ABC of 1 to 7

H B VALMAN

TALKING TO CHILDREN

The newborn shares with lovers the ability to speak with the eyes. Communication develops from unintelligible sounds to gestures and finally words. An adult elicits these responses from a healthy child by normal speech or appropriate toys. Failure to respond may provide important evidence that there is a delay in development or a defect in the special senses. A quick response may help to distinguish between a child with a severe illness such as septicaemia or a child with a trivial problem who is just tired. Although guidelines on approaching children can be given, a normal range can be learnt only by attempting to communicate with every child.

In the consulting room

While the history is being taken from the mother the child will be listening and watching even if he appears preoccupied with play. If the doctor has formed a good rapport with the mother the child may talk easily when he is approached.

A small table and chair are needed at one side of the doctor's desk, and toys suitable for each age group should be scattered on this table, on the floor, and on adjacent shelves. The normal toddler will usually rush to this table and play. He remains quiet and while the history is being taken the doctor can observe the child's development of play, temperament, and dependence on his mother and the relationship between the parents and child. When the child is playing happily the doctor can wander over and start a conversation about the toys he has chosen. Even if the doctor knows a great deal about levels of communication and development the mother will display a child's abilities by talking to him herself. By observing her first, the doctor can pitch the method and type of communication at the right level. Ideally the eyes of the child and the doctor should be on the same horizontal plane so the doctor may have to sit on the floor, kneel, or crouch. Adequate time should be given to allow the child to respond, particularly those who cannot say words.

Questioning the child

An older child may choose to sit next to the doctor and it may be possible to prompt him or her to give the history. The first words determine the success of the interview. The question "Where is the site of your abdominal pain John?" will be greeted by silence. Questions which might start the conversation include "Which television programme do you like best?" "Did you come to the hospital by bus or car?" "What did you have for breakfast?" It may be necessary to make it clear to the mother that the doctor wants to hear what the child has to say. She may interpose answers because she can give a more accurate history, wants to avert criticism, is overprotective, or wants to save the doctor's time. Ideally, the child and his parents should be seen together and later separately, but a child who does not speak freely in the presence of his parents is unlikely, during the first visit, to speak more openly when he is separated.

Reassuring mother and child

The child should be addressed by his own name or the nickname that he likes. A little flattery sometimes helps—for example, admiring a girl's dress or saying that a toddler is grown up. A cheeky smile in response to a question as to whether a boy fights with his sister shows that you are on the right wavelength. For children who are not yet talking it may be possible to play a simple game of putting things into a cup and taking them out or making scribbles on a piece of paper alternately with the child. Simple words should be used which the child is likely to understand, but if a doctor uses a childish word when the patient knows it by a normal word he will think that the doctor is treating him as a baby and underestimating his abilities.

Whatever the age, talking to the child while examining him has several advantages. If the doctor says, "That's good" after listening to the heart for a long time this reassures the mother that he has found nothing dreadful. Saying to the child, "You are very good this time" or "You are very grown up" often keeps the child still while his ears are being examined or his abdomen palpated. Even if the child does not understand the meaning of the words, the tone of the examiner's voice may calm him and allow prolonged detailed examination without protest.

Going to the doctor should be a treat, so more exciting books, toys, and equipment should be available than are present at home. In the past many doctors used sweets to soften the trauma of a visit to the surgery but many mothers now frown on doctors who have apparently not heard the advice of dentists. A sweet in the mouth of the child during examination of the throat can be dangerous. A properly equipped waiting room and consulting room will enable a more accurate clinical diagnosis to be made and provides an incentive for the child to come again and not to want to go home on the first visit.

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Toys

Toys appropriate for a child's development are useful in assessment but are also necessary to ensure that the child co-operates during the examination. Suitable toys for various ages include: press-up animals, elasticated collapse-return toys, snowstorms or shaking and turning toys, kaleidoscopes, miniature people, cars, crayons, telephones, rag doll, crayons and paper, dolls' house and dolls' furniture, wooden puzzles, fitting plastic beakers, plastic rings on a pole, books: Ladybird first picture books 1-3 years; Mister Men 3-6 years. A glove puppet is also very useful for shy children, who will sometimes talk to a puppet but not to an adult. It can also be used to divert attention.