



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

Communication with Children

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Communicating
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Tutorial

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Introduction

"The patient will never care how much you know, until they know how much you care."
(Terry Canale in his American Academy of Orthopaedic Surgeons Vice Presidential Address)

Communication is one of the most frequent activities at which the human being participates. Through communication we transmit messages, receive other people's messages, initiate and maintain relations, and we solve conflicts.

Communication is a social act that can be performed deliberately or involuntarily, consciously or unconsciously – through gestures, mimic, posture, dressing style, even silence being possible to transmit specific messages.

Doctor-patient communication is a major component of the process of health care. Doctors are in a unique position of respect and power. Hippocrates suggested that doctors may influence patients' health.⁽¹⁹⁾ Effective doctor-patient communication can be a source of motivation, incentive, reassurance, and support. A good doctor-patient relationship can increase job satisfaction and reinforce patients' self-confidence, motivation, and positive view of their health status, which may influence their health outcomes

As far as communication with the pediatric patient is concerned (from both sides the medical provider towards the patient), encouragement of an adequate communication is a fundamental element in building a culture of medical health centered on the patients and their needs.

Information must be conveyed in a way that is clear and engaging, supporting the health care professional and enabling the children and their family to become competent partners in the consultation.

Communication must be:

- Open and complete, adjusted to child's needs and developmental particularities;
- Based on dignity and respect (medical providers listen to the patient and take into account their beliefs and preferences when deciding the health care plan);
- Built by participation – patients and their families are encouraged to participate in the medical act and the decision-making process it presupposes;
- Realized by collaboration: the medical staff, the patients and their families, and the administrative staff collaborate for realizing a high quality medical act, efficacy and efficiency.

Adequate communication with patients and their families is meant to transmit a message, but also to establish a connection between them and the medical providers, starting from the primordial values of the medical profession – the desire to help towards both high quality of care and moral support offered to someone in pain.

In pediatric departments, where the patients are children, it is important that the environment and the materials used should facilitate communication with children and should be adjusted to their needs.

Besides verbal and nonverbal communication, the following strategies can be used in pediatric communication: games, marionettes, dolls, books, toys, images, and activities will have a ludic character, favoring, therefore, stress release and decrease of anxiety.



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Online Resources

Patient-Physician communication: the why and how <http://jaoa.org/article.aspx?articleid=2093086>

The article underlines the value of doctor-patient communication and pinpoints the best strategies for effective communication

The Most Important Skill in Medicine - <http://www.medscape.com/viewarticle/764270>

The article argues that the most important skill in medicine is interactive, individualized communication, patients who communicate well are more adherent to therapies and more satisfied with care.

Doctor-patient communication: A review <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/>

The article establishes the benefits of communication, barriers to communication and suggestions to improve.

Barriers for doctor-patient communication

<https://www.canceradvocacy.org/resources/communicating-with-your-doctor/barriers-for-the-doctor-and-the-patient/>

The site presents some barriers that can appear from the doctor's and the patient's part.



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1.1. Organization of the Hospital Environment in a Pediatric Unit

Pediatrics Clinic 1 is a department in the Emergency Clinical County Hospital of Tirgu Mures and it owns 40 beds. The clinic is organized on different compartments, such as gastroenterology, intensive care, rheumatology, hematology and oncology, nephrology, but also general pediatrics.

Wards

Every ward is equipped with at least a bed for the mother and child, also a bathroom and a bedside table. There are also wards with multiple beds. The patients' admission depends on the pathology due to the fact that every compartment from our clinic has at least one ward.

In many pediatric clinics, wards can be specially monitored and for a more pleasant atmosphere, walls can be decorated with painting of different nature themes or fairy tale scenes; parents can have a private coach for sleeping and a curtain that they can draw for ensuring privacy.

Equipment, TV, toys

The children admitted to Pediatrics Clinic 1 benefit from a playroom where they can find multiple toys, a TV, and different equipment for physiotherapy and sports. There they can spend a better quality time and forget about their pain for at least a couple of hours.

In other pediatric clinics, conveniences may include a wide range of facilities that are offered, such as free wi-fi, laundry, traveling-on-wheels store, games: Medbuddies (= a program that pairs a volunteer medical or nursing student with an inpatient), activity centers (= procedure-free zones, where celebrations, arts, crafts, music, games are matched to the child's developmental needs and foster family and social bonding), bedside music, waiting lounges - meant for family members to relax, use computers or spend a quiet moment; funny special wagons for children's hospital transport etc. all these amenities offering a compassionate-tailored approach to healthcare

Some Pediatric Clinics may use **hydrotherapy or occupational therapy** which engage children who are not bedridden, in activities that develop motor, behavioural and thinking skills, which are likely to improve the quality of the sick child's daily activities. Certified music and art therapists can also be employed for the kids with long hospitalization periods in order to help them express and understand their feelings and fears. School activities can also be arranged for school children.

Playground and stress relievers, comfort kit

"You can discover more about a person in an hour of play than in a year of conversation" (Plato)

Play can be used in the pediatric consultation room as it reduces fear and anxiety, increases joy and improves openness. It is a form of communication that exploits nonverbal behaviour. Contact can thus be initiated and trust can be built with the pediatric patient.

The playground from Pediatrics Clinic 1 is formed from the Playroom and the Magical Garden which is a real stress reliever because there are multiple flowers, trees and benches where the children can relax together with their mothers or even the medical staff. This type of environment promotes play and therefore relief of stress and open communication. It allows kids to be kids even when they are away from home, sick, and dealing with pain and suffering.



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Online Tutorials specifically designed for the project

Tutorial of Pediatric Clinic 1 presentation - Romanian with English subtitles

<https://www.youtube.com/watch?v=577SVfhQFe4&feature=youtu.be>

This is a presentation of the Pediatric Clinic 1 from Tirgu Mures, Romania

Tutorial of Pediatric Clinic 1 presentation – English Version

<https://youtu.be/IWbRHyrQ1yo>

This is the English version of the presentation of the Pediatric Clinic 1 from Tirgu Mures, Romania

Online Resources

Riley Hospital Tour

<https://www.youtube.com/watch?v=MjRO2bsLDXo>

A presentation of a pediatric hospital by two ex-patients. The hospital, although opened in 1924 was transformed into a modern childcare place with special amenities that are likely to optimize the sick children's stay: wide open space, walls with colorful tile and art work, red wagons for children's move around.

Video Tour of Benjamin Russel Hospital for Children

<https://www.youtube.com/watch?v=NodxZ8VfrBc>

A video tour of one of the most modern children's hospital featuring private rooms and bathrooms for children and neonates with modern patient education systems, break areas, patient activity rooms, child-friendly family waiting areas on each floor, home-like amenities, cafeteria, vending areas, chapel.



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1.2 Communicating with children

Communication with children should be age-adapted, holistic, positive and strengths-based, and inclusive, according to the following UNICEF principles:

Principle 1 - “communication for children should be age-appropriate and child-friendly” Guidelines for this principle include:

- using child-appropriate language, characters, stories, music and humour;
- encouraging and modelling positive interaction and critical thinking;
- using special effects judiciously and wisely.

Principle 2 - “communication for children should address the child holistically,” and is supported by guidelines to:

- use an integrated rather than single-issue approach to communication;
- offer positive models for adults in their relationships with children as full human beings in their own right;
- create “safe havens.” “Safe haven” communication is important because safety and security are foundations for developing and learning well. “Safe havens” are spaces where vulnerable children can go in a time of crisis. They can be physical, mental or emotional places where children feel that they are listened to and someone knows how they feel. They are places where children feel protected and safe from harm and can gain a sense of trust in the world and optimism about their lives.

Principle 3 - “communication for children should be positive and strengths-based,” and is supported by guidelines to:

- build self-confidence as well as competence;
- use positive modelling;
- include children as active citizens learning about and modelling social justice;
- do no harm.

Principle 4 - “communication for children should address the needs of all, including those who are most disadvantaged,” and is supported by guidelines to:

- reflect the dignity of each and every child and adult, irrespective of religion, race, colour, language, nationality;
- be inclusive: celebrate and value all types of diversity;
- ensure communication is free of stereotypes;
- reflect and nurture the positive aspects of local cultures and traditions.

For all groups, communication should invite children to see, imagine, hear and create.

Enhancing communication with sick children

Purvis (2009) addresses the communication challenges physicians may face when interacting with children and the importance of applying the four Es – **engagement, empathy, enlistment, and education**. He emphasizes the importance of communicating successfully with a child, stressing the significance of verbal, nonverbal and communication activities, the importance of considering the cognitive and developmental stages, and adapting to the specific needs of infants, children and teenagers.

Communication for children requires special skills, talent and training. Suffering children, alongside those who are experiencing abuse or whose wounds or fears emanate from physical pain, discrimination based on disability, ethnicity, are in need of safe havens and pediatrics, pediatricians and the healthcare staff should be aware of this and able and willing to provide these children with the much needed support and counselling, besides just strict medical intervention.

The best communication for children is often guided by what adult health care staff can learn from children. Therefore, the most important thing they can do is to grant them their **undivided attention**,



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spend time with them, observe them and ask them for feedback on their communication.

Giving the Child Choices (Empowering) To the extent possible, health care professionals should give the child some control of the examination, e.g.: “Do you want me to look at your eyes or ears first?” “Do you want your mom to hold your hand while I examine your leg?” “Do you want me to take off the bandage or do you want to do it?” Letting a toddler play with the stethoscope before you apply it to the chest, not only helps assure him or her that it’s not a threat but also gives the toddler some control over what is happening.

Keeping the Child Informed A running dialogue with the pediatric patient during the physical examination improves cooperation and helps alleviate anxiety. All of us want to know what is being done to our bodies during a medical procedure, and the physical exam is a procedure. Down to about age two years, the younger the child, the more the clinician needs to keep the child informed about what is being done and what will be done next. For a two- or three-year-old, it would be appropriate to say that you are now going to look in the other ear or listen to the child’s chest. For the older child or adolescent, you would probably just put your stethoscope to the chest and say, “Take a deep breath.” A friendly smile, gentle touch and small talk can be helpful for children of all ages, and nonsensical jokes will make the examination less frightening for the young child: “Well, I didn’t see any potatoes growing in your ear.” or “I thought I heard some barking in there (after listening to the abdomen). Children are generally both curious and concrete in their thinking. They will appreciate an explanation of what you are going to do and why. And explain what you find in developmentally appropriate language.

Weiss (2003) and the National Patient Safety Foundation (2013) propose **several steps to improve communication with child patients:**

- **Slow your speech** and spend a little additional time with the patient and family. **Sit rather than stand. Listen rather than speak.**
- Use **plain, nonmedical language**, e.g., high blood pressure rather than hypertension, heart doctor instead of cardiologist.
- Use **Analogies** (e.g. “A pipe that is partially clogged doesn’t allow air or water to flow properly.”) can be used to illustrate an obstructed airway or blood vessel. When using a translator, instruct him or her to stay with the ordinary words you use and not substitute medical terms.
- Use **pictures** as they enhance understanding and recall.
- **Review and repeat key points.** Consider simple handouts, written at or below the 6th grade level.
- Use **teach-back or show-me techniques** (Schillinger et al., 2003). Ask patients/parents to demonstrate understanding. Avoid asking, “Do you understand?” Patients will frequently answer “yes” even if they understand nothing (Weiss, 2003). Examples of Teach-back include: “What will you tell your baby doll about your tummy ache?” “I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure that I did.” “Please show me how you keep the thermometer.”

Weiss (2003) provides suggestions for preparing **written materials** for children and their families:

- General content: **limit to a few key points**—what the patient or parent needs to know
- Text: **active voice**; at or below 6th grade level: **short words, sentences and paragraphs**
- Font: at least 12 point, simple font such as Arial or Times New Roman; do not use all upper case

Layout: **avoid dense text**, leave generous open spaces; **simple illustrations as appropriate.**

More information is also provided about the importance of:

- Adapting the communication on the basis of the age of the children: [Age-adapted communication with children](#)



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Online Resources

Communicating with children

[https://www.unicef.org/cwc/files/CwC_Final_Nov-2011\(1\).pdf](https://www.unicef.org/cwc/files/CwC_Final_Nov-2011(1).pdf)

UNICEF online resource on how to communicate with children in ways that are age-appropriate, culturally sensitive, inclusive and positive, that help build self-esteem and confidence, and perhaps most importantly, are interesting and engaging.

Purvis, M. John. (2009). The Challenges of Communicating with Pediatric Patients. AAOS

<http://www.aaos.org/news/aaosnow/feb09/clinical5.asp>

The article emphasizes the importance of communicating successfully with a child, stressing the significance of verbal, nonverbal and communication activities and the importance of considering the cognitive and developmental stages and adapting to the specific needs of infants, children and teenagers.

Communicating with Pediatric Patients and their Families: the Texas Children's Hospital Guide for Physicians, Nurses and other Healthcare Professionals

<https://media.bcm.edu/documents/2015/76/palazzi-et-al-tch-guide-to-patient-communication.pdf>

A comprehensive book on communicating in a pediatric environment, including intercultural communication



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1.2.1 Communication through Pictures

Images are important points of communication. The child looks at the image and will be captivated in an obvious manner by its characters. Visual communication by images is realized at a psychological level in a conscious manner.

The pictures employed in communicating with child patients should be clear, explicit, and also attractive for the child.

Using stories, words, **visuals** and models that build confidence as well as competence should also include a language that supports self-confidence (“I am so proud that you swallowed those tablets,” “Look how well I cleaned my hands,” “You are a role model to others for not taking drugs.”).

Rather than depicting scary situations or images, communication should be based on ways in which children can help themselves when they are afraid (talking to a trusted adult, singing a song, thinking of a happy memory, etc.)

Children with complex communication needs (CCN) who cannot communicate by natural speech alone have the same social, emotional or physical needs as other children. Likewise, some hospital procedures can result in an inability to communicate because of intubation, a tracheotomy, jaw wiring.

Picture communication, clip art, is one such aid to assess the patient’s pain location and to help individuals communicate specific messages during the period in which they are unable to speak. Photos of a child’s friends, family, pets, favorite activities are often placed on the wall of hospital rooms to enable a child who is hospitalized and may be temporarily unable to speak, to tell his/her pediatrician, nurses and visitors about his/her “normal” life = his own introduction card.

In terms of **digital images** and technology, SmallTalk Pain Scale (<http://itunes.apple.com/us/app/smalltalk-painscale/id403058256?mt=8>) is an app that contains a series of images and pain descriptions that let the child communicate the type and level of pain. It is designed for children with aphasia, apraxia and dysarthria.

Online Tutorials specifically designed for the project

What do you want to do today?

<https://www.youtube.com/watch?v=UVny9TwiOeY>

The child will be shown multiple pictures that represent symbols/images of certain activities. He will be asked to choose three of them. The choices will be made as a result of the request: ‘What would you like/would you want to do today?’ Tutorial in Romanian with English subtitles

What do you want to do today?

<https://youtu.be/d8p4ld1wv98>

Tutorial in English on using pictures for enhanced communication

How are you feeling today?

<https://www.youtube.com/watch?v=0pswrJLawZw>

Tutorial Symptoms as images in English with Romanian subtitles

How are you feeling today?

<https://youtu.be/UuakcUBhAr4>

Tutorial Symptoms as images in English on using pictures for enhanced communication

Drawing what and how I feel

<https://youtu.be/Vb3TKwtTzRY>

Tutorial in English on using drawings for enhancing communication



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Online Resources

Effective Communication in Children's Hospitals

<http://www.patientprovidercommunication.org/pdf/25.pdf>

A handbook of resources for communicating with children.

SmallTalk Pain Scale

<http://itunes.apple.com/us/app/smalltalk-painscale/id403058256?mt=8>

This is an app that contains a series of images and pain descriptions that let the child communicate the type and level of pain.

1.2.2. Ludic Activities/Games

One of the most important forms of a child's manifestation is the game. Under the influence of games, the entire psychical activity is formed, developed and restructured. Children are inspired to be more attentive and to participate in the story or other mediums. Participatory communication, like participatory education, is more child-friendly, providing children and adolescents the opportunity to be engaged cognitively, physically and emotionally, especially compared to didactic forms of communication. Interaction can also be improved with traditional media such as books, plays, puppetry, songs, radio and television.

There are several reasons that determine children's fear of doctors, nurses and hospital settings in general, and these are the anticipation of painful events, an unfriendly or unknown environment, the unfamiliar faces, the lack of understanding of the medical act and, last but not the least, "the doctor/shot" threat that is frequently used by the parents when children are naughty. The unknown can cause fear and anxiety in both children and their parents. Because play is a natural daily form of activity, children do not associate it with stress and fear. Therefore, by involving children in games and role-plays, their concerns, worries and fears can be bypassed, as children are indirectly placed in a medical situation where they are not afraid to ask questions and even take part in decision making about their own condition and suffering. The use of toys and dolls is a stress-reducing communication strategy through which focus is drawn to the message rather than the fear and anxiety the child is experiencing.

In addition to paying attention to the main or intended messages, children learn from incidental and unintended elements of a game (for example, whether the characters behave according to traditional gender-prescribed roles, how caregivers visually react to children's fears or mistakes, etc.). It is, therefore, important to pay careful attention to all aspects of a message, the obvious and the subliminal.

Online Tutorials specifically designed for the project

The game - The toy is sick

<https://youtu.be/nT5uG5-VYi8>

Tutorial in English illustrating the use of ludic activities, games and dolls in communicating with children

The game of dolls

https://youtu.be/MLgNI_qZSpo

Tutorial in English, both illustrating the use of ludic activities, games and dolls in communicating with children.



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Online Resources

Pediatric Nursing – Caring for Children and Their Families (2012)

https://books.google.ro/books?id=ZN4EhF1m1QkC&pg=PA418&lpg=PA418&dq=stories+in+pediatric+communication&source=bl&ots=drf8dUNETg&sig=dQopQsqZlonTs_NDFd-1RwUmrAE&hl=ro&sa=X&ved=0ahUKEWjlu7nm4JDVAhVxSZoKHcCqDCU4ChDoAQhRMAY#v=onepage&q=stories%20in%20pediatric%20communication&f=false

The excerpt from the book available online offers practical suggestions about why to communicate with children through stories, games and music

1.2.3. Stories

The principles of child-friendly education apply equally to child-friendly communication. No one, especially a child, learns best from a didactic or preachy presentation of information, on the contrary, everyone learns best when content is presented in interesting ways and through good **stories**. These include, among other things, active learning where children's needs and opinions are included. If communication is fun and inspiring, children will be more likely to adhere to its intended meaning.

Stories may be an effective tool to communicate with and influence patients because of their ability to engage the reader. Stories are used in therapeutic interventions as they establish rapport with the child, assess the level of their fear and anxiety, explain procedures and prepare for future procedures or treatment. E.g. The poster "Let's Wash Hands" was developed for school-aged children during a capacity-building workshop on holistic child development in Indonesia. The group chose a girl to be the model for a photo-based poster; they broke down steps for a correct hand-washing sequence (wet, soap, scrub well, rinse); they used a **catchy rhyme** with each photo; and finished with the girl proudly holding out her clean hands. Supplementary activities included adapting the rhyme to a song to be sung at school or at home when washing hands. The poster integrated hygiene, early learning through rhyme and building self-confidence, especially of girls. It can be used as a model to teach a variety of skills to children as well as adults.

Children's roles can be either of a listener or a teller of a story. When children listen, health care professionals devise a story similar to what the patient is going to experience during a procedure or investigation, in order to explain indirectly what they will experience, through the character's eyes.

Children can also be supported to produce **stories about other kids who have been in difficult situations** (diagnosed with cancer or HIV, have a disability, been through a disaster, lost a loved one) but have survived and are thriving, in order to help them surpass the fear of disease and suffering.

In the case of **mutual story-telling**, the patient may be asked to continue what the pediatrician has started, then the pediatrician reiterates and continues a little and then again elicits the child's response, and so on.

Starting from a real or fantastic case, the **therapeutic story** has the role of mediating pain and suffering, bringing the child closer to the reality where at any moment a resource or a support can appear to help him defeat his fear, uncertainty, powerlessness.

Entering in the story, the child looks for himself. The story cannot be explained, it does not give solutions or verdicts, but it can be understood by the one who understands it. 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 child must create an interpersonal connective bridge between himself and the events from the story. The therapeutic metaphors can be created through different strategies: original stories, cartoons, themes, starting from popular or scientific-fantastic stories, visualization after his own imagination and the therapist's one or from real life.

Example: The story - "How to handle better the pain?"



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Online Tutorials specifically designed for the project

How to handle better the pain?

<https://youtu.be/YYIIB02UUC8>

Tutorial on how to handle better the pain.

The tree of my troubles

https://youtu.be/Pcuf2uEL8_M

This tutorial illustrates the use of stories in enhancing communication with a child patient.

Online Resources

Pediatric Nursing – Caring for Children and Their Families (2012)

https://books.google.ro/books?id=ZN4EhF1m1QkC&pg=PA418&lpg=PA418&dq=stories+in+pediatric+communication&source=bl&ots=drf8dUNETg&sig=dQopQsqZlonTs_NDFd-1RwUmrAE&hl=ro&sa=X&ved=0ahUKEwju7nm4JDVAhVxSZoKHcCqDCU4ChDoAQhRMAY#v=onepage&q=stories%20in%20pediatric%20communication&f=false

The excerpt from the book available online offers practical suggestions about why to communicate with children through stories, games and music.

Pediatric Therapy corner – Achieving effective joint communication through social stories

<http://www.pediastaff.com/blog/pediatric-therapy-corner-achieving-effective-joint-communication-through-social-stories-7880>

The article offers a brief presentation of effective communication strategies to be employed with children and defines the social story, its role and the type of context in which to be used.



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1.3 Soft-skills in communicating with children

Some of the most important soft skills involved in pediatric care that are likely to facilitate communication with children are detailed below:

- [Observation and Listening](#): the art of communication requires not only verbal skills but also observational and listening skills.
- [Medical jargon versus simple language](#): use of medical jargon can create communication barriers, therefore pediatricians should keep it plain, simple and softer.
- [Asking questions](#): it is important to keep children in conversation through the art of asking questions while not ignoring children's own questions
- [Empathy](#): an empathetic response is especially important when strong negative emotions such as anger, fear or sadness are involved
- [Active Listening](#): certain factors can support or hinder active listening.
- [Humor](#): humor can be seen as a path to establish a spontaneous, warm relationship with the patient, to decrease the anxiety and the feeling of social distance between the doctor and the patient.
- [Solving problems and critical thinking](#): critical thinking abilities help face the crisis situations, solve problems and surmount conflicts
- [Intercultural sensitivity](#): communication with sick children should be sensitive to the patient's and family's needs and respect the values of their health beliefs and practices.

Online Resources

Communicating with Pediatric Patients and their Families: the Texas Children's Hospital Guide for Physicians, Nurses and other Healthcare Professionals

<https://media.bcm.edu/documents/2015/76/palazzi-et-al-tch-guide-to-patient-communication.pdf>

It is a comprehensive book on communicating in a pediatric environment, including intercultural communication

Do Patients Understand?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3037129/>

The article discusses health literacy, the use of simple language, images.



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1.4 Teaching soft-skills

Teaching soft skills does not necessarily involve special methods, rather teaching/learning methods and strategies involved in general doctor-patient communication can be applied.

- [Team-based learning](#) (TBL): Team-based learning is a learner-centred, instructor-directed strategy that incorporates class-based teamwork and assessment to enhance active learning and critical thinking.
- [Flipped Classroom](#) (FC): The 'Flipped Classroom' refers to an approach to teaching where the traditional class-time and self-study activities are reversed or 'flipped'.
- [Role play](#) (RP): It is important to recognise that students learn in different ways and that role-play may be a preferred method for students who learn through concrete experiences.
- **Yes/No scenarios:** in Yes/No scenarios students are offered both the good and the bad solution to a problem, approach to an interview, etc. Students can arrive at the good solution either inductively or deductively, themselves, depending on the amount of autonomy/control they work with or they can be given only the bad scenario and they have to discover the good one.
- [Problem-Based Learning](#) (PBL): In this approach, students learn in small groups supported by a tutor. They initially explore a predetermined problem.
- [Reflective Learning](#) (RL): Reflective Learning is an important model of learning that is based on the principle of gaining knowledge and insight from the learner's own experience.
- [Simulations and Models:](#) these are tools for assessment of clinical performance in an environment closely resembling reality and imitating real clinical problems, to rate the examinees' performance on clinical problems that are difficult or even impossible to evaluate effectively without harming a real patient.
- **Simulated Patient** (SP): Simulated patients are healthy persons who have been trained to reliably reproduce the history and/or physical findings of typical clinical cases. Sometimes actors are used to accomplish this goal but more often, health care providers are used. The use of an SP is designed to assess students' clinical skills while making the examination as objective as possible.



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1.5 Practical Activities

Soap bubbles — Dealing with agitated/scared child patients.

http://softis-ped.pixel-online.org/files/training/IO2/1/PA1-Soap_bubbles.pdf

Practical activity (PA1) illustrates is a **Flipped classroom lesson scenario** for teaching the soft skills of: observation, verbal and non-verbal communication/participative behaviour in dealing with an angry/agitated child. Flipped content: ***Soap bubbles***” <https://youtu.be/4R6SbdnBtOs> (***Videoclip in Romanian with English subtitles***)

TBL – How are you feeling today? - Symptoms as images

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA2-TBL.pdf>

PA2 is a **Team-based learning lesson scenario** for teaching the use of simple language, repetitions, rhetorical questions, open questions, images to communicate with children. The problem addressed: language complexity.

Problem-based learning (PBL) – How to cope with suffering

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA3-PBL.pdf>

PA3 is a **Problem-based learning** lesson scenario that exploits group work and the use of video in teaching the soft skills of: logical development of communication, problem-solving and creativity, use of visuals and effective use of questions. Problem addressed: child’s incapacity to understand abstract terms and causal relations

Yes/No Scenario – “The toy is sick”

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA4-Toy.pdf>

PA4 is a **Yes/No scenario** that exploits group discussions and communication games to teach the soft skills of: critical thinking and creativity, bringing arguments in a polite and professional manner. Problem addressed: Management of injection phobia in children through communication games

Communicating with adolescents – Role-play and reflective learning

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA5-RP.pdf>

PA5 is a lesson plan based on **role-play** and the **Reflective learning** strategy to teach the soft skills of: empathetic listening, cooperation and building confidence, resilience. Problem addressed: communication barriers with an adolescent patient.

Video tutorial – Communicating with children through games

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA6-Games.pdf>

PA 6 is a scenario employing **Video critique form based** on examination with students of *the Video Tutorial What would you like to do today?* <https://www.youtube.com/watch?v=UVny9TwIOeY> (video in Romanian with English subtitles) to form the softskills of: age-adapted verbal and non-verbal communication with small children (3-4 years). Problem addressed: improving communication with small children using images. A complete video transcript is included.

Video tutorial – Communicating with children through drawing

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA7-Drawings.pdf>

PA7 is a scenario employing Video critique based on the examination with students of the video *Drawing what and how I feel* - <https://youtu.be/Vb3TKwtTzRY> Problem addressed: improving communication with children 8-10 years old through drawing. Softskills involved: verbal and non-verbal communication with children older children using drawings

Critical thinking – The tree of my troubles: Games versus stories

<http://softis-ped.pixel-online.org/files/training/IO2/1/PA8-CT.pdf>

PA8 is a lesson plan based on exploitation of videos in class and **games versus stories to teach problem-solving** with an uncooperative 4-years old child who refuses to engage in communication. It is based on the tutorials: The game – The toy is sick (<https://youtu.be/nT5uG5-VYi8>) and the story The tree of my troubles – (https://youtu.be/Pcuf2uEL8_M)



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Online Resources

Glossary of Medical Education Terms

<https://www.mededworld.org/Glossary.aspx>

Wojtczak, A. (2003) Glossary of Medical Education Terms. AMEE Occasional Paper No 3. Dundee:AMEE.

Team-based learning: A practical guide: AMEE Guide No. 65

<http://dx.doi.org/10.3109/0142159X.2012.651179>

As the title suggests, this is a practical guide to team-based learning.

Michaelsen, L.K. (2004) **Team-Based Learning: A Transformative Use of Small Groups in College Teaching**. Stylus Publishing.

www.mededworld.org/Publications/Textbooks/Team-based-Learning-A-Transformative-Use-of-Small.aspx

This is a complete guide to implementing TBL in a way that will promote deep learning.

Davidson, L.K. (2011) **A 3-year experience implementing blended TBL: Active instructional methods can shift student attitudes to learning**. www.mededworld.org/Publications/Articles/A-3-year-experience-implementing-blended-TBL-Activ.aspx

This article reports on 3 years of experience implementing a blend of team-based learning (TBL) and online learning modules in an undergraduate medical course.

Parmelee, D.X. and Hudes, P. (2012) **Team-based learning: A relevant strategy in health professionals' education**.

www.mededworld.org/Publications/Articles/Team-based-learning-A-relevant-strategy-in-health.aspx

This article explains the importance and relevance of TBL in healthcare education, and supports its inclusion as an effective learning strategy

Video clip - University of Texas at Austin (2011) **Team-Based Learning: Group Work that Works**

www.mededworld.org/Resources/Resources-Items/Team-Based-Learning-Group-Work-that-Works.aspx

This excellent video from the University of Texas at Austin provides a valuable summary of Team-Based Learning (TBL) in action.

Bergman, J., Overmyer, J. & Wilie, B. (2011) **'The Flipped Class: What it is and What it is not'** The Daily Riff

<http://www.thedailyriff.com/articles/the-flipped-class-conversation-689.php>

This article introduces the notion of the Flipped class method, exemplifying what the method really is and what it is not.

Joyner B, Young L. **Teaching medical students using role-play: Twelve tips for successful role-plays**. Medical Teacher. 2006;28:225–229. doi: 10.1080/01421590600711252.

<https://www.ncbi.nlm.nih.gov/pubmed/16753719>

The article offers tips about how to be able to improve role-plays

Role-play for medical students learning about communication: Guidelines for maximising benefits

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1828731/>

This article presents the advantages and disadvantages of using role plays



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