Soft Skills in Pediatrics

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Objectives

The project aims to:

- identify the most important soft skills in the field of paediatrics,

- match them with the best teaching methods and strategies,

- elaborate guidelines and materials for training the paediatricians' trainers and the paediatricians

The Target Group

The main target groups of the project are:

- Lecturers in pediatrics

- Medical practitioners in pediatrics

- Medical students: pre-service and residents in pediatrics

Expected Results

The main project tangible results are 3 intellectual outputs:

- Publication on paediatric soft skills needs

- Training package for lecturers and trainers in paediatrics

- Training package for paediatricians and paediatric students

Intellectual Output 1

Publication on Paediatrics Soft Skills Needs

Expected Results

- Collection, by each partner, of:
  - 30 paediatrician' questionnaires
  - 30 patient' questionnaires
  - 30 relative' questionnaires
  - 30 Health Care Staff' questionnaires

- National based analysis of the expectation of the target groups

IO1
Templates and Tools

- IO1.A – Paediatrician Questionnaire
- IO1.B – Patient Questionnaire
- IO1.C – Relative Questionnaire
- IO1.D – Health Care Staff Questionnaire
- IO1.E – Table of Contents

IO1

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Results UMF Tg Mureș

Communications points

- For **Romania,** the lowest general average score for communication was given by the **doctors**: **3.8,** lower than the average communication score offered by children.
- This result is due to:
- - the difficult chronic conditions,
- - psychologic problems,
- - doctors not having enough time, besides their other commitments (students, courses, many patients, administrative bureaucracy).

- The **health care staff and relatives general** average for communication was 4.6.
- For the **patients**, the average score of **4.6** is acceptable, given their chronic conditions, long hospitalizations and invalidating diseases (malignancies, chronic inflammatory conditions, malabsorption syndromes, chronic renal pathologies, rheumatic diseases).

Communication

Communication	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	4.6	4.6	4.2	4.6
Support to patients	4.8	4.9	5.0	4.9
Respect form patients	4.6	5.0	4.2	5.0
Support from medical team	4.9	5.0	4.4	4.9
Appointment for checkups	4.2	4.2	3.7	4.4
Availability during office hours	4.4	4.5	3.9	4.4
Quality of patient life	4.8	4.4	4.6	4.4
Follow up information	4.4	4.3	3.8	4.5

Communication
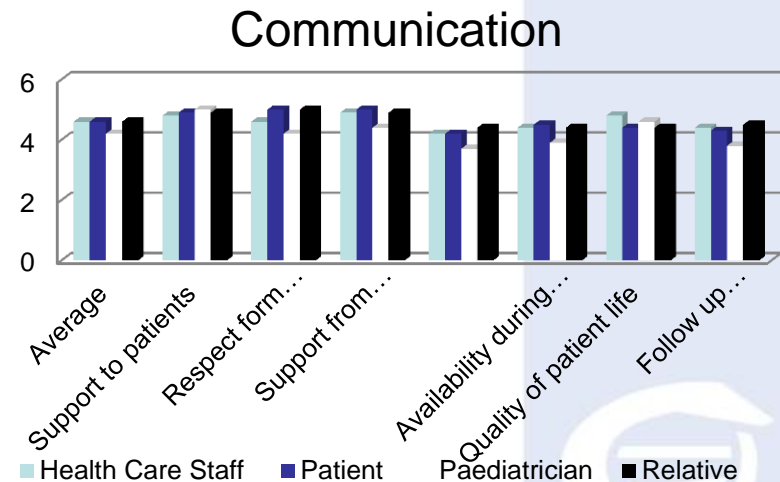
There was not found any significant statistical difference between the 4 groups (p=0.11).

TRANSPARENCY

Transparency generally - making better information to patients about costs and quality of care.

- The **general average score for Transparency** which **was offered by children** was 4.6

- The general average score that **pediatricians** offered for Transparency was 4.5.

- The general average Transparency score of the health care staff was 4.6.

- The general average Transparency score of the **parents and relatives** was 4.7.

Transparency	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	4.6	4.5	4.6	4.7
Other doctors' involvement	3.3	3.1	4.3	4.3
Patients' complains	4.8	4.9	4.8	4.9
Information to patients	4.8	4.5	4.8	4.8
Courtesy and respect	4.9	4.8	4.9	5.0
Information about care	4.9	5.0	4.7	4.7
Information about test results	4.8	5.0	4.7	4.8
Privacy	4.6	4.5	4.6	4.7
Written communication	4.8	4.5	4.4	4.5

There was not encountered any significant statistical difference between the 4 groups (p=0.86).

HOSPITAL ENVIRONMENT

- The hospital environment and conveniences should help children have a positive hospital experience - an extension of their home, reduce their fears and increase their feelings of safety and well-being.
- The **children's** general average for hospital environment was 3.8.
- The **doctor's** general average score for the item Hospital environment was even lower, i.e. 3.3, pediatricians being dissatisfied with the children's hospital conditions that must be optimized.
- The **health care staff average** was identical with the children's evaluation: i.e. 3.7, whereas **parents/relatives' score** was somewhere in between, i.e. 3.6.

HOSPITAL ENVIRONMENT

Hospital Environment	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	3.7	3.8	3.3	3.6
Hospital's appearance	3.7	3.9	3.3	3.6
Hospital's convenience	3.6	3.6	3.2	3.6

Hospital Environment
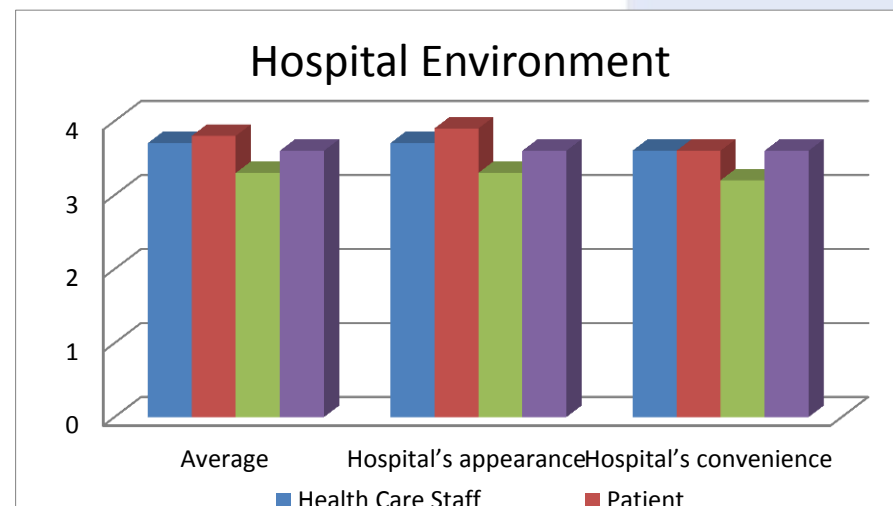
There was found a tendency towards statistical significance between the 4 groups (p=0.05).

INTERCULTURAL ISSUES

- Pediatric units, like other institutions, are places where patients from diverse cultural backgrounds interact with one another. Awareness of cultural differences, sensitiveness to intercultural communication and need to surpass intercultural communication barriers are essential in pediatric health care.

- Moreover, the general average regarding this item (including behaviour towards patients in terms of action/attitude) was similar and almost maximum **4.9 scores** for all the surveyed populations (children, doctors, health care staff and parents/relatives), which demonstrates that the medical process (communication, diagnosis, treatment) is not influenced by intercultural issues.

INTERCULTURAL ISSUES

Intercultural Issues	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	4.9	4.9	4.9	4.8
Behavior towards patients (action)	4.9	4.9	5.0	4.7
Behavior towards patients (treatment)	4.8	4.9	4.8	4.9
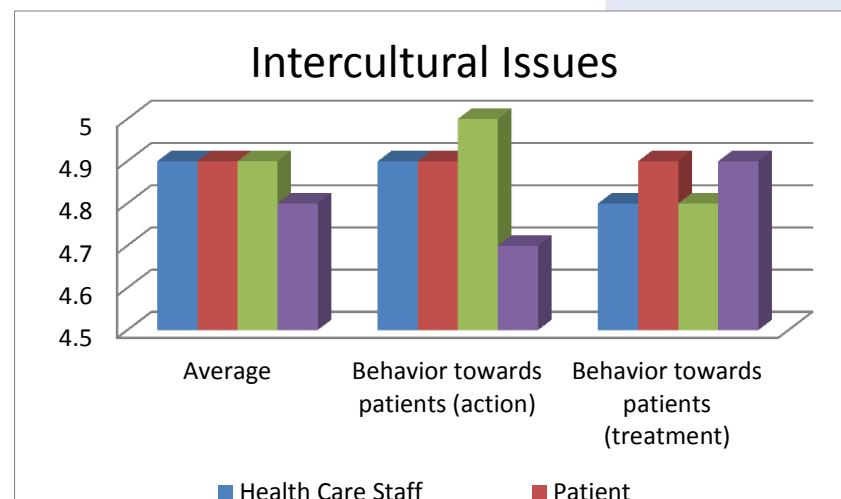
There was not identified any significant statistical difference between the 4 groups (p=0.75).
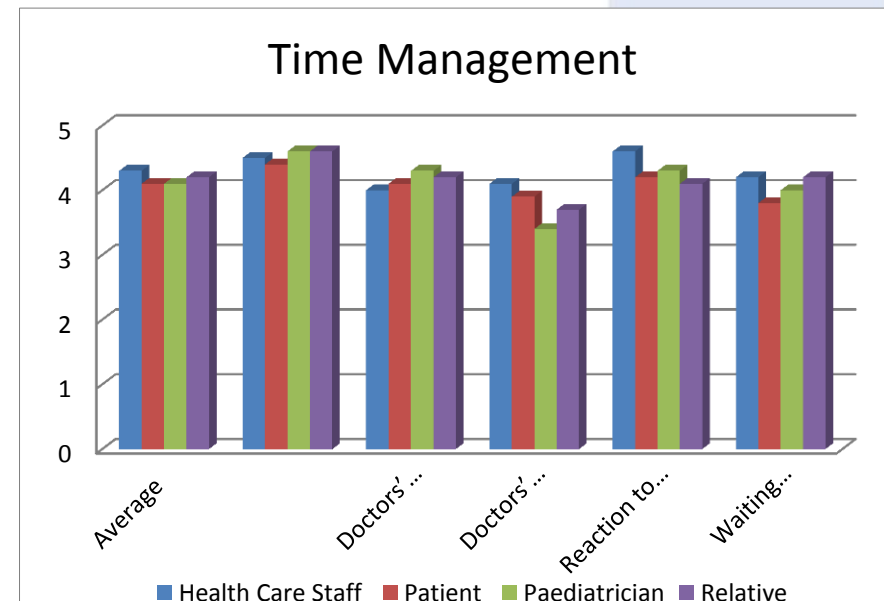
TIME MANAGEMENT

- Pediatricians face intense pressures in providing health care for an increased number of children and their families, including many with complex medical problems. In today's health care environment, time management skills are essential tools for providing effective health supervision.

- In the **patients**' perception, this item received a score of 4.1, which reflects a deficiency in time management, time which the patients waste on waiting lists and leading to a delay in their diagnosis and treatment.

- The **doctor**'s general average for **time management** was similar to that of the patients, i.e. 4.1 scores.
- **Parents/relatives** had a slightly better perception of the time management, i.e. 4.2 score, similar to that of **health care staff,** 4.3 scores.

TIME MANAGEMENT

Time Management	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	4.3	4.1	4.1	4.2
Time with patient	4.5	4.4	4.6	4.6
Doctors' availability	4.0	4.1	4.3	4.2
Doctors' waiting list	4.1	3.9	3.4	3.7
Reaction to urgent calls	4.6	4.2	4.3	4.1
Waiting time in paediatrician office	4.2	3.8	4.0	4.2

Time Management chart — Health Care Staff, Patient, Paediatrician, Relative

No significant statistical difference was encountered between the 4 groups (p=0.79).

General conclusions

- The most critical aspects that need to be improved as viewed by all four groups of participants:

- **hospital environment < time management < communication < transparency < intercultural issues**

- Pediatricians consider that communication is in need of improvement followed by transparency, while patients consider that both have the same importance.

- From the point of view of the health care providers, the health care staff consider that communication, hospital environment and time management should be improved to a larger extent than doctors.

General conclusions

- The **general average for communication** was rated by the doctors with 3.8 and by the children, health care staff and parents/relatives with 4.6.

- We consider that doctor-patient communication is optimizable and its improvement can be achieved through **further training and hands-on practical communication courses specific for the pediatric field.**

- The general average for **Transparency** ranged between 4.5 and 4.7 taking into account that we had patients with chronic conditions and long hospitalization periods, and the doctor who is extremely busy and involved in the patients' therapy needs to manage time efficiently. **Psychologic support and adequate counselling should be offered to pediatric patients.**

General conclusions

- The general average for the item **Hospital environment** was the lowest, ranging from 3.3 to 3.8, which calls for an **adequate financing and modernization of Romanian hospital premises that can only be compensated by a deeper involvement of the doctors and health care staff, in the detriment of the time amount they have to offer to their patients.**

- In terms of **time management**, the general average ranges between 4.1 and 4.3 proving that this is optimizable as far as time spent by patients on the waiting lists leading to a delay in their diagnosis and treatment. It is obvious that <u>a better time management seen as easy access to the doctor and shorter-term waiting lists for access to hospital services are necessary.</u>

Publication

Observational Study

Medicine®

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Communication skills in pediatrics – the relationship between pediatrician and child

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Abstract

Interpersonal and communication skills are 2 essential qualities of every physician. These are separate and distinct parts of the professional character of every physician. In pediatrics these abilities present even a higher impact.

We performed a survey-type prospective study based on questionnaires on 100 subjects, equally divided into 4 groups: 25 children, 25 pediatricians, 25 care-givers (parents, tutors, and relatives), and 25 health care staff, in a Tertiary Pediatric Clinic from Romania, between January 2017 and April 2017.

We included 100 participants in our study, equally divided into 4 groups: pediatric patients, pediatricians, care-givers, and health care staff. The 1st group comprised 25 children diagnosed with different chronic conditions, presenting the age between 5 and 14 years. The male gender predominated among the children (57%). The lowest general average score for "Communication" section was encountered among pediatricians group, 3.8, while the other 3 groups presented the same average score for this section, that is, 4.6. The children and the health care staff offered the same average score for "Transparency," that is, 4.6, while the pediatricians offered a score of 4.5, and the care-givers of 4.7. The lowest average score for the item "Hospital environment" was given by the doctors, that is, 3.3, followed by care-givers with a score of 3.6, health care staff 3.7, and children with an average score of 3.8. All the 4 groups included in the study offered a general average of 4.9 out of 5 for the "Intercultural issues" section. The lowest average score for "Time management" section was offered by both children and pediatricians, that is, 4.1, while care-givers and health care staff had a slightly better perception regarding this item, offering 4.2 and 4.3, respectively.

The opinion among the 4 groups included in the study was generally similar regarding the 5 items assessed by our questionnaires. Therefore, the main aspects that need to be improved in the health care system in downward order are the following: hospital environment, time management, communication, transparency, and intercultural issues.

Keywords: children, communication skills, pediatrician

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Intellectual Output 2

Training Package for Paediatricians Lecturers and Trainers

- Communication is one of the most frequent activities which involves the human being.

- Through communication we send our messages, we receives other people's messages, we initiate and maintain relationships, we solve conflicts.

- Communication is a social act that can be performed deliberately or involuntary, aware or unaware.

- The gestures, the mimic, the posture, the clothing, even the silence can transmit significances.

The communication must be:

- *open and completed, adjusted to the child's needs and developmental particularities;*

- *based on dignity and respect* (the medical staff listens the patients and take into account their values, convictions and preferences before deciding regarding the medical acts);

- *built trough participation* – the patients and their families are encouraged and supported to participate at the medical act;

- *achieved by collaboration* – the medical staff, the patients, their families, and the administrative power of the medical units collaborate in order to perform a high quality medical act.

We will use: ***toys, books, images, games, marionettes, dolls.***

It is important that the interactions with children to carry **a ludic character**, favoring the stress release and anxiety decrease.

ACTIVITY:

What do you want to do today?

The child will be shown multiple pictures that represent symbols/images of certain activities/objects. He will be asked to choose some of them. The choices will be done as a results of the question:

"What would you like/what would you want to do today?"

OBS.: *In this case, the chosen image is the mediator of a warm, human relationship, closed to the child, through the understanding and respect for his needs.*

- <u>Video 2. Tutorial *"What do you want to do today"*</u>

ACTIVITY:

How do you feel today?

The child will be shown images with children that mimic different emotions: joy, sadness, rage, fear, and he will be asked to choose one of them.

OBS.: In this case, the choices are made between the 4 primary emotions, easy to codify even since small ages. After the choice, the emotion will be validated verbally. Depending on the moment in which the activity is performed (e.g. before a medical maneuver or an invasive investigation), we can initiate with the child a conversation in order to relax and calm him.

- ## Video 3. Tutorial *"How do you feel today"*

- Video 4. Tutorial *"The draw what and how I feel?"*

- <u>Video 5</u>. Tutorial *"Symptoms as images"*

The **GAME** – *one of the most important forms of manifestations for the child.*

Under the influence of game, the entire psychical activity is formed, developed and restructured.

The game *stimulates the creativity, releases stress and frustrations providing an recomforting environment where the children can express their emotions, feelings, whishes, pains and worries.*

The game *"The soap bubbles game"*

- Video 6. Tutorial *"Soap bubbles"*

- Video 7. Tutorial *"The game – The toy is sick"*

ACTIVITY:

The game *of dolls*

The child is provided one or multiple dolls that he can name as he whishes, but one will be named after the child. He is allowed to manipulate the dolls as he whishes, the adult intervening only in order to guide the game.

OBS.: Through this type of game, the child can project himself in the role of the dolls with which he plays. Under the circumstances when the child is affected by a disease, he will use the game or a series of elements that he feels. The adult will follow: the child's behavior, his verbal language (what he expressed through words), but also the nonverbal one (gestures, posture, voice tone, etc.), face expression, elements associated with the disease.

- Video 8. Tutorial *"The game of dolls"*

Starting from a real or fantastic case, **the therapeutic story** has the role to mediate the pain and sufferance, bringing the child closely to the reality in which at any point a resource or a support can appear through which he can defeat his fear, powerless, uncertainty.

The story can be a starting point in initiating a communication with the child when he does not feel comfortable to talk about his feelings.

The therapeutic story cannot be explained, does not give solutions or verdicts, but it lets understood only by the person that gets it.

The therapeutic metaphors can be created through different strategies: original stories, cartoons, the processing of themes from popular of SF stories, the visualization after the child's own imagination or the involved therapist's, or real life.

- <u>Video 9. Tutorial *"How to handle better the pain?"*</u>

- [Video 10. Tutorial *"The tree of my troubles?"*](#)

OBSERVATION

The abilities to observe allow a more real understanding of the sent message, of the interlocutor's affective status.

Observation has 2 major indicators:

- **Nonverbal behavior** (mimics, gestures, voice, vegetative modifications);
- **Verbal behavior** (the messages content).

- **OPEN QUESTIONS-** those questions that transmit the interlocutor that he is listened and that the doctor is interested by the information he hears. E.g.: "Could you tell me more about…?", "Could you describe the situation X…?"
- **CLOSED QUESTIONS**- those questions that generate answers like YES/NO. **In clinical context, these must be used with precaution**, only to clarify a concrete situation. E.g.: "Did your throat hurt today?"

Suggestions to use correctly the questions addressed to the patient:
- Use questions that do not contain long phrases;
- Use words preferred by the patient in order for him to understand them, or
- Rephrase the question when the patient did not understand;
- Do not react at every answer with another question.

- *Empathy* *is the ability to transpose yourself in the shoes of other person, to understand better the way he thinks, feels or acts.*
- *Empathy* *means to stay "*next to the person*" and must not be confounded with pity or compassion towards a person in difficulty.*

SUGGESTIONS :

- use as rarely as possible the closed questions (e.g. "Why did you do…?");
- use open questions that facilitate communication (e.g. "Could you tell me more about…?");
- listen to the interlocutor;
- avoid judging (e.g. "It is not good what you did…");
- avoid interruptions during the conversation (e.g. "My opinion is that…");
- avoid labeling (e.g. "You are a little bit careless");
- avoid negative feedback (e.g. "Your result is unsatisfying…");
- use constructive suggestions (e.g. "Next time will be better if you will…").

HUMOR

Humor can be seen as *a way to establish a spontaneous, warm relationship with the patient, to decreased anxiety and the feeling of social distance between the doctor and the patient.*

Using humor in the doctor-patient relationship can have to role to augment/strengthen the therapeutic relation.

Forms of manifestations, attitudes towards humor, what means to "laugh with…"
- desire a joyful disposition;
- build trust;
- provide an attitude based on care and empathy;
- be supportive;
- ironize the generally human weaknesses;
- include others in the "general joy".

Intellectual Output 3

Training Package for Paediatric Students and Residents

COMMUNICATING WITH CHILDREN

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IO3 – autonomous learning module

- **10 videos of real life case scenarios demonstrating the necessity of 5 most important soft skills to solve the different situations.**

- Structure:

  - **Theoretical description**

  - **Video**

  - **Transcript of scenario**

Aim

- the soft-skills teaching/learning packages, will include:
  - emerging technology-based methods,
  - tools and contents such as: podcasts, video tutorials on team-based learning,
  - problem-solving, scenario-based learning, gamification (simulation games).

Description

- The information collected will be presented in a Publication that will be then made available as an e-book that will downloadable onto the project Portal.

- The Publication will address the following issues:

- **Communication - a**spects such as:
  - - The communication of bad news
  - - The interaction doctor/patient
  - - Empathy
  - - Ability to explain the child's illness
  - - Treatment description (jargon, language complexity)

Descriptions

- **Transparency -** aspects such as:
  - - information about the therapy
  - - Involvement in treatment negotiation
  - - Building mutual trust and respect
  - - Privacy issues

- **Hospital environment -** aspects such as:
  - - Dimension of wards
  - - Colours and pictures
  - - Availability of toys and television
  - - Other stress and anxiety relievers likely to surmount the fear of pain and doctors

Description

- **Intercultural issues** - aspects such as:
  - - Language barriers
  - - Dealing with different beliefs and values
  - - Mediate cultural differences among patients

- **Time management** - aspects such as:
  - - Time of visits
  - - Lunch and dinner time
  - - Leisure time during the hospitalisation
  - - Waiting lists

Softskill 1

GREETING child patients and introductions
(using loving tones, smiling, simple language, in a
sitting position).

THEORETICAL DESCRIPTION

- address patients by name, and identify themselves
- Greeting is the first step in creating rapport with a child patient
- genuine smile , loving tones, sitting at the child's level
- you may allow a small child to touch and play a little with your stethoscope and talk about non-medical topics such as play, games

Scenario 1

Scenario 2
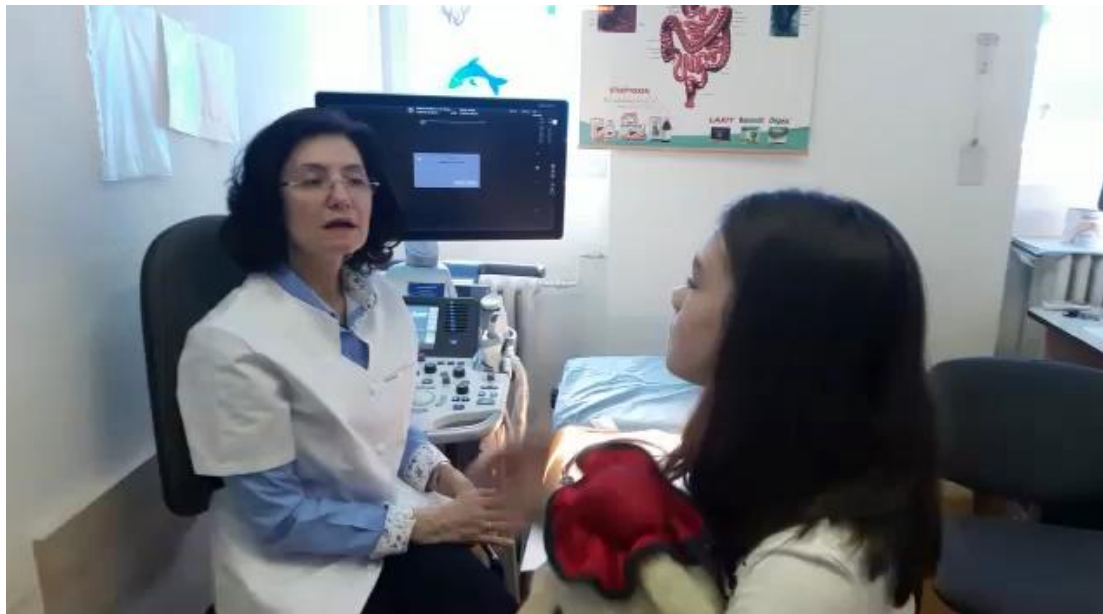
Softskill 2

USING SIMPLE LANGUAGE AND REPETITION OF KEY TERMS in communicating with children

- use concise, easily understood language, and avoid or adequately explain medical jargon

- explain in simple terms what is going to happen next

- use repetition and summarise or reinforce information as often as needed

- Check if the child and parent understand your explanationsthrough the Tell/teach-back technique

- can use visual methods of conveying information

- Explanations are followed by short pauses

- Ask: "What questions do you have?"

Scenario 3

Scenario 4

Softskill 3

Asking questions, teach back and show me, reflection, mirroring, and other communication techniques

- **Use open and closed questioning** technique, appropriately moving from open to closed
- **Attentive listening**, allowing patients to finish statements without interrupting them
- **Encouragement**, silence, repetition, paraphrasing or interpretation should be present whenever necessary.
- **Reflection.** This technique involves repeating a significant word or phrase that the patient has just said.
- **Clarifying** can help patients or parents recognize and understand their feelings
- **Mirroring**. This shows the patient or parent her feelings as you perceive them.

Scenario 5

Scenario 6

Softskill 4

EMPATHY

- An empathic reaction conveys three main messages to a child: "I care how you feel," "I am trying to understand how you feel," and "It is all right to feel as you do."

- **The CARE mnemonic** : comfort, acceptance, responsiveness, empathy

- **The NURSE mnemonic**: naming, understanding, respecting, supporting, exploring
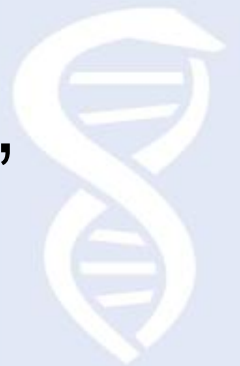
Scenario 7

Scenario 8

Softskill 5
BUILDING TRUST

- get down to the child's level
- Small Talk
- Use of Toys
- Friendliness
- Expression of Interest in the Child
- be honest and not make promises you cannot keep

Scenario 9

Scenario 10

Training Activity

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Project Number: 2016-1-RO01-KA203-024630

Softis-Ped:
Softskills for Children's Health
Training Course
11th –15th December 2017
Tîrgu Mureș, Romania
UMF Tîrgu Mureș, Casa Universitarilor

PROJECT SCIENTIFIC COORDINATOR
University of Medicine and Pharmacy of Tîrgu-Mureș, Romania

CONTRACTUAL PARTNERS:
Institute for Medical Education of the University Hospital, LMU Munich, Germany
Filab, Budapest, Hungary
Pixel, Firenze, Italy
Azienda Sanitaria Locale TO3, Collegno, Italy
Hospital Universitario Fundación Alcorcón, Madrid, Spain

Course Program
TOPICS:

11th December 2017
Module: **INTRODUCTION TO SOFT SKILLS. COMMUNICATING WITH CHILDREN.**

12th December 2017
Module: **COMMUNICATING WITH PARENTS**

13th December 2017
Module: **COMMUNICATING WITH PEERS AND COMMUNICATING WITH OTHER HEALTH CARE STAFF IN PEDIATRICS**

14th December 2017
Module: **COMMUNICATING IN A MULTILINGUAL ENVIRONMENT FOR TREATING PATIENTS AND WORKING/RESEARCHING IN INTERNATIONAL TEAMS**

15th December 2017
Module: **CONCLUSION. COURSE ASSESSMENT. FINAL FEEDBACK**

Project portal: https://softis-ped.pixel-online.org
Facebook page: https://www.facebook.com/Softis-Ped-1795673480649953

Disemination

Disemination

	Associated Partners (letters)	Exploitation Links
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Associated Partners

1. Dimitrie Cantemir University Tirgu Mures

2. GrT Popa University Iasi

3. Iuliu Hatieganu University Cluj-Napoca

4. EuroEd Foundation - Iasi

5. Institute of Cardiovascular Diseases and Transplantation – Tirgu Mures

6. North University Baia Mare – Psychopedagogical Department

Exploitation Links

1. Institute of Cardiovascular Diseases and Transplantation

2. TopMed Medical Center

3. Romanian Society of Pediatrics

4. UMF Tirgu Mures

5. MEDCRIS

Release of a book: E-Book

Thank you!