

AMERICAN ACADEMY OF PEDIATRICS POST-TRAINING EVALUATION SURVEY

Thank you completing the training on fetal alcohol spectrum disorders (FASD). We would like to invite you to complete a post-training evaluation survey. We appreciate your willingness to help us evaluate the effectiveness of the training and its impact on your practice as you address the prevention, identification, and treatment of FASD.

This survey will take approximately 7 minutes to complete. Your responses will be kept secure and no individually identifying information will be included. Risks to participating in this survey are minimal and include the risk of your information becoming known to individuals outside the AAP.

Your participation in this survey is voluntary. You may decline to answer any question and you have the right to stop the survey at any time.

Please submit questions to the project partners at PEHDIC@aap.org.

UNIQUE IDENTIFIER INFORMATION (to help us match your pre- and post-training surveys)

1. First 2 letters of your mother's maiden name ____
2. Month of your birthday ____
3. Last 2 digits of your social security number ____
4. State in which you practice ____

The public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1129).

TRAINING SATISFACTION

5. How would you rate your overall satisfaction with this course?

Not at all Satisfied	A little Satisfied	Moderately Satisfied	Satisfied	Completely Satisfied
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How well did this course meet your educational needs?

Not at all Met	Slightly Met	Moderately Met	Somewhat Exceeded	Completely Exceeded
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Will you recommend this course to your colleagues?

Yes No

Why or why not?

8. Please offer suggestions for improvement:

9. To what extent do you agree the following educational objectives were met? (Mark one response per row)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
g. Describe the diagnostic criteria and approaches for diagnosis for each condition along the continuum of FASDs, including ARND, ND-PAE, FAS, pFAS, and ARBD.	1	2	3	4	5
h. Distinguish major physical and neurobehavioral features for differential diagnosis of FASDs from other genetic and behavioral disorders as well as relevant comorbidities.	1	2	3	4	5
j. Identify potential referrals, secondary conditions, risk factors, and care planning for individuals with FASDs.	1	2	3	4	5
k. Describe developmental and functional concerns for individuals with FASDs and their families across the life span.	1	2	3	4	5
l. Explain various treatment approaches for FASDs.	1	2	3	4	5
m. Explain support services and resources for families and providers	1	2	3	4	5
n. Explain the importance of screening every patient for a history of prenatal alcohol exposure at birth and during their first clinic visit.	1	2	3	4	5
q. Name the 4 diagnostic criteria for ND-PAE.	1	2	3	4	5

KNOWLEDGE QUESTIONS

11. Which of the following are the primary facial dysmorphic features associated with fetal alcohol syndrome (FAS)? (Check all that apply)

- Wide inner canthal distance
- Short palpebral fissures
- Full lips
- Smooth philtrum
- Thin upper lip
- Flaring nares
- Don't know/unsure

12. The diagnosis of "neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)" as identified in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5):

- a. Requires recognition of neurocognitive impairment, self-regulation impairment, and deficits in adaptive functioning
- b. Can be diagnosed without knowledge of confirmed prenatal alcohol exposure

- c. Includes recognition of the 3 primary morphologic features of prenatal alcohol exposure
- d. Is the least common manifestation of prenatal alcohol exposure
- e. All of the above

14. Which of the following approaches/care strategies is **not** applicable for children diagnosed with an FASD?
- a. Regularly scheduled follow-up in the medical home to anticipate/address needs across the lifespan.
 - b. Refer child's case to therapist to provide all follow-up and lifelong monitoring because traditional behavioral therapies work best for children with an FASD.
 - c. Evaluation by a psychologist to assess neurocognitive functioning, self-regulation, and adaptive functioning skills.
 - d. Medication management for co-occurring conditions as needed to optimize care.
 - e. All of the above are applicable approaches/care strategies for children with an FASD.

OPINION QUESTIONS

15. To what extent do you agree with the following statements? (Mark one response per row)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
c. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family	1	2	3	4	5
d. Diagnosis of one of the FASDs only needs to be considered for certain populations	1	2	3	4	5

16. In your opinion, how much alcohol is safe to drink during pregnancy?

17. Which of the following two statements below best corresponds with your personal viewpoint?
Please check only ONE box

- Occasional consumption of one standard alcoholic drink per day or less (i.e., 1.5 oz. hard liquor, 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful to the mother or the fetus.
- Pregnant women or women who are trying to become pregnant should completely abstain from consuming alcohol.

18. To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row)

Alcohol consumption during pregnancy...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
b. Is more prevalent in women with higher incomes	1	2	3	4	5
e. Is more prevalent in women with higher levels of education	1	2	3	4	5
l. Does not vary between ethnic or racial groups	1	2	3	4	5

PRACTICE QUESTIONS

19. How confident are you in your skills to do the following? (Mark one response per row)

	Not at all Confident in my Skills	A Little Confident in my Skills	Moderately Confident in my Skills	Confident in my skills	Completely Confident in my skills
a. Inquire about potential prenatal alcohol exposure for pediatric patient	1	2	3	4	5
b. Identify persons with possible FAS or other prenatal alcohol-related disorders	1	2	3	4	5
c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	1	2	3	4	5
d. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	1	2	3	4	5
e. Manage/coordinate the treatment of persons with FASDs	1	2	3	4	5

20. How willing are you to do the following? (Mark one response per row)

	Not at all Willing	A little Willing	Moderately Willing	Willing	Completely Willing
a. Inquire about potential prenatal alcohol exposure for pediatric patient	1	2	3	4	5
b. Identify persons with possible FAS or other prenatal alcohol-related disorders	1	2	3	4	5
c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	1	2	3	4	5
d. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	1	2	3	4	5
e. Manage/coordinate the treatment of persons with FASDs	1	2	3	4	5

21. As a result of participating in this learning activity, do you intend to make a change in your practice?

Yes No

If yes, please describe what you plan to do differently in practice and how you will accomplish this change.

GENERAL QUESTIONS

22. Do you feel a commercial product, device or service was inappropriately promoted in the educational content?

Yes No

If yes, please comment:

23. Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback.

Please take a moment to tell us about yourself:

Are you (Circle one):

- Male
- Female
- Transgender

With what racial or cultural group(s) do you identify yourself? (Mark all that apply)

- White, non-Hispanic/Latin@
- Hispanic/Latin@
- Black/African American, non-Hispanic/Latin@
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian/Alaska Native

What year did you complete or will you complete your training:

Are you, or will you be, a:

- Primary Care Pediatrician
- Developmental/Behavioral Pediatrician
- Geneticist
- Other Pediatric Sub-specialty
Specify: _____
- Family Physician
- Other (specify): _____

Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.

- Self-employed solo practice
- Two physician practice
- Pediatric group practice, 3-10 pediatricians
- Pediatric group practice, >10 pediatricians
- Multispecialty group practice
- Health maintenance organization (staff model)
- Medical school or parent university
- Non-profit community health center
- Non-government hospital or clinic
- City/county/state government hospital or clinic
- US government hospital or clinic
- Other: _____

Please describe the community in which your primary practice/position is located?

- Urban, inner city
- Urban, not inner city
- Suburban
- Rural