Effective communication in the imaging department is vital for safe, pleasant, and productive examinations and a fundamental component of all procedures and patient encounters. Poor communication contributes to patient anxiety, lack of cooperation, and decreased faith in the competence of the professional and the facility. These effects complicate technologists’ efforts to obtain high-quality images efficiently with minimal radiation exposure, thereby elevating stress levels. The importance of communication is undeniable, yet many professionals do not feel comfortable and confident in their ability to communicate effectively with patients. Even with great care and effort, miscommunications occur and can affect a patient’s experience.

Communication must vary to meet each patient’s unique needs. The greater the assortment of patients a technologist encounters, the greater the need for the ability to adapt communication styles. This can include addressing concerns for what is happening at the moment, sensitivity to cultural norms, respect for varied professions and lifestyles, and appropriate awareness of age-specific communication needs. Many technologists, even those adept at tailoring their approach to different personalities and cultures, display apprehension when required to address age-specific communication needs, including effective communication with very young patients. Because children often are cared for in facilities that do not specialize in pediatric care alone, it is important that technologists be prepared to perform pediatric examinations with confidence and certainty. The ability to modify technical factors is not sufficient for providing optimized pediatric care.

A Unique Perspective

Children are not small adults. They think and interact differently from adults, and effective pediatric communication requires understanding these differences. As children grow, their ability to communicate evolves. The younger the child, the greater the communication variance from that of adults. Young children have just begun to use language. They are building the foundations of a vocabulary and trying to discern and comprehend syntactic rules that govern how these sounds interact to create meaning. With something so new, misunderstandings and misconceptions can happen easily, and it is difficult for children to express their ideas accurately.

Children also have a smaller frame of reference from which to base their assessments of new scenarios. Although an imaging examination might be new to pediatric and adult patients, an adult is more likely to have prior experience with health care workers, medical examinations, medical establishments, and the overall goal of working toward the patient’s well-being. For a child, nearly everything involved is unfamiliar. For children to understand what is happening, each topic must be broken down into fundamental elements. A network of explanations must
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Practical Considerations

A fundamental consideration for effective communication in a pediatric examination is audience awareness, knowing who is present and what role they play in the examination. Unlike a typical adult examination, 2 distinct parties with different perspectives are in the room—the parent or guardian and the young patient. Neither should be excluded from the dialogue, even though this requires varying communication methods throughout the course of the examination.

Engaging the parents allows their questions and concerns to be addressed. If parents are comfortable with the situation, the child will notice and be reassured. Engaging the child allows concerns to be raised that might not have been considered and creates a feeling of inclusion; the child is an active part of the examination process, not the subject of the examination by others.

Be Honest

Although honest explanations can seem difficult to adapt to age-appropriate vocabulary, cooperation or silence should never be sought by misleading the patient. A lie, although easier in the moment, can cause greater confusion and anxiety and break the trust needed for continued cooperation. This experience will influence the perception the child has of radiology and health care as a whole and add to the challenge of future encounters.

Honesty about what to expect does not indicate a lack of care for what the child will experience; it reflects acceptance that failing to talk about it will not prevent the procedure from happening. Some positioning might be uncomfortable, and sometimes an injured extremity has to be moved. A li

when the technologist talks to their child, and children comprehend more than most might realize. Engaging both appropriately demonstrates a higher level of care and minimizes gaps in understanding.

Engage on the Patient’s Level

When talking to and instructing the patient, a technologist should strive to keep communication on the patient’s level, physically and intellectually (see Box). Kneeling or bending down allows face-to-face communication at the patient’s eye level, which is less intimidating and makes the technologist seem friendlier.

This posture can ease anxiety and apprehension by demonstrating that the patient is an integral part of the interaction, not simply a recipient of instruction or subject of discussion. In addition, the technologist should be mindful of word choices. Clear, elemental, easily understood terms should be used to give instructions, to explain terms that might confuse the patient, and to define terms that cannot be avoided. Words generally associated with negative experiences should be avoided if possible because younger children might not understand that words can have more than one meaning. For example, if a technologist says that he or she will “shoot” the child’s chest, abdomen, extremity, or other anatomy, that term might not convey a quick image acquisition to the patient.

Be Honest

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Honesty about what to expect does not indicate a lack of care for what the child will experience; it reflects acceptance that failing to talk about it will not prevent the procedure from happening. Some positioning might be uncomfortable, and sometimes an injured extremity has to be moved. At times, it is in the patient’s long-term best interest to be subjected
However, there is no reason to approach a pediatric examination with apprehension. As with adult patients, observation is essential in adapting to the needs of children. Radiologic technologists must look past the examination and see the patient as a person. Understanding how the patient’s perspective influences his or her opinion of the imaging department and of the examination reveals strategies for more successful interactions. Engaging on the patient’s level respects the child’s dignity and promotes willing cooperation. Honest, caring explanations strengthen the trust between the patient and technologist, and a calm demeanor diffuses unnecessary tension. A few practical considerations can bolster effective communication and patient care, resulting in a less stressful, more satisfying experience for all.

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| Box: Adapted Instructions for Obtaining a Chest Radiograph on Pediatric Patients |
|---------------------------------|---------------------------------|
| **Typical Adult Instructions** | **Adapted Pediatric Instructions** |
| Would you follow me to the exam room? | I need you and Dad/Mom to come back with me to help me get a really great picture I can send back to your doctor. |
| I have a gown for you to change into. Please remove everything from the waist up including bra and any jewelry. Put the gown on covering your chest so that the opening is in the back. | Dad/Mom is going to help you change clothes before we take your pictures. I have a gown for you to wear just while we do that. It will keep you covered up the whole time. |
| Relax your shoulders and roll them forward. | Wrap your arms around the box like you’re giving it a nice, big hug. Hold on until I tell you to let go. |
| Hold still. Try not to move. | Hold very still. Just like when Dad/Mom takes a picture. If you move around we won’t get a good picture. I’m sure you’ll do great the first try. Hold still. |
| Take a deep breath in, then exhale completely. Take a second deep breath in and hold it. You can breathe. | You have to take a great big breath, just as big as you can. Let’s do one for practice first to get ready. Take a big, big breath, and blow it all the way out. Good. Now, take one more really big breath in and hold it in. Don’t let it out. Okay, blow it all back out. Great job! |

**Remain Calm**

Technologists should be mindful of their demeanor throughout the examination. Communication involves more than word choices; children listen to words and their delivery, and they observe body language. If a parent or technologist becomes agitated or distraught, the child often will register the situation as unsafe and respond accordingly. If parents and technologists are calm and positive about the benefits of the examination, the child likely will mirror those feelings.

**Conclusion**

Children are not just small adults, and each will respond uniquely to imaging examinations. However, there is no reason to approach a pediatric examination with apprehension. As with adult patients, observation is essential in adapting to the needs of children. Radiologic technologists must look past the examination and see the patient as a person. Understanding how the patient’s perspective influences his or her opinion of the imaging department and of the examination reveals strategies for more successful interactions. Engaging on the patient’s level respects the child’s dignity and promotes willing cooperation. Honest, caring explanations strengthen the trust between the patient and technologist, and a calm demeanor diffuses unnecessary tension. A few practical considerations can bolster effective communication and patient care, resulting in a less stressful, more satisfying experience for all.
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References


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Read the preceding column and choose the answer that is **most correct** based on the article.

1. According to the column, the effects of poor communication include:
   - 1. patient anxiety.
   - 2. disagreements between providers.
   - 3. lack of cooperation.

   a. 1 and 2  
   b. 1 and 3  
   c. 2 and 3  
   d. 1,2 and 3

2. Which of the following is **not** an effective communication method in pediatric examinations?
   - a. Bend down to the patient’s eye level.  
   - b. Use elemental terms.  
   - c. Explain that the procedure won’t hurt.  
   - d. Maintain a calm demeanor.