



Pirithika Kohilathas

Guy's and St Thomas'
NHS Foundation Trust
UK

Biography

Pirithika Kohilathas, is a final year medical student at King's College London with interests in paediatrics, cardiology and medical education. She has completed a Bachelor of Science (Hons) in cardiology, where she explored the intersection of artificial intelligence and patient-centred care through her dissertation, alongside developing a strong foundation in cardiovascular science. She is currently involved in 'My Voice Matters', a project led by Dr Claire Stewart that aims to improve communication in paediatric consultations by integrating visual aids into clinical practice. Through this initiative, she has supported fellow medical students in developing more inclusive and effective approaches to communicating with children. As an aspiring clinician, she is interested in advocating for young patients and strengthening communication training within undergraduate medical education.

Every Child's Voice Matters: Embedding Inclusive Communication in Paediatric Care

Abstract:

Background: Article 12 of the UN Convention on the Rights of the Child (1989) guarantees every child's voice, but this must go beyond just hearing what a child says. All too often clinical communication relies on spoken language, excluding pre-verbal, non-speaking, non-English-speaking and silenced children. This project aimed to address these inequities by exploring applying established practices in speech and language of alternative communication methods to paediatrics

Methods: A systematic literature review identified more than 20,000 papers on the benefits of alternative communication but only 4 on its practical application in paediatric clinical conversations. A communication toolkit 'My Voice Matters' was co-designed with 126 London schools and safeguarding teams from 26 NHS trusts to promote accessible, child-centred participation in child protection assessments. Communication stations with co-designed tailored tools for clinical conversations were introduced across a children's hospital including emergency department, inpatient wards and 2 community child health clinics.

Results: Existing evidence and pilot data demonstrate visual communication tools empower children to share experiences and understand clinicians' perspectives. In the first three months, My Voice Matters enabled eight children to disclose previously unreported abuse and nearly doubled documentation of the child's voice. In hospital settings, children reporting not being heard fell from 9% to 0%, while staff use of alternative communication rose from 17% to 96%.

Conclusions: Child-centred communication tools make children's rights a clinical reality; improving safeguarding, equity and care quality. Having tailored communication aids readily available should be a universal standard in paediatric settings.