

Summary of Communication with Patients and Parents at Night

There are three main components of 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

Effective physician-parent-child communication is challenging, even in routine situations. However, there are unique challenges to effective communication at night. These include a potential lack of an established relationship with the patient and parents, the potential for frequent interruptions, time constraints, the inherent stress of a high acuity situation, and more.

The most common element of an adversarial clinician-patient relationship is failed communication. Several physician and patient characteristics contribute to failed communication. Traditionally, physicians receive biomedical training that is focused on disease identification and treatment, rather than psychosocial training that is focused on communication and relationship building. Physicians often have unrecognized negative emotional responses to patients, leading to unconstructive behaviors. Difficult patients are those who raise negative feelings within the clinician, causes the clinician to experiences self-doubt, has beliefs, values, or characteristics that differ from those of the clinician, or does not assume the role expected by the health care professional.

Tips for Effective 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

NURS Mnemonic: A Tool for Handling Challenging Communication

Action	Purpose	Example
Naming	Recognition of emotion	You are angry. That was sad for you.
Understanding	Acceptance and validation of emotion	I can understand why that was frustrating for you.
Respecting	Respect their experience Praise their efforts	You've been juggling a lot. You did a great job recognizing that he was getting more sick.
Supporting	Express support Create partnership	Let's work together to come up with a better way to address this.

References:

1. Fortin AH, Dwamena FC, and Smith RC; The Difficult Patient; UpToDate; <http://www.uptodate.com/contents/topic.do?topicKey=PC/2764>; updated March 24, 2010; accessed February 22, 2011.
2. Levetown M and the Committee on Bioethics. Communicating with Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information. *Pediatrics* 2008; 121: e1441-e1460.