Executive Summary:

Supporting Nurses Through Education:

Increasing Comfort in Caring for Patients Experiencing Miscarriage

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NURS 8377 Section 603 DNP Project III

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Main Points

- Early pregnancy loss (EPL) is a common reason for emergency department visits, yet nurses report feeling unprepared to offer emotional support and deliver trauma-informed care.
- The project implemented evidence-based didactic education and trauma-informed care (TIC) strategies, using scenario-based learning to improve nurses' comfort levels.
- Twenty-two emergency department nurses participated in the educational intervention during a 12-week implementation period.
- Improvements were observed in the empathy and social skills domains, supporting care for patients experiencing EPL.
- A standardized miscarriage resource packet was approved for permanent use in the emergency department.
- The QI project supports integrating trauma-informed care education into ED nurse residency and ongoing professional development for emergency nurses.

Background and Purpose

Early pregnancy loss (EPL), including miscarriage, affects approximately 20% of pregnancies and is a common reason for emergency department (ED) visits (Emond et al., 2025). Although miscarriage is a common clinical presentation, many ED nurses receive minimal training in therapeutic communication, TIC, and addressing patients' emotional needs during pregnancy loss (Qian et al., 2021; Shaohua & Shorey, 2021). In community hospitals without women's services, nurses are often expected to provide comprehensive physical and emotional care without standardized guidance or readily available resources. These gaps lead to inconsistent patient experiences and reduced nurse confidence in managing emotionally sensitive

situations (Gregory et al., 2026; Qian et al., 2021). Targeted education to enhance nurses' preparedness can improve communication, standardize care, and enhance the overall quality of the patient experience (Fleitz & Roney, 2023; Emond et al., 2025).

The purpose of this Doctor of Nursing Practice (DNP) quality improvement (QI) project was to evaluate whether a TIC educational session, combining didactic instruction on evidence-based miscarriage care guidelines with scenario-based learning using standardized communication strategies, could improve emergency nurses' comfort caring for patients experiencing miscarriage. The project also aimed to develop an accessible resource packet to support ongoing, compassionate care for this patient population beyond ED discharge.

Methodology

This QI project took place in the emergency department of a community hospital and used the Plan-Do-Study-Act (PDSA) framework to guide implementation and improvements. 22 ED registered nurses voluntarily participated in eight small-group educational sessions. The intervention combined evidence-based education on miscarriage management, TIC principles, and standardized communication techniques with five simulation scenarios and the development of a discharge resource packet that included local and online support services for patients experiencing EPL. Anonymous pre- and post-intervention surveys were administered using the validated 18-item Health Professionals Communication Skills Scale (HP-CSS) (Leal-Costa et al., 2016) to assess changes in participants' communication confidence.

Staff responses were analyzed by comparing pre- and post-survey HP-CSS Likert-scale scores. Changes in participant confidence were assessed by examining differences in responses across survey items. Observations from the educational sessions were also reviewed to gauge

participant engagement, identify barriers and facilitators, and evaluate the successful integration of the resource packet into emergency department nursing practice.

Results

The educational intervention improved emergency nurses' confidence and comfort communicating with patients experiencing EPL. Participants demonstrated greater empathy, including improved nonverbal communication, greater attention to patients' emotional needs, and a stronger ability to understand patient perspectives. The empathy domain increased by 0.42 points after the intervention, with gains in non-verbal interest, time to understand needs, and understanding feelings. Improvements were also observed in the social skills domain, with nurses reporting greater confidence in expressing opinions, expressing disagreement, and communicating clearly. The social skills domain showed an increase of 0.74 points.

Beyond the survey findings, participants were willing to engage in emotionally challenging conversations during simulation activities and reported feeling more comfortable with trauma-informed communication methods. Another project outcome was the health system’s approval of a standardized miscarriage resource packet, now available for patient distribution at discharge to support continuity of care beyond the emergency department.

Strengths and Limitations

Strengths of this project included an educational intervention that integrated didactic instruction with scenario-based learning and fostered a psychologically safe environment for difficult conversations. The validated HP-CSS tool supported the evaluation of communication outcomes, and the PDSA framework enabled the project team to adapt implementation strategies to learning styles and operational challenges. Collaboration between emergency department

leadership and case management facilitated the development of a resource packet to support patients beyond discharge.

Limitations that affected project implementation included a small sample size due to implementation at a single community hospital site, a sustained surge in patient volumes that strained staffing and led to the rescheduling of several educational sessions, and delays in post-survey completion that required follow-up communication with participants after the sessions. Finally, the resource packet approval process was delayed by communication between the case management and health system education teams.

Implications and Conclusions

The findings indicate that structured educational interventions can increase emergency nurses' comfort caring for patients experiencing EPL and promote more consistent use of TIC strategies. Integrating trauma-informed education into ED nurse residency programs and annual competency training may improve consistency across the health system and enhance patient experiences during emotionally vulnerable encounters. Standardized discharge resources and ongoing collaboration with community organizations can strengthen continuity of care by connecting patients with supportive services after ED discharge.

This quality improvement project demonstrated that trauma-informed education, simulation, and standardized communication strategies can meaningfully improve emergency nurses' confidence in caring for patients experiencing miscarriage. The project addressed a critical gap in emergency nursing practice by providing evidence-based education and community resources that promote compassionate, patient-centered care. Continued investment in trauma-informed education and standardized practice guidelines may improve nursing practice

and patient outcomes while fostering a more supportive care environment for individuals experiencing early pregnancy loss.

References

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