



**Prehospital Emergency Services
Current Awareness Update
Issue 107, May/Jul 2024**

The aim of this Current Awareness Update is to provide a digest of information supporting evidence based practice in prehospital emergency services.

The issue name relates to when the contained articles were published- the bulletin is published the following month once the national bulletin has been issued.

This is an edited version of
the update for SWASFT staff

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Prehospital Emergency Services Current Awareness Update – Issue 107, May-Jul 2024

With thanks to Matt Holland, LKS ASE Librarian (on behalf of the National Ambulance Research Steering Group).

This Current Awareness Update was commissioned by the National Ambulance Research Steering Group comprising of research leads from ambulance trusts in England, Scotland and Wales and other experts and groups supporting prehospital research. The aim of the group is to support the strategic development of ambulance and prehospital research whether leading, collaborating in or using research.

The research papers have been arranged by the topic headings below:

[Prehospital Practitioners – Professional Development](#)

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*** SWASFT author*** Moseley, L., et al. (2024). 'If It Was Easy Somebody Would Have Fixed It': An Exploration of Loneliness and Social Isolation Amongst People Who Frequently Call Ambulance Services. *Health expectations : an international journal of public participation in health care and health policy*, 27(4).

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Prehospital Research – Methods and Discussion

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Diagnosis and Triage

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Patient Profile

Children and Young People

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Helicopter Emergency Medical Services

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Covid-19 Papers

Burnett., AM., et al.(2024). Elimination of Emergency Department Ambulance Divert during the COVID-19 Pandemic Was Not Associated with an Increase in the Average Number of Ambulance Arrivals per Day. *Prehospital emergency care*, 28(5).

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Further Research Needed

Bell, F., Crabtree, R., Wilson, C., Miller, E., & Byrne, R. (2024). Ambulance service recognition of health inequalities and activities for reduction: An evidence and gap map of the published literature [Text].

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CONCLUSIONS: Further UK-based research exploring health inequalities of EMS patients would support ambulance service policy and intervention development to reduce health inequality in urgent and emergency care delivery.

Betts, C., et al. (2024). Exploring paramedic personality profiles and the relationship with burnout and employment retention: A scoping review. *Australasian emergency care*.

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CONCLUSION: Further research should be completed into specific personality characteristics, including neuroticism, perfectionism, and excitability to facilitate the development of strategies aimed at improving the health and wellbeing of paramedics and EMT workers internationally.

Godley, N. D., Devlin, L., Watson, J., & Davidson, T. (2024). Practice-based education: a scoping review [research-article]. *Journal of Paramedic Practice*, 16(8).

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CONCLUSION: Employers are key to the collaborative design of apprenticeship, yet multiple issues in terms of their working with higher education institutions exist. The interpretation of apprenticeship-specific terminology used to assess competence, and the subjective definition of expected standards were key concerns of practice educators. Employers need to provide education to practice educators to support the facilitation of learning and assessment. Responsibility for the success of apprentices lies with both employer and learner. **More research is needed on barriers for each stakeholder.** Employers require clearer guidance regarding funding and expectations.

McClelland, G. et al. (2024). On-scene times during ambulance assessment of suspected stroke patients across England from December 2021 to November 2022. *Emergency medicine journal : EMJ*.

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SUMMARY: Due to the time-critical nature of emergency stroke care, it remains a priority for ambulance services to reduce OST. **Further work in this area could use ambulance data linked to the English National Stroke Audit to explore the impact of ambulance OST on patient care and outcomes.** Individual trusts should explore ambulance crew behaviour and practice in their areas, such as McClelland *et al*,² and share learning and any initiatives that effectively reduce time. Prior research² has suggested that ambulance clinicians are completing tasks, such as IV cannulation and 12-lead ECGs, that are unlikely to affect the transport decision or patient destination but which do contribute to prolonged OST.

Malone, DF., et al. (2024). Lights, Sirens, and Load: Anticipatory emergency medical treatment planning causes cognitive load during emergency response driving among paramedicine students. *Accident; analysis and prevention*, 204.

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CONCLUSION: Further research should explore the influence of experience and the presence of a second individual in the vehicle to generalise to broader emergency response driving contexts.

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