

# Factors impacting the decision-making processes of qualified paramedics moving to a specialist role in community paramedicine



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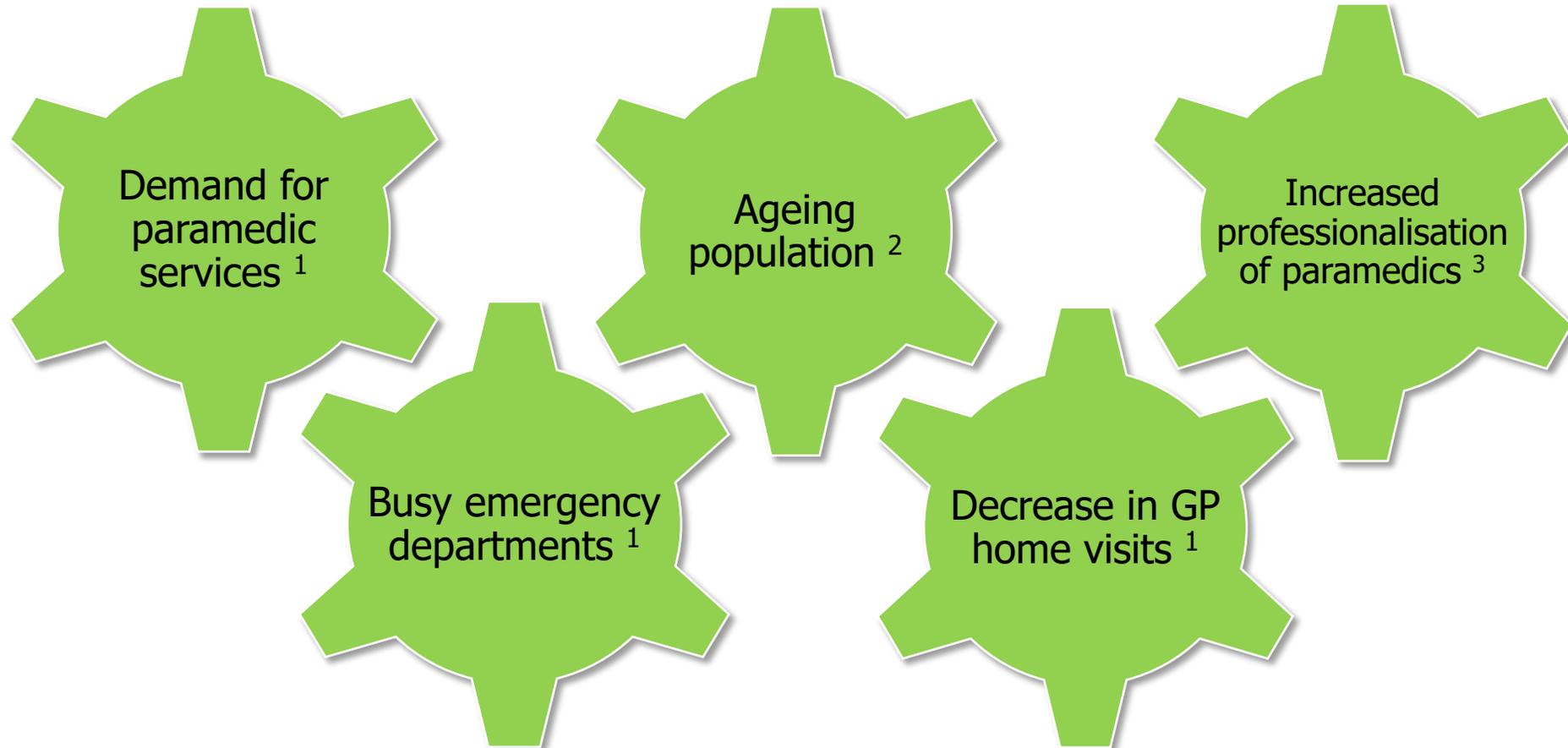


“The times, they are a changn” (Dylan, 1964)



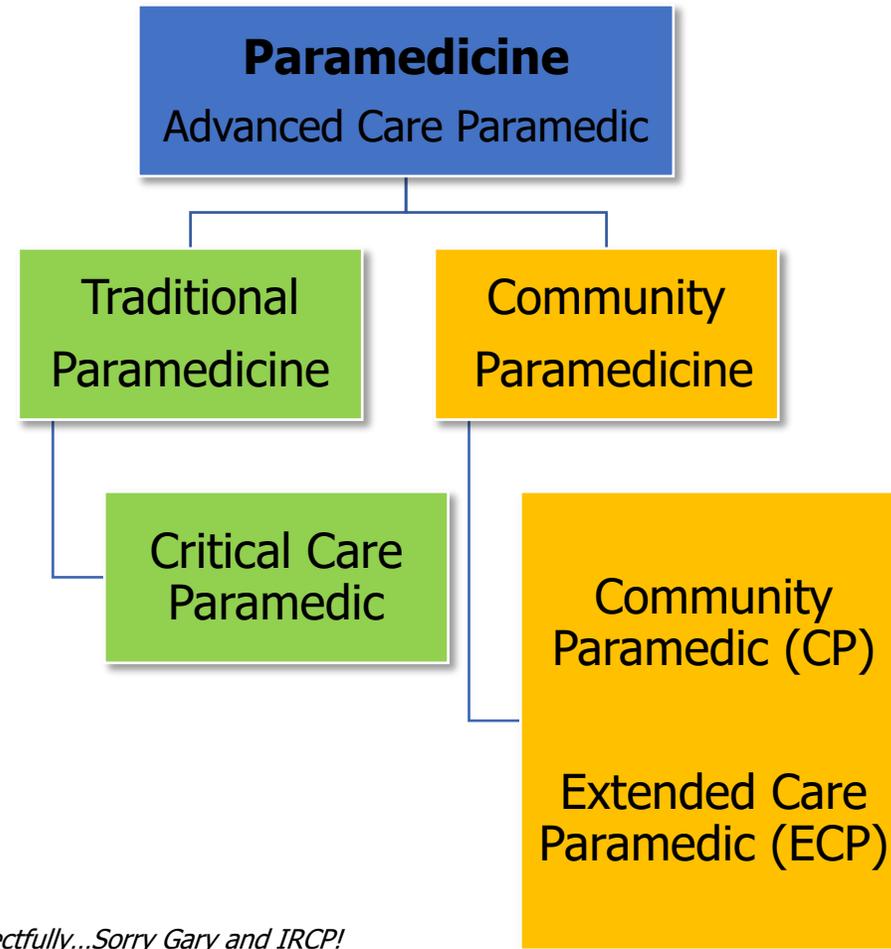
# Background

## Drivers of change



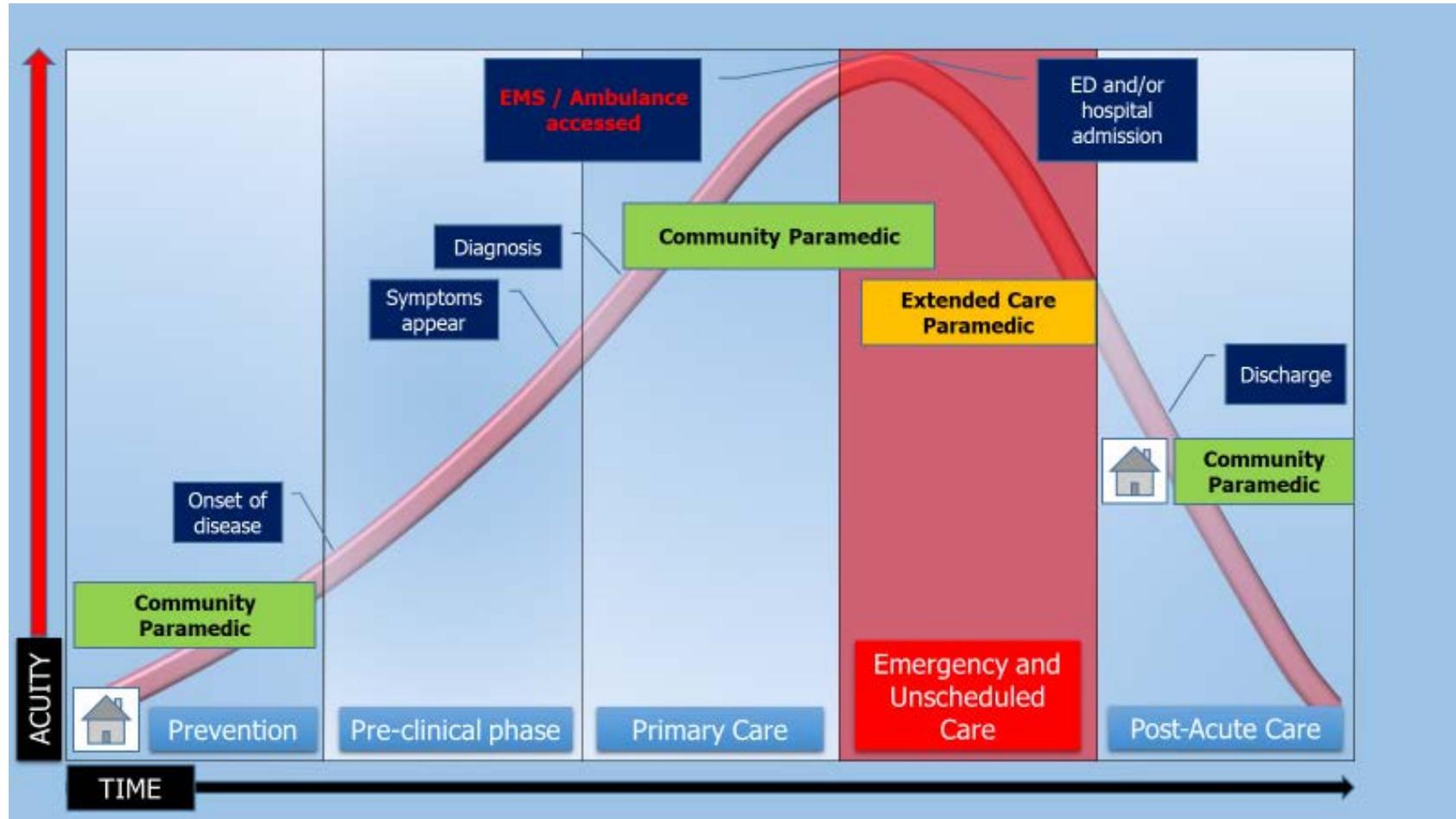
1. O'Meara, Tourle, Stirling, Walker and Pedler (2012)
2. Raven, Tippett, Ferguson, & Smith (2006)
3. Joyce, Wainer, Piterman, Wyatt, and Archer (2009)

# Talking Apples and Oranges: Defining Community Paramedicine<sup>1</sup>

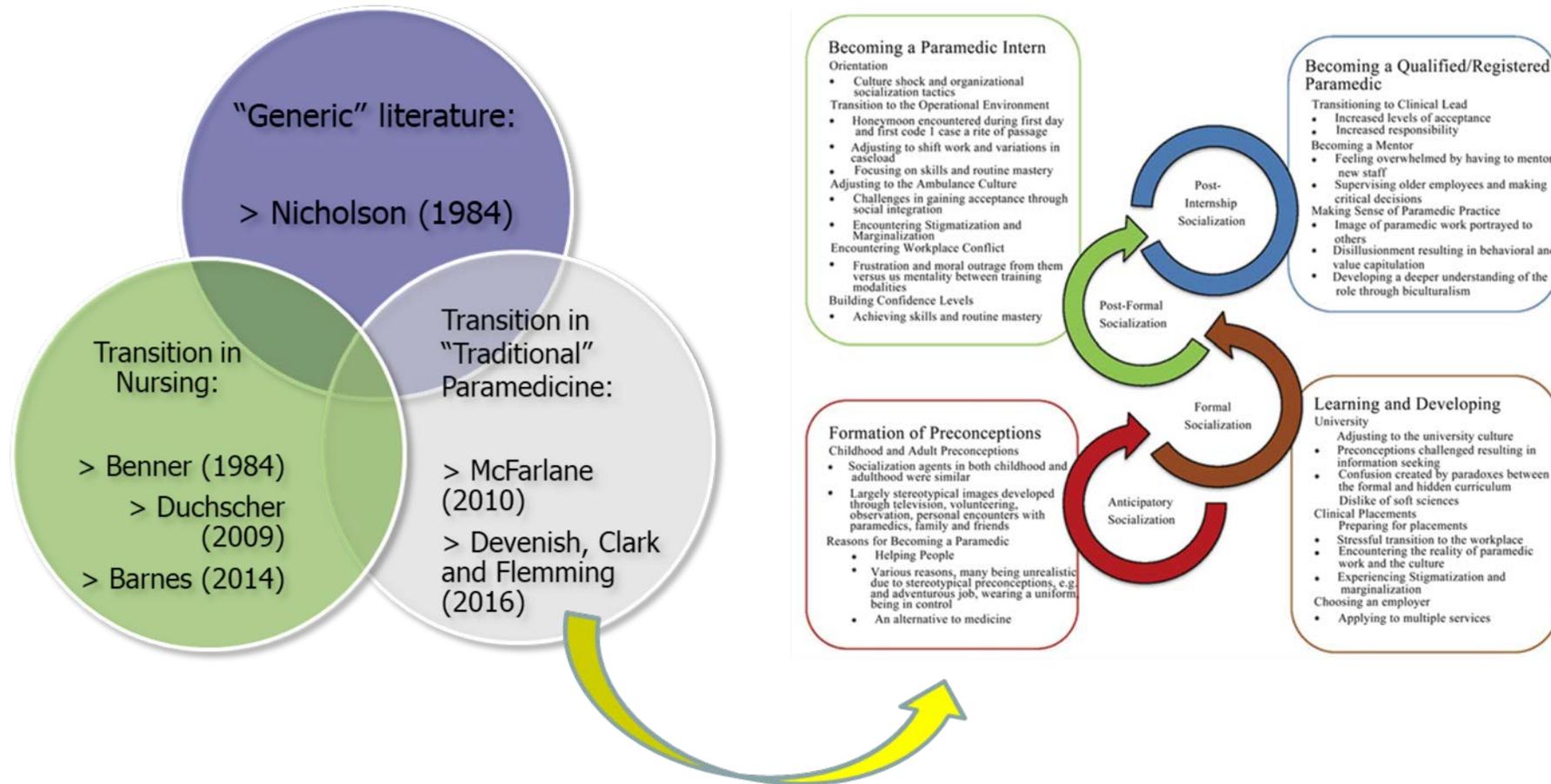


1. Most respectfully...Sorry Gary and IRCP!

# Patient intervention points for CPs and ECPs (Long, 2015)



# Existing work role transition theories



Model reproduced with permission of Dr Scott Devenish

# Research Question

*How do paramedics transition to a specialist role in community paramedicine?*

# Methodology

- Constructivist Grounded Theory (Charmaz, 2014)

Participants Recruited				
Prior designation	NSW Ambulance	SA Ambulance Service	Alberta Health Services EMS	<b>Total</b>
CCP	8	10	11	29
ACP	7	0	0	7
<b>Total</b>	15	10	11	<b>36</b>



# Pre-Transition Phase:

## 1. Seeking new career options –

### Desire for further clinical challenges

*I had been an ICP for long enough and **8 years itch** **hear**  
**itch**...I find a lot of people begin to go, 'I need to get off-road,  
**do something else** for a couple of months, get back on and  
then see different patients', but the work is not challenging. **I**  
**didn't find being an ICP [CCP] challenging any more. I**  
**didn't find being an ICP [CCP] challenging**  
needed **any more** something to do or else I was going to have to find  
another career. (P99)*

# Seeking new career options –

## Frustrations

*...but the frustrations I had, was having a fairly high number of patients that I wasn't really allowed to do anything for because*

 ~~*they didn't need symptom management,*~~ ***they needed primary care***  
*primary care. And they just needed transport to an urgent care*

*site or an emergency department and **we didn't have the time***  
 ***we didn't have the time or the tools***  
*or the tools or really the education to really do anything for those*

*patients. (P83)*

# Seeking new career options –

## Perception of limited career options

*There's nowhere to go you either go to management or you work on the street, there's no middle. Whereas in nursing there's so much lateral movement, every job there's lateral movement right, even fire, **BBt paramedic, there's nothing** (P60)*

# Seeking new career options –

## Personal influences

- • *High-acuity had taken a toll*
- • *Closer home stations*
- • *Family considerations*
- • *Night shifts*

# Pre-Transition Phase:

## 2. Improving patient outcomes –

### Awareness of the paucity of healthcare options

*It seemed like a lot of the work that I was doing was low-acuity work and I could see that there was a need to take these patients ~~to the emergency department~~ **investigate them in a more thorough way**, with not necessarily an automatic option to the emergency department for treatment and care. (P88)*

# Improving patient outcomes – Affinity for lower-acuity work

*I really love having a little extra time with my patients and it might sound a bit cheesy, but I feel like I get far more out of sitting with a geriatric patient and looking at the services they are getting or giving them care and preventing them an unnecessary hospital transport.*

*(P55)*

# Improving patient outcomes – Less about skills, more about understanding

*But it is really not the skills so much as being able to lead the patient and help the patient get over some of the hurdles more so than anything. The monkey **skills are the smallest part of the support that you provide** as part of their overall care and that piece that you play in the overall care plan is probably the bigger thing. (P33)*

Pre-Transition Phase:

### 3. Interpreting the ECP/CP role –

### Resonating with the ECP/CP model

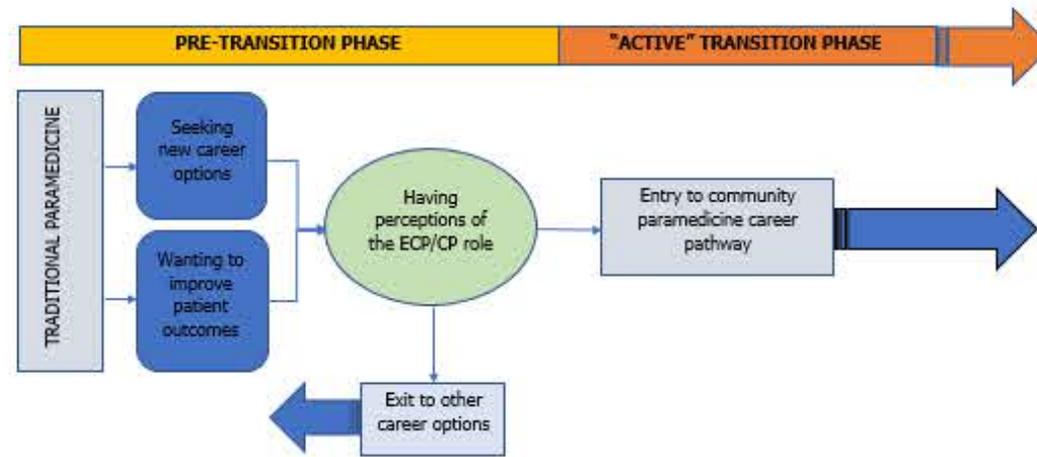
*Ambulance services were evolving into a 'treat and leave at home' type model. I thought we had to go, ~~we couldn't keep doing what we were doing~~ So, ideologically I was in favour of it anyway. So, I was excited as part of being in the program to expand the ambulance service. (P05)*

# Interpreting the ECP/CP role -

## Having a nursing background

Yes, and I think  it **give you a broader understanding** or an awareness I guess. You can understand it, but until you do more of like your nursing basics and principles of your determinants of health, understanding how the systems work and how people interact with them and the situations are set up, I think nursing does a better job of  **I wouldn't say you have to do it to be able to do** ~~schooling [ECP] job for sure, but you do gain from it~~ **schooling [ECP] job for sure, but you do gain from it** **[ECP] job for sure, but you do gain from it. (P72)**

# Theoretical model of the Pre-transition phase to a specialist role in community paramedicine



# Significance

- • Movement from *one* clinical specialist stream to a *second* clinical specialist stream
- • Identification of a *junctional point* in a traditional paramedic career

# Limitations

- • Self-selection
- • Transferability
- • Did not investigate quality or outcomes of service delivery

# Conclusions:

## Likely candidate suitability for an ECP/CP role

- • Alignment of the candidate's service delivery views with the service delivery philosophy which underscores community paramedicine
- • Has a broad understanding of primary healthcare issues and the role paramedics can play
- • Nursing experience appears to complement the transition to community paramedicine



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## References

- Barnes, H. (2014). Nurse Practitioner role transition: A concept analysis. *Nursing Forum*, 50(3), 137-146.
- Benner, P. (1984). From novice to expert: excellence and power in clinical nursing practice. Menlo Park, California: Addison-Wesley.
- Devenish, S., Clark, M., Flemming, M. (2016). Experiences in becoming a paramedic: The professional socialization of university qualified paramedics. *Journal of Creative Education*, 7(6), 786-803.
- Duchscher, J. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103-1113
- Joyce, C., Wainer, J., Piterman, L., Wyatt, A., Archer, F. (2009). Trends in the paramedic workforce: a profession in transition. *Australian Health Review*, 33(4), 533-40.
- Long, D. (2015). From qualified to specialist paramedic: A qualitative study of the process of transition to a low-acuity role. Poster session presented at Paramedics Australasia International Conference, Adelaide, South Australia.
- Long, D., Clark, M., Lim, D., Devenish, S. (2016). What's in a name? The confusion in nomenclature of low-acuity specialist roles in paramedicine. *Australasian Journal of Paramedicine*, (13) 3, 1-2.
- Long, D., Lea, J., & Devenish, S. (2018). The conundrum of defining paramedicine: more than just what paramedics' do'. *Australasian Journal of Paramedicine*, 15(1).
- McFarlane, P. (2010). *Understanding the challenges: The factors that drive the decision to enter and exit Intensive Care Paramedic practice in Australian ambulance service*. Master's thesis. The University of Queensland, Brisbane, Queensland.
- Nicholson, N. (1984). A theory of work-role transitions. *Administrative Science Quarterly*, 29(2), 172-191.
- O'Meara, P., Tourle, V., Stirling, C., Walker, J., & Pedler, D. (2012). Extending the paramedic role in rural Australia: A story of flexibility and innovation. *Rural and Remote Health*, 12(2), 1-13.
- Raven, S., Tippett, V., Ferguson, J., & Smith, S. (2006). An exploration of expanded paramedic healthcare roles for Queensland. State of Queensland: Australian Centre for Prehospital Research. Brisbane.
- Simpson, P., Thomas, R., Bendall, J., Lord, B., Lord, S., & Close, J. (2017). 'Popping nana back into bed' - a qualitative exploration of paramedic decision making when caring for older people who have fallen. *BMC Health Services Research*, 17(1), 299. doi:10.1186/s12913-017-2243-y
- Thompson, C., Williams, K., Morris, D., Lago, L., Kobel, C., Quinsey, K., . . . Masso, M. (2014). HWA Expanded Scopes of Practice program evaluation: Extending the Role of Paramedics sub-project: final report. Retrieved from <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1383&context=ahsri>