

Table 1. Exemplary Quotes from Qualitative Interview Completion Survey

<p>What was the personal value of participating in the pediatric palliative training program</p> <ul style="list-style-type: none"> • “Growing as a nurse and recognizing death not as a failure of medicine or a traumatic medical experience but as a special way to bring my nursing skillset and my own compassion and care into a child’s room.” • “I used to secretly hope that I would not be assigned to certain rooms if they were really stressful because of family dynamics or medical reasons. Now, I feel honored and grateful to be selected if I am assigned to care for a child and family even in stress. Now, I know that my presence and my professional skillset can really impact that child’s care and can actually improve the family’s experience and can even enhance my nursing team’s experience.” • “I was starting to feel burned out and tired before I even started my shifts. It re-energized me and re-focused me, especially talking about spiritual and integrative parts of care. It reminded me to think about way my care uplifts not just my patient but also the parents. And, it reminded me to think of how privileged I am to get to do this type of care.”
<p>What mentoring project or educational project did you pursue as a result of the pediatric palliative training program</p> <ul style="list-style-type: none"> • “I added a Butterfly Notes Section for the Neonatal Intensive Care Unit to share educational stories and examples of excellent palliative care moments happening for babies and families in our unit.” • “My mentor and I gave a short presentation each month during our nursing huddles to share main points from our learning modules for that month.”
<p>Please share an example of a time you applied something you learned from the pediatric palliative training program to impact a patient or family</p> <ul style="list-style-type: none"> • “I recognized dyspnea in one of my oncology patients who was a couple days away from dying. The night nurse was telling me that the patient was feeling okay because the pulse oximetry reading was good. But, I learned at the training that dyspnea is not based on a number on a machine. Dyspnea is based on a feeling. I remembered that picture of the fish out of water. I shared my concerns and we ended up together getting that patient comfortable. We set up a nurse-controlled analgesia button and a continuous low-dose opioid infusion. My patient was comfortable that shift and it’s because I knew about dyspnea being more than a number on a machine.” • “I always wonder and worry about that for the moms in the room because sometimes we are so used to surgeries for kids we forget how scary it is for a mom. But, I learned the words to ask questions in a way that lets moms feel more comfortable sharing their emotions with me during my shift. It’s no longer this scary silence. It feels like now I can ask about how a mom feels and feel like I’m lifting the fears not adding to the fears.” • “Actually, my own dad died a few months after the training. I used a lot of the teaching even for my own self as a family member. At the time, I didn’t think that the training would be personal but it was both personal and professional. Also, I had experienced a miscarriage

many years ago but the teaching about perinatal loss touched me in a way that allowed me to heal more from that loss. It validated my past loss and prepared me for future loss.”

Please share an example of a time you applied something you learned from the pediatric palliative curriculum to impact a colleague or colleagues

- “We started regular debriefings after the death of a child on our unit and we started to normalize the conversations about staff grief. We are talking about maybe even having a nurse journal club for our unit.”
- “I accepted a nurse lead role because I realized through mentoring a nurse in this program that this type of education with and for each other matters most for patients and families. Even though I’m not a palliative nurse assigned to the pediatric palliative care team, you know, this is the way I think about care and this training validated my thinking about care that way. So, I want to be sure younger nurses know to think about care that is patient-centered and family-focused. I decided to become a nurse lead to be sure I kept teaching that way.”