
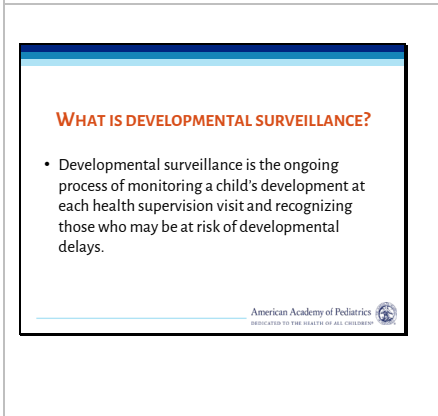


Developmental Surveillance Facilitated Mini Training Speakers Notes

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.

 <p>The slide features a blue background with a faint circular seal of the American Academy of Pediatrics. The title "Facilitated Mini Training – Developmental Surveillance" is in white. Below the title, there is a small text block: "This course was supported by funds from the Centers for Disease Control and Prevention (Cooperative Agreement Number #6 N390700022-01-01). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services." Another text block follows: "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." The AAP logo and tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN" are at the bottom.</p>	<p>Slide 1 >></p> <p>Today we are going to do a 15-minute facilitated mini-training. The training has been designed to elicit discussion and reflection within the practice and is important for all staff to better understand the importance of developmental surveillance. Today we will explore best practices of developmental surveillance and discuss key concepts for conducting developmental surveillance within the medical home.</p> <p><Before we begin, can anyone tell me, what is developmental surveillance? Can anyone describe any of the components of developmental surveillance?></p>
 <p>The slide has a white background with a blue header. The title "WHAT IS DEVELOPMENTAL SURVEILLANCE?" is in orange. Below the title is a bulleted list: "• Developmental surveillance is the ongoing process of monitoring a child's development at each health supervision visit and recognizing those who may be at risk of developmental delays." The AAP logo and tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN" are at the bottom.</p>	<p>Slide 2 >></p> <p>The American Academy of Pediatrics released a revised Clinical Report in 2020 called</p> <p>“Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening.”</p> <p>In the Clinical Report, AAP continues to recommend developmental surveillance at each health supervision visit, developmental screening at 9, 18, and 30 months, and Autism Specific screening at 18 and 24 months, or any time a concern is identified.</p>

Developmental Surveillance is a flexible, longitudinal process to identify children who may have developmental issues

- Developmental delay reflects a condition in which a child is not developing and/or achieving skills as expected for their age.
- One in four children younger than 5 years of age are at risk of developmental and behavioral delays, while one in six children receive a diagnosis of developmental delay or disability.
- Many primary care physicians follow the current screening guidelines, but gaps remain in recognizing the importance of developmental surveillance as an essential component of the American Academy of Pediatrics' recommendations for early identification of children at risk for developmental problems.

So when you think about these statistics in terms of absolute numbers, a proportion of children that we see in our office are at risk and will eventually be diagnosed with a delay or disability. By conducting developmental surveillance **along with developmental screening**, we can intervene early with young children when therapies work best while the brain is rapidly developing. In the 2018 National Survey of Children's Health (NSCH) parents reported only 1/3 of children are receiving both developmental surveillance and screening.

The team within the medical home is essential in making sure developmental surveillance and screening is integrated into health supervision visits

Slide 3 >>

There are 6 components of developmental surveillance.

Steps 1 and 2 are often done simultaneously.

- Questions providers/teams might ask include:
 - What new things is the child able to do?
 - What **types of activities do they enjoy and what** are they good at?
 - What new milestones have they reached?

Step 3: Healthcare providers are trained to observe how a child is regulating, interacting, communicating, and moving.

- The combination of both observation and physical exam can help identify developmental concerns



Step 4: Developing a relationship with the parents/family enables the opportunity to get to know their protective and risk factors

- Ask about the family's support structure (local, community, religious support)
- Childcare,
- Other significant medical history (prematurity, congenital heart disease)
- Adverse childhood events/social determinants of health (food insecurity, housing problems, or mental health issues)

Step 5: A system should be in place to document and review a child's development with any noted concerns, strengths, risk factors, or protective factors

- Document developmental surveillance results that were discussed with the family
- If there are any concerns, you should administer a standardized developmental screening test and take appropriate steps, don't just wait and see
- If the concerns are significant, the child can be referred directly for early intervention and further evaluation

Step 6: **THIS IS A NEW COMPONENT FOR SURVEILLANCE:** Communicating, sharing, and obtaining information with other professionals can be beneficial.

- Good communication between medical home and other providers, including early child professionals, is essential to ensure optimal child development
- Reach out to **your local** community and system of care to determine the best way to disseminate opinions and findings

This final step was added because more surveillance and screening is being done in other settings such as with early child educators, WIC, home visitors, and others. Part of surveillance may involve reviewing the results of developmental screening done elsewhere

- To determine whether a child is developing appropriately, *all* steps of surveillance are important.



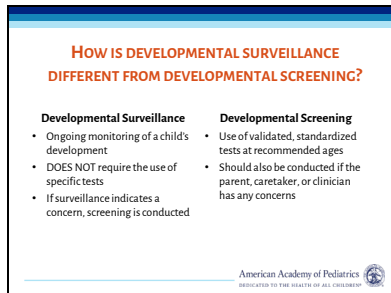
Slide 4 >>

What are some reasons that you think developmental surveillance might be important?

<wait for responses/discuss responses>

Developmental surveillance improves family satisfaction and engagement, promotes healthy development, and identifies children who need intervention as early as possible- giving the child the best opportunity to reach their full potential

- Establishing a strong relationship between team/pediatrician and the parents prove to be beneficial:
 - Parents are more likely to share information and concerns about their child’s development with you, which can help identify any developmental concerns early.
 - With appropriate expectations and guidance, parents will be better able to understand and support their child’s development
- Parents are more likely to follow up on concerns that they have or that you/team have and see any additional providers that you suggest.
 - Strong relationships can help you partner with patients’ families to optimize child outcomes



Slide 5 >>

How do you think developmental surveillance and developmental screening are different?

<wait for responses/discuss responses>

It is important to understand how surveillance is different from screening. Screening supplements and strengthens ongoing surveillance to identify subtle risks for developmental delays that parents and pediatricians may not recognize during routine interactions.

Surveillance is an important way for clinicians to identify children at risk for developmental delay and should occur during *every* health supervision visit. During these visits, clinicians should address developmental progress, concerns, and promotion. AAP recommends conducting developmental surveillance at every health supervision visit, with special attention at the 4- to 5-year visit as the **child prepares to enter elementary school**. Surveillance resources can be integrated into your office procedures. Resources for surveillance will be discussed shortly.

General developmental screening tests should be conducted at the 9-, 18-, and 30-month health supervision visit. Autism screening tests should be conducted at the 18- and 24- month visits. You should also administer a screening test **when you, parents, or early childhood professionals have concerns during surveillance or at any other time concerns arise**. Screening involves the use of validated, standardized screening tests used universally at specific ages, as well as when developmental surveillance reveals a concern. It's very important to remember that surveillance is NOT screening and should not be thought to take the place of a validated screening tool. Think of surveillance as working together with those specific screening tools!

Slide 6 >>



<Is anyone familiar with any developmental surveillance resources? If yes, how have you used them in practice? Do you think that developmental surveillance has helped you identify delays and/or disabilities between screening visits?>

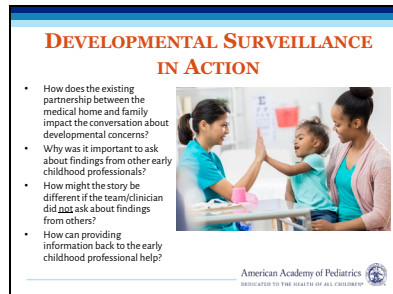
One way to add surveillance into a health supervision visit is to use the pre-visit questionnaires and parent educational handouts that are part of the Bright Futures Tool and Resource Kit, 2nd Edition (<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>). Similarly, CDC's *Learn the Signs. Act Early.* program offers a free *Milestone Tracker* application (www.cdc.gov/MilestoneTracker), downloadable, age-specific milestone checklists for health supervision visits, and many other free materials for families and professionals (www.cdc.gov/ActEarly/Materials).

These surveillance resources can be integrated into your office procedures. For example, a trained nurse/medical assistant (MA) can provide resources, such as the Bright Futures pre-visit questionnaire and/or the **FREE** *Learn the Signs. Act Early.* milestone checklist to parents to identify a child's developmental milestones before a pediatrician or non-physician clinician sees a child. This can help parents begin to think about developmental skills and concerns they may have while they are in the office. The resulting conversation can provide you a richer view of where the child is before you begin interacting with the child. Following the visit, resources, such as the Bright Futures educational handout, can be given to parents to reinforce anticipatory guidance discussed during the visit or to inform of anything not discussed during the visit. Families can also be encouraged to download CDC's **FREE** *Milestone Tracker* app to monitor their child's development between visits, as well as share a milestone summary with you at future visits.



Slide 7 >>

In addition to the Bright Futures and Learn the Signs. Act Early. resources, there are other educational resources focused on developmental surveillance. Some of these resources include a free AAP PediaLink course for pediatric clinicians and non-physician clinicians, titled Milestone Matter: Don't Underestimate Developmental Surveillance, a Pediatric Care Online (PCO) webinar that highlights the new AAP clinical report, Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening, a recorded webinar on developmental surveillance, titled Developmental Surveillance: Understanding and Incorporating into Practice, and a brief video highlighting the six components of developmental surveillance. The Screening Technical Assistance and Resource (STAR) center has great resources for developmental screening, maternal depression, and social determinants of health.



Slide 8 >>

Refer to handout for story on developmental surveillance in action – provide time for responses and reflection.

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

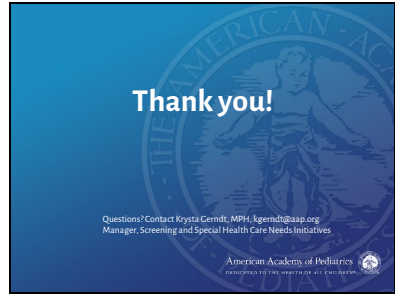
Slide 9 >>



**<How are you currently conducting developmental surveillance in practice?
 Could you enhance your current developmental surveillance?
 What are some ways that the 6 steps of developmental surveillance could be incorporated into [your/our] practice?
 Do you anticipate any changes to processes or workflow?
 What are some barriers you might encounter, and how could those barriers be mitigated?>**

Slide 10 >>





Slide 11 >>

To keep this conversation going over the next month, I will share updates and resources that relate to developmental surveillance. I will email/post the resources to/around the office in places where they are easily accessible. Thank you for your time and participation today! (use developmental surveillance resources/other).