



CHANGE IDEA: Train health care providers in developmental support tailored to the population served.

STEP 1: GET READY (TASKS)

- A. Hold planning meetings with pediatric staff, care coordinators, and clinic leadership to clarify the purpose (e.g., enhance developmental outcomes through relationship-based care, tailor communication and support, strengthen trust, increase screening efficacy, improve well-child visit quality).
- B. Select training curricula.
- C. Define the target population (e.g., children 0-3 years during well-child visits).
- D. Schedule provider/staff training (e.g., [Keystones of Development](#), [Bright Futures](#) modules) and conduct in-clinic workshops to review new scripts ([sample for 9 months](#)) and family engagement tools.
- E. Identify key components to integrate (e.g., coaching strategies, consistent developmental conversation prompts, and family-tailored scripts).
- F. Map current practices: When do developmental conversations occur? Are parent concerns elicited using structured tools? Are all families considered?
- G. Assign roles (e.g., primary care providers/nurse practitioners lead developmental conversations, nurses administer developmental tools and prep charts, care coordinators follow up and monitor parent satisfaction).

STEP 2: PLAN AND PRACTICE

For this example, the team aims to engage all parents more meaningfully during well-child visits and enhance developmentally supportive relationships through reflective practices. They will use the Bright Futures Parent Project framework's talking points and coaching prompts, as well as the Keystones of Development developmental reflections.

SAMPLE PROCESS:

- A. Add Parent Project talking points, coaching prompts, and developmental reflections to the electronic health record (EHR) and visit checklists.
- B. Load sample family scripts that reflect all families.
- C. Complete pre-visit planning:
 - o Review developmental history, due screens, and parent concerns.
 - o Identify coaching opportunities (e.g., sleep, play, attachment).
- D. Preload:
 - o Provider talking points
 - o Parent handouts by developmental stage
 - o Scripts adapted for language and literacy
- E. Define measures:
 - o Percentage of visits using developmental coaching
 - o Provider confidence and usability
 - o Parent feedback: Did they feel heard, supported, and informed?

- F. Conduct a 1-day test with 1-2 providers seeing families with infants/toddlers.
- G. Hold brief pre- and post-test huddles:
 - Pre-test: review tools and goals
 - Post-test: debrief on what worked and what did not

STEP 3: REVIEW AND REFINE

Hold a team huddle to review the workflow and feedback:

- Was chart preparation efficient?
- Did tools/scripts support or hinder communication?
- Was there variation across families?
- What did parents say?
- Were providers comfortable with new coaching methods?

Adapt as needed (e.g., revise scripts or templates, identify additional training, adjust workflow roles).

STEP 4: EXPAND

Scale the process to include all providers and age groups under 5, and integrate training into onboarding for new hires. Host quarterly refreshers on Bright Futures and Keystones of Development principles. Collect quarterly feedback and adapt for all family populations.

STEP 5: SUSTAIN

Incorporate coaching tools, scripts, and templates into routine visit workflows and embed training into annual competencies and orientation. Ensure staff:

- Know their roles
- Are trained on tools and scripts
- Understand the purpose of the change

Monitor key metrics over time (e.g., provider comfort level, parent satisfaction, documentation completeness).