Transition begins at the time of diagnosis.

Transition is a process, not a one-time event.

SPEAKING WITH PATIENTS ALONE – HOW TO REASSURE FAMILIES

• Why speak to patients alone?
  – helps patients become comfortable talking to providers on their own
  – helps the provider get to know the patient more as an individual — his or her personality, beliefs, learning style, and developmental stage
  – allows patients to ask questions about their health they may be embarrassed or anxious to ask in front of someone else. For example, if they are not sure they are using their inhaler right, they may be too embarrassed to have their mom find out after three years of using it on their own.
  – provides more evidence to patients that you are serious about wanting them to take more ownership of their health
  – allows patients with anxieties or depression to tell someone without feeling guilty about adding to the burdens of their caregiver
  – allows time for discussion of private topics they may not feel comfortable discussing in front of their parents
• Make it the norm – speak with every patient alone after a certain age, for example, 9 or 10 years.
• Prepare patients and families for the one-on-one time before they reach this age, or at the very beginning of the first visit if they are already that age.
• Have a speech prepared at the very start of the patient visit that explains the rationale. Here’s a sample script:
  – “One of our goals is to help our patients become more active in taking care of their health. As part of this, we ask most questions directly to them. Mr. or Ms. ‘Parent’s Last Name,’ you can help if they don’t know something. We want them to learn from you. We’ll ask them to listen so they know that information next time. Our goal is for your child to learn how to explain their concerns and their history completely.
  – “We also spend a few minutes alone with patients at most visits. We think it is very important for kids to be comfortable talking to a doctor or healthcare provider alone. It also gives kids a chance to ask questions they may be too nervous or embarrassed to ask in front of their parents. They may think their parents expect that they know certain things and don’t want to let you down.”
• Explain what you might ask the patient. You may ask about how they are coping with their illness, their mood, friendships, more details about school and future hopes and goals, how well they think they are doing with self-care, if they have any questions. With younger children this may be enough. As they get older (age 12 or 13) you will also want to ask about sexuality, substance use, and goals for vocation or independence. Remember to ask these questions in a developmentally appropriate way. For example, ask a 12 or 13 year old if he has kissed someone or even liked someone, before asking whether he has had sex.
• Explain limits to confidentiality to patients and families: suicidality, homicidality and abuse (or sexual activity below age 13 years, or unwanted sexual activity below 18 years)
• When you are with patients alone, start by asking if they have anything they want to talk about. Then move to neutral questions, and on to more personal issues as needed. This helps you build trust.