



Original Research

Safe Interfacility Transport of Pediatric Patients: Medical Control Training, an Interdisciplinary Approach



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A B S T R A C T

Introduction: Critically ill children who require transfer to tertiary care centers often require transport by specialized transport teams (TT). These interfacility transports require a medical control physician (MCP). Traditionally this role is assigned to fellows who are taught “on-the-job”, but achieving competency in communication for those trained this way may not be optimal. We sought to close this curriculum gap by developing a MCP training program immersing emergency medicine (EM) and critical care (CC) fellows together with TT members to manage a simulated patient.

Methods: Pilot curriculum from 2014–2016 involving 1st year fellows. A case is presented initially with a referral call. By phone the fellow is to communicate with and guide the TT, who is in a separate room managing the “sick” patient using high-fidelity simulation. Each MCP and TT communication is evaluated by faculty and peers. An immediate debriefing session provided formative feedback.

Results: 11 fellows participated and 10 completed a post-simulation survey (91%). The fellows and TT members rated the curriculum as “highly important” and positively viewed the interprofessional collaboration. Respondents were neutral when asked if communication skills improved.

Conclusion: The MCP training curriculum was viewed favorably and participants reported that this formalized training is needed.

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Emergency medicine and critical care physicians often serve as the medical control physician (MCP) for pediatric patients who require interfacility transport. Traditionally, this “skill” of managing a patient sight unseen is taught to fellows informally “on the job.” This “see one, do one, teach one” approach may not be the most optimal to learn how to manage a critically ill patient.^{1,2} In addition, entrusting an inexperienced physician to effectively communicate plans to an unfamiliar transport team in the field could be problematic.³ Moreover, at our institution, the role of MCP falls under the “entrustable professional activity” umbrella, and evaluation of an individual’s performance with this task is often inconsistent and informal.⁴

Nonetheless, the Accreditation Council for Graduate Medical Education has performance expectations for the following milestones: patient care, medical knowledge, professionalism, interpersonal communication skills, practice-based learning, and systems-based practice. Recognizing that our emergency medicine and critical care fellows were not receiving formal education and evaluation in assuming medical control for patients during interfacility transfer, we sought to close this curriculum gap by developing a formal program.

This structured training combines an interdisciplinary approach, high-fidelity simulation, and immediate feedback on performance by peers, faculty attending physicians (faculty), and experienced transport clinicians. This curriculum is very similar to already successful training simulation programs that focus on safety and communication in the nursing, surgical, military, and aviation fields.^{5–13} Moreover, the curriculum’s interdisciplinary aspect makes it versatile for other programs to adapt. A similar communication training curriculum could easily address the Accreditation Council for Graduate Medical Education’s expectation that all accredited training programs must assess each trainee’s professionalism, interpersonal communication skills, and ability to show leadership

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