We would like to thank Mr & Mrs Lapsley, Jasmine's parents, for supporting our CPD day (which they attended and spoke at) and allowing us to use this photo of their beautiful little girl.

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We need to talk about JASMINE

Open learning from a high-profile death: what do EMS staff think?

Introduction

In January 2016, a high-profile local inquest examined the death of Jasmine Lapsley, a six year old child who sadly died after choking on a grape. One of our post-ACCS Clinical Fellows (not involved with the case) attended the inquest with the intention of sharing any learning points at a CPD Day for Emergency Medical Service (EMS) colleagues we were due to hold six weeks later.

Upon releasing the CPD Day programme, we realised some EMS colleagues were profoundly uncomfortable about this talk, stating concerns such as "talking publicly about lessons learned might upset the bereaved family".

We decided to ask all delegates at the CPD day what they thought of the inclusion of this item on the conference programme.

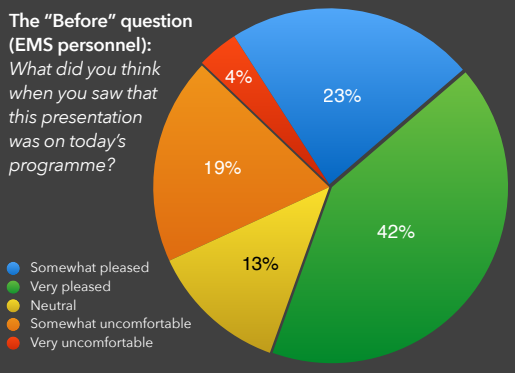
Method

The delegate feedback form included two additional questions for this talk (one to be filled in *before* and one *after*) using a five-point scale (very pleased, somewhat pleased, neutral, somewhat uncomfortable and very uncomfortable). We also asked delegates to identify themselves as EMS or non-EMS personnel (i.e. doctors, nurses, medical students)

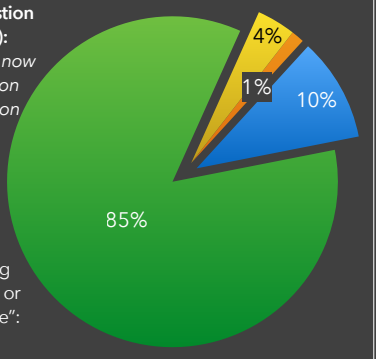
Results

- From 96 responses (about 90% of attendees), 79 were "EMS" (i.e. paramedic/tech, SAR).

The "Before" question (EMS personnel): *What did you think when you saw that this presentation was on today's programme?*



The "After" question (EMS personnel): *How do you feel now about the inclusion of this presentation on today's programme?*



Change in EMS delegates reporting feeling "somewhat" or "very uncomfortable": p=0.0001

- The 17 non-EMS personnel appeared comfortable with the case material. Only one person (6%) started off "somewhat uncomfortable" and after the talk, all 17 non-EMS delegates (100%) stated they were "somewhat" or "very" pleased.

Discussion

Although one-quarter of EMS delegates were initially uncomfortable about this presentation, only one individual remained so afterwards: the vast majority of respondents found the presentation very valuable.

We suspect that many, if not most, UK paramedics and technicians are unaccustomed to shared learning from identifiable cases. This is possibly due to a fear of apportioning blame to colleagues or the appropriateness of discussing material heard at inquest, or, well-meaning sensitivities towards bereaved families.

However, it is common for bereaved families, when part/all of the NHS response has been (or perceived as) suboptimal, to plead that "lessons be learned".

EMS colleagues and organisations may need support to embrace opportunities from case-based learning, but research is also needed to explore the wishes and opinions of bereaved families regarding the dissemination of any case-based lessons that need to be learned.