

Solution Focused Learning

**A Brief Overview of Everything You
Need to Know!**

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Introduction

Solution Focused Learning (SFL)

Solution Focused Learning (SFL), an adaptation of problem-based learning, is a method of instruction that uses teaching families, who are encountering health system challenges as a stimulus for promoting interprofessional skills and family-centered care. The student-directed learning method promotes the development of problem solving skills and techniques which emphasize resources and solutions rather than deficits and problems. SFL is designed to solve real life problems in small learning group settings.

Interprofessional Approach

The interprofessional team approach to health care practice involves respectful and collaborative partnerships among professionals of different professions. Interprofessional education requires a sharing of information, knowledge, skills and attitudes around a common focus or problem that will ultimately benefit the patient and family. Each person on the team has a special expertise and unique discipline-specific skills. The interprofessional approach provides opportunities for learning across professional boundaries.

Characteristics of an effective interprofessional team:

- A commitment to common goals
- High expectations for the team
- Assumed responsibility for work that must be done
- Honest and open communication
- A climate of trust
- A general feeling that one can influence what happens
- Support for decisions that are made
- A focus on process as well as results
- Common access to information

Benefits of the Interprofessional Approach:

- Improved teamwork for benefit of patients
- Positive attitudes of own and other professions
- Enhanced communication and problem-solving skills
- Improved understanding from the patient's perspective

Family-centered Care

Family-centered care is an approach that involves collaboration and mutually beneficial partnerships among patients, families, and health care providers. The emphasis of the approach is a sharing of complete and unbiased information with patients and families so they can make knowledgeable decisions and participate in solving their own problems. When care is family-centered, patients and their families are affirmed and respected. This approach can be used with patients of all ages, and it may be practiced in any health care setting. In this handbook, we will emphasize the use of family-centered care with children and adolescents with special health care needs. More information about family-centered care can be found at <http://www.familycenteredcare.org/>.

Principles of Family-Centered Care

- Patients and family members are treated with dignity and respect
- Health care providers communicate and share complete and unbiased information in ways that are affirming and useful
- Patients and family members build on their strengths by participating in experiences that enhance control and independence
- Collaboration among patients, family members, and providers occurs in policy, program development, and professional education, as well as in the delivery of care
- Respect for and acceptance of the individuality and diversity of patients and families

Teaching Families

Selection Process

Selection of the families is critical to the SFL process due to the fact that they drive learning experience for the trainees. Families are selected based on different types of diagnosis/conditions, age ranges, socioeconomic status, ethnicity, comfort level speaking before a group of people, and the type of challenges they have encountered with the health care system. This diversity helps promote an exploration of various issues relating to the cultural components of health services.

Experience has suggested that the learning process is enhanced when the experience is a developmental progression. Thus, the families are selected based on the chronological age of their child beginning with the youngest and progressing to adolescent or early adulthood. In our program, the first family selected is a family that has a young child that is three years old or younger. The next family has a child that is school age, and the third family has an adolescent or young adult that is transitioning out of high school. This progression allows the trainees to understand the concerns of families with children who have special health care needs throughout their growing years.

Role of Teaching Families

Teaching families play a key role in the SFL process. Families are able to present a range of learning issues for the various professions. From their experiences with health care systems, families provide opportunities for learning experiences for the trainees. The primary role of the families is to provide learning opportunities and, in the process obtain information and resources that assist them in problem solving solutions for their specific needs.

Trainees Role/Expectations

Participating Health Professions

Professions/disciplines currently involved with SFL are: audiology, developmental-behavioral pediatrics, family advocacy, genetic counseling, health services administration, nursing, nutrition, psychology, psychiatry, occupational therapy, physical therapy, self-advocacy, social work, special education, and speech-language pathology. Other health care professions may also participate and benefit from SFL.

On the first day, trainees are given a brief description of each discipline involved and how the discipline contributes to the interprofessional process.

Interview Process

At the first session with the family, trainees asks questions regarding: the family's history, their concerns, demographics, services received, reimbursement, medical, psycho-social, motor development, sensory issues, communication and nutrition. During the interview, facts and learning issues are recorded by two volunteers on computers and projected on a monitor. This allows the group to view important information about the family. In addition, a video recording is also taken of the interview session for further review.

Family Interview Topics Explored:

- Concerns of the family
- Demographics
- History of services received
- Reimbursement sources
- Medical
- Psycho-social
- Motor development (and sensory issues)
- Communication
- Nutrition
- Genetic history

Learning Issues

Learning issues are topics identified by trainees that need further explanation or research. Learning issues are based on the core competencies of the program and expand on information obtained during the family history and interview (see Appendix B). A trainee researches a learning issue and presents it to the other trainees and faculty in the group. Learning issue references are discussed to improve the trainee's ability to utilize resources and allow these to be shared among trainees, faculty, and family.

Learning Issue Examples:

- Diagnosis of the child (autism, cerebral palsy, traumatic brain injury, fetal alcohol spectrum disorder)
- Funding sources (Medicare, Medicaid, SCHIP Program)
- Evidenced-based treatment approaches (sensory integration, mobilization, medication)
- Types of durable medical equipment (feeding tubes, walkers, wheelchairs) or adaptive equipment (feeding utensils, dressing devices, reachers)

Tutor Groups

Tutor groups are small learning groups of 5-7 trainees. After the interview, trainees are divided into tutor groups. In these learning groups, trainees from different disciplines are represented. This type of interprofessional group promotes more comprehensive learning and discussions.

These groups meet together for three sessions per family. Each session is approximately two hours in length. After the initial family interview, the small group meets for the first time to discuss family concerns and facts and assign learning issues. Trainees choose at least one learning issue from the learning issue list recorded during the interview, focusing on topics that are not central to their discipline. The issue(s) are researched and presented to the learning group at the next group session, with the inclusion of handouts or an outline, and a list of references.

Trainees are encouraged to select issues based on:

- Personal learning needs
- Interest in a particular area
- Issues outside their discipline
- Learning group suggestions

After the presentation in the second group session, ideas and solutions for the family are discussed and resources are evaluated and critiqued. Another session with the family is conducted for follow-up questions and new learning issues are identified. Each trainee chooses different learning issues to research and present to the group at the final session.

During the final session, more learning issues are presented and the group decides what resources or information should be presented to the family. A representative from each group will present the key issues to the family following the final tutor group session.

Notebook for Teaching Families

Before the last session with the family, one trainee from each learning group meets to compile a notebook to be given to the family. The notebook consists of information, resources, or recommendations that the trainees or faculty members have found.

Recommendations Include the Following:

- Community resources
- Available services
- Alternative treatment
- Transition needs
- Public policy issues
- Contact information for services
- Support groups
- Research findings
- Interesting health facts

Videos

Videos are recorded of each family session. These videos are available to trainees, faculty, and the family for further review. If a trainee misses a session, they are expected to check out the video of that session.

SFL Process

First Session:

- Interview with family
- Meet in small learning groups
- Select individual learning issues

Second Session:

- Meet in small learning groups
- Present individual learning issues
- Meet with family for any additional clarification
- Meet in small learning groups a second time
- Select individual learning issues

Third and Final Session:

- Meet in small learning groups a third time
- Present individual learning issues
- Choose key issues to present to family
- Meet for last family interview/discussion

Role of Faculty

Tutors

Faculty members serve as tutors to facilitate discussion in the tutor groups. Two to three faculty members are available for each group. When researching learning issues faculty members can be used as a resource.

Mentor

Each trainee has a faculty member of his/her discipline that is available for questions. The trainee and mentor meet on a consistent basis to discuss the process and the trainee's role.

Evaluations

After each tutor group, the trainee evaluates his/her performance on the presentations and use of resources while the faculty members also evaluate each trainee. The faculty and the trainee discuss the evaluations to determine similarities and differences between the evaluations. At the final session each faculty member is evaluated by each trainee (see Appendices C and D).

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Institute for Family-Centered Care.
<http://www.familycenteredcare.org/>

Research about Interprofessional Practice and Education.
<http://ipe.utoronto.ca/research>

Appendix B

Spend Thrift Trust

- I. What it is
 - A. A trust for a small estate
 - B. Created to protect a beneficiary from his or her creditors
 - C. Beneficiary is unable to transfer his or her right to future payment of income or principal and his or her creditors are unable to subject the beneficiaries' interest to their claims
- II. What it does
 - A. Does not always ensure creditor protection
 - B. Is not valid in all states.
 - C. There are ways however to make the trust less vulnerable
 - 1. Specify that the trustee make distributions to the beneficiary
 - a. creditors generally cannot seize assets of a spendthrift trust that allows the trustee to distribute trust assets based solely on the trustee's discretion
 - b. If the intention is to protect the beneficiaries from creditors, it is best to give the trustee sole discretion as to whether to pay the trust's income to the beneficiary (rather than requiring mandatory payments or income or principal to the beneficiary)
 - c. It is also unadvisable to name the beneficiary of the spendthrift trust the sole trustee
 - i. Could allow the beneficiary's creditors to reach the trust's assets.
- III. Advantages and disadvantages of setting up a trust fund for a person with a disability.
 - A. Advantages
 - 1. Insures provision of inheritance without the loss of Medicare coverage
 - 2. Allows for a fund for things not covered under Medicare
 - 3. Protects the individual's money through the use of a committee.
 - B. Disadvantages
 - 1. Cost is on average \$1200 to set up a trust fund through a lawyer.

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