

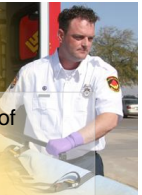
Chapter 4

Communications and Documentation

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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



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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



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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



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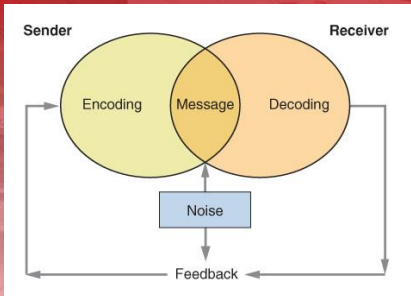
Therapeutic Communication (2 of 4)

- 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



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Therapeutic Communication (3 of 4)



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Therapeutic Communication (4 of 4)

Table 4-1 Factors and Strategies to Consider During Communication

Age	Eye contact
Body language	Facial expression
Clothing	Gender
Culture	Posture
Educational background	Voice tempo
Environment	Volume

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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.

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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

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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

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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

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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?"

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A photograph of an EMT in a blue uniform talking to a patient with long blonde hair.

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?"

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A photograph of an EMT in a blue uniform talking to a patient with long blonde hair.

Communication Tools

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

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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!**

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A photograph of an EMT in a blue uniform talking to a patient with long blonde hair.

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.



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A photograph of an EMT in a blue uniform talking to a patient with long blonde hair.

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.

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A photograph of an EMT in a blue uniform talking to a patient with long blonde hair.

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.

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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.

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Communicating With Older Patients (1 of 4)

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



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Communicating With Older Patients (2 of 4)

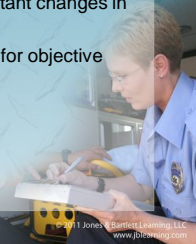
- Explain what you are going to do before you do it.
- Listen to the answer the patient gives you.
- Show the patient respect.
- Do not talk about the patient in front of him or her.
- Be patient!



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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.



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Communicating With Older Patients (4 of 4)

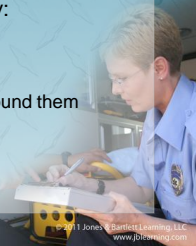
- When possible, give patients time to pack a few personal items before leaving for hospital.
- Locate hearing aids, glasses, and dentures before departure.



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Communicating With Children (1 of 4)

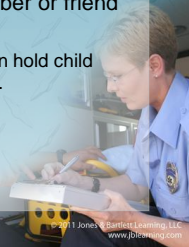
- Emergency situations are frightening.
 - Fear is most obvious and severe in children.
- Children may be frightened by:
 - Your uniform
 - The ambulance
 - A crowd of people gathered around them



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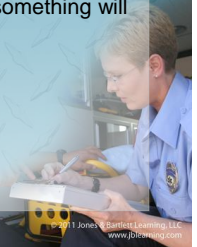
Communicating With Children (2 of 4)

- 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)

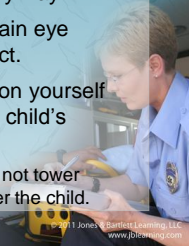
- Be honest.
 - Children easily see through lies or deception.
- Tell the child ahead of time if something will hurt.
- Respect the child's modesty.



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”

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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.

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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.

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Communicating With Visually Impaired Patients (3 of 3)



Source: Courtesy of the Guide Dog Foundation for the Blind
Photographed by Christopher Appoltz

- 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.

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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.

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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.



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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

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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

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Communications Systems and Equipment

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

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Base Station Radios

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

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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.

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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

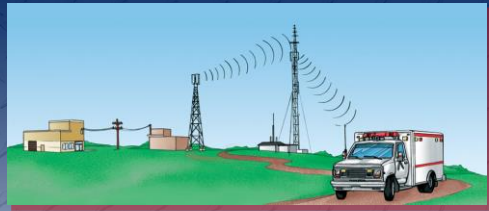
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Repeater-Based Systems (1 of 2)

- 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

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Repeater-Based Systems (2 of 2)



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Digital Equipment

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

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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

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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.

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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)

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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

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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

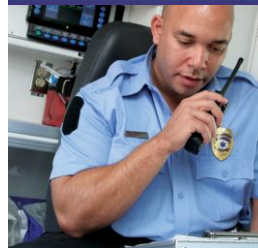
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Communicating With Medical Control and Hospitals (1 of 2)

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



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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



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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

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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

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