



Therapeutic Communications

BLED SOE • PORTER • CHERRY

Topics

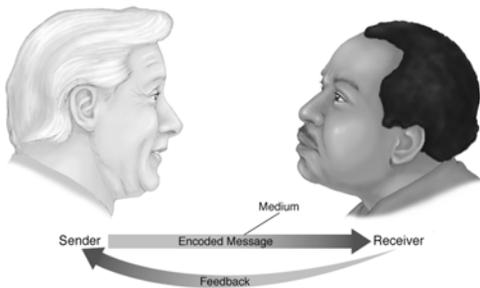
- The Basic Elements of Communication
- Communication Techniques
- Patients with Special Needs

Communication Components

- Communication is the exchange of common symbols:
 - Written
 - Spoken
 - Signing or body language

Basic Elements of Communication

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



Failure to Communicate (1 of 2)

- Prejudice:
 - Or lack of empathy
- Lack of privacy:
 - Inhibits the patient's responses

Failure to Communicate (2 of 2)

❑ External distractions:

- Traffic, crowds, loud music, EMS radios, TVs

❑ Internal distractions:

- Thinking about things other than the situation

**Patience and flexibility
are hallmarks of a good
communicator.**

Trust and Rapport (1 of 2)

- ❑ Use the patient's name.
- ❑ Address the patient properly.
- ❑ Modulate your voice.
- ❑ Be professional but compassionate.

Trust and Rapport (2 of 2)

- ❑ Explain what you are doing and why.
- ❑ Keep a kind, calm expression.
- ❑ Use an appropriate style of communication.

Professional Behaviors (1 of 2)

- ❑ First impressions are crucial.
- ❑ Be neat and clean.
- ❑ Practice good hygiene.
- ❑ Stay physically fit.

Professional Behaviors (2 of 2)

- ❑ Maintain an overall demeanor that is calm, capable, and trustworthy.
- ❑ Be confident, not arrogant.
- ❑ Be considerate; wipe your feet, etc.

Communication Techniques

Getting down to a patient's level can help improve communications on a pediatric call.





An open stance.



A closed stance.

Table 11-1 INTERPERSONAL ZONES

Zone	Distance	Characteristics
Intimate zone	0 to 1.5 feet	Visual distortion occurs. Best for assessing breath and other body odors.
Personal distance, or "personal space"	1.5 to 4 feet	Perceived as extension of self. No visual distortion. Body odors are not apparent. Voice is moderate. Much of patient assessment, and sometimes patient interviewing, may occur at this distance.
Social distance	4 to 12 feet	Used for impersonal business transactions. Perceptual information is much less detailed than at personal distance. Patient interview may occur at this distance.
Public distance	12 feet or more	Allows impersonal interaction with others. Voices must be projected.

Eye Contact

- 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.



Questioning Techniques (1 of 2)

- Use open-ended questions.
- Use direct questions.
- Do not use leading questions.

Questioning Techniques (2 of 2)

- 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.

Observing the Patient

- Overall appearance
 - Clothing
 - Jewelry
- Mental status
- Speech
- Mood and energy level

Effective Listening and Feedback

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

Interviewing Errors

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

Patients with Special Needs

Sources of Difficult Interviews

- ❑ Patient's physical condition.
- ❑ Patient's fear of talking.
- ❑ Patient's intention to deceive.

Table 11-2 CHILDHOOD DEVELOPMENT BY AGE

Common Term	Age	Characteristics and Behaviors
Infant	Birth to 1 year	Knows the voice and face of parents. Will want to be held by a parent or caregiver. Responds best to firm, gentle handling and a quiet calm voice.
Toddler	1-3 years old	Very curious at this age, and into everything, so be alert to the possibility of poison ingestion. May be distrustful and uncooperative. Usually does not understand what is happening, which raises level of fear. May be very concerned about being separated from parents or caregivers.
Preschooler	3-5 years old	Can see the world from own perspective only. Able to talk, but may not understand what is being said. Uses simple words, short sentences, and concrete explanations. May be scared and believe what is happening is own fault.
School Age	6-12 years old	Is more objective and realistic. Should cooperate and be willing to follow the lead of parents and EMS provider. Has active imagination and thoughts about death. May need continual reassurance.
Adolescent	13-18 years old	Acts like adult. Resents being spoken to as if still a child. Considers modesty to be very important. Fears permanent scarring or deformity. May become involved in "mass hysteria."

Always treat elderly patients with the respect that they deserve.

Sensory Impairment

- ❑ **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.

Language and Cultural Considerations

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

Interpreters (1 of 2)

- ❑ **If a child interprets, use an age-appropriate level.**
- ❑ **The emergency may cause distressing emotions, especially if the interpreter is a child.**
- ❑ **Speak slowly.**
- ❑ **Phrase questions carefully and clearly.**

Interpreters (2 of 2)

- ❑ Address both the patient and the interpreter.
- ❑ Ask one question at a time, and wait for the complete response.
- ❑ The information you receive may not be reliable.
- ❑ Have patience.

Hostile or Uncooperative Patients (1 of 2)

- ❑ 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.

Hostile or Uncooperative Patients (2 of 2)

- ❑ Have an appropriate show of force if necessary.
- ❑ Know local policy regarding restraints and psychological medications.
- ❑ Use law enforcement if needed.

Transferring Patient Care

- ❑ 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.

Summary

- ❑ The basic elements of communication
- ❑ Communication techniques
- ❑ Patients with special needs
