

Teaching Medical Students About Adoption and Foster Care

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ABSTRACT. This article reports that an elective training for medical students regarding the ways that adoption and foster care may affect patients they will see in their future medical practice is effective, perceived by students to be a valuable experience, and may contribute to good medical practice. As a follow-up to recommendations from a Massachusetts Task Force on Adoption—which identified the need to promote educational programs on adoption and foster care—weekly skills-building classes were designed to increase medical students’ awareness of how frequently adoption and foster care may play a role in patients’ lives. This course aims to increase students’ ability to communicate with, and analyze and interpret information from members of adoption and/or foster care triads through a series of presentations by adoption and foster care experts, who include doctors with specialties in international adoption medicine, behavioral health issues of children who were adopted, specialized care for children in foster care, and family medical practice with expertise in the area of nondirective counseling; adoptive parents and people who were adopted; parents who have made adoption plans for their children; and foster parents. In addition, the classes also encourage medical students to reflect on their own beliefs and assumptions about adoption and foster care. doi:10.1300/J145v10n01_03 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

To our knowledge, no curricula, other than the course described in this article, have been developed regarding medical students' need for instruction that focuses on practical issues and professional development topics pertaining to adoption and foster care. This article reports that optional training for medical students regarding adoption and foster care is effective, perceived to be valuable, and may contribute to good medical practice. An eight-week series of skills-building classes was found to increase students' competence in communication, information analysis and interpretation, and self-reflection regarding adoption and foster care as they intersect with medical practice.

It is estimated that as many as 5 million people who have been adopted live in the United States (Hollinger, 1994), with over 1 million children currently living in adoptive families (Stolley, 1993). In their Benchmark Adoption Survey (1997), the Evan B. Donaldson Adoption Institute found that on average, 6 out of 10 Americans have a personal connection to someone who was adopted. Currently in the United States, there are approximately half a million children living in foster care on any given day (U.S. Department of HHS, 2006). Moreover, according to the Centers for Disease Control (1995), infertility affects about 6.1 million Americans, or 10 percent of the reproductive age population. As many as 1 million Americans have expressed an interest in adopting as a way to create or expand a family. Given the tenor of these statistics, there is a very high likelihood that doctors or other medical professionals in the United States will encounter patients who have personal connections to adoption or foster care, either as a person who was adopted, a person who has made an adoption plan for a child, a parent who has adopted a child, a child living in foster care, a foster parent, or a person with a desire to be a parent facing an infertility diagnosis or other significant health conditions. At present, there is no formal training for medical students or physicians regarding health care interactions around the topics of adoption and foster care in the United States (Association of American Medical Colleges, 2005). Additionally, a comprehensive Internet search of non-U.S. medical school curricula did not identify the existence of any courses with a specific focus on the wide-ranging health care needs of this population.

Adoption practices in the United States have changed dramatically over the last several decades. These changes have resulted in both an increase in number of adoptions of children from foreign countries, and increased communication and contact in domestic adoptions (Grotevant, McRoy, Henney, & Onken, 1998). The growing number of international adoptions has highlighted the complexity of medical needs experienced by children who may have previously lived in deprived environments, including orphanages or other institutional settings, or where environmental conditions or health care are concerns (Juffer & IJzendoorn, 2005). Often parents who adopt internationally receive limited information during the referral process, gravely impacting their ability to understand the child's current and future health status. These parents ask doctors to evaluate and make recommendations about their children's health status and future needs. To make informed recommendations, pediatricians will need information on a variety of medical and behavioral health issues related to international adoption, such as understanding foreign medical records, appropriate immunizations, growth rates, and the effects of institutionalization on children's physical, psychological, and social development.

Likewise, there is an increasing number of children in foster care who lack access to comprehensive medical care. Children in foster care usually come from impoverished families who experience multiple stressors (e.g., substance abuse, lack of employment, family violence). Klee, Kronstadt, and Zlotnick (1997) reported that the majority of child placements in foster care result from neglect, physical abuse, parent substance abuse, or abandonment. Simms, Dubowitz, and Szilagyi (2000) also found that generally the health of children entering foster care is poor. According to Halfon, Mendonca, and Berkowitz (1995), an estimated 80% of children living in foster care have at least one chronic illness, and 35% to 85% have diagnosed or undiagnosed mental health disorders. The most common medical diagnosis reported by Hochstadt, Jaudes, Zimo, and Schachter (1987) for children in foster care is growth failure. These children can also experience lack of timely immunizations or unnecessary reimmunizations, as well as limited utilization of routine preventative health care services.

Both adoption and foster care impact several medical specialties, including obstetrics and gynecology, pediatrics, family medicine and general practice, and psychiatry and behavioral health. There is a paucity of continuing medical education programs to train practicing physicians to provide sensitive and appropriate health care services to people and families related through adoption and foster care.

As a public medical school, the University of Massachusetts Medical School's founding educational objective is to provide a high quality and affordable medical education to students who are residents of Massachusetts. The school is committed to train and cultivate physicians who are concerned with the whole person. The curriculum is designed to stimulate and support students as they acquire advanced knowledge and skills, while instilling compassionate attitudes and values so that they may best serve their patients. The curriculum includes data from a variety of medical arenas such as biostatistics, environmental health, health administration, epidemiology, and the behavioral and social sciences. In line with the mission of the medical school and given the growing trend in family diversity, it is clear that students need an educational opportunity to develop clinical skills to work with adoption and foster care populations.

The purpose of this article is to describe an elective course developed by the Center for Adoption Research at the University of Massachusetts Medical School that prepares medical students to provide services to individuals impacted by adoption or foster care. As evidenced by research reported in the Benchmark Adoption Survey (1997) and supported by data from the 2000 United States Census (2003) regarding the number of people in the United States who were adopted, a large population of people impacted by adoption and foster care exists. In addition, there is a growing trend toward families created through adoption and foster care. A demonstrated need exists for medical personnel to understand basic information about adoption and foster care, examine their personal attitudes and beliefs, and appreciate the health considerations relative to this patient population. Additionally, a long-term aim for this course is to inspire physicians in training to specialize in these areas of medicine (e.g., foster care medicine; international adoption medicine) in order to meet the growing critical need for these services.

COURSE OVERVIEW

This course gives the medical student an opportunity to explore one particular population subgroup while developing intellectual and practical skills essential for medical practice in general. As a collaborative effort by the Center for Adoption Research and the University of Massachusetts Medical School, the Optional Enrichment Elective, *Adoption and Foster Care: Considerations for Medical Practice*, is a select course offering within an expanded elective program. This expanded program, Optional Enrichment Electives, is offered to students to supplement the

required elective curriculum in an effort to compliment and expand their medical educational experience. The course is designed to educate medical students about the health care needs and considerations of people whose lives have been impacted by the experiences of adoption and/or foster care.

Course developers and implementers have personal connections to adoption. This type of educational offering for professionals was initially recommended by several adoptive parents who participated in a Citizens' Task Force on Adoption (1996) in Massachusetts. The most significant outcome of this Task Force was the establishment of the Center for Adoption Research at the University of Massachusetts Medical School. As a result, the Center for Adoption Research was tasked with conducting research, policy analysis, and developing educational programs on adoption and foster care. The executive director of the Center, who provides input into the course design and is a course lecturer, is the father of eight children adopted both domestically and internationally. Two previous course developers are also adoptive fathers. The course facilitator and weekly coleader, who has been involved since its inception, has a birth brother for whom an adoption plan was made, and a sister-in-law who was adopted as an infant from Korea. Likewise, the spouse of the ongoing course coordinator was adopted domestically as an infant by parents who experienced infertility, and their children's lack of paternal medical history has posed challenges for them throughout their medical interactions. Finally, recommendations are solicited annually from each panelist (i.e., birth parents, adoptive parents, persons who were adopted, foster parents) with respect to the course information, materials, and presentations.

Volunteer student coordinators work in conjunction with adoption, foster care and medical experts to aid in the creation and implementation of a successful introduction to these issues not previously offered at the university. Student involvement at the coordination level is crucial to the success of the course implementation. Student coordinators are familiar with the course as they typically are recruited from the group of students who attended the preceding offering of the course. Moreover, they are familiar with the schedules and workload demands of their fellow students; their participation in planning helps determine the best schedule, that is, fall or spring semester and time and day of the week, to meet the needs of interested students. The student coordinators also support the course by encouraging their fellow students to enroll.

Medical schools are challenged to identify teaching methodologies that actively engage students in the learning process. In the best interest of

curriculum development, resident medical experts from the university are solicited to cofacilitate the course, in collaboration with an expert in adoption and foster care from the Center for Adoption Research. The University of Massachusetts Medical School has physicians on staff who are experts in a variety of specialties related to adoption and foster care. Cofacilitating faculty submit recent relevant research articles to be included in the course reader and prepare case vignettes from their files that illustrate the varied experiences of children and adults for whom adoption and/or foster care are part of their personal history. Moreover, two to three months prior to the start of the course, a faculty meeting is convened to discuss the logistics of the upcoming course and determine the schedule of the presenters. At this time, discussions regarding the latest research findings or different approaches to practice are encouraged and results are incorporated into the development of the course.

To receive credit for the course, students are required to attend six of the eight sessions, and are assigned a weekly one to two page paper summarizing the session topic and its impact on their clinical learning experience. Additionally, a final paper (6-8 pages) detailing how the course affected their personal attitudes and will impact their future professional practice is required. These assignments provide the students with a personal reflection exercise to allow them to make connections between information in the course materials and clinical practice, as well as to help them examine their personal beliefs. As this course is an Optional Enrichment Elective, there are no grades associated with it and students' transcripts only reflect exposure to the topic.

Through the collaborative efforts of the student coordinators, faculty, and the adoption and foster care expert, the course is divided into eight sessions. The topic areas include: (1) An introduction to adoption and foster care; (2) adoption from a personal perspective; (3) patients in perspective; (4) adoption as an option; (5) presenting information to patients; (6) behavioral health issues in adoption and foster care; (7) health issues for children adopted internationally; (8) health issues for children in foster care; and (9) a panel discussion that includes a variety of individuals who are members of the adoption triad.

WEEKLY CURRICULUM

The principal goals and objectives of the eight-week (12 hour) course are (1) to introduce biological, psychological, and social issues relevant to adoption and foster care; (2) to assist students in developing clinical

skills for working with members of adoption and foster care triads; (3) to provide students an opportunity to consider their own attitudes about adoption and foster care; and (4) to introduce available community resources for patient education and referral. The course is designed to engage students in case discussions and role plays of doctor-patient interactions that challenge their assumptions and beliefs about adoption and foster care, and give them exposure to important and associated health considerations. The course reader includes resources, research articles, literature reviews, and case study examples that cover a range of information—from basic statistics regarding adoption and foster care to specific health care needs of members of the adoption and foster care triad (i.e., adoptive/foster children, adoptive/foster parents, and birth parents).

Week 1

To provide students with a basic foundation to understand the material presented throughout the course, the initial session introduces students to the history of adoption and foster care, facts about adoption and foster care in the United States, different types of adoptions, the process of adopting a child through public and private systems, and changing practices in adoption that have led to increased communication and contact among triad members. A significant feature of the first session is instruction on appropriate and sensitive language for adoption and foster care. For example, students are encouraged to avoid terms that construe adoption or foster care in a negative light (e.g., commonplace references to birth mothers as “girls”). Instead, students are offered appropriate alternatives to common terms (e.g., “birth parents” instead of “real parents”) and given explanations as to why the alternatives are preferred. The purpose of this session is not only to educate students on basic information; it also serves as a means to engage students to reflect on their beliefs and the common myths or stereotypes often perpetuated about adoption and foster care. Finally, students are informed of the impact that openness in adoption (i.e., increased communication and contact between parties) has on obtaining relevant birth family medical and social history as well as prenatal and birth information.

Week 2

Personal experience cannot be gleaned from the pages of a text book. Thus, during the second session, students have the opportunity to hear

the personal story of a father, who between 1966 and 1977, adopted eight children of several races, ethnic origins, and ages. The overall message of this session is that every child is entitled to be raised in a permanent and loving family. The father describes a painful experience of one of his children, who came from Vietnam at age four and was subjected to humiliating treatment from an older pediatrician who made her walk down the hallway of the hospital naked so that everyone present could see the effects of her malnutrition. Additionally, he shares social experiences that have impacted their family, such as those of his African American children who were treated condescendingly in school (e.g., one child was told that she was the smartest black girl they'd ever had attend the school). The presenter then engages the class in a discussion of the social importance of adoption and addresses their curiosities about being a multiethnic family, dealing with medical and other professionals, and society at large.

Weeks 3 and 4

Weinberger, Smith, Collier, and the Education Committee of the American College of Physicians (2006) suggest that practice-based learning is important in medical education, and that students should experience educational opportunities that encourage them to integrate their knowledge of medicine into their developing skills for patient care. Expertise is acquired through practice itself. During medical school, students should be able to quickly apply knowledge, attitudes and techniques to address specific presenting problems. Case vignettes help to illustrate the complexity of medical care around issues of adoption and foster care. In addition to examining personal attitudes and beliefs, and identifying resources available to patients, the objectives for this session are (1) to understand the physician's role in this type of counseling, and (2) to explore issues (social and medical) in unplanned pregnancy and infertility. Students are encouraged by the coleaders (a family medicine physician and a developmental psychologist with expertise in adoption and foster care) to explore such case vignettes as the following:

The first vignette (in the course's third session) gives students an opportunity to engage in role-playing activities that simulate doctor-patient medical interviews and history taking. This is important because often in situations of adoption and foster care, basic medical information and family history are unavailable. Therefore, there is a critical need to train physicians to sensitively ask patients or patients' adoptive/foster parents for information that addresses this paucity of data. Students

engaged in this role-play are able to practice avoiding negative nonverbal behaviors (e.g., sighs, eye aversion) when information is lacking. They are encouraged to collect the patient's personal medical history and if possible, evaluate which tests, if any, might be useful based on a patient's ethnic background, age, or recent history. In addition, through case vignettes, students' assumptions are tested by asking such questions as: How would your history interview differ from a typical interview? How would your physical examinations differ? What do you think are the relevant issues in this case (with an emphasis on the social aspects)? What additional information do you need? The objective of this session is to demonstrate the dangers of making assumptions about patients, and to offer active learning exercises that teach students how to appropriately gather information.

The second vignette (in the course's fourth session) presents students with the following scenario: You are a doctor covering the late shift at a busy urgent care facility. You pick up the chart of the next patient you are about to see. The triage nurse has written the following chief complaint: "22 year old with positive pregnancy test at home and she tells you that her last menstrual period was 5 weeks ago. You walk into the room to find a woman alone in tears." Students are encouraged to think about how they would begin a conversation with her and the role-play then begins. The role-play allows students to practice nondirective counseling of a woman regarding her options for an unplanned pregnancy, with a specific focus on using appropriate and sensitive language to discuss parenting or adoption planning. The intent of this particular focus is related to students being exposed to information regarding counseling on abortion options as part of the required medical education, and to provide information on adoption and parenting options so that they are aware of the broader range of options they might offer a patient.

Weeks 5-7

Sessions 5 through 7 cover issues regarding children's medical and behavioral health needs, research outcomes for children adopted internationally, and children living in foster care. For example, there are common misperceptions that children who are adopted have higher rates of clinical disorders than their nonadopted counterparts. Weirzbicki's (1993) research demonstrated higher rates of clinical disorders than would appear to be proportionate to the population. Peters, Atkins, and McKernan-McKay (1999) attempted to explain, through the use of five

models (genetic or biosocial factors, pathogenesis of the adoption process, the effects of insufficient preadoption child rearing, adoptive parent referral bias, and impaired relationships between (adoptive) parents and children), that the existence of higher rates of clinical disorders does not necessarily mean that a patient who was adopted should automatically be subject to a clinical diagnosis. Factors related to the five models may help to explain Weirzbicki's original findings. Students are exposed to these models so that they understand common misperceptions and know to avoid making conclusions about patients based on the fact that they were adopted. Simultaneously, students are made aware of the relevant research findings for children with specific prenatal and postnatal histories to aid them in the specialist referral process.

Week 8

The final medically focused session covers the health care needs of children in foster care. As noted earlier, children in foster care often have serious health deficiencies that need specialized attention. This session is taught by a pediatrician who specializes in the treatment of foster children and operates a clinic that specializes in the health care and evaluation of children in foster care in cooperation with an adoption and foster care expert. The physician covers the medical aspects of foster care while the expert covers history and policy issues relative to foster care. The objectives are to inform students and engage them in discussing special health care issues of children in foster care, state and federal guidelines regarding health care for children in foster care, innovative programs throughout the United States designed for better care of children in foster care, and interactions between the Department of Social Services, foster families, and health professionals.

Final Week

To wrap up the course, a panel comprising individuals who have a personal and direct connection to foster care or adoption are invited to share with the class their unique experiences. In addition, students are encouraged to ask questions and to elicit from the panelists suggestions for making the medical experience more positive. Previous panels have included (1) a birth mother, (2) several people who were adopted either internationally or domestically with open, mediated, or confidential adoptions, (3) people who were adopted and who have searched and been reunited with their birth families, (4) foster parents, and (5) adoptive parents. The panel enables students to see a continuum of adoption

and foster care experiences, and to understand the impact negative and positive medical encounters have had on the panelists.

RESULTS

The course has been offered three times to date. Forty medical students received credit for the course, 75% were female and 25% were male. The majority of medical students were in their first year of school (68%) while the remaining were sophomores (30%) and one junior. With each offering, minor revisions have been made in response to student feedback or recent research findings. The course has been very successful as measured by adoption and foster care pretests and posttests administered to the students, and from course evaluations. Faculty participants report that they have enjoyed the course, and maintain that the students' responses to their presentations have encouraged them to think more deeply about medical and behavioral health issues relevant to adoption and foster care. Presenters have also used the course to recruit interested students to volunteer in their offices. For example, the physician who runs the health care clinic for foster children has been a significant resource for students interested in getting hands-on experience with the health care needs of children in foster care.

For purposes of course revisions and to ensure appropriate teaching of information, pre and post tests are administered as an attempt to measure transfer of learning for basic adoption and foster care information. The pre and post tests are designed to measure students' knowledge of the prevalence of adoption and foster care, as well as definitions and common reasons for children coming into public foster care. Students also respond to a five-point Likert scale (Strongly agree to Strongly disagree) across a series of statements about common myths associated with adoption and foster care. Lastly, information is collected to determine if students have any personal connection to adoption and/or foster care and whether they have had any formal training on these topics. Prior to the initial session, students are asked to complete the pretest, and at the final session the posttest is completed. Students are only required to provide a four-digit nonidentifying code for purposes of matching pre- and post-answers and not for identifying particular individual's responses. Overall results indicate that the majority of students gained knowledge regarding the disposition and rates of children in foster care and adoption, and that they reevaluated their beliefs in a manner more consistent with the current research literature and professional understanding of

the issues. For example, in the pretest, one third of the students thought that most birth parents were teenagers while a third did not know. The posttest results indicate that about 60% of the students understood it is a myth that parents who make adoption plans are mostly teenagers. Pelton (1988) and Grow (1979) reported that since the late 1970s their observations have been that women who choose to make adoption plans tend to be over age 18, while teenagers are more likely to opt to parent their infants.

Interestingly, in the pretest, less than half of the students noted that they had a personal connection to adoption and foster care, but in the posttest almost two-third indicated a personal connection. Many students commented that taking the class helped them to realize how many people they knew with some affiliation to adoption or foster care. This suggests that the students did not always recognize the personal connection until it was made clear in the course how many ways there are to have some personal connection to a birth parent, a person who has adopted, someone who has been adopted, or who has lived in foster care.

In addition to the pre- and post-tests, students were given weekly process evaluations and a medical school mandated final course evaluation. All evaluations are anonymous and no identifying data was collected. The purpose of the evaluations was to assess students' feelings about individual presenters and the usefulness of information provided at each session, with the goal to improve and further develop the course curriculum. All students who completed the final course evaluation indicated that they agreed (Strongly agree, 77%) that the course as a whole was very useful for their overall medical education and that the lectures stimulated their thinking about adoption and foster care as they related to health care issues (Strongly agree, 82%). Moreover, 100% of the responding students thought an understanding of adoption and foster care was important to their medical training. It is important to stress that the students who enrolled in this Optional Enrichment Elective were self-selected and had an interest in learning more about adoption and foster care, which likely accounts for the 100% response indicating the importance of this information for their medical education (see Table 1).

It was found that no student had formal education or training in issues of adoption and foster care, but many indicated that it would be very useful. Students were asked to indicate how much knowledge they had about adoption or foster care before taking the course and how the information presented would help them in their role as a physician. While 77% of students had minimal knowledge about the subject at the course's inception, all of them had either a moderate (47%) or high (53%) interest in the

TABLE 1. Course Procedures and Importance for Medical Education (n = 39)

Statement	Strongly Agree(%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree(%)
Course as a whole was useful for my overall medical education.	76.5	23.5	0	0	0
Course topics were well-chosen.	53	41	6	0	0
Sequence of topics was appropriate.	29	65	6	0	0
Course met my objectives.	41	47	6	6	0
Course reading materials were relevant.	40	40	20	0	0
Readings/resources enhanced my understanding of course content.	20	60	20	0	0
Lectures stimulated my thinking about adoption and foster care as they relate to health care issues.	82	18	0	0	0
An understanding of adoption and foster care is important in the field of health care.	94	6	0	0	0

subject matter. Finally, 41% of the students felt that the information they learned in the course would moderately help them as practicing physicians, while 59% thought the information learned would have a maximum benefit in their role as a physician (see Table 2).

An informal review of the open-ended feedback revealed several anonymous statements indicating that for some students' the experience was quite positive. For example, one student wrote, "This class has been one of the most powerful educational experiences I have had this entire year. I have learned things through lecture and discussion that will undoubtedly shape my future career as a physician—probably in many more ways that I can begin to comprehend." In line with this, another student wrote, "It is sort of scary to think that we, as medical students, could potentially go through our entire schooling and never be informed about some of the issues we have covered in [this] class. These issues are so prevalent in society and it seems unacceptable to me that physicians are not mandated to be versed in them as the potential emotional and physical turmoil they can cause for patients is just as significant as any physical illness." Several students expressed the need for more formal training for all medical students. One wrote, "The adoption and foster care class presents an example of education which should, in some form, be a standardized part of any medical education." Additional open-ended

TABLE 2. Interest and Knowledge in Adoption and Foster Care (n = 39)

Question	None %	Minimal %	Moderate %	Maximum %
How much <i>interest</i> did you have in this subject matter before taking this course?	0	0	47	53
How much <i>knowledge</i> did you have in this subject matter before taking this course?	0	76.5	23.5	0
How much <i>interest</i> do you now have in this subject matter after taking this course?	0	0	23.5	76.5
How much <i>knowledge</i> did you gain by taking this course?	0	0	68	35
How much do you think the information you learned in this course will help in your role as a physician?	0	0	41	59

feedback, not related to the importance of the course, revealed that course designers should consider (1) extending the sessions beyond 1.5 hours to at least 2 hours per session, (2) include more role-play opportunities for students to practice engaging members of the adoption triad, and (3) provide more information about the legal aspects of adoption by including a legal professional in the panel.

LIMITATIONS

Our results must be tempered by the observation that this self-assessment involved only students who participated in the course and did not include the general population of students. While it appears from the formal and informal data that most of the participating students felt that the course was worthwhile, no particular competencies or techniques were introduced or measured. Furthermore, the sample size of the participants is, at the time of this writing, quite modest, and certainly not sufficiently large enough to draw any firm conclusions. The majority of students who have taken the course are several years away from licensed practiced and capturing the impact of a 12-hour Optional Enrichment Elective taken early in their medical education may be difficult. However, more specific and formal follow-up is warranted and planned. Additionally, the analysis of the anonymous open-ended feedback was done in an effort to highlight the significant impact that learning about the health considerations

relative to adoption and foster care has had on students participating in this unique course and does not constitute a formal qualitative analysis.

DISCUSSION

At the time of writing, the Optional Enrichment Elective described in this paper had been offered three times at the University of Massachusetts Medical School. A total of 40 students received credit and of those, 39 completed the pre- and post-tests and standard anonymous course evaluations. The majority of participating students have been in their first year of medical school, although the course is open to other undergraduate medical students. There has been higher attendance in certain semesters than in others because of scheduling issues. Former students recruited as coordinators are consulted when course scheduling is being determined and are a resource for student recruitment.

Throughout the planning stages for the second and third course offerings, revisions were made to the curriculum according to student and faculty feedback, as well as in response to current research in the field. While much of the feedback was positive, it was clear that the case vignettes and role-play exercises had significant impact on the students' perceptions and understanding of the complex and varied nature of adoption and foster care experiences. Therefore, efforts are being made to provide students with appropriate experiential learning exercises when feasible that will increase the learning impact of each session. Additionally, the inclusion of more legal information and professionals to provide that information is being considered for future offerings.

Evaluation plans are being developed to measure the impact of the course on those students who received credit as they begin field practice. Since the first offering was in 2003, the majority of those students will not be licensed and practicing until 2008. The evaluation will be designed to capture knowledge and attitudes about adoption and foster care, experiences with patients connected to adoption or foster care, and usefulness of the elective on their current practice.

Future direction for the course includes expanding the offering to the graduate school of nursing at the University of Massachusetts Medical School. Because nurses are often the medical personnel who conduct initial screenings of patients and spend a considerable amount of time with them, it seems appropriate that they receive training relative to this population. In addition to the medical student elective on adoption and foster care, the Center for Adoption Research also conducts trainings for

students who are in their third year Obstetrics and Gynecology Clerkship during the pregnancy and fertility rotation. Training regarding medical and behavioral health issues for adoption and foster care has also been offered to practicing physicians via Grand Rounds (e.g., family medicine). The Center for Adoption Research is also in the process of developing continuing medical education training for practicing physicians, which includes half-and full-day training covering the spectrum of adoption and foster care needs as well as specific trainings in (1) presenting adoption as an option for patients; (2) foster care medicine; (3) international adoption medicine; and (4) behavioral health issues in adoption and foster care.

PRACTICE POINTS

- Medical students and doctors need to understand basic information about adoption and foster care, examine personal attitudes and beliefs, and appreciate the health considerations relative to this patient population.
- In a post-test, all of the responding students thought an understanding of adoption and foster care was important to their medical training.
- Nurses and other health professionals, who are often the medical personnel who conduct initial screenings of patients, may benefit from this type of training.

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