



Monroe County Medical Society Quality Collaborative

Communicating With Pediatric Patients

Communication is the most common “procedure” in medicine (Pediatrics Volume 121 #5, May 1 2008, pages e1441-e1460) and probably the most important. When caring for children and adolescents, medical providers are communicating with two patients: the child and the family. This adds a layer of legal and psychosocial complexity, but doesn’t prevent all of the usual methods of communication and education from being used.

Parents have legal access to almost all of their minor child’s medical information unless the minor is an emancipated minor, which includes minors living independently, minors who are parents, minors in the military or who have a court order stating emancipation. In addition, there are minor specially protected services which are confidential; they are services having to do with sexually transmitted diseases, reproductive health, mental health and substance abuse. As a result the RHIO has special consent forms for minors, and these consent issues should be considered when implementing patient portals as a way to communicate with pediatric patients. In the office, providers at times will need to communicate with the patient alone as well as with the family present.

Regardless of the legal issues, however, providers caring for children of all ages will want to communicate directly with the child and adolescent,

perhaps first just to form a bond with the patient, but later to help educate the patient about their own healthcare and give them the opportunity to ask questions as well. As providers who care for children know, talking directly to children and hearing their thoughts is an often joyous and stimulating part of the day. In fact the American Academy of Pediatrics and other National Healthcare Organizations consider it an ethical obligation to include the child in the medical process.

Communication and patient education occurs during and after medical visits, verbally, electronically and through written materials. The hospital systems have moved toward patient portals, and practices may also choose to offer portals to patients through their own EMR. Patient portals can be a chance to send and receive messages electronically to patients and their families. The RHIO also has the opportunity for electronic access to patient data and records.

One of the core elements of pediatric well care is education on development, health and safety, and health maintenance. The AAP has a whole curriculum (“Bright Futures”) with handouts that can be used or adapted and handed out at well child visits. Practices can also create their own similar materials. In addition, the AAP has an excellent website, www.healthychildren.org, which includes all these aspects of patient education and also has

interactive portions where questions can be answered. The AAFP, the CDC, and hospital systems, such as Nemours (www.kidshealth.org), also have patient education websites that can be useful. A practice or hospital may include patient education on their website and add helpful links that may be disease or topic specific. Patients and families do, at times, an overwhelming amount of research on the internet, so it can be critical to direct patients towards valid, scientific and helpful websites. There is no area in pediatrics that reflects this quite so well as in education about immunizations. The Children's Hospital at Philadelphia, under the leadership of Dr. Offit, has been on the forefront of patient education on vaccine safety, and their website, www.vaccine.chop.edu, is very helpful.

Both the Healthy Children's website and the CHOP Vaccine Education website utilize the newest wave of patient education and communication, important for your parents and patients in the new computer generation. Both websites offer smart phone apps. The CHOP Vaccine app offers the opportunity to remind parents of vaccine schedules, as well as answer questions. In fact some vaccine companies have created similar apps specific to their own vaccine to try to increase vaccine compliance rates. The Healthy Children app has numerous brief educational articles and areas to ask questions, as well as links to other helpful apps and websites. Smart phone apps offer the potential for other kinds of communication with patients, for example the AAP also has an ADHD app with the ability to send Vanderbilt assessments between family and providers. There are apps that help adult women

remember when to receive mammograms and other preventative care. There are fitness apps for children and adults that are in effect communicating the message that medical providers want to convey - how to have a healthy diet and exercise plan that promotes and maintains good health.

Communicating with patients in 2014 is certainly a multi-modal experience. Other electronic patient education opportunities include Facebook and Twitter. Practices and hospitals often have their own Facebook accounts, as does the AAP and other organizations. Health campaigns may begin on Facebook to draw the younger crowd in. Twitter is also used by the AAP, CDC, Healthy Children and others to disseminate patient education. Another resource used by many practices is waiting room televisions with medical education programming. Chapter 1 AAP is offering to its members "NYS AAP Peds View" free of charge and, similar to other systems, it offers the chance to educate patients while they wait on a variety of health and safety topics.

We have always known that communicating with patients is complex. It requires clear language, compassion, empathy, respect and confidentiality. It requires communicating to the patient and often, regardless of the patient age, the family or support system. Messages, especially patient education, need to be reinforced. The preventative care recommendations include a vast if important array of messages that need to be relayed. So 2014 gives us the full arsenal of word, paper, sound bite, and electronic data to try to reach our patients and work with them towards excellent health.

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