

Fetal Alcohol Spectrum Disorders

Improving Continuity of Care for Children and Families Affected by Prenatal Alcohol Exposure

First and Last Initials: _____

Clinic Name: _____

Clinic City and State: _____

On a scale of 1 to 5 (1 strongly disagree to 5 strongly agree) Please rate the extent to which the Improving Continuity of Care for Children and Families Affected by Prenatal Alcohol Exposure program achieved the stated learning objectives.

<u>Learning Objective 1</u> Categorize the conditions within the continuum of FASDs and understand their prevalence.	1 2 3 4 5
<u>Learning Objective 2</u> Recognize the neurodevelopmental phenotype associated with prenatal alcohol exposure.	1 2 3 4 5
<u>Learning Objective 3</u> Identify presenting concerns and care coordination for individuals with FASDs in the pediatric medical home.	1 2 3 4 5
<u>Learning Objective 4</u> Understand the importance of screening all patients for a history of prenatal alcohol exposure.	1 2 3 4 5
<u>Learning Objective 5</u> Recognize the role that social attitudes and stigma have in early identification of FASDs.	1 2 3 4 5
<u>Learning Objective 6</u> Relate the value of a diagnosis of an FASD.	1 2 3 4 5
<u>Learning Objective 7</u> Apply a family centered care approach to providing care to children with an FASD and their families as part of the pediatric medical home.	1 2 3 4 5

Please share comments or suggestions related to how the learning objectives could better support your continued professional development with respect to screening, assessment and diagnosis of FASDs.

_____ (open text box)

How would you rate this educational activity overall

- Poor
- Fair
- Good
- Very good
- Excellent

Based on your experience for this learning session, on a scale of 1 to 5 (1 strongly disagree) to 5 (strongly agree) rate your agreement with each of the following statements.

- I can use the information presented in my practice. 1 | 2 | 3 | 4 | 5
- The recorded sessions enhanced achievement of learning objectives. 1 | 2 | 3 | 4 | 5
- Clinical report(s) and article(s) enhanced achievement of learning objectives. 1 | 2 | 3 | 4 | 5
- Case examples enhanced achievement of learning discussion. 1 | 2 | 3 | 4 | 5

Please indicate if you viewed the following video vignettes.

Video Vignette	Independently	As part of a meeting or group discussion	Not used
Session 1: Effects and prevalence of prenatal alcohol exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2: Common presenting concerns in children with prenatal alcohol exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3: Overcoming social attitudes and women with substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you utilized the enrichment activities for this learning session with the resident/trainees in your program.

	Please check if you and residents/trainees utilized this resource or activity (select all that apply)		
Case Discussions	Independently	As part of a meeting or group	Not used
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Precepting Attending Program Evaluation

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		discussion	
Review case 1: 3-year-old male (screening for prenatal alcohol exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review case 2: 8-year-old male (care coordination with school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review case 3: 11-Year old male (anticipatory guidance for family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review case 4: 13-year-old male (differential diagnosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Please check if you and residents/trainees utilized this resource or activity (select all that apply)		
Policy and Guidelines	Independently	As part of a meeting or group discussion	Not used
Review Clinical Reports "Fetal Alcohol Spectrum Disorders" and "The Role of Integrated Care in a Medical Home for Patients with a Fetal Alcohol Spectrum Disorder."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review the differential diagnosis tables in the article "Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review Clinical Report: "Families Affected by Parental Substance Use "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review Screening for Prenatal Alcohol Exposure: An implementation guide for pediatric primary care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Please check if you and residents/trainees utilized this resource or activity (select all that apply)		
Clinic/Practice Application	Independently	As part of a meeting or group discussion	Not used
Review AAP.org FASD Toolkit Evidence based interventions specific to children with FASDs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review protocol at your clinic for documenting birth history and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

prenatal exposures.			
Record self (and/or practice with a college) a mock interview with birth mother regarding birth history and prenatal exposures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review and/or revise clinic referral network for community-based services for children that fit the neurodevelopmental phenotype for FASDs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your experience for this learning session, rate your recommendation for using the enrichment resources and activity in a future iteration of this program. Rate your recommendation on a scale of 1 to 5 (1 strongly do not recommend) to 5 (strongly recommend) (0 not applicable, or activity/resource not used). Comment on how the enrichment activities supported or distracted from your learning/teaching experience and that of the residents/trainees.

Program Activities	Recommendation	Comments
Session 1: Effects and prevalence of prenatal alcohol exposure	0 1 2 3 4 5	
Session 2: Common Presenting Concerns in Children with Prenatal Alcohol Exposure	0 1 2 3 4 5	
Session 3: Overcoming Social Attitudes and Women with Substance Use Disorders	0 1 2 3 4 5	
Case studies	0 1 2 3 4 5	
Policy and guidelines	0 1 2 3 4 5	
Clinic/Practice Application	0 1 2 3 4 5	

GENERAL QUESTIONS

Responses to the following questions are required for all learners to ensure compliance with AAP, AMA and ACCME standards for AMA PRA Category 1 Credits™.

Based on what you learned in this activity, do you plan to change:

- a. The strategies you implement in practice (e.g., how you diagnose/manage patients, coordinate care, etc.)?
Yes | No
- b. What you do in practice (e.g., how you perform exams, instruct, counsel patients/families, etc.)?
Yes | No

If YES to either of the above questions, please identify any changes in practice that you plan to make:

_____ (open text box)

If NO and you do not plan to make changes in practice, other than lack of time and resources, why not? (select all that apply)

Systems-related barriers - please describe: _____
_____ (open text box)

The activity reinforced what I am already doing in practice

No practice changes were recommended

Changes were not appropriate options for my practice

Other - please describe: _____ (open text box)

On a scale of 1 to 7, what was the return on your investment of time/effort for

1 | 2 | 3 | 4 | 5 | 6 | 7

participating in this activity? (1 low return to 7 high return)

Do you feel a commercial product, device, or service was inappropriately promoted

Yes | No

in the educational content?

If yes, please comment: _____ (open text box)

On a scale of 1 to 5 (1 not at all valuable to 5 highly valuable), please rate the value

1 | 2 | 3 | 4 | 5

of the inclusion of MOC points for participating in this activity.

This MOC activity is relevant to my current practice.

Yes | No

If yes, please explain why: _____ (open text box)

Please share any additional comments and suggestions for how to improve this educational session.

_____ (open text box)

Thank you for participating in this session and for completing this evaluation!

Submit to:

Josh Benke, FASD Program Manager,
American Academy of Pediatrics, Division of Children with Special Needs
V: 630/626-6081 | F: 847/434-8000 | E: jbenke@aap.org