**Title: Missed Opportunities for Literacy-Related Anticipatory Guidance**

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**Purpose:** Literacy Promotion (LP) is recognized as an essential component of pediatric primary care. However, the actual behavior of pediatricians delivering LP has not been described in detail. This information could highlight missed opportunities for more effective LP.

**Method:** 7 attendings and 7 residents participating in an established Reach Out and Read (ROR) program agreed to deliver “optimal” LP given real-world time constraints. Parents of children 6 months through 6 years attending an urban primary care clinic were enrolled. With parents’ consent, a research assistant videotaped well-child visits and made follow-up phone calls to assess parents’ recall of the visits. Transcripts of the visits were analyzed quantitively and qualitatively.

**Results:** Of 73 parents approached, 64 agreed to be taped. LP occurred in 46/64 encounters. LP averaged 74.5±7.4 seconds (7% of total visit time), and included questions (75% of visits), advice on the value of reading aloud (45%), advice on how to read aloud (65%), observation of parent-child book use (18%), and modeling by the doctor (32%). On average, during an LP event, doctors made 3.2 statements to parents (range 0 to 10) and asked 2.3 questions (range 0 to 8; of these 7% were open-ended); parents made 3.6 statements to doctors (0 to 11) but only 4 parents asked a question. Follow-up calls were completed with 24/46 parents, on average 9 days later. Asked to report what helpful advice they had received in the visit, without any prior mention of reading by the caller, only 1 parent mentioned reading aloud; asked about specific LP components, parents correctly recalled having received advice on the value of reading aloud 83% of the time, and on how to read aloud, 53% of the time; having been observed 25% of the time; and modeling by the doctor 46% of the time.

**Conclusion:** In a real-world setting, conversations about reading aloud occurred in 72% of visits. LP consisted mainly of advice and questions by the doctor, with relatively little observation or modeling, and only rare questions from parents. Training in specific components of LP, utilizing video recordings of actual visits, could improve the quality and efficacy of LP.