

# Changing the Narrative in the Healthcare Workplace

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## BE THE DIFFERENCE.

### Purpose & Goals

Report writing in EMS education is **not evidence driven**, unlike other areas of training. Both the curriculum of teaching report writing to healthcare providers and the reports themselves are often described as **“living in anecdote land,”** because the format of the narratives is not standardized, leading the writers and educators alike to rely heavily on their own experiences and not be informed by research.

The initial findings of this study support the idea that prehospital report writing contains too many gaps, and readers need to **supplement with hypotheticals** to capture all of the narrative. This study examines prehospital report writing and what different professions in the healthcare field view as necessary to have in reports for proper continuation of care.

### Research Question

What do report readers look for in prehospital reports **to be convinced** that the report is **effective, persuasive,** and will help facilitate further patient care?

### Significance

In prehospital settings, the **patient narrative is not emphasized** in research and education despite its importance (Angeli; Seawright). A recent piece in *Annals of Internal Medicine* calls for healthcare providers to **“restore the story”** in medical records (Gantzer, Block, Hobgood, and Tufte). An often overlooked rich synthesis of decision making, the patient narrative is a **vital component** of the patient care continuum.

The results of this study will lead to advocacy for an improved, **evidence-based writing** curriculum for healthcare providers.

### Research Methods

**Twelve interviews** were conducted with participants of various healthcare professions, where they were **asked to read three real prehospital care reports** and comment on what they thought the reports did well and what they were missing.

Transcripts of the interviews were coded using NVIVO and grounded theory by **three independent raters. Four coding categories emerged:**

- **Scene details** (elements outside and around the patient)
- **Patient details** (observations and assessments of patient)
- **Care details** (interventions and movement of patient)
- **Report credibility** (measurements of quality of information presented by report writer)

### Participants Included

- Three medical directors
- Trauma nurse
- Medical examiner
- Prosecutor
- City attorney
- Billing specialist
- Organ procurement specialist
- Emergency department director
- Emergency Medical Services coordinator
- Critical care aeromedical physicians

“The other thing that's really important for EMS is as much as you put about the mechanism of injury, it's important to us because you're our **eyes and ears** out there ... anything you tell us about even the damage to the vehicle or ... We really do listen to those things and they're important to us, or how fast they were going, all those things”

- **Trauma Nurse**

### Next Steps

- The interrater reliability (Cohen's Kappa) will be calculated between the three raters for all four of the codes to find the agreement of what aspects of the report the participants acknowledged the most
- Disagreement in the coding will be considered to find reasons for multiple codes or ambiguity in the meaning

### Initial Findings

Overall, **report readers expect:**

- to **have enough detail** in the report
- to find the **justification** of the provider's actions
- to have full **clarity** of the situation

The twelve interviews indicate there is a consensus that typical prehospital care reports lack the information that is needed to effectively facilitate further patient care.

The interviews of the medical directors and trauma nurse seem to have the clearest instructions on how to improve patient care reports and what exactly they are expecting to find when reading.

### Takeaways

- There are multiple aspects that go into an effective patient care report
- Qualitative research can present challenges of rater bias, but still provides valuable insight on real life events
- EMS report writing is understudied and not standardized

“I think you should use that narrative part and assessment part to **paint a picture** and tell a story. So that someone who reads that report or that history can clearly... it forms a picture in their mind of the patient and what's happening”

- **Medical Director**