

## K-12 Student *Success*: Physicians Can Make an Important Difference

In order for physicians\* to best support their K-12 students with idiopathic hypersomnia (IH), the Hypersomnia Foundation recommends that physicians: (1) engage their K-12 students with IH during every office visit about their symptoms and medications and how they affect school performance; and (2) be forthcoming in their correspondence with school personnel. Below are ways in which physicians can help patients with idiopathic hypersomnia.<sup>1</sup>

### During Office Visits, Discuss:

- **Functional Capacity:** Help patient articulate how **symptoms and medications affect performance at school** (e.g., "Tell me how your sleepiness/ability to stay focused is affecting you at school. Tell me how your medications affect how you do your work in school and complete your homework.")
- **Educational Accommodations:** Initiate discussion about how the patient is **managing school work** (e.g., "Tell me what problems you are having with your school work.") With both student and parent present, ask each of them what might be most helpful to ensure success in school. For guidance regarding **needed accommodations** and a template for communicating with school personnel, see *Guide to Requesting Accommodations for K-12 Students with Idiopathic Hypersomnia*.
- **Truancy Laws:** If the student's IH symptoms may affect attendance/tardiness, advise the student and their family to **educate themselves** regarding local truancy laws.
- **Medical Alerts:** Ensure patient is aware of available **medical alert options** (e.g., if patient experiences frequent automatic behaviors). These options now include medical alerts available on many smartphone lock screens, in addition to traditional alert bracelets or wallet cards.
- **Legal Consultation:** If appropriate, make referral (e.g., [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)).

### When Communicating with School Personnel

Medical consultants to the school system may not be well informed about the diagnosis of IH, so the diagnosing/treating **physician's input is critical**. Your role often is to **educate** and provide **input into Section 504 Review documentation/IEP request process**.<sup>1</sup> Specifically,

- **Educate about Diagnosis:** IH in general, its effects on the patient in particular, and current treatment options, quality of life/functionality, etc.<sup>1</sup> See <http://www.hypersomniafoundation.org/idiopathic-hypersomnia-standard-characteristics/>.
- **Educate about Symptoms:** Possible effects on attendance (absences, tardiness, need for early dismissals from school), participation in class and related activities (focused, engaged), and assignments (punctuality/volume in class and at home).
- **Provide Safety Recommendations:** Make recommendations regarding the student's ability to safely participate in **potentially dangerous coursework**, such as chemistry lab, biology lab, driver's education, sports, etc. (e.g., "My patient J.L. experiences frequent microsleeps that are currently uncontrolled by medication, so I recommend that this student not (do X) without close supervision.")
- **Make Accommodation Recommendations:** Highlight the student's unique struggles with schoolwork and recommend **specific accommodations** to best meet the student's individual needs. See *Guide to Requesting Accommodations for K-12 Students with Idiopathic Hypersomnia*: <http://www.hypersomniafoundation.org/wp-content/uploads/Guide-to-Requesting-Accommodations-for-K-12-Students-with-IH.pdf>.

\* The term physician is used in this context to refer to the healthcare provider or medical practitioner authorized to diagnose and/or treat a patient with this diagnosis and sign off on related school forms.

1 Flygare, J. (2016). Succeeding in school and in the workplace with narcolepsy. In Goswami, Thorpy, & Pandi-Perumal, (Eds.), *Narcolepsy: A Clinical Guide* (2<sup>nd</sup> ed.) (Pp. 395-405). New York: Springer.

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