



Welcome to August / September 2024 issue of the
Prehospital Emergency Services Current Awareness Update.

Research and Best Practice

The following research papers have been published in the last couple of months. The papers have been arranged by the topic headings below: *(Ctrl & Click on the heading to go straight to that section)*

[Prehospital Practitioners – Professional Development](#)

[Prehospital Research – Methods and Discussion](#)

[Diagnosis & Triage](#)

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Abdo., M., & Schlösser, A. (2024). A systematic review of post-traumatic growth in ambulance personnel: facilitators and prevalence rates. *British paramedic journal*, 9(1). <https://doi.org/10.29045/14784726.2024.6.9.1.34>

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Prehospital Research – Methods and Discussion

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Children and Young People

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Older People

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Drug Users

Prehospital Emergency Services Current Awareness Update. Issue 108, August / September 2024

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Homeless

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Abdo., M, & Schlösser, A. (2024). A systematic review of post-traumatic growth in ambulance personnel: facilitators and prevalence rates. *British paramedic journal*, 9(1). <https://doi.org/10.29045/14784726.2024.6.9.1.34>

Conclusions: Numerous facilitators contributed to the development of PTG, although these did not arise in all papers. The quality of research ranged from satisfactory to excellent. Evidence suggested that adaptive coping style, high levels of resilience, the absence of a personality trait (neuroticism) and being female may facilitate PTG. **Further research is needed to support the reliability of findings.**

Brennan, N., et al. (2024). How prepared are newly qualified allied health professionals for practice in the UK? A systematic review. *BMJ open*, 14(5). <https://doi.org/10.1136/bmjopen-2023-081518>

Conclusion: High-quality in-depth research is urgently needed across AHPs to elucidate the specific roles, their nuances and the areas of underpreparedness. **Further work is also needed to understand the transition into early clinical practice, ongoing learning opportunities through work, and the supervision and support structures in place.**

Prehospital Emergency Services Current Awareness Update. Issue 108, August / September 2024

Han, MX., et al. (2024). Out-of-hospital paramedic interactions with people living with dementia: a scoping review. *Age and ageing*, 53(7). <https://doi.org/10.1093/ageing/afae143>

Conclusion: Emergency ambulance conveyance of people living with dementia is a surface reaction compounded by a lack of direction for paramedics in the provision of out-of-hospital care. **There is a pressing need for establishment of research and educational priorities to improve paramedic training in dementia-specific skillsets.**

Strudwick, T. (2024). Wristwatches in bare-below-the-elbows out-of-hospital policies: time for a review [research-article]. *Journal of Paramedic Practice*, 16(6). <https://doi.org/10.12968/jpar.2024.16.6.235>

Conclusion: Four policy evidence-based recommendations are made in relation to this topic. **The National Institute for Health and Care Excellence (NICE) should review this topic as the evidence base underpinning its guidance is inadequate.**

Villani, M., et al. (2024). Outcomes of adult patients discharged at scene by emergency medical services. *Emergency Medical Journal*, 41(8). <https://doi.org/10.1136/emered-2023-213777>

Conclusion The occurrence of hospital admission and adverse events is rare in those discharged at scene, suggesting generally safe decision-making. However, increased attention to elderly, multimorbid patients or patients with infection and pain is recommended, as **is further research examining the use of tools to aid paramedic recognition of potential for deterioration.**

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