



Teddy Bear Clinics: A Huge Community Project

Teddy bears are the patients in a clinic designed to prepare kindergarten children for unexpected hospitalization.

By Liz Santen and Theresa Feldman

Torn tails, broken tummies, big “temperchers” — every imaginable teddy bear illness was treated at Central Baptist Hospital’s Teddy Bear Clinic. The patients came in all shapes, sizes, colors, and conditions, and all had one thing in common: the love of the 2,300 kindergarten students who participated in this three-day community education event.

Hospitalization is a stressful and anxiety-provoking event for most people, but for children, separated from home and family, it can be especially distressing. Children are frequently unfamiliar with the hospital environment, have a limited understanding of medical procedures, and have a low tolerance for painful and invasive procedures (1–3). As many as 10 to 35 percent of hospitalized children are known to experience immediate and long-lasting behavioral and emotional problems related to their experiences (4).

Because vague threats are more distressing than those they know and understand, and unexpected stress is more distressing than the expected, children who lack accurate information during their early stages of development will often create fantasies and distort information (2,5–7). Fortunately, it has been demonstrated that medically oriented play and educational preparation can effectively reduce the anxiety associated with hospitalization (5,8,9).

Central Baptist Hospital, whose pediatric and emergency departments serve more than 7,500 children each year, has offered weekly preoperative awareness tours for children scheduled for surgery. However, the needs of the many children who experience unplanned hospital admissions have gone unmet. With its strong emphasis on services for women and children, and its commitment to improving the community’s general health and wellness

through effective education, the hospital saw the need to develop an informal, unthreatening, instructive program to fill this gap.

Since young children must see, feel, and experience in order to learn, we decided to simulate hospital admissions and expose children to health care personnel, equipment, and basic procedures through hands-on experiences in a teddy bear clinic. Such presentations, with small groups of children, have been effective in reducing fears about hospitals (3). By expanding the concept into a comprehensive program, we hoped to serve a large number of children of kindergarten age.

Program Guidelines

Community education nurses and nurses from the pediatric, perioperative, and postanesthesia care units worked with a hospital social worker and a member of the hospital marketing staff to develop the program. Planning was done during normal working hours. Following are some general guidelines for working with young children, along with our specific applications.

•**Explain in concrete terms.** Because the shift from preoperational to concrete operational thought occurs between the ages of five and seven, “invisible” concepts, such as health and illness, are beyond the cognitive level of the kindergarten child (2,7,10).

We used language that a five year old could understand. Instead of “putting the bears to sleep” in the preoperative area, we helped with a “special nap.” This avoided confusion with an old, beloved pet’s last trip to the vet. We didn’t “take” the bears’ temperatures, because we weren’t planning to give them back. Instead, we explained, “Let’s use this thermometer to find out how warm your bear is.”

•**Coordinate timing to child’s attention span.** What seems brief to an adult can seem long to a child, particularly if the material presented is anxiety producing or difficult to understand (2,10). We limit-

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ed the teddy bear checkups to a total of 30 minutes. We also advised the staff to change the subject if they noticed signs of anxiety, such as restlessness, crying, and inattentiveness, and to let groups move on to the next station when the children were ready. There were few reports from staff and teachers about inattentiveness or boredom.

• **Work with small groups.** Our groups consisted of 10 to 12 children. This small size helped to hold the children's attention and to facilitate questions, answers, and interactions.

• **Use hands-on play techniques.** Medical play gives children an opportunity to satisfy their curiosity about medical equipment and procedures. It also helps them to express feelings about objects, such as syringes and otoscopes, that represent real or imagined threats to bodily integrity (11–13). During play, children can act out events experienced in the hospital, thereby diffusing potentially stressful situations (2,13). Touching, feeling, smelling, and listening were all integral to our desensitization efforts. Children *handled* cold surgical instruments, *pumped* blood pressure cuffs, *smelled* chocolate and strawberry-flavored anesthesia masks, *squeezed* syringes, and *listened* to their own heartbeats during the Teddy Bear Clinic.

Working with the Schools

After securing approval from hospital and school administrators, invitations were issued to public and private kindergartens in Fayette County, Kentucky, a merged city-county government with a population of about 230,000. Each school was responsible for securing parental permission for the children's participation.

Financial and staffing constraints limited maximum attendance to 2,300, a quota that was quickly reached. Because our hospital is in the midst of major renovations, we held the clinic in a downtown shopping mall, a familiar and friendly environment to the children. For various reasons, including the need for space to load and unload buses, the mall proved to be an excellent site.

Transportation proved to be the major obstacle for participation by the public schools. Scheduling school buses, particularly during the afternoon, was frequently impossible. Teachers, however, took advantage of the public transportation system, and children arrived on city buses and trolleys.

For some rural and suburban children, the trip required a one-hour bus ride round trip. Children from several downtown area schools walked. An unexpected snowstorm on the afternoon of the third day caused some classes to cancel, but many parents managed to deliver their children by car. Participants from one inner-city school, who had planned to walk, trudged 30 minutes through the cold and snow.

The children were greeted by a hospital auxiliary member dressed as an 8-foot-tall bear. At Admissions, the first clinic stop, volunteers snapped official hospital identification bracelets on the teddy bears and the other stuffed animals that the children brought from home. (Teachers were careful to bring extras, just in case. We also had a "bear drive" at the hospital to make sure that each child would have a bear for the duration of the clinic.)

To facilitate the registration process, detailed instructions, a clinic diagram, and hospital bracelets had been sent to the teachers one week in advance. The teachers labeled the bears' names on the bracelets and returned them to the admissions staff.

Teddy Bear Checkups

Each class participated in one of five identical clinic modules, named after a type of bear. (See Teddy Bear Clinic Activities Flow Chart.) Each module, staffed by five volunteers and an RN coordinator, accommodated 24 children per half hour. A pediatric nurse provided support and consultation within each clinic module in case situations arose that went beyond the training and expertise of the volunteers.

The modules contained five exam stations: heights and weights; ears and throats; blood pressures; temperatures, medications, and syringe safety; and bandages. The children rotated through the module, stopping at each station for the appropriate bear examination and treatment.

Scripts for the teddy bear checkups were written by the pediatric nurses and given to each volunteer to ensure accuracy and continuity. For example, this was the script in the Temperatures, Medications, and Syringe Safety module:

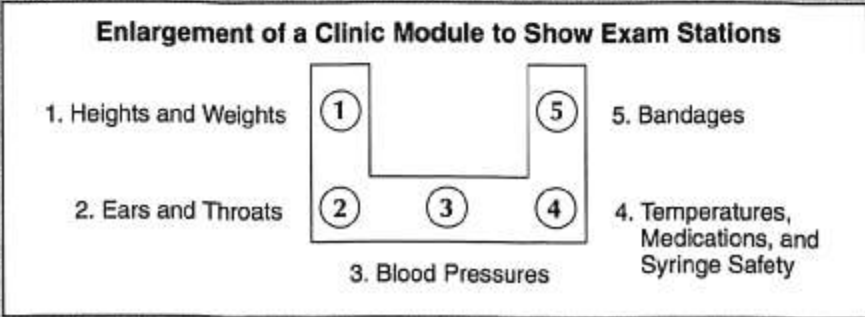
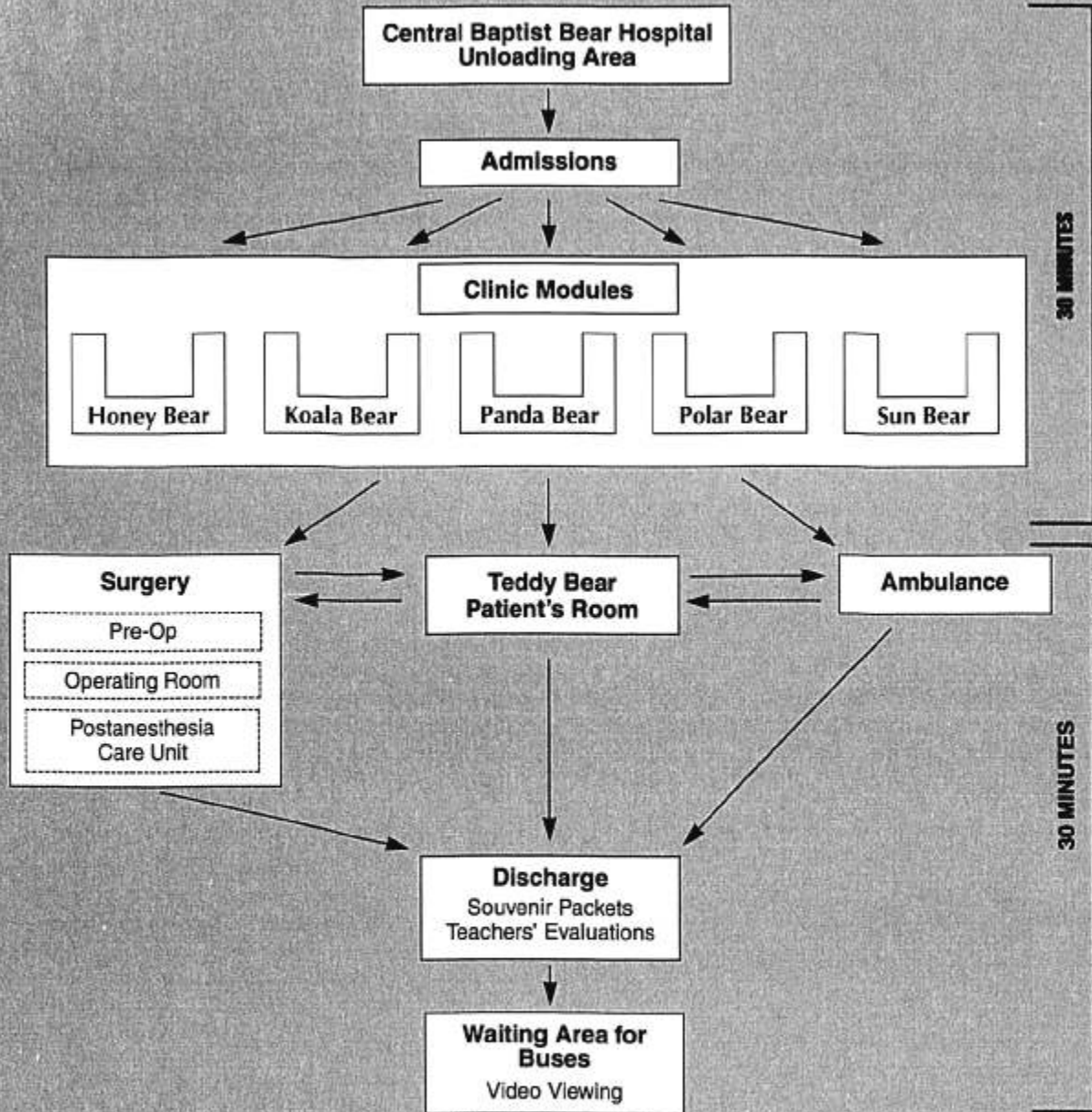
"Sometimes when Teddy feels bad we must check his temperature to see if he has a fever. This tells us that he is very warm inside and that he is sick.

*If Teddy has a fever, the doctor or nurse may need to give him some medicine. Medicine helps him to fight germs and to get well. Some medicine tastes like candy, but bears and children **never** take it unless a grown-up gives it to them. If you or Teddy find a syringe while you are playing, **never** pick it up. It could prick you and make you sick. Find a grown-up and tell her about it."*

Due to their concern about drug paraphernalia found on school campuses, school administrators requested that we specifically address syringe safety. "What should you do if you find one of these?" was a question posed to each child.

All clinic activities focused on the teddy bears. Children frequently express their worries and concerns indirectly, and puppets and stuffed animals have proven effective in providing young children

TEDDY BEAR CLINIC ACTIVITIES FLOW CHART



with an unthreatening and indirect way to relate to frightening information (11,14,15).

The question "Why is your teddy bear here today?" piqued the vivid imaginations of the children. Most responses involved dramatic injuries: "He jumped into the fountain and got shark bites." "He fell off his bunk bed and broke his tummy." "He got stabbed by a robber." Other responses of the children revealed misconceptions about health issues: "She caught diabetes." One young lady, an astute viewer of television commercials, whispered confidently, "Don't worry, it's just a yeast infection." One bear presented with the complaint of "He's dead." Fortunately, our advanced bear technology enabled us to resuscitate him quickly.

After the children left the modules, their bears carefully bandaged — and large doses of hugs and kisses prescribed — they explored the surgical suite, where a sick bear was scheduled for surgery. Perioperative and recovery room nurses demonstrated the sequence of events that a bear patient might encounter. Scrubs, shoe covers, and surgical caps were examined, and the children saw that even when doctors and nurses wear masks, it is easy to see their friendly eyes. The children watched the bear patient taking a special nap so that his operation wouldn't hurt, and were relieved to see him wake up feeling much better, snuggled under warm blankets with his special grown-ups at his bedside.

A visit to the bear patient's hospital room was next. The children giggled at the sight of bears eating pizza in a bed that moved up and down at the push of a button. Since the children left the modules at scattered times and visited the bear's room in relatively small groups, it was possible to permit the children to operate the bed.

The children then visited an ambulance located near the discharge area. A bear family was securely buckled in the rear compartment, and other bears occupied the cots. Emergency medical technicians discussed seat belt safety as the children explored the vehicle. This aspect of the clinic was the contribution of the Fayette County fire department, and the medical technicians supplied the bears. The last stop was discharge, where souvenir bags containing medical play supplies and a teddy bear clinic T-shirt brought more smiles.

A Community Effort

Nearly 150 people worked together to present this event. Community volunteers came from the Junior League, the local medical auxiliary, nursing schools, the fire department, and a college fraternity. Nearly every hospital department was represented, with several physicians among the ranks of the teddy bear caregivers. We provided a volunteer training session during the week prior to the clinic, and job informa-

tion packets were mailed to those unable to participate in the orientation. The presence of many volunteers with health care backgrounds was unanticipated. We were able to place those without training at the admissions and discharge stations primarily.

Because our financial resources were limited, we appealed to hospital vendors and community merchants for support. A drug company donated syringes and flavored tongue blades. A hospital supply house provided discontinued gloves, gauze, sponges, and surgical masks. Formula sales representatives gave plastic tote bags. Other local businesses donated balloons and helium to decorate the clinic modules. The mall area and security services were provided at no cost. Other supplies were scavenged from hospital units and our central processing department.

Although the T-shirts were our major expense, we felt that they communicated a positive message about our hospital and were a worthwhile investment. (See Teddy Bear Clinic 1993 Budget.) Teachers reported that the children wore their shirts frequently to school, and many were spotted throughout the following summer at camps, pools, and playgrounds.

How the Children Responded

Although young children are often unable to verbalize their worries and concerns, they frequently use drawings as a way to express their feelings about themselves and their world (12,16). We used children's art to help determine if the teddy bear clinic was effective in reducing fears and misconceptions about hospitals. Children drew "going to the hospital pictures," both before and after attending the clinic. Teachers forwarded these drawings to us, along with their own brief evaluations of the event. While this

Revenue	
T-shirt Sales to Teachers	\$265
Vendor Contributions	\$100
Total Revenue	\$365
Expenses	
Supplies	
Youth T-shirts	\$4,370
Adult T-shirts	855
Teddy Bear Hospital Bracelets	270
Surgical Masks	185
Other	
Rental Truck for Equipment Transport	90
Sign Printing/Photo Development	40
Total Expenses	\$ 5,810
Contribution to the Community	\$ (5,445)

was a subjective evaluation method, we believed that it would provide useful information.

The planning committee informally analyzed both groups of drawings in terms of knowledge of hospitals and feelings about hospitalization. We looked at the subject matter and colors chosen and the accuracy displayed (17). Drawings done before the clinic indicated a lack of knowledge about hospitals. There were stark, unfriendly buildings with closed doors, empty windows, and no signs of life. Dark subdued colors, predominantly black and red, were frequently chosen. Black is associated with darkness or death, and red with blood or hurting (17).

In sharp contrast, drawings done after the clinic focused on people. Both patients and caregivers were smiling, and subject matter and details were more accurate and specific. The colors used were frequently "happy" colors, such as green, yellow, and orange. This dramatic change in colors suggests that the children may have had fears and anxieties about hospitalization that the teddy bear clinic helped to reduce. Explanations accompanying the drawings also indicated positive learning experiences:

"A nurse. That's her bow, and there's her hat. She helps people. She gives them medicine and stuff."

"I learned that the hospital takes care of you. It's not trying to hurt you."

"I learned about shots. I learned not to pick up needles and not to play with them."

Teachers' questionnaires were distributed at the end of the clinic, and 71 percent were returned. The clinic's organization and format, developmentally appropriate educational content, and friendly, patient personnel all received high marks. The superintendent of public schools commended the program as "an excellent way to reduce children's fears and anxieties about hospitals" (R. E. Walton, personal communication, May 10, 1993).

Clinic volunteers also gave positive feedback. Questionnaires mailed to each volunteer had a 56 percent return rate. Asked to describe the best part of their day at the clinic, a typical volunteer response was, "Seeing the children so interested in learning and the volunteers so enthusiastically teaching." While unscientific, these responses clearly indicate that the teddy bear clinic had a positive effect.

Hospital Corners

The clinic is now an annual event in Fayette County and growing in size. In addition, to reinforce the learning experience, we are adapting a program offered by Vanderbilt Children's Hospital in Nashville, Tennessee. This year we will add house calls.

After the field trip, teachers will be able to borrow

Central Baptist Bear Hospital suitcases, which will enable them to create a hospital corner in their classrooms. Each case will contain hospital scrubs, blood pressure cuffs, stethoscopes, surgical shoe covers and caps, syringes, a toy medical kit, and a bear patient. In addition, the teacher will be given a five-day lesson plan and a video about going to the hospital.

With emerging trends in health care focusing on health maintenance rather than disease treatment, the importance of the pediatric nurse's role in health promotion has never been greater. Primary prevention means intervention before the child becomes at risk for behavioral or psychological difficulties. A teddy bear clinic may be the only preparation available to children hospitalized unexpectedly or to children hospitalized in facilities with no formal preparation program.

With the support of a willing hospital administration and dependable volunteers, pediatric nurses can develop and implement programs tailored to the specific needs of their communities. Real hospitalization is no fun. However, when fears and misconceptions are replaced with knowledge attained through hands-on experience, children learn that hospitals are places where their needs and feelings are taken seriously by friendly grown-ups who care about them. MCN

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