midterm</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
<td>Interdisciplinary Practicum</td>
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<tr>
<td>Clinic Team Eval. i.e. MHCP-CP Clinic, Diabetes Clinic, Neuromuscular Clinic, Neurobehavioral Clinic</td>
<td>6 by end of term</td>
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<tr>
<td><strong>DIDACTIC TRAINING</strong></td>
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<tr>
<td>Didactic Hours (Weekly Seminar, other required courses/workshops TBA)</td>
<td>end of term</td>
<td>Education Coordinator</td>
<td>120 hrs/year</td>
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<td>Interdisciplinary Advisor</td>
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<td>Self Study Activities</td>
<td>end of term</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
<td>80 hrs/year</td>
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<td><strong>SPECIFIC PROJECT ACTIVITIES</strong></td>
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<td></td>
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<tr>
<td>Service Coordination/Family Service Activities &amp; Reports (2)</td>
<td>1 by mid point 2 by end of term</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
<td>½ day per week scheduled for completion of Certificate requirements</td>
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<tr>
<td>Community Leadership Outreach Activities (2)</td>
<td>end of term</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
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<tr>
<td>Research Activity/Project</td>
<td>by mid point</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
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</tr>
<tr>
<td>Poster outline/proposal</td>
<td>end of term</td>
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<td>Poster presentation</td>
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<td>Poster session feedback form</td>
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<td><strong>DEBRIEFING</strong></td>
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<td>Meeting with UCD Education Coordinator</td>
<td>end of term</td>
<td>Education Coordinator</td>
<td>1 hr</td>
</tr>
<tr>
<td>Self-Assessment, Interdisciplinary Skills (Post)</td>
<td>end of term</td>
<td>Discipline &amp; Interdisciplinary Adv</td>
<td>Student Seminar</td>
</tr>
</tbody>
</table>
Interdisciplinary Leadership Training
Implementation Guidelines

Weekly Scheduled Activities
- Student Seminar (2 hrs/week)
  - Advisor Assignment
  - Self-Assessment, Interdisciplinary Skills (Pre and Post)
  - Development of Study Plan
  - Didactic and Interactive Training

- LEND Activities (4 hrs/week)
  - Interdisciplinary Advisor meetings
  - Interdisciplinary Observations
  - Service Coordination/Family Service Activities & Reports
  - Community Leadership Outreach Activities
  - Research Activity/Project
  - Weekly logs

Ongoing Activities
- Interdisciplinary Practicum (400 hrs/year - trainee; 600 hrs/year - intern; 1,000 hrs/year post-doctoral fellows)
- Disciplinary Specific Training (188 hrs/year - trainee; 1000 hrs/year - interns)
- Self-Study (80 hrs/year)

Trainee:

<table>
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<tr>
<th>Activity</th>
<th>Hours</th>
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<tr>
<td>Interdisciplinary Practicum</td>
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<tr>
<td>Discipline Specific</td>
<td>188</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>1000</td>
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Intern:

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<th>Activity</th>
<th>Hours</th>
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<tbody>
<tr>
<td>LEND activities</td>
<td>422</td>
</tr>
<tr>
<td>Interdisciplinary Practicum</td>
<td>600</td>
</tr>
<tr>
<td>Discipline Specific</td>
<td>1000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2000</td>
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Post-Doctoral Fellows:

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<tr>
<th>Activity</th>
<th>Hours</th>
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<tr>
<td>Interdisciplinary Practicum</td>
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<tr>
<td>Leadership</td>
<td>500</td>
</tr>
<tr>
<td>Research</td>
<td>500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2000</td>
</tr>
</tbody>
</table>
MMI Certificate of
Interdisciplinary Leadership Training

Post Doctoral Fellows and any student receiving MCH/LEND, MMI Board, or MMI Guild stipends must complete requirements for the MMI Certificate. The timelines for completing curricular activities are listed below. Student may request amending timelines through their interdisciplinary advisor. When an agreement is reached, interdisciplinary advisor will notify Student Services Coordinator in written format. Other graduate students who receive training at MMI for 640 hours or more may elect to pursue a certificate.

Weekly electronic logging of all activities is required. Students may print completed weekly logs.

The requirements are as follows:

A. **LEND Student Seminars (2 hours per week)**. Weekly scheduled seminars for purpose of addressing the goals and objectives of the MCHB-LEND grant. Outcomes will show the development of student skills in family-centered interdisciplinary care, advocacy, leadership, and policy development. These seminars are organized to encourage mentoring through partnership with LEND faculty.

B. **Orientation to Disciplines: (30 hours)**. Post Doctoral Fellows and students are required to observe introductory activities for each of the following disciplines (exclusive of their own): Audiology, Developmental Medicine, Education and Child Development, Genetics, Nursing, Nutrition, Occupational Therapy, Pediatric Dentistry, Physical Therapy, Psychology, Recreational Therapy, Social Work, and Speech-Language Pathology that allow students to understand the philosophy, approach, clinical tools, and contribution of other disciplines and to be able to compare and contrast these with his or her own discipline:

   **Expectation**: These hours will be completed in the first two months of student’s training. If timeline is difficult to meet, discuss with Interdisciplinary Advisor. Advisor will notify Student Services Coordinator of negotiated new timeline. Students and advisors will be notified monthly of electronic logging. Procedure for disciplinary action is implemented if communication guidelines are not followed.

☐ **Observation of Clinical Activities/Suggested Preparation for Active Observation**

   Before you observe:
   - Read one article about the disability being observed
   - Read one article related to prospective observation pertinent to your discipline (interventions, assessments)

   After you observe:
   - Debrief with your contact person or coordinator of the clinic
   - Use your readings to pose questions
   - Some suggestions of what to explore:
     - another professional’s decision making/analysis
• assessments
• therapy sessions
• counseling sessions
• full-team evaluation with written report using the “Interdisciplinary Team Observation Form”
• interdisciplinary team clinic with written report using the “Interdisciplinary Team Observation Form”

Activities arranged by the Office of Student Services. These sessions will provide 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.
• MMI Administration
• MMI Patient Information Office
• Human Genetics Labs
• Boys Town Neurosensory Hearing Evaluations
• Hearing Impaired Preschool at Washington School

Satisfactory completion of these orientation activities is evaluated by documentation of the required observations on electronic logs. Additional documentation includes completion of team observation reports.

C. Didactic: (120 Hours). Students and Post Doctoral Fellows are required to attend and review self-study materials prior to scheduled weekly Seminars. Participation and achievement of specific learning objectives for each seminar will be evaluated.

Weekly Trainee Seminars (2 Hours/Week)
All Interdisciplinary Leadership Certificate Trainees (including all MCH-funded students) and selected interdisciplinary and LEND faculty will attend the weekly Seminars. Activities will be structured to present topics related to interdisciplinary leadership, policy advocacy, and research skills. This seminar concentrates on developing interdisciplinary leadership in the field of Maternal and Child Health (MCH) for the initiation of community-based, coordinated, inclusive systems of care for children with developmental disabilities and for their families. The interactive seminars will promote student, faculty, and parent partners discussion. MMI, UNMC and community leaders provide these topical presentations. Excused absences are processed with the Office of Student Services.

Interdisciplinary Clinical Topics (twice monthly)
These didactic presentations will consist of scheduled topics organized around issues in neurodevelopmental disabilities and the strategies necessary for best practice. All UNMC/MMI staff and students are welcome to attend these continuing education opportunities.

Other Seminars
• mandatory MCH/LEND training activities (TBA)
• courses
• workshops offered
– within MMI or the UNMC campus, i.e. Problem Based Learning Family Cases;
– within the larger University of Nebraska system;
– within the community, e.g., other agencies, American Association of Mental Retardation (AAMR) Student Chapter, parent groups, professional associations. Content of these learning sessions should address an area of identified need in the student's self-assessment and be related to the Interdisciplinary Leadership Training objectives. For students with limited knowledge or experience in this area, the Information Technology Courses are recommended (register online at info.unmc.edu/leis and select ITS Education).

D. **Self-Study or Independent Learning Activities (80 Hours)**
   - readings
   - review of literature in specific subject areas
   - utilization of interactive software designed to enhance clinical and problem-solving skills
   - review of video training materials available through the MMI Media Department, the McGoogan Library, and other departments within MMI and UNMC. Content of these activities should address an area of identified need in the student's self-assessment.

E. **Interdisciplinary Practicum: (minimum 400 hours - trainees; 600 hours - interns; 1000 hours - post doc)** These activities provide an opportunity for the supervised, practical application of theories and concepts addressed in the didactic components of the interdisciplinary education program. With appropriate supervision, students and Post Doctoral Fellows are expected to represent their own discipline in interdisciplinary team evaluations and team clinics both within MMI and within the community.

- **Interdisciplinary Clinic Team Participation** (i.e. MHCP-CP Clinic, Diabetes Clinic, Neuromuscular Clinic, Neurobehavioral Clinic, Other team Clinics TBA)
  - observe six team assessments per year (for at least three hours each)
  - participate in at least one outreach clinic, i.e., Genetics Outstate, BoysTown Clinic, Lincoln Neuromuscular Clinic, etc.
  - participate in discussions regarding planning and follow-up for continuing services
  - completion of two Team Observation forms
  - meeting with Interdisciplinary Advisor to discuss observation and obtain feedback
  - advisor will sign the Team Observation form and student will route to Student Services

Performance in this area will be evaluated by the student’s discipline advisor with input from the interdisciplinary advisor and other key staff, as needed.

F. **Service Coordination/Family Service Activities** (Services Coordination is any activity which assists families in learning about programs or resources appropriate to family identified need).

Students will complete one independent service coordination activity and one community-based service coordination activity.
Objectives
• provide a “real life” experience in the provision of family centered, culturally competent, service coordination with neurodevelopmental or a special health care need
• gain in-depth knowledge about an agency providing service coordination activities
• explore a service coordination agency range of services
• enhance local networking
• discuss service coordination experience

Student will prepare and submit documentation to MMI Consumer/Family Coordinator. Independent client documentation must be submitted to MMI Medical Records and Student Services Coordinator. Students will use documentation to support presentation about experiences for a LEND Seminar.

G. Community Leadership Activities
Purpose: to develop student’s leadership role and collaborative networking and promote outreach/technical assistance within the community

Students will participate in a leadership role under the supervision/guidance of a MMI staff member who has an established relationship with a community agency or organization. Each student will select a committee in which a current faculty member serves in a leadership capacity. Student will attend meetings regularly to increase their awareness of the interagency collaboration and experience the role/model mentoring from that faculty member. The student will report on and discuss these experiences with faculty and other students in the Student Seminar to improve interdisciplinary sharing and awareness. Each community outreach activity shall be documented on the Munroe-Meyer Institute activity form and submitted to Student Services. One activity should reflect interdisciplinary outreach. One activity may occur within the student’s discipline field of study. Activities will be approved by the student’s disciplinary and interdisciplinary advisors.

Some suggested opportunities:
• prepare a parent support group presentation
• review legislation related to developmental disabilities or other identified initiative and prepare a “legislative brief”
• help plan and implement a workshop or conference; present at a workshop/conference
• help a faculty/staff member prepare for an inservice on a specific disability topic for any campuswide department or division, or community agency/organization
• help a MMI discipline director or MMI administrator prepare a document or a working paper for presentation to a state or county agency/committee or work group; i.e. conduct the literature review; develop a questionnaire; survey
• access the web sites of related national or state entities for purpose of providing input or obtaining information related to a specific need i.e. University Center for Excellence in Developmental Disabilities, Education, Research and Services (UCEs); Maternal Child Health (MCH); Office of Special Education Resources (OSERS); American Association on Mental Retardation (AAMR)
Getting it done:
• select a specific staff member and talk with your interdisciplinary and disciplinary advisors to determine the realistic possibilities given the timelines of all involved;
• make selection by mid-term of your program;
• document your activity: 1) weekly log 2) complete the “Munroe-Meyer Institute Outreach Activities” form (obtain additional forms from your department secretary or Student Services); and submit documentation to Student Services Coordinator.

H. Research Activity/Student Project (Interdisciplinary Poster Presentation with 15-20 minute verbal synopsis)

The student PROJECT is the culmination of the students research activity within the Interdisciplinary Education program. The POSTER SESSION is the method to disseminate the information about the project and promote collegial, interdisciplinary sharing of these valuable resources. The student organizes, plans, and assembles the poster. Up to three judges from MMI faculty will conduct an evaluation of student posters. These summary evaluations will be shared with each student. One poster will be awarded recognition. The student, in communication and collaboration with his/her discipline advisor and interdisciplinary advisor, develops a project that is meaningful and related to the student’s study plan.

Timelines:
• by mid-term in the student's training the project is selected and timelines established.
• in January, the call for posters with guidelines will be provided to all students
• LEND Seminars will provide opportunities to discuss project ideas
• late February, poster applications/abstracts are due to the Student Services Office
• student attends the Annual Poster Session (usually scheduled late April)
• student completes an evaluation form about the Poster Session on same day
• student meets with UCD Education Coordinator to review Poster Feedback Form at Exit Evaluation

Selection of the student PROJECT is a decision based on:
• need in student's home department
• area of interest for the student
• discussion with home department advisor
• discussion with interdisciplinary advisor

The Role of the Interdisciplinary Advisor is to:
• encourage early identification of a project related to the student's clinical responsibilities
• arrange appointment with advisee to discuss project
• use Poster Session Feedback (Evaluation) Form to guide discussion
• explore project focus and how it will reflect an interdisciplinary emphasis
• brainstorm actions and resources needed to insure interdisciplinary considerations
• arrange follow up meeting with student upon completion of poster session to discuss Feedback Form results
**Expected Outcomes for the Project/Poster Session:** (EXAMPLES are not all inclusive)
(See the POSTER Feedback Form for a listing of items judges use to evaluate)

- **Examples for demonstrating interdisciplinary collaboration**
  - team up with another student outside of home discipline
  - team up with a faculty or staff in another discipline
  - consider collaborating with non-traditional disciplines or other professionals who are involved in the clinical experience from which the project takes it data/focus
  - discuss your project focus/results with other MMI discipline faculty, staff and students (trainees, interns, post docs) to find out if your project results/outcome might impact that discipline
  - conduct a broad literature search to find out if other disciplines have addressed your question
  - discuss potential benefit or application by other team members

- **Examples for demonstrating active participation by two other disciplines**
  - obtain a "reader" outside of your discipline
  - consider who is on the team in your clinical experience - share your ideas
  - seek out and make use of resources outside your discipline
  - arrange a "meeting" of two other students to explore impact/benefit in their disciplines

**Suggestions for incorporating family partnerships or reflecting family centered care**
- obtain family member input
- consider and discuss two principles of family centered care impacted by your project
- discuss your reflection on family centered care with a family member
- use notes/reflections from Leadership Seminar Series presented by Parents

☐ **Instructions and Guide for Preparing Posters**

Students are responsible for the design, assembly/production and cost of the poster. Students are encouraged to approach departmental advisor to determine cost effective method and sharing of resources to generate final poster. Evaluation of each individual poster will be done by MMI faculty.

1. Prepare poster presentations to be contained within a display board **4 feet high and 8 feet wide** (display boards and tack pins will be provided). No electrical outlets available.
2. Prepare poster materials to be tacked onto a display board background. You may distribute handouts of your poster if you want.
3. Prepare poster for easy readability at a distance of 5 feet or more. Provide a title which includes: name(s) of all participating author(s) and the discipline(s) involved.
4. Organize your poster to include sections titled:
   a. Abstract
   b. Purpose
   c. Introduction
   d. Methods
   e. Results
   f. Discussion Implications
5. Prepare a Poster Application and submit to Emi by February
6. Prepare a 100 word summary of poster for inclusion in the program. (Submit to Erni)
7. Invite your friends/family
8. Arrange coverage for clinical services

Questions: Contact Erni Steele (9-6430); Pat Gromak (9-6053) or Sandy Houser (9-5144)
Post Doctoral Fellowship in Interdisciplinary Leadership Training
Munroe-Meyer Institute for Genetics and Rehabilitation
funded by MCH / LEND
Maternal Child Health

Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disabilities

**Description and Purpose:**
Post Doctoral Fellows receiving funding support from the Maternal Child Health Leadership Education Excellence in Caring for Children with Neurodevelopmental Disabilities (MCH / LEND) must complete the requirements for the Basic or Advanced MMI Certificate of Interdisciplinary Leadership Training. Fellows accepting this funding support shall engage in one year of full time training with a concentration in interdisciplinary leadership which will support their development as future leaders in the initiation of community-based, coordinated, inclusive systems of care for children with developmental disabilities and for their families.

Following recruitment and selection of the Fellows, the LEND Director, Education Coordinator and home discipline director(s) shall collaborate and prioritize 1) the area of need at MMI, 2) training expectations and 3) develop a plan for the training. The long term (5-10 years) outcome of this training will influence systems change in the community, advocacy and capacity building for individuals with disabilities and their families.

LEND uses the research/demonstration/training model to guide programs that result in:
- training leaders, faculty and others who would train future leaders
- provision of a continuum of innovative services to the community
- communication of findings from research to practice among disciplines
- research that informs practice
- exploration of areas needing further research

This **training will be evaluated using the 2001, LEND Performance Measures which include** demonstration and assurance of:
- leadership in Neurodevelopmental disabilities
- collaboration with State Title V (MCH) agencies and other MCH programs related to National and State system building priorities
- service to individuals with disabilities and their families
- incorporating families and individuals with disabilities in all program activities, including planning, training and evaluation
- valuing the LEND interdisciplinary training
- development of publications and products on disabilities and children with special health care, authored by LEND faculty
- development of cultural competency skills
- incorporating medical home concepts
The Basic Certificate of Interdisciplinary Leadership Training is available to the Fellows who is enrolled for training at MMI for the first time. Weekly electronic logging of all activities is required. Fellows may print completed weekly logs.

**Time shall be structured** into three components which will involve some overlap:

- **50% of the time in clinical service provision** in the home discipline. The majority of this clinical service shall be provided in interdisciplinary settings. This time allows for required supervision provided by the home discipline and departmental support activities as determined by home discipline director and advisor. This is designed to meet the standards of your discipline certification/credentialing requirements.

- **25% of the time in the development of interdisciplinary leadership skills.** This activity is outlined in the Interdisciplinary Leadership Training Core Curricula. (See Electronic Student Handbook).
  - present at LEND Seminars in cooperation with faculty member and other post doctoral fellows.

**Additional Activities and Opportunities for consideration:**
- coordinate a clinic to include managing family/client questions and access to resources, follow up on client questions, solicit and obtain family customer satisfaction data, use data to recommend clinic function changes, prepare an implementation plan to outline phases of the clinic change, interface with current clinic coordinator to learn about clinic function and needs
- assist with overall MMI curricula and training program evaluation
- help develop the MCH-LEND brochure
- visit AUCD Legislative News in Brief website monthly/weekly and report to Leadership Seminar Series and Nebraska AAMR student chapter.

- **25% of the time dedicated to the Fellows’ research/scholarly activity project** which shall have an interdisciplinary focus (to include two disciplines, not in their home discipline).
  - This project shall be discussed and approved by the LEND Director, Education Coordinator, home discipline advisor, and interdisciplinary advisor. A consensus decision will be made based on the interest and expertise of the post doctoral fellows and the need at MMI.
  - Quarterly discussion about research project with other LEND post doctoral fellows shall be included in LEND Seminars.

**The Study Plan:** this document provides the initial framework for the fellow’s goals and objectives for the year. It must include sufficient detail to outline the achievable outcomes in the three areas listed above: clinical services in interdisciplinary settings, interdisciplinary leadership, and research. The fellow shall submit logs organized according to established goals to track the achievement of objectives in each area.
The **Advanced Certificate** is available to the fellow who has previously participated in the Interdisciplinary Leadership Certificate Program as a trainee or intern. An advanced certificate shall emphasize a concentration in the development of higher level research skills and policy advocacy. *Weekly electronic logging of all activities is required. Fellows may print completed weekly logs.*

**Advanced Certificate/Program Requirements** are as follows:

**Time shall be structured** into three components which will involve some overlap:

- **50% of the time in clinical service provision** in the home discipline. The majority of this clinical service shall be provided in interdisciplinary settings. This time allows for required supervision provided by the home discipline and departmental support activities as determined by home discipline director and advisor. This is designed to meet the standards of your discipline certification/credentialing requirements.

- **25% of the time in the development of interdisciplinary leadership skills.** This activity will be chosen by the fellow, under the supervision and guidance of the LEND Director and the Education Coordinator.
  - present at LEND Seminars in cooperation with faculty member and other post doctoral fellows

**Additional Activities/Opportunities for consideration:**

- supervise and guide trainees/interns and other Interdisciplinary funded students in the development of their poster for the annual POSTER SESSION
- coordinate a clinic to include managing family/client questions and access to resources, follow up on client questions, solicit and obtain family customer satisfaction data, use data to recommend clinic function changes, prepare an implementation plan to outline phases of the clinic change, interface with current clinic coordinator to learn about clinic function and needs
- coordinate LEND Seminars in cooperation with faculty member and Student Services Coordinator
- present two didactic sessions at the MMI Friday Clinical Topics
- assist with overall MMI curricula and training program evaluation
- assist with the development of a quarterly/semiannual MCH LEND Newsletter
- help develop the MCH LEND brochure
- participate regularly in Recruitment and Selection Committee work of the Interdisciplinary Education Committee
- review Silverstein Advocacy Training Materials and other national AUCD/MCH materials to consider for purchase/use in the MMI training program
- visit AUCD Legislative News in Brief website monthly/weekly and report to LEND Seminars and NE AAMR student chapter
- participate in a month long rotation in Public Health/Policy under the supervision/guidance of Magda Peck, ScD.

- **25% of the time dedicated to the fellow’s research/scholarly activity project** which shall have an interdisciplinary focus (to include two disciplines, not in their home discipline). The outcome of this project should include an empirical study that is publishable.
  - This project shall be discussed and approved by the LEND Director, Education Coordinator, home discipline advisor and interdisciplinary advisor. A consensus decision will be made based on the
interest and expertise of the fellow and the need at MMI.
• Selection of advisor shall be based on project emphasis
• Quarterly discussion about research project with other LEND post doctoral fellows will be included in LEND Seminars

The Study Plan: this document provides the initial framework for the fellow’s goals and objectives for the year. It must include sufficient detail to outline the achievable outcomes in the three areas listed above: clinical services, interdisciplinary settings, interdisciplinary leadership, and research. The fellow shall submit logs organized according to established goals to track the achievement of objectives in each area.

Timeline

If the selected fellow has participated as a MMI intern; it is recommended that this process be initiated during the end of their internship.

At the end of the internship or in the first week of training:
Fellow meets with LEND Director, and Education Coordinator to:
• develop the STUDY PLAN for Basic or Advanced Certificate
• discuss expectations of the MMI Certificate (clinical, leadership, research,)
• identify area of interest, expertise and areas for learning
• discuss areas of MMI needs and available opportunities
• brainstorm possible objectives for individualized STUDY PLAN
• select interdisciplinary advisor

Fellow meets with Discipline Advisor/Supervisor to:
• identify area of interest, expertise and areas for learning
• obtain clinical service assignment
• prepare written Study Plan
• discuss interdisciplinary area of interest

Fellow participates in structured Orientation Days for all students, the first week of July

In the second week of training:
Fellow meets with LEND Director to:
• finalize focus of interdisciplinary leadership activity
Fellow meets with Discipline Advisor/Supervisor and Interdisciplinary Advisor to:
• finalize clinical service assignment and schedule
• review proposed draft of STUDY PLAN
In the third week training:
Fellow meets with interdisciplinary advisor to:
• explore research/scholarly activity project and resources
• prepare objectives of research project

By the fourth week of training:
• fellow submits Individualized Study Plan to Student Services Coordinator
• fellow logs weekly activities electronically
• Advanced Certificate fellow coordinates and schedules presentation dates for Friday Clinical Topics. Fellow coordinates and schedules with LEND Director. Fellow disseminates to all MMI staff electronically

Monthly:
• fellow meets with Interdisciplinary Advisor
• fellow receives monthly activity report from Student Services Coordinator

Quarterly:
• fellow initiates a meeting with LEND DIRECTOR, Education Coordinator
• fellow meets with other LEND fellows and LEND faculty to discuss research project.
Enrollment Procedures/Information

Admission Procedures
Application for admission to training programs at MMI are made through the discipline of primary interest.

Financial Assistance
Financial Assistance is intended to encourage qualified students to pursue an innovative interdisciplinary course of study at MMI and pursue professional careers in the field of developmental and other long-term disabilities. Students are recommended for financial assistance by their MMI Discipline Director. Final approval of applicants to receive a stipend is provided by the MMI Interdisciplinary Education Committee.

- Post-Doctoral Fellowships funded by MCHB are awarded to individuals with a Doctoral degree in the following disciplines: Audiology, Genetics, Health Policy and Planning, Nursing, Nutrition, Occupational Therapy, Physical Therapy, Psychology, Social Work, and Speech-Language Pathology.

- Stipends for pre-doctoral graduate students are available from federal, state and private sources. Applicants must be enrolled in a full-time course of study (9 or more semester hours) leading to a graduate degree. Priority will be given to those students who receive training by the MMI discipline directly related to their degree program. Secondary consideration will be given to those students trained by an MMI discipline other than their degree granting discipline. Priority will also be given to those students trained in Nebraska institutions of higher education.

Maternal and Child Health (MCH) stipends are awarded only to advanced graduate students in the following disciplines: Audiology, Genetics, Health Policy and Planning, Nursing, Nutrition, Occupational Therapy, Physical Therapy, Psychology, Social Work, and Speech-Language Pathology. Scottish Rite stipends are available only to graduate students in Speech-Language Pathology. The MMI Board stipend is awarded to graduate students in Psychology. Education and Child Development is awarded a stipend from the Munroe-Meyer Guild.

Undergraduate occupational therapy or physical therapy students who are enrolled in out-of-state schools and are at MMI as part of their pediatric affiliation, may apply for financial assistance during the time they are at MMI.

Students who participate in the Munroe-Meyer Training Program or receive stipends to conduct activities on other specific training grants are eligible for the IRS tax exemption based on personal conditions. UNMC’s Financial Assistance Department advises all students to contact personal tax advisor for additional clarification. The web site for Scholarship/Fellowship information is: [www.irs.gov/pub/irs-pdf/p520.pdf](http://www.irs.gov/pub/irs-pdf/p520.pdf). The publication is 520. Enrollment of students is required to prepare the appropriate documentation. Enrollment of any student follows the procedures as outlined in MMI Standard Practice Bulletins #401, 402, and 403. All enrollment shall occur through the Office of Student Services. Students must begin their student stipends on the first working day of the month in order to receive a full paycheck. Students beginning any other time in the month will receive a prorated paycheck.
Registration
During enrollment, students shall receive and complete the following records: Student Registration Form, Student Self-Assessment of Interdisciplinary Skills (blue, pre-test), Interdisciplinary Adviser Checklist (to track advisement meetings), and a Study Plan. Additional information shall include a student roster, MMI telephone directory.

Activity Logs
1. All registered students must electronically log their activities each week
2. The electronic Log Report will be sent to the student and all advisors on a regular basis

Advisement
Each student will be appointed a discipline adviser as established by the home department procedures for the training experience. Advisor/Advisee scheduled meetings occur regularly to review progress and identify resources to assist the student in achieving their stated competencies.

Students pursuing the MCH LEND Interdisciplinary Leadership Training Certificate will also be assigned an interdisciplinary adviser as determined by the LEND Director and Education Coordinator. Both advisers will consult and approve the student’s Study Plan which will be filed with the Office of Student Services (MMI, Room 2004) by the end of the first month of training. A monthly report of interdisciplinary training hours completed will be provided to the student and his/her advisors by the Student Services Coordinator (Erni Steele). Students experiencing learning difficulties are strongly recommended to discuss their situation with advisors to identify solutions. LEND Director, faculty, UCD Education Coordinator and Student Services Coordinator are available upon request.

The Interdisciplinary Advisement Process
An interdisciplinary adviser
• uses selected student registration and other records/documentation to mentor student in the development of an individualized study plan
• encourages collaboration with the home discipline adviser
• assists selected students in achieving the goals and objectives of their study plan through a process of regular consultation (about 5 times in a 12 month period)
• mentors the student to insure training includes collaborative work that will result in the initiation of community-based, coordinated, inclusive systems of care for children with neurodevelopmental disabilities and for their families.
• explores modifications that the 30 hour "ORIENTATION TO DISCIPLINES" to ensure building on student’s knowledge base
• offers suggestions about effective communications within MMI/UNMC
• reviews student's monthly progress summary of achievements and explores the connection with the LEND training outcomes for capacity-building, family centered care, policy advocacy and systems development
The Individual Study Plan

Study Plan (due by the end of the first month of training)

Each student develops a Study Plan in consultation with their adviser(s). This Plan

- identifies student's goals and measurable objectives
- targets accompanying didactic, clinical, practicum and project activities
- is filed with the Office of Student Services
- establishes resources to support the student's training
- is considered a "flexible tool" to outline learning needs and matching MMI, UNMC and community opportunities for successful training experience
- is reviewed at the student's mid-point conference and revised/updated, if needed.

This Interdisciplinary Leadership Training Program shall reflect:

- active involvement of families and care providers
- interdisciplinary interaction and exchange between faculty and trainees in all learning endeavors
- partnership with faculty in practice, program planning, and teaching
- revision of curricula with new information
- specific content to build leadership skills and competencies
- working within culturally diverse communities
- ongoing comprehensive evaluation and modification of curricula

Self-Assessment of Interdisciplinary/Leadership Skills completed at the beginning of the program is intended to be an overall guide for the direction of the student’s training program at MMI. It is expected that, initially, many students will be at level 1 or 2 in several or all of the competency areas. The self-assessment process is meant to help students identify areas where they need further experience and training and help them plan an individualized program to acquire those competencies. At the exit evaluation, students should complete follow-up self-assessments. It is expected that students will progress along the continuum of competency levels throughout the training program, but it is not expected that they will reach level 5 in all areas. As noted in the section on Requirements for the MMI Certificate of Interdisciplinary Leadership Training, each required training activity also has an evaluation component. The composite of these specific evaluations, periodic student self-assessments, and the evaluations by discipline and interdisciplinary advisors will be considered in determining successful completion of the interdisciplinary leadership training objectives. Award of the MMI Certificate of Interdisciplinary Leadership Training is based on this composite evaluation.

Follow-up Survey

Approximately one year after you leave MMI, you will be asked to complete an electronic survey questionnaire. Completion and prompt return of this questionnaire is very important to the Institute since this information allows us to evaluate the impact of our training program and to plan future programs that meet the changing needs of professionals entering the field of developmental disabilities. Other follow-up surveys will be mailed to you approximately 5 and 10 years after you leave MMI. Again, completion and prompt return of these surveys allows us to plan improvements in our training programs for current and future students.
Education and Training at MMI

Each of the 18 disciplines at MMI has a unique program of study designed to provide experience and clinical skills necessary for practitioners in that field. Traditionally, professionals in the fields of medicine, health and social sciences have not been taught to work together. Professionals in habilitation/rehabilitation collaborate with the patient and the family and with each other. Interdisciplinary care, which means that two or more professional groups are pooling their knowledge for creative problem-solving, is based on three fundamental elements:

1. a thorough education in the clinical skills that the professional can bring to bear on the problem
2. a knowledge of what other professionals, outside one's own discipline, can contribute to the solution of the problem
3. an ability for those engaged in the interdisciplinary activity to trust one another and to recognize overlapping skills should not become a source of conflict

The attainment of these elements is often elusive and always difficult, but they represent ideals that are the foundation for educational and service activities at MMI.

Descriptions of the 18 MMI disciplines and the educational opportunities they provide follow.

Audiology
MMI and the Boys Town National Research Hospital (BTNRH) work cooperatively to provide training to both graduate-level students in audiology as well as students in other disciplines. Training experiences take place at MMI, UNMC’s University Hospital, and at BTNRH.

Brace Place
The Brace Place is a rehabilitation technology center comprised of four different, although closely related, specialists. They are Prosthetics, Orthotics, Adaptive Equipment, and Environmental/Augmentative controls. The practitioners and technicians that provide these services have received specialized education and training to aid them in their task of design, fabrication and fitting or installation of such items. Each task begins with a comprehensive assessment of the patient with family and environmental considerations in mind. The assessment is ideally performed by all pertinent members of the rehab team to include the physician, therapists, orthotist/prosthetist, etc., and the family members responsible for the patient’s care. A written order is generated by the physician and the Brace Place team goes to work to develop and provide the appropriate item needed. Some of the items requested are pre-manufactured but most are made right here from various materials such as plaster, fiberglass, resins, metals, plastics, fabrics, leather, etc. The many facets of the job, even beyond the medical, require a broad array of skills and talents that go into making a facility such as this, one of the most unique and interesting within the health care industry.

Developmental Medicine
Developmental/Behavioral Pediatrics Resident Rotation, Pediatric, and Family Practice residents receive instruction in developmental and behavioral pediatrics from an array of teaching staff at MMI. Residents
participate in a variety of clinics and observe numerous assessments by MMI professionals. Residents are trained to identify and assess common behavioral and developmental problems in children and to utilize a number of different treatment modalities, including empirically derived behavioral procedures and psychopharmacologic interventions. The training includes how and when to refer a child with a developmental or behavioral problem for subspecialty care. All residents spend time observing child psychologists providing intervention services and have an opportunity to provide hands-on application of the behavioral pediatric techniques. Supplemental reading materials are provided and selected articles are reviewed with an advisor each week. Residents attend MMI’s selected MMI Clinical topics and pertinent LEND Seminars, and regularly scheduled case conferences.

Clinics and activities held at MMI are staffed by one of two developmental/behavioral pediatricians. These activities include the Cerebral Palsy Clinic, Developmental Pediatrics Clinic, Neonatal Follow-Up Clinic, Neurobehavioral Clinic, and the Midline-Neurological Deficits Clinic. In addition, Neonatal Follow-Up clinics are also held at Children’s Hospital. Services provided by Developmental Pediatrics include the assessment, diagnosis, treatment and ongoing management of a variety of developmental, emotional, and behavioral disorders in children and adolescents. Patients are referred by their primary care physicians, subspecialty physicians and other health professionals, as well as from schools and families. In addition, infants in neonatal intensive care units are also routinely referred for evaluation.

**Medical Students**
Senior medical students may choose a four-week clerkship in developmental disabilities. The primary focus is on interdisciplinary assessment and clinical care with a significant emphasis on common behavioral and health care problems encountered in routine office practice. The student may follow patients through the assessment process culminating in disciplinary staffings. The student may attend selected LEND Seminars, attend clinics, spend structured time with psychology and social work staff, and review reading materials.

**Diabetology/Endocrinology**
The Pediatric Diabetes Center provides ongoing services to over 500 children and adolescents with Type 1 and Type 2 diabetes. These children/adolescents are seen on a quarterly basis for assessments, education, and medical management. Services are provided at MMI as well as outreach clinics in the rural areas of Nebraska. The goal of the Pediatric Diabetes Center is to empower the patients and family to manage their disease by learning self management skills to prevent long-term complication. This service includes clinics and ongoing 24 hour telephone management of children/adolescents with illness.

The Pediatric Endocrine service provides care to children and adolescents with disorders such as growth hormone imbalances, thyroid disorders, adrenal disorders and other hormone imbalances. Medical management and education is provided at MMI as well as in the outreach areas of rural Nebraska. Clinical teaching experiences are provided through the individual assessments for Pediatric residents and medical students and other selected students.

**Education and Child Development**
This department provides evaluative services to children, birth to 12 and model intervention services for infants and toddlers up to 36 months of age. Developmental infant-toddler services are provided on contract with a local
public school system and includes education and speech-language, physical and occupational therapy services. The department provides developmental assessments for young children birth to 3 with chronic illness and are part of a statewide Neonatal Intensive Care Unit (NICU) follow-up clinic. Service coordination is provided to children with special health care needs who are eligible for the Katie Beckett program. Multiple grant programs support community training efforts and program evaluation. Long term training is provided to graduate students in special education and related fields. The staff has expertise in meeting the needs of children with disabilities. All staff are active in presenting seminars, workshops, and papers at regional and national conferences.

**Genetics**

Medical students, residents and graduate students from other disciplines receive interdisciplinary experiences in this department. Staff members regularly participate in out-state clinics for children with special health care needs provided through the State Department of Health and in clinics provided by the public schools, educational service units and the Department of Social Services’ Title V MHCP program.

Clinics and activities held at MMI include the, Metabolic Disorders Clinic, Genetics Clinic, Fetal Alcohol Syndrome Clinic, and Prader Willi Syndrome Clinic. In addition, clinics are held in several area hospitals. These would include: University Hospital (Perinatal Clinic, Cancer Genetics Clinic, and Neuromuscular Clinic); Children’s Hospital (Children with Disabilities Clinic, Helmet Clinic, and Complex Craniofacial Clinic); Boys Town National Research Hospital (Cleft Lip/Palate Clinic, and Hereditary Hearing Loss Clinic); and Methodist Hospital (Cancer Genetics Clinic and Perinatal Clinic). MMI physicians provide patient evaluation and inpatient consultation to UNMC physicians, ward personnel and other pediatric personnel. Consultation is also provided to every Omaha metropolitan area hospital. Genetic Medicine provides comprehensive services for a variety of patients and their families. Direct services include diagnosis, interpretation of risks, supportive counseling and suggestions/referrals for further management. Departmental activities include participation in the Maternal Serum Alpha Fetoprotein Screening Program, Triple Hormonal Screening, and other prenatal testing, and the Teratogen Information Project.

**Human Genetics Rotation**

Graduate level [medical student, resident, post doctoral fellows, graduate trainees] may elect to take a four-week elective in Human Genetics. On this elective, they will have a variety of experiences including:

1. Clinics: the staff of Human Genetics supports a large number of genetic and interdisciplinary clinics utilizing genetic services both at the Munroe-Meyer Institute and at community clinics.
2. Laboratory exposure can be provided in the areas of both cytogenetics and molecular genetics.
3. Formal lectures will be provided for pertinent topics as well as attendance at regularly scheduled conferences will be encouraged. Regularly scheduled conferences include a weekly clinical case conference and a bi-weekly cytogenetics case conference.

**Health Policy and Planning**

The fundamental mission of the Department of Health Policy and Planning is to establish an interdisciplinary coalition of academicians, service and public policy professionals, community advocates, and persons with disabilities toward the systematic investigation of public policies in the field of disability. Areas of investigation
include: 1) the support of the legal rights of parents and self-advocates; 2) the promotion of cultural diversity; and 3) the identification of strategies which ensure the integration of adults with disabilities into all aspects of community life. Major departmental activities include the design and implementation of policy forums, a degree granting education and training program, and community-based models of advocacy and service delivery.

**Human Genetics Laboratories**
This department includes an on-site cytogenetics laboratory which provides diagnostic procedures on amniotic fluid, bone marrow, peripheral blood, lymph nodes, and other tissues. The staff provides educational experiences for medical students, nurses, and other health professional students, as well as residents in pediatrics, obstetrics, pathology, neurology, psychiatry and family practice.

The Human Genetics Laboratory staff provides laboratory tours and an overview of activities in this unit. This laboratory provides prenatal diagnosis as well as diagnostic services in birth defects and cancer. Methodologies utilized to accomplish these services include cell culture, chromosome analysis and DNA analysis. The Human Genetics Laboratory provides approximately 10,000 annual diagnostic services for Nebraska and surrounding regions annually. Primary areas of research include lymphoma cytogenetics, solid tumor cytogenetics, molecular cytogenetics, and birth defects etiologies. Tours are arranged for groups of students. If students are interested in a tour of the laboratories, they should contact Erni Steele (ext. 9-6430).

**Molecular Genetics**
Research activities in the field of molecular genetics have changed dramatically over the past two decades, and all indications suggest that this rate of change will only increase in the future. Among the forces driving these changes are the rapid increases in our knowledge of complex developmental systems, and this is the focus of Molecular Genetics. Resolution of these complicated scientific questions requires that an increasingly diverse array of technologies be collectively assembled. In the past, individual laboratories could manage the technologies needed for their research, but today, many technologies are too expensive or require such specialized expertise that they cannot be maintained by any single research group.

**Nursing**
Nursing education at MMI includes both graduate and undergraduate experiences. A long-term nurse traineeship is available for students enrolled in graduate nursing education. Individually planned experiences are available for graduate and undergraduate students. Experiences emphasize the nursing role in the care of individuals with developmental disabilities or special health care needs in an interdisciplinary setting. Seminars or lectures are provided on various topics related to the nursing role in the care of individuals with developmental disabilities or special health care needs to nursing education programs in the area.

Nursing staff consists of a director and two clinic technician. Nursing provides clinic coordination, developmental health assessment and patient education in a variety of interdisciplinary clinics held at MMI. Service coordination for families with children or individuals with complex medical problems are other roles the nursing department fulfills.
Nutrition
The Nutrition Department offers screening and assessment of nutrition-related problems for infants, children, and adults seen in MMI clinics. Based on needs identified during screening and assessment, problem-specific counseling and/or basic nutrition education and information are provided to the children and their families. Nutrition services are an integral part of Pediatric Diabetes Clinics and the Feeding and Swallowing Team. On request, nutrition services are provided to individuals seen in genetics, developmental progress, developmental pediatrics and neuromuscular clinics. Nutrition services are also provided through the following MHCP Clinics: cerebral palsy clinic, craniofacial clinic, midline-neurological clinic, Hastings MHCP Clinic, and Grand Island MHCP Clinic. Individuals with developmental disabilities may also self-refer for nutrition services or be referred by family, friends, or other service providers.

The Nutrition Department also provides consultation to dietitians and other health care providers in Nebraska and surrounding areas in the area of nutrition for individuals with developmental disabilities. This includes dietitians involved with the Nebraska Department of Health and Human Services System (NDHHSS) Aged and Disabled Waiver Program and dietitians who staff NDHHSS Medically Handicapped Children's Program (MHCP) clinics in areas outside Omaha. The Department has a sub-contract with the National Urban League to provide technical assistance to Urban League affiliates throughout the country in the area of diabetes education and prevention. A twelve-month traineeship is offered for graduate students in nutrition who are interested in working with children and adults with developmental disabilities or other long-term disabilities. Training and practicum opportunities can be made available to other nutrition students or to students in other disciplines, e.g. health education, if those students have a particular interest in nutrition.

Occupational Therapy
The occupational therapy department (OT) provides screening/assessment, consultation, and intervention services to persons across the life span with developmental disabilities that impact adaptive functioning. Consultation and treatment is offered in a variety of settings--according to the age and needs of the client. Educationally related therapy needs might be provided in the home, at a school, in a day care, or in another community setting. Medically related services are provided in both inpatient and outpatient settings. Occupational therapists participate in MMI Interdisciplinary Clinics and assessment activities; provide consultation to community agencies; review wheelchair and positioning requests for specialized equipment; participate in grant funded projects; and conduct clinical research. The licensed professional staff consists of a director, registered occupational therapists, and certified occupational therapy assistants. The therapy staff hold specialty certifications in pediatrics, assistive technology, neurodevelopmental therapy, sensory integration and praxis test administration and Tscharnuter movement organization.

Twelve week clinical internships are provided for occupational therapy students nearing completion of entry-level requirements at either the baccalaureate, masters or (clinical) doctoral level. Short-term clinical experiences are also offered to undergraduate occupational therapy students and occupational therapy assistant students during the course of their academic preparation. Outreach training and support is provided to practicing therapists, teachers and personnel in other disciplines throughout the state, on an ongoing basis. The OT department also provides observation opportunities to students from other MMI disciplines and the UNMC College of Medicine.
In addition, the OT staff and faculty provide didactic instruction at UNMC School of Allied Health Professions (Physical Therapy Education), College of St. Mary, and Clarkson College.

**Pediatric Dentistry**
The dental program, in cooperation with the University of Nebraska College of Dentistry, provides postgraduate pediatric dental training to dentists within the MMI dental clinic. Pediatric dentistry faculty are available to discuss any topic that is relevant to pediatric dentistry or related issues. Maintaining optimal oral health is of prime importance to the dental staff of MMI. Therefore, it is natural that in addition to the treatment of existing dental problems and abnormalities, the dental clinic emphasizes prevention of possible future dental problems. Faculty are also engaged in presenting conference papers and carrying out research related to enhanced dental care.

In addition, practicum training is available to dental fellows, senior dental students, as well as to dental assisting and dental hygiene students. Observations, lectures and demonstrations are available to students from other disciplines. Continuing education programs are provided for practicing dentists and allied health professionals.

**Physical Therapy**
The Physical Therapy Department is involved in the assessment and management of infants, children and adults with a variety of developmental disabilities including cerebral palsy, muscular dystrophy and spina bifida. Intervention takes place at Nebraska Medical Center hospitals and clinics, with outpatients at the Munroe-Meyer Institute (MMI), in the public schools and in homes. The department is also actively involved in MMI interdisciplinary programs and grant funded projects.

Physical Therapy provides inservice, undergraduate and graduate training for various individuals including teachers, physical therapy students, medical students and practicing professionals from across the state of Nebraska. Training activities take place at MMI and in community settings, including local schools and specialty clinics. Undergraduate physical therapy students receive a structured learning experience designed to produce beginning competency in the evaluation of gross motor and mobility skills and in the total physical therapy management of a wide range of pediatric problems. The department welcomes students from other disciplines for short-term training experiences such as observations and demonstrations.

The focus of the department's research program is in the Motion Analysis Laboratory. The Lab is equipped with computerized motion analysis equipment, force plates, and electromyography. Projects focus on the diagnosis and treatment of movement disorders with specialization in gait (walking) problems of children with disabilities.

**Psychology**
The Psychology Department provides intensive training experiences in psychological evaluation, treatment, and research with children and adolescents and their families. The department emphasizes a behavioral approach to treatment based on a functional assessment of problems in the natural environment. An integral part of the training includes active participation in the department's applied research program. Master's thesis and doctoral dissertation research may be formulated and conducted at MMI. The interdisciplinary nature of the program
includes formal and informal introductions to other disciplines within the Institute and cooperative work with these disciplines in case management of children.

A variety of students and trainees work in the department, including practicum students, psychology doctoral interns, post-doctoral fellows, and medical residents from the departments of Pediatrics and Family Medicine. The faculty consists of licensed staff psychologists who provide training at the master's, doctoral, and post-doctoral level. All faculty carry academic appointments in the Department of Pediatrics, UNMC.

**Recreational Therapy**
The Recreational Therapy Department provides practicum and internship experiences for college and university students. The department provides services in therapeutic recreation for children, youth, and adults with developmental disabilities. The department follows the therapeutic recreation process of assessment, intervention/treatment planning, program development and implementation, and evaluations. Recreational therapy uses play, recreation and leisure activities to improve physical, cognitive, social, and emotional functioning; however, the primary goal of the program is on the development of lifetime leisure skills. Individualized goals and objectives are established based on observational assessment results and in consultation with the participant and/or his/her parent or guardian. Interventions may include prescriptive recreational activity, leisure education, community transition training, and leisure and play activities. Recreational Therapy program content includes art, community outings, cooking, crafts, dance, music, organized games and sports, swimming, and other developmental recreational activities.

In addition to providing applied professional preparation in Therapeutic Recreation, the Recreational Therapy Department provides students with an opportunity to interact with other students and allied professionals within MMI (e.g., education, psychology, physical and occupational therapy, medicine); to relate agency services to theory and practice; to supervise volunteers; and to provide outreach educational experiences with the “Kids on the Block” educational program. The department is staffed by a director and Certified Therapeutic Recreation Specialists.

**Social Work**
MMI provides a unique setting for the closely supervised applied public health social work training for students in effective social work intervention and behavioral health services in a variety of clinical and administrative settings. The MMI social work training program offers students opportunities and applied preparation for the varied demands of public health social work service delivery regarding individual work with children and families, program and service development, and administrative training in both the traditional hospital and Institute environment and contemporary community and outreach social work settings. The Social Work Department provides practicum training for advanced standing second year graduate level social work students. The department maintains academic responsibilities in conjunction with six academic institutions in the state of Nebraska.

The department has a variety of training opportunities for social work students including community-based public health social work services, behavioral health outpatient services, and social work administration. Training for
the diverse delivery of social work service is based on the premise of family-centered, behaviorally oriented, and
strength-based philosophy of empowering families and clients. The Social Work Department provides behavioral
health services to the underserved population of families of children with developmental disabilities in the Omaha
area.

The Social Work department provides services to MMI through participation in the Institute’s Behavioral
Medicine Clinic. The department provides mental health services to families and children through the clinic and
works closely with an interdisciplinary team of physicians, nurses, psychologists, and other health care
professionals. Through work in this clinic, students learn all aspects of behavioral health care from developing a
clinical diagnosis, utilizing behavioral measures for client care, treatment planning, and strength-based
interventions in an applied setting.

In addition to the applied behavioral health training opportunities within the department, students also have
opportunities to be actively involved in all aspects of federal grant administration. The Social Work Department
was awarded a Project of National Significance from the Administration on Developmental Disabilities. This
grant provides high school students with service learning opportunities in working with youth with developmental
disabilities. Students within the Social Work Department receive training in federal grant administration to
include data entry, report writing, collaboration with community advocacy organizations, service development,
presentations, and other project goals and objectives.

Speech-Language Pathology
The services of this department include both evaluative and remedial activities for children and adults. Special
emphasis is placed on preschool children with multiple disabilities, augmentative communication methods,
language disorders and oral-motor problems. The department staffs the Scottish Rite Masons Clinic for Children
with Language Disorders which offers remedial help to both parents and children. The Speech-Language
Pathology Department provides inpatient speech pathology services to all units within The Nebraska Medical
Center including the Transitional Rehabilitation Unit and Lied Cooperative Care Center. In addition to
communication, diagnostic and rehabilitation services are provided to children and adults with swallowing
disorders.

The department also provides augmentative communication services through a unique regional center supported
by the Hattie B. Munroe Foundation. Specialists in speech/language pathology, communication development,
positioning and seating, occupational therapy, and education work cooperatively to assess individual
communication needs and to develop effective ways for speech, writing or computer access. Trainees in speech
pathology function within an interdisciplinary health care and educational setting. The program offers students
an opportunity to learn the diagnostic and therapeutic skills necessary for working with the child or adult with
disabilities. Four to eight speech pathology graduate students receive practicum instruction each year. Students
from other disciplines receive interdisciplinary training through arrangements with the department's training
coordinator. Experiences include communication assessment for infants through adults, alternatives to oral
communication, parent counseling and education, and group and individual remedial methodology.
Supportive Departments

Business Office
The Business Office provides Institute support in budget and finance, accounting, personnel, purchasing, and other administrative support. The office maintains a status of funds report available for stipends and tuition remission if grant supported. They provide monthly accounting reports on financial activity.

Media Center
The Media Center assists in the development, production and dissemination of educational media regarding developmental and other long-term disabilities. A list of videotapes, brochures, booklets, and other materials produced and distributed by the Media Center are found in the Media Catalog on the UNMC internet http://www.unmc.edu/mmi. Cataloged materials from MMI departments are available through the McGoogan Library on-line catalog. To find out what's available in the Media Center and other MMI departments use the UNMC intranet http://info.unmc.edu.

- Follow the links to the library catalog and type in Munroe-Meyer at the author prompt
- Follow the directions on the intranet site
- If you have questions, please contact the Media Center: ext. 9-7467 or 9-5744

The Media Center viewing room is available for your use. It includes a TV/VCR to view video tapes and a computer for student use. Installed software includes MS Word, Corel WordPerfect, PowerPoint, and Omni Page Pro text scanning software. Software programs will be added as needed.

Services available from the Media Center include:
- Consultation
- Development and coordination of public affairs activities
- Graphics
- Instructional design and development
- Photography
- Publishing
- Slide production
- Video production (clinical, education and promotional)
- Viewing room
- Worldwide web/internet development

The Media Center can help you with some of your research project needs. However, you will want to discuss them first with your training supervisor and review Institute guidelines for requesting such assistance. Some media requests may require your discipline director’s sign-off on the project forms available in the Media Center. This signature must be obtained before the Media Center can begin a project.
Office of Student Services
The Office of Student Services is responsible for coordinating MMI's interdisciplinary course of study for long-term graduate students, residents, medical students and post-doctoral fellows. This office is responsible for maintaining student records and all data regarding training activities. All student forms can be obtained from Erni Steele in this office.

Patient Information Office
The Patient Information Office (PIO) is responsible for processing all client information and the reception of all MMI customers. PIO staff are responsible for the coordination and scheduling of services, obtaining and disseminating clinical information, registration of all patients, creation and maintenance of medical records and processing of all billing for clinical services provided by Institute staff. The department director will provide an orientation to this office and instruction about billing procedures and third party reimbursement requirements upon request. PIO is also responsible for all information systems support.
Section II

General Information
General Information

ADA Statement
Munroe-Meyer Institute (MMI) initiated an ADA Roundtable in 1992 which included representation from 10 departments, UNMC Human Resources and the UNMC Student Counselor for students with disabilities.

In the period of one year this work group initiated the five questions which are asked during the Intake process, conducted an accessibility survey of MMI, developed an action plan to address identified obstacles, obtained additional inservice, gathered library resources, established community resource contact persons, provided awareness training on how to meet the challenges persons with disabilities encountered in accessing services at Munroe-Meyer, secured funding to implement necessary renovations to promote a barrier free environment, provided UNMC campus wide training on request, responded to requests for ADA challenges at different work sites, and developed the School to Work Internship program for High School students with disabilities. When most challenges were addressed, the group decided to broaden the scope of disability issues and include these concerns under the umbrella of the Diversity Council. Thus, the ADA Roundtable work group does not meet formally. However, the charter group members continue their active interest in resolving issues brought to the attention of the Business Director. The OT Director and PT Department are used as primary resources in brainstorming solutions to issues which are identified by individuals who use MMI services.

Communications
There are multiple ways to contact individuals and to disseminate information. Please be informed and access these tools:

- U.S. Mail (drop boxes in all departments, main bin in PIO) 8:00 am and 2:00 pm pickup
- interoffice envelopes for use on the UNMC campus
- intracampus and intercampus mail (with UNL, UNK, UNO)
- telephone extensions with voice mail
- E-Mail
- public distribution lists (your UNMC E-Mail address will be included)
- Student distribution group list (generated by Student Services)
- fax machines in many MMI departments
- Public Domain director - accessible via a MMI supported computer work station
- Additionally, we have access to an on demand courier system for a charge. The UNL transport delivers twice a day.

Computer Clusters
Computer workstations are located in rooms MMI 2010 and HBM 3054 of Munroe-Meyer Institute. Each cluster has a posting of general information and rules. The cluster in room 2010 is open 24 hours a day. Computing classes are available for various software applications. A list of computer classes is available on E-Mail. To receive a brochure on computing services and/or to receive assistance, register online at info.unmc.edu/leis and select ITS Education.
Confidentiality of Client Records
All patient information is confidential and shall not be disclosed without the consent of the patient or the patient's representative, or unless required by law. Patient Information is referred to as Protected Health Information (PHI), and can be found in the written medical record, computer data, or can be communicated orally.

Confidential patient information shall not be communicated to any person (including healthcare providers) unless that person has a clear need to know (e.g. other health care providers who are participating in the diagnosis, evaluation, or treatment of the patient).

Communicating confidential patient information inappropriately, carelessly, or negligently (e.g. casual discussion regarding a patient, discussion in public area, and/or unauthorized release of information while on or off campus) is a breach of confidentiality. Breach of confidentiality is a serious violation. Violation of this policy will result in appropriate disciplinary review and action which may include termination.

Students at MMI often need access to or are exposed to confidential patient information as a part of their training program. Access to the written or computer based clinical records, will be granted automatically to all registered students, provided the student can show a direct need to see that information. For students who are not registered (under 9 hours of study at MMI), access will be granted on presentation of written permission from the home discipline director. In the event a student is collecting data for any level of research activity, permission must first be granted by the Deputy Director after appropriate procedures have been followed regarding informed consent and/or submission of the research activity to the University's Institutional Review Board (IRB).

All students will be asked to sign the UNMC Patient Information Confidentiality Agreement at the time they register at MMI. Signature implies that the student has read and agrees to comply with the UNMC Policy No. 6045, “Security and Confidentiality of Patient Information”. In addition, students should become familiar with MMI Standard Practice Bulletin No. 102, “Confidentiality of Electronically Stored Records and E-Mail” and MMI Standard Practice Bulletin No. 504, “Observation of Patient Services”. Copies of the Confidentiality Agreement, UNMC Policy, and MMI Standard Practice Bulletins are included in Appendix 2.

Diversity and Quality
Munroe-Meyer Institute’s Quality Council is dedicated to helping staff and students infuse both quality and cultural competence within Munroe-Meyer Institute. MMI strives to promote an atmosphere of respect for diversity which makes our facilities and programs a more desirable and comfortable place in which all people might work, study, and receive care. MMI values quality improvement as an active oriented process that can advance the mission of UNMC and serve our customers. The MMI Council helps to support the UNMC values which are:

- emphasize quality and have high expectations for performance
- pursue excellence in an ethical manner
- foster an environment of learning and communication
- respect individuals for their cultures, contributions and points of view
• support the mission and vision of UNMC in the best interests of our customers
• promote individual accountability for organizational success.

These values are supported through a quality improvement process.

**Grievance Procedure**

During training, conflicts between students and departmental advisor or interdisciplinary advisor may occur. It is expected that every effort should be made by the student to resolve conflicts with person(s) involved.

When a student believes that they are not able to resolve a conflict with their department advisor or discipline director or are not provided due process, there are several MMI administrative channels which should be accessed for problem solving. The student should make an appointment immediately with one of the following persons: The UCD Interdisciplinary Education Coordinator or MMI Deputy Director. MMI wants to be proactive in timely conflict resolution to insure the best quality educational experience. If it is not possible to resolve the problem with MMI administrative assistance, then external resources will be suggested and pursued.

**Health Services and Insurance**

**Immunizations**

Students are responsible for all fees incurred for immunizations. Prior to initiating training at MMI, all students must provide proof of immunizations for Hepatitis B, MMR, DPT, PPD and varicella. The Hepatitis B immunization series may be scheduled through the Charles Drew Health Center Clinic at 2915 Grant Street, phone number 451-3553. The Hepatitis B series requires 6 months to be completed; the first dose builds antibodies; second dose achieves the peak of antibodies and third dose maintains level of antibodies. Students will need income verification, picture ID, SSN card, and something with your current address. Students should contact the Munroe-Meyer Student Services Office to obtain additional information.

**Health Insurance (Major Medical)**

It is required that students carry major medical health insurance. Students in training are not employees. Students are not covered under UNMC’s workers compensation insurance program because of non-employee status. If a student is injured during a training activity, that student is responsible for all health related services.

Students may obtain major medical insurance through several different routes:
• carry the home university policy
• continue dependent coverage with parent’s insurance

MMI and UNMC are negotiating for student access to UNMC’s student health and eligibility for group student insurance (no dependent coverage available).

**Holidays and Leave Absence**

All students are expected to pursue their training activities on the same work day schedule followed by the Institute staff. Holidays may be taken only on those days when the Institute is officially closed: New Year's Day,
Memorial Day, July 4th, Labor Day, Thanksgiving Day, Day after Thanksgiving, and Christmas. Individual arrangements to make up absence time or to attend professional meetings should be made with your advisor.

Students on stipends do not earn vacation time. Time off must be arranged with your advisor and absence time must be made up.

Post Doctoral Fellows earn 15 days of vacation a year and it MUST be taken during that time. Vacation time cannot be paid out at the end of the year. Post Doctoral Fellows are also eligible for all traditional and floating holidays. Sick leave is accrued at the rate of one day per month.

**Keys**
A key card must be completed to obtain any keys to your department, outside door, and other approved areas. There is a deposit of $10.00 for each department key and $15.00 for each outside door. These deposits will be refunded to you when the key/s are returned to Security. All keys are the property of the University and are not to be traded or duplicated.

**Parking**
Lot #21 (entrance on Emile near 40th Street) and Lot #15 are student/employee lots. Students who have current UNO, UNL, or Creighton parking stickers may park in Lots #21 or #15. If students do not have a current parking permit from their university, they may purchase annual passes at the Cashier's Office. The UNMC Campus Area Transit (C.A.T.) shuttle service makes designated stops in Lot #15 and 21. The hours for the shuttle service are: 5:15 a.m. - 8:45 a.m. and 2:30 - 8:30 p.m., Monday through Friday with 15-minute stops. There will be three shuttles available during these hours.

Patient parking areas are for patients only. Patients and their families need ready access to close parking. They have health concerns and physical limitations that make it difficult to walk long distances and they do not need the additional stress of trying to find their way to their health care appointment from a peripheral parking area. Students who park in designated patient parking areas create hardships and show contempt for the very individuals we are all here to serve. **DO NOT PARK IN PATIENT AREAS AT MUNROE-MEYER INSTITUTE OR THE PATIENT PARKING STRUCTURE. Tickets issued in an area that is designated as a PATIENT PARKING AREA will not be waived. Tickets issued in the PARKING STRUCTURE or a patient parking area are $100.00.**

**Research Opportunities**
MMI faculty and staff undertake research activities within the context of the provision of clinical services. Numerous research questions are raised as a result of the day-to-day interactions with patients, their families, and fellow clinicians. The development of these research questions is fostered by the available resources at MMI to pursue research interests. We are encouraged that the increased availability of research skill workshops, technical assistance for the organization and processing of information, and a more vigorous grants identification program will generate numerous research activities in the fields of medicine, health, behavioral, and social sciences. What
does this mean to you, the student? It means that the clinical skills that you sharpen or acquire at MMI can be placed in a broad context of scholarly investigations. The emerging clinical world of chronic illness and developmental disabilities presents many unanswered questions and the opportunities to examine pieces of the puzzle are abundant in the living laboratory at MMI.

Because many of the questions are interdisciplinary, it is hoped that these questions will encourage you to join with fellow students and professionals inside and outside of MMI in order to pool previously isolated expertise. It is an exciting time and we hope that you will become part of it.


If you are interested in participating in a research project at MMI, express that interest to your discipline director. Before beginning any new research project at MMI, please contact Dr. Wayne Stuberg, Coordinator of Research, at extension 9-5720, for assistance and approval.

Security
Security personnel are on duty 24 hours a day, 7 days a week. For help or assistance call ext. 9-5111. Individuals should report all unusual activities and crimes to Security immediately. Do not leave purses, backpacks, or other valuables unattended. After hours, Security will escort individuals to their vehicles upon request. It is recommended that if you will be in Munroe-Meyer Institute other than normal working hours, you notify Security so they know you are in the building. Blue Light Emergency Phones are located around campus. The phones have a direct line to Security Dispatch. Security assists with flat tires, locked keys in car, parking assistance for special situations (pregnancy, injury, short term requests – i.e. 30 minutes).

Student Space
Long-term students need to check with their discipline director to see if there is office space available in their department. Munroe-Meyer Institute has a designated student room located on the third floor of HBM. Student carrels in this room are assigned by the Student Services Coordinator.

Standard Practice Bulletins
Institute Policy and Procedures are outlined in four Standard Practice Bulletins (SPB) regarding student activities. (See Appendix 2). The Standard Practice Bulletins are:

- Student Responsibilities, SPB # 401
- Supervision of Students, SPB # 402
- Student Stipends, SPB # 403
- Observation of Patient Services, SPB # 504
Section III

APPENDIX 1

Guide to Interdisciplinary Evaluations

The following information is provided to assist students in understanding the variety of assessments provided for individuals with neurodevelopmental disabilities at Munroe-Meyer Institute. Student questions about these assessments should be directed to the specific discipline.
# Guide to Interdisciplinary Evaluations

## Developmental Medicine

<table>
<thead>
<tr>
<th>Age/Level of Involvement</th>
<th>Purpose of Assessment</th>
<th>Assessment Process/Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 months</td>
<td>Motor developmental assessment: Evaluate integration of premature reflexes and emergence of equilibrium and protective reactions (Both processes altered in specific ways is different types of neuromotor impairment. This tool is applicable in children &gt; 24 months with neuromotor impairment.)</td>
<td>Standardized assessment tools such as CAT/CLAM and PPVT utilized and assessment of cognitive and language development, Combines direct examination and observation of movement patterns.</td>
</tr>
<tr>
<td>0-6 years</td>
<td>Screen development across four domains of personal/social, fine motor, gross motor, and language. General neurodevelopmental screen. Developmental assessment and cognitive development 0-42 months</td>
<td>Denver II: Combines parent report, direct examination and observation. BINS Bayley MDI/PDI PPVT</td>
</tr>
<tr>
<td>0-36 months</td>
<td>Screen language development: Calculate DQ (Developmental Quotient) for speech/language development.</td>
<td>Clinical Linguistic and Auditory Milestone Scale (CLAMS) Cognitive Assessment (CAT)</td>
</tr>
<tr>
<td>3-18 years</td>
<td>ADHD screening and evaluation</td>
<td>Parent/Teacher Conners ADHD IV Rating Scale School Report Form</td>
</tr>
</tbody>
</table>
## Education and Child Development

<table>
<thead>
<tr>
<th>Age/level of Involvement</th>
<th>Purpose of Assessment</th>
<th>Assessment process/assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth through 42 months</td>
<td>Developmental assessment: Standardized assessment that compares the child's development to a normative sample.</td>
<td>Bayley Scales of Infant Development-II: Includes a Mental, Motor and Behavior Rating Scales</td>
</tr>
<tr>
<td>Birth through 24 months</td>
<td>Educational assessment: This ordinal scale provides guidance for planning educational intervention.</td>
<td>Uzgiris-Hunt Ordinal Scales of Psychological Development: includes assessment across six areas of cognitive skills</td>
</tr>
<tr>
<td>Birth through 8 years</td>
<td>Educational assessment: This is a standardized educational assessment that compares the child's development to a normative sample. It can also be used for planning educational intervention.</td>
<td>Battelle Developmental Inventory: includes assessment across five domains; cognitive, communication, motor, self-help and social development.</td>
</tr>
<tr>
<td>2 through 5 years</td>
<td>Educational assessment: This Piagetian scale provides guidance for planning educational intervention.</td>
<td>Hauerssermann Psychoeducational Assessment: Includes assessment of preschool cognitive concepts.</td>
</tr>
</tbody>
</table>
### Nursing

<table>
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<tr>
<th>Age/Level of Involvement</th>
<th>Purpose of Assessment</th>
<th>Assessment Process/ Assessment Tools</th>
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</thead>
<tbody>
<tr>
<td>All ages, all levels</td>
<td>Assess development in areas of gross motor, fine motor, personal/social and language. Assess families' understanding of the individual's disability, the possible cause(s), support and services available. Assess growth measurements, routine health care, and immunizations.</td>
<td>The assessment process includes the use of the Denver II for developmental assessment. An interview with the family or care providers regarding the individual's health/medical history, developmental status and current services. Growth measurements are evaluated using standard growth curves. Referral and recommendations are based on information obtained in interview, previous records and current education/vocation information.</td>
</tr>
<tr>
<td>All ages, all levels</td>
<td>Assess compliance with prescribed medications, side effects, duration and effect of medications in children with ADHD, Autism or other behavioral problems Monitor growth and development of individuals with disabilities.</td>
<td>Standard growth measures assessed using standard growth curves. Standard assessment tools utilized for measuring behavior and medication effectiveness in the education setting and home. Referral to support services and education materials provided as needed.</td>
</tr>
<tr>
<td>Age/Level of Involvement</td>
<td>Purpose of Assessment</td>
<td>Assessment Process/ Assessment Tools</td>
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</tr>
<tr>
<td>Pediatric (Birth to 18 years)</td>
<td><strong>Anthropometric:</strong> Evaluate child's growth and growth rate over time and compare to standards based on national health and nutrition surveys as well as to population- or disorder-specific standards if appropriate. Evaluate weight in relation to height or length using weight-for-length/height charts or Body Mass Index (BMI) charts for children over 6 years of age. Evaluate measures which provide an estimate of body composition.</td>
<td>Growth measurements include recumbent length and/or standing height, weight, body circumferences (e.g., head, upper mid-arm); skinfold thickness (e.g., triceps, subscapular); alternative measures of linear growth (e.g., arm-span length, knee-height). Tools include standard scales, pediatric exam table scales, wheelchair scales (at MMI or J.P. Lord School), the Hoyer Lift Scale (at MMI) measuring boards, stadiometer, skinfold and knee-height calipers; metal and non-stretchable measuring tapes. Pediatric growth charts include the new CDC Growth Charts for Males and Females Birth to 36 Months of Age and for Males and Females 2 to 18 Years of Age (published in 2000). These new charts also include BMI-for-age after age 6. Pediatric growth charts for special populations charts for children (Birth to 10 years) with quadriplegic cerebral palsy, and children with specific genetic disorders such as Down Syndrome, Prader-Willi Syndrome. Standards for arm circumference, triceps and subscapular skinfolds are based on National Health and Nutrition Examination Surveys (NHANES). Use of alternative measures for linear growth are based on standard anthropometric procedures outlined in anthropometric reference manuals and clinical literature on anthropometric assessment of individuals with disabilities.</td>
</tr>
<tr>
<td>Adult</td>
<td>Evaluate weight in relation to height or length using BMI and appropriate standards for adults. Evaluate measures which provide an estimate of body composition.</td>
<td></td>
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</tbody>
</table>
### Biochemical

Review laboratory data available for evidence of possible nutritional deficiencies or problems; collaborate with medical and nursing staff to recommend appropriate laboratory tests if indicated based on anthropometric, clinical and dietary assessment.

Hematocrit/hemoglobin reviewed for evidence of anemia. Blood lipid profiles reviewed for evidence of current or potential problems. Other specific laboratory data, e.g. serum albumin or specific measures of tissue nutrient stores, reviewed if indicated.

### Clinical

Observation of child and family, interview and nutrition history as well as review of medical records and/or communication with other members of the interdisciplinary team (family and individual health history, physical examination findings, psycho-social issues, etc) to identify possible acute or chronic nutrition problems.

Specific concerns and issues identified may be confirmed by results of anthropometric, biochemical and/or dietary screening.

### Dietary

History of usual food intake, food diary for current food intake, history of abnormal feeding behaviors, e.g., pica, multiple food avoidances that limit dietary variety, rumination, etc.; computer analysis of calorie and nutrient intake.

Software for dietary analysis, forms for recording a food diary, nutrition questionnaires and/or nutrition history interview. Analysis of dietary nutrients compared to standards for age and sex set by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. The standards are updated regularly and are currently referred to as the “DRI’s” or “Dietary Reference Intakes”.

### Occupational Therapy

<table>
<thead>
<tr>
<th>Age/Level of Involvement</th>
<th>Purpose of Assessment</th>
<th>Assessment Process/ Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn to 83 months (6 yrs, 11 mo) mild to moderate involvement</td>
<td>To determine level of performance in fine motor/visual motor domains and identify strengths/weaknesses within those domains.</td>
<td>Peabody Developmental Motor Scales-2 (PDMS) fine motor section, standardized test</td>
</tr>
<tr>
<td>Age Range</td>
<td>Description</td>
<td>Test(s)</td>
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<tr>
<td>4.5 to 14.5 years, mild to moderate involvement</td>
<td>To determine age equivalent and/or identify strengths and weaknesses in tasks requiring visual motor control, dexterity, and bilateral coordination.</td>
<td>Bruininks-Oseretsky Test of Motor Proficiency fine motor and upper limb coordination sections, standardized test</td>
</tr>
<tr>
<td>Approximately 4 years to school age, mild to moderate involvement</td>
<td>To identify and delineate perceptual difficulties that may be impacting school performance. Each test yields an age equivalent score and some divide the perceptual tasks into sub-domains for clarification of difficulties.</td>
<td>Developmental Test of Visual Motor Integration (Beery) Test of Visual Perceptual Skills (non-motor) (Gardner) Test of Visual-Motor Skills (Gardner)</td>
</tr>
<tr>
<td>Age 4 through 8 years, 11 months, mild learning, behavioral or developmental involvement</td>
<td>To assess aspects of sensory processing and praxis (the ability to form an idea about an action, plan the action and execute it). The examiner may use a structured interview format or caregiver questionnaire to examine discreet sensory functions, including vestibular (balance), somatosensory (proprioception &amp; tactile perception), visual perception and praxis/motor planning.</td>
<td>Sensory Integration and Praxis Tests (SIPT) standardized test (17 subtests) with administration competency requirements. Entire battery administered infrequently. Sensory Profile (Dunn) judgment based caregiver questionnaire that helps profile the effect of sensory based responding patterns on a child’s functional abilities.</td>
</tr>
<tr>
<td>All ages and all levels of involvement</td>
<td>1. Delineate degree and distribution of postural involvement. 2. Determine impact of above on UE ROM (upper extremity range of motion), and strength (including trunk). 3. Evaluate impact of neuromotor involvement on functional skills. 4. Assess adaptive/self-help skills, i.e., eating/feeding, dressing, bathing/grooming/hygiene, and toileting.</td>
<td>CLINICAL ASSESSMENT - non-standardized handling and observations of behavior and movement patterns during functional activities. May also do: goniometric or grip/pinch strength readings; dressing or feeding trials to examine skills within those sequences; interview with caregivers or client, re: daily living skills.</td>
</tr>
<tr>
<td>Age/Level of Involvement</td>
<td>Purpose of Assessment</td>
<td>Assessment Process/ Assessment Tools</td>
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</tr>
<tr>
<td>0-83 months normal to moderate involvement</td>
<td>To determine age equivalence and scatter of gross motor skills.</td>
<td>Peabody Developmental Motor Scales - gross motor portion Standardized test</td>
</tr>
<tr>
<td>4.5-14.5 years normal to moderate involvement</td>
<td>To determine age equivalence of gross motor skills.</td>
<td>Bruininks-Oseretsky Proficiency Test Standardized test</td>
</tr>
<tr>
<td>Any age, for criterion-referenced score, severely involved</td>
<td>To determine current level of functioning in 5 gross motor domains.</td>
<td>Gross Motor Function Measure Can discriminate between small changes in skill.</td>
</tr>
<tr>
<td>Six months to 7 years for norm-referenced score &amp; all ages for criterion-referenced score, normal to moderate involvement</td>
<td>To determine current level of functioning in gross motor, and ADL skills.</td>
<td>Pediatric Evaluation of Development Inventory Evaluates independent skills and amount of caregiver assistance required for activities.</td>
</tr>
<tr>
<td>0-24 months normal to severe</td>
<td>Screening tool to assess level of reflex maturity and gross motor function.</td>
<td>Milani-Comparetti Motor Development Screening Test</td>
</tr>
<tr>
<td>All ages and levels of involvement</td>
<td>ROM, posture and strength Mobility</td>
<td>Through ROM tests - goniometric measurements may be taken Postural analysis - spinal alignment, foot alignment Observations - moving about environment independently, with assistance or adaptive equipment. Evaluate needs.</td>
</tr>
</tbody>
</table>
### Psychology

<table>
<thead>
<tr>
<th>Age/Level of Involvement</th>
<th>Purpose of Assessment</th>
<th>Assessment/Process Assessment/Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 to 95 years</td>
<td>A comprehensive, individually administered set of 27 tests that assess three areas of functioning. Part I - Tests of Cognitive Ability; Part II - Tests of Achievement; and Part III - Tests of Interest.</td>
<td>Woodcock Johnson Psych-Educational Battery (WJ-R)</td>
</tr>
<tr>
<td>1 month to 3-6 years</td>
<td>Standardized test that measures infant mental and motor development.</td>
<td>Bayley Scales of Infant Development Second Edition (BSID-II)</td>
</tr>
<tr>
<td>2-6 to 12-5 years</td>
<td>Standardized test used to assess intelligence and achievement using 16 subtest organized by Sequential Processing Scale, Achievement Scale, Simultaneous Processing Scale, and Nonverbal Scale.</td>
<td>Kaufman Assessment Battery for children (K-ABC)</td>
</tr>
<tr>
<td>4 to 90 years</td>
<td>A screen of cognitive abilities using vocabulary and matrices.</td>
<td>Kaufman Brief Intelligence Test (K-BIT)</td>
</tr>
<tr>
<td>6 to 18 years</td>
<td>Tests the academic achievement of a child through reading decoding, reading comprehension, spelling, math computation, and math applications.</td>
<td>Kaufman Test of Education Achievement (K-TEA)</td>
</tr>
<tr>
<td>2-6 to Adult</td>
<td>A nonverbal, multiple-choice test that measures receptive vocabulary.</td>
<td>Peabody Picture Vocabulary Test Revised (PPVT-R)</td>
</tr>
<tr>
<td>2-0 to Adult</td>
<td>Measures the cognitive development of a child through 15 subtests organized by verbal reasoning, abstract/visual reasoning, quantitative reasoning and short term memory.</td>
<td>Stanford Binet Intelligence Scale (4th Edition)</td>
</tr>
<tr>
<td>Age/Level of Involvement</td>
<td>Purpose of Assessment</td>
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</tr>
<tr>
<td>Newborn to 18</td>
<td>Behavior ratings designed to assess communication, socialization, and daily living skills by interviewing persons knowledgeable about clients.</td>
<td>Vineland Adaptive Behavior Scale</td>
</tr>
<tr>
<td>6-0 to 16-11</td>
<td>An individually administered instrument assessing children's intelligence organized by verbal and performance scales.</td>
<td>Wechsler Intelligence Scale For Children Third Edition (WISC-III)</td>
</tr>
<tr>
<td>Level I 5-0 to 11-11</td>
<td>A brief, individually administered achievement test. It contains three subtests: reading, spelling, and arithmetic.</td>
<td>Wide Range Achievement Test - Revised (WRAT-R)</td>
</tr>
<tr>
<td>Level II 12-0 to 74-11</td>
<td>Measures verbal and nonverbal development in children via 11 subtests using verbal and performance scales.</td>
<td>Wechsler Preschool and Primary Scale of Intelligence Revised (WPPSI-R)</td>
</tr>
</tbody>
</table>

**Recreational Therapy**

<table>
<thead>
<tr>
<th>Age/Level of Involvement</th>
<th>Purpose of Assessment</th>
<th>Assessment Process/ Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages and all levels of involvement</td>
<td>The purpose of the TR assessment is to determine past and current leisure interests, independent leisure involvements, and physical, cognitive, emotional, social, and recreational needs.</td>
<td>Multiple observational/behavioral checklists are used to assess each participant’s physical, mental, social, emotional, and leisure needs. An activity interest inventory that explores current, past, and independent interests is also used, as well as information about customary habits and routines, and community involvements garnered by family/caregiver interviews.</td>
</tr>
<tr>
<td>Age/Level of Involvement</td>
<td>Purpose of Assessment</td>
<td>Assessment Process/ Assessment Tools</td>
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<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>All ages and all levels of involvement</td>
<td>The purpose of the Social Work Services Assessment and Planning Report for full team evaluations is to provide families with concrete information on (1) formal networks of support, SSI, Medicaid Waiver, MHCP &amp; service coordination, and (2) informal networks of support such as ARC, parent support groups, MDA, respite care, etc. The purpose of the Social Work Treatment Plan and Assessment provides students with the opportunity to use measurement tools and the DSM-IV to develop an objective, measurable plan of therapeutic intervention for adolescents with a dual diagnosis of mental retardation and behavior problems.</td>
<td>For full team evaluations, the assessment process involves evaluating family needs based on psychosocial history, specific client information, current services utilized, satisfaction of services utilized, services family/child is eligible for and recommendations based on full-team evaluation. The assessment tool consists of Service Assessment and Planning Report, compiled by the Social Worker from information provided by the family, previous &amp; current written reports, school information and other professionals currently involved with the family system. Assessment tools for the Social Work Treatment Plan includes the Behavior and Emotional Rating Scale (BERS), the Scale for Assessing Emotional Disturbance (SAED) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).</td>
</tr>
<tr>
<td>Age/Level of Involvement</td>
<td>Purpose of Assessment</td>
<td>Assessment Process/ Assessment Tools</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>0-21 years Developmental Language Impairment</td>
<td>Developmental assessment: Standardized and custom measures that compare the child's development to a normative sample and evaluate the child's functional communication throughout communicative environments.</td>
<td>Language samples, interview and observation. Informal assessment of functional language, and comparison to cognitive/academic skills. PLS - Preschool Language Scale TACL - Test of Auditory Comprehension of Language. TOLD - Test of Language Disorders. CELF - Communicative Evaluation of Language Function. PPVT - Peabody Picture Vocabulary Test. Staff/family consultation and planning.</td>
</tr>
<tr>
<td>Adult/ Developmental language and/or cognitive impairment</td>
<td>Functional communication assessment of communication and cognitive skills, and the extent to which those skills are adequate for managing vocational, social and daily living tasks. Also trial intervention with augmentative communication techniques and environmental modification.</td>
<td>Interview with client, family and support staff, observation and language samples, trial therapy, informal assessment of language/cognitive skills, stimulation of functional communication tasks, assessment of effective improvement with augmentative communication, staff/family consultation and planning.</td>
</tr>
<tr>
<td>All ages/physical and/or sensory impairments affecting communication access</td>
<td>Functional communication assessment of reading/writing, computer access, and other tasks such as telephone use, community activities, and environmental control, in conjunction with other related professionals such as OT, PT, vision &amp; hearing specialists.</td>
<td>Interview, observation, and family/staff consultation. TOWL - Test of Written Language. Informal assessment of written and functional skills, including writing samples. Assessment of component skills involved in successful use of adapted access techniques. Trial use of computer/environmental tasks, with and without adaptations. Staff/family consultation and planning.</td>
</tr>
<tr>
<td>Adults/Aphasia and other acquired impairments</td>
<td>Functional and standardized assessment of communication skills, comparison to norms for persons with unimpaired communication and/or cognition. Also screening for additional functional effects of the acquired impairment.</td>
<td></td>
</tr>
<tr>
<td>All ages/Voice disorders</td>
<td>Functional and standardized assessment of vocal pathologies and client vocal production skills in various communicative environments</td>
<td></td>
</tr>
<tr>
<td>All ages/swallowing disorders</td>
<td>Functional and standardized assessment of swallowing pathologies, and client effective swallowing skills for various substances and situations.</td>
<td></td>
</tr>
</tbody>
</table>

**Observation/Interview/Communication Ability Record.**
**Bedside Evaluation Screening Test.**
**WAB- Western Aphasia Battery.**
**BDAE - Boston Diagnostic Aphasia Examination.**
**MTDDA - Minnesota Test for Differential Diagnosis of Aphasia.**
**CADL - Communication Assessment for Daily Living.**
Functional assessment/checklist of alertness, basic need expression, dementia, daily living tasks.
Trial use of augmentative communication and other intervention techniques.

**Observation and Interview with client and family.**
Perceptual analysis of pitch, quality, and loudness of voice.
Aerodynamic and acoustic measurements.
Oral/peripheral examination of vocal mechanism.
Trial therapy with vocal management techniques.

**Observation and interview with client and family.**
Perceptual analysis of swallowing integrity for various textures.
Modified Barium Swallow analysis (in cooperation with the Department of Radiology).
Clinical Bedside Dysphagia Evaluation.
Trial therapy with swallowing management techniques.
APPENDIX 2

UNMC Policy No. 6045

MMI Standard Practice Bulletins 102, 401-403 & 504
SUBJECT:
Confidentiality of Electronically Stored Records and E-Mail

GENERAL:
All data stored electronically and E-Mail are subject to the same confidentiality requirements as paper documents. This information is to be considered confidential in nature, particularly information related to patients at MMI.

Staff at MMI should take into consideration that passwords alone will not protect the confidentiality of information stored either on their personal computer hard disk or on the UNMC mainframe or on the MMI Network. Network supervisors, UNMC Computing Services staff have access to this information. Therefore, information of a personal nature should not be stored on those systems if extreme confidentiality is required.

PROCEDURES:

1. All staff need to maintain client confidentiality while using personal computers in public areas, such as UNMC clusters. Confidential client reports shall not be stored on public P.C.’s. Confidential client reports shall not be left in public printers. Students need to be informed by supervising staff to follow confidential computing practices.

2. Staff who violate confidentiality are subject to termination according to UNMC guidelines. Violations should be reported to the Director of P.I.O. and Information Technology for review.

3. The Director of P.I.O. and Information Technology will review the alleged violation, interview staff members involved and make recommendations to the Director of MMI for any needed corrective actions.

Bruce A. Buehler, M.D.
Director
SUBJECT: Student Responsibilities

GENERAL: As a component of professional training, students at MMI assume responsibility for completing required documentation and fulfilling the required training hours for their program.

DEFINITIONS: Post-graduates, Fellows, Residents: Students in this classification have completed a bachelor's, master's, or doctoral degree. They are not currently enrolled in a degree program and are committed to an interdisciplinary course of study at MMI. Typically they are scheduled for a full-time involvement in the Institute (40 hours/week), but may be less than full-time under special arrangements.

Trainees: These students are actively pursuing a program leading to state certification in their respective area of expertise or a graduate degree as evidenced by course credit-hour enrollment and are committed to an interdisciplinary course of study at the Institute. They may be scheduled for half-time, three-quarter time, or full-time (40 hours/week) study. Occasionally, special time arrangements are made.

PROCEDURES:

A. Student Registration

All students who will spend more than 8 hours at MMI must complete the following:

1. MMI Registration Form

2. MMI Confidentiality Statement for access to client records

B. Student Activity Logs

All students who will spend more than 150 hours at MMI must complete Interdisciplinary Activity Logs to document education hours at MMI:

1. Pre-doctoral students will complete the MMI Weekly Student Activity Log and submit it to the Office of Student Services on or before Friday of each week.

2. Post-doctoral Fellows will complete the Interdisciplinary Activity Log for Post-doctoral Fellows and submit it to the Office of Student Services by the third workday of the following month.
3. *Failure to submit activity logs on a timely basis may be grounds for dismissal from MMI and/or termination of financial support.*

C. Student Study Plan

All students who will spend more than 150 hours at MMI must complete a study plan.

1. Pre-doctoral students will complete the MMI Student Study Plan and submit it, with appropriate signatures, to the Office of Student Services within 30 days of registration.

2. Post-doctoral Fellows will complete the MMI Study Plan for Post-doctoral Fellows and submit it to the Office of Student Services within 30 days of registration.

3. Notification of any changes in the student study plan will be submitted, in writing, to the Office of Student Services for inclusion in the student record.

4. Failure to complete and submit a student study plan on a timely basis may be grounds for dismissal from MMI and/or termination of financial support.

D. MMI Certificate of Interdisciplinary Training

Postgraduate or graduate students receiving MCH, Scottish Rite, Meyer Board, or MMI Women's Guild stipends must complete the requirements for the MMI Certificate of Interdisciplinary Training as outlined in the MMI Core Curriculum Handbook (updated yearly). Acceptance of the stipend implies a commitment to complete these requirements.

1. All students receiving stipends and participating in the Certificate program will schedule quarterly conferences with the assigned Interdisciplinary Advisor to review progress toward Certificate requirements.

2. Failure to make satisfactory progress toward completing Certificate requirements by the student's mid-point conference may result in termination of the stipend award.

Post-baccalaureate students who do not receive stipend awards but who are enrolled for 300 or more hours of training may elect to complete requirements and obtain a Certificate of Interdisciplinary Training.

E. Student Schedules

All students are expected to pursue their education activities on the same work schedule followed by Institute Staff. In some instances, this may include evening or weekend activities.
For pre-doctoral students, holidays are to be taken only on those days when the Institute is officially closed (New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the day following, and Christmas Day). Vacation time must be approved by the student's advisor and discipline director. Arrangements should be made, at the time vacation hours are approved, to make up the hours missed. A Student Activity Log must be completed for the week(s) of vacation even if the hours reported are "0". If a student is on a stipend and misses time due to vacation or illness and cannot make up the hours, arrangements will be made to prorate the student's stipend for the month.

Post-doctoral Fellows are covered by the UNMC Guidelines for the Recruitment and Appointment of Other Academic Staff. These Guidelines are on file in the MMI Business Office. Post-doctoral Fellows are eligible for 15 days of vacation, all traditional and floating holidays observed by the University, and 96 hours of sick leave during their 12-month fellowship. UNMC Absence Report form should be completed for all vacation and sick leave time.

Bruce A. Buehler, M.D.
Director
SUBJECT: Supervision of Students

GENERAL: The Department in which the student is registered is responsible for supervision of the student while at MMI and for ensuring that the student is in compliance with all training program requirements and applicable MMI and UNMC policies and procedures.

PROCEDURES:

A. Advisement:

The designated discipline advisor will advise the student regarding specific education possibilities and requirements. The advisor will be responsible for ensuring completion of all registration forms and procedures. The advisor will assist the student in developing a Study Plan.

B. Curriculum Requirements:

The advisor will ensure that the student completes the agreed course of study at the Institute including, if applicable, all requirements for the Certificate of Interdisciplinary Training in Developmental Disabilities.

C. Documentation Requirements:

It is the advisor's responsibility to ensure that the student is appraised of and complies with all documentation requirements for clinical and research activities. Clerical support for documentation activities of students is the responsibility of the department.

D. Observation of MMI Clinics and other services:

The student is responsible for obtaining permission with sufficient advance notice to observe any client/patient receiving service. The student shall obtain permission from the appropriate contact person. Contact persons are listed in the master clinic schedule and with the Department secretary. Each Department may designate a specific procedure to follow which the student must inquire about. When permission is obtained, the Department or clinic contact person will notify the student if cancellations occur. This procedure will help insure respect of patient’s privacy and promote a quality observation experience for the student(s).
E. Student Performance Evaluation

Evaluation of a student's performance rests primarily with the student's advisor. His/her recommendations will determine the granting of the MMI Certificate and will be the basis for any letters of recommendation signed by the Director of MMI.

F. Student Study Plan Changes

Any changes in the Student Study Plan should be sent to the Coordinator of Education to be placed in the student's record.

G. Student Home Institution Contract (see UNMC Policy 7000)

There must be a signed agreement on file with the home institution of any student who does not come from the University of Nebraska Medical Center. A database of all education contracts with MMI is maintained by the Deputy Director, MMI.

H. Student Space

The Institute provides space for students, including individual carrels and lockers, on the first floor of MMI. The Office of Student Services will arrange and assign lockers. Departments who prefer to house students within their department are responsible for designating space and securing needed furniture or office equipment.

Bruce A. Buehler, M.D.
Director
SUBJECT: Student Stipends

GENERAL: A full-time graduate student or Post-Doctoral Fellows who will be registered for 300 hours or more of training at MMI may be eligible for stipend support. The intent of the stipend program is to encourage qualified students to pursue an innovative interdisciplinary course of study at MMI. Stipends will only be available to those individuals who intend to pursue professional careers in the field of developmental disabilities. The duration of the stipend will depend upon the funding source and training program requirements. In no case will MCH funded stipends for graduate students or post-doctoral fellows be extended beyond grant guidelines.

Financial support for undergraduate students is available for selected students in occupational or physical therapy.

Financial support for post-doctoral fellows is governed by the UNMC Guidelines for the Recruitment and Appointment of Other Academic Staff, which is on file in the MMI Business Office.

DISCIPLINE REQUIREMENTS: Disciplines requesting stipend support must evidence:

1. A formal written training program detailing clinical and didactic educational experience and anticipated skills and/or knowledge to be attained by their trainees.

2. Formal procedures for written evaluation of student performance.

APPLICATION: Each department reviews applicants for its training program based upon disciplinary criteria. Students selected for MMI training programs who meet the following criteria may qualify for stipend or financial support. Selection of stipend recipients will be a joint decision between the student's department and the UCD Coordinator for Interdisciplinary Education.

ELIGIBILITY:

Graduate Stipends

1. Applicants must be full-time (9 or more semester hours) graduate students presently enrolled in an accredited graduate program.

2. Priority will be given to those students who receive training by the MMI discipline directly related to their degree program. Secondary consideration will be given to those students trained by an MMI discipline other than their degree granting discipline.
3. Priority will be given to those students trained in Nebraska institutions of higher education.

4. Graduate students who receive stipends will be required to enroll in the MMI Certificate of Interdisciplinary Training as part of their commitment to an interdisciplinary course of study.

5. Applicants for stipends must be U.S. citizens or have a current resident visa. Students receiving stipends from Federal grants (e.g., MCH stipends) are limited to U.S. citizens or aliens with a valid permanent resident visa (exchange students or temporary residents are not eligible).

6. Some stipends are limited to students in specific disciplines. Maternal and Child Health stipends are awarded only to graduate students in the following disciplines: Audiology, Rehabilitation and Genetic Medicine, Administration, Psychology, Nursing, Nutrition, Social Work, Speech Pathology, Physical Therapy, and Occupational Therapy. Scottish Rite stipends are available only to graduate students in Speech-Language Pathology. The Meyer Board stipend is awarded to graduate students in Psychology. The Munroe-Meyer Women's Guild stipend is awarded to students in Education and Child Development.

Undergraduate Financial Support

1. Financial support of undergraduate students is limited to students who are enrolled at MMI as part of their pediatric affiliation in occupational or physical therapy.

2. Financial support is limited to students enrolled in out-of-state schools.

3. Applicants for financial support must be U.S. citizens or have a current resident visa.

STIPEND SUPPLEMENTATION: Unless otherwise noted, the MCH stipend level should be used as a basis for all post-doctoral clinical fellowships at MMI. The decision to supplement this stipend level must be based upon the lack of MMI’s competitiveness as demonstrated by the previous failure of a department to recruit fellows due to the stipend level, comparable programs having higher stipend levels, and other sources of funding information, such as surveys from professional organizations and surveys of average post-doctoral salaries. Should disciplines secure training grants that have higher stipend levels allowed by the granting agency, then those stipend levels can be utilized. When a department proposes to supplement a stipend, consideration must be given to other post-doctoral fellows in that department and their qualifications to insure parity within the discipline.

1. MCH Stipends may be supplemented according to federal MCH Guidelines. No federal funds may be used to enhance MCH stipends. Stipends may be supplemented from (a) departmental development funds, (b) indirect cost funds, or (c) unspent contracted program revenues carried forward from previous years. In order to meet the MCH Guidelines, post-doctoral fellows and other students on MCH funds cannot be required to provide services in order to supplement stipends, nor can funds generated by their services be directly used to supplement stipends. Under
no circumstance, will ongoing clinical services be utilized as a source of augmenting student stipends.

2. As a guideline, the maximum level that a stipend can be supplemented must be at least 10% below the starting Managerial/Professional salary for an individual in that position. This level would require that the fellow is licensed at the independent practitioner level except in Psychology which requires one year of post-doctoral supervision to obtain licensure. It is recommended that the “UNMC trainee level” of 10% below starting salary for a Managerial/Professional position and the starting MCH stipend level be utilized in combination to develop a negotiated supplemented stipend level. For physicians, the UNMC salary schedule for House Officers must be consulted and used as the standard guideline.

3. The negotiated salary should be determined in conjunction with administration to determine an appropriate level and a long term funding source.

   (a) The department shall present data regarding the appropriate stipend level, based on need for filling the post-doctoral position i.e. vacancies, scarcity, unique features.
   (b) The department shall submit written documentation of the specific salary and funding sources to the Deputy Director and Director of Business.
   (c) The department shall meet with the Deputy Director and the Director of Business to determine the current status of each proposed funding source to be used to supplement the fellowship and the method and timing of transferring the funds to an appropriate account to fund the stipend.
   (d) Following administration approval, the department shall develop a written Letter of Offer, to be signed by the Discipline Director and Education Coordinator.
   (e) The department shall forward a copy of the Letter of Offer to Student Services.

Bruce A. Buehler, M.D.
Director
SUBJECT: Observation of Patient Services

GENERAL: This standard practice bulletin defines the procedures for ensuring patient and family rights to privacy and confidentiality of service information.

PROCEDURES

A. Students and staff, other than the primary service provider, must obtain permission from both the family and the primary service provider (for a single discipline service) or the service coordinator (for an interdisciplinary team service) prior to observing a service.

B. Students and other staff who wish to observe a service should contact the primary service provider or service coordinator prior to the scheduled visit. The primary service provider or service coordinator should inform the family that students and other staff would like to observe at the start of the visit and obtain their verbal consent. If these individuals are observing from one of the observation rooms, they should be introduced to the family prior to entering the observation room.

C. In the event that a student or staff person is unable to be present at the start of the patient visit, the primary service provider or service coordinator should inform the patient and family that a student or other staff person would like to observe but will be delayed. If the patient or family consents to having observers, the individuals who arrive late should enter the observation room quietly and be introduced to the family at the end of the visit. If the patient or family does not consent to having observers, the primary service provider or service coordinator should place the "No Observers, Please" sign on the observation room door. No student or staff should enter an observation room when a patient visit is in progress unless these prior arrangements have been made and the consent of the patient and family has been obtained. Under no circumstances should any student or staff enter an observation room which has a "No Observers, Please" sign posted.

Bruce A. Buehler, M.D.
Director