**Learning**

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Key Features

I Patients:

1. **As part of ongoing care of children, ask parents about their children’s functioning in school to identify learning difficulties.**
* Often presents with parental concerns, usually when the child fails to achieve academic milestones alongside his/her peers (report cards, etc)
* Can be first identified by teachers who initiate referrals to special education teams or for formal psychometric testing and diagnosis
* Early identification = better outcomes, therefore ask routinely about child’s performance in school
* Consider a learning disorder with any of the following concerns: academic, behavioral, attention, or social interaction problems
* Have a low threshold for considering a learning disorder in children at risk, which includes:
	+ Family history of learning disorders
	+ Poverty
	+ Understimulating environment
	+ Premature
	+ Developmental or mental health disorders (ADHD, autism, anxiety, depression, etc)
	+ Neurologic disorders (seizures, neurofibromatosis, Tourette syndrome)
	+ Chromosomal disorders (Fragile X, Turner, etc)
	+ Chronic medical conditions (diabetes, etc)
	+ Traumatic brain injury
	+ CNS infection or radiation
1. **In children with school problems, take a thorough history to assist in making a specific diagnosis of the problem (eg mental health problem, learning disability, hearing)**
* Evaluation requires complete history and physical to identify potential medical, neurologic and/or behavioral conditions that may be related to the learning disorder
* Ask about education and learning (general questions about functioning in school)
* Ask about onset of the problem, whether it is improving or worsening, factors that improve or aggravate the problem
* Ask about hearing, vision, motor skills, attention and task completion skills, language skills, social skills
* Ask about school attendance
* Ask about developmental milestones, especially language
* Formal diagnosis requires psychometric testing (administered by psychologist or educator)

Note: lab work is not usually necessary, and physical examination is often normal

1. **When caring for a child with a learning disability, regularly assess the impact of the learning disability on the child and the family.**
* Self-explanatory: use FIFE when interviewing
	+ Feelings
	+ Ideas
	+ Function
	+ Expectations
1. **When caring for a child with a learning disability, ensure the patient and family have access to available community resources to assist them.**
* Will vary based on community, but are often available through the school system
* Some online resources include:
	+ [www.kidsource.com/kidsource/content3/ada.idea.html](http://www.kidsource.com/kidsource/content3/ada.idea.html) (Provides information and advice about LD and ADHD for parents, teachers, and other professionals)
	+ [www.fape.org](http://www.fape.org) (Provides information and advocacy for children with special needs)
	+ [www.cps.ca](http://www.cps.ca) (Canadian Pediatric Society: online general information)
1. **To maximize the patient’s understanding and management of their condition,**
2. **Determine their willingness to receive information**
3. **Match the complexity and amount of information provided with the patient’s ability to understand.**
* Self-explanatory: use SPIKES for sharing bad news
	+ SETTING up the interview,
	+ Assessing the patient’s PERCEPTION
	+ Obtaining the patient’s INVITATION,
	+ Giving KNOWLEDGE
	+ Addressing the patient’s EMOTIONS with EMPATHIC responses

II Self-Learning:

 (all self-explanatory, listed from the CFPC document)

1. **Continuously assess your learning needs.**
2. **Effectively address your learning needs.**
3. **Incorporate your new knowledge into your practice.**