

THERAPEUTIC COMMUNICATIONS

Primary Care Paramedicine

Module: 09

Section: 01



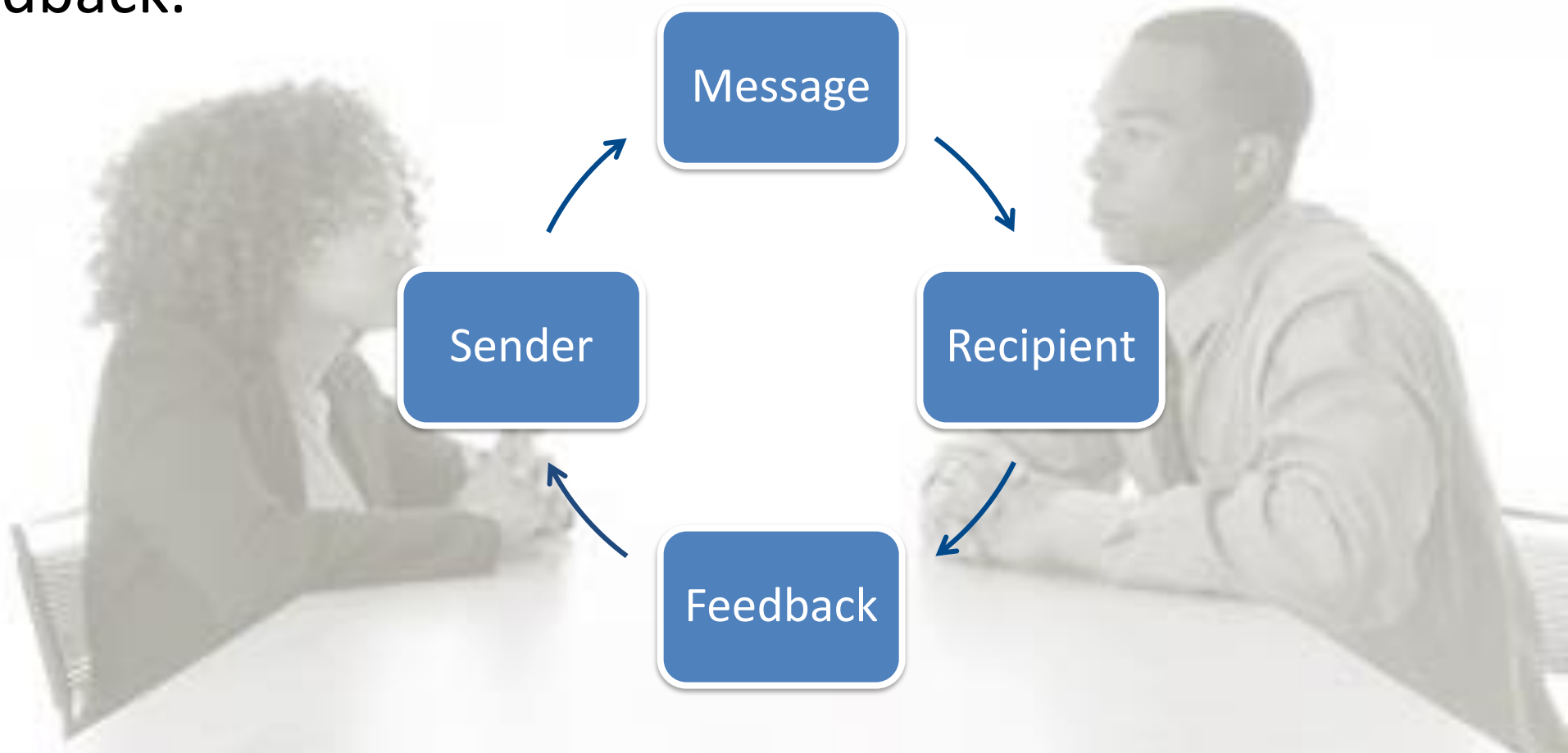
- Introduction
- Basic elements of communication
- Communication techniques
- Patients with special needs
- SBAR method

What is Communication?

- The two way process by which information is exchanged between individuals through a common system of symbols, signs or information.
- It is a technique for expressing ideas effectively

- Aristotle 384 - 322 b.c - identified four communication needs
 - Speaker
 - Speech
 - Audience
 - Occasion

- Communication consists of a sender, a message, a receiver and feedback.



- Interpersonal
 - One to one or small groups
- Person to persons
 - Delivered to large groups
- Intrapersonal
 - Positively or negatively guided conversation/discussion within ones self

- Auditory
 - All vocal / verbal
 - All language components
 - Vocal / nonverbal
 - Sigh's, chuckles, " um's / ah's"
 - Non verbal
 - Tapping foot, strumming finger

- Visual
 - Body language
 - AV aids
 - Ease at speaking
 - Nervousness
 - Interest
 - Boredom

- Other
 - Kinesics
 - Communication through motion
 - Chronemics
 - Topic importance in relation to time
 - Proxemics
 - The use of personal space to affect learning

- Differs from normal communication by introducing a element of empathy when speaking with your patient.

- Patient centered
- Goal oriented
- Dynamic interchange between patient and provider
- Paying attention to both verbal and nonverbal communication.
- Process is as important as content
- Combines active and reflective listening to develop a treatment plan.

- What could be some communication issues you may run across in EMS?
- How could these issues affect your patient interaction and treatment decisions?

- Defensiveness
- Distortions from the past
- Body language
- Selective hearing
- Hesitation to be candid
- Interrupting
- Assumptions
- Personal discomfort
- Stereotyping
- Interpersonal relationships
- Cultural differences
- Generation gap
- Cognitive gaps

- Perception
 - Knowledge depends on past experiences, perception, and feelings.
 - Emotions, attitudes, state of mind, and physical health can all affect perception.
- Situational context
 - Physical dimensions of room
 - Number of listeners
 - Interest of listeners

- Prejudice:
 - Or lack of empathy
- Lack of privacy:
 - Inhibits the patient's responses
- External distractions:
 - Traffic, crowds, loud music, EMS radios, TVs
- Internal distractions:
 - Thinking about things other than the situation

- Communicating with the young is often affected by psychological factors such as fear of strangers.
- Adolescence often accompanies complacency and agreeability
- Teens often present a certain adversity to those of age/influence/status.
- The elderly often expect a degree of respect from others.

- When you think of professional behaviour, what comes to mind?
- How do you define a professional?

- First impressions are crucial and lasting.
- Practice good hygiene for your self, your uniform and equipment.
- Stay physically fit.
- Maintain an overall demeanor that is calm, capable, and trustworthy.
- Be confident, not arrogant.

Therapeutic Communications

COMMUNICATION TECHNIQUES

- Therapeutic communication is a skill that requires patience and practice.
- Like any skill learned in your EMS studies, practice your communication skills until they become second nature.

- Use the patient's name.
- Address the patient properly.
- Modulate your voice.
- Be professional but compassionate.
- Explain what you are doing and why.
- Keep a kind, calm expression.
- Use an appropriate style of communication.

- Visual: Body language, facial expressions, eye movements, posture and gestures
- Vocal: tone of voice, hesitancy, volume
- Image: personal appearance

- Distance
- Relative level
- Stance
 - Open stance
 - Closed stance

- An open stance.



- An closed stance.



Table 4-1 INTERPERSONAL ZONES

Zone	Distance	Characteristics
Intimate zone	0–0.5 m	Visual distortion occurs. Best for assessing breath and other body odours.
Personal distance, or “personal space”	0.5–1.2 m	Perceived as extension of self. No visual distortion. Body odours are not apparent. Voice is moderate. Much of patient assessment, and sometimes patient interviewing, may occur at this distance.
Social distance	1.2–3.5 m	Used for impersonal business transactions. Perceptual information is much less detailed than at personal distance. Patient interview may occur at this distance.
Public distance	3.5 m or more	Allows impersonal interaction with others. Voices must be projected.

- Use eye contact as much as possible.
- Remember to remove sunglasses while working with patients.

- Use an appropriate compassionate touch to show your concern and support.



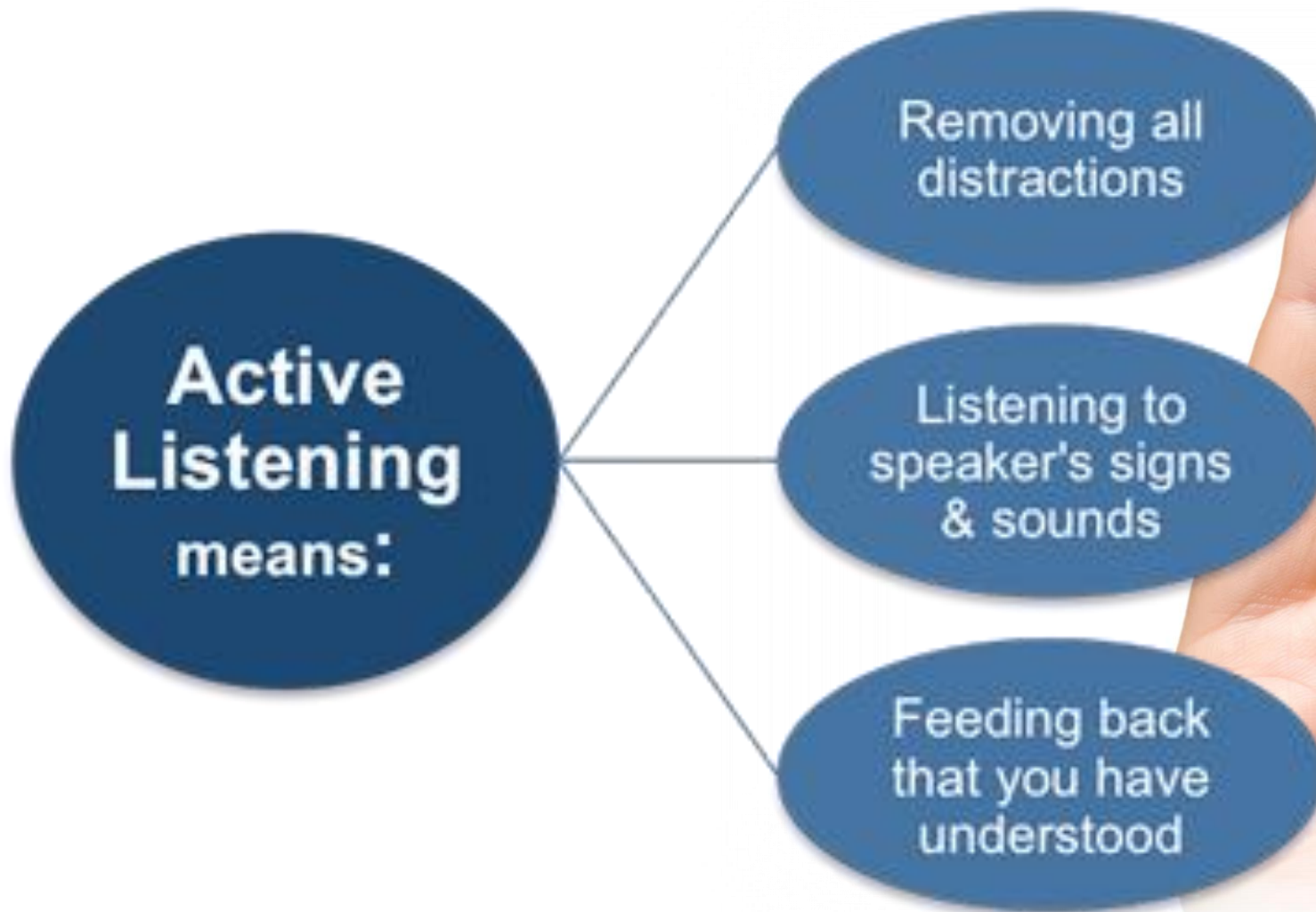
- What are some non-verbal messages you see during a “regular conversation”?
- How could those same messages be misinterpreted in a stressful situation?

- Therapeutic communication is a balancing act between discussion and observation and deduction.

- Discussing your patient's complaint is a combination of three skills:
 - Active listening
 - Reflective listening
 - Clinical decision making

- What is active listening and what does it look like?
- What is reflective listening?





- Method to check that you understand what is being said.
- Simply:
 - Listen to what the other is saying.
 - Pause to think of your response.
 - Repeat it back to ensure what your hearing is what is being said.

- Use open-ended questions.
- Use closed-ended (direct) questions.
- Do not use leading questions.
- Ask one question at a time, and listen to the complete response before asking the next.
- Use language the patient can understand.
- Do not allow interruptions.

- Overall appearance
 - Clothing
 - Jewellery
- Mental status
- Speech
- Mood and energy level
- General attitude

- Silence
- Reflection
- Facilitation
- Empathy
- Clarification
- Confrontation
- Interpretation
- Explanation
- Summarization

- Providing false assurances
- Giving advice
- Authority
- Using avoidance behaviour
- Distancing
- Professional jargon
- Talking too much
- Interrupting
- Using “why” questions
- Self disclosure

Therapeutic Communications

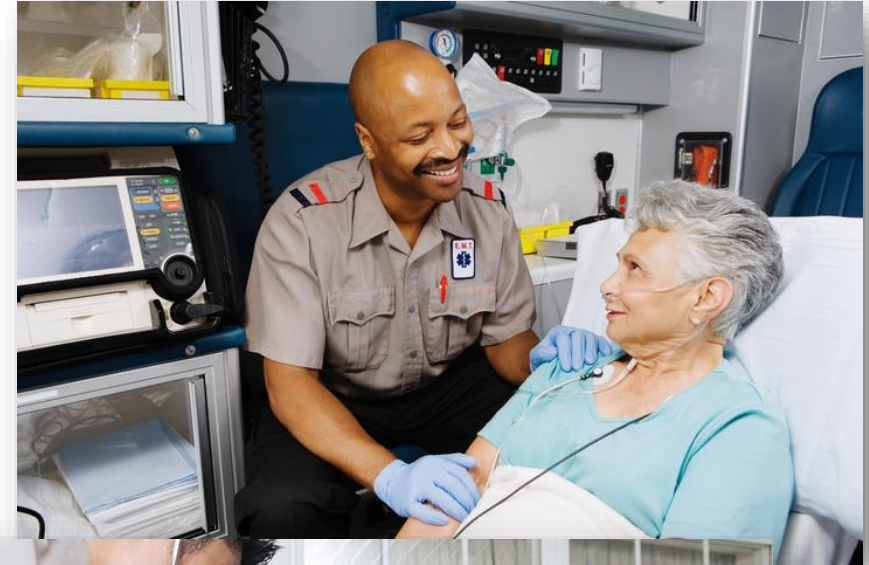
PATIENTS WITH SPECIAL COMMUNICATION SITUATIONS

- Patient's physical condition.
- Patient's fear of talking.
- Patient's intention to deceive.
- Patients emotional state.
- Bystander interference
- Patient's cognitive level

- Effective communication with pediatric patients depends on their age
- Start by talking to caregivers, then gradually approach the patient
- Most importantly, you must build trust with the patient



- Always be respectful no matter the situation
- Speak clearly and patiently
- Active and reflective listening especially useful with this demographic



- **Blindness:**
 - Tell them everything you are going to do.
 - Use touch as a form of contact for reassurance.
- **Hearing impairment:**
 - Ask the patient what their preferred method of communication is.
 - Do not shout or over announce

- Understand that cultures vary and ethnocentrism hinders communication.
- There is additional fear when a patient cannot understand your language.
- Avoid cultural imposition.

Hostile or Uncooperative Patients

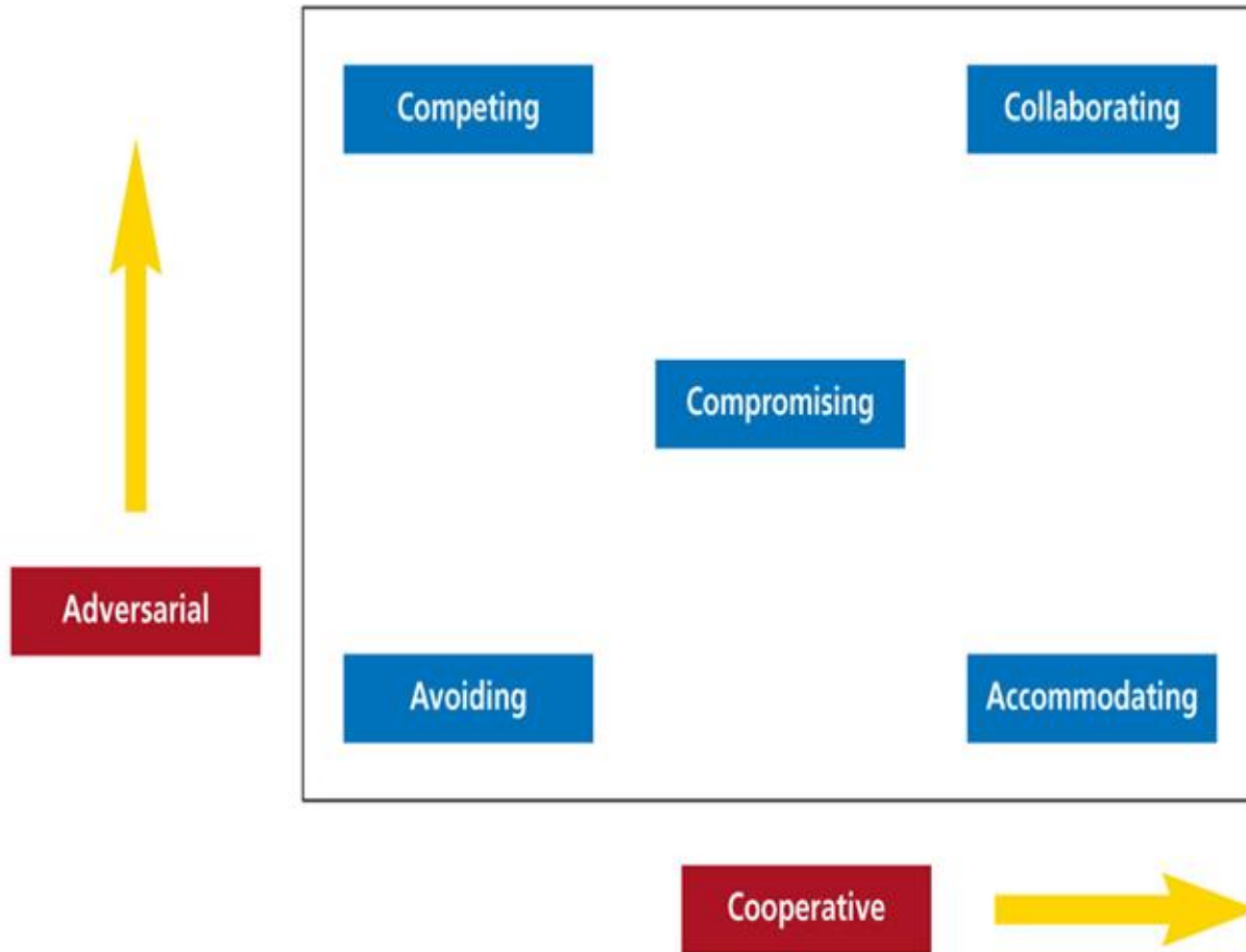
- Set limits and boundaries.
- Document unusual situations.
- Consider having a same-sex witness ride in the ambulance.
- If your safety is in jeopardy, keep away from the patient.

- Always consider personal safety.
- Don't yell, antagonize or argue with the patient
- Keep calm, cool and collective
- Know local policy regarding restraints and psychological medications.
- Use law enforcement if needed

- Structural issues
 - Social concerns or policy constraints
- Communication
- Relationships
- Interests
- Values

- Approach and attitude
- Nature of conflict
- Context in which it occurs
- Nature, approach and previous relationships of the individuals involved

- Competing/controlling
- Avoiding
- Accommodating
- Compromising
- Collaborating



- “Dignity” – the quality or state of being worthy, honored or esteemed.
- Every patient has a right to their privacy and personal cultural differences.
- Adapting assessments, communication, approach and care of the patient based on individual needs assists with the development of trust between the paramedic and the patient.

- Before patient care is transferred to you, listen to the report carefully.
- Interact with colleagues with respect and dignity.
- Give a report to the receiving nurse or doctor.
- Introduce the patient by name, and say goodbye.

Therapeutic Communications

SBAR METHOD

- Communication model designed to ensure the relevant information is passed on in the shortest timeframe.
- Typically used in patient handoff to hospital staff or other EMS personnel



- SBAR technique provides a framework for effective communication among members of the healthcare team
- SBAR helps to create an environment that allows individuals to speak and express their concerns
- It helps to ensure that patient's get what they need when they need it.

S

Situation

- What is going on

B

Background

- History and relevant findings

A

Assessment

- What is happening, what did you find out.

R

Recommendation

- What do we want to do.



SITUATION

- I am calling about.....
- The problem is.....
- I have assessed the following.....
- Vital signs are...
- I am concerned about.....

BACKGROUND

- The patient has a history of.....
- The skin is.....
- Extremities are....
- Oxygen therapy.....
- BP is

ASSESSMENT

- This is what I think the problem is.....
- OR
- I'm not sure what the problem is but the patient is getting worse
- OR
- The patient is unstable

RECOMMENDATION

- I suggest/request that you.....
- Are there any tests needed before you arrive?
- Would you like me to do anything before you arrive?

- Basic elements of communication
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