

# Partnership Working - Developing Knowledge and Creating a Community of Practice in Palliative and End of Life Care for Paramedics - Scottish Ambulance Service and Marie Curie



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[mariecurie.org.uk/professionals/project-echo](http://mariecurie.org.uk/professionals/project-echo)

## Introduction

Launched at the end of 2023 a partnership between the Scottish Ambulance Service and Marie Curie uses ECHO methodology and the ethos of ECHO to promote knowledge sharing and discussion while building a community of practice between paramedics and palliative care professionals throughout Scotland. This poster highlights the benefits of using the virtual format of ECHO to support and engage practitioners over a large and dispersed geographical area with participants from all 14 health boards in Scotland. It also demonstrates feedback from paramedics regarding feelings of being uncomfortable, unprepared and an ongoing sense of professional guilt due to the decisions they face in the field when supporting palliative patients.



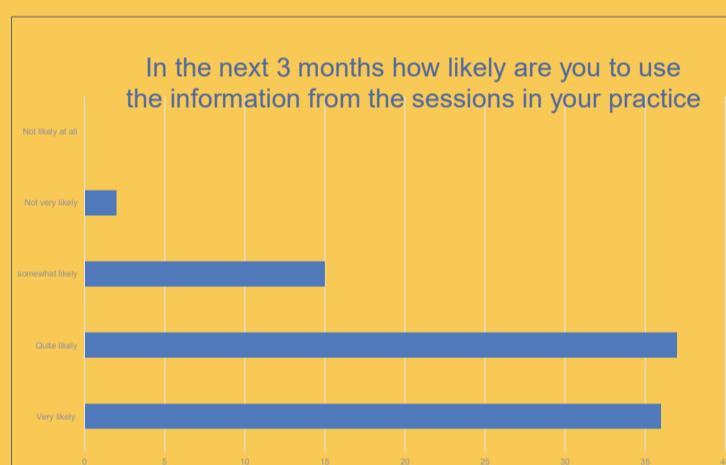
## Lasting guilt & the importance of collaboration

"myself and my partner were called to a 50yo man who was having a crisis. Family couldn't get hold of palliative nurses so called 999 as the man was in great distress. We arrived to him really struggling to breath, RR around 60, no radial pulse, very sweaty, tachycardic. End of life meds were present, but family were not expecting shortly after us as we were reading the EoL meds plan. They gave him all the meds he was written up for, he was already on high flow O2 from us to try to help his breathing. He was very distressed as was his family. It all happened so quickly as he was so acutely unwell. Palliative nurses could not make him comfortable so we felt had no choice to transport to ED. It was not a comfortable drive. He died within 10 mins of arriving in ED. ED nurses asked why we brought him. It felt like the wrong thing to do but we did not know how to help him in his home and neither could the Pall nurses. Not the best EoL for him sadly and very guilty for us. How else could he have been helped in the home?"

## Development of SAS Network

- 223 approved network members
- All 14 Scottish health boards represented

Knowledge mobilisation in its simplest form is the process of optimising knowledge and then processing it (mobilising) which aims to elicit a reaction. (1) In this example, knowledge is shared to build a community of practice of likeminded individuals with the common goal of learning together. Working collaboratively using the Ethos of everyone is a teacher and everyone is a learner to share knowledge, experiences and build connections defiant of the miles and geography separating participants.



'In the past I have not felt confident in having discussions surrounding how to manage their care with regards to future planning. The presentation today has provided me with some knowledge and tools to enable me to do this with more confidence'

### Session 1 Poll results

**How do you feel when a call comes in to speak to/attend a deteriorating patient or their family?**



## Final Thought.....

As emergency frontline we are now doing more 'palliative' calls and I now have to change my mind set to not all patients require transport to hospital. This is a big move away from 'old school' emergency medicine where everyone was convinced to go to hospital to 'cover your backside' but not now. Yes, it does involve more work with safeguarding and phone calls to the right people, but it does mean care within emergency frontline medicine is becoming more 'patient centred' which can only be for the best'

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<sup>(1)</sup> Ahmad R, Gordon A C, Aylin P, Redhead J, Holmes A. Effective knowledge mobilisation: creating environments for quick generation, dissemination, and use of evidence BMJ 2022; 379 :e070195 doi:10.1136/bmj-2022-070195

<sup>(2)</sup> Collier A, Dadich A, Jeffs C, Noble A, Crawford GB. 'The palliative care ambulance': A qualitative study of patient and caregiver perspectives of an ambulance service. Palliative Medicine. 2023;37(6):875-883. doi:10.1177/02692163231166760

