Rigshospitalet
Mary Elizabeths Hospital

Communication and play with children and adolescents in the healthcare setting: an educational programme

July 2025

The research and educational team, Mary Elizabeth's Hospital – Rigshospitalet for Children, Teens and Expecting Families

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Communication with children and adolescents – why?

45% do not understand the information they get from doctors and nurses

25% experience coercion

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WHO checklists

World Health Organization

Standard 3: Play and Learning

(Convention on the Rights of the Child, Articles 23, 28, 29 and 31)

Significant progress

	Elements to assess	True	False
1.	Evidence shows that children of all ages have opportunities to play and leisure in accordance to their age and preferences (i.e. both younger children and adolescents).		
2.	The hospital provides other supportive activities such as clown, music, art and/or pet-therapy or similar.		
3.	All doctors and nurses utilise play within therapeutic care.		
4.	Children's views were collected during the planning of the playroom or they have been consulted at a later stage about the appropriateness of the space and how to improve it.		
5.	Evidence gathered from children and parents show that they are satisfied with the available play services.		
6.	The hospital promotes research about the benefits of using play during therapeutic care or other supportive activities promoted, which are published and shared with wider audiences.		

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Research
web page

Development of framework, learning objectives and competences: Integration of play in clinical work

Play and MRI

Ex. Digital play in rehabilitation

Why play in hospitals?

International consensus

Build trust
Increase understanding
Promote collaboration
Reduce anxiety and pain
Support coping and development

What is play in hospitals?

Procedures and diagnostic tests

Treatment and recovery

Play in hospitals

Patient education

Adaptation

How do you educate in paediatric patient- and family-centered care?

Input from children and adolescents

Are there any existing programmes?

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What are the perspectives of children and adolescents

Do

Attitude and appearance

- Say hello and introduce yourself
- Know the child/adolescent's name
- Smile and have a kind and calm appearance
- Be patient and avoid forcing anything
- Take time to talk with the child/adolescent
- Use humor and jokes if the child/adolescent is in the right mood

Communication

- Talk directly to the child/adolescent
- Talk about other things than illness and treatment
- Provide information according to age and developmental level
- Choose words carefully and provide information in appropriate doses
- Ask how the child/adolescent feel (physically and mentally)
- Ask the child/adolescent how much information they need
- Prepare the child/adolescent to familiarize them with procedures and treatment
- Let the child/adolescent know what you do before you do it

Relationship and trust

- Make clear agreements
- Engage in play and activities with the child/adolescent
- Use physical contact (e.g., hugs) if the child invites (*esp. small children*)
- Involve the family to establish safety (*esp. small children*)
- Distract the child/adolescent during unpleasant procedures
- Acknowledge the child/adolescent (e.g., after a procedure)

Don't

Attitude and appearance

- Don't appear stressed/busy as the patient may feel that you are angry
- Don't leave in the middle of a conversation
- Don't scold/nag at the patient
- Don't make fun if the patient is not in the right mood

Communication

- Don't talk too fast
- Don't talk over the patient's head and only talk to parents
- Don't ask the same questions over and over
- Don't tell the patient that they look good if they do not feel well
- Don't talk to adolescents like they dont understand anything

Relationship and trust

- Don't do something that has not been agreed upon
- Don't force the patient to do something against their will

Thestrup et. al. (2025). Paediatric patient perceptions of healthcare professionals: contributions to a communication curriculum

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"They should not stop saying hello to you"
14-year-old girl

"Have more time for patients. They run around a lot and don't have much time for us children"
12-year-old-boy)

"Say what their name is"
6-year-old boy

"They shouldn't talk over my head. They should be better at talking to me and not just my parents"
17-year-old girl

"Sometimes they say strange things that I don't understand"
12-year-old boy

Thestrup et. al. (2025). Paediatric patient perceptions of healthcare professionals: contributions to a communication curriculum

Communication model
Learning objectives
Competencies

Overall aim

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

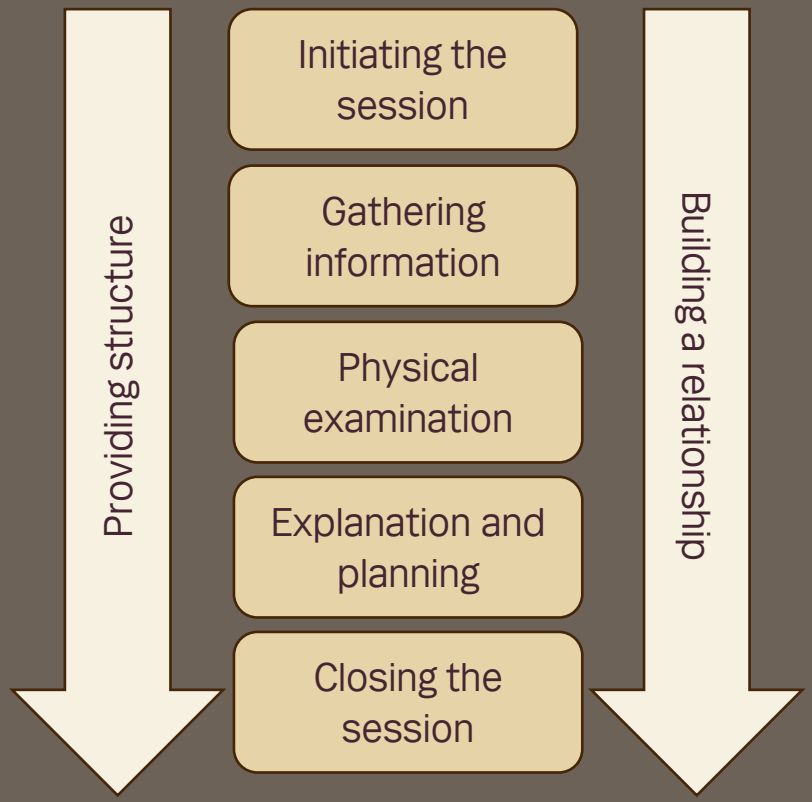
Target group

All healthcare professionals with contact to children and young people, e.g. nurses, social workers, doctors, physiotherapists, occupational therapists, bioanalysts, dieticians, porters, cleaners, psychologists, teachers, secretaries etc.

Hidden curriculum

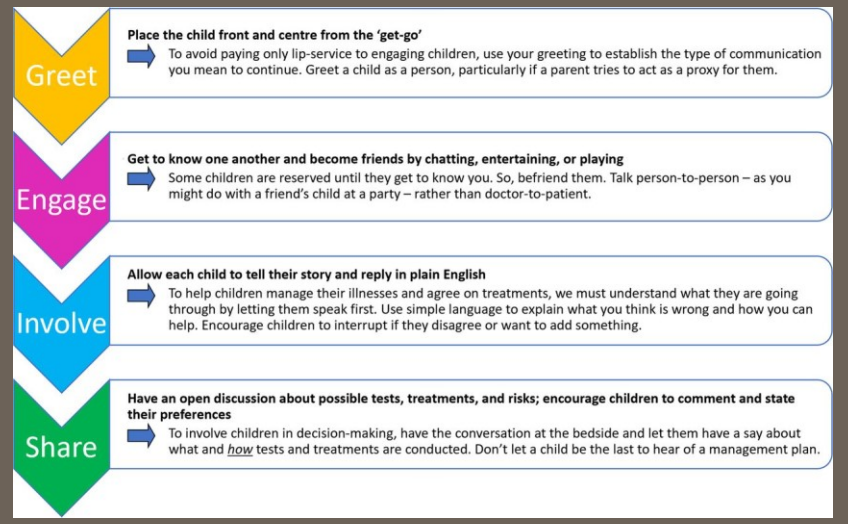
Lawrence et al. (2018). The hidden curricula of medical education: a scoping review

Background and existing models

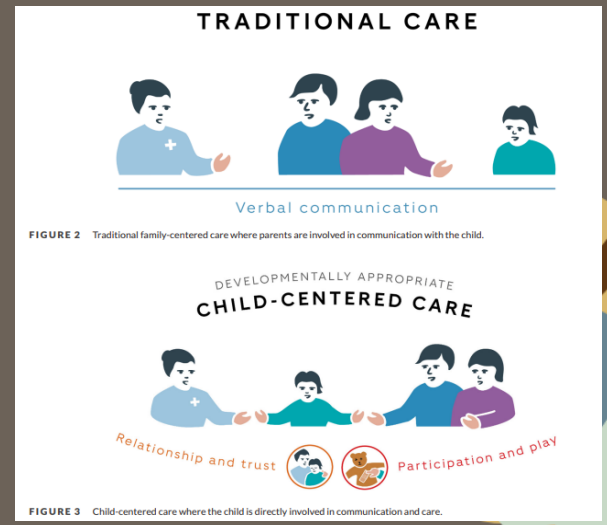


Cambridge-Calgary – Guide to the medical interview, 1996

Zulman et al, JAMA, 2020



Davison et al, BMJ ADC Education & Practice, 2021

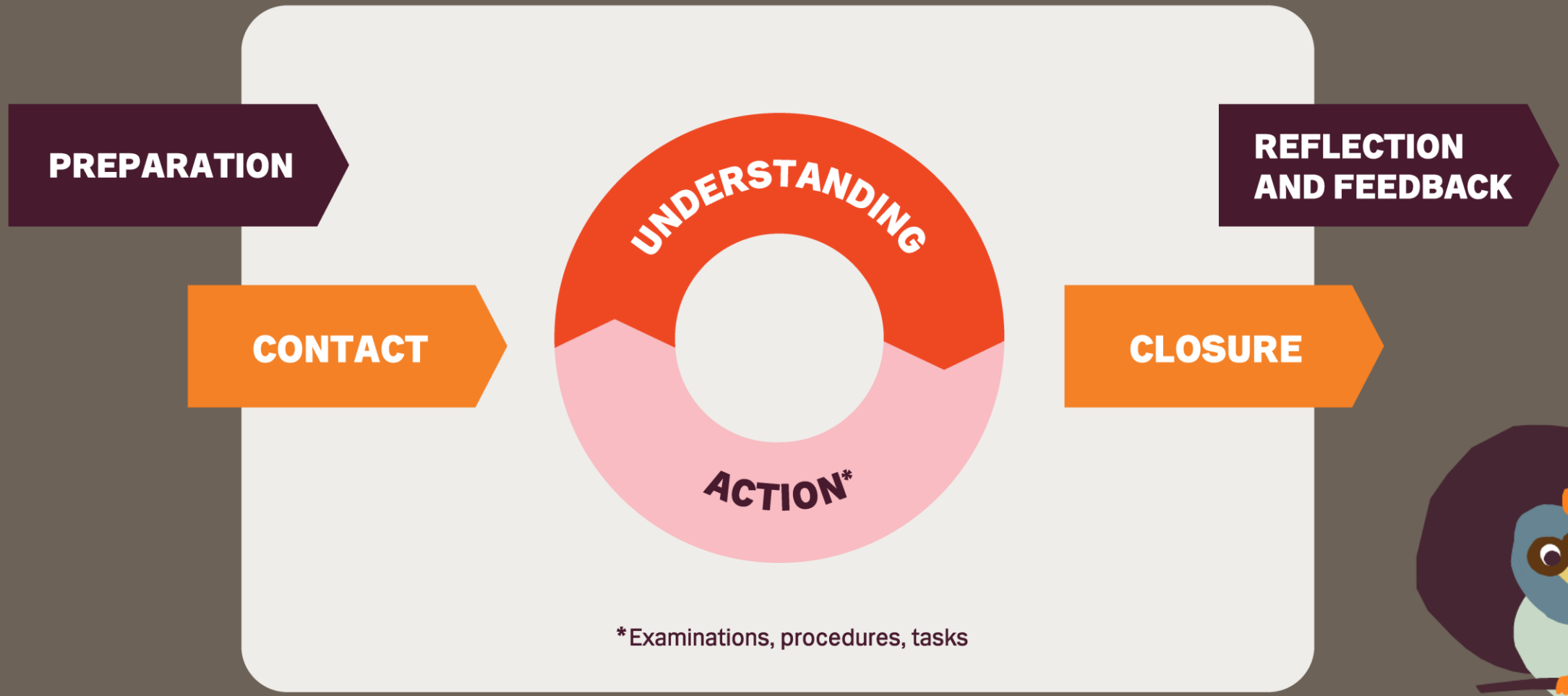


Høeg et al, Ped Blood & Cancer, 2023

Fear → Uncertainty → Curiosity → Attention → Positivity → Engagement → Trust

Krauss et al, Eur J Pediatr , 2024

Communication model: Mind the child



Communication model: Mind the child

Stage 1+2:
Mostly genereic

PREPARATION

CONTACT

UNDERSTANDING

ACTION*

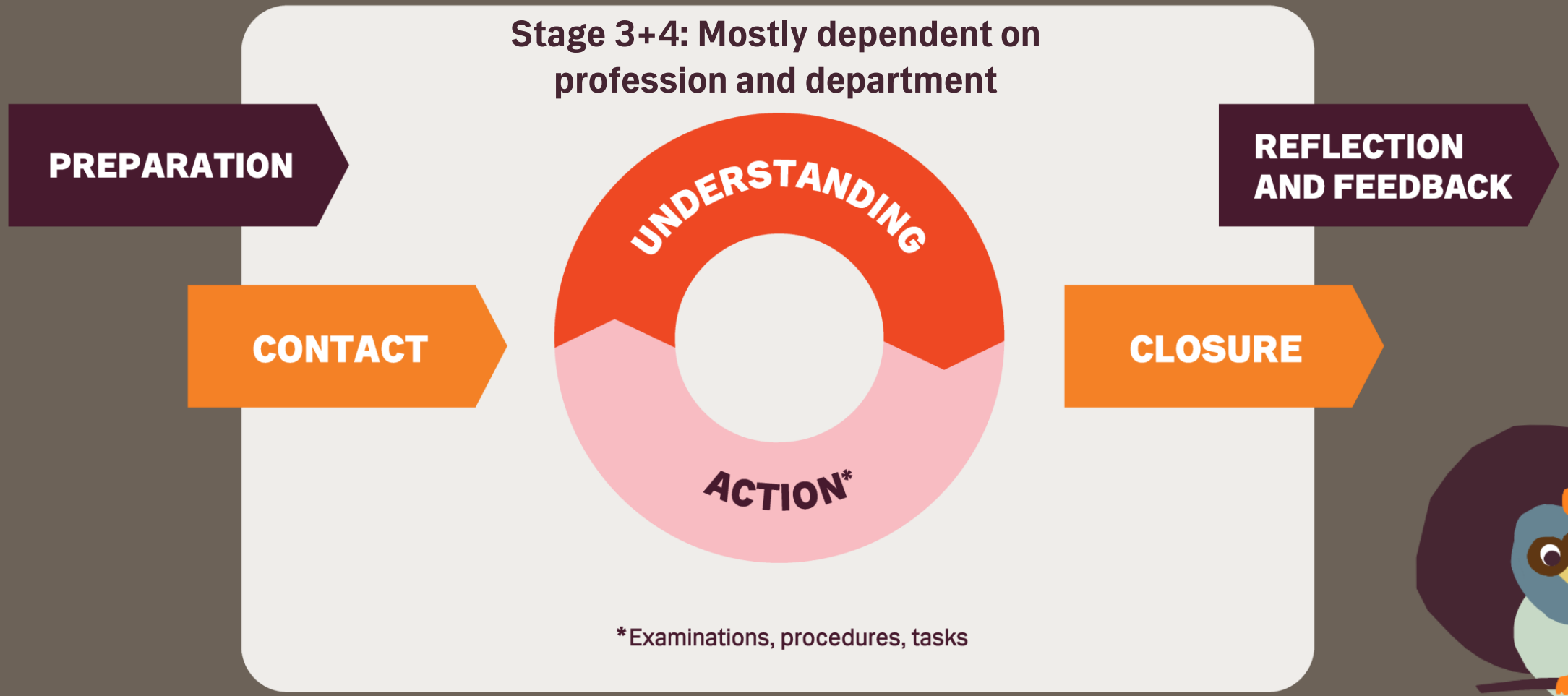
CLOSURE

REFLECTION AND FEEDBACK

Stage 5+6:
Mostly genereic

*Examinations, procedures, tasks

Communication model: Mind the child



Preparation (prepare with intention)

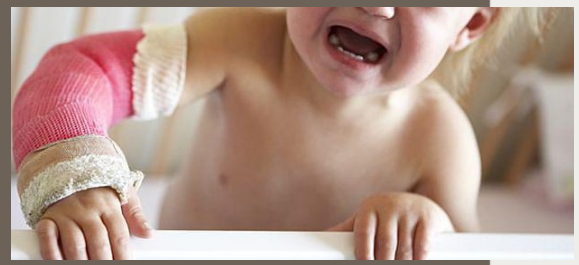
PREPARATION

"There is always some kid who may be seeing me for the first or last time; I owe him my best"

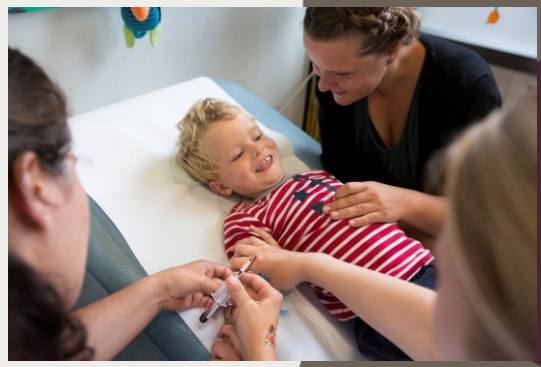
Joe DiMaggio

Contact

CONTACT



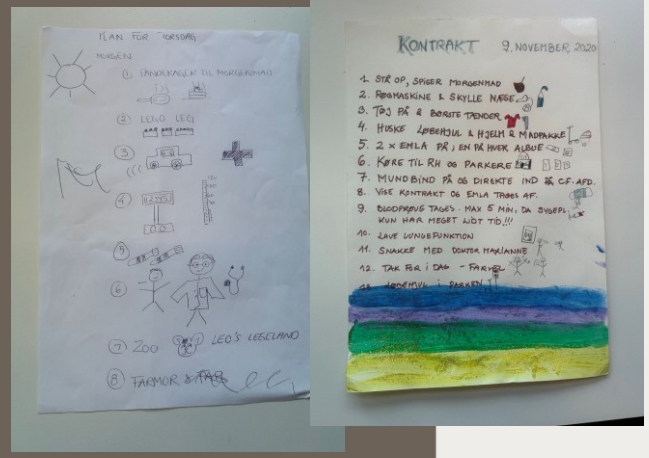
Read the child/adolescent's signals and body language. Do they appear age-appropriate? Are they fearful and withdrawn or confident and approachable?



Fearful ⟷ **Trustful**

Understanding

Cooperation contracts



MR preparation

UNDERSTANDING

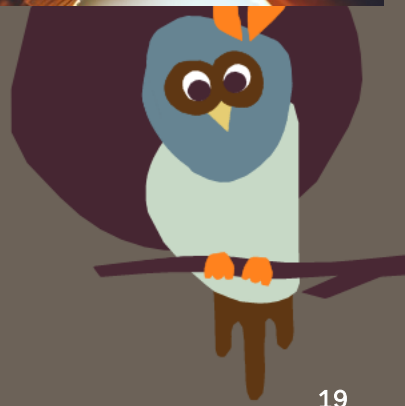
Tube suitcase

Patient journey boards

Closure

CLOSURE

”Closing thoughtfully”



Find the educational materials here

Folder

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

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Find the educational materials here

Age-appropriate communication

Overview of age and developmentally appropriate communication with children and adolescents in healthcare settings. NB: Considerable caution must be exercised in terms of age and developmental stage. Children and adolescents who are ill may seem younger than their age or may possess extensive knowledge and understanding about their illnesses or other topics beyond what is expected.

Age	Psychological/Cognitive development	Perception of illness and death	Verbal communication for staff	Strategies for staff
0–1 year	- Completely dependent and closely attached to parents - Does not understand that parents still exist when out of sight - Copies others' feelings, i.e. decodes body language and moods	- No perception of illness or death - Uses parents' reactions and moods as a guide	- Speak calmly and take your time - Briefly describe what you perceive the child is experiencing; even if the child does not understand the words, they will understand the tone of voice and feel the attention you give them - Along with speaking calmly, change to a lighter pitch and use a happy tone to increase trust - Use facial expressions and mirror emotions, i.e. recognize the emotional intensity of the child and regulate your intensity to be in tune with the child	- Skin-to-skin contact - Swaddling - Ensure that the child can see, hear and/or smell their parents
1–3 years	- Sees themselves as the centre of everything - Beginning to develop language but cannot completely express feelings and needs verbally - Reacts instinctively to the emotions and moods they experience, e.g. crying when in need of reassurance - Memories are unconscious but influenced by past experiences - Increasingly complex emotional register - No concept of time - Sensitive to separation from parents	- Often communicates with their body, e.g. by turning away, crying, reaching out - Recognises experiences with illness - Can express that something hurts but not how little or how much - Believes that illness always happens by accident - Use parents' reactions and moods as a guide - Does not perceive death as permanent	- Use few, specific words - Gather information about the child while they are playing - Use primarily closed-ended questions - Tell the child what to do instead of explaining it	- Combine verbal communication and gestures that support your explanation - Have the child sit upright, preferably on their parent's lap or where the child feels safe - Enter the child's sphere of attention, and talk with them about what is holding their interest (e.g. through play, clothes, digital device or book) - Approach the child slowly and assess how close you can get and ask whether you can touch them - Initiate touch where they are not in pain, e.g. during play before the actual examination
3–6 years	- Think concretely with no concept of time, unless explained in terms of familiar everyday routines - May be driven by irrational emotional logic	- Magical thinking characterises their perception of illness, i.e. the child believes that their thoughts and actions can influence their illness - Has difficulty understanding unseen illnesses - Understands that some diseases are contagious and others are not - Understands that you can get hurt and may be fearful of injury - Use parents' reactions and moods as a guide	- Be aware of possible linguistic misunderstandings that lead to believing something is dangerous, e.g. "taking a blood test", "run over for an x-ray" - Avoid sarcasm and irony - Say the name of the disease and where it is located in the body - Explain that the staff are there to help - Explain time with child-like reasoning, e.g. that you have to sleep twice before Friday	- Have the child sit upright, preferably on their parent's lap or where the child feels safe - Enter the child's sphere of attention, and talk with them about what is holding their interest (e.g. through play, clothes, digital device or book) - Get the child to help with something practical, e.g. unpacking equipment - Consider whether it would be a good idea to use stuffed animals, specific everyday objects, models, drawings/figures, books or similar when explaining things

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