

A10.ISS. Barriers perceived by volunteer EMTs in Participating in Continuous Professional Development in Ireland.

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Introduction: Following the re-launch in 2016 of mandatory Continuous Professional Competency (CPC) for Emergency Medical Technicians (EMT) by the Pre-Hospital Emergency Care Council (PHECC) Ireland (1), it is the aim of this research to explore volunteer EMTs perceived attitudes, barriers and confidence in relation to participating in CPC. **Methods:** A questionnaire for EMTs was distributed to the four main pre-hospital volunteer organisations and via the PHECC CPC coordinator social media account (Facebook) to gather information on attitudes towards CPC, perceived barriers to participating in CPC, and finally comfort level in completing the didactic aspects of CPC. **Results:** In total 341 eligible responses accounting for 15% of EMT registrants were analysed. 65% believed CPC was necessary for professional development, with 61% reporting it an important part of their practice. 57% believed CPC should be linked with maintaining PHECC registration, showing a decline of 38% against recent Irish research. The unique profile of respondents as volunteers highlights barriers commonly cited in the literature as having a more significant impact on CPC participation, most noteworthy over 80% cited time and access to relevant material/courses as impacting on participation. A 40/60 split between 2nd and 3rd level educational qualifications among respondents highlighted a marked difference in perceived confidence for completing didactic CPC elements among graduates with 2nd level reporting confidence at a third that of the level of 3rd level graduates. Compounding this finding, 52% of respondents reported receiving little or no training in CPC. Additionally, respondents cited restricted or no access to online journal or materials due to poor links via PHECC Registered Training Institutions or representative bodies to academic library access impacting on their ability to complete the didactic element of CPC. **Recommendations:** It is recommended that the PHECC 2014 EMT Education and Training Standard (2) be updated to include standardised CPC education for newly qualified EMTs. To fulfil case studies, reflective practice and literature reviews, volunteer EMTs require access to online journals and treatment information beyond the pre-hospital arena, all of which require immediate and viable solutions for successful completion of CPC by EMTs.

References

1. PHECC. Continuous Professional Competency for Emergency Medical Technicians. 2017; Naas, Ireland.
2. PHECC. Emergency Medical Technician: Education and Training Standard. 2014; Naas, Ireland.

A11.ISS. It's good to talk! Reflective Discussion Forums to support and develop Reflective Practice among Pre-Hospital Emergency Care Practitioners in Ireland.

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Background: Since the mid 1980's, reflective practice has become formally acknowledged and adopted as a key strategy for learning and has become one of the cornerstones of medical education for doctors, nurses, and many of the allied healthcare professions. In the education of pre-hospital emergency care practitioners in Ireland, it is only in the last decade that the notion of reflective practice has been tentatively approached. Indeed until recently it has largely been ignored by practitioners and educators alike, who have been slow to engage with this new way of learning. This paper explores the attitudes of practitioners to the use of a reflective discussion forum to encourage and support reflection and reflective practice among pre-hospital emergency care practitioners in Ireland. It also examines the experiences of practitioners who participated in a collaborative reflective discussion forum. **Literature:** The research was informed by reviewing literature from a number of areas including: Adult Learning, Reflective Practice, Educational Research directly relating to Emergency Medical Services (EMS), and EMS & Nursing Journals and publications. **Methodologies:** This paper is part of a larger project which consisted of three cycles of action research. Data was collected via an online survey questionnaire, and by conducting a series of semi-structured interviews with participants in the reflective discussion forum. These included all three clinical levels of pre-hospital emergency care practitioners and the three hierarchical levels within the organisation. **Findings:** The collaborative reflective discussion forum was found to be beneficial. Among the benefits cited were, the opportunity to draw on the experience of more experienced colleagues, the development of critical thinking skills, and the potential for use as part of a mentoring process. It was also felt that the collaborative nature of the forum had the potential to improve workplace relationships through the empowerment of the staff. Concerns were raised regarding the potential for abuse and misuse, particularly in relation to the areas of patient confidentiality and a lack of trust within organisations. **Recommendations:** The establishment of a regular Reflective Discussion Forum within organisations as a key learning strategy. Any collaborative forum must be chaired by a trusted, experienced and highly skilled facilitator. A learning contract for all participants and faculty, including a confidentiality agreement, must be in place prior to the establishment of any collaborative forum.