



# Designing and Implementing an Educational Framework for Advanced Paramedic Practitioners rotating into Primary Care in North Wales

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**Introduction**  
The Welsh Government Pacesetter programme is an initiative to encourage and support innovation in primary care. The money is allocated to health boards to support projects which test and evaluate new and innovative ways of working in order to achieve sustainability, improve access and deliver more care in the community. This project was part of the second round of funding in 2018 and asked the question 'Does a rotational model utilising the skills and knowledge of Advanced Practice Paramedics support a sustainable model of Primary Care Services in North Wales?' As part of the project, a group of experienced local GP educators were commissioned to produce and deliver an educational framework to support the integration of the Advanced Paramedic Practitioners into primary care settings.

## Background

Rotational working has been offered as a solution to bridge the retention crises faced by ambulance services in the United Kingdom due to the inception of paramedics working in primary care. One project in North Wales examines the viability of rotating Advanced Paramedic Practitioners employed by Welsh Ambulance Services NHS Trust into primary care. As part of this project, an educational framework was developed to prepare and support Advanced Paramedic Practitioners in the provision of clinical care in primary care settings. This educational framework was evaluated to determine how it supported the development of the Advanced Paramedic Practitioners in the primary care setting.

## Methods

Semi-structured focus groups were undertaken with Advanced Paramedic Practitioners (n=7) and GP trainers (n=4).

## Outcome

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.

The APPs felt they could be "beneficial and effective" [APP3] working in their role in primary care, but they felt "like a conveyor belt" [APP7] in regard to high patient contact without supervision. They voiced concerns that their need to ask questions of GPs during clinics was "slowing things down" [APP4]. This was echoed by the GPs, who outlined their need "to triage the clinics, otherwise the poor GP who is supervising next door is going to be in and out [supervising the APP] all the time" [GP2]. Whilst there was an acknowledgement that the APPs were there to work and contribute to patient care, the lack of "supervision, [was] not really beneficial" [APP6] to their clinical development.

There was consensus across both the APPs and GPs that the underpinning curriculum was extensive. At the start, the APP group were "excited" [APP1] about the framework which covered areas such as mental health and endocrinology "where we're notoriously weak as paramedics" [APP2]. The APPs felt it was important to "cover everything, as anything can come through the door in primary care settings" [APP4] whereas the GPs found it "unrealistic to cover it in a year" [GP1] and "overwhelming" [GP4].

## Curriculum

## Education Framework

## Gaps in knowledge

The GPs felt that studying for a Master's degree in Advanced Practice "gives [the APPs] a grounding" [GP2] to work in primary care. APPs were unanimous in their view that the content of the Master's degree expanded their knowledge, and the formal education sessions as part of the Pacesetter bridged the gap between theory and practice. The biggest gap outlined by the GP group was the understanding and interpretation of blood tests, and this related to the knowledge required to undertake medicines' prescribing. When asked specifically about bloods in the second focus group, the APPs preferred a "functional" [APP7] knowledge.

## Feedback

GPs felt that feedback was regularly given to the APPs as part of their supervision, either "on the spot all the time" [GP2] or retrospectively: "I looked back at all the cases he'd seen [to] see if they'd been seen again or since then" [GP1]. The APPs felt that feedback was informal where "you could have a chat if you wanted it" [APP5]. Whilst this informality likely has practical benefits, it is unlikely to have supported the use of the education framework for this project, which is based on written feedback from clinical supervision in primary care.

## Conclusion

This evaluation provides a practical insight into the delivery of an education framework to support APPs rotating between the ambulance service and primary care. The provision of education days provided a platform to address knowledge gaps in APP education and fostered a community of practice within the project. However, the application of the RCGP curriculum was deemed too extensive for APPs, and a curriculum with more practical components was advised. In addition, documentation recording APP supervision and development was insubstantial. It may be that broadly benchmarking the curriculum against the core capabilities of paramedics outlined by Health Education England does not assist with the attainment of capabilities for APPs in primary care. A more concise model may be more beneficial.

This evaluation highlights the need for formal clinical supervision for APPs in primary care, linking such provision to their development as clinicians.

## Acknowledgements

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# 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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**Table 1 – The CARES Skills Framework**

CARES skill	Activity undertaken in peer social support group
1. Connect to emotions	Each participant ‘checks in’ by stating an emotion that captures how they are feeling, and scores themselves out of ten (the higher the number the stronger the feeling) e.g. “I’m happy, 6 out of 10”.
2. Attention training	All participants participate in a 10-minute mindful meditation exercise.
3. Reflective listening	A specific skill designed to connect to the speaker so that you reflect back to them what they have said and the emotions that they are experiencing.
4. Empathy	Whilst listening try and put yourself in their shoes to gain better insight into their experience.
5. Support Help-seeking	Each participant ‘check-out’, sharing an emotion they are experiencing and a number out of ten. This is an important time to reflect on the experience.

## Introduction

Attending the death of an infant or child is consistently identified as a significant stressor by both paramedics and paramedic students alike.<sup>1-3</sup> Whilst studies involving paramedic students are limited, paramedics have reported that they find it particularly difficult to deal with bereaved parents and families of dead children,<sup>3,4</sup> and that they make a more concerted effort to resuscitate even when they are aware their efforts are futile.<sup>3</sup>

One particular area of concern reported by paramedics is their ability to deliver death notifications, including their ability to communicate effectively and empathetically with parents, family members and bystanders.<sup>5</sup> Furthermore, studies suggest that paramedic students learn about termination of resuscitation, death notification and communicating with families from observing other paramedics whilst undertaking WIL.<sup>6,7</sup> However, due to the short duration of WIL students are reporting little or no exposure to patient death, and as a result low confidence in their ability to effectively communicate about death.<sup>8,9</sup>

Paramedic students also report that they experience a form of occupational socialisation whilst undertaking Work Integrated Learning (WIL) in the ambulance setting, which includes a negative attitude towards emotional expression and a preference for emotional suppression when working with their clinical mentors.<sup>10,11</sup> There is also 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.<sup>12,13</sup> This is problematic as emotional suppression has previously been linked to Post-traumatic Stress Disorder and burnout amongst healthcare professionals.

These findings highlight the need for job specific, well designed educational programs to provide paramedic students with the opportunity to practice the non-technical skills required when communicating about death and dying. They also suggest that paramedic students need a safe space to talk about death related to infants and children.

## The CARES Skills Framework

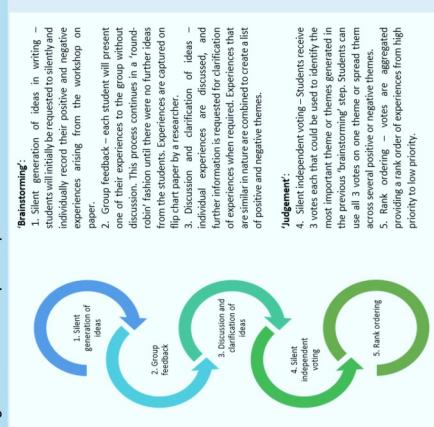
The CARES skills framework (Connect to emotion, Attention training, Reflective listening, Empathy, and Support Help seeking) is a peer support framework underpinned by tested methods which have evidence base in the literature and are known to increase the effectiveness of social support (See Table 1). For example, developing emotional literacy improves individuals' understand of their own feelings, and the feelings of others,<sup>14</sup> whilst attention training through mindfulness practice enhances relaxation and supports the identification and expression of emotions.<sup>15</sup> Reflective listening helps to validate the feelings of others,<sup>16</sup> whilst empathy encourages individuals to relate to others without passing judgement, which in turn helps them to feel understood.<sup>17</sup> Finally, supporting help seeking ensures participants can identify the early warning signs of stress in themselves and others, then provide safety and assistance in accessing referral resources.<sup>18</sup>

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 as a method to help participants to talk about perinatal grief and death related to infants and children. 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” (See Figure 1).<sup>19,22</sup> The strength of the NGT in this setting is the immediacy of feedback and the collaborative but anonymous process of reaching consensus.

## Aim

The aim of this study is to evaluate the student experience of participating in a peer social support group, using the CARES framework, while undertaking a workshop to discuss aspects of perinatal grief and death related to infants and children.

**Figure 1 – Nominal Group Technique**



## Results

Overall, the results indicate a positive response to participating in a perinatal grief workshop. Using the technique of peer support to normalize emotions and provide the opportunity to normalize their emotions and appreciated the ability to learn from peers and share experiences in a trusted, non-judgmental environment. Students reported that they disliked very few aspects of the workshop, however found it difficult to name an emotion and rate it. This finding may indicate a lack of emotional literacy or may support prior findings identified in the literature that suggest students suppress their emotions due to societal socialisation that was learnt when undertaking Work Integrated Learning (WIL) in the ambulance setting.<sup>10,11</sup>

## Conclusion

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 framework as an evidence-based intervention, built on skills known to improve social support. 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 supportive clinical mentors or a willingness to access psychological help.

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## Background

Education and clinical placements were drastically affected during the COVID-19 Pandemic for both students and Healthcare professionals. Educational time was reduced and many students had to adapt their learning opportunities.

The Physician Response Unit (PRU) is a partnership between the Welsh Ambulance Service and the Grange University Hospital's Emergency Department (ED).

The PRU is tasked via crew request, self selection of appropriate jobs and control for red category 1 calls. It carries additional equipment and medication to bring the ED to the patient, reduce ED attendances and utilise additional prehospital patient pathways.

The previously relatively unused 'third seat' provided an opportunity for students paramedics and hospital students to gain experience & education during a pandemic under close supervision from senior practitioners.

## Method

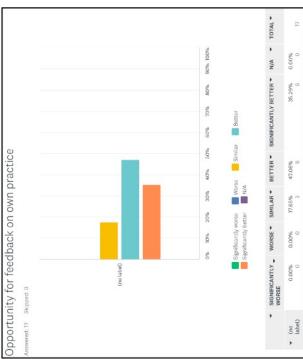
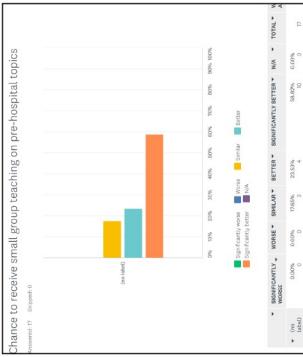
A survey was sent out to paramedic and medical students that had been a third-seat observer in the PRU to explore whether the experience provided a comparable alternative teaching environment to their traditional placement in the ED or Ambulance Service.

The questionnaire comprised of 8 questions. It used a simple Likert scale (Significantly worse, worse, similar, better, significantly better). It was sent out during the period Oct-Dec 2020. 17 Participants responded.



## Results

- Overall there were no negative comments about the PRU as an education platform.
- 82.35% of observers particularly felt that small group teaching on pre-hospital topics and opportunity for feedback on own practice was **better** or **significantly better** than a traditional placement.



- 94.12% of observers felt that the shifts addressed management and pre-hospital elements of their curriculum, whether this be undergraduate curriculum, RCEM or WAST. Subsequently 82.35% felt that the experience enabled the opportunity to complete assessments.
- 82.35% felt the experience gave them the opportunity to practise clinical skills and 88.24% were given the opportunity to make decisions prehospital.

## Conclusion

- The PRU is a unique education platform, combining teaching from emergency medicine doctors and paramedics.
- This study displayed its benefits over traditional placements, particularly during a global pandemic.
- Following on from this, a PRU study day has been arranged to further share the benefits of the PRU to the wider local audience of Welsh Ambulance staff and Emergency Medicine doctors.