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 properly 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 care to better improve experiences of and interactions with individuals with disabilities?

Methods

Emergency Department Staff Survey
- Created 10 question survey including questions on:
  - Comfort with various disabilities
  - Opinion on usefulness of training
  - Knowledge of local resources for patients with disabilities
  - Comfort with various disabilities
- Distributed survey email to ED staff May 26, 2016
- May 26-June 8, 2016

Caregiver Interviews with Children with Autism
- Interviewed six caregivers of children aged 16-24 with autism
- Created a semi-structured interview guide
- Experiences in the Emergency Room
- Ideas on improving interactions
- Scheduled/Conducted interviews May 26-June 8
- Transcribed recordings of interviews and separated positive and negative experiences

ED Staff Survey Results

Responses: 128
- 60 nurses, 27 physicians, 11 residents, 2 APCs, 25 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

How comfortable are you taking care of patients with different disabilities (1 being not comfortable at all and 5 being extremely comfortable)?

Would a short training make you more comfortable interacting with patients with disabilities?

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 ignoring them and speaking 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 lack of communication
- Lack of sensitivity to patient needs

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