Chapter 17

Therapeutic Communications

Lesson 17.1
Internal/External Communications and Interviews
Learning Objectives

• Define therapeutic communication.
• List the elements of effective therapeutic communication.
• Identify internal factors that influence effective communication.

Learning Objectives

• Identify external factors that influence effective communication.
• Explain the elements of an effective patient interview.

Communication

• Basic element of human interaction
  – Involves verbal, nonverbal behavior
  – Includes symbols, clues to convey, receive meaning
Communication

• Several elements
  – Be aware of each element to interact effectively
  – Crucial, information and meaning gained/lost with any one changed element
  – All participants must take equal responsibility for their part in the process
  – Successful when each person clearly understand the meaning

Communication Process Elements

• Source
  – Verbal communication uses spoken, written words to express ideas, feelings
  – Common symbols should be simple, short, direct, and avoid confusion
Communication Process Elements

• Techniques for verbal communication as source
  – Use fewer words to avoid confusion
  – Use words that express an idea simply
  – Do not use vague phrases
  – Use examples if they make message easier to understand
  – Repeat important parts of message
  – Do not use technical jargon
  – Speak at an appropriate speed or pace
  – Do not pause for long periods or quickly change the subject

Think about the last time you had a misunderstanding with someone. Would any of the communication techniques listed above have improved the situation?

Communication Process Elements

• Encoding
  – Placing message in a format that when translated is understood by sender, receiver
  – Format can be written, verbal
  – Sender has responsibility to define content, emotional tone
  – Sender’s role may pass from one person to another as information is exchanged
Communication Process Elements

• Message
  – Information sent or expressed by sender
  – Should be clear, organized
  – Communicated in familiar manner for receiving person
  – Can include verbal, nonverbal symbols
    • Not all symbols have universal meaning
    • Take cultural differences into account
  – More formats in which the message is communicated, more likely the receiver understands it

Communication Process Elements

• Decoding
  – Interpretation of symbols, formats
  – Prompts receiver to respond to sender’s message
  – Can fail if symbols, words sent are unfamiliar to either party
  – Can fail if message interpretation is based on different understandings of symbols, format
  – Carefully select words that cannot easily be misinterpreted

Did you ever attend a class where nothing made sense? Reflect back on the reason that you didn’t understand the content. Was it an “encoding” or a “decoding” problem?
Communication Process Elements

- Receiver
  - Decoder
  - Person intended to understand message
  - Role switches back and forth

Communication Process Elements

- Feedback
  - Receiver’s response to sender’s message
  - Quality reveals whether intended message meaning was received
  - If intended meaning was not received, sender must clarify message, modifying content, reassessing new feedback
  - Can be verbal, nonverbal

Effective Communication: Internal Factors

- Liking others
  - Healthcare depends on relationships formed between patients, health care personnel
    - Based on trust and caring, conveyed to patients by accepting them as individuals
    - Must have genuine concern for others, understanding of human strengths, weaknesses
    - Cannot be achieved without genuine concern, understanding of human strengths, weaknesses
Effective Communication: Internal Factors

• Empathy
  – Ability to see situation from viewpoint of person experiencing it
  – Widely accepted as clinical aspect of profession

• Sympathy
  • Expression of feelings about another person’s problem
  • Uses sensitive, objective communication
  • Helps patients explain feelings so problem solving occurs

Effective Communication: Internal Factors

• Listening is an active process
• Requires complete attention, practice

Effective Communication: Internal Factors

• Effective listeners
  – Face patients while speaking
  – Maintain natural eye contact, show willingness to listen
  – Assume attentive posture
    • Avoid crossing legs, arms, may convey defensive attitude
  – Avoid distracting body movements
    • Wringing hands
    • Tapping feet
    • Fidgeting with object
Effective Communication: Internal Factors

- Effective listeners
  - Nod in acknowledgment when patients talk about important points or look for feedback
  - Lean toward speaker to communicate involvement
- Listening ladder
  - Acronym device for remembering ways to improve communication

What techniques could you use to promote effective communication with a suicidal patient who is telling you that you don’t care about him?
Effective Communication: External Factors

• Requires suitable setting
• Paramedic has control over external factors that affect setting, can result in better interaction between paramedic and patient
  – Privacy
  – Interruptions
  – Eye contact
  – Personal dress

Effective Communication: External Factors

• Privacy, interruptions, physical environment
  – Ensuring privacy helps eliminate distractions, reduces inhibitions
  – Interruptions kept to a minimum
  – Adequate lighting
  – Noise, interferences minimized
  – Interview initiated away from distracting equipment

Effective Communication: External Factors

• Privacy, interruptions, physical environment
  – Be aware of private space, personal space
    • Comfortable distance from patient, 4 to 5 feet, or twice patient’s arm length away
    • Form of personal protection, varies by individual, culture
    • May become defensive if space is invaded
Do you know anyone whose personal space requirements are much more or much less than those listed here? How would this affect your interview with him or her?

Effective Communication: External Factors

- Eye contact
  - Maintain as much as possible, even when taking notes
  - Nonverbal communication
  - Helps express gentleness, sincerity, authority
  - Helps patient feel safe, secure
  - Position self at eye level, equal seating

Effective Communication: External Factors

- Personal dress
  - Communication begins with first impression
  - Appearance should be professional
    - Clothing, clean, meets professional standards
    - Includes uniforms
    - Helps patients instantly identify paramedic, sets tone
Patient Interview

• A successful interview may be as important as physical assessment skills
  – Gathered information helps decide direction of physical examination
  – Should be initiated early, continued throughout encounter
  – Patients often categorized into general groups: illnesses and injury
    • Good emergency care requires viewing each patient individually
    • Attend to needs in caring, concerned, receptive manner

Patient Interview

• Communication techniques
  – Approach conscious patient, make personal introduction by name, title
    • “Hello, my name is [name]. I am a paramedic with [EMS agency name]. What’s your name?”
    • Verbal exchange provides information about person’s consciousness level, sensorium, hearing, speech impediments, language barriers
    • Maintain eye contact during introduction

Patient Interview

• Nonverbal communication can send message of negative feelings
  – Can convey insecurities of both patient and paramedic
  – Voice inflection, facial expression, body position may reflect anger, fear, impatience
  – Performing care procedures with trembling, sweaty hands may make patient question your skills
Patient Interview

• Nonverbal communication can send message of negative feelings
  – Use nonverbal cues to gain trust, cooperation, help provide best patient care
  – Touch shows compassion, reassurance
  – Small gestures help comfort distressed person
    • Holding patient’s hand
    • Squeezing shoulder
    • Wiping tears

• When talking with patients, listen to and interpret what is said
  – Patients may say they feel fine, yet appearance, tone of voice may indicate illness, fear
  – If unsure of message in patient’s response, ask additional questions to better understand what patient is communicating

• Most patients do not understand medical terminology, have only a vague understanding of how their bodies work
  – Use easily understood common words, phrases
  – Guide, direct interview without manipulating patient’s response
    • Avoid leading questions
    • Open-ended questions encourage free-form response
    • Ask one question at a time, give ample answer time before next question
    • Clarify irrelevant responses
    • Be flexible
Patient Interview

• Guide, direct interview without manipulating patient’s response
  – Do not discount patient’s experiences, information
  – Answer all patient’s questions if possible
  – No need to provide full explanation for each inquiry, give sensitive response that addresses question
  – Choose answer carefully, ensure answer does not increase patient’s anxiety

Patient Interview

• Responses
  – Many different tactics, responses used for interviews
  – Silence: gives patient more time to gather thoughts
  – Echo: paraphrase patient’s words
  – Allows clarification, expansion on information provided
  – Lets patients know they are being listened to
  – Empathy: encourages patient to talk more openly
  – Ask patient to clarify confusing statements, forcing patient to focus on one factor of the interview (confrontation)

Patient Interview

• Responses
  – May need to interpret information by linking events, making associations, inferring cause based on what can be seen, concluded
  – Additional information (explanation) can be given, persuades person to share facts, objective information
  – Summarize information, asking patient open-ended questions that can be used to review and clarify important details
Patient Interview

• Interviewing traps
  – Providing false reassurance
  – Offering poor, unwanted advice
  – Showing approval, disapproval
  – Giving opinion that takes away patient’s decision-making role
  – Changing subject inappropriately
  – Stereotyping patient, complaint

• Interviewing traps
  – Using professional jargon
  – Talking too much
  – Asking leading, biased questions
  – Interrupting patient
  – Asking “why” questions, viewed as accusations
  – Being defensive in response to criticism

• Developing good patient rapport
  – Requires experience, practice
  – Most encounters follow guidelines to establish good rapport
    • Ease patients by letting them know you are “on their side,” you respect their comments, you are there to help them
    • Be alert, respond to visual clues that patient needs help
    • Show compassion
    • Assess level of understanding, insight, use words and explanations at their level
    • Show expertise
Lesson 17.2
Obtaining Information, Assessing Mental Status, and Special Patient Situations

Learning Objectives
• Summarize strategies for gathering appropriate patient information.
• Discuss methods of assessing the individual’s mental status during the patient interview.

Learning Objectives
• Describe ways the paramedic can improve communication with a variety of patients. Such patients include (1) those who are unmotivated to talk; (2) hostile patients; (3) children; (4) older adults; (5) hearing-impaired patients; (6) blind patients; (7) patients under the influence of drugs or alcohol; (8) sexually aggressive patients; and (9) patients whose cultural traditions are different from those of the paramedic.
• Describe methods to communicate in a culturally sensitive manner.

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Obtaining Information: Strategies

• Patients generally communicate with health care personnel
  – Pouring out information in form of complaints
  – Revealing some problems while hiding others they think are embarrassing
  – Hiding most embarrassing parts of problem from paramedic, personally denying issue

Obtaining Information: Strategies

• Patients generally communicate with health care personnel
  – Best way to obtain information, use techniques for open-ended, closed-ended questions
    • Resistance
    • Shifting focus
    • Recognizing defense mechanisms
    • Distraction

Resistance

• Patient often reluctant to give information
  – Wants to maintain personal image, afraid of losing image
  – May fear response with rejection, ridicule
• Being nonjudgmental helps to obtain information
• To develop trusting relationship, must be willing to talk about any condition in professional manner
Shifting Focus

- Patient may be hesitant to discuss an obvious problem
  - Paramedic may shift focus of questions away from problem
    - Man with groin pain may first describe pain as “lower back,” especially to female paramedic
    - By shifting questioning focus to low back pain, paramedic can use another group of questions focusing on the presence, absence, radiating pain
    - New angle makes patients feel more comfortable describing their condition

Defense Mechanisms

- Distraught parents with seriously ill child may show regression, denial
  - Parent may be unable to provide needed information at emergency scene
  - Confrontation may be required, force parent to deal with key issues
  - Confrontation can clarify roles, help others identify problems, goals
    - Use only to obtain information critical for medical care
    - Perform in professional way
    - Allows patient to become aware of inconsistencies in interfering behavior or thoughts

Distraction

- Helps patients recognize irrational thoughts, behavior
- May be seen in hostile situations in which patients “act out”
- Point out unacceptable behavior
- Let patients know self-defeating nature of behavior
- Prompts patients to let paramedics control situation until they can gain self-control
Distraction

• Dealing with angry, hostile patient
  – Avoid raising voice to match angry person’s tone
  – Have person identify, describe cause of anger
  – Restate cause of anger
  – Offer solution, empathize, acknowledge person’s feelings

Assessing Mental Status

• Observation
  – Note patient’s appearance, level of consciousness, normal, abnormal body movements
  – Physical characteristics, dress, grooming provide clues to wellbeing, social status, religion, culture, self-concept
  – Conscious patients are generally alert, able to speak intelligently
  – Body movements should be appropriate for situation
  – Abnormal body movements may indicate unstable situation

• Conversation
  – Should reveal whether patients know who they are, where they are, day, date
  – If patient knows these things, remote, recent, intermediate memory facets are probably intact
  – Patient should be able to speak at normal pace with even flow
  – Responses should not have long pauses, rapid shifts
  – Nuances vary by geographic location
Assessing Mental Status

• Conversation
  – Patient’s environment (affect) responses should be appropriate for situation
    • Normal stress reactions may include autonomic responses
    • Reactive movements should be noted
    • Other actions may indicate the patient is uncomfortable, anxious

Assessing Mental Status

• Exploration
  – Offers way to assess patient’s emotions
    • Can gauge mental status by observing whether patient’s mood is anxious, excited, depressed, noting individual’s energy level
  – Done by simply interacting with patient
    • Allows observation of appropriate behaviors, ideas

Assessing Mental Status

• Exploration
  – Objective assessment must consider patient’s
    • Culture
    • Educational background
    • Values
    • Beliefs
    • Previous experiences
Assessing Mental Status

• Exploration
  – Time is often a consideration when providing emergency care
  – Basic questions used during exploration of various cultures
    • What do you think caused your problem?
    • Why do you think it started when it did?
    • What does your sickness do to you? How does it work?
    • How severe is your sickness? How long do you expect it to last?

Assessing Mental Status

• Exploration
  – Basic questions used during exploration of various cultures
    • What problems has your sickness caused you?
    • What do you fear about your sickness?
    • What kind of treatment do you think you should receive?
    • What are the most important results you hope to receive from this treatment?

Why is the mental status examination especially important both medically and legally?
Special Interview Situations

- Patients who don’t like to talk
  - Most patients are more than willing to talk
  - Some need more time, varying techniques to participate successfully in interview
  - Difficult interviews generally stem from four sources
    - Patient’s condition may affect speech, may fear talking
    - Psychological disorders, culture differences, age
    - May have cognitive impairment
    - May want to deceive paramedic

Helpful techniques

- Start interview in normal way
- If patient does not talk, review nature of call as received from dispatch center
- Take time to develop rapport
- Use open-ended questions to get response
- If unsuccessful, try direct questions
- Provide positive feedback to appropriate responses

- Patients who don’t like to talk
  - Helpful techniques
    - Make sure question is understood
    - Consider language barrier, hearing difficulty factor
    - Continue asking questions to obtain critical information needed for treatment
    - Obtaining nonessential information may be difficult
Special Interview Situations

• Patients who don’t like to talk
  – Helpful techniques
    • Question family members, others at scene
    • If patient is uncommunicative for long period, try to rule out disease, disorder as reason
    • Use summary and interpretation of events or conditions, ask if interpretation is correct
    • Ask questions about your care, equipment, profession in attempt to create conversation
    • If patient responds, answer all questions fully, no one-word answers

Special Interview Situations

• Patients who don’t like to talk
  – Helpful techniques
    • Realize all information needed may not be obtained
    • Observe patient affect, record what you see
    • Record sets mental status baseline for later evaluations
    • Consider asking questions for which answers are known, helps gauge patient’s credibility

Hostile Patients

• Be alert for signs that the situation may turn violent
  – Ensures personal safety
  – Signs may include
    • Clenched fists
    • Rising voice level
    • Threatening facial expression
    • History of violence toward others
Hostile Patients

• If such a situation exists or is expected, EMS crew should retreat from scene, request law enforcement help
  – If safe retreat is not an option, stay far enough away from patient to ensure personal safety

Hostile Patients

• Interviewing guidelines
  – Try normal interviewing techniques
  – Never leave patient alone without adequate assistance
  – Set limits, establish boundaries
  – Explain cooperation advantages
  – Follow local protocol including use of physical, chemical restraint

Age-Related Patients

• Communicating with children
  – Often must establish rapport with two people, child and parent
  – Children 1 to 6 years old, conversation mostly directed at parent first
    • Offering a toy may distract child during parent interview
    • Information from parent is person’s point of view, parent might feel defensive
    • Should not be judgmental if parents did not provide proper care, safety for child before EMS arrival
Age-Related Patients

• Communicating with children
  – Gradually make contact with child during parent interview
    • Move to eye level, speak with child using quiet, calm voice
    • Remember children are very responsive to nonverbal cues

Age-Related Patients

• Communicating with older adults
  – Many dealing with age-related diseases, inevitability of death
  – Interviewing may take longer
    • Tire easily
    • May have physical disabilities that distort speech
  – Touch is important

Age-Related Patients

• Communicating with older adults
  – Always use individual’s last name and Mr., Mrs., or Ms., unless patient requests otherwise
  – Eye contact should be maintained, speech clear, slow
  – Use short, open-ended questions
  – Talking with family members is usually best approach
Hearing-Impaired Patients

• Determine patient’s preferred communication method
  – Lip-reading
    • Face patient squarely
    • Ensure adequate lighting
    • Speak slowly, use short words, phrases
    • Enunciate clearly
  – Signing
  – Writing
    • Often best out-of-hospital method for communicating with deaf patients

• Try to gain person’s attention
  – Gentle touch
  – Slowly wave hands in front of patient
  – Speak a little louder
  – Speak into patient’s ear if patient is not wearing hearing aid

• Inform emergency department staff of impairment if transportation is needed
  – Allows arrangements for personnel to aid in communications
  – Finger spelling, simple sign language, easily learned, can assist communication in prehospital setting
Blind Patients

- Should be ascertained whether patient also has hearing impairment
  - Unusual for blind to also be deaf
- Identify self in normal voice
- Answer all questions about emergency scene, surroundings

Blind Patients

- Explain in detail all examination, treatment procedures before touching
- Most disabled people are very independent
  - May resist unsolicited help
  - Do not separate from guide dog if situation permits
    - If dog is injured, advise dispatch center quickly
    - Allows for special care arrangements for dog

Street Drugs, Alcohol

- Ensure personal safety
- Prepare for unpredictable behavior
  - Law enforcement help may be needed to ensure scene safety
- Interview, ask simple, direct questions
- Avoid actions that may be viewed as threat, confrontation
Sexually Aggressive Patients

- Confront male, female patients making improper sexual advances
  - Document unusual incidents, witness's observations
- Patients should be cared for by same gender paramedics if possible
- Some EMS services use audio devices during transportation, record all interactions
  - May require patient's legal consent

Transcultural Considerations

- Introduce self, ask patient to do the same
- Paramedic may be viewed as cultural stereotype to patient, family
  - Roles of everyone involved providing care must clearly be understood
    - Paramedics
    - Patient
    - Family members

Transcultural Considerations

- Avoid pitfalls when providing care
  - Ethnocentrism
    - Seeing one's own life as most acceptable, best
    - Acting in a superior manner toward another culture's way of life
  - Cultural imposition
    - Forcing one's beliefs, values, behavior patterns on people of other culture
Transcultural Considerations

• Consider other factors
  – Some expect health care workers to have all answers to an illness
  – Some accept illness, injury in different ways
  – Nonverbal cues, such as handshaking, touching, can be perceived differently in different cultures

Transcultural Considerations

• Consider other factors
  – Some consider direct eye contact impolite, aggressive, may avert eyes during interview
  – Do not use touch as reassurance with some different cultures, may be misunderstood
  – Language barriers may present communication difficulties
  – Personal space often defined by culture, also varies by individual

Summary

• Therapeutic communication is a planned and professional act
  – The paramedic, working with the patient, obtains information used to meet patient care goals
• Communication is a dynamic process and has six elements: source, encoding, message, decoding, receiver, feedback
Summary

• To effectively communicate with patients, paramedics must genuinely like people, be able to empathize with others, and have the ability to listen.
• Good communication calls for a favorable physical environment.
  – Factors such as privacy, interruption, eye contact, and personal dress are external influences that can be controlled.
  – Allow paramedic to better communicate with patient.

Summary

• Patient interview often decides direction of physical examination.
  – Good care means paramedic sees each patient as an individual, that patient’s needs are met in a caring, concerned, and receptive way.
• Open-ended and closed-ended (direct) questions can be used to get information from patient.
  – Techniques include resistance, shifting focus, recognizing defense mechanisms, distraction.

Summary

• First step with any patient is to assess mental status.
  – Can be done by observing patient’s appearance and level of consciousness.
  – Look for normal or abnormal body movements.
  – Patient should be able to show clear thinking, normal attention span, ability to concentrate on and understand discussion.
  – Patient’s responses to environment (i.e., affect) should be appropriate to the situation.
Summary

- Difficult interviews generally arise from four situations: (1) patient’s condition may affect the ability to speak; (2) patient may fear talking because of psychological disorders, cultural differences, or age; (3) a cognitive impairment may be present; or (4) patient may want to deceive the paramedic.
- Paramedics should avoid ethnocentrism and cultural imposition when caring for patients from other cultures.

Questions?