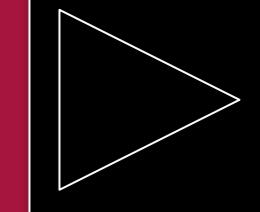


# The Effectiveness of Anticipatory Guidance Presented via Video During Wait Times in the Pediatric Office

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**TAP TO GO BACK  
TO KIOSK MENU**



## Background

- Anticipatory guidance (AG) is a vital component of the well-child visit.
- Effective delivery of AG is invaluable for a patient-centered osteopathic 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.<sup>1</sup>
- Patients also experience nonproductive wait times in the pediatric clinic due to variations in workflow, which correlate with decreased patient satisfaction.<sup>2</sup>
- 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.

## 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

Preliminary data (n=60) was used for the following results:

- 62% of parents estimated their wait time to have been 5-10 minutes; 29% estimated 15-20 minutes; 9% estimated 20-40 minutes.
- 95% of parents felt that watching the video was a productive use of their time while waiting to be seen by their provider
- 84% of parents felt better prepared discussing their child's development with their provider because they watched the video
- 88% indicated that seeing children the same age as their child in the videos helped them better understand the developmental milestones they should expect from their child during the upcoming year
- 88% of parents indicated they would like to continue to receive these videos during wait times at future appointments.
- 50% of parents completed the free response question listing 2-3 things they learned based on information from the video
- Free responses were stratified into five categories: cognitive development, language and communication, social and emotional, occupational tasks, and safety
- 50% of parents chose video as their preferred modality (33% video alone + 17% video and pamphlet).

## Results

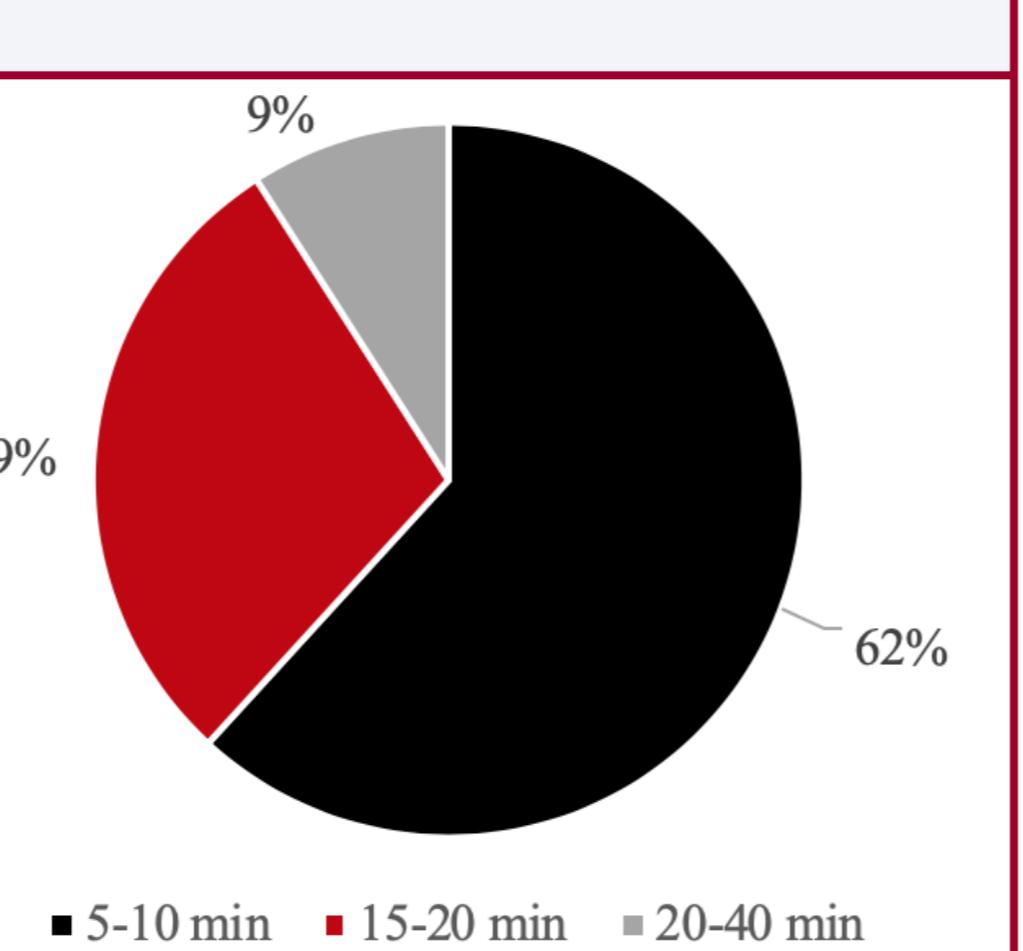


Figure 1. Preliminary data from sixty (n=60) surveys, completed by parents at outpatient clinics, showed that majority of parents estimated their wait time to have been 5-10 minutes, 62%. Followed by 15-20 min (29%) and, lastly, 20-40 min (9%).

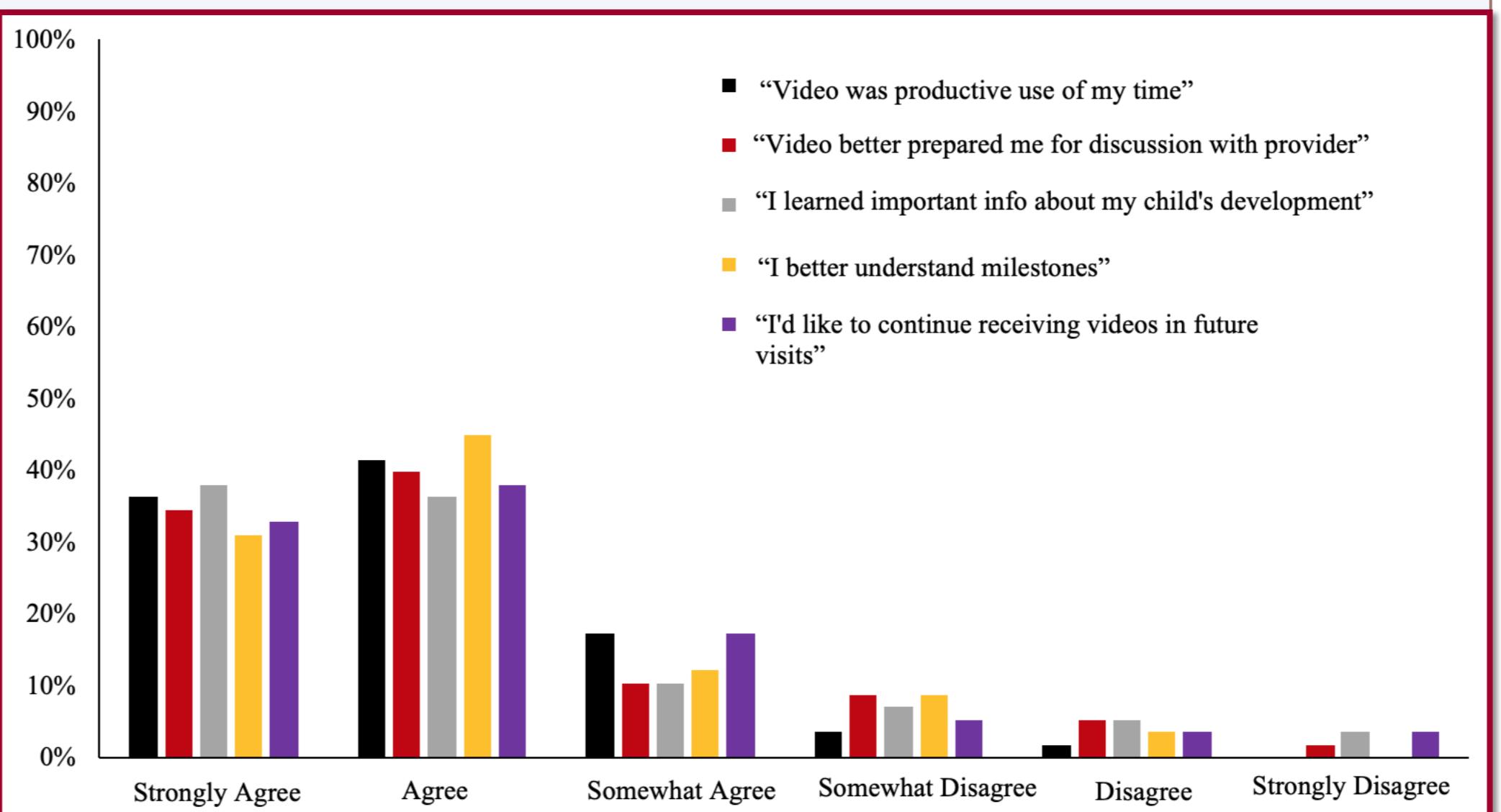


Figure 2. AG videos were a productive use of wait time (95%). Videos aid understanding the developmental milestones expected (88%), and better prepare parents for their discussion with the provider (84%). Would like to continue receiving educational videos during wait time at future appointments (88%).

## Conclusions

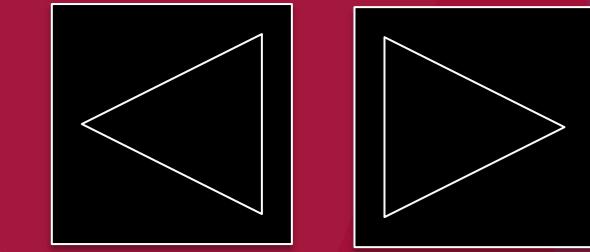
- Our study combined two facets of primary care: anticipatory guidance and patient wait times
- Preliminary data from our study showed that overall, incorporation of anticipatory guidance videos was a positive and productive use of patient wait times.
- Parents were satisfied with the videos and were 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

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## 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 2<sup>nd</sup> to 5<sup>th</sup> 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.



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>

## 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.

## Results (Cont.)

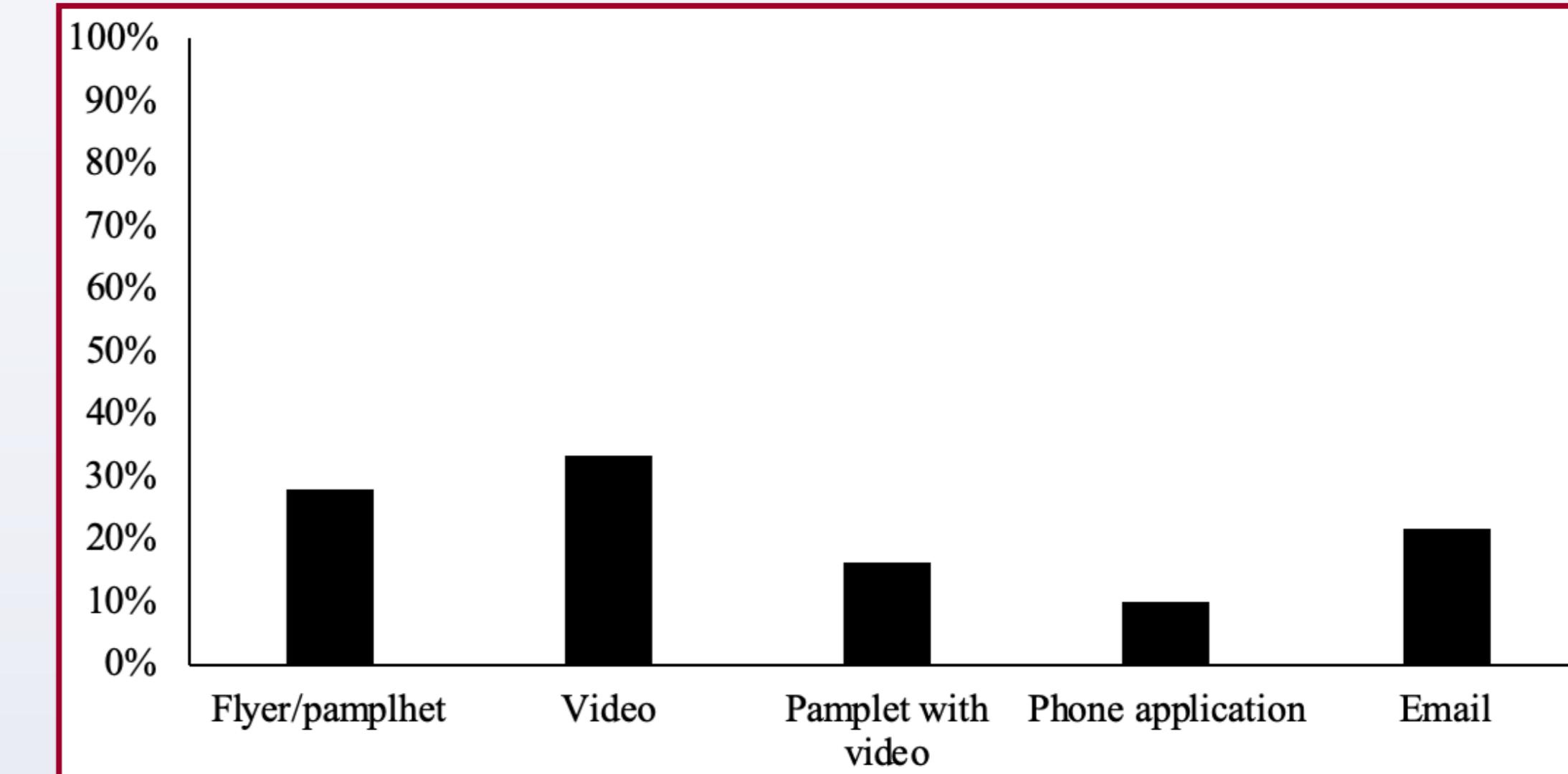


Figure 4. Responses from surveys indicated 33% of parents preferred video, while 17% preferred a combination of video and pamphlet. Putting incorporation of video education during wait time most preferred method.  
Figure 6. Parents were asked to recall 2-3 things they learned from the video, social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

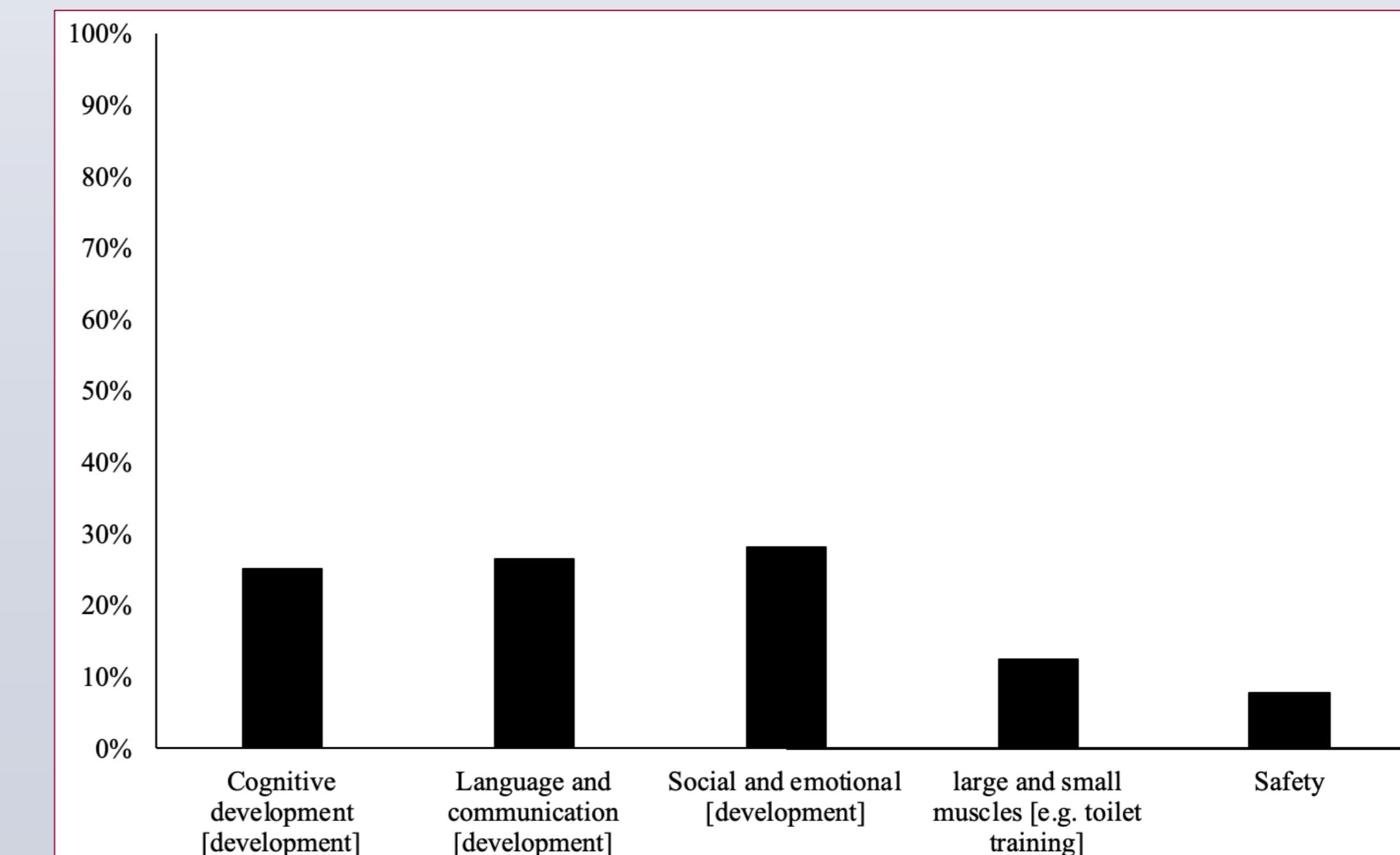


Figure 5. Parents were asked to recall 2-3 things they learned from the video, social and emotional development were the most common learned (28%). Followed by language development (27%), and cognitive development (25%) and lastly large and small muscle and safety (13% and 8%).