Chapter 4
Communications and Documentation

Introduction (1 of 3)

• Communication is the transmission of information to another person.
  – Verbal
  – Nonverbal (through body language)
• Verbal communication skills are important for EMT and firefighters.
  – Enable you to gather critical information, coordinate with other responders, and interact with other health care professionals

Introduction (3 of 3)

• Radio and telephone communications
  – Link you to EMS, fire department, and law enforcement
  – You must know:
    • What your system can and cannot do
    • How to use system efficiently and effectively

Therapeutic Communication (1 of 4)

• Uses various communication techniques and strategies:
  – Both verbal and nonverbal
  – Encourages patients to express how they feel
  – Achieves a positive relationship with patient

Therapeutic Communication (2 of 4)

• Shannon-Weaver communication model
  – Sender takes a thought
  – Encodes it into a message
  – Sends the message to receiver
  – Receiver decodes the message
  – Sends feedback to the sender

Therapeutic Communication (3 of 4)
Table 4-1 Factors and Strategies to Consider During Communication

<table>
<thead>
<tr>
<th>Age</th>
<th>Eye contact</th>
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<tbody>
<tr>
<td>Body language</td>
<td>Facial expression</td>
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<tr>
<td>Clothing</td>
<td>Gender</td>
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<tr>
<td>Culture</td>
<td>Posture</td>
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<tr>
<td>Educational background</td>
<td>Voice tempo</td>
</tr>
<tr>
<td>Environment</td>
<td>Volume</td>
</tr>
</tbody>
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Age, Culture, and Personal Experience (1 of 2)

- Shape how a person communicates
- Body language and eye contact greatly affected by culture
  - In some cultures, direct eye contact is impolite.
  - In other cultures, it is impolite to look away while speaking.

Age, Culture, and Personal Experience (2 of 2)

- Tone, pace, and volume of language
  - Reflect mood of person and perceived importance of message
- Ethnocentrism: Considering your own cultural values more important than those of others
- Cultural imposition: Forcing your values onto others

Nonverbal Communication (1 of 2)

- Body language provides more information than words alone.
- Facial expressions, body language, and eye contact are physical cues.
  - Help people understand messages being sent

Nonverbal Communication (2 of 2)

- Physical factors
  - Noise: Anything that dampens or obscures true meaning of message
  - Proxemics: Study of space and how distance between people affects communication

Verbal Communication (1 of 2)

- Asking questions is a fundamental aspect of prehospital care.
  - Open-ended questions require some level of detail.
  - Use whenever possible.
  - Example: “What seems to be bothering you?”
Verbal Communication (2 of 2)

- Closed-ended questions can be answered in very short responses.
  - Response is sometimes a single word.
  - Use if patients cannot provide long answers.
  - Example: "Are you having trouble breathing?"

Communication Tools

- There are many powerful communication tools that EMTs can use:
  - Facilitation
  - Silence
  - Reflection
  - Empathy
  - Clarification
  - Confrontation
  - Interpretation
  - Explanation
  - Summary

Communication Tools

Acting Activity

- Open books to page 111 and 112
- Groups will be assigned 3-4 of the communication tools.
- Given 10 minutes to act out the tool and the rest of the class must guess.
- MAY NOT USE THE EXAMPLE OUT OF THE BOOK!

Interviewing Techniques (1 of 4)

- When interviewing a patient, consider using touch to show caring and compassion.
  - Use consciously and sparingly.
  - Avoid touching the torso, chest, and face.

Interviewing Techniques (2 of 4)

- Golden Rules to help calm and reassure patient:
  - Make and keep eye contact at all times.
  - Provide your name and use patient’s proper name.
  - Tell patient the truth.

Interviewing Techniques (3 of 4)

- Golden Rules (cont’d):
  - Use language the patient can understand.
  - Be careful what you say about patient to others.
  - Be aware of your body language.
  - Speak slowly, clearly, and distinctly.
Interviewing Techniques (4 of 4)

• Golden Rules (cont’d):
  – For the hearing-impaired patient, face patient so he or she can read your lips.
  – Allow the patient time to answer or respond.
  – Act and speak in a calm, confident manner.

Communicating With Older Patients (1 of 4)

• Identify yourself.
• Be aware of how you present yourself.
• Look directly at patient.
• Speak slowly and distinctly.

Communicating With Older Patients (2 of 4)

• Explain what you are going to do before you do it.
• Listen to the answer the patient gives you.
• Show the patient respect.
• Do not talk about the patient in front of him or her.
• Be patient!

Communicating With Older Patients (3 of 4)

• Older patients:
  – Often do not feel much pain
  – May not be fully aware of important changes in their body systems
  – You must be especially vigilant for objective changes.

Communicating With Older Patients (4 of 4)

• When possible, give patients time to pack a few personal items before leaving for hospital.
• Locate hearing aids, glasses, and dentures before departure.

Communicating With Children (1 of 4)

• Emergency situations are frightening.
  – Fear is most obvious and severe in children.
• Children may be frightened by:
  – Your uniform
  – The ambulance
  – A crowd of people gathered around them
Communicating With Children (2 of 4)

- Let a child keep a favorite toy, doll, security blanket.
- If possible, have a family member or friend nearby.
  - If practical, let parent or guardian hold child during evaluation and treatment.

Communicating With Children (3 of 4)

- Be honest.
  - Children easily see through lies or deception.
- Tell the child ahead of time if something will hurt.
- Respect the child’s modesty.

Communicating With Children (4 of 4)

- Speak in a professional, friendly way.
- Maintain eye contact.
- Position yourself at the child’s level.
  - Do not tower over the child.

Communicating With Hearing Impaired Patients (1 of 4)

- Most have normal intelligence and are not embarrassed by their disability.
- Position yourself so patient can see your lips.

Communicating With Hearing Impaired Patients (2 of 4)

- Hearing aids
  - Be careful they are not lost during accident.
  - They may be forgotten if patient is confused.
  - Ask family about use of a hearing aid.

Communicating With Hearing Impaired Patients (3 of 4)

- Steps to take:
  - Have paper and pen available.
  - If patient can read lips, face patient and speak slowly and distinctly.
  - Never shout.
Communicating With Hearing Impaired Patients (4 of 4)

• Steps (cont'd):
  – Listen carefully, ask short questions, and give short answers.
  – Learn some simple sign language.
  • Useful to know signs for "sick," "hurt," and "help"

Communicating With Visually Impaired Patients (1 of 3)

• Ask the patient if he or she can see at all.
  – Visually impaired patients are not necessarily completely blind.
  – Expect your patient to have normal intelligence.

Communicating With Visually Impaired Patients (2 of 3)

• Explain everything you are doing as you are doing it.
• Stay in physical contact with patient as you begin your care.
• If patient can walk to ambulance, place his or her hand on your arm.
• Transport mobility aids such as cane with patient to hospital.

Communicating With Visually Impaired Patients (3 of 3)

• Guide dogs
  – Easily identified by special harnesses
  – If possible, transport dog with patient.
  • Alleviates stress for both patient and dog
  – Otherwise, arrange for care of the dog.

Communicating With Non English-Speaking Patients

• You must find a way to obtain a medical history.
• Find out if patient speaks some English.
• Use short, simple questions.
• Point to parts of the body.
• Have a family member or friend interpret.

Communicating With Other Health Care Professionals (1 of 3)

• Your reporting responsibilities do not end when you arrive at the hospital.
• Give oral report to hospital staff member who has at least your level of training.
Communicating With Other Health Care Professionals (2 of 3)

- Oral report components:
  - Opening information
    - Name, chief complaint, illness
  - Detailed information
    - Not provided during radio report
    - Any important history
    - Not already provided

Communicating With Other Health Care Professionals (3 of 3)

- Oral report components (cont’d):
  - Patient’s response to treatment given en route
  - Vital signs
  - Other information

Communications Systems and Equipment

- Base station radios
- Mobile and portable radios
- Repeater-based systems
- Digital equipment
- Cellular/satellite telephones
- Other equipment

Mobile and Portable Radios (1 of 2)

- Mobile radio is installed in a vehicle.
- Used to communicate with:
  - Dispatcher
  - Medical control
- Ambulances often have more than one.

Base Station Radios

- Base station contains transmitter and receiver in a fixed place.
- Two-way radio consists of transmitter and receiver.

Mobile and Portable Radios (2 of 2)

- Portable radios are hand-held devices.
- Essential at the scene of an MCI
- Helpful when away from the ambulance to communicate with:
  - Dispatch
  - Another unit
  - Medical control
**Repeater-Based Systems (1 of 2)**

- The repeater is a special base station radio.
  - Receives messages and signals on one frequency
  - Automatically retransmits them on a second frequency
  - Provides outstanding EMS communications

**Repeater-Based Systems (2 of 2)**

**Digital Equipment**

- Voice is not the only EMS communication
- Some EMS systems also transmit:
  - Electrocardiograms from unit to hospital
  - Paging and tone alerts

**Cellular/Satellite Telephones**

- EMTs often communicate with receiving facilities by cellular telephone.
  - Simply low-power portable radios
- Satellite phones (satphones) are another option.
  - Can be easily overheard on scanners

**Other Communications Equipment (1 of 2)**

- Ambulances usually have an external public address system.
- Two-way radio hardware may be simplex or duplex mode.
- MED channels are reserved for EMS use.

**Other Communications Equipment (2 of 2)**

- Trunking systems use latest technology to allow greater traffic.
- Mobile data terminals inside ambulance
  - Receive data directly from dispatch center
  - Allow for expanded communication capabilities (eg, maps)
Radio Communications

- The Federal Communications Commission (FCC) regulates all radio operations in the United States
  - Allocates specific radio frequencies
  - Licenses call signs
  - Establishes licensing standards and operating specifications
  - Establishes limitations for transmitter output
  - Monitors radio operations

Responding to the Scene (1 of 2)

- All EMS systems depend on skill of dispatcher.
  - Determines relative importance of 9-1-1 call
  - Assigns appropriate EMS response unit(s)
  - Provides key information to responding units, including nature of emergency and exact location

Communicating With Medical Control and Hospitals (1 of 2)

- Plan and organize your radio communication.
- Concise, well-organized patient report
  - Usually follows standard format established by local EMS system

Communicating With Medical Control and Hospitals (2 of 2)

- Medical control must be readily available:
  - On the radio at the hospital or
  - On a mobile or portable unit when you call

Maintenance of Radio Equipment (1 of 2)

- Like other EMS equipment, radio equipment must be serviced.
- The radio is your lifeline.
  - To other public safety agencies (who protect you)
  - To medical control
Maintenance of Radio Equipment (2 of 2)

- At the beginning of your shift, check the radio equipment.
- Radio equipment may fail during a run.
  - Backup plan must then be followed.
  - May include standing orders