Project DOCC/Pediatrics was implemented at North Shore University Hospital, Manhasset,

In 1997 new sites were added:
Mount Sinai Medical Center, New York, NY
The Marcus Institute (an affiliate of Emory University Medical Center), Atlanta, GA
Schneider Children’s Hospital, Queens, NY
Texas Children’s Hospital, Houston, TX
1998
T.C. Thompson Children’s Hospital, Chattanooga, TN
Driscoll Children’s Hospital, Corpus Cristi, TX
UC Davis Medical Center, Sacramento, CA
Helping Hands Development Center (an affiliate of Marshall University), Huntington, WV
Winthrop University Hospital, Mineola, NY
1999
Beth Isreal Medical Center, New York, NY
Children’s Memorial Hospital, Chicago, IL
The Canberra Hospital, Canberra, Australia
2000
Montefiore Medical Center Children’s Hospital, Bronx, NY
St. Luke’s/Roosevelt Hospital, New York, NY
Babies and Children’s Hospital of NY at New York Presbyterian Hospital, New York, NY
St. Vincent’s Hospital and Medical Center, New York, NY
Long Island College Hospital, Brooklyn, NY
Maimonides Medical Center, Brooklyn, NY
Brookdale University Hospital and Medical Center, Brooklyn, NY
The Project DOCC/Geriatrics is being piloted at the WeillCornell Medical College/New York Presbyterian-New York Hospital, New York, NY

2001
University of Tennessee Boling Center for Developmental Disabilities and
Le Bonheur Children’s Medical Center, Memphis, Tennessee

In the Memphis area, contact:
Joanne Cunningham, ph. 755-5579, jcunningham@peoplepc.com or
Robin Welsh, UT BCDD, ph. 448-3737, rwelsh@utmem.edu
www.utmem.edu/bcdd/
Project DOCC is a training program which focuses on the impact of chronic illness and/or disability on individuals and their families, in every setting including the hospital, home, and community. With improved understanding of health care/disability and advances in diagnosis and treatment, children and adults with chronic conditions live longer. Changes in health care delivery often mean less time in hospitals and create greater need for community supports and services.

Project DOCC offers a curriculum for teaching physicians and other professionals about ingredients necessary for people with special health care needs and their families to live in the community, including:

- a pivotal physician
- community resources
- quality of life

Commitment

Medical centers and family members form teams to implement Project DOCC. The curriculum is integrated into an existing rotation (e.g. general pediatrics or internal medicine) and is required for all residents and/or medical students during their training. Teaching videos, manuals and slides are free. Each team must complete a two-day training workshop. Project DOCC encourages each program to pay a stipend to every Family Member who participates in teaching.

Our mission is to promote an understanding of the issues involved in caring for a family living with special health care needs regardless of age, diagnosis or prognosis; putting the family at the center of the healthcare system.

Our philosophy relies on the commonality of our core issues, not our differences:

* chronic illness and/or disability impacts the whole family
* the impact is not disease or diagnosis specific
* we speak with one voice and advocate for each other about our universal issues: medical, financial, educational, social, spiritual
* we empower family members to assume the role of teacher
* we identify as models, physicians and other professionals whose actions and caring have enhanced lives
* we seek to provide resources and solutions to concerns raised

Pediatrics

Project DOCC was created by parents of children with chronic illness and/or disability in 1994 based on their own families’ experiences. The Project DOCC curriculum is taught by Parent Teachers in three components:

- Grand Rounds Panel  One Hour Presentation
- Home Visit  Two Hours
- Parent Interview  Two Hours (Using the Chronic Illness History)

Hospital Administration and Staff

Healthcare providers have significant impact on the families of children with chronic illnesses or special needs. Advances in medicine have resulted in increased survival of children who may require long-term services from a variety of healthcare professionals. Care coordination is beneficial to both the families and the healthcare providers.

Panel Presentation  One Hour