

# Day 3

Abstract Submissions



Research in Paramedic  
Education

## Learning values in shared decision-making in undergraduate paramedic education

Georgette Eaton

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### Abstract

**Background:** While professional values are seen as a fundamental part of element of shared decision-making, there is little research on how they are learnt within the paramedic profession.

**Aim:** This study sought to understand how student paramedics developed their professional values within the ambulance practicum.

**Methods:** 37 paramedic students and 5 paramedic educators submitted diary entries and took part in focus groups.

**Findings:** There was a general consensus between participants that the study of professional values was viewed as a scholarly activity within the university, and the practicum subsequently viewed as unacademic. Students identified that much of their learning replicated values of the environment they were in, and educators voiced their concerns that this may not always result in the understanding behind professional values.

**Implications for education:** This study has highlighted that professional values are worthy of being explored within the paramedic undergraduate curriculum, in an effort to enable students to understand and develop their values during their education and appreciate the importance of values within shared decision-making. Whilst changes have been made to the undergraduate curriculum to support this, this primary research demonstrates the importance of values education by educators teaching this curriculum.

### Presentation

Oral - live

### Biography

Georgette Eaton is an NIHR Doctoral Research Fellow at the University of Oxford.

## **Can Australasian and UK Paramedic Academics teach Evidence-Based Practice?**

Scott Stewart

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### **Abstract**

#### **Introduction**

Evidence-based practice (EBP) education for healthcare professions has been widely studied. Despite paramedics being required to perform all stages of (EBP) no literature specifically considers the preparedness of Paramedic Academics (PA) to teach EBP.

#### **Aim**

To assess preparedness of UK and Australasian PA to teach EBP.

#### **Methods**

A mixed method approach involving of UK and Australasian PA focus groups, case studies and previously validated survey instrument the EBP<sup>2</sup>.

#### **Relevance to paramedic education**

PA are required to teach EBP to paramedic undergraduates, but no specific literature exists to guide them.

#### **Implications for paramedic education**

To ensure that patients receive care based on the best available evidence, patients' preferences, and clinical judgment; paramedics must be educated in EBP. Gaps in the PA skill set mix required and curriculum integration have been identified and solutions proposed.

#### **Results / Findings**

N = 106, Australia (61), NZ (20) and the UK (25) responded. Mean age of 39y and 55% male. 89% had a paramedic background with 68% > 10 years on-road experience. Mean academic experience 6 years with 22% reporting 1 year. Only 12% held PhDs. 52% had no formal education in EBP. 55% had not presented or published research.

EBP<sup>2</sup> scores for the paramedic academics were comparable to other fields.

Factors correlated with low EBP<sup>2</sup> score were qualifying as a paramedic 6-10 years ago, <5 years teaching, no published articles, no EBP training.

Qualitative methods identified the importance of EBP to paramedics. Paramedic students seemed to be influenced strongly by early clinical placements regarding attitude to EBP with a strong “Eminence based practice” effect. Staff that graduated between 2000 & 2010 often lacked EBP training.

While academics with a non-paramedic background can teach EBP, engagement and respect correlated with understanding of the paramedic environment. Barriers to EBP teaching included low EBP<sup>2</sup> scores, a paramedic background, and access to relevant paramedic evidence.

### **Conclusions / Recommendations / Implications for practice and/or education.**

EBP education needed for academics, in-service educators, and clinical managers.

More support needed for PAs to publish, present, and remain in academia.

EBP education should be themed through an undergraduate course with an explicit teaching of the 5 steps early, and integrated into practical clinical situations.

### **Presentation**

Oral - live

### **Biography**

Scott Stewart has over 20 years' experience in Higher Education with lecturing and course coordinator roles at Monash University, St George's University of London, Victoria University and now senior lecturer at ACU. While in the UK he consulted for South East Coast Ambulance Service, for the development of a critical care paramedic level and helped Gibraltar to transition to Paramedic level care. He has a passion

for graduating world class paramedics that practice Evidence Based Health Care.



## **SHOULD I CONSIDER this drug? - The problems for students and trainee paramedics when using CPGs for education and learning**

Sonja Maria

Australasian College of Paramedicine, Sydney, Australia. Charles Sturt University, Bathurst, Australia

### **Abstract**

This presentation will feature an excerpt from a larger research project which examined the use of clinical practice guidelines (CPG's) and their influence upon decision making in paramedicine. Students and trainee paramedics use CPGs differently to qualified and experienced paramedics.

**Aims:** To understand how CPGs are used by students and trainee paramedics and to explain the effect that electronic CPGs have had upon educational opportunities.

**Methods:** This study used interviews and critical discourse analysis for data gathering. A total of 20 paramedics were interviewed which included students, educators and historians. Additionally multiple CPGs were analysed using a conceptual framework to identify barriers and facilitators.

**Results/Findings:** Due to the wide variation of foundational training that paramedics may have before entering the workforce, CPGs struggle to meet the needs of newer and less experienced paramedics. Several barriers identified included the expectations of underpinning knowledge and level of literacy by the organisation. Compounding these issues are the various interpretations and confusions of the level of autonomy of practice which surround the dialogue within CPGs.

**Conclusion/ Recommendation/ Implications for practice:** This research provides a timely reminder of the special needs of students and trainee paramedics when designing guidelines and additionally using them as an education resource. Further work is encouraged that improves the link between education and CPG creation.

### **Presentation**

Oral - live

### **Biography**

[Sonja Maria](#) Photo

Sonja has a diverse background in emergency healthcare after working in ambulance services both nationally and internationally including various roles as a paramedic and an education manager. Sonja's main area of interests are in policy development and evidence based guidelines for clinicians in the health field. Her current projects include recently finalising her PhD, chairing the Australasian Special Interest Group for CPGs, the development of the Australasian Paramedic Clinical Guidelines, the

Australasian Paramedic Pharmacology Project and her work as a senior lecturer for Charles Sturt University.

## Developing a research culture in undergraduate paramedic students through innovation in mentorship

Clare Sutton<sup>1</sup>, Alex MacQuarrie<sup>2,1</sup>

<sup>1</sup>Charles Sturt University, Bathurst, Australia. <sup>2</sup>Griffith University, Gold Coast, Australia

### Abstract

#### Introduction:

Paramedicine as an academic discipline is in the early stage of developing a unique body of evidence based on research, however this is not embedded into the curriculum as effectively as within other health disciplines<sup>1</sup>. Although there is focus on utilising evidence based medicine for paramedic practice<sup>2</sup>, we noted a lack of student connection with research. This was illustrated by low enrolment in higher degree by research (HDR) despite robust enrolments in the undergraduate program. We wanted to change that by motivating a new generation of student paramedic researchers.

#### Aim:

To establish a new culture, and encourage paramedic students to engage with research we developed the *Dare to Know Student Paramedic Research Scholarship*. This innovative scholarship, awarded on a competitive basis, provided recipients with research mentorship from experienced paramedic academics rather than financial support. The goal was to encourage participation in research by providing a supportive and accessible environment in which students could explore their area of interest and develop unique and innovative projects<sup>1</sup>. The scholarship facilitated effective investigation and implementation of student driven initiatives.

#### Relevance to paramedic education:

Since launching, outputs of recipients have included conference posters, presentations and peer-reviewed journal articles. Importantly, a number of recipients have gone on to continue their studies in an Honours program, bolstering this previously undersubscribed program. Feedback from recipients on the impact of winning the scholarship has been overwhelmingly positive. One student, studying mental health said she felt more prepared for her paramedic career - more confident, more informed, more empowered and with motivation to continue research. Another recipient explained how the scholarship “bridges a gap with unprecedented access to mentorship from academics...they [the academics] were enthusiastic and supportive”. Academics who supervised these scholarship students reported high levels of student engagement and an enthusiasm to develop further projects.

#### Implications for paramedic education:

Unlocking paramedic student creativity with a new way to learn was key to the success of the project. The enthusiasm of the students motivated them to succeed in a very non-traditional way. Scholarship recipients were volunteering to take on additional, non-assessable work demonstrating that intrinsic



motivation was very influential. External recognition was another key factor. Winning a scholarship is recognition of achievement and can, in certain circumstances serve as a predictor of student persistence and academic progression. Using a scholarship to provide mentorship was an effective strategy to encourage student paramedics to value, and to contribute to the creation of new knowledge for their profession. Those students who participated in the scholarship program prior to enrolling in the Honours pathway gained invaluable skills and insight into the research process and were able to make a smoother transition than those with no prior experience of research.

This project used innovation in mentorship to make research more accessible, to increase engagement and to inspire students to pursue their own research agenda. Equipping students with the knowledge and skills to develop a robust evidence base for paramedic practice impacts on the ability of the future workforce to drive the profession forward.

## **Presentation**

Oral - pre-recorded

## **Biography**

Clare is Senior Lecturer and Program Lead for paramedicine at Charles Sturt University (CSU), NSW Australia. Prior to joining CSU in 2015, she was employed as Senior Lecturer and Practice Education Lead for the University of Northampton. She has over twenty years' clinical experience working as a paramedic and clinical mentor with East Midlands Ambulance Service (EMAS) and as an Emergency Care Practitioner (ECP) with various organisations in the primary healthcare environment.

Clare's PhD focus relates to emotional resilience and strategies to develop resilience in student paramedics. Her research interests also encompass the promotion of health and wellbeing in emergency service workers, student paramedics and volunteer responders. She is an active member of the CSU Workforce Wellness Research Unit (WWRU) involved in several ongoing research projects investigating the mental health, wellbeing and resilience of human service workers. She is also Chair of the Mental Health and Wellbeing Special Interest Group for the Australasian College of Paramedicine (ACP).

## Creating an inclusive ambulance workforce- is Cultural Humility the answer?

Tom Davidson

University of Cumbria, Lancaster, United Kingdom. Lancaster University, Lancaster, United Kingdom

**Tom Davidson**

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### **Abstract**

#### Background

It has been well documented that the UK Ambulance Service has struggled to match the ethnic diversity of the population it serves. It has also been highlighted in the National Health Service (NHS) Workforce Race Equality Survey (WRES) that the ambulance service sector performs significantly worse than all other NHS sectors in all questions asked. Some recent initiatives have looked at improving the admissions process into higher education programmes to increase the diversity entering into the profession. To date, little empirical research has focused on analysing the culture of the ambulance service and how this has impacts on cultural diversity. This paper has undertaken a narrative literature review to explore concepts of culture and diversity within the NHS and what educational interventions have been used to combat inequalities. A parallel aim is to initiate the academic debate on this topic area that will hopefully initiate more research and critical discussion on race, equality and diversity in the ambulance service sector.

#### Findings

This review has discovered that: -Research strongly suggests that having a diverse workforce provides a better experience for patients and staff. -There is considerable research into how educational interventions can improve individual and organisational understanding of cultural diversity. Often this research is focused on concepts such as *Cultural Competence*, *Cultural Humility*, *Cultural Awareness*. - There are multiple reasons for undertaking research cited in the literature namely; understanding the cultural make up of an organisation, exploring how educational interventions can increase cultural understanding within individuals, and analysing how educational interventions can increase an individual's *Cultural Competence* along a pre-defined scale. -The literature is dominated by a positivistic understanding of culture, whereby it is understood that culture is a known set of static rules that can be learned, and one can become competent within it. There is little research that is focused on a constructivist understanding of culture, where culture is a more disparate concept and is

constructed dependent on the context and relationships it exists within. The position of the paramedic profession would provide the appropriate context to explore this subject due to its already known issues with cultural diversity.

### Relevance to paramedic education

Educators are key components in changing culture in any system. It is therefore paramount that all paramedic educators understand the concepts of culture and are able to critically deconstruct the current issues within the ambulance sector. This literature review explores the concept of cultural diversity, provides examples of educational interventions in the wider NHS workforce and proposes, and identified what type of educational intervention may be useful for the ambulance service.

### Implications for paramedic education

The paramedic academic community has yet to engage deeply with the topic of cultural diversity. Given the critical need for change, it must be the responsibility of the academic community to analyse this subject in depth and breadth and publish this to the wider community. It is also no longer the responsibility of those from minority groups alone to research these topics. It therefore should be a core imperative to paramedic education, research, operations, leadership, and management.

## **Presentation**

Oral - live

## **Biography**

Tom is the director of the Centre of Excellence in Paramedic Practice. This involves leading the paramedic provision within the University of Cumbria. The Centre sits within the university's Institute of Health (IoH) and Tom is part of the IoH Senior Leadership Team. Tom works directly with ambulance services and other key partners to develop institutional and educational partnerships. Previously Tom has worked as a senior lecturer as a programme lead for undergraduate and post-graduate programmes. Tom still teaches across the programmes and provide Msc Dissertation supervision. Tom is currently completing his PhD in Education at Lancaster University and is focusing on Technology Enhance Learning.

## Building Research Capacity for Out-of-Hospital Care in Ireland: Development of the Irish Paramedicine Education and Research Network (IPERN)

Niamh M. Cummins<sup>1-4</sup>

*On behalf of the Irish Paramedicine Education and Research Network (IPERN)\**

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*\*Full details of IPERN Authors and Affiliations listed in the Biography*

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### Abstract

#### Introduction

Irish paramedicine research and education, has progressed significantly over the past two decades. In 2000 the establishment of a statutory regulator, the Pre-Hospital Emergency Care Council marked an important milestone in the professionalisation of Irish Emergency Medical Services.<sup>1</sup> To guide building research capacity a National Prehospital Research Strategy was published in 2008,<sup>2</sup> which was highly innovative as national research agendas are rare in paramedicine.<sup>3</sup> Since that time the founding of the Irish College of Paramedics and Irish Journal of Paramedicine have been positive developments<sup>4</sup> and a strategic and collaborative approach to research capacity-building is now required to accommodate the complex and multi-disciplinary context of out-of-hospital care. Therefore, we are developing an Irish Paramedicine Education and Research Network (IPERN), to give all stakeholders a voice in the research process. This includes the statutory regulator, service providers, academic institutions, clinicians practising in the out-of-hospital setting, first responders, patient representatives and other relevant stakeholders.

#### Aim

The aim of this presentation is to outline current research capacity in out-of-hospital care and to describe the development of a national education and research network for paramedicine in Ireland.

### **Relevance to Paramedic Education**

Due to the ongoing challenges presented by the COVID-19 pandemic it is now more important than ever to equip students, the future leaders of paramedicine, with research skills. Traditionally, training had been vocational but has now progressed to Higher Education with the first Irish degree-educated paramedics graduating in 2016. Research skills have also been embedded in hybrid university-service provider educational models. Underpinning evidence-based practice is a strong research culture and therefore it is imperative that all paramedics have the opportunity to develop knowledge and expertise in their working environment. The collaborative development of this network, will support Irish paramedics to bridge the theory-practice gap through involvement in research training, knowledge generation, knowledge translation, evidence implementation, policy setting, research partnerships, co-production and research leadership.

### **Implications for Paramedic Education**

Health services research forms an essential component of public health and population health research. Paramedicine has evolved beyond being “the ambulance service”, it’s now a complex network of allied health professionals in a diverse range of roles including; frontline prehospital clinicians, community paramedics, educators and researchers. Improving education and engagement with research in Irish paramedicine will drive the development of a research culture and ensure that clinical practice is data-driven and evidence-based. Enhanced familiarity with online platforms during the COVID-19 pandemic allows greater scope for collaborative learning opportunities at a national level. Increased research capacity in healthcare leads to improved health outcomes for patients; however, knowledge translation is challenging. The establishment of IPERN will build a critical mass of research consumers, research generators and research implementers. Mobile Integrated Healthcare is the future and in collaboration with our multi-disciplinary academic and clinical colleagues IPERN plans to advance this vision for the future of paramedicine in Ireland.

### **References**

1. Pre-Hospital Emergency Care Council [www.phecc.ie](http://www.phecc.ie)
2. A National Prehospital Research Strategy 2008
3. Blanchard, Bigham, Cummins, Jensen & White NAEMSP 2013
4. Batt & Knox Irish Journal of Paramedicine 2017

### **Presentation**

Discussion session (20 minutes)

## Biography

*Dr. Niamh Cummins is presenting this abstract on behalf of the Irish Paramedicine Research and Education Network (IPERN) Team*

**Dr. Niamh Cummins** is an educator and public health researcher specialising in health services research with a focus on prehospital and emergency medicine. Her background is in physiology and biomedical science and she has over 15 years of experience as a clinical researcher. Niamh's work has led to the introduction of new models of care and national policy changes including updates in clinical practice guidelines for Irish paramedics. She is particularly interested in the integration of health services, clinical screening tools, health behaviour, mental health, peer-assisted learning, mentorship, and gender equity. Niamh also acts as a patient advocate and is a firm believer in participatory health research.

**The Irish Paramedicine Research and Education Network (IPERN)** was founded in January 2021 as a collaborative effort to increase research capacity and educational opportunities in paramedicine in Ireland. IPERN strives to foster a strong research culture through education and mentorship in order to improve knowledge translation for out-of-hospital care. IPERN aims to facilitate paramedic research engagement and leadership by connecting stakeholders across the academic and clinical settings with an interest in mobile integrated healthcare. The IPERN team includes first responders, emergency medical technicians, paramedics, advanced paramedics, community paramedics, critical care paramedics, nurses, doctors, scientists, allied health professionals and patient representatives. The IPERN Team has educational and clinical expertise in prehospital care, emergency medicine, critical care, anaesthesiology, emergency management, wilderness medicine, search and rescue, helicopter emergency medical services, nursing, midwifery, general practice, physiotherapy, occupational therapy, nutrition, public health, psychiatry, psychology and mental health. IPERN always welcomes new members and is looking forward to building collaborations on the national and international stage into the future.

*"Ni neart go cur le cheile"  
There is no strength without unity*

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Niamh M. Cummins



## An EXploration of the facilitators and barriers to paramedics' assessment and treatment of pain in PAediatric patients following Trauma (EX-PAT)

Barry Handyside<sup>1</sup>, Helen Pocock<sup>1,2</sup>, Prof Charles Deakin<sup>1,3</sup>, Isabel Rodriguez-Bachiller<sup>1</sup>

<sup>1</sup>South Central Ambulance Service NHS Foundation Trust (SCAS), Otterbourne, United Kingdom.

<sup>2</sup>University of Warwick, Warwick, United Kingdom. <sup>3</sup>University Hospital Southampton, Southampton, United Kingdom

### Abstract

An EXploration of the facilitators and barriers to paramedics' assessment and treatment of pain in PAediatric patients following Trauma (EX-PAT).

#### Abstract

#### Background

Pain is a common symptom amongst patients presenting to ambulance services and is often associated with traumatic injury. Assessment and management of pain in children in prehospital settings is suboptimal. This study aimed to understand the facilitators and barriers experienced by paramedics in their assessment and management of pain in children who have sustained traumatic injuries.

#### Methods

Face to face, audio recorded semi-structured interviews using a piloted topic guide were conducted with paramedics employed by South Central Ambulance Service NHS Foundation Trust (SCAS). Interviews were professionally transcribed, coded manually and analysed using thematic analysis.

#### Results

Eleven interviews were conducted; 3 themes related to assessment and 3 related to management were identified. *Previous positive experiences of utilising pain scoring tools* was identified as a facilitator to pain assessment whereas *a lack of confidence in pain scoring tools* was a barrier. *Patients' understanding and compliance to the tools* was both a facilitator and a barrier to assessment.

Facilitators to management included *personal* sub-themes of colleagues/others, exposure, being a parent, technology, severity of the injury and subjective pain scoring. *Organisational* facilitators included medicines, routes and alternative methods. *Situational* facilitators included patient specific solutions and parents. Five *personal* barriers to management included medicines, skill, consequences to self or patient, negative interactions and limited exposure. Three *organisational* barriers included medicines and routes, equipment issues and choices, and training and culture. Within the theme of *situation*, two subthemes emerged: patient specific issues and environment specific issues. Novel facilitators to emerge were those of alternative methods and being a parent.

## Conclusion

A multitude of factors incorporating situational, organisational and personal all combine to determine how paramedics treat paediatric trauma patients. A multi-stakeholder approach to providing clearer assessment tools, improved education, equipment and pharmacy options may improve assessment and management compliance for the benefit of the patient.

## Implications for practice

This study validates previous findings both nationally and internationally, whilst providing new insights. It provides a framework for paramedics, ambulance services, education establishments and policy makers of the factors that need to be overcome and those that should be supported/explored to improve the assessment and management of this category of patients.

## Presentation

Oral - live

## Biography



**Barry Handyside** is the quality assurance and educational development manager for South Central Ambulance Service NHS Foundation Trust (SCAS). Joining the ambulance service in 2004, he qualified as a paramedic in 2008. In 2016 he became an education manager obtaining a PGCert in education and qualified teacher status. He is presently undertaking a master's degree in education professional practice. His time as a research paramedic led to the conduction of EX-PAT, his first research project as lead author.

**Helen Pocock** is the Senior Research Paramedic at South Central Ambulance Service NHS Foundation Trust (SCAS). Joining the Ambulance Service in 1997, qualifying as a paramedic in 2000, she moved into education in 2008, leading the Emergency Care Practice degree at Oxford Brookes University before managing the PARAMEDIC and PARAMEDIC-2 trials for the trust. She is currently undertaking an NIHR Clinical Doctoral Research Fellowship investigating defibrillation energy with the University of Warwick.

**Prof Charles Deakin** is a consultant in cardiac anaesthesia and cardiac intensive care at University Hospital Southampton, UK, Divisional Medical Director for South Central Ambulance Service NHS Foundation Trust (SCAS) and Medical Director for the Hampshire & Isle of Wight Air Ambulance. He is Honorary Professor of Resuscitation and Prehospital Emergency Medicine at Southampton University where his main academic interests are cardiac arrest, major trauma and resuscitation.

Charles is a lead author for UK paramedic, national and European resuscitation guidelines and is a fellow of the Resuscitation Council (UK) and European Resuscitation Council. He co-chaired the ILCOR ALS guidelines in 2005 and 2010 and remains a member of the ALS working Group where he is the ILCOR domain lead for defibrillation. He was a member of the Trial Management Group for the PARAMEDIC2 study and Trial Steering Committee for the AIRWAYS2 study.

**Isabel Rodriguez-Bachiller** is a Research Paramedic at South Central Ambulance Service NHS Foundation Trust (SCAS). In 2004 she joined South Western Ambulance Service NHS Foundation Trust. After moving to SCAS she qualified as a paramedic in 2015. During her time in research she has helped run the PARAMEDIC-2 trial for SCAS and is involved in delivering NIHR COVID vaccine trials.

## Early Intervention For Potential Frequent Callers

Aidan McDonnell, Claire Hallowell, Ian Russell, Joanna Smylie

Northern Ireland Ambulance Service, Belfast, United Kingdom

### Abstract

Please find attached our research poster.

Unfortunately, I was unable to attach a poster with a higher resolution.

If we are fortunate enough to be selected, I can provide a poster with higher quality resolution.

In addition to the poster, as one of our 'Change Ideas' states, I would also like to submit the animation video that we have created for Potential Frequent Callers in Northern Ireland.

Please see the link below

<http://www.nias.hscni.net/download/NIAS-Complex-Cases.mp4>

[NIAS Video](#)

Many thanks,

Aidan

# Early Intervention For Potential Frequent Callers



C. Hallowell, A. McDonnell, I. Russell - Complex Case Team

## Background

The national definition of a Frequent Caller is anyone over the age of 18 who calls for an emergency ambulance 5 times in one month or 12 times in 3 months.

We engage directly with these individuals and, with their consent, make onward referrals to both statutory and voluntary organisations to ensure that their health & social care needs are being met by the most appropriate care provider.

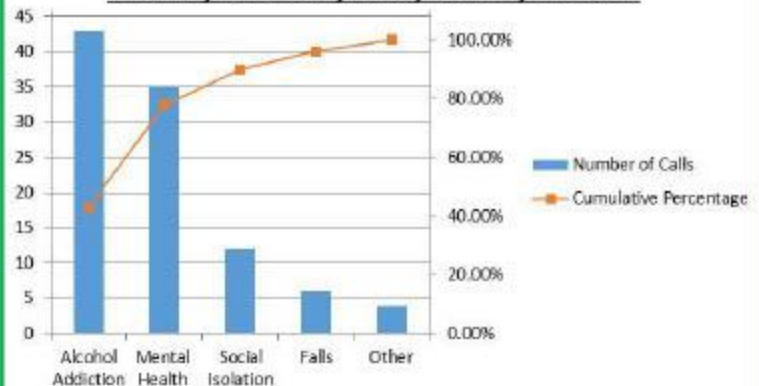
Whilst this service is very effective, it can often be time intensive and the patient's situation can worsen by the time they are flagged as a Frequent Caller.

By intervening with patients who are regularly calling for ambulance assistance but have not yet met the national criteria, we hope to:

- Enable these patients to get the help and support they require.
- Help ensure that ambulances are free to attend the most serious emergencies in the community.
- Free up capacity in local Emergency Departments.

The Pareto chart and driver diagram on the right show the 'vital few' & 'useful many' reasons that service users frequently call 999, our aim for this improvement project and change ideas of how we can best achieve this.

## The 'vital few' and 'useful many' reasons for 999 calls



## Measures

Outcome measures:

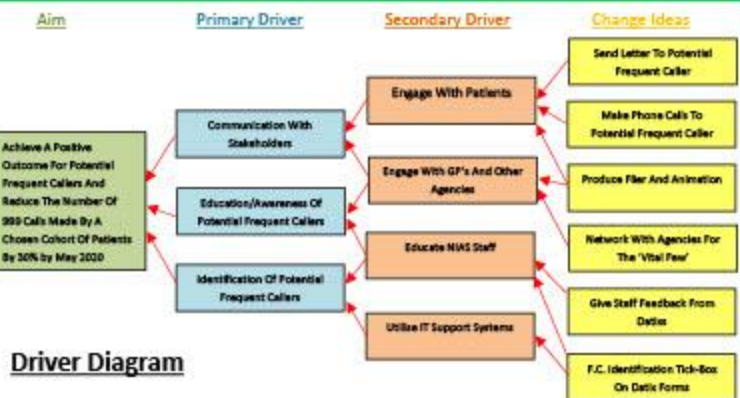
Reduce the number of 999 calls made by identified frequent callers.

Process measures:

Engaging with patients, their GP's, the Trust and other services (PSNI, Community and Voluntary Sector).

Balancing measures:

Have we put any further strain on any other parts of the healthcare system?



## Driver Diagram



Our intervention dates, when the letters were sent out, have been highlighted by the red arrows. 3 dates, 3 different cohorts of callers. Letter 1 was sent out in April, Letter 2 was sent out in July. Letter 3 was sent in November after a PDSA cycle, during which we reviewed and improved the contents and format of our letter.

## Achievements

After the April and July letters were sent out, you can see a distinct drop in the number of calls being made followed by a gradual increase again in the weeks that follow.

As our graph shows, we have been successful in achieving our outcome measures in that by sending letters to Potential Frequent Callers there has been a reduction in the number of calls being made to the ambulance service.

## Challenges

Some recipients of the letter went on to meet the threshold for management as a Frequent Caller. We also received a small number of complaints from recipients who were upset and/or angry. Often a discussion with the person was enough to ease any concerns they had.

## Then COVID 19 arrived...

During the COVID 19 crisis, the specific work on our project was stopped. We stepped away from the Frequent Caller work for a period of time as we were redeployed to other duties. What we found was a sudden increase in Potential Frequent Callers & newly identified Frequent Callers (86 in March and 75 in April to be added to a list of over 300 current Frequent Callers) who were only making calls to NIAS during the worst of the COVID Pandemic. To distinguish these callers, we refer to them as 'COVID Callers'. We sent a newly drafted letter to each of these COVID Callers and immediately noted a reduction in their call volume. We attributed heightened anxiety, a reduction in health and social care services and a breakdown in peoples support & coping mechanisms as a potential reason for this sudden spike in new callers during the COVID 19 crisis.

With some of the newly identified Covid Callers becoming Frequent Callers & Potential Frequent Callers, any data that we collect following the pandemic is likely to show a spike in activity during the months of March and April. As such, the downward trend in calls that we were seeing following our Potential Frequent Caller letter being sent out is likely to be lost in an unexpected spike. If not for COVID 19, we would have continued in our process of identifying Potential Frequent Callers, sending our letters and reviewing our systems using the PDSA model. After our letters had been sent out, we had planned to engage service users for feedback.

## Conclusion

The data from our Project has shown that a standardised and quality assured process of identifying potential frequent callers, sending out a letter and

## **Presentation**

Static Poster

## **Biography**

The Northern Ireland Ambulance Service Complex Case Team engage with and manage the impact that Frequent Callers have on the Ambulance Service. The Frequent Caller National Network (FreCaNN) defines a Frequent Caller as anyone over the age of 18 who calls 999 five or more times in one month or twelve or more times in three months. The team is made up of 4 Paramedics and cover the entire area of Northern Ireland.

Beginning as a project in 2017, the work of the Complex Case Team has continued to evolve and develop. In March 2020, the team won both the 'Integrating Care Across Boundaries' category and the 'Overall Winner' category at the Northern Ireland Health and Social Care Quality Improvement Awards.



