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What do children think about doctors' communication, at the Teddy Bear Hospital?

Original Article

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Abstract

Aim

Excellent communication is essential for health professionals working with children. Teddy Bear Hospital (TBH) is an innovative method of developing paediatric communication skills in healthcare students. By exploring the child's perspective of

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medical students' communication at the TBH, we sought to better understand the role TBH plays in the development of the communication skills in medical students.

Methods

Semi-structured interviews were conducted with 31 children, aged three to eight years old, who were attending a TBH run by third year medical students at the Royal Children's Hospital in Melbourne. These interviews were recorded and transcribed after which themes were generated by inductive content analysis using the program *NVivo 12*.

Results

Children used mostly positive language when describing interactions with teddy doctors. However, almost half of the children could not recall the medical students explaining why their teddy was sick or how their teddy would get better. Furthermore, many teddies returned from TBH with medical issues different to their initial presentation.

Conclusions

The communication described at TBH was overwhelmingly positive with children describing little difference between medical students and actual doctors. However, the mismatch in teddy medical issues before and after a visit to TBH along with the lack of understanding on teddy health management plans, suggests the need for further evidence-based training in communication skills for medical students to improve their ability to communicate with very young children.

What is already known on this topic

1. TBH is used in health education to teach paediatric communication skills.
2. Healthcare students and educators believe TBH plays a positive role in the development of communication skills with children.
3. Often children are not involved in conversations about their own health.

What this paper adds

1. Children describe little difference between the communication skills of teddy doctors (medical students) and actual doctors.
2. Children report a positive communication experience with teddy doctors but limited discussion of their teddys' health complaint.

3. For health education goals to be achieved, more focus on involving children in conversation about teddy's health complaint and management, is required.

Background

Effective communication is central to the formation of a strong therapeutic relationship between doctor and patient; in adults this has been linked to better health outcomes in the form of improved daily function, pain management and better psychological adjustment (1). It is theorised that paediatric patients would show similar improvements in outcome when also provided with the opportunity to form a strong therapeutic alliance with their doctors (2).

Teaching of communication skills is recognized as an important aspect of paediatric training (3); one teaching tool that has gained global interest is Teddy Bear Hospital (TBH). TBH utilises role play where healthcare students take on the role of "teddy doctors" and children play the role of their teddy's parent (4). It has been suggested that TBH provides healthcare students with the experience required to build confidence as well as bring theoretical knowledge of 'good paediatric communication' into practice (5).

While evidence supports TBH as a means of developing good interpersonal skills with children (5-7), most data is from the perception of student participants and educators. Our research adds the unique perspective of children on the communication of medical students running a TBH, to inform how best to meet the aims of TBH in developing health student's communication skills as well as providing health messages to children.

Methods

This study evaluated the experience of children, using pre- and post- TBH interviews. Participants included children, aged three to eight years old, participating in a TBH at the Royal Children's Hospital, Melbourne. Ethical approval was obtained

from the Royal Children's Hospital Ethics Committee in 2018 (HREC Reference Number: 47852).

The TBH was run, independently from the research team, by medical students (teddy doctors) from the University of Melbourne completing their third year in the Doctor of Medicine course. The teddy doctors were provided with teddy bears, alcohol hand sanitizer, bandages, plastic needles, springes and thermometers, tape measures, stickers, a mock X-ray machine, X-ray pictures printed on paper, empty inhalers and their personal stethoscopes. Each child would see a teddy doctor, with their soft toy, for five to ten minutes.

Children attending the hospital as visitors, for outpatient clinics or occasionally an ambulant in-patient were able to attend the TBH. All children aged three to eight years old, attending TBH, were invited to participate in the research. Children above the age of three were chosen as it was the experience of the senior members of the research team that children at this age and above could articulate their lived experience. Information was given verbally and in written format, and written consent was provided by the child's caregiver.

We conducted the pre-TBH Interview immediately prior to the children attending TBH and the post-TBH interview directly after the child's participation in the TBH. Interviews were conducted behind cardboard stands directly opposite TBH. Parents joined the child for the interview but were asked to refrain from answering questions for the child. The interviews were semi-structured and lasted five to ten minutes; the pre-TBH Interview and post-TBH Interview question framework is displayed in Appendix 1. Brief demographic data such as age and reason for being at hospital was collected during the pre-TBH interview however the focus of this interview was asking the children about prior experience with doctors, reason for teddy's visit to TBH and what good doctors should do in communicating with children. The post-TBH interview focused on the child's experience of interacting with the teddy doctors, including the way in which the teddy doctor spoke to them as well as what information the teddy doctor told them about their teddy's presenting complaint and management. Children were also re-asked the reason for teddy's visit to TBH. Interviews were either filmed or audio taped using an iPad or a hand-held camera.

Video and audio files were stored on a password protected computer at the research centre. Video and audio files were transcribed using an agreed upon template designed using pre-existing guidelines (8) in order to code non-verbal as well as verbal responses. Inductive content analysis was then undertaken by researchers utilising the program *Nivo 12*. As there was minimal existing literature relating to children's perceptions of TBH experiences, themes were generated by the data analysis itself. Two research coders were used to ensure reliability. This project was focused mostly on qualitative data. However, grouping of related responses into themes to present as quantitative data was done to compliment findings as the data was evaluated.

Results

31 children were interviewed with all but two children completing both the pre- and post-TBH interviews. Only 1 interview was audiotaped while all others were videotaped. All participants were between the age of three to eight years old (with a median age of five years old) and were predominantly female (19/31, 61%). Of the 31 children, 23 (74%) of them were at the hospital for the purpose of attending outpatient appointments and two (6%) children were current inpatients; the remaining children (6/31, 19%) were visiting someone at the hospital or accompanying a sibling.

The responses to the questions shown in Appendix 1 are presented below with selected quotes to provide context.

Question: How have doctors talked to you in the past? (Pre-TBH interview)

Many children found this question difficult to answer. Some required assistance from parents or researchers. Answers to this question were therefore grouped into 'Unprompted responses' and 'Prompted responses' (see appendix 2, for examples of both).

Seven children gave 'Unprompted responses' and the themes identified included, doctors speaking 'gently/ softly', 'kindly/ nicely' as well as being 'funny', 'good at explaining' and 'giving hugs'. The most frequent of these responses was 'kindly/ nicely'. Only one child reported doctors 'gave hugs' and one other reported doctors were 'good at explaining'.

She explains stuff to me nicely [*gesturing with open palm*] /, and, if I don't understand it, she explains it a little bit better? (**#C4, Female, 8yo**)

'Prompted responses' were grouped into 'good' and 'not good'. Six children responded in this way with five (83%) viewing past communication with doctors as 'good' while only one child responding that prior communication had been 'not good'.

Interviewer: Do you think they're good at talking to kids?

Child (#12, Male, 5yo): [*Shakes head*] Because they don't have words.

Question: How did the teddy doctor speak to you today? (Post-TBH interview)

Answers to this question were grouped into 'Communication style', 'Traits' and 'Actions'.

The themes identified relating to 'Communication style' were, 'spoke nicely', 'spoke softly', 'spoke confidently', 'explained' and 'did not explain enough' with 'spoke nicely' and 'spoke softly' being the most frequent responses.

The responses were categorised as 'Traits' included only the theme 'nice' and which was deemed separate from the teddy doctor spoke 'nicely' as the children did not specify it was the communication of the teddy doctor that was nice.

Interestingly, many responses to the question, "How did the teddy doctor speak to you today?", focused on the outcome of the consultation which were grouped as 'Actions'. The most commonly identified theme in this group was that many children reported the teddy doctor 'helped teddy'.

Interviewer: Do you think the doctor was good at talking to teddy?

Child (#H4, Male, 7yo): [*nods*] Good how the doctor was being nice to teddy and giving medicine and helping him.

Question: Did the teddy doctor explain things to you? (Post-TBH interview)

Two questions were asked around the teddy doctor's ability to explain things to children.

The first was, "Did the teddy doctor explain what was wrong with teddy?" which had responses from 18 children. Equal numbers of children responded 'yes' (9/18, 50%) and 'no' (9/ 18, 50%) to this question.

The second question was, "Did the teddy doctor explain how teddy was going to get better?". This had a larger portion of children answer affirmatively (13/21, 61%). Of the 13 children who answered 'yes', nine were able to repeat the advice they were given by teddy doctors including giving teddy 'medicine', 'bandages', 'bedrest' and 'X-rays'. Eight (39%) children responded stating their teddy doctor had not explained to them how their teddy was going to get better. The second question had a higher response rate than the first with 21 children responding.

Question: If you could teach doctors how to be a good doctor, what would you teach them? (Pre-TBH interview)

Responses to this question were grouped as being related to 'Communication' or 'Actions'.

Themes identified related to the 'Actions' of a doctor were, 'checking what is wrong', 'making people better', 'rewarding children', 'doing gymnastics', 'doing X-rays' and 'lying down', presumably related to preparing children for examination. The most

common response was 'checking what is wrong' followed by 'making people better', 'rewarding children' and 'lying down'.

Children who provided advice related to 'Communication', most frequently suggested for doctors to 'speak gently' or to use 'nice language' with less children advising to 'speak slowly', 'speak clearly', 'use understandable language', 'explain' and 'listen to children'.

Interviewer: Is there anything about how to listen to children or about how to talk to children?

Child (#R2, Female, 8yo): U::m. [*brings hand up to chin*] Talk to them (..) so they can understand [] use not hard words [] U:m. In a nice voice. [] Clearly.

Comparisons in teddy's medical complaint before and after TBH (Pre/Post-TBH interview)

Children were encouraged to decide prior to visiting TBH, the reason for their soft toy's visit. The most common reason for presentation given pre- TBH, was 'an injury' which was often due to teddy 'falling' however responses did vary (see Figure 1). Interestingly, in response to the same question, about presenting complaint, asked during the post-TBH interview, many children reported a different presenting complaint for their teddy.

Of the 21 children that responded to both questions, we found that while nine (43%) teddies had a similar presenting complaint both prior and post seeing a teddy doctor, the presenting complaint of 12 (57%) teddies were different, of which half (6/12, 50%) had changed from a non-injury concern to an 'injury'. An example of a differing presenting complaint is:

Pre-TBH Interview

Interviewer: What do you think you're going to see the doctor about today with [teddy]?

Child (#R1, Female, 5yo): [*looks at teddy*] Um her head is itchy.

Post-TBH Interview

Interviewer: So why was [teddy] seeing the doctor today?

Child (#R1, Female, 5yo): [*glances at teddy bear hospital*] Because she had holes in her legs.

Discussion

We aimed to gain a greater understanding of the role TBH plays in the development of communication skills by healthcare students. Overall, communication was deemed effective by children attending TBH however minimal conversation around health matters echoed previous research into how doctors communicate with children (9).

Aspects of the communication style of teddy doctors which children deemed to be good, were consistent in how children viewed their communication with actual doctors. Both the communication of actual doctors and teddy doctors was viewed as largely positive with few children providing criticisms.

However, when asked “What would you teach doctors about how to talk to children?”, children described attributes (such as speaking clearly and using language they could understand) that had *not* been highlighted when asked about the communication observed in teddy doctors nor actual doctors. It has been described in prior research that whilst children express a desire to understand health matters (10), this is often overlooked by health professionals (9), in this instance, the teddy doctor. Our research supports this, by the apparent gap in communication around teddy’s presenting complaint. We found many children were not provided with information that they could recall, relating to their teddy’s presenting complaint or management. This is consistent with the literature which suggests doctors often engage with children in consultations, mostly as a means of gaining information or building rapport but often don’t provide children with the opportunity to be involved in communication when relating to health and management (9). Whilst it is may be argued that teddy doctors were engaging children in conversations around the health complaint, with children merely not retaining nor recalling this to researchers, it has

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been previously shown that TBH can be used as a platform in which to engage and educate children on health matters (11) making this possibility less likely.

Many children also offered a different presenting complaint for their soft toys, after attending TBH compared to before. This may be due to children not telling the teddy doctors why teddy had presented to TBH, or alternatively, teddy doctors may be changing the teddy's presenting complaint provided by children in favour of labelling teddy with a complaint that can be more easily utilized in play therapy. Many presenting complaints changed from a 'non-injury' to an 'injury' possibly because bandages and an X-ray machine were readily available to the teddy doctors for use in play. Whilst it is true that often the perceived pathology by the patient prior to presentation to a doctor often changes post consultation, this may also be interpreted as further evidence that many teddy doctors are not engaging with teddy's initial presenting complaint nor letting the child lead the play.

While TBH aims to promote effective communication with children in healthcare students (4) our results suggest that there is missed opportunity to use best practise health-related communication. This includes educating children around health matters as well as encouraging children to drive the conversation around health concerns as a means of promoting patient centred care.

Limitations

There are a number of limitations with research seeking the perspective of young children. It was noted that many children struggled to answer all questions. For children who required further prompting to answer questions, either by parents or researchers. Effort was made to rephrase questions to aid in understanding rather than lead the child to an answer. However, at times children may have been led to answers, despite the training of interviewers (please see appendix 2). In addition, the researchers were strangers to the children which may have elicited anxiety in some children, thereby affecting their responses. It was the experience of researchers that children's response rates improved as more interviews were conducted and the confidence of interviewers increased. One suggestion to improve the response rate of young children would be to use interviewers already known to the children and

experienced in communication with younger children. Regardless, this does highlight some of the barriers of research seeking perspectives from young children.

Conclusion

Overall, children believe teddy doctors to be good communicators with very few children providing criticisms. However, the opportunity provided by TBH, to involve children in discussions around the presenting complaint, disease progress and treatment options was not utilised by many teddy doctors. Developing skills to *listen* to rather than 'talk to' children and techniques to involve children in their own healthcare is an important skill and therefore further training for healthcare students may be required to ensure best practice paediatric communication is being developed at TBH. Further research directly observing the interaction between teddy doctors as well as other health professionals and children, would be useful in exploring the conclusions drawn from this research.

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Appendix

Appendix 1:

Questions asked to children during Pre-TBH Interview

1) What will you see the Teddy Doctor about today with Teddy?
2) How have doctors talked to you in the past?
3) If you were teaching doctors how to be a children's doctor, what would you tell them? - What would you teach them about how to talk to children?

Questions asked to children during Post-TBH Interview

1) Why did you take Teddy to the Teddy Bear Hospital?
2) Was the teddy doctor good at talking to you?
3) Did the Teddy Doctor Explain: - Why teddy was sick? - How teddy was going to get better?

Appendix 2:

Examples of prompted vs unprompted responses.

Unprompted:

Example 1

Interviewer: And, how do you think that doctors talk to kids like you?

Child (#A1, Female, 8 yo): Umm...they have, a soft voice, and they be kind to you?

Example 2

Interviewer: How do doctors speak to you?

Child (#C5, Female, 7yo): (.....) they speak to me nicely

Prompted:

Example 1

Interviewer: Now...do you ever talk to doctors? How do you think they talk to you?

Child (#E2, Male, 3yo): Yeah [looks at TBH]

Interviewer: Yeah okay. Andd... do you think, that doctors are good at talking to kids?

Child: Yeah

Abstract

Aim

Excellent communication is essential for health professionals working with children. Teddy Bear Hospital (TBH) is an innovative method of developing paediatric communication skills in healthcare students. By exploring the child's perspective of medical students' communication at the TBH, we sought to better understand the role TBH plays in the development of the communication skills in medical students.

Methods

Semi-structured interviews were conducted with 31 children, aged three to eight years old, who were attending a TBH run by third year medical students at the Royal Children's Hospital in Melbourne. These interviews were recorded and transcribed after which themes were generated by inductive content analysis using the program *NVivo 12*.

Results

Children used mostly positive language when describing interactions with teddy doctors. However, almost half of the children could not recall the medical students explaining why their teddy was sick or how their teddy would get better. Furthermore, many teddies returned from TBH with medical issues different to their initial presentation.

Conclusions

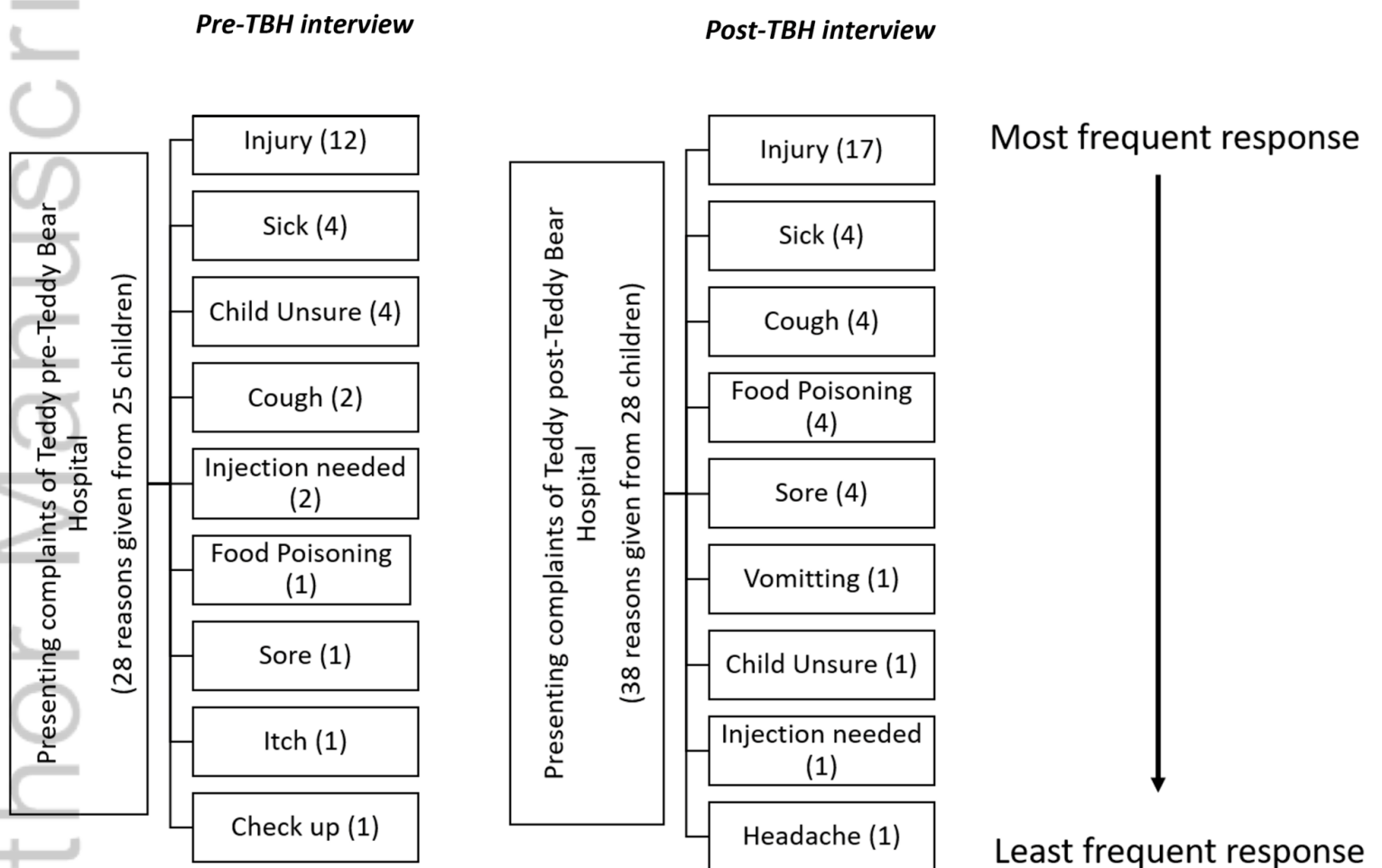
The communication described at TBH was overwhelmingly positive with children describing little difference between medical students and actual doctors. However, the mismatch in teddy medical issues before and after a visit to TBH along with the lack of understanding on teddy health management plans, suggests the need for further evidence-based training in communication skills for medical students to improve their ability to communicate with very young children.

What is already known on this topic

1. TBH is used in health education to teach paediatric communication skills.
2. Healthcare students and educators believe TBH plays a positive role in the development of communication skills with children.
3. Often children are not involved in conversations about their own health.

What this paper adds

1. Children describe little difference between the communication skills of teddy doctors (medical students) and actual doctors.
2. Children report a positive communication experience with teddy doctors but limited discussion of their teddys' health complaint.
3. For health education goals to be achieved, more focus on involving children in conversation about teddy's health complaint and management, is required.



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Original Article

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