Cohort II - Clinical Case Review reflection

September 2021

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Background

Cohort II Pacesetter Advanced paramedic Practitioners (APPs) were invited to write a clinical case review reflection, to understand more about their experiences as new to primary care APPs, and how it might be comparable to some of the early data collected for Cohort I. The content and style was left to the discretion of the individual.

Methods

The reflection would fulfil an item from the WAST element of the Pacesetter evaluation framework. Instructions and the principle of the reflection were agreed by BCUHB Information Governance department in advance, and it has been undertaken and reported within the remit of a service evaluation.

In total, three APPs returned a reflection on their experience. Each document was reviewed and manually coded using NVivo software. Some of the principles of thematic analysis (Braun & Clarke, 2006) have been used to identify high level themes which are discussed in more detail below.

Results

Pre-Pacesetter and early experience

Two of the respondents had Primary Care experience from placements as Trainee ACPs whilst completing their Masters which meant they were familiar with basic concepts like surgery processes, referral protocols, admitting patients and resources. They acknowledged this was advantageous for their induction to Pacesetter as it had taken some time to learn.

One APP described their experience prior to Pacesetter and the journey to becoming an integrated member of the Primary Care team.

"*…my confidence, knowledge and understanding gradually increased, incrementally rather than a gradual upwards trajectory. I had weeks where I felt out of my depth and needed help with every patient, and the following weeks things would go far more smoother and I felt as though I was a 'genuine member' of the Primary Care team*."

Despite some previous Primary Care experience, the APPs still described early days working as autonomous Primary Care APPs as "daunting and exciting", and feeling "intrigued and apprehensive". They were keen to embrace the opportunity to work alongside, and learn from, senior clinicians. However some were conscious of the knowledge gap and found it difficult to envision making the transition from "*life threatening emergencies [to] low acuity Primary Care presentations*."

"*…being able to confidently deal with a multi trauma patient but being totally puzzled by a rash reinforced the gap in the knowledge, exposure and experience in assessing, diagnosing and managing patients with minor illness and complaints in the Primary Care setting*."

Like Cohort I, Cohort II APPs faced the reality that they now had responsibility for the patients they would ordinarily refer on to a GP and initially felt some inadequacy in meeting patient expectations.

"never have I experienced 'imposter syndrome' more vividly than on that first day…where I would usually (when working on an ambulance) refer back to their GP, however they were here, seeing me having requested to see their GP, therefore I was expected to come up with answers that I didn't have."

The APPs were able to rationalise their position as experienced APPs, moving to a new clinical environment. They were starting again as beginners in some aspects of delivering Primary Care and not expected to have all the answers immediately. The GP supervisors also played a role in reassuring the APPs that their expectations were normal.

"*I simply didn't have the answers that the patients came looking for. Her [supervisor] reply instantly put me at ease and still helps me two years later: "You are just starting out in Primary Care, we don't expect you to have all the answers, however, the most important thing is to assess for the 'bad things", something that as a paramedic you do every day. You can learn the management and treatment plans as you go along. The critical thing is to establish when someone is 'big sick'*."

"It quickly became apparent that there was no expectation to be experts, or even advanced beginners. As a training GP practice, they were used to and enjoyed training trainees and new beginners to the field."

"I felt an expectation to have all the knowledge required to operate effectively within the Primary Care setting. I was aware that within the four pillars of advanced practice that being a novice was an acceptable start point."

Education

The half day weekly education sessions delivered by GP educators were described as "*brilliant*", and APPs praised the teaching. It was beneficial in terms of the delivery of clinical knowledge which was perceived to improve APP confidence, enabling them to practice more efficiently.

"*The educational sessions advanced my practice significantly, this time meant I developed clinically resulting in me being able to manage patients confidently with up to date practice and guidelines, shortening my consultations and resulting in less queries to the lead clinician of the day*."

"*The red whale sessions were excellent, and provided great structure to the discussion for the group and educational GP in the meeting following it…any area we were unsure of or felt like needed developing from our previous shifts could be answered, therefore improving practice and efficiency*."

Back in practice, the APPs were able to consolidate their learning and manage ongoing care for common Primary Care presentations.

"*seeing a gout patient became a dream as we had learned about it, seen it several times in practice and understood how to manage it both acutely and pro-actively to try an prevent further exacerbations*"

An unintended benefit was also highlighted in one reflection, whereby the education sessions had provided the most up to date guidance and policies which meant APP was able to share learning with surgery staff and consequently improve their knowledge and practice too.

"Occasionally the practice that I was working at wasn't aware of the newly updated guidance therefore their practice is improved as well."

Developing as a Primary Care Clinician

Since the Covid-19 pandemic, GP surgeries have established a telephone consultation service, whereby Primary Care staff listen to the patient complaint and guide them to a diagnosis by phone.

Some APPs felt conscious of time constraints and the need to maintain relevance in the conversation which felt unnatural compared to their usual practice.

"*Telephone consultation was an alien concept… forced me to try and visualise a patient in their home setting when, as paramedics; we are naturally use to seeing patients at home… I felt that I was unable to provide real care over the phone… felt nameless, faceless, lacking compassion, empathy and a world away from providing holistic care*"

One of the APPs outlined their experience working between practices. Benefits included exposure to a number of staff and teams, learning differences between practices, and gaining exposure and information from a variety of clinicians with different methods and resources. It also meant the APP could share learning and resources between practices, and from a personal perspective referrals were easier on ambulance shifts as the APP was known to the practice.

However, some of the disadvantages included "*starting again*" at each practice e.g. clinical system login, surgery processes (bloods, referrals etc.), learning staff roles, and staff learning what the APP can do. Also building GP trust in the APPs clinical practice, which was a source of frustration as it took some time to get up to speed and independently treat patients in each practice.

Despite completing a Masters in Advanced Clinical Practice and having spent almost a year in Primary Care there were still some cases one APP would not see unless other staff are unavailable in an emergency situation. Some examples were outlined including pregnant patients (except confirmation appointments), gynaecology cases due to perceived lack of training, mental health as they could not provide continuity of care due to sporadic shifts, and medication reviews, as a non-prescriber.

APPs clearly had presentations they were more comfortable from their time with the ambulance service

"*Seeing an asthma exacerbation on the list was a dream, it felt familiar and comfortable, but the odd dermatology complaint or ear infection would always remind me of how much I had to learn*."

The APPs reflected on how they have started to work more efficiently, and see more patients per hour as they have progressed. Although many patients don't require medication, they perceived that presentations could be managed more efficiently if they completed the prescribing qualification.

"*As I have progressed within the Primary Care role, my 'consultation slots' have shortened, … to three patients an hour. One of the key limiting factors now to my productivity within Primary Care is the need to seek out a prescriber for every prescription*."

Despite seeing increasing numbers of patients, the structure of the rotation and Primary Care sessions provided enough time to learn and reflect as part of the experience.

"*Sufficient time was afforded to complete the list, but doing so in a structured way that allowed for learning and reflection on previous cases and patients.*"

Thinking differently

Taking part in the Pacesetter, and rotating into Primary Care has challenged traditional APP practice, offering knowledge and experience which complements their emergency response role for WAST. One key difference in Primary Care was the option to watch and wait, and less need to make immediate decisions when the patient is safe.

"*once I have established that this is not time critical I can seek advice and report back to the patient*."

Similarly, whilst work in the ambulance service is driven by protocols and guidance, and presentations are managed "rigidly", Primary Care has provided exposure to the varying practice of different clinicians. In these circumstances APPs referred back to NICE and CKS (Clinical Knowledge Summaries) guidance.

"*One thing that struck me… was the difference in opinions on managing the same patient with the same presentation. Within the ambulance service …all of us do much the same… with a clearly defined 'care bundle', however …in Primary Care, the management plans and working diagnoses can vary drastically from clinician to clinician. Essentially it is far less black and white*"

Exposure to a wider variety of presentations, treatment and referral pathways, APPs have had to develop their critical thinking skills in order to effectively treat patients.

"*Many presentations require the clinician to be able to think outside of the box and safely apply critical thinking skills to form a working management plan that works both for the patient and within the constraints of what support services and referral options are available in that given area...*"

Overall, the APPs reflected how opportunities from Pacesetter had developed them personally and professionally, and they now felt an established member of the Primary Care team.

"Pacesetter has resulted in personal, professional and clinical development, it has provided many opportunities and has resulted in superior, more appropriate care for patients"

"I now feel as though I am a Primary Care clinician, albeit a novice with much to learn"

WAST

Some APPs reflected on their experience in WAST as part of the reflection. Having gained additional experience and knowledge in Primary Care, there was some frustration that on the CCC element of the rotation they were not able to fully utilise their Primary Care skills in WAST, despite not having a full workload.

"*Sitting controlling the 3 APPs and submitting jobs for SICAT doesn't take a huge amount of time, once they are utilised there is nothing to do. There is significant frustrations that in the GP surgery we can phone patients and carry out full consultations however in the ambulance service you aren't allowed to phone to find out if they are on an anticoagulant before allocating the APP, unless it hits DMP 5, then this goes out the window*."

In contrast, APP practice was perceived to have improved on the solo responding shifts, meaning APPs can independently develop an action plan rather than wait for advice from GP colleagues.

"*These have developed significantly … by understanding how Primary Care works and the facilities and pathways they have access to …results in less admissions*. "

The Primary Care rotation has developed the APPs into what they perceive as being more "*rounded clinicians*", able to deliver acute care as they always have done, but also have the confidence and experience to deliver holistic care some less acute, but clinically complex presentations.

"*Managing less acute patients in the 999 system has always presented a challenge to ambulance clinicians, …but often they are clinically complex and require input from a variety of teams and agencies. Experiencing the management of such patients in Primary Care…. I feel I can now quickly*

adapt into an acute and critical practitioner when the need arises but also offer a holistic, balanced and somewhat tailored package of advanced clinical history taking, assessment, examination and management of a much wider range of both clinical and social presentations."

Working in Primary Care provided APP with access to a wider network of professionals, pathways and agencies which benefitted them working in the same area for Primary Care and WAST shifts. The APP highlighted how traditionally, emergency ambulance shifts cover a vast geographical area, making it difficult to establish working relationships with the wider multi-disciplinary team

"*By working within the Primary Care Cluster and responding to 999 calls in a similar geographical area allowed the pathways and agencies available to clinicians to become ever so relevant….[and] highlighted how care can be delivered much more integrated than it does so traditionally within the 999 setting*."

Conclusion

What is striking about the reflections from Cohort II, is how the APPs recalled so many early experiences and challenges that were also faced by Cohort I when they started in Primary Care.

The two Cohorts followed a different Masters pathway to becoming APPs and the benefits of a fast-track route (including the opportunity to spend time in Primary Care) are apparent from these reflections. It meant they started the Pacesetter with a higher baseline knowledge of Primary Care, systems and clinical presentations. Despite this, and having now completed a year in Primary Care as part of Pacesetter, there were still some patient groups and presentations the APPs are unwilling to consult. This was perceived to be due to lack of experience, particularly with certain physical examinations, and is something that may need to be addressed earlier in the education sessions.

Confidence is a word which was raised several times in the reflections, as the APPs move from being experts in the paramedicine field, to novice Primary Care practitioners. GP supervision played an important role in reassuring the APPs that this was normal and they are progressing as expected. Several APPs also linked their reflection back to the patient and how their work, and role in Primary Care has the potential to improve the overall Primary Care experience.

One APP highlighted an example of where they are not able to utilise certain Primary Care skills back in their control centre role for WAST. This may indicate that there is work which needs to be done around sharing the findings from the Pacesetter work more widely.

Positively, some APPs identified unintended benefits such as sharing the latest policy and guideline updates from education sessions, with practice staff.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.