

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 10 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)

Today's date: ___ ___ / ___ ___ / ___ ___ ___ ___

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 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 (0920-1129)

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TRAINING SATISFACTION

5. 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 |
|---|-------------------|----------|----------------------------|-------|----------------|
| a. 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 |
| b. Name the 4 diagnostic criteria for ND-PAE. | 1 | 2 | 3 | 4 | 5 |

KNOWLEDGE QUESTIONS

6. 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): (Check all that apply)

- a. Requires recognition of impairments in each of the domains of neurocognitive function, self-regulation, and adaptive function.
- 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. Does not apply to pediatric primary care as it is a mental health diagnosis

7. A child with no physical stigmata of FAS has evidence of structural brain abnormalities and functional neurocognitive disabilities, which manifest as problems with behavior, adaptive skills, and self-regulation. Which of the following is the most appropriate plan of action? (Check all that apply)

- a. Collect a comprehensive history of prenatal exposures, including tobacco, alcohol, illicit drugs or other medications.
- b. Evaluate for possible genetic and environmental etiologies.
- c. Consider an FASD diagnosis such as ND-PAE in your differential diagnosis.
- d. Provide anticipatory guidance to parents/caregivers while reassuring them that since the child has no facial features of fetal alcohol syndrome, the child’s problems must be related to another disorder.
- e. Educate the parent about impairments seen in children with FASD so they can better understand and respond to their child’s behavioral changes.

8. Which of the following should be done when a child in your practice is identified as having developmental/behavioral problems in the context of prenatal alcohol exposure? (Check all that apply)

- a. Refer the child to EI services (in a child below the age of 3 years) for evaluation/therapy.
- b. Refer the child to the school for educational evaluation (in a child above the age of 3 years).

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- c. Refer the child to a developmental-behavioral pediatrician, geneticist, or neurologist knowledgeable in FASDs.
- d. Refer to an FASD clinic, if there is one in your area.
- e. Do nothing unless the child can be diagnosed with FAS because pediatricians are not qualified to make a diagnosis of an FASD.

9. Complete this sentence.

Behavioral problems in children with an FASD ____ (Check all that apply)

- a. Can be a result of not being identified as having a brain-based disability.
- b. Can be a result of unrealistic expectations when a child's chronological age is incongruent with his or her developmental age.
- c. Generally, results from poor parenting.
- d. Can be treated for psychiatric diagnoses since underlying brain impairments are secondary to their psychiatric diagnosis.

10. Which of the following is NOT a common neurobehavioral finding in children with prenatal alcohol exposure? (Check all that apply)

- a. Little to no interest in playing with other children.
- b. Poor reading comprehension, memory deficits, and difficulty with mathematics
- c. Short attention span, hyperactivity, and increased distractibility
- d. Poor problem-solving abilities, social skill deficits, and language skill delays
- e. Impulsivity and aggressive behavior

OPINION QUESTIONS

11. 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 |
|---|-------------------|----------|----------------------------|-------|----------------|
| a. Concern about mothers'/parents' response to screening for prenatal alcohol exposure is a barrier to screening. | 1 | 2 | 3 | 4 | 5 |
| b. 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 |
| c. Diagnosis of one of the FASDs only needs to be considered for certain populations | 1 | 2 | 3 | 4 | 5 |

12. 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.

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- Pregnant women or women who are trying to become pregnant should completely abstain from consuming alcohol.

13. 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 |
|---|-------------------|----------|----------------------------|-------|----------------|
| a. Is more prevalent in women with higher incomes | 1 | 2 | 3 | 4 | 5 |
| b. Is more prevalent in women with higher levels of education | 1 | 2 | 3 | 4 | 5 |
| c. Does not vary between ethnic or racial groups | 1 | 2 | 3 | 4 | 5 |

PRACTICE QUESTIONS

If any of the following screening, diagnostic or referral items do not apply to you in your current position, please circle "N/A" for each item that is not applicable.

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

| | N/A | 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 patients | 0 | 1 | 2 | 3 | 4 | 5 |
| b. Identify persons with possible FAS or other prenatal alcohol-related disorders | 0 | 1 | 2 | 3 | 4 | 5 |
| c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders | 0 | 1 | 2 | 3 | 4 | 5 |

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

| | N/A | Not at all Willing | A little Willing | Moderately Willing | Willing | Completely Willing |
|---|-----|--------------------|------------------|--------------------|---------|--------------------|
| a. Inquire about potential prenatal alcohol exposure for pediatric patients | 0 | 1 | 2 | 3 | 4 | 5 |
| b. Identify persons with possible FAS or other prenatal alcohol-related disorders | 0 | 1 | 2 | 3 | 4 | 5 |
| c. Diagnose persons with possible FAS or other | 0 | 1 | 2 | 3 | 4 | 5 |

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| | N/A | Not at all Willing | A little Willing | Moderately Willing | Willing | Completely Willing |
|------------------------------------|-----|--------------------|------------------|--------------------|---------|--------------------|
| prenatal alcohol-related disorders | | | | | | |

GENERAL QUESTIONS

16 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:

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:

- 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: _____

17. On a scale of 1 to 7, what was the return on your investment of time/effort for participating in this activity? (1 low return to 7 high return)

| Low return | | | Medium return | | | High return |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |

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

Yes No

If yes, please comment:

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17. On a scale of 1 to 5 (1 not at all valuable to 5 highly valuable), please rate the value of the including of MOC points for participating in this activity.

| Not at all valuable | Somewhat valuable | Neutral | Valuable | Highly valuable |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

19. This MOC activity is relevant to my current practice. Yes No

If yes, please explain why: _____

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

Thank you for taking the time to answer these questions!