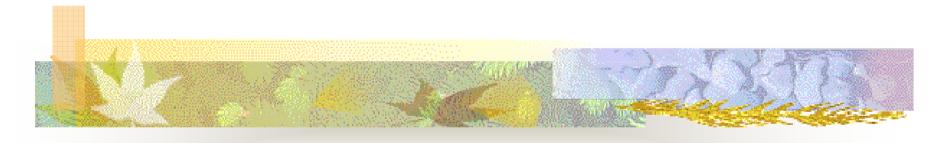
Developmental Behavioural Paediatrics Subspecialty Training Programme Proposal



11th May, 2011

Tonight's Presentation: Objectives

To present:

- Aspects of DBP work, highlighting generic scope of work for all major developmental conditions, with details of some examples as necessary
- Background information and statistics to support potential training infrastructure

Reference will be taken mainly from DBP work at Child Assessment Service, Department of Health

The presence and important contribution by all DBP partners in Hong Kong is respectfully recognized, and will be solicited in the subspecialty training programme

Scope for Developmental Behavioral Paediatrics



Risk identification, surveillance, preventive intervention and early mediation

Trans-disciplinary team evaluation, review and follow through

Research, understanding of theoretical foundations and needs, social strategies, policies and service models



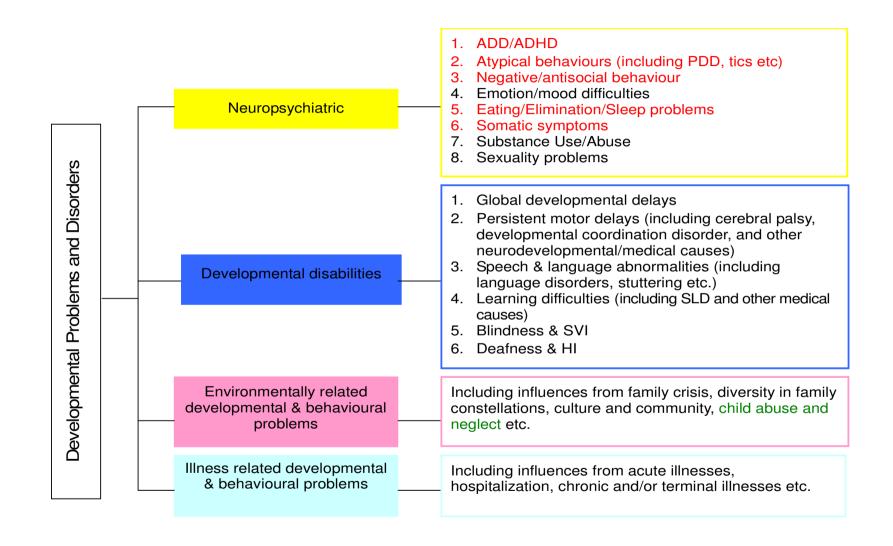


Intervention and management in a trans-disciplinary and trans-sectoral context

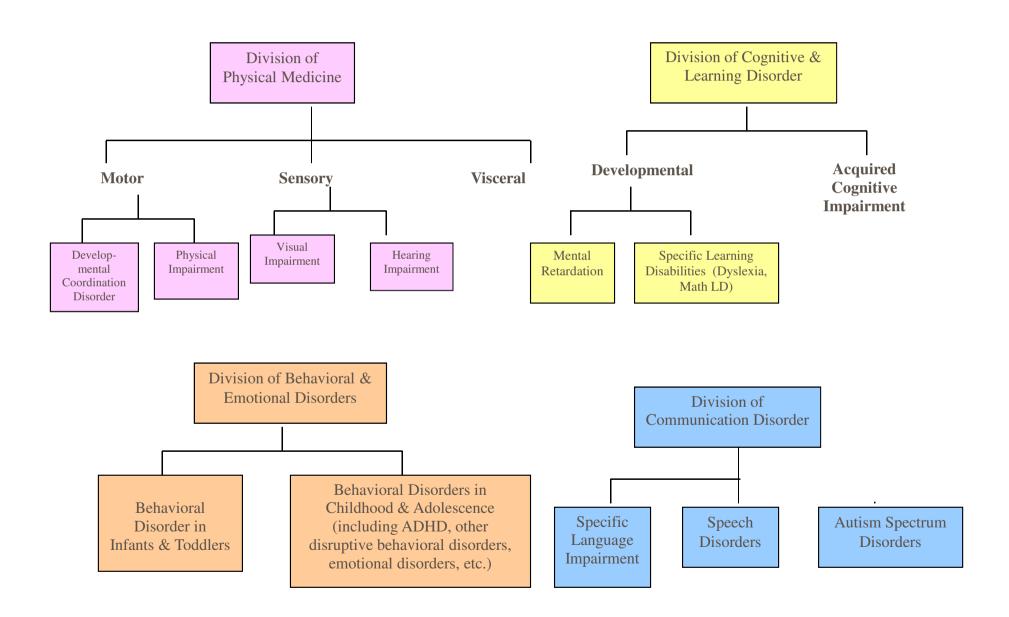
Focus of DBP

- Children's <u>development</u> and <u>behaviour</u> in the context of their <u>families</u> and the <u>community</u>
- Promotion of <u>function</u> and <u>life participation</u> by advocating evidence based remediation, social accommodation and policy change

Major Groups of Conditions within Developmental Behavioural Paediatrics



Framework of Conditions within DBP Subspecialty



Conceptual Framework for each condition under DBP Subspecialty

Clinical & Local applied epidemiological research data Assessment and interim support Partnership Professional with other and public service education and providers advocacy

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

- Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Epidemiology, Surveillance and Early Intervention : examples

- Epidemiological studies on the developmental disabilities <u>CASER</u>
- Collaborative work with Family Health Service on Developmental Surveillance Programme (surveillance, early identification and intervention)

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Clinical Protocols for DBP conditions

- Clinical Protocols written for major developmental conditions in 2002 including: ASD, Disruptive Behavior, Mood and anxiety disorders, DCI, DCD, SLI, SLD, PI, VI, HI, (example: ADHD)
- 1st Protocol review in 2006 (example: All)
- 2nd Protocol review in 2010 (example: ASD,ADHD,DCI,SLD,SLI, HI, VI,PI)

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Comprehensive Developmental Assessment

- Developmental history, physical examination, and administration and interpretation of assessment tools for evaluating overall development and specific domains of development and function <u>Link</u>
- Assess overall functioning including family, school and social stressors
- Lead coordination of multidisciplinary team evaluation for children with complex developmental problems
- Recognize associated syndromes and underlying neurological, metabolic and genetic conditions for necessary investigations and treatment by relevant specialists

Average amount of time required for a DBP assessment by Paediatrician

- New case average 120 minutes
- Review case average 60-90 minutes
- In line with overseas DBP workforce survey

Kelly D et al. Developmental and Behavioral Pediatric Practice Patterns and Implications for the Workforce: Results of the Future of Pediatric Education II Survey of Sections Project. J Dev Behav Pediatr 24:180-188, 2003.

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 12 Training

Rehabilitation Planning and Psycho-education

- Counseling and advice to parent and patient
 - regarding the diagnosis, etiology, prognosis, training and educational needs, evidence based treatment options, community resources, advice on developmental facilitation strategies and behavioural management
- Formulate the best rehabilitation plan
 - team conference with assessment team members and parents work closely with relevant professionals and school support teams
- Plan review at critical developmental stages review rehabilitation plan

Psycho-education Materials for Parents and Professionals

- Pamphlets to public and professionals
- Fact sheets (basic and advanced) to parents and professionals on major conditions
- Booklets for parents and patients
- Website materials for public

Fact sheets for Parents and Professionals

專注力失調/過度活躍症

甚麼是專注力失調/過度活躍症?

專注力失調/過度活躍症的主要徵狀包括專注力弱、過度活躍和 行爲較衝動。這些徵狀長期、嚴重及廣泛地影響着患者,令他們 在生活適應上出現重大問題,包括學習及社交上的困難,自我形 象低落等。

專注力失調/過度活躍症對兒童有甚麼影響?

專注力弱:

與同年齡的兒童比較,患有專注力失調/過度活躍症的兒童較難維持專注力或投入活動。面對周圍環境,患者會容易分心、難以選擇性地專注於相關資訊,容易分心。他們做事缺乏條理,難以按照指示做事。

過度活躍:

與朋輩比較,患者經常胡亂攀爬或走動, 難以安坐,亦無法安靜地玩要。



自閉症

甚麼是自閉症?

自閉症是一種先天性的發展障礙,患者在社交溝通、語言及行為 (固執的行為和狹隘的興趣)三方面都有不同程度的困難。按其 嚴重程度和徵狀種類可分為自閉症、自閉症傾向和亞氏保加症 (Asperger's Syndrome)。

自閉症對兒童有甚麼影響?

自閉症的徵狀通常在三歲前出現,並會持續至成年階段,對兒童 多方面的成長均有影響。不同時期的臨牀特徵也有不同:

嬰兒及學前期:

患有自閉症的兒童與別人缺少眼神接觸,較難與照顧者建立親密 關係,互相交流和分享感受。他們的語言發展較遲緩,詞彙貧乏,容易將「你」、「我」等代名詞混淆使用,和出現「鸚鵡式說話」。 他們對口頭指示欠缺反應,也甚少使用動作或身體語言去表達自 己的需要和感受。他們很多時會出現一些重複及固執的行為模

式,如排列物品、轉動車輪、開關櫃門等。 他們對外界事物的興趣亦較狹隘,例如對記 億標記或路線圖有濃厚興趣,甚至達沉迷的 程度。這些兒童難以參與假想式遊戲,如扮 演家庭或醫生角色等。部分兒童可能會有過



Booklets for parents and patients: examples

- 知多啲, 心定啲: 認識專注力失調/過度活躍症
- 「助」言起行:訓練語障兒童小冊子(學齡精華版)
- 如何教幼兒說話
- 認字小錦囊
- 讀寫障礙: 一個孩子的故事
- 他來自那顆星:認識自閉症
- 媽媽假若我很不同:了解自閉症朋小朋友
- 腦麻痺知多少?

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 12 Training

Interim Support (individuals and groups)

- Provide individual sessions of psycho-education to parents on their specific condition (e.g. on acceptance, psychosocial factors)
- Provide interim support to parents on child handling and home training (e.g. for reading and language facilitation, behaviour management in ASD)
- Provide interim training and treatment for children who will benefit from early intervention (e.g. ADHD medication)

Regular interim support activities

- Developmental Training Programs for all new registered cases
- ASD Preschool Workshop
- ASD School age Workshop
- Anxiety Parent Information Day
- Anxiety Group
- ADHD Parent Information Day (Preschool and School age)
- Triple-P (Delay group)
- Triple-P (Hyperactive group)
- Disruptive Behavior Parenting Workshop

- Developmental Cognitive Impairment Parent Workshop
- DCD Parent Workshop, GM and FM group
- Dyslexia Parent Workshop (Preschool and School age)
- Dyslexia Pre-secondary Parent Workshop
- P1-2 Word Learning Group
- Language facilitation group (Preschool and School age)
- In 2010
 - ~400 sessions
 - ~16500 clients served

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 12 Training

Partners

DBP has to work with a variety of partners for specific conditions

- A. Clinical service partners
- B. Community service partners
- c. Government administrators and policy makers
- D. Academic research partners

A. Clinical Service Partners: examples

- Special preschool and special school boards by region
- Child psychiatry teams respective regional Child Psychiatry Services
- Visual Impairment and Hearing Impairment liaison meetings with special preschools and schools
- Cochlear implant teams (QEH, PWH)
- Joint cleft lip and palate clinic (TMH ENT, Dental, Surgical, ST, CAS)

A. Clinical Service Partners: examples (cont'd)

- Augmentative and Alternative Communication Team (members from special preschools and schools, rehab engineering, CAS, overseas consultants)
- Physical rehabilitation clinic (paed neurology, neurosurgery, orthopedic surgery, allied health from clinic, hospitals and schools according to patient derivation)
- Cognitive rehabilitation clinic (neuropsychologist, educational psychologist, neurosurgery, child psychiatry, paed neurology, allied health etc.)
- ADHD joint clinics (e.g. NTE and Kowloon CPC, paediatrics, CAS)
- Screening and public child health Family Health Service,
 Department of Health etc.

B. Community Service Partners: examples

- SAHK (The Spastics Association of Hong Kong) medical advisor and consultant positions
- Hong Chi Association projects collaboration
- Heep Hong Society project advisory role
- Self help groups as partner in advocacy and clinical studies

C. Government administrators and Policy makers: examples

Regular administrative and policy meetings with:

- School Administration & Support Branch, Education Bureau
- Rehabilitation and Medical Social Services Section,
 Family & Child Welfare Section (Domestic Violence),
 Social Welfare Department
- Hong Kong Examinations and Assessment Authority
- Rehabilitation Advisory Committee, Labour and Welfare Bureau

D. Academic research partners: examples

- Division of Clinical Psychology & Neuropsychology, Department of Psychology,
 University of Hong Kong
- Centre for Sign Linguistics and Deaf Studies, Chinese University of Hong Kong
- Division of Speech & Hearing Sciences, Faculty of Education, University of Hong
 Kong
- Department of Applied Social Sciences, Educational and Child Psychology, Hong Kong Polytechnic University
- Centre for Developmental Psychology, Chinese University of Hong Kong
- Department of Applied Social Sciences, Social Work Division, Hong Kong Polytechnic University
- Research Centre on Linguistics & Language Information Sciences, Hong Kong Institute of Education
- Department of Rehabilitation Sciences, Hong Kong Polytechnic University

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 12 Training

Parent Work

- Establish parent self help groups for advocacy and support
 - To enable deeper understanding of individual and group needs from parents of different conditions
 - Provide professional and organizational support for parents to work together and formalize as registered body with stated missions
 - To support ongoing work: attend meetings, support fund raising, provide advice on matters for advocacy

Parent self help groups initiated and currently

Chinese Name

香港特殊學習障礙協會

香港肢體弱能人士家長協會

香港聽障人士家長協會

香港自閉症人士家長聯會

專注不足/過度活躍症

(香港)協會

特殊語言障礙家長協會

Established

in

1998

2001

2006

2007

2007

Preparatory

stage

supporting	
Conditions	English Name
Dyclovia	Hong Kong Association for

Specific Learning

Disabilities (HKASLD)

Physical Disabilities

Hong Kong Parent's Association of Hearing

Impaired Children

Alliance (HKAPA)

Specific Language

Impairment

(HKAPPPD)

(HKPAHIC)

AD/HD

Hong Kong Association for Parents of Persons with

Hong Kong Autism Parents

Hong Kong Association for

Dyslexia

/SLD

PI

HI

ASD

ADHD

SLI

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Public and Professional Education

Paediatricians lectures and presentations related to DBP subjects for

- 1) public
- 2) media
- 3) professional events

2008-10 example Link

The Role of Developmental and Behavioural Paediatricians and Protocol Framework

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Research Supporting structure and output

 Epidemiology and Research Committee to support proposals and ongoing studies

Ongoing commissioned research training

Publications Examples

- List of publications and studies involving DBP Paediatricians
- List of publications and studies involving DBP
 Team
- CAS Epidemiology and Research Bulletin <u>CASER</u>
- A Primer in Common Developmental Disabilities
 2006

The Role of Developmental and Behavioural Paediatricians and Protocol Framework

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Advocacy, policy & service development: examples of work done

- Thematic Household Survey on Public Awareness and Attitudes towards Developmental Disabilities in Children: In collaboration with Census and Statistics Department, 2007
 - Activities to promote public awareness after release of findings:
 - Carnival on developmental disabilities
 - Articles at AM 730
 - RTHK weekly radio programme series
 - TV program by RTHK (天下父母心) on 10 dev disabilities
 - Collaboration with EDB 「共融校園—一切由心開始」and 「愛心小主播比賽」: involving 300+ schools
 - Mcdull and Families (Magazine book on ASD)

Advocacy, policy & service development: examples of work done

Participate in respective government policy planning

- Rehabilitation Programme Plan Review 2005
- Education bureau policies to "Cater for diverse educational needs in inclusive education"
- HK Examination & Assessment Authority policies for open exam accommodations for SLD

The Role of Developmental and Behavioural Paediatricians and Protocol Framework

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Administration and organization of DBP service

- Clinical workload management, referring to epidemiological trends
- Management Information System for DBP service model
- Knowledge management on individual clinical DBP conditions
- Quality assurance for compliance to clinical protocols
- Staff and team grooming

The Role of Developmental and Behavioural Paediatricians and Protocol Framework

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. **CME**
- 13. Training

Continuous Medical Education examples

Activities on DBP topics in 2010 at CAS

Cat B: 28 hours

Cat A: 31 hours

The Role of Developmental and Behavioural Paediatricians and Protocol Framework

- 1. Epidemiology, Surveillance and Early Intervention
- 2. Development of Clinical Protocols
- 3. Comprehensive Developmental Assessment
- 4. Rehabilitation planning and psycho-education
- 5. Interim support
- 6. Partnerships
- 7. Parent work
- 8. Public and Professional Education
- 9. Research and publications
- 10. Advocacy, policy & service development
- 11. Administration and organization of DBP services
- 12. CME
- 13. Training

Training for Paediatricians

- Trainees at CAS from 2003:
 - Includes paediatric specialist trainees (basic and higher), senior doctors from Family Health Service and paediatric fellows from HA
 - No. of trainees of 3 or more months full time each, from 2003: around 150

Training for Medical students

- Didactic lectures at Chinese University of Hong Kong Faculty of Medicine Paediatric Clerkship
- Tutorials for under-graduate students of University of Hong Kong Faculty of Medicine
- Year-round schedule of one-day attachment for CUHK small group paediatric clerkship medical students

Training provided by DBP to multidisciplinary professionals

- Regular undergraduate and post-graduate placements:
 - Clinical psychology from HKU and CUHK
 - Educational psychology from HKU and HK PolyU
 - Speech and Hearing Sciences from HKU
 - Audiological Sciences from HKU
 - Optometry School from HK PolyU
 - Rehabilitation Sciences from HK PolyU
 - Nurses from various nursing schools
 - Special education teachers from HK Institute of Education

Teaching and academic advisory roles

- Regular didactic teaching duties and programme advisory roles at tertiary institutions, including:
 - Honorary/Clinical academic and advisory posts for various university departments at HKU, CUHK, HK Polytechnic University, HK Institution of Education, etc.

Summary of DBP proposal



Paediatric Fellowship Training Program and DBP Subspecialty Training Program

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
					DBP Subspecialty Training	DBP Subspecialty Training	DBP Subspecialty training
			Paediatrics Higher Training	Paediatrics Higher Training	Paediatrics Higher Training		
General Paediatrics Basic Training	Paediatrics Basic Training	Paediatrics Basic Training					
<u> </u>			<u> </u>		1	<u> </u>	

Complete internship

Intermediate examination for Fellowship in General Paediatrics Exit examination for Fellowship in General Paediatrics Exit examination for Fellowship in DBP Subspecialty

DBP Subspecialty Training Programme

DBP Co	ore Programme	Child	Child	Electives	
			Neurology	Psychiatry	(up to two)
DBP core module	Public and Community Child Health	Clinical Genetics	3 months	6 months	6 months
18 months	2 months	1 month			

36 months

Electives: Option examples

- Child & adolescent psychiatry
- Child neurology
- Clinical Genetics
- High risk follow up programmes
- DBP related electrophysiology studies
- Rehabilitation for children with multiple disabilities and special health care needs
- Child protection
- Special education: curriculum, pedagogy and administration
- Physical medicine and rehabilitation
- Vision / Hearing sciences
- Paediatric neurosurgery
- Paediatric orthopaedic surgery
- Sleep medicine in child development and its disorders
- Clinical research as applied to DBP
- Additional time in Developmental behavioural paediatrics

Some information about the potential training centres

CAS Clinical Statistics

 Statistics on referrals, appointments and interim support activities will be presented.

Link

Fulltime professional team manpower

- Professional manpower: <u>Link</u>
- Condition specific teams: 10

DBP Training Programmes

 Total of 1-3 Training Programmes for Hong Kong, each consisting of centre clusters

 CAS and partners will contribute to core and the whole programme

Training Partners

 Training partners for future DBP subspecialty trainees will include those from medical, educational, social and academic fields

Link

Conclusion



Some DBP conditions may overlap with those seen by other specialists, including general paediatrics, child neurology, child psychiatry, community paediatrics, public child health, etc

 The scope and emphasis for respective fields differ and are complimentary ■ Potential trainers, training centres, DBP specific full time manpower, and range of infrastructure to support the programme, are in place

Thank You