Chapter

1

Effective Communication with Child and Caretakers

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Structure

1.1 DEFINING COMMUNICATION

Communication is a process used to exchange information, ideas and feelings and is considered effective when information is clearly understood by both parties.

Communication is, by definition, participatory. It is a two-way process. Talking is the most common way of communication. Other modes of communication include writing, making hand and body gestures, drawing, etc. Communication is essential for building and sustaining relationships, exchanging information and making treatment decision. Four important skills needed for good communication are listed in **Key Box 1**.

Your ability to establish effective communication is determined by whether parents perceive you to be trustworthy and believable. It also depends on few attributes of physician like empathy, caring, competence, expertise, honesty, openness, dedication, and commitment.

Key Box 1

Essential Skills for Effective Communication

1. Listening and giving attention.
2. Talking and presenting clearly.
3. Discussing and clarifying.
4. Showing appropriate concern and demonstrating empathy.

1.2 IMPORTANCE OF COMMUNICATION SKILLS

Doctors are perceived to be healers, educators, and counselors. Good communication is needed for all these functions. Good communication skills are fundamental to a good patient–doctor relationship. Doctors with good communication skills identify the problems with patients more accurately and have a greater job satisfaction. Their patients are more satisfied with the care and are likely to follow the doctor's instruction and come back for follow-up.

Role of Communication in Pediatric Practice

Communication is essential in healthcare setting at almost every step of the patient care while explaining the medical illness to parents, involving the parents in decision making, or while advising the parents about desired changes in lifestyle of their child. It is also essential prior to obtain informed consent for a procedure or treatment.

How Much Time a Doctor Needs to Spend on Communication

This depends on the type of problem the patient presents with, and the setting in which the patient visit occurs. Considerable time needs to be spent with parents, when eliciting history. Parents of children with chronic diseases or those with life-threatening illness

require to be handled with sensitivity and also require ample time of the doctor. The parents may have significant level of distress, and may not be in 'input' mode. In such situations, 2–3 meetings are required with parents.

Time is limited in an emergency room and outpatient setting. The initial communication needs to be short, crisp, and to the point. This may be followed later by a longer session.

Communication with Children and their Parents is Different

You need to be skilled in talking to children ranging from infancy to adolescence as well as to their parents. Be aware of the sensitivity of the child while talking to parents. Simultaneously, attempt to build a rapport with the child and get him involved. The key tasks which require communication skills are highlighted in **Key Box 2**. The stepwise process of communication in pediatric practice is outlined in the next section.

Key Box 2

Key Tasks that Require Effective Communication

1. Eliciting the history.
2. Counseling for promoting child health, e.g. breastfeeding, accident prevention.
3. Instructing to give treatment and checking the understanding.
4. Facilitate decision making, e.g. HIV, genetic counseling.
5. Breaking news, e.g. diagnosis of disability or death.
6. Taking consent.

1.3 PROCESS OF COMMUNICATION

1. Building Rapport with Child and Parents

The first step is to ensure privacy and respect confidentiality. Confidentiality is particularly important for the diseases perceived as stigmatizing in our society. In traditional joint families, with strong family ties, the grandparents and other family members may be involved in decision-making process and in such situations they may be involved in communication process. Mutual trust can be established only if you respect children and their parents. Calling the patient by name rather than 'your child' is a good way of giving respect to the individual. Often the parents are anxious and tense and express their apprehension to the physician. Greet the parents and talk about any local issue so as to help the parents and child to relax. Sit down while talking. Smile appropriately.

2. History-taking

History-taking is the most important skill required in medicine. It is said that nearly 3/4th of all diagnoses can be made by a good history. The key is to use both forms of communication, i.e. verbal and non-verbal.

Nonverbal Communication

Nonverbal communication means showing your attitude through postures, gestures, and expression **(Key Box 3)**. Pay attention and make eye contact with patient when examining the child; and with the mother while talking to her. If the mother is veiled or hesitates to talk to a male doctor, communicate in presence of her husband or an elder.

- Lean forward to indicate attentiveness and nod to indicate understanding.
- Avoid distracting movements, like fidgeting or constantly moving your leg. During the times of epidemics such as COVID, it is good to take appropriate social distancing precautions while examining the child and interacting with parents.
- Smile when you greet the patient. Keep your personal worries and frustrations back home and do not impose them on the child and the parents.
- Do not discriminate one patient from another. Most of the times the patient who is standing in queue outside observes how the doctor was behaving with the previous patient.

Key Box 3

Methods of Nonverbal Communication

1. Look at the patient and make eye contact.
2. Keep your head at the same level as the parent.
3. Open posture: Facing directly with hands apart on the arms of the chair.
4. Take time. Do not appear hurried.
5. Touch the baby/mother appropriately.
6. Remove barriers, if any, e.g. a large table or a mobile phone.

- Avoid eliciting too many personal information like caste, religious beliefs, etc. unless necessary for medical reasons.
- A mother and child feel comfortable when the doctor displays appreciation of the child. One can probably open the conversation with the child like asking "this shirt looks so good, who got it for you?"

Elicit the Patient's Problem and Concerns

After establishing rapport, you should find the reason for the patient's visit (i.e. presenting complaints). Encourage the patient to be exact about the sequence in which the problems occurred. Ask for the approximate date of key events and about the parent's perception of the problem.

Following techniques are recommended to get correct information:
1. Use open-ended questions.
2. Active listening and appropriate response.
3. Be empathetic and list the problems.
4. Use words that patient/parents understand.

We now discuss these techniques one by one.

A. Use open-ended questions with a few specific close-ended questions

Questions which are answered by 'yes' or 'no' are close-ended questions. These may not yield much information and often do not get to the main concerns.

Close-ended question: *Is fever accompanied with cough?*

Questions which cannot be replied with 'yes' or 'no' are open-ended. The parents have to give a detailed answer to these. Open-ended questions help in eliciting the concerns and parents' perception of the illness.

Open-ended question: *Tell me what all other symptoms are associated with fever?*

However, certain situations demand a leading (close-ended) question. For example, if you ask an 8-year-old child to describe the character of pain and he has difficulty in describing, you may ask whether it is sharp or dull.

B. Active listening

Active listening promotes mutual understanding, increases attention span, and helps the parents to open up. Attentive listening gives you ample time and opportunity to imbibe and understand what the parents told you. Appropriate responses to listening can be both verbal or non-verbal **(Key Box 4)**.

Some Do's and Don'ts of listening are listed in **Key Box 5**.

Key Box 4

Active Listening Skills

Nonverbal

Paying attention, nodding head, smiling, eye contact.

Verbal

- Reflecting: Paraphrasing and clarifying
- Affirmations, e.g. I see, I know
- Asking relevant open-ended questions
- Be non-judgemental
- Listen for feelings
- Show empathetic response when required
- Summarize

Key Box 5

Do's and Don'ts of Listening

Do's

- Become aware of your own listening habits.
- Concentrate on what the parent/child is saying.
- Listen for the total meaning, including feelings.
- Observe the speaker's non-verbal signals.
- Adopt an accepting attitude.
- Express empathic understanding.
- "Close the loop" of listening by taking appropriate action.

Don'ts

- Don't mistake not talking for listening.
- Don't fake listening.
- Don't interrupt needlessly.
- Don't pass judgment too quickly.
- Don't argue.
- Don't over-react to emotional words.
- Don't give advice unless it is requested.
- Don't use listening as a way of hiding yourself.
- Don't switch topic.

C. Ways to respond

Respect the child and parents irrespective of social, cultural, and ethnic background or disability. Encourage the patient from time to time. If you want the mother to continue talking, you must look interested and use responses to let her continue talking. Simple

responses, such as 'Oh dear', 'do carry on' suggest that doctor is listening. Continuation messages convey to the parents that the doctor needs to know more. The response depends on the situation, and it can be a neutral response such as 'do tell me more about the pain' or an empathizing response such as 'you must have been worried'. Often the parents may have some hidden or unvoiced concerns. Pick up the verbal clues to such concerns and address them.

Sometimes, the mother may say something that you do not understand and would want to have more details. In such cases, it is better to rephrase what she has said and ask her if she meant what you have understood. For example, the mother may say that the child has been having fever for 1 month. You can ask 'do you mean that he/she has been having fever every day for last 1 month'.

The various conversational techniques are summarized below:

i. ***Reflecting***
   Parent: I think she does not like the porridge.
   Doctor: You think she does not like the porridge.

ii. ***Directing***
   Doctor: Tell me what happened next.

iii. ***Clarifying***
   Mother: Ankur is feeling giddy.
   Doctor: Let me understand what you mean when you said he feels giddy.

iv. ***Empathetic response***
   Parent: I was very scared when I saw him having the fit.
   Doctor: I can understand you must have felt terribly upset!

D. Praising

Parents are often unsure and lack confidence about child rearing. Praising the parents appropriately at any point of communication helps restore their confidence.

E. Be empathetic

Empathy is being able to put yourself in the patient's or parents' place and able to understand their feelings. Physicians are more effective healers when they engage in the process of empathy.

When you empathize, the parents recognize that you can understand their emotions and develop a trust with you. For example, a mother whose child had a febrile seizure may be extremely anxious about the fever. While you have to reassure the mother about the benign nature of the disorder, you can empathize with her by saying:

"I can see you are feeling scared that he may have a seizure again."

Empathizing with patient or parents' feelings is an important way to get a cordial relationship and should be used appropriately while taking a history or sharing information.

F. List the problem(s)

While eliciting the information, keep on organizing the information so obtained within a diagnostic framework. This often may lead to more relevant questions which you need to ask. It is a good idea to summarize the information and let the parents know what you have understood. This gives them the opportunity to correct any misunderstanding.

G. Use words that the child and parents will understand

Use local terms and try not to use medical jargon. Often a local term may be used for different conditions, e.g. *Peelia* (hindi for jaundice) may be used for anemia as well as jaundice. Tips for history-taking are listed in **Key Box 6**.

Checklist for Communication

Essential 7 elements of communication during a medical encounter were framed by leading experts in medical education in the year 1999. This consensus statement was called **Kalamazoo consensus statement** and is stated in **Key Box 7**.

Key Box 6

Tips for History-taking

1. Ensure privacy and confidentiality.
2. Respect the patient and parents.
3. Use simple language.
4. Listen actively, let the parents talk.
5. Ask open-ended questions.
6. Clarify any ambiguous information.
7. Remain neutral to controversial issues.
8. List the problems and summarize.

Key Box 7

Essential Elements of Communication

1. Build a relationship: Greet the parents and child, make eye contact and show interest
2. Open the discussion by eliciting concerns
3. Gather information by active listening, use open-ended questions, clarify when necessary and continue the conversation for additional information
4. Understanding parents/patient's perspective
5. Share information using simple language that parents can understand
6. Informed/shared decision about treatment plan
7. Summarize and provide closure.

(*Adapted from Kalamazoo consensus statement*)

Media Advances

Face-to-face doctor–patient relationships are slowly getting replaced with advent of mobile phones, media, and the internet which have indeed revolutionized the medical care. Free access to lay websites and social media like personal blogs often mislead the parents. The doctors should be proactive in dispelling the myths and misinformation by giving accurate information. There are portals which offer webcam chat with the patient; or the parents might prefer communication over the telephone. However, there is no replacement for an effective face to face interview and examination. This is especially true for the first few visits. In chronic disorders, communication by telephone or webcam with physician can be encouraged after the initial evaluation.

3. Communicating during Physical Examination

Generally, you would have built rapport with the parents and the child by the time you start examining the child. You may need to ask the parents to undress an infant or a young child. Explain what you are going to do to the child. Children may get upset by seemingly innocuous things like BP apparatus and stethoscope. You must let the child handle the stethoscope or hammer so that the child is not intimidated by these. Keep the child comfortable and warm during the examination. Encourage the mother to undress the baby if required for the examination. Parents often get apprehensive when their baby's clothes are removed by the physician.

When a parent brings the child into your outpatient room, it implies consent for general examination and routine investigation. However, intimate examination including examination of private parts would require verbal expressed consent.

Remember to provide privacy to the child. Examination of a female child by a male physician should be done in the presence of a female attendant. For infants, you will need to explain to mothers what you are going to examine and how she should hold the infant. If the infant is crying and needs to be quiet, ask the mother to quieten the child.

4. Share Information

After history and physical examination, you should inform the parents about your diagnosis and plan of management. A clinician needs to be honest about it. In a chronic disease, sharing of information may require several sessions. Do not be in a hurry to give all the information in a single sitting. State clearly what you think. The disclosed information must include disease or disorder which the child is suffering from, necessity for further testing to confirm the diagnosis, natural course of the disease, problems that may arise in case of non-treatment, available treatment options for the condition, and duration and cost of treatment. Finally, the expected outcome and follow-up plan must be communicated effectively to parents. First explain what you have found and what you think this means **(Key Box 8)**.

- In era of smart phones and internet, many parents wish to know the name of disease so that they can read about it. Parents should be encouraged to seek information from a reliable website and get back for any clarification.
- In contrast, a few parents may not ask any questions. They should be encouraged to do so.

Start with giving important information first and check what has been understood.

Before giving the information, it is a good idea to ascertain what the parents already know. For example, a mother of a child with diarrhea may be asked if she has prepared ORS earlier and how she made it. This helps in reinforcing what she is doing correctly, or rectifying any deficiency. The instruction for giving medication should be clear and specific. It helps if the doctor tells the mother that "I need to give two types of medicines. This tablet is to bring down his fever, and you should give half of this tablet when the patient has high fever. The other is an antibiotic tablet which must be taken twice daily, say at 8:00 AM and 8:00 PM, for next 5 days till Friday this week". Sometimes you may need to demonstrate a skill, e.g. using an inhaler for asthma. It is a good idea to demonstrate it in the clinic and supplement it with written information or a video clip. Finally, before the patient leaves the clinic, check the mother's understanding by asking open-ended checking questions (e.g. how many times you will give the tablets?).

Key Box 8

Steps in Sharing Information

1. Outline the salient aspects of information in your mind.
2. Use words and examples that are likely to be understood by the parents.
3. Take in account the parent's expectations and fears, while talking.
4. Include only as much information that can be handled at one time.
5. Be aware of the non-verbal communi- cation and make them congruent with verbal message.
6. Select a noise free environment especially if the information is complex or important.
7. Get feedback and check if essential points have been understood.

5. Justify Investigations

Explain what tests you want to do and what these entail. Doctors hardly even explain to the parents why investigations are to be done and how these are to be performed. With a flourish of pen, a doctor will send a mother with a child to a strange dark room with gadgets and a stranger inside. Often parents get confused that a child who has rickets has been sent to the X-ray department and the child's hands have been X-rayed. The mother might think that the doctor has misunderstood the ailment.

6. Closure

At the end of interview, you should ask for any other concerns which the parents or the child may have. Summarize the plan agreed upon by the parents. You should also inform the parents about when to come for follow-up before they leave the clinic.

1.4 GIVING DIFFICULT NEWS TO PARENTS

Often, in clinical practice, you will encounter situations where you have to break bad news to parents. Breaking a bad news to parents is one of the most difficult responsibilities of physician in medical practice. A bad news could be pertaining to death, or a child being diagnosed with chronic disease or disability. It is the physician's attitude and communication skills that play a crucial role in how well the

Case Study

Responding Appropriately to Caregivers' Concern

A mother comes to a doctor with her 1-year-old child (Jay). Her complaint is that the child had vomited last night. The doctor examines the child, reassures the mother, gives some instructions as to the diet and writes a prescription. While the doctor is writing the prescription, the mother adds that her mother (child's grandmother) thinks that Jay is not growing well. "Don't worry" says the doctor and asks the next patient to come in.

The real motivation for consulting in this case appears to be anxiety about the child's growth and the vomiting episode is only a precipitating event. In such a case, you should probe further and check why the mother is concerned about growth. If, after detailed history and examination, you find that there is no problem, you should reassure the mother.

An appropriate response in the above example should have been as follows:

Doctor—Why does your mother feel that Jay is not growing well (open question).

Mother—My brother's son was born 2 months later than Jay and he weighs more!

Doctor—I see. I am glad Jay's grandmother is taking interest in Jay's growth. Let us see the growth card (continued conversation and praised).

Case Study

Counseling a Parent who Insists on Leaving against Medical Advice (LAMA)

Kiran was admitted 2 days back with bronchopneumonia in your ward. On the 3rd day, you reach the child to examine her. You hear agitated parents say: Doctor, I want to take the child home. How do you handle such a situation?

Inappropriate response

Mother: (in an angry tone) Doctor, I want to take my child home. Please discharge her.

Doctor: (surprised) But she is not well enough to go home.

Mother: It has been 2 days and the child is showing no improvement.

Doctor: It will take another 3–4 days to get alright!! You cannot be so impatient!

Mother: I am not impatient! You would not say this, if it was your child!

Doctor: (in an agitated tone) Do as you please. Sign this form. Take her away. We will not give her any papers.....

Appropriate response

Mother: (in an angry tone) Doctor, I want to take Kiran home.

Doctor: I can see you are upset. What is the problem?

Mother: It has been three days. She has been pricked all over and still she is not well.

Doctor: Oh dear! Let me see how she is doing. (examines the child) It seems that she has started taking oral feeds and the fever is much less.

Mother: (no longer angry and pauses)..... Yes. But you see this swelling. (shows the doctor the swelling due to extravasation of IV fluid) It was not there when we came in. She was not letting me touch her arm last night. I kept asking the doctor on night duty, but he never bothered to have a look at the swelling!

Doctor: I am sorry about that. I can understand that you are upset that Kiran is in pain. I will give some medicine to reduce the pain. The swelling should get better in a day. The medicines for pneumonia are working fine and we may discharge Kiran after a couple of days.

Lesson learnt

Parents were more worried about the swelling of hand rather than the lack of improvement which would have been missed unless probed with sensitivity and calm attitude. The doctor acknowledges that the mother is upset and empathized with mother's distress at the child having pain.

Key Box 9

Checklist for Delivering Bad News to Parents (Kaye's model for breaking bad news)

1. ***Preparation:*** Know all the facts, ensure privacy, find out from parents as to who should be present during the session, and introduce yourself.
2. ***What do the parents know?*** Use open-ended questions, statements may make the best questions, use phrases like "How did it all start?"
3. ***Is more information wanted?*** Do not force on them; ask them "Would you like me to explain a bit more?"
4. ***Give a warning shot:*** You may probably say "I'm afraid it looks rather serious".
5. ***Allow denial:*** Allow the patient to control the amount of information they receive.
6. ***Explain if requested:*** Step by step. Detail will not be remembered but the way you explain it will be.
7. ***Listen to concerns*** "What are your concerns at the moment?" Allow time and space for answers.
8. ***Encourage ventilation of feelings:*** Acknowledge the feelings. Be non-judgmental. This is a vital step for patient satisfaction.
9. ***Summarize:*** Outline concerns, plans for treatment, Foster hope.
10. ***Provide with written information/your availability***.

parents are able to cope when they receive the bad news. Kaye's model for delivering bad news to parents is shown in **Key Box 9**.

Generally, a senior member of the team should deliver such news. However, all doctors should master this skill. The basic steps of this task are outlined:

1. Choose the right time and place of conversation

Privacy to the child and parents and undivided attention of the physician is a must for this situation. Turn off your mobile phone. Introduce yourself and ensure that relatives are seated comfortably.

At the outset, physician must be well-prepared and must be aware of the entire medical record; and should also have a thorough knowledge of the condition being discussed.

2. Assess understanding

Assess the parents' understanding of the child's disease by asking them what they have been told of the problem. Often the parents sense a problem, but are unable to express it in words. Share their perceptions in a neutral manner. Correct any misinformation and tailor it to the parental level of understanding. You can start the conversation by saying "It is indeed sad, but I have a bad news to share about your child".

3. Be supportive and empathetic towards the parents

Your tone and manner should be open and available. Your demeanor should reflect your concern, but at the same time you should remain calm. Let the parents express their feelings, and you should empathize with their feelings. Speak compassionately, avoid use of medical jargons, proceed slowly at pace of parental understanding allowing sufficient time for silence and tears.

4. Accept the parents' reaction

How the parents react to the illness or death depends upon their personality, socio-cultural factors, and religious beliefs.

- In traditional Indian society, illness and death used to be generally accepted with stoicism and as will of the God.
- Grief and emotional breakdown are common reactions.
- Many parents may react with denial.
- In some cases, frustration, sadness, and anger associated with illness can lead parents and family members to become suspicious and aggressive.

These emotions are in reaction to the illness of the child and are generally not directed at the physician at a personal level. You will need to learn to accept these different reactions.

5. Empathize with their feelings of grief

You need not agree with all that they say but you can still accept their feelings. For example, a patient has been brought from a nursing home where her diagnosis of the disease was missed, and she died after coming to your hospital. The parents might feel hostile to the referring physician. You can accept their feelings in a neutral manner by saying "I can see that you are upset with care your child

got in the nursing home". This means you are accepting that the parents are agitated, but you are not taking sides. It is better not to react to all that the parents say at such a time. Be silent, and take pauses in between conversation. Difficult news takes time to sink. Give time to parents to process any news of chronic or disabling illness. Often you may need to reschedule another visit when parents can ask questions about the illness. It is good to be honest, frank, and compassionate. Avoid using words that create hopelessness. Avoid either being defensive or placing blames on other professional colleagues.

6. Convey information in a simple language

At the end of the meeting, summarize the information provided and ask if the parents have any questions to ask or any other concerns.

Conclusion

Good communication skills are fundamental to a good patient–doctor relationship. The encounter is meaningful and satisfactory when the doctor exhibits good communication skills. It is essential for pediatricians and residents to develop the soft skills of communication before they proceed to eliciting the history and performing examination of the child.