
CLINICAL COMMUNICATION SKILLS: GUIDELINES ON COMMUNICATING WITH CHILDREN AND YOUNG PEOPLE

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Abstract : When communicating with children it is vital to remember that the child is patient but that the parent is also a key person during the medical encounter. During the consultation, the doctor has to communicate both with parents and children at the same time, a thing that can be particularly challenging, as all parties will need individual attention. Children of different ages bring different difficulties to the consultation.

Keywords: *communication skills, medical encounter, challenging consultations, doctor-patient interaction, communicating with children.*

Working with children offers rewards, but nobody can deny that it is also a very difficult task. Although children may suffer from similar medical problems like the adults, their management during the medical encounter requires special attention. Some doctors may even consider these consultations very challenging in the sense that communication with children may bring along more issues. First and foremost, it is very difficult to communicate with children and learn directly from them what is bothering them. It is one of the reasons for which parents are expected to be part of the medical consultation. Also, doctors may find it very difficult to explain or to use medical language with young children. Likewise, children may more easily experience feelings of anxiety during these consultations, therefore the presence of the parents may reassure them and make them feel more comfortable. In the absence of the parents, children may have unexpected reactions. However this does not mean that the presence of the parents will always facilitate the doctor's job in the management of the child. Parents may be overwhelmed by the situation the child is in and, depending, of course, upon the severity of the medical problem / procedure. Therefore when it comes to dealing with children during the medical encounter, special attention should be paid and doctors should be very well trained in order to be able to face all the problems that may come along.

There are some techniques that doctors may use during the medical encounters in which they have to deal with children. In terms of verbal communication, doctors have to make sure that the dialogue with the child is at the child's cognitive level and corresponds to his / her developmental changes. As it is for adults, doctors have to check regularly whether what they said has been understood. Studies show that if children are explained the procedures they will be going through and understand what is going to happen to them, they will be less anxious. Such explanations will definitely improve the doctor-patient relationship. The clinical areas in which children are going to be consulted should have toys, as all children will like to play. It has been proved that children will more easily express their concerns through play rather than normal conversation. If before the consultation, the doctors talk with the parents, they may ask the parents to bring the child's favorite toy or any other object that may facilitate the doctor-child dialogue. By means of these toys doctors can more easily

explain the medical procedures: “*Shall we have a look at Teddy’s tummy?*” or “*Show Rabby how wide you can open your mouth!*”.

Talking with preschool-aged children, on the other hand, has its challenges as these category of patients “have not developed a theory of the mind yet” (Mitchell and Zeigler, 2007) in the sense that they are incapable of seeing the world from another person’s perspective and cannot understand that are people may know more than they do. Such consultations become even more difficult if children are in pain or frightened, or are crying. Children often believe that things happen to them because of their actions, so they may perceive illness and hospitalization as a punishment for bad behavior (Hart and Chesson, 1998). Some useful tips for such consultations are mainly related to the way in which the doctor handles the very first minutes of the consultation. Children should be called by their name, doctors should use simple language and familiar words and, basically, all the information should be given at the child’s own pace and possibility to understand things. Last but not least, doctors should know that in order to perform a medical procedure, they should ask for the parents’ permission first (that is because, if the child is asked first, he / she may simply say no).

When it comes to school-aged children, things may get less complicated as this category of patients already show some understanding of the illness. Therefore it may be easier for doctors to cope with these patients. At a diminished scale, these consultations may resemble those of the adults. During these consultations the doctor may start by introducing himself / herself, ask the child’s name, address, school that he / she attends, and all familiar topics that would put the child at ease. If the dialogue goes on as planned, the doctor may interview only the child and appeal to parents just to check on some things he / she is not sure of, i.e. ask for clarification. Thus, starting with school-aged patients, the interference of the parents during the medical consultation may start to diminish.

Adolescents form the next category of patients. Out of all these categories of young patients, this is probably the most challenging. Adolescence is a period of time when the young adult goes through a series of dramatic changes, both physical and psychological. Adolescents have to adapt to their new roles and expectations. It is exactly this period of adjustment that makes them a category of patients difficult to cope with. This transition from childhood to adulthood needs to be understood. When it comes to coping with some medical problems, things may become even more difficult. This is a time of rebellion for most of the adolescents and therefore, when a medical issue comes along, non-adherence to treatment may be another way for them to show this rebellion. A request from the doctor to cooperate with the medical treatment has to be done with care, otherwise this will become an opportunity for them to assert growing independence from adult control (Windebank and Spinetta 2008). It is important for the doctor to arrange meeting both the adolescent and his / her parents. Meeting the adolescents separately may give them the feeling of freedom and the idea that they are in control, ultimately, all these leading to a better adherence to the treatment. Besides, adolescents need to trust the doctor, while the doctor, in his / her turn, should decide correctly on when to talk with the parents in order to investigate more or to reveal some facts that may endanger the adolescent’s life. If things are not confidential, the whole relationship is ruined. Speaking about the issues adolescents may be confronted with,

specialist recommend that, if it is appropriate, the doctor should take a full psychological history using HEADSSS protocol: Home life, Drug use, Sex, Suicide, depression and self-harm, Sleep (Christie and Viner, 2005). The doctor should not be judgmental and should try to avoid patronizing the adolescent, but rather try to treat the patient as an individual who can provide information regarding the diagnosis and treatment.

Nowadays we are confronted with various theories regarding the ways in which a child should receive education and we will obviously notice that Western societies are characterized by a greater opening towards children (Tates and Meeuwesen, 2000). In such societies, adolescents become ever more involved in making decisions about things that directly affect their lives. However, the role of the patient during consultations and the medical treatment that normally follows the first stages of the medical encounter should not be diminished. Children and adolescents may hardly be considered at an age when they could understand all the implications of an illness or treatment. Therefore parents will always have an important role during the consultation (or even prior to the medical encounter when parents are supposed to prepare the child for what is to come). Specialists also recommend both parents to be present during the consultation as this creates a family atmosphere. Thus, besides building up all these communicative skills that would enable doctors to communicate with children, they should not neglect the parents. Parents may need more information about the illness and therefore doctors should not allow time, at the end of the consultation, for parents to ask questions, and express concerns and opinions.

In conclusion we may say that doctors who deal with children and adolescents should master all the necessary skills to become good communicators with these categories of patients, but, at the same time, they should also remember the importance of caring for the whole family, therefore parents should not be neglected. It is also important to take into account the fact that not all children are the same, they grow up and develop in different ways. Doctors should be able to adapt to each child's different communication needs. A doctor should be flexible in his / her interaction with children and eventually to be a good psychologist in order to understand that each stage in the child's development has its own milestones and conflict.

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