

Introduction

Parents are generally the best advocates for their child and experts in their care, and should therefore be considered active members of the multidisciplinary team. How we form and maintain our relationships with parents is essential to empowering participation and encouraging equal partnership in decision making, especially with regards to recognising and escalating deterioration. Failure to build rapport can jeopardise trust, intensify complaints and ultimately undermine the care we are able to provide.

How we communicate with parents- especially in the early interactions- is vital, with evidence suggesting that simply referring to parents in the way they wish to be addressed ('Mum/Dad' or by name) facilitates more positive interactions¹. Moreover, there are specific standards for this in relation to neonatal practice, emphasising its importance².

Aims

This project aims to assess and improve our current practice, looking at both parental and doctor perceptions and attitudes towards the label 'Mum/Dad' and its use in our service.

Methods

A single time point survey was conducted across paediatric, neonatal and postnatal services at Wexham Park Hospital. Both medical staff and parents were invited to respond.

After collating the initial results, parents' names were added to the handover lists and a post intervention survey was conducted.

Conclusion

Establishing and maintaining relationships with parents is essential to providing good care for children; negotiating expectations and addressing concerns. Our data shows that whilst most parents prefer to be addressed as Mum or Dad, the inclusion of parent' names on handover documentation was considered valuable by 82% of doctors surveyed, associated with a modest change in our current practice. Of note, it was felt that using first names was more appropriate for neonatal parents, where admission duration is longer and relationships with parents are often closer. Overall there has been a positive response within the team, with more awareness around building rapport and the importance of the doctor-parent relationship. Further projects should continue to explore this area, particularly around the barriers that parents face in participating in their child's care and how they feel that their concerns are escalated and addressed.

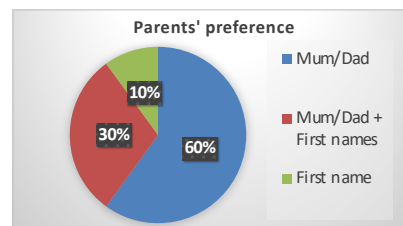
References

1. Bayer et al Enhancing Residents' Warmth in Greeting Caregivers: An Inpatient Intervention to Improve Family-Centered Communication. Journal for Healthcare Quality 43(3):p 183-193, May/June 2021. | DOI: 10.1097
2. Bliss Baby Charter (2018) Bliss. Available at: <https://www.bliss.org.uk/health-professionals/bliss-baby-charter>

Results

Parents

70% of parents surveyed were from the neonatal services, with the remaining 30% from the paediatric ward. 100% of parents surveyed were comfortable with being called 'Mum/Dad' in hospital, and this was the preferred label of 60% of parents.



However, the questionnaire revealed that only 20% of parents were asked their preference by a member of the medical/nursing team. 90% of parents knew the names of the nurses looking after their child as compared to 60% of them knowing the name of the respective doctor.

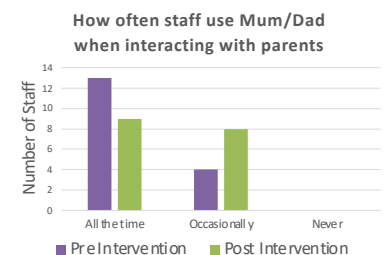
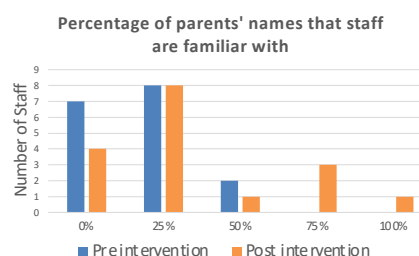
Medical Staff

Most (82%) of the medical team felt that this topic is important and impacts their clinical practice. The survey revealed that most doctors use 'Mum/Dad' in interactions 'all the time' with parents (as shown below) and 100% were comfortable with calling patient's parents 'Mum/Dad'.

Most staff (82%) who completed the survey felt it was useful to add parents' names on the list, and we therefore took the opportunity to make this the first intervention in our quality improvement project.

Post Intervention Results

After inclusion of parents' names on handover lists there was a small increase in familiarity with first names, associated with a 35% change in current practice. The majority (82%) of the medical team felt that the intervention was helpful. However most (59%) still accepted that they did not routinely ask for parental preference from the first encounter.



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