

**Results** The qualitative analysis highlighted three themes from the paramedic students' feedback. 'Shared experience' included participants feeling like they were not alone, feeling supported from others in the same situation, and having their feelings validated. 'Safe space' was typified by being able to be open and honest about feelings without judgement and developing trust with peers. 'Structure of CARES' highlighted the view that the structure of the session could be more flexible in terms of time and content.

**Conclusion** This study highlighted that participants experienced many of the wider benefits of peer support in the literature, such as connectedness, having a safe space and having feelings validated. There is potential for the CARES Skills Framework to be utilised to support student paramedics' wellbeing. However, this was a small study conducted at one university, so further research is needed to understand its' generalisability and optimal structure.

**PP23 AN IN-DEPTH QUALITATIVE INTERVIEW STUDY OF FEMALE AMBULANCE STAFF EXPERIENCES OF THE MENOPAUSE TRANSITION (CESSATION – PHASE 3)**

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**Background** The menopause is a key workplace issue. The menopause will affect all women at some point in their lives and for most women they will experience symptoms for a great proportion of their later working life. The Ambulance service offers a unique employment setting that, dependant on the roles of female staff, can impact on the severity of symptoms and experiences of women going through the menopause transition. This study explores female ambulance staff experiences of the menopause and suggested ways in which employers can better support them.

**Methods** During February-July 2022 twenty-one frontline and office-based CESSATION participants across UK ambulance services were purposively sampled to participate in a one-hour semi-structured online or telephone research interview. The three phases of the menopause were represented: Peri-menopause (n =9); Menopause (n =4); Post-menopause (n =3); Unsure (n = 5). The ages of participants ranged from 42-62 years. 11 Participants worked in Operational Service Delivery (Emergency), 6 in Service Support, 3 in Ambulance Operation Centre and 1 participant declined to specify. Interviews were transcribed verbatim and analysed using an inductive thematic approach.

**Results** Ten themes were identified: impact on work role, awareness and preparedness for menopause transition, personal impact of symptoms, desired support, appropriate sickness and menopause policy, managerial development, compassion and dignity, impact of working environment, impact on safety, lack of choice. Lack of understanding and support from colleagues and line managers was identified as the main issue.

**Conclusions** The varying range of symptoms and their severity has an impact on women's performance at work. The experience of working whilst going through the menopause can be challenging. Employers should adopt a robust menopause policy which includes training and awareness for all staff and tailored for frontline staff as well as office-based staff. There is a need to create a culture where the menopause is no

longer a taboo and women feel able to talk about their symptoms.

**PP24 COMPARISON OF PRE-HOSPITAL STROKE CARE BETWEEN PRIVATE RESIDENCES AND CARE HOME SETTINGS: SECONDARY ANALYSIS OF AN AMBULANCE CLINICAL RECORD DATASET**

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**Background** Stroke is a common time-sensitive medical emergency. Pre-hospital care focuses on rapid recognition and ambulance transportation. It is not unusual for stroke to be suspected amongst care home residents, who are typically older and have more complex health needs than the general population. The aim of this study was to describe the care of suspected stroke patients according to their residential status.

**Methods** Secondary analysis of an existing ambulance clinical record dataset from a UK ambulance service. It contained care parameters for patients labelled as suspected stroke by ambulance practitioners who had presented between December 2021 and April 2022. Patients were dichotomised based on private addresses or care home addresses. Patient characteristics and ambulance care were summarised according to residential status.

**Results** 1324 suspected stroke patients assessed at private addresses and 171 assessed at care homes. Care home patients were older (median 86 (IQR 79-91) years versus 75 (IQR 63-83) years;  $p = <0.001$ ), had a greater number of comorbidities (median 5 (IQR 3-6) versus median 3 (IQR 2-5);  $p = <0.001$ ) and more recorded medications (median 6 (IQR 4-9) versus median 4 (IQR 1-7);  $p = <0.001$ ). Care home patients had higher rates of clinicians documenting that they were unable to record the Face Arm Speech Test (FAST) assessment (17/170 (10%) versus 39/1305 (3%);  $p = <0.001$ ) but when assessment was possible, they were more likely to have a facial droop (85/153 (55.6%) versus 506/1266 (40%);  $p = <0.001$ ). Ambulance on-scene time (OST) was 6-minutes longer in the care home group (median 41 (IQR 32- 49.5) minutes versus median 35 (IQR 27-45) minutes;  $p = <0.001$ ).

**Conclusions** Suspected stroke patients assessed at care homes have more complex healthcare needs and differences in stroke assessment using the FAST. A longer OST was observed for care home residents which may reflect both the background health issues and stroke assessment challenges. Clinician awareness of differences between residential settings may be important for improving the delivery of emergency stroke care and further research is needed to optimize ambulance assessment for care home patients presenting with suspected stroke.

**PP25 CHALLENGES AND STRATEGIES IN PARAMEDIC RECRUITMENT TO THE RAPID2 INTERVENTION TRIAL**

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