



Improving Pediatric Critical Care Nursing Comfort with Difficult Conversations

Sarah E. Clifton, DNP, ARNP, CPNP-AC

APP Fellow, Seattle Children's Hospital

Research Mentor: Misty Ellis DNP, APRN, CPNP-PC/AC



Introduction

Difficult conversations occur frequently in the PICU/PCICU and are key to forming the patient and their family's understanding of their condition and assist with making difficult choices. When conversations do not occur in an appropriate manner, it can result in distress and discomfort not only for the patients and their families but also for nurses¹. Pediatric critical care nurses interact extensively with patients and their families but may be hesitant to engage in difficult conversations especially if they are not given guidance on their role and taught how to engage in these conversations². Poor communication skills increases the risk of experiencing burnout, low personal accomplishment, cynicism and emotional exhaustion³. It is critical that pediatric critical care nurses feel comfortable and competent during difficult conversations.

Results

There was statistically significant improvement in nursing knowledge and comfort level with difficult conversations. Feedback from participants supported utilization of simulation in addition to the educational module (see Figure 2). At the time, this project was the first to examine the impact and importance of educating pediatric critical care nurses on difficult conversations.

26 pediatric critical care nurses completed all intervention components but only 24 data sets were analyzed due to inability to match surveys. There was an equal split of participants who had been pediatric critical care nurses for less than 2 years and more than 5 years. This demonstrated a vested interest of new and experienced pediatric critical care nurses in improving their comfort and proficiency with difficult conversations. Figure 3 shows the statistically significant improvement in knowledge and comfort level with difficult conversations. Figure 4 demonstrates the statistically significant post intervention satisfaction levels.

	Pre-intervention mean (SD)	Post-intervention mean (SD)	p
I know what my nursing role is when difficult conversations are occurring with patients and their families	3.79 (0.78)	4.54 (0.51)	<.001
I feel comfortable participating during difficult conversations.	3.21 (1.02)	4.42 (0.50)	<.001
I feel comfortable interacting with and answering questions from patients and their families following a difficult conversation.	3.42 (0.88)	4.13 (0.45)	0.003

Figure 3. Paired t-test summary of pre-post Likert questions. Note responses ranged from 1) "strongly disagree" to 5) "strongly agree."

Literature Review Findings

Review of the literature revealed that difficult conversation education was provided in the form of seminars and simulation. These interventions did show statistically significant improvement and there were increases in specific communication skills and perceived empathy in simulated conversations^{1,4-8}. Several articles focused on nursing students and found increased confidence and proficiency^{7,9-11}. There were no interventions or articles found focusing on pediatric critical care nurses.

Methods

One group pretest-posttest design examined the impact of an education and simulation based intervention on pediatric critical care nurses and their comfort with difficult conversations. Participants completed a pre-test survey providing demographics and establishing baseline knowledge and comfort level regarding difficult conversations. Participants then completed a 10-minute voiceover PowerPoint presentation, a 15-minute simulation with a parent actor and a 15-minute post simulation debrief. Participants submitted a posttest survey which examined the impact of the intervention components. Pretest and posttest surveys were linked utilizing unique identifiers for anonymity. See Figure 1 for the measures and how they were assessed.



Figure 2. Sampling of quotes from voluntary feedback provided by participants.

	mean (SD)
I have received prior education on the nursing role during difficult conversations.	2.21 (0.78)
I found the voiceover PowerPoint to be helpful/informative.	4.71 (0.55)
I found the simulation exercise to be beneficial.	4.54 (0.59)
I feel this education provided valuable information and training and should be considered for future nursing orientation.	4.75 (0.53)
The quality of patient and family care will be improved because of this intervention.	4.50 (0.51)

Figure 4. Descriptive summary of post intervention satisfaction. Note responses ranged from 1) "strongly disagree" to 5) "strongly agree."

Conclusion

The goal was to develop an educational program that included simulation to teach current pediatric critical care nurses about difficult conversations, their role and improve their confidence. This was successful and results demonstrated statistically significant improvement in knowledge and confidence. This project will become part of the onboarding process in the PICU/PCICU at Kentucky Children's Hospital. Future direction could include repeating this project at another pediatric institution with the addition of a 6 month follow-up post survey.

Demographics	Attitudes – pre and post-test	Evaluation – post-test	Perceived importance - post-test
<ul style="list-style-type: none"> Age Gender Ethnicity Years of experience Number of difficult conversations experienced 	<ul style="list-style-type: none"> Measured confidence Likert Scale 	<ul style="list-style-type: none"> Measured Satisfaction Likert Scale 	<ul style="list-style-type: none"> Measured significance Likert Scale

Figure 1. Measures assessed on surveys.

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