IT'S NOT 'JUST A G-TUBE'
Parental Self Efficacy Development after Gastrostomy Placement

Jacqueline Heying, RN, CPNP(1); Waled Gilbreel, MBBS(2); Abdulla Zarroug, M.D. (1); Marianne Huebner, PhD (3), Sarah Perkins, MSc (3).
1. Division of Pediatric Surgery, 2. Department of Surgery, 3. Department of Health Sciences Research, Division of Biomedical Statistics and Informatics

Mayo Clinic, Rochester, MN (MCR)

Abstract

Background: Gastrostomy tube placement is used widely in the pediatric population to provide a temporary or permanent access for various indications.

Objectives:
- Identify the most common indications for contact with health care providers following gastrostomy tube placement
- Identify strategies for modifying or improving patient education to increase patient self-efficacy and reduce the number of phone calls and office visits.

Methods: Retrospective chart review of 36 patients who had a gastrostomy placed between 2009 and 2012. Multiple data points were collected and analyzed for trends.

Results:
- During the follow-up period:
  - Parents or care providers for 66% of patients phone the clinic to speak with the surgery nurse practitioner at least one time
  - 38.6% of these calls were within the first 3 months, with median time to call = 34 days
  - Pediatric Surgery provided 145 NP phone calls and 110 office visits, and 35 physician office visits and phone calls
  - Emergency Department (MCR) provided 22 visits; this is not inclusive of local ED visits
  - Home Enteral Dieticians averaged 2 phone calls and 2 office visits per patient.

Conclusions:
- The conclusions are best captured by feedback from parents of our patients:
  - "I was not as well-prepared as predicted and not as in control as I had hoped. The video was helpful.
  - "I was very surprised by the amount of work required to care for our child. The video was very helpful.
  - "I was not as prepared as I thought I was. The video was very helpful.
  - "I was not as prepared as I thought I was. The video was very helpful.

Development of Self-Efficacy
- Sources of self-efficacy (1):
  - Mastery experiences - performing tasks successfully
  - Social modeling - witnessing others' success
  - Social persuasion - verbal encouragement: "cheerleading"
  - Psychological response - emotional states/stress
  - Parental role-modeling: seeing care provided to the patient, parents, and health care providers. Multiple clinical encounters in the form of phone calls and office visits were reported.

Care providers, who are usually parents, but may be patient care attendants or home care nurses, have a pivotal role in management of gastrostomy devices, and the education provided to them is essential to their self-efficacy and ultimate success in caring for the gastrostomy.

Objective:
- Identification of the most common reasons for clinical encounters may help elucidate topics that need further emphasis during education, or alternative methods of providing education to improve the competency and mastery of skills of care providers after hospital discharge.

Methods:
- After hospital dismissal, there were multiple clinical encounters including phone calls and clinic visits with members of the surgical team, dieticians, and the emergency department. The mean number of all clinical encounters was 12.6 calls or visits (SD 10.4).
- During the period of follow up, parents or care providers for 66% of patients spoke with the nurse practitioners at least one time. Nearly 40 percent of these calls occurred within the first three months following surgery. The rate of calls declined after that period of time.

Conclusions:
- Parental self-efficacy dramatically increases during the first several months after gastrostomy placement. Mastery of gastrostomy care, and confidence in the identification and management of common minor complications may lead to reduced number of clinical encounters with health care providers after the six month interval. Patient education strategies to increase self-efficacy and mastery experience may help elucidate topics that need further emphasis during education, or alternative methods of providing education to improve care giver/parent self-efficacy and reduce the number of phone calls and office visits.

References

Figure 1

Table 1

Table 2

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