



# immersion360

## SIMUCARE-immersion

360° immersion with the partner patient  
to use the concepts of the paediatric communication skill  
in initial medical and paramedical training

## COMPETENCY FRAMEWORK FOR COMMUNICATION



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## ● Conceptual framework

There is a real need in medical, nursing and psychology training to learn basic communication skills, also known as relational skills in paediatrics.

In the competency frameworks for the various training courses, paediatric communication is not given much attention in the learning activities. Yet it is recognised as a clinical medical skill in its own right. The quality of human relations is a guarantee of safe care. Communication begins at the very start of an encounter with a healthcare professional and is a determining factor in the follow-up to that encounter. The particularity of this reference system lies in the specificity of the triangular approach: the child, his or her close caregiver and the healthcare professional. Paediatric communication must take account of the child's socio-cognitive, affective and cognitive dimensions.

We have designed a set of skills for training in basic communication. It does not include observable demonstrations illustrating skills for complex situations such as breaking bad news. It will help you learn the basics of a paediatric care relationship through communication skills.

Communicate with the child and/or the PA, building up a relationship of trust and encouraging their participation in order to provide appropriate health information and education.

It is intended for professional and non-professional collaboration.

Interprofessional collaboration remains an important feature of all care, but it has its own specific characteristics.

## ● Definitions – glossary

# **The term «caregiver»** (s.m.): .) is used to encompass the concepts of parents, guardians, family and close friends (entourage).

# **The «meeting»**: includes all forms of discussion, care and communication with the child and/or close carer with a health professional (paediatric nurse/ specialised in child health and paediatric nursing/ paediatric medical assistant/ specialised neonatal and paediatric nurse - doctor and psychologist).

# **The patient as partner**: a person who is progressively empowered to make free and informed healthcare choices as they progress through their healthcare journey. Their experiential knowledge is recognised and their care skills developed with the help of members of the care and services team. Respected in all aspects of their humanity, they are full members of the team in terms of the care and services they receive. While recognising and respecting the expertise of the team members, he or she focuses their concerns on his or her needs and life project.

# **Partnership in care**: a collaborative relationship between the patient, family carers and healthcare providers that is part of a dynamic process of interaction and learning and promotes patient self-determination and the achievement of optimal health outcomes.» (DCPP, 2014). Partnership promotes greater collaboration between patients, their carers and professionals

# **Professional collaboration:** an exchange designed to bring together people with different professional backgrounds who work together to offer a complementary response to a person's multiple needs.

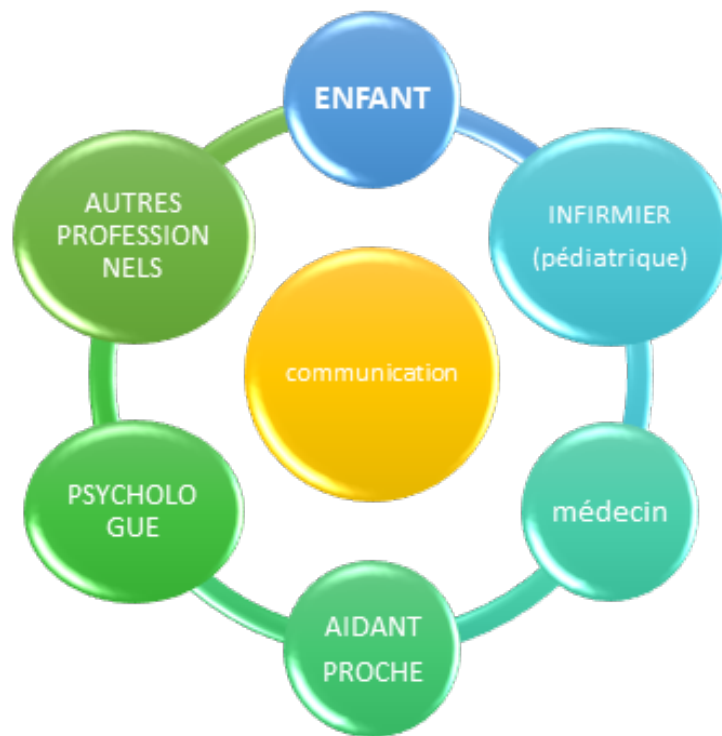
# **Interprofessional collaboration:** collaboration is defined by the WHO as a professional practice involving «several health professionals from different professional backgrounds [who] work together with patients, families, carers and the community to provide the best possible quality of care» (1). This definition has been supplemented by several authors. Zwarenstein et al. specify that it is a process «in which different professionals work together with the aim of having a positive impact on care. Interprofessional collaboration involves a negotiated agreement between professionals that values the expertise and contributions that different healthcare professionals bring to patient care» (2).

# **Professional posture:** professional posture covers professional knowledge (knowledge, concepts, values, experience, etc.), professional practices (behaviour, roles, etc.) and posture (attitude, opinions, etc.). Carers are in a constant and uninterrupted process of evolution, which enables them to build and progress in their relationship with the person being cared for. According to Guy Le Boterf, «General attitude or positioning (type of behaviour, type of gestures, type of relationship, type of approach, type of skills, type of language, etc.) adapted to carrying out a profession, performing a professional role, carrying out a function, fulfilling a mission». According to Hesbeen, «**Taking care**» means looking after a person's direct environment and contributing to their well-being. This is also the role of relational care, which consists of verbal and/or non-verbal interventions based on communication techniques designed to provide psychological help or support. The concept presented illustrates care in 2 different areas: > the technical area where the carer «carries out care» > the relational area where the carer «takes care». Caring or taking care involves an action leading to a reaction, known as «act of caring».

# **The healthcare skills reference framework:** it is a set of attitudes-aptitudes or skills and knowledge that are contextualised in a specific area of healthcare. Each competency groups together a set of abilities (actions-behaviours or moderately complex tasks) which are defined by observable manifestations or tasks (indicators/learning outcomes) with reference to a central competency.

# **The paediatric communication skills reference framework (6 years - 15 years) in the context of:** It is a set of attitudes/skills or abilities and knowledge, the core competence of which is paediatric communication. It translates into a set of abilities which are themselves broken down into indicators (learning outcomes) that can be measured and observed in the field. As communicators, care providers develop professional relationships with patients and their carers, enabling the exchange of information that is essential to the delivery of quality care.

# **Definition of paediatric communication (6 years - 15 years):** A relationship established between the healthcare professional, the child and the close carer, taking into account their socio-cultural, cognitive and emotional dimensions. The aim is to provide quality care by encouraging professional collaboration when meeting the child and the carer.



# PAEDIATRIC COMMUNICATION SKILLS IN THE CONTEXT OF PROFESSIONAL COLLABORATION

This repository of communication skills and the situations that will be associated with them as part of the training is set out in the pedagogical process for basic training. .

## ● SKILL 1: make contact with the child, teenager and/or close carer (PC)

- 1.1. Introduce yourself orally by first name and/or surname and job title
- 1.2. Ask the child, teenager and/or carer to introduce themselves
- 1.3. Ask the child or teenager if they would like to be on familiar or polite terms with the professional.
- 1.4. Clarify the objectives of the meeting
- 1.5. Ensuring that the child, teenager and/or close carer is in a safe environment
- 1.6. Ensuring that the child, adolescent and/or carer is in a comfortable environment (in their room, in a room designed and adapted for the meeting, in a room decorated in a playful (fun) way)
- 1.7. Ensure that the child, young person and/or close carer has been able to express their concerns throughout the meeting.
- 1.8. Make sure the child, teenager and/or carer understands everything before making a decision together.
- 1.9. Explain to the child, teenager and/or carer how the meeting will take place
- 1.10. Get help from a cultural mediator if necessary (someone who translates into the child's language)

## ● SKILLS 2: Establish a relationship of trust with the child, adolescent and/or PA

- 2.1. Develop verbal (words, tone of voice) and non-verbal (gestures, posture) communication appropriate to the age of the child/adolescent, while respecting his/her culture, knowledge and emotions.
- 2.2. Ask the child/adolescent whether or not they would like the close carer to be present during the meeting.
- 2.3. Remind the child, adolescent and/or close carer to respect the confidentiality (secrecy) of information communicated during the meeting.
- 2.4. Fostering a relationship of trust that respects
- 2.5. Be benevolent, respect the rights of children and adolescents and consider them as real people who must be respected.
- 2.7. Respecting the ethical and deontological principles inherent in his/her profession (i.e. respecting the rules associated with the professional's job)
- 2.8. Adopting the right verbal and non-verbal proximity (neither too familiar nor too distant from the child)
- 2.9. Develop active listening skills (ask questions, look at the patient, put yourself at the patient's level, etc.)
- 2.10. Adopting a non-judgemental attitude (not judging the child/adolescent)

- 2.11. In the event of an error by the healthcare professional, explain the error made and how to correct it to the child, adolescent or carer in an appropriate manner.
- 2.12. Communicate about mistakes, taking into account the opinion of the child, young person and/or carer, explaining what needs to be improved.
- 2.13. Developing empathy (exploring and validating the feelings of the child/adolescent/adjacent carer)

### **ABILITY 3: build a shared understanding with the child, adolescent and/or PA**

- 3.1. Enable the child, young person and/or carer to express their
- 3.2. Use means of communication specific to the age and context of the child, teenager and/or carer, while respecting their culture, knowledge and emotions (diagrams, cuddly toys, etc.).
- 3.3. Identify the verbal and non-verbal behaviours (concerns, misunderstandings) of the child, young person and/or close carer during the meeting and react (by exploring the reasons for them).
- 3.4. Be aware of your own emotions (i.e. those of the professional) and be able to manage them
- 3.5. Adapt the information according to the motivations and concerns of the child, teenager and/or carer throughout the meeting (for example, give a lot of information if the child wants to know).
- 3.6. Ensure that the information is perceived and understood by the child, young person and/or close carer on a regular basis throughout the meeting.
- 3.7. Avoid using professional jargon (words that are too complicated) and, if used, explain it.
- 3.8. Exploring the expectations, values and concerns of the child, young person and/or carer and taking them into account
- 3.9. Explore and take into account the child's, young person's and/or carer's understanding of what they know about their own health.
- 3.10. Remind the child, adolescent and/or close carer at various points during the meeting that the healthcare professional is available to answer any questions they may have.

### **KILL 4: make a shared decision with the child, adolescent and/or PA**

- 4.1. Clearly explain the decisions made about different treatment options.
- 4.2. Adapt treatment proposals on the basis of information gathered from the child, adolescent and/or close carer
- 4.3. Ask the close carer for his/her opinion when making a decision
- 4.4. Taking into account the resources and skills of the child, adolescent and/or carer
- 4.5. Develop partnership solutions with the child, adolescent and/or carer to improve the quality of everyday life.

## ● ABILITY 5: Inform the end of the meeting with the child, adolescent and/or PA

- 5.1. Ask the child, young person and/or carer if they still have any questions and/or if everything has been covered.
- 5.2. Remind the child, young person and/or close carer that the healthcare professional is available if they have any questions.
- 5.3. Suggest that the child, young person and/or carer express their experiences of the meeting if they so
- 5.4. Ask the child, young person and/or carer to say what they have learned from the meeting, if they so wish.
- 5.5. Discuss the possibility of a further meeting with the child, young person and/or carer.
- 5.6. Thank the child, teenager and/or carer at the end of the meeting for their participation.

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