SURVEY OF SCREENING FOR DEVELOPMENT DELAYS IN CHILDREN – A CANADIAN PRIMARY CARE PERSPECTIVE

A. PARTICIPANT PRESCREENING

Please complete this questionnaire if one or more of the following apply to your current status. *Please check ALL that apply to you.*

- ☐ I am in full-time clinical practice and I provide primary care to children under 6 years of age.
- ☐ I am in part-time clinical practice and I provide primary care to children under 6 years of age.
- ☐ I am retired or on a leave of absence from active patient care but I previously provided primary care to children under 6 years of age. *Please complete the survey in relation to your past medical practice.*

If you **DO NOT** fall into any of the above-mentioned categories, please indicate your status below by checking the appropriate category. *Please check ALL that apply to you.* Return this UNCOMPLETED questionnaire in the enclosed stamped envelope. Thank you.

- ☐ Medical Student
- ☐ Resident
- ☐ Emergency/Urgent Care work only
- ☐ Consultant work only
- ☐ Other *(please specify)*: _____

B. DEVELOPMENTAL SCREENING

The following questions are regarding your *USUAL* practices in developmental screening or surveillance during WELL BABY or WELL CHILD VISITS. Developmental screening or surveillance is defined here as the use of specific screening instruments to detect developmental delays in children (for example, the Nipissing District Developmental Screen). Well baby or well child visits are defined as a periodic health examination of a young child, usually performed at regular intervals, for children *12 months and older*.

1) In your practice, who is PRIMARILY RESPONSIBLE for carrying out developmental screening or surveillance of children? *Please check all that apply.*

- ☐ I am (i.e., physician/NP)
- ☐ Nurse practitioner
- ☐ Another physician
- ☐ Nurse with training in child development (e.g., Ontario Early Years Nurse)
- ☐ Nurse (e.g., RN, RPN)
- ☐ Other (*Please specify*): _____
- ☐ Developmental screening or surveillance is not a typical part of my practice

2a) At which of the following ages do you ROUTINELY conduct WELL CHILD VISITS in your practice? *Please select ALL that apply.*

- ☐ 12 months
- ☐ 15 months
- ☐ 18 months
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ Other (*Please specify*): _____
- ☐ Conducting well child visits is not a typical part of my practice

2b) At which of the following ages do you ROUTINELY conduct DEVELOPMENTAL SCREENING OR SURVEILLANCE? *Please select ALL that apply.*

- ☐ 12 months
- ☐ 15 months
- ☐ 18 months
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ Other (*Please specify*): _____
- ☐ Developmental screening or surveillance is not a typical part practice

3a) Please indicate which of the following tools/measures are used in your practice for developmental screening or surveillance during WELL CHILD VISITS. For those tools/measures that are used, please indicate the frequency with which they are used. *Please check ALL that apply.*

Measure	All Visits	On Select Visits Only (*Please Indicate*):	Only if concerns are found on my clinical assessment	Never Used	Would likely use if I had access
Rourke Baby Record (Development Section)	☐	☐:_____	☐	☐	☐
Nipissing District Developmental Screen ™	☐	☐:_____	☐	☐	☐
Ages and Stages Questionnaire ™	☐	☐:_____	☐	☐	☐
Checklist for Autism in Toddlers (CHAT) ©	☐	☐:_____	☐	☐	☐
Parents Evaluation of Developmental Status ©	☐	☐:_____	☐	☐	☐
Denver Developmental Screening Test/Denver II ©	☐	☐:_____	☐	☐	☐
Your Own List of Developmental Milestones (i.e., non-standardized)	☐	☐:_____	☐	☐	☐
Direct observation of child performing tasks (e.g., piling blocks)(*Please specify*): _____	☐	☐:_____	☐	☐	☐
Other (*Please specify*): _____	☐	☐:_____	☐	☐	☐
_____	☐	☐:_____	☐	☐	☐

3b) Please indicate the method of administration used in your practice for each of the following measures. *Please check ALL that apply.*

Measure	Self-administered in waiting room/office	Self-administered at home	Clinician – administered	Not used	Other *(Please specify)*
Nipissing District Developmental Screen ™	☐	☐	☐	☐	☐: _____
Ages and Stages Questionnaire ™	☐	☐	☐	☐	☐: _____
Checklist for Autism in Toddlers (CHAT) ©	☐	☐	☐	☐	☐: _____

4) Please rate your FAMILIARITY with administering and interpreting the following measures.

Measure	Excellent	Very Good	Good	Fair	Poor	Unsure
Rourke Baby Record (Development Section)	☐	☐	☐	☐	☐	☐
Nipissing District Developmental Screen ™	☐	☐	☐	☐	☐	☐
Ages and Stages Questionnaire ™	☐	☐	☐	☐	☐	☐
Checklist for Autism in Toddlers (CHAT) ©	☐	☐	☐	☐	☐	☐
Parents Evaluation of Developmental Status ©	☐	☐	☐	☐	☐	☐

5) Please rate the ACCESSIBILITY of each of the following measures. *Please answer this question even if you do not use a particular measure in your practice.*

Measure	Excellent	Very Good	Good	Fair	Poor	Unsure
Rourke Baby Record (Development Section)	☐	☐	☐	☐	☐	☐
Nipissing District Developmental Screen ™	☐	☐	☐	☐	☐	☐
Ages and Stages Questionnaire ™	☐	☐	☐	☐	☐	☐
Checklist for Autism in Toddlers (CHAT) ©	☐	☐	☐	☐	☐	☐
Parents Evaluation of Developmental Status ©	☐	☐	☐	☐	☐	☐

6) Please rate the AFFORDABILITY of each of the following measures for use in your practice. *Please answer this question even if you do not use a particular measure in your practice.*

Measure	Excellent	Very Affordable	Somewhat Affordable	Neutral	Not Very Affordable	Unsure
Rourke Baby Record (Development Section)	☐	☐	☐	☐	☐	☐
Nipissing District Developmental Screen ™	☐	☐	☐	☐	☐	☐
Ages and Stages Questionnaire ™	☐	☐	☐	☐	☐	☐
Checklist for Autism in Toddlers (CHAT) ©	☐	☐	☐	☐	☐	☐
Parents Evaluation of Developmental Status ©	☐	☐	☐	☐	☐	☐

7a) Please rate the overall ACCURACY (i.e., sensitivity and specificity) of each of the following measures in detecting developmental delay or disability in children. *Please answer this question even if you do not use a particular measure in your practice.*

Measure	Excellent	Very Good	Good	Fair	Poor	Unsure
Rourke Baby Record (Development Section)	☐	☐	☐	☐	☐	☐
Nipissing District Developmental Screen ™	☐	☐	☐	☐	☐	☐
Ages and Stages Questionnaire ™	☐	☐	☐	☐	☐	☐
Checklist for Autism in Toddlers (CHAT) ©	☐	☐	☐	☐	☐	☐
Parents Evaluation of Developmental Status ©	☐	☐	☐	☐	☐	☐

7b) Please comment on your understanding of the ACCURACY of each of the following measures in detecting development delay or disability in your practice.

Measure	Comments
Rourke Baby Record (Development Section)	
Nipissing District Developmental Screen ™	
Ages and Stages Questionnaire ™	
Checklist for Autism in Toddlers (CHAT) ©	
Parents Evaluation of Developmental Status ©	

7c) For each of the following measures, please indicate the number of ABNORMAL ITEMS that would indicate a problem with development that requires further assessment. *Please answer this question even if you do not use a particular measure in your practice.*

Measure	1 Abnormal Item	2 Abnormal Items	>2 Abnormal Items	Unsure	Other (***Please Specify***):
Rourke Baby Record (Development Section)	☐	☐	☐	☐	☐: _____
Nipissing District Developmental Screen ™	☐	☐	☐	☐	☐: _____
Ages and Stages Questionnaire ™	☐	☐	☐	☐	☐: _____
Checklist for Autism in Toddlers (CHAT) ©	☐	☐	☐	☐	☐: _____

8) We would like your opinion regarding formal developmental screening, defined here as the use of specific instruments to detect developmental delays in children (for example, the Nipissing District Developmental Screen). To what extent do you agree with the following statements regarding screening of children aged 1-5 years at well-child visits?

	Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	Unsure
Early intervention services for children ages birth to 5 years with developmental delays are EFFECTIVE.	☐	☐	☐	☐	☐	☐
There are SUFFICIENT RESOURCES in my community to provide services to children with developmental delay or disability.	☐	☐	☐	☐	☐	☐
Once I identify developmental delays in a child, I feel confident in HOW TO CARE for the child, including managing consultations and referrals for therapy.	☐	☐	☐	☐	☐	☐
I have the clinical expertise to identify most children with developmental delays in my practice WITHOUT the use of a formal screening instrument.	☐	☐	☐	☐	☐	☐
The developmental portion of the ROURKE is sufficiently accurate for developmental screening in most children.	☐	☐	☐	☐	☐	☐
I do not routinely use formal developmental screening instruments in my practice because there is INSUFFICIENT EVIDENCE to support their use.	☐	☐	☐	☐	☐	☐
I do not routinely use formal developmental screening instruments in my practice because I have INSUFFICIENT KNOWLEDGE or training in their use.	☐	☐	☐	☐	☐	☐
I would likely BENEFIT from using developmental screening measures in my practice.	☐	☐	☐	☐	☐	☐
Eliciting PARENTAL CONCERNS about a child's development is a good substitute for formal developmental screening.	☐	☐	☐	☐	☐	☐
During a typical well baby/child visit, there is ADEQUATE TIME to perform developmental screening.	☐	☐	☐	☐	☐	☐
REIMBURSEMENT for well baby/child visits is sufficient to cover time spent on developmental screening.	☐	☐	☐	☐	☐	☐
An ADDITIONAL PREMIUM paid for time spent would likely change my current practice of developmental screening.	☐	☐	☐	☐	☐	☐
Additional CONTINUING MEDICAL EDUCATION on developmental screening would likely change my current practice of developmental screening.	☐	☐	☐	☐	☐	☐

9a) Please rate your level of agreement that the following are BARRIERS to developmental screening or surveillance in your practice.

	Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	Unsure
A The lack of time to conduct developmental screening	☐	☐	☐	☐	☐	☐
B The lack of sufficient reimbursement for time spent on developmental screening	☐	☐	☐	☐	☐	☐
C The lack of available resources in the community to deal with developmental delay or disability	☐	☐	☐	☐	☐	☐
D My lack of familiarity with existing developmental screening measures	☐	☐	☐	☐	☐	☐
E The conflicting recommendations by experts on developmental screening	☐	☐	☐	☐	☐	☐
F The lack of evidence for benefits of developmental screening	☐	☐	☐	☐	☐	☐
G The lack of accuracy of available developmental screening measures	☐	☐	☐	☐	☐	☐
H The lack of evidence for benefits of therapy for children with developmental delay or disability	☐	☐	☐	☐	☐	☐
I The lack of access to formal developmental screening measures	☐	☐	☐	☐	☐	☐
J The cost of purchasing formal developmental screening measures	☐	☐	☐	☐	☐	☐
K Other (*Please specify*): _____	☐	☐	☐	☐	☐	☐

9b) From question 9a) above, please indicate the MOST SIGNIFICANT barrier to developmental screening in your practice. *Please circle ONLY ONE.*

A B C D E F G H I J K

C. WORK/PATIENT CARE SETTING

10) The following is a list of work settings. Circle the category(ies) which best describe(s) the setting(s) where you work. *Please circle ALL that apply.*

- ☐ A. Private office/clinic (excluding walk-in clinic)
- ☐ B. Community Health Centre/Community Clinic
- ☐ C. Free-standing walk-in clinic
- ☐ D. Academic health sciences center
- ☐ E. Community hospital
- ☐ F. Emergency room
- ☐ G. Nursing Home
- ☐ H. Other *(please specify):* _____

11) Please indicate which of the above settings is your MAIN patient care setting (i.e. the setting where you spend most of your time providing patient care). Following the categories provided above, *please circle ONLY ONE of the letters below.*

A B C D E F G H

12a) With respect to your MAIN patient care setting specified in 11), indicate how that setting is organized. *Please check ALL that apply.*

- ☐ Solo practice
- ☐ Group practice
- ☐ Practice network
- ☐ Other *(Please specify):* _____
- ☐ Not applicable

12b) Indicate the types of heath care providers with whom you share patient care within your MAIN patient care setting. *Please check ALL that apply*.

- ☐ Family physicians
- ☐ Specialist physicians
- ☐ Nurse practitioners
- ☐ Psychologists
- ☐ Physiotherapists
- ☐ Social Workers
- ☐ Pharmacists
- ☐ Nurses (e.g., RN, RPN)
- ☐ Dieticians/Nutritionists
- ☐ Other (*please specify*): _____

D. PRACTICE/WORK PROFILE

13) Describe the population PRIMARILY served by your practice. *Please check ONLY ONE.*

- ☐ Inner city
- ☐ Urban
- ☐ Suburban
- ☐ Small town
- ☐ Rural
- ☐ Geographically isolated/remote
- ☐ Cannot identify a primary population
- ☐ Other *(please specify):* _____

14) Do any of the following groups represent more than 10% of your practice population? *If yes, please check ALL that apply.*

- ☐ Children under the age of 6
- ☐ Children with development disabilities or delays
- ☐ Children with significant behavioral or psychiatric problems
- ☐ People living in poverty
- ☐ Aboriginal peoples
- ☐ Cultural minorities
- ☐ Other *(please specify):* _____

15a) Please estimate the number of patient visits you have in a TYPICAL WEEK, EXCLUDING patient visits while on-call (on-call is defined as time outside of regularly scheduled clinical activity during which you are available to patients):

TOTAL: _____ patient visits per week

15b) Please estimate the number of patient visits for CHILDREN UNDER 6 YEARS you have in a TYPICAL WEEK, EXCLUDING patient visits while on-call:

TOTAL: _____ patient visits per week

15c) Please estimate the number of WELL CHILD VISITS for CHILDREN UNDER 6 YEARS you have in a TYPICAL WEEK or MONTH. *Please indicate your answer in ONLY ONE of the lines below*:

TOTAL: _____ patient visits per <u>week</u>

TOTAL: _____ patient visits per <u>month</u>

15d) Please estimate the number of hours you work in a TYPICAL WEEK, EXCLUDING time spent while on-call:

TOTAL: _____ hours per <u>week</u>

16) From the list below, please indicate ALL areas of professional activity that are part of your practice and/or are areas of special interest. For areas of special interest, also give the percent time spent in each. *Please note: you do not have to be certified in the area of professional activity to include it as an area of special interest.*

Area of professional activity	Part of my practice	Area of special interest	If area of special interest, % of time
Family practice/general practice/ primary care	☐	☐	_____%
Pediatrics	☐	☐	_____%
Developmental delays or disabilities	☐	☐	_____%
Obstetrics	☐	☐	_____%
Psychiatry/mental health	☐	☐	_____%
Urgent care/walk-in	☐	☐	_____%
Emergency Medicine	☐	☐	_____%
Teaching	☐	☐	_____%
Research	☐	☐	_____%
Other (*please specify):*			
_____	☐	☐	_____%
_____	☐	☐	_____%

E. PROFESSIONAL INCOME

17) In the last year, approximately what proportion of your professional income did you receive from each of the following PAYMENT METHODS? *Please note: TOTAL MUST EQUAL 100%.*

_____% Fee-for-service (insured and uninsured services)
_____% Salary
_____% Capitation
_____% Sessional/per diem/hourly
_____% Service contracts
_____% Incentives and premiums
_____% Other *(please specify):* _____

F. Access to Specialized Pediatric Care

18) Please rate the accessibility to the following for your patients.

	Excellent	Very Good	Good	Fair	Poor	Unsure
Pediatricians	☐	☐	☐	☐	☐	☐
Developmental Pediatricians	☐	☐	☐	☐	☐	☐
Child Psychiatrists	☐	☐	☐	☐	☐	☐
Child Psychologists	☐	☐	☐	☐	☐	☐
Speech Language Pathologists	☐	☐	☐	☐	☐	☐
Infant/Child Developmental Evaluation Program	☐	☐	☐	☐	☐	☐
Other *(Please Specify)*:						
_____	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐

G. Education and Demographics

19a) When did you complete your MEDICAL training?

	Year of Graduation
Undergraduate medical training	_____
Postgraduate medical training	_____

19b) Please specify any professional certification(s).

☐ CCFP ☐ FRCP ☐ RNEC ☐ NP ☐ Other (*Please specify*): _____

19c) Please specify any other degrees.

_____

19d) Please provide the six-digit postal code of your MAIN patient care setting. ☐☐☐☐☐☐

20) Your year of birth: 19 ☐☐

21) Gender: ☐ male ☐ female

22) What language(s) do you speak with your patients?

☐ English ☐ French ☐ Other(s)(*Please specify):* _____

H. COMMENTS REGARDING THE CURRENT SURVEY:

Please be assured that your response to this survey is anonymous, and that all individual information will be held in the strictest confidence. Analysis and publication of results will be at the aggregate level only.

Portions of this survey were derived, with permission, from:

National Physician Survey. *2004 National Physician Survey.* Mississauga, ON: College of Family Physicians of Canada (CFPC), Canadian Medical Association (CMA), Royal College of Physicians and Surgeons of Canada (RCPSC); 2004. Available at http://www.nationalphysiciansurvey.ca/nps/home-e.asp. Accessed June 10, 2008.

Sices L, Feudtner C, McLaughlin J, Drotar D, Williams M. How do primary care physicians manage children with possible developmental delays? A national survey with an experimental design. *Pediatrics* 2004; 113:274-82.