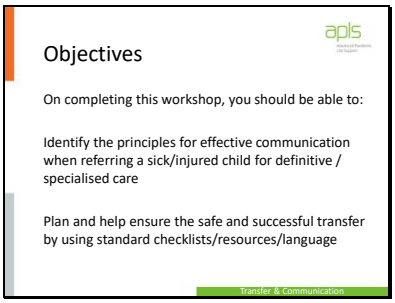
Slide 1

Please read the notes under the slides

Updated for use with APLS ANZ 7e manual, & online learning module safe transfer & transport

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

Slide 2



ENVIRONMENT:

Equipment
Overhead projector/Screen/Computer
+/- Flip chart or white board,
Laminates:

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

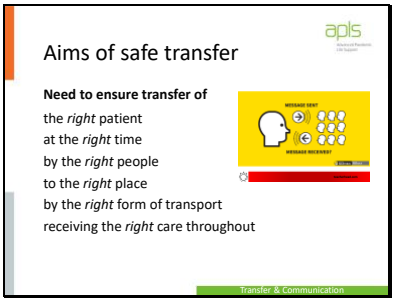
Aim for **inter-group learning using expertise within the group regarding effective communication.**
Case as basis for candidate recall/application of knowledge for *their* clinical context.

SET:
Slides 1 & 2
Introduction to workshop – aims of transport that they are going to achieve in the session – 2 mins

DIALOGUE:
Slide 3
Aims: The 'right' transfer – 5 minutes discussion re problems & solutions to problems – use whiteboard/flip chart to capture
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



A brainstorming session (5 minutes) on the potential problems that may occur in a transfer – these can be listed on a flip chart.

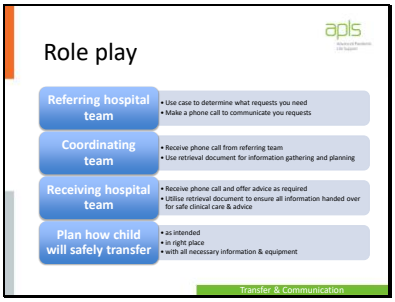
Worth briefly discussing this but the main problems are in communication not management of technical difficulties.

- 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 key is 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. Follow up conversations will occur as required while waiting for the retrieval.

Slide 4



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

Instructions are that they have a case that they will be asking for transfer & will role play the phone call. Try to split nursing / PICU staff between the groups.
Hand appropriate Laminate to each pair –
Referring team –

- ✓ Laminated Referring Team Card,
- ✓ Laminated Retrieval Form &
- ✓ Laminated Case

Retrieval team/Coordinating Centre –

- ✓ Laminated Retrieval/Coordinating Team Card,
- ✓ Laminated Retrieval Form +

- ✓ Paper Retrieval Form

Receiving team –

- ✓ Laminated Receiving Team Card,
- ✓ Laminated Retrieval Form

Inform the receiving team that they will make a telephone call in 5 minutes to the Coordinating Retrieval team.

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

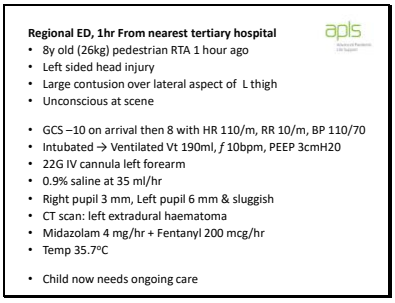
After giving them a few minutes to review their own laminate & consider what information they need.

Instructor can play the switchboard and ask the referring 'doctor' who they wish to speak to, puts them through to the Coordinator & Transport Dr of the retrieval team.

After initial phone call coordinator dials in receiving team eg PICU consultant/ED Consultant of receiving team.

Slide 5

Slide 6



See Laminated Case

Options to pause & discuss at:
1.After Referring team have finished & requested retrieval.
2. After second conversation with Receiving team (PICU/ED Consultant)

<u>Pauses should be short</u> – 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 their 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)

Thoughts from Sanj:

- Leave chairs where they are rather than back to back
- Experienced people with less experience
- Quiet people referring team
- Created a bit more pressure – time & beds
- Naming the hospitals fun & created context - 'The Royal we are the best Hospital' for the accepting site and 'St small and remote' for the referring site.
- Sanj let them run & threw in bits of information to create time pressure as they were in the scenario

Retrieval coordinator & Dr thinks:

- Does pt need to move
- What is the urgency
- What resources do you have to care for them there – how long can they safely look after them
- How can I move them
- Understanding of the difficulty of decision making

Slide 7

Slide 8