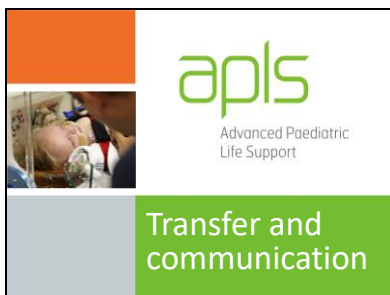


Slide 1

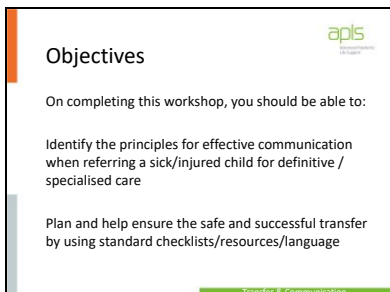


Please read the notes under the slides

Updated for use with APLS ANZ 6e manual, March 2017 & online learning module safe transfer & transport

Revised April 2023 – name changed Transfer & Communication – not Stabilisation & Transfer

Slide 2



ENVIRONMENT: Equipment & chairs

Overhead projector/Screen/Computer

+/- Flip chart or white board,

Laminates:

- x 3 one referring team, one coordinating team, one receiving team
- x 3 Retrieval Forms
- x 2 paper copy of retrieval form for coordinating /receiving teams
- x 1 laminate of the case for referring team

Aim for inter-group learning using expertise within the group with regard to effective communication

1 case as basis for candidate recall/application of knowledge for *their* clinical context.

SET: Slides 1 & 2

Introduction to workshop – aims of transport that they are going to achieve in the role play – 2 mins

DIALOGUE: Slide 3

Aims: The 'right' transfer – 3 minutes discussion re problems & solutions to problems – can use whiteboard/flip chart to capture or just discuss – enables opportunity to gauge learner's experience.

Slide 4 & 5

Divide into pairs & hand out appropriate laminate for each pair

Role play instructions – 5 minutes to let candidates discuss in their own pairs

Role Play Phone calls – 15 minutes – pause & discuss x 2 after each phone call

CLOSURE:

Slide 6 - questions

Slide 7 – summary & take-home learning points

Slide 3

apls

Aims of safe transfer

Need to ensure transfer of
the *right* patient
at the *right* time
by the *right* people
to the *right* place
by the *right* form of transport
receiving the *right* care throughout

Transfer & Communication

A quick discussion (3 minutes) on the potential problems that may occur in a transfer – these can be listed on a flip chart or just discussed

Worth briefly discussing this but the main problems are in communication not management of technical difficulties.

- Wrong person making the call. Should be most experienced clinician available.
- Not expressing degree of urgency or what is wanted from the referring team. – opening sentence to capture urgency
- Poor communication of summary.

The keys are to try to get some important points from the group efficiently (quickly/succinct examples from the group rather than long stories) from the groups own experiences in **slide three** before allocating into pairs,

In real life what happens usually:

1. The sending team rings a coordination centre and speaks to a coordinator and a retrieval consultant. This needs to be done by the most experienced person from the sending team in a timely manner in the correct way with the correct information.
2. A conversation then occurs between the sending team and the coordinating team which at the same time starts organising transport if this is time critical.
3. A second conversation then may occur as a conference call between the sending doctor, coordination team and the receiving doctor and other sub-specialists as required.

Slide 4

Role play

Referring Team

- Use case to determine what requests you need
- Make a phone call to communicate your requests

Retrieval/Coordinating team

- Receive phone call from referring team
- Use retrieval document for information gathering and planning

Receiving Team

- Receive phone call and offer advice as required
- Utilise retrieval document to ensure all information handed over for safe clinical care & advice

Transfer & Communication

Divide the group into pairs (one pair is the referring team, another pair the coordination team, another pair the receiving team/subspecialists)

Try to split nursing / PICU staff between the groups.

Instructions are that they have a case that they will be asking for transfer & will role play a phone call.

We will “Pause & Discuss” at various opportunities throughout the role play to discuss key learning points & then count you back into the role play.

Hand appropriate Laminated to each pair – Referring team/Coordinating Centre/Receiving team

- Give each group the Laminated Retrieval Form and also give Groups 2/3 (coordinating pair/receiving team) the paper copy of the Retrieval Form to use to write on.
- Give Referring team the laminated case.

Referring Hospital – ‘small and remote’

Receiving Hospital - 'The large metropolitan Hospital'

(ideally choose places/hospitals relevant to candidates)

Inform them that they will make a telephone call in 5 minutes.

Allow each pair time to review Retrieval Document & discuss what information they think they might need in addition to the form.

After giving time to review their own laminate & consider what information they need (5 mins) start the role play by requesting the referring team to place the phone call. Instructor can play the switchboard and ask the referring ‘doctor’ who they wish to speak to, put them through to the Coordinator Team.

Slide 5

Set up of role play

- Break into pairs
- Read allocated laminate
- Discuss in own pairs plan for phone call – who, what, how
- Simulate phone call to retrieval teams

Check for understanding

Have you understood?	What have you understood?

Transfer & Communication

Slide 6

Regional ED, 1hr From nearest tertiary hospital
8y old (26kg) pedestrian RTA 1 hour ago

- Left sided head injury
- Large contusion over lateral aspect of L thigh
- Unconscious at scene

• GCS -10 on arrival then 8 with HR 110/m, RR 10/m, BP 110/70

• Intubated → Ventilated Vt 190ml, f 10bpm, PEEP 3cmH2O

• 22G IV cannula left forearm

• 0.9% saline at 35 ml/hr


• Right pupil 3 mm, Left pupil 6 mm & sluggish

• CT scan: left extradural haematoma

• Midazolam 4 mg/hr + Fentanyl 200 mcg/hr

• Temp 35.7°C

• Child now needs ongoing care



See Laminated Case

Options to pause & discuss at the end of each ISBAR eg

1. After Referring team have finished & requested retrieval.
2. After second conversation with Receiving team (PICU/ED Consultant)

Pauses should be short – not a mini-lecture – eg phrases:

“What do you think is going on”

“Is there anything else the group thinks is important to add at this stage”

“What are your priorities now”

Restart role play scenario after a few minutes discussion to allow candidates to explore own journey of communication.

Quick pauses at key points to highlight the important aspect of communication and providing safe transfer

Use the pauses during the call if the discussion is getting long and have one of those as a connection to the next phone call (bringing in the accepting consultant)


Slide 7



Transfer & Communication

Slide 8

Summary



- ✗ Use of a **standard tool** to
- 🚑 **communicate effectively** to ensure safe and successful transfer of a sick/injured child
- 💬 Use **effective communication strategies** to ensure message heard and message received is understood for comprehensive transfer of a child

Transfer & Communication