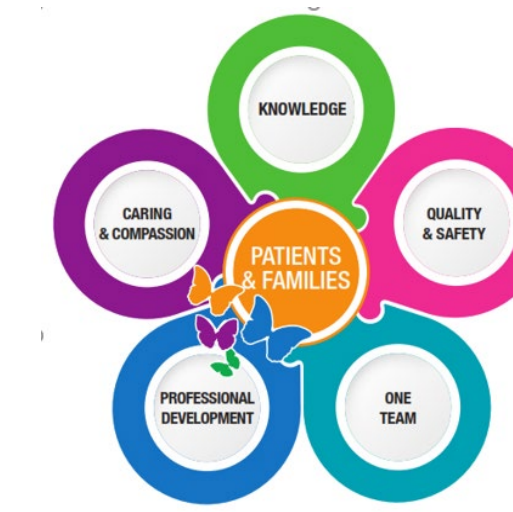




# Creating a Culture of Emotional Safety in the Pediatric PACU

*l, everything matters.™*

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## Background

**Emotional Safety:** intentional multidisciplinary practice to promote resiliency, healing, and trust for pediatric patients and their families during medical experiences.

Recognition and mitigation of potential emotional harm.

Opportunity to improve the delivery of emotional safety in a fast-paced pediatric PACU exists.

## Audience

PACU Registered Nurses

## Planning Process

- Staff-driven concept
- Literature review
- Collaboration w/ Child Life Professionals
- Development and implementation of simulations, didactic content, age-based scenarios, and pre-/post-surveys.

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## Engagement Strategies

### Simulation

- In-person simulation/role play
- Debriefing

### Computer-Based Didactic Learning

- Scenarios and discussions

Pre- and post-engagement surveys

## Simulation Overview

- Staff role played waking up from anesthesia as a pediatric patient.
- Highlighted patient vulnerability, sensory inputs, communication barriers, relational distress
- Staff experienced the intense sensory overload and fear a pediatric patient may experience when waking up from surgery.



## Evaluation

Simulation Pre/Post-Test scores	Median (IQR)	
	Pre-Simulation	Post-Simulation
Scale 1-5 (1=lowest, 5 highest)		
Proficiency in identifying emotional distress*	3 (2,3)	3 (3,4)
Understanding of emotional safety	4 (3,4)	4 (4,5)
Understanding of clinician role in emotional safety*	4 (4,5)	4.5 (4,5)

\*p<0.05

Learning Module Pre-/Post-Test Scores	Median (IQR)	
	Pre-Module	Post-Module
Scale of 1-4 (1=strongly disagree, 4=strongly agree)		
Confidence recognizing emotional distress.*	3 (3, 3)	4 (3, 4)
Understand developmentally appropriate strategies to support emotional safety.*	3 (3, 3.8)	3.5 (3, 4)

\*p<0.05

Staff Identified Barriers to Providing Emotionally Safe Care in the PACU	N=23
Time Constraints	78%
High Acuity Environment	74%
Limited Child Life Availability	65%
Lack of Family Presence	61%
Staffing Shortages	48%
Lack of Institutional Support	22%
Lack of Training	17%

## Implications for Practice

- Speak before touching
- Age-appropriate words matter
- Small adjustments have big impacts
- **CARE: Choices, Agenda, Resilience, Emotional support**

## References

Gordon, J. (2018). Emotional Safety in Pediatrics. *Emotional Safety Initiative*. Retrieved from [Emotional Safety Paper\\_May2024\\_1-0\\_cb.indd](#)