CALLER MANAGEMENT TECHNIQUES

Emergency Medical Dispatch
Continuing Education 2020
Upon completion of this lesson the EMD will…

- Understand how to manage a hysterical caller
- Understand the importance of controlling the call
- Understand the importance of avoiding gaps in questioning
- Be aware of phenomenon that lead to caller Hysteria
As nice as it would seem at times, when presented with a challenging caller, we cannot just hang up after collecting dispatch information.

- This was an acceptable practice in the past
- The use of a Medical Priority Dispatch System (MPDS) does not allow for simply hanging up on a hysterical caller
- Proper use of Caller Management techniques will help to calm the caller and make it possible to continue questioning and possibly life saving dispatch life support
Callers may have varying styles of “crying out for help”
- Hysteria should be viewed as a cry for help
  - Fright
  - Anger
  - Obscenity

Though difficult to deal with and very distracting, the EMD should interpret these actions as the caller stating “Please Help Me”
A professional EMD has the knowledge and tools to respond to “cries for help” despite the following:

| Caller Behavior | The caller’s ability to describe the problem | Fears or doubts that the caller might have regarding the effectiveness of EMS in general or in their particular situation. |

Behaviors can seem random however, most often a caller’s actions can actually fit a pattern. There are certain predictable events that experienced by callers. Understanding these events one of the keys to dealing with the reactions or behavior of a caller.
CALLER HYSTERIA

Hysterical threshold and repetitive persistence

Are callers truly too excited to help the EMD gather critical information

Studies show that only 4% of callers are truly hysterical.

It is important to:

Exercise patience
Be familiar with and use the tools and techniques at your disposal
Hysteria can be frustrating. But for the EMD…

Hysteria is a source of fascination
- Only by studying it can we learn how to cope with it

“Knowing how to control people who cannot control themselves is part of the artistry of EMD” (Clawson pg 5.2)
What is Hysteria?

- Hysteria is a state of tension or excitement in which there is temporary loss of control over actions and emotions.

What causes it

- It can stem from exaggerated sensory impressions.
- A medical emergency is often one of the most vivid and frightening experiences for people.

A common incorrect assumption is that hysteria is uncontrollable.
CALLER HYSTERIA

The EMD’s challenge
• Help the caller regain enough self control to bring about the most promising patient outcome

How do we do this
• It starts with not hanging up the phone!
• If we hang up all is lost. It is impossible to assist an individual that we have just hung up on.

Don’t take it personal
• It is human nature to want to avoid unpleasant situations.
• These situations are often more unpleasant for the caller than they could ever be for the EMD. Don’t add to the caller’s stress by viewing their hysteria as a direct personal attack.
<table>
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<tr>
<th><strong>Why is it important to gain control of the hysterical caller?</strong></th>
<th><strong>We get the answers we need to provide the most adequate priority response</strong></th>
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<td><strong>It allows us to coach the caller into providing appropriate PDIs and PAIs</strong></td>
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<td><strong>It helps improve the confidence and self-esteem of the EMD when they can see the positive effect their efforts can have on the caller and the incident outcome</strong></td>
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Calm but firm
• It is important to remain CALM, but maintaining a firm demeanor is also important in gaining control of the call.

Repetitive Persistence
• The caller may disregard the EMD’s initial instructions to calm down
• Repeating identical phrasing over and over again is very effective in regaining the caller’s cooperation.

People in emotional distress will routinely yield to Repetitive Persistence
CALLER HYSTERIA

Hysteria Threshold

The EMD’s natural dislike for hysterical callers often prevents them from breaking thorough Hysteria Threshold.

Hysteria renders callers useless in carrying out the life saving instructions that EMDs are capable of providing.

The key is getting the caller on the right side of the Hysteria Threshold.

Using the techniques described, the appropriate threshold is almost always reached.
The caller needs to realize two things to overcome his/her hysteria:

- Their hysterical behavior is inappropriate and of no help to the patient.
- It is possible for their behavior to be changed.

See the call transcription on the next slide for an example of repetitive persistance.
Here is a great example of repetitive persistence in action.

Note how the Medic repeats the phase almost exactly to calm the caller.

This technique is proven to effectively calm a hysterical caller.
The five rules for applying repetitive persistence:

1. Combine the command with a reason
   • A foundation of adult learning
2. Impart the message with a positive tone
3. Use the caller’s name
4. Do not alter the wording
   • Repeating the phrase verbatim will have the greatest effect
5. Never use an offensive command
   • Offensive phrasing such as “shut up” or “just calm down!” will actually be very counterproductive in calming emotional callers
THE “BRING THE PATIENT TO THE PHONE” PHENOMENON

This happens approximately 50% of the time when an approved protocol system is not used

• Unscripted pre-arrival instructions lead to confusion. Without the proper instruction in the initial phases of the call, the caller is forced to make decisions on their own leading to an un-organized and non-productive interaction.

• Early on in second party calls. Instructions are given to get the phone as close to the patient as possible

• This also helps the EMD know where the patient is, helping paint a clearer picture of the in
Even after control of the call is attained, the caller may cross back over the hysteria threshold.

- This occurs when the caller is reminded of the patient’s distressing state.

Regaining control is typically much easier than it was the first time provided that the EMD stays calm and reassuring.

The re-freak event is triggered by 3 predictable points:

1. The caller may re-freak when re-united with the patient after following instructions to get the phone close to the patient.
2. The call may re-freak upon verification of the patient’s vital signs (breathing and pulse).
3. The caller may re-freak when a friend or relative arrives and sees the patient.
THE “NOTHINGS WORKING” PHENOMENON

Occurs when the caller has done all the right things, and the patient is not improving.

• People tend to have a cinematic perception that things will quickly return to normal once aid is rendered
• During initial resuscitation, callers often state “nothings working” in frustration
• This often leads to and emotional break much similar to a re-freak event
If the patient is revived or resuscitated, the patient may often be overwhelmed by emotion. Whether it be from guilt, remorse, relief, fear of what could have happened or a combination of all, the resulting event is much like a re-freak event. This is the caller vent some of the built-up emotion that was contained during the incident. While some emotional release is insignificant, it is important not to let the caller lose focus.
The seconds between the onset of a crisis and the arrival of the first responders can seem like an eternity.

This can be distracting as the callers may interrupt EMD efforts to ask “are the paramedics coming” this cannot only delay important pre arrival instructions, but it can cause the EMD to loose focus.

Reassure the caller, avoid dispatcher jargon… speak in plain language that the lay person will understand. Use phrases such as “they are on their way” and “they are enroute” or “they have been dispatched”.

THE “PARAMEDICS AREN’T COMING” NOTION
THE GAP THEORY

Addresses the reasons why callers insert demands and uncooperative statements into interrogations and phone directed advice.

Allowed to happen by undisciplined dispatchers

Actually caused many of the negative events discussed due to the extended gaps in questioning
Leads to caller anxiety
Seem much longer than they actually are
THE GAP THEORY

These gaps, which are filled by the caller, generally happen when the dispatcher pauses for the following reasons:

1. Inventing questions during ad-lib interrogations
2. To mentally format sentences when inappropriately paraphrasing interrogation questions
3. To decide on the next question or treatment phase in a guidelines-based process
4. Losing direction. Difficult to follow protocols
5. Lack of practice or familiarity with protocol system
Once the caller has been given the opportunity to control the call, it becomes very difficult for the EMD to regain control.

the caller will continue to insert statements or questions as the EMD attempts to regain control of the call

“Don’t ask all these stupid questions”
“Just send the paramedics”
“When is the ambulance going to be here”
Successful application of caller management techniques

Remain firm an in charge

Remain in control of your own emotions

Avoid taking hurtful comments personally

Losing control of your emotions only slows the process and ultimately delays care. Stay in control of the call and YOURSELF.
Tone of voice is an extremely important factor and can be difficult to control. Avoid broadcasting opinions about the caller or the situation through tone of voice or inappropriate words.

Maintaining a calm empathetic and understanding approach will improve caller cooperation and instill a sense of satisfaction in the EMD.

“While we can’t save everyone, we can help everyone”
To get the right answers, we must ask the right questions.

Gaps in the sequence will cause frustration for both the caller and the EMD.

It is the responsibility of the EMD to set the whole emergency response in the right direction.

Understanding the behaviors of callers under various stressful situations is a large factor in the success of the call.