Screening the Jitters Away

A Child Life Therapy Screening Initiative for Paediatric Surgical Patients

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Introduction

A hospital stay can be overwhelming for paediatric patients especially when they have to undergo a procedure/surgery with limited understanding. It left unattended, it can linger well beyond the hospitalised child’s childhood and possibly result in serious psychosocial and behavioural challenges. 1

Research illustrates that providing timely and age appropriate information prior to a surgery significantly reduces procedural anxiety. 2 This is what Child Life Therapists (CLTs) do. They support hospitalised children by providing therapeutic medical play to help improve a child’s understanding of hospital experiences in a developmentally appropriate manner.

Problem!

Medical team unable to raise a timely Child Life Therapy referral owing to pressing medical responsibilities

Solution: Screening Protocol

Objectives:
1. Improve the patient’s medical knowledge so that he/she would be effectively prepared to undergo a procedure/surgery.
2. Improve the overall paediatric hospital experience by allaying healthcare-induced anxiety.

Methodology

1. Short-listing

A daily workflow was established with the Pediatric Surgical Team. Patients were shortlisted every morning based on these criteria:

- Between 4-18 years old
- Same day admission or day before
- Plans for or completed procedure or surgery
- Yet to have home plans for the day

2. Screening

Short-listed patients were screened using two assessment tools to see if they require any intervention. The same tools were used to study the effectiveness of the intervention.

- Procedural Readiness Scale
- Stress Potential Rating Scale

3. Intervention

Patients had a 1-to-1 session with the therapist. Different resources were created to help patients understand certain medical concepts and normalize their hospital experiences.

Results

105 Surgical patients were screened

- 70% of them needed active intervention support
  - No prior surgical experience
  - Not aware of certain medical procedures

Procedural Readiness Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimal knowledge of procedure</td>
<td>60%</td>
</tr>
<tr>
<td>2</td>
<td>Fair knowledge of procedure</td>
<td>31%</td>
</tr>
<tr>
<td>3</td>
<td>Good knowledge of procedure</td>
<td>9%</td>
</tr>
<tr>
<td>4</td>
<td>Excellent knowledge of procedure</td>
<td>0%</td>
</tr>
</tbody>
</table>

Before intervention: 60% of patients with undesirable scores crossed over to the desirable score range.

After intervention: 71% reported at least a 2-point improvement.

Stress Potential Rating Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coping fine emotionally</td>
<td>82%</td>
</tr>
<tr>
<td>2</td>
<td>Fairly anxious</td>
<td>17%</td>
</tr>
<tr>
<td>3</td>
<td>Highly anxious</td>
<td>1%</td>
</tr>
<tr>
<td>4</td>
<td>Unbearable anxiety</td>
<td>0%</td>
</tr>
</tbody>
</table>

Before intervention: 10% of patients with undesirable scores crossed over to the desirable score range.

After intervention: 83% reported at least a 2-point improvement.

Conclusion

The CLT-PAS screening protocol was successful based on the positive differences observed in pre-intervention and post-intervention scores accordingly. There was an improvement in:

1. The patient’s medical knowledge after Child Life Therapy intervention and this translated to patient being more ready to undergo a procedure/surgery.
2. The overall paediatric hospital experience owing to procedure/surgery induced stress being allayed by Child Life Therapy interventions.

This protocol is also deemed a success as its results corroborates with research findings that illustrates the importance of timely support. When support is rendered effectively, it reduces the incidences of emotional and psychological distress experienced by the hospitalised paediatric population - which is estimated to stand at 90%. 3

Future Works

To continue the screening protocol using additional validated assessment tools such as the Child Surgery Worries Questionnaire and Self-Assessment Manikin Scale.

End Point Aim

To include child life therapy services in the pediatric clinical pathway for newly admitted patients.


2 Oberwessel, M., & Kopp, V. (2015). Effectiveness of Play Therapy in Reducing Stress among Hospitalised Children (0-12 years).

3 Naregal, N. Women's and Children's Hospital. KK Women's and Children's Hospital.