

Using Simulation to Educate and Increase Confidence in Bedside Nurses Performing a CRAFFT Screening in a Pediatric Trauma Center

Michele Herndon ¹, MSN, RN, TCRN, BCEN; Martin Keller ², MD; Moe Schmid ¹, MSN, RN, MA; Deirdre Schweiss ³, DNP, RN, CPNP

St. Louis Children's Hospital, St. Louis, Mo. ¹; Washington University School of Medicine ², St. Louis, Mo.; Barnes Jewish College Goldfarb School of Nursing, St. Louis, MO. ³

Background

- The American College of Surgeons began requiring alcohol and drug screenings for verified Level 1 Trauma Centers in 2006.
- Since 2011, at our hospital, the CRAFFT screening has been completed during the tertiary exam for admitted injured patients age 12 and older and was administered by a surgery resident or trauma NP.
- Our benchmark is 100% compliance on these screenings.
- Due to many different constraints, only 51% of qualified patients received the screening in 2014.
- A working group was established to work through barriers and determine a better process, which led to practice changes and this research study.
- In 2017, a decision was made to move to the bedside nurses taking ownership of the CRAFFT screening and referral to social work for positive screenings.

Research Question

- For nurses working with patients from 12-17 years, does the use of simulation to teach administration and interpretation of the CRAFFT Screening Tool using specific communication skills result in increased identification of appropriate referrals and an increase in nurse confidence in screening for high risk behaviors?

Methods

- The study was conducted on a 30-bed inpatient surgical unit at our urban, pediatric, Level 1 Trauma center.
- A convenience sample of 60 staff nurses were approached to be included in the study.
- A quasi-experimental pre-test/post-test design was implemented.
- Participants were asked to complete a demographic data form and the 5-item confidence scale.
- A 15-item knowledge test was completed prior to any training.
- After the pre-test, participants attended a class outlining the importance of screening for high risk behaviors, the questions listed on the CRAFFT tool, the potential parent and patient responses to the screening, and the process for initiating a referral to social work.

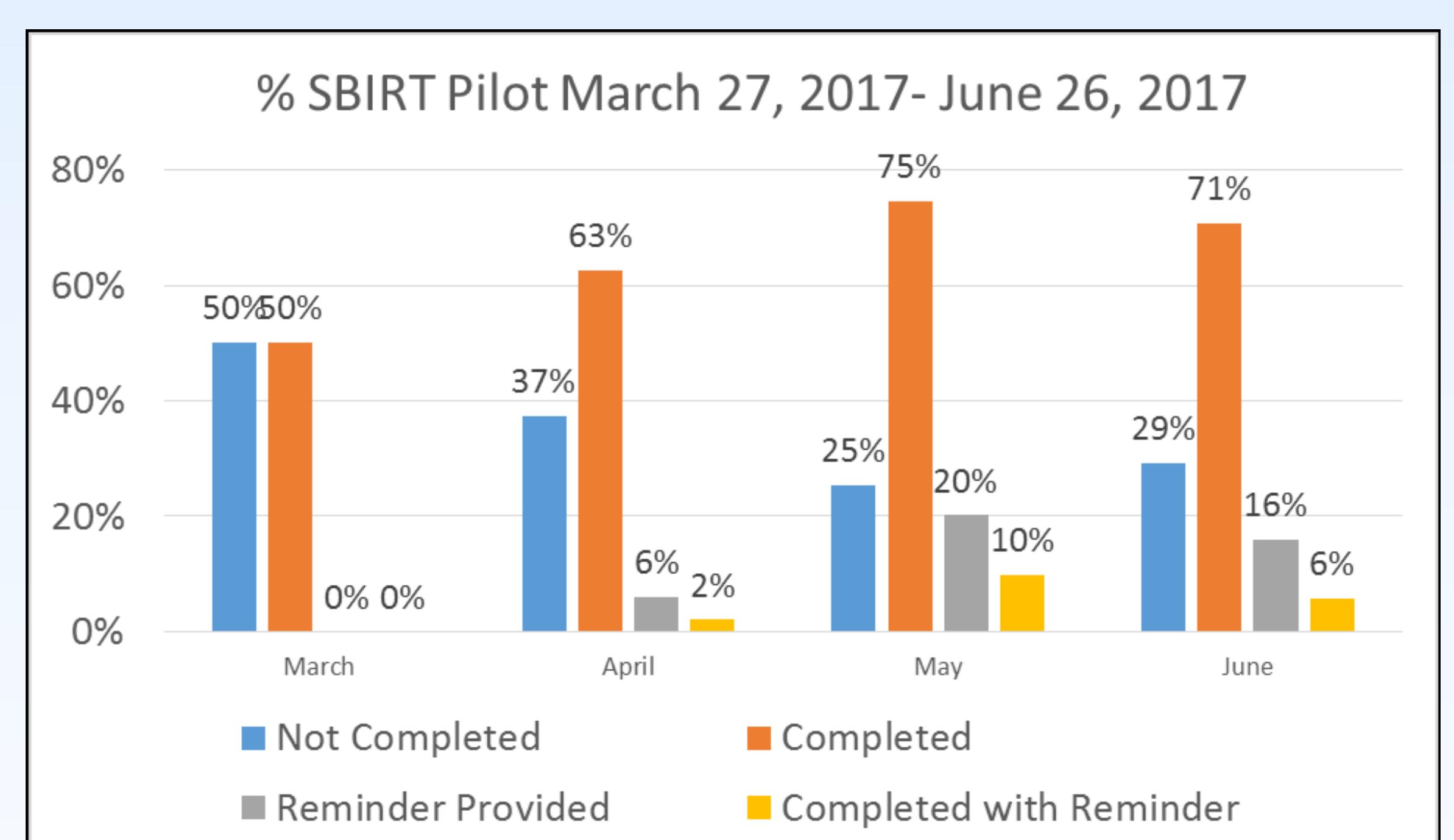


Methods

- All staff in the study participated in a round table discussion with a social worker. Topics included adolescent patient privacy, how to politely ask parents to leave the room during the screening, and how to politely deal with difficult situations.
- The final portion of education included simulations with scripted scenarios using parent and adolescent actors replicating scenarios where the screening would be done. Staff not in the actual scenario would view the simulation via video feed in a separate room.
- After each scenario, the group convened to debrief the situation and discuss.

Results

- Participants more commonly had 0-5 (59.1%) years of experience, held a Bachelor's degree (72.7%), and were 21-25 (36.4%) years of age.
- All participants had simulation experience (100%), but most had no CRAFFT screening experience (90.9%).
- The average test scores increased from 69.4% to 81.5% ($p<0.001$) and each of the confidence items were statistically significant over time ($p<0.05$).
- A total of 44 nurses consented and a final sample of 22 completed the pre- and post-test.
- The CRAFFT completion rate increased from 50% to 75% over the study time period.



Discussion

Comments from Parent & Teen Actors

- The nurse remained calm, made good eye contact. Was "confident, but not pushy."
- The nurse did a good job making the questions more conversational.
- It is ok to ask the teen to put down their phone if they aren't paying attention to you.
- It is very important to let parents and teens know that these questions are asked of ALL patients age 12 and older. This gives parents confidence that there are no secrets or something in the patient's medical record unbeknownst to them.

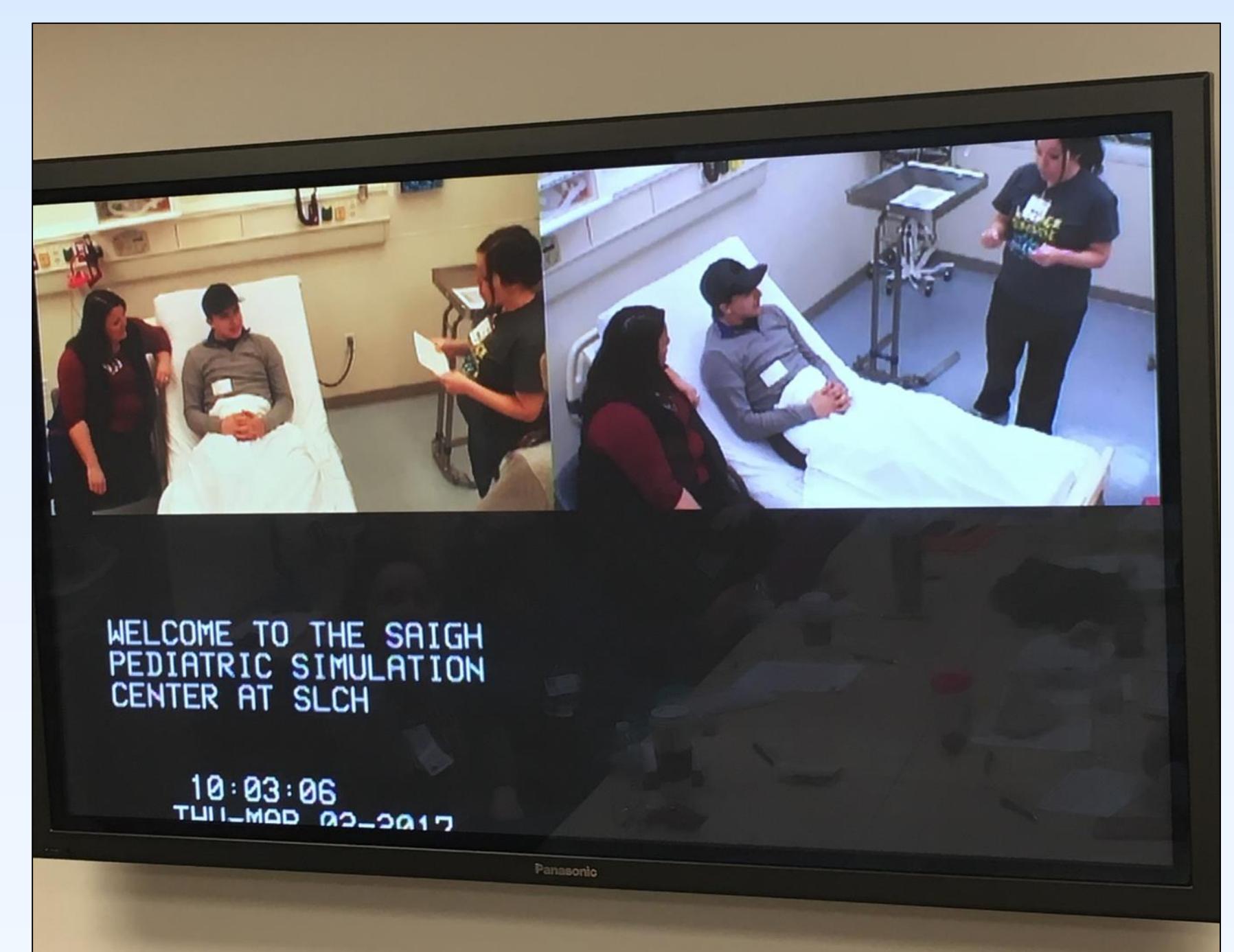
Comments, Concerns, and Themes raised by Nurses during Round Table Discussion

- What exactly are we allowed to tell parents? Bedside nurses desire more education on adolescents and privacy laws.
- What is the best way to explain to a parent that we cannot disclose what their child revealed in private?
- In general, bedside nurses are not asking parents to leave the room for questions regarding safety and other sensitive issues. This is an action that bedside nurses need more education on and practice doing in order to comply and ensure patient privacy.
- "Social Worker" may have a negative connotation to the patient. Be cautious if you say "a social worker may come in to speak to you." Educate patients that at our hospital, the social worker is a part of the medical team.



Conclusion

- Up to 80% of adolescents report they have used drugs or alcohol before graduating from high school.
- Adolescents are overall healthy, leading to infrequent contacts with the medical community.
- Admission to the hospital is an opportune time to screen adolescents for risky behaviors.
- Pediatric nurses are in need of resources for improving their skills in communicating sensitive questions to the adolescent population.
- These results suggest that simulation is a feasible and desired teaching method.
- Asking sensitive questions and asking parents to leave the room can be challenging, but simulation is a way to help the nurses gain confidence.
- Bedside nurses can take the lead on providing screenings for substance use.
- This study is somewhat limited due to the small sample size and the high percentage of attrition with almost 50% of participants not completing the post-test.
- In 2018, the hospital is moving to a new EMR. The CRAFFT screening tool will be incorporated into the patient profile for all inpatients age 12 and older and education will be provided to all staff nurses.



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