



Communication with Patients and Parents at Night

National Pediatric Nighttime Curriculum

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Objectives

- List three elements of physician-parent-child communication
- Recognize and describe the patient and provider roles in difficult relationships
- Describe a framework (mnemonic) to improve communication with patients and overcome challenging interactions



Case One

R.D. is a 5 year old girl with lobar pneumonia and effusion, hospitalized with respiratory distress and hypoxia. You are called to her bedside because of worsening respiratory status. On exam, she appears ill and uncomfortable. She is febrile, tachypneic, with diminished breath sounds on the right base and both subcostal and intercostal retractions. Her parents, whom you have never met, are at the bedside and appear worried.

- *What is the goal of communication with the patient and parents?*
- *What are the challenges of communicating with the patient and parents in this situation?*



Unique challenges to effective nighttime communication

- Inherent stress of high acuity situation
- Lack of established relationship with patient and parents
- Potential for frequent interruptions
- Time constraints
- And more...



Physician-Parent-Child Communication

- **Informativeness:** quantity and quality of health information provided by physician
- **Interpersonal sensitivity:** affective behaviors that reflect the physician's attention to, and interest in, the parents' and child's feelings and concerns
- **Partnership building:** the extent to which the physician invites the parents (and child) to state their concerns, perspectives, and suggestions



Case Two

You finally have a moment to eat dinner. Your pager alarms and the following message appears: "Patient J.S.'s mother is here. She is upset and asking to speak to the doctor. Please come ASAP."

You groan in response. Mrs. S has become notorious on your team, a so-called "difficult parent," because she is always upset and demanding of the provider's time. You have been dreading receiving this page. You decide to eat your dinner quickly, and then go to the bedside.

- *What characteristics of the parent and provider contribute negatively to this situation?*
- *What approach would you use when talking to Mrs. S?*



Case Two- Continued

You review your sign-out: J.S. is a 4 month old with bronchiolitis. Parents were not present or reachable by phone during day. You learn from the nurse that Mrs. S is upset because J.S. was placed on oxygen and she was not notified.

When you walk into the room, Mrs. S has her arms folded across her chest. You introduce yourself, and she responds by complaining about her son's care and how no one is talking to her. You listen for a minute or two, and end up having to interrupt her to get a word in. You mention that your colleague called during the day but no one answered. Mrs. Smith just gets more upset, saying that there was no message and no one is keeping her informed.

- *What is the goal of the provider's interaction with Mrs. S?*
- *How is this goal best accomplished?*



What is a difficult patient?

- One who...
 - Raises negative feelings within the clinician
 - Causes the clinician to experience self-doubt (threatens clinician's competence or control)
 - Has beliefs, values, or characteristics that differ from those of the clinician
 - Does not assume the role expected by the health care professional
- A difficult patient is one who impedes the clinician's ability to establish a therapeutic relationship, but...



... It Takes Two!

- The difficult patient must be viewed in context of the clinician and the clinician-patient relationship.
- Physicians:
 - Receive biomedical training, focused on identification and treatment of the disease
 - May not receive adequate psychosocial training, focused on communication and relationship-building
 - Often have negative emotional responses to patients that are not fully recognized and lead to unconstructive behaviors



The most common element of an adversarial clinician-patient relationship is failed communication.



NURS Mnemonic

Goal: Elicit the patient's emotions and address them.

- **N**aming: recognition of emotion
 - "You are angry." or "That was sad for you."
- **U**nderstanding: acceptance and validation of emotion
 - "I can understand why that was frustrating for you."
- **R**especting: respect their experience, praise their efforts
 - "You've been juggling a lot." or "You did a great job recognizing that he was getting more sick."
- **S**upporting: express support, create partnership
 - "Let's work together to come up with a better way to address this."



Case Two- Revisited

Using the NURS mnemonic, craft a response to Mrs. S.

“Mrs. S, I can see that you are upset and I can understand why. It must be difficult to arrive at the hospital and learn that your son is now requiring oxygen. You’ve been juggling a lot, with having to go to take care of your other children and be here at the hospital with J.S. What questions can I answer for you now?”

I am sorry that we were not able to communicate better during the day. What would be the best way to make sure this type of thing doesn’t happen again?”



Other tips for improving communication

- Be patient-centered
- Use open-ended questions and active listening
- Echo and summarize what the patient says
- Demonstrate empathy
- Be self-aware
- Incorporate knowledge about the patient's personality
- Acknowledge the problem
- Use problem solving skills and participate in the solution
- Set appropriate boundaries
- Apologize when appropriate



Take Home Points

- The most common element of an adversarial clinician-patient relationship is failed communication.
- Both the patient and the clinician contribute to failed communication. Clinicians must recognize and change their negative responses and harmful behaviors in order to improve communication.
- Being patient-centered, using active listening skills, and acknowledging and respecting emotions can improve communication with patients and parents.



References

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