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Parental views on attending neonatal intensive care ward rounds

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Parental views on attending neonatal intensive care ward rounds

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Key words: Neonatal unit; parental survey; ward rounds

Word count: 2202

ABSTRACT

Objectives: To ascertain parental views regarding taking part in neonatal unit ward rounds.

Design: A service evaluation project.

Setting: Tertiary neonatal intensive care unit.

Patients: Parent(s) of infants receiving care on the neonatal unit.

Interventions: Structured interviews conducted at the cot side.

Main outcome measures: Parents were asked if they knew when ward rounds occurred, whether they had attended ward rounds and if they hadn't what were the factors inhibiting them from doing so, their experience of attending ward rounds and whether they were concerned about issues of confidentiality.

Results: Twenty-three of 24 consecutive parents agreed to be interviewed. The median age of their infants was 14 (range 3-123) days when they were interviewed. Eighty-five percent were able to identify when a nursing handover or doctor's ward round occurred. Seventy-five percent of parents had attended at least one ward round and the median score in terms of usefulness was five out of five. Reasons for not attending included time and cost to travel to the unit, their partners were working and having other children. Parents volunteered that the nurses proactively updated them as soon as they arrived, hence making regular attendance less important. Regarding confidentiality, 85% were not concerned if other people overheard information about their baby, unless the news was bad.

Conclusions: Parents recognized the value of attending ward rounds and generally found it a positive experience, but emphasized limitations on their ability to attend.

INTRODUCTION

Models of delivering neonatal intensive care are changing, with a move towards more family-centred care.[1] An example includes allowing unrestricted access to replace visiting times. Guidelines published by the American Society of Critical Care Medicine [2] incorporated a systematic literature review of the presence of family members on ward rounds in all intensive care settings: adult; paediatric; neonatal. They suggested that family members be offered the opportunity to participate in ward rounds, 'to improve satisfaction with communication and increase family engagement' An analysis of practice across UK neonatal units undertaken in 2010, found that in 86% of units, parents were present during ward rounds.[3] Forty seven per cent allowed parents for the whole round and 39% only when their baby was being discussed. Our unit encourages parents to attend the consultant ward rounds, but only when their baby was being discussed to maintain confidentiality. The National Neonatal Audit Programme is incorporating a measure of parents attending ward rounds, hence it is important the positives and problems of such a measure are well understood. The aims of this study, therefore, were to ascertain parent(s) experience of attending ward rounds, the problems of doing so, whether they had any concerns about the confidentiality of all parents attending the ward rounds and what other sources of information about neonatal care they used.

METHODS

A service evaluation project was undertaken. One interviewer approached parents of infants on the neonatal unit (NICU) at King's College Hospital NHS

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2
3 Foundation Trust between June and August 2017. Information regarding the
4 timing of the ward rounds and visiting policy was given to parents verbally on
5 admission and included in the admission pack of information. Funding was
6 available for those in need to travel to the neonatal unit and onsite
7 accommodation available for those who lived outside London.
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17 If parent(s) gave consent, a structured interview was conducted at the cot-side.
18 The questions were grouped as follows: demographic data; information received
19 about the ward rounds, attendance at ward rounds and their experience, were
20 there issues of confidentiality and what other sources of information about
21 neonatal care were used. In addition, information about their time and cost to
22 travel to the unit and any other issues which restricted their attendance at ward
23 rounds was collected. The answers were transcribed at the cotside by the
24 interviewer. Parents were asked to rank the usefulness of attending ward rounds
25 on a Likert scale of 1-5. Other than demographic data, there was a mixture of
26 open (what was your experience of the ward round) and closed (would you like
27 to be present on every ward round) questions. Answers were collected in a
28 themed analysis of parental knowledge and experience of ward rounds,
29 confidentiality of medical information, information sharing between parents and
30 the internet as a source of information. There was an opportunity for parents to
31 add their own comments at the end of the interview.
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RESULTS

Respondents

Twenty four parents of 20 infants were consecutively approached and 23 agreed to be interviewed. The median age of their babies was 14 (range 3-123) days and their median duration on the unit was 10 (range 3-123) days. The median age of the interviewees was 32 (range 23-42) years. Three mother/father pairs, one father and 16 mothers were interviewed. For mother/father pairs the responses were combined. Four interviewees were resident in hospital accommodation and two were in-patients on the post-natal ward, the others were visiting their infants from home

Experience of ward rounds

Eighty-five percent of respondents were able to identify when a nursing or doctors' handover or consultant's ward round occurred. Seventy-five percent of parents had attended at least one ward round during the admission; 93% of respondents scored their experience of being on the ward rounds as useful, with a median score of five out of five. Ninety percent of parents stated they would like to attend at least one ward round per day. Two parents said they did not want to attend ward rounds, but one had been told not to come to ward rounds and the other was under the impression they were not allowed on ward rounds. Parents recognised the purpose of the ward round was to review their baby's clinical course and make a plan for the day. One parent, however, found it worrying to hear "scary things", but was reassured by the consultant updating her at the end of the discussion. Parents appreciated a "one-to-one update from the doctor". Some felt they could "ask questions and contribute". They stated

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3 that they “didn’t feel excluded because doctors would often introduce
4 themselves first.” Other parents were more intimidated, “I wanted to ask
5 questions but couldn’t” and one felt there was a lack of feedback, “people come
6 in and look at the charts, but don’t tell me what was happening.” Another parent
7 appreciated the opportunity to input into her baby’s care and reported that
8 when her baby was unwell and the consultant took time to listen to her
9 observations.
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21 **Difficulties in attending ward rounds**

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23 Difficulties in attending ward rounds included travel cost and time, other children
24 and partners being at work. Fourteen mothers were travelling to the unit at a
25 cost of £0-£19.80 per journey with journey times from 15 minutes to 2.5 hours;
26 50% had a journey cost of over £5 and a journey time of greater than 30
27 minutes. Eleven of the parents had other children at home and nine had
28 partners who had returned to work.
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39 **Confidentiality**

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41 Parents were asked, “are you concerned about other parents attending ward
42 rounds hearing confidential information about you and your baby?” Eighty-five
43 percent were ‘not bothered’ ‘not worried’ or ‘not concerned’. An example
44 comment was, “Not really bothered, everyone is just focused on their own
45 baby.” Two parents, however, stated that if the news was bad, they would not
46 want other people to overhear it.
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Other sources of information

Many parents expressed their appreciation that nurses proactively updated parents as soon as they arrived on the unit. Eighteen parents had spoken to at least one other parent on the unit, all had found it helpful to discuss their experiences, especially with "longer-term mums". Seventy percent had used the internet to obtain more information, with search terms such as: prematurity, survival rates, developmental outcomes by gestational age and discharge dates. Medical terms were frequently searched: necrotising enterocolitis, patent ductus arteriosus, continuous positive airway pressure, jaundice, medical equipment such as ventilators and medication names. Other local neonatal units were also researched by parents. Specific parent forums were only used by 25% of those interviewed.

DISCUSSION

We have demonstrated that the majority of parents surveyed had attended at least one ward round and had generally found it a positive experience. We feel our results are representative as only one of the consecutive parents who was approached declined to take part. A strength of our study was that the researcher was able to conduct in depth interviews resulting in a wealth of responses. A survey of parents in a tertiary neonatal unit in Liverpool carried out in 2005 [4] found that parents had mixed views on attending the ward rounds and the authors concluded parental communication with the clinical team was probably best conducted outside of the ward round itself. A more recent study [5] allocated parents to attendance or non-attendance of ward rounds, followed by a cross over to the other arm of the trial after a washout period. Ninety-five percent of parents who completed the trial believed that parents should be

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3 allowed to attend ward rounds. This corresponds to the results of our study with
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5 90% of parents attending at least one ward round.
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10 There might, however, be negative effects on parents due to the perceived
11 stress of attending ward round. In one study, "stress" was compared in parents
12 of babies who had attended ward rounds to those who had not. Importantly,
13 there was no significant difference in scores using the Parent Stressor Scale
14 between the two groups.[6] In a PICU setting [7] it was found that race,
15 educational level, age of the family member, age of the child, whether the
16 admission was expected and whether the family member was a medical
17 professional had no association with whether the family member attended
18 rounds. The only factor associated with a higher likelihood of attending rounds
19 was a family's stated preference for doing so (odds ratio 3.4). We have
20 identified multiple reasons why parents may not be able to attend and these
21 need to be taken into account in any outcome measure.
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39 In a paediatric inpatient unit, interviewing 18 sets of parents after their
40 participation in ward rounds [8] revealed their overall experience was positive.
41 The important outcomes to parents included being able to communicate with the
42 team, understanding the plan of care and participation in decision making.[8] A
43 unit where parents were excluded from the ward rounds surveyed the strengths
44 and weaknesses in parent-staff communication over the course of a year.[9]
45 They found parents were generally satisfied with the communication they had
46 with both nurses and doctors. Some parents, however, commented that if their
47 child was not very unwell, they did not talk to the doctors as much as they
48 would have liked. They recognised the time pressure the medical team were
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3 under, but wanted acknowledgement that the admission of any baby to a
4 neonatal unit, no matter how 'well', is extremely stressful for the family. In our
5 study, we highlight parents found the nurses looking after their baby an
6 important source of information.
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14 Although we found that the majority of parents would like to attend the ward
15 rounds, it cannot be assumed that all health care professionals (HCPs) want to
16 be involved in family centred rounds. Stickney et al [10] investigated the
17 differences between HCPs and parents regarding experiences and attitudes
18 towards participation in morning rounds. A cross-sectional study was undertaken
19 of 100 parents and 131 HCPs in a tertiary PICU setting. Similar to other studies,
20 92% of parents expressed a desire to attend the rounds, but only 54% of HCPs
21 reported a preference for parental presence on ward rounds.[10] Furthermore,
22 only 30% of HCPs perceived that parents would understand the *format*, 73% of
23 parents reported that they did. HCPs in a survey of HCPs in French neonatal
24 units [11] expressed concerns about parents attending ward rounds; they were
25 worried about longer duration of ward rounds, fewer opportunities for teaching
26 and increased stress for parents and HCPs. The more experienced respondents,
27 however, were much less likely to consider these concerns a barrier to
28 implementing parental presence on ward rounds. A study in a tertiary neonatal
29 unit in Canada [12], however, found that nurses were more likely than medical
30 trainees to support parental presence at rounds. Trainees had concerns
31 regarding a decreased level of teaching when parents were present. In a PICU
32 setting, trainees also reported feeling less comfortable being questioned at the
33 bedside compared to in a conference room.[13] Parents, however, rated the
34 trainees taking part in the bedside case presentations as more competent than
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3 when the trainees presented separately in the conference room. Possible
4 advantages for doctors in training expressed were the increased opportunities to
5 observe senior doctors communicating with patients and families and also to
6 have their own skills evaluated. Osorio et al [14] found family centred rounds
7 provided an enhanced environment for the assessment of communication skills
8 by seniors and also an opportunity for feedback from members of the multi-
9 disciplinary team. Prior to the introduction of family centered care (FCR) in their
10 neonatal unit, Voos et al [15] surveyed parents and HCPs and repeated the
11 surveys six months after the introduction of FCR. Parents' satisfaction scores
12 increased significantly ($p < 0.01$) regarding communication, meeting with
13 physicians and obtaining information about their infants. The main members of
14 staff communicating with parents on their unit were neonatal nurse practitioners
15 and fellows and they reported increased collaboration and satisfaction with care
16 decisions.[15] FCRs were introduced in one acute care unit in Cincinnati
17 Children's Hospital, but spread throughout the departments as teams saw the
18 benefits conferred.[16] The initial concerns of longer duration of ward rounds
19 and less teaching were addressed. Efficient use of the ward round time
20 counterbalanced the longer duration by having less paperwork and parental
21 updates to do after the ward round was finished. Teaching style was adapted
22 and the advantage of learning bedside communication skills was felt to be
23 beneficial.

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52 In conclusion, our study demonstrates that parents recognise the importance of
53 the ward round within the context of receiving information about their baby.
54 The majority of parents would like the opportunity to attend, but there are
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3 important limitations to their attending including travel time and other siblings.
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5 These need to be factored in when developing any criteria for standard of care.
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18 of the author(s) and not necessarily those of the NHS, the NIHR or the
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20 Department of Health.
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32 the authors were involved in the analysis; CC wrote the initial draft and all
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34 authors were involved in the production of the final manuscript and approved its
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36 content.
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What is already known:

- There is increasing focus on the need to provide family centred care.
- On neonatal units, this may involve unrestricted access and parents attending ward rounds.

What this study adds

- Indepth interviews were undertaken to ascertain parents' views about attending neonatal unit ward rounds.
- The majority had attended at least one ward round and had a positive experience, but reported other sources of information.
- Distance and cost of travel, partners at work and other siblings were reported as difficulties regarding attendance.

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Key words: Neonatal unit; parental survey; ward rounds

Word count: 597

ABSTRACT

We undertook interviews with parents of infants receiving care on a tertiary neonatal unit (NU) to ascertain their views regarding taking part in NU ward rounds. Seventy-five percent had attended at least one ward round and found them useful. Reasons for not attending included time to travel, partners working and having other children. Parents volunteered that nurses proactively updated them when they visited, making ward round attendance less important. Regarding confidentiality, parents were not concerned if other people overheard information about their baby, unless the news was bad.

INTRODUCTION

Models of delivering neonatal intensive care are moving towards more family-centred care [1], this includes allowing unrestricted access to replace visiting times. The National Neonatal Audit Programme is incorporating a measure of parents attending ward rounds, hence it is important the positives and problems of such a measure are well understood. The aim of this study, therefore, was to ascertain parent(s) views of attending ward rounds.

METHODS

A service evaluation project was undertaken at King's College Hospital NHS Foundation Trust between June and August 2017.

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3 One interviewer approached parents of infants on the NU. If parent(s) gave
4 consent, a structured interview was conducted at the cot-side (see Table).
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7 Patient and Public Involvement Statement: Views from parents on the NU as to
8 whether the topic was important were sought and they were involved in the
9 design of the questionnaire.
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16 **RESULTS**

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21 Twenty four parents of 20 infants were consecutively approached and 23 agreed
22 to be interviewed. The median age of their babies was 14 (range 3-123) days
23 and their median duration on the unit was 10 (range 3-123) days. The median
24 age of the interviewees was 32 (range 23-42) years. Three mother/father pairs,
25 one father and 16 mothers were interviewed. For mother/father pairs the
26 responses were combined, thus there were 20 "responses".
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36 The majority of parents had attended at least one ward round (see Table) and
37 found the experience useful, with a median score of five out of five (on a Likert
38 scale). Parents recognised the purpose of the ward round was to review their
39 baby's clinical course and make a plan for the day. Parents appreciated a "one-
40 to-one update from the doctor". Difficulties in attending ward rounds included
41 travel cost and time. Fourteen mothers were travelling to the unit at a cost of
42 £0-£19.80 per journey with journey times from 15 minutes to 2.5 hours. Eleven
43 of the parents had other children at home and nine had partners who had
44 returned to work. The majority of parents were not concerned about other
45 parents hearing confidential information about them or their infant. Two
46 parents, however, stated that if the news was bad, they would not want other
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3 people to overhear it. Parents used a variety of sources to obtain information
4 other than the ward round (see Table). They expressed their appreciation that
5 nurses proactively updated them whenever they visited the unit and found
6 speaking to other parents was very helpful.
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13 **DISCUSSION**

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18 We have demonstrated that the majority of parents surveyed had attended at
19 least one ward round and found it a positive experience. One study [2]
20 allocated parents to attendance or non-attendance of ward rounds, followed by a
21 cross over to the other arm of the trial. Ninety-five percent of those who
22 completed the trial believed parents should be allowed to attend ward rounds. In
23 another study, there was no significant difference in scores using the Parent
24 Stressor Scale between the parents who had and had not attended ward
25 rounds.[3] We have, however, identified multiple reasons why parents may not
26 be able to attend and these need to be taken into account in any outcome
27 measure. Furthermore, we highlight that parents found the nurses looking after
28 their baby an important source of information. It also cannot be assumed that all
29 health care professionals (HCPs) want to be involved in family centred rounds. A
30 study in a tertiary neonatal unit in Canada [4] found that trainees had concerns
31 regarding a decreased level of teaching when parents were present.
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52 In conclusion, our study demonstrates that the majority of parents would like
53 the opportunity to attend ward rounds, but there were important limitations to
54 attending.
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Table of structured interview questions and responses

N=20 “responses”

• Able to identify when a nursing or doctor’s handover or a consultant’s ward round took place	17
• Attended at least one ward round	15
• Experience of the ward round was useful	18
• Would like to attend a ward round a day	18
• Difficulties in attending the ward round:	
- Non-resident and travelling to the unit	14
- Other children at home	11
- Partner gone back to work	9
• No concerns about confidentiality	18
• Sources of information other than ward rounds:	
- Nurses	20
- Other parents - “longer-term mums” particularly useful	16
- Internet – common research terms:	14
Prematurity	
Survival rates	
Developmental outcomes by gestational age	
Discharge dates	
Medical terms:	
Necrotising enterocolitis	
Patent ductus arteriosus	
Continuous positive airway pressure	
Jaundice	
Ventilators	
Medication terms	
Specific parent forums	5

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Parental views on attending neonatal intensive care ward rounds

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Manuscripts

Parental views on attending neonatal intensive care ward rounds

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Key words: Neonatal unit; parental survey; ward rounds

Word count: 2167

ABSTRACT

Objectives: To ascertain parental views regarding taking part in neonatal unit ward rounds.

Design: A service evaluation project.

Setting: Tertiary neonatal intensive care unit.

Patients: Parent(s) of infants receiving care on the neonatal unit.

Interventions: Structured interviews conducted at the cot side.

Main outcome measures: Parents were asked if they knew when ward rounds occurred, whether they had attended ward rounds and if they hadn't what were the factors inhibiting them from doing so, their experience of attending ward rounds and whether they were concerned about issues of confidentiality.

Results: Twenty-three of 24 consecutive parents agreed to be interviewed. The median age of their infants was 14 (range 3-123) days when they were interviewed. Eighty-five percent were able to identify when a nursing handover or doctor's ward round occurred. Seventy-five percent of parents had attended at least one ward round and the median score in terms of usefulness was five out of five. Reasons for not attending included time and cost to travel to the unit, their partners were working and having other children. Parents volunteered that the nurses proactively updated them as soon as they arrived, hence making regular attendance less important. Regarding confidentiality, 85% were not concerned if other people overheard information about their baby, unless the news was bad.

Conclusions: Parents recognized the value of attending ward rounds and generally found it a positive experience, but emphasized limitations on their ability to attend.

INTRODUCTION

Models of delivering neonatal intensive care are changing, with a move towards more family-centred care.[1] An example includes allowing unrestricted access to replace visiting times. Guidelines published by the American Society of Critical Care Medicine [2] incorporated a systematic literature review of the presence of family members on ward rounds in all intensive care settings: adult; paediatric; neonatal. They suggested that family members be offered the opportunity to participate in ward rounds, 'to improve satisfaction with communication and increase family engagement' An analysis of practice across UK neonatal units undertaken in 2010, found that in 86% of units, parents were present during ward rounds.[3] Forty seven per cent allowed parents for the whole round and 39% only when their baby was being discussed. Our unit encourages parents to attend the consultant ward rounds, but only when their baby was being discussed to maintain confidentiality. The National Neonatal Audit Programme is incorporating a measure of parents attending ward rounds, hence it is important the positives and problems of such a measure are well understood. The aims of this study, therefore, were to ascertain parent(s) experience of attending ward rounds, the problems of doing so, whether they had any concerns about the confidentiality of all parents attending the ward rounds and what other sources of information about neonatal care they used.

METHODS

A service evaluation project was undertaken. One interviewer approached parents of infants on the neonatal unit (NICU) at King's College Hospital NHS

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2
3 Foundation Trust between June and August 2017. Information regarding the
4 timing of the ward rounds and visiting policy was given to parents verbally on
5 admission and included in the admission pack of information. Funding was
6 available for those in need to travel to the neonatal unit and onsite
7 accommodation available for those who lived outside London.
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17 If parent(s) gave consent, a structured interview was conducted at the cot-side.
18 The questions were grouped as follows: demographic data; information received
19 about the ward rounds, attendance at ward rounds and their experience, were
20 there issues of confidentiality and what other sources of information about
21 neonatal care were used. In addition, information about their time and cost to
22 travel to the unit and any other issues which restricted their attendance at ward
23 rounds was collected. The answers were transcribed at the cotside by the
24 interviewer. Parents were asked to rank the usefulness of attending ward rounds
25 on a Likert scale of 1-5. Other than demographic data, there was a mixture of
26 open (what was your experience of the ward round) and closed (would you like
27 to be present on every ward round) questions. Answers were collected in a
28 themed analysis of parental knowledge and experience of ward rounds,
29 confidentiality of medical information, information sharing between parents and
30 the internet as a source of information. There was an opportunity for parents to
31 add their own comments at the end of the interview.
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50 **Patient and Public Involvement Statement:** Views from parents on the NU
51 as to whether the topic was important were sought and they were involved in
52 the design of the questionnaire.
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RESULTS

Respondents

Twenty four parents of 20 infants were consecutively approached and 23 agreed to be interviewed. The median age of their babies was 14 (range 3-123) days and their median duration on the unit was 10 (range 3-123) days. The median age of the interviewees was 32 (range 23-42) years. Three mother/father pairs, one father and 16 mothers were interviewed. For mother/father pairs the responses were combined, thus there were 20 "responses". Four interviewees were resident in hospital accommodation and two were in-patients on the post-natal ward, the others were visiting their infants from home

Experience of ward rounds

Seventeen (85%) of respondents were able to identify when a nursing or doctors' handover or consultant's ward round occurred. Fifteen (75%) of parents had attended at least one ward round during the admission; 19 (95%) of respondents scored their experience of being on the ward rounds as useful, with a median score of five out of five. Eighteen (90%) of parents stated they would like to attend at least one ward round per day. Two parents said they did not want to attend ward rounds, but one had been told not to come to ward rounds and the other was under the impression they were not allowed on ward rounds. Parents recognised the purpose of the ward round was to review their baby's clinical course and make a plan for the day. One parent, however, found it worrying to hear "scary things", but was reassured by the consultant updating her at the end of the discussion. Parents appreciated a "one-to-one update from the doctor". Some felt they could "ask questions and contribute". They stated

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3 that they “didn’t feel excluded because doctors would often introduce
4 themselves first.” Other parents were more intimidated, “I wanted to ask
5 questions but couldn’t” and one felt there was a lack of feedback, “people come
6 in and look at the charts, but don’t tell me what was happening.” Another parent
7 appreciated the opportunity to input into her baby’s care and reported that
8 when her baby was unwell the consultant took time to listen to her observations.
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19 **Difficulties in attending ward rounds**

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21 Difficulties in attending ward rounds included travel cost and time, other children
22 and partners being at work. Fourteen mothers were travelling to the unit at a
23 cost of £0-£19.80 per journey with journey times from 15 minutes to 2.5 hours;
24 ten respondents (50%) had a journey cost of over £5 and a journey time of
25 greater than 30 minutes. Eleven respondents (55%) had other children at home
26 and nine had partners who had returned to work.
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37 **Confidentiality**

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39 Parents were asked, “are you concerned about other parents attending ward
40 rounds hearing confidential information about you and your baby?” Seventeen
41 (85%) were ‘not bothered’ ‘not worried’ or ‘not concerned’. An example
42 comment was, “Not really bothered, everyone is just focused on their own
43 baby.” Two parents, however, stated that if the news was bad, they would not
44 want other people to overhear it.
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55 **Other sources of information**

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57 Many parents expressed their appreciation that nurses proactively updated
58 parents as soon as they arrived on the unit. Eighteen parents had spoken to at
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3 least one other parent on the unit, all had found it helpful to discuss their
4 experiences, especially with "longer-term mums". Fourteen (70%) had used the
5 internet to obtain more information, with search terms such as: prematurity,
6 survival rates, developmental outcomes by gestational age and discharge dates.
7 Medical terms were frequently searched: necrotising enterocolitis, patent ductus
8 arteriosus, continuous positive airway pressure, jaundice, medical equipment
9 such as ventilators and medication names. Other local neonatal units were also
10 researched by parents. Specific parent forums were only used by five (25%) of
11 those interviewed.
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25 **DISCUSSION**

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27 We have demonstrated that the majority of parents surveyed had attended at
28 least one ward round and had generally found it a positive experience. We feel
29 our results are representative as only one of the consecutive parents who was
30 approached declined to take part. A strength of our study was that the
31 researcher was able to conduct in depth interviews resulting in a wealth of
32 responses. A survey of parents in a tertiary neonatal unit in Liverpool carried out
33 in 2005 [4] found that parents had mixed views on attending the ward rounds
34 and the authors concluded parental communication with the clinical team was
35 probably best conducted outside of the ward round itself. A more recent study
36 [5] allocated parents to attendance or non-attendance of ward rounds, followed
37 by a cross over to the other arm of the trial after a washout period. Ninety-five
38 percent of parents who completed the trial believed that parents should be
39 allowed to attend ward rounds. This corresponds to the results of our study with
40 eighteen (90%) of parents attending at least one ward round.
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3 There might, however, be negative effects on parents due to the perceived
4 stress of attending ward round. In one study, "stress" was compared in parents
5 of babies who had attended ward rounds to those who had not. Importantly,
6 there was no significant difference in scores using the Parent Stressor Scale
7 between the two groups.[6] In a PICU setting [7] it was found that race,
8 educational level, age of the family member, age of the child, whether the
9 admission was expected and whether the family member was a medical
10 professional had no association with whether the family member attended
11 rounds. The only factor associated with a higher likelihood of attending rounds
12 was a family's stated preference for doing so (odds ratio 3.4). We have
13 identified multiple reasons why parents may not be able to attend and these
14 need to be taken into account in any outcome measure.
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32 In a paediatric inpatient unit, interviewing 18 sets of parents after their
33 participation in ward rounds [8] revealed their overall experience was positive.
34 The important outcomes to parents included being able to communicate with the
35 team, understanding the plan of care and participation in decision making.[8] A
36 unit where parents were excluded from the ward rounds surveyed the strengths
37 and weaknesses in parent-staff communication over the course of a year.[9]
38 They found parents were generally satisfied with the communication they had
39 with both nurses and doctors. Some parents, however, commented that if their
40 child was not very unwell, they did not talk to the doctors as much as they
41 would have liked. They recognised the time pressure the medical team were
42 under, but wanted acknowledgement that the admission of any baby to a
43 neonatal unit, no matter how 'well', is extremely stressful for the family. In our
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3 study, we highlight parents found the nurses looking after their baby an
4 important source of information.
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10 Although we found that the majority of parents would like to attend the ward
11 rounds, it cannot be assumed that all health care professionals (HCPs) want to
12 be involved in family centred rounds. Stickney et al [10] investigated the
13 differences between HCPs and parents regarding experiences and attitudes
14 towards participation in morning rounds. A cross-sectional study was undertaken
15 of 100 parents and 131 HCPs in a tertiary PICU setting. Similar to other studies,
16 92% of parents expressed a desire to attend the rounds, but only 54% of HCPs
17 reported a preference for parental presence on ward rounds.[10] Furthermore,
18 only 30% of HCPs perceived that parents would understand the *format*, 73% of
19 parents reported that they did. HCPs in a survey of HCPs in French neonatal
20 units [11] expressed concerns about parents attending ward rounds; they were
21 worried about longer duration of ward rounds, fewer opportunities for teaching
22 and increased stress for parents and HCPs. The more experienced respondents,
23 however, were much less likely to consider these concerns a barrier to
24 implementing parental presence on ward rounds. A study in a tertiary neonatal
25 unit in Canada [12], however, found that nurses were more likely than medical
26 trainees to support parental presence at rounds. Trainees had concerns
27 regarding a decreased level of teaching when parents were present. In a PICU
28 setting, trainees also reported feeling less comfortable being questioned at the
29 bedside compared to in a conference room.[13] Parents, however, rated the
30 trainees taking part in the bedside case presentations as more competent than
31 when the trainees presented separately in the conference room. Possible
32 advantages for doctors in training expressed were the increased opportunities to
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3 observe senior doctors communicating with patients and families and also to
4 have their own skills evaluated. Osorio et al [14] found family centred rounds
5 provided an enhanced environment for the assessment of communication skills
6 by seniors and also an opportunity for feedback from members of the multi-
7 disciplinary team. Prior to the introduction of family centered care (FCR) in their
8 neonatal unit, Voos et al [15] surveyed parents and HCPs and repeated the
9 surveys six months after the introduction of FCR. Parents' satisfaction scores
10 increased significantly ($p < 0.01$) regarding communication, meeting with
11 physicians and obtaining information about their infants. The main members of
12 staff communicating with parents on their unit were neonatal nurse practitioners
13 and fellows and they reported increased collaboration and satisfaction with care
14 decisions.[15] FCRs were introduced in one acute care unit in Cincinnati
15 Children's Hospital, but spread throughout the departments as teams saw the
16 benefits conferred.[16] The initial concerns of longer duration of ward rounds
17 and less teaching were addressed. Efficient use of the ward round time
18 counterbalanced the longer duration by having less paperwork and parental
19 updates to do after the ward round was finished. Teaching style was adapted
20 and the advantage of learning bedside communication skills was felt to be
21 beneficial.

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48 In conclusion, our study demonstrates that parents recognise the importance of
49 the ward round within the context of receiving information about their baby.
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52 The majority of parents would like the opportunity to attend, but there are
53 important limitations to their attending including travel time and other siblings.
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56 Furthermore, it is important that there is appropriate communication with
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3 parents regarding attendance at ward rounds. These need to be factored in
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5 when developing any criteria for standard of care.
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31
32 the authors were involved in the analysis; CC wrote the initial draft and all
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34 authors were involved in the production of the final manuscript and approved its
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What is already known:

- There is increasing focus on the need to provide family centred care.
- On neonatal units, this may involve unrestricted access and parents attending ward rounds.

What this study adds

- Indepth interviews were undertaken to ascertain parents' views about attending neonatal unit ward rounds.
- The majority had attended at least one ward round and had a positive experience, but reported other sources of information.
- Distance and cost of travel, partners at work and other siblings were reported as difficulties regarding attendance.

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