ABSTRACT

OBJECTIVES: Recent guidelines recommend regular screening for developmental delays (DD) using standardized tests. Available evidence suggests that detection of DD is inaccurate in Canada. In Canada, where the majority of primary care is provided by family physicians, little is known about current practices, knowledge, and barriers to screening.

METHODS: A survey of 500 primary care providers in Canada. Familiarity with and use of the Nipissing District Developmental Screen (NDDS), Ages and Stages Questionnaire (ASQ), Parental Evaluation of Developmental Status (PEDIS), Modified Checklist for Autism in Toddlers (MCHAT) and the Rourke Baby Record (Rourke) were specifically examined.

RESULTS: A total of 154 clinicians returned the survey. The majority reported good familiarity with the Rourke (80.6%), but only half were familiar with the NDDS. A majority of clinicians were familiar with the ASQ (3.9%), PEDS (10.4%) and MCHAT (10.4%). Similar proportions of clinicians used these tests routinely in practice for developmental screening. The majority of respondents believed that interventions for DD were effective, but only half felt confident in how to care for DD, and 59% indicated there were insufficient community resources. Thirty (19.5%) felt confident that they could identify DD without screening tools, and a further 29.2% felt that eliciting parental concern was a good substitute for screening. The major barriers identified were lack of time (77.3%), familiarity with tests (66.8%), resources (60.4%) and reimbursement (86.8%).

CONCLUSIONS: These findings indicate that the majority of family physicians do not use standardized developmental screening tests and certain negative attitudes and beliefs as well as barriers can be attributed to this lack of screening. While the Rourke is used routinely, the developmental portion has never been standardized for developmental screening.

Developmental Screening Practices in Canada: A Survey of Primary Care Providers

Methods

Canadian Developmental Screening Practices

INTRODUCTION

• Developmental delays are common affecting up to 15% of children.
• Past research has indicated that identification of developmental delays without the use of standardized screening tools is inaccurate.
• Furthermore, developmental delays are among the most disabling conditions affecting preschool children, and as many as 30% of children with developmental disabilities are not recognized until they reach school age.
• As a result, the American Academy of Pediatrics and other authorities recommend regular screening of young children by their physician, using simple developmental screening tools.
• Past research in the US has demonstrated that the majority of pediatricians and family physicians use standardized developmental screening tests.
• In Canada, where the majority of pediatric primary care for children is provided by family physicians, little is known about developmental screening practices.
• The current research is aimed at studying the current practices, knowledge, attitudes and barriers to screening for developmental problems in children.

RESULTS

• The majority of providers were not familiar with existing standardized developmental screening tools.
• Likewise, most providers did not use developmental screening tools in practice.
• While familiarity with and use of the Rourke was high, this test has never been standardized for developmental screening.
• Furthermore, over-reporting of use of the Rourke for developmental screening is likely, because most physicians use this test for other aspects of well-child care, and not specifically for developmental screening.
• The NDDS was the most commonly used of the validated tools.
• Familiarity with and use of the most widely validated and recommended developmental screening tools - the ASQ, PEDS, and MCHAT - was extremely low (<10%).
• Inability to deal with developmental delays was a concern for many, as indicated by mention of lack of confidence in their ability to care for DD (<50%) and lack of community resources (39%).
• A significant number of providers believed they could adequately screen for DD without the use of developmental tools (20%) or by simply eliciting parent concerns (30%).
• The major barriers to developmental screening were:
  • Lack of time
  • Lack of familiarity with screening tools
  • Lack of resources in the community to deal with DD
  • Lack of sufficient reimbursement

CONCLUSIONS

• Dissemination of guidelines for use of standardized developmental screening tests is needed in Canada to increase the frequency of use of valid and reliable screening tests.
• Encouraging the use of available brief and validated developmental screening tools should be the focus of dissemination strategies.
• Because providers are familiar with the Rourke, future research should examine the validity of this tool for developmental screening.