



# LEADERSHIP AND COMMUNICATIONS

Advanced Care Paramedicine

Module: 01

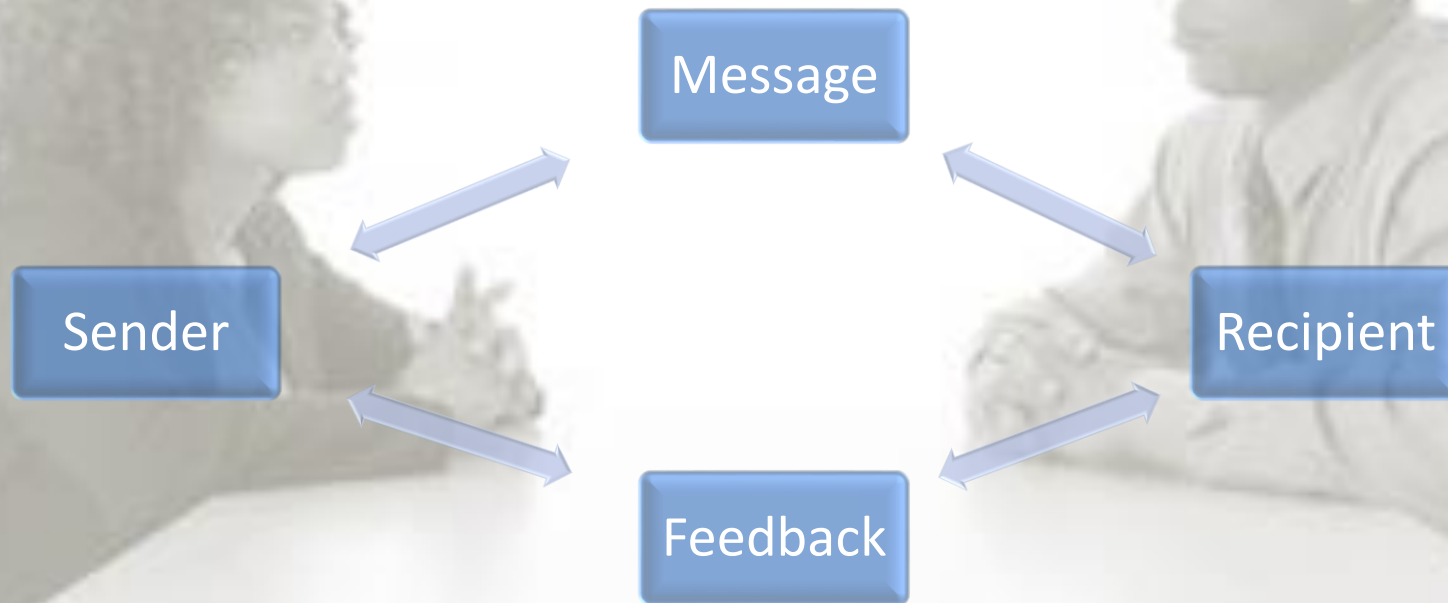
Section: 06

# 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 - peer discussion
- Person to persons
  - Delivered to large groups - classroom
- Intrapersonal
  - Positively or negatively guided conversation/discussion within ones self

- Auditory
  - Vocal / verbal
    - All language components
  - Vocal / nonverbal
    - Sigh's, chuckles, “ um's / ah's”
  - Non vocal
    - 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.



- Different word meaning
- A word/phrase used to invoke a specific response from the audience.
- “... and then this dog came around the corner and I almost wet my pants.”
- Interpretation:
  - A vicious Rottweiler in the mood to eat the speaker.
- Actual meaning:
  - a three pound Chihuahua with a pink bow on its head in attack mode

- 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.

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# 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

<b>Zone</b>	<b>Distance</b>	<b>Characteristics</b>
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?

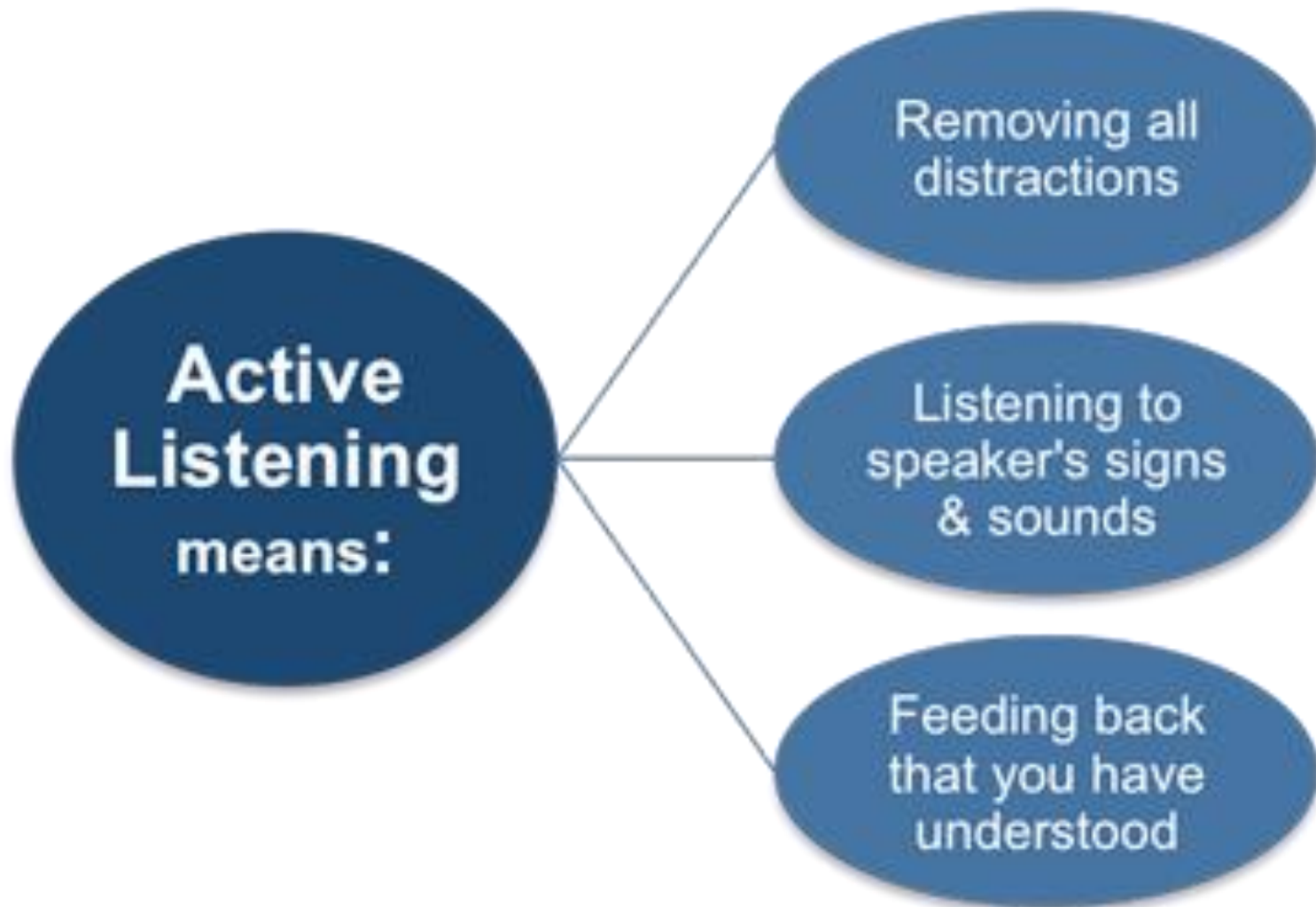
- Therapeutic Communication is a balancing act between discussion and observation and deduction.

- Discussing your patients complaint is a combination of three skills:
  1. Active listening
  2. Reflective listening
  3. 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:
  1. Listen to what the other is saying.
  2. Pause to think of your response.
  3. 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

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# **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 annunciate

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

- 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

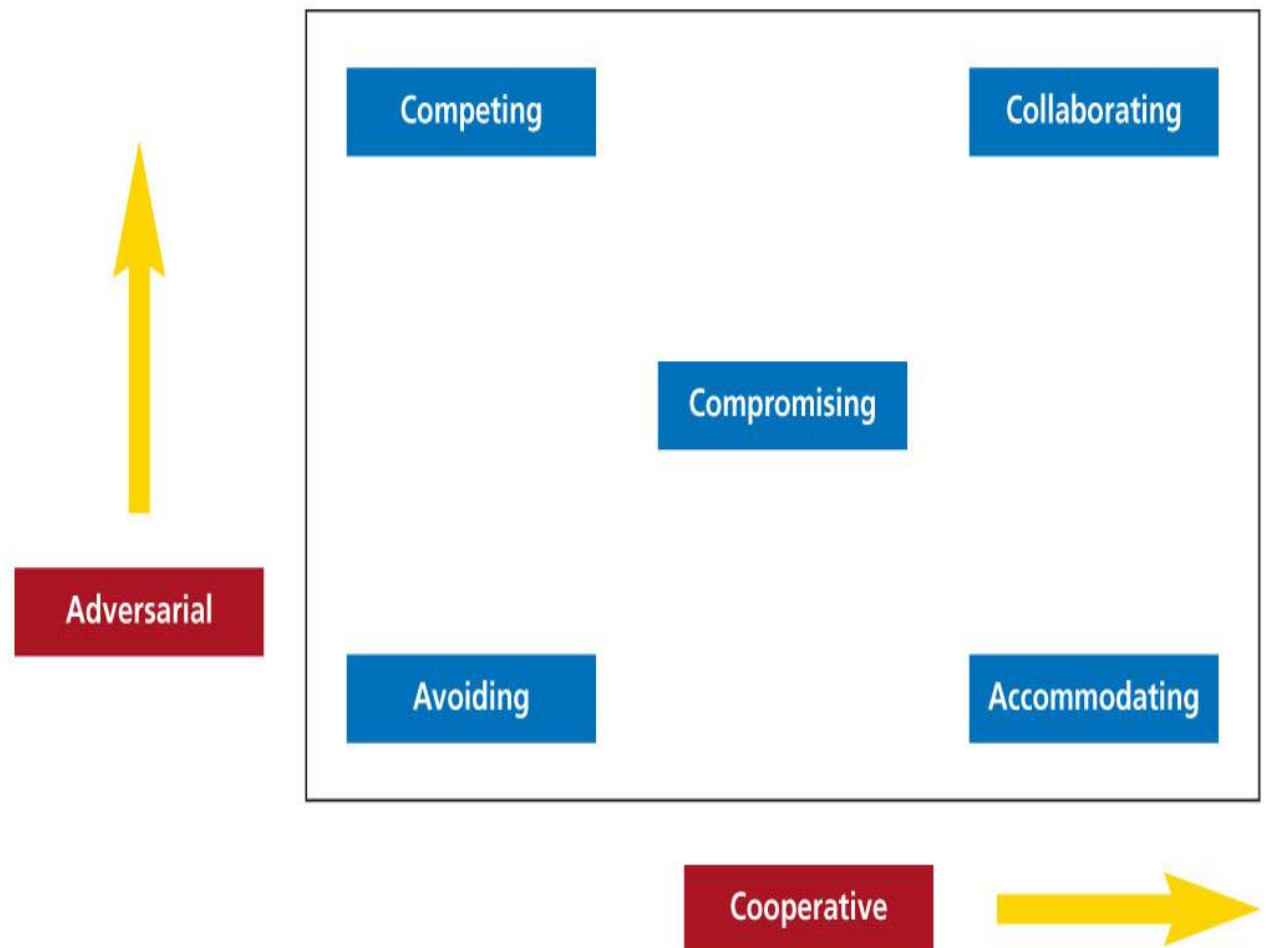
- Approach and attitude
- Nature of conflict
- Context in which it occurs
- Nature, approach and previous relationships of the individuals involved

- Competing/Controlling
- Avoiding
- Accommodating
- Compromising
- Collaborating



# Approaches to Conflict

FIGURE 4-4 Approaches to conflict resolution.



- “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 good-bye.

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# **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?

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# **PROFESSIONALISM**

The paramedic of today provides comprehensive, compassionate, and efficient Prehospital emergency care.

- A **paramedic** is a healthcare **professional**, predominantly in the pre-hospital and out-of-hospital environment, and working mainly as part of emergency medical services (EMS), such as on an ambulance.
  - Primary task is to provide emergency medical care in a prehospital environment
  - Essential component in the continuum of care
  - Advocate for the patient

- A **professional** is a member of a profession or any person who earns their living from a specified activity.
- The term also describes the standards of education and training that prepare members of the profession with the particular knowledge and skills necessary to perform the role of that profession.

- Professionalism is the conduct or qualities that characterize an expert practitioner in a particular field or occupation.

- True professionals establish excellence as their goal and never allow themselves to become complacent about their performance.

# Professional Attributes

- Leadership
- Integrity
- Empathy
- Self-motivation
- Professional appearance and hygiene
- Communication skills
- Time management skills
- Diplomacy in teamwork
- Respect
- Patient advocacy
- Careful delivery of service



- As the leader of the EMS team, the paramedic must interact with patients, bystanders, and other rescue personnel in a professional manner.



- Performing in the best interests of the patient despite the wishes/demands of other parties, despite personal/religious beliefs, and while maintaining patient confidentiality.



- The fact or condition of being accountable; responsibility.



- Patient
- Medical director
- Employer
- Public
- Peers

- A feeling of admiring someone or something that is good, valuable, important, etc.
  - A positive feeling of admiration or deference for a person or other entity (such as a nation or a religion), and also specific actions and conduct representative of that esteem.
  - Respect can be a specific feeling of regard for the actual qualities of the one respected. It can also be conduct in accord with a specific ethic of respect.
  - Respect can be both given and/or received.
  - *Respect* should not be confused with tolerance.

- How do you demonstrate respect ?
- What actions would indicate a lack of respect on the part of the paramedic ?
- What actions would indicate a lack of respect on the part of the patient ?

- Identification with and understanding of another's situation, feelings, and motives

- Deep awareness of the suffering of another coupled with the wish to relieve it



- The virtue of speaking truly about one's feelings, thoughts, desires

- A feeling or an expression of pity or sorrow for the distress of another; compassion or commiseration

- The quality or state of being worthy of esteem or respect.

- The art of dealing with people in a sensitive and effective way.

- Acute sensitivity to what is proper and appropriate in dealing with others, including the ability to speak or act without offending

- The quality of behaving or speaking in such a way as to avoid causing offense or revealing private information.

- Define confidence.
  - feeling of assurance, especially of self-assurance
- How do you demonstrate confidence?
- What actions would indicate a lack of confidence on the part of the paramedic?
- What actions would indicate a lack of confidence on the part of the patient?

- Give some examples of the appearance of overconfidence.
- What actions would indicate a overconfidence on the part of the paramedic?
- What actions would indicate a response to an overconfident attitude on the part of the patient?



- What is constructive feedback?
- Where could a paramedic expect to receive constructive feedback?
- How should a paramedic respond to constructive feedback?
- How can a paramedic respond to constructive feedback?

- What is conflict?
- How do you deal with conflict ?
- What actions would indicate a potential conflict is brewing ?
- What actions would indicate attempts at positive conflict resolution ?
- What actions would indicate attempts at negative conflict resolution ?

- Give some examples of areas of potential conflict in the workplace, and means of diffusing the conflict before the conflict arises.
- What do you do when that doesn't work ?

- What are some incidents that can initiate an emotional response in a patient, family member, or bystander?
- What are some examples of emotional responses exhibited by patients, family members, and bystanders?
- What are some incidents that can initiate an emotional response in a paramedic?
- What are some examples of emotional responses exhibited by paramedics?

- What is hostility ?
  - opposed in feeling, action, or character; antagonistic
- What are some incidents that can initiate a hostile response in a patient, family member, or bystander ?
- What are some incidents that can initiate a hostile response in a paramedic ?
- How can we as paramedics, control our hostile responses and respond more appropriately ?

- Passive
- Assertive
- Aggressive

- How can a paramedic diffuse a potentially hostile situation?
- What should a paramedic do when these attempts fail?

- Give an example of non threatening behaviour.
- How should a paramedic respond to these actions?



- Give examples of non verbal indicators of hostility, anger, sorrow, and thanks .
- How should a paramedic respond to these actions?

- What are coping mechanisms?
- Give examples of coping mechanisms
- How should a paramedic respond to these?

- What community resources are available to persons in need of emotional support?
- How can a paramedic alert the patient, family member, bystander to these available support options?

- The assignment to others of the authority for particular functions, tasks and decisions
  - Responsibility cannot be delegated
  - Must continue to be responsible for the overall assessment, determination of patient status, care planning, interventions and care evaluation when tasks are delegated to an another care provider.
  - Under certain conditions, a paramedic may delegate selected tasks for a patient to another health care provider.
  - The best interest of the patient must be embedded in all aspects of decision-making regarding delegation.
  - Each situation is unique and must be decided on its own merits.

- Task delegation is an important skills you need to practice
  - Good delegation saves you time, develops your team, grooms a successor, and motivates
  - Poor delegation will cause frustration, demotivates and confuses the other person, and fails to achieve the task or purpose itself
- Delegation is vital for **effective leadership**.
- You must ensure delegation happens properly

- Specific
- Measurable
- Agreed
- Realistic
- Time bound
- Ethical
- Recorded



- How can we apply this to patient care?