Medical Education and Foster Care

Carla A. Parkin-Joseph, MD
Noreena Sondhi Lewis, JD
Kristine Fortin, MD, MPH

There are an estimated 653,000 children involved annually in the U.S. public foster care system (U.S. Department of Health and Human Services, 2015). The American Academy of Pediatrics designated youth in foster care as children with special health care needs due to high rates of medical, mental health, and developmental conditions in this population (Council on Foster Care; Adoption, and Kinship Care; Committee on Adolescence; & Council on Early Childhood, 2015). As many as 30% to 80% of children in foster care have chronic health conditions (Szilagyi et al., 2015). Based on these estimates, it is reasonable to assume that the majority of pediatricians, pediatric subspecialists, pediatric trainees, and even medical students will come into contact with a child in foster care at some point in their practice, and therefore, should develop competencies to manage these patients in their practices. Unfortunately, medical literature suggests that pediatricians may be ill prepared or uncomfortable in caring for these complex patients (Leslie et al., 2003; Webster & Temple-Smith, 2010). Research has reported lack of self-efficacy and competence in addressing the unique health needs of these children, including the inability to successfully navigate through the legal and child welfare systems, as significant barriers to providing quality health care to this population. Therefore, education about the medical care of children in foster care is needed, and should begin early in training, from the starting point of medical students, and pediatric residents, to practicing pediatricians, to ensure that competencies can be developed over time.

Content of medical education curriculum should focus on the specialized knowledge, patient care skills, and communication abilities needed to provide optimal care to children in foster care. Background knowledge about the foster care system will provide a foundation for medical care and advocacy. For example, knowledge about the negative impact of placement instability on health outcomes (Rubin, O'Reilly, Luan, & Localio, 2006) can spur advocacy for behavioral health services essential to maintaining a current placement. Knowledge of clinical manifestations of toxic stress will prevent misdiagnosis of trauma symptoms. Information about the child protection system will allow providers to navigate legal aspects of caring for foster children (consents, mandated reporting, confidentiality). Medical education should also address clinical and communication skills needed to deliver optimal care to foster children. Given the prevalence of special healthcare needs and barriers to care, care coordination skills are essential. Communication skills include providing medical information to non-medical members of the child's multidisciplinary team. Curriculum could also address how to communicate medical information in court. Providers must learn to translate their knowledge of trauma symptoms to anticipatory guidance for foster parents. Some visits may involve both foster and biological parents, and effective communication navigates the concerns and needs of all caregivers.

Although there are a number of ways to deliver a medical educational curriculum, one of the models that has gained momentum recently is the flipped classroom (Bergmann & Sams, 2012). The term

"flipped classroom" refers to reversing the traditional educational model of teachers providing educational content in the classroom followed by learners completing homework to test their knowledge and apply concepts outside the classroom. In the flipped classroom, teachers provide educational content to learners prior to class time, which is then used for solidifying facts and concepts set forth in the pre-class lesson. This model allows learners to complete the pre-class materials at their convenience, and then allows the teacher to act as a guide during class time to help learners develop a deeper understanding of the educational content. The flipped classroom allows the learner to be self-directed in their learning experience. A learner can view the educational content at a time convenient to them, and can even view it multiple times to ensure understanding. Adult learners have a wide range of learning styles, and the flipped classroom will allow the teacher to engage learners of all learning styles by providing engaging, interactive activities during class time. However, the didactic format is also available to those learners who prefer it, in the form of the prerecorded educational materials. There are numerous apps and software programs available to the teacher, the majority of these in the form of interactive whiteboards, screen-casting apps, or video editing software applications, designed to aid the teacher in producing the most engaging educational materials. Most importantly, the flipped classroom model allows the teacher to provide a context for the educational materials, which again is important to adult learners, and specifically to those in medical education. Case- or problem-based learning has become a mainstay of medical education, and the flipped classroom provides a perfect opportunity to utilize this technique.

Another way to educate trainees on foster care topics is to develop partnerships that allow for practical experiences in the community. At The Children's Hospital of Philadelphia (CHOP), pediatric residents rotate through an advocacy rotation in each year of their training. Relationships with community partners afford residents learning opportunities that are both understandable and relatable. In the course of the advocacy rotation, residents meet with a staff attorney from local nonprofit Support Center for Child Advocates, an agency appointed to represent dependent children in Philadelphia (Support Center for Child Advocates, 2017). Residents meet in the attorney's office and receive a primer on child welfare and an introduction to the work of the agency. They spend the morning in Dependency Court observing cases. Following their observation, residents have the opportunity to debrief with the attorney, ask questions, and make sense of the experience. Trainees also have the opportunity to attend a noon conference on the societal response to child maltreatment and the courts, and they may choose to rotate on a child protection elective, which includes time spent in the hospital's foster care clinic. Residents may fulfill their advocacy project requirement by taking on a project related to children in foster care, with support from clinicians with expertise in foster care. Educating pediatric residents about the child welfare system and the special needs of children in substitute care not only enhances their medical training, but allows them to appreciate the complexity and sheer volume of these types of cases. It also serves to enhance communication among physicians and the child advocates, judges, and social workers who work within the child welfare systems on a daily basis.

In summary, health care of foster care children requires special attention in medical education curricula. Flipped classroom models and practical experiences afforded by community partnerships are ways to deliver the specialized knowledge and skill that our future health care providers can draw upon when caring and advocating for foster care children.

About the Authors

Carla A. Parkin-Joseph, MD, *is clinical instructor of Child Abuse Pediatrics at the University of Michigan. Her clinical interests include medical education and provision of care for foster care children.*

Noreena Sondhi Lewis, JD, *is coordinator of the Community Pediatrics and Advocacy Program at The Children's Hospital of Philadelphia.*

Kristine Fortin, MD, MPH, *is Assistant Professor of Pediatrics at the Perelman School of Medicine, University of Pennsylvania. She is an attending physician at the Children's Hospital of Philadelphia, and serves as the medical director of the Fostering Health Program at the Safe Place: Center for Child Protection and Health.*

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