Background

- Anticipatory guidance (AG) is a vital component of the well-child visit.
- Effective delivery of AG is invaluable for a patient-centered approach focused on health promotion and disease prevention.
- The effectiveness of AG and ability to deliver this comprehensive counseling is restricted by limitations on visit times.¹
- Patients also experience nonproductive wait times in the pediatric clinic due to variations in workflow, which correlate with decreased patient satisfaction.²
- Primary Research Aim: Investigate whether standard clinic wait times can be utilized more productively by providing anticipatory guidance via comprehensive videos.
- Hypothesis: The use of video for teaching anticipatory guidance will improve parental satisfaction with care received and enhance understanding of their children’s developmental milestones.

Results

Figure 1. Preliminary data from sixty (n=60) surveys, completed by parents at outpatient clinics, showed that majority of parents estimated their wait time to have been 5-10 minutes, 62%; followed by 15-20 min (29%) and, lastly, 20-40 min (9%).

Materials and Methods

- Observational study design utilizing sample survey
- Conducted between January 2019 – September 2019
- Participants: 60 parents with children presenting for well-child visits
- Inclusion criteria: Parents with children 2-4 years old. Children must be within 6 months of their age group.
- Exclusion criteria: Acute care visit; Parents unable to read or respond to questionnaire in English or Spanish; Parents younger than 18 years old; Parents with children previously diagnosed with a developmental disability.
- Setting: Western University Patient Care Center, Inscriptions Children’s Clinic, additional community pediatric clinics in Southern California
- AG video content developed from American Academy of Pediatrics (AAP) Bright Future Guidelines and Help Me Grow Minnesota

Figure 2. AG videos were a productive use of wait time (95%). Videos aid understanding the developmental milestones expected (88%), and better prepare parents for their discussion with the provider (84%). Would like to continue receiving educational videos during wait time at future appointments (88%).³

Conclusions

- Our study combined two facets of primary care: anticipatory guidance and patient wait times
- Preliminary data from our study showed that overall, incorporation of anticipatory guidance videos was a positive and productive use of patient wait times.
- Parents were satisfied with the videos and were able to list new things they learned in various areas of child development after watching them
- Methods and materials from this study can be easily incorporated into pediatric offices to increase productivity of wait times for parents
- Limitations: preliminary data, small sample size, surveys completed after the visit may lead to confounding with overall visit satisfaction
- Future studies: various age groups, interactive technology, knowledge retention related to anticipatory guidance

References

Materials and Methods (Cont.)

- Appropriate video (for age group and preferred language) was played in the exam room while patients and parents waited for the provider during an approximate 10-minute wait-time post-rooming (standard in the involved clinics).
- Parents were asked to complete an anonymous eight-item survey written in 2nd to 5th grade level and offered in both English and Spanish.
- Five survey questions utilized a Likert scale consisting of 6 rankings; Two questions were in multiple choice format; One question was free response.
- Percentages were calculated to assess the most dominant response (figure 1).
- Outcome measures: Time typically spent waiting in the exam room for the pediatrician/provider; Impression of productivity of wait time; Sense of preparation for discussing child’s development; Knowledge gained from video; Understanding of anticipated milestones; Desire to continue receiving educational videos during wait time; Preferred method of receiving AG.
- Descriptive statistics were calculated using JASP Version 0.10. and are presented as means and standard deviations for continuous variables, and frequencies and proportions for categorical variables.

Results (Cont.)

Figure 4. Responses from surveys indicated 33% of parents preferred video, while 17% preferred a combination of video and pamphlet. Putting incorporation of video education during wait time most preferred method. Figure 6. Parents were asked to recall 2-3 things they learned from the video, social and emotional development were the most common learned (60%).

Figure 5. Parents were asked to recall 2-3 things they learned from the video, social and emotional development were the most common learned (28%), followed by language development (27%), and cognitive development (25%) and lastly large and small muscle and safety (13% and 8%).

Language Development

- Parent-child play, where the child leads, is the best way to help toddlers learn to talk.
- Read to your child every day, and ask him to point to things as you read.
- Stop a story to let him make an animal sound or finish a part of the story.
- Use correct language and be a good model for your child.
- Talk slowly and remember that it may take a while for him to respond.

Figure 3. Snapshots from 2 year old English video showing the summary slide for language development milestones and an example of scenes and information presented in the video. Source: 2-Year Toddler Developmental Milestones: Help Me Grow MN http://helpmegrowmn.org/HMG/DevelopMilestone/2Years/index.html