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P001
The RCUK Advanced Life Support Course - Scope For Improvement?

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Background: The Resuscitation Council UK (RCUK) ALS course is undertaken by over 20,000 UK healthcare professionals every year (RCUK 2015). It is fundamental to keep its delivery contemporaneous with developments from the medical education literature, as well as the regularly updated evidence-based ALS guidelines.

Objectives: (1) To explore educational advancements in simulation-based education, (2) To examine trialled adaptations to the current ALS/similar courses and (3) To identify any evidenced recommendations to enhance the current ALS course delivery, to further course engagement & understanding and retention of the course objectives, especially in clinical practice.

Method: A manual search of the 'Resuscitation Journal' and searches of MEDLINE, CINAHL & AMED, using (“advanced life support” OR “ALS”) AND “course*” NOT “amyotrophic lateral sclerosis” yielded 135, recent, UK or European journal results. 3 relevant articles were selected for analysis, from the 14 most relevant abstracts.

Results: 3 novel interventions showed potential, especially regarding skill performance. High fidelity manakins (Cheng et al. 2015), action linked phrases (Hunt et al. 2015) demonstrated positive improvement in end-of-course skills performance. While adding Emotional stressors into simulation (DeMaria et al. 2010) showed enhanced performance endurance beyond course duration.

Conclusion: These adaptations demonstrate potential to improve course and patient outcomes, especially if coupled together to create a more emotionally and physically high-fidelity training environment, offering a greater cumulative, complimentary, value than one of the single interventions alone. These interventions should now be trialled in a RCUK ALS course(s), examining course-long and post-course educational and clinical (patient) outcomes, with the option of wider/ national adoption of these educational approaches, in line with subsequent guideline and course content updates, should their inclusion be beneficial.

P002
The impact of COVID-19 on emergency medical service led out of hospital cardiac arrest resuscitation: A qualitative study

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Background: Following the emergence of COVID-19, there have been local and national changes in the way emergency medical service staff respond to and treat patients in out-of-hospital cardiac arrest. The views of emergency medical service staff on the impacts of COVID-19 on out-of-hospital cardiac arrest resuscitation have not previously been explored. This study aimed to explore the views of emergency medical service staff on the impacts of COVID-19 on out-of-hospital cardiac arrest resuscitation.

Methods: A qualitative phenomenological enquiry was used to explore the views of emergency medical service staff. A purposive sample of n = 20 participants of various clinical grades was selected from National Health Service emergency medical service providers in the UK. Data was collected using semi-structured interviews, transcribed verbatim and analysed using inductive thematic analysis.

Results: Three main themes were found; service pressures; decision-making and moral injury. The impacts varied according to clinical grade, location and guidelines. COVID-19 reduced resources, availability of staff and in-hospital capacity. Change fatigue was found due to the continuous updates of clinical guidelines. There was a disconnect between guidelines and the clinical practice of staff. Staff generally felt supported to make best interest ethical decisions when resuscitation was ineffective. In certain patient groups, staff increased their risk of transmission, compromising recommended levels of personal protective equipment to improve communication and reduce delays to care. The emotional impacts of prolonged and frequent exposure to patient death were apparent.

Conclusion: This study found positive outcomes, but also negative impacts important to inform EMS systems. COVID-19 created delays to resuscitation which were multifaceted. Staff developed new ways of working to overcome the barriers of personal protective equipment. There was little impact on resuscitation procedures. Emergency medical service providers should consider how to limit organisational change and better support the emotional responses of staff.