

Ask EuroSafe Imaging Tips & Tricks

Paediatric Working Group

Interacting with children during radiographic procedures

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The Convention on the Rights of the Child highlights the need to promote equality in communication between health care professionals and children seen in health care (Unicef, 2018).

In this regard, participation and person-centeredness is important in the interaction with each child to provide adequate information on the radiographic process in a way that the child can understand.





Charter of Fundamental Rights of the European Union, article 24:

- Children shall have the right to care as is necessary for their wellbeing.
- They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity.
- The child's best interests must be a primary consideration.



Children's development



 Children's cognitive development is, according to Piaget, divided into 4 stages. He viewed intellectual growth as a process of adaptation (adjustment) to the world (Piaget 1953)





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Children's development



0-2 years: Sensorimotor stage

Experience the world through senses and action

3-6 years: Preoperational stage

- Egocentric
- Symbolic and animistic thinking

7-11 years: Concrete operational stage

- Understand other people's perspective
- Thinking logically about concrete things

12 – years: Formal operational stage

Abstract reasoning

Piaget, (1953)





0-2 years: Sensorimotor stage

This stage is a period of rapid cognitive growth.

During this period, infants develop an understanding of the world through trial and error using their senses and actions.

They are often afraid of unknown people and separation from parents during a procedure may cause anxiety.

In preparation of a radiographic procedure, basic needs of the infant should be met, and the parents should be adequately informed of the procedure.





2-6 years: Preoperational stage

The symbolic thinking is clearly expressed in language and imagination.

At the beginning of this phase, the child sees the outside world only from their own perspective and has difficulty understanding how others think and feel (egocentric).

The child assumes that everyone experiences the world in the same way as they do and therefore does not always express how they feel because we should already know that.

Be at the child's level and explain the procedure in easy terms. Repeat the information during the procedure to be sure that the child understands.





7-12 years: Concrete operational stage

The child has an internal logical thinking and understands conversation, reversible reasoning and can familiarize themselves with other people's perspectives.

Furthermore, children of this age have a better idea of time, (past, present and future).

They can apply logical reasoning, but their thoughts are still dependent on their actual actions with the objects. They can therefore apply logical operations, but these are concrete in their execution.

Be clear about the procedure and give the child an opportunity to ask questions.





12- Years: Formal operational stage

The adolescent understands various concepts.

They reflect on their own thinking, use hypothetical concepts and work more systematically, evaluate different ideas and understand that there is often more than one answer to a question.

A tough attitude may be a way of hiding anxiety.

Adolescents at this stage may not want to have their parents present during the procedure.

Be clear about the procedure and give the adolescent an opportunity to ask questions.





Research shows the distribution of verbal interaction between children and radiographers during a radiographic procedure (Björkman et al 2013)

Age groups	Task focused utterances	Socio emotional utterances
3-6 years	70.3%	29.7%
7-11 years	75.2%	24.8%
12-15 years	83.1%	16.9%
Total	75.0%	25.0%





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Children in the Radiology Department



- As health care professionals in a radiology department, we need to keep in mind, that within this high technology environment, which is our everyday environment, it is a place that may bring forth various feelings in a child.
- First, it may be a new and unknown place that seems frightening, leading to feelings of anxiety and distress.
- The reason for the visit to the Radiology Department may be due to illness or injury also causing anxiety and pain which may be exaggerated during the procedure.

(Björkman 2014)

• The interaction between the radiographer and the child is vital for the outcome of the examination (Björkman et al 2013).



Children in the Radiology Department



 The interaction may be challenging – especially when meeting a child with special needs such as autism spectrum disorders

(Gimbler Berglund et al 2013)

 Lack of knowledge about the problems associated with autism spectrum disorders (ASD) in health care professionals may cause problems in the interaction with the child

(Lindberg et al 2012, Bultas et al 2016)





- It is well-known that children with special needs, for example children with ASD, tend to be more anxious than typically developed children. (Johnson & Rodriguez, 2013).
- In addition, those children may have difficulties, which may be a challenge when seen for a procedure in the Radiology Department.
- Difficulties may include, communication, both to express themselves and to understand verbal information.
- Also, there may be difficulties with social interaction, for example, not being able to "read" and understand the situation.





- Often children within the autism spectrum are inflexible, in that they are dependent on routines and are highly sensitive to changes in their environment.
- In addition, they might be sensitive to stimuli such as touch, for example, a light touch may cause pain.
- Also, visual stimuli could be overwhelming and "too much"...





- Children with special needs are frequent users of a variety of health care systems, including procedures and treatment in the Radiology Department.
- Also, as they often experience more anxiety than typically developed children, it is even more important that the interaction between the child and the radiographer is a successful one. In order to have the child participate in the procedure in the best way possible, there is a prerequisite for good care and an optimum procedure.





 Research shows the distribution of Radiology Departments taking care of children with special needs (Björkman et al 2016)





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Interaction with children



Parents find that health care professionals do not understand the complexity of interacting with children with special needs (Davignon et al., 2014).

Adapted information to the child's level of understanding is necessary to meet each child in a person-centered way and to achieve participation and a successful outcome of the health care procedure (Björkman et al., 2014).

Adapted information should be provided regarding benefits and risks of the procedure (WHO 2016).

More tips can be found on the following sites:

https://www.who.int/ionizing_radiation/pub_meet/radiation-risks-paediatricimaging/en/

https://www.imagegently.org



Interaction with children



- Inclusion of different parts must be considered as an advantage, since children of different ages and developmental stages have different needs.
 Furthermore, if parents are involved, it is shown to influence improved communication and social functioning (Gårdling, 2017).
- One way to achieve a person-centered encounter and to support the communication is to use illustrations as part of an Augmentative and Alternative Communication (AAC); (Beukelman et al., 2013).
- It is rather common that children within the autism spectrum tend to have difficulties with communication, both in understanding verbal interaction and expressing themselves verbally.





 Illustrations can be used in the interaction with children during radiographic procedures (Møller Christensen et al 2019)



When it is time for your examination, the radiographer will come for you.





- Guidelines can help when planning for a procedure. A check-list can be used to prepare for a person-centered meeting with the child and family.
- It is important that health care professionals are aware of how the child communicates – for example, the child communicates through pictures or maybe uses other, alternative communication aids.

(Gimbler-Berglund et al 2017)





 It may help the health care professional to have information regarding what the child likes or dislikes and what worries and calms the child in order to achieve participation.

 Regarding the child's sensitivity to stimuli, it is important to know how the child reacts to sound, light and touch. Other contextural needs should also be taken into consideration in order to prepare for the procedure and interaction in the best way possible.

(Gimbler-Berglund et al 2017)





Guidelines

- Planning
- Checklist
- Environment
- Time
- Communication
- Health care professionals

Checklist – person-centered

- How the child communicates
- The child's special interest
- What the child likes/dislikes
- What works/does not work to achieve cooperation
- What worries/calms the child
- How the child shows anxiety
- How the child reacts to sound, light, touch
- Cognitive impairment
- Contextual needs

(Gimbler-Berglund et al. 2017)



Conclusion



Professionally skilled and sensitive radiographers are a prerequisite for a successful interaction with children during radiographic procedures



The Radiographer Caring Model (Björkman 2014)



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Conclusions



- Person-centeredness in the radiographic process is a prerequisite for a successful interaction with children and their family.
- Interaction and information adapted to each child's level of understanding may facilitate participation in the radiographic procedure.
- Guidelines and pictures developed for the radiographic context can be used to facilitate the interaction during radiographic procedures.



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