

**CREATING A FRIENDLY SPACE
IN MEDICAL OFFICES FOR
CHILDREN WITH AUTISM AND
DEVELOPMENTAL DELAYS.**



Nancy Cronin, MA

Executive Director

Maine Developmental Disabilities Council

Nancy.e.cronin@maine.gov

VISITING MEDICAL PRACTICES OFTEN INCLUDES:

- Waiting Rooms
- Exam Rooms
- Fluorescent Lights
- Beeps, Bangs, Crackly paper and Cry's
- Smells
- Pokes and Prods
- Being Touched



SOCIAL STORIES

- Prepare social stories specific to your practice. Use pictures of your registration, exam rooms, staff.
- Prepare social stories for common procedures and appointment types
 - Well Child Check
 - Sick Visit
 - Blood Pressure
 - Immunizations

Consider making your own video with your staff and encourage the patient to view an online visit prior to the visit. BUT MAKE SURE WHAT YOU SAY IS TRUE 😊 Don't change the furniture



WAITING ROOMS

Possible problems

- Over stimulating
 - Bright Colors and Toys
 - Stark and Scary
 - Strange Sights
 - Unpredictable Sounds
 - Lots of Movement
- Anticipatory anxiety

Possible solutions

- ✓ Limit time in the environment.
- ✓ Schedule low volume times
- ✓ Option to contact parent in the car when room is ready. Remote check in

Schedule the first or last appointment of the day in order to avoid waiting



EXAM ROOMS

POSSIBLE PROBLEMS

- Fluorescent Lighting
- Scratchy, crinkly paper
- Gowns
- Odd medical equipment

POSSIBLE SOLUTIONS

- ✓ Dim the light when possible/consider using only natural light if sufficient
- ✓ Option for a sheet on the exam table instead of paper
- ✓ Ask families to dress patient with a comfortable undershirt and listen to heart and lungs under their clothing
- ✓ Some individuals need/want to know what each instrument is that will be used and better yet handle it
- ✓ Have self-calming activities available i.e. Bubble / other distractions
- ✓ Consider offering a dry run or a walk through prior to completing difficult procedures or examinations



EXAMS

POSSIBLE PROBLEMS

- Scent of Disinfectants
- Shots and Tests
- Physical Contact

POSSIBLE SOLUTIONS

- ✓ Provide parents with samples of the disinfectant smell so they can include it in social story
- ✓ Show equipment, and if appropriate, allow them to handle the equipment prior to use.
- ✓ Be comfortable with and use Picture Exchange Communication Systems when applicable
- ✓ “If there are going to be shots the parents should be told ahead of time.”
Parent

“Don’t use a lot of words and don’t spend a lot of time trying to talk them into it. Just say ‘I’m going to look in your ears with this light’ and then do it.” *(Colletti, Sally J (2011)*

Making the doctor’s office less stressful

<http://www.examiner.com/article/making-the-doctor-s-office-less-stressful>)



PARENT IDEAS

- ✓ Bring a “safe” item – “for my son it is his jacket.”
- ✓ Rehearse the doctor visit.
- ✓ Practice pretend medical procedures at home.
- ✓ Organize paperwork well in advance of the visit.
- ✓ Make and take written list of questions or issues to discuss with the doctors.
- ✓ Remind the office staff upon check in that your child has autism.





PHYSICIAN PRACTICE READINESS FORM

Caring for adult patients with intellectual or developmental disability

Scheduling Considerations?

- Consider scheduling longer visits (up to 15 additional minutes).
- Consider scheduling during low volume times; early morning or last appointment of the day.
- Consider scheduling a telehealth visit when appropriate.
- Attempt to schedule appointment with the same staff & MD; familiarity and relationships are important.
- Encourage pre-medication prior to appointment if applicable/appropriate.
- Encourage the patient to bring a comfort object.
- If scheduling with a family member or support person consider when the best time is to notify the patient of the appointment, allowing time for processing.
- If injections or phlebotomy is likely, encourage the patient to view an online video prior to the visit.
 - Consider making your own video with your staff, alternatively have some videos to recommend.
- When possible arrange to have documents i.e. consent forms etc. completed prior to the appointment
- Consider identifying preferred methods of communication and if an augmentative communication device is used.

Office/Exam Room Considerations?

- Prepare social stories specific to your CHC. Use pictures of your registration, exam rooms & staff.
 - Prepare social stories for common procedures and appointment types
 - Well visit
 - Sick visit
 - Phlebotomy
 - Immunizations / Injections
- Select an exam room away from others in a quiet area to designate as a low stimulation exam room.
 - Prepare the exam room by eliminating removable hazards (replace clocks with glass faces to those with plastic faces, shatterproof mirrors etc.)
 - Prepare the exam room with sphygmomanometer prior to arrival (minimize noise/overstimulation).
 - Prepare the exam room with a scale – if not possible, weigh the patient on the way out of the office.
- Dim the lights when possible/consider using only natural light if that is sufficient.
- Have self-calming activities available i.e. Bubbles / other distractions.
- Decrease transitions as much as possible.
 - Bypass the waiting room, if room not available, consider have patient wait in the car.
- Consider accessible exam tables / availability of patient lifts for transfer to tables.

PHYSICIAN READINESS FORM

Caring for adult patients with intellectual or developmental disability

Care Provision Considerations

- Consider obtaining a problem list and other available/pertinent information prior to the appointment.
- Always speak to the patient first and not individual accompanying them, unless necessary.
- Explain what is going to be done prior to doing it, allowing time for internal processing.
 - Consider incorporating social stories in helping to explain procedures while providing care.
 - Seek permission and notify the patient prior to touching them.
 - Provide an estimation as to how long something will take. Be specific, avoid using "a few minutes."
- Show equipment and if appropriate allow them to handle the equipment prior to using (i.e. autoscope)
- Assess the patient on the examination table, not in their wheelchair even if they are difficult to transfer.
- Identify where the patient's safe space is and keep it safe. If their wheelchair is a safe space avoid violating it by administering injections or potentially painful procedures while they are in it.
- Use numbing cream when appropriate.
- Establish a signal for the patient to use if they need a break.
- Limit the time patients are required to be gowned or undressed; or encourage loose fitting clothing that will allow for your assessment.
- Consider offering a dry run or a walk through prior to completing difficult procedures or examinations
- Constipation is a common issue consider including this in a differential for abdominal pain visits.

Staff Preparation Considerations

- Expect to invest more time per visit.
- Remain comfortable during uncomfortable procedures.
- Stress may impact the patient's ability to communicate.
- Behaviors can equal pain/fear.
- Avoid the use of figures of speech, use concrete terms.
- Be flexible and not rigid.
 - If the situation allows and the provider is safe, consider providing an evaluation in their vehicle.
- Utilize augmentative communication device.
- Be comfortable with and use Picture Exchange Communication Systems when applicable.
- Be aware of the specific documentation requirements for service eligibility forms.

Acknowledgement

This document was prepared with the assistance of the Maine Primary Care Association PSO, the Maine Developmental and Disabilities Council and Nemours Children's Health System. ECRI would like to extend its gratitude for their knowledge sharing and in kind endowment of expertise in the area of treating patients with intellectual or developmental disabilities.

Policy Statement

The information provided in this document may be derived from several sources, such as relevant scientific and management literature, published best practices, standards and regulations, surveys and/or questionnaires to healthcare providers and healthcare organizations. This document is intended as an educational tool representing industry answers to address best practices around caring for an individual with intellectual and developmental disabilities in the ambulatory care setting. We make reasonable efforts to ensure that our reports are up to date and our sources are reliable but cannot guarantee the accuracy of information gathered from third parties. The contents of this document should not be regarded as a guarantee of the safety, performance, or cost-effectiveness of any equipment, device, system, or practice. Any recommendations contained in this document do not constitute legal advice. You should consult legal counsel for specific legal guidance and should develop clinical guidance in consultation with clinical staff.



THANK YOU

CONTACT ME ANYTIME

NANCY CRONIN

NANCY.E.CRONIN@MAINE.GOV

