Mary Elizabeth's Hospital
Rigshospitalet for Children,
Teens and Expecting Families

Educational programme

Communication and play with children and adolecents in the healthcare setting

REGION H

Target group

This programme is targeted toward all healthcare professionals and staff who have contact with children and adolescents. For example, nurses, social care assistants, doctors, physiotherapists, occupational therapists, medical secretaries, health administration coordinators, bioanalysts, dieticians, porters, cleaning staff, educators, psychologists, social workers, radiographers, and teachers.

Overall learning objectives

Healthcare professionals must be able to establish trust and understanding in order to collaborate with children, adolescents, and their parents.

Doing so requires training in relationship building and age and developmentally appropriate communication. These skills promote a sense of safety, trust and participation among children, adolescents and their parents regarding their illness, treatment, care and rehabilitation.

Learning objectives
(6 stages)

1. Preparation
Prepare for the specific situation and gain relevant knowledge about the needs, preferences, and background of the child/adolescent and their parents.

2. Contact
Establish contact to initiate a relationship with the child/adolescent and their parents to promote feelings of safety and trust with the healthcare professionals, which is often a crucial prerequisite for achieving a good patient journey.

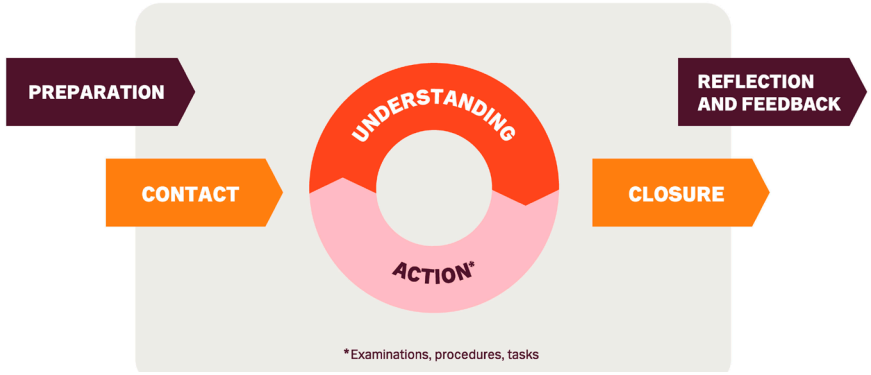
3. Understanding
Create a shared understanding of the situation and prepare the child/adolescent and their parents for examinations, procedures and tasks while helping them understand and manage their illness.

4. Action
Involve the child/adolescent and their parents in examinations, procedures and tasks to help them feel more in control and able to manage their illness.

5. Closure
Wrap up in a thoughtful and affirming way that encourages the child/adolescent and their parents to express their thoughts and feelings.

6. Reflection and feedback
Reflect on the encounter with the child/adolescent and their parents to strengthen personal and professional development and to contribute to interdisciplinary collaboration and a culture of feedback and improvement.

Communication model "Mind the child"



The overall learning objectives and competencies align with the communication model's six stages.

In general

- Monitor the child/adolescent's signals (verbal and non-verbal) on an ongoing basis, tailoring your communication based on those signals.
- Determine how you can best support the parents' role in reassuring their child/adolescent during the various stages in the communication model. A variety of competencies are described in the six stages for inspiration.

1. Preparation

Before meeting the patient

Learning objective

Prepare for the specific situation and gain relevant knowledge about their needs and background of the child/adolescent and the parents.

Competencies

Preparing with intention, adapting what you do based on your experience:

- Stay up to date on the most important information about the child/adolescent, for example: their name, relevant preferences, and any previous experience with examinations and procedures. Talk to colleagues who have met or worked with the child/adolescent previously
- Think about how to be professional, yet personal in your encounters, e.g. decorating your name tag or carrying special items in your pocket
- In advance, consider:
  - How to explain what you are going to do, your errand or your task
  - Where you will meet the child/adolescent
  - Having any items you may need already in place
- Consider whether you need help and agree on a division of roles ahead of time with relevant colleagues from other disciplines
- Adjust your mindset to focus on the child/adolescent and be present:
  - Take deep breaths and relax your body
  - Temporarily put other tasks aside in your mind

2. Contact

The meeting

Learning objective

Establish contact to initiate a relationship with the child/adolescent and their parents so that they feel safe and trust the healthcare professionals, which is often a crucial prerequisite for achieving a good outcome.

Competencies

Establishing contact/initiating the relationship:

- Read the child/adolescent's signals and body language. Do they appear age-appropriate? Are they fearful and withdrawn or confident and approachable?
- Be aware of how you present yourself. Exude a sense of calmness and patience, using a friendly and light tone of voice and smiling when suitable
- Position yourself at eye level (from a distance if this would make the child/adolescent more comfortable)
- Greet the child/adolescent first and explain who you are and why you are there before greeting the parents
- Be curious and show interest in the child/adolescent, e.g. using play; ask about some-thing the child is interested in, such as their stuffed animals/toys or what they are watching on their tablet, talk with adolescents about something besides their illness, e.g. their hobbies and interests
- Involve the child/adolescent and their parents by asking them about their preferences and what has worked for them in the past
- Aid the parents in creating a sense of safety and trust for the child/adolescent and help them figure out where to place themselves in the room in relation to their child/adolescent, e.g. with their child on their lap or holding hands
- If the encounter does not go as planned or in an ideal way, consider taking a brief break; reflect on the situation and assess whether another approach would be better, e.g. by involving a colleague

3. Understanding

Learning objective
Create a shared understanding of the situation and prepare the child/adolescent and their parents for examinations, procedures and tasks while also helping them understand and manage their illness.

Competencies
Explaining and creating a shared understanding

- Use age and developmentally appropriate approaches and language
- Ask if the child/adolescent is already familiar with what is going to happen; apply previous experience to agree on things with the child/adolescent
- Use visual aids such as stuffed animals, drawings and models to explain things
- Make hospital equipment less intimidating by letting the child/adolescent hold it in their hands and play with it
- Help the child/adolescent to express their opinion and create opportunities for participation, e.g. providing options when possible
- Consider involving a senior colleague or, in special situations, a psychologist if the child/adolescent requires special treatment
- Consider repeating information to ensure that a common understanding has been established

4. Action

Learning objective
Involve the child/adolescent and their parents in examinations, procedures and tasks to help them feel more in control and able to manage their illness.

Competencies
Performing examinations, procedures and tasks

- Plan the examination, procedure or task to best suit the child/adolescent based on their age and level of development
- Help parents clarify their role in helping to create a sense of safety and trust for the child/adolescent during the examination, procedure or task
- Think outside the box in terms of where to examine the child in the room, e.g. in a play area if they show resistance or appear insecure
- Consider what is most necessary and whether something can be omitted; save the most uncomfortable aspects for last
- Consider using some kind of distraction, e.g. soap bubbles or virtual reality goggles and create the opportunity to empower the child/adolescent and support the parents

5. Closure

Learning objective
Wrap up in a thoughtful and affirming way that helps the child/adolescent and their parents express their thoughts and feelings.

Competencies
Closing thoughtfully:

- Highlight what went well and acknowledge what was difficult; if possible, this should be done regularly during all stages
- Summarise for the child/adolescent and their parents what the next steps and treatment will be; share a drawing, photo or other tangible explanation with them
- Consider giving a certificate, reward or gift to encourage a sense of achievement and provide an opportunity for the child/adolescent to tell others about what they experienced at the hospital
- Make notes jointly with the child/adolescents and their parents if suitable

6. Reflection and feedback

After meeting the patient

Learning objective
Reflect on the encounter with the child/adolescent and their parents to improve and strengthen personal and professional development and to contribute to interdisciplinary collaboration and a culture of feedback.

Competencies
Self-reflecting and reflecting with others:

- Briefly review, preferably with a colleague, the reasons why the encounter with the child/adolescent went well or was challenging, and what lessons can be learned
- Assess whether the child/adolescent and their parents are in a special situation that requires the involvement of additional help when you do not possess the necessary skills, such as a senior colleague, psychologist or social worker
- Request and provide feedback to and from colleagues

An interdisciplinary working group and steering group at Rigshospitalet – Copenhagen University Hospital developed and refined the communication model, six learning objectives and specific competencies in 2023–2024 during workshop discussions.

The MARYS management team also discussed the content of the folder. The MARYS user panel provided the perspectives of the children and adolescents while an international study was used to obtain the perspectives of healthcare professionals.

The communication model is inspired by existing models and literature.

The folder's contents, including the communication model, learning objectives, competencies and overview of "age and developmentally appropriate communication" were developed with the expertise of:

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The folder was professionally translated by Nancy Aaen, MA, cand. mag, with assistance from Kelsey Graber, MSc, PhD.

This folder, which is the first version of "Communication and play with children and adolescents in the healthcare setting", will be discussed and assessed on an ongoing basis.

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Literature and background material

- Ammentorp J, Bassett B, Dinesen J, Lau ME. Den gode patientsamtale. Munksgaard For-lag; 2016.
- Arianto L, Boisen K, Klansø SM, Svensson J, Teilmann G. Samtalen med den unge patient. 2015.
- Berk L. Child development. Pearson Higher Education AU; 2015.
- Bray L, Carter B, Kiernan J, et al. Developing rights-based standards for children having tests, treatments, examinations and interventions: using a collaborative, multi-phased, multi-method and multi-stakeholder approach to build consensus. European Journal
- of Pediatrics. 2023;182(10):4707-21.
- Davies C, Fraser J, Waters D. Establishing a framework for listening to children in healthcare. Journal of Child Health Care. 2023;27(2):279-88.
- Davison G, Conn R, Kelly MA, Thompson A, Dornan T. Fifteen-minute consultation: Guide to communicating with children and young people. Archives of Disease in Childhood-Education and Practice. 2023;108(2):91-5.
- Gjærde LK, Hybschmann J, Dybdal D, Topperzer MK, Schrøder M, Ginsberg EI, Blix C, Rasmussen JH, Opstrup P, Boisen KA, Frandsen TL, Sørensen JL. Play interventions for paediatric patients in hospital: a scoping review. BMJ open. 2021;11(7):e051957.
- Gjærde LK, Hybshmann J, Dybdal D, Topperzer MK, Schrøder M, Ginsberg EI, Blix C, Rasmussen JH, Opstrup P, Boisen KA, Frandsen TL, Sørensen JL. Legens rolle på hospitaler – nu og i fremtiden. Ugeskrift for Læger 2023; 185:V07220445.
- Høeg BL, Sevillano PB, Enesco I, Wakefield CE, Larsen HB, Bidstrup PE. Child-centered communication interventions in pediatric oncology: A scoping review and proposed new communication model. Pediatric Blood & Cancer. 2023;70(9):e30533.
- Jeppesen E, Schmidt AA, Skjødt CK, Hybschmann J, Gjaerde LK, Thestrup J, Hansson H, Sorensen JL. Educational programmes for paediatric healthcare professionals in patient-and family-centred care. A scoping review. European Journal of Pediatrics. 2024;183(5):2015-28.
- Krauss BA, Leroy PL, Krauss BS. Establishing trust with children. European Journal of Pedi-atrics. 2024;183(10):4185-93.
- Krauss BA, Krauss BS. Managing the frightened child. Annals of emergency medicine. 2019;74(1):30-35.
- Krebs CL, Thestrup J, Hybschmann J, Graber K, Gjærde LK, Topperzer MK, Nielsen ET, Larsen A, Ramchandani P, Frandsen TL, Sørensen JL. A BEME review of educational pro-grammes on the use of play in paediatric practice: BEME Guide No. 82. Medical Teacher. 2023;46(11):1393-403
- Levetown M, Bioethics Co. Communicating with children and families: from everyday inter-actions to skill in conveying distressing information. Pediatrics. 2008;121(5):e1441-e1460.
- Mash EJ, Wolfe DA. Abnormal child psychology. Cengage learning; 2015.
- Thestrup J, Sørensen JL, Hybschmann J, Topperzer MK, Graber K, O'Farrelly C, Gibson J, Ramchandani P, Frandsen TL, Gjærde LK. Establishing consensus on principles and compe-tencies for the use of play in clinical practice in hospitals: An international Delphi study. European Journal of Pediatrics. 2024;183(4):1595-1605.
- Thestrup J, Hybschmann J, Madsen TW, Bork NE, Sørensen JL, Afshari A, Borgwardt L, Berntsen M, Born AP, Aunsholt L, Larsen VA, Gjærde LK. Nonpharmacological Interventions to Reduce Sedation and General Anesthesia in Pediatric MRI: A Meta-analysis. Hospital pediatrics 2023;13(10):e301-e313
- Thestrup J, Sørensen JL, Esbjørn BH, Hybschmann J, Frandsen TL, DeCosta P, Gjærde LK. Paediatric patient perceptions of healthcare professionals: contributions to a communica-tion curriculum. European Journal of Pediatrics. 2025;184(1):1-10.
- WHO. Children's rights in hospital. Rapid-assessment checklists. 2017.
- Zulman DM, Haverfield MC, Shaw JG, et al. Practices to foster physician presence and connection with patients in the clinical encounter. Jama. 2020;323(1):70-81.

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