



National Healthcare
Communication
Programme

Emergency Situations

A leaflet for healthcare staff



Making conversations easier



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This card reviews the skills that support effective communication and introduces a few additional tactics that can be used when time is tight and emotion increases.



Brings you back to contents



Emergency Situations

Connect

Greetings and introductions

When emotion is high,
greetings and introductions
will be concise

*Hello, my name is Peter.
I am the doctor on call*

Is it Michael or ...?

*Who is with you
here today?*



Communication skills

- ☐ Warm greeting
- ☐ Introductions
- ☐ Check patient's name & how they like to be addressed
- ☐ Check who is with the patient



Emergency Situations

Connect

Non-verbal behaviour



When emotion is high, pace, pitch and tone may change

It sounds like you're quite upset about...?



Communication skills

- ☐ Facial expression
- ☐ Eye contact
- ☐ Body language
- ☐ Pace, pitch and tone of voice

(Recognise when emotions may be present but not directly expressed)



Emergency Situations

Connect

Involve the patient

We are in this together

*Is it ok if I take your
blood pressure?*

*I am here. You
are not alone*

Involving the patient
during an emergency
helps to build
connections, trust and
psychological safety



Communication skills

- ☐ Establish that the patient can hear and understand you
- ☐ Share your thinking
- ☐ Ask permission for what you are doing
- ☐ The right words & phrases



Emergency Situations

Connect

Demonstrating empathy

You look frustrated

*You sound worried
when you say that*

*Its been really
tough for you*

When emotion is
high, communication
cannot flow



Communication skills

G.I.V.E. to connect, understand, and support

G

Get

that it's emotion

I

Identify

the emotion

V

Validate

by acknowledging feelings

E

Explore

to better understand the emotion



Emergency Situations

Connect

Demonstrating empathy

TIP

Emotion has a significant impact on communication. We need to **identify** the emotion and then consider the **intensity** of that emotion.

Looking at the **intensity** of the emotion, we use the analogy of the see-saw: when emotion is high, communication is only a one-way route. When emotion is high, it's time to **listen** (not to talk) as the person who is emotional will not hear what we are saying. So, allow them time to vent, encouraging the person to talk, using good verbal and nonverbal active listening skills.



The other person will then feel **listened to, understood** and **respected**. The emotion (like the see-saw) will come down and communication can flow.



Emergency Situations

Understand

Reflective listening

Listen for:

1. **Information:** facts, figures, times, places and so on
2. **Emotion:** intensity, type of emotion and triggers
3. **What is important to the patient:** values, beliefs, needs (*core emotional concerns*) and wants

Let me check if I have this right; you have been waiting in the emergency department for 8 hours, you are concerned that your daughter may have had a seizure, you think she needs a CT scan (paraphrase) and all this waiting and worrying is making you angry (labelled emotion).

If I understand correctly, you are feeling angry about being told about...

Communication skills

- ☐ Summaries
- ☐ Emotional labelling
- ☐ Paraphrase



Emergency Situations

Understand

Reflective listening

I get the feeling that...

*You sound pretty
upset about...
You seem... I hear...
I can see...*

I hear/see...

It seems...

It feels as if...



TIP

Emergencies can affect our normal capacity to cope, increasing emotions and inhibiting ability to act rationally. Being heard, understood and respected is reassuring to everyone, particularly when they feel isolated or alone. Responding to what they have said (**information**), how they feel (**emotion**) and what is important to them (**values, beliefs, needs, wants**) will bring comfort and connection.



Emergency Situations

Shared mental model

Briefing

You can help by...

There may be times when the team have to act quickly, bring in other colleagues, and occasionally move to theatre. This may happen when...

We won't have time at that stage to explain everything but we promise to answer any questions afterwards



Briefing checklist

- ☐ Create a plan and make it part of the routine/process
- ☐ Core team members
- ☐ Introductions and roles
- ☐ Does everyone understand their roles?
- ☐ What might go wrong?
- ☐ Do we have the resources we need?
- ☐ Does anyone have questions about the plan?
- ☐ Keep the brief short
- ☐ Use core emotional concerns (**appreciation, affiliation, autonomy, role and status**) as a guide



Emergency Situations

Shared mental model

Briefing

Our training and experience means that situations like that are normal for us, but we appreciate it may appear otherwise to you

You will likely experience...



TIP

Preparation and planning helps with spontaneous situations. Controlling emotion through self awareness and use of core emotional concerns (**appreciation, affiliation, autonomy, role and status**) is a useful tactic in emergency situations.



Emergency Situations

Shared mental model

Huddle

Peter remember we spoke about...

Communication tactics

- ☐ Single Point Of Contact (SPOC) for communication with patient/family
- ☐ Check in to offer support or just listen
- ☐ Keep explanations concise
- ☐ Retain composure/manage your own emotion
- ☐ Reassure and use core emotional concerns to keep that connection

TIP

Core emotional concerns convey human needs that are important to almost everyone in virtually every emergency or crisis. By addressing these core emotional concerns (**appreciation, affiliation, autonomy, role and status**) we can be successful and effective in dealing with emergency situations. The quickest and most effective way to support someone's core emotional concerns is to listen, to properly listen to understand.



Video: Core Emotional Concerns



Emergency Situations

Shared mental model

Debriefing

*You mention...
Why do you believe
that happened?*

*What do you feel should
have been done differently?*

I'm sorry you experienced that



Communication tactics

- ☐ Keep it short
- ☐ Encourage input from the team
- ☐ Bring in key players
- ☐ What went well?
- ☐ What could improve?
- ☐ What to do differently next time?
- ☐ Repair if required
- ☐ Use core emotional concerns
(**appreciation, affiliation, autonomy,
role and status**) as a framework



Emergency Situations

Shared mental model

Debriefing

Would it help if I share why we did what we did and said what we said?

What would help right now?

I hear you



TIP

Even with the best planning, emergency situations can still bring surprises including adverse experiences for those involved. Adverse experiences can leave psychological wounds. Having a follow up discussion can help address any concerns or questions in a timely way. During a follow up discussion, it is possible to explore experiences, address issues and offer explanations at an early stage.



Emergency Situations

Shared mental model

Situation monitoring

- **Situation monitoring** is the process of continually scanning and assessing a situation to gain and maintain an understanding of what's going on around you.
- **Situation awareness** is the state of *"knowing what's going on around you."*
- Increasingly it is believed that poor situational awareness or a loss of situational awareness is a significant contributor to adverse events as evidence shows that it is the most important and least understood human factor in healthcare.
- **A shared mental model** results from each team member maintaining situation awareness and ensures that all team members are 'on the same page.'



GET INFORMATION

Scan and search
Pay attention
Remain watchful
Communicate



THINK AHEAD

Project beyond the now
Ask "what if?"



UNDERSTAND IT

Compare
Critique
Diagnose



Emergency Situations

Shared mental model

Closed-loop communication

Call-outs and **check backs** are forms of closed-loop communication that can clarify information to ensure that the sender-receiver pair is on the same page or have a shared-mental model. This simple technique ensures that information conveyed by the sender is understood by the receiver, as intended.

1: Sender initiates communication

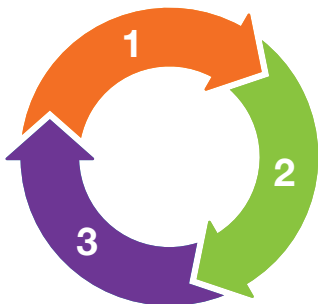
"BP is falling, 85/40 down from 90/60"

2: Receiver confirms that the communication has been heard and repeats the content

"Got it; BP is falling and at 85/40, down from 90/60"

3: Sender verifies the accuracy of that content

"Correct"



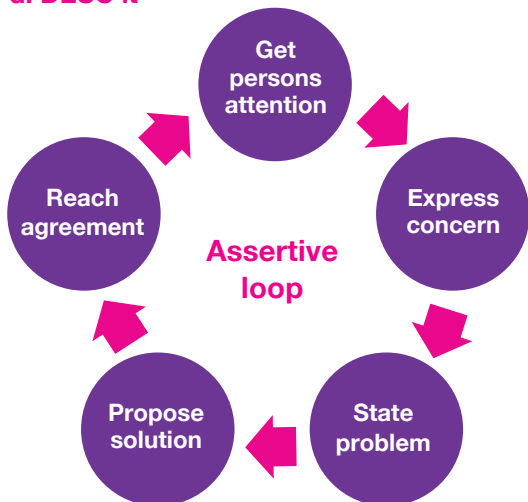
Emergency Situations

Shared mental model

Speaking up

The following protocols have been developed to help members of a team express their concern(s) in a graded manner:

- a. Assertive loop
- b. Two challenge rule
- c. Learning to CUSS
- d. DESC it



Download: Module 4 skills card



Emergency Situations

Shared mental model

Handover (ISBAR₃)

ISBAR₃ is a tool to facilitate communication handover at multiple points within the healthcare delivery system. It helps with sharing concise and important information in a short amount of time. It limits jargon, keeps the message clear, and removes the influence of hierarchy and personality.

- I Identification**
Introductions
- S Situation**
What is happening with the patient?
- B Background**
What is the clinical background?
- A Assessment**
What do I think the problem is?
- R Recommendation**
What would I recommend?
- R Read-back/Risk**
Restate information for clarity.
Identify any risks.



Download: ISBAR₃ skills card



Emergency Situations

The words we use

Dialogue and phrases

There are a number of ways we can consciously use dialogue to support effective communication in an emergency.

Common language, prepared phrases, connecting terminology can all be used. Having dialogue options to use as a team is helpful, particularly when a number of people are involved and brevity is required.

Single point of contact

While inclusive for the team, there may be occasions when the nature of the language excludes the patient. It can be beneficial to have a **Single Point Of Contact** (SPOC) assigned to communication with the patient. The SPOC effectively channels the relevant information to the patient to prevent them being overwhelmed by the number of people talking with them or confused by terminology.

If you need a hand to hold I'm here

If you need an explanation please ask me

I am Amy and I will be by your side throughout



Emergency Situations

The words we use

Three magic keys



TIP

Sorry, Thank you, Please are 3 magic keys - a useful phrase that helps us to remember the positive difference that 3 simple words can make.

I'm sorry if I spoke too much without listening

Thank for for working with me on this project

Can I take your blood pressure please?

I'm sorry I raised my voice



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This Skills Card is the work of the National Healthcare Communication Programme.

