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Communicating with Children

Soft-skills in communicating with children: Asking questions

Allow children and adolescents to express their opinions and feelings. Facilitate this with questions. Do not jump to conclusions or trivialize a child's or adolescent's perspective or concern. What may not seem like a problem to you may be an important issue for the child.

For keeping children in the conversation:

- Allow older children or adolescents to tell their own stories first and give them the last word in the conversation.
- For children who are initially hesitant in responding, ask them to tell you in their own words what is wrong after establishing the chief complaint from the parent.
- When appropriate, allow choices during the interview and examination (e.g., "Would you like to sit on your mother's lap or on the table?" or "Which ear would you like me to look in first, the left or right one?")

Types of questions:

- Open questions that tell the interlocutor that he is listened to and the doctor/ therapist is interested by the information he hears ('Could you tell me more about...?'; 'Could you describe the situation?')
- Closed questions are those which generate answers like 'yes'/'no'. In the clinical context, these must be used as a precaution, only to clarify some concrete information ('Have you had a sore throat today?')

Suggestions to use correctly the questions addressed to the patient:

- Use questions that do not contain long phrases,
- Use words that the patient prefers,
- Rephrase the question when the patient did not understand,
- Do not react to every answer with a new question.



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