



Advancing Knowledge and Skills to Support Early Relational Health and Child Development in Clinical Practice

A Guide for Pediatric and Family Medicine Residency Programs
Using the [Keystones of Development Curriculum](#)

OCTOBER 2024

New Jersey Chapter

INCORPORATED IN NEW JERSEY

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN® 

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TIP

Look for the lightbulb throughout this guide for helpful implementation insights.



LEARN MORE

Underlined text is linked to websites, journal articles, and other useful external sources. Click to take a deeper dive.

Background on the Guide

This replication guide evolved from a collaborative partnership between two organizations dedicated to

promoting strong, positive, and nurturing relationships in pediatric settings.



The New Jersey Pediatric Residency Program (NJPRAC)

NJPRAC is a statewide joint effort with faculty leads from all nine pediatric residency programs in New Jersey formed under the American Academic of Pediatrics (AAP) Community Pediatrics Training Initiative. The primary mission of NJPRAC is to build community partnerships between pediatric residency programs and local organizations and develop a core advocacy curriculum for pediatric residents trained in New Jersey.

[📍 See Appendix A for more information on NJPRAC →](#)

The Mount Sinai Parenting Center (MSPC)

MSPC aims to transform the way pediatric healthcare is delivered by maximizing opportunities to promote strong parent-child relationships and early childhood development within everyday healthcare interactions. Through provider training, environmental transformation, and pioneering research, MSPC's easily-scalable programming leverages the healthcare space to reach families in the earliest years.

In 2019, NJPRAC and MSPC joined forces to deliver on their missions. Together, they worked to incorporate the Keystones of Development curriculum, along with supplemental learning enhancements, across all nine pediatric and eventually to all 12 family medicine residency programs in New Jersey, with the support of the New Jersey Chapter, American Academy of Pediatrics (NJAAP).

This guide was created to assist residency programs in the US that seek to enhance training on how to promote Early Relational Health and child development with caregivers during well-child visits using the Keystones of Development. While this guide offers learnings and recommendations based on experiences implementing the Keystones curriculum in programs throughout New Jersey, it is not meant to be prescriptive. Rather, we hope this guide will inspire readers with ways to think about enhancing and strengthening medical education by emphasizing Early Relational Health and child development.

We are grateful to the Burke Foundation for providing the resources that made this guide possible.

How Well-child Visits Can Amplify the Power of Positive Caregiving & Early Relational Health

Recent scientific advancements in understanding nascent brain and biological development confirm that **a child's earliest years greatly influence lifelong health and well-being.**

The largest amount of brain growth occurs from birth to age three. It's a time when parents and caregivers play a pivotal role in laying a strong foundation for physical and behavioral health, social and emotional well-being, and learning. **Consistent, nurturing interactions with infants and toddlers are the building blocks of early relational health**, and can play a powerful role in buffering against the toxic effects of stress and adversity.



Early Relational Health Defined

The Center for the Study of Social Policy at Georgetown University defines *Early Relational Health (ERH)* as:

“the state of emotional well-being that grows from the positive emotional connection between babies and toddlers and their parents/caregivers when they experience strong, positive, and nurturing relationships with each other.”²



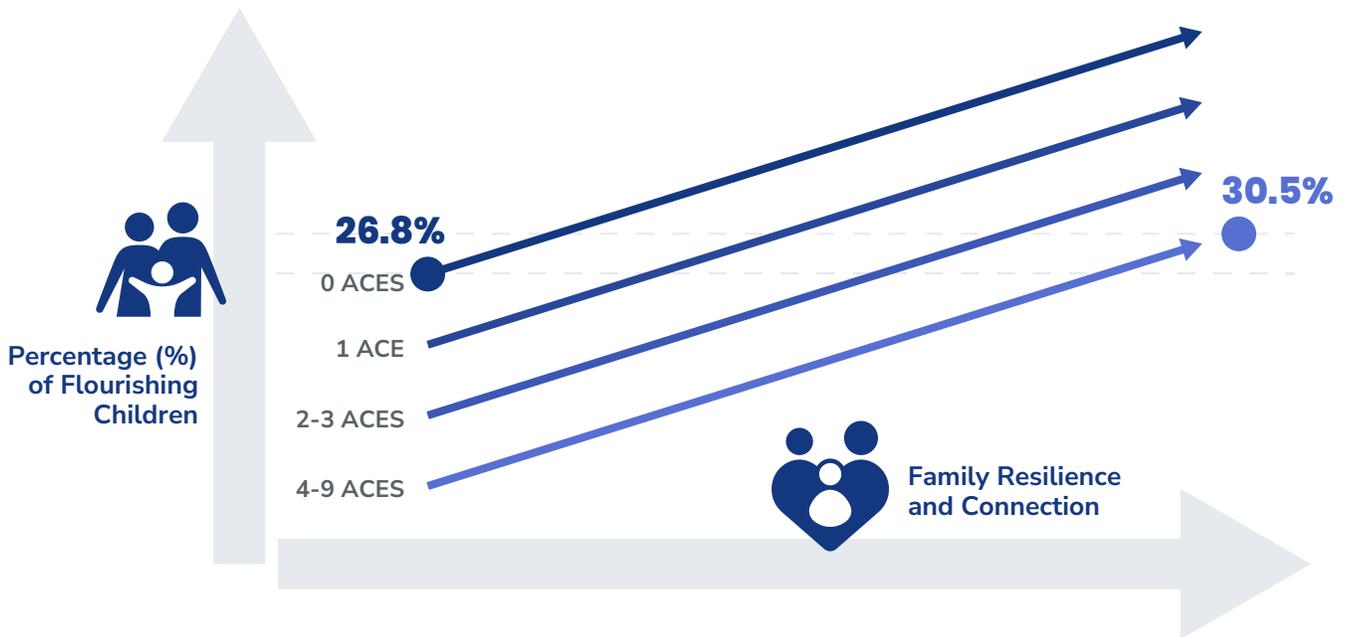
Despite caregivers' desire to provide consistent and responsive care to help their children reach their full potential, many families lack the support needed to provide this foundation. This is especially true for those who face stressors, have inadequate financial resources, or struggle with behavioral health challenges — all of which run the risk of undermining the formation of nurturing, safe, and stable relationships between caregivers and young children.

As a universally-accessible and trusted source of information for most families, pediatrics can play an important role in helping caregivers set young children on a positive path. This makes well-child check-ups timely opportunities for healthcare providers to coach caregivers on early childhood development and how to foster nurturing interactions.

The American Academy of Pediatrics (AAP) issued a policy statement in 2021 encouraging a “public health approach that builds relational health by partnering with families and communities.”¹ The AAP recommends that children see their pediatrician for 14 well-child visits in their first five years of life, so clinicians are well-positioned to equip parents and other caregivers with tools to support their child’s social, emotional, and cognitive development. Safe, stable, and nurturing relationships have been shown to reduce the effects of toxic stress and adverse childhood experiences (ACEs).

Positive Childhood Experiences can Mitigate ACEs

Percentage of US children ages 6-17 who were flourishing according to the Family Resilience and Connecting Index (FRC) score, stratified by the number of ACEs.



Data from National Survey of Children’s Health 2016/17 (51,000 Children)

NUMBER OF ACEs	PERCENT (%) FLOURISHING BY FAMILY RESILIENCE & CONNECTION		
	0 OR 1 PCEs	2 OR 3 PCEs	4-6 PCEs
0	26.8	44.3	57.6
1	20.1	36.6	48.4
2-3	16.8	30.6	40.8
4-9	11.9	21.6	30.5

Bethell et al, 2019.

Pediatricians' potential to be Early Relational Health champions is hindered by a lack of exposure to positive parenting and early childhood development topics in medical school. In a national survey of pediatric residency program directors, only 11% indicated that their program did "very well" in educating residents about parenting skills.³ Despite this, most respondents concurred that it was "very important" to educate residents on this topic. **The most frequently-reported barrier to educating residents was a lack of curriculum.** Nearly half of the respondents identified self-learning as the ongoing method for how residents learned parenting behaviors.



76%

of graduating pediatric residents **felt unprepared** to advise parents on promoting early child development.

To fill this gap, the Mount Sinai Parenting Center and the Bezos Family Foundation partnered to create Keystones of Development, a comprehensive and accessible curriculum that shows residents how to encourage nurturing parenting environments within routine well-child visits that promote brain development and help strengthen caregiver-child relationships.



Data from a **2018 pilot study** conducted by MSPC at eight sites across the US showed a **statistically-significant improvement** in residents' knowledge, confidence, and self-reported behaviors after completing the Keystones curriculum.

The curriculum has been widely praised by participants, faculty, and experts in the field.⁴ [Now in use at over 400 pediatric and family medicine residency sites across the country](#) in 48 states and the District of Columbia, Keystones aims to train the next generation of pediatricians and family medicine physicians to deliver enhanced care for the patients and families they serve.



A commitment to making sure every family — regardless of where they live, their race, ethnicity, financial situation, or education — can provide the safe, stable, and nurturing relationships that are the foundation of every child's healthy development inspired the Burke Foundation, based in Princeton, to fund scaling Keystones of Development in New Jersey residency programs.

The curriculum complements the Foundation's sharp focus on Early Relational Health and its [First 1,000 Days](#) initiative, which makes use of this untapped opportunity to provide parenting guidance during routine pediatric appointments. Considering the results of the MSPC pilot study, the potential for impact was compelling: Educating between 200 and 400 residents would translate into affecting thousands of young children and their caregivers each year for those who choose to pursue primary pediatric care.

Evaluation results in New Jersey also found changes in residents' knowledge, confidence, and self-reported behaviors in addressing early childhood development, nurturing parent-child relationships, and building resilience within families to protect against stressors.

For example, pre/post results from a resident survey revealed a **79% increase** in discussing early child development topics with caregivers, a **73% increase** in modeling positive interactions with children, and a **52% increase** in praising caregiver behaviors (these changes are statistically significant). Overall, most residents and faculty preceptors said they felt the curriculum improved residents' skills and confidence in promoting Early Relational Health with pediatric patients and their caregivers – underlining the significant potential to improve their patients' lifelong health and wellbeing.

 [See Appendix D for more results from the evaluation →](#)

Encouraged by early successes and insights gleaned from replicating the curriculum with residency programs, AAP's New Jersey chapter became the first to expand its reach to experienced pediatricians. Faculty preceptors shared during focus groups that they gained knowledge and skills right alongside their residents. While some content was not new to them, many appreciated that Keystones of Development provided user-friendly language to communicate early childhood concepts more effectively to families.

As a result of this feedback, in spring 2021, NJAAP began delivering Keystones to practicing physicians through a Project ECHO (Extension for Community Healthcare Outcomes) quality improvement project. The chapter offered 25 Maintenance of Certification Part 4 points to educate experienced physicians on how to incorporate parenting guidance into routine well-child visits using the Keystones curriculum. With funding from the New Jersey Department of Children and Families, this Project ECHO series has been delivered to two cohorts of physicians from 26 diverse practices.



**For more information
and to request
free access to the
curriculum**



VISIT THE MOUNT SINAI
PARENTING CENTER WEBSITE
www.mountsinaiparenting.org

OR



CONTACT THE TEAM
keystones@mssm.edu

Keystones of Development

OVERVIEW

This 4-hour, self-directed, free curriculum focuses on six developmental keystones:

Attachment, Autonomy, Self Regulation, Perspective Taking, Problem Solving, and Academic Knowledge. Each lends itself to teachable moments in the pediatric visit, primarily depends on parent behaviors, and is strongly predictive of later well-being.



SECURE
ATTACHMENT



AUTONOMY



SELF
REGULATION



PERSPECTIVE
TAKING



PROBLEM
SOLVING



ACADEMIC
KNOWLEDGE



Through modeling, information sharing, and positive acknowledgment, the curriculum demonstrates the powerful role primary care providers can play in promoting these keystones in everyday practice – helping families to build relationships and skills that can buffer the impact of adversity in their lives.

The Keystones curriculum consists of **13 modules**, each approximately **15–20 minutes** in length.

13
MODULES

+

15–20
MIN EACH



It begins with an Introduction and then is divided into two sections:

THE EXAM ROOM

Six exam room modules demonstrate **strategies to promote positive parenting** in well-child visits ages 0-5 with specific language, tools, and suggestions.

THE CLASSROOM

Six classroom modules **focus on each keystone and highlight the work of researchers** in neuroscience and the science of early childhood development.

**INTRODUCTION
MODULE**

**SIX EXAM ROOM
MODULES**

+

**SIX CLASSROOM
MODULES**

Each module is followed by a quiz to test acquired knowledge and reinforce concepts, and includes *summary sheets*, *parent handouts*, and *additional training topics to explore*.

**12 POST MODULE
QUIZZES**

▶

**SUMMARY
SHEETS**

+

**PARENT
HANDOUTS**

+

**ADDITIONAL
TRAINING TOPICS**

Five Steps to Incorporate Keystones of Development into Residency Programs

Below is a step-by-step guide for implementing the Keystones of Development in residency programs.

It draws on learnings from NJPRAC and MSPC piloting the curriculum in New Jersey.*



STEP 1

Cultivate Initial Buy-in



STEP 2

Familiarize Local Preceptor Champions and other Faculty with the Program



STEP 3

Contextualize and Integrate the Curriculum



STEP 4

Foster Ongoing Engagement



STEP 5

Research and Refine (optional)

STEP 1

Cultivate Initial Buy-in

Successful uptake of the Keystones of Development relies on support from a core team that can champion and advise on design, implementation, and evaluation (if an evaluation is preferred) of the initiative. This core team can include state AAP chapter staff and such content experts as general pediatrics and developmental-behavioral pediatric faculty and residency program leadership to serve as “faculty champions.”

 See Appendix B for more information on the core planning and implementation team →

Identify faculty champions for the core planning team and opportunities to convene.

The cadence of planning meetings can be flexible, though every other week or else larger monthly meetings with a subset of team members who meet more frequently to keep different facets of the planning moving forward is recommended.

Schedule an hourlong onboarding session to familiarize the core planning and implementation team with the curriculum and its value for residency education

Each residency program that plans to adopt Keystones of Development should **identify at least one local preceptor champion and resident champion** to serve as liaisons with the core team to coordinate local rollout and implementation of the curriculum.

The core team should engage the local preceptor and resident champions through quarterly check-ins to assess progress and offer support as needed.

*Several components in this section, specifically in Steps 4 and 5, reflect enhancements developed in New Jersey, such as the guest lecture series. Local efforts can adjust Keystones of Development implementation to meet their needs and preferences.

STEP 2

Familiarize Local Preceptor Champions and other Faculty with the Program

As local residency programs begin to develop their implementation plans, ensure faculty members are familiar with the Keystones of Development curriculum and materials and have opportunities to advise on integration with the existing residency curriculum.

Complete the 45-minute faculty training module as a group at faculty meetings to build a shared foundational understanding of the curriculum and reinforce key content.

Dedicate time to group discussion of implementation approaches, potential challenges, and solutions to guide design.

Provide in-person and email reminders to all continuity clinic preceptors to complete the module.

STEP 3

Contextualize and Integrate the Curriculum

Local residency programs should collaborate with the core planning and implementation team and other stakeholders to design an implementation plan best suited to their individual residency education needs.

Determine how the Keystones of Development curriculum will fit into existing resident training from an operational perspective. For example:

- Provide protected time during rotations for residents to complete modules as a group versus expecting them to complete them independently during their personal time.
- Explore opportunities for group reflection and discussion, such as a morning report or other series.
- Consider focusing on a single Keystone for a month or so at a time. Faculty could more intentionally reinforce the material and residents could focus on that specific domain across age groups rather than attempt to apply the entire curriculum at once. Signage around the nurses' station and other common areas would signal which Keystone is being highlighted and would remind attending physicians to discuss it with the residents.

Decide when residents will engage with the curriculum (for example, second-year vs. third-year residents).

- While Keystones can be implemented in any year, there is value to do so in the first or second. Considering that 60% of residents strongly agreed or agreed with this survey item: "I do not have enough knowledge about parenting behaviors that promote a child's social, emotional and cognitive development to advise caregivers" before they began the curriculum. Introducing Keystones earlier in their residency career will provide more time to build their knowledge of early childhood development and positive parenting as well as to strengthen their skills in addressing and modeling these topics during the well-child visits.

Determine how faculty will reinforce and evaluate learnings from the curriculum, such as through Objective Structured Clinical Examinations (OSCEs) or morning rounds.

Explore the feasibility of embedding elements from the Keystones curriculum directly into the electronic health record.

- During patient visits, residents go through questions from the record; anything not in it can be more difficult to remember during clinical exams. Embedding the content into the records (for example, with dropdown menus and information that evolves depending on the age of the child) will consistently reinforce the curriculum concepts and help residents incorporate these into conversations with families.

STEP 4

Foster Ongoing Engagement

Implement supplemental learning enhancements.

💡 [See Appendix C for more information](#) →

Identify 1-2 resident champions at each residency program to foster uptake and integration of the curriculum among peers.

- This leadership role can be highlighted during interviews for fellowships or other future professional positions.
- In New Jersey, the NJPRAC resident liaison assumed responsibility for championing the curriculum among peers and received a \$250 stipend.

Consider a kickoff event with faculty and residents to give a high-level overview of the Keystones of Development.

Build in moments for reflection and reinforcement, such as regular check-ins during faculty meetings and focus groups with residents throughout the year.

Create a guest lecture speaker series with subject matter experts to offer further practical guidance and engagement with residents.

- Topics could explore facets of trauma-informed care, the social determinants of health, adverse childhood experiences, and Early Relational Health, among others
- See [page 20 in Appendix C](#) for information on the speaker series used in New Jersey with details on expert speakers, learning objectives, and recordings of the 60-90-minute webinars

Create a quarterly health equity morning report series to reinforce the 6 keystones and related concepts through case-based learning, group troubleshooting, and further exploration of topics of interest covered in the curriculum.

- A morning report series with a health equity focus enables faculty and residents to deepen their clinical and relational practice with young children by understanding how social and other contextual factors – such as poverty or a history of trauma – may affect the health and wellbeing of patients and their caregivers, and what pediatrics and family medicine residents and practicing physicians can do to help counterbalance those stressors.
- Topics of the first three morning report series were immigrant health and social support, maternal depression and child bonding, and newborn care by a parent with a hearing impairment.
- Faculty and community partners with subject matter expertise can join to provide guidance and coaching. (See [page 26 in Appendix C](#) for details on the health equity morning report series.)

STEP 5

Research and Refine OPTIONAL

While not required to successfully implement Keystones of Development, consider developing an evaluation plan to assess engagement and effectiveness of the Keystones, and then use learnings to inform ongoing improvements to implementation.

💡 [See Appendix D for information on evaluation and results achieved in New Jersey](#) →

💡 [See Appendix E for a Sample Planning Timeline](#) →



As of publication date for this guide, the Keystones of Development curriculum is accredited for Continuing Medical Education credits (4 hours) by the Mount Sinai Parenting Center. The team also secured Maintenance of Certification Part 2 for the curriculum, both of which are valuable incentives, especially for practicing providers.

Lessons Learned & Recommended Implementation Strategies

Through implementation of the Keystones of Development curriculum in New Jersey, residents, faculty, and NJPRAC and NJAAP staff identified several **lessons learned and made recommendations that other pediatric and family medicine residency programs across the US may find useful.**

LESSON 1

Coordinate Participation Across Programs

Each residency program individually managed how its residents implemented Keystones of Development using local oversight practices, resulting in inconsistent ways to track and follow up.

For example, some programs lost track of their resident IDs used for pre- and post-surveys, making it difficult to pair data. Others felt burdened by the need to share reminders with residents to complete the curriculum or surveys and found it difficult to maintain regular follow-up.



RECOMMENDATION

Use a “master list” of resident email addresses and IDs to enable a representative from your core implementation team to share resident reminders, track survey completion, and monitor overall progress.

LESSON 2

Generate Learning Across Programs

During implementation, residency programs used strategies tailored to their specific needs and experimented with different approaches and forms of engagement with faculty, residents, and families.

This generated a set of fresh ideas and rich learnings that could likely benefit other programs. Routine touchpoints between programs, including a kickoff event with faculty across all participating programs to walk through the Keystones of Development platform together, share implementation strategies, and discuss questions was valuable for participating programs.

Another opportunity for sharing could include a quarterly learning e-mail featuring innovative implementation strategies used by different programs.



RECOMMENDATION

Create a forum for sharing learning across programs (e.g., kickoff events and quarterly learning meetings, e-mail lists to share ideas), coordinated by a representative from your core implementation team.

LESSON 3

Engage Faculty

Many programs reported viewing the faculty training module as a group during staff meetings.

This ensured that all faculty viewed the module and provided an opportunity for discussion about implementation and reinforcement of the curriculum content.

Some programs found that a kickoff event created an opportunity to bring everyone together and build momentum around the curriculum and its importance. Following the kickoff, Keystones of Development implementation can be added as an agenda item for routine faculty meetings to continue the conversation and address any necessary modifications to your implementation strategy.

**RECOMMENDATION**

Complete the faculty training module as a group, using the opportunity not only to introduce content, but also to discuss and align on implementation approaches with all preceptors, and identify opportunities to engage faculty throughout the implementation process (e.g., as a recurring agenda item during faculty meetings).

LESSON 4

Promote Curriculum Completion

Programs that carved out time for residents to complete the curriculum and discuss content had better outcomes than those who asked residents to complete the curriculum on their own time.

Some programs included a discussion of cases and how Keystones were applied during morning report to reinforce the curriculum. Others made the curriculum a required component of a rotation and built time into resident schedules and/or morning report to complete the curriculum and surveys.

**RECOMMENDATION**

Set aside time for residents to complete the curriculum, including viewing and discussing each module's content, rather than asking residents to complete the curriculum on their own time.

LESSON 5

Reinforce Curriculum Concepts

During implementation, many programs found value in identifying additional opportunities to reinforce the concepts covered in the curriculum, rather than relying on individual learning when viewing the modules.

Some had residents present cases/patient scenarios and talk through how they related to the curriculum. Others used checklists that incorporated Keystones into routine workflows for well-visits and encouraged residents to discuss their application after visits.

**RECOMMENDATION**

Create additional touchpoints for review and application of curriculum concepts, including through presentations, example scenarios, and group discussion forums.

LESSON 6

Reinforce Concepts in Daily Practice

Programs indicated that the more readily available curriculum materials are, the more likely they are to use them.

This included strategies such as (1) keep pre-printed double-sided handouts (English and Spanish) in a central location, (2) post copies of the Resident Summaries on bulletin boards for quick reference, (3) use Resident Summaries as a checklist to record what residents address and discuss after each visit, (4) add a web browser shortcut to computers linking to the Mount Sinai Portal for easy access to the curriculum, (5) add signage in the nurses' station and other common areas that would rotate depending on the featured Keystone to be highlighted.



RECOMMENDATION

Make Resident Summaries visible and accessible in daily practice and encourage use as an at-a-glance reference and reminder to residents to incorporate this guidance into patient visits. Incorporate other visual cues as feasible.

LESSON 7

Engage with Caregivers

The curriculum aims to improve outcomes through effective communication and engagement between residents and caregivers.

Programs found that residents reinforced their own knowledge and mastery of the curriculum by using teach-back approaches to confirm that families understood what was being communicated and asking caregivers to summarize what they learned during visits.

These types of interactive approaches helped residents identify and address obstacles to caregiver comprehension – from language barriers to the desire for practical examples – and use these learnings to improve future interactions and visits.



RECOMMENDATION

Use interactions with families to reinforce and deepen residents' learnings through teach-back, learning summaries, and question-based discussion with caregivers.

LESSON 8

Integrate Keystones of Development into Electronic Health Records

In our focus groups, preceptors noted EHR template integration as one strategy to incorporate the Keystones into routine workflows for well-visits.

Programs that used quick text/dot phrases found that these notes served as a helpful reminder for residents to incorporate guidance into the well-visit and made after-visit documentation easier.



RECOMMENDATION

Embed the Keystones into Electronic Health Record templates as a reminder for resident to integrate concepts into patient encounters and use quick text/dot phrases to generate guidance that can be shared in the after-visit summary.

LESSON 9

Support Learning Across Languages

While the Keystones resources are offered in English and Spanish, many families prefer another primary language.

Programs noted such challenges with implementing parenting guidance when working with interpreters as ensuring a clear understanding of the guidance discussed and found that having a pre-meeting with interpreters and using teach-back for caregivers to provide a summary of their takeaways from the visit was helpful in promoting caregiver comprehension.

Programs employed several other approaches during implementation to address this, including printing double-sided handouts in English and Spanish, translating handouts into other languages commonly spoken by families in their clinic, and distributing bilingual Reach Out and Read books.



RECOMMENDATION

Identify ways to provide additional support to families whose primary language is not English (e.g., interpretation services, translated and/or bi-lingual materials).

- Family handouts are available in Arabic, English, Spanish, Portuguese, Haitian Creole, Korean, and Vietnamese.

💡 See Appendix F for resources →

LESSON 10

Capture Data to Guide Improvements

Alongside completion of the curriculum, we invited residents to complete pre- and post-surveys to help programs understand residents' content knowledge and implementation.

This data was sometimes difficult to capture and analyze due to confusion over survey ID numbers, incomplete surveys, and time between curriculum completion and survey touchpoints. Some programs addressed these challenges by carefully tracking survey completion and following up regularly in person and through e-mail, as well as by carving out dedicated time in resident schedules to complete surveys.

Ensuring more comprehensive data collection will be critical to identifying needs for additional training, supporting continuous learning, and assessing program impact for current and future participants. Many programs also noted that it would be helpful to collect additional longitudinal data to understand how the curriculum influenced their approach to patient care in the long term.



RECOMMENDATION

Provide residents with designated time to complete surveys, track completion rates, and follow up with residents to ensure completion.

Complement the data from post-surveys about how residents are incorporating their new knowledge into well-visits in the short term with additional survey data (e.g., a year after completion of curriculum) to gauge longevity of content knowledge and implementation.

Acknowledgements

These **core contributors and content experts** facilitated implementation of this statewide curriculum through NJPRAC:

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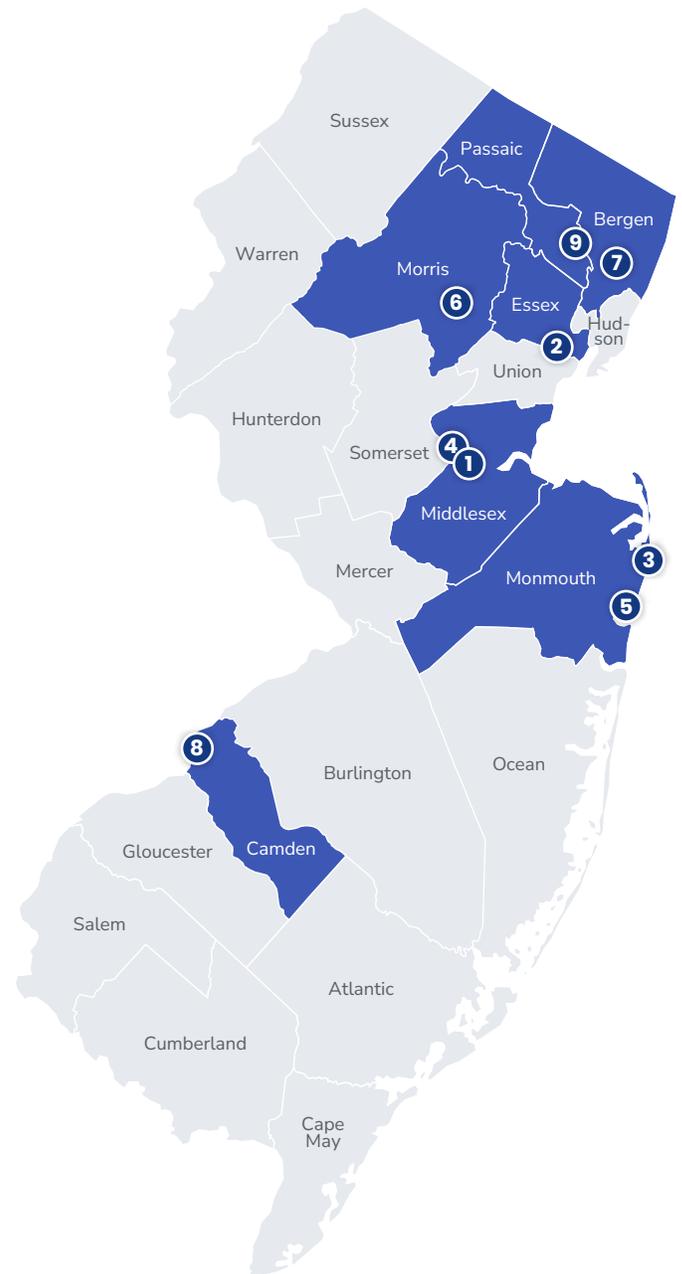
Funding for statewide implementation of the Keystones of Development curriculum and supplemental activities in New Jersey was generously provided by the Burke Foundation. Past grant support from the American Academy of Pediatrics and The Nicholson Foundation helped establish the New Jersey Pediatric Residency Advocacy Collaborative, through which this initiative was implemented.

Appendix A

NEW JERSEY PEDIATRIC RESIDENCY ADVOCACY COLLABORATIVE

NJPRAC Members

MAP	PROGRAM	LOCATION (New Jersey)
1	Rutgers Robert Wood Johnson Medical School	New Brunswick
2	Rutgers Health/Newark Beth Israel Medical Center	Newark
3	Monmouth Medical Center	Long Branch
4	Saint Peter's University Hospital	New Brunswick
5	Jersey Shore University Medical Center	Neptune
6	Atlantic Health/Goryeb Children's Hospital	Morristown
7	Hackensack University Medical Center	Hackensack
8	Cooper Medical School of Rowan University/Cooper University Hospital	Camden
9	St. Joseph's Regional Medical Center	Paterson



Appendix B

CORE PLANNING AND IMPLEMENTATION TEAM

Successful implementation of the Keystones curriculum is facilitated by identifying and establishing a **core planning and implementation team** consisting of your state AAP Chapter staff and content experts who can **champion the curriculum in your state**.

Your core team will support the **design, implementation,** and **evaluation** (if your state AAP Chapter chooses to evaluate the program) of local, regional, or statewide rollout by collaborating to:



Engage individual residency programs



Identify additional language needs for communities in which residents practice and translation of family-oriented materials as needed



Identify subject matter experts to conduct Speaker Series presentations



Provide technical assistance to residency programs that encounter challenges to implementation



Develop agendas, presentations, and points of discussion for quarterly meetings with faculty and resident champions



Complete educational credit applications and attain ABP approval for Maintenance of Certification (MOC) points and Continued Medical Education (CME) credits for educational activities



Develop and disseminate marketing and such other communication materials as e-news, social media, websites, flyers, program briefs, press releases, etc.



Use evaluation tools and monitor curriculum feedback from residents, faculty preceptors, and families



NJAAP's Core Planning Team included:

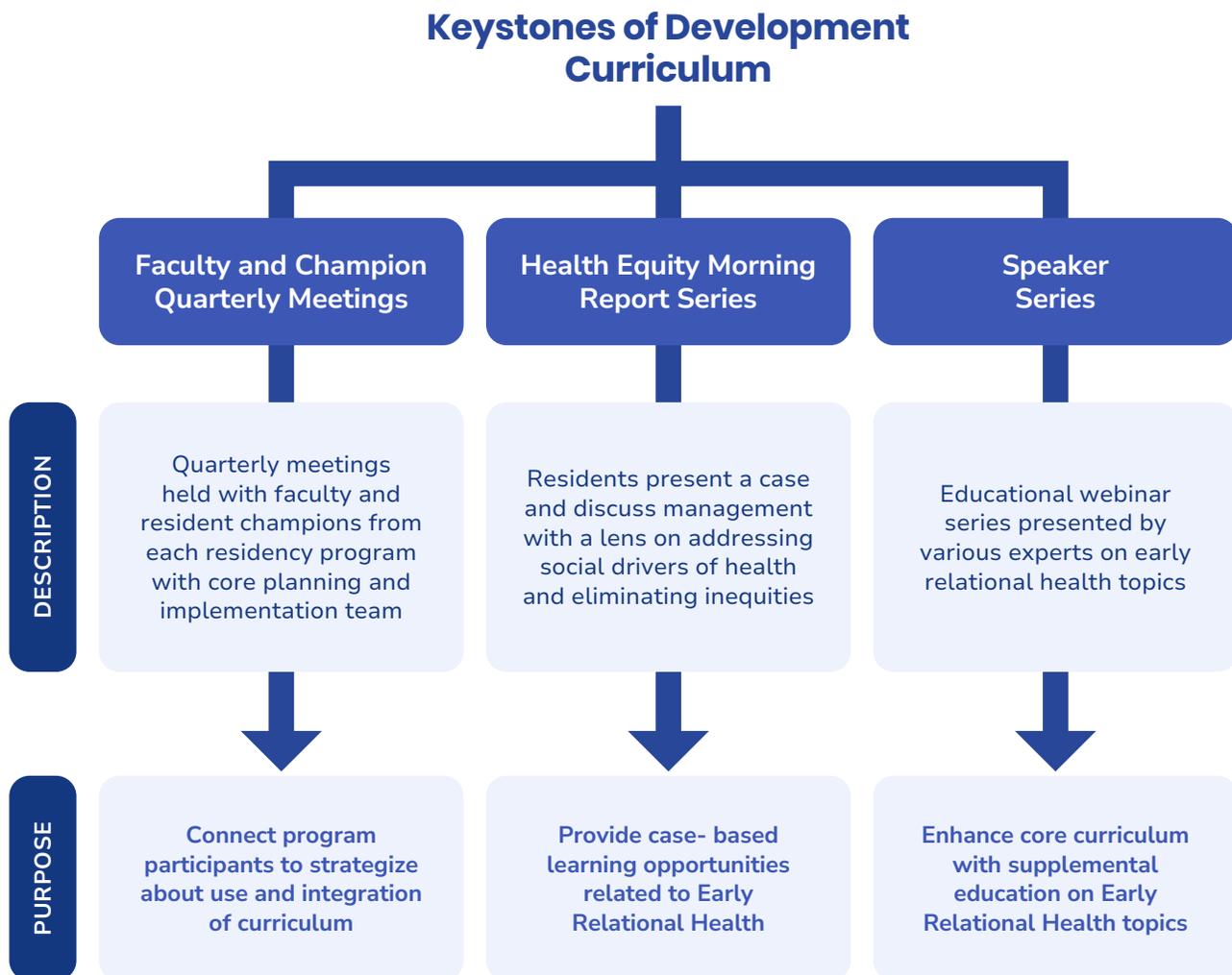
- ✓ Leadership from the Mount Sinai Parenting Center
- ✓ External program **evaluation team**
- ✓ **Subject matter expert physicians** (faculty champions), including NJAAP's early childhood champion NJPRAC co-leads
- ✓ NJAAP **staff**

Appendix C

SUPPLEMENTAL LEARNING ENHANCEMENTS

NJAAP used a **three-pronged approach** to engage residency programs across the state and encourage statewide collaboration.

These components complemented the Keystones curriculum and included [faculty and champion quarterly meetings](#), [speaker series](#), and [health equity morning report series](#). While implementing these activities is optional, each component provides an opportunity for individual residency programs or small groups of programs and state AAP chapters to enhance the core curriculum:



Speaker Series

To complement the rollout of the Keystones of Development curriculum, NJAAP coordinated a [quarterly speaker series](#) for residents, faculty physicians, and community-based pediatricians.

Experts in varying fields related to Early Relational Health presented during [60- to 90-minute webinars](#), with opportunities for participant discussion and Q and A following each lecture. Below are highlights from the eight webinars presented during years one and two, all of which reinforced the sample topics and mention series reinforced content in Keystones.

DATE	SESSION TITLE	PRESENTER
JUN 2020	“Putting Your Trauma Lens On”	Sasha Svendsen, MD
JUL 2020	“Early Relational Health: Foundations for Health Early Learning and Future Wellbeing”	David Willis, MD, FAAP
NOV 2020	“The Impact of Social Determinants on Children’s Health”	Denise V. Rodgers, MD, FAAP
DEC 2020	“Infant and Early Childhood Social Emotional Health and Developmental Delays Through a Trauma Informed Lens”	Dayne Zatina Egan, Psy.D., IMHM-Clinical
FEB 2021	“Addressing ACEs and Toxic Stress and Promoting Resilience”	Dayna Long, MD
MAY 2021	“Being More than One Thing, Finding More than One Way”	Junlei Li, PhD and Dana Winters, PhD
SEP 2021	“Relationally Speaking: Relational Health as a Core Purpose, Tool, and Outcome of Well-Child Visits”	Dipesh Navsaria, MPH, MSLIS, MD
FEB 2022	“The Developmental Importance of Relationships in Neurodiverse Family Systems”	Kaitlin Mulcahy, PhD, PLC, IMH-E

[Speaker Series Learning Objectives →](#)

Speaker Series

Learning Objectives

JUNE 2020

Putting Your Trauma Lens On

LEARNING OBJECTIVES

- ✓ Define the three characteristics of a caregiving relationship necessary for healthy attachment
- ✓ Recognize the most common symptoms of trauma in children
- ✓ Identify seven resilience skills that should be supported in children
- ✓ Formulate a strategy to respond to children who present with trauma symptoms



JULY 2020

Early Relational Health: Foundations for Health, Early Learning and Future Wellbeing

LEARNING OBJECTIVES

- ✓ Describe Early Relational Health and its importance to pediatrics
- ✓ Provide examples of activities that promote Early Relational Health
- ✓ Understand the importance of the high-performing medical home as a part of a broader early childhood system
- ✓ Reflect on your current mindset about foundational relationships



NOVEMBER 2020

The Impact of Social Determinants on Children's Health

LEARNING OBJECTIVES

- ✓ Understand the definitions of social determinants of health and health disparities
- ✓ Understand variations in social determinants by race and ethnicity in New Jersey
- ✓ Understand age-adjusted death rates by race in children in New Jersey
- ✓ Understand interventions that could improve health outcomes in Black, Hispanic, and low-income children in New Jersey



DECEMBER 2020

Infant and Early Childhood Social Emotional Health and Developmental Delays Through a Trauma Informed Lens



LEARNING OBJECTIVES

- ✓ Understand and learn to identify how trauma manifests in infancy and early childhood
- ✓ Discuss various causes of delays as well as stresses in early childhood
- ✓ Identify the difference between developmental delays and social-emotional delays through standardized screening tools
- ✓ Identify various next steps and referral options once developmental and/or relational derailments are identified, including infant and early childhood therapy referral options

FEBRUARY 2021

Adverse Childhood Experiences (ACEs) & Toxic Stress: Screening & Intervention



LEARNING OBJECTIVES

- ✓ Define Adverse Childhood Experiences (ACEs) and their prevalence, health disparities in these data, toxic stress physiology, and related impacts on health, including underlying biological mechanisms
- ✓ Identify how to introduce and integrate ACEs and toxic stress screening into clinical care, aligning with trauma-informed care principles
- ✓ Apply the ACEs and Toxic Stress Risk Assessment Algorithm for assessing risk for toxic stress, which includes a combination of screening for ACEs, identifying presence and extent of ACE-associated health condition(s), and protective factors, in determining an appropriately-tailored treatment and follow-up plan, including referrals, if indicated
- ✓ Identify the payment requirements for administering ACE screening as a part of assessing for risk of toxic stress

MAY 2021

Being More Than One Thing, Finding More Than One Way



LEARNING OBJECTIVES

- ✓ Understand a relationship-focused vision for supporting children, engaging families, and building communities
- ✓ Review the developmental needs of children and the capacity of adults to provide matching developmental experiences
- ✓ Recognize the power of human relationships and how these evolve from simple, ordinary interactions

SEPTEMBER 2021

Relationally Speaking – Relational Health as a Core Purpose, Tool, and Outcome of Well-Child Visits

WATCH ONLINE 

LEARNING OBJECTIVES

- ✓ Recognize the importance of relationships as a key driver of development early in children's lives
- ✓ Understand the concepts of dialogic reading and how this plays into the advice and modeling we may do with families
- ✓ Understand how promoting book reading from infancy in clinical settings can be a powerful approach to affect child development and promote resilience on a population health level.

FEBRUARY 2022

The Developmental Importance of Relationships in Neurodiverse Family Systems

WATCH ONLINE 

LEARNING OBJECTIVES

- ✓ Define neurodiverse family systems
- ✓ Discuss the importance of early relationships for neurodiverse family systems.
- ✓ Identify best practices for fostering relational health and emotional wellness for children with delays in development and neuro-diverse families
- ✓ Identify various next steps and referral options for relational support for neurodiverse families

Speaker Series Evaluation →



Speaker Series Evaluation

A survey was taken to evaluate the effectiveness of the speaker series. Following each session, participants were asked several questions rating their understanding of the material presented and the value of the presentation.



Of the 857 participants attending the speaker series, 354 completed an evaluation.

Of those, 95% reported a gain in knowledge as a result of attending the session.

Anonymous survey feedback from residents, faculty physician, and community-based pediatricians who attended the speaker series:

☑️ **“Excellent and vitally important presentation.**

I think it is imperative that all people who deliver healthcare to the community be well-versed in all the issues the presenter so ably covered.”

☑️ **“[I will] advocate for the importance of assessing the relationship between parent and child.**

Be more active in letting parents know all the different skills a child is learning as they look at a book together. Help them be more aware that the experience goes beyond reading and looking at pictures -- that it's emotional and social development as well.”

☑️ **“Great point to not forget the fathers when considering postpartum depression.**

More is needed on this, as well as preparing fathers-to-be for the importance of their role and all that they can bring to the foundational relationship. Thank you for an excellent presentation.”

☑️ **“[I will] continue to encourage families to have positive interactions with one another even during these challenging times.**

Listen to the concerns of families and provide feedback as to how they can still have a positive relationship with their children. Encourage families to utilize the many services shared to obtain assistance.”

☑️ **“I will aim to use this new awareness of the social determinants of health to improve health outcomes in my future practice as a pediatrician.**

Use this information to engage in conversations with colleagues to spread awareness and collaborate to creatively think of solutions to...address inequities.”

Faculty and Resident Champion Quarterly Meetings

The nine participating pediatric residency programs were asked to identify faculty and resident champions at the start of this initiative. Programs were encouraged to engage a chief resident or one with an interest in child development, and identify a faculty champion who was familiar with NJPRAC, spent time with residents in their continuity clinic where they would be implementing their learnings from the curriculum, and who could mentor residents as they engaged with the curriculum. These champions were responsible for overseeing implementation of Keystones within their respective program. All champions were invited to convene quarterly to discuss their experience with the curriculum and ways to integrate education on Early Relational Health into residency training.

Physician leads from NJAAP's core planning and implementation team facilitated these meetings. Each meeting consisted of a brief didactic presentation with time for questions and discussion.

Among key themes discussed were:



Strategies for encouraging residents' **timely completion of the curriculum**



Improving resident comfort with providing **anticipatory guidance** during well visits



Increasing **compliance** with submission of resident **pre- and post-surveys**



Ensuring that all continuity clinic preceptors viewed the **Preceptor Training Module**



Needs for **translation** of family handouts into more languages



How to promote relational health when **communicating with a family through an interpreter**



Opportunities to **reinforce concepts** learned through Keystones



Considerations for using **Electronic Health Record technology** to prompt and document anticipatory guidance regarding parenting and child development



Champion Engagement

Faculty and resident champions from all programs were invited to share a brief report on quarterly calls. This gave programs time to address challenges and solicit input from their peers at other programs as well as present their own strategies for success.

💡 Suggested action steps to address these themes are detailed in the implementation strategies section. →



Healthy Equity Morning Report Series

Advocacy and the social determinants of health are vital cornerstones of pediatric resident education. There is a correlation between having received residency training in advocacy and participation in advocacy activities later.⁵

NJAAP developed the NJPRAC Grand Rounds and the “Morning Report” series as a virtual advocacy curriculum for pediatric residents in New Jersey. While there is precedent for the “Morning Report” with a similar conference run by Boston Children’s/Boston Medical Center, NJAAP’s is the first to combine programs for the activity.

The Health Equity Morning Report series presents a patient in the traditional case-based format while also focusing on the patient’s social determinants of health and relational health. Inspired by this approach, the Icahn School of Medicine at Mount Sinai has since adopted a similar learning series known as the HEALing Morning Report (Health Equity, Advocacy and Loving Interaction - the New York Group), which includes six New York-based health systems.

Topics of the first 3 reports were:



**IMMIGRANT
HEALTH AND
SOCIAL SUPPORT**



**MATERNAL
DEPRESSION/CHILD
BONDING**



**CARE OF A NEWBORN
OF A PARENT WITH
HEARING IMPAIRMENT**

Discussion of relational health is woven throughout case presentations.

Next Steps for Morning Report Series in New Jersey



We plan to structure the NJPRAC Quarterly Grand Rounds topics to **address the following 5 domains of social determinants of health** over a 15-month cycle:

- 1) Economic stability
- 2) Education access and quality
- 3) Healthcare access and quality
- 4) Neighborhood and built environment
- 5) Social and community context



We are continuing the Health Equity Morning Report on a bimonthly basis.

- ✓ To improve effectiveness of the format, detailed presentation guidelines will be distributed to presenters.
- ✓ To expand knowledge of the topic on a systems-wide level, we will encourage review of both medical mainstream literature.

The following steps will be taken to facilitate interactive discussion:

- 1) Generate a “differential diagnosis” of the social determinants of health affecting the case patient’s care.
- 2) Develop a “treatment plan” for the patient’s social issues that includes identification of available community resources.
- 3) Discuss questions posed by the presenters at the end of their case discussion.

Appendix D

EVALUATION METHODS AND RESULTS

Evaluation Methods

A process and outcomes evaluation was conducted, using quantitative and qualitative methods, to evaluate the effectiveness of the Keystones of Development curriculum:

The **process evaluation** involved tracking the number of residents participating in the curriculum and the time taken to complete each educational session. Additionally, residents were surveyed after completing the program to reflect on the strengths of the curriculum, suggestions for improvement, the likelihood of recommending the curriculum, and the context in which the curriculum was completed. The purpose of these questions was to identify ways implementation of the curriculum could be improved and determine if changes should be made. Parent interviews also were conducted, in English and in Spanish. Caregivers were interviewed following their child's most recent well-child visit about the conversations they had with residents related to healthy child development, their perceptions of how residents established rapport with families, and feedback on resources that families received.

The **outcomes evaluation** reviewed the effectiveness of the curriculum through pre/post- knowledge surveys. The surveys focused on demographics, beliefs about the pediatricians' influence on parenting behaviors, ability and comfort with discussing parenting behaviors, knowledge related to parenting behaviors, and parenting guidance incorporated into their most recently conducted well-child visit. The post-survey also asked residents to report their confidence in modeling behaviors, praising behaviors, providing anticipatory guidance during well-child visits, and using the well-child visit to strengthen a parent-child relationship.



EVALUATION TOOLS

- ✓ Resident pre/post surveys
- ✓ Preceptor focus groups
- ✓ Preceptor training module evaluations
- ✓ Parent interviews
- ✓ Preceptor and resident sustainability surveys

All surveys were hosted online using REDCAP, and individual responses were extracted as text data into Microsoft Excel (.csv format) and imported into IBM SPSS version 27 for analysis. IRB approval was obtained for the evaluation of this curriculum.

Analysis of the surveys involved descriptive statistics (frequencies, means, and crosstabs) and the distribution of variables. Additional analysis investigating the relationship between resident characteristics and knowledge was conducted to determine if specialized training may be needed and if demographic characteristics influenced residents' knowledge gain and implementation of the Keystones "discuss, model, praise" framework. No difference was found based on demographic characteristics other than that younger residents in their first year were less likely to incorporate the "discuss, model, praise" framework in routine patient encounters. This suggests value in early training and providing additional opportunities for reinforcement in practice.

Evaluation Results

NJAAP chose to evaluate the implementation of the Keystones curriculum, however this is optional and not required for use of the curriculum. Results indicate the integration of the curriculum had a **direct impact** on residents' knowledge, confidence, and self-reported behaviors related to advising parents on ways to promote child development.



Resident Survey Results

Change in resident behaviors, knowledge, and attitudes.



81% of residents strongly agreed or agreed that the Keystones curriculum was useful to their development as pediatricians.

Well-child Visits

Between pre- and post-surveys of participating residents, results showed **statistically significant increases in resident behaviors**.



79% increase in discussing early child development topics with caregivers



73% increase in modeling positive interactions with children



52% increase in praising caregiver behaviors

General Knowledge

Residents answered **10 general knowledge questions** about early childhood development, pre- and post-survey.

The average number of correct responses to 10 questions **increased significantly** after completing the curriculum (4.9 to 6.5).

PRE-SURVEY KNOWLEDGE



POST-SURVEY KNOWLEDGE



Resident Attitudes

Residents rated **how much they agreed** with statements related to their comfort in discussing parenting behaviors and giving advice to caregivers.

A perceptions scale based on participants' mean response to all statements (1-Strongly Disagree to 5-Strongly Agree) showed a statistically significant **increase in positive perceptions** from pre- to post-survey (3.4 to 3.7).

PRE-SURVEY KNOWLEDGE



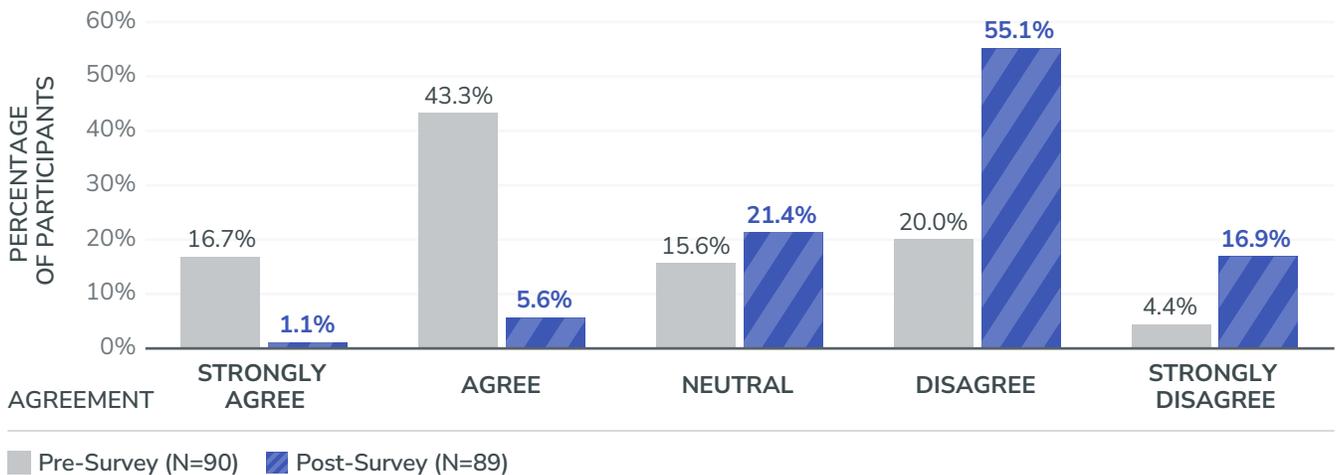
POST-SURVEY KNOWLEDGE



Knowledge about parenting behaviors and advising caregivers

After the curriculum residents were more likely to believe that they had enough knowledge about parenting behaviors that promote a child's social, emotional, and cognitive development to advise caregivers. This change is highlighted by the question below which had the **most significant change between pre and post survey**.

"I do not have enough knowledge about parenting behaviors that promote a child's social, emotional and cognitive development to advise caregivers."



"The information was easy to read and navigate through and very useful, especially for someone interested in general pediatrics."

- Pediatric Resident

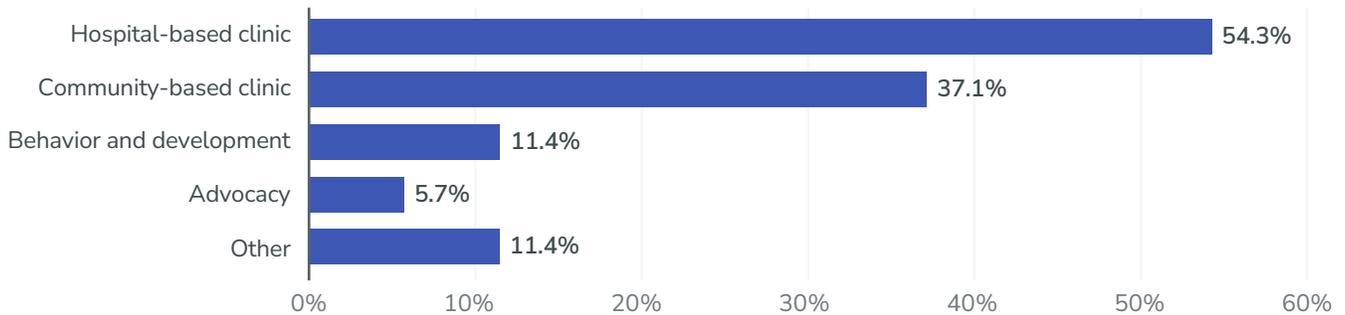


Preceptor Survey Responses

Faculty completed a Keystones of Development training module presenting strategies to help residents incorporate Keystone concepts into resident education and clinical practice.

32 preceptors completed a survey after the faculty training module.

Preceptor's role in teaching residents

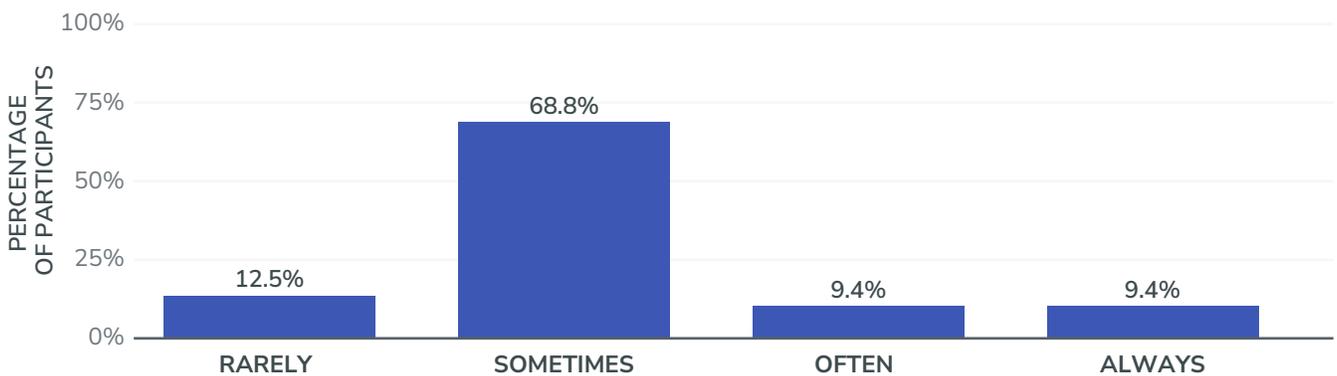


Preceptor's years in practice



Past incorporation of positive parenting behaviors

In the past, how frequently did you teach residents about incorporating the promotion of positive parenting behaviors into their clinical practice?



Preceptors agreed or strongly agreed that:



- ☑ I am **more likely to teach residents about promoting positive parenting** after viewing module
- ☑ The information in the module was **relevant to my clinical practice**



- ☑ My **understanding of promoting positive parenting** has been **enhanced** after viewing the module



- ☑ The contents of the KoD curriculum would be **useful to other practicing pediatricians**



Preceptor Focus Groups

Sixteen preceptors from all nine pediatric residency programs and one family medicine residency program participated in one of five focus groups, with these key themes:

1

Residents generally lacked comfort and confidence promoting and modeling positive parenting behaviors with caregivers during well-child visits prior to implementing Keystones of Development.

4

Curriculum should be enhanced and reinforced by incorporating role play and introducing it to community partners who interact with young children, such as early childhood educators.

2

Training in medical schools should be enhanced to include how to effectively support nurturing parent-child relationships and model behaviors for families.

5

Update workflows in healthcare practices to better incorporate the use of Keystones of Development.

3

Establishing good rapport, communication, and trust between caregivers and residents is critical to effectively convey messaging on how important positive parent-child interactions are for healthy child development.



“A lot of the [existing] structured [resident] curriculum has been focused on... incorporating the assessment of [developmental milestones] into the visit, not targeted, anticipatory guidance.

*I think incorporating the overall kind of **positive parenting modality** [and anticipatory guidance], in my experience, is not something that I’ve ever really seen explicitly taught... as a learner during residency or even more recently my own experience.”*

- Faculty focus group participant speaking to existing gaps that the Keystones curriculum addresses

Parent Interviews

Seven caregivers participated in a one-on-one interview, with key themes including:

1

Parents understood the importance of reading, singing, and other forms of communication after discussions with residents during well-child visits.

3

Caregivers provided positive feedback on the educational materials residents gave them and suggested ways to make the materials more visually appealing.

2

Developing rapport between caregivers and physicians to enhance learning and conversation is important.

4

Update educational materials for families to better represent diverse communities.



“It helps me because many times as parents you have this uneasiness about what will happen next with the development of your child, how it’ll be, and what it’ll look like. But after talking to [the resident], she gives this peace of mind so you know that whatever is happening is normal in the child’s development and if you don’t know you can still come back if things don’t change.

She gives you that confidence when you talk to her about different things about what’s happening with the growth of your child.”

- A caregiver when asked about how the residents talked with families about helping children learn and the importance of these conversations

One mother shared that she used to let her child watch cartoons for several hours each day, but then the resident spoke about singing to the child and playing with them in the caregiver’s primary language. The resident encouraged the mother talk to her child and show them colors because children can see the different tones, as well as to touch and hold them while singing because the child wants to feel close. Subsequently, the mother reported cutting back on the number of cartoons her child watched and **increasing the amount of time singing and talking to the child in her “own language”**.

- A summary of a caregiver describing having a better understanding of the importance of reading, singing, and other forms of communication are with her child as a result of discussions with the residents during well-child visits.

Appendix E

SAMPLE PLANNING TIMELINE

The NJAAP/NJPRAC Path for planning and implementation:

- 2013
 - | Leonard P. Rome CATCH Visiting Professorship
- 2018
 - | Second Leonard P. Rome CATCH Visiting Professorship
 - | Planning Grant from The Nicholson Foundation
- 2019
 - | Implementation Grant from The Nicholson Foundation
 - | Resident Education Grant from the Burke Foundation
- 2020
 - | Keystones curriculum launched at nine New Jersey pediatric residency programs
 - | Quarterly speaker series began
 - | Started quarterly meetings for Faculty and Resident Champions
- 2021
 - | Launched Keystones curriculum at New Jersey-based family medicine residency programs
 - | Conducted faculty groups and family interviews
- 2022
 - | Developed sustainability plans with pediatric residency programs



NJPRAC formed as a culmination of the Leonard P. Rome Visiting Professorship from the AAP with subsequent grants from The Nicholson Foundation to the AAP's Community Pediatrics Training Initiative.

Key areas of focus were community partnerships for early childhood interventions and strengthening faculty leadership in advocacy and sharing expertise and resources to enhance resident education.

Appendix F

TURNKEY RESOURCES

This guide is one of 10 resources that NJAAP offers to support replication of Keystones of Development within your state.*

You may find the following materials useful during the implementation process:

REPLICATION GUIDE

Provides a comprehensive overview of NJAAP's implementation of the Keystones of Development curriculum and the evaluation process.

RESIDENT SUMMARIES & PARENT HANDOUTS

Summaries of modules for quick reference and parent handouts (available in seven languages) with suggestions for activities at home can be shared during visits.

PARENT INTERVIEW DISCUSSION GUIDE

Questions seek to understand parents' perception of advice from pediatric residents about parenting and child development.

PRECEPTOR FOCUS GROUP DISCUSSION GUIDE

Prompts solicit feedback from preceptors on resident implementation, curriculum value, and potential improvements to curriculum.

SAMPLE CME APPLICATION

For speaker series webinars, which can be used as a resource when completing your own application(s).

SAMPLE SPEAKER SERIES ANNOUNCEMENT

Media to market presentations and promote registration.

SAMPLE CME/MOC CERTIFICATE

Sample certificate issued to pediatricians who earn CME/MOC credit.

RESIDENT PRE- & POST- SURVEY

Assess effectiveness of the curriculum on residents' knowledge, behaviors, attitudes, and self-efficacy, and solicit feedback on the curriculum.

SAMPLE RESIDENT ID TRACKER

Used to maintain a record of the unique identifier assigned to each resident, which serve to link anonymous pre- and post-survey responses.

SAMPLE SPEAKER SERIES EVALUATION

Used to evaluate speaker series presentations. Completion is required for pediatricians interested in CME/MOC credit.

***To access the above resources, email njchapter@njaap.org with subject line: "Keystones of Development Replication Guide"**

References & Contact Information

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Questions?



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Advancing Knowledge and Skills to Support Early Relational Health and Child Development in Clinical Practice

A Guide for Pediatric and Family Medicine Residency Programs Using the Keystones of Development Curriculum

OCTOBER 2024