

**Background** The NIHR HTA funded RAndomised trial of Paramedic Delivered FICB for hip fracture (RAPID2) aims to test the safety, clinical and cost-effectiveness of paramedics providing fascia iliaca compartment block (FICB) as pre-hospital pain relief for patients with suspected hip fracture. A vital part of this trial is the recruitment of paramedics to undergo training to safely and competently deliver FICB. This poster outlines the challenges and strategies employed in recruiting 44 paramedics at one RAPID2 site.

#### Challenges

1. Finding an acceptable form of communication that is regularly accessed by paramedics.
2. Increased service demand during the training period, resulting in:
  - a. paramedics having to complete RAPID2 training in their own time (no absences)
  - b. increased fatigue and reduced morale
3. Maintaining interest and engagement following initial expressions of interest.

**Methods** Recruitment was led by a RAPID2 site research paramedic, employing strategies as follows.

1. Using a range of communication methods e.g., email (organisation or personal), text, WhatsApp, face-to-face, posters, noticeboard at station, newsletters.
2. Regular face-to-face contact by a RAPID2 Research Paramedic at the site, including 'drop in' sessions.
3. Promotion of the rationale for the trial and the benefits it may bring to patient care, alongside CPD opportunities.
4. Providing overtime payments for time spent undertaking RAPID2 training.
5. Incorporating e-learning in accessible formats to enable paramedics to complete training at a time that suits them.
6. Providing multiple face-to-face training sessions on different days and at different times to facilitate a variety of shift patterns.

**Result** The trial was well received, and we gained 49 expressions of interest (from a pool of 100 paramedics), most of whom have begun training.

**Conclusion** By adapting to circumstances and employing a range of engagement and promotion strategies, paramedic recruitment goals have been reached. These strategies could be adopted in other trials.

PP26

#### POWER DYNAMICS IN OUT-OF-HOSPITAL EMERGENCY CARE: UNDERSTANDING THE RELATIONSHIP BETWEEN COMMUNITY FIRST RESPONDERS AND AMBULANCE PARAMEDICS IN ENGLAND – QUALITATIVE STUDY

Malaika Kapadia, Niro Siriwardena, Gupteswar Patel. *Community and Health Research Unit, University of Lincoln, UK*

10.1136/emered-2023-999.25

**Background** Community First Responders (CFRs) are volunteers trained by ambulance services in the United Kingdom to deliver emergency and prehospital care, before an ambulance arrives, and handover patients to professional clinicians. Health services scholarship has established how power relationships and practitioners' interactions influence healthcare delivery. However, CFRs and ambulance clinicians' relationship

and power relations remain under-explored. Therefore, this study explores these power dynamics and how they affect patient care.

**Methods** Secondary qualitative data were obtained from the Community and Health Research Unit, University of Lincoln. The dataset included nineteen interview transcripts of CFRs, CFR leads, and ambulance clinicians from two ambulance services. Thematic analysis was used to identify themes and subthemes supported by NVivo 12.

**Results** The analysis revealed collaboration and professional dominance embedded in the CFRs and clinicians' relationships. The dominant relations resulted from clinicians' unawareness of the scope of CFRs in practice and their perception of CFRs as a substitute and a threat to clinicians' employment in the professional arena. However, the dominant relationships were progressively shifting towards collaborative relationships. The characteristics of collaborative relationships were identified predominantly in rural areas, where ambulance arrival time was longer than in urban areas, and the significance of CFR roles in patient care was recognised. The collaborative relationships also promoted teamwork and accelerated patient transfer. The nature of relationships, either dominant or collaborative, influenced patient care. When the relationship was dominant, clinicians' distrust in CFRs' assessments of patient conditions were evident during handover, which led to a re-evaluation of symptoms, a delay in care delivery and patient transfer.

**Conclusion** The notion of power dynamics is evident in the CFR and clinicians' relationship while delivering emergency and prehospital care. Further awareness and integrated training with defined scope of practices are expected, to minimise professional dominance and improve collaboration, and eventually patient care.

PP27

#### STAFF VIEWS ON HEALTH PROMOTION IN EMERGENCY CARE SETTINGS – A QUALITATIVE SCOPING STUDY

<sup>1</sup>Behnaz Schofield, <sup>2</sup>Ursula Rolfe, <sup>1</sup>Rebecca Hoskins, <sup>1</sup>Stuart McClean, <sup>1</sup>Sarah Voss, <sup>1</sup>Jonathan Benger. <sup>1</sup>University of West of England, Bristol, UK; <sup>2</sup>University of Bournemouth, UK

10.1136/emered-2023-999.26

**Background** Frontline NHS staff can recognise appropriate times and situations in which to engage with individuals and help them on the pathway to improving their health and well-being. Urgent care and emergency department staff are tasked with exploring opportunities for health promotion to be an integral function of their care planning. Emergency care and public health are naturally intertwined although emergency care staff may not identify themselves as public health practitioners. Whilst these clinical settings can prove challenging when considering health promotion activities, it is also these precise environments that affords an opportunity for a 'teachable moment' for health behaviour change.

**Methods** We used direct enquiry targeting a convenience sample of staff (emergency department nurses and ambulance service paramedics). We conducted six one-to-one semi-structured interviews exploring the attitudes of staff about health promotion. The virtual interviews were audio-recorded, transcribed, and analysed thematically.