BOHOMOLETS NATIONAL MEDICAL UNIVERSITY

GUIDELINES
for practical classes
for students

Educational discipline: «Basics of communication of communication with a child»
Field of knowledge: 22 "Health care"

Specialty: 222 "Medicine"

Department of Pediatrics No 2

Approved at the meeting of the Department of Pediatrics No. 2 on protocol No.

Considered and approved by: Cyclic methodological commission for pediatric disciplines

dated protocol No

Subject of the lesson:

"FEATURES OF COMMUNICATION OF A MEDICAL WORKER WITH AN INFANT CHILD"

Specific goals:

1. Know the principles of effective communication between a medical worker and the parents (legal representatives) of an infant child
2. To be able to apply the principles of effective communication of a medical worker with parents (legal representatives) of a child to support breastfeeding
3. To be able to apply the principles of effective communication of a medical worker with the parents (legal representatives) of the child within the framework of counseling on nutrition and child care

Learning outcomes

Integral competencies: the ability to apply the principles of effective communication of a medical professional with a child and his parents (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 solve medical problems in new or unfamiliar environments in the presence of incomplete or limited information, taking into account aspects of social and ethical responsibility
• 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 ethical principles when working with patients
• Compliance with professional and academic integrity

Practical experience:
• Building trusting relationships in medical communication an employee with an infant and his parents (legal representatives)
• Greetings and receiving permission to view

• Creation of physical and emotional comfort of the patient
• Attentive and active listening and encouraging communication
• Technique of open and closed questions
• Non-verbal signals when communicating with an infant and by her parents (legal representatives)
• Explanations to frequently asked questions of parents (legal representatives) of infants

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 class:

1. Peculiarities of communicating with the parents of an infant
2. Features of the development of children up to 1 year
3. Peculiarities of communication of infants
4. Peculiarities of the interaction of medical workers with infants
5. Peculiarities of examination of infants
6. The main points in counseling parents about child care
7. Main points in counseling parents about feeding
8. Main points in counseling parents about vaccination

Practical tasks:

1. Building a trusting relationship when a medical worker communicates with a child and his parents (legal representatives)
2. Observation and interaction with an infant
3. Convincing about the feasibility of breastfeeding
4. Clarification regarding the timing of the introduction of complementary foods to the child
5. Consulting on baby care
6. Counseling on the importance of vaccination and the principle of action of vaccines
7. Attentive and active listening and encouraging communication
8. Technique of open and closed questions
9. Non-verbal signals when communicating with the child and his parents (legal representatives)
10. Explanations to frequently asked questions of the child and his parents (legal representatives)

11. Analysis of situational tasks in the communication of a medical worker with a child and his parents (legal representatives)

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

Communication between medical professionals and parents of an infant is extremely important. Only by understanding the patterns of child development and the peculiarities of behavior at this age will parents be able to create comfortable conditions for the baby that will contribute to harmonious development. Using the principles of effective communication, the medical worker must convey how to properly interact with the child, recognize his needs, respond to them in time, promote the development of speech and fine motor skills, etc.

When counseling the parents of an infant on feeding, development, and vaccination issues, it is recommended to adhere to the **following principles:**

1. When preparing for a consultation, use reliable information resources. For example, regarding vaccination, use the websites of the United Nations Children's Fund (UNICEF) in Ukraine, the Ministry of Health of Ukraine and the Center for Public Health of Ukraine.
2. Listen and respect people's concerns. Avoid judgments and evaluations. Reassure that the children's interests are your common goal.

During the consultation, the medical worker, in addition to communicating with the child's parents, conducts

a comprehensive assessment of the child's development, namely, assesses feeding, the rate of growth and weight gain, the degree of mastery of such skills as the ability to sit, stand, grasp an object, pronounce words, smile, laugh, etc. For this, the medical worker observes the child and parents, assessing their communication and emotional contact, and actively interacts with the child using age-appropriate toys.

Communication is a natural social need. Communication in the first weeks of life is of great importance for every baby, even if he does not seem interested from the outside

The child's social orientation at this time is determined by his increased interest in communication and relationships, primarily with his mother. The child's initial interaction with other people is called early communication. The basis of early communication is the transmission and perception of signals, symbols, signs that are significant for the participants of communication - means of communication (verbal, sound, motor).

At first, only non-verbal methods of interaction are available to the infant. Nonverbal communication is a special, individual way of communicating with the environment and is a prerequisite for the development of speech. With the help of non-verbal means of communication, the child transmits information about his emotional and physiological state.

Preverbal speech development lasts up to 1 year. In a newborn, the initial manifestation of vocal reactions is a cry. By the end of the third month, the child expresses its condition with an intoned cry combined with facial

movements. In turn, the child himself begins to distinguish the intonations of adults. The child behaves differently in response to affectionate and strict intonation when addressed. In the 4th month of life, "overdubbing" appears - a kind of conversation, when adults coo together with the baby, the child responds to the adult's smile with a smile, to the adult's speech - with the pronunciation of sounds; in response to the emotional appeal of an adult - laughs. He reacts differently to different people he knows.

At 6 months, the child already better understands the signals of an adult, his facial expressions, facial expressions, begins to understand the meaning of a pointing gesture: he looks in the direction where the adult is pointing. The kid can show himself what he wants: reaching for the toy, he looks back at the adult and calls him for help.

At 8-9 months, the baby begins to understand the meaning of words in a certain situation in combination with a gesture: for example, when an adult, extending his hand, says: "Give me a pen!", the baby extends his hand in response. To the question: "Where?" the child finds his favorite bear with a glance, regardless of where it is - on the table, floor, shelf or sofa. At 9 months, he responds to his name with a smile, turning his head, listens. At 10-12 months, the child can already understand words regardless of the situation, and then he can perform simple actions on request - say goodbye, show "how big" he is by raising his hands up, without using an adult's prompt.

The first prerequisite for the successful communication of the medical staff with the child is a deep knowledge of the features of development and the features

of each period of development from the birth of the child. Considering the above, medical personnel should interact even with an infant. At the same time, elements of non-verbal communication, such as a smile, are of primary importance. And gestures such as a clenched fist, tapping on the table or a raised finger should be avoided. Staff should respond to the child's emotions and meet the child's needs whenever possible.

Communication with medical professionals should have a calming effect on the baby. It is recommended to distract the baby during the procedures. The best way to soothe a baby after painful procedures is to put him to his mother's breast. In the infancy of the child, it is desirable to avoid communication in the child's distorted language.

When conducting an examination, it is not necessary to examine the child immediately. The child should be given time to familiarize himself with the environment. Contact should be made gradually, using toys. In the review process, it is worth introducing game elements according to age.
Remember, only the mother should undress the child for examination. It is desirable to examine small children so that they can see their parents or to conduct an examination in the arms of the mother. This reduces the reaction to the review. All manipulations accompanied by unpleasant sensations (examination of the oral cavity, vaccination) should be carried out at the end of the examination.

If necessary, the infant should be hospitalized with the mother. And only for a short period of time, the child can be left under the supervision of a nurse. Difficulties arise if parents are not ready to accept the disease, assess the

child's condition objectively and do not contribute to the recovery process.

The manner of communication between the doctor and the child is of particular importance. One of the important rules of behavior is addressing a child by name. The words "bunny", "cat", etc. should be avoided.

In order to effectively counsel parents on breastfeeding, one should know the advantages of breastfeeding. Breastfed children have a reduced risk of developing the following diseases: obesity, asthma, type I diabetes, severe lower respiratory tract infections, otitis media, gastrointestinal disorders, etc. Breastfeeding women have a reduced risk of cancer, type II diabetes and hypertension.

Complementary foods are foods other than breast milk or formula. Supplements include vegetables, fruits, cereals, meat, fish, fermented milk products, etc. The introduction of complementary foods is recommended at the age of 4-6 months, when the child develops an interest in food.

An infant needs the care of parents (guardians). In addition to feeding the child, the child needs care for the skin, mucous membranes, umbilical cord remnant, etc. The skin of a healthy child usually does not need care products. Washing the child is carried out with running water, if necessary, with the use of soap. Special baths should be used for bathing a child, there is no need to boil water or add herbs or foam.Nails should be cut if necessary with special scissors with rounded ends.

For safety reasons, the child must sleep in a separate crib, without a pillow. Soft toys should not be placed next to

the child's tie. The child should sleep exclusively on his back.

Vaccination involves the development of the child's immune system to protect against infection and is the most effective method of disease prevention. The following types of vaccines are distinguished: live attenuated (vaccine against measles, rubella, mumps, vaccine against oral viral infection, vaccine against chicken pox); inactivated (inactivated vaccine against poliomyelitis, whole-cell vaccine against whooping cough); subunit vaccines (against hepatitis B, against meningococcal, pneumococcal infection); based on toxoid (vaccines against diphtheria, tetanus). Today, the vaccination calendar of Ukraine provides for vaccination of children against tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, measles, rubella, and mumps. In addition, the child is recommended to be vaccinated against oral viral infections, meningococcal, pneumococcal infections, chicken pox, hepatitis A, human papilloma virus. Vaccines are administered in the form of drops or injections.

Situational tasks for independent work

Task 1

A mother with a 4-month-old boy came to see a doctor with complaints on restlessness and bad sleep of the child. The doctor, without asking the mother, immediately began to undress and examine the child, who was sleeping in the mother's arms. The boy reacted by screaming and crying,

which made the examination much more difficult. Are the doctor's actions and tactics correct?

Answer: No. Before starting the review, the following actions are correct:
say hello, introduce yourself, ask the mother in detail, ask the mother to gently wake up the baby and undress him.

Task 2
A mother with a 7-month-old boy at a doctor's appointment. The mother complains about the appearance of a rash in the child. After questioning the mother, the doctor took the child from the mother, put it on the changing table and examined the child. The boy reacted by screaming and crying. The doctor did not respond to the child's cry, did not smile at her. Are the doctor's actions and tactics correct?

Answer: No. Young children should be examined in the mother's arms whenever possible. The mother should undress the child. The doctor should actively interact with the child, address him, smile, offer a toy, etc.

Task 3
The parents of a healthy 2-month-old boy are at the doctor's appointment. The parents do not express any complaints, the child is healthy according to the results of the examination. The doctor's tactics?

Answer: The doctor should actively involve parents in the interaction, specify the nature of feeding, the daily routine, the peculiarities of child care. The doctor should explain the characteristics of the child's behavior at the age of 2 months and his basic needs.

Task 4

At the doctor's appointment, the mother with a 3-month-old melon and the child's grandmother. Women, interrupting each other, ask many questions, share their own experiences and occasionally quarrel. The doctor's tactics?

Answer: The harmonious development of a child requires friendly and effective interaction of all family members. The doctor must reassure relatives, tactfully answer all questions. In most cases, it is the mother who is responsible for the child, so all decisions must be made by the mother.

Task 5

Parents with an 8-month-old girl came to the doctor's appointment. When asked about the received vaccinations, the child's father replied that he knows the composition of vaccines very well and will not allow experiments on the child. Tactics of the doctor.

Answer: The doctor should tactfully explain the need for vaccination according to the vaccination calendar of Ukraine. Most often, parents of children are guided by

well-known false statements and myths, which are quite possible to spread in the process of communication.

Tests

1. Preverbal development of speech continues:
a) Up to 6 months
b) Up to 1 year
c) Up to 2 years
d) Up to 5 years
Correct answer: b)

2. The child can transmit information about his emotional and physiological state with:
a) From the age of 5, when there will be sufficient vocabulary
b) From the age of 2, when he begins to say his first words
c) From the beginning of infancy, with the help of intonation crying
d) From the age of 5, when the child's language is understandable to the doctor

Correct answer: c)

3. When communicating with the parents (legal representatives) of an infant, it is recommended to:
a) Explain the specifics of the development of an infant
b) Inform about the benefits of breastfeeding
c) Advise on vaccination issues
d) All of the above are true

Correct answer: d)

4. The child begins to respond to appeals to her:
a) From the age of 6, when he goes to school
b) From 3 years old, in kindergarten
c) From 1 year, when he begins to pronounce words
d) From the beginning of infancy

Correct answer: d)

5. If the parents refuse vaccinations, the child must:
a) To support parents so as not to break trusting relationships
b) Accuse the parents of not wanting to protect the child
c) Not to comment in any way is the decision of the parents.
d) Tactfully convince parents, explain the feasibility of vaccination

Correct answer: d)

Recommended literature

https://www.uptodate.com/contents/breastfeeding-parental-education-and-support
https://moz.gov.ua/article/immunization/5-faktiv-pro-vakcinaciju
https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html
https://www.cdc.gov/chronicdisease/center/news-media/archives/features/your-healthy-baby.html
https://www.uptodate.com/contents/standard-childhood-vaccines-parental-hesitancy-or-refusal

Methodical guidelines have been created : associate professor Iemets O.V.