

Site-specific Learning Objectives

Continuity Clinic-based Developmental Screening

Description

Continuity Clinics at LPCH will be utilized as an opportunity to become practiced with developmental screeners and provide developmental and behavioral guidance to Continuity Clinic pediatricians. The American Academy of Pediatrics recommends that, during 9-, 18-, and 24- or 30-month well-child care visits, developmental screening is conducted (see <http://www.aap.org/healthtopics/early.cfm>). Residents on the DBP rotation will use the Ages and Stages Questionnaire (ASQ) to screen.

Resident Role and Expectations

- One half-day experience at a Wednesday afternoon LPCH/Gardner Continuity Clinic
- During the continuity clinic session, identify all families that have well-child care appointments for children between the ages of 4 months and 60 months. Children who are ages 9 months, 18 months, and 24-30 months are especially good choices for screening, as these ages align with AAP recommendations; however, screening is effective at all ages.
- Work with each identified family to complete an age-appropriate ASQ screener (available in English or Spanish) for the identified child.
 - As needed, use the Developmental Screening Kit (large plastic box, with screening items inside), which is available in the clinic.
 - Work with clinic attending-of-the-day or continuity clinic residents to locate a space that can be used for screening
- Score and interpret screener results, and present those results to the pediatric resident who is providing well-child care to the family. Understand and assist with planning for developmental/behavioral disposition. Ensure that completed screener is included in patient chart.
- Generate copies of completed screeners, redact any PHI, and bring those screeners for group discussion (Tutorial – Review of Preschool Observations and Screening).
- Quantitative goals
 - Meets Expectations – 2-3 completed screeners
 - Above Expectations – 4-5 completed screeners
 - Substantially Above Expectations - >5 completed screeners

Address

LPCH/Gardner Continuity Clinic
730 Welch Rd., 1st Floor
Palo Alto, CA 94304

Required Readings (see PubMed, URL, or DBP Handbook¹)

1. AAP Policy Statement: Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening (<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>)
2. Sices L, Feudtner C, McLaughlin J, Drotar D, Williams M. How do primary care physicians identify young children with developmental delays? A national survey. *J Dev Behav Pediatr* 2003;24(6):409-17.

Educational Goals

The Continuity Clinic Developmental Screening experience prepares trainees to:

- Engage parents in dialogue about developmental and behavioral concerns
- Help families manage common developmental, behavioral, and parenting problems
- Appropriately refer patients for specialized evaluation and treatment

¹ The Zuckerman Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care, 3rd Edition (2010). M. Augustyn, B. Zuckerman, E.B. Caronna (Eds). Lippincott Williams & Wilkins. Philadelphia, PA.

Site-specific Learning Objectives

Learning Objectives

Because of participating in the Continuity Clinic Developmental Screening experience, residents will develop competencies with regard to:

PATIENT CARE

- PC1. Gather essential and accurate information about the patient - Explicitly inquire about developmental or behavioral skills and concerns, using screeners to guide inquiry
- PC3 Provide transfer of care that ensures seamless transitions - Accurately and effectively interpret results of developmental screener to resident and/or attending pediatrician

INTERPERSONAL AND COMMUNICATION SKILLS

- ICS1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
 - Demonstrate active listening
 - Use age-appropriate strategies to engage child in screening activities
 - Convey support, empathy, full attention, and respect
 - Appropriately gauge parents' level of concern
- ICS5. Act in a consultative role to other physicians and health professionals - Communicate with resident and attending pediatricians who are responsible for meeting the patient's developmental behavioral needs

SYSTEMS-BASED PRACTICE

- SBP1. Coordinate patient care within the health system relevant to pediatrics - Facilitate referrals to other health-care providers, outside agencies, community resources, and social services to meet developmental and behavioral needs

PRACTICE-BASED LEARNING AND IMPROVEMENT

- PBLI9. Participate in the education of patients, families, students, residents, and other health professionals – Per AAP guidelines, use developmental screeners in clinic setting to supplement developmental surveillance activities