



SUPPORTING

CONVERSATIONS



Engaging in meaningful conversation with children and families to promote best practice care.

C

Check - Information

- What do you know about the case already? Age range, parents present, presenting complaint, relevant history (oral and documented), behavioral presentation of child/young person and family (e.g. level of anxiety/distress)
- How prepared are you?

H

Hello - Introduce

- Have you introduced yourself and role using age appropriate language for the child and family?
- Have you explained your role and the roles of relevant others?
- Have you explained the parameters of the emergency space (e.g. time, busyness of the environment, may get called away to other cases if urgent, process for review and care planning etc.)?

I

Investigate

- Do you understand clearly what the child/young person/family are hoping to achieve/address by attending today?
- Do you understand the child's/family's expectations about what care/intervention is needed?
- Have you explained options to family with the pros and cons and are you aware of the child/family perceptions;/reactions to different options?
- Have you explored the presentation and history through assessment with the child/family?
- Have you asked for clarifying questions, have we missed anything important?

L

Listen & Learn

- Do the child/family need additional information before you assess and determine a care plan?
- Have you checked in? (temperature check)
- Are there things you are noticing that have been unsaid?

D

Discuss

- Have you explained the process of investigation?
- Why you are or are not doing certain assessments?
- Have you educated briefly about the risks are for certain assessment?
- Have you acknowledged and notice emotions and concerns?
- Have you asked whether further clarification is needed, clarified the understanding?
- Do you need to repeat any information?
- Have you provided any supporting information required?



Check - Information

Despite the busyness of the clinical space, pre-reading, being aware of collateral available and have a clear hypothesis will often make the process more efficient than figuring it out along the way. Ask the family if they have any prior assessments, what they have already tried, who else is involved helps the family to feel important and valued. And most importantly heard. This will help create a supportive environment.



Hello - Introduce

ED is an unfamiliar environment for many children and their parents/care givers. Increased levels of anxiety can be expected. but can be and is easily addressed by spending some time introducing yourself and relevant others, providing information to promote understanding the context of interventions and assessments suggested / undertaken and by reassuring parents that their child is in good hands.



Investigate

Start the assessment stage with clarifying what the family feel is most important for their child, what are they wondering and what are they most concerned about. Throughout the investigation stage, stay focused on exploration and remind the family that you are keen to understand as much as possible first and then you will share the clinical plan. If they seem anxious, reflect what you are observing and ask them if, they feel you have missed anything that may be relevant. Be open about the way you are assessing their child and why you are or are not doing certain things.



Listen & Learn

The more you actively listen, reflect back and summarise what you are hearing the more reassured the family should be. This needs to be done genuinely and respectfully. Keep on track by noticing emotions (I can see this is upsetting/ frustrating) and prompting the family that you are: keen to get the most from the session today so would like to continue asking questions and investigating. Where heightened emotions are interrupting the process, resist the temptation to refer to someone else. You can do this at the end of the session but in the moment, they have trusted you with their emotions, so treat it carefully as it can be retraumatizing to disregard. Sitting quietly, actively listening, reflecting anger can be very containing strategies that can evoke trust



Discuss

Once the assessment stage is completed, it can be very helpful to take a small break even if for a few minutes to help families transition to hearing and focusing on the care plan.. When sharing the next stage of the child's care plan, ensure you are answering the original question and concerns. Using their words can help with this process (I know you felt an x-ray would help) then explain why you are or are not doing this. Share evidence, experience, and contraindications using language and terminology that is easily understood, ensuring that any accommodations have been made for any language barriers eg. CALD Include clear and simple next steps in the child's care plan and that the family understands and feels comfortable with that plan.

For more information please visit our website

<https://www.childrens.health.qld.gov.au/chq/health-professionals/qcyc-network/about-us/>

