Chapter 4
Communications and Documentation

Unit Summary

After students complete this chapter presentation and the related course work, they will have an understanding of therapeutic communication; means to effective communication with specialty patients such as children, geriatrics, and hearing and visually impaired patients; methods and procedures for effective communication; components of effective written reports, types of written reports, and ways to correct errors found within written reports; documentation of refusal of care; special reporting situations; use of medical terminology; communications systems and equipment; regulations and protocols governing radio communications; and communication with medical control and hospitals.

National EMS Education Standard Competencies

Preparatory

Applies fundamental knowledge of the emergency medical services (EMS) system, safety/well-being of the emergency medical technician (EMT), medical/legal, and ethical issues to the provision of emergency care.

Therapeutic Communication

Principles of communicating with patients in a manner that achieves a positive relationship:

- Interviewing techniques (pp 110–118)
- Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures (pp 108–109, 113–117)
- Verbal defusing strategies (p 111)
- Family presence issues (p 112)

EMS System Communication

Communication needed to:

- Call for resources (pp 131–132)
- Transfer care of the patient (pp 117–118, 134)
- Interact within the team structure (pp 131–132)
- EMS communication system (pp 127–130)
- Communication with other health care professionals (pp 117–118, 132–136)
- Team communication and dynamics (pp 132–136)

Documentation

- Recording patient findings (pp 119–126)
- Principles of medical documentation and report writing (pp 119–126)

Medical Terminology

Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.
Knowledge Objectives

1. Describe factors and strategies to consider for therapeutic communication with patients. (pp 107–118)
2. Discuss the techniques of effective verbal communication. (pp 110–118)
3. Explain the skills that should be used to communicate with family members, bystanders, people from other agencies, and hospital personnel. (pp 110, 112, 113, 115–118)
4. Understand special considerations in communicating with older people, children, hearing-impaired patients, visually impaired patients, and non-English-speaking patients. (pp 113–117)
5. Describe the use of written communication and documentation. (pp 119–126)
6. Identify the information required in a patient care report (PCR). (pp 119–123)
7. Explain the legal implications of the patient care report. (pp 119, 123–125)
8. Understand how to document refusal of care, including the legal implications. (pp 124–125)
9. Discuss state and/or local special reporting requirements, such as for gunshot wounds, dog bites, and abuse. (p 125)
10. Understand the basic principles of the various types of communications equipment used in EMS. (pp 127–130)
11. Describe the use of radio communications, including the proper methods of initiating and terminating a radio call. (pp 130–136)
12. List the correct radio procedures in the following phases of a typical call: initial receipt of call, en route to call, on scene, arrival at hospital (or point of transfer), and return to service. (pp 130–136)
13. Give the proper sequence of information to communicate in radio delivery of a patient report. (p 134)

Skills Objectives

1. Demonstrate the techniques of successful cross-cultural communication. (pp 108–109)
2. Demonstrate completion of a patient care report. (pp 119–124)
3. Demonstrate how to make a simulated, concise radio transmission with dispatch. (pp 131–136)

Lecture

I. Introduction

A. Communication is the transmission of information to another person, whether it is verbal or through body language (nonverbal).
1. Effective communication is an essential component of prehospital care.
2. It is necessary to achieve a positive relationship with patients and coworkers.

B. Verbal communication skills are important for EMTs.
1. Enable you to gather information from the patient, family members, and bystanders
2. Make it possible for you to coordinate all the responders who are often present at the scene
3. An integral part of transferring the patient’s care to the nurses and physicians at the hospital

C. Documentation

1. Is the written part of the patient’s permanent medical record
2. Demonstrates that appropriate care was delivered
3. Communicates the patient’s story to others who may participate in the patient’s future care
4. Adequate reporting and accurate records ensure the continuity of patient care.
5. Complete patient records
   a. Guarantee proper transfer of responsibility
   b. Comply with requirements of health departments and law enforcement agencies
   c. Fulfill your organization’s administrative needs

D. Radio and telephone communications

1. Link you to other members of the EMS, fire department, and law enforcement communities
2. You must know
   a. What your system can and cannot do
   b. How to use the system efficiently and effectively

II. Therapeutic Communication

A. Therapeutic communication uses various communication techniques and strategies.
   1. Both verbal and nonverbal
   2. Encourages patients to express how they feel and achieves a positive relationship with patient

B. The Shannon-Weaver communication model was developed to assist in the mathematical theory of communication for Bell Telephone Labs in the late 1940s. The model remains a valuable tool in understanding human communications. Model:
   1. Sender takes a thought
   2. Encodes it into a message
   3. Sends the message to receiver
   4. Receiver decodes the message
   5. Sends feedback to the sender

C. Age, culture, and personal experience

1. Shape how a person communicates
2. Body language and eye contact are greatly affected by culture.
   a. In some cultures, direct eye contact is impolite.
   b. In other cultures, it is impolite to look away while speaking.
3. Tone, pace, and volume of the language
   a. Tell us about the mood of the person communicating
   b. Provide insight into the perceived importance of the message
4. Ethnocentrism: Considering your own cultural values more important than those of others
4. People tend to translate messages they receive using their own world view.

5. Cultural imposition: Forcing your values onto others
   a. Health care providers may consciously or subconsciously force their cultural values onto their patients because they believe their values are better.

D. Nonverbal communication
   1. Body language provides more information than words alone.
      a. Even without exchanging any words, you should be able to tell the mood of your patient.

E. Facial expressions, body language, and eye contact
   1. Body language provides more information that works alone.
   2. Pay attention to body language, both your own and those of your patients.
   3. Physical cues will help you and your patient to truly understand the message being sent.

F. Physical factors
   1. Noise: Anything that dampens or obscures true meaning of message
   2. Proxemics: Study of space and how distance between people affects communication
      a. As a person gets closer, a greater and greater sense of trust must be established.
      b. When you finally enter someone’s intimate space, there must be a high sense of trust.

G. Verbal communication
   1. One of the most fundamental functions of EMTs is to ask patients questions.
   2. Open-ended questions require some level of detail in the response.
      a. Use whenever possible.
      b. Example: “What seems to be bothering you?”
   3. Closed-ended questions can be answered in very short responses.
      a. The response is sometimes a single word like yes or no.
      b. Use if patients cannot provide long answers.
      c. Example: “Are you having trouble breathing?”
   4. There are many powerful communication tools you can use when trying to obtain information from patients:
      a. Facilitation: Encouraging the patient to talk more or provide more information
      b. Silence
      c. Reflection: Restating a patient’s statement made to you to confirm your understanding
      d. Empathy: Being sensitive to the patient’s feelings and thoughts
      e. Clarification: Asking the patient to explain what he or she meant by an answer
      f. Confrontation: Making the patient who is in denial or in a mental state of shock focus on urgent and life-critical issues
      g. Interpretation: Summing up your patient’s complaint
      h. Explanation: Providing factual information to support a conversation
      i. Summary: Providing the patient with an overview of the conversation and the steps you will be taking

5. When interviewing a patient, consider the careful use of touch to show caring and compassion.
   a. Touch is a powerful tool.
b. Use it consciously and sparingly.
c. Avoid touching the patient’s torso, chest, or face simply as a means of communication, because these areas are often viewed as intimate.

6. Interview techniques to avoid
   a. Providing false assurance or reassurance
   b. Giving unsolicited advice
   c. Asking leading or biased questions
   d. Talking too much
   e. Interrupting
   f. Using “why” questions
   g. Using authoritative language
   h. Speaking in professional jargon

7. Hostile patients
   a. Patients can become hostile toward EMS providers.
   b. Defuse these potentially escalating circumstances by staying calm.
   c. Talk openly and honestly to the patient.
   d. Always consider the safety of the scene and call for law enforcement backup when necessary.
   e. Never threaten a patient.

8. Presence of family, friends, and bystanders
   a. They may be valuable during the patient interview process.
   b. Be sure to allow the patient to answer if he or she is able to and wants to, even if well-meaning family members attempt to answer for them.
   c. Do not be afraid to ask others to step aside for a moment while you talk to the patient.
   d. You may need to decide if having family and friends nearby will make the patient more or less anxious.

9. Golden Rules to help calm and reassure a patient
   a. Make and keep eye contact at all times.
   b. Provide your name, and use the patient’s proper name.
   c. Tell the patient the truth.
   d. Use language the patient can understand.
   e. Be careful what you say about the patient to others.
   f. Be aware of your body language.
   g. Speak slowly, clearly, distinctly.
   h. For the hearing-impaired patient, face the patient so he or she can read your lips.
   i. Allow the patient time to answer or respond.
   j. Act and speak in a calm, confident manner.

H. Communicating with older patients
   1. Identify yourself.
   2. Be aware of how you present yourself.
   3. Look directly at the patient.
   4. Speak slowly and distinctly, not unnecessarily loud.
   5. Explain what you are going to do before you do it.
6. Listen to the answer the patient gives you.
7. Show the patient respect.
8. Do not talk about patient in front of him or her.
9. Be patient!
10. Older patients:
   a. Often do not feel much pain
   b. May not be fully aware of important changes in their body systems
   c. Therefore, you must be especially vigilant for objective changes.
11. When possible, give the patient time to pack a few personal items before leaving for the hospital.
12. Locate any hearing aids, glasses, and dentures before departure.

I. Communicating with children
1. An emergency situation frightens anyone.
2. Fear is most obvious and severe in children.
3. Children may be frightened by:
   a. Your uniform
   b. The ambulance
   c. A crowd of people gathered around them
4. Let a child keep a favorite toy, doll, or security blanket.
5. If possible, have a family member or friend nearby.
   a. If practical, let the parent or guardian hold the child during evaluation and treatment.
6. Be honest. Children easily see through lies or deception.
7. Tell the child ahead of time if something will hurt.
8. Respect the child’s modesty.
10. Maintain eye contact.
11. Position yourself down at the child’s level.
   a. Do not tower over a child.

J. Communicating with hearing-impaired patients
1. Most people with hearing impairments have normal intelligence and are not embarrassed by their disability.
2. Position yourself so that the patient can see your lips.
3. Hearing aids
   a. Be careful that they are not lost during an accident or fall.
   b. They may be forgotten if the patient is confused.
   c. Ask the family about use of a hearing aid.
4. Steps to take to efficiently communicate with patients who are hearing impaired:
   a. Have paper and pen available.
b. If the patient can read lips, face patient and speak slowly and distinctly.

c. Never shout.

d. Listen carefully, ask short questions, and give short answers.

e. Learn some simple phrases in sign language.

i. For example, it can be useful to know the signs for \textit{sick}, \textit{hurt}, and \textit{help}.

K. Communicating with visually impaired patients

1. Ask the patient if he or she can see at all.

a. Visually impaired patients are not necessarily completely blind.

b. Expect your patient to have normal intelligence.

2. Explain everything that you are doing as you are doing it.

3. Stay in physical contact with the patient as you begin your care.

4. If the patient can walk to the ambulance, place his or her hand on your arm.

5. Transport mobility aids such as a cane with the patient to the hospital.

6. Guide dogs

a. Easily identified by their special harnesses

b. If possible, transport the dog with the patient.

i. This alleviates stress for both the patient and the dog. Guide dogs are trained not to leave their masters.

6. Otherwise, arrange for care of the dog. A conscious patient can tell you about the dog and give instructions for its care.

L. Communicating with non-English-speaking patients

1. You must obtain a medical history even though the patient does not speak English. You cannot skip this step.

2. Find out if patient knows a few English words or phrases.

3. Use short, simple questions.

4. Point to parts of the body.

5. Have a family member or friend interpret.

6. Consider learning some common phrases in another language that is used in your area.

7. Pocket cards that show the pronunciation of terms are available.

M. Communicating with other health care professionals

1. Your reporting responsibilities do not end when you arrive at the hospital.

a. Effective communication between EMS providers and other health care professionals in the receiving facility is essential to efficient, effective, and appropriate patient care.

2. You must give an oral report to a hospital staff member.

a. That staff member must have at least your level of training

3. Oral report components:

a. Opening information

i. Name, chief complaint, illness

b. Detailed information

i. Not provided during radio report
c. Any important history
   i. Not already provided

d. Patient’s response to treatment given en route

e. Vital signs

f. Any other information, such as details gathered during transport and patient medications you brought with you

III. Written Communications and Documentation

A. Patient care report (PCR)

1. The PCR is also known as the prehospital care report.

2. This is a legal document.

3. It records all care from dispatch to hospital arrival.

4. It serves six functions:
   a. Continuity of care
   b. Legal documentation
   c. Education
   d. Administrative information
   e. Essential research record
   f. Evaluation and continuous quality improvement

B. The following are examples of information collected on a PCR:

1. Chief complaint

2. Level of consciousness or mental status

3. Vital signs

4. Initial assessment

5. Patient demographics (age, gender, ethnic background)

C. A lot of administrative information for use in billing, research, and quality improvement can be gathered from a PCR. Examples include the time that:

1. The incident was reported

2. The EMS unit was notified

3. The EMS unit arrived at the scene

4. The EMS unit left the scene

5. The EMS unit arrived at the receiving facility

6. The patient care was transferred

D. Types of forms

1. Traditional written form with check boxes and a narrative section

2. Computerized version

3. The narrative section of the PCR may be the most important.

4. The narrative section includes:
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5. Time of events
6. Assessment findings
7. Emergency medical care provided
8. Changes in the patient after treatment
9. Observations at the scene
10. Final patient disposition
11. Refusal of care
12. Staff person who continued care

5. Be sure to include significant negative findings and important observations about the scene.
6. Do not record your conclusions about the incident; use clear descriptions that do not make any judgments about the patient’s condition.
7. In written documentation, avoid radio codes and use only standard abbreviations.
8. Remember that the report itself is considered a confidential document.
   a. You should be familiar with state and local laws concerning confidentiality.

E. Reporting errors
1. Everyone makes mistakes.
2. If you leave something out or record it incorrectly, do not try to cover it up.
3. Falsification:
   a. Results in poor patient care
   b. May result in suspension and/or legal action

F. Documenting refusal of care
1. Refusal of care is a common source of lawsuits.
   a. Thorough documentation is crucial.
2. Document any assessment findings and emergency medical care given.
3. Have the patient sign a refusal form.
   a. Have a family member, police officer, or bystander also sign the refusal form as a witness.
4. Depending on local requirements, the PCR might contain:
   a. Complete assessment
   b. Evidence that the patient is able to make a rational, informed decision
   c. Discussion with the patient as to what care/transportation the EMT would like to do
   d. Discussion with the patient as to what may happen if he or she does not allow care or transportation
   e. Discussion with family/friend/bystanders to try to encourage the patient to allow care
   f. Discussion with medical direction according to local protocol
   g. Providing the patient with other alternatives for example, going to see his or her family doctor, or having a family member drive him or her to the hospital
   h. Willingness of EMS to return
   i. Signatures
5. Complete the PCR.

G. Special reporting situations
1. Depending on local requirements, these include:
a. Gunshot wounds
b. Dog bites
c. Some infectious diseases
d. Suspected physical or sexual abuse
e. Mass-casualty incident (MCI)

H. Medical terminology
1. The reason for using medical terminology is that all medical providers understand it.
2. Medical personnel around the globe speak the same language: Latin.
3. Taking a medical terminology course can be helpful.

IV. Communications Systems and Equipment

A. Base station radios
1. A base station is any radio hardware containing a transmitter and receiver that is located in a fixed place.
2. A two-way radio consists of transmitter and receiver.

B. Mobile and portable radios
1. A mobile radio is installed in a vehicle.
2. Mobile radios are used in the ambulance to communicate with:
   a. The dispatcher
   b. Medical control
3. An ambulance often has more than one mobile radio.
4. Portable radios are hand-held devices.
5. Portable radios are essential at the scene of an MCI.
6. When away from the ambulance, a portable radio is helpful to communicate with:
   a. Dispatch
   b. Another unit
   c. Medical control

C. Repeater-based systems
1. A repeater is a special base station radio
   a. Receives messages and signals on one frequency
   b. Automatically retransmits them on a second frequency
   c. Provides outstanding EMS communications

D. Digital equipment
1. Voice is not the only EMS communication
2. Some EMS systems also transmit:
   a. Electrocardiogram from unit to hospital
   b. Telemetry allows electronic signals to be converted into coded, audible signals.
3. Digital signals are also used in some kinds of paging and tone-alerting systems.
E. Cellular/satellite telephones

1. EMTs often communicate with receiving facilities by cellular telephone.
   a. A cellular telephone is simply a low-power portable radio.

2. Satellite phones (satphones) are another option.

3. Conversations can be easily overheard on scanners. Always be careful to respect patient privacy and speak in a professional manner whenever you use any form of EMS communications system.

F. Other communications equipment

1. Ambulances usually have an external public address system.

2. Two-way radio hardware may operate in simplex or duplex mode.
   a. Simplex is push to talk, release to listen.
   b. Duplex is simultaneous talk–listen.

3. MED channels are reserved for EMS use.

4. Trunking, or 800-MHz, systems use the latest technology to allow greater traffic.

5. Mobile data terminals (MDTs) inside ambulance
   a. Receive data directly from dispatch center
   b. Allow for expanded communication capabilities
      i. For example, maps

V. Radio Communications

A. The Federal Communications Commission (FCC) regulates all radio operations in the United States.

1. The FCC has five principal EMS-related responsibilities.
   a. Allocating specific radio frequencies for use by EMS providers
   b. Licensing base stations and assigning appropriate radio call signs for those stations
   c. Establishing licensing standards and operating specifications for radio equipment used by EMS providers
   d. Establishing limitations for transmitter power output
   e. Monitoring radio operations

2. The FCC’s rules and regulations section (part 90, subpart C) deals with EMS communications issues.

B. Responding to the scene

1. The dispatcher receives the first call to 9-1-1.

2. Dispatcher has several important responsibilities.
   a. Properly screen and assign priority to each call (according to predetermined protocols)
   b. Select and alert the appropriate EMS response unit(s)
   c. Dispatch and direct EMS response unit(s) to the correct location
   d. Coordinate EMS response unit(s) with other public safety services until the incident is over
   e. Provide emergency medical instructions to the telephone caller

3. Dispatcher assigns the appropriate EMS response unit(s) based on several criteria.
   a. Nature and severity of the problem
   b. Anticipated response time to the scene
c. Level of training of available EMS response unit(s)
d. The need for additional support

4. Dispatcher should give the responding unit(s) the following information:
a. Nature and severity of the injury, illness, or incident
b. Exact location of the incident
c. Number of patients involved in the incident
d. Responses by other agencies
e. Special directions or advisories (adverse road or traffic conditions or severe weather reports)
f. Time unit(s) are dispatched

5. EMTs report any problems that took place during a run to the dispatcher.

6. EMTs inform the dispatcher upon arrival at the scene.
a. Arrival report should include any obvious details observed during scene size-up.
b. Radio communications must be brief and easily understood.
c. Speaking in plain English is best.
d. Some areas may use 10 codes.

C. Communicating with medical control and hospitals

1. Principal reason for radio communication is to facilitate communication between you and medical control (and the hospital).

2. Medical control may be located at the receiving hospital, another facility, or sometimes even in another city or state.

3. Consulting with medical control serves several purposes.
a. Notifies the hospital of an incoming patient
b. Provides an opportunity to request advice or orders from medical control
c. Advises the hospital of special situations

4. Plan and organize your radio communication before you transmit.

5. How to give the patient report
a. Follow the standard format established by your EMS system.
b. Include seven elements:
   i. Your unit identification and level of services
   ii. The receiving hospital and your estimated time of arrival (ETA)
   iii. The patient’s age and gender
   iv. The patient’s chief complaint or your perception of the problem and its severity
   v. A brief history of the patient’s current problem
   vi. A brief report of physical findings
   vii. A brief summary of the care given and any patient response
c. Report all patient information in an objective, accurate, and professional manner.
d. Remember, people with scanners may be listening.

6. The role of medical control
a. Medical control is either off-line (indirect) or online (direct).
b. Depending on how the protocols are written, you may need to call medical control for direct orders (permission) to conduct certain tasks, including:
i. Administering certain treatments

ii. Determining the transport destination of patients

iii. Stopping treatment and/or not transporting a patient

c. In most areas, medical control is provided by the physicians working at the receiving hospital.

d. Many variations have developed across the country.

e. The link to medical control is vital to maintain a high quality of care.

7. Calling medical control

a. There are a number of ways to control access on ambulance-to-hospital channels.
   i. The dispatcher monitors and assigns appropriate, clear medical control channels.
   ii. CMEDs (Centralized Medical Emergency Dispatch) or resource coordination centers

b. The physician on the other end bases his or her instructions on the information the EMT provides.

c. Never use codes when communicating with medical control, unless you are directed by local protocol.

d. Once you receive an order from medical control, repeat the order back word for word and then receive confirmation.

e. Do not blindly follow an order that does not make sense to you.

8. Information regarding special situations

a. You may initiate communication with hospitals to advise them of an extraordinary call or situation.

b. A small rural hospital may be better able to respond to multiple patients of a highway crash if notified when the ambulance is first responding.

c. An entire hospital system must be notified of any disaster.

d. Other special situations:
   i. HazMat situations
   ii. Rescues in progress
   iii. Multiple-casualty incidents

e. When notifying the hospital of special situations, keep several points in mind:
   i. The earlier the notification, the better.
   ii. Provide an estimate of the number of individuals who may need to be transported to the facility.
   iii. Identify any special needs the patients might have (e.g., burns or hazardous materials exposure) to assist the hospital in preparation.

f. Follow the plan for your system.

D. Maintenance of radio equipment

1. Like other EMS equipment, radio equipment must be serviced.

2. The radio is your lifeline.
   a. To other public safety agencies (whose duties include protecting you)
   b. To medical control

3. At the beginning of a shift, check the radio equipment.

4. Radio equipment may fail during a run.
   a. Backup plan must then be followed.
   b. May include standing orders, which are written documents signed by the EMS systems medical director outlining specific directions, permissions, and sometimes prohibitions regarding patient care.
      i. When properly followed, they have the same authority and legal status as orders given over the radio.
VI. Summary

A. The Shannon-Weaver model of communication is a valuable tool in understanding the variables involved in human communications.

B. There are many verbal and nonverbal factors and strategies that are necessary for therapeutic communication.

C. Excellent communication skills are crucial in relaying pertinent information to the hospital before arrival.

D. 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.

E. Take special care with children, geriatric patients, hearing-impaired patients, visually impaired patients, and non-English-speaking patients.

F. EMTs must have excellent person-to-person communication skills. You should be able to interact with the patient and any family members, friends, or bystanders.

G. You must complete a PCR before you leave the hospital. This is a vital part of providing emergency medical care and ensuring continuity of patient care. This information guarantees the proper transfer of responsibility, complies with the requirements of health departments and law enforcement agencies, and fulfills your administrative needs.

H. Radio and telephone communication links you to other members of the EMS, fire, and law enforcement communities. This enables your entire team to work together more effectively.

I. An EMT must understand and be able to use many forms of communication, including mobile and hand-held radios. You must know when to use them and what type of information you can transmit.

J. 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.

K. Remember, the lines of communication are not always exclusive; therefore, you should speak in a professional manner at all times.

L. Reporting and record-keeping duties are essential, but they should never come before care of a patient.
Post-Lecture

Unit Assessment

1. _________ uses various communication techniques and strategies, both verbal and nonverbal, to encourage patients to express how they are feeling and to achieve a positive relationship with the patient.

2. What are five factors and strategies to consider during communication?

3. When you consider your own cultural values as more important when you are interacting with people of a different culture, you are displaying _____________.

4. What are four things that the EMT should do when interviewing an older patient?

5. What type of radio is installed in the ambulance?

6. What is the function of a repeater?

7. What are the functions of the prehospital care report?

8. Name four pieces of information that need to be included in the narrative section of the patient care report.

9. What is the agency that regulates radio operations in the United States?

10. What seven items should be included in the radio report given about a patient?