

# **Communication Skills in Paediatrics**

**Pilot workshop 2011/12**

**Student workbook**

**Cardiff University  
School of Medicine**

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## **Introduction to workshop**

### **Welcome to the pilot workshop for Communication Skills in Paediatrics!**

The main challenge that we are trying to address in this workshop is for the students to develop their generic communication skills learnt during Years 2 & 3 and begin applying these skills to the speciality of paediatrics.

This is a complex process, involving not just their young patient, but also their family & carers & it is a big opportunity to really establish these skills.

Students may find it helpful to work through the Essential Clinical Communication e-Learning package which can be found on Learning Central. Please let Sheila Morris ([morrisse@cf.ac.uk](mailto:morrisse@cf.ac.uk)) know asap if you do not currently have access to any of the modules- year 2, year 3 or year 5.

At the end of the workshop we will be asking you to complete evaluation forms. Please give as much information as you can, as we will use this data to develop the workshop further & hopefully be able to deliver the workshop to all year 4 students from 2012/13.

We are aiming for the students to be:

**Accurate**

**Efficient**

**Compassionate**

**Thank you again for your participation.**

**Liz Metcalf**

**Colin Powell**

**Paul Kinnersley**

## **Intended learning outcomes**

By the end of this workshop students should:

(please note 'parent' may be substituted to read carer/ guardian etc)

### **UNDERSTAND**

- 1 That the consultation is central to clinical care in paediatrics & is a skills based activity which all students need to practise & improve
- 2 The emotional impact for both parent (or carer) and child of an illness & how good communication skills can improve their experience of that illness
- 3 That learning communication skills is a continuing process of performance review & skills acquisition

### **BE ABLE TO**

- 1 Demonstrate the skills needed to establish a therapeutic relationship with the patient & their family, by demonstrating interest & respect at the start & throughout the consultation
- 2 Demonstrate the skills required for efficiently gathering information from the child +/- their parent initially listening to their story & using open questions before moving to more closed & focused questions
- 3 Gathering information from sick children +/- their parent presenting with new illnesses that establishes the symptoms, associated features, the chronology and any other notable features to establish a provisional diagnosis (or differential diagnosis)
- 4 Demonstrate the use of summaries for demonstrating listening, clarifying information and building an empathic relationship
- 5 Where appropriate, elicit both the child & parent's ideas, concerns, expectations and effects on daily living and to integrate this with other elements of the presenting history
- 6 Demonstrate appropriate body language for good communication with both child & parent
- 7 Demonstrate the skills required for providing a child & their parent with an explanation of their diagnosis tailored to their needs, views and beliefs by using the Elicit-Provide-Elicit approach.
- 8 Provide sufficient information to a child & their parent about their care to enable patients to make informed decisions about their care
- 9 Evaluate their own performance of consulting with paediatric patients & their families

## Workshop structure- guidance for tutors

Total Time: 2 hours

Introduction 20 minutes

Case scenarios: 30 minutes per scenario (total 90 minutes)

- Toddler with acute medical problem presenting to CEAU
- 8 year old with chronic medical condition in OPD
- Adolescent with chronic medical condition refusing to engage with treatment

Conclusion 10 minutes- summary of key learning points

### Introduction:

Good communication skills are essential when developing a relationship with all patients & this is especially important when considering paediatric patients & their families.

Effective communication is required from the outset in order to develop a good rapport with patients & is important for patient satisfaction, adherence to treatment & recovery from illness<sup>1</sup>.

At Cardiff University, we are keen that students should receive the opportunity to rehearse their communication skills in a relatively protected, controlled setting. By having a consultation with a simulated patient observed by peers & a tutor, with (or without video) students have the opportunity to try different approaches & develop their skills accordingly. They are then better equipped when presented by 'real' patients during their clinical placement.

In addition to the opportunity to rehearse & practice, we are keen that students evaluate their own communication skills & formulate personalised learning needs. This process allows tutors & students to agree an agenda upon which to base feedback on the consultation, which is likely to be most useful to the student<sup>3</sup>.

## **Introduction**

In pairs, discuss the following questions:

### **What experience have the students had to consult with children & their parents previously?**

For example consulting with young patients during 3<sup>rd</sup> year honorary lecturer or pairs tutors placements in primary care.

What have you learnt from these experiences?

How did you find the learning experiences?

### **What makes a consultation with a paediatric patient different to a consultation with an adult?**

You might choose to structure your ideas:

**Child specific issues:**

**Parental issues:**

**Doctor issues:**

### **Can you give examples from your previous clinical placements where good or bad communication skills have been demonstrated?**

can you describe their encounter

If the example was of a good demonstration of communication skills:

*What made the encounter memorable?*

*Which skills were being demonstrated?*

If the example was of poor communication skills being demonstrated:

*Why did the consultation not work?*

*What strategies might the doctor have tried in order to improve their communication?*

## Self assessment rating sheet (STUDENT HANDOUT)

Student's learning agenda prior to observation:

Process skill	Not demonstrated	Needs further work	adequately	well	With excellence	n/a
<b>Building the relationship</b>						
Non verbal skills: eye contact, open posture, avoids writing/ reading						
Is empathic & supportive- responds to family's predicament						
<b>Initiating the consultation</b>						
Introduces self, clarifies role, determines who is present						
Identifies reasons for the consultations- family's & doctors						
Screens for other problems & negotiates the consultations agenda						
<b>Gathering information</b>						
Listens attentively, facilitating verbally & non verbally						
Picks up & responds to verbal & non verbal cues from both parent & child						
Appropriate questioning technique (e.g. open to closed questions)						
Explores parent's/ child's ICEE (ideas, concerns, expectations, effects on life)						
<b>Explaining &amp; planning</b>						
Tailors amount & type of information for parents & child						
Uses skills which aid recall & understanding						
Incorporates parents/ child's perspective into explanation						
Involves parent/ child in decision making						
<b>Closing consultation</b>						
Establishes & clarifies follow up plan						
<b>Structuring the consultation</b>						
uses skills which provide structure (e.g. summarising & signposting)						

Comments/ feedback for student (with specific reference to student's previously identified learning agenda where possible):

**Case 1: the toddler with an acute medical problem (a two way consultation)**

Format: student to consult with a simulated patient 'parent' with doll

Patient name: Ellie Johns (age 7 months)      Parent's name: Sally Johns (actors own age)  
Setting: Children's Emergency Assessment Unit

Information for student: Ellie has been referred to the CEAU by her GP with high temperature. Please take a focussed history from her mother.

**Case 2: the older child in outpatient clinic with headaches (a three way consultation)**

Format: video of a consultation for analysis & discussion

**Case 3: an adolescent & their parent with diabetes who is resisting involvement in their diabetes care (the risk of a one way consultation)**

Format: student to consult with a simulated patient

Patient name: Alex Parsons (age 15 yrs)      Parent's name: Angela Parsons (actors own age)  
Setting: Children's Outpatients department

information for student:

Alex was recently admitted via the CEAU having become acutely unwell- weight loss, polyuria/ polydipsia and lethargy. She was diagnosed as being Type I Diabetic. They were commenced on a sliding scale of insulin and stabilised with IV fluids. They were seen by the diabetic team on the ward and taught by the Specialist Paediatric Diabetes nurse how to self-inject.

Following discharge from hospital approximately 1 month ago, the nurse practitioner has been visiting Alex regularly but has found them to becoming increasingly hostile to advice and resistant to checking their BM. As a consequence Alex has had a number of hypo's and also was readmitted with a BM of 20 & required stabilisation overnight on the ward last week. An urgent outpatient appointment has been arranged, which Alex has reluctantly agreed to attend.

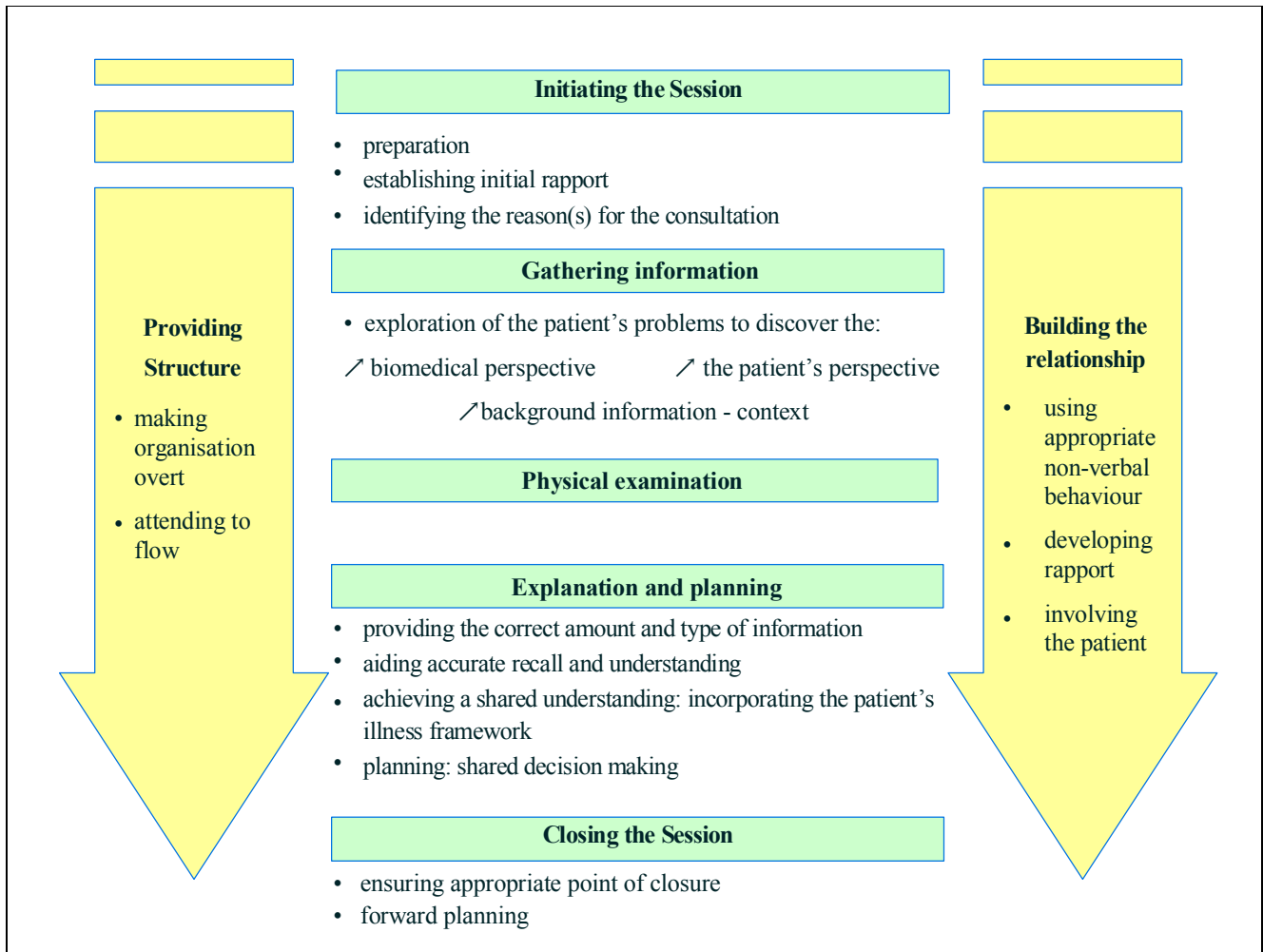
please speak to Alex and her mother about their concerns.



## Appendix:

### The Enhanced Calgary-Cambridge Guide to the Medical Interview.

Kurtz SM, Silverman JD, Benson J, Draper J. Marrying content and process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides Academic Medicine (2003). Used with permission



**Calgary-Cambridge Guide - Communication Skills required for a Consultation (Silverman, Kurtz and Draper 2004)**

**Starting the consultation**

1. Greet patient
2. Introduce self and clarify role
3. Demonstrate interest and respect

**Gathering information**

*Explore contents*

1. Encourage patient to tell story of problem in own words
2. Listen attentively
3. Use open and closed questions appropriately
4. Use easily understood questions

*Understand biomedical perspective*

1. Sequence of events
2. Symptom analysis
3. Relevant systems review

*Understand the patient's perspective*

Determine and acknowledge patient's **ideas** What's have you been thinking could be causing this?

Explore **concerns** What's your main worry about all this?

Elicit **expectations**

**Building the relationship**

1. Demonstrate appropriate non-verbal behaviour
2. Read/write notes in a manner that does not interfere with dialogue
3. Empathise with and support patient
4. Deal sensitively with embarrassing topics and physical problems
5. Share thinking when appropriate

## The evidence & other useful resources

- 1 Howells RJ, Davies HA, Silverman JD. *Teaching & learning consultation skills for paediatric practice* Arch Dis Child 2006; **91**: 367-370.
- 2 Howells RJ et al. *Assessment of doctors' consultation skills in the paediatric setting: the Paediatric Consultation Assessment Tool*. Arch Dis Child; **95**: 323-329.
- 3 Silverman J, Kurtz S, Draper J. The Calgary-Cambridge approach to communication skills teaching. 1. Agenda led outcome-based analysis of the consultation. *Edu Gen Pract* 1996;**7**: 288-99.