# **KACPIC**

### **Call for case study presentations**

We are pleased to announce the call for case study presentations for the Australasian College of Paramedicine International Conference 2022.

This year the conference will be held on Thursday 15 September to Friday 16 September and will be delivered as a hybrid conference, face to face in Brisbane and streamed online.

The main target audience of the conference is paramedics however attendees also include researchers in the out-of-hospital setting and other health care professionals.

Submissions close Monday 8 August 2022.

Please see below for further details on the submission process.

# \*ACPIC

### Information about case study presentation submissions

Case study presentations allow you, as a clinician, to share interesting and unique patient care experiences for the purpose of education and development of the paramedicine profession. In particular, they provide insight into the patient and communities' experience with paramedicine, applied care principles and lessons learnt by you. Your case study presentations can highlight practitioner curiosity, dispel assumptions of routine practice and/or present unconventional clinical presentation/settings.

### Case study submission guidelines

In no more than 150 words or a three-minute video, your case study submission should include the following elements:

### <u>Title</u>

TIP: Use the main title followed by '- a case study'. Do not use cryptic or humorous titles. Keep the title succinct, and straightforward.

### Introduction

TIP: Provide a brief summary of what initial information was provided, a description of the case, including clinical, social, and environmental findings.

### Care provided and outcomes

TIP: Use bullet points to outline the therapeutic interventions, (if relevant, can include continuum of care interventions\*), scene management considerations and patient/case outcomes on arrival at the emergency department.

### Lessons learnt and links to evidence based practice

TIP: Outline the lessons learnt from the case, links to evidence based practice and describe how the case contributes to the development of paramedicine or paramedic practice.

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### Patient consent

Patient privacy and confidentiality are of utmost importance. All conference case study presentations will be required to be accompanied by a patient consent form (please use the ACPIC patient consent form included in this document).

Unless written consent has been obtained from the patient to display identifiable images or identifiable patient information, all case study presentations will require presented information to contain no identifying patient or potentially case-identifying information.

If your case study does not refer to a specific patient (e.g. operational response to mass casualty incident, operational response to major event), please complete the consent form and gain consent from an organisational representative with appropriate delegation.

As case reports are a single retrospective review of a case, some ethics committees do not consider them to be research, therefore case reports in some jurisdictions do not require ethics committee approval. Please check with your local human research ethics committee as to local/organisational requirements.

Where patient consent is unable to be obtained, current state and Commonwealth legislation prevents the sharing of patient information.

### \*ACPIC<sup>®</sup>

### **Review criteria**

Submitted abstracts will be assessed by peer review by the ACPIC 2022 organising committee. The committee will review all abstracts according to the following criteria:

- Relevance to paramedic profession
- Relevance to conference's themes
- Quality of the abstract

In their assessment, the committee will focus on the following five aspects:

- Clarity and professionalism
- Topic and relevance
- Lesson learnt (personal and professional)
- Ability to generate discussion and intrigue

Authors will be notified of the outcome of the review process late August.

#### Considerations

The presenting author must live or be able to travel (at their own expense) to Brisbane.

#### Submit

Please read the above information thoroughly before submitting your case presentation.

Only abstracts which follow the submission guidelines and are received before the deadline will be taken into consideration by the clinical committee.

### Submissions close on Monday 8 August 2022.

Submit your abstract via email: georgia.coetzee@paramedics.org



### Case study presentation guidelines

Please note the following guidelines are only relevant should your abstract be selected for presentation at ACPIC 2022. They have been included to give you an insight of what the full presentation is expected to look like if your abstract is selected.

Your presentation should aim to fill a 10—15minute time allocation. Each presentation will be followed by 3 to 5 minutes of question time from the audience.

**Title:** Use the main title followed by '- a case study'. Do not use cryptic or humorous titles. Keep the title succinct, clinical and straightforward.

**Background:** What is already known about the topic/case, why is this case important? What is the prevalence of this health issue?

**Case presentation:** Give a comprehensive account of the presenting features, including medical/ social/family/environmental history.

Assessments: Include any relevant assessment findings (e.g. ECG, vital signs).

**Clinical Reasoning Process:** Articulate how decisions were made or reasoned. You may include initial thoughts, a list of differentials, how you came to exclude them, or included them, as part of your working diagnosis.

**Care Provided:** Include all social and therapeutic interventions the patient received, i.e. summarise drug dosages (e.g. a total of 15 mg morphine, with 5 mg increments given at 5-minute intervals).

**Continuum of Care:** Where possible, outline any further care and interventions provided through the patient's/community's journey of recovery (e.g. pPCI, surgeries, referrals, mental health support, drug and alcohol rehabilitation).

**Outcome and follow up:** Where possible, include both out-of-hospital, emergency department and in-hospital outcomes and any further follow up you have completed with the patient.\*

**Discussion:** This is your opportunity to describe the pathology/injury, social/cultural nuances, use of clinical guidelines and their relevance to the case, the diagnostic/referral pathways and any other interesting aspects of the case.

**Learning points:** This is the most important part of a case study presentation. Outline what learnings you took away from the case, how it may or may not link to evidence base practice, and how it relevant to the audience/paramedicine.

**Patient perspective:** This section provides the patient (and/or their family) the opportunity to comment on their experience (if they would like to). This enhances the case study presentation as it allows us to see not only the interesting clinical aspects, but also how to deliver better patient-centred care.

\*Some states require ethics approval for the access to and publication of hospital-based information. Please check with your local state or territory legislation to ensure you comply with local requirements. If you are required to get ethics approval, please submit this approval.



#### Patient consent form

This form must be used when providing a patient's consent to the presentation of information about them, or an image of them, at the Australasian College of Paramedicine International Conference (ACPIC).

Name of the person described: \_\_\_\_\_

Subject matter\* (e.g. images, patient details/information):

Title of the case study: \_\_\_\_\_

Corresponding author/s:\_\_\_\_\_

I [insert full name] \_\_\_\_\_\_\_ hereby give my consent for the information named above which is about myself/my child/my relative [cross out which is not applicable] to appear in a presentation at ACPIC 2022.

I have viewed and/or read the information/image to be included in the presentation submitted in abstract format for consideration to the ACPIC 2022 organising committee.

I understand the following:

- 1. The information/image will be presented without my name. I do understand that complete anonymity is not always feasible. There is a possibility that a person (e.g. an ambulance staff member who cared for me) may be able to identify me as the person of interest in the presentation.
- 2. The information/image contained within the presentation will be available to members of the Australasian College of Paramedicine via their closed eLearning platform, usually in the format of a video of the presentation and a copy of the slides used by the presenter.
- 3. I understand that I may withdraw my consent to using the information/image at any time before the presentation, however once presented it will not be possible to withdraw consent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Patient images must be deidentified sufficiently. Blackening out the eyes of a patient is not considered sufficient (only include images of pertinent parts of the body). All other images should have all identifying information redacted. Patient information should be anonymised as much as possible (e.g. 50 year-old Female).