

PATIENT COMMUNICATION & PERCEIVED QUALITY OF CARE IN THE EMERGENCY DEPARTMENT

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BASIS Independent Brooklyn

MY QUESTION

“How does communication between staff and patients shape patients’ perceived quality of care?”

What specific practices, especially those addressing individual patient emotions and concerns, improve satisfaction the most?

Background

Significance of This Issue

Hundreds Enter the Emergency Department (ED) Daily

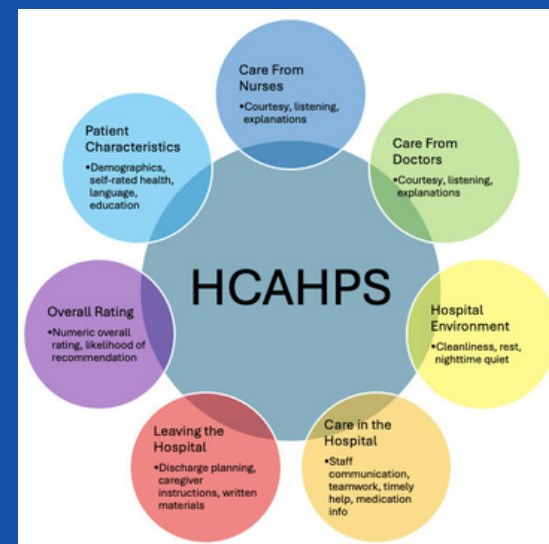
Patient volume means even small improvements in how staff communicate can reach many people and families every day.

The Maimonides ED receives around 330-410 patients a day.

Maimonides Health (2025)

Communication at the Core of HCAHPS

Communication scores directly affect how hospitals are evaluated and funded under value-based care models.



Small Changes, Big Impact

Targeted improvements in communication, especially emotional attentiveness, can meaningfully shift patient experience.

Why I Chose My Topic

- Volunteered for four months in the ED of Maimonides Medical Center (MMC) in Brooklyn, as a Health Scholar
- Witnessed lapses in patient-provider communication firsthand, and saw how those failures affected patients emotionally
- Realized that clinical care and feeling cared for are not always the same



The Health Scholars Program

Participants in this program will assist in patient care under the guidance of the ED team and support staff members who are caring for patients, while also receiving an introduction to healthcare and clinical medicine. Interns will spend time rotating through various areas of the ED, including the main adult ED and the pediatric ED.

Maimonides Health (2026)



Prior Research

1 in 3

ED complaints involve communication failures

Frau et al., BMC Emergency Medicine (2024)

#1

Communication is the top driver of patient satisfaction

Miller (2019); Degabriel et al. (2023)

Significant

Satisfaction gain from asking just one additional question

Frau et al., BMC Emergency Medicine (2024)

The Key Study

“Do you have any questions?”

Frau et al., BMC Emergency Medicine (2024)

57%

Before



68%

After

Project Methodology

Panned sample: 100–150 in-person surveys

1

Literature Review — PubMed, Google Scholar, grounding the project in established research on patient satisfaction and ED communication

2

Survey Design — 14 questions, mixed Likert and open-ended, focused on communication quality and emotional attentiveness

3

Approval — Navigate the process of approval for data collection at MMC

4

Data Collection — In-person surveys administered to patient patients

5

Analysis — Descriptive statistics + thematic coding of open-ended responses

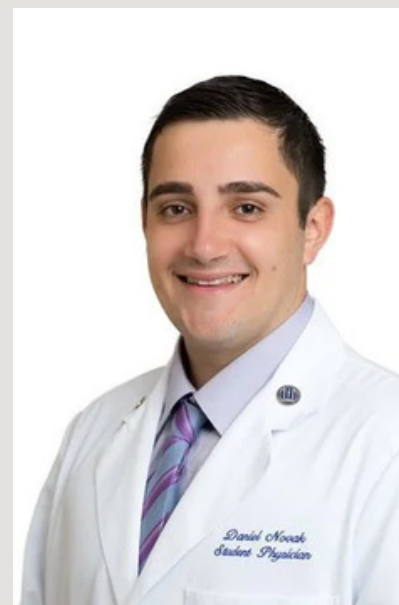
The Study

Before Data Collection

- **Joined the Emergency Medicine Research Department at Maimonides Medical Center**
 - **Introduced to Antonios Likourezos and his team**
- **Completed CITI Training courses:**
 - **Biomedical Research**
 - **Clinical Practice**
 - **Conflict of Interest (COI) Training**
 - **Medical, Financial, and Research**
- **Completed the IRB review process for ethics approval**
 - **Assigned a PI, Dr. Daniel Novak**



**Fiona Rivera, Special
Projects Coordinator,
MMC**



**Dr. Daniel Novak,
Attending EM Physician,
Assistant Medical
Director at MMC**



My Experimental Design: Survey

Part A

Visit Context

- **Approximate wait time**
- **Reason for visit**
- **Time of day / ED busyness**
- **Basic patient demographics**

Part B

Likert Questions

- **8 scaled questions (1–5)**
- **3 Yes / No / Other Questions**
- **Communication clarity & frequency**
- **Staff empathy & responsiveness**
- **Emotional acknowledgment by staff**

Part C

Open-Ended

- **What most influenced your sense of being cared for?**
- **Was there a moment you felt especially heard?**
- **What could staff have done differently?**

Data Collection Sheet

Part A: Visit Information

Survey #		Date	
Time Range Of Visit (Approx.)		ED Busyness (Heat Map)	Slow / Moderate / Busy
Patient Age Group	22-34 / 35-54 / 55-64 / 65+		
Wait Time (approx.)	<30 Min / 30 Min-1 hr / 1-2 hrs / 2-4 hrs / >4 hrs / Unknown		
First Visit to ED?	Yes / No		

Part B: Rated Questions

1 = Strongly Disagree 3 = Neutral 5 = Strongly Agree

#	Question	Rating (circle)	Notes
1	The staff explained what was happening with my care in a way I could understand.	1 2 3 4 5	
2	I was kept informed about test results, next steps, and delays throughout my visit.	1 2 3 4 5	
3	Did a nurse or doctor ask if you had any questions at the end of their conversation with you?	Yes / No / Not Sure	
4	The staff acknowledged how I was feeling emotionally (scared, confused, etc.).	1 2 3 4 5	
5	Did any staff member ask what you were most worried about, beyond what brought you to the ED.	Yes / No / Not Sure	
6	I felt that the staff listened carefully and took my personal concerns seriously.	1 2 3 4 5	
7	Staff communicated with me in a way that felt personal, not generic.	1 2 3 4 5	
8	When there were delays, staff explained why I was waiting.	1 2 3 4 5	
9	During a long wait, did a staff member check in on how you were doing?	Yes / No / Short wait	
10	Overall, I am satisfied with how the staff communicated with me during this visit.	1 2 3 4 5	
11	What had the biggest impact on how you felt about your care today?	#1 / #2 / #3 / #4	

Part C: Open-Ended Questions

12. Was there a specific moment when you felt genuinely cared for, not just treated medically? If yes, briefly describe it:

- Visit Context

- Likert Questions

- Free Response

Data Collection

- Printed Out 100 Survey Copies
- Developed Internal Patient Interaction Script
- Learned When to Approach Doctors and Nurses
- Shadowed Doctors, built relationships with ED staff
- Expectations vs. Reality



Survey#	Date	TimeofVisit	Timeofday	EDWorkEnvironment	PatientAgeGroup	WaitTimes	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	V21
1	15-May-26	2:10:00 PM	Afternoon	slow	35-54	Unknown	5		5 yes		4 yes		5	4 4	yes	5	"they listened to my co	none	none	none	
2	15-May-26	3:00:00 PM	Afternoon	moderate	22-34	1-2 hrs	5		5 yes		4 yes		5	3 3	short wait	5 #4	"yes, they e	"N/A"	"no"	"overall, the experienc	
3	15-May-26	3:00:00 PM	Afternoon	moderate	35-54	2-4 hrs	5		5 yes		4 yes		3	1 4	yes	5 #4, "extremely good"	"no"	"no"	"i spent two hours wait		
4	15-May-26	5:00:00 PM	Afternoon	moderate	65+	2-4 hrs	5		5 yes		5 yes		5	5 5	yes	5 4	"today, by e	"no"	"i had a superb experie		
5	18-May-26	2:00:00 PM	Afternoon	moderate	65+	2-4 hrs	5		5 yes		5 yes		5	5 3	yes	4 #8"	none	none	none		
6	18-May-26	2:30:00 PM	Afternoon	slow	22-34	30 min- 1hr	5		5 yes		5 yes		5	5 5	yes	5 none	"while getti	"no"	"no"		
7	18-May-26	3:00:00 PM	Afternoon	slow	22-34	30 min- 1hr	5		4 yes		4 no		5	5 2	yes	5 #1	"The dr wa	"no"	none		
8	18-May-26	2:30:00 PM	Afternoon	slow	35-54	1-2 hrs	5		5 yes		5 not sure		5	5 5	no	5 #4	"dr heard n	"N/A"	"helpful dr and caring r		
9	19-May-26	3:00:00 PM	Afternoon	slow	22-34	<30 mins	5		5 yes		5 yes		5	5 5	yes	5 none	none	none	none		
10	19-May-26	4:00:00 PM	Afternoon	slow	22-34	1-2 hrs	5		5 yes		4 not sure		4	4 3	yes	5 none	none	none	none		
11	20-May-26	2:30:00 PM	Afternoon	moderate	22-34	2-4 hrs	5		5 yes		4 yes		4	5 5	yes	5 #4	"N/A"	"no"	"no"		
12	21-May-26	3:00:00 PM	Afternoon	slow	55-64	1-2 hrs	4		4 yes		3 no		4	3 1	yes	4 #4	"most of th	"no it all w	"not at the moment"		
13	21-May-26	5:00:00 PM	Afternoon	slow	35-54	2-4 hrs	5		5 yes		5 yes		5	5 5	"no delays" short wait	5 "nothing"	"everything"	"no"	"no"		
14	22-May-26	4:00:00 PM	Afternoon	slow	35-54	1-2 hrs	4		5 yes		4 yes		5	4 3	yes	4 #2	"no"	"no"	"no"		
15	22-May-26	6:30:00 PM	Evening	moderate	35-54	2-4 hrs	5		4 yes		5 yes		5	3 5	yes	5 #2	"great com	"none"	"very satisfied experier		
16	23-May-26	12:44:00 PM	Afternoon	slow	35-54	>4 hrs	2		2 no		1 no		2	3 1	no	1 #2	none	none	none		
17	24-May-26	1:00:00 PM	Afternoon	slow	35-54	1-2 hrs	5		5 yes		4 yes		5	5 4	yes	5 #4	none	none	none		
18	24-May-26	2:30:00 PM	Afternoon	slow	22-34	1-2 hrs	5		5 yes		5 yes		5	5 5	yes	5 #4	none	none	none		
19	24-May-26	3:00:00 PM	Afternoon	slow	35-54	2-4 hrs	2		2 yes		2 no		2	1 1	yes	2 #2	none	none	none		
20	24-May-26	3:30:00 PM	Afternoon	slow	65+	>4 hrs	5		5 yes		5 no		5	5 4	no	5 #1	none	"IV tube wa	"staff was professional		
21	24-May-26	5:00:00 PM	Afternoon	slow	65+	2-4 hrs	5		5 no		3 no		2	2 1	no	5 #3	none	none	none		
22	24-May-26	5:00:00 PM	Afternoon	slow	35-54	2-4 hrs	4		5 yes		5 yes		5	5 2	short wait	3 #3	none	none	none		
23	24-May-26	5:30:00 PM	Afternoon	slow	55-64	1-2 hrs	5		5 yes		5 not sure		5	5 5	yes	5 "all"	"they check	"no not at	Difficult to read writing		
24	24-May-26	6:00:00 PM	Evening	slow	35-54	2-4 hrs	5		5 yes		5 yes		5	5 5	yes	5 circled all options	"no"	"no"	"great experience :)"		
25	24-May-26	6:30:00 PM	Evening	slow	35-54	<30 mins	5		5 yes		5 yes		5	5 5	yes	5 #3	none	none	none		
26	24-May-26	7:00:00 PM	Evening	slow	22-34	1-2 hrs	4		4 yes		1 yes		3	4 4	yes	4 #3	none	none	none		
27	24-May-26	7:00:00 PM	Evening	slow	35-54	1-2 hrs	5		5 yes		5 yes		5	5 5	yes	5 #4	"nurses bri	none	none		
28	24-May-26	7:00:00 PM	Evening	slow	65+	2-4 hrs	4		4 yes		3 no		3	3 4	yes	3 #3	none	none	none		
29	26-May-26	3:30:00 PM	Afternoon	slow	65+	>4 hrs	4		4 yes		3 yes		4	3 4	no	3 #2	"N/A"	"more ... or	"i hope mo Southside		
30	26-May-26	4:30:00 PM	Afternoon	moderate	35-54	2-4 hrs	5		5 no		5 yes		5	5 5	no	5 #4	none	none	RCU		
31	26-May-26	4:30:00 PM	Afternoon	moderate	35-54	2-4 hrs	5		5 yes		4 yes		5	4 4	yes	5 none	none	none	RCU		
32	26-May-26	5:00:00 PM	Afternoon	moderate	55-64	1-2 hrs	5		5 no		5 no		5	5 "N/A"	"N/A"	5 none	"as i entere	"no"	"staff was p RCU		
33	26-May-26	6:00:00 PM	Evening	moderate	65+	>4 hrs	5		4 yes		3 no		5	5 3	no	4 #1	"MRI techn	"no"	"felt adrift, Southside		
34	26-May-26	6:00:00 PM	Evening	moderate	35-54	1-2 hrs	5		4 yes		4 yes		5	4 4	yes	4 #3	"ever good	"ever nice"	"they do ev RCU		
35	26-May-26	6:30:00 PM	Evening	moderate	22-34	<30 mins	5		5 yes		4 yes		5	3 5	yes	5 #4	none	"the staff w	none	RCU	
36	26-May-26	6:30:00 PM	Evening	moderate	65+	30 min- 1hr	5		5 yes		5 yes		5	5 5	yes	5 #3	none	none	none	RCU	
37	26-May-26	6:30:00 PM	Evening	moderate	44-65	2-4 hrs	3		3 no		4 yes		3	3 2	no	4 #3	none	none	none	Southside	

Results and Analysis

Results

From a sample of 37 surveys, and a quantitative analysis by MMC

~0%

Of patients spontaneously asked questions without being explicitly invited to do so

68%

Of patients who felt informed throughout their visit rated care 4 or 5 out of 5

2.3x

More likely to rate care “Excellent” when emotional needs were acknowledged

KEY

Wait time alone did not determine satisfaction, communication did

Analysis

What I Found:

- **Emotional attentiveness was the strongest driver of overall patient satisfaction**
- **Proactive communication by staff was what held the ratings high**
- **The threshold for a top rating appeared at “Feeling like a person, not a case”**

Limitations:

- **Self-selection bias**
- **Small sample size (n = 37)**
- **Difficulty isolating communication from other variables (pain level, clinical outcome, wait time)**

Conclusion

Moving Forward

Continue collecting surveys until the full target sample is reached, then complete the final statistical and thematic analysis

Propose a nurse communication checklist with pre- and post-intervention comparison, including structured interviews with ED staff

Produce actionable recommendations for the Maimonides ED on how to maximize patient satisfaction through targeted communication improvements, once data collection is complete

To Conclude

- **Communication quality was the strongest predictor of patient satisfaction, not just wait time or clinical care**
- **Small, targeted changes in how staff communicate is the driving force behind what changes patient perception of care**
- **Volunteering at Maimonides nailed in the fact that clinical care and feeling cared for are not the same**
 - **Had the amazing opportunity to work alongside the doctors and nurses of the MMC ED**
- **School year is over, but the study is not**

References

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Thank You

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