



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

Communicating with Children

Practical Activity

Soap bubbles – Dealing with agitated/scared child patients

Problem addressed: *angry or nervous/anxious child*

Soft-skills: *observation, verbal and non-verbal communication/participative behaviour*

Method: *Flipped class: video tutorial – game and reading; in class: pair simulations*

1. BEFORE CLASS - Students are involved in preparing for class by:
 - a. Reading – **Clinical Observation Skills (or another suited material)**
 - b. Watching a short tutorial *Soap Bubbles*

Flipped content:

“[Soap bubbles](https://youtu.be/4R6SbdnBtOs)” <https://youtu.be/4R6SbdnBtOs> (*Videoclip in Romanian with English subtitles*)

Objective: emotions control

Therapeutic method: game

Materials: tube with solution for soap bubble

Work method: the adult starts by filling the room with soap bubbles. After a few minutes, he will ask the child to make a big balloon explaining how to do it (inspires a great amount of air and then he expires slowly until the balloon detaches). The therapist/physician explains to the child that when he becomes angry or anxious, the brain needs more air, and the lungs are too upset to offer it. In that moment, if he takes a deep breath, the brain will have time to tell the heart to calm down, and in this way, the lungs will work better and will provide more air for the brain. In the same way, when the child becomes tensioned/angry/upset, he will take a deep breath (as if he made a big soap bubble).

In addition to the fact that the game stimulates creativity, it also releases the stress and frustrations, therefore creating a calm environment in which children can express their emotions, feelings, wishes, pain and worries.

2. IN CLASS
 - a. Teacher **checks students’ understanding** of the soft skills involved in dealing with difficult child patients: observation, verbal and non-verbal communication adapted to the child’s age, using the lockstep method or a pre-set quiz. Students will demonstrate they have understood theoretically the importance of observation and of the need to adapt their verbal and non-verbal communication to the child’s age.
 - b. CONSOLIDATION OF THEORETICAL CONTENT: Teacher offers feedback to students’ opinions by referring to the example in the video (pediatrician stayed at the same level with the child, used simple language, repeated, used positive encouraging language, positive pitch, calm tone, etc.)



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c. APPLICATION:

Students engage in pair-work simulations/role-plays:

The pediatrician role: You will introduce yourself to the child, will address him/her by name, ask how he/she is feeling, what is wrong with him/her. Ask the child where he is feeling any pain and say that it seems he will have to do the same treatment for two more days. You will have to listen to the child, ask simple questions, smile and be positive, patient and kind but also to observe when the child becomes agitated. In order to keep calm and exert emotional control, show understanding and explain the child in simple terms, how to make soap bubbles and regain confidence, joy and composure. Whenever he feels he is agitated, he should try to breathe in deeply, and this will calm him down. The pediatrician will have to demonstrate non-verbal communication skills, staying in a conversational position, etc.

The 6 year-old child patient role: You will answer the doctor's questions. At one moment, for example, when the doctor tells you that you have to stay two more days in hospital, you start to feel scared, fidget nervously with the hands, feeling like you need to rush out of the room/crying. The doctor will try to calm you down by showing how to do soap bubbles. Listen to him/her and try to comply with her advice.

d. POST-ACTIVITY FEED-BACK

- Peer-evaluation of the pediatrician's observation, calm, application of the Soap-bubble game to distend the child according to a checklist/evaluation grid:
 - The pediatrician managed to observe/did not manage to observe when the child started to show signs of restlessness and discomfort with the interview
 - The pediatrician stayed/did not stay at the same level with the child
 - The pediatrician used simple, positive encouraging language to gain the child's confidence
 - The pediatrician modelled, explained and had a collaborative/less collaborative behaviour
 - The pediatrician used repetitions, teach-back technique.
 - The pediatrician checked/did not check the child's understanding of the purpose of the activity.
- Feedback from the teacher and list of age-adapted verbal and non-verbal participative behaviour, teach-back

Online resources

Soap bubbles

<https://youtu.be/4R6SbdnBtOs>

Videoclip created by the Romanian team, in Romanian with English subtitles about how to help children get rid of their anxiety and nervousness.

Soap bubbles

<https://youtu.be/RVm54D50C2s>

Video tutorial created by the Romanian team, in English, about how to help children get rid of anxiety by playing with soap bubbles.

Clinical Observation skills

<http://medicaleducation.wikifoundry.com/page/Teaching+Clinical+Observation+Skills>

[This is a short article which presents the reason why observation skills are important in medicine and how to teach them.](#)



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The art of observation: Impact of a Family Medicine and Art Museum Partnership on Student Education

<http://www.stfm.org/fmhub/fm2006/June/Nancy393.pdf>

This article presents the results of a project in which medical students were taught the art of observation by examining works of art.



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