This is an overview of the activities that occur throughout the Communication for Health in Emergency Contexts resource. The patient journey is broken into four stages – Triage, Admission, Assessment and Management.

Students are able to explore several pathways throughout the resource. A horizontal pathway follows the journey of patient, Ewan Levinson, as he progresses through an Emergency Department environment.

Vertical pathways focus on two patients, Marlina and Ken, at different stages of their journeys through the Emergency Department. We initially meet Marlina in Admission and see her again at the Management stage while we first meet Ken in Triage and again in the Assessment stage.

There are two main types of activities throughout the resource: **online** activities and **extension** activities.

**Online** activities aim to:
- raise awareness of the nature of the ED and ED interactions as the scenarios are played.
- encourage the student to engage with the journey stages and the interactions.

**Extension** activities aim to elicit:
- **spoken or written reflection** on the key issues in each stage and the role of communication in emergency contexts.
- **observation and documentation** of health professional and patient interactions and actual Emergency Department practice.
- **conscious application** of effective communication strategies.
- **critical evaluation** of communication practices.

While online activities only appear throughout Ewan’s story, extension activities appear throughout the resource as:

- **Classroom activities** – role-plays, discussion questions and written or spoken reflections.
- **Projects** – larger ‘assignments’ e.g. documenting a patient’s experience in the ED. Projects may be opportunities for assessment.

Learning outcomes and examples of online and extension tasks in each stage of the ED journey are included in the following tables.

For more information see the Guide for Educators PDF in the For Educators section.
Key

- Online activity
- Discussion & reflection (spoken or written)
- Project
## EWAN’S JOURNEY IN THE EMERGENCY DEPARTMENT

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<th>STAGE</th>
<th>LEARNING OUTCOMES</th>
<th>EXAMPLES OF ACTIVITIES</th>
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| **TRIAGE**    | 1. To understand the importance of finding out:  
- why the patient has come into the ED today and designating a triage category  
- key information about the current condition of the patient.  
2. To reflect on approaches that will reassure patients and make them feel comfortable.                                                                 | ☐ Students are asked to identify the vital information that Ewan and his wife Betty provide to the Triage nurse.  
☒ Students are asked to review the Triage scenario and write responses to show a) how the Triage Nurse seeks to achieve the goals of the Triage stage and b) how patients can be reassured and provided with useful information at this stage.  
☒ The following discussion and reflection questions are provided:  
  - How might Ewan’s wife be feeling? How could the family be better included in the ED environment?  
  - What do you think Ewan needs to know now?  
  - Why should we be concerned that Ewan is still feeling anxious? |
| **ADMISSION** | 1. To understand the key features of the nurse role in settling a patient into the ED.  
2. To understand the need to ‘allow space for the patient to tell their story’.  
3. To be aware of the role of both medical and interpersonal talk.  
4. To understand the impact of interruptions in the ED.                                                                 | ☐ Students have the opportunity to observe the actual language used by Nurse Qui Phan as she settles Ewan into the ED.  
☐ Students have the opportunity to observe Nurse Joe Vella as he mixes interpersonal and medical talk and to make their own assessments of these interactions.  
☒ The following discussion and reflection questions are provided:  
  - The main purpose of the admission stage is to settle patients into the ED. 1) How do you think the interaction with nurse Joe Vella might help to settle Ewan? 2) Discuss the specific ways in which the nurses Joe and Qui allow Ewan space to tell his story. 3) Compare how you think Ewan was feeling at the end of Triage with how he may be feeling now. What has changed?  
☒ There are two interruptions during Ewan’s Admission. Students are asked to write responses to the following questions: a) How do these interruptions impact on Ewan, Qui and Joe in this situation? b) How do the large number of interruptions in ED impact on patient care generally?  
Role-plays:  
Role 1: ED nurse |
| ASSESSMENT | You are the nurse who is taking over the care of the patient. The ED is quite busy today. Try to fulfill the goals of the Admission stage:  
- clarify and explore the patient’s current condition and history  
- organise a hospital gown and name band  
- take observations  
- make sure the patient is as comfortable as possible  
- ensure the patient knows what is likely to occur.  
Role 2: Ewan  
You are Ewan. Use the information you know about his condition. You are feeling very anxious and you are not sure what will happen next.  
Variations:  
- Base the patient role on a patient you have observed or treated.  
- Have classmate/s interrupt the interaction.  
| 1. To understand the complexity of taking an accurate medical history in a time poor environment.  
2. To be able to: seek and recognise the patient’s knowledge and opinions; give supportive and positive feedback and use inclusive language.  
3. To reflect on the experience of the patient and their family amid multiple investigations/tests and a large number of interactions with different clinicians.  
| Students have the opportunity to see how several key communication strategies work – seek and recognise the patient’s knowledge and opinions, give supportive and positive feedback and using inclusive language.  
The clinician’s view: assessment procedure and information transfer – students have the opportunity to analyse how information is transferred between clinicians.  
The following discussion and reflection questions are provided: 1) Ewan and Betty have now been in the ED for 1.5 hours. Who have they spoken to so far? How do you think they feel about the arrival of a doctor? What sorts of things do you think they want to know at this point? 2) Looking at an excerpt from Betty and Ewan at Triage and Assessment stages, students are asked: Is there a difference between the kind of information Betty provides and that which Ewan provides? Why might this be? Discuss the role of family members in the ED.  
The following Project tasks are provided: 1) One nurse says...’...But you’ve got to keep in mind that some people will give you one answer, they’ll give the nurse looking after them another answer and the doctor another answer.’ Follow a patient and note how many times s/he repeats history details to various clinicians. Note differences in the story versions and differences in questioning methods from different clinicians. Can you see reasons for the differences in versions? 2) Consider the roles of family members in the ED. Report on three case studies in which patients come to the ED with a family member. What are the various ways in which family members affect the patients’ experiences? |
### MANAGEMENT

1. To communicate effectively with patients to develop an accurate diagnosis/treatment plan.
2. How to negotiate shared decision making with the patient.
3. The importance of repeating key information and clarifying throughout.
4. Giving positive supportive feedback.

**Role-play:** use of the ISBAR communication tool.

- Students complete an exercise in listening and collecting key information.
- Students look at how Dr Cook communicates with Ewan and how this influences what Ewan understands about his diagnosis and his ability to ask questions.

**Role-play** the management stage between Ewan, Betty and Dr Cook. Before they start the role-play, students are supplied with a list of questions to consider as preparation for each role.

The following discussion and reflection questions are provided:

1) The doctor is very concerned that Ewan understands the importance of the ‘tightening’ he has experienced. How does the doctor emphasise the importance of ‘tightening’ and how successful do you think he is in communicating this message to Ewan?
2) Compare what Ewan knows now (about what’s going to happen to him) with his earlier experiences in Triage, Admission and Assessment. What has changed?
3) Compare Ewan’s demeanor at the time of diagnosis to that which he displayed earlier in the ED journey.

### KEN’S JOURNEY IN THE EMERGENCY DEPARTMENT

**TRIAGE**

1. To reflect on communication approaches that will reassure the patient and make them feel less anxious and more comfortable.

**In order to reduce patient anxiety, it is important that the patient is kept informed about the relevant hospital processes. This involves giving the patient some sense of what is going to happen and how long it might take.**

Students are asked:

1) What do you think Ken knows about what will happen?
2) What do you think he wants to know?

**MANAGEMENT**

1. The importance of repeating key information.
2. Giving positive supportive feedback.
3. Communicating the rationale for management/treatment options.

**Questions for student discussion include:**

- Do you think Ken was given enough information about his treatment?
- Were medical terms explained adequately?
- Do you think Ken was aware of the reasons for the treatment suggested?
- What else might Ken have wanted to know?
- Do you think anything was worrying him?
- Did Dr Santos address his concerns?

Students will learn that it is important that decision-making about treatment is negotiated with the patient. This involves encouraging the patient to debate, clarify and discuss their treatment options. The process of negotiation encourages patients to comply with recommended...
treatments. Students will consider: 1) Did the doctor encourage Ken to share the decision-making about the treatment plan? 2) What would you have done differently? 3) Do you feel that the doctor listened to Ken as part of the treatment negotiation process?

Think of a patient you have recently observed/treated. Brainstorm ways in which the treatment plan could have been negotiated. What difficulties could you encounter in negotiating treatments with patients?

Project task
Students use a model letter to write a letter to Ken’s GP.

**MARLINA’S JOURNEY IN THE EMERGENCY DEPARTMENT**

<table>
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<th>ADMISSION</th>
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<th>Students are asked to identify the other issues, apart from dizziness, that have brought Marlina into the ED. They are asked to make a list of these in order of priority for treatment.</th>
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| 1. To understand the need to ‘allow space for the patient to tell their story’. 2. To understand the impact of time pressures on staff and patients in the ED. 3. To understand the impact of culture and language on the ED experience. | | The nurse, Joanne, says “I’ll be back in a minute” but she never returns. Why do you think the nurse has used this expression and how do you think it affects the patient experience of the ED?  
- How does Marlina’s daughter contribute to the interaction? Is language a barrier in the interaction between Joanne and Marlina? What would you have done differently? |

| ASSESSMENT | | Marlina is a complex patient with many medical issues, both physical and psychological. This makes the ED clinician’s task difficult because the ED clinician needs to deal with the immediate problem/s: Why is Marlina here now? In the interactions, several things emerge as current issues. Many of these are being treated by other health professionals.  
- What aspects of Marlina’s condition do you think Dr Liu has prioritised?  
- Why do you think Dr Liu focused on the issues she did?  
- What do you think Marlina was most concerned about?  
- Were there instances where Dr Liu did not follow Marlina’s lead?  
- Do you think Dr Liu got all the information she could have?  
- Compare your notes with a classmate’s. What would you have prioritised in Marlina’s case? |
| 1. To understand the complexity of cases presenting in ED and the importance of taking an accurate medical history in a time poor environment. 2. To be able to: seek and recognise the patient’s knowledge and opinions; give supportive and positive feedback and use inclusive language 3. To reflect on the experience of the patient and their family including language issues, multiple health | | Complex, non-urgent cases like Marlina’s are quite common in the ED and health professionals need to develop strategies to work out which aspects to prioritise. ED clinicians |
issues, related family issues.

Also need to sort out which issues are being dealt with by other health professionals. This involves working out what is important to the patient by giving the patient space to tell his/her story, providing empathic feedback and negotiating the treatment plan. Achieving all this in a short time can be more difficult if there are cultural and language differences.

Discuss the following questions.

• What aspects did Dr Kiernan focus on? How did her focus differ from that of Dr Liu?

• What do you think Marlina is most concerned about?

• Did Dr Kiernan show empathy to Marlina? How?

• How did Dr Kiernan raise the topic of suicide? Was this effective?

• What would you have done differently?

• Refer to the communication strategies table. Which strategies do you think were employed by the doctors in Marlina’s case? What could have been done better?

During Marlina’s 3 hours in the ED, there were about 1.5 hours of consultation with clinicians (the rest were in the waiting room). During the consultations, there were 149 questions by doctors and just 4 from Marlina or her daughter. Most of the questions asked by the doctors were closed (yes/no) questions. There are very few open questions, e.g. What are you worried about? What gives the patient more scope to expand. Why do you think there are so few questions from the patient and her daughter? What does this suggest about how comfortable Marlina and her daughter felt during the interactions?

Refer to the communication strategies table. Which strategies do you think were employed by the doctors in Marlina’s case? What could have been done better?

Role plays

Role 1: Marlina

You have numerous concerns including severe dizziness, anaemia, heavy periods, ear infection, low blood pressure, the recent death of your grandmother, depression. Some of these are being treated. You have been feeling extremely dizzy since you woke up this morning. You are also feeling very anxious, stressed and depressed about recent events in your family. Your son is suicidal, although you are reluctant to provide this information because you find it difficult to talk about it. English is not your native language and you have difficulty communicating about less common topics.

Role 2: ED Doctor

You have received some information about Marlina’s condition: dizziness, anaemia, ear infection, low blood pressure. You need to sort out which issues are being dealt with by other health professionals. This involves working out what is important to the patient by giving the patient space to tell his/her story, providing empathic feedback and negotiating the treatment plan. Achieving all this in a short time can be more difficult if there are cultural and language differences. Discuss the following questions.

• What aspects did Dr Kiernan focus on? How did her focus differ from that of Dr Liu?

• What do you think Marlina is most concerned about?

• Did Dr Kiernan show empathy to Marlina? How?

• How did Dr Kiernan raise the topic of suicide? Was this effective?

• What would you have done differently?

• Refer to the communication strategies table. Which strategies do you think were employed by the doctors in Marlina’s case? What could have been done better?

• Compare Marlina’s story with Ken’s story or Ewan’s story. How does the relative complexity of Marlina’s case impact on the assessment process?
infection, depression, recent death of grandmother. You need to explore her condition further. Try and find out what has brought Marlina into the ED today. Use some open questions to allow Marlina to expand on her story, e.g. How often do you feel dizzy like this? You need to come up with a treatment plan and negotiate this with Marlina. Although she has limited English, there are no Indonesian interpreters available at this time. The ED is full and Marlina is not an urgent case.

• Or ED Nurse
Marlina is a Muslim woman with limited English. The only information you have is that Marlina has come to the ED with dizziness. You are settling Marlina and taking observations. You need to ask some exploratory questions about why she has come to the ED today. You may also need to consider cultural issues when doing observations. The ED is full and Marlina is not an urgent case. You have several other patients you need to see immediately. You know that it is likely to be an hour or so before a doctor sees Marlina.

Language differences in the ED
Emergency Departments are multicultural environments. Hospital staff and patients frequently need to consider cultural and linguistic differences in their interactions. In Marlina’s case, were any of the following affected by linguistic and cultural differences? If so, how and what would you have done differently?

• Communication of the main reason Marlina has come to the ED
• Communication of Marlina’s history
• Doing routine observations
• Negotiation of a treatment plan
• Communication about mental health issues, e.g. suicide

Read the following article and discuss the issues surrounding the use of an interpreter service in an ED. Chan, Y.F., Alagappan, K., Rella, J., Bentley, S., Soto-Greene, M., Martin, M. Interpreter services in emergency medicine. J Emerg Med 2010 February, 38(2): 133-139.

Consider the following issues:

• Time pressure & urgency
• Confidentiality
• Availability of professional interpreter
• Risk of miscommunication
• Taboo topics and embarrassment
• Use of the ED as primary care facility
• Compliance and follow-up
- Speaking in “plain” language
- Translation of specialised medical language

Marlina’s assessment stage was lengthy and involved three doctors (you have seen small excerpts from interactions with two doctors). During the interactions, many issues emerged and different ones were prioritised by different doctors.

1. Listen to this junior registrar talking about her approach to the assessment stage.
   Consider Marlina’s case in light of what the doctor says.

2. Discuss the following questions with your group/class.
   - The registrar talks about ‘two aspects’ to sickness, one subjective and one objective. What do you think she means by this? Do you agree with her view of ‘the job’? Can you apply this to Marlina’s case?
   - She says that the same condition may have different impacts and be interpreted differently by two different people. Do you have an experience of this? What effect did this have on communication about the condition and on the relationship between you/the clinician and the patient? Refer to the communication strategies table in your discussion.

3. Reflect on an assessment (history-taking) stage you have recently carried out. Think about the information the patient gave you and how you elicited it. Refer to the communication strategies table and identify the strategies you remember using.
   - Which strategies do you think you employed? Were they effective?
   - Were there any strategies that would have been inappropriate in this instance? Why?

Make notes on this experience and discuss it with your class.