

## **Lecture Title: The Pediatric Interview**

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### **PRE-LECTURE MATERIALS:**

1. Watch the Video: **The Pediatric Interview with Dr. Ritchie**

### **OUTLINE:**

2. Key Visit Similarities & Differences
3. Brief Intro to Developmental Stages
4. Medical Interview
5. Approach to the Exam
6. Building Rapport

### **OBJECTIVES: After studying this lecture you should be able to:**

1. Understand the triad format of a pediatric visit, i.e. between child, caregiver, and health care provider
2. Illustrate basic appreciation of children's language and cognitive skills at certain ages and how this can help guide communication
3. Obtain essential, accurate, and age-appropriate historical information about pediatric patients
4. Develop comfort with and skills of the pediatric physical exam
5. Foster therapeutic and ethically sound relationships with pediatric patients and patient's families through respect, empathy, and support of emotions

### **READING REFERENCE (Optional):**

1. Hagan JR, Shaw JS, Duncan P, eds. 2008. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Pocket Guide. Elk Grove Village, IL: American Academy of Pediatrics.
2. Wilks et al. "Developmental Milestones: Cognitive Development." *Pediatrics in Review*. 31 (9); 2010; 364-67.
3. Balog, Erin. Teaching the Essentials of "Well-Child Care": Inspiring Proficiency and Passion. *Pediatrics* 2014; 134; 206. July 28, 2014

# The Pediatric Interview

Sara Ritchie, MD, IBCLC

2025



# Objectives

- Understand the triad format of a pediatric visit, i.e. between child, caregiver, and health care provider
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# Outline

Key Visit Similarities & Differences

Brief Intro to Developmental Stages

Medical Interview

Approach to the Exam

Building Rapport



# Outline

## Key Visit Similarities & Differences

### Adult vs. Pediatric

Brief Intro to Developmental Stages

Medical Interview

Approach to the Exam

Building Rapport



# Key Similarities: Adult vs Pediatric Interview

- Similar structure: HPI, ROS, PMHx, FHx, Soc Hx
- Visit Types: well-check (screening) versus problem-focused
- Similar approach to questioning:
  - Open ended questions
  - Building rapport, empathy, active listening
  - Avoiding medical jargon & double-barreled questions





# Key Differences: Adult vs Pediatric Interview

- Triad of participants
  - Patient, Parent (or caregiver), Provider
- Various levels of patient development
- Content of visit
- Not just little adults



<https://www.youtube.com/watch?v=ZpOHIzkLP-g>



# Outline

Key Visit Similarities & Differences

**Brief Intro to Developmental Stages**

Medical Interview

Approach to the Exam

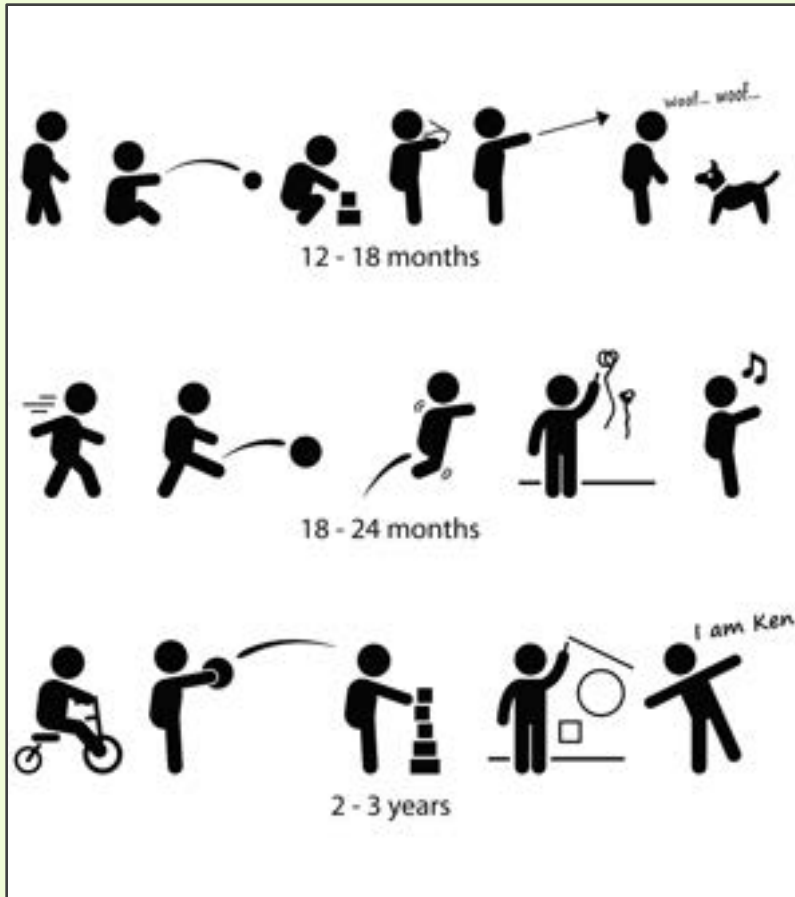
Building Rapport







# Developmental Stages



- **Motor**
  - Gross
  - Fine
- **Cognitive**
  - Language
  - Problem-solving
- **Social-emotional**





Newborns: Cry, preference for voices

2 months: vowel cooing

6 months: consonant babbling

9 months: mamamama, dadadada

1 year old: first words, point to communicate a request

2 years old: 2 word phrases, 50 words, 50% intelligible, follows 2-step commands

3 years old: 3 word phrases, “why” questions, 75% intelligible

4 years old: 100% intelligible

## Receptive and Expressive Language Milestones

# Outline

Key Visit Similarities & Differences

Brief Intro to Developmental Stages

**Medical Interview**

**History**

**Screening**

**Anticipatory Guidance**

Approach to the Exam

Building Rapport





# Introduction

- Who do you say hi to first?
- “Who all am I meeting today?”
- “My name is Dr. Ritchie. What’s your name?”



# History of Present Illness

## Well Check

- Diet
- Elimination
- Behavior
- Sleep habits
- Activities

## Problem Focused

- Be creative with OLDCARTS



# Past Medical History

- Birth history
- Allergies
- Immunizations





# Family History

- Childhood illnesses
- Sibling health





# Social History

- Who's in the home
- School, grade
- Pets
- Smoking exposure
- Guns



# Screening Questions

- Developmental milestones
- Lead exposure
- Risk factors for hyperlipidemia
- Risk factors for vision or hearing loss
- Fluoride exposure





# Anticipatory Guidance

- “Proactive counseling that addresses the significant physical, emotional, psychological, and developmental changes that will occur in children during the interval between health supervision visits”
- Examples:
  - Importance of regular dental care
  - Bicycle helmets
  - Car seats/Booster seats
  - Importance of healthy diet and regular exercise





# Well Check History Mnemonic - CHECUP

- C – Concerns (or questions)
- H – History (past medical, birth, family, social)
- E – Environment (home, typical day, nutrition, sleep)
- C – Child (development, growth, voiding)
- U – Unanswered questions (further concerns)
- P – Prioritized anticipatory guidance



# Outline

Key Visit Similarities & Differences

Brief Intro to Developmental Stages

Medical Interview

**Approach to the Exam**

**Infants**

**Toddlers**

**Preschool**

**School-Aged**

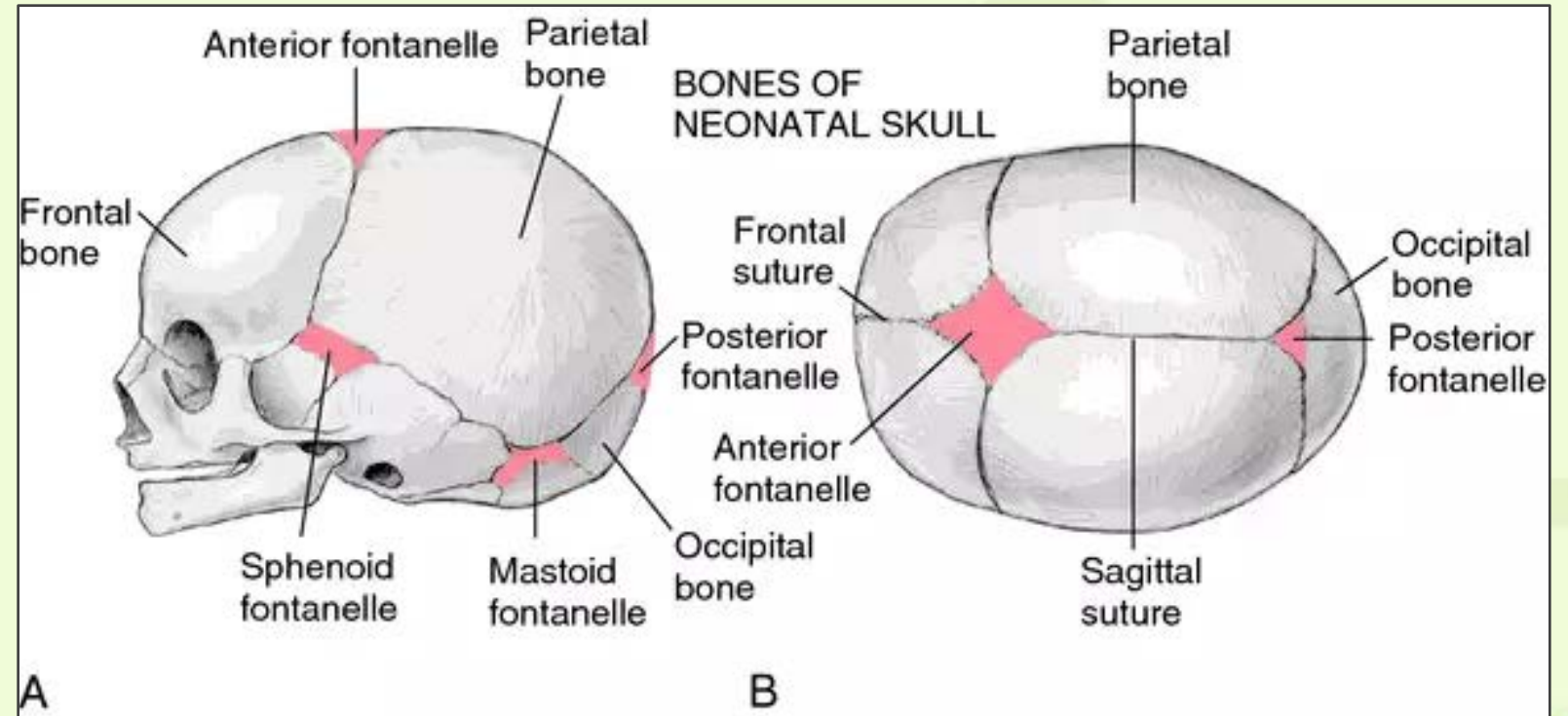
Building Rapport





# Unique Infant Exam Maneuvers

- Red reflex
- Fontanelles
- Hip exam
- Infant reflexes





# Toddlers

- 1-3 years of age
- General observation
- Non-traditional order of exam
- Demystify instruments
  - Stethoscope
  - Otoscope
  - Tongue blade
- SMILE!







# Preschool

- 2-5 years of age
- Foster child participation:
  - Be flexible, take what the child give you
  - Try to make it a game – magical thinking
  - Remember that they have natural emotions
- WHICH ear would you like me to look in first?



# School-Aged



Kindergarten (~5) and older

Avoid talking “down”

Respect privacy

Eye contact





# Outline

Key Visit Similarities & Differences

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**Building Rapport**



# Building Rapport

- Remember to ask open-ended questions
  - “Elicit and ask....then assess, prioritize, and advise”
  - Open ended questions foster patient-centered communication
  - Close-ended questions risk neglecting family’s concerns
- It’s an art which takes time to practice and develop



# Other tips and tricks

- Think about what you are wearing



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Questions? Feedback?