Safe Transfer Techniques

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Interactive Handbook for Peer to Peer Learning of Safe Transfer Techniques

STTech

Interactive Handbook

Safe Transfer Techniques (STTech) –
Intellectual Output 3

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Preface

This interactive handbook represents the final result of the Intelectual Output 3 of the Erasmus+ Project Digital Tools and Methods for Safe Transfer Techniques for Caregivers in Today's Health Care Sector–STTech Erasmus+ KA204 strategic partnership project 2020-1-DK01-KA204-075155. Intelectual Output 3 was led by College of Applied Sciences „Lavoslav Ružička" in Vukovar, Croatia.

The interactive handbook will guide you through the basic principles of safe transfers, risk assessment and how to work with your own body to prevent attrition and work injuries.

A former project in Denmark has reduced work injuries caused by transfers by 36%. These findings are the foundation of this STTech project.

The partners are:

- **UCAM** (Fundacion Universitaria San Antonio) from Spain

- **VEVU** (College of Applied Sciences „Lavoslav Ružička" in Vukovar) from Croatia

- **VIA** (University College of Applied Sciences) from Denmark

- **RISE** (Research centre on Interactive Media, Smart Systems and Emerging Technologies) + AMEN (Archangelos Michael Nursing Home) from Cyprus [AMEN] (Archangelos Michael Elderly Nursing Home)

- **Västerås** Rehabilitation Care Center from Sweden

Leading partner of the STTech project:

- The Municipality of **Aarhus**, CFT (Center of Assisted Living Technologies) from Denmark.

  Meet the participants here: About SST (aarhus.dk)

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Denmark | Project manager
Safe Transfer Techniques

Introduction

This interactive handbook, through chapters, deals with the most important segments that need to be mastered in order to apply safe transfer techniques as well as peer to peer learning methodology.

**Interactive links**: This icon indicates an interactive link that takes you to video instructions.

- **Links to**: Courses in different languages:

- E-learning course in English
- E-learning course in Danish
- E-learning course in Swedish
- E-learning course in Greek
- E-learning course in Croatian
- E-learning course in Spanish

- **Links to:** Handbooks in different languages - Safe Transfer Techniques

- Handbook in English
- Manual el Español
- Håndbog på dansk
- Handbok på svenska
- Handbook in Greek
- Priručnik na Hrvatskom

Why don't you write in Greek just like you did with the other languages? "Εγχειρίδιο στα ελληνικά"

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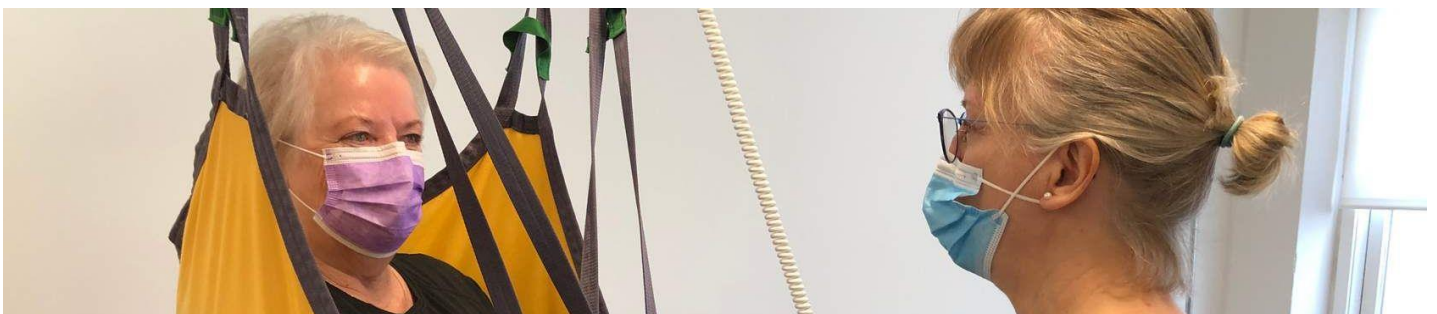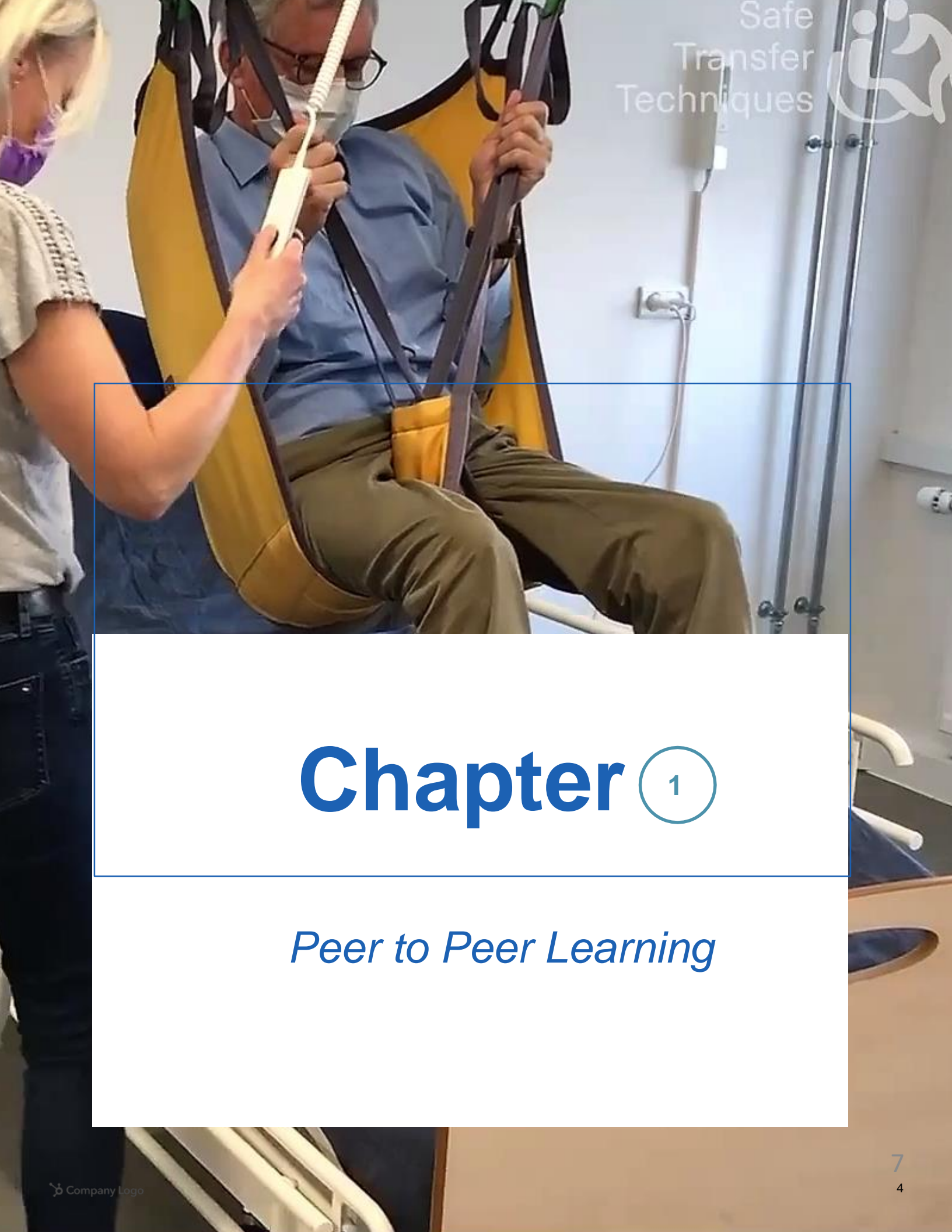
Chapter ①

Peer to Peer Learning

Peer to Peer Learning

Peer learning, known also as peer-assisted learning and peer-assisted study represents form of academic support models recognized internationally in vocational and higher education. It is one of the oldest forms of collaborative and connective learning in human society and it provides a chance to learn from the knowledge and experience of those similar to themselves. Furthermore, it can be defined as learning where individuals of equal or comparable status helping each other to learn in both formal and informal ways. Likewise, it provides sharing of knowledge, ideas and experience between students.

Learning in the authentic practice environment is valued by students, clinicians, academics as well as lay caregivers because it develops skills and atributes for professional practice in interesting and relaxed way. Peer learning also enhances the learning opportunities for students by adding peer feedback which is traditionally provided by the clinical educator. In this way, students are provided with the opportunities for discussion of decision making processes, and to share the challenges and social support in the process of learning. This model of learning reduces student anxiety and aids learning. Consequently, this increases student satisfaction with clinical education. Peer learning models have the potential to increase capacity for workplace education.

More information regarding peer learning models, principles and how to facilitate them as well as questions for self-reflection can be found in Appendix. We also invite you to discuss your best practices of peer learning in our **Web Visit Spot.**

Some of the **_important criteria for effective peer learning_** (Sevenhuysen et al, 2013) are:

- suited student pairs or small teams for practice, content and mode of learning adjusted to student needs and previous skills,

- not relying on extensive input from the clinical instructor/facilitator,

- providing meaningful learning experience for the students,

- learning outcomes applicable across work areas and settings.

EXAMPLES OF TOOLS / ACTIVITIES RECOMMENDED FOR LEARNING OF SAFE TRANSFER TECHNIQUES

Peer feedback book

This is the tool where performance-based comments by the student peer are entered. For instance, note is entered that a particular behaviour is observed.

Peer observation and feedback

This is the activity where template is designed by the facilitator to encourage the student peer to provide feedback in line with assessment targets. The template guides student peer feedback after observing patient assessment and/or intervention and incorporated methods of patient handling.

Verbal feedback triad

This is the activity with a three-way conversation between peer students about the interaction between patient and a student that was observed by the peers.

The reflective practice template

This represents a tool to guide critical reflection on a patient interaction or experience.

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# **S**ome **hints** for peer to peer **facilitators**

It is very possible that different technical and legal conditions prevail in a particular country. Therefore, some transfer modes need to be considered and adapted in this context.

Not everyone likes competitions or verbal interacting. You do not have to eliminate them, just use them occasionally.

Being a peer to peer facilitator is not just a being group leader. being a group leader
She/he: communicates, allows, encourages, respects, does not impose.

Integrate „what to learn" with „how to learn".

Cultural differences in the approach of patients but also of the human body in general can cause misunderstanding and resistance. Be aware of them and respect them.

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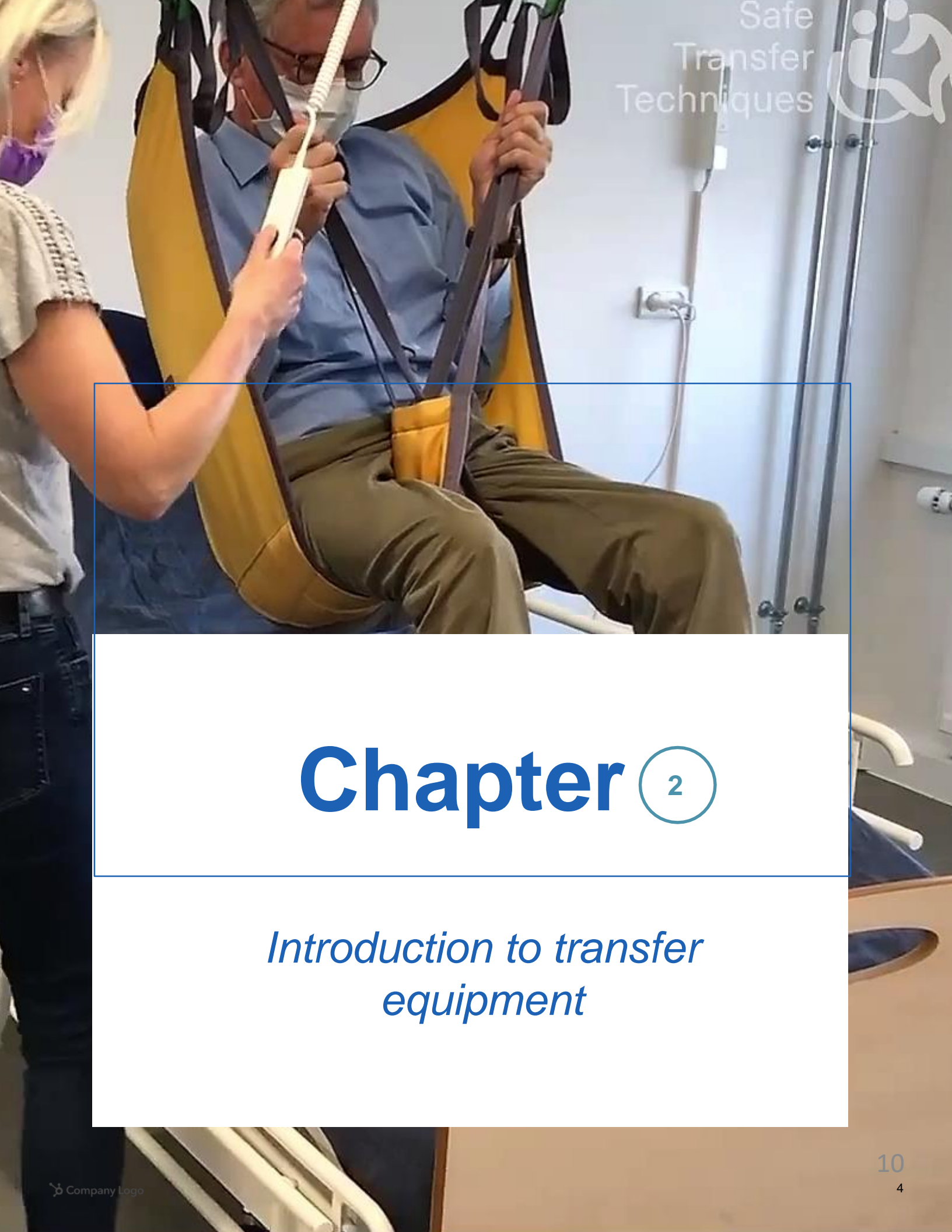
Chapter (2)

Introduction to transfer equipment

Safe Transfer Techniques

Introduction to transfer equipment

Here we will introduce equipment regardless of the degree of mobility it is intended for. Get acquainted with the equipment, without estimating when you need to use it, for now.
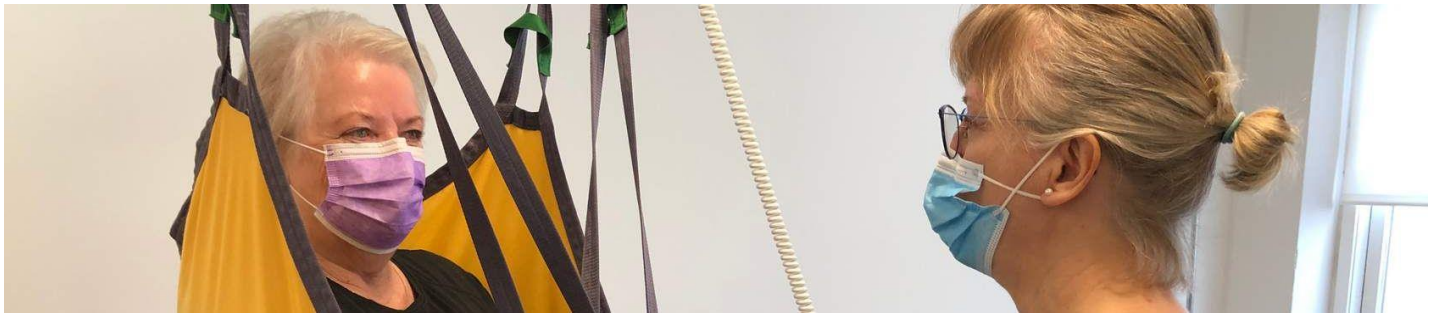

CAREBED The function of the carebed is to support the citizen in participating in the transfer situation as well as help the caregiver to a good working position.

POLYGLIDE Polyglide is used for transferring people in generel - such as transfer in bed or from bed to wheelchair. Polyglide is used to reduce the friction between the citizen and the surface.

TURNING SHEETS Turning sheets are used for positioning and transfer in bed for citizens with severe immobility. It can be used manually or combined with the lift.

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Introduction to transfer equipment

POSITIONING TUBE The positioning tube adjusts to the citizen. It is used for positioning the citizen in bed e.g. supporting the citizen lying on the side and giving comfort.
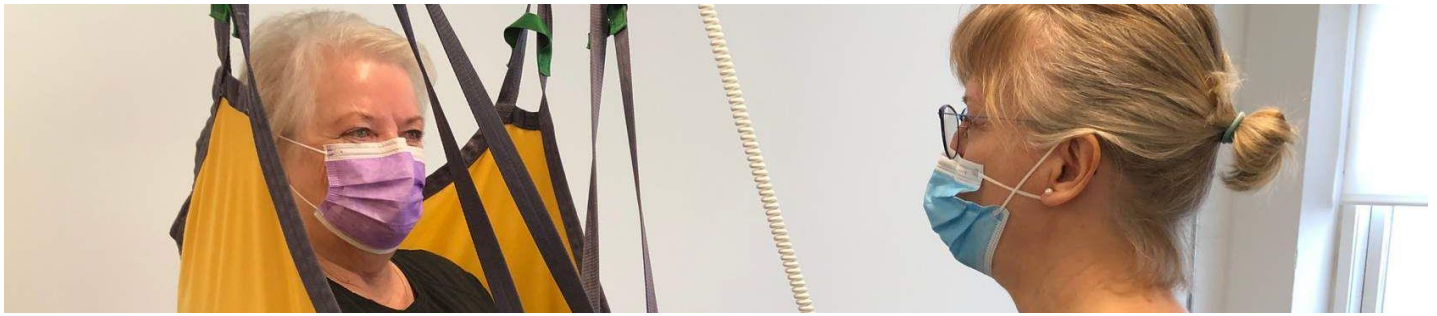

WHEELCHAIR The wheelchair is designed to manage all aspects of postural support and comfort. It is designed to accommodate a range of positioning requirements. Both tilt and recline are easily adjusted.

RAIZER The battery-operated mobile lifting chair. Raizer helps a fallen person up to an almost standing position in a few minutes.
The aid can be operated by only a single assistant, and it requires only limited physical effort from the operator aside from a helping hand.

TRANSFER PLATFORM The transfer platform supports the citizen in the transfer between e.g. carebed and wheelchair. It provides security for a safe standing position for the citizen holding on to the handles.

Safe
Transfer
Techniques

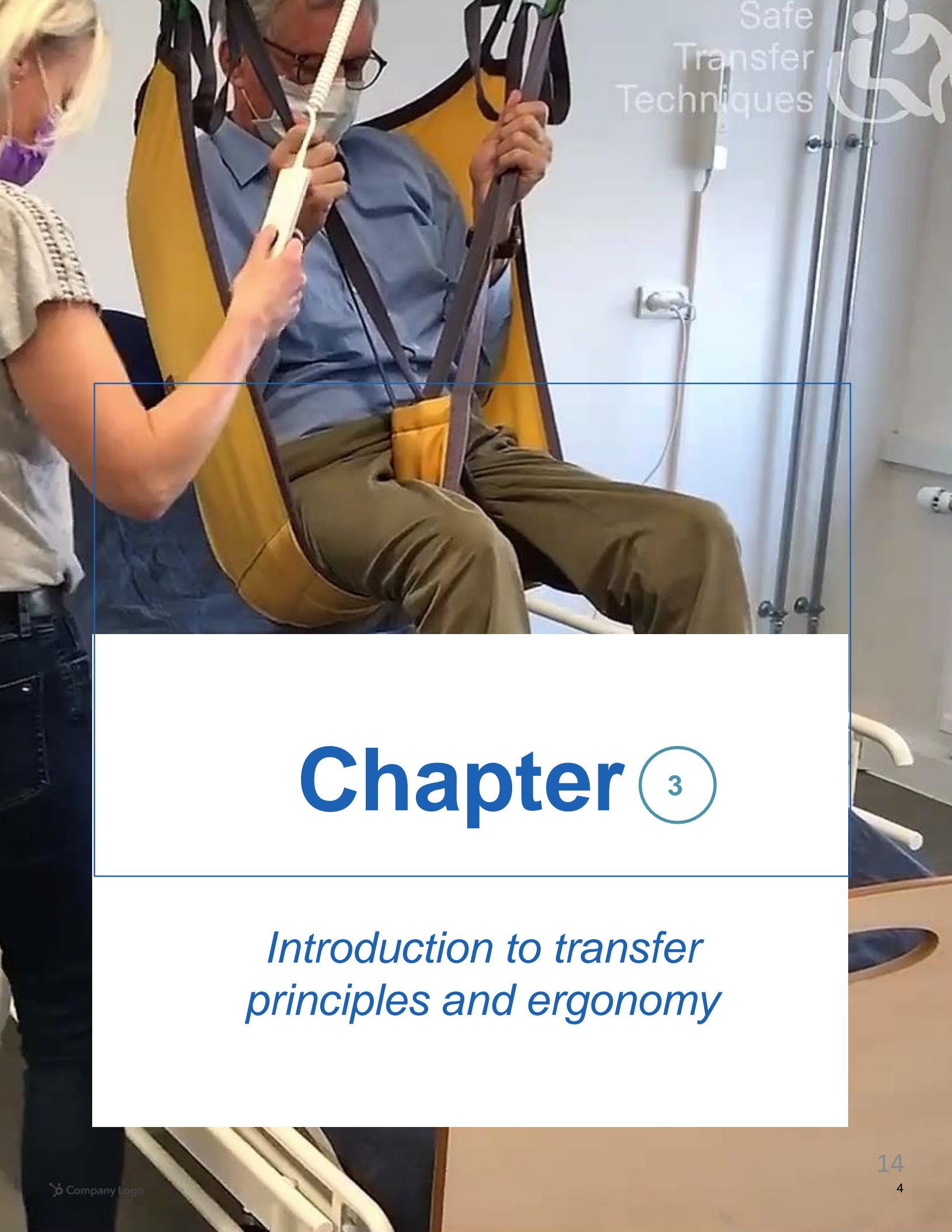## Introduction to transfer equipment

LIFT The mobile lift assist carers when lifting and transferring people with impaired mobility. Various situations require different solutions for comfortable and safe lifting, which also enhances the work environment and safety for the carer.

CEILING LIFT Combined with a sling, the ceiling lift is used for transfer situations. It can also be combined with sliding sheets for turning and positioning in bed.


SLING Slings are used for general transfers to support the body. The sling is ideal for lifting, moving and positioning citizens with reduced control of their body. Using the appropriate sling is essential for efficient transfers to ensure comfort, dignity and safety for the citizen and the caregiver.

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Chapter ③

Introduction to transfer principles and ergonomy
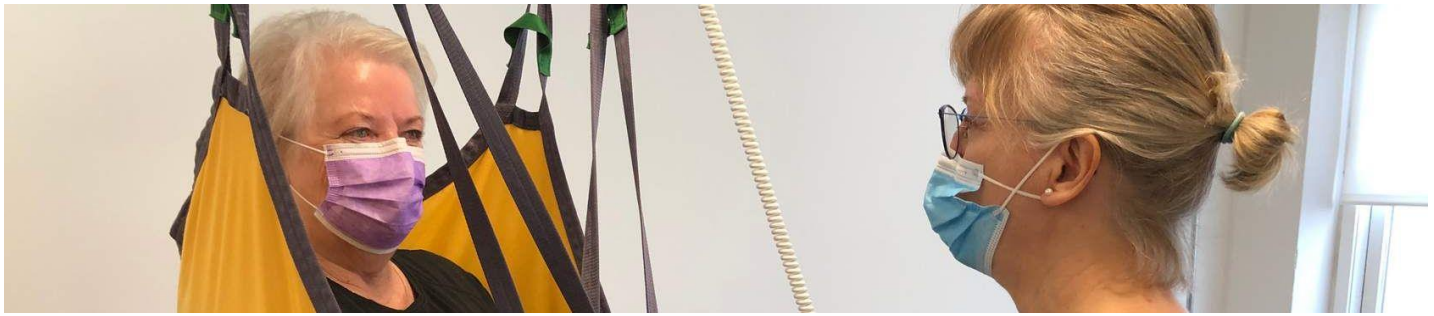
Introduction to transfer principles and ergonomy
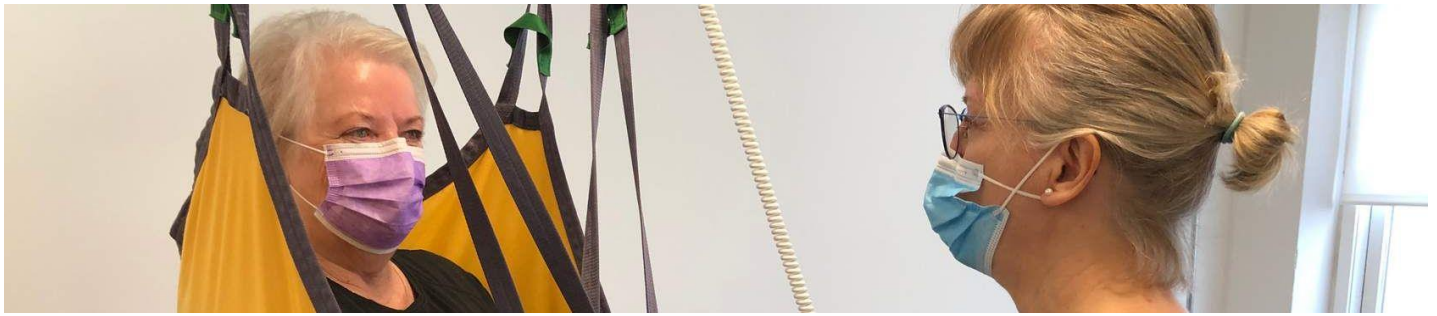

↔ **Horizontal:**

Transfers are always horizontal. It means that the citizen's movements are horizontal and not against gravity. The focus is to reduce the friction between the citizen and the surface the citizen is lying or sitting on. It reduces the force the caregiver must use and enables the citizen to be active in the transfer. Transfers in the horizontal level can be done manually by "rolling, pulling, pushing" or by using technical assistive devices.

⬆ **Vertical:**

The movements are vertical when the citizen's movements are against gravity, e.g. to get up. If the citizen needs help, the caregiver can guide him, but he needs to be able to do the movement himself. If the citizen cannot do this the caregiver must use technical assistive devices to avoid working against gravity.

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Transfer methods

Ergonomy and working positions

Working ergonomics is extremely important for the caregiver but also for safety. Become aware of your working position over time so that you are in the optimal working position all the time.
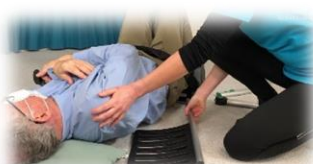

Pull with straight back and slightly bended knees.

Walk around the bed instead of leaning over the user.

Do not pull. Use assistive devices for vertical transfer.

It is difficult to find a good position in working on the floor. Try kneeling instead of bending over.

It is difficult to find a good position in working on the floor. Try kneeling instead of bending over. Keep your back upright.
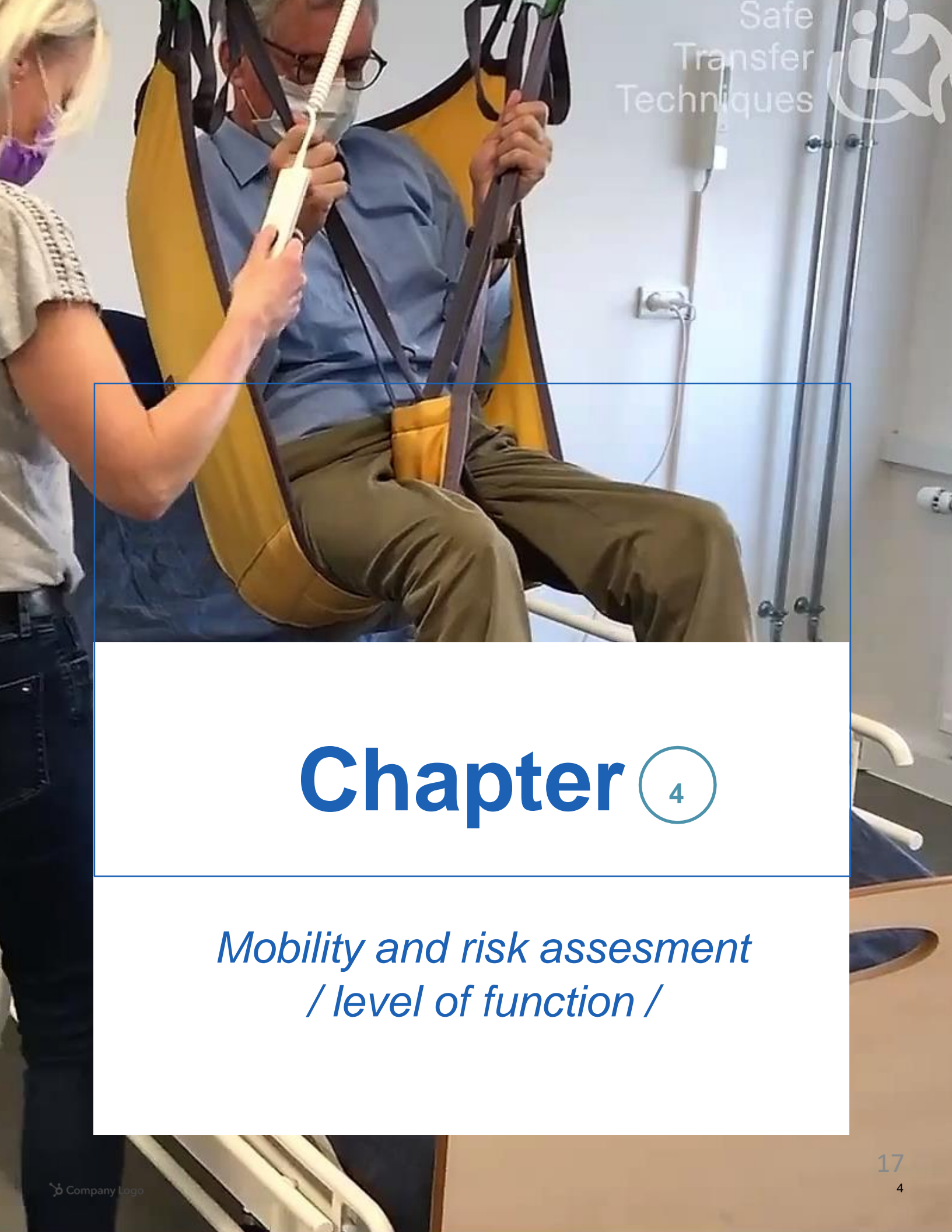

In this situation, pull with uppright back and extended arms.

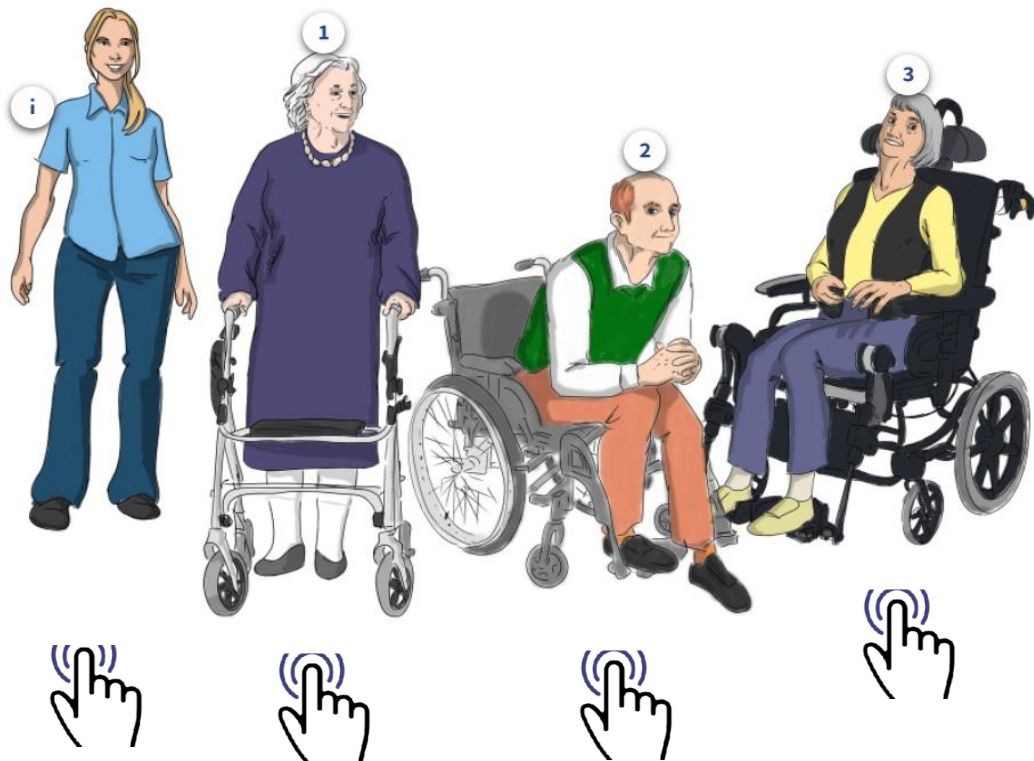Work with bent knees and straight back whenever possible.
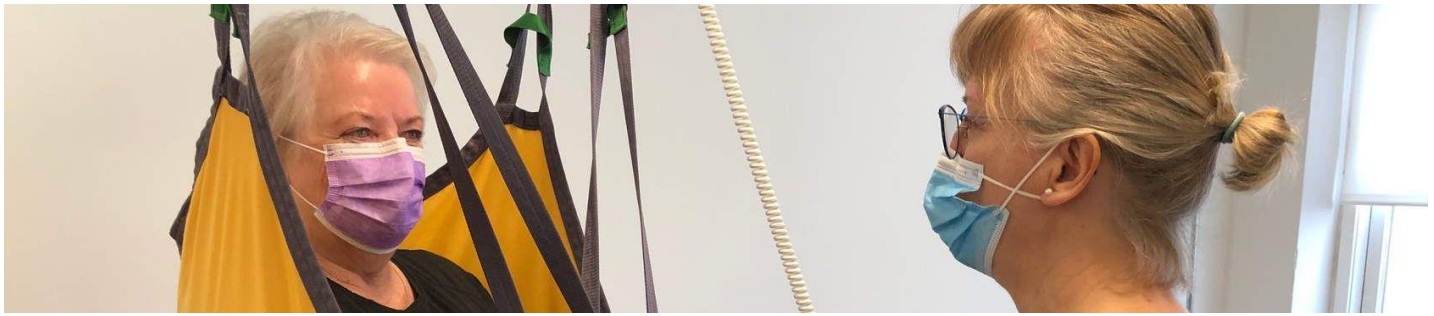
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Chapter (4)

*Mobility and risk assesment
/ level of function /*

Mobility and Risk Assesment / Level of Function

An important part of risk assessment is to assess the level of function of the citizen you are transferring. It is important to recognize the red zone within each mobility level.

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Introduction to a level of function: Anna, Bill and Carrie

You will be introduced to 3 citizens: Anna, Bill and Carrie.
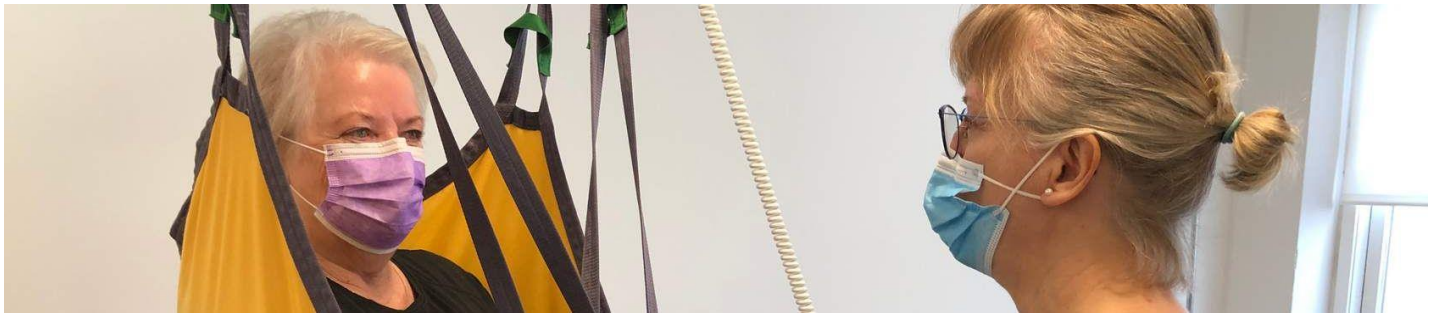Each of them represent a level of physical function

Meet Anna

Anna - Level of Function 1 - The Walking Citizen

Can stand and sit without support
Can get up from chair and turn from side to side in bed
Can walk around , sometimes using an assistive device
Needs a little help to get in and out of bed
She might have some cognitive disabilities e.g.:

Difficulties cooperating
Not oriented in time/place
Needs help to plan everyday life
Difficulties adjusting her behavior to the environment.

Anna

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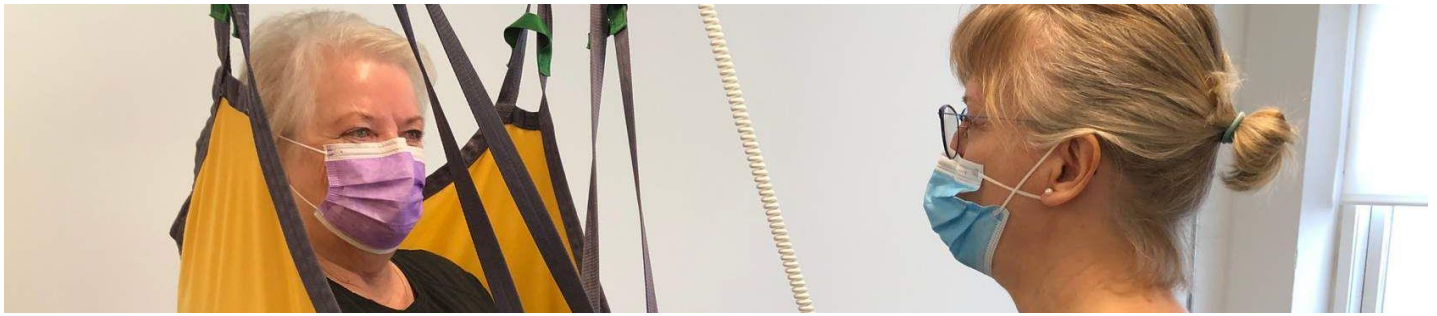Introduction to a level of function: Anna, Bill and Carrie

Bill

Meet Bill

Bill - Level of Function 2 - The Sitting Citizen

Can sit without support
Can stand holding on to a handle or assistive device
Can get up and sit down with help and can cooperate to turn in bed
Can walk a few steps with an assistive device, but his balance is imparied
Needs a wheelchair
Needs help with transfers - assisstive devices e.g. walker, transfer platform or lift

He might have some cognitive disabilities e.g.:
Difficulties cooperating
Not oriented in time/place
Needs help for planning of everyday life
Difficulties adjusting his behavior to the environment

Safe Transfer Techniques

# Introduction to a level of function: Anna, Bill and Carrie

Carrie

Meet Carrie

Carrie – Level of Function 3 – The Lying Citizen

Needs support to sit
Not able to stand
Needs help to turn around in bed, is able to lay on her side
Needs a wheelchair
Needs help to be transferred with assistive devices e.g.
Lift, sling and sliding sheets

She might have some cognitive disabilities e.g.:
Difficulties cooperating
Not oriented in time/place
Needs help for planning of everyday life
Difficulties adjusting her behavior to the environment

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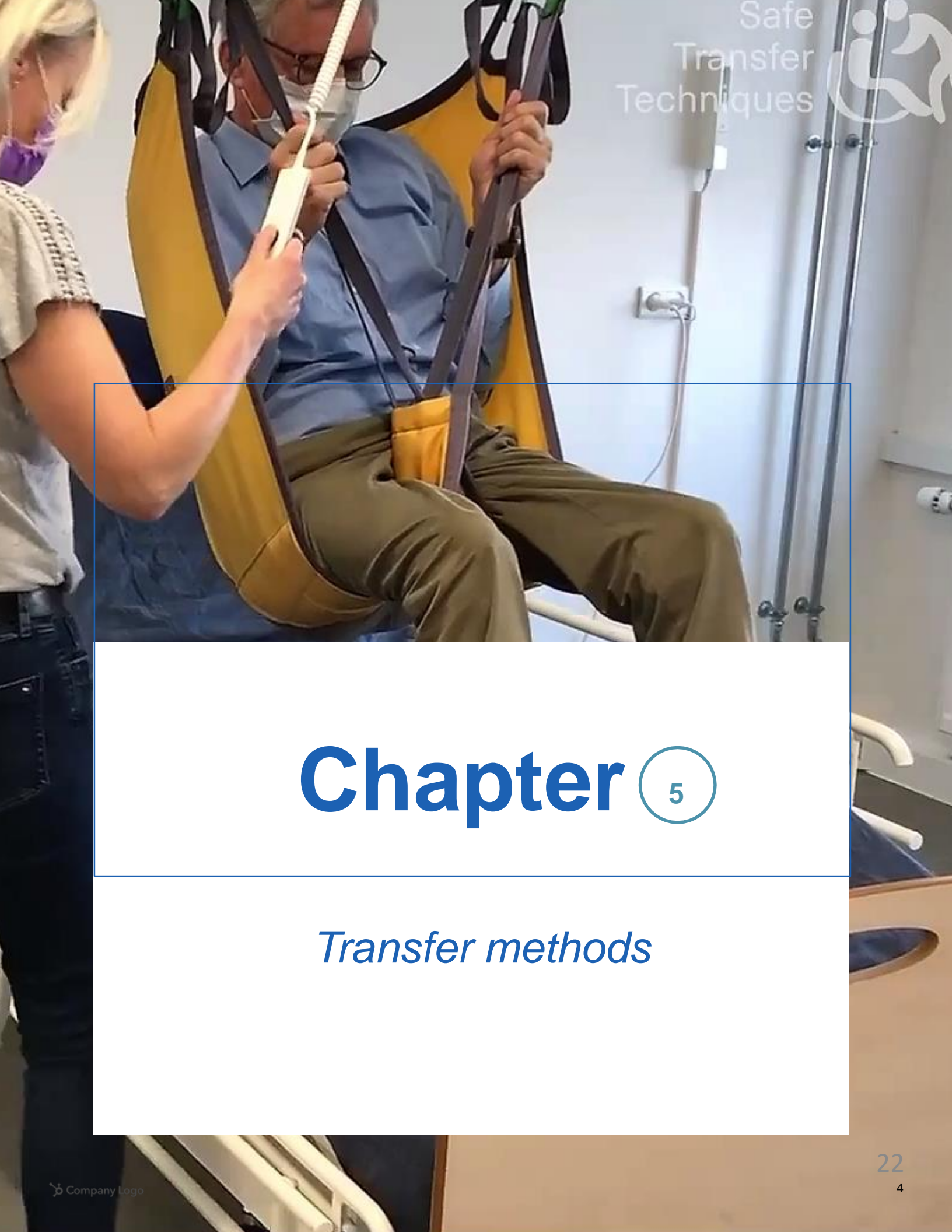
Chapter ⑤

Transfer methods

Transfer methods

Getting up from chair and walking

Use the videos to learn the individual steps in implementing and making secure transfers. Pay attention to your work ergonomics and assessment of user mobility. Use web visit spot to discuss your experience.

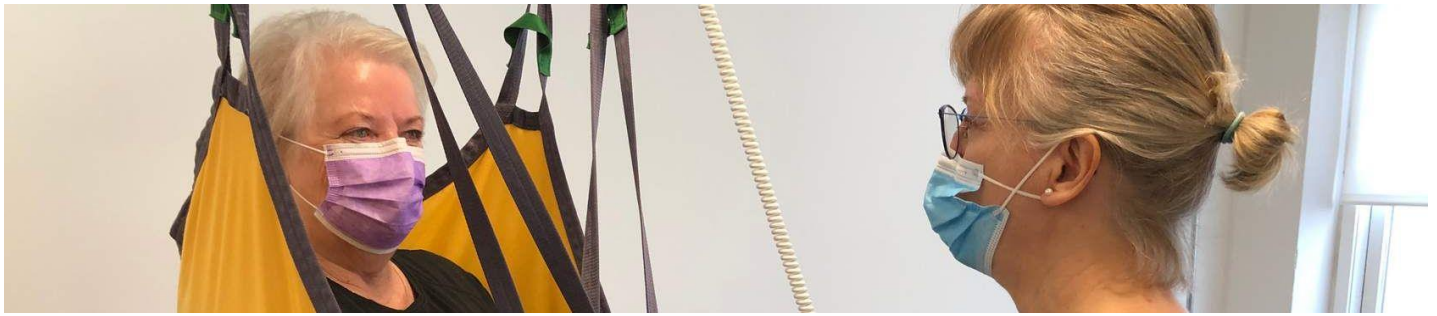Do not pull or push. Your role is to lead activity with a hand.

Getting up from a chair

Do not pull or push. Your role is to lead walking activity with slightly support under elbow and shoulder.

Walking

Safe Transfer Techniques

Transfer methods

Using polyglide in bed

Fold polyglide. Place. Walk around the carebed - do not bend over the user.

Placing polyglide under pillow

Ask citizen to roll a bit on side. Place polyglide. Walk around the carebed - do not bend over the citizen. Elevate the footend before ask citizen to lift pelvis and move.
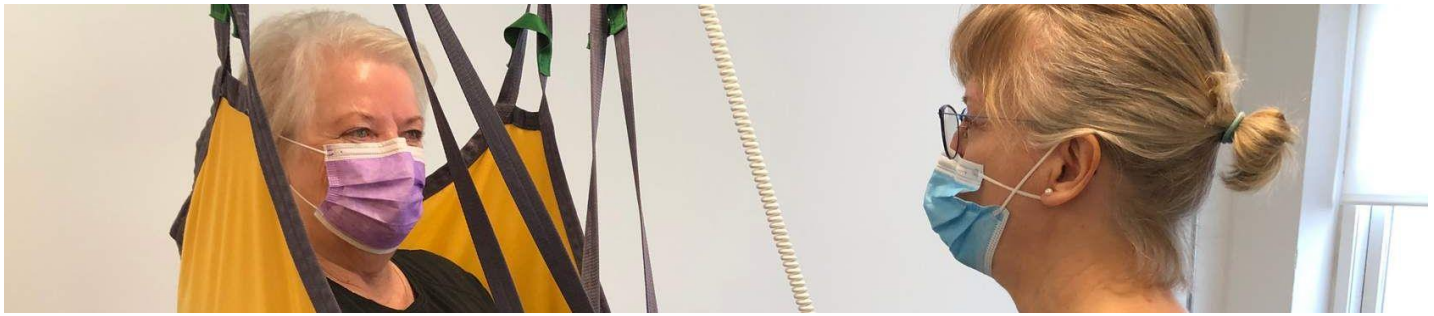
Repositioning the citizen using polyglide

Ask citizen to bend arms and legs giving you extra space.

Placing polyglide under citizen from the side

Safe
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Techniques

Transfer methods

Using polyglide in bed

citizen

Turning the citizien on his side using polyglide

The citizen is lying on polyglide. Place an extra sheet on the top of a polyglide. Ask citizen to pull on his side while you pull extra sheet.

Placing polyglide under citizen in the sitting position

Elevate the carebed on appropriate position. If this is unsecure for the patient, work with bend knees. Ask citizen to bend on side. Keep polyglide 20 cm from bed side to avoid a risk of fall.
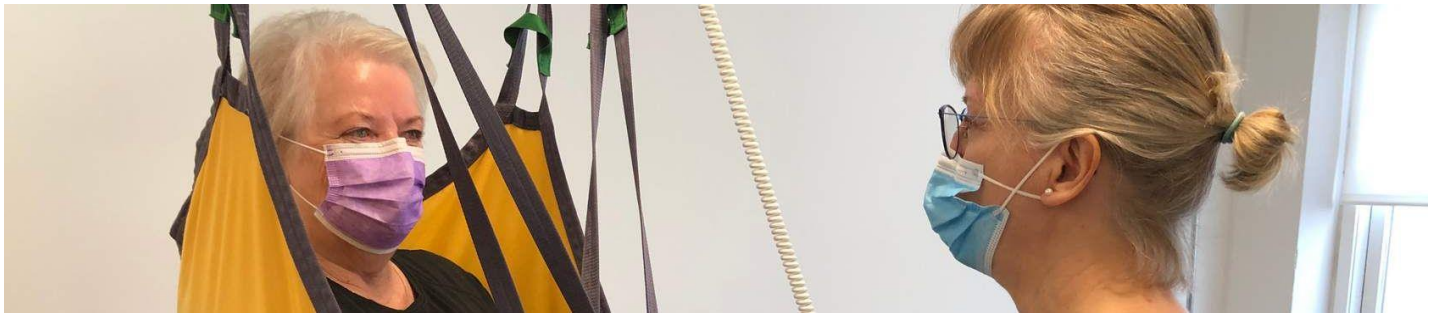

Helping citizen to get legs in bed

Work with extended elbows. Be aware not to lift the legs instead of the user.

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Transfer methods

Use of assistive devices

Roll citizen on his side. Place the sling using Z method. Walk around the bed to get sling into the place. Do not bend over the citizen.

Placing a sling using a Z method

Place straps on a lift hanger. Walk around the bed. Do not bend over the citizen. Adjust a carebed to a sitting position before start lifting. Raise the lift and lower the carebed at the same time.

Lifting

Acitvate the breaks on a showerchair. Make sure that citizen is positioned in a right place. Raise the showerchair.

Place a citizen in a shower chair

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Transfer methods

Use of assistive devices

citizen's

Place the sling behind citizens back. Ask the citizen to lean to the opposite side. Place folded polyglide under the citizen tight. Be aware of your working position.

Placing the sling in a wheelchair

Place straps on a lift hanger. Ask the citizen to hold on on sling straps. At the end, lower the lift and raise the bed at the same time.

**Lifting the citizen from wheelchair
to carebed**

Follow instructions on video. Do not pull until sling is prepare to move in order to avoid user injuries.

Remove the sling

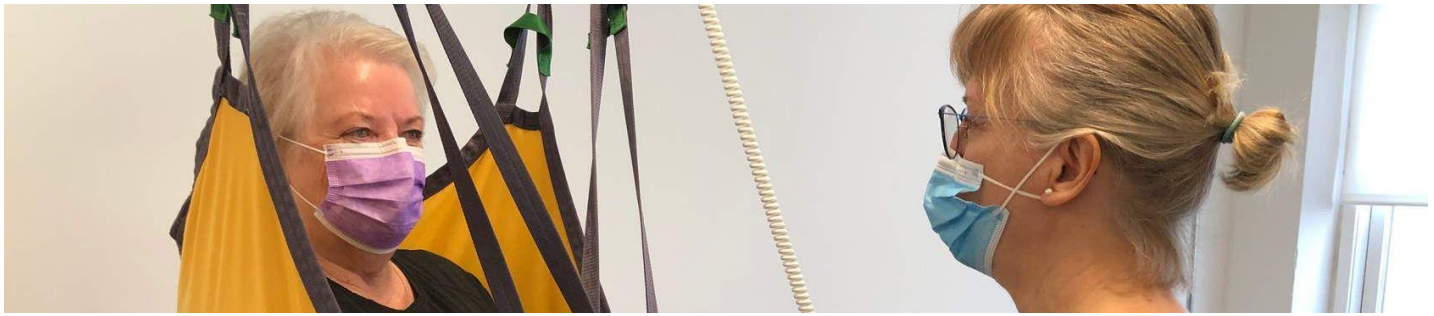Safe
Transfer
Techniques

Transfer methods

Use of assistive devices

Place the straps of turning sheet on lift hanger. Place the support tube. With one hand use the remote control while with another gently pushes the patient.

Turning the citizen using lift combined with turning sheet

Transfer methods

Falling

Getting up with a mermaid method

Do not pull or push. Your role is to lead user through positions. Use two chairs.

Falling, helping citizen using Raizer

Provide a pillow to support users head. Place Raizer and connect parts. Ask citizen to bend arms to avoid to be pinched by a Raizer. Slghtly raise patient using Raizer s remote control.

user's

Slightly

Raizer's

Falling, helping citizen up using a lift

Provide comfort first with a pillow. Place a sling using Z method. Support user head while lifting.

user's

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Transfer methods

Citizen fallen or unconscious

Citizen is seriously injured or unconscious. Check in citizen is breathing and try make contact. You call an ambulance and colleagues. If the user is not breathing, you start CPR.
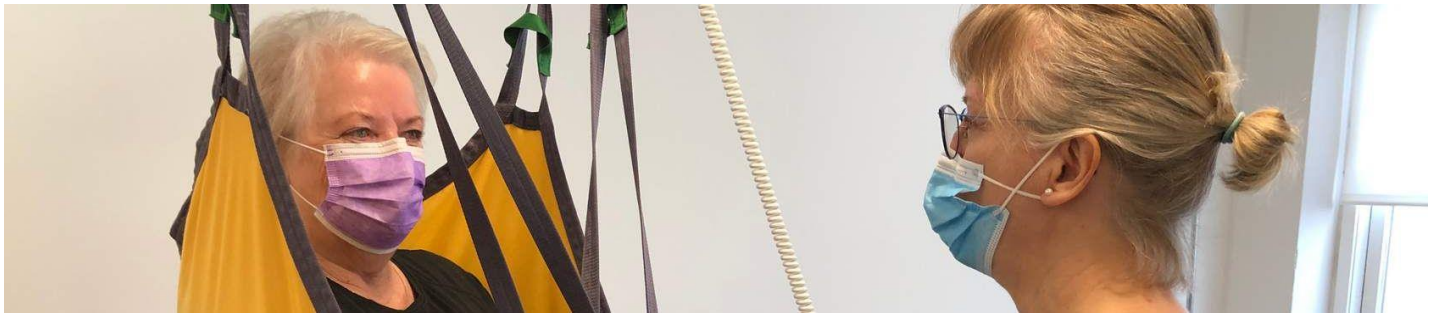

Falling, citizen injured or unconscious
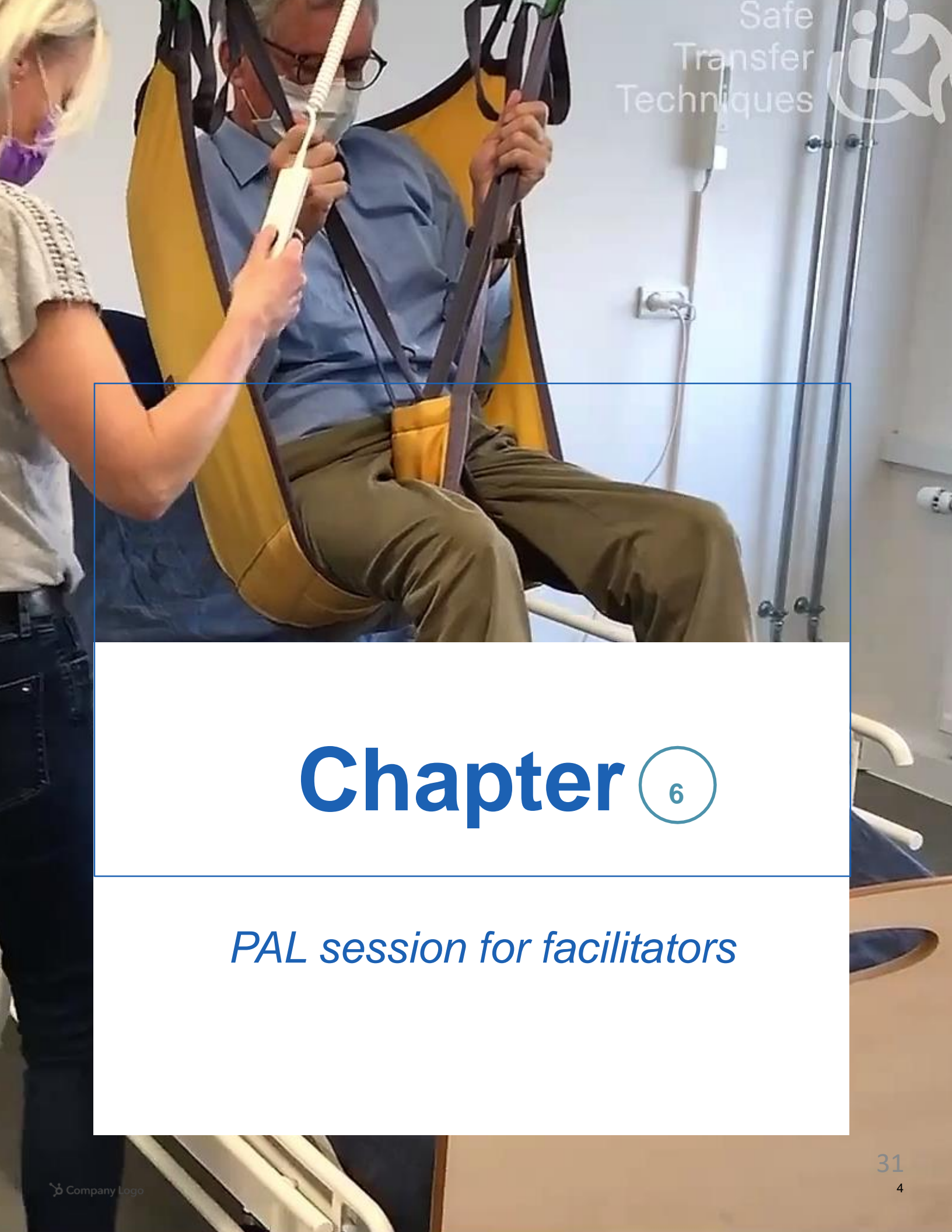
Chapter ⑥

PAL session for facilitators

PAL SESSION FOR FACILITATORS
(PAL) Peer–Assisted Learning

The PAL session is an opportunity to discuss important aspects of the transfer and detect opportunities for improvement. It is necessary to emphasize the steps that need to be repeated and determined. All three roles contribute to improving the learning process of secure transfers. PAL sessions can be done after each video or after individual units. Web visit spot is intended to facilitate peer to peer learnig. learning

Questions for patient roleplayers:

1. Did you feel safe during the transfer?
2. What is your general impression?
3. What should possibly be in focus or improve?

Questions for students:

1. Are you clear on all the steps?
2. What is your general impression as a spectator?
3. What should possibly be in focus or improve?

Questions for facilitators:

1. What is most important to focus on?
2. What did the students said as feedback?
3. Which steps required the most effort or attention?

You can post the conclusions of the discussion, suggestions and more on the **FORUM-web visit spot** so that others can have an insight into your experiences.

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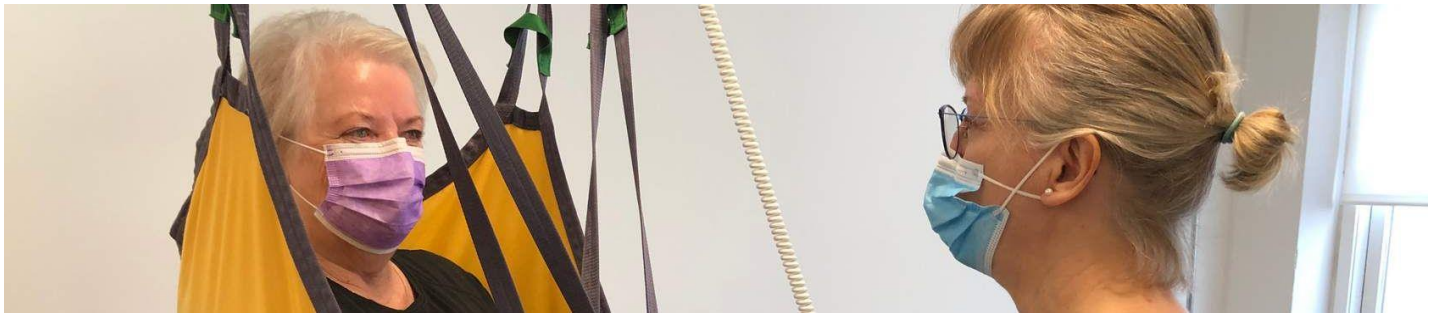
Transfer methods

Use the videos to learn the individual steps in implementing and making secure transfers.

Here are some basic guidelines when working:

-Be aware of your work positon (body ergonomy).

-Do not pull or push. Use a assistive devices for vertical transfer.

-Do not lean over the patient - walk around the bed.

-While adjusting the stretcher strap, be careful not to injure the patient by pulling on the strap.

-When using the device (Raizer), be careful not to pinch the patient's arms or legs.

-When placing the polyglide in a sitting position on the bed-make sure to place the polyglide about 20 cm from the edge of the bed.

-And most important-the level of mobility can be changed on a daily basis - make a good assessment of mobility every time you transfer.
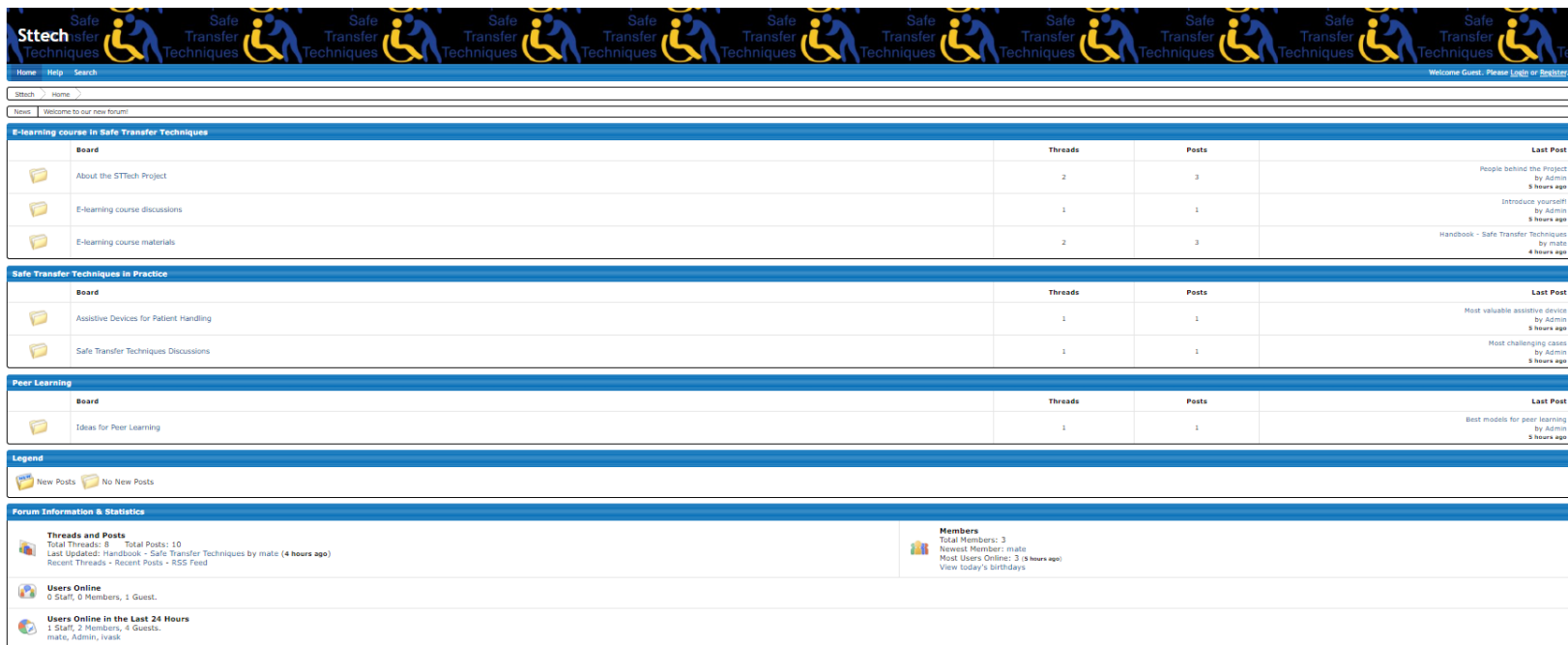
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Web Visit Spot

Web visit spot–forum / bulletin board is intended for interaction between different individuals which participate in the e-learning programme, professional and lay caregivers as well as academics involved with the programme to share experiences, practices and ideas and to facilitate learning process. It is integral component of this interactive handbook. The main aim of the forum is to facilitate peer to peer learning process.

Home | Sttech

Visit our forum at: sttech.freeforums.net

Appendix

Models of Peer Learning

There are ***ten different models of peer learning*** (Griffiths, Housten & Lazenbatt, 1995):

1. The Proctor Model – senior learners tutoring junior learners;
2. Learning Cells – learners at the same level form partnerships to assist each other with course content and personal issues;
3. Discussion seminars;
4. Private study groups;
5. Parrainage – a budy system or counselling;
6. Peer-assessment schemes;
7. Collaborative project or laboratory work;
8. Projects in differend sized (cascading) groups;
9. Workplace mentoring;
10. Community activities.

Peer Learning Principles

There are ***eight peer learning principles*** (Arendale & Lilly, 2014):

1. Educational theory guides the selection of effective learning activities
2. Multicultural competency is a learned and valued process that improves the learning environment
3. Peer learning sessions are designed with specific learning objectives in mind
4. Activities vary according to the learning tasks of the subject matter
5. Sessions are opportunities to model, share, and practice productive learning behaviours
6. Participants are actively involved with the course material and with each other
7. Students develop greater skill in monitoring their learning
8. Authority and ownership of the session shifts from facilitatior to participants as the academic term progresses

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Appendix

HOW TO FACILITATE IMPLEMENTATION OF EIGHT PEER LEARNING PRINCIPLES?

Principle 1: *Educational theory guides the selection of effective learning activities*

    -Selection of activities should be best suited to master the content
    -Affective doman and social learning are as important as the cognitive domain
    -Critical part of becoming an expert learning is metacognition

Principle 2: *Multicultural competency is a learned and valued process that improves the learning environment*

    -Culture exists as a set of overlapping and sometimes conflicting identities
    -Active listening should be used to sense the impact of culture on communication
    -Wide variety of culturally sensitive activities should be used

Principle 3: *Peer learning sessions are designed with specific learning objectives in mind*

    -Select activities based on the goals for the session
    -Difficulty should be adjusted to the content
    -Plans of learning should be flexibile
    -Using informal assessments to measure student learning
    -Reflecting on previous sessions

Principle 4: *Activities vary according to the learning tasks of the subject matter*

    -Sessions are operated differently depending on the content
    -Chosing different activities like problem solving, applying concepts, analyzing texts of demonstations

Principle 5: *Sessions are opportunities to model, share, and practice productive learning behaviours*

    -Using personal experience to preplan learning strategies
    -Looking for „teachable moments" to demonstrate and apply learning strategies
    -Creating opportunities for students to practice and share

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Appendix

Principle 6: *Participants are actively involved with the course material and with each other*

      -Using cooperative learning activities where students work with one another
      -Actively observe students
      -Monitor progress within small groups

Principle 7: Students develop greater skill in monitoring their learning

      -Ask students to reflect on their exams and assess each other
      -Finding error patterns
      -Demonstrate self-monitoring skills

Principle 8: *Authority and ownership of the session shifts from facilitatior to participants as the academic term progresses*

      -Use questions to prompt student learning
      -Decrease students' dependency on teacher
      -Establish routines that direct students to each other
      -Observe students sharing their knowledge without directions

QUESTIONS FOR SELF-REFLECTION

1. Which would be advantages [the advantages] of peer assisted learning? Which would be disadvantages [the disadvantages]?
2. Which of the ten models of peer learning would be most suited for safe transfer techniques teaching?
3. Which od [of] the eight principles of peer learning would be most suited for safe transfer techniques teaching?
4. What potential barriers to do [do you] recognize for using peer learning in teaching safe transfer techniques?
5. What possibles modes of effective peer feedback could be used for teaching safe transfer techniques?

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Pictures used for the Interactive Handbook are originally from e-learning material from the project.
Link:http://www.elaer.dk/stt/#/lessons/wQTSE3U1gpjWLQDWu9ZS_64tMZ4NPe7I

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