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Responding to the 2014 Ebola Outbreak: The Value of Effective Interprofessional Communication During Emergency Response

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Infectious disease outbreaks demand rapid, thorough, and innovative response teams working collaboratively and using multiple channels of communication to decrease the impact and duration of the outbreak.¹ In ensuing paragraphs we use the 2014 Ebola outbreak response as a case study to demonstrate interprofessional collaborative practice in action and to highlight opportunities for the future integration of evidence-based interprofessional communication practices in applied global public health emergency response.

The transmission of clear, accurate, and credible information is paramount in emergency response and disaster management. Communication practices that discourage jargon and discipline-specific terminology and that exploit multiple communication channels result in more effective information sharing. When used in conjunction with other evidence-based strategies such as transparency and trust building, the resulting outcome is enhanced communication among response team members and the affected communities.

The Ebola response in West Africa provided some examples of best emergency response communication practices that are worth highlighting. In July 2014, Liberia in partnership with the Centers for Disease Control and Prevention reconfigured their incidence management system (IMS) to effectively delineate a chain of command and organizational structure to enhance communication and coordination among local, national, and international stakeholders in the operational response to the epidemic.² In Nigeria, health care providers and other Ebola response team members used CliniPAK, a mobile tool, to discuss case records and track the spread of the disease.³ Evidence from the field also highlighted the potential impact of social media platforms on the Ebola response. The Twitter campaign @EbolaAlert, for example, was instrumental in information dissemination during the Ebola outbreak in Nigeria.⁴

The effectiveness of communication tools, like CliniPAK and other mobile health (mHealth) communication

technology, depends on their capacity to transmit salient information between multiple actors in a timely manner. However, the feasibility of using such technologies in public health disaster response depends on whether the necessary infrastructures are in place to facilitate their use. In developing parts of the world, where the infrastructural makeup of emergency response systems and the health care systems are less sophisticated, the use of low-tech communication channels such as face-to-face meetings and workshops, the use of trusted messengers, leaflets, brochures, or hotlines have been shown to be efficacious.

Effective communication between interprofessional teams is enhanced when working relationships are cordial and are characterized by respect and trust. Interprofessional emergency response teams function at optimal levels when the team embraces and capitalizes on each member's experience and knowledge.⁵ By embracing various cultural beliefs and attempting to understand the language barriers and cultural differences, the team builds a stronger foundation to improve team functioning and facilitate the achievement of shared goals.

The Ebola response efforts provide an opportunity to evaluate intra-team and inter-team communication during disaster response and to initiate a discourse on ways to improve and facilitate communication and coordination among multiple stakeholders, spanning several countries and sectors. Examples of successful communication efforts during emergency responses should continue to be identified in the literature and referenced in training materials for preparedness planning.

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Look for the Helpers

John Carlson, MD, PhD

Yesterday a patient asked me, “Did you cure the kids with Ebola when you went to Africa?” The truth is that I wanted to do so much more for the children who I saw in Sierra Leone 6 months ago. So many children died such painful deaths. Many children survived as orphans. When discussing disasters with children, it is important to be honest, but the level of detail should be tailored to the child’s level of maturity. I told her that we weren’t able to cure all of the kids, and some died, but I told her that there were many people who did help. I took that line from Mr. Rogers who once told viewers, “When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’”

The conversation turned to Hurricane Katrina. My patient was a little girl when the levees were breached and her New Orleans East community was flooded. Ten years ago I evacuated with my family to Lafayette, Louisiana, and began working at a makeshift evacuee center in the Cajundome. I saw people with chronic medical conditions, poorly controlled because medications had been left at home and exacerbated by the stress of the evacuation. I even saw one little girl who I had helped care for on the cardiology service at Tulane Hospital. Her mom described to me the stress of carrying her daughter and bag of medications through the floodwaters, trying to escape the city. I refilled her prescriptions, but the greatest help was probably being there to listen to her. There were thousands of others helping in Lafayette. There was a minister and his church that opened up their

facility to house the newborns that are at risk if they get the infections that quickly spread through crowded places. A friend of mine volunteered to go into the city to conduct mosquito surveillance. There were so many people doing what they could to help.

But just as I softened the details about the children I saw in Sierra Leone, I also did not tell my patient of the worries that I have for New Orleans now. The road leading up to the clinic has plenty of abandoned lots, violence remains a problem, and lack of jobs disenfranchises young adults. After finishing for the day, I spoke with the chief medical officer of the clinic, Dr. Keith Winfrey. He is an impressive man, determined to provide excellent care to this community that he loves. He is steadfast in support of the clinic and determination to do what he can for his patients. We talked about the ReNEW charter network’s passionate school nurses, our dedicated pediatric residents, the inspiring youth at the community organization VAYLA down the street. It is heartening to reflect on the quality of our partners. Ten years later, I think it is still important to look for the helpers.

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