

2.02 COMMUNICATION

Introduction

The ability to communicate effectively is a core skill for all physicians. It is of particular importance for pediatric hospitalists, who may have more limited longitudinal relationships with patients. This skill is pivotal to clinical practice, as it helps to establish rapport and a therapeutic alliance with patients and the family/caregivers. Communication is delivered both verbally and nonverbally, and can be learned and improved with practice, as with any other technical or clinical proficiency. Pediatric hospitalists must demonstrate effective communication in a variety of settings, including direct patient care, interactions with colleagues, and trainee education. The most critical setting for effective communication is at the bedside, where a pediatric hospitalist must communicate key information clearly and efficiently to patients, the family/caregivers, and to the entire healthcare team.

Knowledge

Pediatric hospitalists should be able to:

- Define the components of effective expressive and receptive communication, such as introduction of team members and their roles, avoiding medical jargon, using calm tone, appropriate word choice and body language, and allowing adequate time for patient and family input.
- Identify personal values, biases, and relationships that may influence communication.
- Discuss the benefits of including the family/caregivers and others who are important to the patient in daily decision-making and long-term plan development.
- Describe the importance of listening carefully, followed by effective use of information obtained to form conclusions and guide interventions.
- List examples of common nonlistening behaviors to avoid, such as allowing distractions, asking unrelated questions, jumping to conclusions, interrupting the speaker, and failing to notice the speaker's nonverbal language.
- Understand the inherent vulnerability patients and the family/caregivers may feel when hospitalized and how this can affect bedside communication with the care team.
- Describe the importance of considering the cultural factors and spiritual beliefs of patients and the family/caregivers when establishing a therapeutic relationship.
- Explain how vulnerabilities, life situations, limitations in activities of daily living, education, language, and other factors should each be considered and addressed when communicating with patients and the family/caregivers.
- Discuss methods to achieve a more favorable interchange when faced with agitated communicators, such as asking for behavior change, paraphrasing to diffuse emotion, pausing the interaction until all parties are able to participate productively, and others.
- Describe practices essential for effective communication of difficult information, including sitting down, expressing empathy, giving patients and the family/caregivers time to ask questions, maintaining a calm demeanor, and choosing a quiet, private location for the discussion.
- Describe components of effective written communication, including timing of clinical documentation, legibility, grammar, accuracy, disagreements in approaches to care, and documentation of clinical changes.
- Explain why effective communication is central to patient safety during handoffs and list evidence-based handoff tools for use within hospitalist groups and with other healthcare providers.

Skills

Pediatric hospitalists should be able to:

- Demonstrate command of a comprehensive array of expressive and receptive communication skills.
- Develop and implement effective plan for daily communication that is family-centered and models best practices in communication, such as sitting down, avoiding jargon, and addressing key patient/family concerns.
- Engage patients and the family/caregivers in shared decision-making regarding the child's plan of care.
- Coordinate discussions with all clinical care team members (such as nurses, consultants, and others) to ensure a single clear message is given to patients, the family, and all caregivers for the child.
- Demonstrate closed-loop communication to improve patient safety and decrease communication errors.
- Participate in conflict resolution, both within the health care team and between team members and the family/caregivers when indicated.
- Identify when the use of interpreters for patients and the family/caregivers with limited English language proficiency is necessary and effectively integrate interpreters into the communication plan.
- Lead and facilitate a multidisciplinary care conference when applicable.
- Record concise, complete written documents that accurately and succinctly relay key patient information, while meeting expectations of external reviewing agencies and malpractice carriers.
- Develop clear and concise discharge instructions for patients and the family/caregivers.
- Communicate in a timely manner with a child's primary care provider, incorporating information on the admission reason, hospital course, discharge diagnosis, discharge plan, and follow-up needs and recommendations.

Attitudes

Pediatric hospitalists should be able to:

- Acknowledge the importance of respecting the skills and contributions of all clinical and nonclinical providers involved in the care of patients.
- Realize the responsibility for promoting equitable interactions with patients and the family/caregivers, free from bias related to background, age, language, education level, race, or ethnicity.

- Exemplify professionalism in all communication.
- Seek opportunities to enhance communication skills.

Systems Organization and Improvement

In order to improve efficiency and quality within their organizations, pediatric hospitalists should:

- Collaborate with hospital administrators to improve medical record documentation systems by technical means.
- Lead, support, or assist in the development of hospital and system-wide educational programs to enhance communication skills and decrease communication-related errors.
- Work with hospital administration to establish or evaluate existing patient and family experience metrics to ultimately improve communication at the bedside.
- Lead, coordinate, or participate in activities to support ef-

fective communication methods for patients and the family/caregivers with limited English language proficiency.

References

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3. Council on Children with Disabilities and Medical Home Implementation Project Advisory Committee. AAP Policy Statement: Patient- and family-centered care coordination: a framework for integrating care for children and youth across multiple systems. *Pediatrics*. 2014;133(5): e1451-1460. <https://pediatrics.aappublications.org/content/133/5/e1451.long>. Accessed August 28, 2019.