M-CHAT-R/F Training Flier

## Step 1- Prep and plan for the visit with the practice.

1. If possible, obtain the following information from the practice beforehand:
	1. Are they currently screening? If so, what are they using and when? What is the current workflow (computer/tablet vs paper)?
	2. Approximately how many children do providers see? In one provider’s schedule in one day, how many pediatric patients?
		1. (Low = 0-1, High = full panel 18 or higher)
	3. Do some providers see more pediatric patients than others? Ensure those providers are at the meeting.
	4. Does the practice see patients whose preferred language is not English?
		1. If so, request languages. Consider bringing a copy of the M-CHAT-R/F questionnaires in those other languages in addition to copies of the M-CHAT-R/F packet in English if doing an in-person presentation.
	5. Who is the champion in the office to ensure screening workflows?
	6. Are they part of a larger organization that enables screening workflows (Unity Point, UIHC, Mary Greely, etc)?
	7. What is keeping them from screening currently?
2. Please send everyone a calendar invite for the training so it doesn’t get lost. If someone at the office can help disseminate the invite this may help you obtain everyone’s email and roles as well.
3. Recognize that providers are likely unwilling to cancel clinic time for meetings, but if they do, typically this needs to be scheduled three months or more in advance. Even meetings outside of clinic hours we would recommend scheduling at least a month in advance.
4. Please attach all training documents to the invite so it’s very clear what will be presented.
	1. Would also recommend sending the Tennessee M-CHAT training link out:<https://tnaap.org/programs/start/modified-checklist-for-autism-in-toddlers/>
	2. This could be used to include those who cannot make the meeting, but obviously would be preferrable for staff to attend.

## Step 2- Train the practice.

1. Ensure everyone involved in screening can attend or consider video recording to email to everyone later.
2. Get contact information for everyone involved.
3. If training is virtual, we feel it is ideal that everyone is at their own workstations with video and microphone (or on the phone!) so everyone can ask questions and see the screen.
4. Through shared decision-making with the practice, establish discrete, accomplishable goals that will lead them to full implementation of the M-CHAT-R. For example, maybe they want to start with one provider only, or they need to check with their EMR about integration, or they need to speak with their coders about requirements to begin billing for developmental screening.
5. Make a plan: what is the implementation timeframe? Is a follow-up meeting scheduled?

## Step 3- Check back in with the practice.

If needed, schedule another meeting to accomplish all necessary steps for screening implementation. Keep meeting regularly until this is accomplished. Once full implementation is achieved, a once or twice-yearly check-in is recommended to ensure everything is going well. These check-ins could take place with the office champion rather than the entire practice.

## MCHAT R/F Website w/Screener

<https://www.mchatscreen.com/>

*If there are questions about the implementation of the MCHAT R/F Training Tool-Kit, please contact your 1st Five Consultant.*