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ABSTRACT

This final report discusses activities and outcomes of "Caring for Infants and Toddlers with Disabilities: A Continuing Education Program for Nurses (CFIT Nurses)," a Virginia program designed to develop and implement a model of training to ensure that nurse practitioners and registered nurses have the information and skills needed to be full participants in community-based early intervention systems of services for infants and toddlers with disabilities and their families. Working with a State Leadership Planning Group of key stakeholders, CFIT Nurse developed a model of training that combines an introductory seminar with independent study. The curriculum includes information related to the nurse's role in child find, evaluation and assessment, Individualized Family Service Plan (IFSP) development, IFSP implementation and service coordination, and transition. The introductory seminar uses an interdisciplinary panel to present information about the early intervention system, share family stories, and present strategies nurses can use to increase their early intervention involvement. A comprehensive 400-page manual that includes 3 audiotapes, practice activities, supplementary readings, and state and national resources supports the independent study. The training was field-tested with 284 participants. Nurses made significant gains in knowledge and competency and were highly satisfied with project materials. Appendices include curriculum materials. (Contains 27 references.) (Author/CR)

Caring for Infants and Toddlers with Disabilities: A Continuing Education Program for Nurses

FINAL REPORT

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II. Abstract

Caring for Infants and Toddlers with Disabilities:
A Continuing Education Program for Nurses

Caring for Infants and Toddlers with Disabilities: A Continuing Education Program for Nurses (CFIT Nurses) was designed to develop and implement a model of training to ensure that nurse practitioners and registered nurses have the information and skills needed to be full participants in community-based early intervention systems of services for infants and toddlers with disabilities and their families.

Working with a state Leadership Planning Group (LPG) of key stakeholders including representatives from the VA Part C office; family members; and colleagues at the University of Virginia School of Medicine, the Virginia Commonwealth University School of Nursing, and the Virginia Nurses Association, CFIT Nurses developed a model of training that combines an Introductory Seminar with Independent Study. The curriculum includes information related to the nurse's role in Child Find, Evaluation and Assessment, IFSP Development, IFSP Implementation & Service Coordination, and Transition. The curriculum reflects the National Standards of Nursing Practice for Early Intervention Services (ANA, 1993). The Virginia Nurses Association has approved the training curriculum for 23.5 contact hours. The VNA contact hours, good in all states except CA and IA, are approved through March '03.

The Introductory Seminar uses an interdisciplinary panel of nurses, parents, and other early intervention system representatives to present information about the early intervention system, to share family stories, and to present strategies that nurses can use to increase their involvement in early intervention. A 14-minute video was developed using a bicycle analogy to provide a concise overview of the Part C system. The Introductory Seminar lays the foundation for the Independent Study. A comprehensive, 400-page manual that includes three audiotapes, practice activities, supplemental readings, and state and national resources supports the Independent Study. The manual is indexed to competencies in the five competency areas so that nurses can locate content based on their areas of greatest interest and need.

The model of training was field-tested and implemented with 284 participants in 10 rural, urban, and suburban areas of Virginia. Evaluation data have provided strong evidence that nurses made significant gains in knowledge and competency and were highly satisfied with project materials.

CFIT Nurses is a program of Child Development Resources, Inc. (CDR), a nationally recognized private, nonprofit agency located in Norge, Virginia. CDR provides services for young children and families and training and technical assistance to early intervention and early childhood personnel. Information about the CFIT Nurses model is available from CDR (757) 566-3300.

III. TABLE OF CONTENTS

TABLES

APPENDICES

IV. CFIT GOALS AND OBJECTIVES

Goal 1: To coordinate project activities with key stakeholders at the state and regional levels so that the model will meet the needs of the Part H system and its CSPD and the needs of nurses and nurse practitioners.

Objectives:

1.1 Establish a statewide Leadership Planning Group (LPG) to advise and assist the project in planning and implementing training for nurses and nurse practitioners.

1.2 Develop a written action plan for implementation of model in Virginia, specifying project and LPG responsibilities.

1.3 Develop procedure for regional training.

1.4 Obtain LPG assistance in preparation of curriculum for training.

Goal 2: To develop and implement a model of training for nurses and nurse practitioners so that they can participate in community-based systems of early intervention (E.I.) services.

Objectives:

2.1 Develop the curriculum for the Introductory Seminar.

2.2 Develop an Independent Study Manual for CFIT Nurses.

2.3 Develop scripts for the production of audiotapes.

2.4 To field test the model in the Tidewater region of Virginia.

2.5 Implement and evaluate the CFIT Nurses training model in four additional regions of Virginia.

Goal 3: To promote awareness and replication of the CFIT Nurses model and products through statewide and national dissemination.

Objectives:

3.1 Develop awareness materials to inform early intervention and health care communities and families about CFIT Nurses activities, findings, and products.

3.2 Disseminate information through conferences, presentations, journals, and articles prepared for appropriate audiences.

V. Theoretical Framework for Project Approach

Families have, for decades, reported the problems they have encountered when health care professionals have not made timely referrals of their infants and toddlers to early intervention (Epps & Kroeker, 1995 & Dearlove & Kearney, 1990 as cited in Glascoe & Dworkin, 1995; Hendrickson, Baldwin, & Allred, 2000); when information has not been fully shared with families or families are not perceived as decision-makers (Bernstein, Stettner-Eaton, & Ellis, 1995; Hendrickson et al., p. 351); and when health care has been provided without the emotional support families have needed (Cooley & McAllister, 1999). Health care professionals have expressed their own frustrations with their inadequate training in the skills necessary to serve children with disabilities and their families (Young, Davis, Schoen, & Parker, 1998; Collin, 1995). Despite these problems, the Part C legislation calls for family-centered, coordinated, community-based systems of care in which health and developmental concerns are integrated and health care provider participation is essential.

Nurses have, over the years, played a critical role in screening and early identification of children with disabilities, in assessment and service planning, in service coordination, and in facilitating smooth transitions from hospital to home and back when necessary (Walsh, Hammerman, Josephson, & Krupka, 2000; Gamblian, Hess, & Kenner, 1998; Steadham, 1993). Part C legislation lists nursing as one of the 14 disciplines that provides early intervention services. In 30 states, policies for Comprehensive Systems of Personnel Development (CSPD) include nurses as qualified to provide service coordination and in 23 states as qualified to provide special instruction (NECTAS & OSEP, 1995). "Nurses are in an ideal position to identify children at developmental risk, connect families with the necessary link to early intervention services in the community and to investigate new

strategies for early intervention" (Collin, 1995, p. 529; Glascoe, 2000). Von Rembow & Sciarillo (1993) also specify clear roles for nurses in e.i. systems of child find, service coordination, evaluation and assessment, IFSP planning, and health and nursing services. However, despite this critical role, it has been reported that timely referrals by nurses to early intervention services are problematic (Betz, 1998; Glascoe; Hendrickson et al., 2000; Bungay, Jellinek & Hall, 1996).

While it seems clear, based on the above, that nurses play important roles on early intervention teams, it is less clear that they have been trained for those roles. Although " the goals of community-based health professionals are to...connect families with community resources...they may not have had the training needed to support the developmental needs of the high-risk and premature infant" (Browne & Smith-Sharp, 2001, p. 25). Nurses themselves report that there is little in their training that prepares them for providing services to young children with disabilities and their families (Walsh et al., 2000; Newton, 2000), although they consistently recognize this need for training and want to learn about early intervention services (Robinson, 1997). In a survey of 500 nurses in New Jersey, almost 60% of respondents said that they received little or no training in the area [developmental disabilities] since receiving their licenses or in their current job (Walsh et al.). Further analysis of training by specific age groups showed the least amount of education and training in developmental disabilities was for the infant/toddler age group (Walsh et al.).

"The registered nurse licensure indicates that the nurse was educated as a generalist, and may lack the specific knowledge and abilities to practice in early intervention systems" (Cox, 1996, p. 165). While nursing texts introduce IDEA and various nursing roles in early intervention, the treatment of these issues is cursory and generally does not address concepts

of recommended early intervention practice (Cox). Further, although nursing programs attend to the importance of the family-centered approach, nurses may have difficulty committing to family-centered practices (Cox; Godfrey, 1995; Simeonsson, 1994). While the nursing profession embraces the concept of the family-centered approach, these professionals continue to be challenged to incorporate the approach into practice (Collin, 1995).

The CFIT Nurses Model responds to the need to bridge the gap between health care and other early intervention services and builds on nurses' important roles in earliest identification and referral of children with, or at risk of having, disabilities. The model was designed to prepare nurses and nurse practitioners for new roles in early intervention services consistent with National Standards of Nursing Practice for Early Intervention Services, (ANA, 1993). Principles drawn from the literature on adult learning and particularly on health care provider training (Bricker & Winderstrom, 1996; Winton, Catlette, & Houck, 1996; Capone & DiVinere, 1996; Cox, 1996; Knowles, 1996; Walsh et al., 2000) have influenced the development of the CFIT Nurses curriculum, the format of the materials, and the sequence of the training process.

VI. DESCRIPTION OF MODEL AND PARTICIPANTS

CFIT Nurses used a **five-step** process for model development: State Planning, Curriculum Development, Field Test and Revision, Implementation of Training, and Evaluation of Model (Appendix A).

STEP 1: State Planning. The project used a collaborative state planning process involving key stakeholders to plan for the training of nurses throughout Virginia. The CFIT Nurses staff worked with Virginia's lead agency for Part C, the VA Department of Mental Health, Mental Retardation and Substance Abuse Services; nurses and other health care providers who served on VA's ICC; and colleagues at the University of Virginia School of Medicine, the Virginia Commonwealth University School of Nursing, and the Virginia Nurses Association (VNA) to establish a Leadership Planning Group (LPG) which advised and assisted in planning and implementing the model (Appendix B). Use of the LPG to review materials and plan training activities ensured that state needs were addressed and that training content was consistent with the state early intervention system. The LPG provided feedback on curriculum materials and products (workbooks, manual, audiotapes, and videotape), planned for field-testing and implementation, and made recommendations for modifications in materials and process. The LPG included representation and support from the following:

- Part C
- Part C CSPD
- Virginia Interagency Coordinating Council (VICC)
- Family members
- Virginia Nurses Association (VNA)
- VA Department of Health
- VA Department of Education
- National Association of Pediatric Nurse Associates and Practioners (NAPNAP)

- Hospital and community-based nurses
- Public Health Nurse
- Nurse educators
- Representatives of local ICCs

Project staff worked with the LPG to develop a written action plan including tasks to be completed, roles and responsibilities of project staff and LPG members, timelines for accomplishing tasks, and procedures for evaluation data collection. Together CFIT Nurses and LPG members gathered information on state Part C policies and procedures and state and local resources to use in customizing an independent study manual and developed a plan for regional training for nurses.

STEP 2: Curriculum Development. CFIT Nurses developed a curriculum that moves the learner from acquisition of prerequisite knowledge to mastery. The CFIT Nurses Curriculum (Appendix C) outlines the outcome, purpose, method, instructional technique, instrumentation, and time period for each component. The curriculum was designed around five areas of competency for nurses working in early intervention: Child Find, Service Coordination, Assessment, IFSP, and Transition and combines an introductory seminar and independent study approach.

The three-hour **Introductory Seminar** lays the foundation for subsequent learning, introducing nurses to the concept of a family-centered team approach to community-based e.i. services and to the independent study process. The seminar content provides an overview of the Part C legislation and services and the changing roles of nurses in that system. An interdisciplinary panel creates a shared understanding of the role expectations of each team member (nurse, other early intervention provider, and family member) during **child find, evaluation & assessment, IFSP development, IFSP implementation & service coordination, and transition.** Panelists present information from their diverse perspectives

and participants are engaged in discussion. Nurses also learn about their local early intervention system, including making referrals, identifying local service providers, and learning about other community resources. The intended outcomes are an awareness of the changing role of the nurse with regard to the five areas of service delivery, an understanding of the parents' perspective, a beginning dialogue among key individuals involved in providing services to young children with disabilities, and a foundation for completing the independent study.

A 14 minute video was produced for use during the Introductory Seminar. The video was adapted from *Families on the Move* (1992) and built on previous training efforts developed by nurses for nurses. The video provides an overview of the Part C system and provides a foundation for the panelist discussion to follow. **The Virginia Nurses Association (VNA) has approved the Introductory Seminar for 2.6 contact hours.**

The **Independent Study** component of the curriculum was designed to be individualized, self-directed, and self-paced and to acknowledge the difficulties nurses have in finding time for in-depth training. Completion of the **Independent Study** results in a strong knowledge base in each of the five major areas of competency addressed by the curriculum (child find, evaluation & assessment, IFSP development, IFSP implementation & service coordination, and transition). The independent study manual and the audiotapes provide the instructional format for this component of training. The content of the independent study manual reflects the National Standards of Nursing Practice for Early Intervention Services, (ANA, 1993), Part C regulations, roles of health care providers and strategies for implementing those roles, and considerations for family-centered care. The manual is indexed to competencies in the five competency areas so that nurses can locate

content based on their areas of greatest interest and need. The 400 page, 7-section manual (Appendix D), reviewed and approved as part of the VNA accreditation process for independent study, includes information about early intervention and the nurse's roles, family stories, practice activities and review questions, supplemental readings, and contacts for referral to early intervention services. Three accompanying audiotapes, included in the manual's three-ring binder, cover the five competency areas and can be used as a preview or summary of the reading material and activities. **Independent Study is approved for 20.9 contact hours by the VNA.**

STEP 3: Field Test and Revision. The model was field tested in the Tidewater, VA, region at one Train-the-Trainer seminar for panelists and three Introductory Seminars held in locations representing rural, urban, and suburban communities. Panelists were prepared for these seminars via the Train-the-Trainer Seminar and the Train-the-Trainer workbook. A total of ninety-six panelists and participants (77 nurses, 6 parents, 7 early intervention representatives, and 6 others) took part in the three field test sites. Based on feedback from the field test seminars, and with input from the LPG, minor revisions were made in the Train-the-Trainer workbook, the seminar agenda, and the names of the evaluation instruments.

STEP 4: Implementation of Training. After field-testing, eight additional Introductory Seminars were held across Virginia. A Train-the-Trainer Seminar, using the revised Train-the-Trainer Workbooks, was held to prepare panelists for these seminars. One hundred eighty-eight panelists and participants including 155 nurses, 14 parents, and 19 early intervention representatives attended the seminars.

STEP 5: EVALUATION OF MODEL. See Section VIII for evaluation results.

VII. PROBLEMS ENCOUNTERED

No significant methodological or logistical problems were encountered. Minor adaptations were made in materials and the name of evaluation instruments as a result of feedback from the field-test sites.

VIII. EVALUATION

The project used several measures to evaluate the efficacy of the CFIT Nurses model. The **Nurses' Pre/Post Assessment Measure** is an objective performance measure designed to assess knowledge acquisition and competency in early intervention services on a pre/post training basis. Using the **Introductory Seminar Evaluation** and the **Independent Study Measure,** nurses evaluated the introductory seminars and the independent study materials for quality, usefulness, and overall satisfaction. Sample measures are in Appendix E.

The measures noted above were used to answer three evaluation questions: 1) the extent to which training increased nurses' knowledge about early intervention services, 2) the extent to which training increased nurses' competence or skills to fulfill their roles as members of early intervention teams, and 3) the extent to which training content and materials were perceived as useful and of high quality. **Data from the model project provide strong evidence of model efficacy and are summarized below.**

Extent of increased knowledge. The Knowledge section of the Pre/Post Assessment Measure assessed knowledge in the Foundations of Early Intervention and in the 5 areas of early intervention services (TABLE 1). The measure consisted of 17 multiple-choice questions and was scored for each sub-domain and a total score. Nurses who completed the CFIT curriculum scored 43% correct on the total knowledge measure before training. Post-training scores showed a statistically significant increase to 78% correct. The change between pre and post represented an 81% increase in nurses' knowledge. Analysis of scores in the sub-domains also showed significant improvements between pre- and post-tests in all six sub-domains, with the total scores showing significant improvement [$t(df=71) = -15.12$,

p<.001]. These results indicate that CFIT Nurses training resulted in increased knowledge about family-centered early intervention services for children with disabilities.

TABLE 1. Sub-domain and Total Score on Nurses' Knowledge Measure

Sub-domain	Pretest %	Posttest %	Significance
Foundations	59.8	83.6	p<.001
Child Find	19.6	68.5	p<.001
Assessment	50.2	89.0	p<.001
IFSP Development	52.1	76.7	p<.001
IFSP Implementation	25.3	67.8	p<.001
Transition	44.5	81.5	p<.001
Total	**43.3**	**77.9**	**p<.001**

Extent of increased competency. The Competency section examined nurses' perceptions of their own competencies as members of early intervention teams by asking nurses to assess their own skills on a 4-point rating scale for each of the following sub-domains: preparing families for participation in the IFSP process, interpreting health/medical information to families, ensuring that the child's health needs were addressed in the IFSP, identifying and helping families use health care strategies in their daily routines and natural settings, and enhancing community linkages and coordination of services for children. These sub-domains reflect the ANA competencies for nurses working in early intervention. TABLE 2 presents the analyses of the self-rating data. These data demonstrate that nurses' overall ratings increased from 2.21 pre-training to 3.11 post-training, which analyses indicate is a statistically significant difference at less than the .001 level [t(df=68) = -9.33, p<.001]. Additionally, analyses of each of the sub-domains indicated that all were significant at less than .001.

TABLE 2. Sub-domain and Total Score on Nurses' Competency Measure

Sub-domain	Pre/Test	Post/Test	Significance
1. Family participation in IFSP	1.54	2.78	p<.001
2. Interpreting health/medical information	2.81	3.40	p<.001
3. Health care needs in IFSP	2.09	3.20	p<.001
4. Health care strategies in daily routines	2.55	3.19	p=.001
5. Community linkages & coordination	2.07	2.97	p<.001
Total Mean Score 1-5	**2.21**	**3.11**	**p<.001**

Extent to which training content and materials were perceived as useful and of high quality. Nurses participating in the training completed two rating scales to evaluate the effectiveness, quality, and usefulness of the seminar and the independent study manual and audiotapes. Both measures used a Likert-type rating scale and yes/no questions. For both rating scales, participants' ratings indicated a high degree of satisfaction with the quality and usefulness of the model and materials. For the introductory seminar, the combined overall value was 3.61 with 4 being the highest rating. TABLE 3 shows participant satisfaction ratings with the seminar. When asked if participants learned new information from the seminar that they can implement in their practice, 89% of the respondents said "Yes". Nurses reported having a heightened awareness of Part C services available for children birth to three and their families and of the potential role of nurses in those services. On seminar evaluation questionnaires, nurses were asked to list three things they would implement in their practice as a result of the training. The most common responses were to include

developmental screening into routine well child visits, to provide the appropriate information about the Part C system to families, and to learn how to support families during the referral process and during families' participation in Part C services. Nurses said they would take on a more active role in the early intervention system and be better able to help with using resources and assisting with transition activities.

TABLE 3
CFIT Nurses Seminar Evaluation by Nurse Participants
Results from 175 Evaluations

Did you learn new information from this program that you can implement in your practice?	89% Yes

	Mean Rating (1 = Poor, 4 = Excellent)
Combined Overall Value	3.61
Combined Discussion Value	3.63
Combined Speaker Effectiveness	3.71
Please rate the following related to the seminar:	
Relationship of the objectives to the overall goal	3.74
Effectiveness of a panel approach	3.73
Adequate opportunity to be involved in discussion	3.57
Effectiveness of audiovisual aids	3.55
Effectiveness of handouts and displays for giving you information about community resources	3.62
Appropriateness of facilities	3.67

Evaluation of the participants' satisfaction with the manual and audiotapes also showed a high degree of satisfaction (TABLE 4). When asked "Would you recommend the manual to a colleague?" and "Have you gained information or skills that you plan to use in your practice?", 100% of the respondents said "Yes".

TABLE 4
CFIT Nurses Curriculum Measure Results
Based on 62 responses

Please rate the following aspects of the independent study manual	**1=Poor, 4=Excellent**
Relationship of the objectives to the overall goal	3.35
Organization of the manual	3.43
Readability of the content	3.35
Clarity of the information	3.22
Usefulness of the information	3.39
Would you recommend the manual to a colleague?	61 Yes 1 Did not answer

Please rate the following aspects of the audiotapes	**1=Poor, 4=Excellent**
Relationship of the objectives to the overall goal	3.15
Usefulness of the information	3.11

Please rate the following related to the overall independent study approach	**1=Poor, 4=Excellent**
Clarity of the directions for completing the independent study	3.31
Appropriateness of the format (i.e. seminar, manual, audiotapes)	3.37
Have you gained information or skills that you plan to use in your practice?	58 Yes 4 Did not answer

Nurses' own comments best summarize the impact of the CFIT Nurses training:

- "Prior to this seminar, I honestly had not even been aware that this [Part C] existed..."
- "In the future I will do more follow-up and be more involved ...in the IFSP process."
- "[This seminar] gave me a great idea for implementing a developmental checklist for parents to fill out pre visit at the pediatrician's office."
- "Thought the manual and audiotapes were excellent! Will use the manual as a resource at my place of work."
- "Great to have this manual helping our military families with services available for them in our area."

- "I felt the conference was excellent, especially in having Health Care providers who were also parents of children with disabilities -- and hearing their stories."
- "This was wonderful—incredibly well-organized and thorough!"
- "The audiotapes were fabulous! They helped pull it all together."
- "Great approach to utilize all aspects of learning styles."
- "I am now committed to EI services!"

IX. Project Impact

In addition to the new information and skills that nurses have gained through CFIT Nurses training, the project has had an impact on the field through the development of materials and the dissemination of information about project activities and products. The following materials and products were developed by the project:

- A project **Identity Packet** was developed for dissemination to nurses, nurse practitioners and early intervention providers. This packet included the project abstract, a curriculum overview, and agency newsletter.

- ***CFIT Nurses Train-The-Trainer Workbook***, a panelist instruction book, was designed to help training teams prepare for their roles as seminar panelists.

- **Brochures and flyers** to promote individual seminars were created to inform prospective audiences about upcoming seminars. These were disseminated both through the mail and at appropriate meetings and conferences.

- Two project **display panels** were developed for use at local, state, and national meetings and at poster session presentations. These panels have been viewed extensively by audiences attending a variety of presentations and conferences.

- **Caring for Infants and Toddlers with Disabilities: An Early Intervention Manual for Nurse Practitioners and Nurses** was developed as the core curriculum for the independent study portion of the project. The manual highlights five areas of competency: Child Find, Evaluation and Assessment, IFSP, Service Coordination, and Transition and includes family stories, practice activities, state and national resources, and supplemental readings.

- A set of three **audiotapes**, included with the manual, was created to allow for diverse learning styles. These tapes highlight family stories and provide summaries of the key points of each of the five competency areas.

- A 14-minute **video** entitled *Early Intervention on the Move* was produced with technical assistance from NECTAS. This video uses a bicycle analogy to provide a concise overview of the Part C system. More than 330 videos have been purchased by organizations from 35 states as well as the territory of Guam. Portions of the video have been incorporated into a curriculum developed by The Early Intervention Training Center for Infants and Toddlers with Visual Impairments at the University of North Carolina. The curriculum will be used in universities that prepare personnel to serve children with visual impairments. In addition to purchasing videotapes for the print/Braille version of their curriculum,

they have also requested permission to copy the videotape onto compact disks for further dissemination.

Information about the project, materials, and products were disseminated in a variety of ways such as the following:

General dissemination

- An information packet was circulated to all CHIP (Comprehensive Health Investment Program) coordinators in Virginia via the CHIP Executive Director.
- A Web page devoted to CFIT Nurses was created with access through the CDR Web site.
- An agency "Leadership Brochure" was developed describing all training activities including CFIT Nurses. This brochure was disseminated to approximately 600 individuals including all state Part C, 619 and other state offices as well as NEC*TAS and Department of Education projects.
- Information about the CFIT Nurses model and sample products were submitted to NECTAS for inclusion in their resource listings.
- Identity Packets and abstracts were distributed at the International Division for Early Childhood Conference in December 1999.

Articles in newsletters

- CDR Agency newsletter "Open Lines" – multiple issues
- "Virginia Nurses Today" – April, May, June 1998
- "Perinatal Progress" – August 1998, Vol. 9, Issue 3
- "Virginia Nurses Today" – October, November, December 1999
- Articles submitted to: *The PEATC Press* and *The Virginia Viewpoint*

State Conference Presentations/Poster Sessions

- University of Virginia Continuing Education Perinatal Conference – May 1998
- Hampton Roads NAPNAP Second Annual Conference – September 1998
- Medical College of Virginia Sixth Annual Conference for Nurses – November 1998
- The 1999 Eastern Virginia Obstetric, Neonatal and Pediatric Summit – May 1999
- Virginia Hampton Roads NAPNAP Conference – September 1999
- Virginia Nurses Association Annual Conference – October 1999
- Medical College of Virginia 7th Annual Alumni Conference & 32nd Annual Nursing Lectureship Commitment to Excellence – November 1999
- Ninth Annual Virginia Chapter of NAPNAP – October 2000
- Neonatal Development Conference, Children's Hospital of Richmond – June 2002

National Conference Presentations/Poster Sessions

- 14th Annual DEC International Early Childhood Conference on Children with Special Needs - December 1998 - *How Do Families Describe Exemplary Care from Their Health Care Provider*
- OSEP Early Childhood Projects Meeting – February 1998 – *Stages in Effective Model Development*
- ZERO TO THREE 13TH National Training Institute– December 1998 - *How Do Families Describe Exemplary Care from Their Health Care Provider*
- OSEP Early Childhood Annual Projects Meeting – February 1999 – *Working within Health, Education, Social Service and Child Care Systems*
- Child Development Resources Summer Institute – co-sponsored by The College of William and Mary – August 1999
- OSEP NECTAS National Meeting – February 2001 – Collaboration with Medical and Allied Health Professionals – Facilitated discussion

- Zero to Three Sixteenth National Training Institute – December 2001 – *Effective Relationships between Families and Health Care Providers: Lessons Learned and Strategies for Making Relationships Work*

- DEC Annual International Division for Early Childhood Conference on Children with Special Needs and Their Families – December 2001 – *Effective Family/Health Care Provider Relationships: Strategies for Making Relationships Work*

From its inception, the CFIT Nurses project has worked closely with the Virginia Nurses Association (VNA). A letter of endorsement from the VNA president was included in the independent study manual (Appendix D). With help from members of the LPG, VNA accreditation applications were completed and submitted and approval was received for a total of 23.5 contact hours (Appendix F). The VNA contact hours, good in all states except CA and IA, are approved through March '03.

While practicing registered nurses and nurse practitioners were the primary target audience for CFIT Nurses activities, the project was invited to present information about early intervention to nurse practitioner students at Old Dominion University School of Nursing in Norfolk, VA, and at the Virginia Commonwealth University/Medical College of Virginia School of Nursing in Richmond, VA.

Information about all materials and products noted above is available from Child Development Resources, P.O. Box 280, Norge, Virginia 23127-0280, 757-566-3300.

X. FUTURE ACTIVITIES

There continues to be a great need for training of nurses around early intervention issues. CDR has applied for Outreach funding from the U.S. Department of Education, Office of Special Education Programs, and is hopeful that it will be able to take this successful model to other states.

CDR will continue to disseminate information about CFIT Nurses products and materials. The video, Early Intervention on the Move, will continue to be available for purchase.

CDR will continue to work with Virginia's lead agency for Part C in meeting the goal of identifying all eligible infants and toddlers with disabilities in Virginia. Panelists who have already been trained by the project could conduct additional seminars in Virginia.

Interested nurses may request independent study manuals from CDR and complete the independent study as long as manuals are available. The curriculum is approved for VNA contact hours until March '03.

XI. ASSURANCES

This statement serves as an assurance that the original and two copies of the full final report have been sent to Ms. Rose Sayer, Office of Special Education, U.S. Department of Education. One copy of the full final report has been sent to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition, copies of the title page and abstract have been sent to Peggy Hensley, NECTAS Coordinating Office.

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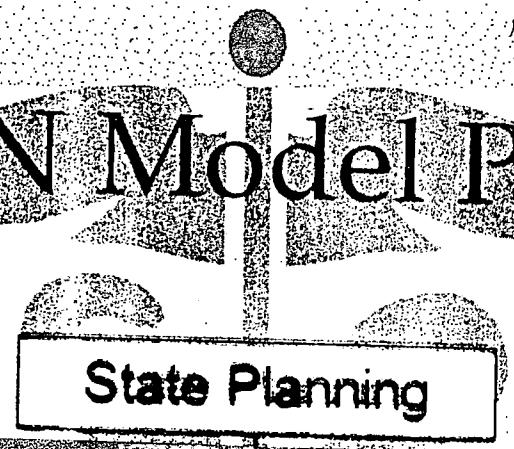
Appendix A

CFIT Nurses Model Process

CFIT-N Model Process



State Planning

Curriculum Development

Field Test and Revision

Implementation of Training

Evaluation of Model

Appendix B

Nurses Leadership Planning Group

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Appendix C

CFIT Nurses Curriculum

INTRODUCTORY SEMINAR

OUTCOME: An awareness of the changing role of the nurse with regard to the five competency areas, an understanding of the parents' perspective, a beginning dialogue among key individuals involved in providing services to young children with disabilities, and a foundation for completing the independent study.

PURPOSE	METHOD	INSTRUCTIONAL TECHNIQUE	INSTRUMENTATION	TIME PERIOD
To provide an overview of the changing roles of nurses as a result of Part C of IDEA with regard to: ▸ Child Find ▸ Evaluation and Assessment ▸ IFSP Development ▸ IFSP Implementation and Service Coordination ▸ Transition	Group Training	▸ Interdisciplinary Panel (Nurse, Parent, and Early Intervention System Representative) ▸ Group Discussion ▸ Networking	▸ Seminar Evaluation	3 Hours

INDEPENDENT STUDY

OUTCOME: A strong knowledge base in each of the five competency areas.

PURPOSE	METHOD	INSTRUCTIONAL TECHNIQUE	INSTRUMENTATION	TIME PERIOD
To provide detailed information for each of five competency areas: ▸ Child Find ▸ Evaluation and Assessment ▸ IFSP Development ▸ IFSP Implementation and Service Coordination ▸ Transition	Individual Learning	▸ Written Materials ▸ Audiotapes ▸ Technical Support	▸ CFIT Nurses Pre/Post Assessment Measures ▸ Independent Study Measure	6 Weeks - 3 Months

Appendix D

Independent Study Manual Introductory Materials

VNA Letter

VICC Letter

Manual Cover Page

Manual Table of Contents

Manual Preface

VIRGINIA NURSES
ASSOCIATION

January 25, 1999

Dear Colleague:

The Virginia Nurses Association is happy to endorse this continuing education program and manual for nurses. The training and manual are designed to assist nurses and nurse practitioners in playing an active role in early identification of children with disabilities. Because nurses are among the first professionals to see young children in the clinical and community settings, information and training on early intervention are extremely important in helping children with disabilities and their families.

I urge all nurses working with children to become familiar with the resources in this manual. The importance of linking children to the proper providers at the earliest possible time in the child's development will help to eradicate or decrease disabilities before the child reaches school age.

Virginia was very fortunate to be awarded this training grant, and I hope it will become a useful resource tool for you.

Sincerely yours,

Rebecca B. Rice

Rebecca B. Rice, EdD, MPH, RN
President

7113 Three Chopt Road • Suite 204 • Richmond, Virginia 23226 • (804) 282-1808

Virginia Department of

Mental Health, Mental Retardation and Substance Abuse Services

September 14, 1999

Dear Colleagues,

The Virginia Interagency Coordinating Council is pleased to endorse the **Caring for Infants and Toddlers with Disabilities: An Early Intervention Manual for Nurse Practitioners and Nurses.** The manual is designed to inform and assist nurses in their development as future high quality, community-based, family-centered service providers.

We are well aware that the lives of families with children who have disabilities can be full of transitions including transitions to and from hospitals, clinics, child care facilities and home. Such transitions are dealt with very nicely in the manual. The **Caring for Infants and Toddlers with Disabilities Training Manual** provides information that can help nurses become more knowledgeable about, and more involved within the system of early intervention. The manual also helps to explain and emphasize the importance of a family-centered, community-based, coordinated team approach when working with families with children who have disabilities.

The manual does an excellent job emphasizing the importance of staying aware of new federal legislation and initiatives that support early intervention services for young children with disabilities. Many current public laws as well as historical public laws are included in the manual. Other important topics covered in this manual include: ***Child Find Information, Public Awareness Programs,*** and ***Child Evaluation and Assessment.*** It is our belief that training with this manual will help prepare nurses to apply best practice approaches as they establish supportive partnerships with parents of children with disabilities.

We believe that this manual will promote the delivery of high-quality, family-centered care for infants and toddlers with disabilities and will support nurses in their commitment to the well being of families of children with disabilities.

Sincerely,

Cherie Takemoto

Cherie Takemoto
Chair

Anne Stewart

Anne Stewart
Vice Chair

P. O. Box 1797 **Richmond, VA 23214** **804-786-3710**

Caring

for Infants and Toddlers with Disabilities (CFIT-N):

An Early Intervention Manual for Nurse Practitioners and Nurses

Adrienne Frank, M.S., O.T.R.
Francine G. Gallagher, M.Ed.
Corinne W. Garland, M.Ed.
Child Development Resources

First edition

Caring for Infants and Toddlers with Disabilities, A Continuing Education Program To Involve Nurse Practitioners and Nurses in Early Intervention (CFIT-N) is a project developed and implemented by **Child Development Resources, Inc.** Support for this project is provided by grant number HO24B70075 from the U.S. Department of Education. Points of view or opinion do not, however, necessarily represent official views or opinions of the Department of Education.

Child Development Resources
Caring for Infants and Toddlers with Disabilities (CFIT-N)
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Adapted from:
Gallagher, F.G., Garland, C.W., Kniest, B.A., and Quigley, A. (1998, 3rd Edition) *Caring for Infants and Toddlers with Disabilities: A Manual for Physicians.*

Gallagher, F.G., Garland, C.W., and Kniest, B.A. (1995, 2nd Edition) *Caring for Infants and Toddlers with Disabilities: A Manual for Physicians.*

Seklemian, P., Scott, F.G., and Garland, C.W. (1993) *Caring for Infants and Toddlers with Disabilities: A Self-Study Manual for Physicians.*

Specific roles for nurse practitioners and registered nurses will vary based on individual skills, work settings, and the policies and procedures of the individual health care environment.

The original bicycle analogy concept to describe the early intervention system of service delivery was created by the late Doris Haar, M.S., R.N., FAAMD. Our work today builds on her insight, creativity, and earlier training efforts to involve nurses as participants of community-based early intervention teams.

All reprinted materials contained in this manual have been used with permission from publishers.

Accreditation Statement

The Education Design I, entitled *Caring for Infants and Toddlers with Disabilities Seminar*, is approved for 2.6 contact hours and the Education Design II, Independent Study Manual with audiotapes, is approved for 20.9 contact hours by the Virginia Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center, Commission on Accreditation.

Contents

Child Development Resources
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Preface

The desire to provide information and support that contributes, in some small way, to better outcomes for children and families is what initially attracted many of us into nursing. Long before the passage of legislation for early intervention services in 1986, pediatric and community health nurses were partnering with new families to promote effective parenting, at risk families with young children to maintain health, and families with infants and toddlers with developmental challenges to enhance outcomes. Today, we have become more knowledgeable about early development, more skilled in discovering and understanding the interplay of science and the art of caring, and more able to contribute to successful outcomes. Not alone but in partnership with others, especially families. Our roles in the field of early intervention have changed in some ways and yet have remained remarkably consistent in others. Case management is now called service coordination; care plans are now individualized family service plans; case finding now Child Find; and respect and dignity are termed cultural competence. These new terms have replaced concepts that formed the core of our educational process in nursing.

I am reminded of many situations that reinforce for me the significant contributions of nurses to the field of early intervention through partnership with families, health care providers, and early interventionists. For instance, Andy and his family come to mind. Andy, a newborn with spina bifida, and his family instilled in me a respect for the value of community health nursing which was available for immediate education and support. And I recall Kagan, the granddaughter of a friend of mine, who begin exhibiting developmental delays within the first 6 months of life. Although a clear diagnosis still eludes this young family, Kagan's primary care provider,

a pediatric nurse practitioner, monitored her developmental progress, found early intervention services that would support this new family, connected the family with community resources, participated in the IFSP, and supported the family as they addressed her developmental needs. And finally Cory, who was born at 24 weeks gestation and experienced multiple setbacks during a long stay in a neonatal intensive care nursery, comes to mind. Cory's family found it difficult to visit the hospital regularly. The neonatal nurse practitioner and staff nurses recognized the importance of supporting this family as they began to visit their son, identify his strengths and needs, learn his care, and interact with him in the overwhelming tertiary care environment. They arranged to have another parent available to speak with the family and assisted with his transition home and into community-based early intervention services.

Not all outcomes are as positive. In our system of follow-up, we still lose too many infants and toddlers and our early intervention system is not as easy to negotiate or as seamless as families need for it to be. Yet the changes that have occurred since the passage of the early intervention amendments to the Individuals with Disabilities Education Act, better known as Part C, have occurred because of commitment, advocacy, and hard work.

In many ways, our roles have become less defined and more blended and families have become equal partners. The roles will vary, in part, based upon the workplace and its priorities. Today's advanced practice nurses are primary health care providers, early interventionists, service coordinators, assessment specialists, and researchers. We work in homes, hospitals, schools, child care settings, universities, offices, health departments, and many other places where young children and their families are found. We work with physicians, therapists, epidemiologists, families, children, educators, social workers, geneticists, and many others.

To fulfil our responsibilities, we must be able to explain our roles to families, other professionals, and funders. And we need to embrace collaboration, become creative in finding solutions to the barriers posed from within our systems, and we need to continue to learn. This curriculum is designed to help us do just that. It is more than basic awareness training. It requires us to become fully engaged in an educational process through self and structured learning. It affords us the opportunity to develop the knowledge and ability to engage as full partners and collaborators in early intervention.

—Ann W. Cox, PhD, RN
Director of Preservice Training
Virginia Institute for
Developmental Disabilities
Faculty, VCU/MCV School of
Nursing, Virginia
Commonwealth University,
Richmond, Virginia

Appendix E

Evaluation Measures

CFIT Nurses Pre Assessment Measure

CFIT Nurses Post Assessment Measure

Seminar Evaluation

Independent Study Measure

Please complete in advance and return to the seminar registration table.

Code # _____

CFIT Nurses
Pre Assessment Measure

A. For each multiple choice question/statement, please circle the best answer.

EARLY INTERVENTION FOUNDATIONS

1. Family-centered care is based on the recognition that:
   1. The family is a constant in the child's life
   2. Health and medical services are provided for the family
   3. The family is the primary decision-maker for the child and themselves
   4. The family participates in all aspects of community life

   a) 1 and 2 **c) 3 and 4**
   b) 1 and 3 **d) all of the above**

2. The lead agency in each state is responsible for:
   1. General administration and supervision of the state's early intervention system
   2. Negotiating interagency agreements with other state agencies providing early intervention services
   3. Ensuring that all families participate in the child find and referral system
   4. Assigning all personnel to a system of personnel development

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

3. Procedural safeguards include the family's rights to:
   1. Confidentiality
   2. Review of their child's records
   3. Written prior notice for evaluation and provision of services
   4. Timely administrative resolution of complaints

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

4. The purposes of Child Find are to:
   1. Raise community awareness about early intervention services
   2. Raise awareness of some of the warning signs that might encourage families to seek further services
   3. Conduct developmental screenings for all children in a community
   4. Include developmental surveillance as a part of routine health care

   a) 1 and 2 **c) 3 and 4**
   b) 1 and 3 **d) all of the above**

5. When a child has a clearly identified disability, the following is required in order to develop the IFSP and begin early intervention services:
   1. A developmental screening by qualified personnel
   2. A multidisciplinary team evaluation/assessment
   3. A physician's referral for early intervention services
   4. A clearly defined diagnosis

a) 1 **c) 1 and 2**
b) 2 **d) 3 and 4**

6. When a parent and professional agree that a referral for evaluation and assessment is needed, which of the following are true:
   1. The referral must be accompanied by a recommendation for services
   2. The referral should, with parent permission, be accompanied by all necessary medical information
   3. The referral must be made within two working days
   4. The family must have health insurance or another form of payment for the evaluation and assessment

a) 1 and 2 **c) 3 and 4**
b) 2 and 3 **d) all of the above**

7. When providing written information for the evaluation and assessment, the nurse practitioner or nurse should include:
   1. A brief description of the child's health status, including medications
   2. The child's immunization status
   3. A statement about the child's vision and hearing
   4. Questions the health care providers and family would like the team to answer during assessment

a) 1 and 2 **c) 3 and 4**
b) 2 and 3 **d) all of the above**

8. Which of the following are required as a part of a multidisciplinary evaluation/assessment?
   1. A review of pertinent records related to the family's health
   2. An evaluation of the child's level of functioning in five developmental areas
   3. An assessment of the child's unique needs
   4. A medical diagnosis

a) 1 and 2 **c) 3 and 4**
b) 2 and 3 **d) all of the above**

9. Which are true about the multidisciplinary team evaluation/assessment?
   1. A major purpose of the assessment is to answer questions the family has about their child's development
   2. An assessment takes place initially within 45 days and at three month intervals
   3. The service coordinator assesses the child's social/emotional development
   4. The service coordinator is responsible for arranging and coordinating the evaluation and assessment

(a) 1 and 2 **c) 3 and 4**
(b) 2 and 3 **d) 1 and 4**

10. The nurse practitioner's and nurse's roles in the development of the individualized family service plan (IFSP) may be:
   1. Sharing assessment information with the family, and with permission, with other team members about health-related issues
   2. Helping the family to understand the IFSP process
   3. Helping the family to identify their concerns related to enhancing the child's development
   4. If not present, to review the completed IFSP and provide feedback about necessary changes

a) 1 and 2 **c) 3 and 4**
b) 2 and 4 **d) all of the above**

11. Effective interviewing includes the ability to:
   1. Give advice or suggestions only when requested
   2. Use investigative 'why' questions
   3. Restate and summarize what was said
   4. Perceive feelings accurately and respond sensitively

a) 1 and 2 **c) 1, 3 and 4**
b) 2 and 3 **d) all of the above**

12. An IFSP meeting:
   1. Must include the child's primary health care provider
   2. Must be conducted in settings and at times convenient to the family
   3. Must be completed within 30 calendar days of referral
   4. Is the time during which the team develops mutually acceptable outcomes and corresponding strategies

a) 1 and 3 **c) 2 and 4**
b) 2 and 3 **d) all of the above**

13. The required contents of the IFSP include:
   1. Family-identified information about their concerns, priorities, and resources
   2. Behavioral objectives written by team members representing at least two disciplines
   3. A nursing diagnosis and care plan
   4. A statement of the natural environments in which early intervention services will be provided

a) 1 and 2 **c) 2 and 4**
b) 1 and 4 **d) all of the above**

14. IDEA states that service coordination activities must include:
    1. Performing evaluations and assessments
    2. Facilitating and participating in the development, review, and evaluation of IFSPs
    3. Informing families about the availability of advocacy services
    4. Monitoring of provider agencies to ensure compliance with IDEA regulations

    a) 1 and 2 **c) 3 and 4**
    b) 2 and 3 **d) all of the above**

15. Some examples of providing services in natural environments include:
    1. Decreasing a family's sense of isolation by connecting that family to natural sources of support
    2. Helping families build relationships focusing on their child's disability
    3. Providing opportunities for typically developing children to have positive interactions with children with disabilities
    4. Enrolling typically developing children in a preschool for children with disabilities

    a) 1 and 2 **c) 2 and 4**
    b) 1 and 3 **d) all of the above**

16. The nurse practitioner or nurse can help families in transition by:
    1. Making timely referrals of children newly discharged from hospital settings to early intervention services
    2. Helping families to identify possible placements in addition to public school preschool classrooms
    3. Helping families to identify health-related needs for the future placement
    4. Helping families develop relationships of trust with the receiving personnel

    a) 1 and 2 **c) 3 and 4**
    b) 2 and 3 **d) all of the above**

17. The requirements of a transition plan to preschool special education include:
    1. Steps to help the child adjust to and function in the new setting
    2. A plan for exchange of information and records between the sending and receiving service providers
    3. A diagnostic evaluation by the receiving public preschool personnel
    4. All of the contents of both the IFSP and IEP

    a) 1 and 2 **c) 3 and 4**
    b) 2 and 3 **d) all of the above**

B. Circle one number that represents how knowledgeable or skilled you are in this area.

	1=Not-at-all			4=Very
How knowledgeable are you about:				
1. The provisions of the Infants and Toddlers Program (Part C) of the Individuals with Disabilities Education Act (IDEA)	1	2	3	4
2. The criteria used to determine eligibility and how to refer a child and family to early intervention in your community	1	2	3	4
3. Information needed by the early intervention team about a child's medical and health history and status	1	2	3	4
4. The role of the nurse practitioner or nurse in the IFSP process	1	2	3	4
5. The steps to be taken at the time of transition from Part C to Part B	1	2	3	4
How skilled are you in:				
6. Preparing the family for their participation in the IFSP process	1	2	3	4
7. Interpreting health/medical information, in an understandable way, to families and early intervention service providers	1	2	3	4
8. Ensuring that the child's health care needs are addressed in the IFSP	1	2	3	4
9. Identifying and helping families use health care strategies in their daily routines and natural settings	1	2	3	4
10. Enhancing community linkages and coordination of services for children and families	1	2	3	4

C. Please provide information about your background.

1. Profession	Year of Degree	Specialty area, please specify
❒ Nurse Practitioner	_____	_____
❒ Registered Nurse	_____	_____
❒ Other, please specify _____	_____	_____

2. Years of experience in pediatric nursing:

❒Less than one year ❒1-2 years ❒3-5 years ❒5-10 years ❒More than 10 years

3. The percentage of time that you currently work in any of the following settings:

_____% Hospital – pediatrics

_____% Hospital – other

_____% Public school

_____% Early Intervention (Part C)

_____% Health Department

_____% Primary care practice

_____% Academic

_____% Other, please specify_____

4. Have you received training about **early intervention** and the Infants and Toddlers Program (Part C) of IDEA?

❒Yes ❒No If so, have you participated in any of the following:

❒ Undergraduate/graduate course work

❒ Clinical experience with early intervention

❒ Continuing education

❒ Other, please specify_____

5. In the last year, how frequently have you participated in **early intervention** in any of the following ways:

	Number of times in the last year				
	not at all	1-2	3-6	6-12	12>
Made referrals for early intervention services	0	1	2	3	4
Provided developmental screening (in health setting or community screen/child check)	0	1	2	3	4
Participated in multidisciplinary evaluation/assessment	0	1	2	3	4
Participated in IFSP meetings	0	1	2	3	4
Participated in services such as home visits or therapies	0	1	2	3	4
Provided phone consultation about a child/family	0	1	2	3	4
Participated in an interagency coordinating council meeting	0	1	2	3	4
Other, please specify_____	0	1	2	3	4

6. Please describe your experience with early intervention:

7. If you have experienced barriers to participating in early intervention, please explain. (e.g., time constraints with my workplace, early intervention personnel not receptive, etc.)

Optional *Please Describe*

8. Are you a person with a disability? ☐ Yes ☐ No _____

9. Do you have a family member with a disability? ☐ Yes ☐ No _____

10. Do you consider yourself to be a member of a racial or ethnic minority? ☐ Yes ☐ No _____

Code # _____

CFIT Nurses
Post Assessment Measure

A. For each multiple choice question/statement, please circle the best answer.

EARLY INTERVENTION FOUNDATIONS

1. Family-centered care is based on the recognition that:
   1. The family is a constant in the child's life
   2. Health and medical services are provided for the family
   3. The family is the primary decision-maker for the child and themselves
   4. The family participates in all aspects of community life

   a) 1 and 2 **c) 3 and 4**
   b) 1 and 3 **d) all of the above**

2. The lead agency in each state is responsible for:
   1. General administration and supervision of the state's early intervention system
   2. Negotiating interagency agreements with other state agencies providing early intervention services
   3. Ensuring that all families participate in the child find and referral system
   4. Assigning all personnel to a system of personnel development

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

3. Procedural safeguards include the family's rights to:
   1. Confidentiality
   2. Review of their child's records
   3. Written prior notice for evaluation and provision of services
   4. Timely administrative resolution of complaints

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

4. The purposes of Child Find are to:
   1. Raise community awareness about early intervention services
   2. Raise awareness of some of the warning signs that might encourage families to seek further services
   3. Conduct developmental screenings for all children in a community
   4. Include developmental surveillance as a part of routine health care

   a) 1 and 2 **c) 3 and 4**
   b) 1 and 3 **d) all of the above**

5. When a child has a clearly identified disability, the following is required in order to develop the IFSP and begin early intervention services:
   1. A developmental screening by qualified personnel
   2. A multidisciplinary team evaluation/assessment
   3. A physician's referral for early intervention services
   4. A clearly defined diagnosis

   a) 1 **c) 1 and 2**
   b) 2 **d) 3 and 4**

6. When a parent and professional agree that a referral for evaluation and assessment is needed, which of the following are true:
   1. The referral must be accompanied by a recommendation for services
   2. The referral should, with parent permission, be accompanied by all necessary medical information
   3. The referral must be made within two working days
   4. The family must have health insurance or another form of payment for the evaluation and assessment

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

7. When providing written information for the evaluation and assessment, the nurse practitioner or nurse should include:
   1. A brief description of the child's health status, including medications
   2. The child's immunization status
   3. A statement about the child's vision and hearing
   4. Questions the health care providers and family would like the team to answer during assessment

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

8. Which of the following are required as a part of a multidisciplinary evaluation/assessment?
   1. A review of pertinent records related to the family's health
   2. An evaluation of the child's level of functioning in five developmental areas
   3. An assessment of the child's unique needs
   4. A medical diagnosis

   a) 1 and 2 **c) 3 and 4**
   b) 2 and 3 **d) all of the above**

9. Which are true about the multidisciplinary team evaluation/assessment?
   1. A major purpose of the assessment is to answer questions the family has about their child's development
   2. An assessment takes place initially within 45 days and at three month intervals
   3. The service coordinator assesses the child's social/emotional development
   4. The service coordinator is responsible for arranging and coordinating the evaluation and assessment

(a) 1 and 2 **c) 3 and 4**
(b) 2 and 3 **d) 1 and 4**

10. The nurse practitioner's and nurse's roles in the development of the individualized family service plan (IFSP) may be:
   1. Sharing assessment information with the family, and with permission, with other team members about health-related issues
   2. Helping the family to understand the IFSP process
   3. Helping the family to identify their concerns related to enhancing the child's development
   4. If not present, to review the completed IFSP and provide feedback about necessary changes

a) 1 and 2 **c) 3 and 4**
b) 2 and 4 **d) all of the above**

11. Effective interviewing includes the ability to:
   1. Give advice or suggestions only when requested
   2. Use investigative 'why' questions
   3. Restate and summarize what was said
   4. Perceive feelings accurately and respond sensitively

a) 1 and 2 **c) 1, 3 and 4**
b) 2 and 3 **d) all of the above**

12. An IFSP meeting:
   1. Must include the child's primary health care provider
   2. Must be conducted in settings and at times convenient to the family
   3. Must be completed within 30 calendar days of referral
   4. Is the time during which the team develops mutually acceptable outcomes and corresponding strategies

a) 1 and 3 **c) 2 and 4**
b) 2 and 3 **d) all of the above**

13. The required contents of the IFSP include:
   1. Family-identified information about their concerns, priorities, and resources
   2. Behavioral objectives written by team members representing at least two disciplines
   3. A nursing diagnosis and care plan
   4. A statement of the natural environments in which early intervention services will be provided

a) 1 and 2 **c) 2 and 4**
b) 1 and 4 **d) all of the above**

14. IDEA states that service coordination activities must include:
    1. Performing evaluations and assessments
    2. Facilitating and participating in the development, review, and evaluation of IFSPs
    3. Informing families about the availability of advocacy services
    4. Monitoring of provider agencies to ensure compliance with IDEA regulations

    a) 1 and 2 **c) 3 and 4**
    b) 2 and 3 **d) all of the above**

15. Some examples of providing services in natural environments include:
    1. Decreasing a family's sense of isolation by connecting that family to natural sources of support
    2. Helping families build relationships focusing on their child's disability
    3. Providing opportunities for typically developing children to have positive interactions with children with disabilities
    4. Enrolling typically developing children in a preschool for children with disabilities

    a) 1 and 2 **c) 2 and 4**
    b) 1 and 3 **d) all of the above**

16. The nurse practitioner or nurse can help families in transition by:
    1. Making timely referrals of children newly discharged from hospital settings to early intervention services
    2. Helping families to identify possible placements in addition to public school preschool classrooms
    3. Helping families to identify health-related needs for the future placement
    4. Helping families develop relationships of trust with the receiving personnel

    a) 1 and 2 **c) 3 and 4**
    b) 2 and 3 **d) all of the above**

17. The requirements of a transition plan to preschool special education include:
    1. Steps to help the child adjust to and function in the new setting
    2. A plan for exchange of information and records between the sending and receiving service providers
    3. A diagnostic evaluation by the receiving public preschool personnel
    4. All of the contents of both the IFSP and IEP

    a) 1 and 2 **c) 3 and 4**
    b) 2 and 3 **d) all of the above**

B. Circle one number that represents how knowledgeable or skilled you are in this area.

	1=Not-at-all			4=Very
How knowledgeable are you about:				
1. The provisions of the Infants and Toddlers Program (Part C) of the Individuals with Disabilities Education Act (IDEA)	1	2	3	4
2. The criteria used to determine eligibility and how to refer a child and family to early intervention in your community	1	2	3	4
3. Information needed by the early intervention team about a child's medical and health history and status	1	2	3	4
4. The role of the nurse practitioner or nurse in the IFSP process	1	2	3	4
5. The steps to be taken at the time of transition from Part C to Part B	1	2	3	4
How skilled are you in:				
6. Preparing the family for their participation in the IFSP process	1	2	3	4
7. Interpreting health/medical information, in an understandable way, to families and early intervention service providers	1	2	3	4
8. Ensuring that the child's health care needs are addressed in the IFSP	1	2	3	4
9. Identifying and helping families use health care strategies in their daily routines and natural settings	1	2	3	4
10. Enhancing community linkages and coordination of services for children and families	1	2	3	4

Date:

Seminar Evaluation
For VNA Contact Hours
Caring for Infants and Toddlers with Disabilities (CFIT-Nurses)

Your evaluation will provide valuable information to aid in planning future programs. **Please evaluate the extent to which each of the objectives was achieved by circling the appropriate number using the following scale:**

	1=Poorly achieved			4=Well achieved
Identify the components of the CFIT-Nurses program as an opportunity for nursing continuing education.	1	2	3	4
Explain the system of early intervention in Virginia.	1	2	3	4
Describe the nurse practitioner's and nurse's role in child find and evaluation / assessment.	1	2	3	4
Identify intervention resources within the community and how to foster linkages.	1	2	3	4
Describe the nurse practitioner's and nurse's role in IFSP development, IFSP implementation and service coordination, and transition.	1	2	3	4

Did you learn new information from this program that you can implement in your practice? ❒ Yes ❒ No

If yes, please list up to three things you have learned:

1.

2.

3.

Please evaluate the speakers and topics of the seminar:		**1=Poor**			**4=Excellent**
(A)	**Philosophical Foundations**				
(A1)	Overall value to you	1	2	3	4
(A2)	Discussion was valuable	1	2	3	4
(A3)	Speaker was effective	1	2	3	4
(A4)	*Name of Speaker:*				
(B)	**Child Find and Assessment:**				
(B1)	Overall value to you	1	2	3	4
(B2)	Discussion was valuable	1	2	3	4
(B3)	Speaker was effective	1	2	3	4
(B4)	*Early Intervention System Speaker:*				
(B5)	Speaker was effective	1	2	3	4
(B6)	*Parent Speaker #1:*				
(B7)	Speaker was effective	1	2	3	4
(B8)	*Nurse Speaker:*				
(B9)	Speaker was effective	1	2	3	4
(B10)	*Parent Speaker #2:*				
(B11)	Speaker was effective	1	2	3	4
(B12)	*Nurse Practitioner:*				
(C)	**IFSP Implementation and Transition:**				
(C1)	Overall value to you	1	2	3	4
(C2)	Discussion was valuable	1	2	3	4
(C3)	Speaker was effective	1	2	3	4
(C4)	*Early Intervention System Speaker:*				
(C5)	Speaker was effective	1	2	3	4
(C6)	*Parent Speaker #2:*				
(C7)	Speaker was effective	1	2	3	4
(C8)	*Nurse Practitioner:*				
(C9)	Speaker was effective	1	2	3	4
(C10)	*Parent Speaker #1:*				
(C11)	Speaker was effective	1	2	3	4
(C12)	*Nurse Speaker:*				

Please rate the following related to the seminar:

	1=Poor		4=Excellent	
(D1) Relationship of the objectives to the overall purpose/goal of the program.	1	2	3	4
(D2) Effectiveness of a panel approach.	1	2	3	4
(D3) Adequate opportunity to be involved in discussion.	1	2	3	4
(D4) Effectiveness of audiovisual aids.	1	2	3	4
(D5) Effectiveness of handouts and displays for giving you information about community resources.	1	2	3	4
(D6) Appropriateness of facilities.	1	2	3	4

What suggestions do you have for improving this seminar?

Thank You for Your Participation!

Date:_____

Independent Study Measure
Caring for Infants and Toddlers with Disabilities (CFIT Nurses)

Thank you for your participation in the independent study. Please provide feedback on the manual, audiotapes, and the independent study approach. Please return this form with your Post-Knowledge Measure.

A. For **each section** of the **independent study manual**, please rate the extent to which you achieved the learning objectives and record the amount of time you spent reading the materials and completing the study questions.

	1=Not-at-all			4=Fully
Section 1: Early Intervention Foundations				
(a) List three philosophical foundations held by early intervention	1	2	3	4
(b) Identify conclusions made in the literature related to the effectiveness of early intervention	1	2	3	4
(c) Time spent to complete this section: _____				
Section 2: The Infants and Toddlers Program of IDEA				
(a) Identify components of a statewide system for Part C of the Individuals with Disabilities Education Act (IDEA)	1	2	3	4
(b) Name potential roles of nurse practitioners and nurses in early intervention	1	2	3	4
(c) Time spent to complete this section: _____				
Section 3: Child Find				
(a) Identify factors placing a child at-risk for developmental delay with particular emphasis on those factors making a child eligible for Part C services	1	2	3	4
(b) List methods of identifying a child in need of early intervention evaluation and assessment	1	2	3	4
(c) Describe procedures for referring infants and toddlers to Part C services within the community	1	2	3	4
(d) Describe ways to support families at the time of identification and referral to early intervention	1	2	3	4
(e) Time spent to complete this section: _____				

	1=Not-at-all			4=Fully
Section 4: Child Evaluation and Assessment				
(a) Describe how the nurse practitioner and nurse can be involved in evaluation and assessment	1	2	3	4
(b) Define early intervention terminology and procedures for evaluation and assessment	1	2	3	4
(c) Describe how to prepare families for their participation in the assessment and IFSP process	1	2	3	4
(d) Time spent to complete this section: _____				
Section 5: IFSP Development				
(a) Identify methods of helping families to identify their concerns, priorities, and resources related to the development of their child	1	2	3	4
(d) Identify procedures used in an IFSP meeting and the required contents of an IFSP	1	2	3	4
(e) Time spent to complete this section: _____				
Section 6: IFSP Implementation and Service Coordination				
(a) Define service coordination and name service coordination activities according to Part C	1	2	3	4
(b) Name natural settings where early intervention services take place and community resources needed to help families achieve their outcomes	1	2	3	4
(c) Time spent to complete this section: _____				
Section 7: Transition				
(a) Discuss strategies that help a child and family make smooth transitions to and from a variety of service settings	1	2	3	4
(b) Name eligibility requirements to enter preschool special education services (Part B)	1	2	3	4
(c) Time spent to complete this section: _____				

B. Please rate the following aspects of **the independent study manual.**

	1=Poor		4=Excellent	
(b1) Relationship of the objectives to the overall goal	1	2	3	4
(b2) Organization of the manual	1	2	3	4
(b3) Readability of the content	1	2	3	4
(b4) Clarity of the information	1	2	3	4
(b5) Usefulness of the information	1	2	3	4

(b6) Would you recommend the manual to a colleague? ❑ Yes ❑ No
(b7) If no, please explain:

C. Please rate the following aspects of **the audiotapes.**

(c1) Relationship of the objectives to the overall goal	1	2	3	4
(c2)Usefulness of the information	1	2	3	4

D. Please rate the following related to the overall **independent study approach.**

(d1) Clarity of the directions for completing the independent study	1	2	3	4
(d2) Appropriateness of the format (i.e. seminar, manual, audiotapes)	1	2	3	4

(d3) Have you gained information or skills that you plan to use in your practice? ❑ Yes ❑ No

If so, please list up to three things:

Item 1.

Item 2.

Item 3.

Please provide any additional comments regarding the independent study (approach, manual, and/or audiotapes):

Appendix F

Accreditation Statement

Accreditation Statement:

VNA-CEA Approval

Caring for Infants and Toddlers with Disabilities (CFIT Nurses)

Introductory Seminar:

This ED I is approved by the Virginia Nurses Association which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center, Commission on Accreditation. This approval is for the two year period April, 2001 to March 31, 2003.

Activity Number: 01-04-09S
Contact Hours: 2.6

Independent Study:

This ED II is approved by the Virginia Nurses Association which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center, Commission on Accreditation. This approval is for the two year period April, 2001 to March 31, 2003.

Activity Number: 01-04-08i
Contact Hours: 20.9

This approval is inclusive of 48 states, excluding California and Iowa.

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
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