



South Central
Ambulance Service
NHS Foundation Trust



Communication in the prehospital environment

Right care
First time
Every time

Barry Handyside, Paramedic, Quality
Assurance Manager – Clinical Education

Why am I here with you today?

1. Update from last year's conference and a look into what further developments may occur within the ambulance sector.
2. Discuss communication in the prehospital emergency and unscheduled healthcare setting.

Update

- All 11 trusts taken onboard Association of Ambulance Chief Executives (AACE) content.
- 2 Maybo modules: Redirection and Guiding and Restrictive skills: Clinical holding.
- Trust senior trainers disseminating content. Individual approach.

The future


- Affiliation through Maybo with the British Institute of Learning Disabilities Association of Certified Training (BILD ACT).
- Senior trainer models developed within trusts.
- AACE content updated and contemporary.
- Develop working relationships with police forces. 'Right Care Right Person'.



Communication

A changing dynamic

- The role of ambulance trusts
- Changing demographics of society
- Political, cultural, social, economic challenges.
- Historic communications vs current / future



**Communications
and information
gathering**



Challenges

- Acute / unexpected
- Travel time and distance
- Others on scene
- Handover
- Emotions
- Personal factors
- Method preferences
- Body language
- Language and vocabulary, use of jargon
- Patient demographics
- Day and time
- Location / environment
- Patient condition
- Previous encounters / crew knowledge
- Time constraints / trust expectations
- Diagnostic overshadowing
- Us and our biases!



Information:

- Gathering
- Filtering
- Sorting
- Reporting
- Handover



**HUMAN ANATOMY
MALE ANATOMICAL
TEACHING MODEL**

This figure was used until the mid twentieth century to demonstrate anatomy to students at the London hospitals.

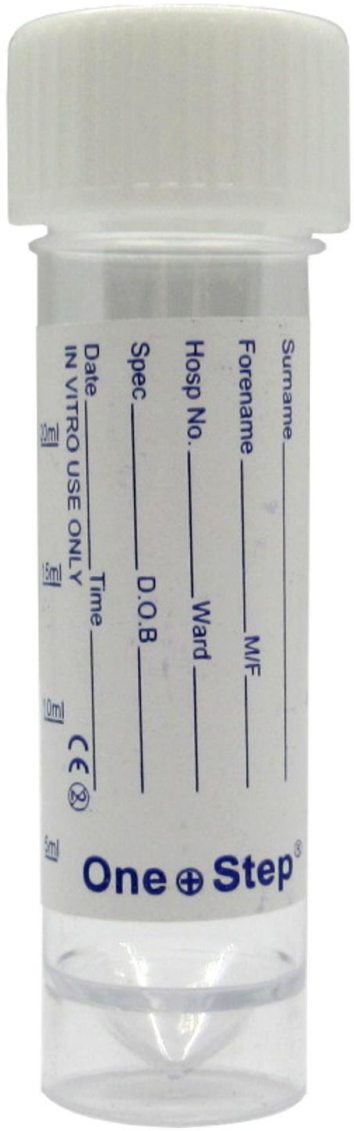
Skeletal structure is shown on the upper left side of the figure, the skeletal structure of the skull shown to the right. Major organs, some with muscles, and tissues of the skull are marked with capital letters or numbers. The figure is almost completely, only the brain is missing.

Made by Adams, Westley & Co.
when located at Tavoy, Warren
London circa 1860.

Donated by Dr. David L. ...
and Dr. James ...

Medical model

- PC
- HPC
- PMHx
- PSH
- Allergies
- Medications
- Social Hx
- Family Hx
- OE (inspection, palpation, percussion, auscultation)
- Imp / differential diagnosis
- Plan



Surname _____
Forename _____ M/F _____
Hosp No. _____ Ward _____
Spec _____ D.O.B. _____
Date _____ Time _____
IN VITRO USE ONLY

One Step®



SAMPLE

- Symptoms
- Allergies
- Medications
- Past medical Hx
- Last oral intake
- Events prior



OLDCART

- Onset
- Location
- Duration
- Characteristics
- Aggravating factors
- Relieving factors
- Taken anything?



SOCRATES

- Site
- Onset
- Character
- Radiation
- Associated symptoms
- Time / duration
- Exacerbating factors
- Severity



Handovers

Reporting mechanism / Handover tools

- METHANE
- ATMIST
- SBAR

METHANE

- Major incident declared / standby
- Exact location
- Type of incident
- Hazards (present / potential)
- Access / egress
- No. / type / severity of casualties
- Emergency services required



ATMIST(ER) / ATMIST

- Age
- Time of incident / condition
- Mechanism of injury
- Injuries / illness
- Signs and Symptoms
- Treatments

- ETA and arrival mode
- Requests



Age

- 60 year old female

Time

- 10:00am

Mechanism

- Trauma patient
- Driver of car involved in collision with rear of another car, travelling at approx 60mph.

Signs

- Both lower legs are fractured and patient complaining of central neck pain
- Observations are as follows: P=100, BP=120/75, RR=18, GCS=15, Temp=36.2oC, BM=6.1

Treatment

- Pt is fully immobilised, both legs are vacuum splinted, IV access, 10mg morphine IV & Abx so far

ETA and requests

- Will be approx 20 minutes via road, can we ensure trauma team is available



SBAR

- Situation
- Background
- Assessment
- Recommendations



In conclusion

- Communication is multifaceted
- It is individual
- Adaptability is key
- Yes, it can be simple, but is difficult to get right every time
- Tools can support
- Fundamental rules should always be applied

- Barry.handyside@scas.nhs.uk

- 07557 8133384