Learning to communicate. The experience of an Italian emergency department

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Dear Editor,

In his essay "Considerations on Tasso," published in 1793, Galileo Galilei described Tasso as a man poor in concepts and lacking in knowledge, who resorted to literary subterfuges and "abstruse" literary techniques, thereby emphasizing the significance and centrality of knowledge and comprehension as integral components of communication.[1] Although Galileo Galilei made his comments 230 years ago, we can still learn from them as we consider the importance of communication and the challenges of developing a trustworthy doctor-patient relationship. Paragraph 8 of Article 1 of the Italian Law 219/2017 (2) states that "*The time of communication between doctor and patient constitutes a time of care*". We fully agree, yet we do not believe that communicative and relationship problems in healthcare are simply related to time constraints. Indeed, the lack of guidance, orientation, and support for healthcare professionals in the delicate and crucial process of the doctor-patient relationship should also be addressed. To the majority of healthcare workers, knowing how to be and how to communicate with a patient and/or his/her family in the critical and complex situation of an emergency is still an obscure subject. Specific education in this field is usually undergone only by the few who gain awareness — often after experiencing recurrent emotional burnouts — that effective communication is one of their major professional responsibilities. The Italian School of Medicine curriculum does not include communication tutorials, and this occurs only in a few cases in the Bachelor of Science in Nursing. This conveys the message, "I teach you the most important things you need to heal and care. Since I do not teach you effective communication and positive relationships, you should not consider these among the essential tools you need to have in your toolbox". Navigating without a compass is risky. Caring without the right words is equally so. As a consequence of this articulate premise, the emergency department of our hospital felt the need to address and improve communication skills at the end of life, not only from a theoretical point of view but also from an experiential, practical, and emotional one. To do this, we asked that the Palliative Care Unit lead a training intervention for the medical and nursing staff of the emergency department. "Difficult Communication in the Emergency Room. Communication and relational skills at the end of life" was the name of the training course, which was articulated in modules of increasing complexity to allow for the practitioners' progressive emotional and practical engagement. The first part of the course covered a broad theoretical framework on effective communication in healthcare, such as what bad news is, how it is delivered, and what effects it has; what the most common communication barriers are; how to deal with our counterpart's emotional expression; and which possible effective communication methods are available. Through the viewing and analysis of movie sequences, a classroom debate on the communicative and relational effectiveness of the actors was made possible based on what was learned at the theoretical level. The second part of the course was entirely focused on simulations, which were carried out thanks to the participation of a professional actor, who alternately portrayed patients and/or family members in the emergency department based on scripts created in collaboration with the psychologist. The trainees (doctors and nurses) enrolled in the simulated exercise were asked to put what they had learned during the training course into practice to handle communication and relationships functionally and successfully. Each skit, which lasted approximately 5 minutes, was then discussed with the psychologist, who discussed the critical points, mistakes, successful communication techniques, and emotions. The role of the actor was undeniably important, not only during the simulation but also during the subsequent discussion and analysis phase. His feedback on emotional experiences, feelings, difficulties communicating and relating with his interlocutor, and perceptions of being listened to and understood were extremely valuable. This course was followed by other educational initiatives, including clinical case discussion meetings on the topics of appropriateness and proportionality, ethics, communication, and relationship errors. The efficacy of this training modality cannot be demonstrated through scientific data and statistical formulas, but we cherish the words of a young, previously doubtful nurse who said: "You know, I thought it was the usual compulsory training... instead, it was hard, it was real, and it was revealing. I am now aware of what I did not know and what I still need to learn. It is only the beginning". Certainly, Galileo Galilei would approve.

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Contributions: the authors equally contributed to the manuscript, approved the final version, and stated the integrity of the whole work.

Conflict of interest: the authors declare no potential conflict of interest, and all authors confirm accuracy.

Received: 15 May 2023.
Accepted: 21 July 2023.
Early access publication 31 July 2023.

Emergency Care Journal 2023; 19:11466
doi:10.4081/ecj.2023.11466

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