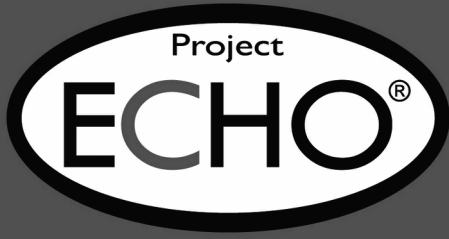


American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form Approved
OMB No. 0920-1154
Exp. Date 1/31/2023



AAP Neurodevelopment ECHO Post-Program Survey

Thank you for participating in an evaluation of the AAP Neurodevelopment ECHO program. This program is supported by the Cooperative Agreement Number, NU38OT000282, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the American Academy of Pediatrics, Centers for Disease Control and Prevention or the Department of Health and Human Services.

To understand how well this program met the needs of learners and achieved the objectives of increasing participant knowledge and confidence to appropriately identify and care for children with neurodevelopmental delays, we ask you to complete the following survey.

All data collected is confidential and will not be associated with your name or place of work. Data will be stored on password protected computers and responses will be combined with other participants' responses and will be reported in aggregate for dissemination. Your name or any other identifying information will not be disclosed through reports, publications or presentations related to this TeleECHO program.

This program has been reviewed and approved by the AAP Institutional Review Board (IRB). The risks involved with completing this survey are no greater than the risks a person may find in their daily life. You do not have to answer any question that you do not wish to answer, and you may stop completing the survey at any time.

If you have any questions, please contact AAP Program Manager Shannon Limjuco at (630) 626- 6217 or slimjuco@aap.org. Thank you for your time and commitment to the AAP Neurodevelopment ECHO program!

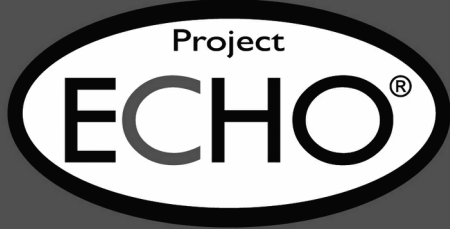
* 1. To take the survey, please select NEXT. To end this survey, please select END.



NEXT

END

Public reporting burden of this collection of information is estimated to average 10 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 (0920-1154).



AAP Neurodevelopment ECHO Post-Program Survey

* 2. To date, approximately how many AAP Neurodevelopment ECHO sessions did you attend?

* 3. What is your gender?

- Female
- Male
- Prefer to self-describe

* 4. Please list your state and zip code

* 5. Which of the following best describes your professional training?

- Physician
- (MD/DO) Nurse
- Practitioner
- Physician Assistant
- Nurse

Social Worker

Other (please specify)

* 6. Which of the following best describes your professional position?

- Primary care provider who sees children, youth and adults
- Primary care provider who exclusively sees children and youth
- Specialist/subspecialist in Developmental and Behavioral Pediatrics
- Specialist/subspecialist in neurology
- Administrative/Support Staff
- Other (please specify)

* 7. Which of the following best describes your primary practice setting?

- Solo practice
- Two physician practice
- Pediatric group practice
- Family medicine group practice
- Multispecialty group practice (other than staff model HMO)
- Health maintenance organization (staff model)
- Medical school or parent university

Non-government hospital or clinic

City/county/state government hospital or clinic

U.S. government hospital or clinic

Nonprofit community health center

Other (please specify)

* 8. Please indicate your practice/organization's location:

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

* 9. What percentage (%) of your patient population would be considered underserved?

* 10. Please indicate the number of years in practice/profession:

* 11. Please estimate the number of children and youth that you see in an average month.

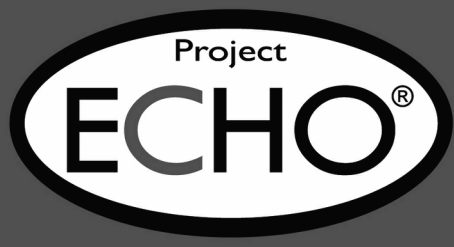
* 12. Please estimate the number of children and youth that you see in an average month with neurodevelopmental delays.

* 13. FOR HEALTH CARE PROFESSIONALS ONLY: Do you consider your practice to be a medical home?
(In a medical home, the care team works in partnership with a child and a child's family. At a medical home, the medical and non-medical needs of the child are met. Through this partnership, the care team can help the family and child access, coordinate, and understand specialty care, educational services, out-of-home care, family support, and other public and private community services that are important for the overall health of the child and family).

- Yes
- No
- Don't know
- Not a health care professional

* 14. Is your practice an *accredited* or *certified* medical home?

- Yes
- No
- Don't know



AAP Neurodevelopment ECHO Post-Program Survey

The questions below ask you to rate your knowledge and confidence in the provision of care for children and youth with neurodevelopmental delays *before* and *after* the Neurodevelopment ECHO.

*** 15. Please rate your KNOWLEDGE around identification and care for children with neurodevelopmental disorders.**

If you did not attend the ECHO session that corresponds to a particular topic or content area, please choose the "N/A" response for both the BEFORE and AFTER question.

	Please rate BEFORE participating in in Neurodevelopment ECHO:	Please rate AFTER participating Neurodevelopment ECHO:
Understanding AAP practice guidelines for developmental surveillance and screening	<input type="text"/>	<input type="text"/>
The importance of obtaining a birth history or prenatal alcohol and drug exposures	<input type="text"/>	<input type="text"/>
A systematic approach to identifying a neurodevelopmental delay	<input type="text"/>	<input type="text"/>
The general etiologic basis of neurodevelopmental disorders	<input type="text"/>	<input type="text"/>
Common co-morbidities and functional impairments associated with neurodevelopmental disorders	<input type="text"/>	<input type="text"/>
The rationale for distinguishing between ADHD and FASD	<input type="text"/>	<input type="text"/>
Considerations involved in making an appropriate referral for FAS diagnostic assessment	<input type="text"/>	<input type="text"/>
The pediatrician's role as a medical home in managing the care of children with suspected or <input type="text"/> identified neurodevelopmental delays	<input type="text"/>	<input type="text"/>
Recommended treatments and interventions for children with identified neurodevelopmental delays		
Support services and resources for providers and families of children impacted by neurodevelopmental delays	<input type="text"/>	<input type="text"/>
The specifics of care coordination for children with neurodevelopmental disorders		
Strategies, tools and resources to increase family engagement in the developmental screening process	<input type="text"/>	<input type="text"/>
Specific support tools to assist parent's access to referred services		

Response Scale
 Very knowledgeable
 Knowledgeable
 Not very knowledgeable
 Not at all knowledgeable
 N/A

*** 16. Please rate your CONFIDENCE around identification and care for children with neurodevelopmental disorders.**

If you did not attend the ECHO session that corresponds to a particular topic or content area, please choose the "N/A" response for both the BEFORE and AFTER question.

	Please rate BEFORE participating in in Neurodevelopment ECHO:	Please rate AFTER participating Neurodevelopment ECHO:
	<input type="text"/>	<input type="text"/>
Incorporating developmental and behavioral screening into practice workflow	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Developing a network of local intervention, referral and follow-up resources for neurodevelopmental and behavioral concerns	<input type="text"/>	<input type="text"/>
Improving my practice's developmental screening process	<input type="text"/>	<input type="text"/>

Response Scale:

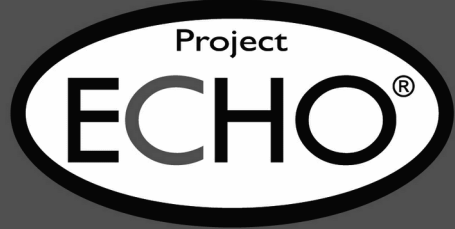
Very confident, Confident, Somewhat confident, Not confident, N/A

*** 17. Quality Improvement (QI) for care of children with neurodevelopment disorders in your practice (Select the N/A response if your practice team did not participate in the QI component)**

	Please rate BEFORE participating in in Neurodevelopment ECHO:	Please rate AFTER participating Neurodevelopment ECHO:
I am able to use the Institute for Healthcare Improvement (IHI) model for Quality Improvement in my practice	<input type="text"/>	<input type="text"/>
I am able to explain quality improvement principles, approaches and techniques to colleagues	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
I am able to write an aim statement	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
I can implement strategies to sustain improvement efforts	<input type="text"/>	<input type="text"/>

Response Scale

Strongly agree, agree, neutral, disagree, strongly disagree, N/A



AAP Neurodevelopment ECHO Post-Program Survey

Program Experience

These next questions ask about your Neurodevelopment ECHO program experience. As a reminder, responses are confidential and will be aggregated for analysis with other participant responses. Results will be used by program developers to improve the training experience.

* 18. Please indicate how much you agree or disagree with the following statements:

Neurodevelopment
ECHO provided an
appropriate balance
between instruction and
practice.

Neurodevelopment
ECHO was a valuable
use of my time.

Neurodevelopment
ECHO contributed to my
professional network.

Neurodevelopment
ECHO content was
relevant to my patient
population.

My understanding of the
subject matter has
improved as a result of
participating
in Neurodevelopment
ECHO.

My interest in the subject
matter has increased as a
result of participating
in Neurodevelopment
ECHO.

Neurodevelopment
ECHO participation
made me better at my
job.

Neurodevelopment
ECHO participation
increased my
professional satisfaction.

Neurodevelopment
ECHO participation
made me feel less
isolated.

The quality improvement
component was a
valuable component of
Neurodevelopment
ECHO.

I was satisfied with the
overall training.

Response Scale

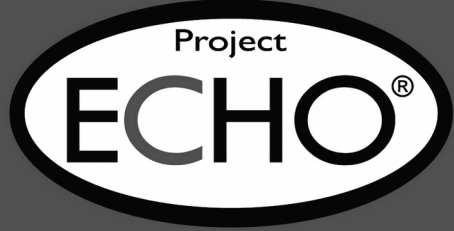
Strongly agree, agree, neutral, disagree, strongly disagree

* 19. What change(s), if any, *have you made* or do you *plan to make* in your practice as a result of participating in this ECHO? (Select all that apply)

- Change in current best practice or guideline in my work
- Change in my professional practice
- Change in a policy or procedure
- I do not plan to make any changes in my practice
- Other (please specify)

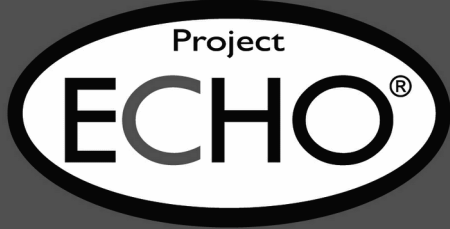
* 20. From the list below, please indicate which factors will be barriers in applying what you have learned from this ECHO to your work. (select all that apply)

- No barrier
- Insufficient knowledge
- Insufficient skill set
- Lack of support from coworkers
- Lack of support from management
- Other (please specify)



AAP Neurodevelopment ECHO Post-Program Survey

21. What support do you need to overcome the barrier(s) you selected above?



AAP Neurodevelopment ECHO Post-Program Survey

* 22. Participation in Neurodevelopment ECHO has made my practice's clinical and operational work (eg, scheduling, workflow, patient care):

Much easier

Somewhat

easier About the
same

Somewhat more

difficult Much more
difficult

N/A - I did not take part in the QI component

* 23. What was most valuable about the Neurodevelopment ECHO?

* 24. What was least valuable about the Neurodevelopment ECHO?

25. Please provide an example of how your participation in Neurodevelopment ECHO has positively impacted the health and well-being of your patient/patients.

* 26. Have you shared anything you have learned through your participation in the Neurodevelopment ECHO with one or more colleagues?

No

Yes (if yes, please provide an example)

27. AAP ECHO staff are always interested to learn more about the clinical outcomes of Project ECHO. If there is something that you would like to share about yourself or how your participation in this ECHO directly impacted a patient or your subset of patients with neurodevelopmental delays, please use this space. Because this survey is anonymous, your personal information will not be connected with any information you share. NOTE: Because stories may be included in future AAP newsletters, websites, social media posts, etc, please do NOT include any protected patient health information.

Thank you for your participation!

