

Ideas for Optimal Use



Connected Kids is a different way to think about much of what pediatricians already do in providing well-child care. It is coordinated with other anticipatory guidance protocols such as *Bright Futures* and *Guidelines for Health Supervision*. To some extent, it can be viewed as one approach to the implementation of these guidelines. Truly effective changes in clinical practice require sustained multidisciplinary efforts that take into account the entire office system.¹

Connected Kids is a flexible program that can be implemented in any number of ways to meet your specific needs or interests. You may find it easiest to start implementing the program by focusing first on infancy and early childhood topics, while others may prefer to start with adolescents and their parents. A practice may decide to schedule an in-service training of all providers, provide an overview of *Connected Kids* using the PowerPoint presentation, and discuss as a group how best to integrate the program into the practice.

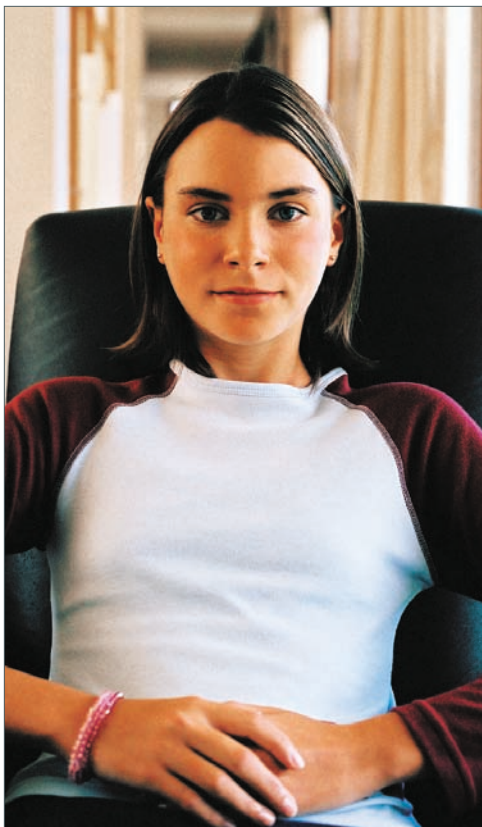
Following are considerations and tips for effectively implementing *Connected Kids* into your clinical practice:

Practice Change

1. Implementing *Connected Kids* will require some changes in your practice. A practice “champion” can pave the way, but support of all staff is necessary.
2. Consider ways to get all office staff involved in *Connected Kids*. For example, the receptionist is an ideal person to observe parent-child interaction in the waiting room.
3. Use the *Connected Kids* Counseling Schedule to document your counseling by placing a copy of the Counseling Schedule and Checklist (Appendix D) in each patient’s chart. Check off each topic when you introduce and reinforce it and each brochure when you give it to the family. A quick glance before each visit will let you know if you have to “catch up.”
4. Get ideas from others. Talk to your colleagues about barriers they may have faced in implementing *Connected Kids* and how they overcame the obstacles. Visit the *Connected Kids* Web site (<http://www.aap.org/ConnectedKids>) for success stories and suggestions from pediatricians around the country.

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Parents understand how busy clinicians are. In the words of one parent, ***“The pediatrician must present herself in such a way that the parent feels like they really have the time to ask ‘em questions, because often those poor pediatricians are so busy sometimes ...the last thing I’m gonna do is ask a question right now, she looks like she’s just overwhelmed, she’s got 5 kids crying in the hallway.”***



Intake

1. The *Bright Futures* Pediatric Intake Form can be used for the first visit, regardless of age, and can be completed in the waiting room.²
2. Include a cover letter with the intake form introducing parents to the practice and the *Connected Kids* philosophy. Explain why you are interested in this information and how it impacts a child’s health.
3. Use the information gathered on the intake form to prioritize issues for the family.
4. Parents may not be ready to discuss an issue raised on the intake form during an initial visit. However, as your relationship with a family evolves, parents may become more open to discussing sensitive issues such as firearms or domestic violence.
5. Use the information gathered on the intake form at every visit with the family.

Counseling

1. Since *Connected Kids* explores many sensitive issues, you may want to approach these in an indirect way. A discussion about crawling and curiosity can lead to warning about household hazards, giving you an opening to discuss firearms. A parent’s question about toilet training provides an opportunity to discuss parental frustration or discipline.
2. Some parents respond well to statistics, while others respond to stories. Try to include both in your counseling. For example, you can ask, *“Did you know that almost 40% of households have at least one gun?”* and tell a story that illustrates how easy it can be for a curious young child to find and fire a gun.
3. Prioritize your counseling based on individual families’ needs. For example, if a parent notes on the intake form that the family does not own a gun, you would need to counsel on firearms in others’ homes. On the other hand, if there is a gun in the home and an adolescent is depressed, counseling the parent to remove firearms from the home needs to be a top priority.
4. During adolescence, use *Connected Kids* materials to facilitate new ways for the parent and teen to talk as they negotiate their changing relationship. You can talk to the parent and teen together about healthy dating and dating violence to help them establish some ground rules for communication about dating and sex. You also can give the parent some teen-oriented materials to take home or leave the materials in a private place for teens to read on their own.

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As one pediatrician stated, “The simplicity of [the brochures] made me think this is what I already do, but the more I used them, the more different layers and ways you can use them.”

Patient Education Brochures

1. Use the *Connected Kids* education brochures and Counseling Schedule as “props.” Tell the parent you are asking about a personal issue, such as domestic violence, not because you have passed judgment, but because you ask all parents about domestic violence.
2. Personalize the *Connected Kids* brochures for each family by pointing parents/patients to the particular section of each brochure that may be most helpful to them. Even just circling or underlining a passage can increase the likelihood that your advice will be followed.
3. The space on the last page has been intentionally left blank for 2 reasons.
 - You can use this space for family-specific information and individualized suggestions or for the practice name and address.
 - While waiting to be seen, parents/patients can be encouraged to write questions they may have for the clinician.
4. Encourage the parent who accompanies the child to the office to share the written information with the other adults who care for the child.
5. Office support staff can distribute brochures to parents and patients who are waiting to be seen in the waiting room or the examination room.
6. When speaking with school or community groups, many of the brochures are suitable to use as handouts.

Community Connections

1. Many clinicians are afraid of asking questions that could open a Pandora’s box of issues they feel they may be unable to handle. Lack of time, reimbursement, confidence, comfort, and self-efficacy all contribute to this fear. Clinicians would like quick solutions they know will work. Of course, such magic potions rarely exist, but strong connections with community resources will increase your chances for successful implementation of *Connected Kids*. Get to know local programs such as parenting classes, Big Brothers Big Sisters, and sports teams. When a family in need is identified, you will be able to refer them to a resource, confident that the family’s needs will be met. A few hours a month from you and your staff to form and maintain linkages with community-based resources will be very beneficial.



Developing Community Linkages (Appendix B-2) is a *Connected Kids* tool that can help maximize the use of available community resources for patients.

Developing Community Linkages is most effective when a practice can do the following:

- Identify an individual or team within the practice responsible for coordinating with your community. Two to 3 hours per month focused on this activity will produce measurable improvements.
- Determine the most frequent community resource referrals for a practice patient population.
- Determine the resources in the community that may meet the needs of the patient population.
- Identify specific people at appropriate agencies who can provide your practice with information and support patients who are referred there.
- Create a list of relevant community resources and agencies, and make it available to patients and staff.
- Update this information on a regular basis.
- Develop simple systems to track patient care among agencies and the practice (eg, referral forms, obtaining eligibility criteria from agencies, etc).

Source: Modified from *A Practical Guide to Implementing Office Systems for Anticipatory Guidance*. Cambridge, MA: National Initiative for Children's Healthcare Quality; 2002

2. Since parents may not feel comfortable openly discussing sensitive issues during a visit, place information and resources in a private place for individuals to take for future use. For example, a parent who is a victim of domestic violence might not be able to admit it if her abuser or child is present. However, when she uses the restroom, she could take a card with the number of a domestic violence hot line and hide it in her shoe or purse.
3. Resources may not exist in some communities. If you identify a gap, become an activist. Reach out to the local school district or health department to help meet the need. Be an advocate for your patients by encouraging your community to provide important resources.
4. Sometimes, strengthening an individual family is not enough; even the most resilient child faces obstacles to healthy development if the community is not healthy. This can create a sense of hopelessness about your ability to make a difference with patients. However, outside the examination room, you can be an advocate not just for individual patients but also for the community. Get involved in community coalitions that provide children with positive after-school activities or rid the community of gangs. Speak to the Parent-Teacher Association (PTA)/ Parent-Teacher Organization (PTO) or the local media. Work to spread the belief that all children deserve to grow up safe, strong, and secure.