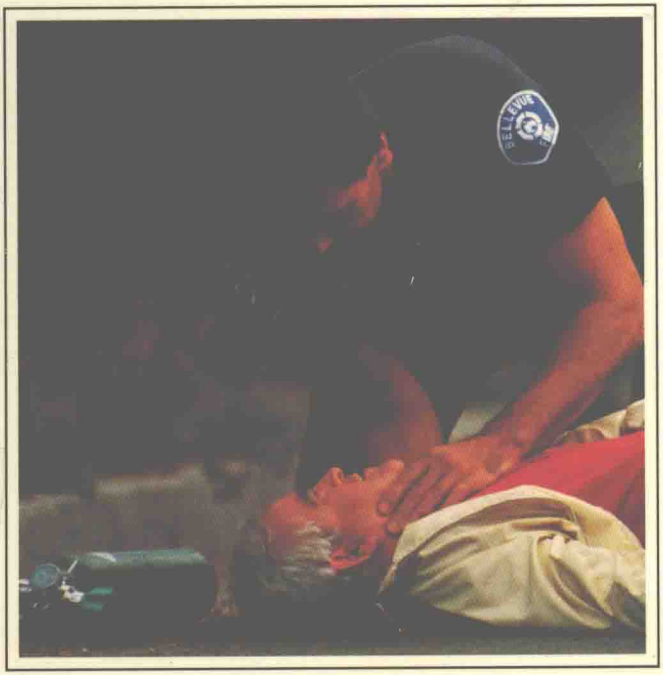
BRADY

# PATIENT COMMUNICATION

## FOR FIRST RESPONDERS AND EMS PERSONNEL

THE FIRST HOUR OF TRAUMA



DONALD TRENT JACOBS

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# Patient Communication for First Responders and EMS Personnel:

## The First Hour of Trauma

**Donald Trent Jacobs**

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# Patient Communication for First Responders and EMS Personnel

This textbook is dedicated to those who stand ready to apply their utmost resources toward the rescue of another life.

# About the Author

Dr. Jacobs earned his doctorate in Health Psychology while working as a fire fighter and emergency medical technician (EMT). After earning his degree, he continued as a professional prehospital care provider for almost a decade before beginning a private hypnotherapy practice in Novato, California. During this time he field-tested the approaches to patient communication presented in this text.

Dr. Jacobs has also personally experimented with the techniques relating to the mind-body connection. He has walked on fire, undergone abdominal surgery without anesthesia, survived remote wilderness catastrophes, and has calmed wild horses.

Dr. Jacobs is the author of seven other books, including a book on physical fitness and stress management for fire fighters. He currently resides on a ranch in northern California with his wife and daughter.

# Foreword

I have known Donald Jacobs for many years and am delighted that he has put together in very readable form the summation of his experience with burned, hemorrhaging, traumatized, and frightened people.

His knowledge about the semantics of communication with conscious and unconscious people in crises comes from firsthand experience on the scene and careful research into the behavior characteristics of frightened people in altered states of consciousness.

He has observed the remarkable resources available to traumatized people when their medical attendants know how to activate these resources. He has seen wounded people stop hemorrhaging, turn off pain, and accelerate their healing potential in response to words that are honestly and caringly offered by those who are first on the scene.

All of us need to study the messages contained here and to practice with Dr. Jacobs's art. Any of us may, at any moment, be confronted with catastrophic life situations where the knowledge we have absorbed here may save lives. As he points out in his final chapter, our planet is facing grave dangers from the careless actions of its human inhabitants. We must think, act, and speak appropriately *now*. This book is timely in a world of catastrophic events. It should be in every person's library and should be studied carefully by all of us.

DAVID B. CHEEK, M.D., FACS, FACOG
*Santa Barbara, California*
September 28, 1989

# Preface

Most texts on emergency medical care briefly mention the importance of calming and reassuring the patient and of using proper words and manner of speech when rendering first aid. For example, in *Emergency Care and Transportation of the Sick and Injured* by the American Academy of Orthopaedic Surgeons, the authors state the following:

> This means being extremely careful about what is said at the scene. During periods of great stress, words that seem immaterial or are uttered in jest might become fixed in the patient's mind and cause untold harm. Conversation at the scene must be appropriate.

But what *is* "appropriate" conversation? Why do words have such power? What potential is there for the *positive* influence of words? How can we learn to project calmness and reassurance in the face of frightening events and life-threatening injuries or illness? In

short, what is the most effective way to communicate with a person in trauma?

*Patient Communication for First Responders and EMS Personnel: The First Hour of Trauma* answers these questions and presents communication strategies that can tap the inner resources of a patient. It is based on research that continues to show that certain kinds of verbal and nonverbal communication with people in stress can influence virtually every nervous system function and its result—from bleeding and blood pressure to inflammation and immune response. It is also based on evidence indicating that proper communication can increase the effectiveness of standard medical treatment.

This book presents guidelines, strategies, and techniques that can be used in the field, not only to prevent "untold harm," but also to enhance a patient's natural survival and healing capabilities. It is targeted for professional and volunteer medical emergency personnel, but it can easily be used by anyone who might find themselves attending a sick, injured, or frightened person. With this audience in mind, the terms *first responder, rescuer, first-aider, EMT, paramedic,* and so on, will be used throughout the text and should be considered interchangeable. (Professional dispatchers who must speak with frightened reporting parties on the telephone will also benefit from this book.)

*Patient Communication for First Responders and EMS Personnel: The First Hour of Trauma* might be described as a first aid book that is more concerned with the perceptions of the patient than with those of the rescuer. It thus expands the boundaries of primary care so that anyone can learn to take immediate advantage of the mind-body connection that is rapidly becoming the focus of interest in science and medicine.

Research tells us that, to the extent our thoughts, beliefs, and attitudes are negative, we send messages to every part of our body that discourage optimal functioning. To the extent that they are positive, we send messages that encourage survival and health. When we are frightened, confused, or seriously injured or ill, our thoughts are often dependent on what is told to us by confident voices. When these voices know how to direct positive responses, they can be life saving, especially when the communication occurs within the first hour post trauma, before stressful reactions become more deeply rooted.*

*When negative emotions and inappropriate interpretations become deeply rooted in a medical emergency patient, they can remain self-defeating for many years, even after physical recovery. Many posttrauma stress disorders have been traced back to less than optimal communication at the emergency scene. Thus, proper communication cannot only enhance recovery immediately after trauma, it can also prevent future anxiety syndromes. This is especially true for young people.

This text will help you become that confident, knowing voice. Note: It is important to be aware that the communication strategies described in this book are an adjunct to standard emergency medical care. They will not replace and should not interrupt such care.

# Acknowledgments

My sincere appreciation to the following people.

To the paramedics and fire fighters who first tolerated, then supported, my work in the field, including Frank Neer, David Carr, and Jack McBurt.

To the physicians and psychologists who broke tradition and inspired me to share this information with first responders, including David Cheek, M.D.; Rashiha Jama, Ph.D.; Dabney Ewin, M.D.; Gerald Kaplan, M.D.; Lee Balance, M.D.; Tom Stern, M.D.; Helmet Relinger, M.D.; Jessie Miller, Ph.D.; Thomas Elmendorf, M.D.; Larry Moore, Ph.D.; M. Erik Wright, M.D., Ph.D.; and Beatrice Wright, Ph.D.

To the many pioneering researchers whose work encouraged me to see the value of the mind-body connection in the emergency field, especially to David Cheek, M.D.; Dabney Ewin, M.D.; M. Erik

Wright, M.D., Ph.D; Irving Oyle, M.D.; Gil Boyne; and Norman Cousins.

To the editors who published my articles on this subject; to Claire Merrick, whose belief made this book possible; and to Kate Templeton, who dared to edit my rough draft and type the final manuscript.

And, finally, to my wife Beatrice, whose confidence in me has nurtured my own positive images.

# Epigraph

This material presents both an opportunity and a challenge to all prehospital care personnel. The opportunity is to develop patient communication at a level previously unknown, a level that may enhance positive and possibly lifesaving physiological responses.

The challenge is to break through the barriers of bias, preconception, and mind-set that deter objective evaluation.

THOMAS ELMENDORF, M.D.
*Past President*
*California Medical Association*

# Introduction

## ORIENTATION

When you communicate with a person in trauma, your words touch the tip of an iceberg. Beneath the surface numerous associations and responses can be set in motion. Often these occur at the unconscious (subconscious) level. When they do, every word, phrase, sentence, pause, voice inflection and gesture can initiate automatic psychophysiologic effects.

As was mentioned in the preface, this sensitive receptivity to words and gestures is most acute during the first hour post trauma. If after this amount of time external communication is not received, people in trauma begin to rely on their own internal communication. Using past experience or learned associations, patients begin to interpret their predicament and respond to it accordingly. During the first hour or so, however, it appears that injured, frightened or confused people focus their entire attention on trying to understand the

situation by waiting for appropriate directions. This may be why people tend to freeze during surprising or sudden emergencies until someone finally shouts, "Don't just stand there, call a doctor!"

Unfortunately, the past associations of most people are not optimal for coping with medical emergencies. Instead, they create added stress. It is generally agreed that mental stress contributes significantly to the majority of medical problems. Medical emergencies are no exception. Stress impairs the immune system and weakens organs and glands.* When combined with physical injury, it impedes recovery.

The art of effective communication with persons in trauma thus relates to using words and gestures to minimize negative stress and maximize healing processes that can occur at multiple levels of consciousness. This requires speaking the language of the unconscious mind as well as that of the conscious or analytical mind.

It is the working assumption of this text that the language of the unconscious mind pertains to the concept of "imagery." Beneath the tip of the iceberg that represents our simple, objective language, words trigger associations that form images within the mind. Research shows that such images can direct nervous system functions that are usually considered involuntary.

Imagery, in this context, is not necessarily defined as vivid pictures in the mind's eye. Rather, imagery describes those internal perceptions that may involve all of our senses. Like dreams, images can be simple and clear, or they can be complicated and vague. In either case, the chapters that follow are intended to help you understand and utilize those communication strategies that evoke possible life saving images in the patient. To help you remember the fundamental aspects of such strategies, the mnemonic **C R E D I B L E** (representing the words **C**onfidence, **R**apport, **E**xpectation, **D**irectives, **I**mages, **B**elievability, **L**iteralness, and **E**nthusiasm) is presented. The chapters of the book follow the guidelines represented by this mnemonic.

Part I teaches ways to increase the believability of what you say to the patient. Chapter 1 offers information that illustrates the effectiveness of this kind of communication. Chapter 2 teaches you how to project **C**onfidence at the emergency scene. Chapter 3 shows you how to gain and maintain proper **R**apport with the person in trauma.

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*The biological stress response was designed to prevent injury by mobilizing fight or flight capabilities. For example, immune and digestive systems are shut down. Blood pressure is increased. After the injury, when the danger of further trauma is passed, this response is no longer helpful. Psychological concerns, however, are nonetheless interpretted by the nervous system as another physical threat requiring fight or flight.

Chapter 4 describes how to build the patient's **E**xpectations for a positive, hopeful future.

Part II offers guidelines for giving the emergency patient **D**irectives that can tap his or her own powerful coping abilities. Chapter 5 begins teaching specific guidelines for such communication. Chapters 6 through 9 use the C R E D I B L E mnemonic's suffix (**I**mages, **B**elievability, **L**iteralness, and **E**nthusiasm) to present basic rules and illustrations that will help assure that directives to the patient will be successful. Chapters 10 through 17 discuss particular emergency situations and offer phrasing examples that use the techniques described in earlier chapters. (The examples are based on actual case studies where they were used effectively. It is suggested that they be memorized, then modified to suit unique situations and communication styles.) Chapter 18 gives information on the use of *self talk* and belief systems that can help you survive a personal trauma. Finally, Chapter 19 tells how the same principles of language and thoughts that can dramatically influence human biology can contribute to the saving of the planet.

## LEGAL AND ETHICAL CONSIDERATIONS

Consider this hypothetical situation. Two paramedics respond to an emergency call for help. When they arrive on the scene they find a thirty-two-year-old female complaining of nausea and acute back pain. She states that she has been passing blood in her urine for several hours. The paramedics follow standard care protocols and proceed to transport the patient to the hospital in the ambulance. Riding in the back of the ambulance with the patient along with one of the paramedics is the woman's five-year-old daughter.

On the way to the hospital, the patient's vital signs begin to diminish. Seriously concerned and emotionally distraught by the tears of the little girl, the paramedic in the back says to the paramedic who is driving, "Hurry up John, she won't make it if we don't get there soon."

The woman is dead on arrival and CPR efforts are unsuccessful. Shortly after, the woman's husband learns from his daughter that one of the paramedics said, "she won't make it." He sues the county the paramedics work for, claiming that the paramedic's words were responsible for his wife giving up hope.

Is the county or the paramedic liable for negligence? Of course, we can only guess what the verdict would be. There is, however, a real possibility that the paramedic's words may have had an influence on the patient's survival. As mentioned earlier, the Academy of