Adolescents with chest wall deformities and their parents benefit from clinical information that is current, comprehensive, standardized, and easy to access and understand.

**Objectives:**
- Provide patient and family education by small group instruction led by a pediatric surgeon and pediatric surgical nurse practitioner.
- Provide a comprehensive overview of the etiology and management of common chest wall deformities, including an in-depth review of benefits and risks of surgical/non-surgical treatment options.
- Use a slide presentation with illustrations, photographs, and video content to review treatment options.
- Augment the slide presentation with relevant surgical and non-surgical devices as props.

The chest wall deformities program at our institution began in January of 2013 and is held monthly. Teens or nearly teenage children with chest wall deformities, who were referred to the program between 1/2013 and 3/2014, were scheduled to attend an informal classroom presentation prior to their individual clinic appointments. The size of each group was limited to 4-8 families and held in a classroom with multiple large screens. A pediatric surgeon and pediatric surgical nurse practitioner led the class, which was maintained at a relaxed pace to encourage questions. Relevant surgical and non-surgical devices were available during the presentation for the families to examine. Each presentation lasted approximately 45 minutes, after which, the surgical nurse practitioner escorted families from the classroom to the clinic appointments. A pediatric surgeon and pediatric surgical nurse practitioner led the class, and held in a classroom with multiple large screens. A pediatric surgeon and pediatric surgical nurse practitioner led the class, which was maintained at a relaxed pace to encourage questions. Relevant surgical and non-surgical devices were available during the presentation for the families to examine. Each presentation lasted approximately 45 minutes, after which, the surgical nurse practitioner escorted families from the classroom to the clinic appointments. The surgeon and nurse saw each child individually. To evaluate the patient education program, we distributed surveys to parents and patients over a four-month period.

**Methods**

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**Results**

Questionnaires were distributed to both the minor child and parent(s) attending the Chest Wall Deformities program. Reported results are pooled in the table below. Overall, the attendees responded favorably when asked about the program and would recommend this to other families.

**Conclusions**

A standardized curriculum delivered in a classroom setting helps to educate the pediatric/adolescent patient and family in a consistent manner, utilizes surgical resources economically, and fosters a solid relationship with the members of the surgical team.

**References**