Provision of Paramedic Student Placements in Community Health Visiting Teams to improve outcomes for Children and Families

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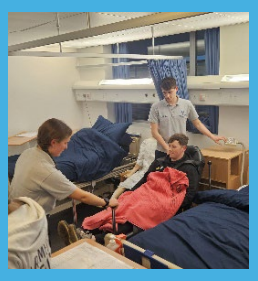
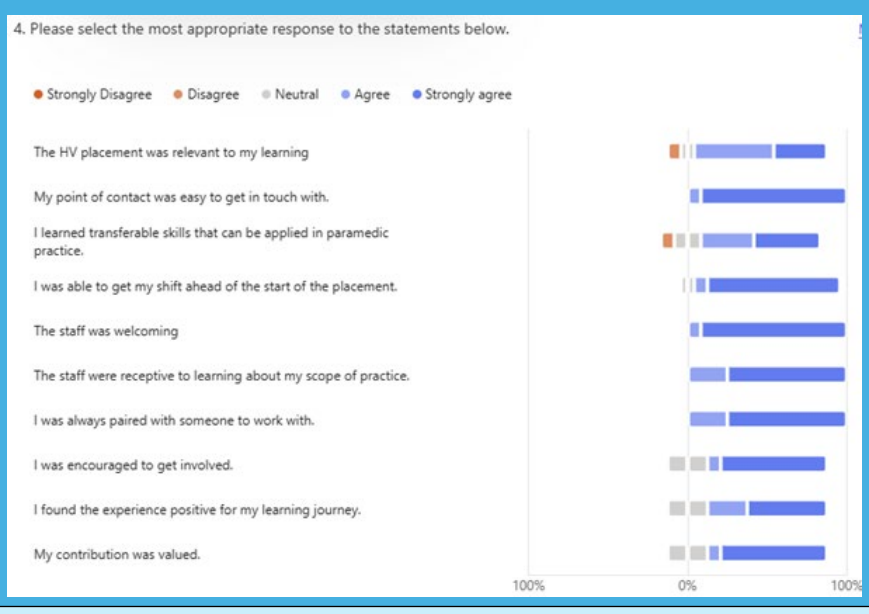


Results of feedback from the students



BACKGROUND

Children under the age of 18 years have the second highest attendance rate at emergency departments of any age group (after those aged over 75 years) (1). Yet evidence would suggest that the most common acute childhood illnesses, such as respiratory tract infections and abdominal pain could be better managed at home or within primary care (2). Part three of the National health and social care workforce plan sets out how primary care services are in a strong position to respond to the changing and growing needs of the population (3). This plan pledges to significantly enhance paramedic provision in all integration authorities, including a commitment to train an additional 1000 paramedics and transform the way they work in communities. Paramedics are encouraged to 'path-find' rather than convey people, including children, to hospital (4). In order to fulfil this role, they require an enhanced skill set which means changes must be made to the training to ensure it includes exposure to a wider range of patient groups, including children.

AIMS

To provide placements which would expose paramedic students to family situations in a less time critical, controlled environment so they have the opportunity to develop soft skills. To enable future paramedics to understand family dynamics and interactions in the home, learn communication skills, understand through observation what's acceptable, what constitutes the wide parameters of normality and cultural diversity, to understand ages and stages of child development, bonding and containment. To enable a deeper understanding of the landscape of primary care, person centred practice, shared decision making and the adaptation of services that respond to changing needs of communities, deploying available resources effectively and efficiently.

METHOD

Methods: Short, two week placements were made available for paramedic students to spend time with Health Visiting (HV) teams on a rolling programme, to enable valuable insight and exposure into how community teams work together to monitor, support and promote childhood growth, development, wellbeing and health conditions, but also to maximise outcomes and ensure safeguarding and protection against neglect, abuse and domestic violence.

OUTCOMES

The Paramedic students:

Became familiar with how HV teams play a pivotal role in monitoring and co-ordinating support available to families, across NHS, Primary Care, Health and Social Care Partnership and third sector organisations.

Gained insight into how different disciplines and organisations link together in effective and efficient ways in a concerted effort to identify and respond to need and reduce inequalities through a variety of evidence based processes and pathways.

Were enabled to understand how to spot and address risk in the home environment, use tools to assist in assessment i.e. the neglect toolkit and become aware of the impact of domestic violence and coercive control on child development and maternal wellbeing. Also, crucially how to prevent escalating that risk and putting women and children at further risk of harm. Following exposure to this aspect of family life, SAS officially incorporated specific training on domestic abuse into paramedic training.

Through sharing experience and knowledge the HV's were able to understand the complexities paramedics face when called to family homes with young children, and through reflection and discussion inform each other's practice in a way that improves family outcomes in the short and longer term

References;
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4.Fratta, K. A.,Fishe, J. N., Schenk, E. & Anders, J. F. (2021). Emergency Medical Services Clinicians' Pediatric Destination Decision-Making: A Qualitative Study. Cureus 13 (8)

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