

Day 1 - PM

Abstract Submissions



Approaches to Practice-based
Learning

Use of a Nominal Group Technique to Evaluate a Peer Social Support Intervention in a Perinatal Grief Workshop for Paramedic Students

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Abstract

Introduction

Evidence suggests that paramedic students experience a form of occupational socialisation whilst undertaking Work Integrated Learning (WIL) in the ambulance setting, reporting a negative attitude towards emotional expression and a preference for emotional suppression when working with their clinical mentors. Furthermore, there is a reluctance among some individuals to access psychological help provided by ambulance services for fear over confidentiality and concern over the harm it may cause to their career prospects and reputation. This is concerning given the significant stressors paramedic students face whilst working in the ambulance setting.

Aim

The aim of this study was to evaluate students' experiences of participation in a peer social support group, using the CARES skills framework, when talking about perinatal grief.

Methods

A convenience sample of n=60 participants were recruited from a third-year paramedic program in a single regional university in Australia (Data to be collected in March 2021). A modified Nominal Group Technique (NGT) consensus method was used during the debriefing session to identify problems, generate solutions and make decisions regarding the efficacy of the CARES skills framework (Connect to emotion, Attention training, Reflective listening, Empathy, and Support help seeking) as a method to help participants to talk about perinatal grief. NGT is a structured process which provides quantitative measurements through a qualitative approach, and includes two distinct stages of collaborative "brainstorming" as well as anonymous "judgement".

Relevance to paramedic education

To become a registered paramedic, students are required to undertake a Work Integrated Learning (WIL) in the ambulance setting. However, students face considerable stressors when working in this setting. As such, there is an increased interest from universities in preparing paramedic students for the mental health challenges they may face during WIL. This study highlights findings about the efficacy of peer social support as an alternative medium of support that can be encouraged amongst students. It also presents the CARES skills framework as an evidence-based intervention, built on skills known to improve social support.

Implications for paramedic education

Peer social support may offer an important alternative medium of support for paramedic students when coping with stressful situations, such as the death of the child, in the absence of support of clinical mentors or a willingness to access psychological help.

Presentation

Static Poster

Biography

[Matthew Warren-James](#) is a United Kingdom (UK) registered Health and Care Professions Council (HCPC) paramedic. He has spent 10 years working in the London Ambulance Service NHS Trust, where he responded to emergency calls on both an ambulance and as a solo responder. Matthew also has extensive experience in both paramedic and nursing Higher Education (HE) programs including course development, validation, implementation, evaluation and review. Before moving to Australia, he held the position of program leader for the undergraduate BSc (Hons) Paramedic Science (London) at the University of Greenwich, UK.

Matthew coordinates courses in the areas of clinical leadership, mentorship, ethics and law. He is currently undertaking his PhD in which he is exploring how first year student paramedics experience stress on their first ambulance placement.

[Dr Belinda Flanagan](#) has been involved in various areas of health since 1990 and over this period has gained extensive experience in healthcare, emergency medical services and education sectors. Prior to her appointment with USC, Belinda was an Advanced Care Paramedic with both the NSW and Qld Ambulance Service and a Registered Nurse/Midwife with NSW and Qld Health. Belinda frequently collaborates with the Queensland Ambulance Service in guideline development and education in the area of obstetrics and neonatal resuscitation. Belinda has completed a PhD exploring the paramedic response to obstetric emergencies, this will provide recommendations for the management of emergency obstetric cases.

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Tourniquet: training vs instructions

Vincenzo Vanni

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Abstract

Tourniquet: training vs instructions

Aims/Objectives/Background

Introduction. Major bleedings represent challenging life threatening emergencies. The rate of mortality is usually high unless the victim receives a rapid treatment effective in stopping the bleeding. Usually major bleedings are the typical emergency of a military setting however rescuers could face such an emergency also in an urban and not bellicose scenario. Thus in some countries tourniquets have been spread with AED in public place in order to improve the availability and to reduce the time of application. Since survival is a matter of time both the time to find a tourniquet and the time for its positioning are important. We sought to investigate whether it was better simply to read the instruction of the tourniquet or to attend a 15 minutes active training.

Methods/Design

Methods. We enrolled twelve young physicians (2 males and ten females; mean age $25,8 \pm 0.6$ years) who never experienced the positioning of a tourniquet and we divided them in two groups. The six participants of group 1 attended a 15 minutes active training during which they saw and tried a CAT (Combat Application Tourniquet) on themselves. The six participants of group 2 read for 15 min the instructions provided by the manufacturer and they tried alone on themselves the procedure. After 15 min all of them were asked to put themselves the CAT and the time of application was measured. After they finished the radial pulse was blindly checked to confirm the effectiveness of the procedure.

Results/Conclusions

Results. The median time in group 1 was significantly lower than group 2 [19.5 sec (IQR16-24 sec) vs 96.5 sec (IQR 81-104 sec) $p=0.002$]. The effectiveness was similar in the two groups with a failure per group.

Conclusion. We demonstrated that training is important to decrease the time of application more than the effectiveness of the procedure.

Presentation

Oral - pre-recorded

Student paramedic perceptions of a non-ambulance practice learning experience

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Abstract

Background: The role of the paramedic has changed significantly over the last 10 years. In order for paramedic students to gain the necessary skills and knowledge to effectively manage the increasing complexity of patient presentations a wide range of placement opportunities are required to support learning. The provision of non-ambulance placements within a structured programme of education ensures and safeguards students' exposure to a range of clinical care specialties and environments. This aids development of transferable skills whilst increasing functional knowledge of how the contemporary paramedic interacts with various stakeholders and contributes to the continuum of care. Internationally, pedagogical approaches vary to paramedicine work-integrated learning. It does appear consistent however, that interdisciplinary scholarship enhances the overall quality of experiential learning and assists development of a more rounded paramedic.

Objective: To explore first year student paramedic experiences of non-ambulance placements.

Methods: A qualitative study using semi-structured interviews and thematic analysis was used to explore first year student paramedic's experiences of non-ambulance placements. The study took place in one higher education institution in England, UK.

Results: Thirty-three first year BSc (hons) Paramedic Science students agreed to be interviewed. All the students had undertaken at least one non-ambulance placement within a hospital setting. Four key themes that emerged from the transcripts, Expectations, The Patient Journey, Communication and Mentorship.

Conclusion: Whilst the students identified some excellent learning opportunities within the non-ambulance setting they felt unsupported at times with evidence of professional isolation and lack of support. As individuals many of them accepted that they had a responsibility to actively seek out learning opportunities but also felt that their clinical mentors had a lack of insight into the need for non-ambulance placements. In order to prepare students for the future, to deliver quality care and to improve patient outcomes a variety of educational opportunities is crucial. There remains work to be done supporting clinical mentors, tearing down barriers between professional groups and exploring our similarities and strengths.

Presentation

Oral - pre-recorded

Biography



I am a Senior Lecturer and Head of Department for Paramedical, Peri-Operative and Advanced Practice at the University of Hull. I am a critical care nurse by profession and Chair of the British Association of Critical Care Nurses (BACCN). The research team comprised of myself and 3 Lecturers in Paramedic Science. Antony Rodgers has a background as a specialist paramedic, John McKenzie as an air ambulance paramedic and Matthew Hurwood as a hazardous area response team paramedic.

Designing and implementing an educational framework for Advanced Paramedics rotating in Primary Care in North Wales

Georgette Eaton¹, Ian Happs², Robert Tanner³

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Abstract

Background: The Pacesetter Project in North Wales examines the viability of an extended rotation approach, where Advanced Paramedic Practitioners (APPs), employed by Welsh Ambulance Services NHS Trust (WAST), rotate into primary care. As part of this project, an educational framework was developed in order to both prepare and support practitioners in the provision of clinical care in primary care settings. This was developed and supported by a group of GP trainers, under the not-for-profit company, NEWMEDED LTD. The overall goal was to evaluate the educational framework from NEWMEDED Ltd in its support for the development of the APPs in the primary care setting. The educational framework is based around a group-based educational model akin to the model of General Practitioner (GP) specialist training, where GP trainees come together once a week for learning and reflection. Alongside this, a work-place based portfolio was developed to enable the APPs to record their progression within the primary care setting. This portfolio used a combination of clinical discussion, self-reflection and multi-source feedback.

Objective: To evaluate the usefulness of such a framework for Advanced Paramedics rotating into Primary Care

Methods: This educational framework was evaluated to determine how it supported the development of the Advanced Paramedic Practitioners in the primary care setting. Semi-structured focus groups were undertaken with Advanced Paramedic Practitioners (n=7) and GP trainers (n=4). A narrative analysis of the information collected highlighted three overarching themes concerning the need for clinical supervision and feedback in primary care, and the usefulness of the education framework in regard to a tailored curriculum and recording progression.

Findings: Data was inductively coded, and a narrative analysis was undertaken, highlighting three overarching themes, consisting of Supervision, Curriculum and Recording Effectiveness. Various sub-themes were also explored, whereby Reflection, Confidence, Support and Time were considered key points for development of APPs in this area.

Recommendations: Despite the upcoming workforce changes, there is currently no standard education framework to support the development of Advanced Paramedic Practitioners in primary care across the UK, particularly in Wales. This evaluation offers insight into the educational needs of Advanced Paramedic Practitioners working in this setting and suggests an education structure that can best support their learning, whilst meeting regulatory requirements for paramedic professional development. Formal research is required to determine any link between provision of education for Advanced Paramedic Practitioners in primary care and patient outcome and safety.

Presentation

Static Poster

Biography

Georgette Eaton is an NIHR Doctoral Research Fellow Nuffield Department of Primary Health Care Sciences, University of Oxford

Ian Happs is a GP and works for NHS Wales Health Education and Improvement Wales

Robert Tanner is a GP at Llangollen Health Centre, Llangollen, Wales

Caring Does Not Have To Cost

Thomas Walker

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Abstract

First responders experience repeated exposure to trauma, which increases their susceptibility to developing adverse mental health conditions. This workshop will focus on the impact of ambient chaos on a first responder's nervous system. Despite the fact that first responders are community caregivers', they often postpone seeking personal mental health help until they are in more serious trouble. In a sense first responders see it as a badge of honour to identify as "Type A,"; the best at what they do. Getting "Type A" about self-care will provide individuals the tools to become the best at what they do.

Our Peer Support Team has integrated technology as part of the process to streamline reactive support, and to proactively check-in with our members. Compassion fatigue makes first responders more susceptible to adverse mental health conditions such as Post Traumatic Stress Disorder (PTSD). The purpose of this presentation is to help paramedics, peer support teams, wellness coordinators, and leaders strategies that they can use to enhance their mental health offerings for medics. In addition to "regular" peer support programming, we can mitigate Compassion fatigue by:

- The role of peer support in paramedic mental health and wellness;
- Creating a Self-Care action plan;
- Prioritizing the daily practice of self-care;
- Identifying and learning coping skills that you can intentionally use in your life daily;
- Having tools for your loved ones and colleagues for navigating difficult discussions when managing day to day stress or trauma;
- Discussing the concept of unconscious empathy and the importance of some of these skills, such as not getting stuck in your patient's or their families' shoes;
- Using technology as a reminder of the available Peer Supporters who can proactively check-in with colleagues to actively touch on and begin to resolve pain points.

In the past research has shown that peer support programs can have a positive influence on paramedic mental health and well-being, yet enhancing and strengthening mental wellness programs is not something that is often taught. This education can help paramedics, peer support teams, leaders, wellness coordinators, and others who are looking for solutions to their program needs. With more research and best practices being studied on these topics we hope to continue to find ways to ensure organizational wellness from the top-down so that we can protect our number one asset, our medics.

Presentation

Oral - live

Biography

[Tom Walker's Photo](#)

About the Presenter

Tom Walker, BSW, MSW, RSW

Tom Walker's full-time role is as the Human Factors Specialist with Ornge. He runs the peer support program for Ornge staff across the province. The focus is to mitigate the frontline developing compassion fatigue, making us susceptible to developing posttraumatic stress disorder. Tom's work also includes therapeutic interventions for staff suffering from the ramifications of COVID-19, trauma, addictions, mental health/illness, family work, and conflict mediation. Most recently, he has taken leadership in developing and implementing the COVID-19 Stress Response Program for Ornge. Tom has a Masters in Social Work and is a trained Traumatologist & Certified Compassion Fatigue Specialist, associate trainer, board member and consultant through the Traumatology Institute.

His responsibilities include:

1. Working with peer supporters to facilitate "Let's Become the Best at Stress" in Village Halls across the province
2. Worked to develop and have Ornge's operational pause implemented
3. Engaging families of first responders to understand COVID-19 and understand the company's efforts to keep families safe.
4. He has created a booklet on coping strategies for staff and families, which includes developmentally appropriate approaches.

Tom has a Masters in Social Work and is a trained Traumatologist & Certified Compassion Fatigue Specialist, associate trainer, board member, and consultant through the

Traumatology Institute. Tom is also a lead trainer and consultant for the Crisis Trauma Resource Institute (CTRI). Prior to working with Ornge, Tom worked for 25 years supporting youth and their families with Addictions and Mental Health Issues, working with youth gangs.

This presentation will provide listeners with:

- Tools to manage a proactive daily routine,
- Understand the importance of becoming "Type A" about self-care and how to incorporate daily practice.
- The role of peer support in paramedic mental health and wellness;
- Creating a Self-Care action plan;
- Identifying and learning coping skills that you can intentionally use in your life daily;
- Having tools for your loved ones and colleagues for navigating difficult discussions when managing day to day stress or trauma;
- Discussing the concept and problems that come with unconscious empathy

Using technology to connect with Peer Supporters

Encouraging a culture of Peer led learning and peer review through a team based learning Project

Ady Fell, Ruth Fisher

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Abstract

In 2020, Yorkshire Ambulance Service introduced team-based 'Investment Days' as a part of the Workforce Transformation Project, to promote learning, development, and team-working for A&E Operational staff. Beginning with two trial sites in different areas of the Trust (West and South), the planning and instigation of the Investment Days was led by local Clinical Development Managers (CDM) and Clinical Supervisors (CS), enabling the days to be tailored to meet the needs and capabilities of each site.

With additional challenges of encouraging the engagement of teams, inclusivity and value for all clinical grades, the earliest Investment Days lacked structure, consistency and, in some cases, learning opportunities, which was further compounded by variations in experience within the facilitating CS team.

Following a series of personal development reviews (PDRs), discussions with both clinical and non-clinical staff and local clinical investigations, the structured learning package concept was introduced at Bradford (West). Based on the need for consistency between teams and facilitators, beneficence and relevance, the inaugural series of Bradford Investment Days was designed to promote a culture of peer-led learning, peer-review, and working as a team. Taking into consideration the operational demands on the CS team and CDM, particularly the additional pressures brought about by the pandemic, learning packages were designed and prepared in advance so that any member of staff could facilitate the activities at short notice, this also supported those less familiar with the facilitation of learning in a classroom environment.

The packages consisted of a variety of activities, provided a range of learning styles to meet the learning needs of both individual learners, and the team as a whole, and provided a framework on which future topics could be developed, and subsequently rolled out to other areas. Activities that teams would engage with in the course of the day included practical and theory-based clinical breakout rooms based

on patient stories from local clinical investigations, team-directed learning and presentation in the form of educational posters, and peer-reviewed practical scenarios.

Based on the positive feedback provided by staff who attended the initial Investment Days, as well as areas highlighted for development, the subsequent learning package was modified to include an anonymised documentation peer-review and feedback pilot, as well as a period of team-building activity as decided by the team in order to promote and support staff wellbeing.

Feedback provided by the Bradford teams has been invaluable in the development of an Investment Day learning package that meets their needs, whilst addressing issues on a local level. With guidance from local CDM's, and a bespoke tool, the experience can be tailored to the clinical grade and experience of each individual, whilst also creating opportunity for discussions, shared learning, further supported by being able to work with the twinned site at Doncaster (South).

While the current demands on service provision associated with winter pressures and COVID-19 have resulted in their temporary postponement, the CDM and CS team eagerly await the return of the investment days and the introduction of the new learning package.

Presentation

Oral - live

Biography

Ady Fell is a Clinical Development Manager and paramedic with Yorkshire Ambulance Service, based across the West Yorkshire region. In addition to his role as CDM, Ady also works on Yorkshire Air Ambulance and frontline operations. An experienced paramedic, Ady is proactive in facilitating CPD events, in-house learning opportunities and guiding staff on their career journey. He shares his passion for learning and clinical development with his colleagues.

Ruth Fisher is a Clinical Supervisor and paramedic with Yorkshire Ambulance Service based in Bradford. Having developed a passion for facilitating and encouraging learning and development, particularly on a local level, she became involved in the Investment Days in the course of returning to work. She continues to support and encourage colleagues in their development whilst on operational duties, and is about to start a PhD studentship with the College of Paramedics and University of Hertfordshire.

Claire Craft is a Clinical Supervisor and paramedic with the Yorkshire Ambulance Service based in Bradford. She has been involved in the support, organisation, planning and facilitation of the Bradford investment days from the start. She is a keen advocate for supporting locally derived learning opportunities for the teams at Bradford.

Ady, Ruth and Claire recently completed a PGCert in Clinical Education with Leeds Institute of Medical Education and are Fellows of the Higher Education Academy.

'When two become three' - Spicing up the life of the PRU by using the third seat for teaching

Rosie Malkin, Tony Hanks

Emergency Medicine, Cardiff, United Kingdom

Abstract

Education and clinical placements were drastically affected during the COVID-19 Pandemic for both students and Healthcare professionals. SPA and educational time was often stopped and many students had to adapt their learning opportunities. The Gwent Physician Response Unit (PRU), a partnership between the Grange University Emergency Department and the Welsh ambulance service, became a vital service during the pandemic. The previously relatively unused 'third seat' provided an opportunity for students paramedics to gain experience, practice and be educated in the Prehospital setting during a pandemic under close supervision from senior practitioners.

A survey was sent out to paramedic and medical students that had been a third seat observer in the PRU to explore whether the experience provided a comparable alternative teaching environment to their traditional placement in the Emergency Department or Ambulance placement. The questionnaire covered themes of practicing clinical assessment and management, prehospital decision making and the ability to complete clinical based discussions addressing areas of their respective curriculum. The PRU helps support paramedics on shift with direct advice from a senior doctor to either assist with a difficult case or help discharge a patient from the scene.

Over 16 participants responded in the pilot study. Overall the experience was deemed better on all aspects most notable practising clinical skills, group teaching opportunities and management aspects of the curriculum. 93% of participants found the experience positive. This, combined with other potential benefits such as the student being able to assist with donning/doffing, mean utilising the third seat of the PRU is likely to lead to benefits for both the traditional PRU team and student alike.

Presentation

Static Poster

Biography

Dr Rosie Malkin - A&E Registrar at The Grange University Hospital, Newport, Wales. Keen interest in PHEM with a background of teaching including a degree in Medical Education (PgCert Merit).



Dr Tony Hanks - A&E Registrar & PHEM Fellow at The Grange University Hospital, Newport, Wales. Keen interest in PHEM and trauma care.

