An emergency department (ED) provider has an average of 42 communication events per hour. Communication is important for patient safety and satisfaction, ensuring patient’s wishes are honored, and positive communication may enhance provider satisfaction. There tends however to be more emphasis on efficiency than patient-provider relationships in the ED. Communication is more often an exchange of information to meet the needs of the provider. Currently, a workshop is available to train ED providers to teach communication skills (EPEC™-EM). While there is robust literature on the value of palliative care in the ED, teaching skills such as having difficult conversations is not standard or present in many training programs. Our program does a yearly session with residents to explore patient-provider communication predominantly utilizing role-playing. The goals of this workshop are to create an experience that utilizes various teaching methods to emphasize the importance of communication, enhance the comfort level of providers with difficult conversations, and improve communication skills.

Methods

- Participants will fill out a pre and post survey to share their beliefs of the importance of communication, their perceptions of their own skills, and their comfort level with difficult conversations.
- Value of communication is explored in a didactic session on how communication effects patients and providers, reviewing comments from ED patients, and participants reflecting on and sharing their own experiences receiving bad news. Two similar actual cases that went very differently as a result of the communication will be explored.
- Skills are taught through discussion of the elements of communication and learning a framework for having difficult conversations. Group and pair exercises and video review will allow the participants to observe and practice these skills.
- Comfort will be fostered through role-playing and discussing approaches to difficult conversations.

What Can We Learn From Patient Comments?*

“I didn’t feel empathy from the medical professionals.”

“I did not leave knowing what the diagnosis was. The doctor didn’t go over the tests results with me.”

“The resident was a little too blasé about the possibility that I might have bladder cancer.”

“We were left alone for hours between someone checking on me. No communication about what was going on.”

“Felt rushed and lack of empathy.”

“I waited for hours to see the doctor... He finally came back in and said he forgot about me!”

*Retrieved from Froedtert Hospital ED Press Ganey Scores 2018-2019

References