

TRIAD Care Navigation Practicum Reporting Form 21-22 ^{Page 1}

Please use the form below to record your calls on behalf of TRIAD for the LEND Care Navigation Practicum.

Thank you.

Please ensure that you have logged all of your calls to this family (even the ones where you left a message or got no answer).

For the purposes of the TRIAD grant, Nina Harris needs to know how many attempts were made to contact the family.

If you have not yet logged previous calls to this family, please be sure to do so.

If you have questions, please contact one of the people below:

Nina Harris: nina.harris@vumc.org Alex Miceli: alexandra.miceli@vumc.org Tara Minor: tara.j.minor@vumc.org

Trainee Last Name

Date of call

Patient Last Name

Patient First Name

Time of call

What attempt is this to contact the family?

- First Attempt
- Second Attempt
- Third Attempt

Briefly describe what you did to prepare for the call.

Did you speak to the patient or their parent/guardian on this call?

- Yes
- No

Were you able to leave a message?

- Yes--Left message with a person
 Yes--Left a voice mail
 No

Is patient under 3 years of age?

- Yes
 No

Is patient involved with TEIS?

- Yes
 No

Did family give verbal permission for referral?

- Yes
 No

Please check the box at the end of the form indicating that follow-up is required and make a note of the TEIS referral.

Is the child receiving special education services through the public school system?

- Yes
 No

Please be sure to include school system contact information in the resources you'd like send to the family at the end of the form.

Services Discussed

- Evaluation
 Medical
 Early Intervention Services
 School Age Services
 Advocacy
 Caregiver Training
 Speech
 OT
 Behavioral Services (ABA)
 Social Skills
 Counseling
 Summer Program
 Respite
 Support Group
 CHANT
 Financial
 Other (please list)

What other resource(s) did you discuss with the family?

Contact Notes

Please make note of the topics and resources you discussed and concerns/questions raised by the parents, as well as any other general notes you'd like to make.

These notes will be shared with the patient's PCP, so please be sure to pass on any information that he/she might find helpful.

Is this your final contact with the family (i.e., you spoke to them or you've made three unsuccessful attempts to contact them)?

- Yes
 No

Please indicate when you will call the family again.

Please be sure to reach out to Nina Harris (nina.harris@vumc.org) or Alex Miceli (alexandra.miceli@vumc.org) to be assigned a new family.

Did you offer to send the family a list of resources? This would include information on contacting the school for information on special education services if the child is not already receiving them.

- Yes
 No

Parent/Family Email Address

Please be sure to type up and send Nina Harris (nina.harris@vumc.org) the list of resources you'd like her to send to the family on your behalf, including contact information for their school if the child is not already receiving special education services. A sample is attached.

As a reminder, please do not send a family any resources on your own. All email will be sent out via TRIAD on your behalf.

[Attachment: "Sample Resources for Family.pdf"]

What did you learn about the process of care navigation through this contact period?

Things to consider (you don't have to address any or all of these questions--they're just to get you thinking):

Did the call go as expected? If not, what happened that was unexpected? How did you deal with it? What did you learn about interacting with families at a potentially difficult time in their lives? Is there anything from this call that you'll carry with you into your own practice? Did you find yourself drawing upon any previous experience in speaking with the family?

How will what you learned inform your role as a care navigator going forward?

Things to consider (You don't have to address any or all of these questions. They're just to get you thinking.):

How prepared were you to answer the family's questions/concerns? Is there anything that you will do differently to prepare for your next call? How would you describe your role in the phone call? Was it to provide resources? Answer questions? Be a listener? Something else? How will the role you played in this call affect your planning for the next call? If this is the first opportunity you've had to speak with a family, does having had this experience make you more confident when thinking about making your next call? Less confident? What about the call makes you feel this way?

Is staff follow-up required? This would include a referral to TEIS if the family gave permission for a referral to be made.

- Yes
 No

Please make any notes for staff follow-up here. Please be as specific as possible, as TRIAD staff will use these notes to prepare for their follow-up with the family.

If you are done entering information on the form (i.e., you don't plan to return to finish your notes), please be sure to hit "Submit." This will ensure that Nina and Alex are sent a notification via REDCap.

You can return to this form even after submitting it to review your responses if you would like.

2021-2022 TRIAD Care Navigation LEND Pre-Practicum Survey

Please complete the survey below before beginning your family navigation practicum.

Thank you!

-
- 1) Today's Date _____
-
- 2) I feel confident that I know where to find information about autism and autism-related services for families. Strongly Disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree
-
- 3) How comfortable do you feel discussing an autism diagnosis and autism-related services with families? Extremely Uncomfortable
 Not comfortable
 Somewhat comfortable
 Comfortable
 Extremely Comfortable
-
- 4) I feel confident that I can help families get access to autism-related services and supports. Strongly Disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

2021-2022 TRIAD Care Navigation LEND Post-Practicum Survey

Please complete the survey below after you have finished your family navigation practicum.

Thank you!

-
- 1) Participant ID _____
-
- 2) Today's Date _____
-
- 3) I feel confident that I know where to find information about autism and autism-related services for families. Strongly Disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree
-
- 4) How comfortable do you feel discussing an autism diagnosis and autism-related services with families? Extremely Uncomfortable
 Not comfortable
 Somewhat comfortable
 Comfortable
 Extremely Comfortable
-
- 5) I feel confident that I can help families get access to autism-related services and supports. Strongly Disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree
-
- 6) As a result of this practicum, I have increased my ASD knowledge or skills. Strongly Disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

