Title:

The Development Screening Behaviors, Skills, Facilitators, and Constraints of Family Nurse Practitioners in Primary Care

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Session Title:

Rising Stars of Research and Scholarship Invited Student Posters

Keywords:

Child development, Nurse practitioners and Primary prevention

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Abstract Summary:

Most FNPs are not using standardized methods of developmental screening. This study serves as a foundation to devising developmental screening recommendations for FNPs in primary care. There is a need for additional education on pediatric development and practice with validated developmental screening tools.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the developmental screening methods used by FNPs in primary care	Themes will be presented that succinctly inform learners of the developmental screening methods use by FNPs in primary care clinics; quotes from the study will be used.
Identify the environmental facilitators and constraints to developmental screening in primary care	Themes will be presented that focus on the facilitators and constraints to developmental screening as identified by the participants in the study; quotes from the study will be used

Abstract Text:

Background: Primary care settings are responsible for conducting periodic developmental screening. The average age when children are identified as having a developmental delay is 5.9 years, which is too late and is cited as a missed opportunity. Children entering school with unidentified developmental delays are at greater risk for morbidities, poor health choices, delinquency, and criminal activity. Many studies have been conducted to explore the developmental screening behaviors of providers in primary care, but the majority of the literature has focused specifically on physician providers and does not represent the developmental screening practices of family nurse practitioners.

Purpose: The purpose of this study was to explore and describe the developmental screening behaviors, developmental screening skills, and environmental facilitators/constraints of primary care family nurse practitioners who care for children from birth to five years of age. Fishbein's Integrative Model of Behavioral Prediction guided the development of this study.

Methods: A qualitative descriptive design allowed for an in-depth exploration of the developmental screening behaviors, developmental screening skills, environmental facilitators, and environmental

constraints of family nurse practitioners in primary care. Demographic and semi-structured questions were developed and reviewed by nurse experts. An online demographic questionnaire was completed by participants. A secure digital conference room was used to conduct individual interviews. Elo & Kyngas' inductive approach of content analysis was used to interpret the data.

Findings: Twenty-four interviews were completed. Five main themes emerged during data analysis: developmental screening behaviors during well-child visits, developmental screening behaviors when a concern was raised, need for additional developmental screening skill, factors that support developmental screening, and factors that limit developmental screening. Sixteen sub-themes supported the main themes. Most family nurse practitioners were not using standardized developmental screening tools. The developmental screening behaviors of family nurse practitioners mainly consisted of actions that were informal. Family nurse practitioners were not familiar with current developmental screening recommendations, and they had difficulty describing most developmental screening instruments. Variation in practice, lack of time, parent resistance, referral challenges, and the design of validated developmental screening tools were constraints to the completion of developmental screening. Electronic health record templates and staff collaboration supported the completion of developmental screening.

Discussion: This study serves as a foundation to devising developmental screening recommendations for family nurse practitioners in primary care. Dissemination of developmental screening recommendations is necessary to inform family nurse practitioners of current standards for developmental screening. Family nurse practitioners require additional education on developmental screening and practice using validated developmental screening tools. Integration of developmental screening instruments with electronic health records may support the use of validated developmental screening instruments. Practice-wide implementation of developmental screening requires the involvement of all staff members within the practice setting. Eliciting parent concern was an important component of assessing child development for most participants. Developmental screening may be improved in primary care if family nurse practitioners considered implementing validated developmental screening instruments that rely on parent response.