

Clinical Notebook

Teddy says "Hi!": Teddy bear clinics revisited

Author: Polly Gerber Zimmermann, RN, MS, MBA, CEN, and Liz Santen, RN, MSW, Chicago, Illinois, and Lexington, Kentucky

In one study of children's depictions of hospitals, children drew dark, stark buildings.¹ Teddy bear clinics can change that image. They are successful "play therapy" that provides young children with an opportunity to prepare for their inevitable contact with hospitals as a helping, normal life experience.

Acting as surrogate parents, children ages 4 to 7 describe their teddy bear's or doll's "symptoms" and get "treatment" from health care providers. Accompanied by explanations, this often includes an arm or ear identification bracelet, temperature measurement, "wound" dressing, and a prescription for "3 hugs a day." As a result, the children's postevent pictures showed hospitals as light, sunny buildings with smiling people.¹

Teddy bear clinics are also an excellent opportunity for interdisciplinary teamwork to educate the community and to market the facility. Diversity in the practical details of the event makes a teddy bear clinic workable for any emergency department's resources.

One-day/One-time clinic

At Swedish Covenant Hospital in Chicago, the emergency nurses and technicians hold a teddy bear clinic in an underused waiting area close to their urban community hospital's emergency department during Emergency Medical Services (EMS) week. The public relations director helps with publicity through flyers at local schools, the local newspaper, and the hospital's Family Practice Clinic.

Polly Gerber Zimmermann is staff nurse III, Emergency Department, Swedish Covenant Hospital, and associate nurse, American Airlines Occupational Health, Chicago, Illinois, and faculty, Truman College, Chicago. Liz Santen is coordinator, Project Development, Central Baptist Hospital, Lexington, Kentucky.

For reprints, write Polly Gerber Zimmermann, RN, MS, MBA, CEN, 4200 N. Francisco, Chicago, IL 60618.

J Emerg Nurs 1997;23:41-4.

Copyright © 1997 by the Emergency Nurses Association.

0099-1767/97 \$5.00 + 0 18/9/78989

After school, children with an adult and teddy bear go through stations that have suturing, bandaging, temperature taking, and weighing (Figure 1). Refreshments, a drawing for donated bears, and a take-home packet of discharge instructions for common childhood ailments are the final stations. Staggered, planned scheduling with local child care facilities is being considered for the future to avoid having as many as 60 participants overwhelm the small area.

Taking it into the community

In contrast, Children's Hospital in Birmingham, Alabama, takes a portable simulated physician's office to off-site health fair locations as requested through the hospital's public relations department. The volunteer nurses also use the opportunity to distribute packets on injury prevention and poison prevention.

The "doll clinic" is held around 6 times a year for 40 to 150 participants each session. Currently, the "clinic's" size requires a van for transportation; a more compact model is being considered.

The best of both worlds

Central Baptist Hospital in Lexington, Kentucky, originally held an annual 3-day community event for 2300 kindergarten students. Transported by bus from schools to a downtown civic center, children were greeted by a teddy bear-costumed adult. The children, in groups of 10, spent 30 minutes visiting various stations that included measurements of height and weight, ear and throat examinations, blood pressures, temperatures, medication, syringe safety, and bandages. They visited a simulated postoperative recovery area and operated a patient hydraulic bed. A highlight was exploring the inside of an ambulance, with a teddy bear strapped on the stretcher, while a paramedic discussed seat belt safety. The



Figure 1

Teddy bear clinics are often held at health fairs.

day was capped by each child receiving a free tee-shirt and a packet of medical play paraphernalia.¹

Changes have been made to deal with scheduling practicalities and costs and to enhance learning. Now a teddy bear trunk ("Teddy's Hospital") is taken to primary level (K-2) classrooms (Table 1). Contents include supplies and equipment (stethoscopes, sphygmomanometer, tongue blades, otoscopes), "dress up" clothes (masks, scrubs, gowns, caps), children's movies about health care, and a 5-day curriculum approved by the school system.*

We also include a photo tour of a visit to our hospital. We mount the photos with a script in a notebook. X-ray films of obvious fractures are also included. Extra bears are loaned to children who do not have their own.

*A copy of the 5-day curriculum and information about the health care movies may be obtained for a \$50 fee by contacting Liz Santen, RN, MSW, Coordinator, Project Development, Central Baptist Hospital, 1740 Nicholasville Road, Lexington, KY 40503; phone (606) 275-6440, fax (606) 275-6929. Any profits are reinvested in the program.

Table 1

"Teddy's Hospital" trunk contents and capital equipment

Trunk	\$50
Blood pressure cuff	\$23
Stethoscope	\$4
Easily cleaned teddy bear	\$10
Toy doctor kit (Fisher-Price)	\$18
<i>Magic School Bus Inside the Human Body</i>	\$14
Slim Goodbody video: "The Before Tour"	\$55
Sesame Street video: "The Hospital"	\$13
Teacher notebook (curriculum)	\$6
Picture notebook	\$242
Total	\$435 each

Hospital-donated supplies

Adult and child hospital gowns
Scrub shirt and pants
Fracture bed pan
X-ray film
Elastic compression bandage
IV Bag and tubing
Anesthetic mask and tubing (small, medium, large)
Tourniquet

Disposable supplies (replaced after each visit)

Gloves
Isolation masks (usually the favorite)
Shoe covers
Surgical caps
Medicine cups
Syringes
Alcohol preps
Tongue depressors (pediatric)
2" x 2" gauze sponges
Teddy bear stickers
Paper tape
Measuring tapes

We also include a photo tour of a visit to our hospital. We mount the photos with a script in a notebook and include x-ray films of obvious fractures.

A registered nurse accompanies the trunk for an initial 45-minute presentation and leaves the trunk in the classroom for 2 weeks (Figure 2). This self-contained, portable system avoids pupil transportation concerns and enhances learning by allowing prolonged, repetitive interactions (Figure 3). Children become comfortable with medical paraphernalia as

they gleefully pump up the sphygmomanometer and listen to their own heartbeat again and again, at their own pace. Future plans include the addition of an unbreakable mirror so that children can admire themselves dressed up in hospital attire.

The program's nurse and curriculum script promote an efficient, quality, standardized presentation. Infection control concerns are addressed by including instructions and alcohol wipes for cleaning equipment and providing enough disposable supply items for each child.

Children still like to experience the hospital building, so the opportunity for an on-site visit for small groups of students is offered as a follow-up to the "Teddy's Hospital." The visits are limited to first and second graders so that half-day, kindergarten scheduling is not an issue.

Visits include the pediatric unit and the after-hours clinic but avoid the emergency department itself because of its unpredictability. This option remains costly and was used for fewer than 200 children per school year.

The "Teddy's Hospital" trunk and a nurse are also sent on request to off-site health fairs. However, there is consistently a much higher attendance when the experience is coordinated as part of the school day.

The "Teddy's Hospital" trunk and a nurse are also sent on request to off-site health fairs. However, there is consistently a much higher attendance when the experience is coordinated as part of the school day and all children can be reached. Scheduling has been facilitated when a school contact person (such as a school nurse) other than the principal is used. Many local schools incorporate the "Teddy's Hospital" as part of their health curriculum and participate on the hospital's community education planning committee.

In the first 6 months of 1996, the hospital's four "Teddy's Hospital" trunks served 2097 children through 27 schools and 6 health fairs. A "Teddy's Hospital" demonstration is now part of the local school's yearly teachers' orientation. Two additional



Figure 2

Primary school children participate in the clinics in a classroom setting.

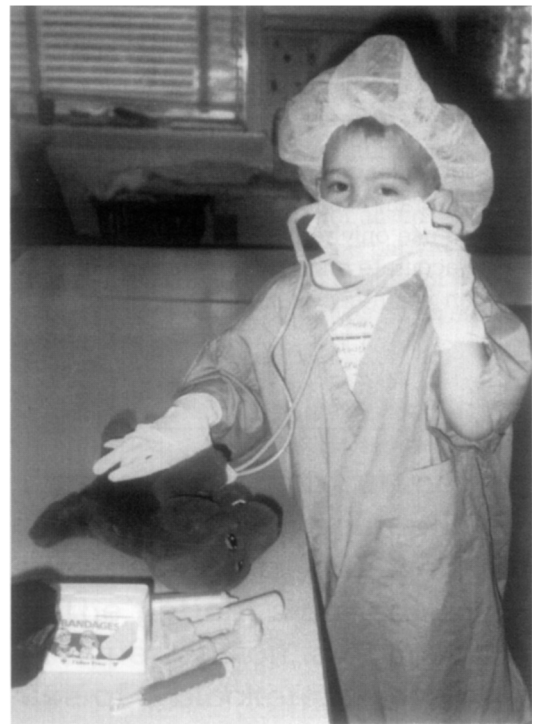


Figure 3

Children are allowed to familiarize themselves with medical equipment and clothing.

trunks will be added for the 1996-1997 school year with expectations to serve at least 50% more children.

Expense remains the biggest concern, and the free tee-shirts have been eliminated. Initial setup costs average \$435 per trunk, and operation costs are \$1 per child for supplies and staffing. This communi-

ty service expense is part of the not-for-profit hospital's justification of its tax-exempt status.

Costs are reduced by donations of outdated supplies from the hospital's larger suppliers and grants from the hospital's auxiliary. Plaques are placed on the trunks to acknowledge the program's benefactors. The photograph notebooks are an excellent tool

Costs are reduced by donations of outdated supplies from the hospital's larger suppliers and grants from the hospital's auxiliary. Plaques are placed on the trunks to acknowledge the program's benefactors.

but at a cost of about \$242 each, their elimination is another option for cost saving.

The program has remained firm, however, in the decision to use only registered nurses as presenters to ensure accurate and age-appropriate information. Nurses can volunteer as part of the community ser-

vice requirement for their clinical ladder, but most are paid a flat fee per visit for their time.

Participating nurses become very enthusiastic because of the children's responses. They have also noted a side benefit: children who have participated are more cooperative when they have an actual ED encounter.

Summary

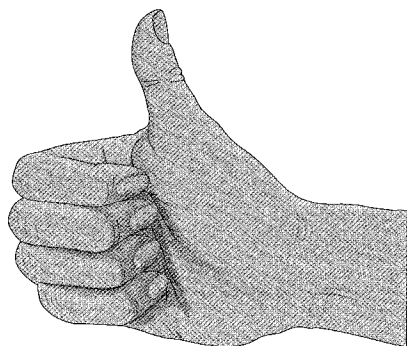
Teddy bear/doll clinics continue to offer a feasible, effective opportunity to reach the community's children and their health information needs.

Many thanks to Sunny B. Lee, RN, BS (Swedish Covenant Hospital, Chicago), and Kathy Powell, RN, PhD, and Barb Pierce, RN, MS (Children's Hospital, Birmingham).

Reference

1. Santen L, Feldman T. Teddy bear clinics: a huge community project. *Matern Child Nurs J* 1994;19:102-6.

*Send descriptions of procedures in emergency care and/or quick-reference charts suitable for placing in reference file or notebook to **Gail Pisarcik Lenehan, RN, EdD, CS**, c/o Managing Editor, ENA, 216 Higgins Rd., Park Ridge, IL 60068-5736; phone (847) 698-9400.*



Thumbs Up

A free-standing poster recruiting potential employees has been spotted in some McDonald's restaurants. A job at McDonald's it notes, could be a good start toward an exciting future career. Of the four careers illustrated, emergency nurse is one of them!—*Jean Proehl, Cornish, New Hampshire*