



**Boston University School of Medicine  
Continuing Medical Education  
The Healthy Steps<sup>SM</sup> Interactive Multimedia Training and Resource Kit**



## Sponsorship and Accreditation Information

Thank you very much for your interest in The Healthy Steps<sup>SM</sup> Interactive Multimedia Training and Resource Kit (MMK). In order to be eligible for CME credit for using the MMK, you should review this booklet, review the Healthy Steps content on the MMK, and complete and return for each unit the answer sheet and program evaluation form for that unit. The fee is \$20 per unit or \$10 per CME credit.

### Accreditation

Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Boston University School of Medicine designates this education activity for a maximum of 18 category 1 credits (2 credits per video cassette) toward AMA Physician's Recognition Award. Each physician should claim only those credits he/she actually spent in the activity.

In order to successfully complete this activity, you are required to review the entire video and complete and submit the completed test answer sheet by March 1, 2007. CME credit will be awarded provided a score of 70% or better is achieved. A certificate of credit will be sent within six weeks of receipt of the text answers to those who successfully complete the examination.

Estimated time to complete each module is 2 hours.

**Term of Approval:** March 1, 2004 – March 1, 2007

### Faculty Disclosure

It is the policy of Boston University School of Medicine, Department of Continuing Medical Education, that faculty disclose to program participants any real or apparent conflict of interest. In addition, faculty are to disclose any discussion pertaining to the unapproved use of pharmaceuticals and devices.

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Associate Professor of Pediatrics, Boston University School of Medicine

*Dr. Kaplan-Sanoff has nothing to disclose with regard to commercial support.*

*Dr. Kaplan-Sanoff indicates that she does not plan to discuss unlabeled/investigational uses of a commercial product.*

Steven Parker, M.D.

Associate Professor of Pediatrics, Boston University School of Medicine

*Dr. Parker has nothing to disclose with regard to commercial support.*

*Dr. Parker indicates that he does not plan to discuss unlabeled/investigational uses of a commercial product.*

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*Dr. Augustyn has nothing to disclose with regard to commercial support.*

*Dr. Augustyn indicates that she does not plan to discuss unlabeled/investigational uses of a commercial product.*

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Professor of Pediatrics, Boston University School of Medicine

*Dr. Zuckerman has nothing to disclose with regard to commercial support.*

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### Disclaimer

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### Program Audience

This program is designated for pediatricians, pediatric nurse practitioners, family nurse practitioners, pediatric nurses, family physicians, and physicians' assistants.

### Educational Needs Addressed

Parents ask many questions concerning developmental issues during primary care visits for infants and toddlers. The Healthy Steps<sup>SM</sup> Interactive Multimedia Training & Resource Kit offers strategies to infuse developmentally-oriented approaches into primary care using a health care clinician and child development specialist in a team approach.

### Educational Objectives

After reviewing The Healthy Steps<sup>SM</sup> Interactive Multimedia Training & Resource Kit, participants should be able to:

- Become a developmentally-oriented physician
- Treat the whole child and the whole family
- Develop your ability to take advantage of *teachable moments*
- See the benefits of adding a child development specialist to your team
- Improve training in developmentally-oriented primary care for pediatric residents
- Prepare for recertification



## Video 1: Healthy Steps<sup>SM</sup>: An Overview

### Learning Objectives:

After reviewing the materials, the participant should be able to:

- Identify the key Healthy Steps strategies and tell how each strategy furthers the goals of the Healthy Steps approach.
- Describe the roles and relationships of various members of the interdisciplinary Healthy Steps team.
- Discuss how a developmentally-oriented practice differs from a traditional pediatric practice and describe the ways in which it provides mothers and fathers with desired information and services.

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### POST TEST

1. The major strategies of Healthy Steps include:
  - a) Home visits
  - b) Child development Telephone Information Line
  - c) Child development check-ups
  - d) All of the above
2. What makes Healthy Steps different from traditional pediatric/family practices for young children?
  - a) More cost-effective
  - b) More attention to behavioral and developmental issues
  - c) More focus on chronic illness
  - d) More resource allocation to high-risk families
3. How can staff create *teachable moments*?
  - a) Asking more questions about health
  - b) Asking parents to teach their child a specific task
  - c) Scheduling more time per patient
  - d) Creating a non-judgmental environment where parents feel free to raise concerns about their child or their child-rearing decisions
4. Parents list the following as advantages of a Healthy Steps practice:
  - a) Having more time to spend with the doctor
  - b) Ease of getting an appointment
  - c) Feeling like someone in the practice really knows about their child and family
  - d) Practice's knowledge of chronic illness
5. Healthy Steps Specialists have been recruited from which fields?
  - a) Child development
  - b) Social work
  - c) Nursing
  - d) All of the above
6. What is the role of the Healthy Steps Specialist?
  - a) Provide anticipatory guidance
  - b) Give immunizations
  - c) Make appointments
  - d) Conduct developmental check-ups with children
  - e) a and d above



7. Identify ways in which Healthy Steps offers parents new venues for addressing their concerns/questions about their child.
- a) Written materials
  - b) Child development telephone line
  - c) Answering questions via e-mail
  - d) Group well child visits
  - e) a and b above
8. Why is the promotion of attachment between parents and infants so important to development?
- a) Positive attachment between parent and child prevents illness in children
  - b) Positive attachment between parent and child sets the stage for later relationships which the child will experience
  - c) Positive attachment between parent and child is related to later school learning and problem-solving
  - d) All of the above
  - e) b and c above



**Answer Sheet and Program Evaluation for Video 1**

**Instructions**

To complete this program successfully, you must:

- Complete the post-test.
- Complete the program evaluation form.
- Mail your completed answer sheet to:  
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 715 Albany Street, A305  
 Boston, MA 02118-2526  
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**Answer Sheet**

1.  a.  b.  c.  d.
2.  a.  b.  c.  d.
3.  a.  b.  c.  d.
4.  a.  b.  c.  d.
5.  a.  b.  c.  d.
6.  a.  b.  c.  d.  e.
7.  a.  b.  c.  d.  e.
8.  a.  b.  c.  d.  e.

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**Evaluation**

1. Did the material presented in this educational activity meet the learning objectives stated on the inside front cover?
  - Met the stated objectives
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2. Please rate the contents of this kit using the following scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent.

	Poor		Excellent		
Timely, up-to-date?	1	2	3	4	5
Practical?	1	2	3	4	5
Relevant to your practice?	1	2	3	4	5

3. Are there any other topics you would like to have seen addressed?
  - Yes (Please specify: \_\_\_\_\_)
  - No
4. Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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## Video 2: Starting a Healthy Steps<sup>SM</sup> Practice

### Learning Objectives:

#### After reviewing the materials, the participant should be able to:

- Provide a rationale for becoming a developmentally-oriented practice.
- Discuss the nature of organizational change and how principles of organizational change can be applied to a practice that is adopting a developmental approach to primary care for young children.
- Show how Healthy Steps fits into and expands upon other developmentally-oriented efforts in which a practice may already be involved; e.g., parent groups, Reach Out and Read, distribution of parent handouts.
- Identify the kinds of changes to the office facility that are needed to communicate that the practice is a nurturing and open environment that supports the needs of mothers and fathers and is as interested in children's development, behavior and temperament as it is in their health.

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### POST TEST

9. What key decisions does a new practice have to make at start-up?
  - a) Decide to conduct joint or linked office visits
  - b) Determine which families will receive Healthy Steps
  - c) Decide on how scheduling will be handled
  - d) All of the above
10. What are the characteristics of a joint visit?
  - a) The nurse sees the family along with the Healthy Steps Specialist
  - b) The doctor and Healthy Steps Specialist see the family at the same time
  - c) The family sees the Healthy Steps Specialist first and then the doctor
  - d) The family sees the doctor with a group of other families who have children the same age
11. To ensure the success of Healthy Steps in a practice, one doctor in the video recommends which of the following techniques?
  - a) Weekly team meetings
  - b) Teamwork and effective communication
  - c) Hiring quality staff
  - d) All of the above
12. What are the critical success factors to implementing Healthy Steps?
  - a) Enrolling families whenever they appear to need help
  - b) Having a recognized leader who supports Healthy Steps
  - c) Offering Continuing Medical Education credits for participating staff
  - d) All of the above
13. How might you plan for staff turnover in a Healthy Steps office?
  - a) Orient all staff to the Healthy Steps approach using the Multimedia Kit
  - b) Partner with another practice
  - c) Require new hires to attend local CME training
  - d) All of the above



14. In the video, one pediatrician states that success in implementing Healthy Steps requires many factors. Which of the following is *NOT* a requirement?

- a) Commitment
- b) Hiring and training quality staff
- c) Better reimbursement policies
- d) Effective scheduling practices

15. Identify the steps which need to be taken before implementation of Healthy Steps.

- a) Preparing the office suite and exam rooms
- b) Creating a scheduling plan
- c) Developing a network of community resources
- d) All of the above

16. One doctor in the video expresses her initial fears about Healthy Steps. These include:

- a) It will not be cost effective
- b) When the Healthy Steps Specialist is in the room, I feel like I'm being judged
- c) I worry that I'm not saying the right thing
- d) It will interrupt office flow





**Answer Sheet and Program Evaluation for Video 2**

**Instructions**

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- Complete the post-test.
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- Mail your completed answer sheet to:  
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- The test fee is \$20.00 and can be paid by either check or credit card.

**Answer Sheet**

- 9.  a.  b.  c.  d.
- 10.  a.  b.  c.  d.
- 11.  a.  b.  c.  d.
- 12.  a.  b.  c.  d.
- 13.  a.  b.  c.  d.
- 14.  a.  b.  c.  d.
- 15.  a.  b.  c.  d.
- 16.  a.  b.  c.  d.

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Practical?	1	2	3	4	5
Relevant to your practice?	1	2	3	4	5

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  - a. Yes (Please specify: \_\_\_\_\_)
  - b. No
4. Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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### Video 3: The Healthy Steps<sup>SM</sup> Office Visit

#### Learning Objectives:

#### After reviewing the materials, the participant should be able to:

- Describe a typical Healthy Steps enhanced well child office visit. Identify how traditional well child visits differ from Healthy Steps well child visits.
- Discuss the roles of the receptionist, physician, nurse practitioner, nurse, and Healthy Steps Specialist in a well child visit and tell how these roles relate to one another in a developmentally-oriented practice.
- Determine how such Healthy Steps materials as Quick Check Sheets, Parent Prompt Sheets, and parent handouts will be used in a well child visit.
- Discuss ways in which the interdisciplinary team works together and communicates across roles.

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#### POST TEST

17. An "enhanced" Healthy Steps pediatric visit refers to all of the following, *except*:
  - a) Developmental 'check-ups'
  - b) Using *teachable moments*
  - c) Healthy Steps parent handouts
  - d) Extra primary care visits above those recommended by the American Academy of Pediatrics
  - e) Anticipatory guidance
18. A Healthy Steps "joint visit" differs from a "linked visit" in the following way:
  - a) During a joint visit both parents are asked to attend
  - b) During a joint visit the Healthy Steps Specialist is in the room with the pediatric clinician during the exam
  - c) During a joint visit the Healthy Steps Specialist jointly sees another family in a different office
19. The following are possible components of a Healthy Steps pediatric practice, *except*:
  - a) LINKLetters
  - b) Parent Prompt Sheets
  - c) Mandated developmental topics and anticipatory guidance to discuss at specific visits
  - d) Healthy Steps Child Health and Development Record
  - e) Quick Check Sheets
20. The Read Out and Read Program provides parents with all of the following, *except*:
  - a) Developmentally-appropriate books at each well child visit, starting at 6 months
  - b) Tips on fostering early literacy through book-sharing
  - c) Assessment of parental reading ability
  - d) How children typically respond to books at different developmental stages
21. The professional background of a Healthy Steps Specialist is:
  - a) A nurse
  - b) A nurse practitioner
  - c) A social worker
  - d) An early childhood educator
  - e) All of the above



22. Communication between the pediatric provider and the Healthy Step Specialist about an office or home visit may occur by all of the following:
- Via direct discussions in the office
  - Via sharing of written documentation
  - Via e-mail
  - At scheduled Healthy Steps meetings
  - Via voice mail
  - All of the above
23. One of the key benefits to having a Healthy Steps Specialist in the practice is:
- It adds to office staff and helps to improve flow of patients
  - It provides another professional to whom parents can direct their medical questions
  - It allows more time for developmental, behavioral and psychosocial issues to be addressed at home or in the office
  - It allows home assessments of sick children
24. Healthy Steps practices have identified all of the following as important to successful implementation, *except*:
- Commitment by management
  - The Healthy Steps Specialist becoming knowledgeable about pediatric medical issues
  - Team work
  - Role clarity
  - Attention to the need for new resources



**Answer Sheet and Program Evaluation for Video 3**

**Instructions**

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- Complete the post-test.
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 Fax: 617-638-4905
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**Answer Sheet**

17.  a.  b.  c.  d.  e.
18.  a.  b.  c.
19.  a.  b.  c.  d.  e.
20.  a.  b.  c.  d.
21.  a.  b.  c.  d.  e.
22.  a.  b.  c.  d.  e.  f.
23.  a.  b.  c.  d.
24.  a.  b.  c.  d.  e.

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**Evaluation**

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2. Please rate the contents of this kit using the following scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent.

	Poor		Excellent		
Timely, up-to-date?	1	2	3	4	5
Practical?	1	2	3	4	5
Relevant to your practice?	1	2	3	4	5

3. Are there any other topics you would like to have seen addressed?
  - a. Yes (Please specify: \_\_\_\_\_)
  - b. No
4. Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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## Video 4: Healthy Steps<sup>SM</sup> Home Visits

### Learning Objectives:

#### After reviewing materials, the participant should be able to:

- Provide a rationale for medical practices that serve young children to offer home visits.
- Differentiate home visits from office visits in terms of goals, timing, agendas, and strategies.
- Explain why particular home visits (e.g., 9-month or 24-month) are important in terms of the developmental changes that children are poised to undergo at these points, and discuss the related adjustments in parent thinking and behavior that may be needed.
- Describe strategies to use to help mothers and fathers identify their own goals for the child's behavior and how they will achieve them.
- Model behaviors that parents can use to guide and set limits for their child.
- Define methods for communication back to the rest of the medical team what has been learned at a home visit.

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### POST TEST

25. What are the two most common issues discussed during a 24-month home visit?
- a) Limit setting
  - b) Immunizations
  - c) Mother returning to work
  - d) Toilet training
26. How can practices assure the safety of staff on home visits?
- a) Arrange visits around meal times
  - b) Notify others when and where staff will be visiting families and provide a cell phone to staff for visits
  - c) Set appointments two weeks in advance
  - d) All of the above
27. In the video, why does the Healthy Steps Specialist take off her shoes before a visit?
- a) She doesn't want to track in germs
  - b) She wants to respect the home environment of the family
  - c) It sets a more informal tone for the visit
  - d) The parents told her to do this
28. Check off some common pitfalls of home visiting
- a) Failing to deal with the whole family
  - b) Becoming a friend to the family
  - c) Failing to be consistent
  - d) All of the above
29. The advantages of doing home visits include all of the following, *except*:
- a) Offer more relaxed environment in which the family can express concerns
  - b) Strengthens relationships between family and practice
  - c) More efficient use of time and staff
  - d) Opportunity to meet other family members



30. What issues are usually discussed during the newborn home visit?
- a) Breastfeeding
  - b) Ear infections
  - c) Weight check
  - d) Budgeting resources
31. How do Healthy Steps Specialists communicate information learned on home visits with the practice?
- a) Calling in to the practice during the visit
  - b) Making notes in the file
  - c) Asking the parent to remind the physician about the issue discussed
  - d) All of the above
32. What are the *two* teaching goals of a Healthy Steps home visit?
- a) Discussing home safety
  - b) Discussing family finances
  - c) Discussing development
  - d) Discussing diaper rash



**Answer Sheet and Program Evaluation for Video 4**

**Instructions**

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**Answer Sheet**

25.  a.  b.  c.  d.  
 26.  a.  b.  c.  d.  
 27.  a.  b.  c.  d.  
 28.  a.  b.  c.  d.  
 29.  a.  b.  c.  d.  
 30.  a.  b.  c.  d.  
 31.  a.  b.  c.  d.  
 32.  a.  b.  c.  d.

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**Evaluation**

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2. Please rate the contents of this kit using the following scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent.

	Poor				Excellent
Timely, up-to-date?	1	2	3	4	5
Practical?	1	2	3	4	5
Relevant to your practice?	1	2	3	4	5

3. Are there any other topics you would like to have seen addressed?
  - a. Yes (Please specify: \_\_\_\_\_)
  - b. No
4. Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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### Video 5: *Teachable Moments*: The First Year

#### Learning Objectives:

After reviewing materials, the participant should be able to:

- Recognize and describe examples of *teachable moments* that concern a behavioral or developmental issue.
- Differentiate between *teachable moments* and anticipatory guidance.
- Explain why taking advantage of *teachable moments* is important and how the use of this strategy enhances well child care.
- Identify and use at least five different types of encounters with parents and/or children in which clinicians can take advantage of *teachable moments*.
- Give an example of a “sometimes” statement.

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#### POST TEST

33. *Teachable moments* can be found in the following:
- a) While taking a history
  - b) During the physical examination
  - c) During developmental screening
  - d) All of the above
34. *Teachable moments* differ from anticipatory guidance in all of the following, *except*:
- a) *Teachable moments* utilize what is happening at the moment
  - b) *Teachable moments* suggest the provider ‘teach’ the parent through a pedagogical approach
  - c) *Teachable moments* are more likely to address the parents’ current agenda rather than a pre-set topic based on developmental age
  - d) *Teachable moments* can use modeling as a way to impart information
35. A “sometimes” statement means:
- a) The pediatric provider will sometimes address one developmental-behavioral issue, sometimes another
  - b) The Healthy Steps Specialist uses it so as not to sound definitive about any issue until the pediatric provider concurs
  - c) A way of giving parents various explanatory options with which they are free to agree or disagree
  - d) Acknowledgment that Healthy Steps sometimes uses a variety of different ways to support families
36. Within a practice, *teachable moments* should only be provided by:
- a) The pediatric provider
  - b) The Healthy Steps Specialist
  - c) Other office staff that have been trained in its use
  - d) All of the above





37. *Teachable moments* provide the following advantages, *except*:
- a) Time efficiency in addressing issues
  - b) Parental interest in the topic at hand
  - c) A complete curriculum of topics to be addressed
  - d) Flexible stance to communicating with parents
  - e) Less chance for miscommunication by dealing with an experience shared in the moment by both clinician and parent
38. It's better to have *teachable moments* in mind before the visit begins than to spontaneously provide one as the visit evolves. TRUE FALSE
39. Every potential teachable moment that comes up should be capitalized upon. TRUE FALSE



**Answer Sheet and Program Evaluation for Video 5**

**Instructions**

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**Answer Sheet**

33.  a.  b.  c.  d.
34.  a.  b.  c.  d.
35.  a.  b.  c.  d.
36.  a.  b.  c.  d.
37.  a.  b.  c.  d.  e.
38.  T  F
39.  T  F

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3. Are there any other topics you would like to have seen addressed?
  - a. Yes (Please specify: \_\_\_\_\_)
  - b. No

4. Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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### Video 6: *Teachable Moments*: The Toddler Years

#### Learning Objectives:

After reviewing materials, the participant should be able to:

- Identify the major challenges parents face during the toddler years.
- Give examples of specific developmental changes during the toddler years in terms of cognitive development, motor control, communication skills, and social development.
- Use open-ended questions to develop *teachable moments*.

---

#### POST TEST

40. The toddler visit often provides all of the following potential challenges, *except*:
- a) Limit setting
  - b) Autonomy bids
  - c) Resistance to invasion of personal space
  - d) Indiscriminate love of all people, including the pediatric provider
41. The child's response to your examination can be used as a teachable moment for all of the following, *except*:
- a) How toddlers understand the world
  - b) Issues of self-regulation of behavior
  - c) Modeling effective means of punishment
  - d) Communication skills
42. The goals of *teachable moments* include all of the following, *except*:
- a) Understanding developmental changes
  - b) Helping parents to comply with pediatric advice
  - c) Increasing parental self-confidence
  - d) Improving 'goodness of fit'
43. *Teachable moments* may be especially effective with parents of toddlers for all of the following reasons, *except*:
- a) They are motivated to understand their toddler's bids for autonomy
  - b) The toddler's challenging behaviors fuel their interest in learning more
  - c) It is an especially easy time for parents
  - d) Parents are happy to learn they are not alone in their concerns
44. The phrase "Ghosts in the Nursery" means:
- a) The souls of all babies born in that nursery that still reside there
  - b) The name of a children's book
  - c) The influence of their own early upbringing on parental caretaking style
  - d) An American legend, first described by Benjamin Franklin
45. Effective ways to enhance parental knowledge of their toddler during an office visit include:
- a) Modeling constructive limit setting
  - b) Positive reframing of troublesome behaviors
  - c) A discussion of normal toddler development
  - d) A discussion of strategies for addressing issues
  - e) Giving of parent handouts
  - f) All of the above



**Answer Sheet and Program Evaluation for Video 6**

**Instructions**

To complete this program successfully, you must:

- Complete the post-test.
- Complete the program evaluation form.
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**Answer Sheet**

40.  a.  b.  c.  d.  
 41.  a.  b.  c.  d.  
 42.  a.  b.  c.  d.  
 43.  a.  b.  c.  d.  
 44.  a.  b.  c.  d.  
 45.  a.  b.  c.  d.  e.  f.

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**Evaluation**

1. Did the material presented in this educational activity meet the learning objectives stated on the inside front cover?
  - a. Met the stated objectives
  - b. Did not meet the stated objectives
2. Please rate the contents of this kit using the following scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent.

	Poor		Excellent		
Timely, up-to-date?	1	2	3	4	5
Practical?	1	2	3	4	5
Relevant to your practice?	1	2	3	4	5

3. Are there any other topics you would like to have seen addressed?
  - a. Yes (Please specify: \_\_\_\_\_)
  - b. No

4. Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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## Video 7: Gauging a Child's Development

### Learning Objectives:

#### After reviewing materials, the participant should be able to:

- Discuss a child's developmental progress in context as creating *teachable moments* and to screen children for potential developmental problems.
- Develop and maintain a schedule for administering developmental check-ups.
- Demonstrate the use of the Denver II Developmental Screening Test to assess a child's development in four domains: gross motor skills, language development, fine motor-adaptive skills, and personal social skills.
- Provide examples of how the Healthy Steps team gives bad news to mothers and fathers, stressing the ongoing support available from the Healthy Steps team.

---

### POST TEST

46. The Neonatal Behavioral Assessment Scale (NBAS) does **not** use which item?
  - a) Bell
  - b) Rattle
  - c) Flashlight
  - d) Form board puzzle
47. The NBAS explores child responses to which of the following
  - a) Light and sound
  - b) Comforting behaviors
  - c) Reflexes
  - d) All of the above
48. The Temperament Scale measures which characteristics
  - a) Activity level
  - b) Adaptability
  - c) Persistence
  - d) Mood
  - e) All of the Above
  - f) None of the above
49. Temperament is the "how" of behavior. TRUE FALSE
50. The DDST examines which of the following characteristics
  - a) Personal Social
  - b) Fine and gross Motor
  - c) Language
  - d) All of the above
51. The Behavioral Assessment of Baby's Emotional and Social Style (BABES) is recommended at which visits
  - a) 2 and 4 months
  - b) 6 and 9 months
  - c) 12 and 18 months
  - d) 24 and 36 months



52. The MacArthur Communicative Developmental Inventory is a questionnaire designed to assess words the child uses or understands. TRUE FALSE

53. If developmental issues are identified during screening, possible referrals include:
- a) Speech therapy
  - b) Physical therapy
  - c) Occupational therapy
  - d) All of the above



**Answer Sheet and Program Evaluation for Video 7**

**Instructions**

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- Complete the post-test.
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Fax: 617-638-4905
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**Answer Sheet**

46.  a.  b.  c.  d.
47.  a.  b.  c.  d.
48.  a.  b.  c.  d.  e.  f.
49.  T  F
50.  a.  b.  c.  d.
51.  a.  b.  c.  d.
52.  T  F
53.  a.  b.  c.  d.

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Practical?	1	2	3	4	5
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## Video 8: Supporting Families: Challenging Times, Challenging Situations

### Learning Objectives:

After reviewing materials, the participant should be able to:

- Identify strategies that members of the Healthy Steps team use to form strong relationships with mothers and fathers.
- Use techniques that are likely to further the development of relationships with mothers and fathers.
- Be able to offer mothers and fathers concrete strategies for dealing with stressful periods and situations.
- Be familiar with and know how and when to use the following Healthy Steps materials: LINKLetters, Parent Prompt Sheets, parent handouts, and the Child Health and Development Record.
- Develop strategies for encouraging breast-feeding.
- Understand the boundaries of the relationship between Healthy Steps clinicians and families and know when it is necessary to refer a family to an outside agency.
- Identify likely times of stress for families and develop ways to support such families during these difficult periods.

---

### POST TEST

54. What are the benefits of a parent group?
- a) Increase parents' self-confidence
  - b) Give parents with similar age children or issues opportunities to learn together
  - c) Engage parents in adult learning activities around issues of importance to their child-rearing decisions
  - d) All of the above
55. Healthy Steps builds relationships with families by doing all of the following, *except*:
- a) Setting agendas collaboratively
  - b) Using *teachable moments*
  - c) Asking questions
  - d) Demonstrating respect for the families' culture and beliefs
56. Healthy Steps LINKLetters:
- a) Are linked to the problem which the family is experiencing
  - b) Identify important questions which parents might want to ask at the upcoming well child visit
  - c) Help parents identify resources in their community
  - d) All of the above
57. What does Reach Out and Read bring to a practice?
- a) Promotion of early literacy practices for very young children at home
  - b) Focus on reading scores
  - c) Emphasis on adult literacy
  - d) All of the above





58. A child with a challenging temperament has the following characteristics:
- Cranky
  - Poor match between parental expectations and child behavior
  - Bossy
  - All of the above
59. What types of parent groups are available to Healthy Steps?
- Single session information groups
  - On-going parent-child groups
  - A workshop series based on a published curriculum
  - All of the above
60. Goodness of fit refers to:
- The relationship between parents and extended families
  - Synergy or the lack of synergy between parents' beliefs and medical practices
  - The relationship between parental expectations and actual child behavior and temperament
  - The match between child behavior and medical routines
61. Reach Out and Read involves:
- Giving developmental information on early literacy behavior keyed to the age of the child at every well child visit
  - Giving a developmentally- and culturally-appropriate book at each well child visit
  - Arranging for volunteers to read aloud to children in the waiting room
  - All of the above



**Answer Sheet and Program Evaluation for Video 8**

**Instructions**

To complete this program successfully, you must:

- Complete the post-test.
- Complete the program evaluation form.
- Mail your completed answer sheet to:  
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 Fax: 617-638-4905
- The test fee is \$20.00 and can be paid by either check or credit card.

**Answer Sheet**

54.  a.  b.  c.  d.  
 55.  a.  b.  c.  d.  
 56.  a.  b.  c.  d.  
 57.  a.  b.  c.  d.  
 58.  a.  b.  c.  d.  
 59.  a.  b.  c.  d.  
 60.  a.  b.  c.  d.  
 61.  a.  b.  c.  d.

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**Evaluation**

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	Poor		Excellent		
Timely, up-to-date?	1	2	3	4	5
Practical?	1	2	3	4	5
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3. Are there any other topics you would like to have seen addressed?
  - a. Yes (Please specify: \_\_\_\_\_)
  - b. No

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## Video 9: Family Factors Affecting Children: Smoking, Depression, Violence, and Addiction

### Learning Objectives:

#### After reviewing materials, the participant should be able to:

- Discuss why family factors are important to a child's healthy growth and development.
- Be able to cite the potential negative effects on a child's development of the family factors highlighted in this unit.
- Conduct a family history in which appropriate questions about these factors are asked.
- Respond appropriately to family members who disclose involvement with these behaviors.
- Tell how you would differentiate a woman with "baby blues" from one who is clinically depressed.
- Without overstepping therapeutic boundaries, identify specific kinds of support that a Healthy Steps Specialist might offer a family in which either addiction or domestic violence is present.
- Help parents understand the relationship between their own upbringing and the parenting style that they want to be able to offer their own children.
- Develop and implement a plan for identifying community resources that can be accessed for assistance on these issues, and put in place a plan to keep this information current.
- Plan a way to help a family develop a safety plan in case of domestic violence.

---

### POST TEST

62. The following factors impact a child's development
- a) Parents' mental and physical health
  - b) The overall home environment
  - c) Neighborhood factors
  - d) All of the above
63. Negative risk factors in a child's development include
- a) Domestic violence
  - b) Parents' early childhood experiences
  - c) Smoking and other addictions
  - d) Depression
  - e) All of the above
64. To facilitate the formation of a trusting relationship with any level of provider, families are asked direct questions to bring up issues of concern to them. TRUE FALSE
65. Issues of confidentiality and boundaries need to be addressed up front with families when working as part of a multidisciplinary team. TRUE FALSE
66. Effects of domestic violence on children include all of the following except:
- a) Depression
  - b) Low self-esteem
  - c) Language disorder
  - d) Symptoms of post-traumatic stress disorder



67. The first step in asking tough screening questions is to know what to do if the answer is "yes."  
TRUE FALSE
68. Smoking has a direct negative impact on a child's health. TRUE FALSE
69. Suggested questions to ask to screen for parental depression include:  
a) Do you find yourself crying sometimes in the middle of the day?  
b) Have you felt sad about things in the past few weeks?  
c) Have you noticed changes in your pattern of sleeping or eating in the past few weeks?  
d) All of the above



**Answer Sheet and Program Evaluation for Video 9**

**Instructions**

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**Answer Sheet**

62.  a.  b.  c.  d.
63.  a.  b.  c.  d.  e.
64.  T  F
65.  T  F
66.  a.  b.  c.  d.
67.  T  F
68.  T  F
69.  a.  b.  c.  d.

Name \_\_\_\_\_

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Relevant to your practice?	1	2	3	4	5

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  - b. No

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5. Any other comments/suggestions for future educational program relating to pediatrics?

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