Impact of a Professional Education Approach to Improve the Care of Critically Ill Children and Their Families

To provide quality care for critically ill and dying children and their families, clinicians must improve their skills in pediatric palliative care. This article describes the impact of a comprehensive curriculum in a retreat format on clinicians’ confidence and ability to make institutional improvements in pediatric palliative care. Participants included physicians, nurses, psychosocial staff, and bereaved parents and used a format that encouraged authentic engagement and honest reflection, bringing health care professionals face to face with the ultimate beneficiaries of their work. Respondents typically described the learning experience as profoundly valuable to them; it helped clinicians regain their aspirational ideals and strengthen their sense of agency both as individual leaders and members of interdisciplinary teams. Moreover, the benefits were reciprocal, with family members reporting learning as much as professionals.

See page 315

Back to Sleep Advice and Mothers’ Beliefs About Infant Comfort and Choking

While supine infant sleep has increased in all racial/ethnic groups during the last 2 decades, African American infants are much less likely than white infants to be placed supine to sleep. This study sought to determine the relationship between advice and actual infant sleep position and to understand the effect of potential modifiers of that relationship, such as beliefs about infant comfort and choking, among 2299 low-income, mostly African American mothers, who are at high risk of placing their infants to sleep in a nonsupine position. The amount and source of advice for exclusively supine sleep strongly predicted actual choice of infant sleep position. Furthermore, mothers’ beliefs about infant comfort and choking remained important predictors of usual sleep position, even when accounting for advice. Advice for exclusively supine position from many different sources increases the chance that a mother will place her infant supine for sleep and there is a dose-dependent effect of advice for exclusively supine sleep.

See page 328

Psychiatric Morbidity in Pediatric Critical Illness Survivors: A Comprehensive Review of the Literature

Critical illnesses and their requisite therapies expose children to extreme stressors, including pain and separation from their families. Critical illnesses are also, by definition, life threatening. Psychiatric disorders, which can be triggered by exposure to extreme stressors in a vulnerable population, are a potential concern in survivors of pediatric critical illness. This review examined 17 studies of children hospitalized for the treatment of a critical illness. The prevalence of posttraumatic stress disorder after a critical illness was 0% to 21%, with a median prevalence of 13%; the prevalence of major depression was 0% to 6%, with a median prevalence of 3%. Precordial critical illness psychopathology was a potential vulnerability factor for post–prenatal intensive care unit psychiatric morbidity. Clinicians should recognize that psychiatric illnesses are common in pediatric critical illness survivors, requiring collaboration between pediatric intensivists, surgeons, pediatricians, child psychiatrists, pediatric psychologists, and social workers in a multidisciplinary team to ensure prompt, comprehensive evaluation and treatment.

See page 377

Physical Activity Attenuates the Effect of the FTO rs9939609 Polymorphism in Adolescents: The HELENA Study

There is compelling evidence that human obesity is a multifactorial disorder in which both genes and lifestyle factors, including diet and physical activity, are important contributors. Among the obesity-related genes, polymorphisms in the fat mass– and obesity-associated gene (FTO) are strongly associated with body fat. This study of 752 adolescents in 10 European cities examined whether physical activity modifies the effect of the FTO rs9939609 polymorphism on body mass index (BMI), body fat percentage, and waist circumference. The authors observed a gene × physical activity interaction for all the study body fat estimates; the minor A allele was not associated with BMI, body fat percentage, or waist circumference in the adolescents who performed moderate to vigorous physical activity for at least 60 minutes per day. These findings have important public health implications and indicate that meeting the physical activity recommendations may offset the genetic predisposition to obesity associated with the FTO polymorphism in adolescents.

See page 363