

Prehospital Emergency Services Current Awareness Update  
Issue 110, January / April 2025



Welcome to January / April 2025 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](#)

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## Prehospital Practitioners – Professional Development

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**Bloomer, K., et al. (2024).** Paramedic perceptions of barriers and facilitators to the use of ambulance service appropriate care-referral pathways in Northern Ireland: a qualitative study [Text]. *British Paramedic Journal*, 9(3). <https://doi.org/10.29045/14784726.2024.12.9.3.13>

**CONCLUSION: Conclusion:** The study provides insight into perceived barriers and facilitators to the use of PCPs, while indicating the existence of a paramedic workforce dedicated to achieving the best outcomes for people in their care. The themes identified are consistent with existing literature that calls for standardised pathways across regions. **Future research should investigate**

**the link between the NHS 111 service and ambulance demand.** In order to facilitate the complex decision making involved in referrals, relevant knowledge and skills should be embedded in paramedic education. Efforts should be made to improve inter-professional communication and awareness of the paramedic scope of practice and knowledge base. An intervention designed to reassure staff who have concerns regarding clinical risk may improve referral rates.

**Bradfield, M., et al.** (2024). Evaluation of a new out-of-hospital newborn life support (OH-NLS) course in the UK South West region: a mixed-methods survey study [Text]. *British Paramedic Journal*, 9(3). <https://doi.org/10.29045/14784726.2024.12.9.3.44>

**CONCLUSION:** The proof-of-concept OH-NLS course appears to address the learning needs of the target professional group, and the results suggest improved knowledge and confidence in the immediate management of babies born out of hospital. **Further evaluation is required to determine whether such training has a long-term impact and translates into improved outcomes across a larger group of participants.**

**Dod, J., & Lansdown, G.** (2025). What are the factors that affect female healthcare workers on their return to work after maternity leave? [Text]. *British Paramedic Journal*, 10(1). <https://doi.org/10.29045/14784726.2025.6.10.1.38>

**CONCLUSION:** The factors that affect female healthcare workers on their return to work after maternity leave are multiple, complex and varied. Women need good support from their workplace in order to have a successful transition back to work, and the availability of childcare for shift workers was problematic. **Further research is needed in this area to fully understand the issues facing female paramedics returning to work after maternity leave, as many papers identified were dated, and there is no contemporary UK data pertaining to female paramedics.**

**Ericsson, C., et al.** (2025). Gender (in)equality in nordic ambulance services: do ambulances have glass ceilings? *Scandinavian journal of trauma, resuscitation and emergency medicine*, 33(1). <https://doi.org/10.1186/s13049-025-01358-7>

**CONCLUSION:** Despite the growing number of female paramedics, challenges persist, particularly in relation to gender inequality and workplace culture. Females in EMS field continue to face gender stereotypes, which may contribute to inequality. Gender stereotypes, combined with research describing sexual harassment and bias, underscore **the need for further discussions and research on the impact of gender on paramedic work environments and career pathways for women working in the service.**

**MacCarone, D., et al.** (2025). Developing and Testing a Multimodal Intervention to Decrease Violence and Increase Perceptions of Safety in the Emergency Department: A Longitudinal Study. *Journal of Emergency Nursing*, 0(0). <https://doi.org/10.1016/j.jen.2025.01.011>

**CONCLUSION:** Despite significant efforts, it was difficult to decrease violent and aggressive acts committed by patients and visitors and to improve emergency department clinicians' perceptions of safety in the emergency department. Timing and severity of violent and aggressive acts may have influenced results. **More work needs to be done using different research, implementation, and evaluation methods to determine best practices for preventing WPV in the emergency department.**

**Moseley, L., et al.** (2025). Practitioner, patient and public views on the acceptability of mobile stroke units in England and Wales: A mixed methods study. *PLoS one*, 20(1).  
<https://doi.org/10.1371/journal.pone.0310071>

**CONCLUSION:** Whilst MSUs are mostly acceptable to key stakeholders, numerous areas of concern need to be addressed prior to MSU implementation. **We recommend further research to address these issues prior to implementation in the NHS.**

**Vella, R., Simpson, P., & Thyer, L.** (2025). 360-degree projection simulation versus traditional simulation in undergraduate paramedicine education: a pilot randomised controlled trial [Text]. *British Paramedic Journal*, 9(4). <https://doi.org/10.29045/14784726.2025.3.9.4.17>

**CONCLUSION:** This pilot study suggested that measures of self-perceived performance were lower when using 360-degree projection simulation spaces. While there may be some benefit to this form of simulation as an adjunct to current traditional methods used, **further research, including studies that are appropriately powered and include objective outcome measures, is needed to understand the measure of effectiveness in a practical setting and to inform future educational interventions.**

**Wilson, C., & Bell, F.** (2025). Providing feedback to frontline paramedics involved in research: a service evaluation within Yorkshire Ambulance Service [Text]. *British Paramedic Journal*, 9(4).  
<https://doi.org/10.29045/14784726.2025.3.9.4.43>

**CONCLUSION:** Training for recruiting paramedics should highlight that performance and documentation will be scrutinised as part of their involvement in the clinical trial. **Although flexibility of local teams regarding feedback format and delivery was important, researchers planning interventional studies in ambulance services may wish to consider the impact of different ways of working with frontline clinicians in their protocol development and study evaluation.**

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