

Using Humor in the Office Setting: A Pediatric Perspective

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Hilarity and good humor . . . help enormously both in the study and in the practice of medicine.

—William Osler¹

Although more emphasis has been placed on the value of humor in health care recently,²⁻⁶ little has been written about using humor as a tool to improve communication with children.⁷⁻⁹ Humor can reframe a child's experience and help him overcome the fear and anxiety associated with stressful situations. Also, because humor reduces the emotional distance between people, it has the potential to improve communication not only with the child, but with the parents as well. The potential benefits that humor brings to medical care are summarized in the Table.

While most practitioners adopt certain techniques to facilitate working with children, eg, having toys attached to stethoscopes and giving stickers as rewards, more can be done to increase one's humor quotient in the office. This article describes some of the techniques I have found useful in caring for children over the years.

When to Use Humor

Humor can be used at any point during a medical encounter. Obviously, the first thing to consider is the purpose of the visit and how well you know the family. Well-child care lends itself to humor more easily than sick visits. Since humor needs to be "shared," your familiarity with the family will dictate how you incorporate it into the visit. Parents can help by providing information about their child's sense of humor and what things make him laugh. There are times, however, when humor is inappropriate. Some patients do not appreciate humor, and it can be counterproductive to use it in that instance. Similarly, if a

child is very ill or the parent is distressed or angry, humor should be avoided.

Because humor is a big part of my clinical style, I keep my eyes open for the right moment to introduce it. My main approach involves the use of *Sesame Street* finger puppets. Young children identify with *Sesame Street* and are eager to play with the puppets when I take them out of my pocket. The puppets glow when you put a penlight inside, they "hide" in a child's clothes, and they stick on cheeks and tummies through suction (Figure). I also let children examine the puppets before I examine them. We look for Ernie's teeth, we squeeze his belly, and I try to find his legs (he has none) so we can check his reflexes. All of this creates smiles and a sense of wonder about what we are doing. Meanwhile, I incorporate the history and physical examination into our fantasy. Although using finger puppets is a simple maneuver, it creates an atmosphere of playfulness and trust. As a result, I come across more like a caring adult than an authority figure or adversary.

It is obvious that the type of humor one uses varies with the child's age. For example, finger puppets lose their appeal when a child reaches age 5 or 6, but at that age word play and jokes can be used instead. With older children and adolescents, humor can be drawn from their

Table. Positive Effects of Using Humor with Children

- Improves communication with the child
- Fosters a sense of trust
- Relieves tension
- Reduces the emotional distance between the practitioner and the family
- Gives parents a positive sense of their child's ability to relate to adults
- Gives the child a sense of mastery and control
- Improves cooperation during the physical examination
- Helps children feel better about the visit and look forward to coming back

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day-to-day activities such as school, television, and sports. In most cases, humor grows spontaneously out of the situation you are in. Nevertheless, the following sections provide examples of humorous material that you can incorporate into your daily practice.

Humor During the History

Greeting patients is the first part of medical encounters and often sets the tone for the entire visit. Humor is not meant to replace standard interviewing techniques. Rather, it helps children relax and encourages them to play an active role during the visit. Below is a list of questions and comments that can be used to get a chuckle out of children:

- “Did you bring your belly button today?”
- “Are your toes hiding?”
- “Let me guess how old you are” (exaggerate your answer).
- “Let me guess what grade you’re in” (exaggerate your answer).
- “What are your favorite foods? What foods do you think are really gross?”
- “Why do you think you got sick? Did you kiss a frog?”
- “What are you here for today? A haircut?”
- “Do you want to sit on daddy’s lap? How about his head?”
- “Does it hurt if you swallow? Does it hurt if you kiss an alligator?”
- Ask the child to make a silly face.
- Point to the child’s nose and say, “What’s this?” Then ask, “Do you eat with it?”
- Ask the child what his favorite animal is. Then say something like “Does a dog go meow?”
- Comment on the child’s clothes. For example, if he is wearing something purple, you can remark that he looks like a grape.
- Knock-knock jokes and riddles work well with school-aged children. (Collections of jokes and riddles are readily available in most bookstores.)
- Ask about the characters the child identifies with and then mix things up a bit. For example, “Winnie the Pooh is a horse, right?”
- If a child is missing a tooth, ask if the tooth fairy paid him a visit. Then ask if there is a nose fairy.
- Keep in mind the time of the year and any recent or upcoming holidays or birthdays. “What are you going to be for Halloween? A banana?”



Figure. Incorporating finger puppets into the physical examination.

Humor During the Physical Examination

Using humor during the physical examination is an extension of what is done during the history. The techniques can be carried out during or before a particular part of the examination:

- Find “animals” in the child’s ears and palpate “food” in the child’s belly.
- Let the child check your reflexes, but exaggerate your kick.
- Give silly directions. For example, if you want a child to look up so you can examine his neck, say “Do you see any caterpillars on the ceiling?” If you want him to change positions, say “Sit up like a frog.”
- As you open your otoscope kit, ask the child what he thinks is inside. A pizza? An ice cream cone?
- When listening to a child’s heart or palpating part of the body, announce what you are doing but then make a mistake, eg, touch the wrong part and say, “Is this where your heart is?”
- Older infants and toddlers respond to tickling, singing songs they hear at home, and playing peek-a-boo.
- If a child is wearing a medical gown, pull it over his head so he can hide, or drape it over his body so he can pretend to be a ghost.

- When listening to a child's heart, say "Wow, I hear a lion inside your chest."
- During the HEENT examination, ask the child to wiggle his nose or tongue. Ask if he can touch his nose with his tongue.
- A quick game of "Simon Says" not only promotes smiles but also helps with the examination. For example, "Simon says stand up . . . Simon says bend over and touch your toes."
- Turn on your penlight and ask the child to "blow" it out. Repeat this activity as you move the light farther and farther away.
- During the chest examination, say "Do you remember how to breathe?"
- When examining a tender or vulnerable part of the body, announce that you will count to 10. Then make a mistake and ask the child for help.
- Ask to feel the child's muscles, but squeeze his nose instead.
- During vaginal examinations use "magic glue" on the child's feet so they will stick together while she is in the frog-leg position. Then ask for some glue remover when you are done.
- Compare body parts with the child, for example, "Whose nose is bigger?"
- When checking for tender lymph nodes, ask the child, "Does this hurt?" Then gently squeeze his chin and say, "Does this hurt?"

Humor at the End of the Visit

Humor works at the end of visits because it helps solidify the child's sense of mastery and good feelings about the encounter. It can also improve compliance by making the child an active partner in the treatment:

- Tell the child what a great job he did and how much fun the visit was. Even if things were "touch and go" at times, focus on any part of the visit that was positive.
- Comment on or repeat an earlier joke or amusing experience that the child liked.
- When discussing when the child can go back to school, let him know how long he will be contagious. You can then add a comment such as, "Don't kiss any girls for at least 2 days."
- After a routine checkup, suggest that the child go home and play a trick on mom or dad by announcing something like, "The doctor told me I need to eat more vegetables. Can we have brussel sprouts tonight?"

- Since children worry about shots and blood tests, they enjoy comments like, "Do you think your mom needs a shot today?"
- It's amusing to teach a child about obscure body parts like the uvula. Then tell him to go home and ask mom or dad, "What's that little thing that hangs down in the back of your throat?"
- When writing prescriptions, ask the child what flavor he would like: spinach? broccoli? Then remind him how important it is to take his medication.
- As you get ready to leave, have the child give you a "high five." Then ask for a "foot five."
- Say good-bye in a funny way, such as, "See you later, alligator."
- Give out silly stickers or other rewards.

Summary

Using humor is an extension of your other patient communication skills. Humor does not replace these skills but rather expands on them. The reason humor works with children is because they easily engage in fantasy and are highly motivated to master the world around them. Most importantly, the effect of humor is cumulative. When children realize that you enjoy having fun with them, they anticipate playing with you at subsequent visits. The techniques described in this article do not take a significant amount of time. As a result, they are cost-effective additions to your clinical armamentarium.

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Do you have any humor-related techniques that you find effective with children? Would you like to share them with the *Journal's* readers? If so, send them to Howard J. Bennett, MD, 2820 McKinley Place, NW, Washington, DC 20015.
