ESSENTIAL COMMUNICATION SKILLS FOR PEDIATRIC PRACTITIONERS

BI-PED PROJECT (BRIEF INTERVENTIONS: PEDIATRICS)

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Medical interviews generally focus on an exchange of information between practitioners and patients. For pediatric practitioners, interactions with parents are often content focused in that they are aimed at both collecting information about the child's particular problems and instructing parents on what to do.

Content focused exchanges may be adequate for simple clinician-patient exchanges. However, it is clear that the *process* through which this interaction occurs can influence patient satisfaction with the encounter and compliance with the medical regimen. Process is particularly important when dealing with patients around mental health issues and behavioral change.

Some of the approaches outlined below facilitate the process portion of the interaction.

Empathic Statements communicate concern about the patient:

"It must be scary when your daughter's fever gets that high."

"You must be tired after staying up all night."

"You seem worried…. angry…. Upset."

"It must be difficult to feel sad so often."

Reflective Listening communicates that the clinician has truly "heard" their concerns by reflecting back the patient's intrinsic message.

PARENT: "This is the third ear infection that he has had in the past 2 months."
CLINICIAN: "You are upset because he has had so many ear infections in such a short period."

Compare the following interactions:

A……..Parent: "Is she going to be alright?"
Clinician: "Sure, she will be fine."
B…….Parent: " Is she going to be alright?"
Clinician: "It sounds like you are concerned that this may be serious."

The response in interaction A does not facilitate further exploration of the parent's concern. The response in interaction B leaves the door open for the parent to express their concerns.

Open Ended Statements are neutral statements that encourage patients to share and elaborate their concerns.

Parent: "He never listens to me."
Clinician: "What is that like for you?"

Teen: "I really hate school."
Clinician: "Can you tell me more about that?"

Teen: "My parents yell at me all of the time."
Clinician: "How does that make you feel? or what are your thoughts about that?"

Giving Patients Permission to Ask Questions

Patients may be reluctant to ask questions. They may fearful of appearing stupid or feel that their questions will be a waste of the clinician's time. Letting patients know that it is okay to ask questions can facilitate communication.

Clinician: "As we are talking, you may think of questions or you may have concerns that you would like to talk about. Please feel free to ask me about anything that concerns you."

<u>Third Person Approach</u> is a particularly effective approach when working with reserved or less articulate patients by verbalizing concerns for them.

Clinician: "Some parents are concerned that headaches can be a sign of a brain tumor. Is that a concern of yours?"

or

Clinician: "Some people with anxiety feel like they are going crazy. Have you ever felt that way?"

<u>Silent Listening</u> coupled with appropriate body language such as open posture and good eye contact can be a very effective way to facilitate communication. Some clinicians are uncomfortable with silent gaps but a pause in the verbal exchange may allow a patient to collect their thoughts and can be very effective in facilitating communication.

<u>Clarification</u> involves asking the patient to elucidate an unclear point or a non-verbal cue.

Clinician:" I am not sure I understand what you mean when you say he is always bad."

or

Clinician: "You have become quiet… what are you thinking about right now?"

Summarizing

It may be helpful to have the patient summarize what was discussed to make sure that they have understood the exchange of information that has transpired.

Clinician: "We have discussed a number of things you will do when you go home. Can you summarize the plan of action?"

It may also be helpful for clinicians to summarize their own understanding of the patient's concerns to make sure that they have correctly processed what the patient has told them.

Clinician: "You have given me a lot of information in the past hour…. let me make sure that I have it right…."

Providing Information

It may be appropriate to *ask the patient for permission* before dispensing advise particularly when dealing with mental health issues.

Clinician: "You seem really upset with your parents. Is it okay if I give you some suggestions?"

Consider the level of sophistication and the cognitive abilities of the patient when dispensing information or advice. When possible limit or refrain from medical jargon.

Positive Feedback

Everyone needs "stroking". Positive feedback from a clinician can boost a patient's sense of competence and improve compliance.

Clinician: "I can tell that despite all of your concerns, you really love your son."

Clinician: "Giving her the fever medicine was the right thing to do."

On the other hand, be careful not to reinforce a patient's sense of incompetence.

Parent: "Do you think I should have brought him in sooner?"
Clinician: "Yes."
vs.
Clinician: " If your child gets sick in the future and you are not sure what to do, remember it is always okay to call me."

Reassurance

Simple reassurance without addressing the patient's concerns may not be particularly reassuring.

Clinician: "There is nothing to worry about"

vs.

Clinician: "I know that parents feel worried when their kids are sick but I am pretty certain that your child will feel better over the next few days."

Follow up

It is helpful to leave the door open for telephone or office follow up.

Clinician: "Over the next week, when you implement the plan that we discussed, please contact me if you are feeling stuck or have any questions or concerns."