# KEY POINT SUMMARY

## "Let's sit forward": Investigating interprofessional communication, collaboration, professional roles, and physical space at EmergiCare

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### Key Concepts/Context

Due to the fact that emergency department (ED) caregivers are constantly involved in interprofessional, knowledge-intensive conversations, effective modes of communication necessarily play a key role in promoting patient health and safety. Previous studies have explored how the physical environment directly affects modes of communication, and how these two dimensions of the healthcare environment constantly intersect with each other. This study employs a "communication as design" (CAD) approach in order to allow the researchers to examine, theorize, and address communication issues by viewing communicatory phenomena as designed objects in themselves. Through this approach, the physical environment is seen as an embodiment of interprofessional roles and dynamics that can either promote or complicate effective communication.

### Methods

All data were sourced from the EmergiCare ED, which is a Level 1 trauma center and an academic medical center located in an urban environment. One researcher observed 15 shifts in the ED over a period of 8 months, for a total of 70 hours, focusing primarily on nurses and physicians interacting with one another in order to provide patient care. This researcher used Hymes' "SPEAKING" framework to focus on the communication choices made by nurses, patients, and physicians. All data were analyzed according to ethnography of communication (EOC) protocols, which focuses on communicative events and acts and organizes researcher observations with participant reflections. In collaboration with the EmergiCare associate dean of medical education, a communication checklist was created so that physicians could improve their communication with patients.
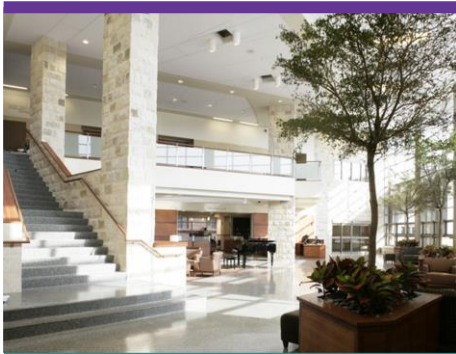
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## Findings

The authors found that the physical layout of the EmergiCare center directly reflected recurring communication patterns among staff and patients: the ED was used largely for diagnosis and medical treatment discussions, the physicians' and nurses' stations were used by nurses for case talk, a multifunctional nurses' station and patient rooms were used for comfort talk, and physicians and nurses often conflagrated together in or around patient rooms, which was seen as a space outside of the explicit domain of either role. The authors suggest that the existing patterns of communication and their relation to the physical space provided by EmergiCare limited the possibility of improvisation in the ED setting.

## Limitations

This study focused on the physical layout and communicative dynamics of just a single ED in order to draw broader implications, thus limiting the generalization of these findings. Additionally, a relatively small group of patients and nurses were observed over the course of this study.

## Design Implications

The theoretical backdrop of this study, along with the subsequent findings, indicates that the physical design of a healthcare environment can either positively or negatively affect professional relationships as well as patient care by either reinforcing or disrupting pre-existing communicatory hierarchies and divisions between individuals. Designers should consider how the placement of nurse or physician stations, patient rooms, and other areas might affect communicatory patterns, and whether or not the location of these spaces positively or negatively affects quality of care.

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