

# Day 6

Abstract Submissions



Paramedic Education Policy

## **The role of educational theory in the future development of Paramedicine as a profession: An Integrative Review**

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### **Abstract**

#### **Aim**

Over previous decades, paramedic practice in Australia has continued to evolve. This has culminated in its inclusion on the National Registration and Accreditation Scheme (NRAS) overseen by the Australian Health Practitioner Regulation Agency (AHPRA). Consequently, Paramedicine now finds itself at a critical juncture in its history as a healthcare profession. While developments in paramedic education have contributed to this watershed event, it is now time to ask whether existing educational approaches in paramedicine can adequately support its ongoing evolution as a profession.

#### **Method**

A systematic, integrative review of existing literature was conducted on paramedic education, allied health education and characteristics of professions. The aim of the review was to distil essential requirements of professional education in general, and paramedic education in particular.

#### **Results**

The PRISMA method was utilised and qualitative synthesis was undertaken to analyse the findings and categorise them into the following emergent, relevant themes: Socio-political definition of a profession, identification of a profession, qualification as a profession and the contemporary paramedic education framework. The findings of the review suggest that as with all occupations that have undergone the transformative journey to that of a profession, paramedicine is experiencing new and challenging outcomes.

#### **Conclusions**

Ensuring a profession is scaffolded by an educational curriculum that guides future development is critical and that the inherent pedagogies in place are best suited to prepare graduates for professional practice. The alternative is that without a culture of discourse, progress and growth by both individuals and organisations the evolution of an emerging profession such as paramedicine is restricted, as it is through continual critique of methodology and process that evolution occurs. A reliable, valid, evidence-based and reproducible educational scaffolding should be a priority to ensure paramedicine continues to evolve into a true profession, not just in name but also in practice.

#### **Presentation**

Oral - live

## **Biography**

Andy Bell

Lecturer in Paramedicine, University of Southern Queensland, Australia. PhD candidate with a particular interest in the area of educational theory and methodology. Registered and active paramedic with the Queensland Ambulance Service.



Dr Sara Hammer

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## Paramedic Higher Education: Findings of a Comparative Review

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### Abstract

**Introduction:** The paramedic workforce is currently under pressure to adapt to the changing needs of the healthcare system, and the education sector is required to follow with the current and future education of paramedics being crucial to the changing role of paramedics. The United Kingdom was chosen for this comparative study as previous research has linked the model of paramedic education in the United Kingdom with the education requirements in Australia, as a result of the previous Council of Ambulance Authority (CAA) professional competency standards being informed by the standards of proficiency for paramedics as set out by the Health and Care Professions Council (HCPC). This study reviewed how curriculum in Australia and New Zealand can be adapted to meet the same requirements of higher education institutions in the UK. **Methods:** This review involved a systematic stepwise approach to descriptive content analysis. In this study, we considered a review of grey literature; university curriculum documents, professional body documents, and accreditation documents that were read to identify existing approaches to curriculum guidance in paramedic education. A comparable document review was undertaken with an in-depth curriculum analysis. **Findings:** The use of the fields of study as set out by the College of Paramedics was undertaken against the baccalaureate curriculum: Physical Sciences, Life Sciences, Social, Health and Behavioural Sciences, Clinical Sciences, Ethics and Law, Patient Assessment, Care Delivery, Leadership Attributes, Public Health and Wellbeing and Evidence-Based Practice and Research. Subjects were identified based on their titles and abstracts or subject profiles. Overall, we found that 18 universities met only three subject topics, life sciences, patient assessment, and care delivery. **Conclusion:** With a rapidly evolving scope of practice directed towards a primary health care model within Australia, it would have been expected that the analysis of subject matter explicitly identified themes related to primary health care. Most universities offered subjects with a focus on social, health and behavioural science, which are usually contemporary public health issues and include the prevention and treatment of lower acuity conditions. Yet only one university identified primary health care as an area for curriculum development. This review has recognised a scarcity of research into higher education paramedicine, specifically an absence of evidence-based curriculum underpinned by conceptual or theoretical frameworks. Coupled with the variation in paramedic education being taught across Australia and New Zealand with no consistency even with the categories outlined by the College of Paramedics.

### Presentation

Oral - live

## **Biography**

**Anthony Weber** was for over 20 years an Intensive Care and Flight Paramedic and then changed career paths to a second successful career in paramedic education, where he developed the acclaimed Bachelor of Paramedic Science, the first online paramedic program in Australia, and had since taken up positions as Deputy Dean (Learning and Teaching) within the school and now expanded to the School of Business and Law. This year Anthony was awarded the Vice-Chancellors Tier 2 award for Outstanding Contributions to Learning and Teaching. Anthony has a number of publications and book chapters and has presented at numerous conferences and symposiums. Anthony's PhD is focussed on developing a paramedic signature pedagogy.

## Paramedicine as a profession: Proposition of a Signature Pedagogy

Anthony Weber, Celeste Lawson, Helen Keen-Dyer

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### Abstract

**Introduction:** The education of paramedics within Australian and New Zealand have previously sat within the crossroads of reputable disciplines such as nursing and medicine that provided the underpinning knowledge perceived as related to prehospital care. The role of a paramedic has changed considerably over the past 40 years from drivers and bearers who simply taxied the sick and injured to hospital, to specialised paramedics who perform a significant number of interventions before a patient arrived at the emergency department. As a result of this increase in the scope of practice and the change in the status of professionalism of paramedics, the role of education must also evolve. **Purpose:** The importance of paramedics undertaking undergraduate baccalaureate degrees and following a vertical career path, not only supports paramedics becoming a profession but is on parity with other health professions. It is seen that for an increase in professionalism, higher levels of educational qualifications such as undergraduate and postgraduate studies are required. Higher education institutions should not have a curriculum independent of actual and future practices. The paramedic curriculum grounded by a theoretical framework allows for a deeper philosophical foundation. This will ensure paramedic programs are seen as equally valid and necessary to educate a richer and more comprehensive paramedic of the future. An important next step in the conjugate to professionalism and curriculum development is a signature pedagogy that underpins paramedic practice that can then be a discourse in curricular decision making. **Relevance to Paramedic Education:** A signature pedagogy has been used to teach those in health professions, where simple learning is not sufficient. Usually defined within a specific discipline, a signature pedagogy is characterised by content and a teaching framework (Shulman, 2005). This surface structure learning process is supported by the deep configuration of the discipline's education requirements such as authentic learning; teaching and assessment strategies including work-integrated learning; and underpinned by an implicit structure of essential skills such as professionalism (Shulman, 2005). Currently, no signature pedagogy exists for paramedicine. **Implications for paramedic education:** With the changing scope of practice for paramedics to a more primary health care model of practice and with advancements in diagnostic procedures and clinical skills, the need for paramedicine to have a signature pedagogy is paramount. As the paramedic profession continues to cultivate and break down barriers from the traditional model of paramedical care the signature pedagogy introduced in this paper not only supports the current practice of paramedicine but will inform the delivery model of paramedicine into the future. The contribution of a signature pedagogy not only addresses the education model of the future but also addresses a new model of healthcare delivery implemented into ambulance services. An educational curriculum adaptable to the changing practices of paramedics is pivotal in shaping the profession.

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Oral - live

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**Seeking strategies to support paramedic students with dyslexia in the clinical setting: a collaborative study**

Suzanne Moffat

University Of East Anglia, Norwich, United Kingdom

**Suzanne Moffat**

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@Cardiaed

**Abstract**



**7. They function differently on different days.**

Some people describe it as a lifestyle challenge, others as a lifestyle curse, because it affects almost all aspects of their lives. Some days they may function better than others, other days it's like everything is getting worse. There's no reason and no pattern, it just is.



**8. They have great strengths.**

People with dyslexia are often very good at reading people, and have great people skills. They can 'think outside the box' and can come up with solutions others don't see. They are highly intelligent, and intuitive, with vivid imaginations.

Here are some tips suggested by the students to help in clinical practice:

1. Ask us what we find difficult and what worries us in our preliminary interview.
2. Allow us time to read information.
3. Give us time to write the PRF, especially if its been a complex patient.
4. Be really explicit in your instructions.
5. Be non-judgemental if we make mistakes.
6. Use pictures, diagrams and mind maps to help with explanations.
7. Support us learning medical terminology.
8. Read the Additional Learning Needs Procedure and know what reasonable adjustments can be made in the clinical environment.
9. A debrief after each patient is really helpful.
10. And finally ....thank you, small changes make a big difference.

**8 Things to Know If You Work With A Paramedic Student With Dyslexia**



Artwork by Suzanne Hill, Paramedic

If you are not one of the 10-15% of the population with dyslexia its really hard to understand the challenges these student paramedics face. The best thing you can do is understand more so you can maximise the support you can give the student.

Below is a list put together following a research study involving paramedic students to help you gain insight into how their minds work.



**1. They use their brain differently.**

People with dyslexia don't use their brain the same way that most of us do. Their brain underutilises the left hemisphere—the area required for reading—and the bridge of tissue between the two sides of the brain (the corpus callosum) doesn't always direct information to the correct place for processing.

**2. They find detail exhausting.**

Because their brain is less efficient at processing letters and sounds, it has to work harder—much harder. So any time spent reading, using numbers, or focusing on details is really, really exhausting.



**3. They have different symptoms.**

Dyslexia is a tricky thing, because no two people have exactly the same symptoms. Some have poor organization skills, some are slow at reading or have poor comprehension. Some may have difficulty organizing ideas to write, or have difficulty processing auditory information. Some also have difficulty sequencing the days of the week, or months of the year.

**4. They may not know they have dyslexia.**

Dyslexia can go undiagnosed for years, and may not be recognized until university, if at all. This is one reason why it's hard to calculate the number of people with dyslexia. And, unfortunately, people with undiagnosed dyslexia often label themselves as stupid or slow.

**5. They often have low self esteem.**

People with dyslexia are just as intelligent as those of us without. They are fully aware that other people have a better memory, or can read and write much more easily than they can. So they can feel stupid compared to other people.



**6. They can get overwhelmed by too much information.**

They see so many possibilities that their thoughts can become garbled and distorted. It's hard to sort through all that information and work out what's important or appropriate. For example multiple casualties and complex patients can be particularly challenging.



## Aims / Objectives

It is estimated that 10% of the general population have dyslexia, a learning difficulty that affects the skills involved in accurate and fluent reading and spelling with co-occurring difficulties potentially in co-ordination, concentration, and personal organisation (British Dyslexia Association 2019) . Whilst no specific statistics exist in the UK specifying the numbers of paramedic students with dyslexia, it is likely numbers are proportionate to the 12% of nursing students (Evans, 2015). Identifying supportive measures is particularly important for paramedic students, as the complexity and uncertainty of the pre-hospital clinical setting creates a diverse, often challenging learning environment.

With little in the literature seeking to understand the impact of dyslexia on clinical placements, this study set out to ascertain if there are components that are more commonly challenging and identify supportive coping strategies. In collaboration with students a guidance leaflet was created that provides a simple, structured framework to educate and guide the conversation about their dyslexic identity, that is freely available to students and practice educators.

## Methods

The author used qualitative exploratory methods to gather paramedic students' perspectives . Semi structured interviews were conducted with 11 students across BSc and DipHE cohorts. Focus groups and one-to-one interviews were used for data collection, and a thematic analysis was conducted.

## Results / Findings

The findings revealed 3 key themes: the varied approaches to managing difficulties in practice, the need for more time ( to compensate for literacy deficits and organisational challenges), and the importance of an inclusive learning approach. All participants found their educators supportive despite initial unease around choosing to disclose their dyslexic identity. Students found pre-hospital clinical placements to be an approachable and accepting environment.

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

The clinical setting provides a challenging learning environment for students with dyslexia. Creating an inclusive learning approach is linked directly to proactive measures of support.

The following are measures suggested by the students to support their learning:

1. Ask what worries them and what they find difficult in their preliminary interview.
2. Allow them extra time to read information.
3. Give them additional time to write the Patient Report Form, especially if its been a complex patient.
4. Be explicit in your instructions.
5. Be non-judgemental if mistakes are made.
6. Use pictures, diagrams, and mind maps to help with explanations.
7. Support them to learn medical terminology.
8. Read the 'Additional Learning Needs' Procedure and know what reasonable adjustments can be made in the clinical environment.

9. A debrief after each patient is really helpful.

British Dyslexia Association, n.d. What is dyslexia?[online] [bdadyslexia.org.uk](http://bdadyslexia.org.uk). Available at:<https://www.bdadyslexia.org.uk/dyslexia/about-dyslexia/what-is-dyslexia> [Accessed 13 January 2021].

Evans, W., 2015. Disclosing a dyslexic identity. *British Journal of Nursing*, 24(7), pp.383-385.

## **Presentation**

Static Poster

## **Biography**

*Suzanne Moffat*



Suzanne divides her time between her job as a Resuscitation Officer at North West Anglia Foundation Trust and Lecturer in Paramedic Science at the University of East Anglia. Her interest in research led her to undertake an MSc in Clinical Research (NIHR route) before becoming a CLAHRC Fellow in 2015 . She is Research Lead for Norfolk Accident Rescue Service (NARS) , associated with the BASICS charity.

## EMERGENCY MEDICAL SERVICE (EMS) IN NIGERIA TODAY

### **Authors and affiliations**

Micah Iduitua T N and Henry Chinonso Agbor

### **Abstract**

An EMS system must be available when needed, easily accessible, affordable and tailored to the society's socio-economic status.

The practices and perception of Nigerians towards ambulance services are majorly known for undertakers' services and not for carrying live patients.

The current status of EMS in Nigeria reflects many attempts by both state governments and private organizations, all of which lacked EMTs, Paramedics or any special prehospital training. Instead, doctors and nurses from hospital wards and consulting rooms are drafted into ambulances.

Apart from the absence of qualified personnel and relevant ambulance equipment, sustainability is an issue. Most government ambulance services started and then quickly collapsed when the government could not continue to inject funds into a system that generated no revenue.

Interestingly, as a way of improvement, there are about five (5) paramedic training schools in Nigeria with most of the training taking place at the School of Paramedic Training, Institute of Health Technology in the University of Benin Teaching Hospital, Benin City, Edo State, Nigeria. There are also training centres in Delta, Ogun, Imo, and Rivers States of Nigeria.

This article, therefore, concludes by stating the obvious great need for the Federal Government to rethink the strategies in place to saving Nigerian lives and develop a well-structured and functioning EMS system as well as employing the right personnel (Paramedics) to ensure that every life in Nigeria matters.

**Please choose your preferred means of presentation:**

Oral live

**Biography**



**Micah Iduitua T N**

*Dip. Paramed Sci., AHA faculty BLS, ACLS & PALS.*

Micah is a Paramedic with the University of Benin Teaching Hospital and he is also the Chief Instructor, School of Paramedic Training, Institute of Health Technology, University of Benin Teaching Hospital. Micah is an Emergency Healthcare Advocate.



**Henry Chinonso Agbor**

*President, Paramedic Students Association of Nigeria (PaSAN)*

*Final Year Paramedic Student*

*Freelance Writer*

*Volunteer First Aid Trainer*

*Emergency Health Advocate*

Henry a critical thinker, motivator and strategic planner is a final year (500 level) paramedic student of the School of Paramedic Training, Institute of Health Technology, University of Benin Teaching Hospital. Ex-Majority leader of the legislative council of the Paramedic Students Association of Nigeria (2017). Ex-Vice President of the Executive Council of the association (2018-2020). Currently the President of the association. Henry has got great leadership skills, very pragmatic and has a good team play.