

UNIT TERMINAL OBJECTIVE

1-9 At the completion of this unit, the paramedic student will be able to integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

- 1-9.1 Define communication. (C-1)
- 1-9.2 Identify internal and external factors that affect a patient/ bystander interview conducted by a paramedic. (C-1)
- 1-9.3 Restate the strategies for developing patient rapport. (C-1)
- 1-9.4 Provide examples of open-ended and closed or direct questions. (C-1)
- 1-9.5 Discuss common errors made by paramedics when interviewing patients. (C-1)
- 1-9.6 Identify the nonverbal skills that are used in patient interviewing. (C-1)
- 1-9.7 Restate the strategies to obtain information from the patient. (C-1)
- 1-9.8 Summarize the methods to assess mental status based on interview techniques. (C-1)
- 1-9.9 Discuss the strategies for interviewing a patient who is unmotivated to talk. (C-1)
- 1-9.10 Differentiate the strategies a paramedic uses when interviewing a patient who is hostile compared to one who is cooperative. (C-3)
- 1-9.11 Summarize developmental considerations of various age groups that influence patient interviewing. (C-1)
- 1-9.12 Restate unique interviewing techniques necessary to employ with patients who have special needs. (C-1)
- 1-9.13 Discuss interviewing considerations used by paramedics in cross-cultural communications. (C-1)

AFFECTIVE OBJECTIVES

- 1-9.14 Serve as a model for an effective communication process. (A-3)
- 1-9.15 Advocate the importance of external factors of communication. (A-2)
- 1-9.16 Promote proper responses to patient communication. (A-2)
- 1-9.17 Exhibit professional non-verbal behaviors. (A-2)
- 1-9.18 Advocate development of proper patient rapport. (A-2)
- 1-9.19 Value strategies to obtain patient information. (A-2)
- 1-9.20 Exhibit professional behaviors in communicating with patients in special situations. (A-3)
- 1-9.21 Exhibit professional behaviors in communication with patient from different cultures. (A-3)

PSYCHOMOTOR OBJECTIVES

None identified for this unit.

DECLARATIVE

- I. Communication
 - A. Communication process
 - 1. Source
 - a. Common symbols
 - b. Clear format
 - c. Medium
 - (1) Written
 - (2) Verbal
 - (3) Other symbols
 - 2. Encoding
 - a. The act of placing a message in an understandable format
 - b. Procedure of translating a message into a code that is understood by sender and receiver
 - 3. Message
 - a. Code and format intended to deliver idea
 - 4. Decoding
 - a. Act of interpreting symbols and format
 - b. The decoding process can have many flaws
 - (1) Symbols or words sent in the message are not common to both parties
 - (2) Interpretation of message is based on different understandings of symbols or format
 - 5. Receiver
 - a. Person intended to understand message
 - b. In order for a message to be successful, the source must try to encode in a way the receiver understands
 - 6. Feedback
 - a. The response to a message
- II. Internal factors for effective communication
 - A. Liking others
 - 1. Helping profession
 - 2. Genuine liking of people is necessary
 - 3. Understanding of human strengths and weaknesses
 - B. Empathy is viewing the world from another inner frame of reference while remaining yourself
 - C. Ability to listen
 - 1. Not passive role, but active
 - 2. Requires complete attention
 - 3. Requires practice
- III. External factors for effective communication
 - A. Privacy
 - 1. Strive for privacy when interviewing
 - 2. Helps to eliminate inhibitions and distractions
 - B. Interruptions
 - 1. Attempt to avoid except when patient care information is being received from partners and is of a critical nature

- C. Physical environment
 - 1. Lighting
 - 2. Noise/ interference
 - 3. Distracting equipment
 - 4. Distance
 - a. Comfortable distance is 4 to 5 feet
 - b. Twice the patient's arms length away
 - c. "Personal space"
 - 5. Equal seating - eye level
 - D. Dress
 - 1. Appearance and clothing should be clean and meet conventional professional standards
 - 2. Easily identified as a paramedic
 - E. Note taking
 - 1. Look at the patient frequently
 - 2. Eyes should be on the patient as much as possible during an interview
- IV. Introducing the interview - the paramedic should remain calm and begin the interview with open-ended questions
- A. Open-ended questions
 - 1. Asked in a narrative form
 - 2. Encourages the patient to talk
 - 3. Doesn't restrict area of response
 - B. Closed or direct questions
 - 1. Ask for specific information
 - 2. One or two words and may be answered as "yes" or "no"
 - 3. Fill-in information left out in the narrative interview
 - 4. May provide specific facts
 - C. One question at a time
 - 1. The patient may not know which question to answer
 - 2. May leave out portions of the information or become confused
 - 3. Allow complete answers
 - D. Choose language the patient understands
- V. Responses
- A. Facilitation - encourages patient to provide more information
 - B. Silence - gives the patient more time to gather their thoughts
 - C. Reflection - echoing the patient's words back to them using slightly different words
 - D. Empathy - patient feels accepted and more open to talking
 - E. Clarification - used when the patient uses a word which is confusing to the paramedic
 - F. Confrontation - focusing patient's attention on one specific factor of interview
 - G. Interpretation
 - 1. Based upon observation or conclusion
 - 2. It links events, makes associations or implies a cause
 - H. Explanation - informing the patient and sharing factual or objective information
 - I. Summary
 - 1. Review of interview and interpretation of situation
 - 2. Open-ended to allow patient to clarify details

- VI. Traps of interviewing
 - A. Providing false assurance or reassurance
 - B. Giving advice
 - C. Authority
 - D. Using avoidance language
 - E. Distancing
 - F. Professional jargon
 - G. Leading or biased questions
 - H. Talking too much
 - I. Interrupting
 - J. Using “why” questions

- VII. Non-verbal skills
 - A. Physical appearance
 - 1. Interviewer
 - a. Professional appearance, physically fit, and well groomed are important characteristics
 - b. Help gain patient’s trust
 - 2. Patient
 - a. Note the patient’s appearance, clothing, jewelry, and other physical signs
 - b. Will give you some indication of their condition
 - B. Posture and gestures
 - 1. Interviewer
 - a. Relaxed
 - b. Calm, slow motion
 - 2. Patient
 - a. Open position - arms extended and large muscles relaxed
 - b. Closed position - flexed arms and legs
 - 3. Gestures
 - a. Acceptance
 - (1) Nodding
 - (2) Open hands
 - b. Defensive or angry
 - (1) Shaking head
 - (2) Pointing
 - (3) Closed hands
 - 4. Facial expressions
 - a. Reflects a wide variety of relevant emotions and conditions
 - b. Indicate relaxation, relief, pain, fear, anger, sorrow, etc.
 - 5. Eye contact - lack of eye contact suggests the patient is shy, withdrawn, confused, bored, intimidated, apathetic or depressed
 - 6. Voice - intensity, rate of speech, pitch and tone of voice have meaning in communication
 - 7. Touch - the meaning of touch is influenced by the person’s age, sex, cultural background, past experience and current setting

- VIII. Developing patient rapport
 - A. Put the patient and yourself at ease - let the patient know you are on their side, that you respect their comments, and you are there to help them

1. Ask the patient their name and assure you can pronounce it correctly
2. Recognize signs
3. Respond to signs
4. Find the suffering and show compassion
5. Assess insight and become an ally
6. Show expertise

IX. Strategies to get information

- A. Patients generally communicate in three ways
 1. Pouring out the information (complaints)
 2. By revealing some problems but concealing embarrassing items
 3. Hiding the most embarrassing parts to both the paramedic and himself
- B. Obtaining information on complaints is accomplished based upon techniques of open-ended and closed or direct questions
 1. Resistance
 - a. Two main reasons for resistance
 - (1) The patient wishes to maintain an image
 - (2) The patient is uncertain about the paramedic's response and fear of rejection or ridicule
 - b. The paramedic must be non-judgmental if they expect to obtain information from the patient
 - c. Paramedics must be willing to talk with patients about any condition the patient may have
 2. Shifting focus
 - a. Approach a problem the patient does not want to talk about by shifting the focus away from the problem
 - b. Return focus to it from a different angle
 3. Defense mechanisms
 - a. Be aware of the patient's defense mechanisms
 - b. Anticipate them in advance
 - c. Confront them if necessary to obtain necessary medical information
 4. Distraction
 - a. When the patient is acting-out and hostile
 - b. Point out their behavior to them
 - c. Ask them if their behavior is their intention, and let them know this behavior is self-defeating

X. Methods to assess mental status during the interview

- A. Observation
 1. Appearance
 2. Consciousness
 3. Psychomotor movements
 4. Abnormal complex movements
- B. Conversation
 1. Orientation
 - a. Person
 - b. Place
 - c. Time

2. Speech
 - a. Note the speed of speech
 - b. Note the flow of speech
 3. Thinking
 4. Attention
 5. Concentration
 6. Comprehension
 7. Remote, recent and immediate memory
 - a. Memory of event
 - b. Long and short term memory
 8. Affect
 - a. Patient's emotional response to external and internal events
 9. Autonomic responses - sweating, trembling, etc.
 10. Facial movements - muscles around mouth, nose and eyes
 11. Reactive movements - made in response to novel movements such as looks at you when you are talking
 12. Grooming movements
 - a. Fixing hair
 - b. Straightening clothes
 - c. Indicate patient is uncomfortable
- C. Exploration - offers a method to review the patient's internal experiences
1. Mood
 2. Energy level
 3. Content of thinking
- XI. Special interview situations
- A. Patients unmotivated to talk
1. Most patients are more than willing to talk
 - a. Some will require more time and varying techniques to communicate with during an interview
 2. Difficult interviews stem from four sources
 - a. Patient's signs and symptoms may impact the ability to talk
 - b. The patient may fear talking with you due to psychological disorders, cultural differences or age
 - c. A cognitive impairment may be developing in the patient
 - d. The patient may intentionally want to deceive you
 3. Techniques to use - many are already known but they must be used in a special way with the patient who does not talk
 - a. Start the interview in the normal manner. When the patient does not talk, review the reason why you were called according to dispatch and take time to develop rapport with the patient.
 - b. Attempt to use open-ended questions
 - c. If unsuccessful, try direct questions
 - d. Provide some positive feedback to any responses by the patient
 - e. Make sure the patient understands the questions
 - (1) Language barriers
 - (2) Hearing difficulty
 - f. Continue to ask questions about the critical information you need to know to

- g. progress with treatment
 - h. You may not be able to obtain information about non-essential information
 - i. Ask family members or others at the scene if the patient has been non-communicative for a long time, attempt to rule out a pathology
 - j. Use summary and interpretation of events or conditions and ask the patient if your summary or interpretation is correct
 - k. See if you can get the patient to ask questions about your care, equipment, profession or any topic which will create conversation. If the patient does ask you questions make sure you answer them fully, not one word answers.
 - l. Don't be discouraged. You may not obtain all the information you are seeking. Observe affect and record information to establish a mental status baseline for later evaluations.
 - m. You may desire to ask questions that you already know the answer to establish the patient's credibility
- B. Interviewing a hostile patient
- 1. Closely monitor with overpowering force
 - 2. Be sure to stay far enough away from the patient, close to an exit
 - 3. Personal safety
 - 4. Never leave the patient alone without adequate assistance
 - 5. Use the same interviewing techniques
 - 6. Set limits and establish boundaries
 - 7. Tell the patient of the advantages of cooperation
 - 8. Be aware of local protocol for hostile patients, use of restraints, and psychological medications
- C. Developmental considerations when interviewing patients
- 1. Children - you must build rapport with two persons, the child and the parent
 - a. Begin conversations with both the child and parent
 - b. With younger children, 1 to 6 years old, focus most of your conversation with the parent
 - c. Offer the child toys or something to keep them occupied while you interview the parent
 - (1) Be aware you are collecting the child's history from a parent's point of view
 - (2) Your interview can put the parent on the defensive
 - (3) Be cautious not to be judgmental if the parents have not provided proper care or safety for the child before your arrival
 - (4) Be observant but not confrontational
 - d. Make contact with the child in a gradual approach as you are interviewing the parent
 - e. Speak to children at eye level
 - f. Use a quiet, calm voice
 - g. Be aware of your non-verbal communication
 - h. Be knowledgeable of communication with children according to their age group
 - (1) Infants
 - (a) Respond best to firm, gentle handling and a quiet calm voice
 - (b) Older infants may have stranger anxiety so keep the parent within their view
 - (2) Preschoolers

- (a) See the world only from their perspective
 - (b) Use short sentences with concrete explanations
 - (3) School aged children
 - (a) More objective and realistic
 - (4) Adolescents
 - (a) Want to be adults
 - (b) Should not be communicated with as children
- D. The older adult- they are seeking the meaning of older age, dealing with disease and the inevitability of their death
 - 1. Address older adults always by their last name with Mr., Mrs., or Ms.
 - 2. Interviews usually take longer
 - 3. Fatigue
 - 4. Older patients may have physical disabilities that cause the interview to take longer
 - 5. Touch is a non-verbal skill that is important to older persons
- E. Hearing impaired patients
 - 1. Ask a deaf person their preferred method to communicate, either lip reading, signing, or writing
 - 2. Using writing is the best out-of-hospital method to communicate with the patient
 - 3. If they are lip reading be sure to face the patient squarely and have good lighting on your face
 - 4. Be aware that many hearing impaired patients will nod "yes" even if they do not understand what was asked
- F. Patients under the influence of street drugs or alcohol
 - 1. Ask simple or direct questions
 - 2. Do not be threatening, avoid confrontation
- G. Sexually aggressive patients
 - 1. Confront the patient so they are sure to understand your professional position and that you are a care giver
 - 2. Document any unusual occurrences with patients and have a witness to any of your actions or the incident and document their observations
 - 3. May want to consider "same sex" witness or tape recording all interaction in the back of the ambulance
- H. Transcultural considerations in communicating with patients
 - 1. Introduce yourself and the way in which you want to be called
 - a. By first name, last name, or title
 - b. Ask the patient to do the same
 - 2. Both the paramedic and the patient will bring cultural stereotypes to a professional relationship. The role of a family member in providing care must be understood and explained.
 - 3. Ethnocentrism - viewing your own life as the most desirable, acceptable or best and to act in a superior manner to another culture's way of life
 - 4. Cultural imposition - tendency to impose your beliefs, values, and patterns of behavior on individuals from another culture
 - 5. Space between the paramedic and the patient is important and varies among different cultures
 - a. Intimate zone
 - (1) 0 to 1.5 feet
 - (2) Visual distortion occurs

- (3) Best for assessing breath and other body odors
- b. Personal distance
 - (1) 1.5 to 4 feet
 - (2) Perceived as extension of self, voice is moderate, body odors are not apparent, no visual distortion
 - (3) Much of the physical assessment occurs at this distance
- c. Social distance
 - (1) 4 to 12 feet
 - (2) Used for impersonal business transactions, perceptual information much less detailed
 - (3) Much of a patient interview will occur at this distance
- d. Public distance
 - (1) 12+ feet
 - (2) Interaction with others is impersonal, speakers voice must be projected, subtle facial expressions imperceptible
- 6. Some cultures are more comfortable at a variety of spaces when communicating
- 7. Some cultures expect health care workers to have all the answers to their illness
- 8. Some cultures during illness or injury accept the sick role in different ways
- 9. Nonverbal communication such as handshaking and touching may be perceived differently in different cultures
- 10. Asian, Native Americans, Indochinese, and Arabs may consider direct eye contact impolite or aggressive and they may avert their eyes during an interview
- 11. Touch, especially between members of different culture groups may be of concern
- 12. Language - paramedics may encounter patients who do not speak the same language

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