

Hello, your name is?

How we address parents and the importance of building a doctor-parent relationship

Gilbert A, Harris B, Li V

Department of Paediatrics and Neonatal medicine, Wexham Park Hospital, Frimley Health NHS Trust

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Introduction

Parents are generally the best advocates for their child and experts in their care, and should therefore be considered active members of the multidisciplinary team. How we form and maintain our relationships with parents is essential to empowering participation and encouraging equal partnership in decision making, especially with regards to recognising and escalating deterioration. Failure to build rapport can jeopardise trust, intensify complaints and ultimately undermine the care we are able to provide.

The “Don’t Call Me Mum” initiative began in 2016, and “asks practitioners to demonstrate their passion for working co-productively with parents by simply using the parent’s name” [1]. Previous research in America has shown that over one-third of mothers and almost half of fathers prefer to be greeted by their first name rather than ‘Mum/Dad’ [2].

Objectives

The aim of this project was to investigate whether this held true for our parent population, and to assess and improve our current practice in relation to this.

Methods

An initial single time point survey was conducted across paediatric and neonatal services at our hospital, with questionnaires assessing parents’ and doctors’ viewpoints. Based on these results, parents’ names were added to the handover lists and a post intervention survey was conducted.

Conclusion

Establishing and maintaining positive relationships with parents is essential to providing good care for children; negotiating expectations and addressing concerns. Our data shows that whilst most of the parents surveyed locally prefer to be addressed as ‘Mum/Dad’, the inclusion of parents’ names on handover documentation (which improves confidence in conversations with parents) was considered valuable by most doctors. Overall there has been a positive response within the team, with more awareness around building rapport and the importance of the doctor-parent relationship. Further projects should continue to explore this important area of the doctor-parent relationship, particularly around the barriers that parents face in participating in their child’s care.

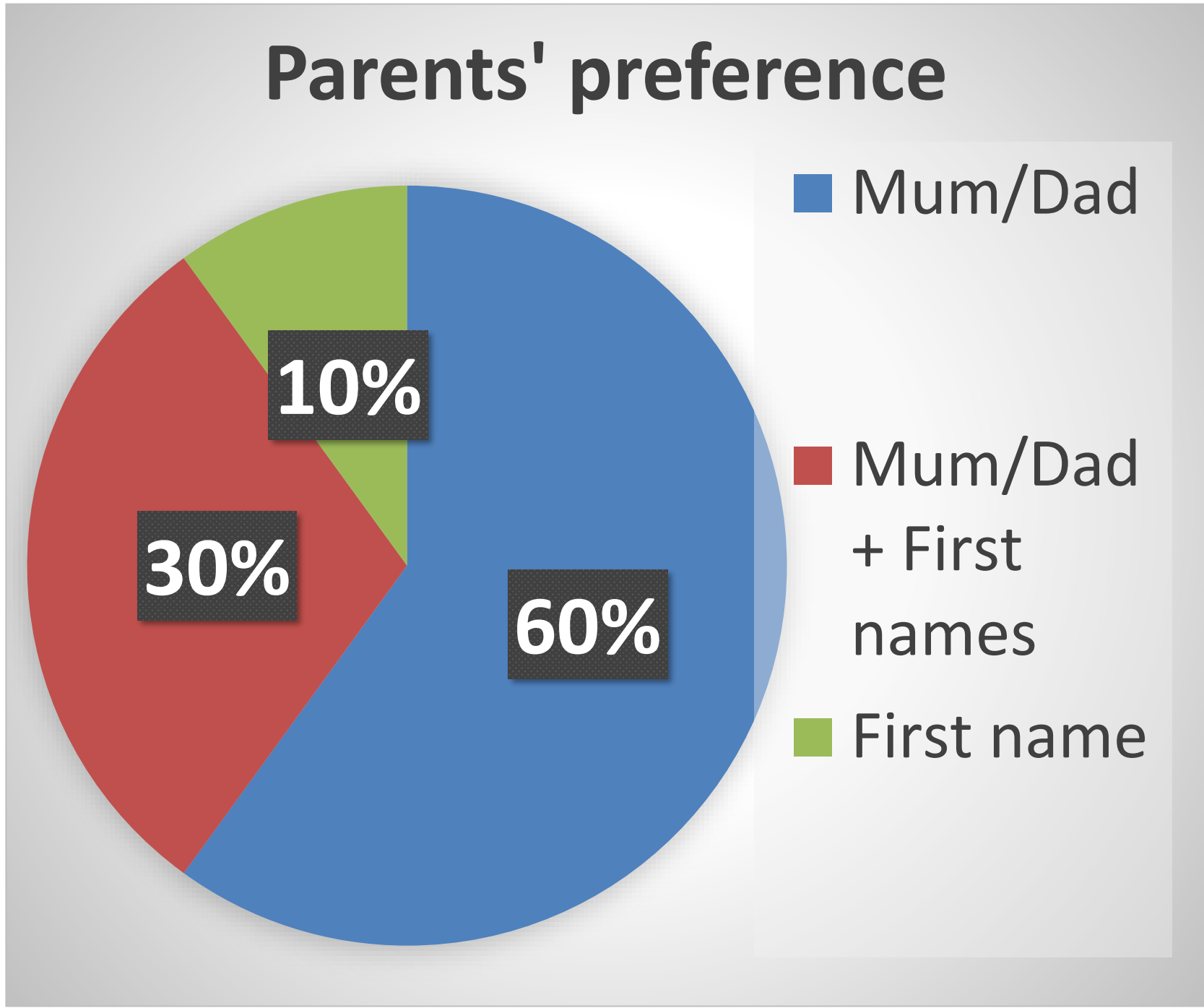
References

[1] Don’t Call Me Mum (<https://www.bornattherighttime.com/dont-call-me-mum/>), Rachel Wright, Accessed October 2023
[2] Should We Call You Mom and Dad? Caregiver Preferences and Pediatric Physician and Nurse Manner in Greetings. Nathaniel D Bayer et al, November 2019

Results

Parents

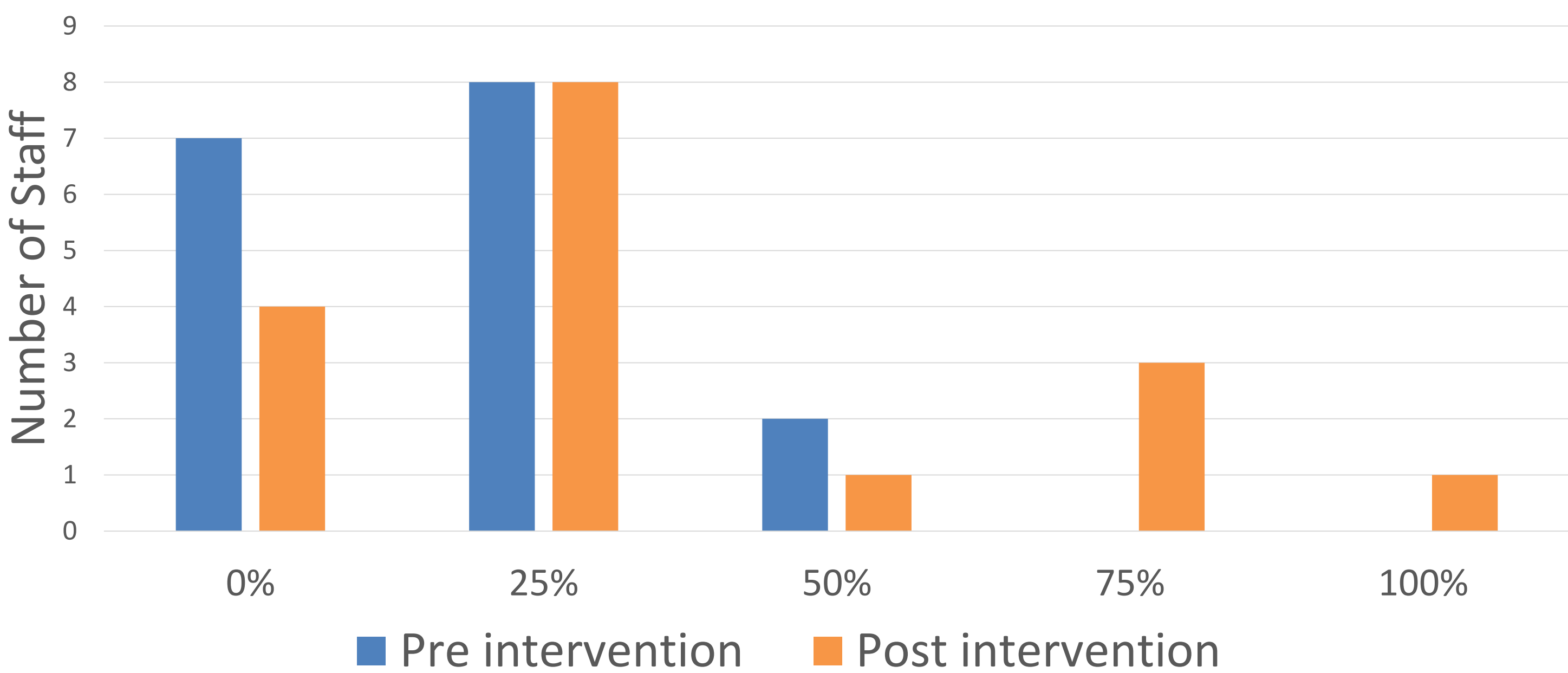
Interestingly, **in our service 100% of parents surveyed were comfortable being called ‘Mum/Dad’ in hospital, and this was the preferred label of 60% of parents** (compared to first name, title + surname, or ‘other’). However, the questionnaire revealed that only 20% of parents were asked their preference with respect to this.



Medical Staff

Most (82%) of the medical team felt that this topic is important and impacts their clinical practice. The initial survey revealed that 76% of doctors used ‘Mum/Dad’ in interactions ‘all the time’ with parents and 100% were comfortable with calling patients’ parents ‘Mum/Dad’.

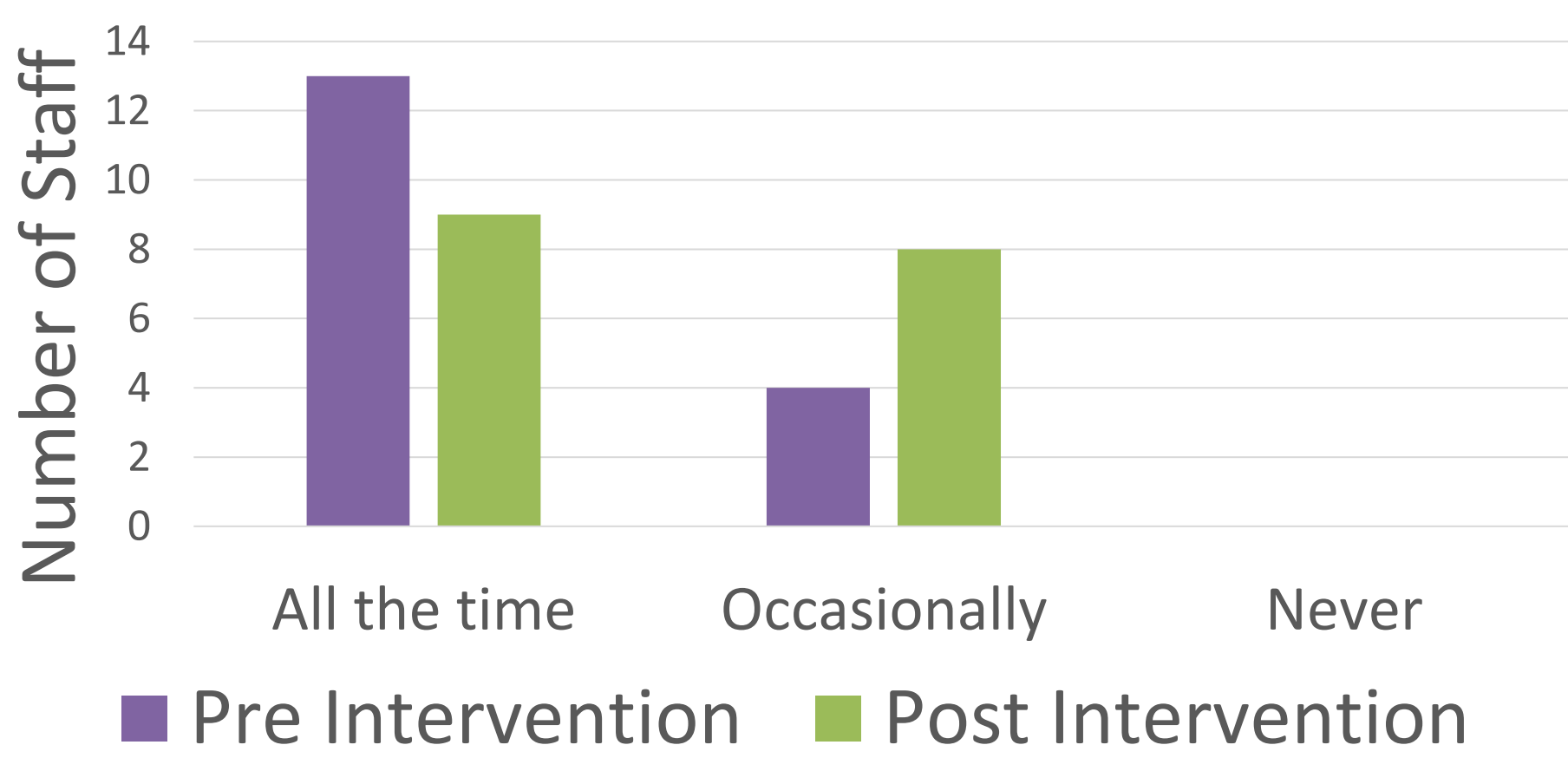
Percentage of parents' names that staff are familiar with



Post Intervention Results

After the inclusion of parents’ names on handover lists, the number of doctors using ‘Mum/Dad’ ‘all the time’ reduced to 53%, and those only using these generic terms ‘occasionally’ increased from 24% to 47%. The majority (82%) of the medical team felt that the intervention was helpful. However most (59%) still accepted that they did not routinely ask for parental preference from the first encounter.

How often staff use Mum/Dad when interacting with parents



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