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Implementing online psychological follow-up after discharge from pediatric hospitalization: Experience report

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Abstract: This experience report refers to the psychological intervention characterized by an online follow-up after pediatric hospital discharge conducted during professional training in psychology in the emergency remote mode. It aims to describe the online, post-discharge follow-up implementation and raise discussions on the possibilities of this intervention in pediatric hospital psychology. The online psychological assistance was provided right after the child's hospital discharge through video calls with the parents or caregivers who were the companions during hospitalization. First, information on the child's hospitalization experience was collected, followed by guidance on child development and mental health promotion, aiming to favor the understanding of child health care and adherence to the recommendations of the hospital team. The online, post-discharge follow-up was configured as a promising psychological intervention in a hospital context, and its systematization and evaluation are recommended through research in the field of psychology.
Keywords: Hospitalized child; Patient discharge; Hospital psychology

Implementação de seguimento psicológico on-line pós-alta de internação pediátrica: relato de experiência

Resumo: O presente relato de experiência se refere à intervenção psicológica caracterizada por um seguimento (*follow-up*) on-line pós-alta hospitalar pediátrica, realizada durante estágio profissionalizante de psicologia na modalidade remota emergencial. Tem como objetivo descrever a implementação do *follow-up* on-line pós-alta e suscitar reflexões sobre as possibilidades dessa intervenção na psicologia hospitalar em pediatria. Os atendimentos psicológicos on-line foram realizados logo após a alta hospitalar da criança, através de videochamadas com os pais ou cuidadores que foram os acompanhantes da hospitalização. Primeiramente realizava-se a coleta de informações sobre a experiência da criança na internação, em seguida realizavam-se orientações sobre desenvolvimento infantil e promoção da saúde mental, objetivando favorecer a compreensão dos cuidados em saúde infantil e da adesão às recomendações da equipe hospitalar. O *follow-up* pós-alta hospitalar on-line se configurou como uma promissora intervenção psicológica em contexto hospitalar, sendo recomendada a sua sistematização e avaliação através de pesquisas na área da psicologia.
Palavras-chave: Criança hospitalizada; Alta do paciente; Psicologia hospitalar

Introduction

Illness can be an intense stressor for children and adolescents due to the discomfort it causes and the perception that their caregivers are worried. With hospitalization, this stressor is combined with changes in routine, limitations in various activities, and different professionals performing physically unpleasant or invasive tests and procedures, among other aspects (Motta et al., 2020; Motta et al., 2015; Park & Foster, 2015; Silveira et al., 2018).

Therefore, some hospitalized children may experience more uncomfortable than comforting feelings during the hospitalization period, and it is still possible that some of them suffer moderate psychological consequences after this experience (Menezes & Moré, 2019; Vicente et al., 2020). Furthermore, the hospital environment and the child's hospitalization also impact the family, and this may be configured as a moment of family crisis (Menezes & Moré, 2019).

In some cases, the effects of the hospitalization experience in childhood can also manifest after hospitalization. For example, Wilson et al. (2010) observed regression, separation anxiety, sleep disturbances, sadness, apathy, hyperactivity, and aggressive behaviors in some children who have experienced repeated or prolonged hospitalizations. However, Pelander and Leino-Kilpi (2010) state that hospitalization can impact children positively since interactions with health team professionals and family members can offer support, comfort, safety, and positive role models, and the physical attributes, such as furniture or toys can give them a sense of well-being. Barros (2003) also adds that the hospitalization experience can promote learning regarding strategies to deal with pain, fear, and anxiety and promote increased self-perception of efficacy and competence, as well as behaviors to request help from different health-team adults.

Regarding the hospitalization process of children and adolescents, the moment of hospital discharge represents an experience that needs to be valued. As pointed out by Fontana et al. (2017), pediatric hospital discharge is an important moment to increase the chances of treatment adherence and ensure health promotion. However, the authors also mention that discharge is strongly marked by a focus on the pathology, a lack of adequate and humanized environment, and noise in communication between the health team, the family, and the child patient.

The discharge plan is always unique and must be prepared considering each patient's different specific conditions. This planning demands the involvement of all professionals who participated in the patient's care, and they are the ones who will be able to talk to the person and their family members about post-hospital care. The well-articulated, multidisciplinary work, and understandable communication are essential to involve the family in this hospital discharge moment. This involvement increases the chances of success in the patient's treatment (Chesani & Fontana, 2017).

From the integrality perspective, multidisciplinary teamwork represents a challenging situation, since professionals need to develop relationships of reciprocity, co-responsibility, and solidarity. In addition, professionals may find managing and sharing different participants' ideas, opinions, and desires –including patients' and family members' subjective and social issues in action planning– also challenging. Thus, teamwork qualification can be considered an opportunity to promote interactions with patients and family members in this planning (Martins et al., 2018).

In a study aiming to analyze Psychology and Nursing interaction in a hospital context, to identify the aspects that promote multidisciplinary action, Toneto and Gomes (2007) observed that from the nurses' perspective, one of the Psychology actions in multidisciplinary teams was related to the work at hospital discharge of children who presented hospitalism. For Doca and Costa Junior (2007), in a bibliographic review study about preparing children for hospitalization, the preparation for hospital discharge was indicated as the last step among the practical actions of a proposal of psychological preparation for hospitalization in pediatrics. At this stage, the child and the family need to be guided on the procedures that should be performed at home, so that it is possible to continue the treatment and manage any difficulties that may arise.

Therefore, it is relevant for the hospital psychologist to follow up on the return home after the children's hospitalization in hospital institutions. However, it is worth considering some limitations of the hospital staff regarding access to patients after hospital discharge. Therefore, telehealth or video call resources can help mitigate these limitations. Through telehealth or online assistance, the hospital psychologist can act in the resolution of family problems and the increase of parental skills through interventions based on evidence, but virtually, preserving fidelity and effectiveness (Riegler et al., 2020; Wade et al., 2020), and with benefits such as safety and flexibility of schedules, in addition to continuity or follow-up of care, even after hospital discharge (Steinberg et al., 2020).

The follow-up or post-discharge monitoring makes it possible to identify potential doubts that remained after hospital discharge, seek clarification of such doubts with the health team, inform and guide the family on issues of child development, help with the management of the child and family routine, especially in situations of a pandemic, isolation, or social distancing, such as those experienced during 2020 and 2021. The hospitalization experience during the Covid-19 pandemic highlighted the importance of offering psychological support to the child's or adolescent's parents/guardians, not only during hospitalization, but when returning home, to cope with the illness and adapt to the health measures imposed by the pandemic.

Covid-19, short for coronavirus disease 2019, is caused by a new coronavirus (SARS-CoV-2) that emerged in China in December 2019. Due to the worldwide proportion of this disease, the World Health Organization (WHO) declared the situation a pandemic in March 2020. This condition required quarantine, isolation, and social distancing measures to reduce the virus transmissibility (Fundação Oswaldo Cruz [FIOCRUZ], 2020). Social distancing implied decreased interaction between people in public places with the potential for crowding, with only essential services being maintained. Thus, several activities were restricted, and schools and other educational establishments were closed, with the implementation of some workplaces, homeschooling, and work-from-home.

The Ministry of Education (MEC), through Ordinances n. 343/20 and n. 544/20, authorized the transposition of face-to-face activities to remote means in higher education courses and for practices and internships (Brazil, 2020a, 2020b). Furthermore, the Brazilian Federal Council of Psychology (CFP) systematized the guidelines for practices and remote internships in psychology in the context of the Covid-19 pandemic (CFP, 2020). The instruction was that the internships should remain in this format as long as social distancing conditions were necessary and biosecurity issues were not ensured.

Among the recommended activities to be carried out in the remote psychology internship in hospitals with a pediatric population, we highlight the welcoming of hospitalized patients' relatives, meetings with the team to discuss cases and plan interventions, exchanging information and planning actions during the pandemic, and participation in communications with the patient's family. The CFP guidelines also recommended that, due to the greater systematization of remote care practices in the contexts of the clinic and the psychological assessment with children, interns should not

provide psychological care for children under 12 years of age, children and adolescents who were victims of violence and/or violation of rights, in the form of remote internship (CFP, 2020).

The CFP also recommended respect for ethical principles, with the guarantee of secrecy, privacy, and reliability regarding the environment in all activities carried out by interns; training of advisors, supervisors, and interns to use the technologies during the practices; mandatory registration of the supervisor for the provision of services through information and communication technologies in *e-psi*; paying attention to the duration of the interventions, as remote activities promote restricted activity duration; and permanent evaluation of the remote internship impact (CFP, 2020).

Changes in the internship format implied adaptations and modifications that would allow psychological practices to be carried out through online activities. Thus, such resizing made it possible to propose a follow-up activity after hospital discharge, since it could be developed through telehealth or video call and would be directed to parents or caregivers of hospitalized children. The online post-discharge follow-up, as a proposal for internship practice, considered the psychological repercussions of the hospitalization experience and the peculiarities of hospital discharge for the child and the family and sought to contribute to the psychologists' training. Therefore, according to Pala and Accetta (2021), the experience of remote internships will be necessary for the innovation and qualification of psychologists in their professional construction, requiring improvements and discussions at regional and national levels.

Thus, this experience report presents the implementation of an online, post-discharge psychological follow-up of pediatric hospitalization, which occurred during the professional internship in the emergency remote mode of an undergraduate course in psychology at a university in the south of Brazil and to reflect the potential of this activity for the hospital psychologist practice.

Method

This article reports a professional internship experience in psychology during the Covid-19 pandemic, in a non-on-site format, with an emphasis on Health and Clinical Processes. This emphasis aims at developing students skills and abilities for diagnosis, evaluation, and clinical intervention, as well as health promotion in an individual, family, group, community, and institutional manner. Before the Covid-19

pandemic, the professional internship activities in hospital psychology were on-site in a pediatric inpatient unit (PIU) of a public hospital linked to the university. With the pandemic arrival in Brazil, as of March 2020, classes at the university and on-site internship activities were suspended.

The hospital where the internship was conducted serves users of the Brazilian Unified Health System (SUS) and people with health insurance, making the due collection of services to the insurance later. It provides care at the three levels of health care and has professionals from different areas, such as medicine, nursing, psychology, and social work, among others. The UIP has 15 beds, a toy library, and a procedure room, and it has a multidisciplinary team, residents, and interns. The assisted public ranges from newborns to adolescents under 15 years old, accompanied by a caregiver or guardian. Hospitalizations are usually short-term (less than a week), except for the more complex cases. The most frequent reasons for hospitalization are respiratory diseases, such as pneumonia and bronchiolitis, skin diseases, cases requiring investigation of persistent symptoms, suicide attempts, and suicidal ideation.

With the Covid-19 pandemic, the hospital took measures to reduce people's movement during the period, such as the suspension of internship activities, the maintenance of companions only in situations provided for by law (such as children and adolescents), recommendation not to frequently change companions, and restriction to only one daily visit for inpatients, among others. The online post-discharge follow-up from pediatric hospitalization started in the second semester of 2020 as an emergency remote internship activity. The inclusion criteria for participating were defined as: a) be the child's legal guardian; b) have remained as the child's caregiver for at least 75% of the hospitalization time; c) have accompanied a child who was hospitalized for at least three days at the PIU; d) have a smartphone, tablet, or computer with internet access; e) have an active telephone number; and f) accept the invitation to participate in the follow-up. The exclusion criteria were: a) the caregiver has not shown interest in carrying out this post-discharge follow-up, and b) the caregiver was not invited by the Psychology Service during the child's hospitalization at the PIU to participate in the follow-up.

The implementation of the post-discharge follow-up was based on establishing a sequence in which, initially, the psychologist responsible for the PIU, close to the child's hospital discharge period, would communicate to the caregivers the objective of the intervention after hospitalization. In this way, she consulted the caregivers about

their interest in receiving this follow-up and authorized the interns to contact them a few days after the child's hospital discharge. The first contact was via WhatsApp or phone call, when the interns explained the proposal and invited caregivers to participate. Then, when the caregivers showed interest, they agreed on the follow-up in two to three meetings, all conducted by the interns, via video call, using WhatsApp or Google Meet virtual platform, with an average duration of fifty minutes each.

The first meeting aimed to collect information based on a semi-structured interview script, with questions prepared to understand the hospitalization period and the return home. The reasons for hospitalization were asked; whether the information provided by the team during hospitalization helped to understand the child's health status; how the hospitalization experience had been for the child (mood, behavior, communication, sleep, food, playful activities, procedures, and exams, whether they felt pain, etc.) and for the caregiver; whether the guidelines provided and the referrals made by health professionals during hospital discharge were understood and whether they were being performed; after returning home, how the physical state, sleep, food, or the presence of pain was, how the school activities or leisure were; how they were dealing with the restrictions imposed by the pandemic; whether there were doubts about the child's behavior after hospitalization; the perceptions of the caregiver and the child about the treatment received from the hospital team and whether there were any suggestions that could further qualify the care provided by the health team.

The second meeting was held seven to ten days after the first meeting, after conducting academic and local supervision, which took place weekly and remotely between interns and supervisors. It focused on clarifying and guiding the caregiver to seek information, in case of doubts regarding care and referrals, from the hospital team, through the mediation of the PIU psychologist or to seek assistance in primary care. Regarding the child's behavior – issues related to child development or parenting practices – guidance was provided, as well as the provision of materials (digital booklets with accessible information on child development and behavior, psychological aspects related to the child's medical condition and on psychotherapy, description of relaxation techniques, and a list of psychotherapy clinics at social cost/for free), which could help with the demands observed during hospitalization by the PIU psychologist, or that arose in the first meeting.

Parental guidance was also provided through strategies and activities to manage the child's or adolescent's routine (sleep, food, hygiene) and the family system. They

discussed the usual families' activities and the ones they preferred that could contribute to dealing with the effects of isolation and social distancing. The interns emphasized the importance of adults listening to and validating the feelings and emotions, as well as the thoughts that the child or adolescent expressed.

The third and last meeting was held one or two months after the first meeting and aimed to end the follow-up, checking how the child or adolescent was doing, how the routine was organized after the jointly designed guidelines, and whether there was a need for further guidance regarding any question. During all video calls, the interns performed the activity in a reserved space, without the presence of other people, using headphones, following all the ethical procedures recommended for this type of service (Schmidt et al., 2020; CFP, 2020). Information gathered during the meetings was shared only during internship supervision.

To ensure that the meetings were taking place without significant connectivity interruptions and without privacy violations, a link to a form from Google Forms was sent to caregivers after the second meeting and after the third meeting. Each caregiver filled in their name, the name of the intern who assisted them, and answered two questions about the connection quality of the virtual meetings and the occurrence of any event that the caregiver considered that violated their privacy during the online service, specifying the event, in case it had occurred.

Results

In all, 15 caregivers participated in the online, post-discharge follow-up conducted by the interns, in the period 2020-2 and 2021-1. Each online follow-up had an average of three meetings — in addition to the first telephone contact. Most caregivers chose WhatsApp for the video calls. Thus, the first follow-up meeting proved very important in identifying the caregivers' demands and helping understand how the whole hospitalization experience for the child or adolescent occurred.

To maintain adherence to the online follow-up appointments, the interns would send a message via WhatsApp to the caregivers the day before each appointment with a reminder regarding the appointment and the scheduled time. In some cases, caregivers confirmed the appointment; in other situations, appointments could be rescheduled at their request. This resource proved very useful, as it stimulated the caregiver's

commitment to care and flexibility to change schedules when necessary, optimizing time and minimizing absences.

We highlight the guidelines for parents on child development, which are directed to the specific moment of each child's development under the responsibility of each caregiver. Materials such as physical and digital booklets were sent, and links to short videos were suggested in order to contribute to the caregivers' understanding of the children's socio-emotional, cognitive, and behavioral aspects.

We also highlight the discussions with the caregivers during the meetings, aiming to guide them in managing the family routine and helping children and adolescents deal with the effects of isolation and social distancing resulting from the Covid-19 pandemic. Another important aspect was the possibility of guiding and helping parents and caregivers to seek psychotherapy services at the Primary Health Units (PHU) or social clinics, in the territories where they lived, in situations where indicated by the health team during the child's hospital discharge process.

Discussion

Family involvement in the hospital discharge process is essential for good treatment continuity. With children and adolescents, this becomes even more relevant, as caregivers are legally responsible for most decisions and for many aspects of at-home treatment, depending on the age group and type of treatment (Chesani & Fontana, 2017). Nevertheless, it may be difficult for some caregivers to be fully attentive to the information and guidelines communicated by the staff during hospital discharge, as they may be emotionally mobilized by the child's health condition and/or the imminence of returning home (Bazzan et al., 2020; Menezes & Moré, 2019).

In terms of communication, during the post-hospital discharge period, WhatsApp proved to be a valuable tool. We believe this occurred because this calling app is widespread in the virtual communication of a significant portion of the population (Palazzi & Piccinini, 2020). Also, we understood the importance of respecting the autonomy of caregivers and allowing this choice to be made based on ease of access and familiarization with video call apps on reliable platforms.

The perception of the importance of some type of post-discharge follow-up was highlighted by parents or caregivers, nurses, and physicians in the research by Melo et al. (2014) on pediatric services in three Portuguese hospitals. This research aimed to

analyze participants' responses regarding parents' involvement in the care of hospitalized children. Among the results, the aspects justifying the perception of the continuity of the child's health care after hospitalization stand out, such as the possibility of clarifying doubts, learning how to develop particular at-home care, and expanding the connection between the family and the hospital/health units through visits made by the team to the families' homes. In the case of online follow-up, this connection with families can be made possible even without face-to-face home visits, a resource that becomes especially important in situations such as pandemics and epidemics.

Conclusion

Based on this experience report and the presented literature, it is clear that implementing an online psychological follow-up after discharge from a pediatric hospital has the potential to promote the health and development of children who have gone through the experience of hospitalization. By expanding the discussion on the child's development and the illness and hospitalization experience, we identified possible impacts or factors associated with changing behaviors manifested as the child's reactions to hospitalization (Menezes & Moré, 2019).

The Covid-19 pandemic mobilized the development of adaptations for various psychological interventions and the training practices of psychology professionals, such as the emergency remote internship. Experiences such as online follow-up after pediatric hospital discharge are configured as a possibility of non-on-site psychological intervention that can be incorporated into the routines of pediatric units, in addition to pandemic periods, since one of the conveniences is that caregivers do not need to travel from their homes.

With this experience, we also observed some limitations related to the interference caused by remote communication: when caregivers did not have a smartphone, tablet, or personal computer; the internet data package was limited; connection and virtual access problems occurred; and caregivers were not familiar with online platforms and video call apps.

The experience of carrying out the online follow-up provided the interns with discussions on the potential and limitations of psychological practices in the online format, as well as the potential for post-hospital discharge follow-up in pediatrics, as it

allowed children and adolescents who experienced hospitalization during the pandemic and social distancing period to be less unattended in terms of mental health when they returned to their homes. Also, it allowed the interns to continue their professional internship, promoting the development and implementation of a viable and potentially promising psychological intervention, contributing to the psychologists' training, and subsidizing professional performance in adverse contexts, such as the Covid-19 pandemic.

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