

EXPERIENCES WITH MANDATORY (SCHOOL) SUBJECT PROFESSIONAL COMMUNICATION AND NONVIOLENT SELF-PROTECTION AT THE MEDICAL COLLEGE IN PRAGUE



Results

We identified three overarching themes in which changes are seen as necessary for the implementation of our groups: conceptual, prevention and perception factors. Conceptual factors include three concepts which are implemented in this problematic: definition of violence, causes and consequences of violence. In section Definition of violence the group with mandatory subjects (G1) described the definition more empathic (this group see the violence like a mutual problem - not only patients but also staff) for patients then group (G2) without subjects. The section Causes of violence included in G1 more stress factors, problematic communication, patients' pain and f.e. fatigue on staff side. The G2 saw causes of violence only in alcohol, drugs, poor communication with drunk and mental health illness people and their uncontrolled emotions. Preventive factors includes Prevention of violence and Resolution of violence. The Section Prevention of violence with patients or colleagues included in G1 interventions which are focused on strategies to better manage violent patients - open questions, supportive communication, listening patients. Very interesting was that all answers of G1 in this section were aimed to the keeping distance and safety line before violent patients or colleagues. The section Perception factors was also very different in answer in both groups of respondents. Respondents from G1 referred a compassion with patients who had to coerce. Also these respondents felt the coercion like an instrument which is necessary for very violent patients and the other tools broken down.

Introduction

The Medical College, Duškova 7, Prague 5, provides bachelor university education in the following non-physician fields of healthcare studies: General Nursing, Midwifery, Radiology Assistant and Paramedic Practice. It seems the violence toward prehospital emergency professionals is an often-neglected topic. There is no complete understanding of the incidence of violence in the Czech Republic, nor are there recommendations for specific professional communities regarding the problem of violence and how to resolve it in prehospital emergency care (Pekara, 2017). On the other hand, we were witness to inappropriate communication from paramedics who seemed to devalue patients and their relatives (Knor, Pekara et al., 2020).

Methods

We did 20 semi-structured in-depth interviews with paramedics two years after their graduation. This group was compared with a matched control group (age, department, level of education and practice experience) who did not attend the communication course. During the qualitative analysis, the data was repeatedly coded, moving from concrete passages to more abstract levels of coding, from codes to categories and finally to three overarching themes. In this study is tested whether the control group would show improved perception and management of violent patients, compared to an intervention group.



Conclusion

We can state in general that respondents who undertook in their bachelor degree a mandatory training are prepared to contact with violently patients more than group without this training. Respondents with mandatory training also expressed high level of compassion with violently patients, this group also considered more about causes of violence not only about violence resolution, they showed high effort on prevention, knowledge in communication techniques, self-protection (keeping distance from violent patients or colleagues) and respect patients space in negotiation.



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