Learning through play in a congenital cardiac unit: it's child's play.

Jullien S., Menghini L., Jabelin E.
Centre Chirurgical Marie Lannelongue, Le Plessis Robinson, France

Introduction: In our paediatric cardiac surgery unit, anxiety generated by the perspective of surgical act or invasive intervention is a pervasive problem. In order to reduce this anxiety for the child and his family, we have conceived a preoperative learning-through-play protocol.

Material and methods: During dedicated training courses, the paramedical team chose two specific tools to explain to the hospitalised child the process of surgery and heart catheterisation: Playmobil® medical play kits and a doll equipped with perioperative supplies.
Playmobil® kits are used by the childcare assistants at the admissions day. The description of the entire preoperative and postoperative course, from the departure from the unit to the operating room, and then to the intensive care unit (ICU) and afterwards, allows the child to situate her/himself in time and space, to identify the specific roles of each member of the team and to delimit the time between parental separation and reunion.
The equipped doll is used by the nurses the day before surgery in order to show the different medical devices, which will be implanted in the operating room. The intravenous lines and chest tubes are presented in real size, their utility and their temporary nature are emphasised. The child can handle the devices, play with them, checking for instance that there is no needle in the venous lines. The doll also helps the nurse to explain the surgical incision and the management of pain.

Results: Since February 2012, 263 children (3 - 11 years old) have been informed with Playmobil® kits and 75 with the equipped doll. The feedbacks of the families, who were sometimes initially sceptical, were globally positive, as assessed by satisfaction questionnaires. Medical and paramedical teams in the operating room and in ICU have noticed a dramatic decrease in anxiety in informed children.

Conclusion: The systematic use of these tools enabled us to place the child at the center of the perioperative care. This learning-through-play approach allows us to create a trust relationship with the child and his family, and reinforces our determination to improve the quality of care in young patients with congenital heart defects.