



Health Promotion

Promoting Health and Preventing Illness

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HEALTH PROMOTION

Promoting Health and Preventing Illness

OVERVIEW

Background

Child health professionals are in a unique position to promote health and prevent illness. They have frequent interactions with children and families, particularly in the early years. These encounters give child health professionals ample opportunities to observe, listen to, and recognize issues in promoting health and preventing illness. Because families often hesitate to initiate discussions on these topics, it is essential that child health professionals identify and focus on the needs and concerns of each child and family. Determining relevant health promotion topics; personalizing guidance; making use of family and community resources; and achieving partnership and understanding with the family are all fundamental components of effective health promotion and illness prevention.

Goal

The overall goal of this module is to encourage openness between the child health professional, child, and family by emphasizing the importance of tailoring health care to fit the individual and of recognizing pertinent health promotion and illness prevention issues.

This module will enable learners to:

- ▶ Ask effective interview and follow-up questions
- ▶ Determine relevant health promotion and illness prevention topics

- ▶ Provide personalized guidance
- ▶ Use family and community resources
- ▶ Identify and overcome barriers to optimal health care

Instructional Design

This module consists of three 30-minute sessions.

- ▶ Session 1 introduces the effective use of interview and follow-up questions and presents useful approaches to providing personalized guidance.
- ▶ Session 2 reinforces the use of effective questions and focuses on the identification and use of family and community resources.
- ▶ 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.
- ▶ Session 3 is optional and elaborates on the information taught in the previous two sessions.

Teaching Strategies

The teaching strategies used in this module include case discussion, reflective exercise, and brainstorming. These strategies have been selected to help learners develop the skills required to convey meaningful health-promoting messages and strategies for each health care encounter with children and their 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.

In addition, three optional evaluation forms—a **Preceptor Structured Observation Form**, a **Learner Self-Assessment Form**, and a **Patient and Family Survey Form**—are included at the end of each session. These forms can be used following each session and/or following the completion of the entire module.

Guiding Questions

Learners who have completed the entire Health Promotion module should be able to answer the following questions:

- ▶ How can I effectively identify relevant health promotion and illness prevention topics?
- ▶ How can I ensure that I give personalized guidance?
- ▶ How can I identify and use family and community resources to promote health and prevent illness?

INTRODUCTION TO TEACHING SESSIONS

Session 1: Identifying Relevant Health Promotion Topics

Objectives

The objectives for this session are for the facilitator to:

- ▶ Introduce the effective use of interview and follow-up questions in determining the health promotion topics important to each family

- ▶ Present useful approaches to providing personalized guidance, directing families to community resources, and achieving understanding with the family

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Health Promotion: Promoting Health and Preventing Illness
- ▶ Case Vignette: Manuel's Anemia Referral
- ▶ Age-Specific Interview and Follow-up Questions
- ▶ Session Evaluation Form
- ▶ Preceptor Structured Observation Form (optional)
- ▶ Learner Self-Assessment Form (optional)
- ▶ Patient and Family Survey Form (optional)

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: Asking Questions and Identifying Resources

Objectives

The objectives for this session are for the facilitator to:

- ▶ Review the importance of asking open-ended interview questions and recognizing verbal and nonverbal cues
- ▶ Encourage the use of family and community resources in promoting health and preventing illness

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Health Promotion: Promoting Health and Preventing Illness
- ▶ Case Vignette: Antoine's 2 Week Visit
- ▶ Session Evaluation Form
- ▶ Preceptor Structured Observation Form (optional)
- ▶ Learner Self-Assessment Form (optional)
- ▶ Patient and Family Survey Form (optional)

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 3 (Optional): A Reflective Exercise

Objectives

The objectives for this session are for the facilitator to:

- ▶ Encourage learners to relate their own experiences with health promotion and illness prevention
- ▶ Give learners the opportunity to apply their skills in asking interview and follow-up questions, giving personalized guidance, and incorporating family and community resources to their cases
- ▶ Invite learners to share effective methods for overcoming health care barriers

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Health Promotion: Promoting Health and Preventing Illness
- ▶ Reflective Exercise
- ▶ Alternate Case Vignettes (if reflective exercise is not chosen)
- ▶ Session Evaluation Form
- ▶ Preceptor Structured Observation Form (optional)
- ▶ Learner Self-Assessment Form (optional)
- ▶ Patient and Family Survey Form (optional)

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:

Identifying Relevant Health Promotion Topics

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 **Health Promotion: Promoting Health and Preventing Illness** to the learners.

F *Today’s session is the first of three that comprise the Pediatrics in Practice Health Promotion module.*

As child health professionals, you are in a unique position to promote health and prevent illness. You have frequent interactions with children and families, particularly in the early years. These encounters give you ample opportunities to observe, listen to, and recognize issues in promoting health and preventing illness. Families may have questions about the seriousness of an illness; concerns about expenses; anxiety about child care issues; family issues such as divorce or separation; work-related issues; or even concerns about their own fitness as parents. Because families often hesitate to initiate discussions on these topics with child health professionals, it is essential that you identify and focus on the needs and concerns of each child and family.

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

- ▶ *Focus on the importance of asking open-ended interview and directed follow-up questions in order to elicit a family’s concerns during a health visit*
- ▶ *Examine a specific case to demonstrate the use of interview and follow-up questions to promote health and prevent illness*

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

- ▶ How can I effectively identify relevant health promotion and illness prevention topics?
- ▶ How can I ensure that I give personalized guidance?

The facilitator distributes copies of the case vignette handout **Manuel's Anemia Referral** to learners and either reads the case aloud or asks one of the learners to do so.

F *This case about Manuel will demonstrate how asking open-ended questions, followed by asking focused questions, can help to identify problems specific to each child.*

Discussion and Exercises

Use of Interview Questions

Ask Open-ended Interview Questions

The facilitator asks the learners one or more of the following questions:

- F** ▶ *What are your impressions and reactions to this case?*
- ▶ *What might you want to address and explore further?*
 - ▶ *What questions would you ask and how would you ask them?*

The facilitator records the learners' answers on a display board. Some responses might include:

- ▶ Adequacy of diet
- ▶ Past medical history
- ▶ Family and social history

F *What are some nonjudgmental interview questions you would want to ask the mother?*

The facilitator again records the learners' responses as they brainstorm about possible questions to ask Manuel's mother.

If the learners are not responding, the following are examples of appropriate interview questions that might be used to stimulate discussion:

About diet:

- ▶ Please tell me what Manuel usually eats each day. What kinds of food does he like?

About past medical history:

- ▶ Please tell me about your pregnancy, labor, and delivery.
- ▶ What concerns do you have about Manuel's health now? Have you had any in the past?
- ▶ What aspects of his behavior worry you?

About social and family history:

- ▶ Who lives with you and Manuel in your home?
- ▶ Tell me about where you are living now.

After the questions are listed on the display board, the facilitator asks the learners:

F *Which questions do you think were the most effective interview questions? Which were less effective?*

The facilitator summarizes by noting:

- F** ▶ *Effective questions are open ended and nonjudgmental.*
- ▶ *Good questions allow the child health professional to ask follow-up questions.*
 - ▶ *Ineffective questions are those that invite yes or no answers and may imply judgment of behaviors.*

The facilitator continues the session, telling the learners that the open-ended questions revealed the following information:

- F** ▶ *Beatrice's husband left her 6 months ago.*
- ▶ *Beatrice and Manuel moved in with Beatrice's sister and her children.*
 - ▶ *The living conditions in the apartment are not good. There is often no heat, and the paint is peeling.*

- ▶ *Beatrice is quite concerned about the effects of this situation on Manuel.*

Ask Directed Follow-up Questions

F *Your initial questions have disclosed the family's concerns. The next step is to ask directed follow-up questions that will elicit more information from the family.*

Examples:

About diet:

- ▶ What does Manuel eat for breakfast? For lunch? And for dinner?
- ▶ Children seem to put everything in their mouths. Have you ever seen Manuel or his cousins eat any of the peeling paint in the apartment?

About medical history:

- ▶ You've already told me about your pregnancy with Manuel. Was he delivered on time or was he born early? How much did he weigh?
- ▶ Do you think he's growing like other children his age, or do you think there's a difference?
- ▶ Has Manuel ever been tested for anemia or lead poisoning? If so, do you remember the results?

About social and family history:

- ▶ What changes have moving in with your sister brought for you and Manuel?
- ▶ Is Manuel's father involved in his care at all?
- ▶ Have your sister's children ever had problems with anemia or lead poisoning?

The facilitator tells the learners that the directed follow-up questions have provided the following additional information:

- F** ▶ *Beatrice has noticed that Manuel and her sister's children have eaten some of the paint chips.*
- ▶ *Beatrice has been concerned about Manuel's development.*

- ▶ *Manuel has never been anemic or had lead poisoning.*
- ▶ *Beatrice must support herself since Manuel's father is no longer in the picture.*

The facilitator also reveals:

F *When Manuel's lab results return the next day, they show that his hemoglobin is low at 10.8 gms%, and his venous lead level is quite elevated at 45 mcg/dl.*

In this example, we see that the initial open-ended interview questions, combined with the more-specific, directed follow-up questions, uncovered the needed diagnosis of lead poisoning.

Using the display board, the facilitator creates the following chart to compare the two types of questions and to clarify the major differences.

Interview Questions	Directed Follow-up Questions
<ul style="list-style-type: none"> • Are open ended • Are nonjudgmental • Allow for follow-up questions 	<ul style="list-style-type: none"> • Focus the discussion • Seek specific information • Can be answered with yes or no

Working with the Family

Give Personalized Guidance

F *When the family returns to get Manuel's laboratory results, you will want to help them understand the information and to provide personalized guidance.*

How would you share this information with the family?

Some examples might include:

- ▶ Explain the results of the WIC evaluation and the laboratory results.
- ▶ Explain that when a child has an elevated blood lead level, the Department of Health is contacted to assist in checking the home. Explain that the family should be helped in finding other housing while the lead is being removed.

- ▶ Advise Beatrice that Manuel’s cousins should be tested for lead poisoning.
- ▶ Discuss the need to temporarily remove Manuel and his family from the apartment if peeling paint or another source of lead is found.

F *While it’s important that you explain the medical aspects of the case (such as interventions), you also want to involve the family in the discussion about how to deal with the problem.*

Incorporate Family and Community Resources

F *The facilitator asks the learners to suggest various resources that could be used in this case. To help focus the discussion, the facilitator writes on the display board the following words: “Child/Family—Community.”*

Listed below are some possibilities that the learners might suggest for each category:

Child and family:

- ▶ Arrange to have the amount of lead in the apartment analyzed.
- ▶ If the apartment shows a large amount of lead, discuss options available to Beatrice and her sister (either remove the source of the lead or move out of the apartment).
- ▶ Discuss the problem with the family’s landlord and with the local health department.

Community:

- ▶ Work with the local health department to identify other children in the building who might have been exposed.
- ▶ Work with the health department to identify areas of high lead and try to get the problem corrected.
- ▶ Serve as a referral site for testing other children.

Come to Closure with the Family

F *At the end of the visit, you want to be sure that the family understands what is being done and what has been decided.*

What would be a good way to end the health visit?

Possible examples might include the following:

- ▶ What questions do you have about what we discussed today?
- ▶ What other concerns do you have about your child’s health?

F *Answers to these questions might identify barriers to the guidance you have given and the care you have prescribed.*

Examples of such barriers include:

- ▶ Lack of transportation
- ▶ Poor relationship with the landlord
- ▶ Limited financial assistance to find alternative housing

Take-Home Message

The facilitator ends the session with the following:

F *The case vignette in this session demonstrates the importance of good interview questions, careful listening, and specific follow-up questions in identifying relevant health promotion topics.*

Without the right interview questions, a child health professional might not have been aware that Beatrice had recently moved in with her sister and that Manuel was at risk for lead poisoning. This case also illustrates techniques that you, as a child health professional, can use to involve the family and community in handling a health promotion or illness prevention issue. Before we conclude, what questions remain about what we addressed today?

The facilitator then distributes the **Age-Specific Interview and Follow-up Questions** handout and says:

F *This handout illustrates sample interview and follow-up questions (adaptable for use with parents). Please review the handout, and if you have any questions, we can answer them during clinic today or at another time.*

Answers to the Guiding Questions

F *Now that we have completed this session on Health Promotion, you should be able to answer the following questions:*

- ▶ How can I effectively identify relevant health promotion and illness prevention topics?
 - Ask effective open-ended and non-judgmental interview questions to obtain information
 - Ask directed follow-up questions to focus the discussion and communicate understanding
 - Listen to and recognize nonverbal cues during encounters with patients and families
- ▶ How can I ensure that I give personalized guidance?
 - Introduce new information and reinforce healthy practices based on responses to your questions and facts obtained in the medical, social, and family history
 - Identify and address any barriers to care

The facilitator explains:

F *The child health professional, the family, or the community might present a barrier to optimal health care. The following are some examples:*

The child health professional may:

- ▶ Encounter lack of trust by the family

- ▶ Lack confidence in the role of child health professional
- ▶ Experience scheduling difficulties
- ▶ Lack adequate time with patients

The family may:

- ▶ Be afraid or anxious
- ▶ Lack information or be in denial
- ▶ Have inadequate resources
- ▶ Experience spousal, grandparent, or sibling problems

The community may:

- ▶ Not have pediatric and family-centered hospitals
- ▶ Lack responsive social services

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

F *In our next session, we will look at another case and review the importance of asking open-ended and follow-up questions. We will also discuss the use of family and community resources. As you prepare for the next session, please consider the following question:*

- ▶ *How can I identify and use family and community resources to promote health and prevent illness?*

Evaluation

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

Health Promotion: Session 1

HEALTH PROMOTION: PROMOTING HEALTH AND PREVENTING ILLNESS

It is essential that health professionals identify and focus on the individual needs and concerns of the child and family, since families often hesitate to initiate discussion.

1. Identify relevant health promotion topics.

- Ask open-ended, nonjudgmental questions to obtain information and identify appropriate guidance

Example:

- “How is breastfeeding going? What questions/concerns do you have today?”
- Ask specific follow-up questions to communicate understanding and focus the discussion

Example:

- “How often and for how long do you breastfeed Manuel? How do you tell when he wants to be fed?”
- Listen for verbal and nonverbal cues to discover underlying or unidentified concerns

Example:

- “How do you balance your roles of partner and parent? When do you make time for yourself?”

Note:

- If parent hesitates with an answer, try to determine the reason.
- If parent brings in child multiple times for minor problems, explore the possibility of another unresolved concern.

2. Give personalized guidance.

- Introduce new information and reinforce healthy practices

Examples:

- Take time for self, time with partner
- Encourage partner to help care for baby
- Accept support from friends, family

3. Incorporate family and community resources.

- Approach child within context of family and community
- Identify each family member’s role

Examples:

- “Who helps you with Kim?”
- “How much rest are you getting?”
- Identify community resources such as lactation consultant or local La Leche League chapter
- Develop working relationships with community professionals, and establish lines of referral
- Create a list of local resources with contact information

4. Come to closure.

- Be sure that the health message is understood

Examples:

- “Have I addressed your concerns?”
- “Do you have any other concerns about Kim’s health?”
- Identify possible barriers

Example:

- “What problems do you think you might have following through with what we discussed today?”

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.

*Health Promotion: Session 1***CASE VIGNETTE:
MANUEL'S ANEMIA REFERRAL**

Manuel is a 2-year-old child who has been referred to you by his local health department because of a low hemoglobin found on routine screening for WIC. He has had no hospitalizations and has had routine checkups and all immunizations performed at the health department.

When you enter the examining room, Manuel is noisily running around the room and tries to get into the trash can. His mother, Beatrice, gently diverts him by reading him a story.

Manuel's physical examination is normal. His height and weight are at the 25th percentile, and his development seems appropriate for his age.

Health Promotion: Session 1

AGE-SPECIFIC INTERVIEW AND FOLLOW-UP QUESTIONS

Adaptable for use with parents

Interview Questions (open-ended)	Follow-up Questions (directed)
Age of Child: 8 years old	
How is school going?	What grade are you in? What grades do you get?
Tell me about your friends.	What are their names?
What do you like to do together?	How often do you [take part in that activity]?
What are the rules at home regarding food, movies, games, or safety?	Do you follow these rules?
What are some things you are good at?	Can you describe them?
What feedback do you get from your teacher about your school performance?	Do you have trouble getting your work done on time?
What do you do for fun?	What after-school activities do you do? What do you like to read?
Are there any issues that you are concerned about?	Can you describe them? What specifically concerns you?
How do you make sure that you are safe when you bike or play sports?	Do you wear a helmet? Do you know how to swim?
Age of Child: 15 years old	
How are you doing in school?	What grade are you in? What grades do you get?
Tell me about some things you are really good at.	Can you describe them?
What makes you sad, angry, or worried?	Do you talk about these things to anyone? Who do you talk to?
What do you do when you feel down or depressed? Have you ever thought about harming yourself?	Is there anyone you talk to about these feelings?
Is there anything you would like to change about the way you look?	If yes, do you diet or exercise excessively? Do you purge?
Tell me about others you know who use alcohol or drugs.	Do you drink? How much do you drink? What drugs have you tried?
Tell me about your social life.	Do you date? One person or more than one? Are you sexually active?

Health Promotion: Session 1

SESSION EVALUATION FORM

Session 1: Identifying Relevant Health Promotion Topics

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Identifying Relevant Health Promotion Topics" session to be:

Not Useful				Very Useful
1	2	3	4	5

2. The objectives of the session were:

Not Clear			Clear	
1	2	3	4	5

3. The organization of the session was:

Poor			Excellent	
1	2	3	4	5

4. The communication skills of the facilitator(s) were:

Poor			Excellent	
1	2	3	4	5

5. The facilitator(s) stimulated interest in the subject matter:

Not at All			Very Much	
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	
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

Health Promotion: Session 1

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).

Health Promotion: Session 1

PRECEPTOR STRUCTURED OBSERVATION FORM

Behavior	Observed	Not Observed	Not Applicable
Asked open-ended questions to obtain information			
Followed up with more-specific questions			
Communicated understanding to the child and/or family			
Gave personalized guidance and introduced new information			
Identified each family member's role in the care of the child			
Identified community resources if applicable			
Came to closure by making sure that the health message was understood			
Identified and addressed any health care barriers			

Health Promotion: Session 1

LEARNER SELF-ASSESSMENT FORM

During health visits today, I feel that I:	Circle: 1= disagree to 5= agree				
Asked open-ended questions to obtain information	1	2	3	4	5
Followed up with more-specific questions	1	2	3	4	5
Communicated understanding to the child and/or family	1	2	3	4	5
Gave personalized guidance and introduced new information	1	2	3	4	5
Identified each family member's role in the care of the child	1	2	3	4	5
Identified community resources if applicable	1	2	3	4	5
Came to closure by making sure that the health message was understood	1	2	3	4	5
Identified and addressed any health care barriers	1	2	3	4	5

Health Promotion: Session 1

PATIENT AND FAMILY SURVEY FORM

To our Patients and Families:

The child health professionals in our clinic are very interested in your opinions about the care that we provide for you and your child. As part of our effort to continue to improve the care we offer, we ask that you please complete this survey about today's visit. Your responses will be confidential and will not be shared directly with your child health professional.

Thank you for your time in completing this survey.

The Staff of the Clinic

FAMILY SURVEY Respondent is: <input type="checkbox"/> Child <input type="checkbox"/> Family					
My Child Health Professional:	Disagree <—> Uncertain <—> Agree				
Addressed the concerns I had about my child	1	2	3	4	5
Listened to me and my child and respected our feelings	1	2	3	4	5
Involved me in decisions	1	2	3	4	5
Talked so that I could understand	1	2	3	4	5
Helped me feel better about my child	1	2	3	4	5
Seemed to care about me and my child	1	2	3	4	5
Gave me adequate time to discuss my concerns	1	2	3	4	5
Provided high-quality care	1	2	3	4	5

Comments



SESSION 2:

Asking Questions and Identifying Resources

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:

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, this 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 **Health Promotion: Promoting Health and Preventing Illness** to the learners. (The facilitator may choose not to distribute the handout if it was recently given to the same learners.)

F *Today's session is the second of three that comprise the Pediatrics in Practice Health Promotion module.*

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

- ▶ *Discuss a case that will demonstrate how pediatric providers can effectively promote the health of their patients by asking open-ended and follow-up questions*
- ▶ *Focus on the identification and use of family and community resources*

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

- ▶ *How can I identify and use family and community resources to promote health and prevent illness?*

The facilitator distributes copies of the case vignette handout **Antoine's 2 Week Visit**.

F *The child in this case is a 2-week-old breast-feeding baby who is doing well medically. Unless the child health professional looks beyond the initial history and physical exam,*

the important issues for this family will not be recognized or addressed. Would one of you please read the case aloud for us?

Discussion and Exercises

The Four-Step Process

1. Identify Relevant Health Promotion Topics

At the display board or flip chart, the facilitator begins the discussion.

F *Can you suggest some examples of open-ended questions you would want to ask Antoine's mother, Celeste?*

After we have created our list, we'll review each question and identify some appropriate follow-up questions.

Examples could include:

- ▶ Celeste, it's good to see you. Antoine is looking great!
- ▶ What concerns do you have today?
- ▶ How do you think breastfeeding is going?
- ▶ What questions do you have about breastfeeding?

Follow-up: How often and for how long do you breastfeed?

- ▶ You seem to be tired, Celeste. Many breastfeeding mothers find that to be the case. Who is able to help you with the baby?

Follow-up: How often do they help to take care of Antoine?

Are you able to sleep when he sleeps?

What do other family members think about your breastfeeding?

- ▶ How is Antoine's father involved with him?

Follow-up: What does he like to do with Antoine?

How does he feel about your breastfeeding?

- ▶ How do you think that you are holding up?

Follow-up: Do you find yourself feeling sad?

Have you been able to get out of the house much?

F *In cases like this one, you should be very careful and sensitive when asking questions. Some mothers will consider your suggestions to mean that they are not doing well.*

Examples of sensitive questioning include:

- ▶ What do you plan to do about breastfeeding after you go back to work?

Follow-up: Are you going to pump your breast milk or supplement with formula?

- ▶ Many mothers find lactation consultants and mothers from the La Leche League helpful when they are breastfeeding. Would you like to contact someone from either of these groups?

Follow-up: Are you aware that you can combine breastfeeding and bottlefeeding once breastfeeding is established?

As a refresher, the facilitator might ask learners to compare the characteristics of open-ended interview questions and specific follow-up questions, as in the chart below:

Interview Questions	Directed Follow-up Questions
<ul style="list-style-type: none"> • Are open ended • Are nonjudgmental • Allow for follow-up questions 	<ul style="list-style-type: none"> • Focus the discussion • Seek specific information • Can be answered with yes or no

2. Give Personalized Guidance

The facilitator tells the learners that responses to the questions have provided these additional facts:

- ▶ Celeste is not confident that she is doing a good job with breastfeeding.

- ▶ Celeste does not feel that she is getting enough support from her husband at home.
- ▶ Celeste is worried that she won't be able to continue breastfeeding when she goes back to work in a few weeks.

F *How would you approach the problems Celeste's responses have revealed (her conflicted feelings about breastfeeding, the involvement of her husband, and her work-related issues)?*

Some possible responses include:

About her feelings concerning breastfeeding:

- ▶ Reassure her that Antoine's weight gain is excellent and show her the growth chart
- ▶ Ask her to continue breastfeeding and bring Antoine in for a visit next week

About the father's involvement:

- ▶ Talk with Celeste about ways to involve the father in Antoine's care
- ▶ Suggest that the father come in with them at next week's visit

About work-related issues:

- ▶ Discuss options for finding a time and a place to use a breast pump at work

To enhance the vignette, the facilitator tells the learners that Antoine's father agrees to come to the next visit.

F *How would you ask Antoine's father about his feelings regarding breastfeeding?*

Some possible answers include:

- ▶ During our prenatal visit, we talked about the changes that a new baby would bring to your lives. Now that Antoine is here, and doing very well, what changes have you noticed most?
- ▶ How do you think you and Celeste are handling those changes?
- ▶ Many fathers feel that they are kind of "out of the loop" when a baby is being breastfed.

How are you finding life with your new baby?

3. Incorporate Family and Community Resources

F *Your questioning has uncovered some concerns about breastfeeding. What community-related resources might you suggest for this family?*

Possible answers include:

Workplace:

- ▶ Recommend that Celeste call her company to ask about breastfeeding arrangements
- ▶ Encourage her to get the names of other women who have nursed

Community:

- ▶ Suggest involvement of either a lactation consultant and/or a La Leche instructor
- ▶ Look for support groups of other mothers who have nursed

If time allows, the facilitator might want to present the following scenario:

F *You have just moved to a new community. You want to become familiar with the local resources available for the families in your community. What would you do to develop a list of resources?*

After some brainstorming, the facilitator should suggest that the learners use their ideas to develop a list for their own clinic, if none exists.

4. Come to Closure with the Family

F *At the end of the health visit, you will want to be sure that the family understands what is being done and what has been decided.*

What would be a good way to end the health visit?

Some examples might include:

- ▶ What questions do you have about what we discussed today?

- ▶ What other concerns do you have about your child's health?

F *Remember to be alert to any health care barriers that might exist. Barriers such as these can impact the family's ability to follow your guidance.*

For example:

- ▶ Celeste may be unable to use a breast pump at work
- ▶ Her husband might get angry if he is asked to come to the health visit

Take-Home Message

The facilitator ends the session with the following:

F *In this session, we have discussed the case of a breastfeeding mother who seemed to be doing well at first glance. Only by asking effective open-ended questions and specific follow-up questions were problems uncovered and resources suggested. Identifying the real needs of each family and using appropriate family and community resources are essential elements in promoting health and preventing illness in your patients. Before we conclude, what questions remain about what we addressed today?*

Answers to the Guiding Question

F *Now that we have completed this session on Health Promotion, you should be able to answer the following question:*

- ▶ How can I identify and use family and community resources to promote health and prevent illness?
 - Become familiar with the child's family and the role of each family member in the care of the child
 - Maintain a list of available community resources, including names, phone numbers, and addresses when possible

- Develop working relationships with community professionals and establish lines of referral

Planning for the Next Session (if Session 3 is planned)

F *In our next session, we will perform a reflective exercise based on a health promotion or illness prevention issue that you have encountered. You will have the opportunity to apply the knowledge and skills you have developed in asking interview and follow-up questions, giving personalized guidance, incorporating family and community resources, and coming to closure with the family.*

Evaluation

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

Health Promotion: Session 2

HEALTH PROMOTION: PROMOTING HEALTH AND PREVENTING ILLNESS

It is essential that health professionals identify and focus on the individual needs and concerns of the child and family, since families often hesitate to initiate discussion.

1. Identify relevant health promotion topics.

- Ask open-ended, nonjudgmental questions to obtain information and identify appropriate guidance

Example:

- “How is breastfeeding going? What questions/concerns do you have today?”
- Ask specific follow-up questions to communicate understanding and focus the discussion

Example:

- “How often and for how long do you breastfeed Manuel? How do you tell when he wants to be fed?”
- Listen for verbal and nonverbal cues to discover underlying or unidentified concerns

Example:

- “How do you balance your roles of partner and parent? When do you make time for yourself?”

Note:

- If parent hesitates with an answer, try to determine the reason.
- If parent brings in child multiple times for minor problems, explore the possibility of another unresolved concern.

2. Give personalized guidance.

- Introduce new information and reinforce healthy practices

Examples:

- Take time for self, time with partner
- Encourage partner to help care for baby
- Accept support from friends, family

3. Incorporate family and community resources.

- Approach child within context of family and community
- Identify each family member’s role

Examples:

- “Who helps you with Kim?”
- “How much rest are you getting?”
- Identify community resources such as lactation consultant or local La Leche League chapter
- Develop working relationships with community professionals, and establish lines of referral
- Create a list of local resources with contact information

4. Come to closure.

- Be sure that the health message is understood

Examples:

- “Have I addressed your concerns?”
- “Do you have any other concerns about Kim’s health?”
- Identify possible barriers

Example:

- “What problems do you think you might have following through with what we discussed today?”

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.

Health Promotion: Session 2

CASE VIGNETTE: ANTOINE'S 2 WEEK VISIT

Antoine is a 2-week-old infant who is brought to your office for a routine health visit. He was born full term, had a normal neonatal course, and had started breastfeeding well prior to discharge on the second day of life. A follow-up phone call to his mother, Celeste, 2 days after discharge indicated that there were no apparent problems. At that time, Antoine seemed to be nursing well. His maternal grandmother was visiting from Chicago and was helping out. Celeste stated that she was getting enough rest.

When you enter the examination room, Celeste is holding Antoine and talking to him. She looks exhausted and seems unhappy. Your examination of Antoine is completely normal. He weighs 10 ounces more than his birth-weight.

Celeste asks about supplementing Antoine's feeding with bottles of formula once or twice a day.

Health Promotion: Session 2

SESSION EVALUATION FORM

Session 2: Asking Questions and Identifying Resources

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Asking Questions and Identifying Resources" session to be:

	Not Useful		Very Useful	
	1 2 3		4 5	

2. The objectives of the session were:

	Not Clear		Clear	
	1 2 3		4 5	

3. The organization of the session was:

	Poor		Excellent	
	1 2 3		4 5	

4. The communication skills of the facilitator(s) were:

	Poor		Excellent	
	1 2 3		4 5	

5. The facilitator(s) stimulated interest in the subject matter:

	Not at All		Very Much	
	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	
	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

Health Promotion: Session 2

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).

Health Promotion: Session 2

PRECEPTOR STRUCTURED OBSERVATION FORM

Behavior	Observed	Not Observed	Not Applicable
Asked open-ended questions to obtain information			
Followed up with more-specific questions			
Communicated understanding to the child and/or family			
Gave personalized guidance and introduced new information			
Identified each family member's role in the care of the child			
Identified community resources if applicable			
Came to closure by making sure that the health message was understood			
Identified and addressed any health care barriers			

Health Promotion: Session 2

LEARNER SELF-ASSESSMENT FORM

During health visits today, I feel that I:	Circle: 1= disagree to 5= agree				
Asked open-ended questions to obtain information	1	2	3	4	5
Followed up with more-specific questions	1	2	3	4	5
Communicated understanding to the child and/or family	1	2	3	4	5
Gave personalized guidance and introduced new information	1	2	3	4	5
Identified each family member's role in the care of the child	1	2	3	4	5
Identified community resources if applicable	1	2	3	4	5
Came to closure by making sure that the health message was understood	1	2	3	4	5
Identified and addressed any health care barriers	1	2	3	4	5

Health Promotion: Session 2

PATIENT AND FAMILY SURVEY FORM

To our Patients and Families:

The child health professionals in our clinic are very interested in your opinions about the care that we provide for you and your child. As part of our effort to continue to improve the care we offer, we ask that you please complete this survey about today's visit. Your responses will be confidential and will not be shared directly with your child health professional.

Thank you for your time in completing this survey.

The Staff of the Clinic

FAMILY SURVEY Respondent is: <input type="checkbox"/> Child <input type="checkbox"/> Family					
My Child Health Professional:	Disagree <—> Uncertain <—> Agree				
Addressed the concerns I had about my child	1	2	3	4	5
Listened to me and my child and respected our feelings	1	2	3	4	5
Involved me in decisions	1	2	3	4	5
Talked so that I could understand	1	2	3	4	5
Helped me feel better about my child	1	2	3	4	5
Seemed to care about me and my child	1	2	3	4	5
Gave me adequate time to discuss my concerns	1	2	3	4	5
Provided high-quality care	1	2	3	4	5

Comments



SESSION 3: *A Reflective Exercise*

At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 2, 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 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 **Health Promotion: Promoting Health and Preventing Illness** to the learners. (The facilitator may choose not to distribute the handout if it was recently given to the same learners.)

F *Today’s session is the last of three that comprise the Pediatrics in Practice Health Promotion module.*

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

- ▶ *Reflect on a health promotion or illness prevention issue you have encountered with a child and/or family*
- ▶ *Apply the knowledge and skills you have developed in asking interview and follow-up questions, giving personalized guidance, incorporating family and community resources, and coming to closure*
- ▶ *Identify barriers to optimal health care*

Discussion and Exercises

F *Today I want you to think about a specific health promotion or illness prevention issue that you have encountered. Topics might include injury prevention, smoking cessation, immunizations, back-to-sleep guidance, or dental referrals. We will discuss one or two of these experiences—keeping in mind effective*

questioning strategies; personalized guidance; family and community resources; closure and family understanding; and possible solutions to health care barriers.

Reflective Exercise

The facilitator distributes the **Reflective Exercise** handout and asks learners to:

F *Take a few minutes to think of the many children and families you have encountered and the various health promotion and illness prevention issues they have revealed to you.*

Narrow your focus to one or two cases that you particularly remember as noteworthy. Try to summarize the case in three sentences or so. If you wish, you can discuss your case with the person sitting next to you.

After 2 or 3 minutes, the facilitator should ask the learners to share the topics of their cases. The facilitator should write the topics on a display board or flip chart and ask the learners to choose one or two cases for discussion.

The Four-Step Process

1. Identify Relevant Health Promotion Topics

For each case, the facilitator asks:

F *What are some of the questions you would want to ask in this case?*

Suggestions are recorded on the display board or flip chart.

F *Let's look at the questions and classify them as either interview or follow-up questions. We also want to discuss why they fit into one category or the other. We will use the chart we have employed in other sessions to compare the questions.*

Interview Questions

- Are open ended
- Are nonjudgmental
- Allow for follow-up questions

Directed Follow-up Questions

- Focus the discussion
- Seek specific information
- Can be answered with yes or no

2. Give Personalized Guidance

For each case, the facilitator asks:

F *Can you give some examples of personalized guidance you would provide for the family in this case?*

3. Incorporate Family and Community Resources

The facilitator asks learners to identify family and community resources that could be used in each of the group-selected cases.

F *Can you create a list of specific resources in your community that could be used for the cases we've discussed?*

How would you contact them?

Do you have names of individuals at any of these agencies?

4. Come to Closure with the Family

F *At the end of the health visit, you will want to be sure that the family has understood the discussions and the recommendations that were made.*

What would be a good way to close the visit?

Examples of questions to ask at the end of the visit are:

- ▶ Do you have any questions about what we discussed today?
- ▶ Do you have any other concerns about your child's health?
- ▶ Do you think you will be able to follow through with what we discussed today?

For each of the cases, the facilitator asks learners to identify and address any barriers that could affect the family's agreement or understanding.

F *Can you identify some health care barriers that you've experienced in similar cases? How did you overcome them or try to overcome them?*

If the learners do not readily come up with barriers, some examples and solutions are listed below to initiate the discussion:

Barrier	Possible Solution
Health Professional Related	
Lack of family trust	Ask parents to return more often for routine follow-up visits Use good interview techniques, and ask parent to share his/her concerns
Lack of confidence in the role of child health professional	Observe behavior of senior health professionals Observe more-experienced learners and ask them for suggestions
Lack of staff development (receptionist, etc.)	Have regular staff meetings Ask for staff suggestions for change and follow through with suggestions
Limited time spent with patient	Organize schedule to allow for sufficient time with each patient Never appear to be hurried, and ask open-ended questions even when rushed
Family Related	
Fear, anxiety, denial, lack of information	Use open-ended questions to identify needs and address them
Lack of resources	Involve social and community services
Parent and/or grandparent discord	Suggest family conferences Invite grandparents to next visit
Community Related	
Hospital policy not "baby-friendly" (e.g., doesn't promote breastfeeding)	Become involved in hospital administration Encourage families to participate on hospital's community board
Difficulty in contacting the appropriate personnel in social service agencies	Help families and agencies connect

Alternative to Reflective Exercise

Two prepared case vignettes may be used if the reflective exercise (which is preferred) is not chosen. The facilitator can use the same steps as those in the activities for cases emerging from the reflective exercise.

Take-Home Message

The facilitator ends the session with the following:

 **F** *During this session, we have discussed the skills you will need in promoting health and preventing illness with the children and families you encounter each day. We have practiced formulating effective open-ended and specific follow-up questions and providing personalized guidance. We have also explored ways to include family and community resources in comprehensive care.*

As child health professionals, we recognize that we must ensure that families understand our discussions and recommendations. By identifying and overcoming potential health care barriers, we can fulfill our unique capacity to promote health and prevent illness. Before we conclude, what questions remain about what we addressed today?

Evaluation

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

Health Promotion: Session 3

HEALTH PROMOTION: PROMOTING HEALTH AND PREVENTING ILLNESS

It is essential that health professionals identify and focus on the individual needs and concerns of the child and family, since families often hesitate to initiate discussion.

1. Identify relevant health promotion topics.

- Ask open-ended, nonjudgmental questions to obtain information and identify appropriate guidance

Example:

- “How is breastfeeding going? What questions/concerns do you have today?”
- Ask specific follow-up questions to communicate understanding and focus the discussion

Example:

- “How often and for how long do you breastfeed Manuel? How do you tell when he wants to be fed?”
- Listen for verbal and nonverbal cues to discover underlying or unidentified concerns

Example:

- “How do you balance your roles of partner and parent? When do you make time for yourself?”

Note:

- If parent hesitates with an answer, try to determine the reason.
- If parent brings in child multiple times for minor problems, explore the possibility of another unresolved concern.

2. Give personalized guidance.

- Introduce new information and reinforce healthy practices

Examples:

- Take time for self, time with partner
- Encourage partner to help care for baby
- Accept support from friends, family

3. Incorporate family and community resources.

- Approach child within context of family and community
- Identify each family member’s role

Examples:

- “Who helps you with Kim?”
- “How much rest are you getting?”
- Identify community resources such as lactation consultant or local La Leche League chapter
- Develop working relationships with community professionals, and establish lines of referral
- Create a list of local resources with contact information

4. Come to closure.

- Be sure that the health message is understood

Examples:

- “Have I addressed your concerns?”
- “Do you have any other concerns about Kim’s health?”
- Identify possible barriers

Example:

- “What problems do you think you might have following through with what we discussed today?”

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.

Health Promotion: Session 3

REFLECTIVE EXERCISE

Take a few minutes to think of the many patients you have encountered and the various health promotion and illness prevention issues they have revealed to you. Narrow your focus to one or two cases that you remember as being particularly outstanding. Try to summarize the case in three sentences or so. If you wish, you can discuss your case with the person sitting next to you.

Health Promotion: Session 3

ALTERNATE CASE VIGNETTES

Alternate Case 1

An 8-year-old girl comes in for a routine health assessment. She states that she is doing well, and she has no physical complaints.

Alternate Case 2

A 15-year-old male comes in for a routine health assessment. He looks upset, does not smile, and tells you that he doesn't want to be there.

Health Promotion: Session 3

SESSION EVALUATION FORM

Session 3: A Reflective Exercise

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Reflective Exercise" session to be:

	Not Useful		Very Useful	
	1 2 3		4 5	

2. The objectives of the session were:

	Not Clear		Clear	
	1 2 3		4 5	

3. The organization of the session was:

	Poor		Excellent	
	1 2 3		4 5	

4. The communication skills of the facilitator(s) were:

	Poor		Excellent	
	1 2 3		4 5	

5. The facilitator(s) stimulated interest in the subject matter:

	Not at All		Very Much	
	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	
	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

Health Promotion: Session 3

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).

Health Promotion: Session 3

PRECEPTOR STRUCTURED OBSERVATION FORM

Behavior	Observed	Not Observed	Not Applicable
Asked open-ended questions to obtain information			
Followed up with more-specific questions			
Communicated understanding to the child and/or family			
Gave personalized guidance and introduced new information			
Identified each family member's role in the care of the child			
Identified community resources if applicable			
Came to closure by making sure that the health message was understood			
Identified and addressed any health care barriers			

Health Promotion: Session 3

LEARNER SELF-ASSESSMENT FORM

During health visits today, I feel that I:	Circle: 1= disagree to 5= agree				
Asked open-ended questions to obtain information	1	2	3	4	5
Followed up with more-specific questions	1	2	3	4	5
Communicated understanding to the child and/or family	1	2	3	4	5
Gave personalized guidance and introduced new information	1	2	3	4	5
Identified each family member's role in the care of the child	1	2	3	4	5
Identified community resources if applicable	1	2	3	4	5
Came to closure by making sure that the health message was understood	1	2	3	4	5
Identified and addressed any health care barriers	1	2	3	4	5

Health Promotion: Session 3

PATIENT AND FAMILY SURVEY FORM

To our Patients and Families:

The child health professionals in our clinic are very interested in your opinions about the care that we provide for you and your child. As part of our effort to continue to improve the care we offer, we ask that you please complete this survey about today's visit. Your responses will be confidential and will not be shared directly with your child health professional.

Thank you for your time in completing this survey.

The Staff of the Clinic

FAMILY SURVEY		Respondent is: <input type="checkbox"/> Child <input type="checkbox"/> Family				
My Child Health Professional:	Disagree <—> Uncertain <—> Agree					
Addressed the concerns I had about my child	1	2	3	4	5	
Listened to me and my child and respected our feelings	1	2	3	4	5	
Involved me in decisions	1	2	3	4	5	
Talked so that I could understand	1	2	3	4	5	
Helped me feel better about my child	1	2	3	4	5	
Seemed to care about me and my child	1	2	3	4	5	
Gave me adequate time to discuss my concerns	1	2	3	4	5	
Provided high-quality care	1	2	3	4	5	

Comments

References

- 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.
- Breslow L. 1999. From disease prevention to health promotion. *JAMA* 281(11):1030–1033.
- Cheng TL, Greenberg L, Loeser H, Keller D. 2000. Teaching prevention in pediatrics. *Academic Medicine* 75:866–871.
- Cordes DH, Rea DF, Kligman E, Eichling P. 1995. Meanwhile back at the ranch: Training residents in clinical preventive medicine. *American Journal of Preventive Medicine* 11(3):145–148.
- Green M. 1995. No child is an island: Contextual pediatrics and the “new” health supervision. *Pediatric Clinics of North America* 42(1):79–87.
- Green M, Palfrey JS, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.). Arlington, VA: National Center for Education in Maternal and Child Health.
- 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.
- Hwang MY. 1999. How to talk with your doctor. *JAMA* 282(24):2422.
- Keim DB, Gomez CF, Wolf AMD. 1998. The level of preventive health care in an internal medicine residency clinic: Still only an ounce of prevention? *Southern Medical Journal* 91(6):550–554.
- Lane DS. 1992. Developing primary care curricula in preventive medicine: Some practical considerations. *American Journal of Preventive Medicine* 8(6):389–394.
- Nutting PA. 1986. Health promotion in primary medical care: Problems and potential. *Preventive Medicine* 15:537–548.
- Palfrey JS. 1997. Keeping children and families in the center of our concern. *Archives of Pediatrics and Adolescent Medicine* 151:337–340.
- Palfrey JS. 1998. Comprehensive child health: Is it in the picture? *Archives of Pediatrics and Adolescent Medicine* 152:222–223.

Resources

Adult Learning Principles and Clinical Teaching

- Roberts KB. 1996. Educational principles of community-based education. *Pediatrics* (Suppl., Dec. 1996)98:1259–1263.
- Spencer PE, Alden E. 1996. Educational foundations for community-based programs. In DeWitt T, Roberts K, eds., *Pediatric Education in Community Settings: A Manual* (p. 14). Arlington, VA: National Center for Education in Maternal and Child Health.
- Whitman N, Schwenk T. 1997. *The Physician As Teacher* (2nd ed., pp. 33–37). Salt Lake City, UT: Whitman Associates.

Other Clinical Teaching Models (similar to the “Teachable Moments” model)

- McGee SR, Irby DM. 1997. Teaching in the outpatient clinic: Practical tips. *Journal of General Internal Medicine* 12:S34–S40.
- Neher G, Meyer S. 1992. A five-step microskills model of clinical teaching. *Journal of the American Board of Family Practice* 5:419–424.

