

# Preface

This book presents the findings of our research on communication in hospital emergency departments. Our project was conceived in response to the increasing realisation of the central role of communication in effective healthcare delivery, particularly in high stress contexts such as emergency departments (EDs). We present here a detailed picture of the critical importance of communication in the delivery of effective and patient-centred care, and a detailed analysis of the way in which communication occurs and, at times, fails. Failures in communication have consistently been identified as a major cause of critical incidents, that is, adverse events leading to avoidable patient harm. Due to the complex, high stress, unpredictable and dynamic work of EDs, these healthcare environments pose particular challenges for effective communication.

Over a 3-year period, the emergency communication project investigated communication between patients and clinicians<sup>1</sup> (doctors, nurses and allied health professionals) in five representative emergency departments. Combining qualitative ethnographic analysis of the social practices of each ED with discourse analysis of the spoken interactions between clinicians and patients, this project describes the communicative complexity and intensity of work in the ED and, against this backdrop, identifies the features of successful and unsuccessful patient–clinician interactions.

In conducting this research, a team of seven researchers with disciplinary backgrounds in applied linguistics and health sciences spent over 1093.5 h inside the

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<sup>1</sup> Where possible we use the terms ‘nurse’ or ‘doctor’ or ‘social worker’ when it is clear from the context who we are talking about. At other times, this book uses the word ‘clinician’ to refer inclusively to doctors, nurses, social workers and all the other healthcare professionals/practitioners working in ED. We use the broader term for brevity and simplicity. When referring to a ‘junior doctor’, we are referring to an intern (JMO, junior medical officer) or resident medical officer (RMO). The term ‘registrar’ refers to a doctor who is in specialist vocational training. The terms consultant, staff specialist and emergency physician refer to senior medical practitioners with specialist qualifications (e.g. in oncology, neurology, emergency medicine, etc.).

five EDs. Of these hours, 242.75 were spent directly observing ED practices. Eighty-two patient trajectories through the ED were audio recorded and critically analysed, from the patients' first presentations in the ED to the point when a decision was made about their admission, discharge or referral elsewhere. The audio recordings consist of 629,436 words of patient–clinician interactions: affording rich and relevant insights into the links between the overall patient experience and communication practices and breakdowns in the ED. The medical records of each participating patient were also examined and follow-up interviews were conducted with participating patients and staff. In addition, the research team interviewed, and conducted focus groups with, 150 ED staff including administrative staff, nurses and medical practitioners and allied health workers—exploring how these frontline staff perceived the role of, and what they identified as potential barriers to effective, communication within their work. The extensive data collection and the detailed analyses make this one of the most comprehensive studies internationally on clinician–patient communication in hospitals.

The communicative challenges and risks in EDs arise directly from the unique contextual demands of the ED environment. As such, while the focus of this work is on communication, this is integrated with detailed descriptions of the environment, observations, staffing, teamwork and networks of the ED as a means of setting the context for communication encounters.

Communication (whether spoken, gestured, written or electronic) underpins ED practice. From handovers to taking blood, to giving medications, to talking to patients, to listening to colleagues, to reading computer screens, to doing resuscitations—clinicians engage in speaking, listening, reading and writing on a continual basis. The ways the communicative, social and clinical practices work together in the complex context of the ED define the overall quality of the experience for patients and the ultimate work satisfaction of clinicians.

We therefore begin our account of the communication demands by a detailed description of the context of EDs. These contextual factors impact directly on the quality of communication in the ED and pose a series of communicative risks, where information can be lost and patient safety compromised. By presenting a series of vignettes and case studies, we demonstrate the complex communicative networks that exist and illustrate key risk moments within the ED consultation. We then present our analysis of the communication patterns and conventions we observed and recorded: identifying features of effective and ineffective communication.

Our analysis of how clinicians and patients spoke, listened and responded to each other in ED interactions shows that two broad areas of communication have an impact on the quality of the patient journey through the ED:

1. How medical knowledge is communicated.
2. How clinician–patient relationships are established and developed.

We argue that in order to improve the effectiveness of the medical care delivered, clinicians must find more accessible and empathetic ways to communicate medical information and they must establish a more individual, 'human' connection with patients.

In presenting a series of case studies and clear and comparative language examples, we demonstrate how effective patient-centred communication can be achieved within the emergency healthcare context. Drawing on authentic examples of communication patterns within the ED, this book delivers comprehensive communication strategies for the healthcare professional that can be readily imported and integrated into everyday practice.

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