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Interactions in the ED: Training for Proper Care of Patients with a Disability

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Introduction

Problem
- Patients with disabilities bring an extra level of complication to an emergency department (ED) visit, and there is little knowledge given to staff to proficiently treat these patients.

Importance
- Emergency department staff feel ill-prepared to provide care to those with intellectual disabilities when the ED is used due to a lack of knowledge on all specific disabilities they encounter.¹
- Interviews of children with autism and their parents identified issues that negatively affected care experiences, including communication issues and lack of autism knowledge by staff.²
- Patients with disabilities have had increasingly negative experiences in the ED.³

Main Questions
- Where is the disconnect between patients with disabilities (and their caregivers) and ED staff occurring and what are the needs to correct it?
- How can ED staff use values-based patient care experiences, including communication issues and lack of autism knowledge by staff?
- Patients with disabilities have had increasingly negative experiences in the ED.

Methods

Emergency Department Staff Survey
- Created 10-question survey including questions on:
  - Comfort with various disabilities
  - Opinion on usefulness of training
  - Known resources for patients with disabilities
- Distributed survey email to ED staff May 26, 2016
- Sent two follow-up emails (June 15, July 17) with end date of July 22

Caregiver Interviews of Children with Autism
- Interviewed six caregivers of children aged 16-24 with autism
- Created a semi-structured interview guide
- Transcribed recordings of interviews and separated into positive and negative experiences

Results

ED Staff Survey Results

Responses: 128
- 60 nurses, 27 physicians, 11 residents, 2 APCs, 28 other/did not respond
- 39 males, 83 females, 6 did not respond
- Ages from 21 to > 45 years old
- 99.22% of respondents have interacted with a patient with a disability in the past

Positive Experiences in the ED
- Patience with child and willingness to repeatedly explain the situation
- Honesty in what the situation/test will be like (i.e. no “sugar-coating” the pain or other associated symptoms)
- Speaking to the patient directly, not passing the situation off to the caregiver

Negative Experiences in the ED
- “Pushing pills” even when the parent was not comfortable with it
- Separation of the child for 45 minutes and placement in an adult emergency psychiatric department room
- Dismissing the caregiver’s concerns and comments about the issue
- Lack of sensitivity to patient needs

Caregiver Interview Results

I would like to thank the following people/organizations for assistance with this project:
Dr. Sweety Jain, Dr. Bryan Kane, Arch of the Lehigh Valley, Lehigh Valley Health Network Emergency Departments, Melanie Johnson, Trieste Kennedy, Ellen Hunt, and the Lehigh Valley Center for Independent Living.

Conclusions/Future Directions

Identified Issues in the ED
- Sub-par knowledge of needs of children with autism when in the ED
- Poor communication between ED staff and primary care provider when patient with a disability is admitted Separation of patient from caregiver, especially in the case of children with disabilities
- Missed acknowledgement of disability diagnosis when reviewing patient chart
- Unfamiliarity of proper interaction procedures for different disabilities
- Little familiarity with resources for patients with disabilities

Proposed Improvements
- Make entertainment devices for children with disabilities during caregiver admission to the ED available (i.e. iPad, coloring books, etc.)
- Create/conduct a short, 3 hour training for all current and incoming ED staff, to include:
  - Practice scenarios
  - Processing procedures for disabilities
  - Children and adult interaction differences
  - Rights of patients with disabilities
  - Communication tips/skills
- Compile a comprehensive and dynamic list of resources to use when interacting with patients with different disabilities

Literature Cited