

Promoting the Importance of Child Development and Collaborative Links with Health Play Specialists

Alison Tonkin and Claire Weldon

Aim of the presentation

To promote Article 8 of the European Association of Children in Hospital Charter which states that:

“Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental need of children and families” (EACH 2014)

<http://www.each-for-sick-children.org/each-charter.html>



Background



The best ideas emerge just after the bill comes

Our cunning plan...

Working with children and young people is a skill and as with all skills, it needs to be practiced and refined.

Do not let 'unfortunate incidents' discourage you because there will always be a child or young person that catches you out.

Developing ideas and having a 'toolkit' containing a variety of resources and theoretical perspectives can help you tackle the majority of tricky situations.



Conscious competence learning model

	Competence	Incompetence
Conscious	<p>3. Conscious competent</p> <p>Achieve competency but need to think when performing</p>	<p>2. Conscious incompetent</p> <p>Aware that you have a 'deficiency' in this area</p>
Unconscious	<p>4. Unconscious competent</p> <p>Practised so much it becomes second nature</p>	<p>1. Unconscious incompetent</p> <p>Not aware that you have a 'deficiency' in this area</p>

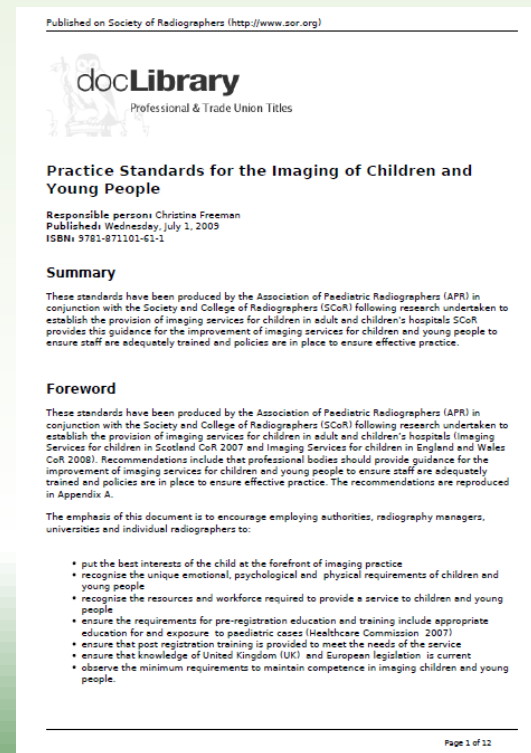
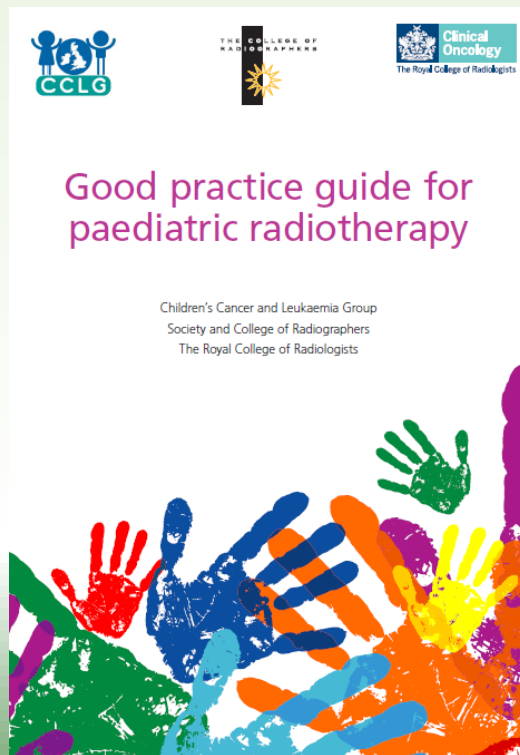
Stage 1 - Unconscious incompetent

Practitioners may not recognise or see the relevance or usefulness of developing the skill area... in this case, working with children and young people.



Raising awareness

You don't know what you don't know
until you know you didn't know it!



Stage 2 - Conscious incompetent


Now you know that you have a deficiency in this area, what can you do?

18
19

FEATURE SYNERGY NEWS OCTOBER 2012 www.sor.org
www.sor.org SYNERGY NEWS OCTOBER 2012 FEATURE

The theory behind imaging young people

Claire Weldon, Lecturer in Health and Social Care, Stanmore College, and Jeremy Weldon, Consultant Radiographer, North West London Hospitals NHS Trust, apply development theories to imaging young people.



In this, the second of two articles highlighting the link between imaging and development theory, we focus on young people (ages 11-18).

We have attempted to distinguish the development of the young person (11-18) from that of the child (0-10). There is now a wealth of literature and guidance on helping the young person whilst involving them in decision-making.

The aim of this article is to combine the knowledge of young person development with the practical tasks of imaging. The applications favour the more involved and flexible procedures.

Technology and social media play an important part in the lives of young people, so when they become ill they will inevitably turn to them for information and support. Belonging, feeling acknowledged and knowing that they are not unique in their experience, will be part of the journey of the sick young person.

Below is some material to aid the healthcare professional in helping them access support.

Bibliography
 EACCH (2012), EACCH Charter [Online], www.eacch.co.uk/children/young-people/1-6-articles-of-the-eacch-charter.html [Accessed 26 June 2012].
 Department of Health, London (2011), You're Welcome! guides: making health services young people friendly.
 Kennedy, J. (2010), Getting it right for children and young people: Overcoming cultural barriers in the NHS as to meet their needs. Department of Health.

FACTORS	FACTORS FOR CONSIDERATION	SOLUTIONS
Waiting times	<ul style="list-style-type: none"> Poorly managed waiting times can lead to increased anxiety and irritability. Long waiting times can lead to disruptive behaviour. 	<ul style="list-style-type: none"> Reduce waiting times if possible. Display current waiting times. Recommend bringing an activity to booked appointments.
Compliance	<ul style="list-style-type: none"> Fear of procedure. Misconceptions originating from peers, internet or social media. 	<ul style="list-style-type: none"> Check understanding of procedure. Explain procedure. Send information/fact sheets with appointment.
Modesty	<ul style="list-style-type: none"> Modesty can be a more important issue for young people than a procedure itself. Self-conscious about wearing hospital clothing. Cultural factors – gender, religion. Age of puberty varies. 	<ul style="list-style-type: none"> Change in cubicle away from parents/siblings. Respect privacy. Recommend bringing suitable clothing from home, include in information/fact sheet.
Consent	<ul style="list-style-type: none"> Understanding of procedure and implications. Consider and present contraindications and interactions of procedure. Inconsistency in understanding between young person and parent/carer over planned treatment. 	<ul style="list-style-type: none"> Clarify and document understanding. Discuss consent issues with young person. Establish Gillick competence if applicable. Explain how procedure is in their best interest and supports the long-term treatment process.
Understanding	<ul style="list-style-type: none"> Age and stage of understanding may be different. May not want to admit to not understanding. 	<ul style="list-style-type: none"> Encourage questions. Check understanding of procedure and document if necessary. Send information/fact sheets with appointment.
Cultural considerations	<ul style="list-style-type: none"> Cultural factors could have an impact on procedure or treatment – gender of staff, languages spoken, body language, fasting, consent. 	<ul style="list-style-type: none"> Utilise translation services. Generate a list of languages spoken by staff. Clarify understanding of cultural preferences.

SUPPORT ORGANISATIONS	<ul style="list-style-type: none"> Teenage Cancer Trust CLIC Sargent Yall Child 	<ul style="list-style-type: none"> www.teenagecancertrust.org www.clicsargent.org.uk www.yallchild.org.uk
USEFUL RESOURCES	<ul style="list-style-type: none"> jimmyknox.co.uk European Association of Children in Hospital Medical Protection Society Great Ormond Street Hospital for Children 	<ul style="list-style-type: none"> jimmyknox.co.uk www.eacch.co.uk/children/young-people/1-6-articles-of-the-eacch-charter.html www.medicalprotection.org.uk www.gosh.nhs.uk

“... as young people grow and mature, so they must be increasingly engaged in their health and healthcare.”
 Kennedy (2010: P92)

(Weldon and Weldon 2013)

Help for conscious incompetent practitioners

Image Interpretation of the Paediatric Skeleton: Child Development - Relevance to Imaging Children **NHS**

Session Overview Menu Previous 1 / 34 Next

Image Interpretation of the Paediatric Skeleton: Child Development - Relevance to Imaging Children

Description

This session will describe and explore how children develop from birth to the end of adolescence and how this impacts on considerations for communication before, during and after their diagnostic imaging procedures.

Authors [Alison Tonkin](#), [Claire Weldon](#)
Module Editor [Dorothy Keane](#)
Module Introduction (Paediatric)

NHS

e-LH
e-Learning for Healthcare

THE COLLEGE OF
RADIOGRAPHERS

Stage 3 - Conscious competent

You can perform a skill reliably and independently when required, providing you concentrate as it is not yet 'second nature'.

You should be able to demonstrate this skill but may not be able to teach it.

Practise is the single most effective way to move from stage 3 to 4 (Businessballs 2014).



Help for conscious competent practitioners – tools for your toolbox



Stage 4 - Unconscious competent

“...the person should ideally continue to practise the new skill, and if appropriate commit to becoming 'unconsciously competent' at the new skill” (Businessballs 2014).

Promoting a positive atmosphere where practitioners are able to observe each other facilitates the sharing of expertise and generates a ‘Community of Practice’ for this distinct area of practice.

Ask the experts!

Name of Ward/ Department:

Children and Young Peoples Friends and Family Questions
We'd like to know about your experience visiting this Ward/ Department.

I would say this is a good Ward/ Department for my friends & family to be looked after in, if they needed similar treatment or care to me.

Please tick the box you agree with most.

I agree a lot	I agree a bit	I am undecided	I disagree a bit	I disagree a lot	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Draw us a picture of your hospital visit.

Please Turn Over To Finish The Survey

Name of Ward/ Department:

Children and Young Peoples Friends and Family Questions
We'd like to know about your experience visiting this ward/ department.

How likely are you to recommend our Ward/ Department to friends and family if they needed similar care or treatment?

It means a lot to us to find out what you think of our service.

Please tick the box you agree with most.

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are continuously looking at ways we can improve and to do this it would help us to know why you've chosen this answer.

Please be assured anything you do tell us will not affect your child's ongoing care. We are happy to hear about both what was good and what we could do better.

Things we did well:

Things we could do better:

Please turn over to finish the survey

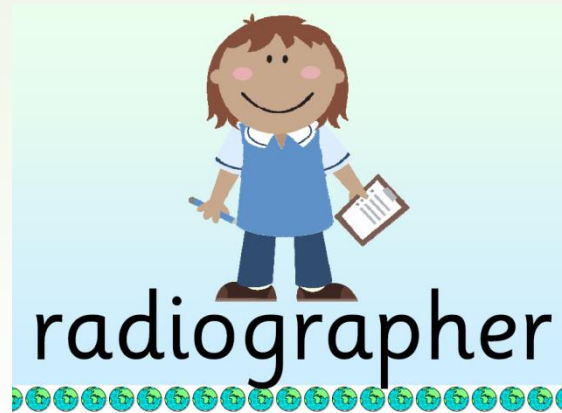
<http://www.monkeywellbeing.com/2014/01/friends-and-family-test-downloads>

What you can do - environment



Other resources to tap into...

Starlight Children's
Foundation



www.communication4all.co.uk

Sparkle Box



www.sparklebox.co.uk

Innovation - Diagnostic



Lego MRI suite puts young patients at ease

Synergy News April 2014 – page 9

Innovation - Therapeutic



Five minute video that explains the radiotherapy process to children

<http://www.gehb.org/childrensradiotherapy/>



Jancis Kinsman
Radiographer
of the Year
2011

Help for the unconscious competent

“The person might now be able to teach others in the skill concerned, although after some time of being unconsciously competent the person might actually have difficulty in explaining exactly how they do it” (Businessballs 2014).

“Liaise with play specialists to provide services and education within the department”

(Standard 5 – Practice Standards for the imaging of children and young people)

Healthcare Play Specialists



<http://www.bbc.co.uk/news/health-27388709>

https://www.westhertshospitals.nhs.uk/newsandmedia/media/releases/2012/october/play_in_hospital_week.asp



<http://myilluminateblog.com/>



stanmore
college

<http://www.newswise.com/articles/intervention-helps-children-with-sickle-cell-disease-complete-mri-tests-without-sedation>

Making use of other people's expertise

“I saw a good example of this on the wards of a large teaching hospital (University College Hospital) where members of different professions, including the play specialist, take turns to lead a ward round. The effect is as much symbolic as practical. It says that all the staff are there together, working for one common purpose: the good of children and young people. What is required to produce this sort of approach? The answer is professional **leadership and vision**” (Kennedy 2010, p. 96).

Exploring leadership behaviours


The Healthcare Leadership Model

In this section

- The Healthcare Leadership Model**
 - The importance of personal qualities
 - Structure of the Healthcare Leadership Model
 - How the Healthcare Leadership Model has been developed
 - The nine leadership dimensions
 - Supporting tools and resources
 - Healthcare Leadership Model library
- Leadership Framework (LF)
- Talent management in the

<http://www.leadershipacademy.nhs.uk/discover/>


The NHS Leadership Academy has been working with research partners to develop a new model for leadership in our health service.




The Healthcare Leadership Model has been developed to help staff who work in health and care to become better leaders. It is useful for **everyone** – whether you have a formal leadership responsibility or not, if you work in a clinical or other service setting and if you work with a team of five people or 5,000. It describes the things you can see leaders doing at work, and is organised in a way that helps everyone to see how they can develop as a leader. It applies equally to a whole variety of roles and settings that exist within health and care.

We want to help you understand how your leadership behaviours affect the culture and climate you, your colleagues and teams work in. Whether you work

Print: Healthcare Leadership Model

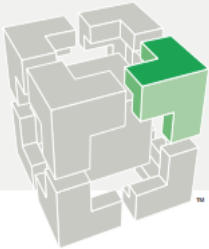
 **Colour PDF**
Version 1.0

 **Black & white PDF**
Version 1.0

It is a dynamic document that will be updated through this web site

Images provided with kind permission – all rights reserved – NHS Leadership Academy (2013)

The perfect dimension...



Sharing the vision

What is it?

Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting

Why is it important?

Leaders convey a vivid and attractive picture of what everyone is working towards in a clear, consistent and honest way, so that they inspire hope and help others to see how their work fits in

What is it not?

- Saying one thing and doing another
- Talking about the vision but not working to achieve it
- Being inconsistent in what you say
- Avoiding the difficult messages

Essential

Communicating to create credibility and trust

Am I visible and available to my team?

Do I communicate honestly, appropriately and at the right time with people at all levels?

Am I helping other people appreciate how their work contributes to the aims of the team and the organisation?

Do I break things down and explain clearly?

Proficient

Creating clear direction

Do I help people to see the vision as achievable by describing the 'journey' we need to take?

Do I use stories and examples to bring the vision to life?

Do I clearly describe the purpose of the job, the team and the organisation and how they will be different in the future?

Strong

Making long-term goals desirable

Do I encourage others to become 'ambassadors' for the vision and generate excitement about long-term aims?

Do I find ways to make a vivid picture of future success emotionally compelling?

Do I establish ongoing communication strategies to deal with the more complex and difficult issues?

Exemplary

Inspiring confidence for the future

Do I display confidence and integrity under robust and public criticism?

Do I describe future changes in a way that inspires hope, and reassures staff, patients and the public?

Do I explain controversial and complex plans in a way that different groups can hear, understand and accept?

Proficient
“Do I use stories and examples to bring the vision to life?”

Acknowledgements

Christina Freeman

The Society of Radiographers

Healthcare Play Specialist Education Trust

National Association of Health Play
Specialists

Students from the FdA in Healthcare Play
Specialism

Jeremy Weldon

Stanmore College



References

Businessballs (2014) Conscious competence learning model.

<http://www.businessballs.com/consciouscompetencelearningmodel.htm#conscious-competence-matrix>

Kennedy, I. (2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs. Department of Health.

NHS Leadership Academy (2013) The Healthcare Leadership Model.

<http://www.leadershipacademy.nhs.uk/discover/leadershipmodel/>

Tonkin, A. and Weldon, C. (2013) *e-IRI_06_02 - X-ray: Child Development (Paediatric) e-Learning for Healthcare*.

<http://www.e-lfh.org.uk/programmes/image-interpretation/>

Weldon, C. and Weldon, J. (2013) The theory behind imaging young people. *Synergy News*, September 2013.

Our contact details

Alison Tonkin

a.tonkin@stanmore.ac.uk

Claire Weldon

c.weldon@stanmore.ac.uk



Stanmore College, Elm Park, Stanmore HA7 4BQ