



## Participant briefing notes

### Title

Delivering difficult news to children's families

### Summary/overview

This workshop aims to equip allied health professionals with skills in how to effectively deliver difficult news to children's families in a team environment. There is a particular focus on developing awareness of communication skills in these situations.

Following an introduction to the workshop, which will briefly cover aspects of simulation; there will be a short education session which will address communication skills required in delivering difficult news. Following this you will be divided into 2 groups and take part in a simulation activity with parents. Participants will be divided into 2 groups – A and B. There are 4 components to this simulation:

- i. Group A participates in the simulation scenario initially with Group B observing (20 min)
- ii. Groups A and B debrief – parents not involved in this debrief (40 min)
- iii. Group B participates in the simulation scenario while Group A observes (20 min)
- iv. Groups A and B debrief again – parents involved in this debrief (40 min)

Following simulation activities A and B, you will be asked to take part in a debriefing session which will address what happened in the scenarios and relate back to the learning objectives. The debriefing session will be led by the facilitator and include discussion with the group participants as well as the parents who are involved in the simulation.

### Learning objectives

By the end of this simulation, participants will be able to:

1. Identify the communication skills required in effectively delivering difficult news.
2. Identify the key aspects of their own communication style.
3. Demonstrate the communication skills required in effectively delivering difficult news.

### Scenario

This simulation activity is set in a meeting room in a clinic setting and will involve two parents who will be involved in discussions regarding their son, Thomas. Thomas has not been making progress in therapy and the treating therapists suspect cerebral palsy and agree that a referral to a developmental clinic or paediatrician is essential. Previous discussion with parents has indicated a refusal to acknowledge the child's lack of progress and a request that therapist's reports are kept confidential from the child care centre.

### Your tasks

The aim is for you to incorporate your learning from the simulation activity and the material discussed in the workshop to formulate a team recommendation that incorporates the wishes of the parents. It is beneficial for all participants to engage with the simulation activity and participate as if it was a "real" situation.

### DISCLAIMER

Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the authors and publisher are not responsible for perceived or actual inaccuracies, omissions or interpretation of the contents of this simulation. All characters appearing in this simulation are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

## About the parents

<i>Names / age</i>	Michael and Anita / Mid 30s
<i>Reason for meeting</i>	Michael and Anita have an 18 month old son, Thomas, with global developmental delay. Their son is currently receiving physiotherapy, occupational therapy, speech pathology and social work input. The treating therapists suspect cerebral palsy and agree that a referral to a developmental clinic or paediatrician is essential but are aware that this will be challenging for the parents to agree to.
<i>Background</i>	<p>Anita has 3 older children from a previous marriage. None of the children are present at the meeting. Thomas lives at home with parents and 3 older step-siblings. Father works shift-work and Mum has started working part-time recently. Thomas has recently commenced child care where his teachers have identified global delay and have also raised these concerns with his parents. Thomas' history has included:</p> <ul style="list-style-type: none"> <li>• Full-term normal vaginal delivery with Apgars 8 and 9</li> <li>• Low birth weight</li> <li>• Slow to establish feeding</li> <li>• Unsettled baby</li> </ul> <p>Presentation: Small for age, not yet walking independently – bottom shuffles. Delayed gross and fine motor skills, delayed speech and language and continued feeding delays.</p> <p>Previous discussion between parents and allied health professionals has indicated a refusal to acknowledge the child's lack of progress and a request that therapists' reports are kept confidential from the child care centre. Parents previously failed to follow-up on initial referral to the team from the general practitioner when Thomas was 6 months old.</p>

## Conducting the parent meeting

<i>Physiotherapist *</i>	Your assessment has indicated that this little boy has significant motor difficulties. All significant motor milestones have been delayed and he is not yet walking independently (bottom shuffles) and has low tone.
<i>Speech pathologist*</i>	Your assessment has indicated that Thomas does not respond consistently when his name is called nor is he really combining consonants and vowels together on a regular basis. He only seems to have one word in his vocabulary 'mum', which he uses sporadically. He was slow to establish feeding as a baby, continues to avoid lumpy consistencies, is not able to self-feed with a spoon and prefers his milk from a bottle.
<i>Social worker*</i>	Initial discussions identify that Thomas lives at home with parents and 3 older step-siblings. Father works shift-work and Mum has started working part-time. They are struggling to believe that anything is wrong with their little boy and they have previously had no experience with health services in this capacity and are anxious and concerned.
<i>Occupational therapist*</i>	Your assessment results indicate that this little boy is presenting with significant delays across a number of domains. In particular the quality of movement is reduced with evidence of hypotonia. Social skills appear well developed although problem solving skills are also disordered.
Team leader (nominated by team)	You have developed a relationship with the parents and need to facilitate the meeting to ensure all therapists report on findings and the parents are an integral part of the discussions. You also need to report on your individual findings.
	*These roles may vary according to allied health professionals participating and one person will be identified as team leader.

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