Family & Community Medicine
UNIVERSITY OF TORONTO

South East Toronto
Family Health Team

GROUP WELL BABY VISITS: SATISFACTION AMONG PATIENTS, PROVIDERS AND RESIDENTS IN A COMMUNITY FAMILY HEALTH TEAM

Dr. Betty Hum (MD, CCFP) & Dr. Natasha Gulavita (MD, PGY-2)

BACKGROUND

- Studies show that physicians find it difficult to address everything adequately in the traditional well baby visit
- The Rourke Well Baby Record provides the standard of care for evidence-based anticipatory guidance, screening, physical examinations and immunizations in Canada.
- Group well baby visits have been shown to be effective in paediatric settings. Parents have been shown to be satisfied and paediatric residents have had positive educational experiences with this model of care.
- Knowledge gaps?
  - No current studies demonstrating level of satisfaction in a community family health team

OBJECTIVES

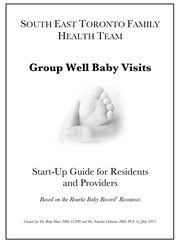
#1: To assess satisfaction of group well baby visits among patients, providers and residents in the setting of a community family health team.

#2: To create a start-up guide to map out the process of group well baby visits as well as specific evidence-based educational objectives for each of the cohorts and evaluate its satisfaction among residents.

METHODS

- Ethics approval obtained by the Toronto East General Hospital Research Ethics Board
- Logistics:
  - Team: registered nurse (RN), supervising physician, 1-2 residents, registered dietician (RD)
  - Session duration: 90-120 minutes
  - Age cohorts: 2, 4, 6, 9, 12 months
  - Size of groups: 3-8 babies
- Guide was created to map out the process of group visits and serve as a preparatory tool on counselling on common topics and evidence-based anticipatory guidance based on the Rourke baby record

START- UP GUIDE


South East Toronto Family Health Team

Group Well Baby Visits

Start-Up Guide for Residents and Providers

Based on the Rourke Baby Record® Resources

Created by: Dr. Betty Hum, MD, CCFP, and Dr. Natasha Gulavita, MD, PGY-2, July 2015.

PROCESS MAP

TIME	ACTIVITY	LEAD
30 min prior	Set-up (Set up room, gather equipment)	RN Facilitator, Resident, RD
0-5 min	Families check-in (Distribute tracking guides)	RN Facilitator
5-10 min	Introduction (explain purpose, introductions, fill out Nipissing)	RN Facilitator
10-20 min	Measurements	Parents with help from Medical Assistant
Ongoing 10-15 min per patient	Physical Exam (perform immunizations, age appropriate examination; review NDDS and growth charts with families)	Resident/supervised by staff MD
20-80 min	Group discussion (write down discussion points and facilitate discussion, being sure to cover key educational points for age cohort)	RN Facilitator/resident co-facilitator
	*Nutrition discussion: at 6 months- introduction to Solids; at 9 months- development of good eating habits.	RD
80-90 min	Wrap-up (complete documentation, invite participation in research survey, reminder of next visit)	RN Facilitator

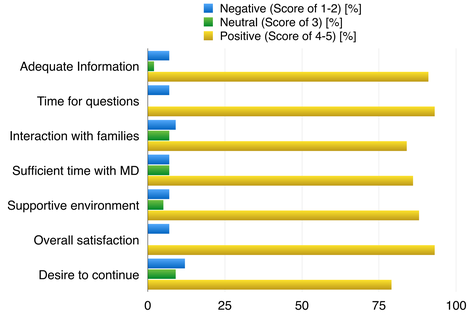
- Anonymous questionnaires were developed for evaluation of patient, provider and resident satisfaction of the group well baby visits as well as usefulness of the start-up guide (among residents and providers)
- 7-8 five-point Likert scale questions
  - Strongly disagree —> strongly agree
  - Grouped interval data and reported as percentages: 1-2 as negative, 3 as neutral and 4-5 as positive
- Thematic analysis of standard open-ended questions (what was liked most/liked least)

RESULTS

DATA

- 43 parent surveys
- 14 resident surveys
- 13 provider surveys (10 RN + 2 RD + 1 MD)

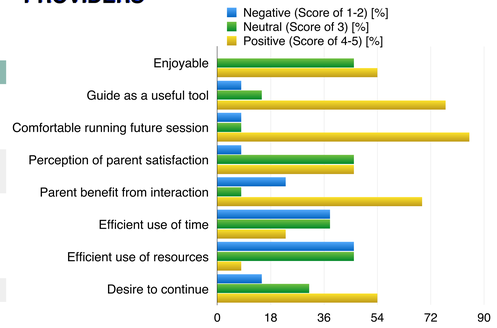
PARENTS



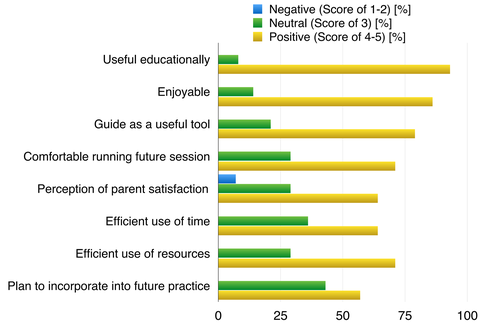
POSITIVE	NEGATIVE
Helpful discussions	Poor accessibility
Supportive staff	Poor participation/ group size
Interaction with other families	Care providers present ie. attending presence
Supportive environment	Content
Lots of time	Environment
Reassurance by staff and parents	

PROVIDERS

POSITIVE	NEGATIVE
Lots of time for counselling	Lack of preparedness/ experience
High perceived parental benefit	Poor participation/ group size
Mutual support for parents	Care providers present ie. resident continuity, RD presence
	Environment



RESIDENTS



POSITIVE	NEGATIVE
Lots of time for counselling	Lack of preparedness/ experience
High perceived parental benefit	Poor participation/ group size
Efficiency	Exclusivity ie. parental fit
Educational utility	Limited learning potential
Interdisciplinary environment	

NEXT STEPS

- Identification of barriers to parental enrolment and physician resistance to participation
- Study the impact on resident knowledge and perceived benefit from:
  - 1) Changing the residency curriculum to ensure standardized exposure to well baby care
  - 2) Teaching creative ways to collaborate with IHPs to deliver comprehensive primary health care
- Study long-term effects of group visits on parents—> ?Reduction in parental anxiety ?Maintenance of support group
- Cost-benefit analysis
- Improve start-up guide for providers—> focus groups, follow-up questionnaires