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### Orientation Agenda

Program Overview

Safety & Security

Infection Prevention & Control

Patient and Family Centered Care

Patient Confidentiality

Guidelines for Working with Hospitalized Children

Tour of the Hospital

Dress Code

Daily Schedule

Patient Assignments

Logging Patient Encounters

Professional Learning

Events

Observations/Evaluations

#### To Do's:

- ✓ Sign Wheelchair Competency Evaluation
- ✓ Sign Orientation Packet Acknowledgement
- ✓ Sign Information Confidentiality and Use Agreement
- ✓ Sign Photo Release Form
- ✓ Complete Required WBTs and Print Transcript
- ✓ Complete Orientation Quiz in Webcourses
- ✓ Complete Pre-Test in Webcourses



# From the Beginning...

On July 1, 1940, Nemours opened its first children's hospital: Alfred I. duPont Hospital for Children in Wilmington, Delaware. In this historic photo, a teacher at the hospital is enjoying time outdoors with patients. Over the last 80 years Nemours has grown to become a fully integrated, multi-specialty pediatric healthcare system serving more than 500,000 children annually.

# Preparing Preservice Teachers to Work with Chronically Ill Children

- About 25% of children in the United States have a chronic health condition such as cystic fibrosis, sickle cell anemia, diabetes, epilepsy, and/or asthma (National Center for Chronic Disease Prevention and Health Promotion, 2017).
- Children with chronic health conditions may experience problems with school performance, including reduced attention and concentration, poor motivation, and absenteeism.
- To ensure that teachers are prepared to meet the diverse needs of all children, scholars have highlighted the need for teacher preparation programs to provide coursework and field experiences focused on preparing future educators to work with chronically ill children in a classroom setting (Gartin & Murdick, 2009; Irwin et al., 2018).

### PedsAcademy® Highlights

- Supervising Teacher on-site, Monday through Friday
- Educational services based on each patient's individual needs, including tailored instruction, educational enrichment activities, and return—to—school planning
- Hands-on, multi-sensory teaching techniques (involves the use of visual, auditory, and kinesthetic-tactile pathways to enhance engagement and learning)
- Developmentally supportive play/activities for infants and toddlers to promote stimulation and growth in cognitive, social, language, and physical skills (e.g., reading, singing, peek-a-boo, sorting qames)
- Robotics (children develop computer science concepts as they build and program robots to complete specific tasks)
- 3–D printing technology (children design and print their own three–dimensional models)
- Only hospital school program nationwide to offer an internship program for future teachers in early childhood development, elementary education, exceptional student education, and secondary education





### Hospital-Wide Educational Programs & Events

### Little Readers Program

- PedsAcademy's Little Readers Program aims to promote parent-baby bonding and support early language development by encouraging parents to talk, sing, and read aloud to their baby in the NICU.
- Upon admission, each family receives a Little Readers Packet which includes a free children's book and information about the benefits of reading with their baby in the NICU.
- A mobile book cart, stocked with a variety of childhood favorites, enables families to add new books to their baby's library throughout their hospital stay. Recordable storybooks are also available which allow parents to read to their baby even when they are unable to be at bedside.
- UCF Early Childhood Development students attend NICU developmental rounds, present at NICU parent support group sessions, and create family engagement activities/projects for NICU families!



### READing Paws

- Our UCF Teacher Candidates help patients and siblings practice their reading and communication skills by reading aloud to one of the hospital's nationally registered and qualified therapy dogs.
- Each participating child receives a brand-new book to keep which is "pawtographed" by their four-footed reading companion!
- If you are interested in helping facilitate the READing Paws program, you must complete the online training module provided by the R.E.A.D.® (Reading Education Assistance Dogs®) organization.



#### PedsAcademy's Traveling Library

- Mobile library cart delivers a variety of highquality children's books to inpatient rooms and outpatient clinic areas.
- Books are available for kids of all ages in both Spanish and English.
- UCF Teacher Candidates read-aloud to patients and their visiting siblings.



#### Summer Explorers Camp

- Eight-week STEM-based summer camp for inpatient students and siblings.
- Each camp week features a new theme to provide educational and engaging summer fun (e.g., Junior Engineer, A Trip Into Space, LegoMania, Mad Science Lab, Dinosaurs Rock).
- Former PedsAcademy teacher interns have the opportunity to volunteer as camp counselors.



# Safety and Security



# Parking/Arrival

- Please park on the <u>third or fourth</u> floor of the visitor parking garage.
- Take the elevator to the ground (G) floor.
- Wait outside the ground floor entrance for Dr. Grysko.
- You must arrive by 8:45 am.

COVID-19 Vaccine

Dose 1 - 9/1/2021

Dose 2-10/6/2021

Influenza Vaccine
You must submit proof
of flu vaccination by
12/1/2021.



### Student Badges

- Each badge number will be assigned to a specific student, therefore badges may not be shared.
- Your Student Badge must be worn and visible at all times while at Nemours.
- Your Student Badge must be returned to Dr. Grysko at the end of each internship day. <u>Student Badges are not to be taken home.</u>

### Emergency Codes and RACE/PASS

Code Blue Medical Emergency	Code Green Delta Level 1 25+ Patients Inbound
Code Red	Code Green Delta Level 2 24 or Less Patients Inbound
Code Black Bomb Threat	Code Green Delta Level 3 Operations/System Failure
Security Alert Violent or Aggressive Person(s)	► Code Brown Hurricane/Tropical Weather Systems
Active Shooter Active Shooter	Code Tornado Tornado Watch or Tornado Warning
Code Pink Missing, Eloped, or Abducted Child	Facility Alert - Spill Response Potentially Hazardous Spill
Nemours Children's Hospital	Emergency Number 57-5555

**EMERGENCY** REMINDERS IN CASE OF FIRE Rescue anyone in the P Pull extinguisher pin immediate danger of the fire A Alarm/Alert by pulling A Aim the nozzle at the base fire alarm and calling of the fire Security Command at 575555 Squeeze or press handle Contain fire by closing all doors in the fire area Sweep from side to side until E Extinguish fire if it is safe the fire is out to do so

For more detailed information, please refer to the Quick Reference Guide on pgs. 18–20 of the PedsAcademy Student Intern & Faculty Handbook.

# Injection Prevention & Control

### Mandatory COVID-19 Vaccination

To protect the children we serve, Nemours requires COVID-19 vaccination for all associates. This includes contractors, students, temporary staff, and volunteers.

- The first dose of a two-dose Pfizer or Moderna vaccine or a single dose of Johnson & Johnson vaccine must be completed by September 1, 2021.
- All students must have their second dose by October 6, 2021.
- You can receive the SARS-CoV-2 (COVID-19) vaccine free of charge through UCF Student Health Services.

Your Vaccine is Waiting. Armor Up! | Coronavirus (ucf.edu)

# COVID-19 Policies, Procedures, and Practices

- You may not enter the facility if you are experiencing any of the following symptoms: fever of 99.5 or greater, persistent cough, loss of sense of smell and/or taste, shortness of breath, and/or sore throat.
- You must wear a temporary face covering when walking to and from your vehicle.
- You will be required to wear a medical-grade loop mask at all times, except when eating or drinking (regardless of vaccination status).
- Universal masking and physical distancing are NOT interchangeable. You MUST maintain at least three feet of physical distancing from others while on-site.
- Students will NOT be assigned to work with patients with suspected or confirmed COVID-19.

### Hand Hygiene

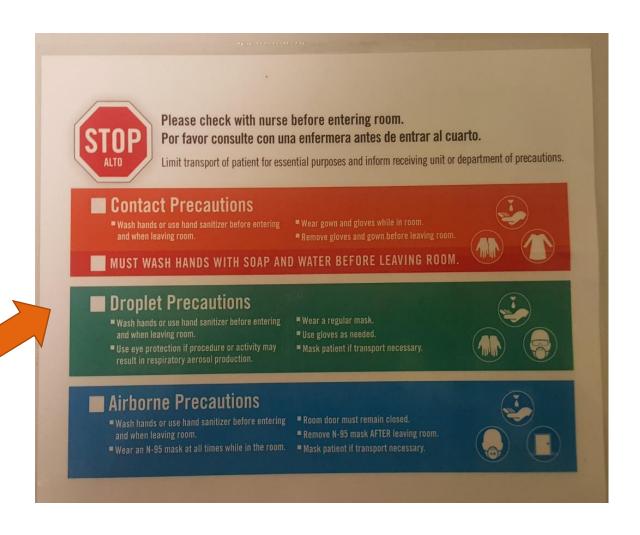
- 1. Handwashing: Hands are to be thoroughly washed, using soap and water, when visibly dirty or soiled.
- 2. Hand Sanitizer: Alcohol-based hand sanitizer is the preferred product for routine hand hygiene in healthcare settings unless hands are visibly soiled.
  - Gel In / Gel Out before and after every patient interaction.
- 3. Nails:
  - Any individual whose responsibilities include contact with the patient's immediate environment may only have natural fingernails (no artificial fingernails, extenders, wraps or other fingernail applications/decorations/silks/tips shall be worn.
  - Natural fingernails shall not extend over the tip of the finger.
  - Finger nail polish, if worn, shall not be chipped and should be clear or pale-colored.

Hand hygiene is recognized as the foundation of effective infection prevention and control practice.



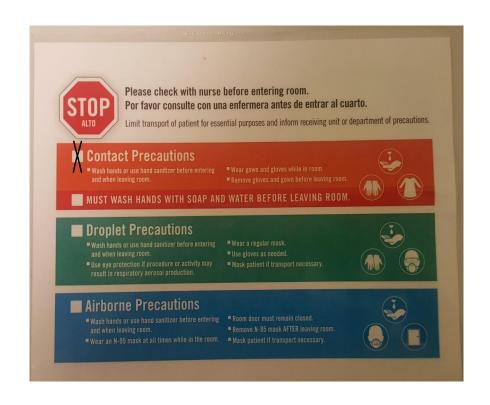
#### Isolation (Transmission-Based) Precautions

- All patients known or suspected with infectious diseases/infections are placed on Transmission—Based Precautions.
  - Patients requiring Transmission—Based Precautions have an Infection Prevention and Control—approved sign displayed at their door.
  - Patients are to remain in their rooms except for medically necessary tests or therapeutic reasons.
  - PPE supplies (e.g., gowns, gloves, masks) are stored outside of the patient room in a cabinet.



#### Contact Precautions

- Used for patients known or suspected to have organisms or illnesses easily transmitted by direct patient contact or contact with items in the patient's environment.
  - Use hand sanitizer before putting on PPE.
  - Put on a gown and gloves before entering the patient's room.
  - Remove gown and gloves before leaving room.
  - Use hand sanitizer immediately after leaving the patient's room.



#### Droplet Precautions

- Used for patients known or suspected to be infected with microorganisms transmitted by droplets that can be generated by patient during coughing, sneezing, talking, or the performance of procedures.
  - Use hand sanitizer before putting on PPE.
  - Put on a loop mask before entering patient's room.
  - Gowns and gloves are not required unless other precautions are in effect such as Contact Precautions.
  - When leaving a patient's room, remove gown and gloves first, then the mask.
  - Use hand sanitizer immediately after leaving the patient's room.



#### Airborne Precautions

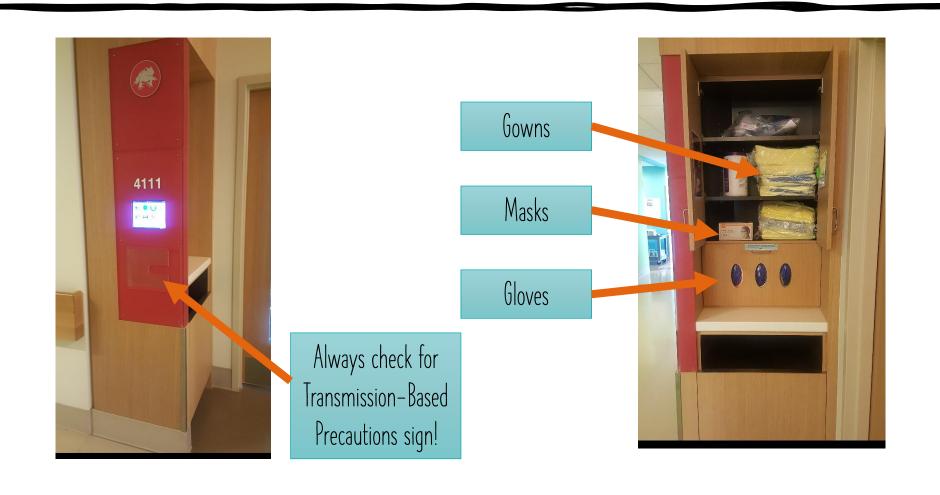
- Used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (e.g., Tuberculosis, SARS)
  - Only staff who have been fit tested and trained to use a NIOSH-approved respirator and who are essential to patient care should enter the room of a patient requiring Airborne Precautions



### Personal Protective Equipment (PPE)



#### Where to Find PPE



# Cleaning and Disingection of Teaching Materials

- Objects such as paper books, crayons or pencils, or cloth type items are deemed non-reusable and must be given to the children to keep and shall not be re-circulated.
- All teaching materials (e.g., tablets, blocks, manipulatives, magnetic whiteboards, laminated materials, etc.) must be wiped down thoroughly with the hospital-approved disinfectant wipes after each use.
- Always put on a pair of clean gloves when using the hospital-approved disinfectant wipes to clean materials.



# Patient and Family Centered Care

Patient- and family- centered care is working "with" patients and families, rather than doing "to" or "for" them.

# Patient and Family Centered Care in Practice

- A Patient and Family Centered Care approach:
  - allows for the family system to take an active role in their child's care,
  - encourages the care team to identify and acknowledge each family's individual barriers to care,
  - ensures the family system as a whole is being cared for, as this impacts the patient's individual treatment outcomes,
  - and recognizes each patient and their family's individual experiences and how this relates to their medical care.

# Patient Family Services (PFS) Team at NCH

Provides support services to families to manage any unexpected challenges during their hospital stay or outpatient clinic visit. The Family Resource Ctr. offers a phone charging station, laptop load services, children's play area, copy/print/fax/scan services, community resources, and events for children and families.

Social Workers assist our patients and families by providing compassionate, professional, and culturally-Social Work sensitive case management, psychosocial support and connection to resources. Family Provides spiritual and emotional support to families. Spiritual Care Resource The chaplain will work with families to connect them Child and Center to specific religious leaders as requested. Family Child Life Specialists help patients and their families Child Life PedsAcademy cope with medical experiences through therapeutic play, diagnostic education, age appropriate preparation, and expressive activities.

PedsAcademy facilitates meaningful and engaging educational tasks/activities with patients across all school subject areas. Instruction is tailored to each child's unique abilities and needs. Educational sessions take place either at the child's bedside or in the hospital classroom.

# Patient Considentiality



#### Protected Health Information (PHI)

Protected Health Information (PHI) is individually identifiable health information that is, or has been, electronically maintained or transmitted, is stored on paper, has been communicated orally, or has been transmitted or maintained in any other form or medium. Examples include: patient name, medical record number, birthdate, diagnoses, and treatment information.

### Patient Considentiality Guidelines

#### All students will abide by the following patient confidentiality guidelines:

- You may not take any pictures of patients unless you have obtained a signed photo release form.
- <u>Do not</u> post information about patients and/or families on any social media site.
- You may not discuss patient information or use a patient's name in a public area of the hospital (i.e., the cafeteria, elevators, common areas, the hallway, etc.)
- Paper documents with patient information (e.g., patient assignment slips, patient encounter logs) that are no longer needed should be discarded in the confidential shred box.

## Guidelines for Working With Hospitalized Children

### Properly Introduce Yourself to Patients, Families, & Hospital Staff

Your Name

Your Dept.

Specific Purpose for Visit

Hello, my name is \_\_\_\_\_. I am a teacher intern with PedsAcademy, the school program here at the hospital. Today, I am here to [introduce school program services, provide assistance with school assignments, provide instruction in reading/math, offer an educational enrichment activity]. Is now a good time?

Remember to be polite, professional, & CONFIDENTI

# Working with Hospitalized Children

### $\mathbb{D}0$

- Talk at eye level.
- Introduce yourself and your role.
- When possible, let the child have a choice.
- Respect expression of emotions. Crying and anger are normal. Children can cope better if encouraged to express emotions.
- Support the family relationship. Include family members (e.g., parents, siblings) in the educational task/activity.
- Respect patient's right to privacy. Everyone needs their own space.
- Respect patient's individuality. Our patients come from different backgrounds and cultures.

### DON'T

- Ask for hugs.
- Pity. Children and families need supporting care.
- Make promises you can't keep.
- Talk in a negative manner. Focus on what children can do instead of what they cannot.
- Be offended if a child doesn't want to talk or participate in an activity. If a patient is not engaging, try visiting them another time.

# Wheelchair Sajety

#### Accompanying a Child to the Classroom

- Before taking a child from their room, check with the nurse that he/she is able to go (i.e. off monitors, not on isolation, etc.).
- If the child is not able to walk, use a wheelchair, do not transfer patient into wheelchair. Have a nurse, tech, etc. help the patient into the wheelchair.
- Check IV cords and other electrical devices to make sure they are unplugged.
- Once the patient is in the chair, put the foot plates down and unlock the brakes.
- When transporting the patient, use a slow and constant pace, and enter doorways and elevators backwards.
- Once you have arrived at your desired destination, apply the locks.

#### Returning a Child to Their Room

- Always accompany a child back to their room, unless a parent/family member is with them.
- Notify the nurse that the patient has returned to their room.



### W Poles

- When moving an IV pole/machine, push the IV pole with one hand and hold tubing with the other to allow for slack.
- Watch the height of the pole when going through doorways.
- If an IV machine begins to beep and displays "low battery" message, plug the machine in immediately. If it beeps and shows any other message, call a nurse or return the patient to their room.
- If the tubing ever becomes unattached, clamp off the line and immediately call for a nurse. DO NOT RECONNECT THE TUBING.
- Never reset or change any of the settings on the IV machine.



# What to do iz...

- A care team member enters while a teacher is in the room?
  - Introduce yourself to the team member(s) and ask if it is ok to continue to lesson and/or activity.
- You are with a child and there is an emergency (i.e. IV tubing disconnects, child throws up, potty accident, etc.)
  - Remain calm, stay with the child, and immediately call for help (hit call button or pick up phone in patient room).
- What to do if a patient verbalizes fear, misconception, or feelings on their medical experience
  - Validate their feelings. Refrain from giving advice.
    - "I understand you are feeling scared about your upcoming surgery. There is someone here at the hospital who can help you with those feelings."
    - Tell Dr. Grysko so a referral can be placed for a Child Life Specialist

# REACH Program

- A patient care program created to help identify and better serve patients with ASD and similar conditions.
- This symbol indicates that a patient has a behavioral, sensory, developmental, or mental health disorder.





Decrease stimulation including sounds, lights and touch.

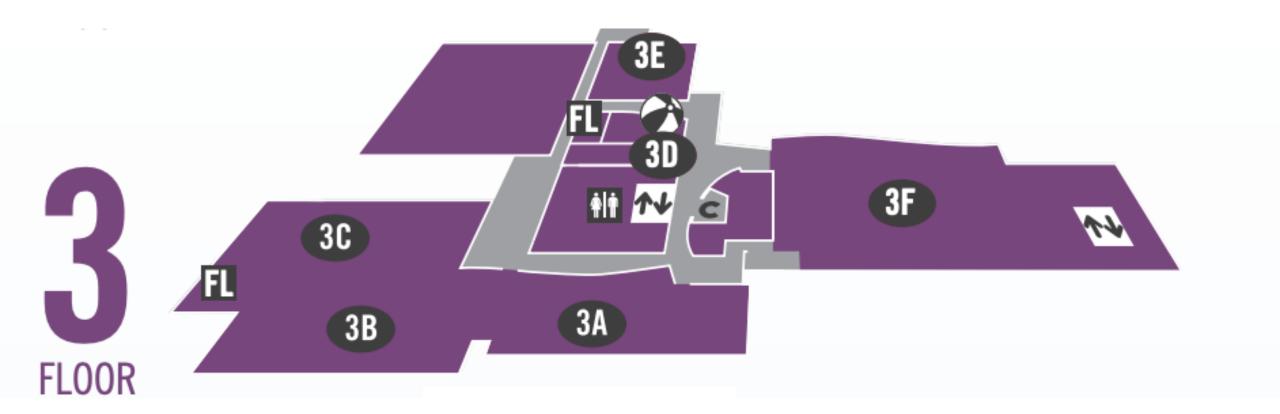
Approach patient calmly and smoothly. Keep caregivers to a minimum.

See Child Life or nursing staff for questions.



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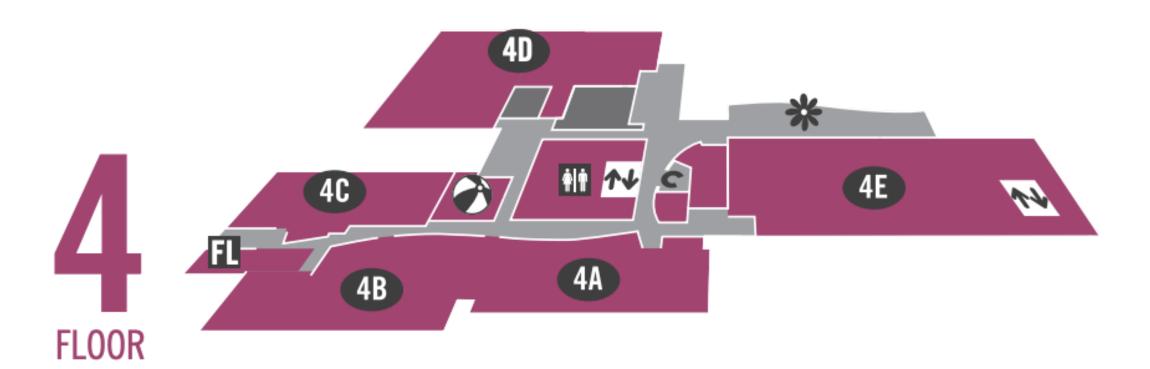
- Located on Floor 3
- The PICU provides life-saving treatments to the most seriously ill children.
  We provide educational services to patients in the PICU on a referral-based system.





- Located on Floor 3
- The NICU provides round-the-clock intensive care for babies who were born too early or have medical issues.
- Teacher interns must always be accompanied by the Supervising Teacher when working in the NICU.







- Floor 4 (Pods A & B)
- Patients in this unit may be chronically or acutely ill with a wide variety of medical issues and/or are recovering from a recent surgery.
- Common chronic illnesses include asthma, diabetes, and sickle cell anemia.
- Common acute illnesses include appendicitis, influenza, gastroenteritis, and bronchitis.

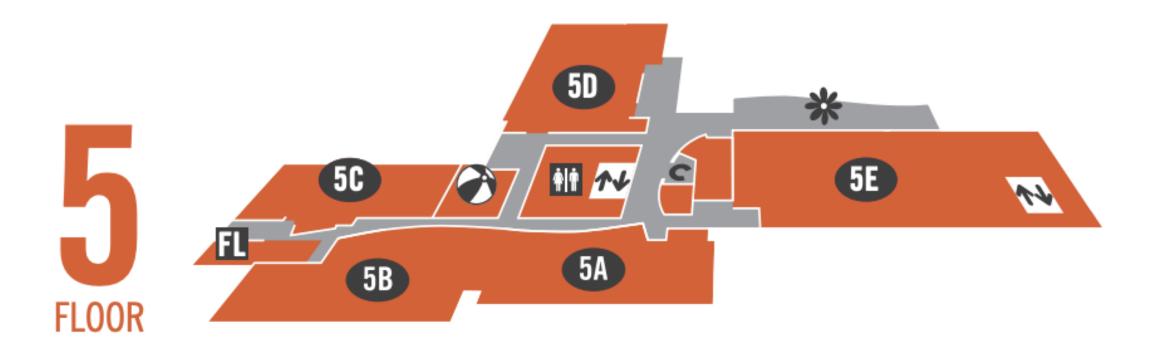


- Floor 4 (Pod C)
- This unit treats children of all ages who have been diagnosed with cancer or a blood disorder.
- 83% of children diagnosed with cancer are expected to become long-term survivors (American Cancer Society, 2014).



### Ingusion Center

- The Infusion Center cares for children who require intusion therapy for cancer and blood disorders, kidney disease, immune system disorders and more.
- The Center consists of 14 separate infusion rooms where children stay during their treatment.
- Robotics, STEM challenges, and read-alouds are great options for learning and distraction.

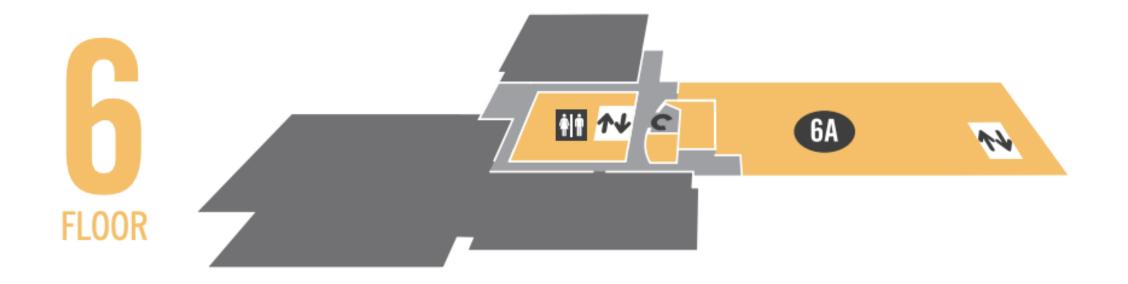




- Floor 5 (Pods A & B)
- Patients in this unit may be chronically or acutely ill with a wide variety of medical issues and/or are recovering from a recent surgery.
- Common chronic illnesses include asthma, diabetes, and sickle cell anemia.
- Common acute illnesses include appendicitis, influenza, gastroenteritis, and bronchitis.



- Floor 5 (Pod C)
- This unit treats children who have severe limitations from their illness or injury.
- The patients in in-patient rehab receive 3 hours of therapy (e.g., speech, occupational, and/or physical) a day to improve their movement, function, and communication.
- The PedsAcademy faculty has access to print patient therapy schedules so you can pinpoint the best time for working with the patients.





- This unit provides comprehensive pediatric cardiovascular care for children with heart conditions.
- Young children in this unit benefit from reading books, sensory activities, and musical play to promote listening, playful interaction, sensory learning, and language acquisition.
- We provide educational services to patients in the CICU on a referral-based system

# PedsAcademy Internship Requirements

### Our Teacher Interns

- Our PedsAcademy teachers are UCF students who have completed extensive coursework related to to teaching and learning and child development.
- Our student teachers are selected from a variety of majors/programs:
  - Early Childhood Development
  - Elementary Education (K-6)
  - Exceptional Student Education
  - Secondary Education (6–12 Math and Science)
  - Lifelong Learning Track
- During their internship/practicum experience at PedsAcademy, all student teachers receive professional development training focused on understanding the specialized learning needs of hospitalized children.







## Our Classroom

- Promotes normalization and supports coping by offering a familiar, student-centered environment!
- Features a wide selection of teaching tools and school supplies.
- Quality, well-stocked library of children's books for all ages!

# Mandatory Dress Code

- Black polo shirt
- Long khaki pants
- Closed-toe shoes



# Daily Schedule

8:45 - 9:30 Arrive & Material Prep

9:30 - 12:00 Bedside Instruction

12:00 - 12:30 Lunch

12:30 - 1:30 Professional Learning

1:30 - 1:45 Material Prep

1:45 - 3:45 Bedside Instruction

3:45 - 4:00 End-of-Day Tasks

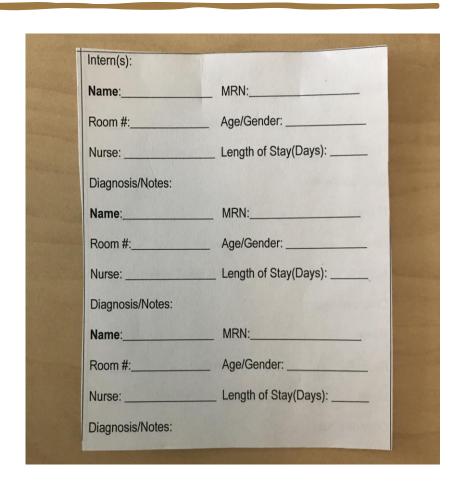
(Remember to turn in your badge before leaving!)



## Patient Assignment Slips

- Each morning, you will receive 3–6 patient assignments.
- Patient assignment slip includes:
  - Patient name
  - Medical record number
  - Patient Room #
  - Age/Gender
  - Nurse
  - Length of Stay (Days)
  - Diagnosis

Patient Assignment Slips contain PHI. Therefore, they must be shredded at the end of the day.



## Individualized Instruction and Support

- Supervising Teacher conducts an educational needs assessment for all new patients.
  - Introduce PedsAcademy program and services
  - Ask about patient's current school status (e.g., FLVS, District Virtual School, Hospital/Homebound)
  - Determine patient's grade level, academic needs, and interests
    - "Is your child working at grade level?"
    - "Is there a particular content area that he/she is struggling in?"
  - Offer to coordinate with classroom teacher(s) or hospital/homebound teacher
    - Obtain signed authorization to contact patient's teacher or school to obtain assignments and other education-related information

Academic goals are developed for each patient based on their specific needs.

# Educational Needs Assessment (completed by parent/guardian)

STUDENT INFORMATION  First Name: Last Name:  Preferred Name/Nickname:  Date of Birth: Grade Level:	is information.
SCHOOL INFORMATION	
Student is currently receiving hospital/homebound  If yes, when did the student begin receiving ho  If no, do you plan to apply for hospital/homeb	Occupational Therapy Other  services: yes no  ospital/homebound services? Month & Year  oound services? yes no  hospital/homebound services if it is anticipated
What are your child's academic <b>strengths</b> ?	What additional information would you like us to know about your child?
What are your child's <b>areas of need</b> ?	

MORE INFORMATION				
Has your child been assigned schoolwor	k to be	completed during t	heir hospital stay?	yes no
Would you like us to contact your child's	s schoo	l and/or teacher to	obtain schoolwork?	yes no
Would you like your child to participate	in the	hospital school prog	yram? yes	no
If yes, would you like us to send your summary to document the number of their hospital stay?				yes no
<u>Note:</u> If the student has not been ass stay, our hospital teachers will provid designed to meet your child's individu	e deve	lopmentally-appropr		
I would like support/guidance with the Check all that apply.   IEP and/or 5			omebound Applicat Intry	
ACADEMICS	$\checkmark$	Please choose the child's a	response that bes cademic performar	
		Below Grade Level	On Grade Level	Above Grade Level
Reading				
Writing				
Mathematics				
Science				
Social Studies				
SOCIAL/EMOTIONAL SKILLS and work habits	<b>√</b>	Please choose the child's social/emot		
- "		Needs Improvement	Working on Skill	Satisfactory
Follows directions				
Puts forth best effort				
Accepts responsibility for own actions				
Displays self-confidence				
Displays self-control				
Shows respect for others				
Obeys rules and demonstrates approprie behavior	ate			

## What will my instruction look like?

- Using multi-sensory techniques to help patients practice sight words (e.g., play-dough, magnetic letters, wikki stix, etc.)
- Playing educational games to reinforce key skills/concepts (e.g., BINGO, matching games, sorting games)
- Reading aloud to patients to provide positive neurocognitive stimulation and decrease isolation
- Facilitating literature circles to provide a way for long-term patients to engage in critical thinking and reflection as they read and discuss texts.
- Developmentally-supportive play/activities (reading, singing, finger puppets) with babies & toddlers to promote social, emotional, cognitive, and physical development
- Providing educational enrichment in STEM
  - Learning to code with Dash & Ozobot
  - Building with Legos or Magna-Tiles

Efforts will be made by the ST to match interns with patients in their preferred age-range.

## Patient Encounter Logs

- You are required to complete a patient encounter log for each patient you work with during the day.
- You will turn in your completed patient encounter log to the supervising teacher at the end of the day.
- Patient encounter logs are stored digitally in the PedsAcademy folder on the Nemours Network (S:)

#### PATIENT ENCOUNTER LOG

Patient Name:		Patient MRN Numbe	r:
Patient Room Number:		Age/Gender:	
Purpose of Visit/Content	t Area (select all that apply):	Who was present du	ring educational session?
☐ Reading/Literacy	•	☐ Mother	
☐ Mathematics		□ Father	
□ Science		□ No caregivers	s present
☐ Social Studies		□ Other	
☐ Robotics/Enginee	ering	What was the pt's m	ood/affect during session
□ Early Childhood/	Developmental Play	(select all that apply)	)?
☐ Homework Supp	ort	□ Engaged	
□ Other		□ Cooperative	
		☐ Positive in me	ood
Where did the education	nal session take place?	□ Negative in n	nood
<ul> <li>Pt's hospital roor</li> </ul>	m	☐ Withdrawn	
□ PedsAcademy cla	assroom	☐ Slow to enga	ge
<ul> <li>Other</li> </ul>		□ Frustrated	
		☐ Easily distrac	ted
		□ Other	
	Instruction focused on solving s  Activity (e.g., Pt used unifex cub		
Detailed Description of A		nes to practice solving sin	nple addition sentences.)
Detailed Description of A	Activity (e.g., Pt used unifex cub	nes to practice solving sim	nple addition sentences.) upport.)
Detailed Description of A Assessment (e.g., Pt was De Social/Emotional	Activity (e.g., Pt used unifex cub  able to with minimal  evelopmental Milestones (Com Language/Communication	nes to practice solving sim	nple addition sentences.)
Detailed Description of A Assessment (e.g., Pt was  Social/Emotional smiled	Activity (e.g., Pt used unifex cub  able to with minimal  evelopmental Milestones (Com Language/Communication     made "cooing" noises	nes to practice solving simple to the control of th	ages 0-3)  Physical/Motor held a toy or object
Detailed Description of A  Assessment (e.g., Pt was  Social/Emotional  smiled maintained eye	Activity (e.g., Pt used unifex cub  able to with minima  evelopmental Milestones (Com Language/Communication     made "cooing" noises     babbled with	I/moderate/maximum surplete ONLY for children Cognitive Gollowed moving object with eyes	ages 0-3)  Physical/Motor held a toy or object unassisted
Detailed Description of A  Assessment (e.g., Pt was  Social/Emotional  smiled maintained eye contact during	able to with minimal with expression	I/moderate/maximum subplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with
Detailed Description of A Assessment (e.g., Pt was  Social/Emotional smiled maintained eye contact during interaction	able to with minimal with	I/moderate/maximum subplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs
Detailed Description of A Assessment (e.g., Pt was  Social/Emotional smiled maintained eye contact during interaction laughed in	able to with minimal  evelopmental Milestones (Com Language/Communication made "cooing" noises babbled with expression turned head towards sound	I/moderate/maximum subplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth reached for a toy	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs held head unsupporte
Detailed Description of A Assessment (e.g., Pt was  Social/Emotional smiled maintained eye contact during interaction laughed in response to playful	able to with minimal  evelopmental Milestones (Com Language/Communication made "cooing" noises babbled with expression turned head towards sound used simple gestures	I/moderate/maximum subsplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth reached for a toy followed simple	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs held head unsupporte sat without support
Social/Emotional smiled maintained eye contact during interaction laughed in response to playful interaction	able to with minimal  evelopmental Milestones (Com Language/Communication made "cooing" noises babbled with expression turned head towards sound used simple gestures (e.g., shook head "no")	I/moderate/maximum subsplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth reached for a toy Gollowed simple instructions (e.g.,	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs held head unsupporte
Social/Emotional smiled maintained eye contact during interaction laughed in response to playful interaction interested in	able to with minimal  evelopmental Milestones (Com Language/Communication made "cooing" noises babbled with expression turned head towards sound used simple gestures (e.g., shook head "no") pointed to object or	I/moderate/maximum subsplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth reached for a toy Gollowed simple instructions (e.g., "pick up the toy")	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs held head unsupporte sat without support
Detailed Description of A Assessment (e.g., Pt was  Social/Emotional smiled maintained eye contact during interaction laughed in response to playful interaction interested in looking at self in	able to with minimal  evelopmental Milestones (Com Language/Communication made "cooing" noises babbled with expression turned head towards sound used simple gestures (e.g., shook head "no") pointed to object or picture when named	I/moderate/maximum subsplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth reached for a toy followed simple instructions (e.g., "pick up the toy") explored objects	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs held head unsupporte sat without support pulled up to stand
Social/Emotional smiled maintained eye contact during interaction laughed in response to playful interaction interested in	able to with minimal  evelopmental Milestones (Com Language/Communication made "cooing" noises babbled with expression turned head towards sound used simple gestures (e.g., shook head "no") pointed to object or	I/moderate/maximum subsplete ONLY for children Cognitive Gollowed moving object with eyes brought hands or toys to mouth reached for a toy Gollowed simple instructions (e.g., "pick up the toy")	ages 0-3)  Physical/Motor held a toy or object unassisted made movements with arms and legs held head unsupporte sat without support pulled up to stand

### Example of Patient Encounter Log Educational Needs Assessment

Purpose of visit/interaction

Teacher intern met with pt and mom at bedside to introduce hospital school program (HSP) services and assess educational needs. Pt is in 4th grade at Gardner ES. Mom is currently in the process of applying for hospital/homebound services. Mom agreed for pt to receive educational sessions 5x per week either in the PedsAcademy classroom or at bedside throughout hospitalization. Pt will engage in lessons/activities, as offered by the PedsAcademy team, to maintain academic skills and promote normalization of the hospital environment. Teacher intern completed interest inventory to learn more about pt. Pt also completed "All About Me" poster. Pt shared that she loves Minecraft, is very \_ interested in robotics, and could use instruction/additional practice with multiplication. Information from interest inventory will be used to inform future instruction in response to pt's individual needs.

School Info

Academic Goals

Patient Interests

## Example of Patient Encounter Log Instruction with School-Aged Patient

Teacher intern provided educational session in reading/literacy. Instruction focused onpromoting letter and sound recognition. Session took place in pt's hospital room, with mom present at bedside. Teacher intern read-aloud "Chicka Chicka Boom Boom". During read-aloud pt was engaged and eager to help identify letters throughout the book. After reading, pt played four rounds of Alphabet BINGO with teacher interns. Pt was able to identify and name letters with little to no support but recalled very few letter sounds. Pt could benefit from continued instruction focused on letter sound recognition. Pt talkative and in good spirits throughout session, but easily distracted. Teacher interns used verbal cues and goal setting to redirect pt's attention and improve concentration. Pt will continue to participate in HSP 5x per week.

Purpose of visit/interaction

Where? Who?

What?

Assessment

Pt's mood/affect

## Example of Patient Encounter Log Preschool-Aged Child

Purpose of visit/interaction

Teacher intern provided educational session to promote color recognition and fine motor skills. Session took place in PedsAcademy classroom, with grandma present.

Where? Who?

Teacher intern read-aloud "Brown Bear, Brown Bear". After read-aloud, pt engaged in a color—sorting sensory bin activity. Using a handy scooper, pt was able to sort each item by color. Pt was also able to verbally name each color, with cueing/encouragement. Pt was engaged, cooperative, and positive in mood throughout session. Pt will continue to participate in the HSP 5x per week to promote development/reinforcement of key kindergarten readiness skills.

What?

Assessment

Pt's nood/affec

## Example of Patient Encounter Log Toddler

Purpose of visit/interaction

Teacher interns provided developmentally supportive play/activities to promote early childhood development and normalization of the hospital environment. Session took place in pt's hospital < room with pt seated on playmat. No caregivers present. Teacher interns read-aloud, sang nursery rhymes with finger puppets, and engaged pt in instrument play. Pt playful, engaged, and smiling throughout session. Developmentally supportive activities/play to be continued throughout pt's hospital stay to promote socialization skills, fine motor skills, and cognitive/early language skills.

Where? Who?

What?

Pt's mood/affect

### Example of Patient Encounter Log Injant (0-12 months)

Purpose of visit/interaction

Teacher interns provided developmentally supportive play/activities to offer positive sensory/neurological stimulation and promote normalization of the hospital environment. Session took place in pt's hospital room with pt sitting upright in bouncy chair. No caregivers present. Teacher interns read-aloud and provided both visual and auditory stimulation using books, toys, and finger puppets. Pt responded positively as evidenced by calm demeanor, maintaining eye contact, and making "cooing" noises. Developmentally supportive activities to be continued throughout hospital stay to address above goals.

Where? Who?

What?

Pt's mood/affect

## What is Missing?

HSP 5x per week.

Purpose of visit/interaction not specific

Teacher intern provided educational session in math. Session took place in PedsAcademy classroom, with mom present. Teacher intern read-aloud math book and practiced solving addition sentences.

Pt was engaged, cooperative, and positive in mood throughout session. Pt will continue to participate in

Description of activity/instruction is lacking details

No assessment of learning included

## Complete Patient Encounter Log

Teacher intern provided educational session in math. Instruction focused on solving simple addition with sums up to 10. Session took place in PedsAcademy classroom, with mompresent. Teacher intern read-aloud "The Mission of Addition" as an introduction to basic addition and key vocabulary terms. After reading, pt used unifix cubes to practice solving simple addition sentences. Pt demonstrated one-to-one correspondence when counting and was able to tell how many in all with minimal support. Pt was able to write the appropriate addition equation on a whiteboard with moderate assistance. Pt was engaged, cooperative, and positive in mood throughout session. Pt will continue to participate in HSP 5x per week.

Purpose of visit/interaction

Where? Who?

What?

Assessment

Pt's mood/affect

# Gradual Release of Responsibility (1 do, We do, You do)

### Week 1

Model (1 D0): Supervising Teacher will model while YOU observe/shadow.

### Week 2

Guided Practice (WE DO): You will pair up with a partner and the supervising teacher will be available to guide and assist you, as needed.

### Week 3 and Beyond

Independent Practice (YOU DO): You will be expected to enter patient rooms and teach independently. However, the supervising teacher will still be available to guide and assist. Peer support is also encouraged!

## Professional Learning

#### • Disease-Specific PD

- Purpose: To learn how to meet the educational needs of children with chronic or life—threatening illness and/or disabilities
- Each disease-specific PD session will provide an overview of the disease or condition, the ways it can impact learning, and the specific accommodations/modifications teachers can make to support children in an educational environment.
- Sessions will be hosted face—to—face on Mondays & Thursdays during our professional learning time (12:30–1:30pm).

## Disease-Specific PD Sessions

Week	Session Title	Goal(s)
Week 1	Brain Injuries and Implications for School and Learning	To help interns learn about the effects of brain injury on learning and memory as well as the accommodations and/or strategies teachers can use to support students with brain injuries and neurological conditions in educational settings.
Week 2	Supporting Children with ASD in the Hospital Setting	To help interns learn about the stressors and unique challenges children with ASD face when visiting the hospital and different evidence—based interventions that can help support children with ASD in the hospital setting.
Week 3	Teaching Children with Cancer	To familiarize interns with the most common types of childhood cancer, potential impacts on learning, and how teachers can support children with cancer in educational settings.
Week 4	Pediatric Pulmonary Diseases and Disorders	To familiarize interns with the most common pediatric respiratory conditions, the different types of respiratory support and monitoring equipment used in the hospital, and what teachers can do to help children with a pulmonary disease/disorder be successful in school.
Week 5	Supporting Children with Chronic Pain in the Classroom	To help interns learn about the different medical conditions and diseases that can cause chronic childhood pain (e.g., sickle cell disease), the impact of chronic pain on school performance, and what teachers can do to help students cope with chronic pain in educational settings.

## Professional Learning (continued)

- Technology—Related PD
  - Purpose: To learn about different types of innovative technology tools you can incorporate to enhance children's learning and engagement.
  - Each Webcourse module concludes with a short, 10-point quiz. You must achieve a total score of 80% (8 out of 10 points) or greater on each quiz.

▼ Ro	botics: Wonder Workshop
alii.	Introduction to Robotics and Coding
illi	Meet Dash and Dot
illi	Meet Cue
illi	Accessories for Wonder Workshop Robots
illi	Dash and Dot Across the Curriculum
ili.	Exploring Angles with Dash
ille	Programming Games and Challenges
alii.	Additional Resources for Dash, Dot, and Cue
illi	Next Steps with Dash, Dot, and Cue
×	Wonder Workshop Quiz

## Technology PD Modules

Module	Due Date for Group 1 (and LLLs)	Due Date for Group 2
Robotics: Wonder Workshop	Sunday, 8/29	Sunday, 10/10
Robotics: LEGO WeDo 2.0	Sunday, 9/5	Sunday, 10/17
Robotics: Mindstorms EV3	Sunday, 9/12	Sunday, 10/24
Robotics: Ozobot & Sphero	Sunday, 9/19	Sunday, 10/31
Augmented/Virtual Reality	Sunday, 9/26	Sunday, 11/7
3D Printing	Sunday, 10/3	Sunday, 11/14

### Upcoming Events

- NICU Read-A-Thon September 13-23<sup>rd</sup>
  - This event is a friendly reading competition to celebrate and encourage shared family reading and improve the NICU experience. NICU families will compete to read the most with their baby. "Winner" will receive a gift basket of children's books.
- Read for the Record Thursday, October 28th
  - This year's book selection is *Amy Wu and the Patchwork Dragon* by Kat Zhang
- Putting the BOO in Books Friday, October 29th



### Observations and Evaluations Elem Ed., Ex. Ed., and Secondary Ed.

#### Clinical TEAM

- Supervising Teacher (Dr. Grysko) two formal observations
- Clinical Coordinator— one formal observation
- Midpoint/Final evaluation meeting at the end of the 6 weeks

#### Formal Observation Protocol

- Teacher Candidate submits formal lesson plan 24 hours in advance for feedback
  - Submit both in VIA and email to observer(s)
- Teacher Candidate facilitates lesson with a patient
- Post observation conference focuses on strengths, areas of need and overall effectiveness of the candidate

Use the formal observation lesson plan template in Webcourses!

## Summative Reflection (all interns)

- 1.) How did this internship impact you personally? As an educator?
- 2.) What were the most challenging aspects of this environment? How did you overcome them?
- 3.) What is your #1 take-away from this experience?
- 4.) What are some ways we can improve this internship experience for other teacher candidates?

See Webcourses for Due Date

## Group Me

- Our Pedcademy team will utilize GroupMe to communicate with one another.
- Faculty will share important information and reminders related to observations, events, etc.
- Please share your PedsAcademy highlights/celebrations with your peers! Feel free to include patient photos as long as you have obtained a signed photo content form. Let's strive to create a professional learning community this semester!
- You may utilize Group Me to discuss patients and their educational needs. However, please use room # instead of patient name.

# TO DO: PLEASE SEND YOUR PHONE # TO REBECA.GRYSKO@UCF.EDU TO BE ADDED TO THE GROUP!



### Wheelchair Competency Evaluation

#### **⊞Method: O=Observation D=Return Demonstration E=Exam V=Verbal Review**

Competency Criteria	Competent	Method	<u>Date</u>	<u>Initials</u>
	<u>(Y/N)</u>			
Demonstrates ability to identify patients and				
visitors who may need the assistance of a	У	V		
wheelchair.	7	V		
Ensures wheelchair is properly positioned in				
wheel locked position with footrest up				
before patient/visitor sits in wheelchair.				
Ensures patient/visitor is prepared for				
transport with wheels unlocked and				
patient/visitor feet on footrest correctly.				
Demonstrates correct body mechanics with				
back straight and knees slightly bent.				
Demonstrates correct procedure when				
entering elevator (enter backwards with the				
patient/visitor facing forwards).				
Demonstrates ability to identify broken				
equipment and to report the need for repair				
to the appropriate person.				

<b>Evaluator Signature</b>	Date	

### Orientation Packet Acknowledgement

I have read.	understand and	agree to abide by	the following	Nemours guidelines:
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- ✓ Patient Confidentiality Guidelines
- ✓ Code of Conduct
- ✓ Clinical Guidelines
- ✓ Parking and Security Guidelines
- ✓ Faculty Information

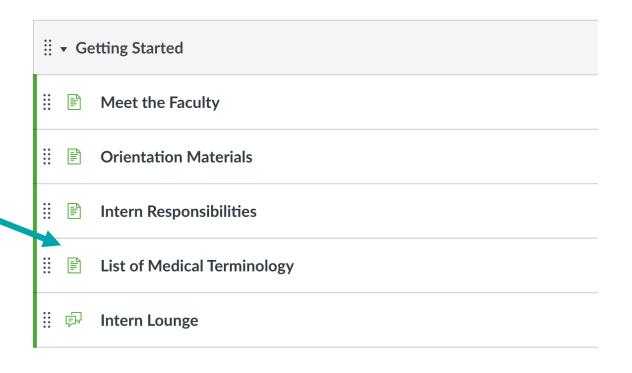
Your Signature	Date
Student or Faculty Signature	Today's Date
Your Printed Name	
Student or Faculty Printed Name	
University of Central Florida	Fall 2021
School	Semester/Year
Dr. Becca Grysko	Elem. Ed., Ex. Ed., Secondary Ed., Early Childhood
PedsAcademy Faculty Printed Name	Program

#### Information Confidentiality and Use Agreement

Individual Being Granted Access Student Resident Fellow Volunteer			
Non Medical Intern	Community Physician Other		
PRINT Name of Individual:	First Name:		
PRINT Name of Individual.	Middle Name:		
	Last Name:		
	Date of Birth		
	Date Signed:		
	Start Date of Rotation		
Signature of Individual:			
PRINT School/Organization/ Employer Name:	University of Central Florida		
<b>Nemours Authorization</b>			
PRINT Nemours Associate Authorizing Access: Department of Nemours Associate:	Brenda Marin		
	PFCC		

#### Orientation Ruiz in Webcourses (all interns)

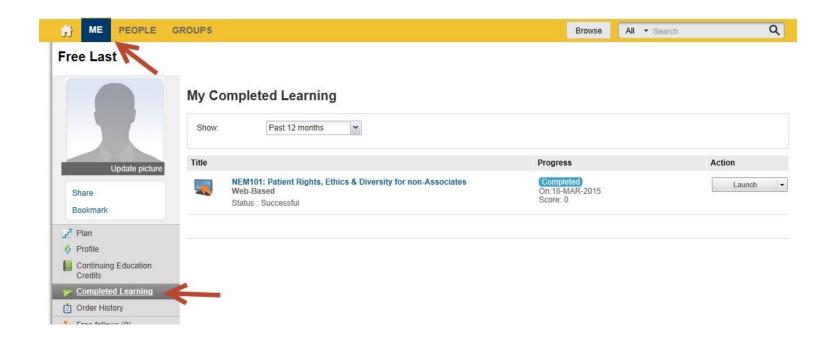
- Complete after reviewing the PedsAcademy Student Handbook & List of Medical Terminology
- Multiple-choice
- Topics included:
  - Safety and Security
  - Infection Prevention & Control
  - Patient Confidentiality
  - Hospital Units
  - Basic Medical Terminology
- Due: Friday, 8/27 @ 11:59PM



## Supporting Students with Special Health Care Needs Pre-Test (all interns)

- Multiple-choice pre- and post-test
- Designed to measure changes in interns' knowledge of how to support students with special health care needs as a result of participation in the PedsAcademy internship program.
- Complete pre-test after attending face-to-face orientation
- Due Friday, 8/27 @ 11:59PM

### Print WBT Transcript



When you've completed your training, print your transcript. You can find your "transcript" under the "Me" section on top toolbar and then select the "Completed Learning" tab in the left navigation bar. You will have to right click on your screen to print your transcript.

\*\*\*You must submit a printed copy of your transcript on your start date.

## PedsAcademy on Social Media

Please follow and tag @PedsAcademy on social media!

