



Research and Development Department
South East Coast Ambulance Service **NHS**
NHS Foundation Trust



OUTCOME FEEDBACK

A qualitative study of UK paramedic perceptions of current clinical performance feedback and their attitudes towards formal provision of patient outcome feedback.

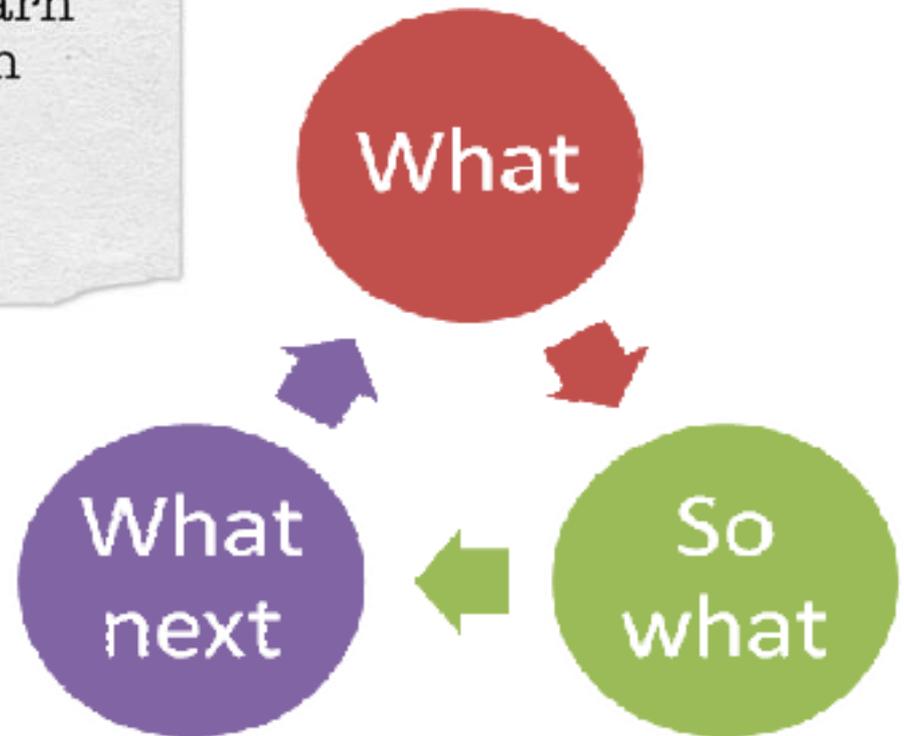
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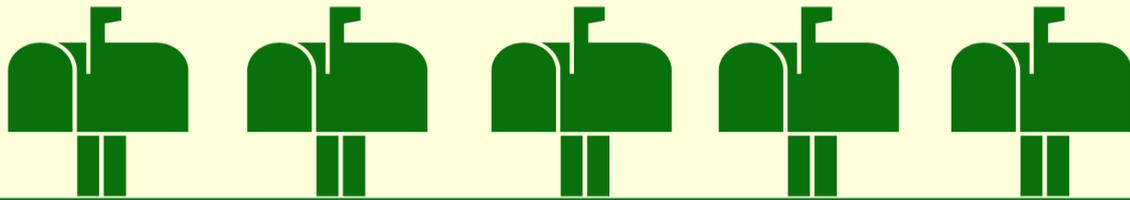
Rationale

We do not learn from
experience... we learn
from reflecting on
experience.

- John Dewey



Rolfe et al.'s Reflective Framework (2001)



An ED case feedback service for ambulance staff:

Early utilisation of a “Paramedic Postbox”

LETTERS

Clinical feedback to ambulance crews: supporting professional development

Ambulance crew involvement in patient care traditionally ends with handover of the patient at the emergency department (ED). We found that ambulance staff often asked informal questions about patients during subsequent visits. We therefore introduced a formal feedback service for ambulance crews in June 2005. This was initially run by a medical student, funded jointly by the trust and the West Midlands Ambulance Service. It is now run by an acute care practitioner.

Research most likely to affect practice

002

DO PARAMEDICS FIND IT BENEFICIAL TO LEARN THE DIAGNOSIS GIVEN TO THEIR PATIENTS IN THE EMERGENCY DEPARTMENT?

John Pollard, Sarah Black. *South Western Ambulance Service Foundation Trust, Exeter, UK*



Research Questions

- What are paramedic perceptions of clinical feedback provision currently?
- What are paramedic attitudes towards the introduction of a formal mechanism for providing patient outcome feedback?

Method

- Invitation to all paramedics at a single ambulance station.
- 8 paramedics participated in individual, audiotaped, semi-structured interviews.
- Interpretative phenomenological analysis generated themes related to current and potential feedback provision.

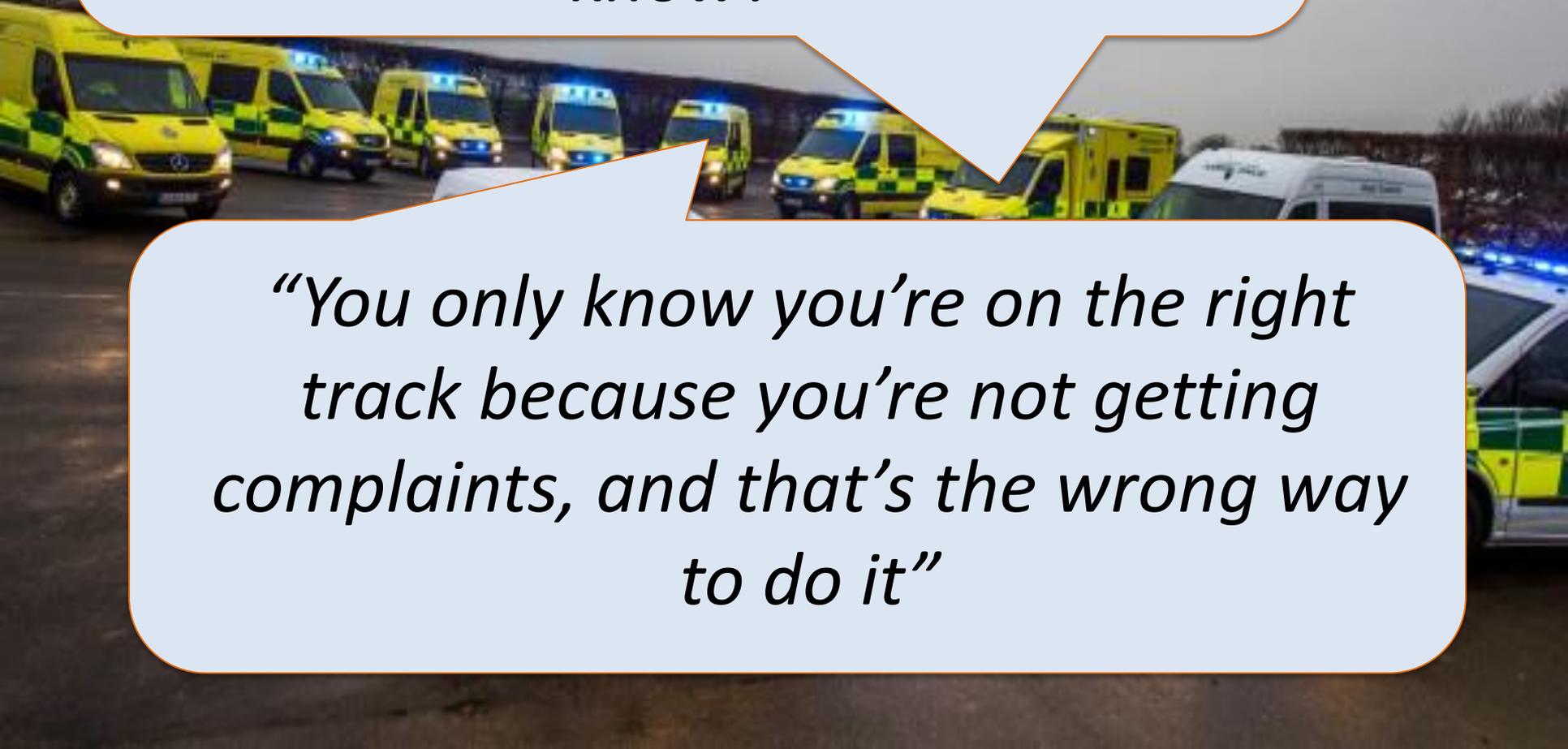
Results

Formal feedback provision currently

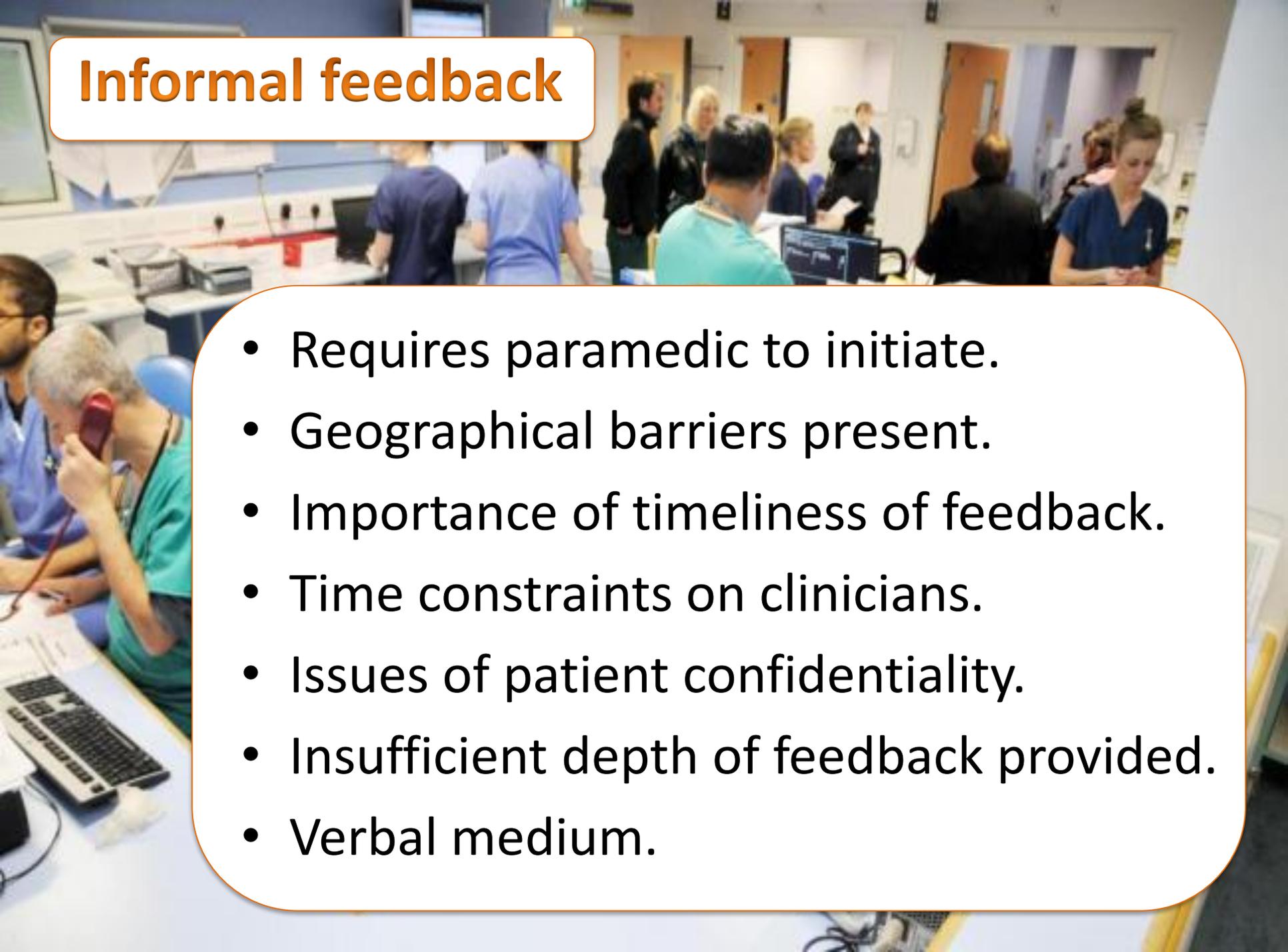
“You don’t get any clinical feedback. You always get compliments and complaints, but they’re not, generally, clinical related.”

But, there isn't any follow up to see how that's gone, or to see how it fits with real life, you know?"

"You only know you're on the right track because you're not getting complaints, and that's the wrong way to do it"



Informal feedback

The background image shows a busy clinical environment, likely a hospital or clinic. Several people, mostly in blue and green scrubs, are working at computer workstations. One person in the foreground is talking on a red mobile phone. The scene is filled with medical equipment, monitors, and papers, suggesting a high-paced professional setting.

- Requires paramedic to initiate.
- Geographical barriers present.
- Importance of timeliness of feedback.
- Time constraints on clinicians.
- Issues of patient confidentiality.
- Insufficient depth of feedback provided.
- Verbal medium.

Attitudes towards formal provision of patient outcome feedback

Anticipated benefits (n):

Enables **Reflection on practice**(8)

Improves **Clinical pattern recognition**(8)

Reassurance leads to confidence in practice(8)

Benefits **Engagement**(7)

Gives **Understanding of the wider healthcare system**(5)

“If you want paramedics to be more confident in their ability to treat patients as an isolated care episode, then understanding the way that they're going to be treated in the longer term is a massive part of how you would be able to safely make that decision...”



Anticipated risks:

Potential to **Damage confidence** (8)

Ensure **Appropriate inferences** are drawn (5)

Information overload (3)

**Which patient presentations are
the most valuable for feedback delivery?**

Diagnostic uncertainty (8)

Incident closure (8)

Not transported to the A&E dept. (8)

(with community management plans initiated)

Patients discharged from the A&E dept.

without treatment (4)

(paramedic profession could develop
to perform role of the ED)

Mechanisms for outcome feedback delivery?

Initiated by the ambulance clinician (n=8)

Electronically delivered (n=7)

Self reflection (5) or Supported learning (3)

Minimise resource demands (n=6)

Whatever you do, to make it work you can't give people loads of extra work, because they've got too much anyway. To make it work, it has to be slick, and probably technology based."

Interpretative Themes

Culture

Interdisciplinary communication
Just

Clinician

Caring
Responsible
Developing



I am somewhat

Limitations

Volunteer sampling!

Only 8 paramedics!

One ambulance station!

sceptical.....



We must be sceptical
even of our scepticism.

Bertrand Russell

“ quote fancy

Conclusions

Some paramedics perceive an isolation in their daily clinical practice.

Formal provision of outcome feedback might reduce this, to the benefit of individual well being and clinical development, and perhaps to the progression of the profession as a whole.

Attempts to minimise the resource demands of a feedback mechanism must be tempered by a requirement to deliver some level of supervision and support.

Relevance to Practice

Leadership involves promoting:

Staff Wellbeing

Work Engagement

Clinical Development

Formal supported provision of outcome feedback for ambulance clinicians should be advanced.



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Thank you
Any Questions?

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