



The AAP has developed this developmental surveillance training resource to help pediatricians and other medical home team members. This training is intended to be facilitated by members of the practice team to encourage discussion in a short 15-20 minute presentation. This training consists of presenter slides, facilitator speakers notes, and a case study. These materials can be presented anywhere from staff meetings to professional development opportunities.

The format for the following training was inspired by the Spark trainings developed by the Adolescent Health Initiative at the University of Michigan. Their trainings can be found on their website at: http://bit.ly/AHI_Spark.

Facilitated Mini Training - Developmental Surveillance Story

Instructions: The story below presents an example of how developmental surveillance can be implemented in practice, from the perspective of a pediatric clinician/medical home. Throughout the story, components of developmental surveillance (as outlined in the accompanying mini training slides) are identified in red. It is recommended that this story be presented and discussed during the mini training. Refer to the discussion questions/possible answers in the mini training slides (and on page 3 below) to guide the conversation in your practice.

Developmental Surveillance Components

1. Talk with parents to elicit any concerns.
2. Take a developmental history.
3. Observe the child.
4. Identify risks, strengths, and protective factors.
5. Document the process and findings.
6. Communicate with others. (obtain and share results with other early childhood professionals)

“Layla” is 3-years old and her parents brought her to the office for a health supervision visit. She has had typical developmental surveillance and screening results in the past. Occasionally there were questions about speech, but she was meeting milestones, and screenings were non concerning including the latest done at 30 months. **[Developmental surveillance components 1, 2, and 5]** She has no known risk factors for developmental or health issues, has a very supportive family that had been coming to your office for several years, and the parents did not identify any needs on a social determinants of health survey you use. Both parents work outside the home and Layla attends a quality rated childcare center. **[Developmental surveillance components 2 and 4]** Based on the new American Academy of Pediatrics (AAP) clinical report, *Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening*, and recognition that other early childhood professionals like Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), home visitors, and early childhood educators are doing developmental surveillance and screening, your practice recently started asking and documenting if any teachers/childcare providers sent anything or had any information they wanted parents to share with you. Her center

had indeed given the family a “progress report” on things she was doing and what to expect in her new 3-year-old class and the parents had brought the progress report with them to the appointment, noting a few concerns about Layla’s social skills. **[Developmental surveillance component 6]**

You ask the parents what Layla likes to do and what new things she is learning. They shared that she is “really smart”, likes to take things apart to figure out how they work, memorized some lines from her favorite TV show and books, and knows all her letters and numbers. They believe she was doing well in childcare but might not be challenged enough and that could be why her teachers had some concerns. The parents did not have any concerns. **[Developmental surveillance components 1 and 2]**

You thank the parents for filling out the milestone checklists that you use for developmental surveillance, sharing the school’s information, and acknowledge her many strengths. For example, Layla does seem to be advanced in some areas such as letter and number recognition, enjoys books, and has wonderful opportunities to learn at home and at the childcare center. **[Developmental surveillance components 1, 2, and 4]**

You want to know more about the teacher’s comments “not joining in with the other kids in play but watching them instead” and about her social emotional development since you observed Layla wasn’t as interactive as you typically see. For example, she was very involved with a book and didn’t pay much attention to you when you entered the room and she wasn’t easy to engage in back and forth play during the exam, although with persistence you did get some back and forth exchanges. **[Developmental surveillance component 3]**

Since some potential concerns were identified during the visit, Layla’s parents and you decide an additional screening could be helpful for them as parents, for Layla’s teacher, and you as a pediatrician to know how to best support Layla’s development. For example, Layla may benefit from support to improve her engagement with other children since learning from peers can be as important as learning academic skills. Your assistant provides and scores the screening tool, you then discuss the results and recommendations with the parents, and with written permission, share the results with the school. **[Developmental surveillance component 6]**

By conducting each component of developmental surveillance, you were able to identify concerns from school, despite no initial parent concerns. The concerns, risk factors and strengths, and history of typical development helped contextualize the new concerns as they relate to Layla’s social emotional development, particularly at a time when interactions with peers start to become more complex.

Your trusted relationship, some of which was built on previous developmental surveillance and screening discussions, helped the parents to comfortably discuss their concerns (if any), school concerns, and any recommendations.

Case study, Questions & Answers

Use the questions below to guide conversation following the story. Possible answers are bulleted below each question. The responses are by no means exhaustive.

- 1. How does the existing partnership between the medical home and family impact the conversation about developmental concerns?**
 - Previous conversations helped establish a trusting relationship
 - Family was comfortable sharing the early childhood professionals' observations
 - Family was willing to complete an additional screening tool
 - Ability to support the family in any potential next steps

- 2. Why was it important to ask about findings from other early childhood professionals?**
 - Early childhood professionals may provide additional information that can help with early identification
 - Early childhood professionals have a unique opportunity to observe children with their peers on a regular basis

- 3. How might the story be different if the team/clinician did not ask about findings from others?**
 - Parents might not have shared concerns of the early childhood professional
 - Missed opportunities for further evaluation and interventions
 - Missed opportunity to collaborate with parents and early childhood professionals on social/emotional development

- 4. How can providing information back to the early childhood professional help?**
 - Help early childhood professionals ensure the child's education is being individualized and supported
 - Early childhood professionals can support families and medical home efforts in referral and receipt of services

If you have any questions regarding developmental surveillance or this facilitated mini training, please contact:

Krysta Gerndt, MPH
Manager, Screening and Special Health Needs Initiatives
kgerndt@aap.org.