

## As a paramedic working within a rural emergency department (ED), I have the opportunity to see the clinical decisions through the lenses of both the prehospital and ED clinical teams. Often it appears both interprofessional teams are unaware of the different guidelines, the clinical reasoning and decision-making problems, and the operational problems faced. At times this had led to defensive practice—when a clinician feels that their clinical decisions are being second-guessed or questioned. In rural settings, where interprofessional collaboration is key, the goal should be to build a strong, trusting relationship between prehospital and ED teams. Improving patient care and communication through joint education and building a culture of respect to encourage understanding.

### **Aim:** Strengthen Collaboration Between Northern Ireland Ambulance Service (NIAS) and ED Clinicians

1. To build stronger relationships and promote mutual understanding between the NIAS clinicians and the ED team, fostering a culture of respect, shared learning, and collaborative clinical decision-making.

### **Strategy:** Interprofessional Case Reflection via Grand Rounds.

Grand rounds can be explained as a platform that offers a clinician the ability to explain their methods of diagnosis and treatment. Furthermore, a grand round can offer a space for clinicians to have a shared reflection, mutual learning, and open dialogue on the matters that affect the clinicians attending the hospital and matters that affect hospital staff.

### **Method:**

**Joint Planning:** An organised collaboration between organisations. A joint plan from both teams to schedule the session, choose the cases, and ensure the content was relevant and beneficial to both groups.

### **Case Selection:**

Two cases were discussed during the Grand Rounds: one trauma case and one medical case. These cases were jointly selected by both hospital and NIAS staff. The chosen cases were considered to provide ample opportunity for meaningful discussion and learning.

### **Invitation and Support for Presenters:**

Invitations were sent to all NIAS clinicians, helicopter crew, and hospital staff who were involved in the management of the two cases. Along with the invitation, support was offered in terms of presentation design and delivery skills to help presenters effectively communicate their experiences and insights. Screening and Confidentiality: Both trusts (the hospital and NIAS) conducted a thorough screening process to ensure that no malpractice or inappropriate content was discussed. Key talking points for the presentation were carefully reviewed to ensure that all material was appropriate. The slides were anonymised, and patient data was not disclosed during the discussion to maintain confidentiality and protect patient privacy.

## **Why did we do that way?**

A novel approach to the fostering of a safe forum for interprofessional case reflection

Thompson, D. (1) and Jones, G. (2)

(1) Trainee Advanced Clinical Practitioner Emergency Department, South West Acute Hospital

(2) Clinical Support Officer Northern Ireland Ambulance Service

## **Results:**

5 paramedics, 1 Helicopter Emergency Medical Service (HEMS) consultant, 1 ED middle grade and 1 Trainee Advanced Clinical Practitioner presented on the day. 129 attendees in the audience- Paramedics, Doctors, Consultants and Nurses.

## **Discussions:**

**1. Prehospital Case 1:** Scene Management: Questions were raised regarding the initial scene management. The ED staff were unaware of the vehicle damage at the scene, as no pictures were shared. The discussion explored how the scene was controlled and the initial response, which involved a single ambulance attending multiple trauma patients. This led to a conversation about the clinical decision-making process regarding triage, especially in situations with multiple patients and limited resources.

**2. HEMS/RSI and Management:** The HEMS team discussed their approach to Rapid Sequence Induction (RSI) and patient management during the case. They also explained logistical challenges, including issues with the landing site and the difficulties posed by the fire service needing to dig the helicopter out of a challenging location.

**3. ED Case 1: Multiple Trauma Management:** The ED team provided insight into their approach to managing multiple trauma cases, particularly the considerations and protocols followed once the patients arrived in the hospital. This discussion delved into how the ED prioritises and manages complex trauma cases with limited resources.

**4. Rural Trauma Unit and Inter-facility Transfers:** The complexity of managing patients in a rural trauma unit was explored, particularly the challenges associated with inter-facility transfers to a Major Trauma Centre (MTC). The team discussed the clinical and logistical hurdles involved in transferring critically ill patients from a rural setting to a higher-level facility.

**5. Prehospital Case 2: Vague Presenting Complaint:** There was a discussion around the challenges posed by the vagueness of the presenting complaint. The lack of clear symptoms or diagnosis made it difficult for both prehospital and ED teams to form a definitive clinical picture early in the case, highlighting the importance of thorough patient assessment.

**6. ED Case 2: Acutely Unwell Patient and Social Issues:** The second ED case led to a discussion about managing acutely unwell patients, including the conflict that arose between in-hospital teams. A key focus was on the issues around "bed blocking," where patients could not be discharged due to social factors, such as lack of appropriate care at home, and the delays this causes in patient flow.

**Acknowledgements:** Dr. S. McKenzie and Dr. Campbell-Brown, Emergency Medicine Consultants, SWAH ED.

The clinical training team, NIAS. Colleagues of SWAH ED. Colleagues of Enniskillen and Omagh Ambulance stations, NIAS.

## **Event Evaluation:**

The event included an evaluation component, which was collected on the same day to capture immediate feedback from participants. This evaluation aimed to help assess the effectiveness of the Grand Rounds and identify areas for improvement in future sessions.

- Over 60% response for attendee evaluations.
- Overall satisfaction with event was 95% - room size and length of session (2 hrs) were found to decrease satisfaction.
- Each evaluation noted that they would reattend and recommend the session to their colleagues.

## **Responses:**

*"I think the event went very well and it was refreshing to sit down as multi-disciplined professionals to gain insight into the management and outcomes of the two cases. I hope this can become a regular event"*

*"Have these more often it is great for ed staff to understand what has happened before the pt arrives in ed."*

*"Keep same format of analysing the event and then reflecting back in what can be done to improve services in the future"*

## **Reflection (1)**

- **Initial Difficulties:** Organising the event proved challenging at first due to several factors, including finding suitable dates, securing the venue, selecting appropriate cases, navigating GDPR requirements, addressing technology issues, and managing the coordination between multiple organisations involved.
- **Personal Satisfaction:** Despite these challenges, I was pleased with the overall satisfaction levels of attendees and how the event unfolded. The positive feedback and smooth execution made the effort worthwhile.
- **Engagement and Respect:** The engagement from all professionals was excellent. Within the room, there was a strong sense of mutual respect for the speakers. Clinicians from both the ED and NIAS contributed to the discussions, creating a collaborative atmosphere where everyone felt encouraged to share their insights. This helped make the conversation and reflection both productive and positive.

**Future Plans:** We aim to continue encouraging a culture of interprofessional reflection. To build on the success of this event, we plan to hold Grand Rounds every four months within the department, ensuring regular opportunities for collaborative learning and dialogue.

