



# 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 EMTs.
  - Enable you to gather critical information, coordinate with other responders, and interact with other health care professionals

# Introduction (2 of 3)



- Documentation
  - Patient's permanent medical record
  - Demonstrates appropriate care was delivered
  - Helps others in patient's future care
- Complete patient records
  - Guarantee proper transfer of responsibility
  - Comply with requirements of health departments and law enforcement agencies
  - Fulfill your organization's administrative needs

# 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

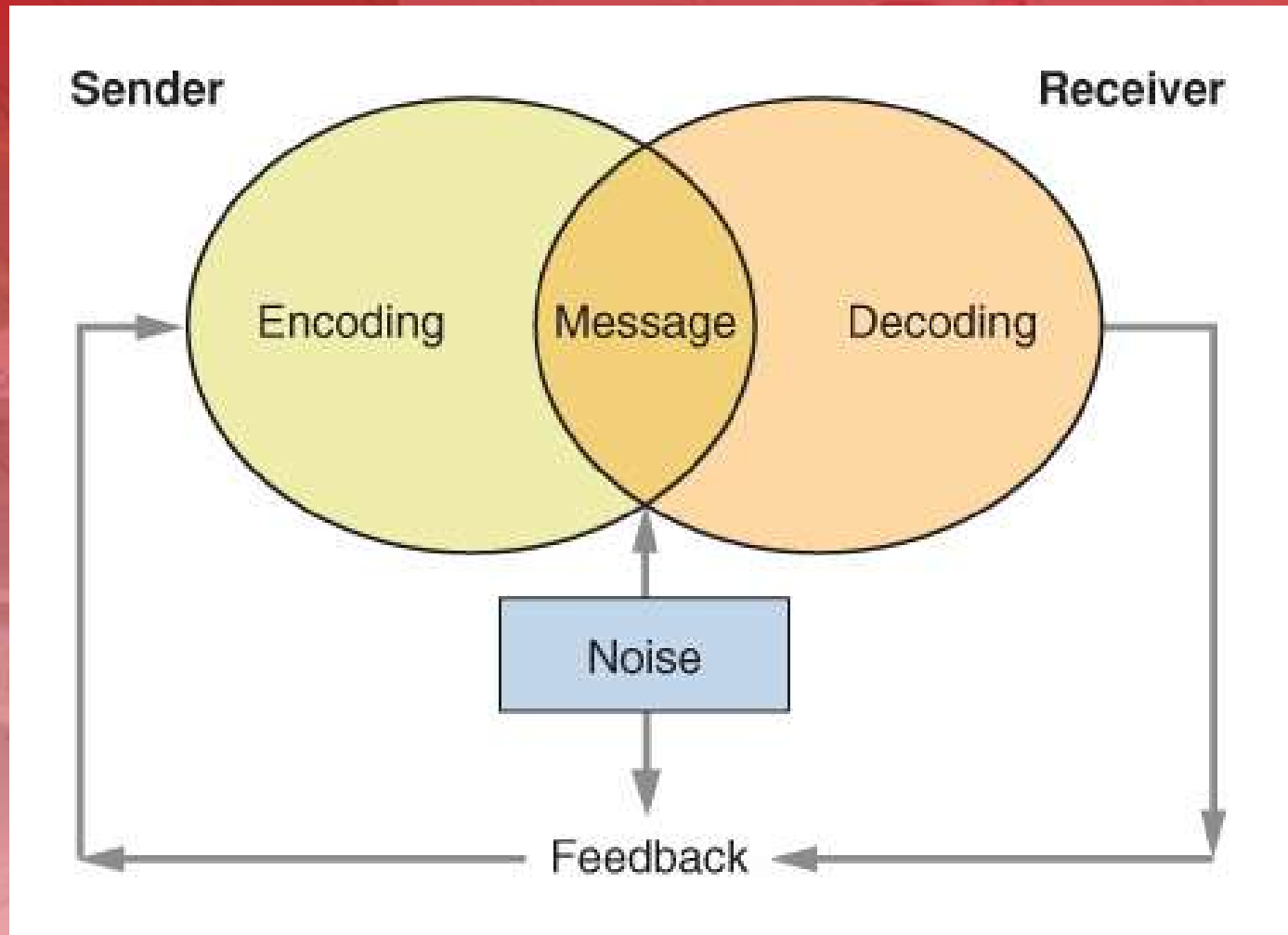


# Therapeutic Communication

## (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)



# 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



# 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

# 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.



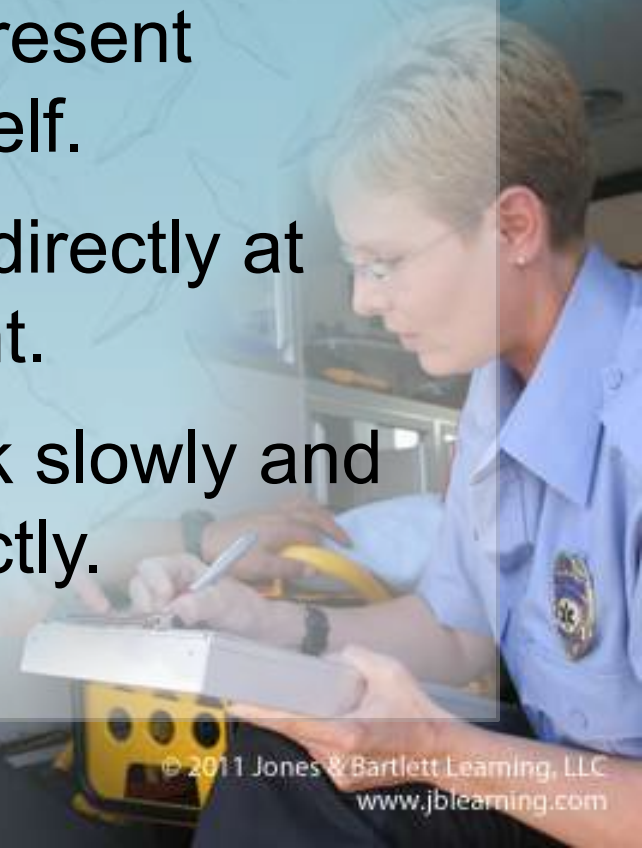
# Interviewing Techniques (4 of 4)

- 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.



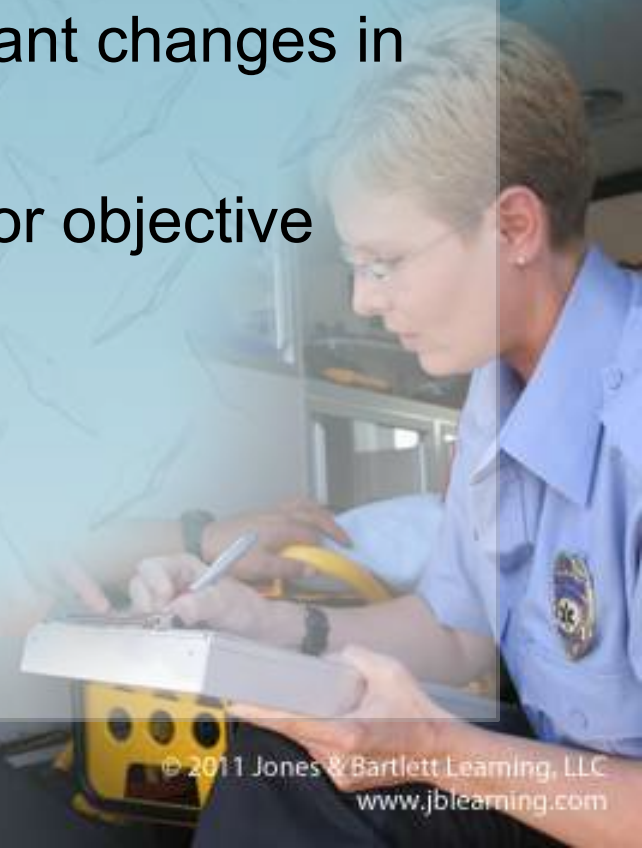
# Communicating With Older Patients (2 of 4)

- 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.

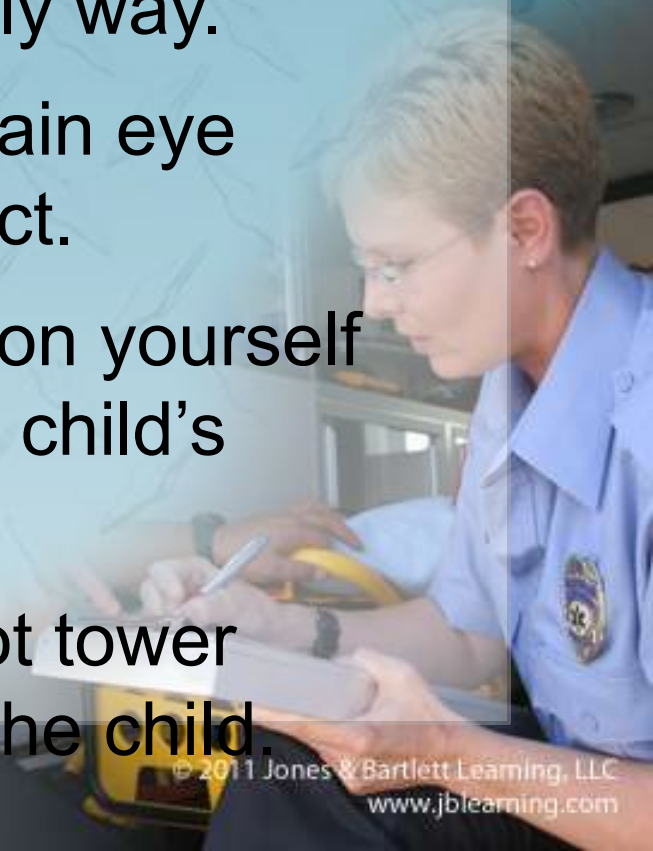


# Communicating With Children

(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)



Source: © Jones and Bartlett Publishers  
Courtesy of MIEMSS.

- 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.

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

# 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

# Written Communications and Documentation (1 of 2)

- Patient care report (PCR)
  - Also known as prehospital care report
  - Legal document
  - Records all care from dispatch to hospital arrival



# Written Communications and Documentation (2 of 2)

- The PCR serves six functions:
  - Continuity of care
  - Legal documentation
  - Education
  - Administrative information
  - Essential research record
  - Evaluation and continuous quality improvement





# Patient Care Reports

- Information collected on the PCR includes:
  - Chief complaint
  - Level of consciousness or mental status
  - Vital signs
  - Initial assessment
  - Patient demographics



# Types of Forms (1 of 3)

The screenshot shows the POLARIS web application interface. The title bar indicates it is running in Mozilla Firefox. The page title is "POLARIS Utah's Pre-Hospital Online Active Reporting Information System". The user is logged in as "Sample User" from the "State of Utah". The interface is divided into several sections: "Transport", "Patient", and "Outcome and Linkage". Each section contains various input fields, including dropdown menus and text boxes, for entering patient and transport details. The "Transport" section includes fields for Destination/Transfer, Destination City, State, Zip Code, and Address. The "Patient" section includes fields for Patient Name, Home Address, and Social Security Number. The "Outcome and Linkage" section includes fields for ED and Hospital Dispositions. Navigation buttons like "Narrative", "Preview", "Reset", "Exit", "Previous", and "Next" are visible at the bottom of the form.

Source: Courtesy of the Utah Department of Health

- Traditional written form with:
  - Check boxes
  - Narrative section
- Computerized version

# Types of Forms (2 of 3)

- The narrative section of the PCR may be the most important.
- Includes:
  - Time of events
  - Assessment findings
  - Emergency medical care provided



# Types of Forms (3 of 3)

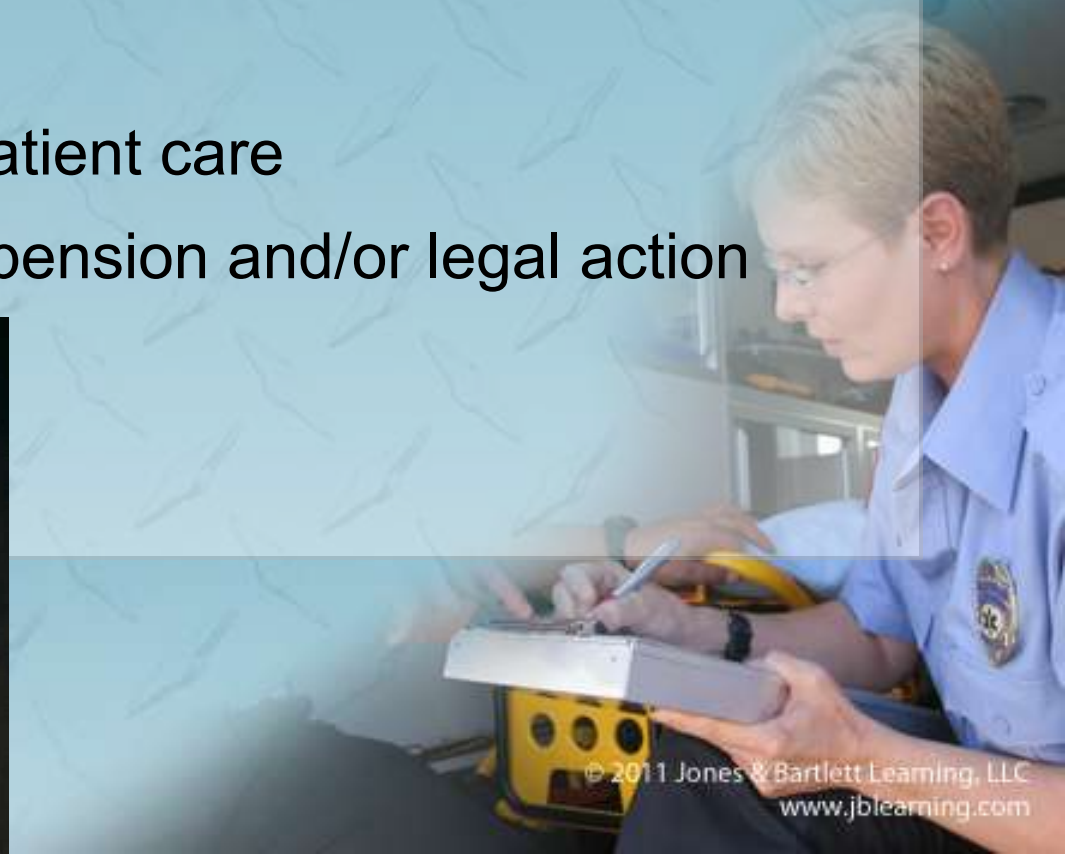
- Narrative section (cont'd):
  - Changes in patient after treatment
  - Observations at the scene
  - Final patient disposition
  - Refusal of care
  - Staff person who continued care





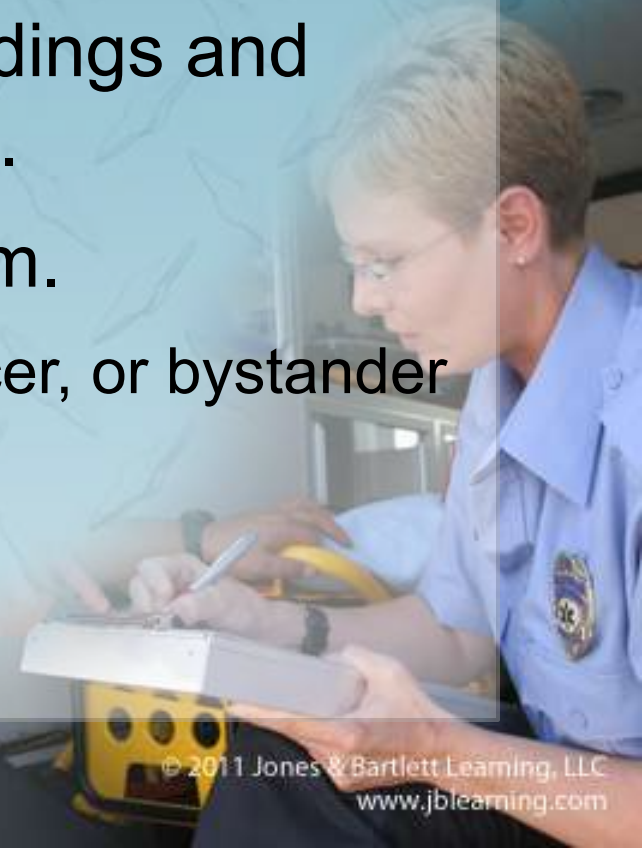
# Reporting Errors

- If you leave something out or record it incorrectly, do not try to cover it up.
- Falsification:
  - Results in poor patient care
  - May result in suspension and/or legal action



# Refusal of Care

- A common source of lawsuits.
  - Thorough documentation is crucial.
- Document any assessment findings and emergency medical care given.
- Have patient sign a refusal form.
  - Have family member, police officer, or bystander also sign as witness.
- Complete the PCR.



# Special Reporting Situations

- Depending on local requirements:
  - Gunshot wounds
  - Dog bites
  - Some infectious diseases
  - Suspected physical or sexual abuse
  - Mass-casualty incident (MCI)



# Medical Terminology

- Common terminology among all medical providers
- Medical personnel around the globe speak same language: Latin.
- Taking a medical terminology course can be helpful.





# Communications Systems and Equipment

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

# 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

## (1 of 2)



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

# Mobile and Portable Radios

## (2 of 2)

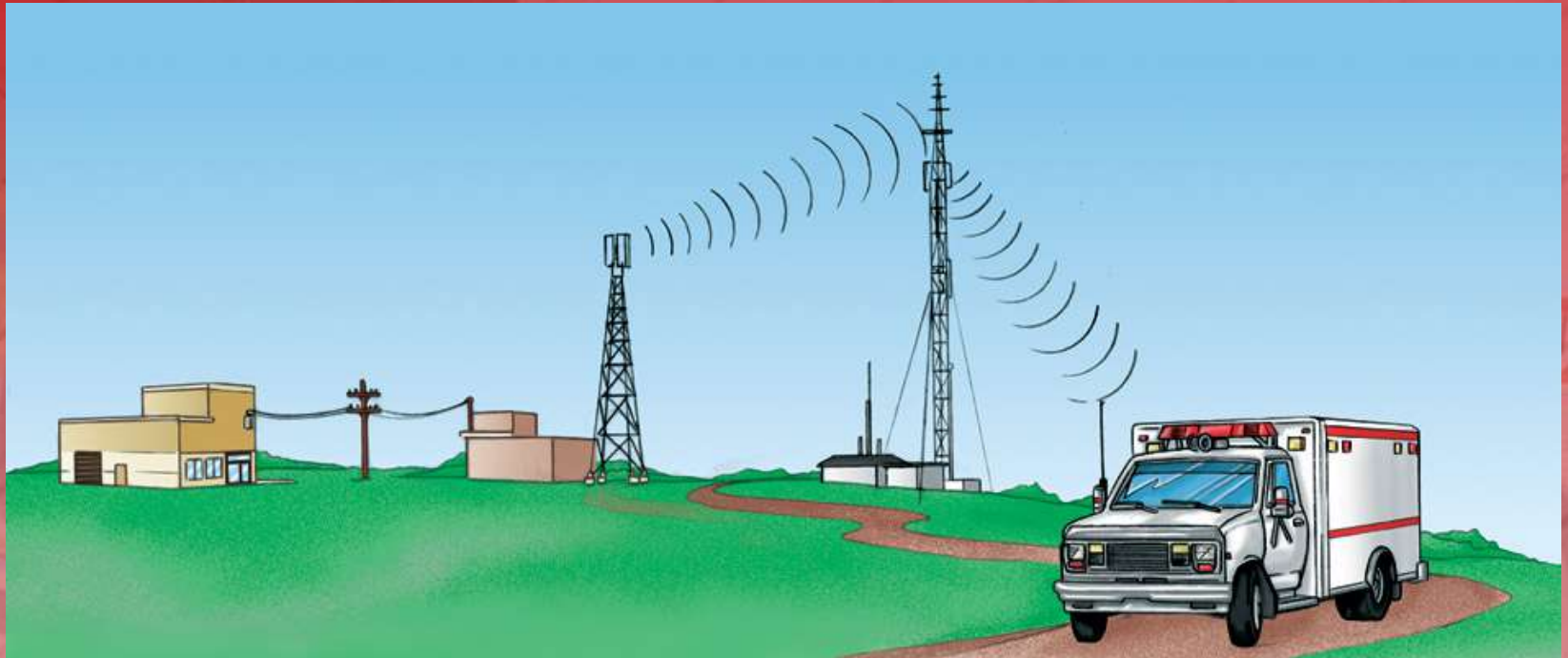
- Portable radios are hand-held devices.
- Essential at the scene of an MCI
- Helpful when away from the ambulance to communicate with:
  - Dispatch
  - Another unit
  - Medical control



# 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)

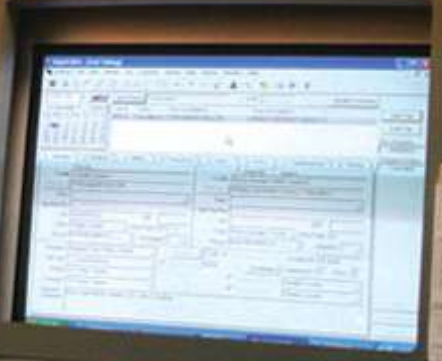
# Radio Communications

- 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



Source: © Andrei Malov/Dreamstime.com

# 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

# Summary (1 of 6)

- The Shannon-Weaver model of communication is a valuable tool in understanding the variables involved in human communications.
- There are many verbal and nonverbal factors and strategies that are necessary for therapeutic communication.

# Summary (2 of 6)

- Excellent communication skills are crucial in relaying pertinent information to the hospital before arrival.
- Sick or injured people may not understand what you are doing or saying. Therefore body language and attitude are very important in gaining the trust of the patient and family.

# Summary (3 of 6)

- Take special care with children, geriatric patients, hearing-impaired patients, visually impaired patients, and non-English-speaking patients.
- EMTs must have excellent person-to-person communication skills.



# Summary (4 of 6)

- You must complete a patient care report before you leave the hospital. This is a vital part of providing emergency medical care and ensuring continuity of patient care.
- Radio and telephone communication links you to other members of the EMS, fire, and law enforcement communities.

# Summary (5 of 6)

- An EMT must understand and be able to use many forms of communication, including mobile and hand-held radios.
- It is your job to know what your communication system can and cannot handle. You must be able to communicate effectively by sending precise, accurate reports on scene, patient's condition, and treatment provided.

# Summary (6 of 6)

- Remember, the lines of communication are not always exclusive; therefore, you should speak in a professional manner at all times.
- Reporting and record-keeping duties never come before care of a patient.