Introduction

Use of patient activation techniques can result in improved primary care use and outcomes. Although interventions targeting patient or provider can be used to improve communication in health care, interventions aimed at both may be synergistic. Studies suggest that patients who participate more in visits enhance the use of positive communication skills among clinicians.\(^1,2\)

The term patient activation refers to interventions that serve a dual purpose of increasing patients’ participation in visits and their positive expectancies for the outcomes of treatment. Most interventions consist of helping patients to formulate questions for their doctor once the actual visit begins.\(^3,4\) This help may include prompting patients to review their current treatment, identifying areas where clarification is needed, reporting on whether treatment goals have been achieved, and asking about alternative forms of treatment. Patients may be coached on how to ask about these issues and are reassured that discussing them is appropriate. The most frequently cited patient activation study, carried out with adult ambulatory patients, found that coaching patients to ask questions led to more active participation in visits and improved clinical outcomes for patients with hypertension, diabetes, and chemotherapy side effects.\(^5,6\)

Although patient activation has been carried out using print, video, and face-to-face methods, face-to-face interventions may be the most effective.\(^3\) More intensive patient activation efforts may be required for ethnic minority patients. A review and meta-analysis of patient communication interventions\(^7\) found that interventions were more effective with white than minority patients. The causes of this difference may rest with patients and providers. Clinicians have been observed to be more dominant and less patient-centered with minority patients.\(^8\)

Few patient activation studies have targeted the needs of adult and pediatric primary care patients. One study\(^9\) presented parents and children aged 5 to 15 years with brief videotapes to demonstrate skills for communication with the doctor prior to the visit. Children also received workbooks in which they could write questions. Children receiving the intervention had better recall of the doctor’s recommendation, and reported a greater preference for taking an active role in their own care. Another study\(^10\) successfully used a self-administered child development inventory with parents of children 15 to 47 months of age to increase the discussion of behavioral and developmental issues during primary care visits. From this work, the following approach to activating pediatric patients was derived:

**Graded Steps to Activating Pediatric Patients**

1. Screen with standard forms (eg, Pediatric Symptom Checklist, Strengths & Difficulties Questionnaire), using youth versions as available. After reviewing the results, ask direct questions of the child to verify and expand on responses.

2. Use question lists—ask parents and children to jot down questions they would like to ask the doctor.

3. Have pre-visit staff ask parents and children for questions they would like to ask and prompt them to do so; learn how to do this age-appropriately for children, youth, and parents.

4. Train the staff (pre-visit) to be able to read faces, follow up on hints, help people formulate questions that they are uncertain about asking, and probe for full agenda.

5. Train the primary care staff to use a variety of skills to engage children and parents in the visit.

**Techniques to Manage Interactions With Parents in the Room**

In pediatric visits, doctors typically spend most of their time talking with parents. Doctors tend to collect information from children, but then deliver their formulation and advice mostly to the parents. When doctors give information to parents and children, parents are more satisfied, children learn more, and outcomes may be improved. In addition, children and parents provide contrasting information about many problems—parents report more overt behavior problems than children, but they tend to lack knowledge of children’s mood problems and underestimate the extent to which children have been exposed to stresses outside the home. Some techniques to help engage patients and parents are on the next page.
1. When a visit begins, attempt to individually greet and acknowledge each person in the room.

2. Using age-appropriate language and taking your time, try to elicit initial concerns and follow-up information from children as well as adults.

3. Do your best to keep the conversation balanced between parent and child. You can do this informally by shifting your gaze and body position back and forth. If you sense the need, state explicitly that you want to hear from everyone.

   “I want to make sure that you both get a chance to talk about things as you see them. Which of you would like to go first?”

   If one party interrupts: “I want to make sure that we have time to hear both of your views—can you hold that for just a minute while X finishes?”

4. When there are disagreements
   • Don’t get in the middle or take sides—ask parent and child or parent and partner to address each other rather than talking to you as if the other was not present.

   “It may seem a little funny, but rather than telling me about X, can you tell X yourself how you feel about things?”

   • If people are upset with each other, first find something positive in it, but then try to tone things down.

   “This must be hard—it’s difficult when 2 people care a lot about each other but really disagree. Is there a way you could tell X how you feel but also let him know how much you care about him?”

   • Be on the alert for statements that cast another family member as all good or all bad, or imply that the speaker knows just what someone else is thinking. Examples include

     “She is always late.”

     “She never picks up after herself.”

     “He is lazy.”

     “He doesn’t care about anyone else in the family.”

   Responses on your part can be

     “Ever, never, always—those words have a way of putting people on the defensive. Can you try telling her those concerns again, but without using those words?”

     “People often get upset if they feel you are labeling them—and it can really stick with kids even if they tell you they don’t care. Can you tell him what he does that upsets you, without using that label to explain why he does it?”

     “This may seem a little silly, but could you try to start everything you say with ‘I think’ or ‘I feel’ so she will know that it is your opinion and something that we can talk about?”

5. Engage children as much as possible in developing and troubleshooting treatment plans.

Use language they can understand—filling in more details for the parent as needed. When you develop a treatment plan, ask children to walk through it with you and see what part they want to play. Ask them to give you feedback on specific parts; make a note of those things in the chart and ask about them at subsequent visits. For example,

   “So it seems that you and your mom agree that we should try medicine to see if it can help you do better in school. That’s going to mean taking a pill every morning. How are you at taking pills?”

   “Are you good at remembering things?”

   “Do you have any ideas about how we should do that?”

   “Next time, can you tell me how that plan you had for remembering worked out?”
References


