

# Dicing with Death

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# MH Staff Resilience

“Lack of familiarity

“Lack of confidence

# Written exercises

- “ A lot of effort to write **and mark**
- “ Staff may confer
- “ Seen as a chore
- “ May only be useful for BMSs
- “ Don't allow for interaction – not realistic
- “ Can only be used once

# Target

- “ Is always different
  - “ Has no set up time or cost
  - “ Doesn't require marking
  - “ Allows staff to bounce ideas off each other
  - “ Can't be prepared for
  - “ Target specific trends or concerns
  - “ Can be used for all grades of staff (Band 1 - 8b)
  - “ Isn't seen as hard work
- 
- “ **Allows staff to increase familiarity and confidence**

# Dungeons and Dragons

- “ Multiplayer
- “ Adventure game
- “ Dice rolls determine variables
- “ Players make decisions
- “ Finishes when someone wins or dies

**FUN**

# Dicing with Death

- ” 2 roles
  - . BMS (crossmatch competent)
  - . BMS/AP/MLA/BMA/Haematology Only/Manager
- ” Dice roles determine
  - . Demographics
  - . Group, screen and special requirements
  - . Cause of haemorrhage
  - . Request for Components
  - . FBC/Coag results
  - . Outcome of haemorrhage

# Dicing with Death

- “ Outcomes can be modified to reflect local possibilities
  - . Types of Haemorrhage
  - . Special Requirements
- “ Target tricky patient types
  - . Women of child bearing age
  - . 01/01/1996
  - . New drugs
  - . As per Incidents
- “ 8 Sections, reflect on actions throughout
- “ Always different

# 120 Billion

## possible scenarios

(I think)



dwd probability

# Post-exercise Reflection

- “ What went well?
- “ What could have gone better in the lab?
- “ What could have been done better in the clinical area, what could the lab have done to help?
- “ Did you have any ideas which could be shared with the rest of the lab?
- “ Do you feel more confident/familiar?
- “ Any suggestions to improve the exercise?

# Section 1

- ” Contact method
- ” Demeanour of caller
- ” Sex
- ” Age
- ” Type of haemorrhage
- ” Grade of Clinician
- ” REVIEW

# Section 2

- “ Historical Group
- “ Historical Antibodies
- “ Special Requirements
- “ Valid Sample?
- “ Registrar availability
- “ REVEIW

# Sections of Exercise

- 1 – Circumstances of Major Haemorrhage
- 2 – History and Sample Availability
- 3 – Major Haemorrhage Pack Requested
- 4 – Stock Levels
- 5 – Baseline Test Results
- 6 – New FBC Results
- 7 – New Coagulation Results
- 8 – !!!!!!!!

# Feedback from other Hospitals

- “ 5 responses
- “ 3 had no time to set up yet but intend to
- “ 2 found it useful and the staff found it fun
- “ 1st Hospital
  - . Combined worksheet with reflection sheet
  - . Using for Specialist Portfolio
- “ 2<sup>nd</sup> Hospital have used it multiple times
  - . Would like to add other scenarios
  - . Liked that it had unusual situations e.g. power cut

# Summary

- “ Can be used to
  - . refresh staff on procedure
  - . share ideas
  - . encourage team work
  - . increase staff confidence
- “ Cannot be used to
  - . identify attitude issues

# Want the documents?

Contact me on

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until 18/11/16

if you'd like the files, then contact NEQAS