

Safe Critically Ill Transfer Training (SCITT)

North West (NW) Multi-professional training programme

Delivering a course that enables clinical staff to develop a suite of transferable skills to safely transfer the critically ill patient. This course is recognised across the NW and endorsed by the 3 NW Critical Care Operational Delivery Networks

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Executive Summary

Critically ill patients are extremely vulnerable and this can create a number of challenges when delivering care and treatment. The nature and severity of illness requires advanced technology and equipment to support and preserve life which can only be provided in a Level 2 or 3 critical care facility. During critical illness a patient may require transfer for investigations, specialist services or as a result of level 2 or 3 critical care capacity not being available in the local hospital.

Transferring critically ill patients requires staff with a robust knowledge base, situational awareness and a suite of clinical competencies to maintain safety and reduce the risk of avoidable harm. During transfer current care and treatment plans will need to be maintained and new or emerging situations will need to be anticipated, identified and managed appropriately. A training programme which supports all clinical staff that have a role or responsibility in the preparation, packaging and movement of critically ill adults needs to be transferable between multi-professional groups and employing organisations and allow the individual learner to achieve any relevant clinical competencies outlined by the respective professional body.

The **Safe Critically Ill Transfer Training** (SCITT) programme consists of a 3 element approach to support the learner:

- E-Learning package
- Simulation training
- Log book of clinical experience

Together these components will provide the learner with a supported environment to expand the knowledge and theory required to underpin safe clinical practice, whilst developing an understanding of human factors and their relevance to situational awareness. This supports a clinical workforce with the essential knowledge and skills required to safely transfer a critically ill patient between departments or organisations when required.

Project Development

Background: The North West Critical Care Networks (NW-CCNs) identified that there was inconsistency in the delivery of transfer training for critical care staff within their regions. Course content varied and capacity for training was very limited or tailored to a specific professional group. Following initial commissioning and development of a critical care transfer e-learning programme by CMCCN a NW-CCNs working party was established to scope the overall requirements for transfer training; the findings outlined the need to:

- Establish a new standard for transfer training
- Develop a programme which offers transferability across professional groups and between employing organisations
- Utilise E-Learning to support knowledge and theory development
- Improve the experience of the learner
- Improve the experience of the professionals who monitor and assess the learner
- Ensure effective use of resources

The working party developed the 3 element approach to transfer training (E-Learning, simulation and log book of experience) and agreed the assessment process and governance structure required to successfully implement the programme. The group representation was inclusive of interested multi professionals from across the NW-CCNs including critical care colleagues from practice and academia, North West Ambulance Service (NWS), North West Simulation Network, North West Critical Care Networks (CMCCN, GMCCN & LSCCN), Frank Design (programme design team) and Health Education England (HEE).

Frank Design was commissioned to build a programme that incorporated an E-Learning package into an electronic system that could also provide enhanced communication between assessors and learners and provide a record of clinical experience.

Figure 1: Learner profile

The screenshot displays the 'TRANSFER E-LEARNING' interface. At the top, there are logos for NHS North West Critical Care Networks and NHS Cheshire & Mersey Critical Care Network. The main content area is divided into several sections:

- WELCOME:** A user profile card showing 'Welcome back, melanie', 'Last visit: 25/03/2015', 'Your Mentor: Mentort', 'Your Assessor/Assessor1', 'Date Started: 18/12/2014', and 'Complete by: 18/06/2015'.
- YOUR PROGRESS:** A section titled 'Document/Resource Store >>' containing a 'Read Mentor Comments' button and a list of completed items:
 - E-Learning Package (LEARN ABOUT TRANSFER E_LEARNING) [checked]
 - Chapter 1 - Introduction (INTRODUCTION TO TRANSFER E_LEARNING) [checked]
 - Chapter 2 - Organisation (ORGANISING TRANSFER OF THE CRITICALLY ILL PATIENT) [checked]
 - Chapter 3 - Assessment & Stabilisation (PLANNING & PREPARING FOR TRANSFER) [checked]
 - Chapter 4 - Communication (EFFECTIVE COMMUNICATION FOR TRANSFERS) [checked]
 - Chapter 5 - Equipment (REQUIRED EQUIPMENT FOR TRANSFERS) [checked]
 - Chapter 6 - Packaging (PHYSICAL PREPARATION OF THE PATIENT) [checked]
 - Chapter 7 - Conduct Of Transfer (SAFELY COMPLETING THE TRANSFER) [checked]
 - Chapter 8 - Handover & Record Keeping (COMPLETING THE TRANSFER) [checked]
- Continue Learning >>:** A section with buttons for 'Enhanced Transfer Log (Beta)', 'Message your Mentor', 'Message your Assessor', 'Log Out', 'Edit', 'Avatar', 'Messages', and 'Friends'.
- Transfers logged so far:** A section listing two transfer records:
 - Transfer Date: 10/1/15, Date added to system: 2015-01-11 16:20:03
 - Transfer Date: 16/1/15, Date added to system: 2015-01-16 14:02:28

The programme requires the learner to register initially and then log in each time they wish to access their learning profile. The profile will provide information on the learner, with the option for them to attach a profile picture. The system is designed to send the assessor and mentor messages relating to the learners progress and provide a forum for instant messaging between all parties. This approach gives the advantage of the assessor being able to track and review the learners’ progress, identifying early when the learner may benefit from additional guidance or support.

Programme Development: The content for the E-Learning package was written by a nominated group member and underwent a consultation within the wider expert group. Once the content was agreed the design team developed a SCORM compliant package to integrate into the programme. The content is divided into chapters that are displayed in the colours of traffic lights depending on the learners’ position and progress. The content is interactive and is designed to encourage the learner to undertake activities to support their learning and development.

Figure 2: Example of interactive slide

CHAPTER 1: Introduction
Roles within Transfer Teams

Click the diagram to find out more information about each role.

All Roles (Nurses, Doctors & ODPs)

- Patient assessment & stabilisation
- Establish extra IV access
- Stabilisation of patient on transport ventilator
- Administration of medication
- Packaging of patient
- Communications with relatives
- Check anaesthetic, monitoring and drug administration equipment

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NHS TRANSFER E-LEARNING. © CMCCN

Assessment development: An MCQ paper has been designed which the individual will complete at the end of the programme, this will provide assurance that the learner has covered all essential material and understood its relevance to their practice. The pass rate for the MCQ paper has been set at 80% and the learner will be allowed 2 attempts to achieve this mark. If the learner is not successful on their second attempt the system will notify the learner that they need to meet with their mentor or assessor, an automated notification email will also be sent to the mentor and assessor. The next steps on how and when to proceed with the programme will be determined locally and will depend on the individuals’ circumstances and learning needs. The system will not allow for the MCQ to be retaken until the mentor or assessor has authorised a further attempt. Once the learner has successfully completed the

programme they will retain access to all the learning materials and will be able to use the content to refresh or update their knowledge and understanding.

In addition to the MCQ paper the learners will also be assessed through observation in practice and/or simulation and will be required to achieve any clinical competencies relevant to their professional group. The log book will provide a detailed record of their supported clinical/simulation experience. This will be used by mentors and assessors to help the learner identify areas for further development and to set learning objectives. It can also be used to tailor local workshops and simulation training to support the learner with areas of practice where they may have had less clinical exposure. In addition, the log book will also be used by the Programme Lead to support decision making on course completion.

SCITT Structure

Audience: The SCITT course is multi professional and was originally commissioned for critical care staff with experience of caring for the critically ill patient. As such, the programme content is customised to build on existing critical care competence and provides the underpinning knowledge related to the differences or additional considerations expected to safely transfer the patient. For example, it is anticipated that professional groups will already be competent in the preparation and administration of IV medication, so the content in the programme will only reflect considerations that need to be made in addition to in-patient critical care practice.

Medical staff: It is expected that medical staff will already be enrolled on a training programme relevant to practice in critical care (e.g. Anaesthetics CT 1/2, ACCS - Emergency Medicine during anaesthetic placement, CCT in Intensive Care Training). It is anticipated that this programme will meet the knowledge and skill competencies outlined in the transfer section of the relevant syllabus (Anaesthetics - TF-BK-01 to 15, TF-BS-01 to 09; ICM - Domain 10). All medical staff should have completed the basic 3 month anaesthetic competencies and ALS training before accessing the SCITT programme. The course may also be made available for those clinicians already in receipt of a CCT in Anaesthesia or ICM as part of Continuing Professional Development (CPD) relevant to revalidation.

Nursing staff: It is expected that registered nursing staff will already be working through **Step 1** of the national competency framework and will have completed the following sections in full before accessing the SCITT programme:

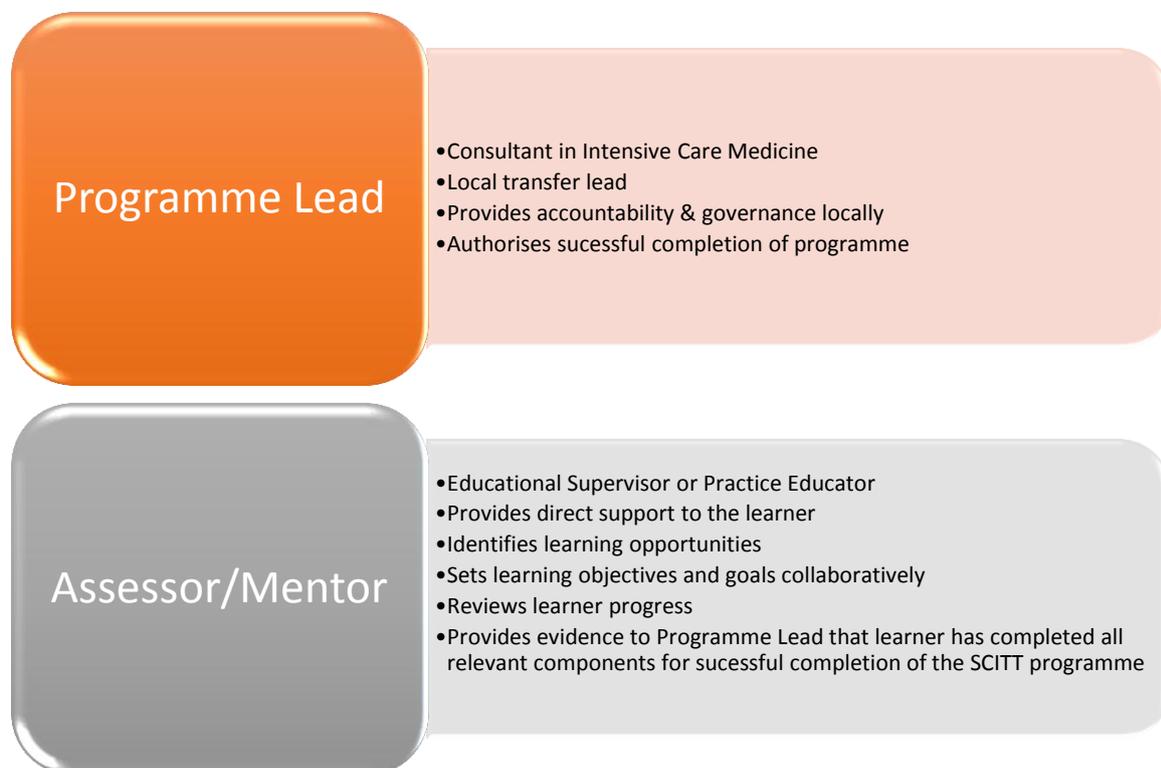
- Respiratory system
- Cardiovascular system
- Renal system
- Neurological system
- Gastro-intestinal system
- Medicines Administration
- Communication & Teamwork
- Defensible Documentation

It is anticipated during the SCITT programme that the registered nurse will be provided with the underpinning knowledge and skills to successfully complete **Step 1 & Step 2** Intra & Inter hospital transfer competencies.

Other professional groups: It is acknowledged that transfer of the critically ill patient can take place outside of critical care and as such other healthcare professionals who undertake transfer regularly may be suitable to undertake the SCITT programme. It is the responsibility of the programme lead in the learners' organisation to agree if the candidate is appropriate to register for the programme and assign them with a relevant mentor and assessor. The expectations, competence attainment and assessment process during the course and on completion will remain the same regardless of previous experience. However, there may need to be additional supervision and support offered locally to support the learner in this situation. It is intended that the SCITT programme will develop into further versions, customised for clinical staff outside of critical care and, together with the addition of specialist transfer requirements (paediatrics, burns for example) this will form the next stage of programme development.

Local infrastructure framework: This framework provides a structure to support the implementation and delivery of the SCITT programme.

Figure 3: Local infrastructure framework



Programme Lead: A Consultant in Intensive Care Medicine and clinical lead for transfer and is responsible for providing local accountability and governance for the SCITT training programme.

Responsibilities include:

- Establishing SCITT programme at local level
- Facilitating delivery of simulation sessions locally
- Linking to assessors & mentors regularly to discuss learners progress
- Supporting assessors & mentors
- Ensuring assessment process is met in full
- Authorising successful completion of programme

Assessors & mentors: Mentors are responsible for directly supporting the learner through the SCITT programme and assessors are responsible for signing off relevant clinical competencies. This may be the same person and will include educational supervisors, practice educator or equivalent and senior critical care staff.

Responsibilities include:

- Identifying staff ready to undertake SCITT training
- Authorising candidate entry to programme (including registration)
- Supporting learners with registration and subsequent log in
- Supporting learners through their development
- Setting realistic learning objectives & goals in collaboration with the learner

- Reviewing log book entries
- Providing access to local workshops and/or simulation training
- Tailoring local workshops and simulation training to meet the learners needs
- Supporting competency attainment relevant to professional group
- Recommending learners to Programme Lead for certification of programme completion
- Reporting any problems or concerns to Programme Lead

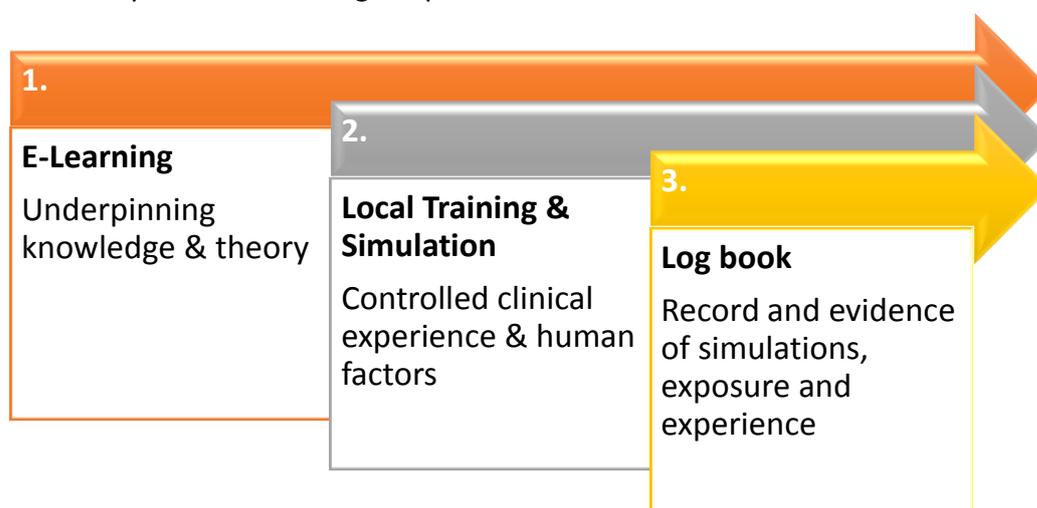
Learner expectations: When agreeing to undertake the SCITT programme learners are expected to complete all 3 elements to training and attend any agreed training days or review meetings.

Responsibilities include:

- Taking accountability for development
- Completing the programme in the agreed timeframe
- Setting learning objectives & goals in collaboration with assessor and/or mentor
- Escalating any issues or concerns to assessor and/or mentor
- Progressing through E-Learning component as agreed
- Accessing local workshops and/or simulation training as outlined by assessor and/or mentor
- Identifying and utilising learning opportunities in practice
- Completing competencies relevant to professional group
- Keeping an accurate and up to date transfer log book

The SCITT programme is delivered in 3 components. Candidates will be required to complete some or all of the components outlined here depending upon prior demonstrable knowledge and experience. Successful completion of all 3 components, or evidence of prior knowledge and experience, will result in a certificate of competence being issued by the candidates' local network.

Figure 4: 3 Components to achieving competence



All 3 components are essential and equally weighted and can be completed in the order which supports the individual learner and local infra-structure.

E-Learning component: This component provides the underpinning knowledge and theory required to safely transfer a critically ill patient. It includes all the relevant material required by the learner. The content covers:

- Background & introductory information

- Reasons for transfer
- Assessment & stabilisation
- Preparing, packaging & transferring a patient
- Equipment requirements
- Human factors & avoiding harm
- Communication & documentation
- Audit process

Local Training and Simulation: This component allows each provider organisation to deliver local training sessions that allow interaction and opportunities for healthcare professionals to experience the challenges of transporting the critically ill patient in a safe supportive learning environment. Although this can be delivered as a stand-alone learning opportunity it supports the e-learning component and forms part of attaining overall NW SCITT competency.

NB. This component could be delivered as a whole day or as two half day sessions to suit the individual circumstances and trust capabilities.

Key objectives and learning outcomes include:

- **Safety:** At the end of the learning period the candidate will be able to :
 - Discuss what PPE considerations should be made by staff undertaking a transfer
 - Demonstrate an understanding of CEN regulations and their application to equipment used during a transfer
 - Discuss what special considerations should be made if transferring the patient by aero medical transport (CAA Considerations)
 - Bariatric considerations
 - Discuss insurance of personnel undertaking the transfer
- **Preparation & Package:** At the end of the learning period the candidate will be able to:
 - Demonstrate and discuss how a patient should be prepared for transfer
 - Discuss the importance of optimising stabilisation prior to transfer
 - Discuss the planning for alterations of the perceived transfer plan
- **Rationalisation:** At the end of the training period the candidate will be able to :
 - Demonstrate an understanding of what equipment will be required to facilitate a safe transfer, including being able to rationalise and adapt elements of care to ensure continued safety during the transfer
 - Be able to safely complete an appropriate pre transfer check-list before undertaking patient movement
 - Demonstrate a familiarisation with the critical care transfer trolley (where used)
 - Demonstrate an awareness of the type and availability of equipment used by NWS and the local organisation

- **Communication:** At the end of the training period the candidate will be able to:
 - Demonstrate an understating of the importance of accurate and timely communications between:
 - The medical and nursing team
 - Transferring unit and the ambulance service
 - Transferring unit and the receiving unit (receiving specialist)
 - Staff and patient and patients relatives
 - Support services (PACS/Labs etc.)
 - Demonstrate an understanding of the importance of accurate documentation prior to during and upon successful safe transfer
 - Demonstrate an awareness of the NPSA and their function

- **Command & Control:** At the end of the training period the candidate will be able to:
 - Discuss the importance of leadership around the transfer of a critically ill patient
 - Demonstrate effective communication between named lead clinicians and nursing staff
 - Demonstrate an understanding of the importance of communication, for example:
 - Transfer unit and ambulance service (cross boundary - cooperation)
 - General patient handover
 - Clinician to clinician – handover
 - Nurse to nurse handover

- **Human Factors:** At the end of the training period the candidate will be able to:
 - Discuss common active and latent errors that may influence patient safety during a transfer
 - Demonstrate how communication failure can lead to patient harm
 - Describe how poor situational awareness may influence staff and patient safety

- **Pre Course recommended reading/activity:** Will include:
 - Completion of SCITT e-learning component
 - Intensive Care Society Guidelines for the transport of the critically ill adult (3rd Edition 2011) against which the slides for local delivery have been mapped

Principles and Minimum requirements for local delivery include:

- Named transfer Programme Lead
- A faculty of appropriately knowledgeable and competent trainers (e.g. educator, clinician, nurse, ODP, EMT)
- Ideally a cohort of no more than 8, up to 12 if there is enough faculty to allow for a ratio of 1:4 as a minimum

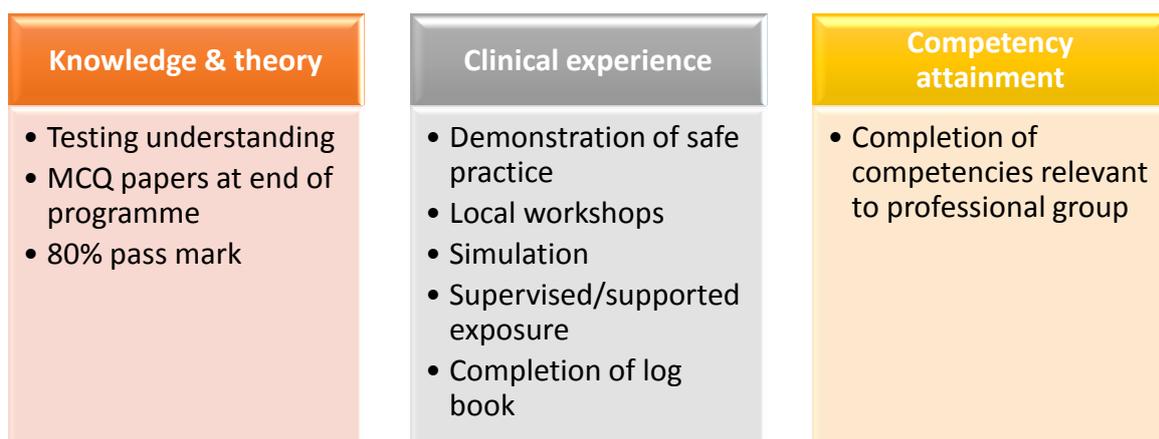
- Candidates’ prior experience should be ascertained - to give the faculty a baseline working knowledge of candidates experience or knowledge base
- Sessions delivered to follow the content of the slides provided by the NW Critical Care Networks, but these slides can be bespoke by Trusts to allow for inclusion of local information, terms, policies and equipment etc.
- 2 simulation scenarios to be delivered as a minimum. These may be selected from a suite provided via the NW Critical Care Networks or created from local transfer incident data
- Scenarios may be delivered utilising high or low technology according to the capability of the training environment and experience of the faculty
- Evaluation
- Provision of a local ‘Certificate of Completion’

NB. Delivery of this component against the above aims, objectives and principles carries CPD accreditation

Log book experience: This component allows the learner to keep a record of simulation or supported clinical experience to support the competency attainment relevant to their respective professional group. It also provides evidence for the Programme Lead to support decision making in authorising successful completion of the programme.

Assessment process: The assessment process is divided into knowledge & theory, clinical experience and competency attainment.

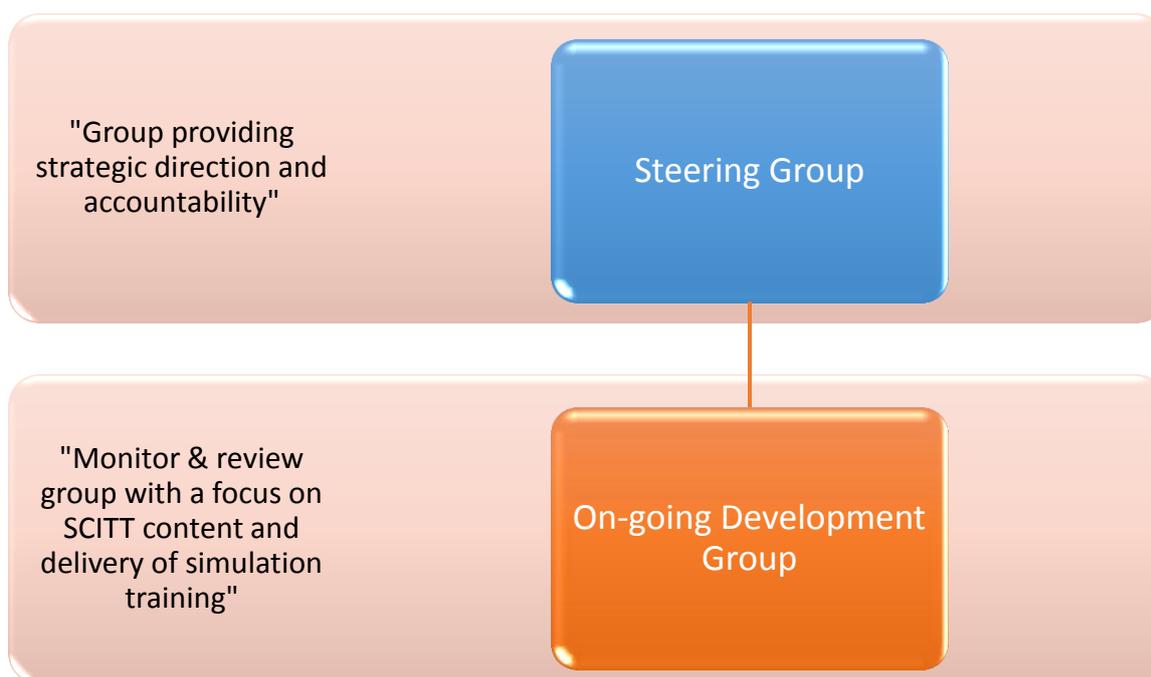
Figure 5: Assessment process



Governance Structure

Copyright of the E-Learning component remains with CMCCN who have commissioned the development of the package. However, the governance arrangements for the programme will be shared across the 3 NW-CCNs as the programme will be promoted and distributed across the NW region and access will be given to all NHS organisations and Educational Institutes who adhere to the programme in full within this area.

Figure 4: Governance Structure



Steering group: A strategic steering group has been established to monitor and review the NW guidance for the SCITT course; this group is the oversight committee with responsibilities to:

- Set strategic direction for course development
- Review emerging or updated transfer guidance
- Review NW Clinical Incidents to identify content direction
- Evaluate application following 'go-live'
- Gain end user feedback
- Refresh and update assessment processes as required
- Monitor effectiveness of governance arrangements
- Provide nominated representation on the on-going development group

Membership on this group will be limited to:

- Chair, Critical Care Professional with an active interest in transfer of the critically ill and holds a formal network role
- E-Learning programme commissioner (CMCCN Director or nominated deputy)

- Representation from 3 x NW Critical Care Networks (2 places per network, 1 to be a network team member the other to be network transfer task group Chair)
- AHP representation, must hold recent experience of critical care transfers and Education & Training (e.g. paramedic, ODP)
- RCA & FICM representative for each region
- ICS representative
- Nurse Education & Training representative
- On-going development group Chair

Others may be invited to attend the steering group for specific work streams, for example:

- Health Education England
- NW Simulation Centres
- Frank Design team

On-going development group: An on-going development group has been established to monitor and review the programme content and local simulation delivery. The group will link into the steering group who will provide strategic direction. This group will consist of critical care multi professional groups from both clinical practice and academia.

Work streams include:

- Establish transferability to other professional groups outside of critical care
- Review of E-Learning package content
- Development of interactive activities (create library of resources)
- Development of MCQ pool (create library of resources)
- Review of log book and refresh as required
- Link to competency attainment for relevant profession groups (RCA & FICM competencies and National Competency Framework for Registered Nurses in Adult Critical Care)
- Developing principles and minimum standards for low tech simulation training
- Developing advanced simulation training for local training faculty

Membership on this group will be extended to:

- Chair, open to multi professional groups, holds a position of interest in critical care transfer training, nomination supported by steering group members
- Representation from critical care colleagues in practice and education
- Representation from AHP colleagues (must hold experience of critical care transfers and Education & Training, e.g. paramedic, ODP)
- Representation from 3 x NW Critical Care Networks
- Representation from 3 x NW Simulation Centres (including faculty delivering training)

Others may be invited to attend the on-going development group for specific work streams, for example:

- Health Education England
- NW Simulation Centres
- Frank Design team

Implementation

Hosting of programme: The E-Learning element of the programme will be hosted on the Frank Design server and access will be linked to each of the 3 NW-CCNs websites.

Timeframe: The timeframe for completion will be agreed locally depending on the individual’s needs, however, it is anticipated that the programme will take no longer than 12 months to complete in full:

1. **E-Learning element:** Approximately 7.5 hours of learning time will be required to complete the E-Learning content. The programme is designed in chapters so that the learner can progress through the material at a comfortable and manageable pace.
Certificate of completion will be provided on successfully achievement of MCQ assessment.

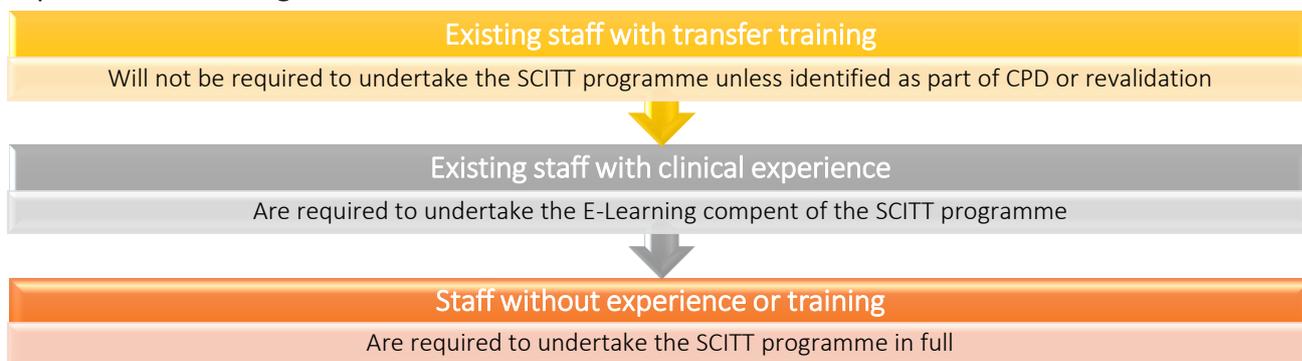
2. **Simulation element:** Delivery of simulation sessions will be determined locally and will depend on availability of resources and faculty. Quality assurance will be undertaken by NW-CCNs during Service Specification and Peer Review visits.
Certificate of completion will be provided locally when standard simulation requirements have been completed.

3. **Log book:** During the 12 month programme the learner will be required to keep a record of simulations, exposure and clinical experience relating to critical care transfers. Any suitable log book can be used to demonstrate this evidence on programme completion but for those who do not have an appropriate professional log book there is one embedded into the E-Learning system.
Certificate of completion will be provided locally when relevant clinical competencies have been achieved and log book completed.

Accreditation: Accreditation for programme completion will be provided by the 3 NW-CCNs. The Programme Lead will be required to provide the following evidence for the individual to gain network accreditation:

- a. Certificate of successful completion for E-Learning element
- b. Certificate of successful completion for Local Training and Simulation element
- c. Assurance that relevant clinical competencies have been completed (these will dependent on professional group)
- d. Certificate of successful completion of logbook

Requirements for existing staff:



This document has been developed by the NW-CCNs SCITT Steering Group

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