Interactive Learning with Parent Co-Teachers

Case-based interactive learning sessions provide an opportunity to involve parents as co-teachers to address focused topics. One-hour sessions begin with a short didactic presentation, followed by small groups in which learners explore a specific topic with parents. Parents share their children's stories and speak from their own experience. They also generalize from their experience to broader concepts that apply to many children and families, helping learners see how insights from a specific family's experience apply to other patients and families. One child and family's experience becomes a case example, which when coupled with interaction in small groups provides contextual learning about the topic. Parents also provide individualized feedback to a small group of learners. Three examples of case-based, interactive learning sessions include the following: an introduction to the pediatric interview that forms part of a course on the medical interview, a session to explore communication challenges during a Pediatric Clerkship, and an introduction to developmental pediatrics with a focus on early intervention for children with special needs.

Goals

1. To provide medical students or residents an opportunity to explore an important issue in pediatrics with a knowledgeable parent in a small group.
2. To provide context for didactic material about an important topic.
3. To engage medical students or residents in partnership with a parent in an educational setting.
4. To encourage medical students or residents to listen closely to parents' descriptions of their experience as it relates to a particular topic.
5. To give medical students or residents an opportunity to ask questions that they may not be able to ask in a clinic setting but build that deeper understanding of a topic.

Curricular Context

This chapter provides examples of teaching with parents about pediatric content. The particular examples highlight teaching about the pediatric interview with first-year medical students and with Pediatric Clerkship students and teaching about developmental pediatrics with Pediatric Clerkship students. The same approach could be adapted for pediatric residents and for content in other disciplines.

> *"They can tell the students how to be the champions that they need to be because they've seen the champions."*
> –William Sykora, M.D., faculty

At the Uniformed Services University, an opportunity arose to develop new sessions that involved parent co-teachers. The Pediatric Clerkship director and other faculty in the Pediatric Education Section were aligning clerkship activities with the APA/Council on Medical Student Education in Pediatrics (COMSEP) curriculum and replacing weekly lectures with case-based interactive learning sessions.[1] One variation of case-based teaching involves parents in sharing their child's case when they co-teach one of these sessions. The faculty developed two sessions with parents, one about developmental problems in pediatrics and one about communication challenges in pediatric encounters.

A second opportunity to involve parent-advisors arose when pediatric faculty members were seeking ways to integrate pediatric content in the first two years of the medical school curriculum, particularly in the Introduction to Clinical Medicine sequence. At the same time, the course director for the first-year course on the medical interview wanted to involve more pediatricians and introduce the students to special considerations when doing a pediatric medical interview. This led to the development of a session to introduce the pediatric interview in the first year.

The case-based interactive learning sessions have been structured to align the Council on Medical Student Education in Pediatrics (COMSEP) curriculum objectives with the competencies generated by parents. Each session integrates both. The tables at the end of this chapter, entitled ***Communication Challenges in Pediatric Encounters*** and ***Developmental Pediatrics*** demonstrate how competencies from the COMSEP curriculum and competencies generated by parents correlate, and how parent-generated competencies expand and further define the discrete skills important for teaching and learning. This deliberate approach to incorporating competencies generated by parents into explicit goals for teaching enriches each teaching session and provides a conceptual link across activities in a curriculum.

For the topic of pediatric development, the faculty first designed a session on developmental issues that occur in the course of normal child development. Relevant COMSEP learning objectives on common developmental problems include the following:

1. Identify behavioral and psychosocial problems using the medical history and physical examination.
2. Discuss the typical presentation of common behavioral problems at various developmental levels and ages (e.g., infant: sleep problems; toddler/preschool: temper tantrums, toilet training, eating problems; elementary school age: enuresis, atten-

tion deficit disorder; middle school/high school: conduct disorders, eating disorders, risk taking behaviors).

3. Recognize family strengths and resources that can promote a positive outcome for the child.

However, the Uniformed Services University prepares physicians to practice in the military health system, where physicians in all disciplines might see children and need to know the basics of identifying children with possible developmental delays and referring them for developmental assessment and intervention. Therefore the focus of the pediatric development session changed over time to emphasize early intervention for children with developmental delays.

Preparation for Parent-Advisors

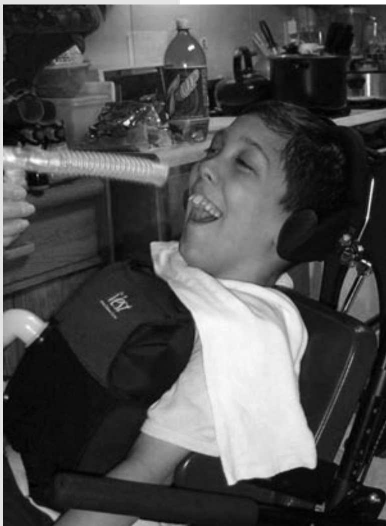
Adequate preparation is essential for parent-advisors who will participate in an interactive learning session. The following steps will ensure a parent is mentally and emotionally prepared for the session and for the level of understanding of the learners.

1. Recruit a parent who has relevant experience to the topic and who can talk comfortably about the medical and emotional impact on them and their child. Explain fully what will be expected of them during the session. Having two parent-advisors for each session works best; that way, if one parent cancels at the last moment, there is a backup and if one parent is new to the activity, the experienced parent provides a model. Ask parents to bring pictures of their children to portray them during episodes of care as well as during healthy, active times. Include adolescents and older children if they are available and appropriate to the topic.
2. Some parents have had negative experiences with physicians or concerning the topic of the session. Medical students and residents seem to learn best when they hear how things can go well and form their mental image of the role of a physician when they hear those descriptions. Therefore it is best to include parents with negative experiences only if those parents can point to some aspects that were positive and make concrete suggestions about how the whole episode of care could have been improved. Including parents who are currently very angry, even though their anger may be legitimate, does not help learners gain an appreciation of how the services can work effectively or what an appropriate role of a physician can be. These parents can remain in the group of

potential participants and can be contacted occasionally to assess their readiness to participate in co-teaching activities.

3. Meet with the parents at least a half-hour prior to the teaching session. Explain the purpose of the session and what you hope the learners will gain from talking with the parents. Most parents are very eager, even anxious, to do a good job and meet the faculty's expectations, so it is important to be very explicit and concrete.

4. Explain to the parents that it is important to "tell the story of their child" regarding the topic of the session, but also to be able to speak from a broader perspective if they are able. Ask them to explain how the system of care and services works for other children and families, what might have worked better in their circumstances, what they have seen in policy or legislative changes, and how those policies affect parents and children. For instance, for a teaching session on early intervention for children with special needs, explain to the parent that you want them to talk about their child and their experience with early intervention. Ask them to include some of the following information: how they found out about early intervention, what services they received, how the services helped them and/or the child, what they wish had been different, what they thought went well, and what role physicians played in getting them started in early intervention. Many parents will take notes about these suggestions. This preparation helps them share their own experiences and explain how early intervention works in communities. It is also sometimes helpful to give parent a written outline of content ahead of time, so they have a chance to think about it before they arrive for the teaching session.



5. Review the prepared didactic material, ensuring that the parents are prepared for any words or concepts that might make them uncomfortable.

6. Explain the basic structure of medical education to the parents and how the students or residents fit within that structure. Parents need to know what clinical experiences (if any) the learner brings to the session. Warn the parents about questions and vocabulary the students might use and ask the parent to help the students learn ways to ask the questions and words to use that are more comfortable for parents.

7. During the session with the students, unobtrusively monitor the flow and tone of the conversations. Be prepared to facilitate the discussion with your own questions that help redirect the parent or group to the topic of the session.

8. Spend a few minutes after the session to thank the parents, being specific with your feedback about what worked and what may have been a distraction for the learners. Parents are eager and feel responsible for teaching their material that they accept and even relish feedback.

In a situation in which you are expecting parents to give feedback to learners, provide them with a structure such as the "feedback sandwich" and give them an opportunity to practice in a role-play with a faculty member before meeting with learners.

Example:
Introduction to the Pediatric Interview

Objectives

1. To cite special considerations of a pediatric medical interview.
2. To observe a demonstration of a pediatric interview and identify features of the interview that facilitate communication with parents and children.
3. To develop strategies to address challenges and considerations that arise in pediatric medical interviews, including adolescent interviews.

Description of the Activity

> *"Something I like best about pediatric interviews is that I can teach doctors how to act and react in certain situations."*
> –Mary Kay Harris, Age 12, patient-advisor

The short didactic for this session provides tips for pediatric interviews at different developmental levels and examples of targeted open-ended questions that are useful for pediatric interviews. (See the presentation slides in the Appendix.) After the presentation, pairs of students discuss pediatric interview scenarios and devise communication strategies that might address the issues raised in the scenarios, then they participate in a large-group discussion of the strategies. Then the students observe a pediatrician interview a parent and child or an adolescent. The interview involves a fairly complex situation from the parent and child's experience (e.g., a parent has observed intermittent exotropia in a 3 year-old or an adolescent with mild autism needs a camp physical). During the interview, students record observations using the form for Structured Clinical Observations.[2,3] Following the demonstration, the students provide feedback and identify features of the interview that facilitated communication. The parent and the child,

if able, participate frequently in this large-group discussion, providing a parent's perspective about communication with physicians and offering suggestions about how to develop good rapport and effective communication.

Outline for an Introduction to the Pediatric Interview

1. **Introductions**
2. **Didactic presentation with handouts: Tips for Pediatric Interviews and Targeted Open-Ended Questions**
3. **Breakout session:** Present 5 challenges of pediatric interviews in question form, assign one challenge to each pair of students, give the students 10–15 minutes to develop strategies to address the challenges, and then facilitate a large group discussion in which strategies for each challenge are solicited from the group.
4. **Demonstration of a pediatric interview:** Distribute and explain the Structured Clinical Observation[1] form for communication and ask students to complete the form while observing a pediatrician interview a parent and child. After the demonstration, solicit feedback from the students and identify features of the interview that facilitated communication.
5. **Questions and answers:** Provide an opportunity for students to ask additional questions about pediatric interviews.
6. **Summary and closing**

Pediatric Scenarios for Discussion (edited by parent-advisors)

1. What should you do if a parent has behaviors that are not in the best interest of the child's health (e.g. the parent smokes around the child or provides a strictly vegetarian diet for the child)?
2. How might you ask a parent accompanying an adolescent patient to leave the room so that you may speak with the adolescent privately (e.g. to discuss personal safety or sexuality issues)?
3. How can you best relate to parents who may know more about the particular area of concern than you do (e.g. if you do not have children of your own or the parent is very well educated on the topic, perhaps from the Internet)?
4. How might you discuss with an adolescent patient their request for a physician of the same sex, although none exists in your small clinic (e.g., a sexually active teenage girl requires a pelvic exam prior to receiving birth control pills)?
5. What can you do when a parent is positive that a child has a certain diagnosis and insists that the child receive a test or be treated in a certain way (e.g., a parent believes a child has strep throat, but clinical presentation suggests to you it is a viral process)?

Example:
Communication Challenges in Pediatric Encounters

Objectives

Medical students will:

1. Interview a parent, establish rapport, and negotiate an understanding of the chief complaint.
2. Provide feedback regarding interview skills to a colleague.
3. Discuss his or her pediatric interview skills with a parent (the interviewee).
4. Discuss difficult scenarios in pediatric interviews with a faculty member, peers, and parents.

Description of the Activity

In this one-hour session designed for a pediatric clinical clerkship, parents use experiences with their children as the basis for a practice interview and provide specific feedback to the students about their approach to communication and building partnership. The session begins with a group discussion about what makes a pediatric interview different from a medical interview with an adult.[4] Discussion usually covers the following points:

- There are usually at least two people in the room during a pediatric interview, each with different levels of language and comprehension.
- The encounter emphasizes child health supervision.
- Parents often respond to their child's health with different emotions and intensity than their own health concerns, and behave differently as well.
- A child's developmental level alters the way in which the child will react to and participate in medical care.
- The physician has the opportunity to focus on strengths of the parent and child and ways to enhance a parent's confidence about parenting.

The faculty facilitator then reviews the goals of a medical interview as applied to pediatrics, which include establishing rapport and building a relationship with the parent and child,

reaching a common understanding of the child's symptoms and their impact on the child and family's life, and agreeing on a management plan.[5] After this discussion, students divide into groups of four to five to interview a parent, observe using the Structured Clinical Observation form for data gathering, receive feedback from a parent, and provide feedback about communication skills to a peer. The session closes with a discussion of challenging situations the students have encountered with parents, and the parent-advisors provide recommendations about how to handle similar challenges effectively. Third-year medical students often ask about communication challenges such as the following:

- How to separate a parent from an adolescent for a HEADSS interview (an interview to ask about home environment, education, alcohol, drugs, sexual practices and suicidal ideation).
- What to do if the parent of an adolescent refuses to allow the student to interview the adolescent alone.
- How to respond to parents who get upset about multiple blood draws for their children.

Communication Challenges in Pediatric Encounters

1. **Facilitate a discussion about the unique aspects of a pediatric medical interview.**
2. **Facilitate a discussion of the goals for a pediatric interview**.
3. **Set up practice interviews.**
   a. Divide learners into groups of four or five, each with a parent.
   b. Each group interviews their parent and receives feedback, then they switch to another parent.
   c. One student is designated as the interviewer and another to provide feedback to the interviewer. The other students observe.
   d. Parents provide feedback first, then the designated student provides feedback.
4. **Convene group discussion.** Ask students to present difficult encounters they have had with parents and ask parents to provide coaching points about how they could have handled the situation differently and about their interpretation of the behavior of the parent in the difficult scenario.
5. **Summarize and thank parents.**

- How to respond if parents say they will not talk to a medical student but only an attending physician.
- What to do if a parent asks a question the student does not know how to answer.
- How to ask a parent to restrain an unruly sibling during a pediatric physical examination.

Comments from Third-Year Medical Students

"Any observed interview with feedback opportunity provides an educational opportunity whether or not you are the interviewer or observer."

"I'm learning how to improve my empathetic skills."

"We see real parents with real problems."

"Practice followed by feedback increased my confidence."

"It was great hearing from patients' parents."

Example:
Developmental Pediatrics

Objectives

Medical students will:

1. List the signs of developmental delay in walking.
2. List the signs of developmental delay in talking.
3. Discuss early signs of autism.
4. Discuss his or her role in referring children for early intervention services.
5. Understand the "story" of a child with special needs who received early intervention.

Description of the Activity

The short didactic for this session reviews the principles of child development, very basic points about screening for development, major signals of developmental delay, and where to refer a child for further assessment and early intervention services. (See the presentation slides in the Appendix.) Then groups of four to five students each meet with a parent who has a child with a developmental delay. The parents tell their child's story in some detail, with an emphasis on the time when their child's delays first became apparent and they obtained intervention services. The parents explain from their own experience the role that physicians play in pointing families to the services they need and how to find those services and what the services accomplish for a child and family.

Developmental Pediatrics

1. **Provide a didactic presentation about principles of child development, developmental screening, and referral options.**
2. **Set up small groups for detailed discussions with parents.**
   a. Divide learners into groups of four or five, each with a parent.
   b. The parents in each group lead a discussion about their children's special needs, the time of diagnosis and referral for developmental services, and the particular services that have been important to their children and families.
3. **Convene large group discussion.** Ask students to share key learning points with the larger group.
4. **Summarize and thank parents.**

The Role of Patient- and Family-Advisors

Parents bring their own experiences as case examples to interactive teaching, along with detailed behavioral descriptors that enable medical students and residents to concretely apply principles of communication. The charts below demonstrate how interactive discussions and communication practice with parents translate curriculum competencies and objectives into applicable knowledge and skills for medical students and physicians.

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APA/COMSEP General Pediatric Clerkship Curriculum Competencies

1. **Demonstrate the professional conduct necessary for a successful clinical interaction.**
2. **Demonstrate tolerance of parent and family differences in attitudes, behaviors, and lifestyles, but recognize when a child or adolescent is at risk and know when and how to intervene.**
3. **Evaluate patients from infancy through adolescence in a variety of clinical settings establishing rapport with the patient and family in order to obtain a complete history and physical examination.**

</td></tr>
<tr><td>Topic for learning session</td><td>Role of parent-advisor</td></tr>
<tr><td>What should you do if a parent has behaviors that are not in the best interest of the child's health (e.g. the parent smokes around the child)?

How might you ask a parent accompanying an adolescent patient to leave the room so that you may speak with the adolescent privately (e.g. to discuss personal safety or sexuality issues)?</td><td>Briefly explain their experiences with healthcare providers and give positive suggestions as to how particular situations might be handled in a way that allows the parent, child, and provider to be partners.</td></tr>
<tr><td>How can you best relate to parents who may know more about the particular area of concern than you do (e.g. if you do not have children of your own or the parent is very well educated on the topic, perhaps from the Internet)?

What can you do when a parent is positive that a child has a certain diagnosis and insists that the child receive a test or be treated in a certain way (e.g., a parent believes a child has strep throat, but clinical presentation suggests to you it is a viral process)?</td><td>Parents can give examples of how healthcare providers have handled these situations with them in a way that enabled them to feel heard and respected, yet allowed appropriate medical care to take place. If they have no similar examples from their own experience, they can work with the students in their group to create "scripts" for the provider that would be appropriate.</td></tr>
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Communication Challenges in Pediatric Encounters

Learning Objectives from COMSEP	Learning Objectives from Parent-Generated List of Important Competencies	Teaching Method
ATTITUDES	**ATTITUDES**	
* Students must work to adapt their clinical approach as appropriate to the developmental stage of the child or adolescent and family. * Acute and chronic illnesses and disability test the physician's clinical and interpersonal skills. The student must learn how to communicate clearly and sensitively.	* Respect the strengths of families. * Believe that parents are competent, important, and knowledgeable. * Believe that parents deserve respect and a non-patronizing approach. * Be willing to show your feelings and offer empathy. * Feel that it's okay to be honest and admit your limitations. * Be non-judgmental.	* Informal discussions with parents with feedback from them about interviewing skills.
SKILLS: RELATIONSHIP BUILDING	**SKILLS: RELATIONSHIP BUILDING**	
* Communication with the patient and/or family including establishing rapport and identifying primary concerns.	* Focus on this child and family now. * Make eye contact. * Listen with understanding. * Separate emotions from issues and deal with both genuinely. * Express empathy. * Recognize when parents are in distress. * Listen to strong emotions comfortably. * Take the time to listen to parents identify their true concerns.	* Facilitator/group review of purposes of medical interview and techniques to achieve. * Specific feedback from parents about relationship-building skills.

SKILLS: DATA COLLECTION	SKILLS: DATA COLLECTION	
* Obtain a relevant history that is unique to pediatrics in addition to the standard medical history. * Modify the medical history depending on the age of the child.	* Know how and when to ask open-ended questions. * Ask parents what they know. * Find out about the family's past experience with the healthcare system. * Learn about the family's culture and their style of medical decision-making. * Listen to parents' interpretation of symptoms, knowing that not every child reacts the same even with common illnesses. * Understand what parents say and use their language if necessary to communicate. * Communicate with parents at appropriate cultural and educational level.	* Facilitator/group discussion about differences between pediatric and adult medical interview. * Specific feedback from parents about open- ended questions. * Discussion with parents about particular issues of concern to student concerning interviewing.

Developmental Pediatrics

Learning Objectives from COMSEP	Parent-Generated Competencies	Teaching Method
COMMUNICATION SKILLS	COMMUNICATING WITH PARENTS	
* Identify the primary concerns of the patient and/or family.	*1. Skills* * Take the time to listen to parents identify their true concerns. * Provide information about and referrals to services and organizations available to assist children with special needs and their families. * Provide all information, both hopeful and distressing.	* Practice interview with parent of child with a disability.
	2. Knowledge * Know about the Exceptional Family Member Program. * Know that parents of children with special healthcare needs and disabilities experience "chronic grief." * Know the Individuals with Disabilities Education Act.	* Lecture/discussion.
PROFESSIONAL CONDUCT AND ATTITUDES	MEDICAL DECISION MAKING	
* Acute and chronic illness and disability test the physician's clinical and interpersonal skills. The student must learn how to communicate clearly and sensitively. In such situations, the healthcare team; including parents, patient, and other family members; plays an important role and the student must learn to work within a team.	*1. Attitudes* * See the family as an essential ally in the child's care.	* Practice interview with parent of child with a disability.

SKILLS		
* Obtain a relevant history that is unique to pediatrics in addition to the standard medical history. [Including] development, noting the importance of assessing developmental milestones in evaluating the health of the child.	*2. Knowledge* * Know how to ask questions about the differential diagnosis in a gentle way.	* Practice interview with parents of a child with a disability.
CHILD ADVOCACY	**ADVOCACY**	
* Identify the ways that practicing physicians can advocate for children.	*1. Knowledge* * Know what services/providers are available locally and how to find them.	* Discussion with parent of a child with a disability.
DEVELOPMENT		
* Identify early signs of mental retardation, cerebral palsy, and school failure. * Recognize the appropriate use of the Denver Developmental Screening Test.		* Lecture/discussion.
BEHAVIOR	**COMMUNICATION**	
* Recognize family strengths and resources that can promote a positive outcome for the child.	* Respect the strengths of families. * Know how to promote resilience in families.	* Discussion with parent of a child with a disability.

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4. Lewis C, Pantell R. Interviewing Pediatric Patients. In *The Medical Interview: Clinical Care, Education, and Research.* Lipkin M, Putnam SM & Lazare A, eds. New York: Springer; 1995. Pp. 209–220. Available from The American Academy on Communication in Healthcare, http://www.aachonline.org.

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"It's the quality of the relationship with the patient which is the core context in which medical care must get delivered."
–Edmund Howe, M.D., J.D., Professor, Ethics Course Director