There is a mismatch between the importance clinicians place on the human aspects of care, and what actually happens in clinics.

KEY FINDINGS
1. **Clinic processes**: Timing of sessions was set by biomedical goals based on best practice standards, rather than human-focused care.
2. **Clinician-child/family interactions**: i) Most interactions were conducted with parents or other caregivers. ii) Children and families often directed discussions towards human aspects of care, while clinicians often prioritised biomedical care. iii) Negative emotions expressed by children or other family members were often avoided by clinicians.
3. **Staffing Allocations**: Most staff were traditionally from more biomedical professions vs. more human focused professions.

RECOMMENDATIONS
Establish integrated clinic processes to consider human focused care, e.g:
- Increase flexibility of clinic length, frequency and focus
- Create opportunities for the child and family to have separate time with clinicians so all can contribute to care decisions
- Allocate physical space and time for discussions of difficult or emotional topics
- Shift staffing to have a greater focus on human care
- Continue process of reflexively analysing clinic practices and processes

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