MINISTRY OF HEALTH OF UKRAINE
NATIONAL MEDICAL UNIVERSITY
by O.O.BOHOMOLETS

GUIDELINES
to practical classes for students

Elective discipline: "BASIC COMMUNICATION WITH A CHILD"

Lesson topic: Errors in the communication of a medical worker with a child patient and his parents (legal representatives).

Field of knowledge: 22 "Health care"
Specialty: 222 "Medicine"
Department of Pediatrics No. 2

Approved at the department meeting dated "___"____2024, protocol No.__

Head of Department,
Corresponding member of the National Academy of Sciences of Ukraine,
Professor Volosovets O.P.

Considered and approved:
Central Medical Center for Pediatric Disciplines from "___"_____2024, protocol No.__

Head of the Central Committee, Professor Pochynok T.V.

Specific goals:

1. Know the principles of medical ethics and communication between a medical worker and a child, his parents (legal representatives).
2. Be able to collect information from the child, parents (legal representatives).
3. Be able to analyze errors when establishing an initial mutual understanding, gathering information and communicating with the child and his parents (legal representatives)
4. To be able to solve crisis and conflict situations in the doctor-patient interaction.

Learning outcomes

Integral competences: the ability to analyze errors in the communication of a medical worker with a child and his parents (legal representatives) and to resolve crisis and conflict situations in the interaction between a doctor and a patient (his parents or legal representatives).

General competencies:

• Ability to abstract thinking, analysis and synthesis
• Ability to learn and master modern knowledge
• Ability to apply knowledge in practical situations
• Knowledge and understanding of the subject area and understanding of professional activity
• Ability to adapt and act in a new situation
• Ability to work in a team
• Ability to interpersonal interaction
• Ability to communicate in a foreign language
• Ability to use information and communication technologies
• Ability to search, process and analyze information from various sources
• Determination and persistence in relation to assigned tasks and assumed responsibilities
• Awareness of equal opportunities and gender issues
• The ability to realize one's rights and responsibilities as a member of society, to be aware of the values of civil (free democratic) society and the need for its sustainable development, the rule of law, the rights and freedoms of a person and a citizen in Ukraine.

Special professional competences:

• Ability to collect medical information about the patient
• Ability to adhere to the principles of medical ethics
• Ability to resolve crisis and conflict situations in doctor-patient interaction.
• Ability to assess the impact of the environment, socio-economic and biological determinants on the state of health of an individual, family, population
• Compliance with professional and academic integrity.

Practical experience:

• Be able to establish an initial mutual understanding, communicate and collect information during the communication of a medical worker with a child and his parents (legal representatives)
• Be able to identify the child's problems when seeking medical help

• Be able to analyze errors in the communication of a medical worker with a child and his parents (legal representatives)
• Be able to solve crisis and conflict situations in the interaction between the doctor and the patient (his parents or legal representatives).
• Be able to prevent conflict situations in the interaction between the doctor and the patient (his parents or legal representatives): listen carefully and encourage communication, use the technique of open and closed questions, recognize verbal and non-verbal signals when communicating with the child and his parents (legal representatives), give explanation of frequently asked questions of the child and his parents (legal representatives)

Teaching methods:

• verbal (explanation, conversation, discussion)
• face-to-face (demonstration)
• practical (practical work)
• method of clinical cases
• problem-oriented method
• "business game" method

Control methods:

• test control of the initial level of knowledge
• oral individual survey
• interview in groups
• control of performance of practical tasks (communication)
• final knowledge level control (tests, situational tasks).

Basic training level:

Studying the discipline does not require basic special training. School knowledge of subjects anatomy, biology, basics of life safety

Questions for the lesson:

1. The importance of building a trusting relationship when a medical worker communicates with a child and his parents (legal representatives).
2. Rules, means and techniques of communication between a medical worker and a child.
3. Mistakes in establishing initial mutual understanding.
4. Errors when collecting information.
5. Violation of medical ethics.
6. Crisis situations in the doctor-patient interaction.
7. Prevention of conflict situations when a medical worker communicates with a child and his parents (legal representatives)

Practical tasks:

1. Building a trusting relationship when a medical worker communicates with a child and his parents (legal representatives). Creation of physical and emotional comfort of the patient. Story-role games in the communication of a medical worker with a child
2. Collection of information during the communication of the medical worker with the child and his parents (legal representatives). Attentive and active listening and encouraging communication, the technique of open and closed questions, non-verbal signals when communicating with the child and his parents (legal representatives)
3. Determining the child's problem when seeking medical help.
4. Methods of solving crisis situations when communicating with a child and his parents (legal representatives)
5. Determination of the causes of conflict in the communication of a medical worker with a child and his parents (legal representatives). Analysis of situational tasks.

Content of the topic and materials for use in the practical session

In pediatric practice, it is important to adapt to the condition and needs of the patient, his mental state, the needs and abilities of his parents; establish an initial understanding and establish contact; show respect and interest, listen carefully, encouraging storytelling; clarify and prevent misunderstandings and conflicts.

It is extremely important to establish trust, which will additionally contribute to the doctor's proper performance of his professional duties and reduce the number of dissatisfactions. The zone of conflict between patients and doctors arises exactly where they do not understand each other, therefore, first of all, it is advisable to avoid all kinds of misunderstandings on both sides and to prevent conflict situations in general, because, as in other spheres of activity, and in the medical environment, it is prevention that is the key to avoiding further complications of the situation.

The most common mistakes when communicating with a pediatric patient are:
- focus in communication primarily on the parents or the accompanying person, and not on the child,
- the medical worker is not greeted or does not introduce himself,
- the medical worker does not address the child by name,
- the child is not introduced to the situation, does not talk about plans, does not comment on actions, does not solve the child's problems,
- the medical worker listens inattentively, interrupts the speech, does not use techniques of active listening to the child and his parents (legal representatives), does not encourage the patient to talk about the problem,
- the medical worker does not explain to the child which examination and with whom he will go, whether the procedure will be painful and how long it will last,
- the medical worker ignores the child's questions, does not tell the truth,
- during the physical examination, the pediatrician does not explain the process, does not ask for permission, does not observe intimacy,
- the pediatrician does not explain the results of examinations, diagnosis and recommendations, does not find out whether the patient, his parents (legal representatives) understand the information received,
- the medical worker criticizes the child, treats other children unfavorably,
- a nurse, not a doctor, informs parents about an unfavorable report or diagnosis,
- the doctor provides allegedly close people with information about the patient, which may be confidential or contain a medical secret, the medical worker does not require documents certifying the identity,
- the doctor does not explain the rules of order in inpatient departments to the patient's relatives.

Situational cases for independent work

Case 1
A mother with a 4-year-old boy came to the pediatrician's office. The pediatrician said hello, offered to sit down and asked the mother what her complaints were. What are the mistakes in the doctor's communication with the child?
Answer: The doctor did not introduce himself, did not get to know the child, did not establish contact with the boy, did not talk about preferences, kindergarten, etc.

Case 2
When questioning a 10-year-old child, the doctor records the data in the medical history, looks at the child only when the next question is asked. At the request of the child to go to the toilet, he offers to wait 2 minutes until the end of the survey. What are the mistakes in doctor-patient communication?
Answer: The doctor does not care about the physical and emotional comfort of the patient, ignores the needs of the child. In communication with the child, direct eye contact is extremely important, the doctor does not use techniques of active listening to the child.

Case 3.
The father of a 5-year-old patient in the intensive care unit is filming. The doctor orders the patient's father to leave the ward, the conflict ends in a complaint. How could the conflict have been prevented?
Answer: Legally, relatives have the right to conduct video recording, and a medical professional cannot prohibit it. The doctor should have communicated with the patient's father, explained that extreme work is being done in intensive care units to save a person's life, and in such a situation it is inappropriate to prevent the medical staff from performing their professional duties.

Case 4
When a 5-year-old child asked if she would have a blood test, the doctor replied that it would not hurt. It is right?
Answer: No, the doctor must explain to the child how and where the procedure will take place, how long it will last, how painful it will be, who will support.

Case 5
The child is diagnosed with acute appendicitis, and surgical intervention is necessary, but the parents do not sign consent for the surgical intervention. How should the doctor act?
Answer: If it is impossible to convince the parents (legal representatives), and the doctor bears legal responsibility for the patient's life, and there is a normative justification in the legislation for the doctor's right to act exclusively in the interests of the patient, then the opinion of the child's relatives or parents is of secondary importance.

Tests

1. What is an error in communication with the patient:

a) put the patient's interests first;
c) always answer the patient's questions;
c) express sympathy;
d) to report an error made by the doctor;
e) to solve a specific problem, not to build a long-term relationship
Correct answer: e)

2. When communicating with the child and his parents (legal representatives), it is not recommended to:

a) move from open questions to closed questions;
b) pay attention to non-verbal signals (body language, facial expression);
c) actively listen to the child and parents (nodding, repeating the last words);
d) give explanations in medical terms;
e) excuse the patient

Correct answer: d)

3. To prevent conflict situations when communicating with the child and parents (legal representatives), it is necessary to:

a) obtain informed consent from a patient older than 14 years;
c) obtain informed consent from the parents (legal representatives) of a patient younger than 14 years;
c) always answer the patient's and parents' questions;
d) be a patient's advocate;
f) all of the above

Correct answer: e)

4. What should not be used when communicating with the patient and his parents (legal representatives):

a) put the patient's interests first;
c) give a sense of control over the situation;
c) actively listen to the child and his parents;
d) do not discuss the problem, but propose a solution;
f) always give an honest answer

Correct answer: d)

5. What is necessary for effective communication between medical workers, patients and parents of sick children;
a) greeting and establishing eye contact;
c) active listening when gathering information (repetition of words, related questions, expressions of sympathy and emotions);
c) providing the patient and parents with as much information as possible, in which the amount of positive news exceeds the negative;
d) non-verbal acceptance of resistance (nodding head) followed by persuasion and positivity at the end of the conversation;
f) all of the above

Correct answer: e)

Literature and Information resources:

1. https://www.google.com.ua/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj8trS4mdiEAxWYQvEDHU9hA7o4ChAWegQIFxAB&url=https%3A%2F%2Fhesperian.org%2Fwp-content%2Fuploads%2Fpdf%2Fen_hcwd_2015%2Fen_hcwd_2015_04.pdf&usg=AOvVaw2LAjg5KzBEwchRhiNGinne&opi=89978449
2. Berlinger, Nancy, 'Communication with patients, families, and other caregivers: Why is this ethically important?' in Chin, Jacqueline, Nancy Berlinger, Michael C. Dunn, Michael K. Gusmano (eds.), *A Singapore Bioethics Casebook*, 2 vols (Singapore: National University of Singapore, 2017), http://www.bioethicscasebook.sg.
3. Kathleen M. Mazor, Sarah L. Goff, Katherine S. Dodd, Sarah J. Velten and Kathleen E. Walsh. Parents' Perceptions of Medical Errors. Journal of Patient Safety. Vol. 6, No. 2 (June 2010), pp. 102-107
4. Donna Koller, PhD, Anneke Rummens, PhD, Morgane Le Pouesard, MA, Sherry Espin, RN PhD, Jeremy Friedman, MD, Maitreya Coffey, MD FAAP FRCPC, and Noah Kenneally, MA PhD(c). **Patient disclosure of medical errors in paediatrics: A systematic literature review.** Paediatr Child Health. 2016 May; 21(4): e32–e38. doi: 10.1093/pch/21.4.e32
5. *Комунікативні навички лікаря : підруч. для студентів вищ. мед. навч. закл. та фахівців практ. медицини / Олег Созонтович Чабан, Олена Олександрівна Хаустова, Ірина Андріївна Коваль, Ц. Б. Абдряхімова, А. Е. Асанова ; за заг. ред. Олег Созонтович Чабан. – 2-ге вид, перероб. і допов. – Київ : Заславський О. Ю., 2021. – 433 с. : іл., табл*
6. Стефанишин, К.Л. (2022). Професійна комунікація педіатра з дитиною та її батьками: методична розробка практичного заняття для викладача. Медична освіта, (4), 107–116. https://doi.org/10.11603/m.2414-5998.2021.4.12699.
7. https://www.google.com.ua/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj8trS4mdiEAxWYQvEDHU9hA7o4ChAWegQIChAB&url=https%3A%2F%2Fwww.icao.int%2FAPAC%2FMeetings%2F2012_CMC%2FFUNDAMENTALS%2520OF%2520COMMUNICATION.pdf&usg=AOvVaw2DUT4GWMVUP2dlaX9kYqfj&opi=89978449
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9. https://clincasequest.academy/calgary-cambridge-guide/
10. https://repo.knmu.edu.ua/bitstream/123456789/27899/1/Conference%20Proceedings_%20VSEMvs_November_2020-346-355.pdf

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