



# Communication

## *Fostering Family-Centered Communication*

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# COMMUNICATION

## *Fostering Family-Centered Communication*

### OVERVIEW

#### Background

**F**amily satisfaction with health care is closely related to the child health professional's ability to listen to and communicate with the child and family. Unfortunately, families often report unmet health care needs. A child health professional's skills in communication—particularly active listening—increase the prospect that a family's needs and concerns will be heard and addressed. Active listening involves listening for content and meaning, responding to the feelings expressed by children and their families, and noting carefully all verbal and nonverbal cues. Bright Futures emphasizes this approach with the use of interview questions to promote communication and clarify the family's concerns. Effective communication is especially important in our current practice environment where time is at a premium. By facilitating communication, child health professionals can help ensure that the needs and concerns of the child and family are met and that relevant information is provided.

#### Goal

The overall goal of this module is to enhance communication among child health professionals, children, and families during health visits by helping health professionals develop the skills, knowledge, and attitudes they need to communicate effectively.

This module will enable learners to:

- ▶ Listen actively
- ▶ Elicit the needs and concerns of children and families
- ▶ Acquire skills and practice in providing individual guidance
- ▶ Explore methods of assessing communication skills

#### Instructional Design

This module consists of three 30-minute sessions.

- ▶ Session 1 provides learners with the opportunity to improve their communication skills by learning to listen actively.
- ▶ Session 2 illustrates effective methods for eliciting the concerns and needs of children and their families and also provides learners with the opportunity to improve their communication skills.
- ▶ Each of the two sessions can be used as a separate, stand-alone offering, or the sessions can be combined. See the Facilitator's Guide for information on combining sessions.
- ▶ Each session has two distinct options—either the Video Option or the Nonvideo Option. The option chosen for presentation may be determined by considerations related to logistics, the equipment required, or the facilitation method preferred. For consistency, using the same option for both Session 1 and Session 2 is recommended.
- ▶ Session 3 can be used with either the Video Option or the Nonvideo Option.

- ▶ If a series covering three sessions is planned, there should be sufficient time between the sessions to allow for completion of any group projects or for self-assessment and review of skills in a practice setting.

## Teaching Strategies

The teaching strategies used in this module include buzz groups, mini-presentation, role play (optional), and reflective exercise. These strategies have been selected to help learners develop the skills required to communicate effectively with children, parents, and their families. Please refer to the Facilitator's Guide for more information related to each strategy.

## Evaluation

Learners will complete a **Session Evaluation Form** following each session and a **Module Evaluation Form** following the completion of the last session. Facilitators are encouraged to complete a **Facilitator Self-Assessment Form** prior to and following each teaching experience (e.g., a single session or an entire module) in order to assess their performance over time.

## Guiding Questions

Learners who have completed the entire Communication module should be able to answer the following questions.

- ▶ What can I do to promote an atmosphere of trust so that children and families will share their true concerns?
- ▶ How can I incorporate the context of the family (community, school, cultural background) while providing comprehensive health care?
- ▶ How do I demonstrate that I am actively listening to my patients?
- ▶ How can I facilitate discussion during health visits with children and families?

- ▶ How do I determine the needs and concerns of children and families?
- ▶ What can I do to ensure that families leave the health visit with a feeling of confidence and a belief that their child's health care needs have been met?

## INTRODUCTION TO TEACHING SESSIONS

### Session 1 (Video and Nonvideo Options): Learning to Listen Actively

#### Objective (Video and Nonvideo Options)

The objective for this session is for the facilitator to:

- ▶ Provide learners with the opportunity to improve their communication skills by learning to listen actively

#### Materials

The materials and teaching aids needed for this session are:

#### *Video Option*

##### *Handouts*

- ▶ Communication: Fostering Family-Centered Communication
- ▶ Session Evaluation Form

##### *Facilitator Form*

- ▶ Facilitator Self-Assessment Form

##### *Teaching Aids*

- ▶ VCR and monitor
- ▶ Videotape of *The Doctor*
- ▶ 3" x 5" index cards
- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk

## **Nonvideo Option**

### *Handouts*

- ▶ Communication: Fostering Family-Centered Communication
- ▶ Session Evaluation Form

### *Facilitator Form*

- ▶ Facilitator Self-Assessment Form

### *Teaching Aids*

- ▶ 3" x 5" index cards
- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk

## **Time (Video and Nonvideo Options)**

The time allocated for each version of this session is 30 minutes.

## **Session 2 (Video and Nonvideo Options): Eliciting the Concerns of Children and Families**

### **Objectives (Video and Nonvideo Options)**

The objectives for this session are for the facilitator to:

- ▶ Illustrate effective methods for eliciting the concerns and needs of children and their families
- ▶ Provide learners with the opportunity to improve their communication skills

### **Materials**

The materials and teaching aids needed for this session are:

## **Video Option**

### *Handouts*

- ▶ Communication: Fostering Family-Centered Communication
- ▶ Session Evaluation Form

### *Facilitator Form*

- ▶ Facilitator Self-Assessment Form

### *Teaching Aids*

- ▶ VCR and monitor
- ▶ Videotape of *The Doctor*
- ▶ 3" x 5" index cards
- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk

## **Nonvideo Option**

### *Handouts*

- ▶ Communication: Fostering Family-Centered Communication
- ▶ Session Evaluation Form

### *Facilitator Form*

- ▶ Facilitator Self-Assessment Form

### *Teaching Aids*

- ▶ 3" x 5" index cards
- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk

## **Time (Video and Nonvideo Options)**

The time allocated for each version of this session is 30 minutes.

## Session 3: Individual and Group Assessment

### Objective

The objectives for this session are for the facilitator to:

- ▶ Acquaint learners with communication evaluation methods including self-assessment, preceptor observation, group assessment, and patient-family survey
- ▶ Provide learners with opportunities to evaluate their communication skills

### Materials

The materials and teaching aids needed for this session are:

#### *Handouts*

- ▶ Communication: Fostering Family-Centered Communication
- ▶ Learner Self-Assessment
- ▶ Preceptor Structured Observation Form
- ▶ Patient and Family Survey Form
- ▶ Session Evaluation Form
- ▶ Module Evaluation Form

#### *Facilitator Form*

- ▶ Facilitator Self-Assessment Form

#### *Teaching Aids*

- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk

### Time

The time allocated for this session is 30 minutes.



## SESSION 1 (VIDEO OPTION): *Learning to Listen Actively*

At the beginning of the session, the facilitator and learners should introduce themselves briefly. Ideas for creative introductions can be found in the Facilitator's Guide.

### Setting the Context: The Bright Futures Concept

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

**F** *The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child’s full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

*To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.*

### Introducing the Session

Before introducing the session, the facilitator distributes the handout **Communication: Fostering Family-Centered Communication** to the learners.

**F** *Today’s session is the first of three that comprise the Pediatrics in Practice Communication module.*

*This session focuses on active listening skills. Family satisfaction with health care is closely related to the child health professional’s ability to listen to and communicate with the child and family.*

*Skills in communication, particularly active listening, increase the pediatric provider’s ability to hear and address the needs and concerns of children and their families. Active listening involves listening for content and meaning, responding to the feelings expressed, and carefully noting verbal and nonverbal cues.*

*Effective communication is especially important in our current practice environment where time is at a premium. By facilitating communication, child health professionals can help ensure that the needs and concerns of the child and family are met and that relevant information is provided.*

*In today’s session, our objectives will be to:*

- ▶ *Focus on and discuss the key elements of active listening*
- ▶ *View a videotape segment that illustrates the importance of listening actively in order to build a trusting partnership with children and families*

- ▶ Reflect on patient- or family-centered communication as depicted in the videotape scenario

When we have completed the session, you should be able to answer the following questions:

- ▶ What can I do to promote an atmosphere of trust so that children and families will share their true concerns?
- ▶ How can I incorporate the context of the family (community, school, cultural background) while providing comprehensive health care?
- ▶ How do I demonstrate that I am actively listening to my patients?

## Discussion and Exercises

### Videotape Stimulus and Reflection

[Note to facilitator on setting up the VCR: The relevant scenes from the movie *The Doctor* follow the Bright Futures video used in the Health module.]

The facilitator introduces the videotape segment from the movie *The Doctor*.

**F** In the movie *The Doctor*, William Hurt portrays a physician whose own illness forces him to assume the role of a patient. The experience provides him with personal insight about the importance of communicating effectively with patients.

*This segment of the film demonstrates a patient- or family-centered communication style. In this clip, the physician is meeting with a male patient before surgery. His interaction with the patient serves as an example for your reflection.*

After the videotape segment has been viewed, the facilitator guides the learners through the following reflective exercise:

**F** For the next 3 minutes, I would like each of you to think about the videotape segment

*you have just watched. During this reflective time, slowly narrow your focus and concentrate on the positive and negative aspects of the health professional's listening skills. What worked well? What did not work as well?*

Distribute 3" x 5" index cards for those who find jotting a few notes helpful. Allow 3 minutes for reflection without interruption.

After the 3 minutes of reflection, the facilitator initiates a "buzz group" discussion.

**F** Now turn to the person sitting beside you and discuss your thoughts about the health professional's communication skills as fully as possible in the next 2 minutes.

The facilitator writes these questions on a display board or flip chart and says:

**F** Try to address the following questions directly or indirectly in your discussion:

- ▶ What words, behaviors, questions, or mannerisms were used?
- ▶ What aspects of the interview contributed to improved communication?
- ▶ What elements of the physician's communication were most effective?
- ▶ How did active listening increase the effectiveness of the physician's communication style?
- ▶ Did anything make the segment powerful or illustrative?

After the discussion period, the facilitator asks:

**F** Who would like to describe their thoughts and reactions?

### Discussion Questions

The facilitator continues the discussion and encourages all learners to offer their ideas.

**F** What elements of active listening contribute to improved communication and interactions among child health professionals, children, and families?

Using a display board or flip chart, the facilitator records the observations and suggestions made by the learners.

Examples:

Active listening:

- ▶ Is patient or family centered, not provider centered
- ▶ Involves both verbal and nonverbal elements of communication
- ▶ Will elicit the concerns and needs of children and families
- ▶ Promotes satisfaction, trust, and partnership

The facilitator continues with a discussion of the use of active listening skills in establishing rapport and building trust with children and families.

**F** *What observations have you made about the use of active listening skills in establishing rapport and building trust with children and families?*

Once again the facilitator records the learners' responses.

Examples:

The pediatric provider establishes rapport and builds trust by:

- ▶ Listening for content and meaning
- ▶ Asking about the child and family's feelings and responding to the feelings they express
- ▶ Offering supportive comments
- ▶ Noting all verbal and nonverbal cues carefully

**F** *The nuances of the health interview are complex. However, child health professionals who use active listening as a regular part of their communication with children and families are more likely to make important observations about how well they are establishing rapport and building trust.*

*How do active listening skills help to focus a health interview?*

Examples:

Active listening allows the pediatric provider to:

- ▶ Address the important issues that children and families bring to the health visit
- ▶ Clarify statements with follow-up questions
- ▶ Offer information or explanations

## Take-Home Message

The facilitator ends the session with the following:

**F** *Child health professionals who are both effective and time efficient use active listening skills to promote partnership, improve family satisfaction, and build trust with children and their families. Active listening requires the pediatric provider to listen for content and meaning.*

The facilitator asks the learners to refer to the **Communication: Fostering Family-Centered Communication** handout and says:

**F** *This handout highlights both verbal and nonverbal behaviors that promote active listening during a health visit. It identifies behaviors that create a welcoming environment for open communication and help to elicit the needs and concerns of children and their families. Please take some time before our next session to review this information and reflect on it. Before we conclude, what questions remain about what we addressed today?*

## Answers to the Guiding Questions

**F** *Now that we have completed this session on Communication, you should be able to answer the following questions:*

- ▶ What can I do to promote an atmosphere of trust so that children and families will share their true concerns?

- Listen for content and meaning
- Ask about child and family's feelings and respond to the feelings they express
- Offer supportive comments
- Note all verbal and nonverbal cues carefully
- ▶ How can I incorporate the context of the family (community, school, cultural background) while providing comprehensive health care?
  - Use family-centered communication skills
  - Discuss family life, community, and school
- ▶ How do I demonstrate that I am actively listening to my patients?
  - Allow children and their families to state concerns without interruption
  - Address the important issues that children and families bring to the health visit
  - Clarify statements with follow-up questions

## Planning for the Next Session (if Session 2 is planned)

 *F In the next session, which focuses on eliciting the concerns of children and families, we will continue our discussion of effective communication methods.*

*Please take some time before the next session to reflect on how you would encourage children and families to verbalize or otherwise indicate their expectations for the health visit.*

(For those programs using a 2-hour workshop format, this could serve as a breakpoint and allow time for reflection.)

## Evaluation

The facilitator now distributes the **Session Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

## Communication: Session 1

# COMMUNICATION: FOSTERING FAMILY-CENTERED COMMUNICATION

### Effective Behaviors

- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

### Active Listening Skills: Verbal Behaviors

- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent's or child's words
- Offer information or explanations

### Active Listening Skills: Nonverbal Behaviors

- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

*Communication: Session 1*

**SESSION EVALUATION FORM**

Session 1: Learning to Listen Actively

Date: \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

Site: \_\_\_\_\_

- |  |                    |   |   |                     |
|--|--------------------|---|---|---------------------|
| 1. Overall, I found the "Learning to Listen Actively" session to be: | <b>Not Useful</b>  |   |   | <b>Very Useful</b>  |
|  | 1                  | 2 | 3 | 4 5                 |
| 2. The objectives of the session were:                               | <b>Not Clear</b>   |   |   | <b>Clear</b>        |
|  | 1                  | 2 | 3 | 4 5                 |
| 3. The organization of the session was:                              | <b>Poor</b>        |   |   | <b>Excellent</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 4. The communication skills of the facilitator(s) were:              | <b>Poor</b>        |   |   | <b>Excellent</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 5. The facilitator(s) stimulated interest in the subject matter:     | <b>Not at All</b>  |   |   | <b>Very Much</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 6. The facilitator(s) encouraged group participation:                | <b>Not at All</b>  |   |   | <b>Very Much</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 7. Handouts or visual aids (if used) were:                           | <b>Not Helpful</b> |   |   | <b>Very Helpful</b> |
|  | 1                  | 2 | 3 | 4 5                 |

8. Any additional comments?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. The most useful features of the session were:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Suggestions for improvement  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Suggestions for topics related to this session  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Communication: Session 1*

# FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

<b>Facilitator Behavior</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

*Source:* Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



## SESSION 1 (NONVIDEO OPTION): *Learning to Listen Actively*

At the beginning of the session, the facilitator and learners should introduce themselves briefly. Ideas for creative introductions can be found in the Facilitator's Guide.

### Setting the Context: The Bright Futures Concept

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

**F** *The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child’s full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

*To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.*

### Introducing the Session

Before introducing the session, the facilitator distributes the handout **Communication: Fostering Family-Centered Communication** to the learners.

**F** *Today’s session is the first of three that comprise the Pediatrics in Practice Communication module.*

*This session focuses on active listening skills. Family satisfaction with health care is closely related to the child health professional’s ability to listen to and communicate with the child and family.*

*Skills in communication, particularly active listening, increase the pediatric provider’s ability to recognize and address the needs and concerns of children and their families. Active listening involves listening for content and meaning, responding to the feelings expressed, and carefully noting verbal and nonverbal cues.*

*Effective communication is especially important in our current practice environment where time is at a premium. By facilitating communication, child health professionals can help ensure that the needs and concerns of the child and family are met and that relevant information is provided.*

*In today’s session, our objectives will be to:*

- ▶ *Focus on and discuss the key elements of active listening*
- ▶ *Complete a reflective exercise on the use of active listening to build a trusting partnership with children and families*

When we have completed the session, you should be able to answer the following questions:

- ▶ What can I do to promote an atmosphere of trust so that children and families will share their true concerns?
- ▶ How can I incorporate the context of the family (community, school, cultural background) while providing comprehensive health care?
- ▶ How do I demonstrate that I am actively listening to my patients?

## Discussion and Exercises

### Reflective Exercise

The facilitator describes the reflective exercise:

**F** I would like each of you to spend 3 minutes considering the many health encounters you have observed or experienced personally over the last year. Think of the various settings in which you interact with children and families or observe interactions among pediatric providers and families.

Slowly narrow your focus and concentrate on recreating one specific experience that stands out as particularly powerful. For example, do you remember a time when the real concerns of the family were missed, or when effective listening led to a meaningful discussion or disclosure?

- ▶ What were the positive and the negative aspects of the child health professional's or your listening skills?
- ▶ What worked well? What did not work as well?

The facilitator distributes 3" x 5" index cards for those who find jotting a few notes helpful and allows 3 minutes for reflection without interruption.

After the 3 minutes of reflection, the facilitator initiates a "buzz group" discussion (people in

small groups talking together around a particular focus):

**F** Now turn to the person sitting beside you and describe your experience as fully as possible in the next 2 minutes.

The facilitator writes these questions on a display board or flip chart and says:

**F** Try to address the following questions directly or indirectly as your story unfolds:

- ▶ In what context did this experience occur?
- ▶ What words, behaviors, questions, or mannerisms were used?
- ▶ What aspects of the interview or encounter contributed to or could have contributed to improved communication?
- ▶ Was the communication centered on the child and family or on the provider?
- ▶ What active listening skills were demonstrated in the encounter?
- ▶ Were important family needs or concerns missed? Or were they identified?
- ▶ What do you feel made your example powerful and illustrative?
- ▶ How have you changed personally and professionally as a result of the experience?
- ▶ What will you do differently or improve upon in your future practice as a result of the experience?

After the discussion period, the facilitator asks:

**F** Who would like to describe and discuss their experience?

### Discussion Questions

The facilitator continues the discussion and encourages all learners to offer their ideas.

**F** What elements of active listening contribute to improved communication and interactions among child health professionals, children, and families?

Using a display board or flip chart, the facilitator records the observations and suggestions made by the learners.

Examples:

Active listening:

- ▶ Is patient or family centered, not provider centered
- ▶ Involves both verbal and nonverbal elements of communication
- ▶ Will elicit the concerns and needs of children and families
- ▶ Promotes satisfaction, trust, and partnership

The facilitator continues with a discussion of the use of active listening skills in establishing rapport and building trust with children and families.

**F** *What observations have you made about the use of active listening skills in establishing rapport and building trust with children and families?*

Once again the facilitator records the learners' responses.

Examples:

The pediatric provider establishes rapport and builds trust by:

- ▶ Listening for content and meaning
- ▶ Asking about the child and family's feelings and responding to the feelings they express
- ▶ Offering supportive comments
- ▶ Noting all verbal and nonverbal cues carefully

**F** *The nuances of the health interview are complex. However, child health professionals who use active listening as a regular part of their communication with children and families are more likely to make important observations about how well they are establishing rapport and building trust.*

*How do active listening skills help to focus a health interview?*

Examples:

Active listening allows the pediatric provider to:

- ▶ Address the important issues that children and families bring to the health visit
- ▶ Clarify statements with follow-up questions
- ▶ Offer information or explanations

## Take-Home Message

The facilitator ends the session with the following:

**F** *Child health professionals who are both effective and time-efficient use active listening skills to promote partnership, improve family satisfaction, and build trust with children and their families. Active listening requires the pediatric provider to listen for content and meaning.*

The facilitator asks the learners to refer to the **Communication: Fostering Family-Centered Communication** handout and says:

**F** *This handout highlights both verbal and non-verbal behaviors that promote active listening during a health visit. It identifies behaviors that create a welcoming environment for open communication and help to elicit the needs and concerns of children and their families. Please take some time before our next session to review this information and reflect on it. Before we conclude, what questions remain about what we addressed today?*

## Answers to the Guiding Questions

**F** *Now that we have completed this session on Communication, you should be able to answer the following questions:*

- ▶ What can I do to promote an atmosphere of trust so that children and families will share their true concerns?

- Listen for content and meaning
- Ask about child and family's feelings and respond to the feelings they express
- Offer supportive comments
- Note all verbal and nonverbal cues carefully
- ▶ How can I incorporate the context of the family (community, school, cultural background) while providing comprehensive health care?
  - Use family-centered communication skills
  - Discuss family life, community, and school
- ▶ How do I demonstrate that I am actively listening to my patients?
  - Allow children and their families to state concerns without interruption
  - Address the important issues that children and families bring to the health visit
  - Clarify statements with follow-up questions

## Planning for the Next Session (if Session 2 is planned)

**F** *In the next session, which focuses on eliciting the concerns of children and families, we will continue our discussion of effective communication methods.*

*Please take some time before the next session to reflect on how you would encourage children and families to verbalize or otherwise indicate their expectations for the health visit.*

(For those programs using a 2-hour workshop format, this could serve as a breakpoint and allow time for reflection.)

## Evaluation

The facilitator now distributes the **Session Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

## Communication: Session 1

# COMMUNICATION: FOSTERING FAMILY-CENTERED COMMUNICATION

### Effective Behaviors

- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

### Active Listening Skills: Verbal Behaviors

- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent's or child's words
- Offer information or explanations

### Active Listening Skills: Nonverbal Behaviors

- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

## Communication: Session 1

### SESSION EVALUATION FORM

#### Session 1: Learning to Listen Actively

Date: \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

Site: \_\_\_\_\_

- |  |                    |   |   |                     |
|--|--------------------|---|---|---------------------|
| 1. Overall, I found the "Learning to Listen Actively" session to be: | <b>Not Useful</b>  |   |   | <b>Very Useful</b>  |
|  | 1                  | 2 | 3 | 4 5                 |
| 2. The objectives of the session were:                               | <b>Not Clear</b>   |   |   | <b>Clear</b>        |
|  | 1                  | 2 | 3 | 4 5                 |
| 3. The organization of the session was:                              | <b>Poor</b>        |   |   | <b>Excellent</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 4. The communication skills of the facilitator(s) were:              | <b>Poor</b>        |   |   | <b>Excellent</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 5. The facilitator(s) stimulated interest in the subject matter:     | <b>Not at All</b>  |   |   | <b>Very Much</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 6. The facilitator(s) encouraged group participation:                | <b>Not at All</b>  |   |   | <b>Very Much</b>    |
|  | 1                  | 2 | 3 | 4 5                 |
| 7. Handouts or visual aids (if used) were:                           | <b>Not Helpful</b> |   |   | <b>Very Helpful</b> |
|  | 1                  | 2 | 3 | 4 5                 |

8. Any additional comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. The most useful features of the session were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Suggestions for improvement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Suggestions for topics related to this session

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Communication: Session 1*

## FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

<b>Facilitator Behavior</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

*Source:* Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



## SESSION 2 (VIDEO OPTION): *Eliciting the Concerns of Children and Families*

Session 2, Video Option, should be chosen if Video Option was used for Session 1.

At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 1, the facilitator may decide that introductions are not needed.) Ideas for creative introductions can be found in the Facilitator's Guide.

### Setting the Context: The Bright Futures Concept

*(May be omitted if recently presented or when sessions are combined.)*

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

**F** *The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child's full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

*To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication,*

*Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.*

### Introducing the Session

Before introducing the session, the facilitator distributes the handout **Communication: Fostering Family-Centered Communication** to the learners. (The facilitator may choose not to distribute the handout if it was recently given to the same learners.)

**F** *Today's session is the second of three that comprise the Pediatrics in Practice Communication module.*

*This session focuses on eliciting the needs and concerns of children and families. Family satisfaction with their health visit is intimately associated with the communication skills of the health professional. All too often, child health professionals do not elicit a family's important concerns. Children and their families leave their health visits with unmet needs. If a child or family feels that their concerns were not heard and addressed, the pediatric provider has lost the opportunity to provide comprehensive, quality health care and strengthen his or her relationship with the child and family.*

*Effective communication during health visits is essential to building trust and creating partnerships with children and families. Communication skills can be practiced and*

improved. Today we will view another videotape segment from the movie *The Doctor* and focus our attention on eliciting the concerns of children and families.

In today's session, our objectives will be to:

- ▶ Focus on the communication skills required to elicit the needs and concerns of children and families
- ▶ View a videotape segment to initiate discussion on communication styles and on identifying family concerns
- ▶ Compare provider-centered and patient- or family-centered communication styles

When we have completed the session, you should be able to answer the following questions:

- ▶ How can I facilitate discussion during health visits with children and families?
- ▶ How do I determine the needs and concerns of children and families?
- ▶ What can I do to ensure that families leave the health visit with a feeling of confidence and a belief that their child's health care needs have been met?

## Discussion and Exercises

### Videotape Stimulus and Reflection

[Note to facilitator on setting up the VCR: The relevant scenes from the movie *The Doctor* follow the Bright Futures video used in the Health module.]

The facilitator introduces the videotape segment from the movie *The Doctor*.

**F** In the last session, we viewed a clip from the movie *The Doctor*, which illustrated patient- or family-centered communication. In this segment of the movie, an Ear, Nose, and Throat specialist examines the physician, portrayed by William Hurt. This clip illustrates the provider-centered communication style.

After the videotape segment has been viewed, the facilitator guides the learners through the following reflective exercise:

**F** For the next 3 minutes, I would like each of you to think about the videotape segment you have just watched. During this reflective time, slowly narrow your focus and concentrate on the communication style of the ENT specialist and on the needs and concerns of the patient. Make note of the words, behaviors, mannerisms, and questions that were used.

Distribute 3" x 5" index cards for those who find jotting a few notes helpful; allow 3 minutes for reflection without interruption.

After the 3 minutes of reflection, the facilitator initiates a "buzz group" discussion (people in small groups talking together around a particular focus), as follows:

**F** Now turn to the person sitting beside you and describe your observations about the ENT specialist's communication skills as fully as possible in the next 2 minutes.

The facilitator writes the following questions on a display board or flip chart and says:

**F** Try to address these questions directly or indirectly as your observations unfold, pointing out both verbal and nonverbal aspects of communication:

- ▶ What methods did the ENT specialist use to elicit the concerns of the patient?
- ▶ What aspects of the interview contributed to poor communication?
- ▶ What was missing in this encounter?
- ▶ Did anything make the segment powerful or illustrative? If so, what?

After the "buzz group" discussion period, the facilitator asks:

**F** Who would like to describe their observations?

## Discussion Questions and Answers

If discussion does not occur spontaneously or flow easily, the facilitator might consider the use of discussion questions. Ask only one question at a time.

- F** ▶ *What methods did this physician use to elicit the patient's concerns?*

*The physician used a provider-centered approach to communication by controlling the interview, dominating the agenda, and using closed questions.*

- ▶ *How successful was she in eliciting the concerns of the patient? Why?*

*She focused on the task of gathering and giving information and kept the patient in a passive role. Although she inquired about his concerns, she did not acknowledge them. Nor did she inquire about his feelings, worries, or needs. Her task-oriented and business-like approach conveyed detachment and emotional distance.*

- ▶ *What are your impressions about her communication style? Was her style effective or ineffective?*

*While there are obvious shortcomings to her approach, she was effective in obtaining information, controlling the interview, and accomplishing her agenda. However, there was little time for discussion, no negotiation, nor any partnership.*

*In general, the provider-centered communication style limits the effectiveness of the health interview by neglecting or ignoring the concerns and needs of children and families.*

The facilitator might continue with a discussion of communication styles in different circumstances.

- F** *You might regard the style demonstrated in the scene as being typical of a surgeon, who would be likely to opt for a "provider-*

*centered" approach. Yet, we all vary our personal style to adapt to the circumstances of the moment. We commonly experience communication challenges due to time pressures, the settings in which we practice, or our own biases or perceptions about the seriousness of a family's concerns.*

*During residency training, you often find yourself in a variety of circumstances. You may be post-call or pre-call, or you may be in specific clinical settings such as the ER, continuity clinic, or an intensive care unit.*

- ▶ *Can you suggest some patient- or family-centered approaches to communication in these different circumstances?*
- ▶ *How would communication differ if patient- or family-centered methods (rather than provider-centered methods) were applied?*

The facilitator asks the learners to refer to the **Communication: Fostering Family-Centered Communication** handout.

- F** *This sheet highlights behaviors that help determine a child or family's needs or concerns during a health encounter. Please take a moment to examine the list and identify specific behaviors that create a welcoming environment for open communication. You may want to reflect on asking open-ended questions and waiting for responses.*

*How much "wait time" do you provide in your encounters with children and families?*

The facilitator continues:

- F** *Ideally, wait time should be at least 3 seconds following a question. This gives the child and family time to process the question. The wait may seem trivial, but if you actually observe child health professionals in their encounters with families and look for evidence of the 3-second wait time, you will appreciate just how long 3 seconds can be. Wait time is essential in accomplishing the goal of eliciting the concerns of children and families.*

## Take-Home Message

The facilitator ends the session with the following:

**F** *The ability to elicit the needs and concerns of children and their families is an essential communication skill in pediatric health care. By examining the shortcomings and disadvantages of provider-centered communication, we have seen clearly the effectiveness of patient- or family-centered communication. We have also explored the use of the 3-second wait time as a valuable tool in eliciting the true concerns of children and families. Before we conclude, what questions remain about what we addressed today?*

## Answers to the Guiding Questions

- F** *Now that we have completed this session on Communication, you should be able to answer the following questions:*
- ▶ How can I facilitate discussion during health visits with children and families?
    - Show interest and attention
    - Appear patient and unhurried
    - Use ordinary language, not medical jargon
    - Encourage additional questions
  - ▶ How do I determine the needs and concerns of children and families?
    - Ask open-ended questions
    - Wait at least 3 seconds for a response
    - Ask follow-up questions
  - ▶ What can I do to ensure that families leave the health visit with a feeling of confidence and a belief that their child's health care needs have been met?
    - Encourage questions and answer them completely
    - Give information clearly

- Draw pictures to clarify or demonstrate techniques

## Planning for the Next Session (if Session 3 is planned)

**F** *In the next session, which focuses on evaluating communication skills, we will look at a variety of tools and forms that can assist you in assessing the effectiveness of your communication skills. As preparation for our next session, please think about some ways you might receive feedback from the children and families you encounter during health visits.*

(For those programs using a 2-hour workshop format, this could serve as a breakpoint and allow time for reflection.)

## Evaluation

The facilitator now distributes the **Session Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

## Communication: Session 2

# COMMUNICATION: FOSTERING FAMILY-CENTERED COMMUNICATION

### Effective Behaviors

- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

### Active Listening Skills: Verbal Behaviors

- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent's or child's words
- Offer information or explanations

### Active Listening Skills: Nonverbal Behaviors

- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

*Communication: Session 2*

**SESSION EVALUATION FORM**

Session 2: Eliciting the Concerns of Children and Families

Date: \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

Site: \_\_\_\_\_

1. Overall, I found the "Eliciting the Concerns of Children and Families" session to be: Not Useful      Very Useful  
1    2    3    4    5

2. The objectives of the session were: Not Clear                      Clear  
1    2    3    4    5

3. The organization of the session was: Poor                                      Excellent  
1    2    3    4    5

4. The communication skills of the facilitator(s) were: Poor                                      Excellent  
1    2    3    4    5

5. The facilitator(s) stimulated interest in the subject matter: Not at All                      Very Much  
1    2    3    4    5

6. The facilitator(s) encouraged group participation: Not at All                      Very Much  
1    2    3    4    5

7. Handouts or visual aids (if used) were: Not Helpful      Very Helpful  
1    2    3    4    5

8. Any additional comments?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The most useful features of the session were:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Suggestions for improvement  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Suggestions for topics related to this session  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Communication: Session 2*

# FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

<b>Facilitator Behavior</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

*Source:* Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



## SESSION 2 (NONVIDEO OPTION): *Eliciting the Concerns of Children and Families*

Session 2, Nonvideo Option, should be chosen if Nonvideo Option was used for Session 1.

At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 1, the facilitator may decide that introductions are not needed.) Ideas for creative introductions can be found in the Facilitator's Guide.

### Setting the Context: The Bright Futures Concept

*(May be omitted if recently presented or when sessions are combined.)*

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

**F** *The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child’s full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

*To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication,*

*Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.*

### Introducing the Session

Before introducing the session, the facilitator distributes the handout **Communication: Fostering Family-Centered Communication** to the learners. (The facilitator may choose not to distribute the handout if it was recently given to the same learners.)

**F** *Today’s session is the second of three that comprise the Pediatrics in Practice Communication module.*

*This session focuses on eliciting the needs and concerns of children and families. Family satisfaction with their health visit is intimately associated with the communication skills of the health professional. All too often, child health professionals do not elicit a family’s important concerns. Children and their families leave their health visits with unmet needs. If a child or family feels that their concerns were not heard and addressed, the pediatric provider has lost the opportunity to provide comprehensive, quality health care and strengthen his or her relationship with the child and family.*

*Effective communication during health visits is essential to building trust and creating partnerships with children and families. Communication skills can be practiced and*

improved. Today we will use a reflective exercise to focus our attention on eliciting the concerns of children and families.

In today's session, our objectives will be to:

- ▶ Focus on the communication skills required to elicit the needs and concerns of children and families
- ▶ Use a reflective exercise to focus our attention on communication styles and on identifying family concerns
- ▶ Compare provider-centered and patient- or family-centered communication styles

When we have completed the session, you should be able to answer the following questions:

- ▶ How can I facilitate discussion during health visits with children and families?
- ▶ How do I determine the needs and concerns of children and families?
- ▶ What can I do to ensure that families leave the health visit with a feeling of confidence and a belief that their child's health care needs have been met?

## Discussion and Exercises

### Reflective Exercise

The facilitator describes the reflective exercise:

**F** I would like each of you to spend 3 minutes considering the many health encounters that you have observed or experienced personally over the last year.

Slowly narrow your focus and concentrate on recreating one specific encounter in which the concerns of a child or family were not identified or met.

The facilitator distributes 3" x 5" index cards for those who find jotting a few notes helpful and allows 3 minutes for reflection without interruption.

After the 3 minutes of reflection, the facilitator initiates a "buzz group" discussion (people in small groups talking together around a particular focus), as follows:

**F** Now turn to the person sitting beside you and describe your experience as fully as possible in the next 2 minutes.

The facilitator writes these questions on a display board or flip chart and says:

**F** Try to address the following questions directly or indirectly as your story unfolds:

- ▶ In what context did this experience occur?
- ▶ What words, behaviors, questions, or mannerisms were used?
- ▶ What aspects of the encounter contributed to the family's concerns being missed and going unmet?
- ▶ Was the communication centered on the child and family or on the provider?
- ▶ What made the example so powerful and illustrative?

After the buzz group discussion period, the facilitator asks:

**F** Who would like to describe their experience?

### Discussion Questions and Answers

The facilitator continues the discussion and encourages all learners to offer their ideas and asks each of the following questions (one at a time).

**F** In your experience:

- ▶ What methods did the pediatric provider use to elicit the child or family's concerns?
- ▶ How successful was the provider in eliciting their concerns? Why or why not?
- ▶ What aspects of the health encounter contributed to the provider's failing to identify the concerns of the child or family?

**F** As you have observed, behaviors such as dominating the agenda, controlling the health interview, or using closed questions do

not allow for discussion, negotiation, or partnership. These behaviors are usually associated with a provider-centered communication style.

If the encounter that you observed was provider centered:

- ▶ What are your impressions of this communication style?
- ▶ Was this style effective or ineffective in the encounter you experienced?
- ▶ What do you think about this communication style in general?

Provider-centered communication limits the effectiveness of the health interview by neglecting or ignoring the needs and concerns of the child and family.

The facilitator might continue with a discussion of communication styles in different circumstances.

**F** You might regard the provider-centered communication style as being typical of a surgeon, for instance, but we all vary our personal style to adapt to the circumstances of the moment. Provider-centered communication is not exclusive to surgeons. We commonly experience communication challenges due to time pressures, the settings in which we practice, or our own biases or perceptions about the seriousness of a family's concerns.

During residency training, you often find yourself in a variety of circumstances. You may be post-call or pre-call, or you may be in specific clinical settings such as the ER, continuity clinic, or an intensive care unit.

- ▶ Can you suggest some patient- or family-centered approaches to communication in these different circumstances?
- ▶ How would communication differ if patient- or family-centered methods (rather than provider-centered methods) were applied?

The facilitator refers to the **Communication: Fostering Family-Centered Communication** handout.

**F** This handout highlights behaviors that help to determine a child or family's needs or concerns during a health encounter. Please take a moment to examine the list and identify specific behaviors that create a welcoming environment for open communication. You may want to reflect on asking open-ended questions and waiting for responses.

How much "wait time" do you provide in your encounters with children and families?

The facilitator continues:

**F** Ideally, wait time should be at least 3 seconds following a question. This gives the child and family time to process the question. The wait may seem trivial, but if you actually observe health professionals in their encounters with families and look for evidence of the 3-second wait time, you will appreciate just how long 3 seconds can be. Wait time is essential in accomplishing the goal of eliciting the concerns of children and families.

## Take-Home Message

The facilitator ends the session with the following:

**F** The ability to elicit the needs and concerns of children and families is an essential communication skill in pediatric health care. In this session, we have examined some of your experiences in which families' needs went unmet. The discussion of those experiences helped to emphasize the effectiveness of patient- or family-centered communication and the disadvantages of provider-centered interactions. We have also explored the use of the 3-second wait time as a valuable tool in eliciting the true concerns of children and families. Before we conclude, what questions remain about what we addressed today?

## Answers to the Guiding Questions

**F** *Now that we have completed this session on Communication, you should be able to answer the following questions:*

- ▶ How can I facilitate discussion during health visits with children and families?
  - Show interest and attention
  - Appear patient and unhurried
  - Use ordinary language, not medical jargon
  - Encourage additional questions
- ▶ How do I determine the needs and concerns of children and families?
  - Ask open-ended questions
  - Wait at least 3 seconds for a response
  - Ask follow-up questions
- ▶ What can I do to ensure that families leave the health visit with a feeling of confidence and a belief that their child's health care needs have been met?
  - Encourage questions and answer them completely
  - Give information clearly
  - Draw pictures to clarify or demonstrate techniques

## Planning for the Next Session (if Session 3 is planned)

The facilitator ends the session with the following:

**F** *In the next session, which focuses on evaluating communication skills, we will look at a variety of tools and forms that can assist you in assessing the effectiveness of your communication skills. As preparation for our next session, please think about some ways you might receive feedback from the children and families you encounter in health visits.*

(For those programs using a 2-hour workshop format, this could serve as a breakpoint and allow time for reflection.)

## Evaluation

The facilitator now distributes the **Session Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

## Communication: Session 2

# COMMUNICATION: FOSTERING FAMILY-CENTERED COMMUNICATION

### Effective Behaviors

- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

### Active Listening Skills: Verbal Behaviors

- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent's or child's words
- Offer information or explanations

### Active Listening Skills: Nonverbal Behaviors

- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

## Communication: Session 2

### SESSION EVALUATION FORM

#### Session 2: Eliciting the Concerns of Children and Families

Date: \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

Site: \_\_\_\_\_

- |  |                    |   |   |                     |   |
|--|--------------------|---|---|---------------------|---|
| 1. Overall, I found the "Eliciting the Concerns of Children and Families" session to be: | <b>Not Useful</b>  |   |   | <b>Very Useful</b>  |   |
|  | 1                  | 2 | 3 | 4                   | 5 |
| 2. The objectives of the session were:   | <b>Not Clear</b>   |   |   | <b>Clear</b>        |   |
|  | 1                  | 2 | 3 | 4                   | 5 |
| 3. The organization of the session was:  | <b>Poor</b>        |   |   | <b>Excellent</b>    |   |
|  | 1                  | 2 | 3 | 4                   | 5 |
| 4. The communication skills of the facilitator(s) were:                                  | <b>Poor</b>        |   |   | <b>Excellent</b>    |   |
|  | 1                  | 2 | 3 | 4                   | 5 |
| 5. The facilitator(s) stimulated interest in the subject matter:                         | <b>Not at All</b>  |   |   | <b>Very Much</b>    |   |
|  | 1                  | 2 | 3 | 4                   | 5 |
| 6. The facilitator(s) encouraged group participation:                                    | <b>Not at All</b>  |   |   | <b>Very Much</b>    |   |
|  | 1                  | 2 | 3 | 4                   | 5 |
| 7. Handouts or visual aids (if used) were:   | <b>Not Helpful</b> |   |   | <b>Very Helpful</b> |   |
|  | 1                  | 2 | 3 | 4                   | 5 |

8. Any additional comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. The most useful features of the session were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Suggestions for improvement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Suggestions for topics related to this session

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Communication: Session 2

# FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



## SESSION 3:

# *Individual and Group Assessment*

At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 2, the facilitator may decide that introductions are not needed.) Ideas for creative introductions can be found in the Facilitator's Guide.

### Setting the Context: The Bright Futures Concept

*(May be omitted if recently presented or when sessions are combined.)*

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

**F** *The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child's full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

*To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The*

*curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.*

### Introducing the Session

Before introducing the session, the facilitator distributes the handout **Communication: Fostering Family-Centered Communication** to the learners. (The facilitator may choose not to distribute the handout if it was recently given to the same learners.)

**F** *Today's session is the last of three that comprise the Pediatrics in Practice Communication module.*

*In our previous sessions, we have examined the need for effective communication among child health professionals and the children and families they serve. The importance of communication skills cannot be overemphasized. In medical practice, communication problems can contribute to family dissatisfaction, family noncompliance, medication errors, and even litigation.*

*Fortunately, communication is one area in which improvement is possible. Pediatric providers who assess their own performance or who receive evaluation from preceptors, families, or peers have the opportunity to refine their communication skills, provide comprehensive health care, and establish strong relationships with children and their families.*

*In today's session, our objective will be to:*

- ▶ *Discuss a variety of communication skills assessment tools and forms*

When we have completed the session, you will have a variety of options for evaluating the effectiveness of your communication with the children and families you encounter each day.

## Discussion and Exercises

**F** There are several tools you can use to evaluate your communication skills in practice. Let's take a look at a few possible options for the evaluation of communication skills.

## Individual Assessment

**F** You may want to conduct an individual assessment that can be accomplished with the use of a self-reflective assessment form such as the one I am distributing to you now.

The facilitator distributes the **Learner Self-Assessment** handout and the **Preceptor Structured Observation Form** handout.

**F** Take a moment to review the handout. This self-assessment form can be modified to meet your personal goals or to solicit specific evaluation from preceptors. You can decide how the form might be used for your own self-assessment and then for review with faculty preceptors.

You might want to request that your preceptors observe you directly with children and families during health visits. Then you can do a self-assessment and compare yours with the observations of your preceptor.

For a more structured evaluation, I am also giving you the **Preceptor Structured Observation Form** (see page after the **Learner Self-Assessment**). This is an observation form for use by preceptors. You can review, discuss, and modify the checklist as needed.

## Group Assessment

**F** Another evaluation option you may want to use is group assessment. Please take a look at the patient and family survey form that I am distributing.

The facilitator gives the learners the **Patient and Family Survey Form**.

**F** This form may also be modified for use in your various clinical environments. Let's discuss modifications that would be appropriate for the use of the form.

## Optional Exercise

(Key individual faculty and learners should be recruited to take responsibility for this project.)

**F** We are going to use this form as part of a communication skills evaluation project. As we examine the form and recommend modifications, we will include discussions of important methodological and logistical issues such as confidentiality, literacy, time, data collection, and data analysis.

A final session should be conducted to review the form modifications and the data obtained from either interviews or surveys.

## Alternate Assessment Exercises

The facilitator and learners may choose to develop or explore additional methods of individual or group assessment. Some possibilities include:

1. Mock interviews with family actors (In some institutions, Parent Advisory Committees may be interested in supplying volunteers to act in this role and provide feedback about communication techniques.)
2. Videotaped interviews and reviews
3. Group or individual role-play
4. Peer observation and evaluation
5. Preceptor observation in continuity clinic or other practice settings using structured observation form

Some programs may want to conduct regular sessions in continuity clinic to review, reinforce, and highlight the importance of communication as a core Bright Futures concept.

## Take-Home Message

The facilitator ends the session with the following:

 **F** *We know that communication skills are an essential aspect of family satisfaction and comprehensive health care. We also know that communication skills, such as active listening and effective patient- or family-centered communication behaviors, can be learned and improved.*

*In this session, we have discussed a variety of evaluation forms and exercises that you can use to improve your communication skills. I hope that you will continue to practice and refine your own skills in your encounters with children and families each day. Before we conclude, what questions remain about what we addressed today?*

The facilitator may want to discuss the learners' interest in an optional fourth session, 3 to 4 weeks later, to assess the impact of the Communication module after learners have had the opportunity to practice skills and obtain feedback from patients, families, and faculty.

New clinic projects may evolve around related communication issues such as personality style, interpersonal dynamics, and multicultural issues, including the use of interpreters.

## Evaluation

The facilitator now distributes the **Session Evaluation Form** and the **Module Evaluation Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

## Communication: Session 3

# COMMUNICATION: FOSTERING FAMILY-CENTERED COMMUNICATION

### Effective Behaviors

- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

### Active Listening Skills: Verbal Behaviors

- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent's or child's words
- Offer information or explanations

### Active Listening Skills: Nonverbal Behaviors

- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques

Source: Reproduced with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

*Communication: Session 3*

# LEARNER SELF-ASSESSMENT FORM

SELF-ASSESSMENT OF COMMUNICATION SKILLS					
Communication Skill	Undeveloped <—> Developing <—> Mastered				
Ability to establish a close relationship with children	1	2	3	4	5
Ability to establish a close relationship with families	1	2	3	4	5
Skill in identifying the needs and concerns of children	1	2	3	4	5
Skill in identifying the needs and concerns of families	1	2	3	4	5
Use of active listening in my interviews with children	1	2	3	4	5
Use of active listening in my interviews with families	1	2	3	4	5
Adaptability of communication style	1	2	3	4	5
Overall impression of skills in interviewing and communication	1	2	3	4	5

*Communication: Session 3*

# PRECEPTOR STRUCTURED OBSERVATION FORM

EFFECTIVE BEHAVIORS IN PATIENT- OR FAMILY-CENTERED COMMUNICATION		
	Observed with:	
Behavior	Child	Family
Uses names of family members and children		
Incorporates social talk in the beginning of the visit		
Shows interest and attention		
Demonstrates empathy		
Appears patient and unhurried		
Acknowledges concerns, fears, and feelings of the patient and family		
Allows family members to state concerns without interrupting		
When age appropriate, allows child to state concerns		
Uses ordinary language, not medical jargon		
Uses age-appropriate Interview Questions from <i>Bright Futures Pocket Guide</i>		
Gives information clearly		
Queries level of understanding and uses wait time (>3 seconds)		
Encourages additional questions		
Discusses family, community, and school		

*Communication: Session 3*

# PATIENT AND FAMILY SURVEY FORM

To our Patients and Families:

The child health professionals in our clinic are very interested in your opinions about the care that we provide for you and your child. As part of our effort to continue to improve the care we offer, we ask that you please complete this survey about today's visit. Your responses will be confidential and will not be shared directly with your child health professional.

Thank you for your time in completing this survey.

The Staff of the Clinic

PATIENT AND FAMILY SURVEY		I am a: <input type="checkbox"/> Patient <input type="checkbox"/> Family Member				
My Child Health Professional:	Disagree <—> Uncertain <—> Agree					
Answered the concerns I had about my child	1	2	3	4	5	
Listened to me and my child and respected our feelings	1	2	3	4	5	
Included me in decisions	1	2	3	4	5	
Presented information clearly so that I could understand	1	2	3	4	5	
Helped me feel confident and reassured	1	2	3	4	5	
Paid attention to me and my concerns	1	2	3	4	5	
Gave me enough time to talk about my concerns	1	2	3	4	5	
Provided me and my child with very good care	1	2	3	4	5	

## Comments

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## Communication: Session 3

# SESSION EVALUATION FORM

### Session 3: Individual and Group Assessment

Date: \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

Site: \_\_\_\_\_

1. Overall, I found the "Individual and Group Assessment" session to be:

<b>Not Useful</b>			<b>Very Useful</b>
1	2	3	4 5

2. The objectives of the session were:

<b>Not Clear</b>			<b>Clear</b>
1	2	3	4 5

3. The organization of the session was:

<b>Poor</b>			<b>Excellent</b>
1	2	3	4 5

4. The communication skills of the facilitator(s) were:

<b>Poor</b>			<b>Excellent</b>
1	2	3	4 5

5. The facilitator(s) stimulated interest in the subject matter:

<b>Not at All</b>			<b>Very Much</b>
1	2	3	4 5

6. The facilitator(s) encouraged group participation:

<b>Not at All</b>			<b>Very Much</b>
1	2	3	4 5

7. Handouts or visual aids (if used) were:

<b>Not Helpful</b>			<b>Very Helpful</b>
1	2	3	4 5

8. Any additional comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. The most useful features of the session were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Suggestions for improvement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Suggestions for topics related to this session

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Communication: Session 3*

# MODULE EVALUATION FORM

Please indicate the effectiveness of this module in developing an awareness and understanding of the use of communication skills in child health visits.

Sessions on:	Not effective <—> Highly effective				
1. Learning to listen actively	1	2	3	4	5
2. Eliciting the concerns of children and families	1	2	3	4	5
3. Individual and group assessment	1	2	3	4	5
Discussions and exercises in general	1	2	3	4	5

## Comments

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## Communication: Session 3

# FACILITATOR SELF-ASSESSMENT FORM

**Directions:** Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).

## References

- Benjamin JT, Cimino SA, Hafler JP, Bright Futures Health Promotion Work Group, Bernstein HH. 2002. The office visit: A time to promote health—but how? *Contemporary Pediatrics* 19(2):90–107.
- Ferris TG, Saglam D, Sattford RS, Causino N, Starfield B, Culpepper L, Blumenthal D. 1998. Changes in the daily practice of primary care for children. *Archives of Pediatrics and Adolescent Medicine* 152:227.
- Green M, Palfrey JS, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.). Arlington, VA: National Center for Education in Maternal and Child Health.
- Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—*Pocket Guide*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Haines R, dir. 1991. *The Doctor* [film]. Burbank, CA: Touchstone Pictures, Silver Screen Partners IV.
- Morgan ER, Winter RJ. 1996. Teaching communication skills: An essential part of residency training. *Archives of Pediatrics and Adolescent Medicine* 150:638.
- Ong LML, deHaes JCJM, Hoos AM, Lammes FB. 1995. Doctor-patient communication: A review of the literature. *Social Science Medicine* 40(7):903.
- Palfrey JS. 1998. Comprehensive child health: Is it in the picture? *Archives of Pediatrics and Adolescent Medicine* 152:222.
- Rogers CR, Farson RE. 1975. *Active Listening* (new ed.). Chicago: University of Chicago, Industrial Relations Center.
- Werner ER, Adler R, Robinson R, Korsch BM. 1979. Attitudes and interpersonal skills during pediatric internship. *Pediatrics* 63:491.
- Young KT, Davis K, Schoen C, Parker S. 1998. Listening to parents: A national survey of parents with young children. *Archives of Pediatrics and Adolescent Medicine* 152:255.