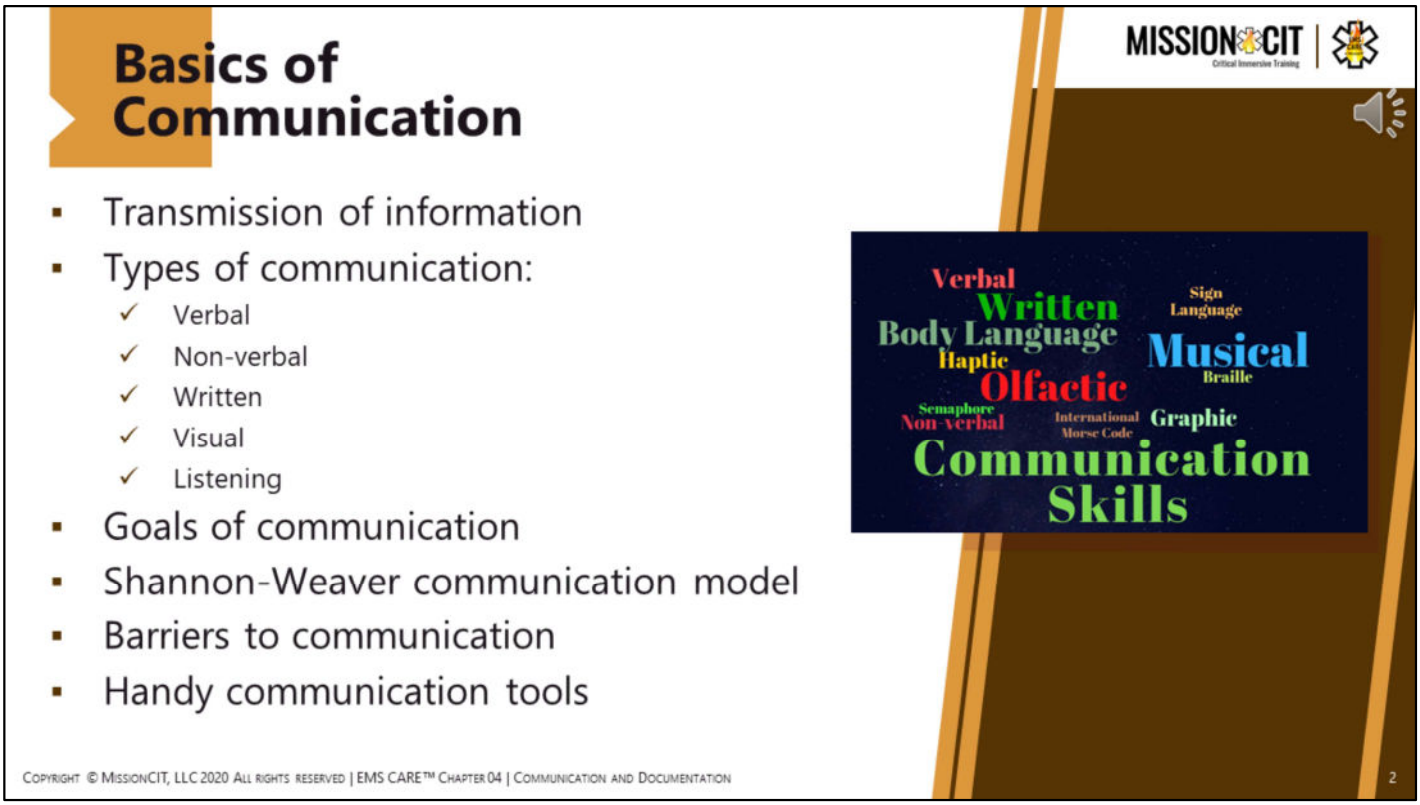


Thank you, Justin!

Welcome to the chapter review for Communication and Documentation. Here we quickly recap all the lessons we have studied so far. Remember, there is a quiz following the review. You need to score 75% or better to get credit for this topic. Good studying.



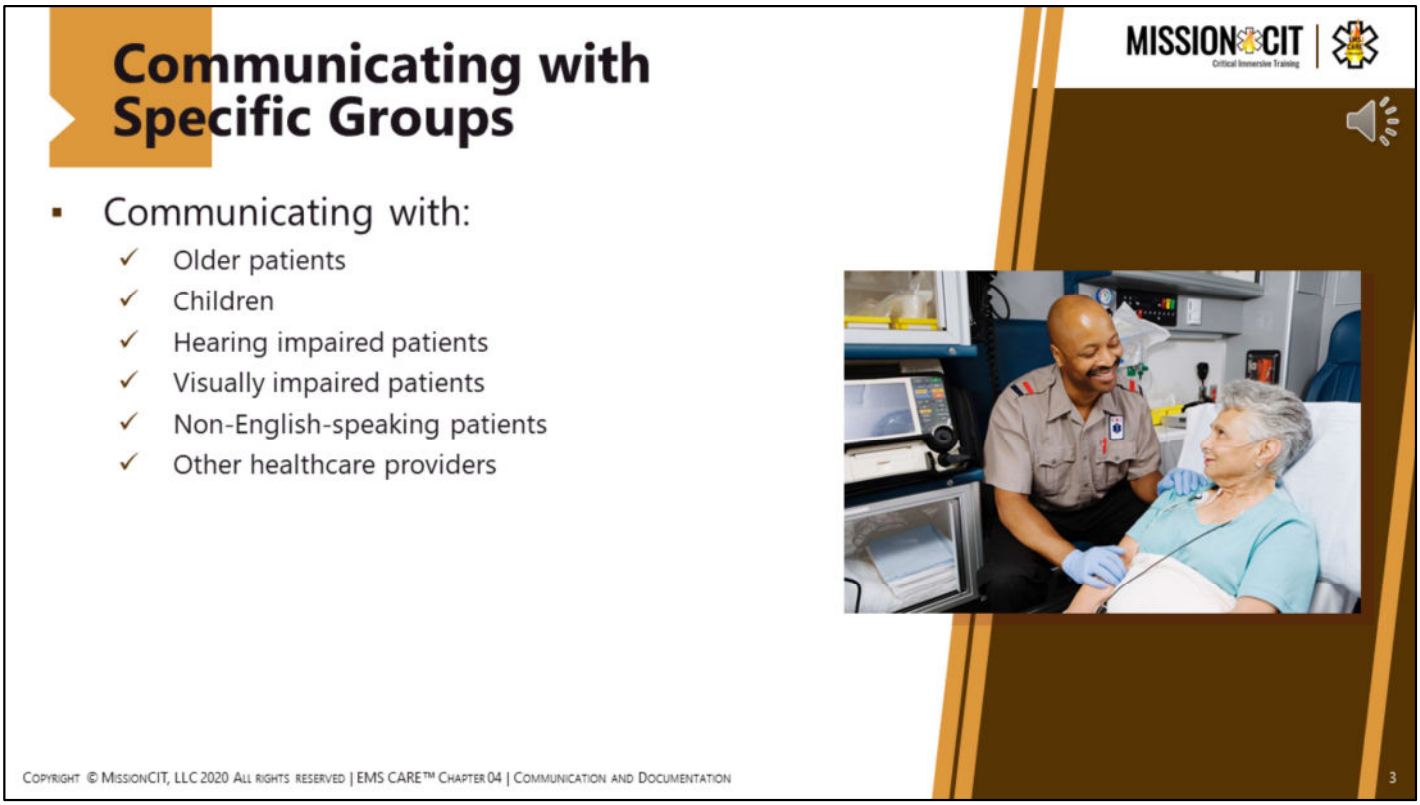
In the first lesson, we discussed the basics of communication. Communication is the transmission of information from one person to another through multiple channels such as words, gestures, and even body language. Excellent communication is an essential component of prehospital care and is necessary to achieve a positive working relationship with patients and other healthcare providers. The five types of communication are: Verbal, Non-verbal, Written, Visual, and Listening.

The goals of your communication are:

- To gather information from the patient, family members, and bystanders
- Coordinate with the first responders and healthcare professionals
- Understand the patient's condition, so you can provide the appropriate care

Understanding the Shannon-Weaver Communication Model will give some clarity about the way messages must be formulated and more importantly, the need for the receiver to send feedback to the sender. Remember to avoid barriers that impede your communication. These may include avoiding the use of jargons, controlling your emotions, having an open mind to the needs of the patient, understanding language barriers, avoiding physical barriers, and acknowledging differences in culture and perceptions.

A substantial portion of our communication is nonverbal, this will help you to better convey your thoughts. While keeping in mind the barriers and factors, use tools that can help you build trust and to avoid confrontations.

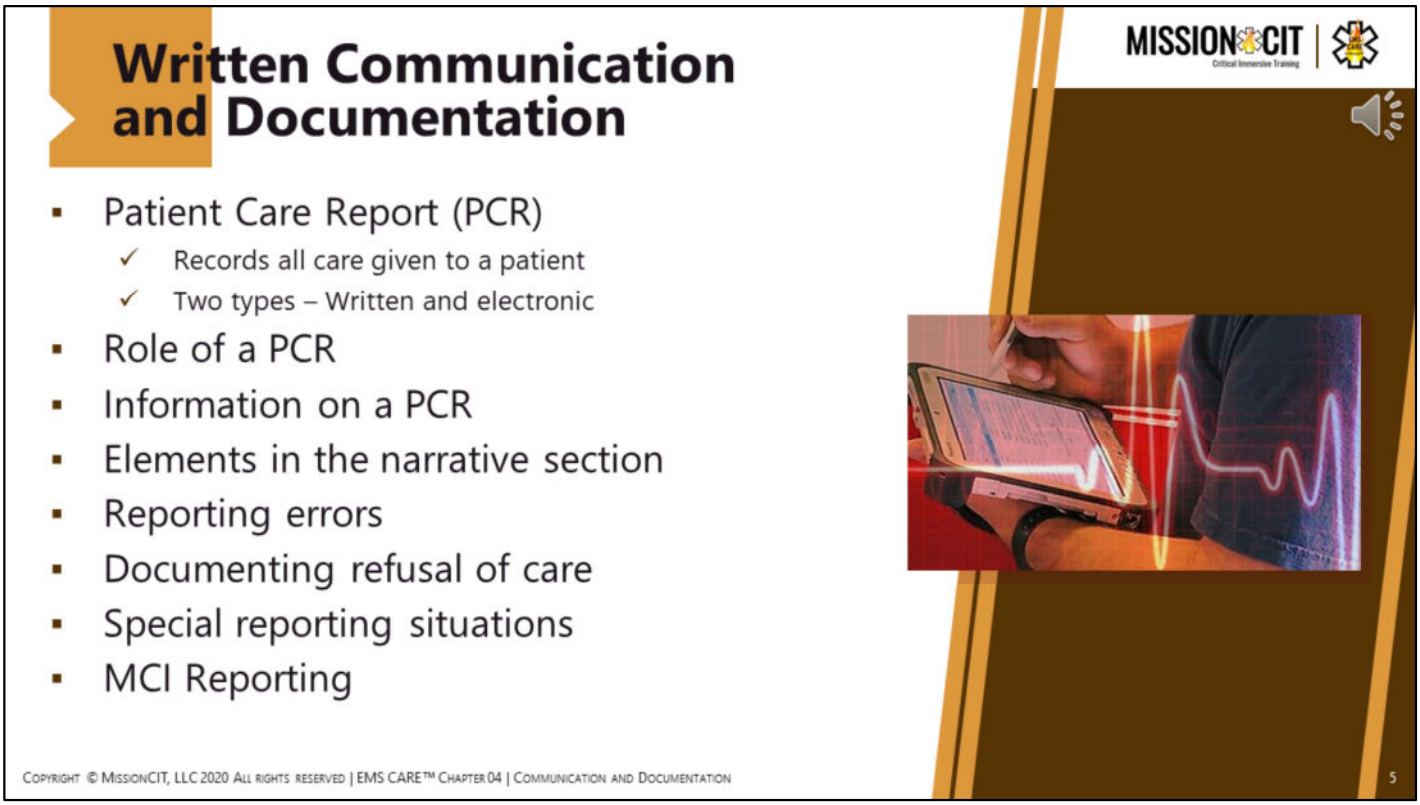


Moving on, we spoke about effective communication with different groups of people. We discussed communication with older patients, children, hearing impaired patients, visually impaired patients, non-English-speaking patients, other healthcare providers, and finally, communicating with medical control receiving facilities.

You can revisit the lesson if you wish to refresh your memory.



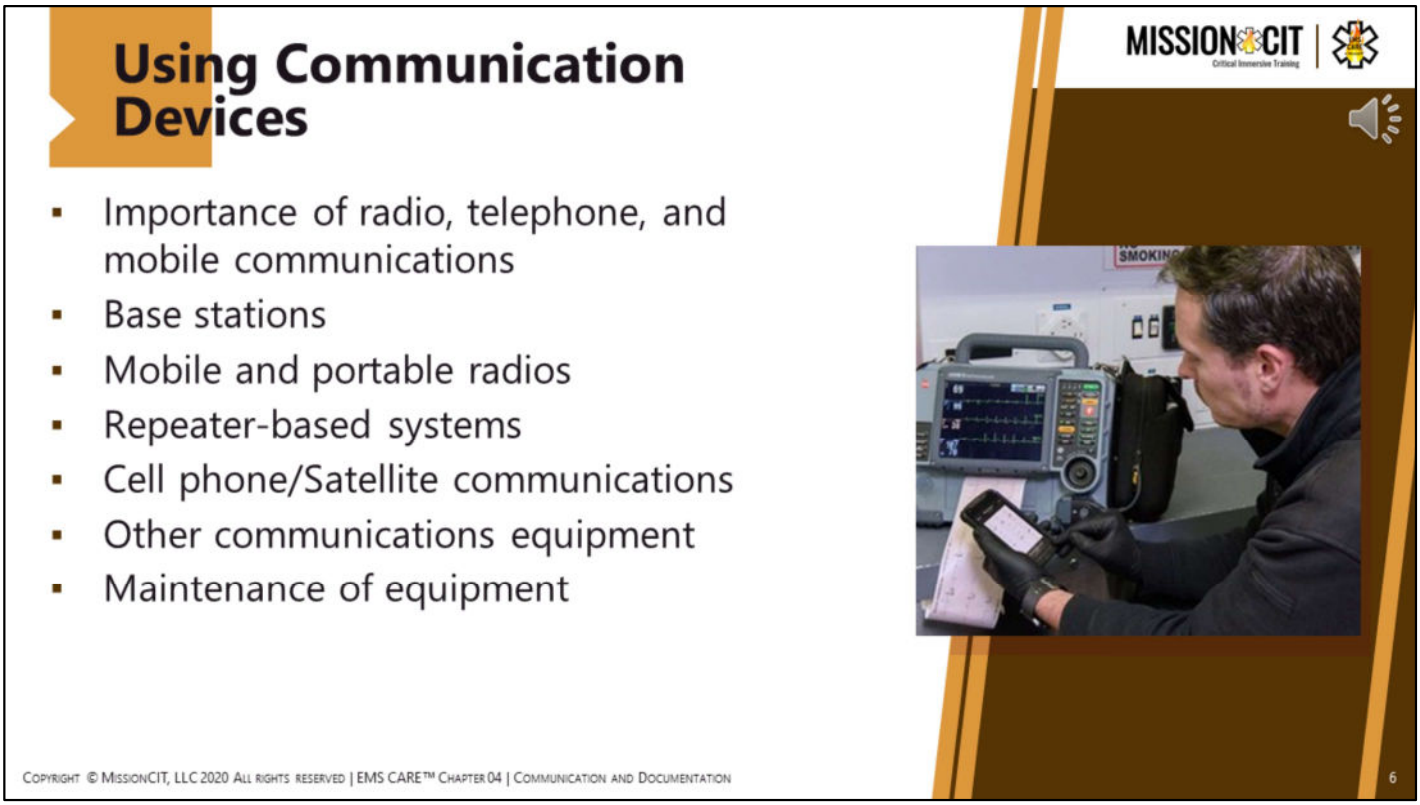
In the third lesson, we talked about the art of interviewing. The strategies in this lesson will help you navigate through tough situations. Remember it is important to ask questions by following common tips and techniques. Be cautious about the things you need to avoid during the interviewing process. When the patient is not in a position to answer your questions, family members and bystanders can give the information you want. If you are confronted with an unmotivated patient, try building a rapport with the patient and establish trust and connection. Be wary of your choice of questions like close-ended, direct, asking only one at a time, simple, and in a language that the patient understands.
If a patient is under the influence of street drugs and alcohol, make an educated guess on the circumstances of the case, and see if you can get help from bystanders or family members.



Next, we mentioned documentation, an important aspect of communication. PCR is a legal document that records all care given to the patient, right from dispatch to hospital arrival. There are two broad types of PCRs, and they are the written and electronic ones. The PCR plays six important functions and they are:

- Continuity of care
- Legal documentation
- Education
- Administrative information
- Essential research record
- Evaluation and continuous quality improvement

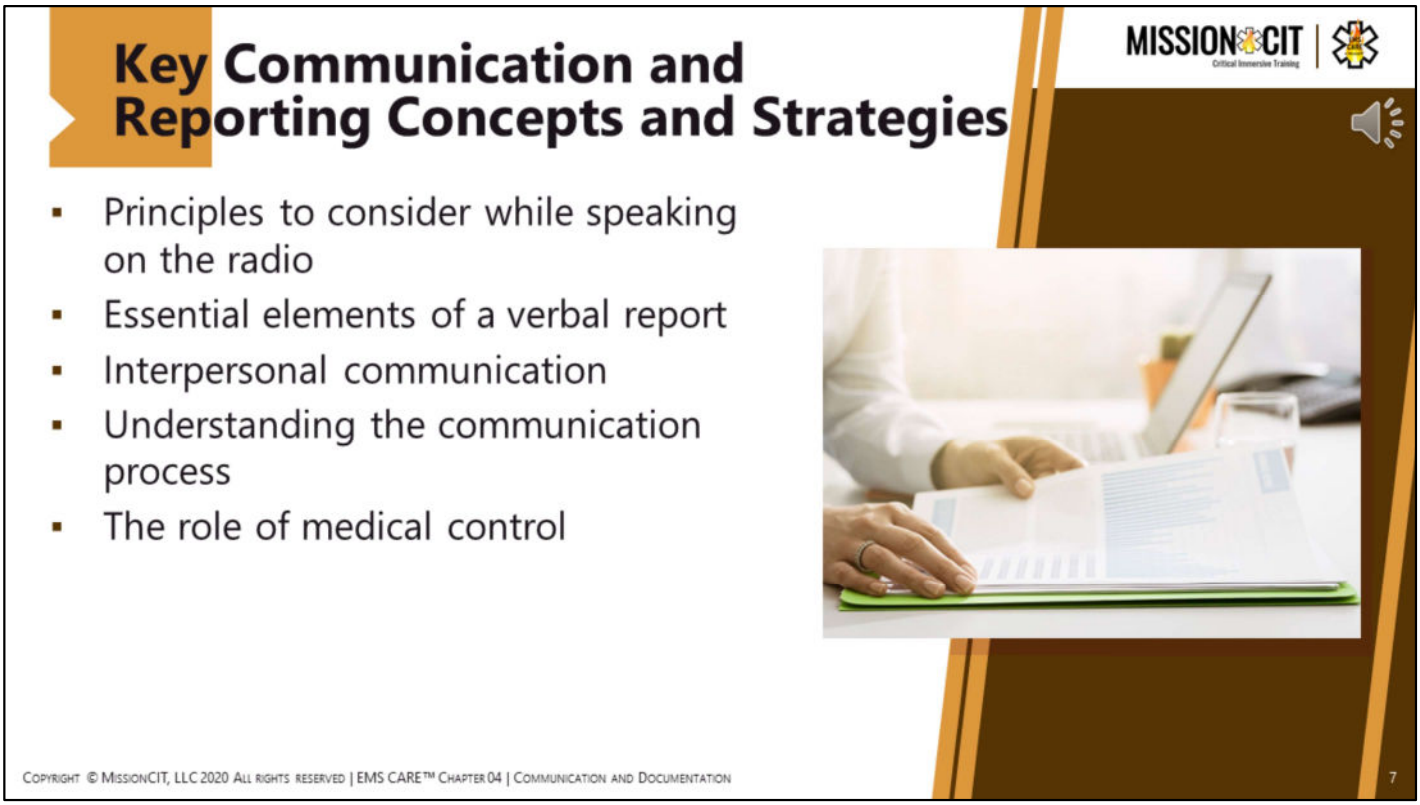
Based on your needs, you can choose between the two types of forms available, namely, written and electronic or computerized. And meticulously note the information that goes into a PCR. The narrative section is a detailed description of the events and the patient's condition. Despite your best efforts, reporting errors might happen. In such cases, never cover up your errors, note your mistakes or include an addendum in case of electronic documents. Depending on local requirements the PCR might also include special reporting situations, MCIs or refusal of care.



In the next lesson, we talked about different communication devices and how you can use them.

- Radio, telephone, and mobile communications: These link you and your team with other members of the EMS, fire, and law enforcement communities, so the entire team can work together more effectively.
- Base stations: A base station contains a transmitter and a receiver in a fixed place.
- Mobile and portable radios: A mobile radio is installed in the ambulance to communicate with the dispatcher and the medical control. Portable radios, on the other hand, are hand-held devices.
- Repeater-based systems: A repeater is a special base station radio that receives messages and signals on one frequency and automatically retransmits them on a second frequency.
- Digital signals are a part of EMS communications, thus, satellite communications play a crucial part in your job role.

Besides the above-mentioned equipment, ambulances usually have an external public address system. Since radio is your lifeline, the equipment must be serviced by properly trained and equipped personnel. The Federal Communications Commission (FCC) regulates all radio operations in the United States.



The last topic in this chapter was the key strategies that can help boost your communication and reporting. When communicating with medical direction or the receiving facility, a verbal report should be given. Interpersonal Communication is important as it can show the EMT in good light, achieve positive patient outcomes, and create a cordial working environment for everyone involved.

Understanding the EMS process including the communication points can greatly ease your job. The dispatcher receives the first call to 911 and this is the start of the communication process. The dispatcher assigns the appropriate EMS response unit based on several criteria. Also, the dispatcher should give the responding units the needed information. EMTs should report any problems that took place during a run to the dispatcher. In most areas, medical control is provided by the physicians working at the receiving hospital. The physician bases his or her instructions on the information the EMT provides and never uses unless directed to do so by local protocol. Once you receive an order from medical control, repeat the order and receive confirmation. Do not blindly follow an order that does not make sense to you.

With this, we come to the end of the chapter review. You should now proceed to take the quiz.