Communication is:

A process by which information is exchanged between individuals, through a common system of symbols, signs or behaviour.

Who Do We Communicate With?
• Patients
  – Children
  – Teenagers
  – Young people
  – Middle-aged
  – Elderly
  – Non-English speaking

• Patients’ family

• Members of the public

• Work Colleagues

• EOC

• Nurses

• Doctors

• Orderlies

• SAPOL

• MFS

• CFS

• SES
What Do We Want To Get Out Of Communicating With These People?
Objectives of Paramedic Communication

- Get information
  - Taking patient history

- Relay Information
  - Patient Handovers

- Reassure

- Provide Training / Education

- Give Reports
  - Situation reports at a scene

- Give Instructions
  - Directing others at a scene

- Conflict Resolution
  - Resolve issues with partners or other people you come into contact with at work
Verbal Vs Non-Verbal
Verbal Communication

Verbal communication refers to the use of sounds and language to relay a message.

It serves as a vehicle for expressing desires, ideas and concepts and is vital to the processes of learning and teaching.

Effective verbal communication means your listener clearly understands the message you are trying to deliver.

Considerations of Verbal Communication

• Language - slang, colloquial, formal
• Pronunciation - hearing impaired, ESL
• Appropriateness of conversation for situation
Non-Verbal Communication

*Actions speak louder than words*

Up to 65% of a messages’ meaning is conveyed non-verbally


Two basic categories of non-verbal language:
1. nonverbal messages produced by the body;
2. nonverbal messages produced by the broad setting (time, space, silence)

### Elements of Non-Verbal Communication

- Appearance
- Posture
- Gestures
- Facial Expression
- Eye Contact
- Proximity
- Environment
- Body Movements
- Touch
- Glance
- Volume
- Vocal nuance
- Intonation/Pitch
- Dress
- Smell
- Word choice and syntax
- Sounds (paralanguage)
Communication involves two or more!

Consider these elements in relation to both yourself and the person you are communicating with.
Appearance
PATIENT

• Do they look sick?
• Clothing - appropriate for weather, in good condition, clean
• Hygiene - able or willing to look after themselves
• Obvious medical issues - obesity, jaundice

PARAMEDIC

• Uniform - worn correctly, clean, tidy
• Hygiene - well groomed, neat hair, shaven
• Body art - tattoos, piercings
Posture
PATIENT

• Closed- defensive, anxious, arms curled around them, foetal position, withdrawn
• Positional- indicative of pain, permitting easier respiration,
• Threatening

PARAMEDIC

(Not manual handling postures)

• Open- receptive and interested
• Non-threatening or intimidating - eye level
• Keep safe
Gestures
PATIENT

• Used to convey meaning - thumbs up = all good, clenched fist = anger/pain
• Pointing - useful for locating pain
• Hands - some people use their hands a lot

PARAMEDIC

• Useful to describe actions of things
• Used to give directions / lead patients / large scenes
• Useful when patient is hearing impaired / ESL
PATIENT

• Important to identify patient expression and use it to inform your approach to personalised communication (scared, pain - don’t be condescending)

• Possibly have the same expression

PARAMEDIC

• Equally important to have a ‘game face’ - don’t show you are terrified / judging them...
Eye Contact
PATIENT  PARAMEDIC

• Can be respectful or disrespectful, depending on culture or situation. You need to aim at maintaining eye contact, but avoid too much intensity.

• Important to show the patient that they have your full attention.

• Be careful with psychiatric conditions where patients may interpret maintaining eye contact as a threatening proposition.

• Watch yourself and your actions (eye rolling).

• Lack- shy, intimidated, angry, cultural.
• Too much- aggressive, threatening, creepy.
Proximity
PATIENT

• Need to respect patients and not unnecessarily get in their personal space

• We still need to do our job

• Can be helpful to build patient rapport

• Important to be conscious of own safety

PARAMEDIC
PATIENT

• Learn a lot from environment patient is found in - mechanism of action for injury, coping ability, mental/physical state, support networks

• Must snoop! And report findings. Sometimes we are only ones who know how they are living and that they need help - it is up to us to ensure something is done!

• Environment could be cause of illness - gastro from poor self care/food prep, infection from poor self care

PARAMEDIC

• Environment may make you feel safe, unsafe, vulnerable, upset - must deal with own emotions that environment evokes

• Difficulties of trying to communicate in multitude of environments - outside, night clubs, building sites, church
Touch

"I touched my toes once — Believe me, it's overrated."
PATIENT

• Consider both cultural and gender issues

PARAMEDIC

• In the professional setting, only touch to achieve appropriate physical examinations - ‘do the dance’.

• However, consider:
  
  If your patient is emotionally distraught, especially after a major event, is it appropriate to give them some physical comfort, such as a hug?

  Will you shake hands with your patients?
Risks

All communication has an associated risk
- Causing offence
- Being misunderstood
- Transgressing cultural norms

You may need to take risks
  e.g. The risk of touching someone may be outweighed by the benefit of providing comfort

But you better be careful!
  If something you do is taken badly, withdraw immediately and apologise if necessary
Risks

Beware the patient with abnormal behaviour

It will sometimes be impossible to predict how a patient will react

(Quiet compliant patients can suddenly become aggressive and violent)

Your communications may trigger the reaction

Sometimes closed, minimal non-verbals from you are the best approach
Unrelated Behaviour

The patient’s behaviour does not match the situation

• Laughing at a tragedy
• Hysteria from a minor injury
• Overtly seductive when suffering an illness
• Excessively secretive

This behaviour should make you suspicious
Unrelated Behaviour

Possible causes
Altered mental state due to
  Drugs
  Trauma
  Illness
Psychiatric disorder or dementia
Something to hide (e.g. a crime or something embarrassing)

Sometimes these unrelated behaviours should be reported if it may have a bearing on the patient’s condition
Complicating Factors

- Also consider safety
- Noise
- Lighting
- Elderly
- Children
- Stress
- Psychiatric
- Language
- Disability
- Environment
- Agitated patients or relatives
- Personal aversion
- Gender
- Cultural issues
- Unwillingness to reveal information
- Urgency
- Concurrent communications to multiple people
Sympathy Vs Empathy

Sympathy and empathy are separate terms

Sympathy essentially implies a feeling of recognition and acknowledgement of another's suffering

Empathy is actually sharing another's suffering, as you have experienced it yourself

How do we demonstrate sympathy?

- By listening, without interrupting, judging or advising
- By mirroring our willingness to listen in our posture
- By asking questions
- By using active listening to clarify and deepen our understanding of the other person’s difficulties and needs
Tips For You

Open posture

Show interest and allow time

Eye contact by ensuring you are at the same level (e.g. Squat by the side of the bed)

Touch where appropriate, but be careful

Develop patience

Practice paying attention to the person speaking to you
Tips For You

Push away any internal dialogue

Eliminate any possible distractions (mobile phone)

Listen to understand what the person is really saying

Observe body language

Send back what you have heard to verify

Match tempo and tone in your response

You don’t need to agree, just understand from the speaker’s perspective
Patient Interview

Phases Include:

1. Introduction
2. Working Phase
3. Closing
Introduction

• Sets the pace
• Gives your patient their first impression
• Gives you a chance to demonstrate your professionalism and your competence
• Allows your to begin forming a rapport
• Also is a time when you can make it go very wrong
Introduction

• Introduce yourself and your partner
• Ask the patient their name
  – How would you like to be addressed?
• Are terms of endearment unsuitable?
  – Can we say ‘Mate’ or ‘Dear’
• Who else is present
  – Mother, husband, wife, sister, etc
  – Don’t assume
  – A much younger woman does not necessarily mean a daughter
Working Phase

- This is where you get down to business
- All the history needs to be efficiently established
- You will interpose a set of physical examinations with a set of questions
- Your questioning techniques are vital for interviewing success
Questioning

• Open ended
  – Questions which allow the patient to respond freely
  – Requires good cognition to form answer
  – Assess CNS state
  – E.g. Tell me what your problem is today
Questioning

• Closed
  – If a specific answer is required
  – Useful for gaining specific vital information
  – E.g. Where is your pain?
Direct the Interview

• Start with open ended questions
• Focus the discussion with closed questions
• Keep on-track
  – Patients may wander off course with irrelevant information
  – Reinforce the need-to-know information
History Taking Sequence

1. Presenting Complaint
2. History (of presenting complaint)
3. Past History
4. Social History
5. Family History
6. Systems Review

Physical assessment and some treatment occurs simultaneously.

Techniques for Interviewing

• **Facilitation**
  – Simple responses to show you are listening and wish the patient to continue

• **Silence**
  – Allows patient to collect thought and prevents you from interrupting the next statement

• **Reflection**
  – Repeat a key phrase; allow the patient to provide more detail on that specific point
Techniques For Interviewing

• Sympathy / Empathy
  – Shows understanding for the patients feelings, but must be used carefully
  – Do not give false reassurances
  – Do not say you know how it feels, unless you genuinely do
  – You can say “it must make you feel uncomfortable”, which does not impose your values or give false assurances

• Clarification
  – Restate the patient’s ambiguous statements in your own words
  – Seek confirmation that you have the correct story
Avoid

• False Assurances*
• Your authority to order the patient
• Professional jargon
• Leading or bias questions
• Excessive talking
• Interrupting
• Asking why
Closing

• You need to be non-judgemental in your practice
• This means that you should not convey feelings of disapproval or dislike
• Be very careful that you non-verbal communications do not betray you
• Introduce patient to next medical caregiver-nurse/doctor etc.
• Say goodbye
QUESTIONS