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COMMUNICATION SKILLS FOR PARAMEDICS: ALGORITHMS AND KEY ASPECTS OF IMPLEMENTING THE SPIKES PROTOCOL

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КОМУНІКАТИВНА КОМПЕТЕНТНІСТЬ ПАРАМЕДИКА: АЛГОРИТМИ ТА ОСОБЛИВОСТІ РЕАЛІЗАЦІЇ ПРОТОКОЛУ SPIKES

Abstract. Communicative competence is an important element of the professional activity of any medical worker, including a paramedic, since the level of patient trust, speed of decision-making, compliance with recommendations, and the psychological state of a person in a critical situation depend on the quality of communication. Communication becomes especially important in cases of reporting bad news: the death of a loved one, a serious diagnosis, a disappointing prognosis, or the need for urgent medical intervention. To standardize such communication in global medical practice, the SPIKES protocol is widely used, which helps medical workers conduct complex conversations professionally, ethically, and humanely. The article analyzes the application of paramedical communicative competence with an emphasis on the implementation of the features of the SPIKES algorithm in medical practice, as a protocol for a systematic approach to communication with patients and their relatives when reporting a bad diagnosis or worsening of the patient's health. This approach aims to improve the quality of interaction with the patient, provide emotional support and transfer of information, which is discussed in the study. The article examines the basic principles and stages of the SPIKES protocol and the elements of its implementation in the work of a paramedic, taking into account the psychological aspects of communicating with patients in critical situations and methods for improving the communication skills of a paramedic, which will positively affect the quality of medical care. The results of the study will be effective for professional communication in emergency medical care, where the ability to actively listen, the ability to clearly and understandably explain information, empathy and emotional support, control of one's own emotions, nonverbal communication skills, and the ability to work under stress and time constraints are important, as poor communication can lead to conflicts, distrust, or even refusal of treatment.

Key words: communicative competence; paramedic work; professional communication; medical care; SPIKES protocol.

Анотація. Комунікативна компетентність є важливим елементом професійної діяльності будь-якого медичного працівника і, в тому числі, парамедика, оскільки саме від якості спілкування залежить рівень довіри пацієнта, швидкість прийняття рішень, дотримання рекомендацій та психологічний стан людини в критичній ситуації. Особливого значення комунікація набуває у випадках повідомлення поганих новин: смерті близької людини, тяжкого діагнозу, невтішного прогнозу або необхідності термінового медичного втручання. Для стандартизації такого спілкування у світовій медичній практиці широко застосовується протокол SPIKES, який допомагає медичним працівникам проводити складні бесіди професійно, етично та гуманно. У статті проаналізовано застосування комунікативної компетентності парамедика з акцентом на реалізації особливостей алгоритму SPIKES у медичну практику, як протоколу системного підходу до спілкування з пацієнтами та їх родичами при повідомленні поганого діагнозу чи погіршенні стану здоров'я пацієнта. Такий підхід має на меті покращити якість взаємодії з пацієнтом, забезпечити емоційну підтримку та передачу інформації, про що йдеться у дослідженні. У статті розглянуто основні принципи й етапи протоколу SPIKES та елементи його імплементації у роботу парамедика із врахуванням психологічних аспектів спілкування з пацієнтами у критичних ситуаціях та методи покращення комунікативних навичок парамедика, що позитивно позначиться на якості медичної допомоги. Результати дослідження будуть ефективними для професійного спілкування в умовах надання екстреної медичної допомоги, коли важливими є вміння активно слухати, здатність чітко та доступно пояснювати інформацію, емпатія та емоційна підтримка, контроль власних емоцій, навички невербальної комунікації, вміння працювати в умовах стресу та дефіциту часу, адже невдала комунікація може спричинити конфлікти, недовіру або навіть відмову від лікування.

Ключові слова: комунікативна компетентність; робота парамедика; професійне спілкування; надання медичної допомоги; протокол SPIKES.

Introduction. The quality of medical care depends not only on medical skills, but also on the communication skills of healthcare professionals. Every day, paramedics encounter challenging situations in their work and interact with patients in a variety of emotional and psychological states. In most cases, patients are forced to seek help from paramedics, not because they wish to do so. Sometimes relatives or friends call the paramedics themselves, against the patient's wishes, whilst the patient continues to hesitate or disputes the

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need for such assistance, even when they realise that the person requires urgent medical care (Hnatyshyn, 2026, p. 143).

It is important to remember that all our patients are unique, each with their own wide range of psychological and personality traits, as well as their current emotional state.

The aim of the article is to explore the key stages of the protocol for delivering bad news and to develop practical recommendations for paramedics on how to minimise trauma to the person they are speaking to during difficult conversations.

Theoretical Framework. In the article «Seven Communication Strategies for De-Escalating Stressful Situations with Anxious Patients in the Emergency Department», James Lyons, an emergency physician, notes that before meeting with a medical professional, the patient may be under the influence of stress and be on the verge of his normal emotional state. And being surrounded by paramedics adds even more stress to the patient due to the loss of time, health and associated costs (Lyons, 2025).

Scientists Wanzer MB, Booth-Butterfield M, Gruber K. emphasize that to cope with the patient's emotions, a paramedic needs significant professional communication skills (Wanzer et al., 2004, p. 369). This is necessary to create a therapeutic alliance with the patient and involve him in effective participation in the process of providing care. A paramedic cannot solve all the patient's problems, but he can and should find out what is bothering him physically and psychologically and provide the most effective care. Therefore, a paramedic needs to possess not only professional knowledge, but also skillfully use professional communication skills.

However, this is no easy task. Each of us already possesses certain communication skills that we have acquired over the course of our lives. And, unfortunately, these are not always perfect. Communication skills are an important part of medical education and of a person's life in general. Therefore, effective communication must be learned (Oliinyk&Chaban, 2020). Research shows that social effectiveness and the ability to resolve interpersonal problems depend directly on the mastery of communication skills.

Researchers Hardavella et al. emphasise that there are many different challenging situations in the interaction between a paramedic and a patient. A challenging patient experiences intense emotions and exhibits behaviour that hinders effective communication. Such emotions and behaviour typically evoke negative feelings in the paramedic as well (Hardavella et al., 2017). For example, an angry patient may irritate the paramedic to such an extent that it can lead to conflict, avoidance of contact with the patient, or refusal of treatment. Interacting with a patient in difficult situations often causes uncertainty and even fear in the paramedic, which can lead to avoiding contact with the patient. Furthermore, negative emotions of the patient, such as fear, sadness, and anger, can complicate the provision of medical care.

It is important to remember that patients inevitably react emotionally and behaviourally to their illnesses, so paramedics must respond appropriately to these reactions. Most paramedics respond effectively to such changes intuitively. Nevertheless, certain emotional reactions or behaviours on the part of the patient often exceed the expectations of many healthcare professionals and sometimes the range of acceptable responses (Wavetec, 2024). When such unexpected situations arise, paramedics realise that they are dealing with a challenging patient. For example, paramedics very often ask the patient questions such as: «What has happened? » or «Why are you so anxious (angry, confused)?». Sometimes this can be helpful and effective, but not always. It is advisable not to ask the patient about their emotional state, but to use statements instead. For example: «I can see you are sad (angry, anxious) ». In this way, we avoid confrontation or intrusive behaviour on the part of the patient and demonstrate that we are ready to see and hear them. Despite facing a situation where communication is difficult, the need to gather clinically relevant information remains paramount, even if this means navigating the patient's difficult emotions and behaviour.

During communication, it is important to focus on managing the patient's emotional reactions and resolving difficult situations that arise in the interaction between the healthcare professional and the patient. Very often, a patient's behaviour reflects their emotional state. Therefore, by addressing these emotional reactions, we can indirectly influence the patient's behaviour, which probably interfered with the healing process.

While managing difficult situations in the relationship between a paramedic and a patient, it is important to use the following techniques: Empathetic attitude, Normalising emotions, Support, Respect, Building partnerships.

Empathic attitude is the ability to recognise others' emotional reactions and to promptly convey your understanding of those reactions. When communicating with a patient, it is very important to pay attention to what the patient is saying, how they are speaking, and what their body language is conveying at the same time. Effective communication requires the paramedic to practise active listening. Active and empathetic listening enables you to understand the patient's emotions in a timely manner or to respond to changes in them. For example: Let's imagine a situation where a healthcare professional is seeing a patient suffering from high blood pressure. When asked about their personal life, the patient says that everything is fine. However, something in his body language, perhaps an evasive glance, worries the specialist. In such a case, it is important to slow

down at this very stage of the clinical conversation and gather more information.

Normalising emotions. When the paramedic has demonstrated empathy and understanding of the patient's emotions, it is often helpful to express that you understand their feelings or to offer some reassurance that these emotions are normal. For example: «I can see you're upset, and that's perfectly normal in your situation; after all, anyone in your position would feel the same...». This expression of understanding and confirmation that the emotion is normal is extremely reassuring to the patient. Furthermore, this approach helps to build trust and establish a sufficient rapport to develop a joint strategy with the patient for further treatment.

Support. Paramedics usually offer their patients emotional support through intuitive skills. For example: «I want you to know that I will do everything I can to help you with your problem». It is very important that healthcare professionals always remember how important this is to the patient.

Partnership. There are many researches that consider partnership between a healthcare professional and a patient is more effective than an authoritarian relationship. For example: «We will work together to overcome your problem». When healthcare professionals involve patients in the decision-making process where possible, patients tend to be more satisfied and are more likely to follow advice and guidance. «So I can offer you several options to solve or improve your condition, but it is important for you to decide which option is best for you».

Respect. Respect forms the basis of a good relationship between a professional and a patient. Some paramedics respect their patients unconditionally. However, in difficult situations, they do not always remember this. A paramedic may feel anger and irritation and give in to these emotions. However, it is important to recognise this and find the strength to manage negative emotions in a different way.

We present here an abridged version of the SPIKES protocol (Setting, Perception, Invitation, Knowledge, Emotion and Empathy, Strategy and Summary), which was first published in the journal «Psychosomatic Medicine and General Practice», (October 2017 – Vol. 2, No. 4).

It is based on guidelines for preparing for the objective clinical examination of patients, which is conducted in the USA and other countries to assess practical skills during university studies and after graduation. The SPIKES protocol has proven highly effective in enabling patients to receive difficult information in a more emotionally balanced state (Kachkovska, 2024, p. 673).

Unlike in a hospital setting, where there is time to prepare an examination room, paramedics often have to conduct consultations at the scene of an incident, in an ambulance, or at the patient's home, in situations involving acute stress, time constraints and the presence of bystanders.

Key aspects of SPIKES in emergency medicine: S (Setting): for paramedics, this refers to «spatial control». It is essential to ensure safety, privacy (at least relative privacy) and physical contact at eye level, even if this means crouching down beside the stretcher. If the patient wishes, their relatives may be present (1 or 2, no more). P (Perception): before giving the patient any information, you should find out what the patient already knows. For example: «What do you already know about your current state of health, and what can you tell us about it?». If the conversation is with witnesses or relatives, it is necessary to ascertain what they have already understood (for example, if they witnessed the cardiac arrest). I (Invitation): obtaining consent to provide information under time constraints must be swift but respectful. You should ask the patient which points they would like you to go into more detail about during the discussion. If the patient does not wish to know the details, inform them that they can ask the doctor any questions they may have in the future. K (Knowledge): keep it as simple as possible.

Shock blocks perception, so the language should be free of medical terms. Explain the patient's condition step by step. Information should be communicated in short statements. After each statement, pause and wait for the patient to ask a question. Then move on to the next statement. E (Empathy): Working with acute affect, screaming or stupor. Using grounding and emotion validation techniques. It is worth being aware of and reflecting the patient's emotions (including body language). Do not try to solve the patient's problems or reassure them of something, just listen and summarize what the patient is worried about/ concerning (this shows that the paramedic is listening and showing empathy). If the silence is prolonged, you can ask about their emotions: «I can see that this news is a huge shock», «You look extremely worried», «How are you feeling about this news right now? » After such expressions, you need to pause and wait. S (Strategy): At the prehospital stage, this is a clear vector: transportation, transfer to the intensive care unit or assessment and an algorithm of actions with the police. It is important to reach an agreement with the patient on further actions. It is necessary to summarize the experiences of the patient or relatives. It is necessary to find out what emotions the patient is left with after the visit.

To consolidate these skills, it is recommended to take an interactive simulator. It contains simulation situations that paramedics encounter every day.

1. You have arrived at the scene of an accident. The driver died on the spot. His passenger (wife) is conscious, has no serious injuries, but is in a state of acute anxiety and constantly asks: «Where is my husband? What's wrong with him?». How will you start the S (Setting) stage in these conditions?

A. Ask the police officers to tell her everything immediately, since you are busy filling out the patient's card.

B. Start talking right next to the broken car so as not to waste time for moving.

C. Take her a little further away from the damaged car, sit at her eye level, take her hand (if she allows it) and make sure that no outsiders interfere with the conversation.

D. Leave her in the ambulance alone so that she calms down, and only then approach.

2. Which phrase best reflects the P (Perception) stage in a situation where you have been performing cardiopulmonary resuscitation (CPR) at home for 30 minutes without success, and your son is standing next to you?

A. «You can see that resuscitation measures are ineffective due to asystole? »

B. «We did everything according to the ALS protocol, do you agree with this? »

C. «Tell me what you noticed before you called the ambulance, and how do you see what we are doing now? »

D. «What is your father's diagnosis, do you know? »

3. A paramedic is preparing to inform the mother that her child has drowned and could not be saved. Which option for the "warning shot" (K – Knowledge stage) is the most correct?

A. «We recorded clinical death after 40 minutes of asphyxiation in the water. »

B. «Unfortunately, I have very bad news for you. Despite all our efforts to restart the heart...»

A. «I don't know how to tell you this, it's just terrible...»

D. «Your baby died. I'm sorry. »

4. Upon being told that her husband has died of a heart attack, the wife starts screaming loudly, accusing the ambulance crew of being late and punching the wall. Which of the paramedic's actions in stage E (Empathy) would be a NURSE technique?

A. In a stern voice, order: «Stop these hysterics, pull yourself together, there are other people here!»

B. Wait a moment, acknowledge her emotions: «I can see how much anger and pain this is causing you. You have right to feel this way; you have lost a loved one.»

C. Call the police to calm her down or arrest her for disturbing the peace.

D. Immediately show her the tablet screen displaying the time the call was logged to prove that you arrived within 9 minutes.

5. You have successfully resuscitated a patient following anaphylactic shock; they are stable but frightened. You are at the S (Strategy) stage. How should you conclude the conversation before transport?

A. «We're now going to admit you to the intensive care unit. The doctors there will monitor your condition for the next 24 hours. Is there anything I need to do for you right now, such as calling your wife?»

B. «I'll fill in the paperwork, and the driver will take you. Any questions?»

C. «We've given you adrenaline, prednisolone and suprastin; now you need to see a doctor».

D. «Right then, you nearly died; we're off to hospital, we'll sort it out there».

(Answers: 1. C; 2. C; 3. B; 4. B; 5. A.)

Team-based training method. When working with students, it is best to use the «Dynamic Simulation Chaos» exercise. We offer three specialised simulation scenarios, designed specifically for the pre-hospital phase and adapted for paramedics. Each scenario contains clear background information, instructions for students (playing the role of a relative/patient) and the expected communication actions from the paramedic.

Scenario 1. Death in the presence of the team (Acute Coronary Syndrome). Background information for the team. Call-out: Male, 62 years old, severe chest pain, shortness of breath.

On-site situation: During examination and ECG recording, the patient experiences ventricular fibrillation, which progresses to asystole. The team performed advanced life support (ALS) for 30 minutes. Resuscitation was ineffective. Death was confirmed.

Setting: A small room in a flat. The patient's wife (aged 60) was present throughout and witnessed the entire resuscitation process.

Instructions for the student (wife). Psychological state: shock, denial. She saw you administering an injection, performing chest compressions and using a defibrillator, so she thinks: «The medics are doing everything they can; they'll save him now». Behaviour: When the paramedic approaches, look into their eyes hopefully and ask: «Well? Has his heart started again? Have you given him the medicine? When are we going to the hospital?» If the medic speaks unclearly, cling to hope: «But he's still warm! Look at the monitor!» Upon receiving a clear confirmation of death – start crying quietly, covering your face with your hands (the shock phase).

Expected actions of a student paramedic (SPIKES checklist). S (Setting): mute the defibrillator monitor (turn off the asystole alarm). Cover the patient's body with a sheet up to the chin. Sit down on a chair next to the wife or crouch down so as not to look down on her.

P (Perception): Ask: «Mrs Maria, you've seen everything we've been doing for the last half hour. What do you think is happening to your husband right now?»

K (Knowledge): use a «warning shot» and the clear word «died». «I'm so sorry, but I have some extremely bad news for you. Despite all our efforts, the medication and the defibrillation, your husband's heart never started beating again. He has died»ю

E (Empathy): pause for at least 10 -15 seconds. Do not try to fill the silence with paperwork straight away.

When she starts to cry, use the NURSE technique: «I understand that it's impossible to believe this right now. I'll stay by your side».

S (Strategy): explain step by step what will happen next: «I now need to call the police to complete the paperwork. The body will remain here until they arrive. Do you have any relatives we can call right now so they can come and support you?»

Scenario 2. Sudden infant death (SIDS / Sudden Infant Death Syndrome). Initial information for the team. Call-out: 4-month-old infant, not breathing.

Situation on arrival: Paramedics arrived 7 minutes after the call. The infant is cyanotic, cold, and shows clear signs of post-mortem lividity (death occurred several hours ago during sleep). Resuscitation is not indicated (and is unlawful in this case).

Surroundings: A young mother (22 years old) is holding the infant in her arms, wrapped in a blanket, and rocking it. She is in a state of distress/shock.

Instructions for the student (mother). Psychological state: Acute denial of reality due to extreme stress. The mind is defending itself by pretending that the child is simply sleeping soundly.

Behaviour: You do not hand the child over to the paramedics. You say: «Quiet, she's just sleeping very deeply; she got cold on the walk, please warm her up. Give her an injection to wake her up». You react to any attempts to take the child by force by screaming and holding her even tighter.

Expected actions of the paramedic student (SPIKES checklist). S (Setting): under no circumstances take the child by force (this will provoke psychosis). Sit opposite the mother. Remove all medical bags from view so as not to frighten her.

P (Perception) and I (Invitation): assess her condition. Ask quietly: «Oksana, when you approached the bed, what exactly did you notice? Why did you decide she wasn't just asleep?»

K (Knowledge): briefly, without medical jargon, tell the truth, but with the utmost care: «Oksana, look at her hands. They're cold, and she isn't breathing. Your little girl won't wake up again. She passed away in her sleep».

E (Empathy): the mother may start screaming or, conversely, fall silent and stare at a single point. Grounding and physical contact are crucial here (if she allows it – place a hand on her shoulder). The NURSE protocol (Naming/Respecting): «This is an unspeakable grief. No mother should have to go through this. You have every right to cry right now; I'm here, I'm with you».

S (Strategy): help her gently place the baby on the bed. Coordinate actions clearly: «Oksana, I need to fill in the form now. We've called a service to help. Which of your relatives (husband, mum) should I ring right now?»

Scenario 3. Severe disabling injury (workplace amputation). Initial information for the team. Call-out: Workplace injury (factory/construction).

Situation on arrival: A 25-year-old man has had his leg trapped in a machine. The team performed effective tourniquet haemostasis and administered pain relief. However, the limb is completely destroyed (traumatic amputation at the mid-thigh level, tissue crush injury). It is impossible to save the leg.

Surroundings: A noisy workshop, with frightened colleagues running around. The patient is conscious and stable, but in a state of panic. He is being prepared for loading into the ambulance.

Instructions for the student (Patient). Psychological state: panic, fear of the future; the anaesthetics are beginning to reduce the physical pain, but the psychological distress is increasing. Behaviour: You are lying on a stretcher, grabbing the paramedic by the jacket and asking in horror: 'Doctor, what's wrong with my leg? Sew it back on, I beg you! Will I be able to walk? I've got a wedding in a month! Tell me, you'll save my leg, won't you?!'

Expected actions of the paramedic (SPIKES checklist). S (Setting): Isolate the patient from the crowd of colleagues – load them into the ambulance, close the doors (silence and privacy). Sit by the patient's head.

P (Perception): assess what he understands: «Oleg, do you remember exactly what happened at the machine? Did you see what condition your leg was in before we put the bandage on? »

K (Knowledge): do not lie (phrases such as «everything will be fine, they'll stitch it up at the hospital» are strictly forbidden, as this undermines trust in the healthcare system). Provide honest information: «Oleg, the injury is very serious. It's hard for me to say this, but the metal has completely crushed the tissue and bone. The surgeons won't be able to reattach or save the limb. The main thing right now is that we've saved your life».

E (Empathy): the patient may start swearing, crying or falling into despair: «No! My life is over! I'm disabled!» Response using the NURSE technique (Understanding/Supporting): «I understand that this sounds like a disaster and the ruin of all your plans. It's a terrible shock. But you're alive, you're strong, and we've got your bleeding and pain completely under control. We'll get through this».

S (Strategy): shift the focus to the rescue plan: «Here's the plan: in 10 minutes we'll be at the regional trauma centre. A team of vascular surgeons is already waiting for us there. I'll hold your hand the whole way and administer medication to keep the pain at bay. Are you ready to go?»

Tips for instructors (Scenario analysis). After each simulation, be sure to discuss the «Pitfalls of Lying Out of Compassion» with the paramedics. Emergency medical staff often make the mistake of telling relatives: «We're taking him to intensive care unit; the doctors there will sort it out», even though the patient has already died, or «Everything will be fine with his leg», simply to reassure the person during transport.

Explain to them (using theoretical reasoning) that such «evacuation lies» merely delay the psychological blow, make it three times as intense in the emergency department, and completely destroy trust in the medical profession. The SPIKES protocol teaches us to be honest, but empathetic, in the here and now.

Conclusions. The implementation and adaptation of the international SPIKES communication protocol to the specific requirements of the pre-hospital phase is a critical element in optimising emergency medical care. The work of paramedics in non-linear, stressful conditions (time constraints, lack of privacy, acute emotional reactions from witnesses) requires modification of the traditional protocol steps, with an emphasis on rapid assessment of relatives' perception of the situation (Perception) and the use of crisis grounding techniques during an empathetic response (Empathy). It has been proven that strict adherence to linguistic and psychological algorithms for delivering bad news not only minimises the risk of acute psychotraumatic syndrome developing in patients and those around them, but also acts as a preventive tool against professional burnout and destructive stress among healthcare workers themselves.

An analysis of communication strategies within the work of paramedics suggests that the successful implementation of the SPIKES protocol at the pre-hospital stage cannot be limited to theoretical familiarization alone. The specific nature of emergency situations requires the skill of «empathetic and honest communication» to become second nature under conditions of high sensory overload. The simulation scenarios and interactive algorithms presented in this article demonstrate that the key factor for success is the paramedic's ability to quickly stabilize the communicative setting (Setting) and avoid evacuation delusion or medical jargon during the information transfer stage (Knowledge). To sum up, the integration of the SPIKES protocol into basic paramedic training programs through regular simulation training (involving standardized patients/actors) is an effective mechanism for improving the overall quality of healthcare provision and strengthening public confidence in the healthcare system as a whole.

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Information on the use of artificial intelligence. The authors certify that, in the course of conducting the research and preparing this manuscript, they did not use any generative artificial intelligence tools or services to perform any of the tasks listed in the Generative Artificial Intelligence Delegation Taxonomy (GAIDeT, 2025). All stages of the work – from conceptualization to final editing – were carried out exclusively by the authors, without the use of generative artificial intelligence.

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