

# Clinicians and parents: Working together during invasive procedures

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(Medical Xpress)—New research from the University of Pennsylvania School of Nursing reports that parents present during a child's more invasive procedures reported higher levels of comfort, more procedural understanding and less emotional distress – while clinicians reported parent presence did not affect their technical performance, therapeutic decision-making, or ability to teach.

The study, conducted at Boston's Children's Hospital over a four-year period in the cardiovascular and critical care programs (for procedures such as cardiopulmonary resuscitation, chest tube placement, and endotracheal tube extubation), utilized multiphase pre-post surveys of clinician perceptions and practice from the perspective of clinicians and [parents](#) experiencing the same procedure. More than 750 clinicians participated in the [perception](#) surveys and more than 500 clinicians and 250 parents participated in practice surveys.

"Clinicians reported parents to be calmer and less distraught. Across both phases, clinicians reported that the parents' need for information and support were met," said Martha A.Q. Curley, PhD, RN, FAAN, the Ellen and Robert Kapito Professor in Nursing Science at Penn Nursing. "Regardless of whether parents were present or not, most clinicians would, under future similar circumstances, provide parents with the option to remain."

Parent presence during invasive procedures and/or resuscitation is relatively underdeveloped and controversial, with most concern coming

from the [medical community](#). The nature of procedures, including resuscitation, had clinicians concerned that parents could interrupt their [technical performance](#) or [decision-making](#). Data indicated that [interference](#) on the part of parents occurs very infrequently, only two percent of the time.

The researchers found that parents generally believed their presence during procedures helped their children and helped them, and the preparation regarding the procedure and what was going to happen helped. Parents reported higher levels of procedural understanding and emotional support and given the opportunity in the future would prefer the option to stay during procedures.

Prior to data collection, interprofessional staff members were invited to participate in a half-day Program to Enhance Relational and Communication Skills (PERCS) Parent Facilitator training workshop. The workshop utilized high realism simulations with pediatric mannequins and professional actors as parents. Clinicians who attended the workshop reported higher levels of comfort and preparation to equip parents to be present, support parents during procedures, and help parents who were unable to endure evolving events. Clinician surveys indicated that 72% (pre) and 84% (post) would provide parents with the option to stay in the future.

During more invasive procedures facilitators accompanied parents and were able to reassure them and explain procedural steps at the bedside while clinicians could attend to the patients. Facilitators were called to the bedside two-thirds of the time, and while initially thought to be helpful for the parents, more exploration is needed for potential impact on parental experience.

"Implementation of practice guidelines and an interprofessional educational initiative had a positive impact on helping [clinicians](#) to be

better prepared, capable, and more deliberative when providing parents with more options during invasive procedures," said Dr. Curley. "The intervention facilitated a cultural shift in the clinical practice of providing parental support during their children's [invasive procedures](#) and resuscitation."

Provided by University of Pennsylvania School of Nursing

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