

# Time Management

Managing Time for Health Promotion

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# CONTENTS

OVERVIEW	161
INTRODUCTION TO TEACHING SESSIONS	162
SESSION 1: APPLYING THE FIVE-STEP TIME MANAGEMENT MODEL	
Setting the Context: The Bright Futures Concept	164
Introducing the Session	164
Discussion and Exercises	165
Initial Self-Assessment Exercise	165
Applying the Five-Step Time Management Model	165
Take-Home Message	169
Optional Discussion	169
Answers to the Guiding Questions	170
Planning for the Next Session	171
Evaluation	171
Handouts and Forms	
Handout 1-1: Time Management: Managing Time for Health Promotion	172
Handout 1-2: Initial Self-Assessment of Time Management	173
Handout 1-3: Case Vignette: Jacob's 4 Month Visit, Part 1	174
Handout 1-4: Bright Futures 4 Month Visit, Questions for the Parent(s)	175
Handout 1-5: Case Vignette: Jacob's 4 Month Visit, Part 2	176
Handout 1-6: Follow-Up Self-Assessment of Time Management	177
Handout 1-7: Session Evaluation Form	178
Facilitator Form: Facilitator Self-Assessment Form	179

# SESSION 2: USING ENCOUNTER AND DOCUMENTATION FORMS AS TIME MANAGEMENT TOOLS

Setting the Context: The Bright Futures Concept 180
Introducing the Session 180
Discussion and Exercises
Reviewing the Five Steps in the Time Management Model
Using Encounter Forms and Other Time-Saving Techniques 181
Using Professional Documentation Forms 182
Putting Together Age-Specific Health Promotion Packets 182
Take-Home Message 183
Answers to the Guiding Questions
Evaluation 183
Handouts and Forms
Handout 2-1: Time Management: Managing Time for Health Promotion
Handout 2-2: Bright Futures Encounter Forms for Families, 4 Month Visit
Handout 2-3: American Academy of Pediatrics Well Child/4 Months Visit
Documentation Form 187
Handout 2-4: Session Evaluation Form 188
Facilitator Form: Facilitator Self-Assessment Form
REFERENCES
RESOURCES



# **TIME MANAGEMENT** *Managing Time for Health Promotion*

### **OVERVIEW**

### Background

oday's health professionals face intense pressures to provide health care for increasing numbers of children and their families, including many with complex medical and behavioral problems. The American Academy of Pediatrics, the Centers for Disease Control and Prevention. the U.S. Preventive Services Task Force, Bright Futures, and others have recommended providing expanded health promotion and preventive services to meet these challenges. Yet, the average time for a pediatric health visit remains 14.2 minutes. In today's health care environment, time management skills are essential tools for providing effective health supervision.

# Goals

The goal of this module is to enhance health promotion through teaching a five-step model for integrating effective time management techniques into health supervision.

This module will enable learners to:

- Apply the five-step Time Management Model to manage the health visit more efficiently
- Acquire the knowledge and skills to prioritize goals for the health visit
- Understand the role of collaboration and partnership when setting priorities for the health visit

- ▶ Use the *Bright Futures Encounter Forms for Families* as a time management tool to identify family needs and concerns, help the family prepare for the health visit, and provide guidance on important health topics
- Become familiar with the American Academy of Pediatrics' Well Child Visit Documentation Forms as an effective time management tool
- Explore the use of health promotion packets in enhancing the health visit

# Instructional Design

This module consists of two 30-minute sessions:

- Session 1 presents the five-step Time Management Model and provides opportunities to apply these steps, based on a case vignette.
- Session 2 examines the use of family encounter forms and pediatric visit documentation forms as effective time management tools for the health visit.
- Each of the two sessions can be used as a separate, stand-alone offering, or the sessions can be combined. See the Facilitator's Guide for information on combining sessions.

# **Teaching Strategies**

The teaching strategies used in this module include case discussion and brainstorming. These strategies have been selected to help learners understand and apply the five-step Time Management Model in their health encounters with children and families. Please refer to the Facilitator's Guide for more information related to each strategy.

### **Evaluation**

Learners will complete a **Session Evaluation** Form following each session. Facilitators are encouraged to complete a **Facilitator Self**-**Assessment Form** prior to and following each teaching experience (e.g., a single session or an entire module) in order to assess their performance over time.

# **Guiding Questions**

Learners who have completed the entire Time Management module should be able to answer the following questions:

- How can I deliver enhanced health promotion services in a timely manner consistent with the real-world demands of pediatric health care, including care for children with medically and socially complex needs?
- How do core concepts and skills such as building a partnership with the family improve the efficiency of providing health promotion services? Improve time management?
- How do interview questions improve the efficiency of the health visit?
- How can Bright Futures and other health promotion materials help make health visits more efficient?
- What strategies can minimize the time spent filling out forms to document the visit?

# INTRODUCTION TO TEACHING SESSIONS

## Session 1: Applying the Five-Step Time Management Model

### Objectives

The objectives for this session are for the facilitator to:

- Present the five-step Time Management Model for managing the health visit more efficiently
- Help learners acquire the knowledge and skills to prioritize goals for the health visit
- Help learners understand the role of collaboration and partnership when setting priorities for the health visit

### Materials

The materials and teaching aids needed for this session are:

### Handouts

- Time Management: Managing Time for Health Promotion
- Initial Self-Assessment of Time Management
- Case Vignette: Jacob's 4 Month Visit, Part 1
- Case Vignette: Jacob's 4 Month Visit, Part 2
- Bright Futures 4 Month Visit, Questions for the Parent(s)
- Follow-Up Self-Assessment of Time Management
- Session Evaluation Form

### Facilitator Form

Facilitator Self-Assessment Form

#### Teaching Aids

- Display board, flip chart, or chalkboard
- Markers or chalk

### Time

The time allocated for this session is 30 minutes.

# Session 2: Using Encounter and Documentation Forms As Time Management Tools

### **Objectives**

The objectives for this session are for the facilitator to:

- Demonstrate how Bright Futures Encounter Forms for Families serve as a time management tool to identify family needs and concerns, help the family prepare for the health visit, and provide guidance on important health topics
- Introduce the American Academy of Pediatrics' Well Child Visit Documentation Forms as an effective time management tool
- Emphasize the use of health promotion packets in enhancing the health visit

### Materials

The materials and teaching aids needed for this session are:

### Handouts

- Time Management: Managing Time for Health Promotion
- Bright Futures Encounter Forms for Families:
   4 Month Visit
- American Academy of Pediatrics Well Child/ 4 Months Visit Documentation Form
- Session Evaluation Form

### Facilitator Form

► Facilitator Self-Assessment Form

#### Teaching Aids

- Display board, flip chart, or chalkboard
- Markers or chalk

### Time

The time allocated for this session is 30 minutes.



# **SESSION 1:** *Applying the Five-Step Time Management Model*

F

At the beginning of the session, the facilitator and learners should introduce themselves briefly. Ideas for creative introductions can be found in the Facilitator's Guide.

# Setting the Context: The Bright Futures Concept

The facilitator (**F**) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

F The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child's full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.

### **Introducing the Session**

Before introducing the session, the facilitator distributes the handout Time Management: Managing Time for Health Promotion.

This session is the first of two that comprise the Pediatrics in Practice Time Management module. In today's complex health care environment, time management skills have become indispensable tools for health promotion.

Today's health professionals face intense pressures to provide health care for increasing numbers of children and their families, including many with complex medical and behavioral problems. The American Academy of Pediatrics, the Centers for Disease Control and Prevention, the U.S. Preventive Services Task Force, Bright Futures, and others recommend expanded health promotion and preventive services to meet these challenges. Yet, the average time for a pediatric health visit is only 14.2 minutes.

In this session, we will discuss an approach or model for managing the limited time available, in order to accomplish as many goals as possible during the health visit.

In today's session, our objectives will be to:

- Learn the five-step Time Management Model to manage the health visit more efficiently
- Acquire the knowledge and skills to prioritize goals for the health visit
- Understand the role of collaboration and partnership when setting priorities for the health visit

When we have completed the session, you should be able to answer the following questions:

- How can I deliver enhanced health promotion services in a timely manner consistent with the real-world demands of pediatric health care, including care for children with medically and socially complex needs?
- How do core concepts and skills such as building a partnership with the family improve the efficiency of providing health promotion services? Improve time management?
- How do interview questions improve the efficiency of the health visit?

### **Discussion and Exercises**

### Initial Self-Assessment Exercise

Before we begin, I am going to distribute copies of the handout Initial Self-Assessment of Time Management. Take 2 or 3 minutes to think about how frequently you use some of these time management tools. (This exercise is for your own personal use; it will not be collected.)

The facilitator initiates a brief discussion on the self-assessment exercise, using one of the following questions:



Looking at your self-assessment, let's talk about areas where we could become more time-efficient.

or:

Looking at your self-assessment, what areas seem to be most challenging for you? Why?

### Applying the Five-Step Time Management Model

The facilitator then reads or paraphrases the following:

F Time management helps us to use time in the most effective and productive way possible. The Time Management Model consists of five essential steps:

- 1. Maximize time for health promotion (by minimizing documentation time)
- 2. Clarify the health professional's goals for the visit
- 3. Identify the family's needs and concerns for the visit
- 4. Work with the family to prioritize goals for the visit
- 5. Suggest other options for addressing unmet goals

We are now going to apply this model step by step, based on the case of Jacob Downing and his mother, who have come to the clinic for Jacob's 4 month visit.

The facilitator distributes the handout Case Vignette: Jacob's 4 Month Visit, Part 1 and asks one of the learners to read it aloud.

*Maximizing Time for Health Promotion* After a learner reads the handout aloud, the facilitator reads or paraphrases:

The focus of this discussion is the implementation of each step of the model. Step 1 of the Time Management Model is to maximize time for health promotion. This can be accomplished through a range of techniques, such as using checklists and standardized documentation forms. What strategies would you, as a pediatric provider, use to minimize the time spent documenting Jacob's health visit in order to have more time to discuss the family's health concerns? Learners' responses might include the following:

- Use accurate screening and record-keeping forms to reduce documentation time.
- Ask Jacob's mother to complete standard screening forms while in the waiting room. (Bright Futures Encounter Forms for Families—described in the next session—not only help explain what happens during the visit but also help identify some of the family's health concerns.)
- Organize charts consistently for all of Jacob's health visits, to track and retrieve information easily.
- Scan or review Jacob's chart before meeting with the family.
- Train office staff to document basic information (e.g., Jacob's feeding and sleeping habits, immunization status) and to provide followup with the family.
- Combine tasks (e.g., provide some anticipatory guidance while doing the physical exam).

# *Clarifying the Health Professional's Goals for the Visit*

The facilitator moves to the display board, draws a line down the middle to create two columns, labels the first column "Health Professional's Goals," then opens the discussion.

> Step 2 of the Time Management Model is to clarify the health professional's goals for the visit. As professionals, we enter into each health visit with an agenda. We must become fully aware of our own goals as well as the family's goals for a health encounter before attempting to set priorities for the health visit. Being fully aware of this agenda is a vital step in managing health visits efficiently. In addition to completing the physical exam and necessary screening and immunizations, what goals do you, as Jacob's pediatric provider, have for this 4 month health visit?

The facilitator writes down the goals offered by the learners. The list might include:

- Promoting specific Bright Futures guidance for the 4 month visit
  - *Healthy and safe habits:* Use car seat, put baby to sleep on back, childproof home, keep one hand on baby in high places, introduce solid foods, other topics (additional Bright Futures guidance)
  - *Parent-infant interaction:* Hold, cuddle, rock baby; talk, sing, read, play music, use games and toys; keep bedtime routine, use comfort objects
  - *Family relationships:* Take time for self and with partner, involve family in baby's care, maintain contact with friends and family (see also maternal needs/coping)
  - *Community interaction:* Provide referrals; recommend play and parent support groups, community involvement
- Maternal needs and coping skills
- How to avoid getting farther behind in seeing patients

[Note to facilitator: Try to elicit a substantive list of goals to emphasize how much could be accomplished during the visit and to identify which items are reasonable to address (by setting priorities). Later in the exercise, this list forms the basis for comparing common concerns and differences between the health professional's and the family's goals, and for discussing how best to collaborate with the family to develop a realistic agenda.]

If necessary, the facilitator prompts discussion by asking additional questions:

What healthy and safe habits do you think should be addressed at a 4 month health visit?

What parent/infant interaction behaviors would you want this mother to know?

What aspects of the family relationships would be important to address?

After the initial list of health professional's goals has been completed, the facilitator reads or paraphrases:

F This list appears to have a lot in common with a menu in a restaurant. There are many good things to choose from, but no way to have them all. Bright Futures questions for parents also offer a "menu" from which the health professional can select the questions most appropriate for an individual child and family. Skillful use of these interview questions can help identify both the professional's and the family's goals for the health visit.

The facilitator distributes the handout **Bright Futures 4 Month Visit: Questions for the Parent(s)** and focuses on the role of interview questions in establishing or clarifying goals and concerns for the health visit.

# *Identifying the Family's Needs and Concerns for the Visit*

The facilitator reads or paraphrases:

Step 3 of the model is to identify the family's needs or concerns for the visit. Too often, pediatric providers hesitate to identify all of the family's health concerns for fear of getting farther behind in their schedule (like Jacob's provider in the case we just read). Identifying the family's goals and concerns for the health visit is a vital step in managing health promotion efficiently. How can you, as a pediatric provider, identify what the mother's goals might be for this visit?

Learners' responses might include the following:

- Begin by asking family-friendly, open-ended, general questions, such as:
  - "How are you today? How are things going in your family?"
  - "What is your day with Jacob like?"
  - "What do you enjoy most about Jacob?"
  - "What new things are you seeing Jacob do?"

- Follow up with specific Bright Futures interview questions for the 4 month visit, such as:
  - "How is feeding going? What do you feed Jacob?"
  - "Tell me about Jacob's sleeping habits. Do you put him to sleep on his back?"
  - "What questions or concerns do you have about Jacob?"
  - "How do you know what Jacob needs or wants. Is it easy or difficult to tell?"
  - "What have you found to be the best way to comfort him?"
  - Bright Futures materials offer a variety of open-ended and focused interview questions that are appropriate for each recommended health visit. These questions are designed to help elicit concerns and engage the family as active partners in the visit.

The facilitator distributes the handout Case Vignette: Jacob's 4 Month Visit, Part 2, asks one of the learners to read it aloud, then opens the discussion.

Now that we have identified some of the interview questions that might be particularly relevant for the Downing family, let's continue with the case. In Part 2, the health professional learns more about the family through skillful use of interview questions.

Based on what you have learned from the interview questions, what needs or concerns do you think Jacob's mother has?

The facilitator labels the second column "Family's Goals or Concerns" and lists the learners' responses, which might include:

- Adequacy and confidence in parenting
- Colic/irritability
- Sleep problems
- Relationship between mother and grandmother
- Concerns about whether Jacob's development seems "normal"
- Concerns about whether Jacob may be ill

List of Goals for Jacob's Health Visit						
Health Professional's Goals	Family's Goals or Concerns					
Promoting specific guidance for the 4 month visit	Adequacy and confidence in parenting					
• Healthy and safe habits: car seat, sleep on back, childproof home, infant safety, solid foods, other Bright Futures topics	<ul> <li>Colic/irritability</li> <li>Sleep problems</li> <li>Is Jacob ill?</li> <li>Is Jacob's development "normal"?</li> </ul>					
<ul> <li>Parent/infant interaction: hold, cuddle, rock, talk, sing, read, play; bedtime rou- tine, comfort objects</li> </ul>	Ways to soothe Jacob when he is fussy or colicky					
• Family relationships: time for self and partner, involvement of family in baby's care, contact with friends and family	Relationship between mother and grand- mother					
• Community interaction: referrals, play and parent support groups, community involvement	Additional help or support with maternal coping skills					
How to avoid getting farther behind in see- ing patients						

If necessary, the facilitator prompts discussion by asking the following question:

Do you think that Eileen has any concerns about \_? [*Note to facilitator:* Use any items on the list above.]

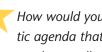
### *Reaching a Common Agenda—Working* with the Family to Prioritize Goals for the Visit

After the learners have identified a list of family goals and concerns, the facilitator continues:

> Now we have two menus—one for the health professional and one for the family. Step 4 of our model is to work with the family to prioritize goals for the visit. Differences in priorities between the health professional's and family's menus can create interactions that are ineffective, inefficient, and frustrating for both the health professional and the family.

Collaborating with the family in choosing and prioritizing which items get addressed can make the visit more effective.

The facilitator poses the following question and invites discussion to clarify how to prioritize items on the agenda:



**F** How would you go about developing a realistic agenda that meets Eileen's and Jacob's needs as well as your own priorities?

The facilitator writes down the learners' responses, which might include the following:

- Explain that the purpose of the health visit is to identify and address the family's specific concerns, and to promote Jacob's healthy growth and development.
- Identify the agenda items shared by both the family and the health professional.
- Prioritize identified concerns through familyfriendly negotiation.

- *Example:* "There are several things about Jacob we could discuss today. What would be most helpful for us to talk about?"
- *Example:* "I appreciate your concerns about \_\_\_\_\_\_. While you are here, can we also talk about ?"
- Prioritize the specific medical and health promotion concepts for the 4 month visit that are most relevant to Jacob and his mother (e.g., addressing Jacob's feeding and sleeping habits, helping Eileen gain confidence in her parenting skills). Some health promotion concepts may need to be addressed in a separate visit or follow-up phone call if the family's needs warrant.

[*Note to facilitator:* If learners need prompting in generating responses similar to those above, offer one or two sample responses to elicit suggestions. Validate any suggestions offered, because there are many ways to build consensus between the family and the health professional.]

### Suggesting Other Options for Addressing Unmet Goals

The facilitator introduces the fifth step in the Time Management Model and asks learners to suggest ways to address goals that could not be met during the visit.



Identifying and prioritizing goals and reaching a common agenda are important steps. The fifth and final step in our Time Management Model is to suggest other options for addressing unmet goals. Be sure to validate all of the family's goals, even those that could not be addressed during the health visit. What are some resources the health professional might use to deal with these unmet needs or concerns?

Learners' responses might include:

- Educational materials (print, audio, video, Internet)
- ▶ Follow-up visits or phone calls

 Referrals to other professional or community resources

### Take-Home Message

The facilitator reads or paraphrases:

This teaching session was based on a fivestep model for managing time more efficiently during the health visit.

In summary, these are the five steps:

- Maximize time for health promotion
- Clarify the health professional's goals for the visit
- Identify the family's needs and concerns for the visit
- Work with the family to prioritize goals for the visit
- Suggest other options for addressing unmet goals

In today's session we've applied these steps to a case vignette as a practical way to build time management skills in the context of health encounters. Before we conclude, what questions remain about what we addressed today?

In concluding the session, the facilitator distributes the handout Follow-Up Self-Assessment of Time Management and states:



F

F In clinical practice, this self-assessment can help you gauge your use of the time management techniques we've been discussing. This process of self-evaluation will help you remember to incorporate and actively practice these steps in health encounters with families. You might also find it helpful to list any barriers on the back of the self-assessment form.

### **Optional Discussion**

If time permits and discussion is of interest to the group, the facilitator asks:

What would you do differently if the mother's anger over being kept waiting so long presented a barrier to an effective visit? Sample responses might include:

- Apologize for keeping Jacob's mother waiting (e.g., "I'm so sorry that I'm late and have kept you waiting—there was an emergency in the neonatal ICU").
- Recognize the importance of her time (e.g., consider discounting the cost of the visit if there are out-of-pocket expenses for the mother).
- Reassure her that you are going to spend time with her and address her concerns now that you are there (e.g., sit down, assume relaxed posture, don't forego common courtesies).
- Move into collaboration as early as possible to demonstrate that the mother's concerns will be addressed.

### Answers to the Guiding Questions

- Now that we have completed this session on Time Management, you should be able to answer the following questions:
- How can I deliver enhanced health promotion services in a timely manner consistent with the real-world demands of pediatric health care, including care for children with medically and socially complex needs?
  - Enhanced health promotion services can be delivered by incorporating the five steps of the Time Management Model:

Maximize time for health promotion

Clarify the health professional's goals for the visit

Identify the family's needs and concerns for the visit

Work with the family to prioritize goals for the visit

Suggest other options for addressing unmet goals

- How do core concepts and skills such as building a partnership with the family improve the efficiency of providing health promotion services? Improve time management?
  - Partnership ensures that the highest-priority concerns for the child's health are addressed in the time available, while lower-priority concerns are met through other methods (handouts, Internet resources, follow-up phone calls, referrals).
  - When families and pediatric providers work together toward the same goals, mutual trust will develop and any differences of opinion can be resolved more quickly.
  - An effective health partnership helps the family better prepare for the health visit by anticipating and providing the information needed (interval history, health habits, special concerns), thus minimizing the time required for the provider to gather this information.
- How do interview questions improve the efficiency of the health visit?
  - Interview questions help make the health visit more efficient by:

Guiding the family into a discussion about their child's health and their health promotion needs.

Facilitating the family's meaningful participation in the health visit.

Guiding the pediatric provider in addressing age-specific pertinent health topics for the visit.

### Planning for the Next Session (if Session 2 is planned)

In the next session, we will use encounter forms and documentation forms to illustrate how such tools can enhance health promotion by minimizing the time needed to document the health visit.

To prepare for the next session, the facilitator asks the learners to consider the following questions:

- What Bright Futures or other health promotion materials might be useful in making health visits more efficient?
- What strategies or techniques have you used to minimize the amount of time spent filling out forms to document the visit?

### **Evaluation**

The facilitator now distributes the **Session Evaluation Form.** The facilitator also completes the **Facilitator Self-Assessment Form.** 

# TIME MANAGEMENT: MANAGING TIME FOR HEALTH PROMOTION

#### 1. Maximize time for health promotion.

- Use accurate methods that minimize documentation time
- Ask family to complete forms in waiting area
- Organize chart in consistent manner
- Scan chart before meeting with the child and family
- Train staff to elicit information and to provide follow-up with family

#### 2. Clarify health professional's goals for visit.

- Review screening forms and other basic health data
- Observe parent-infant interaction
- Clarify key issues for visit Example: Review age-appropriate anticipatory guidance.
- Identify needs, then rank them in order of importance

#### 3. Identify family's needs and concerns for visit.

- Selectively use Bright Futures general and age-appropriate interview questions
- Include open-ended questions to draw family into visit Example: "Tell me about Sabrina's sleeping habits. What position does she sleep in?" (Elicits more than yes/no answer, and presents "teachable moment" on "Back to Sleep" and SIDS.)

#### 4. Work with the family to prioritize goals for visit.

- Explain purpose of visit (identify, address specific concerns and overall health and development)
- Identify family's and health professional's shared goals
- Prioritize needs through family-friendly negotiation *Example: "I appreciate your concerns about \_\_\_\_\_. While you are here, I would also like to talk about \_\_\_\_\_."*

#### 5. Suggest other options for addressing unmet goals.

- Acknowledge importance of issues that could not be fully addressed during the visit
- Offer additional resources (handouts, audiotapes, videotapes, Web-based materials)
- Suggest a follow-up visit or phone call Example: "I'm sorry we weren't able to talk about \_\_\_\_\_\_ during today's visit. Could I call you one afternoon next week to follow up on that?" Or: "Would you be able to come back next week so we could talk more about that?"
- Provide referral to professional or community resource *Example: "I know we haven't had a chance to cover your concern about \_\_\_\_\_ today. Would you like to pursue it with a specialist in that area?"*

*Source:* Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—*Pocket Guide.* Arlington, VA: National Center for Education in Maternal and Child Health.



# INITIAL SELF-ASSESSMENT OF TIME MANAGEMENT

Question: How often do you use the following time management techniques in your clinical practice?

Time Management Techniques	Frequency of Use				
	Almost Never	Sometimes	Frequently	Always	
Use record-keeping methods that keep accurate documenta- tion time to a minimum					
Clarify health professional's goals for the health visit					
Elicit the child's and family's goals and needs for the visit					
Collaborate with the family to prioritize goals for the visit					
Identify alternative ways of deal- ing with goals that could not be addressed during the visit					

# CASE VIGNETTE: JACOB'S 4 MONTH VISIT, PART 1

You arrive 30 minutes late for your clinic appointments because of the unstable condition of an infant in the NICU.

Three families are already waiting for their scheduled appointments. The first appointment is with Jacob Downing and his mother, who are here for Jacob's 4 month health visit.

When you enter the room, you notice that Jacob is fussing in his infant seat on the examining table. His mother, Eileen, is sitting on the other side of the room with a frown on her face, arms folded across her chest. This is your second health encounter with the Downing family.



# BRIGHT FUTURES 4 MONTH VISIT: QUESTIONS FOR THE PARENT(S)

### Questions for the Parent(s)

- What new things is Bobby doing?
- What questions or concerns do you have today?
- How do you know what Bobby needs or wants? Is it easy or difficult to tell?
- What have you found to be the best way to comfort him?
- How is feeding going? What do you feed Bobby?
- Tell me about Sabrina's sleeping habits. Do you put her on her back to sleep?
- Does Sabrina ride in a rear-facing infant safety seat in the back seat of the car?
- Do you think Sabrina hears all right? Sees all right?
- Do you know how to reduce the risk of lead hazards if you live in an older or recently renovated home?
- Have you returned to work or school? Do you plan to do so? What are your child care arrangements?
- Do you know what to do in case of an emergency? Do you know first aid and infant CPR?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

*Source:* Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—*Pocket Guide.* Arlington, VA: National Center for Education in Maternal and Child Health.

# CASE VIGNETTE: JACOB'S 4 MONTH VISIT, PART 2

B ased on Eileen's responses to specific interview questions, you learn that Jacob has had intermittent and increasing fussiness for the past several weeks. He has also been waking more frequently at night.

You also learn that Eileen's mother, with whom Jacob and Eileen live, has told her daughter that Jacob has colic because she isn't taking good enough care of him.



# FOLLOW-UP SELF-ASSESSMENT OF TIME MANAGEMENT

Time Management Self-Assessment							
Health Visit1234							
I minimized documentation time.							
I clarified my professional goals for the health visit.							
I identified the family's and child's concerns for the visit.							
I prioritized the goals for the visit by collaborating with the family and child.							
I used alternative ways of dealing with goals that could not be addressed in the visit.							

LIST BARRIERS ON BACK

# **SESSION EVALUATION FORM**

### Session 1: Applying the Five-Step Time Management Model

Date:	
Facilitator(s):	 
Site:	 

1.	Overall, I found the "Applying the Five-Step Time		Useful	Ve	ery Use	eful
	Management Model" session to be:	1	2	3	4	5
2.	The objectives of the session were:	Not	Clear		Cl	ear
		1	2	3	4	5
3.	The organization of the session was:	Ροοι	•		Excell	ent
		1	2	3	4	5
4.	The communication skills of the facilitator(s) were:	Ροοι			Excell	ent
		1	2	3	4	5
5.	The facilitator(s) stimulated interest in the subject matter:	Not	at All	V	ery Mi	uch
		1	2	3	4	5
6.	The facilitator(s) encouraged group participation:	Not at All		Very Much		
		1	2	3	4	5
7.	Handouts or visual aids (if used) were:	Not	Helpful	Ver	y Help	oful
		1	2	3	4	5
8.	Any additional comments?					
9.	The most useful features of the session were:					
10	. Suggestions for improvement					

#### 11. Suggestions for topics related to this session

# FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

*Source:* Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide.* San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



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At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 1, the facilitator may decide that introductions are not needed.) Ideas for creative introductions can be found in the Facilitator's Guide.

# Setting the Context: The Bright Futures Concept

(May be omitted if recently presented or when sessions are combined.)

The facilitator (**F**) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

> The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child's full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.

### **Introducing the Session**

Before introducing the session, the facilitator distributes the handout **Time Management: Managing Time for Health Promotion.** The facilitator may choose not to distribute the handout if it was recently given to the same learners.

> Today's session is the second of two that comprise the Pediatrics in Practice Time Management module. In the first session, we defined time management as a set of common-sense skills that help us to use time in the most effective and productive way possible. We presented a five-step model for managing time during the health visit. [Optional: Your Time Management handout outlines these steps.] The first step in that model is to maximize time for health promotion by using accurate methods that minimize documentation time.

In today's session, our objectives will be to:

- Use Bright Futures Encounter Forms for Families as a time management tool to identify family needs and concerns, help the family prepare for the health visit, and provide guidance on important health topics
- Become familiar with the American Academy of Pediatrics' Well Child Visit Documentation Forms as an effective time management tool
- Explore the use of health promotion packets in enhancing the health visit

When we have completed the session, you should be able to answer the following questions:

- How can Bright Futures and other health promotion materials help make health visits more efficient?
- What strategies can minimize the time spent filling out forms to document the visit?

### **Discussion and Exercises**

The facilitator distributes the handouts **Bright Futures Encounter Forms for Families, 4 Month Visit** and **American Academy of Pediatrics (AAP) Well Child/4 Months Visit Documentation Form.** (Both handouts include pertinent information based on the Jacob Downing case vignette discussed in Session 1.)

F

Easy-to-use forms and educational materials are an important part of providing efficient health promotion care. Bright Futures and the American Academy of Pediatrics offer timesaving materials designed to gather and record important information for the health visit.

These handouts provide the same kind of information that you would have at the beginning of a 4 month health visit in an office or clinic using Bright Futures Encounter Forms for Families (available in English and in Spanish) and AAP's Well Child Visit Documentation Forms. Jacob's mother listed her concerns on the encounter form that she filled out in the waiting room. Professional staff have weighed and measured Jacob, taken his temperature, and recorded the information on the documentation form.

Based on our case vignette in Session 1, you may recall that you have arrived 30 minutes late for your clinic appointments because of an infant in the NICU. Three families are already waiting for their scheduled appointments. Your first appointment is with Jacob Downing and his mother, who are here for Jacob's 4 month health visit. Take a moment to look over the information on Jacob Downing.

# Reviewing the Five Steps in the Time Management Model

After allowing a few minutes for learners to familiarize themselves with the forms and review the data entered on the forms, the facilitator continues:

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Before exploring how these forms can be used as time management tools, let's briefly review the five steps of the Time Management Model:

- Maximize time for health promotion (by minimizing documentation time)
- Clarify the health professional's goals for the visit
- Identify the family's needs and concerns
- Work with the family to prioritize goals for the visit
- Suggest other options for addressing unmet goals

### Using Encounter Forms and Other Time-Saving Techniques

As pediatric providers who are experiencing the pressure of time, what steps would you take to complete Jacob's visit in a timely manner?

The learners' responses might include the following:

- Have parents complete encounter forms in the waiting room, then scan the forms before the health visit to identify any special concerns (for example, concerns about Jacob's sleep habits and colic)
- Use encounter forms for families to help explain the health visit and encourage families to identify questions or concerns they want to discuss

- Use encounter forms for families to provide anticipatory guidance on topics of special concern, such as introducing solid foods or avoiding injury by keeping one hand on the baby in high places (see "Things to Keep in Mind Between Now and the Next Visit")
- Train professional staff to help share information with the family
- Begin the physical examination while addressing some of the agenda items
- Use handouts or other patient education materials (for example, AAP's patient education handouts on sleep, feeding, other topics)
- Plan specific follow-up to address issues that could not be covered during the visit

[*Note to facilitator:* You may want to contribute your own "tried-and-true" methods, based on your professional experience.]

### Using Professional Documentation Forms

After brief discussion, the facilitator continues:

This may be the first time that you have considered using pediatric visit documentation forms, which can minimize record-keeping time. Considering the time constraints around Jacob's visit, how can the documentation forms help accomplish the goals of the visit?

The learners' responses might include the following:

- Documentation forms allow the health professional to "capture" or record all essential data and information for the visit on one page
- Standardized checklists for the physical exam, anticipatory guidance, and review of "systems" (feeding, sleep, behavior) require less visit preparation time and allow more time to focus on the child and family
- Developmental milestones and anticipatory guidance topics serve as quick-reference checkpoints for age-specific items

### Putting Together Age-Specific Health Promotion Packets

After brief discussion, the facilitator continues:

In addition to using encounter and documentation forms, you may want to consider putting together a packet of age-specific materials that will help maximize health promotion time during the visit. Examples of these materials are listed in the Resources section of this module. For example, the Bright Futures pocket guide features effective open-ended interview questions for each recommended health visit.

In Session 1, we used Questions for the Parent(s) to help identify goals and priorities for the 4 month visit. Bright Futures materials typically provide a menu of options. Not all items need to be covered during the visit. Using the time management steps we have discussed can help identify which items are relevant for a specific family and their health visit.

[*Note to facilitator:* Allow time for discussion. This is an opportune time to mention patient education materials that would help the pediatric provider meet health promotion goals that might not be fully addressed because of time constraints. In addition to the Bright Futures and AAP resource materials listed under Resources at the end of the module, the use of communitybased or customized patient education materials can be encouraged.]

Since families are also health partners, what are some ways that you could incorporate the family perspective on these packets?

Sample responses might include:

- Invite one or more families to review available materials and identify which ones are most helpful
- Ask families what educational materials they are already using and finding helpful

Pilot-test a health promotion packet you've already put together by using it during the health visit, then talking with the family about how the materials met their needs, what information (if any) was missing, and whether the materials were easy to understand

### Take-Home Message

Effective, well-designed documentation forms and encounter forms can help health professionals identify concerns quickly, minimize writing time, and adequately document the health visit. Such forms can be the basis of a health promotion packet that serves the needs of both pediatric providers and families. The reference and resource lists at the end of this module offer suggestions for both professional and family materials that might be valuable additions to your health promotion packet. Before we conclude, what questions remain about what we addressed today?

### Answers to the Guiding Questions

Now that we have completed this session on Time Management, you should be able to answer the following questions:

- How can Bright Futures and other health promotion materials help make health visits more efficient?
  - *Bright Futures Encounter Forms for Families,* which are available in English and in Spanish, help families prepare for the health visit, identify issues or concerns they may want to discuss with the pediatric provider, and offer guidance on health topics.
  - AAP Well Child Visit Documentation Forms provide standard checklists for key components of the health visit and capture essential data on one page.

- What strategies can minimize the time spent filling out forms to document the visit?
  - Ask parents to complete family encounter forms in waiting room.
  - Use professional documentation forms to capture all essential data for visit.
  - Use handouts or other patient education materials.
  - Begin the physical examination while still addressing some of the agenda items.
  - Train professional staff to help elicit and share health information with the family.
  - Make plans for follow-up to address other issues.

### **Evaluation**

The facilitator now distributes the **Session Evaluation Form.** The facilitator also completes the **Facilitator Self-Assessment Form.** 

# TIME MANAGEMENT: MANAGING TIME FOR HEALTH PROMOTION

#### 1. Maximize time for health promotion.

- Use accurate methods that minimize documentation time
- Ask family to complete forms in waiting area
- Organize chart in consistent manner
- Scan chart before meeting with the child and family
- Train staff to elicit information and to provide follow-up with family

#### 2. Clarify health professional's goals for visit.

- Review screening forms and other basic health data
- Observe parent-infant interaction
- Clarify key issues for visit Example: Review age-appropriate anticipatory guidance.
- Identify needs, then rank them in order of importance

#### 3. Identify family's needs and concerns for visit.

- Selectively use Bright Futures general and age-appropriate interview questions
- Include open-ended questions to draw family into visit Example: "Tell me about Sabrina's sleeping habits. What position does she sleep in?" (Elicits more than yes/no answer, and presents "teachable moment" on "Back to Sleep" and SIDS.)

#### 4. Work with the family to prioritize goals for visit.

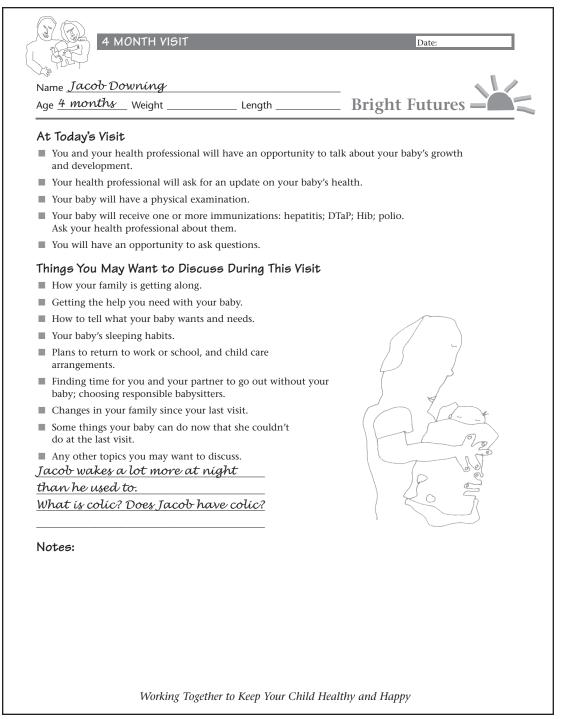
- Explain purpose of visit (identify, address specific concerns and overall health and development)
- Identify family's and health professional's shared goals
- Prioritize needs through family-friendly negotiation *Example: "I appreciate your concerns about \_\_\_\_\_. While you are here, I would also like to talk about \_\_\_\_\_."*

#### 5. Suggest other options for addressing unmet goals.

- Acknowledge importance of issues that could not be fully addressed during the visit
- Offer additional resources (handouts, audiotapes, videotapes, Web-based materials)
- Suggest a follow-up visit or phone call Example: "I'm sorry we weren't able to talk about \_\_\_\_\_\_ during today's visit. Could I call you one afternoon next week to follow up on that?" Or: "Would you be able to come back next week so we could talk more about that?"
- Provide referral to professional or community resource *Example: "I know we haven't had a chance to cover your concern about \_\_\_\_\_ today. Would you like to pursue it with a specialist in that area?"*

*Source:* Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—*Pocket Guide.* Arlington, VA: National Center for Education in Maternal and Child Health.

# BRIGHT FUTURES ENCOUNTER FORMS FOR FAMILIES, 4 MONTH VISIT



(continued on next page)

# BRIGHT FUTURES ENCOUNTER FORMS FOR FAMILIES, 4 MONTH VISIT (continued)

Name Jacob Downing	Bright Futures
<ul> <li>Things to Keep in Mind Between Now and the New</li> <li>Childproof your home. Keep medicines, cleaning aids, sma sockets, cords, and guns out of your baby's reach.</li> <li>Keep the number of your local poison control center hand, use it only when the poison control center or your health is</li> <li>Do not put your baby in a baby walker at any age.</li> <li>Always keep one hand on your baby, and do not leave him</li> <li>Introduce solid foods gradually (one per week). Start with i (fruits or vegetables, then meats).</li> <li>Do not put your baby to bed with a bottle or prop it in here</li> <li>Establish a bedtime routine, and put your baby to bed whii</li> <li>Encourage your partner and other children to help out witt</li> <li>How to Prepare for the Next Visit</li> <li>Share with family members and other caregivers what you?</li> <li>Keep track of illnesses and injuries, including visits to othe</li> <li>Be prepared to share information about your baby's other caregivers with the health professional.</li> </ul>	<b>kt Visit</b> Ill or sharp objects, plastic bags, balloons, y. Obtain a bottle of ipecac syrup but professional tells you to. a alone in the bathtub or on high places. ron-fortified baby cereal, then pureed foods r mouth. le he's awake. h the baby. 've learned at today's visit. r health facilities and the emergency room. le allergies to food or medication.
<ul> <li>Keep a list of topics you would like to discuss at your next</li> <li>What to Expect at the Next Visit</li> <li>Your baby will have a physical examination.</li> <li>Your baby will receive one or more immunizations.</li> <li>Notes:</li> </ul>	visit.

*Source:* Reproduced with permission from National Center for Education in Maternal and Child Health. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents—Encounter Forms for Families* (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health.



# AMERICAN ACADEMY OF PEDIATRICS WELL CHILD/4 MONTHS VISIT DOCUMENTATION FORM

		DATE (TIME				
ACCOMPANIED BY		DATE/TIME		Name		
Eileen Downir	ig, mother			Jacob Downing		
DRUG ALLERGIES	CI	JRRENT MEDICATIONS		ID NUMBER		
WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	TEMPERATURE	BIRTH DATE	AGE	
5.4 Kg (10th%) See growth chart.	59 cm (5th%	) 42 cm	99.4		4 months	M F
History				Physical Examination		
Concerns and question				14PES/RED REFLEX/STRABISMUS/ 14BE APPEARS TO SEE 1GEN 14ARS/APPEARS TO HEAR 1M 1NOSE 1FE 1MOUTH AND THROAT	RT 1BACK ORAL PULSES 1SKIN JOMEN 1NEUR ITALIA ALE/TESTES DOWN MALE	emities/HIPS 
Interval history	1None			Abnormal findings and comments _		
Social/Family	History			Assessment		
See Initial History Que		o interval change _		1 Well child		
Family situation		o interval change _				
Parents working outsid	e home: 1 Mo	other 1 Fathe	r			
Child care: 1 Yes	ıNo Ty	rpe				
				Anticipatory Guidance		
Changes since last visit				Discussed and/or handout given		
Review of Syst See Initial History Que 1 No interval change Changes since last visit	stionnaire and Pro	oblem List.		JULTRITION JELIMINATION JMIK JELEP IBreastfeeding JBEHAVIOR AN I-formula (supple Jocial ment or if not JCommunicati breastfed) JPhysical Jolid foods JWhen and how to add JNo honey	iAuto D DEVELOPMENT Burn: Sm	ioke detectors
Nutrition: 1Breast	1 Bottle			Plan		
Formula Solid foo	ds	Ounces/da	ıy	Immunizations (See Vaccine Administ		
Source of Elimination: 1NL _	f water	Vitamins				
Sleep: INL				Follow-up/Next visit		
Behavior: 1NL						
Toxic exposure:	Passive smoking	⊥Yes ⊥No		Print Name	Signatu	Ire
Development 1GROSS MOTOR 1Holds head erect Paises body on hands wi head up 1Rolls front to back	JFINE MOTOR JReaches for JBrings hand JSENSORY JResponds t JFollows obj	and 1Co ts 1Blo is together "ra 1SOCI o sounds 1Soc	ows bubbles, makes aspberry sounds"	Print Name NURSE PHYSICIAN	Signatu	
	,					
American A	Academy	f Pediatrics				

Documentation Form. Elk Grove Village, IL: American Academy of Pediatrics.

### SESSION EVALUATION FORM

### Session 2: Using Encounter and Documentation Forms As Time Management Tools

Date:	
Facilitator(s):	 
Site:	 

1. Overall, I found the "Using Encounter and Documenta-	Not	Useful	Ve	ery Use	eful	
tion Forms As Time Management Tools" session to be:	1	2	3	4	5	
2. The objectives of the session were:		Clear	Clear			
	1	2	3	4	5	
3. The organization of the session was:	Poor			Excell	ent	
	1	2	3	4	5	
4. The communication skills of the facilitator(s) were:	Poor			Excell	ent	
	1	2	3	4	5	
5. The facilitator(s) stimulated interest in the subject matter:	Not	at All	V	ery M	uch	
	1	2	3	4	5	
6. The facilitator(s) encouraged group participation:		Not at All		Very Much		
	1	2	3	4	5	
7. Handouts or visual aids (if used) were:	Not Helpful		Very Helpful		oful	
	1	2	3	4	5	
8. Any additional comments?						
9. The most useful features of the session were:						
10. Suggestions for improvement						

#### 11. Suggestions for topics related to this session

# FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

*Source:* Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide.* San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).

### References

- American Academy of Pediatrics. 2002. *Well Child/4 Months Visit Documentation Form.* Elk Grove Village, IL: American Academy of Pediatrics.
- Bartlett EE. 1999. Always running behind? Try these time-management tips. *Medical Economics* 76(4):83, 86, 91.
- Benjamin JT, Cimino SA, Hafler JP, Bright Futures Health Promotion Work Group, Bernstein HH.
  2002. The office visit: A time to promote health but how? *Contemporary Pediatrics* 19(2):90–107.
- Bonfield A, prod. 2000. *Bright Futures: Health Supervision of Infants, Children, and Adolescents* [videotape, part of the Pediatrics in Practice health promotion curriculum]. Sharon, MA: Biomedical Video and Multimedia.
- Glascoe FP, Oberkalid F, Dworkin PH, Trimm F. 1998. Brief approaches to educating patients and parents in primary care. *Pediatrics* 101(6):E10.
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- Maher CA. 1982. Time management training for providers of special services. *Exceptional Children* 48(6):523–528.
- National Center for Education in Maternal and Child Health. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents— Encounter Forms for Families* (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health.
- Schroeder RE. 1998. Using time management to achieve balance. *Medical Group Management Journal* 45(6):20–26, 28.

### **Resources**

# American Academy of Pediatrics (Selected Materials)

Descriptions of materials and ordering information available online at www.aap.org.

- American Academy of Pediatrics. 1997. *Guidelines for Health Supervision III*. Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics. 1994–. *The Injury Prevention Program (TIPP)*. Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics. 2000. *Patient Education on CD-ROM* (2nd ed.). Elk Grove Village, IL: American Academy of Pediatrics.

#### **Bright Futures (Selected Materials)**

Descriptions of materials and ordering information available online at www.brightfutures.org. Many materials can be viewed online and downloaded.

- Jellinek M, Patel BP, Froehle MC, eds. 2002. *Bright Futures in Practice: Mental Health* (2 vols.). Arlington, VA: National Center for Education in Maternal and Child Health.
- National Center for Education in Maternal and Child Health. 2002. *Bright Futures Child Health Record: From Birth Through 6 Years of Age* [English or Spanish]. Arlington, VA: National Center for Education in Maternal and Child Health.
- National Center for Education in Maternal and Child Health. 2002. *Bright Futures Nutrition Family Fact Sheets* [English or Spanish]. Arlington, VA: National Center for Education in Maternal and Child Health.
- National Center for Education in Maternal and Child Health. 2001. *Bright Futures Family Tip Sheets.* Arlington, VA: National Center for Education in Maternal and Child Health.
- National Center for Education in Maternal and Child Health. 1996. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents— Anticipatory Guidance Cards*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Patrick K, Spear B, Holt K, Sofka D. 2001. *Bright Futures in Practice: Physical Activity.* Arlington, VA: National Center for Education in Maternal and Child Health.
- Story M, Holt K, Sofka D, Clark EM. 2002. Bright Futures in Practice: Nutrition—Pocket Guide.Arlington, VA: National Center for Education in Maternal and Child Health.