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From qualified to specialist paramedic: A qualitative study of the process of transition to a low-acuity role.

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Abstract

Paramedics are increasingly seen as an integral component of the healthcare continuum (Cooper & Grant, 2009). Whilst the core functions of ambulance services to treat and transport the sick and injured to hospital have remained largely unchanged, a significant paradigm shift in the care of low-acuity (non-urgent) patients has been gathering momentum over the last two decades (Catterall, 2012). This research proposal is a qualitative research study informed by constructivist grounded theory with research sites in Australia and Canada. The aim is to develop a theoretical understanding of the process and influencing factors of transition from qualified to specialist paramedic to a low-acuity role.



What can this research tell us?

An understanding of the process of transition may translate to enhancements in paramedic education programs and facilitate the recruitment, selection and retention of paramedics in a low-acuity role. Additionally, a holistic understanding of transition will contribute significantly to the more efficient operationalization of new low-acuity services and may decrease the timeframe to deploy high-quality, ready-to-work paramedics in the field. Ultimately, the research will generate new knowledge that may inform policy and models of care to deliver a measurable impact on both effectiveness (clinical outcomes) and efficiency (service delivery).

What's in a name?

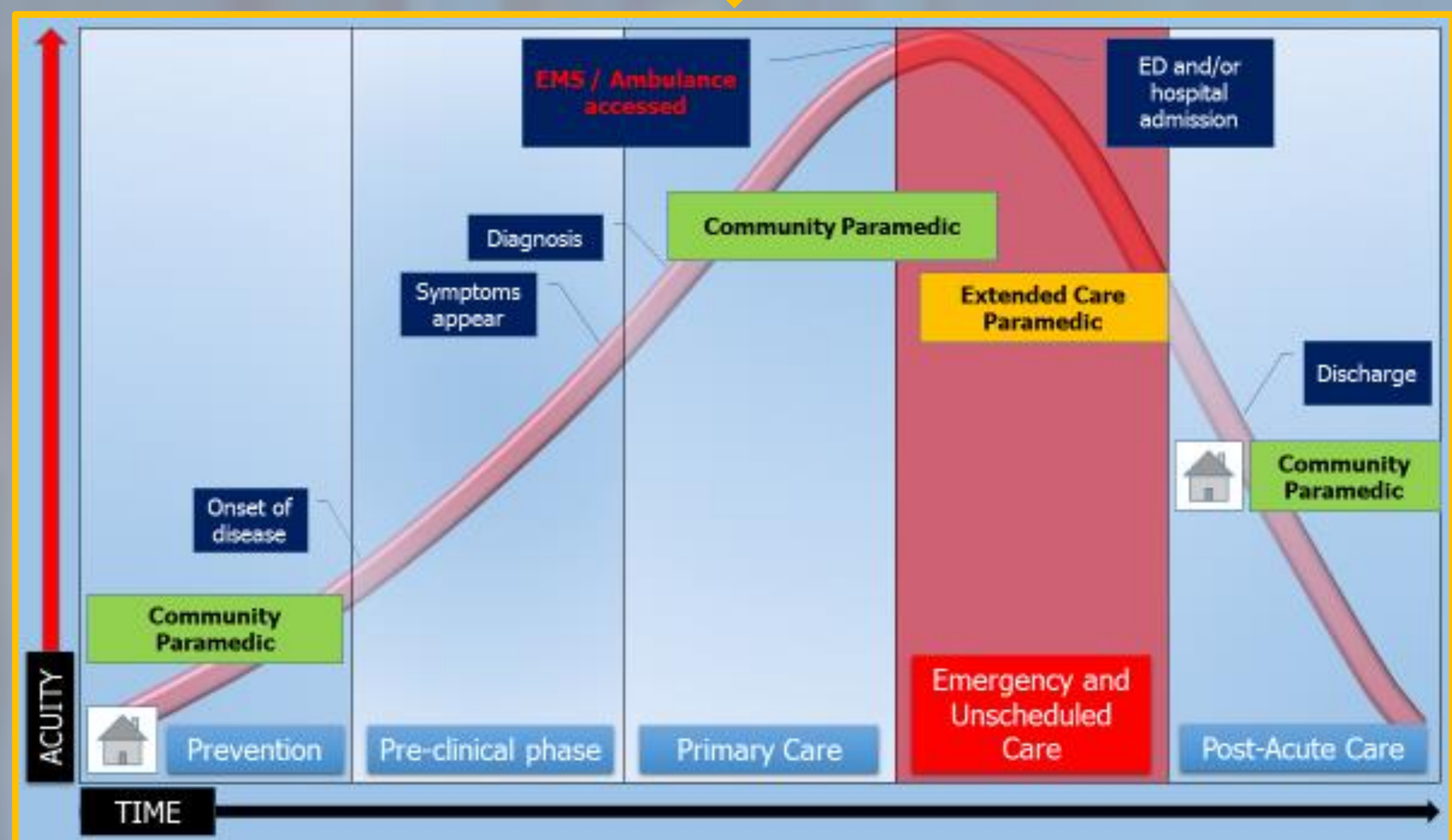
In brief, two dominant paradigms lie along the spectra of low-acuity service delivery in paramedicine; those aligned with an Extended Care Paramedic (ECP) type-model and those aligned with a Community Paramedic (CP) type-model. This research study proposes the introduction of a single umbrella term "Low-acuity Specialist Paramedic" (LASP) when referencing paramedics who specialize in a low-acuity role. LASP falls within the auspice of "specialist paramedic" and encompasses both ECPs and CPs. Broadly speaking, the distinctions between ECP-type models and CP-type models can be visualised where both models intersect on the patient's healthcare continuum in the diagram below.

Research Sites and Participants

Recruitment will occur from three locations. In Australia, participants will be recruited from the ranks of either qualified or formally qualified Extended Care Paramedics from New South Wales Ambulance and South Australia Ambulance Service. Recruitment at a third international site also includes qualified or formally qualified Community Paramedics who are employed by Alberta Health Services in Calgary, Canada. Based on previous qualitative PhD studies, I expect the number of participants per Ambulance Service to be around 10 - 12 (total 30 - 35). Recruitment of participants and data collection is anticipated to begin in October 2015 following ethics approval.

An electronic copy of this poster is available by scanning the QR code below or further information is available via email to the Principal Investigator:

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