Day 2

Abstract Submissions

Innovations in Teaching and Learning

6

Low fidelity - High impact: emotionally fit for duty practice labs

Wendy Lund

Wellth Management Inc., Toronto, Canada. Centennial College, Toronto, Canada

Wendy Lund

Twitter handle
@WLund100

Abstract

'Teaching how to manage a difficult airway saves patients lives, teaching first responders how to manage difficult emotions saves theirs.' @WLund100, Pinned Tweet, January 17, 2017

Introduction: This session will help to cultivate a beginners mind on the potential for low fidelity simulation to build stress tolerance, operationalize compassion and fill the gap in undergraduate education on how to skillfully engage with trauma, tragedy and human suffering as a paramedic.

Purpose: Over the past 2 decades, thousands of dollars have been invested in simulation labs and high fidelity training to train 1st responders in understanding how to handle pre-hospital environments and medical emergencies, but what of the emotional ones experienced in the aftermath of difficult calls?

Without doubt, simulation affords unique opportunities for experiential learning in a safe (albeit nerve wracking) environment, but the seeming *less flashy* low fidelity simulation is a missed opportunity to address the educational gap most every 1st responder is missing that could literally make the difference between their own life and death.

The evidence related to working with trauma and the risk to ones psychological wellbeing is no longer imagined, yet few programs have taken any serious effort to address the mental health crisis we were seeing *before* COVID-19 landed.

The quantity and quality of our EMS workforce is at risk for unprecedented levels of burnout and compassion fatigue as a result of COVID-19.

We need to take a self reflective approach to the Hippocratic oath and indoctrinate the next generation of 1st responders with the notion that their personal wellbeing and longevity in the workplace holds equal importance and value and that our simulation labs may be the most appropriate place to practicing evidence-based skills and interventions to skillfully engage with every call.

Relevance to paramedic education: After almost 25 years as the science lead and coordinator of a 2 + 4 year paramedic program in Toronto, it was crystal clear that we were doing an amazing job at producing highly skilled practitioners.

It also become increasingly clear that we were doing just about nothing to prepare the emotional framework in the minds of these young people on how to deal with the acute and chronic nature of traumatic calls.

We have an opportunity to rebrand simulation as an important tool for what is historically referred to as the soft skills of medicine and provide safe spaces to emotionally rehearse the impact of calls that are likely to erode their wellbeing in a moment or over time.

In fact, we have an ethical duty to do so.

Implications for paramedic education: When you take away the fancy bells and whistles and tools that are physically housed in a bag, we're left with ourselves and our capacity to bear witness to suffering.

Low fidelity simulation provides faculty and students a safe space to figure out how to sharpen our resiliency skills in order to save our own.

Presentation

Oral - pre-recorded

Biography

Wendy Lund, RN, MSc in Mindfulness Studies
CEO | Founder

With over 3 decades experie
Sciences, Wendy understand
pathophysiology of ease and

She became increasingly con
that existed in preparing 1st
trauma and tragedy and the
suicides in vulnerable popul
gap, Wendy went back to sc

Her graduation in 2017 from
makes her one of very few gl
Mindfulness Studies. Her re
proactive strategies matter i
resilient mind.

Grateful for her career in aca
provide others with an unde
cause your mental health, no

She founded Wellth Manage
individuals and organization
evidence-based theory and s
build stress tolerance.

15

Listening to the ECHO- A qualitative review of a collaborative teaching method in palliative and end of life care for paramedic practitioners in a UK NHS Ambulance Service

Jennifer Scott-Green[1], Jim Walmsley[1], Carole Cousins[2], Jane Berg[2]

[1]South East Coast Ambulance Service, Crawley, United Kingdom. [2]Princess Alice Hospice, Esher, United Kingdom

Jennifer Scott-Green

Twitter handle
@jen_jenEOLC

Jim Walmsley

Twitter handle
@zurritojim

Carole Cousins

Twitter handle
@PAHospice

Jane Berg

Twitter handle
@PAHospice

Abstract

Introduction & Objectives

Within the UK NHS Ambulance Service environment, there is a strong call from operational staff for further education around End of Life Care. Unscheduled care comes with many challenges, paramedic practitioners play a pivotal role in the complex end of life care journey and often feel unprepared[1]. Confounding the issues, death and dying is not often discussed within the ambulance service culture, with minimal recognition of the emotional burden repeated exposure to dying could have[2, 3].

A collaborative approach was developed between the local NHS ambulance trust and hospice education colleagues, drawing not only on the hospice's specialist palliative care knowledge, but also their innovative approaches to education.

Project ECHO (Extension of Community Healthcare Outcomes) a proven methodology for education and support of community healthcare staff [4] was utilised to provide end of life care education to a cohort of Paramedic Practitioners. This programme, originally planned to deliver monthly sessions over six months

began in December 2019 and was recommenced in November 2020, following a pause due to the COVID-19 pandemic. The session topics were chosen by participants at an initial curriculum planning meeting.

We present qualitative data, demonstrating the educational and emotional benefits of using ECHO methodology to share knowledge and experience.

Purpose & aims

The aim was to enhance the knowledge, skills and confidence of paramedic practitioners in managing end of life care. ECHO develops a community of practice by the discussion of participant led case studies.

Relevance to Paramedic Education

A number of barriers exist in providing education to ambulance personnel, including time, geographical spread, diversity and size of workforce. ECHO overcomes these barriers by using easily accessible existing technology. Participants were able to log into the sessions using iPads, allowing access from diverse geographical locations. The short one and a half hour sessions, conducted during protected time, fitted well into the shift working schedule and also allowed time for reflection.

Results & Findings

The initial aim was to provide clinical knowledge, however an unexpected outcome of the methodology was that participants were able to share the emotional burden and ethical dilemmas involved in providing end of life care which became more evident with the impact of the pandemic.

Post-course evaluation showed strong positive education outcomes.

In addition to the expected outcomes participants reported the value of sharing the emotional impact of experiences.

'you have made death less scary '

‘you’ve given me the confidence to do ‘nothing’’

Implications for paramedic education

There is huge potential to expand the use of ECHO further across the profession, offering places to all members of staff. As the course sessions are tailored to the participants, this allows us to provide relevant education at every clinical level, throughout this diverse area of work. Education should include how to remain resilient[3] in the face of difficult emotional experiences, this is going to be increasingly important in light of the pandemic.

References	
1.	Pentaris, P and Mehmet, N (2019) Attitudes and perceptions of paramedics about end-of-life care: a literature review. Journal of Paramedic Practice Vol 11 No. 5 pp 206-215
2.	Brady,M. (2013) Mortality face to face: Death anxiety in paramedics Journal of Paramedic Practice Vol 5 No 3 pp.130-132
3.	Williams A (2012) A study of emotion work in student paramedic practice. Nurse Education Today Vol 4 No 5 pp. 298
4.	Komaromy, M, Ceballos, V. Zurawski, A. Bodenheimer, T. and Thom DH et al. (2018) Extension for Community Healthcare Outcomes (ECHO): a new model for community health worker training and support. Journal of Public Health Policy Vol. 39 No. 2 pp 203-216

Presentation

Short video/film/animation

Biography

Jen Scott-Green – Qualified paramedic, with experience working within a hospice In Patient Unit and community setting. Currently working as End of Life Care Lead for South East Coast Ambulance Service.

Jim Walmsley- Qualified as a specialist Critical Care Paramedic, Jim has spent time working within the Hospice environment and is currently working as an End of Life Care Lead for South East Coast Ambulance Service.

Carole Cousins – Qualified nurse and lecturer with extensive experience in both community and in-patient palliative care settings, working as Practice Educator – Community Outreach at Princess Alice Hospice, Surrey.

Jane Berg- Qualified nurse and lecturer with extensive experience in both community and in-patient palliative care settings. Currently working as the Deputy Director of Skills Knowledge and Research at Princess Alice Hospice, Surrey.

16

Standards in Healthcare Simulation: Designing and Delivering Your Simulation Activity to Global Standards

Andrew Spain[1], Jennifer McCarthy[2]

[1]Society for Simulation in Healthcare, Washington, DC, USA. [2]Seton Hall University, South Orange, NJ, USA

Andrew Spain

Twitter handle
@aespain

Abstract

Introduction:

With the ever-growing complexity of paramedic prehospital care, it is increasingly more important for paramedic educators to prepare paramedics at all levels to deliver care. Simulation is a critical tool in the educator's arsenal that can be used to train, educate, and confirm that the paramedic is ready to care for a patient no matter the situation. And with the ever-growing technologies and capabilities of healthcare simulation to mimic real-world patients and situations, the use of simulation will expand in paramedic education as well. Understanding the global standards of practice that are rigorously created and published in healthcare simulation is an extremely important part of being a top-notch educator. With this knowledge, the paramedic educator can design and deliver high-quality simulation activities that best serve the learner and support patient safety and positive patient outcomes.

Purpose/Aim

This session is intended to create awareness and understanding of the international standards for healthcare simulation that simulation-specific organizations have created. Further, it will promote the ability of the educator in the integration of these standards into designing and delivering high-quality simulation activities as a result.

Relevance to Paramedic Education

Simulation is an integral part of paramedic education. Understanding not only where simulation is best used but also how to design and deliver high-quality simulation activities to global standards is an important part of the paramedic educator's roles and responsibility.

Implications for Paramedic Education

High-quality simulation activities that are designed and delivered to international standards are a key part of the educational process for paramedics. With all that is expected of a paramedic, it is essential for education to be of the highest quality to ensure that the paramedic delivers the best care possible for any situation in a safe, effective manner that improves patient outcomes.

Presentation

Oral - live

Biography

Andrew Spain is the current Director of Certification for the Society for Simulation in Healthcare. He has been a Paramedic for over 25 years and has been involved in educating in EMS since the beginning of his career. More recently, he directed the EMS Education program at the University of Missouri. This involved educating existing and future Paramedics and EMTs, and also providing continuing education to many healthcare professions.

He received a Bachelor's Degree in Political Science from the University of Northern Colorado, and a Master's Degree in Political Science from the University of Missouri. He is currently a PhD student at the University of Missouri in the Educational Leadership and Policy Analysis program, where he is now completing his dissertation work.

He continues to educate paramedics and other healthcare professionals as opportunities allow. Most of his education is oriented towards educating other healthcare educators and is focused on improving patient safety through the dissemination and promotion of high-quality healthcare simulation activities.

21

PARAMEDIC STUDENT ENGAGEMENT IN PALLIATIVE CARE. HOW DID WE REFRAME THEIR FEAR TO PRIVILEGE?

Celeita Williams

AUT University, Auckland, New Zealand

Celeita Williams

Twitter handle
@cmcems

Abstract

Introduction

Evolved from the personal passion of a lecturer, palliative care by paramedics in New Zealand has extended from a subject that was feared, to one where a feeling of privilege is experienced. Third year paramedic students are expected to attend a palliative care clinical placement. Initially student attendance at this placement was poor, and when asked why they did not attend, the majority of students disclosed that they were uncomfortable with this placement.

Purpose

After seeking students' opinions, we were astonished to learn that they would rather attend a traumatic death, because they felt uncomfortable being involved in end of life care of the dying patient. So how did we as a university address this? We had to re frame the thinking of the students, because in their eye's, paramedics are in the business of saving lives, not allowing people to die.

Aim and methodology

Through networking and collaboration with palliative care providers, there was an aim to increase knowledge and understanding of each other's disciplines to benefit these patients and improve the quality of care received, whether delivered by paramedics or palliative care nurses.

The aim was to provide paramedic students with a base knowledge of palliative care to ensure they felt they had some preparation and understanding of palliative care prior to attending their clinical

placement. As a result, a classroom session was developed, which is followed by a placement with a palliative care team and attendance at an interprofessional training day. Throughout this time 'debunking' palliative care myths occurs, questions can be asked anonymously, and case studies which highlight treatment and referral options are discussed.

Relevance to paramedic education

This work has resulted in an increase in placement uptake and placement attendance has flourished. The placement in palliative care in the third year of the degree is now compulsory to attend, and some students report it is the best placement of their degree, and one of the most powerful learning experiences they have ever had.

Many of our students do not know what it is like to be with a patient who is dying. They may complete their three-year degree and never be involved with the death of a patient. They may have experienced grief and loss as a result of a death themselves and this has been a big lesson learned when providing education around this topic.

Implications for paramedic education

The teaching about many aspects of palliative care is stair-cased throughout many topics in the degree programme, however most students do not realise this at the time. The ability to providing counselling support information, the importance of self-care and preparation for difficult situations has been advantageous when included in teaching about palliative care, self-care and pain management.

It is our hope that through continued education and development, our palliative care training for paramedic students we will influence future generations of operational paramedics who will be able to provide the care these patients and their families deserve in their last moments of life.

Presentation

Oral - pre-recorded

Biography

Celeita Williams – Doctoral Candidate, MHealSc(AeroRT), PGDip HSc, BHSc (Paramedic), CertTertTchg

AUT University, Auckland, New Zealand

Celeita Williams is an Intensive Care Paramedic and lecturer at AUT University in New Zealand. Celeita joined AUT after 10 years working as a paramedic, where her focus was to safely treat patients at home and avoid emergency department attendance. Following strong family involvement in the aviation industry, Celeita completed her Master of Health Science in Aeromedicine at Otago University, New Zealand. Her passion is for paramedics to safely treat patients in the primary health care sector and keep patients safe and well in the community. Celeita is currently completing her Doctorate and is conducting a study investigating the impact urinary incontinence on falls, as seen by ambulance clinicians in the community.

33

Grief Toolbox for Paramedics

Cheryl Cameron[1,2], Christopher MacKinnon[3,4], Shelly Cory[1], Tyne Lunn[5,2]

[1]Canadian Virtual Hospice, Winnipeg, Canada. [2]McNally Project for Paramedic Research, Toronto, Canada. [3]Monkland Psychology, Montreal, Canada. [4]Portland Institute for Loss and Transition, Oregon, USA. [5]Alberta Health Services, Emergency Medical Services, Peace River, Canada

Cheryl Cameron

Twitter handle
@cherylcookie21

Shelly Cory

Twitter handle
@virtualhospice

Tyne Lunn

Twitter handle
@Tyne_River

Abstract

Introduction

Paramedics across Canada receive little education on grief and bereavement in initial or continuing education and are are under-prepared for the crucial role they play in supporting patients and families experiencing grief. Paramedics are exposed to emotionally challenging events and bear witness to pain and sadness. Not only are paramedics required to support patients and families through these events, but they are also drastically underprepared to deal with their own grief reactions.

Purpose/Aim

This presentation will showcase MyGriefToolbox.ca, an evidence-informed resource for paramedics, developed by Canadian Virtual Hospice. Semi-structured interviews and focus groups were conducted with paramedics across Canada to inform eight online modules written in collaboration with grief experts. This project was funded by the Canadian Foundation for Healthcare Improvement and is an integral educational component of a national spread collaborative to integrate palliative approaches to care into paramedic practice across Canada.

Relevance to paramedic education

MyGriefToolbox.ca provides guidance to support patients and families in acute grief and outlines practical strategies to sensitively intervene. It also suggests ways for paramedics to constructively manage the stress of working with people at the end of life. The interactive modules highlight personal

stories and lived experiences from Canadian paramedics (in short video clips) and offer clinical techniques and conversation prompts for engaging in difficult discussions around death and grief. Specialized content was also developed for families and friends of paramedics.

Implications for paramedic education

With the spotlight on supporting paramedics with their emotional and mental health, awareness of healthcare provider grief, normal grief reactions, and how to manage grief is important for all paramedics. Significant opportunity exists for educators to integrate MyGriefToolbox.ca into primary education or continuing education programs. As the role of paramedics within the healthcare system continues to expand, strong partnerships and collaboration other disciplines will be increasingly important. MyGriefToolbox.ca is a strong example of a new successful interdisciplinary partnership that leveraged Canadian Virtual Hospice's clinical expertise and excellence in deploying digital content to develop a nationally accessible and free resource relevant to the context of paramedicine.

Presentation

Oral - pre-recorded

Biography

Cheryl Cameron, MEd, ACP is an Advanced Care Paramedic and Director of Operations for Canadian Virtual Hospice, Manitoba, Canada. She is a Fellow with the McNally Project for Paramedic Research, Ontario, Canada and faculty with the Canadian Foundation for Healthcare Improvement (Paramedics and Palliative Care Spread Collaborative). She led the development and implementation of the Emergency Medical Services Palliative and End of Life Care Assess, Treat and Refer program with Alberta Health Services, and provides both educational and operational program expertise on national initiatives related to paramedicine and palliative care.

Christopher MacKinnon, PhD, OPQ is a psychologist and director of Monkland Psychology and faculty member at the Portland Institute for Loss and Transition in Oregon. He was the lead author MyGriefToolbox.ca and MyGrief.ca (developed with the Canadian Virtual Hospice) which won national innovation awards from the Canadian Foundation for Healthcare Improvement and Digital Health Canada. He specializes in the broad areas of life loss and transition.

Shelly Cory, MA is a digital health innovator and Executive Director of the Canadian Virtual Hospice (CVH). She leads a virtual pan-Canadian team of clinicians, patients and families. CVH has become the world's most comprehensive online resource on palliative care, loss and grief. During her tenure, CVH has received 6 national and international awards. In 2017, She was named one of the top 10 women leaders in digital health in Canada.

Tyne M. Lunn, ACP is an Advanced Care Paramedic currently working as a Community Paramedic Specialist for the Mobile Integrated Healthcare department of Alberta Health Services Emergency Medical Services, Alberta, Canada. She is a member with the McNally Project for Paramedic Research, Ontario, Canada, advocate for rural interdisciplinary care, and provides practice setting expertise on national grief education for paramedics.

34

Dealing with dying - progressing paramedics' role in grief support

Cheryl Cameron[1,2], Tyne Lunn[3,2], Chelsea Lanos[4,2], Alan Batt[5,6,7,2]

[1]Canadian Virtual Hospice, Winnipeg, Canada. [2]McNally Project for Paramedic Research, Toronto, Canada. [3]Alberta Health Services Emergency Medical Services, Peace River, Canada. [4]County of Renfrew Paramedic Service, Renfrew County, Canada. [5]Fanshawe College, Ontario, Canada. [6]CQUniversity, QLD, Australia. [7]Monash University, VIC, Australia

Cheryl Cameron

Twitter handle
@cherylcookie21

Tyne Lunn

Twitter handle
@Tyne_River

Chelsea Lanos

Twitter handle
@cjlanos

Alan Batt

Twitter handle
@alan_batt

Abstract

Introduction

Paramedics are frequently present at the death of patients and are in a position to provide grief support to family members who are suddenly bereaved, but existing education and system resources have failed to provide paramedics with the necessary tools to do so. Although the literature emphasizes the importance of providing grief training from initial education, through clinical placements and into continuing professional development opportunities, the current state across all health professions is a patchwork of elective, brief, and siloed opportunities. Education related to death and dying is generally limited to providing physical comfort and transport to a facility, or how to deliver a death notification

which is often focused around legal technicalities and procedures and does not focus on grief, bereavement, or tailoring for a patient-centered or culturally appropriate approach.

Purpose/Aim

In this brief discussion, we suggest employing a multi-faceted approach, focused on recruitment, initial and continuing education, and continued support in clinical practice. With new interprofessional partnerships developing between paramedicine and palliative care, there is a unique opportunity to better prepare paramedics to adequately participate in the death and dying process and address developing competency in grief support in a more strategic and integrated manner. We suggest that now is the time to address grief support across the full continuum of paramedic practice to ensure paramedics are competent and comfortable to support recently bereaved families.

Relevance and implications for paramedic education

- The work of paramedicine requires excellence in attributes such as communication, critical decision-making, empathy, compassion, teamwork, resilience, and leadership. From a recruitment perspective, we may need to consider whose character best fits the dynamic nature of paramedic work.
- Paramedics will require support from interprofessional colleagues in palliative, grief and bereavement care to provide expertise in educational programs, clinical placements, and support at the patient's bedside.
- Placements in community settings may help build interprofessional relationships between paramedics and palliative care community teams.
- Placements should specifically focus on non-technical skills such as communication, interprofessional collaboration, shared decision making, and patient centered care; the foundations of providing appropriate grief support.
- Practitioners who specialize in having difficult conversations with patients and families may be in a stronger position to provide preceptorship to paramedics.
- Supporting paramedics in anticipated or expected death settings may lie in better systemic integration of paramedics within multidisciplinary care teams.

This work was recently published in Progress in Palliative Care (January 2021), DOI: 10.1080/09699260.2020.1856634

Presentation

Oral - live

Biography

Cheryl Cameron, MEd, ACP is an Advanced Care Paramedic and Director of Operations for Canadian Virtual Hospice, Manitoba, Canada. She is a Fellow with the McNally Project for Paramedic Research, Ontario, Canada; facilitator of interprofessional team development with the Health Education and Research Commons at the University of Alberta, Alberta, Canada; provides both educational and operational program expertise on a number of national initiatives related to paramedicine and palliative care.

Tyne M. Lunn, ACP is an Advanced Care Paramedic currently working as a Community Paramedic Specialist for the Mobile Integrated Healthcare department of Alberta Health Services Emergency Medical Services, Alberta, Canada; Member with the McNally Project for Paramedic Research, Ontario, Canada; advocate for rural interdisciplinary care and provides practice setting expertise on national grief education for paramedics.

Chelsea Lanos, BSc, MSc(c), ACP is a Paramedic with the County of Renfrew Paramedic Service in Ontario, Canada and is undertaking a Masters of Science in Critical Care at Cardiff University, Cardiff, Wales. She is a Research Assistant with the Ottawa Hospital Research Institute Department of Emergency Medicine, and a Fellow with the McNally Project for Paramedicine Research, Ontario, Canada.

Alan M. Batt, PhD(c), MSc, PGCME, FHEA, CCP is Adjunct Associate Professor of Paramedic Science at CQUniversity, Queensland, Australia; Sessional Lecturer in Paramedicine at Charles Sturt University, NSW, Australia; Professor and Research Lead in the Paramedic Programs at Fanshawe College, Ontario, Canada; and, Senior Fellow with the McNally Project for Paramedicine Research, Ontario, Canada. He is a PhD candidate in the Department of Paramedicine at Monash University, VIC, Australia.

Title (maximum of 50 words)
Enter the FULL TITLE of your submission. This will be used for printing in the final programme.

Assess, See, Treat and Refer (ASTAR) Palliative Clinical Pathway

Authors and affiliations
You MUST enter the names of ALL authors here - including yourself if you are an author - in the order in which you wish them to appear in the printed text. Names omitted here will NOT be printed in the author index or the final program

Jennie Helmer. Leon Baranowski, Michelle Brittain, John Tallon, David Williscroft & Richard Armour

Abstract
Please enter an abstract of your paper/submission (max 500 words). Please ensure that you do not include any identifiable data within your text or images.

For general submissions include:

- Introduction
- Purpose / Aim
- Relevance to paramedic education
- Implications for paramedic education

For research abstracts include:

- Aims / Objectives
- Methods
- Results / Findings
- Conclusions / Recommendations / Implications for practice and/or education.

Please note you should not use more than one table or image in total.

ABSTRACT (Anonymized)

INTRODUCTION:

Paramedic services have experienced a steadily increasing demand from palliative patients accessing 911 during times of acute crisis. Many of these patients do not wish conveyance to ED after emergency paramedic treatment. To address this demand, BCEHS introduced the Assess, See, Treat and Refer (ASTAR)-Palliative Clinical Pathway. This pathway aims to reduce patient conveyance to ED, decrease hospitalizations and improve patient care.

The common theme emerging across Canada and indeed across the globe is apparent: Emergency paramedics frequently encounter patients with palliative needs, and command a critical role in the identification, management and management of these patients. However, paramedics lack the foundational education, training and guidelines for appropriately managing patients with palliative needs in the home. As well, existing paramedic services models support the indiscriminate transport of all patients. Therefore, a non-conveyance approach requires new tools and support.

In acknowledgement of these themes, with generous funding from CFHI and CPAC, XXXX implemented a holistic education approach to paramedic-led palliative care, incorporating education and evidence-based clinical practice guidelines, alongside the initiation of the Assess, See, Treat and Refer (ASTAR) Palliative Clinical Pathway.

AIM:

This work explores the implementation of education initiatives directed at emergency paramedics, responding to patients with palliative needs.

RELEVANCE TO PARAMEDIC EDUCATION:

In 2020, XXXX and Pallium Canada developed an education curriculum for paramedics responding to patients with palliative needs. The content was personalized to the local context and paramedic scope of care.

XXXX also offered two online courses, familiarising the paramedic to a non-conveyance approach to care. As well, supportive online courses such as “mygrieftoolbox”, were also made available to paramedics. Finally, all calls that involved activation of the ASTaR palliative clinical pathway were reviewed by XXXX management and individualized paramedic feedback provided.

IMPLICATIONS FOR PARAMEDIC EDUCATION:

In 2020, emergency paramedics in XX, attended to on average, four patients with palliative needs, each 24 hours.

In reviewing the ASTaR activations, symptom improvement was achieved in 70% of cases, the ED non-conveyance rate was 40% (compared to 18% non-conveyance for all BCEHS calls), and the time on task when palliative patients were treated at home and not conveyed was 37% less (52 minutes) than if palliative patients were transported (82 minutes).

Palliative patients frequently call 911 for help during acute crisis events and many of these patients do not wish conveyance to ED. Appropriate paramedic management of patients with palliative needs requires education on the approach to palliative care and supportive policies for non-conveyance to ED.

Using online, custom-built education courses, XXXX was able to improve the non-conveyance rate, decrease hospitalizations and offer improved and contemporary patient care.

Permission to publish (delete as appropriate)

I **give**/do not give permission for the College of Paramedics to publish my submission on electronic media if it is accepted for presentation. We will publish your abstract from the version supplied by you. It will be published exactly as submitted - this means that any errors or spelling mistakes will show. Please proofread your submission carefully.

I do give permission. JH

Author approval (delete as appropriate)
I **confirm**/do not confirm that this submission has been approved by all authors. (You still need to confirm even if you are the sole author.)

I confirm. JH

Author will attend
I **confirm that at least one author will register in full to attend and** present the paper at the Conference. If I/we have opted to pre-record the presentation, or I am submitting a poster or an animation, I understand that I/we are expected to attend for a live Q and A session at an agreed time.

I confirm that at least one author will attend to present live. JH

Please choose your preferred means of presentation: (delete other options)

Oral live

Biography
Please include a short biography about you and/or the team of people submitting for our conference and attach a photo of you and/or your team.

The Paramedics and Palliative Care research team is a small but mighty crew. The team involves expertise from paramedic clinical care, hospice, emergency department, nursing, learning experts and BCEHS Senior Leadership. The goal has always been, and remains, to create an approach to care that supports and expands the paramedics approach to patients with palliative needs.