Verbal Communication

Unit: Introduction to EMS

Problem Area: Careers and Employability

Lesson: Verbal Communication

Student Learning Objectives.

Instruction in this lesson should result in students achieving the following objectives:

1. **Use effective verbal communication strategies.**
2. **Demonstrate questioning strategies to obtain patient data.**
3. **Tailor communication to the audience.**

Resources.

The following resources may be useful in teaching this lesson:

E-unit(s) corresponding to this lesson plan. CAERT, Inc. http://www.mycaert.com.

American Academy of Orthopaedic Surgeons. *Emergency Care and Transportation of the Sick and Injured*, 3rd ed. Jones & Bartlett Learning, 2019.

Badasch, Shirley A., and Doreen S. Chesebro. *Health Science Fundamentals*, 2nd ed. Pearson, 2016.

"EMS Communications System Guide," *County of Santa Clara, Emergency Medical Services System*. Accessed Jan. 18, 2018. https://www.sccgov.org/sites/ems/Documents/pcm800/818.pdf.

Gerdin, Judith. *Health Careers Today*, 6th ed. Elsevier, 2016.

Kowalski, Kathleen M., and Charles Vaught. "Judgment and Decision-Making Under Stress: An Overview for Emergency Managers," *Centers for Disease Control and Prevention (CDC)*. Accessed Jan. 18, 2018. https://www.cdc.gov/niosh/mining/UserFiles/works/pdfs/jadmus.pdf.

Limmer, Daniel, and Michael F. O'Keefe. *Emergency Care*, 13th ed. Pearson, 2016.



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Prager, Judith Simon. "Verbal First Aid: What You Say Can Be As Important As What You Do: Part 2," *EMSWorld*. Accessed Jan. 18, 2018. https://www.emsworld.com/article/10318895/verbal-first-aid-what-you-say-can-be-important-what-you-do-part-2.

Equipment, Tools, Supplies, and Facilities

- ✓ Overhead or PowerPoint projector
- ✓ Visual(s) from accompanying master(s)
- ✓ Copies of sample test, lab sheet(s), and/or other items designed for duplication
- ✓ Materials listed on duplicated items
- ✓ Computers with printers and Internet access
- ✓ Classroom resource and reference materials

Key Terms. The following terms are presented in this lesson (shown in bold italics):

- adaptive equipment
- base station
- bystanders
- cellphone
- clarification
- close-ended questions
- developmental disability
- duplex mode
- ETA
- facilitation
- hearing impairment
- interpersonal communication
- jargon
- mass casualty
- medical control
- mobile data terminal
- mobile radio
- open-ended questions
- portable radio
- repeater station
- simplex mode
- summary
- therapeutic communication
- triage
- verbal communication
- voice modulation

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Interest Approach. Use an interest approach that will prepare the students for the lesson. Teachers often develop approaches for their unique class and student situations. A possible approach is included here.

> *Communication is the sharing of ideas or information for understanding. Communication can take the form of talking, reading, writing, touching, hearing, and seeing; however, all listeners may not "hear" the same message. To demonstrate, give your students instructions to draw a picture of a clock without telling them what they are drawing. (NOTE: In advance of the activity, print out a simple clock picture to refer to as you instruct the students. Direct the students to draw the image you are clearly describing to them from what you see in the printed clock picture.) After a few minutes, ask the students to compare their drawings with the picture of the clock you are holding in front of them. Why are the images distinctly different when your image was clearly communicated verbally? Spend 5 to 10 minutes discussing with the whole class their views on the necessary elements of verbal communication and what this experience of drawing the clock has taught them.*

CONTENT SUMMARY AND TEACHING STRATEGIES

Objective 1: Use effective verbal communication strategies.

Anticipated Problem: What is verbal communication? What is therapeutic communication? Which strategies promote therapeutic communication? Which verbal communication devices do EMS personnel use?

I. Verbal communication

A. ***Interpersonal communication*** is the exchange of information, feelings, and meaning through verbal and nonverbal means. ***Verbal communication*** is the use of words to transfer information via speech from the speaker to the listener. In a crisis situation, verbal communication with patients, family, friends, and bystanders is constantly evolving. Verbal communication is key to moving people to safety, responding to questions, breaking bad news, providing support, and finding out about problems. According to the National Center for Biotechnology Information at the National Institutes of Health, "From the perspective of patients, the atmosphere created by paramedics' verbal and nonverbal communicative actions often means a lot." Patients, family, bystanders, and others indicated that the best EMS responders talked about the actions they were taking as they performed those actions.

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1. Patient interviewing is a fundamental aspect of verbal communication and requires the development of therapeutic communication. ***Therapeutic communication*** is an exchange that encourages patients to express their feelings while striving to maintain a positive relationship. The number one rule of therapeutic communication is to remain calm while reassuring the patient that effective care will be provided. Specifically, an EMS responder should:
    a. Provide his or her name upon arrival so the patient feels at ease.
    b. Use the patient's proper name, except when the patient gives permission to be addressed by an alternative or when the situation is a pediatric one.
    c. Always tell the truth. The patient and family usually have a good idea of the situation before EMS arrival. Lies only undermine the professional credibility of emergency care.
    d. Ask open-ended questions. ***Open-ended questions*** are questions phrased to promote dialog and a detailed response from the patient: they are designed to elicit the patient's own knowledge or feelings. These questions attempt to find out more and typically begin with *what*, *how*, *why*, *describe*, or *tell me about*. For example: *"What brings me to your home today?" "You're looking at the floor; what does that mean?"* These questions ask the patient to think and reflect and to give opinions and feelings; they hand control of the conversation to the patient.
    e. Avoid asking close-ended questions. ***Close-ended questions*** are questions that elicit very short or one-word responses. These questions typically begin with *do*, *would*, *are*, *will*, or *if*. For example: *"How old are you?"* The intent of a closed-ended question is to elicit facts, and control of the conversation is with the questioner. [NOTE: Closed-ended questions can be used in situations in which the patient is unable to provide detailed responses: having active chest pain or shortness of breath.]
    f. Use language the patient can understand: avoid medical jargon. ***Jargon*** is a vocabulary of technical words or phrases used by a profession or group that may be difficult for others to understand. For example, in medical jargon, *FX* means "bone fracture," and *IM* means "intramuscular." Medical jargon is not appropriate in an emergency situation. Simple explanations of procedures can reduce anxiety.
    g. Be aware of the quality of voice mood, tone, pace, and volume. The voice quality of an EMS responder is crucial in an emergency situation. ***Voice modulation*** (volume) should be based on the context of the situation. If a patient is blind, raising the volume is not the correct response. If a patient is hard of hearing, shouting is not appropriate.

B. Radio communication
    1. Proper radio communication allows EMS personnel to prepare for the call before arrival on the scene. Understanding the scene provides time for the responder to formulate a response before arrival, especially if a patient must be transported to the ER.
    2. A ***base station*** is any two-way system located at a fixed site, such as a hospital or dispatch center. Base stations are powered to allow communication at

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great distance. A ***repeater station*** is a type of base station radio that receives messages and signals on one frequency and then automatically retransmits them on a second frequency. For example:

a. A repeater allows effective system-wide communication as it lets two portable units communicate directly through the repeater station.
b. Repeater stations eliminate communication problems, such as the inability to hear, which can occur between a base station and another mobile unit communicating with the same base.

3. A ***mobile radio*** is a communication device that allows direct communication with the dispatcher and medical control and is installed in almost every emergency vehicle.
4. A ***portable radio*** is a handheld two-way device that allows an EMS responder to maintain contact with dispatch, receive medical direction, and communicate with emergency personnel from other units. Walkie-talkies and handy-talkies are examples. Portable radios are essential gear in mass-casualty incidences but have limited range as compared with mobile or base station radios.
5. A ***cellphone*** (cellular phone) is a wireless portable telephone that transmits (sends and receives) radio signals through a network of short-range transmitters located in overlapping cell networks. It is easily transported and can be utilized over a wide area. Commonly called numbers, such as poison control, can be programmed into the phone. One drawback is poor reception in some coverage areas; the emergency worker must be aware of the location of "dead zones."
6. In the event of main communication failure, backup radios are also necessary. These require maintenance and repair and must be treated with proper care.

C. Communication device operation

1. ***Simplex mode*** is a communication mode that works by "push to talk." In this mode, each responder must wait to talk.
2. ***Duplex mode*** is a communication mode that allows simultaneous communication, transmitting and receiving on the same channel.
3. A ***mobile data terminal*** is a computerized device that directly transmits and receives data from the dispatch center and is located inside the ambulance. For example, map capabilities or an electrocardiogram strip can be transmitted directly to the receiving hospital. Mobile data terminals also enhance communication by tracking calls from the same address, thereby allowing the emergency responder to get information in advance. This information is valuable if, for instance, the patient is known to be violent or to have repeated health concerns, such as asthma.

D. EMS communication guidelines

1. Care must be taken when communicating via radio that essential details are stated, including:
   a. Unit ID and level of provider
   b. ***ETA*** (estimated time of arrival)
   c. Age and sex of patient

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d. Chief complaint
e. Brief medical history
f. Any major past illnesses
g. Mental status
h. Baseline vital signs
i. Pertinent findings
j. Emergency care provided and patient response to the care

2. When using any form of radio communication, EMS personnel should:
   a. With radio on:
      (1) Adjust the volume.
      (2) Be conscientious of background noise.
      (3) Ensure the frequency is clear before starting.
   b. Wait one second before speaking after pressing the press-to-talk button on a handheld radio.
   c. Use unit names or numbers, and always allow wait time for the "go ahead" message.
   d. Pay careful attention to speak slowly and clearly while being brief and objective.
   e. Provide patient assessment findings to ***medical control*** (an authorized medical director who provides physician instructions given directly by radio or indirectly by established protocols).
   f. Report orders word-for-word, and if an order is unclear, have the physician repeat the order.
3. Upon arrival at the medical facility, EMS personnel should provide a face-to-face verbal report to the receiving medical staff.
   a. The patient should be introduced by first and last name.
   b. Information given over the radio, including chief complaint, history, treatments given, and vitals taken while en route, should be summarized.

Teaching Strategy: *Many techniques can be used to help students master this objective. Use VM–A to discuss examples of EMS radio terminology. An option would be to have students practice radio communication. This strategy requires use of basic handheld walkie-talkies that you would supply. Provide a simple script from a call that one member of a pair would read and transmit to his or her partner on the other device. The partner must use proper procedure to listen and respond back with a synopsis of the script. A second option is to use a think-pair-share activity in which students are provided several assessment questions in open-ended and closed-ended formats. Create your own, or use VM–B's sample questions. Give students three to five minutes to read each question, select whether A or B would elicit more patient information, and write the rationale for their selection. Then, have each student partner with the person to his or her right and discuss the options each chose and the rationale. After 5 to 10 minutes of partner discussion, encourage students to discuss*

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with the whole class what they can take away from the activity in relation to patient questioning strategies.

Objective 2: Demonstrate questioning strategies to obtain patient data.

Anticipated Problem: Which questioning strategies best obtain patient data?

II. Questioning strategies

A. Open-ended questions require the patient to answer with more than a simple "yes" or "no" and assist the EMS personnel in obtaining critical patient data. For example: "*How are you feeling today?*" Open-ended questions/statements:

1. Compel the patient to provide more details because the responses are unlimited.
2. Determine the presence or absence of symptoms or lead to further exploration of symptoms. For example: "*What symptoms are you experiencing today?*"
3. Begin with *what*, *how*, *why*, *describe*, or *tell me about*.

B. Other basic communication skills necessary to enhance open-ended communication include facilitation, silence, clarification, and creation of a summary.

1. ***Facilitation*** is a process in which the patient is encouraged to talk more and provide more information. For example: "*I am listening. Can you tell me more?*"
2. Silence, wait time, or simply not speaking gives the patient time and space to respond.
3. ***Clarification*** is an explanation or more details that make a situation less confusing. The EMS personnel would clarify what the patient meant by the response to a question. For example: "*Help me understand. What exactly do you mean when you say you feel sick?*"
4. A ***summary*** is an overview of a conversation and the next steps that need to be taken. For example: "*Your blood pressure is elevated, and I am concerned your burning chest pain may be related, so we are going to do an electrocardiogram to check out your heart.*"

Teaching Strategy: *Many techniques can be used to help students master this objective. Assign LS–A to have students assess, reflect, and create effective patient assessment questions. In this activity, students learn the difference between effective and ineffective questions though a series of questions provided on VM–C. This activity requires a student to role-play with a partner. Assessment 1 questions are predetermined on VM–C. Assessment 2 questions are created between the partners. Students ask their "patients" both sets of questions and record responses. Partners devise two to three conclusions based on the evidence from the two assessments. The conclusions are shared in an all-class discussion.*

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Objective 3: Tailor communication to the audience.

Anticipated Problem: What are the "7 Cs" of EMS communication? Who are the most common audiences for EMS personnel? How do EMS personnel tailor their communication to the audience? What is the impact of tailoring communication to the audience?

III. Tailor communication to the audience

A. The "7 Cs" of EMS communication (Source: Adapted from Chris Cebollero at https://www.ems1.com/ems-products/Mobile-Computers/articles/1450448-The-7-Cs-of-communication-in-EMS/)

1. **C**lear: Ensuring the key points are as clear as possible. Minimizing the need for a patient to "read between the lines."
2. **C**oncise: Being as brief as possible while getting the point across.
3. **C**oncrete: Choosing the most distinct word with the most precise meaning to get the message across.
4. **C**orrect: Using the proper words, pauses, and pronunciation.
5. **C**oherent: Making the message logical, well stated, and relevant.
6. **C**omplete: Ensuring the message has all the information necessary for the responder's consideration.
7. **C**ourteous: Communicating in the way you would want to be treated: politely, respectfully, openly, honestly, and professionally.

B. On-scene audiences

1. PATIENT: Patient-centered communication is the most common type encountered by EMS personnel. The emergency responder must determine the reason for the call and details of the situation.
   a. The patient must clearly understand the questions being asked so the complaint can be solved.
   b. When giving patient instructions, the EMS responder uses direct language to ensure understanding and compliance. Giving the patient a task distracts from the discomfort and anxiety. For example: "*Take slow deep breaths. That will help you be more comfortable.*" "*Hold this oxygen mask to your face, and breathe normally.*"
   c. Studies indicate that it is 30 percent more difficult for a patient to understand a negative statement or question than it is a positive one. For example, "*That will be more comfortable*" is preferable to "*Holding your arm like that will hurt.*"
2. FAMILY: Family members are often involved on scene. They want a mutually beneficial collaboration between patient, themselves, and emergency health professional to occur.
   a. Family members typically request care options.
   b. Patient care taking place in the presence of family members restores a sense of control and can decrease anxiety and combativeness.

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c. Speaking candidly and respectfully while collecting information about the patient is an essential communication skill.
d. Allowing a family member to accompany the patient in the ambulance when possible can decrease anxiety and combativeness. When appropriate, family members may assist in patient care.
e. Other recommendations include:
    (1) Introducing the patient and the family to the healthcare professional receiving the patient
    (2) Giving the family the option to listen to the EMS personnel's prehospital care report
    (3) Talking to the family before leaving and, using clear, honest dialog, explaining the outcome of the emergency medical care

3. PATIENT WITH A HEARING IMPAIRMENT OR A DEVELOPMENTAL DISABILITY: A patient with a ***hearing impairment*** (partial or total inability to hear) or a ***developmental disability*** (cognitive, emotional, or physical impairment involving a failure or delay in processing information) requires emergency responders to speak slowly and clearly. For example:
    a. Face-to-face conversation allows a patient who is hearing impaired to read lips.
    b. A patient with a developmental disability often needs more processing time for verbal communication, requiring EMS personnel to wait for responses.
    c. Pen and paper should be available to use as an alternative in both situations.
4. OLDER ADULT: When communicating with an older patient, sensory limitations are possible; assuming confusion is unwise. The EMS responder should:
    a. Clearly explain actions before proceeding.
    b. Listen closely to responses that may provide additional information.
    c. Avoid conversations with family members about the patient when the patient is present.
    d. Inquire about and allow the patient time to collect any personal ***adaptive equipment*** (mobility aids, glasses, hearing aids, dentures, etc.).
5. CHILD: An EMS visit can be frightening to a child. The child may be frightened by the responder's uniform, the ambulance, and the crowd of people who may be gathering. To best communicate with a child, EMS personnel should:
    a. Assume a position at the child's level.
    b. Speak in a professional yet friendly way.
    c. Inquire about and allow time to collect a favorite toy, stuffed animal, blanket, etc., to comfort the child.
    d. When possible allow a family member to hold the child during the examination and treatment.
    e. Be honest. If something is going to hurt, the child should be told.

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6. NON-ENGLISH-SPEAKING PATIENT: When the EMS responder speaks only English, a non-English-speaking patient can create a real dilemma in an emergency situation. EMS personnel should:
    a. Ask first whether the patient speaks any English.
    b. Ask simple questions.
    c. Point to body areas.
    d. Ask a family member or friend to interpret.
7. MEDICAL TEAM: Efforts on scene must be coordinated with the dispatch service as well as the medical team that will be taking over the patient's care. The EMT and paramedic must work together to administer the right medications, stabilize the patient, perform CPR, and properly document the call. Physical transportation of the patient needs to be done in partnership.
8. BYSTANDERS: ***Bystanders*** are people who are present at a scene or incident but do not participate. They are often witnesses to the medical emergency and, in many instances, are the real first responders. EMS personnel should:
    a. Seek input about any details of events that occurred before EMS arrival. For example: What did bystanders witness of the actual event that led to the injury? What, if any, care was provided prior to EMS arrival?
    b. Thank them for their assistance before politely asking them to step aside. Bystanders may have been emotionally traumatized by the event and, as such, need simple directions.

C. Impact of scene size
1. SMALL: At a small scene of up to three individuals, EMS must determine if effective communication can occur with the number of team members who have responded. For example:
    a. Each EMS responder assesses an individual and communicates that patient's needs back to the team.
    b. More ambulances can be dispatched based on the responsiveness of the victims and their ability to respond to the questioning of the care provider.
2. MASS CASUALTY: A ***mass casualty*** is any incident in which EMS resources, such as personnel and equipment, are overwhelmed by the number and severity of the casualties. In preparation for such an incident, EMS teams often practice their standard operating procedures (SOPs) to better plan and adjust their efforts.
    a. EMS must quickly prioritize who needs immediate treatment and then transport and communicate this information to other team members through triage tagging. ***Triage*** is the sorting of patients based on severity of injury and medical needs.
    b. One-to-one patient communication becomes very "basic" in nature as EMS technicians hurry to meet needs while simultaneously taking uninjured individuals out of the equation.
    c. Detailed patient assessment will take place after transport for further care has occurred.

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Teaching Strategy: *Many techniques can be used to help students master this objective. Use VM–D to review the "7 Cs" of EMS communication. Use VM–E to review one strategy to communicate with family members of a patient. Then, consider creating expert groups on the various audience types. Divide the class into five or six expert groups, and assign each group (or let it choose) one of the following: a patient with a hearing impairment, one with a developmental disability, an older adult, a child, a non-English-speaking patient, bystanders, and mass casualty. Allow 15 to 20 to minutes for each group to create a skit based on its assigned or chosen audience situation. Then, have each group act out its skit at the front of the classroom, using the communication skills and strategies tailored to its audience. Observing groups will guess which audience was being presented and determine whether all the important points about that audience type were met.*

Review/Summary.

Use the student learning objectives to summarize the lesson. Have students explain the content associated with each objective. Student responses can be used in determining which objectives need to be reviewed or taught from a different angle. If a textbook is being used, questions at the ends of chapters may also be included in the Review/Summary.

Application.

Use the included visual masters and lab sheet to apply the information presented in the lesson.

Evaluation.

Evaluation should focus on student achievement of the objectives for the lesson. Various techniques can be used, such as student performance on the application activities. A sample written test is provided.

Answers to Sample Test:

Part One: Multiple Choice

1. c
2. d
3. d
4. b
5. a
6. a

Part Two: True/False

1. T
2. T
3. F
4. F
5. T
6. F

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Part Three: Completion

1. triage
2. patient
3. concise
4. bystanders
5. mass casualty
6. after

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Sample Test

Name _____

Verbal Communication

Part One: Multiple Choice

Instructions: **Circle the letter of the correct answer.**

1. The number one rule when interviewing a patient is to _____.

   a. use simple one-word response questions
   b. allow the patient to fill in forms without asking questions
   c. remain calm and reassure the patient
   d. provide only basic information about the situation

2. Close-ended questions may be necessary when a patient is _____.

   a. in pain
   b. experiencing breathing difficulties
   c. hearing impaired
   d. both *a* and *b*

3. When communicating with an older patient, you should _____.

   a. ask the family your questions instead of the patient
   b. treat confusion as an underlying memory impairment
   c. ask a fellow emergency provider for a second opinion
   d. listen closely to responses for other clues

4. When communicating with a child _____.

   a. speak in short brief sentences
   b. be positioned at the child's level
   c. take off your coat to alleviate fears
   d. offer the child an opportunity to ride in the ambulance

5. In a situation with a non-English-speaking patient, first _____.

   a. find out if the patient speaks any English
   b. ask the family to interpret
   c. point to body areas that may be affected
   d. use a speech conversion dictionary

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6. Proper radio communication allows the EMS personnel _____.

   a. to prepare for the call prior to arrival
   b. time to determine transfer plans
   c. to communicate with the ER about a possible transfer
   d. to prevent medical litigation

Part Two: True/False

Instructions: **Write *T* for true or *F* for false.**

_____1. Portable radios are handheld and essential in a mass-casualty incidence.

_____2. When communicating on the radio, you should wait one second before speaking after you have pressed the press-to-talk button on a handheld radio.

_____3. Upon arrival at a hospital, you should provide a written report to the receiving hospital staff.

_____4. Open-ended questions are queries requiring the patient to answer with a simple "yes" or "no."

_____5. Silence, or simply not speaking, gives the patient time and space to respond.

_____6. Empathy allows you to determine what the patient meant by an answer.

Part Three: Completion

Instructions: **Provide the word or words to complete the following statements.**

1. The sorting of patients based on severity of injury and medical needs is _____.
2. The most common audience encountered by EMS personnel is a/an _____.
3. When EMS personnel are being as brief as possible while getting the point across, they are demonstrating the communication trait of being _____.
4. At an accident scene, the real first responders are often _____.
5. Any incident in which EMS resources, such as personnel and equipment, are overwhelmed by the number and severity of the casualties, is called a/an _____.
6. In a mass-casualty situation, more detailed patient assessment takes place _____ the patient is transported for care.

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EMS RADIO TERMINOLOGY

Radio communication enhances EMS patient care by providing necessary information before, during, and after an emergency call. See the "Authorized Radio Terminology" section on page 3 at the following website: https://www.sccgov.org/sites/ems/Documents/pcm800/818.pdf.



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OPEN-ENDED QUESTIONING



For each pair of questions, select the one that elicits more information from the patient. Then, explain your rationale for that selection.

1. A. What brings you to the office today?

   B. Your chart says you are experiencing back pain. Is that correct?

Answer _____

Rationale:

2. A. Tell me what symptoms you experienced last night.

   B. Did you have a fever last night?

Answer _____

Rationale:

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3. A. How have you been treating your headache?

   B. Did you try Tylenol® for your headache?

Answer _____

Rationale:

4. A. Has the pain responded to using ice packs?

   B. How has using ice packs helped?

Answer _____

Rationale:

5. A. Is the pain worse at night?

   B. When is the pain worse?

Answer _____

Rationale:

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QUESTIONS TO OBTAIN PATIENT DATA



1. Were you climbing the ladder when the pain started?
2. Did the pain start suddenly?
3. Is the pain sharp or dull?
4. Do you have any medication allergies?
5. Does walking make your pain worse?
6. Does taking Tylenol® lessen the pain?
7. Does the pain move to anywhere else?
8. Is the pain intolerable?
9. Have you had this pain before?
10. Has the pain lasted more than an hour?

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"7 CS" OF EMS COMMUNICATION



1. **Clear:** Ensuring the key points are as clear as possible. Minimizing the need for a patient to "read between the lines."
2. **Concise:** Being as brief as possible while getting the point across.
3. **Concrete:** Choosing the most distinct word with the most precise meaning to get the message across.
4. **Correct:** Using the proper words, pauses, and pronunciation.
5. **Coherent:** Making the message logical, well stated, and relevant.
6. **Complete:** Ensuring the message has all the information necessary for the responder's consideration.
7. **Courteous:** Communicating in the way you would want to be treated: politely, respectfully, openly, honestly, and professionally.

(Source: Adapted from Chris Cebollero at https://www.ems1.com/ems-products/Mobile-Computers/articles/1450448-The-7-Cs-of-communication-in-EMS/)

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COMMUNICATION WITH FAMILY



This family member is riding with a patient during transport. Having a family member in the transport vehicle relieves anxiety and may even restore a sense of control for the patient.

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LS–A

Name _____

Ask Questions to Obtain Patient Information

Purpose

The purpose of this lab activity is to create and assess questions that obtain patient information.

Objectives

1. Role-play responses to the VM–C patient assessment questions (Assessment 1).
2. Create better questions than those on VM–C to elicit more information from the patient.
3. Role-play responses to the new patient questions (Assessment 2).
4. Compare and discuss responses from Assessment 1 and Assessment 2.
5. Develop conclusions about the new patient assessment questions.
6. Participate in a class discussion to share conclusions and a sampling of the new questions.

Materials

- lab sheet
- writing utensil
- 2 sheets of paper
- VM–C patient assessment questions

Procedure

1. Review your class notes about EMS verbal communication.
2. Partner with a classmate for a role-play activity.



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3. Label a sheet of paper “Assessment 1.” Number it from 1 to 10.
    a. ROLE-PLAY: Ask your partner the VM–C patient assessment questions.
    b. Record your partner’s responses for each on your Assessment 1 paper.
4. Label a second sheet of paper “Assessment 2.” Number it from 1 to 10. Allow two or three lines of open space after each new question. Work with your partner to create alternative (better) questions to those on VM–C that would elicit more information from the patient.
    a. ROLE-PLAY: Respond to the new patient assessment questions.
    b. Your partner records your responses for each patient assessment question on the Assessment 2 paper.
5. Once questioning is completed, compare and discuss responses from Assessment 1 with those from Assessment 2. Develop two or three conclusions about using the carefully worded Assessment 2 questions.
    a. CONCLUSION #1:

    b. CONCLUSION #2:

    c. CONCLUSION #3:

6. Participate in a class discussion to share your conclusions and a sampling of your Assessment 2 questions.
7. Turn your completed lab sheet and Assessment 2 questions in to your instructor.

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