

Defining Paramedic Practice in Canada: Framing Concepts

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INTRODUCTION/BACKGROUND

The Paramedic Association of Canada (PAC) has developed a new Canadian Paramedic Profile that will describe the roles that paramedics in Canada assume and the essential capabilities they require to perform those roles. The redeveloped framework is intended to reflect current and emerging paramedic practice.

In July, 2014, commissioned a study to support the development of an initial Framework and Draft Roles describing Paramedic practice in Canada. The guiding research question for this work was:

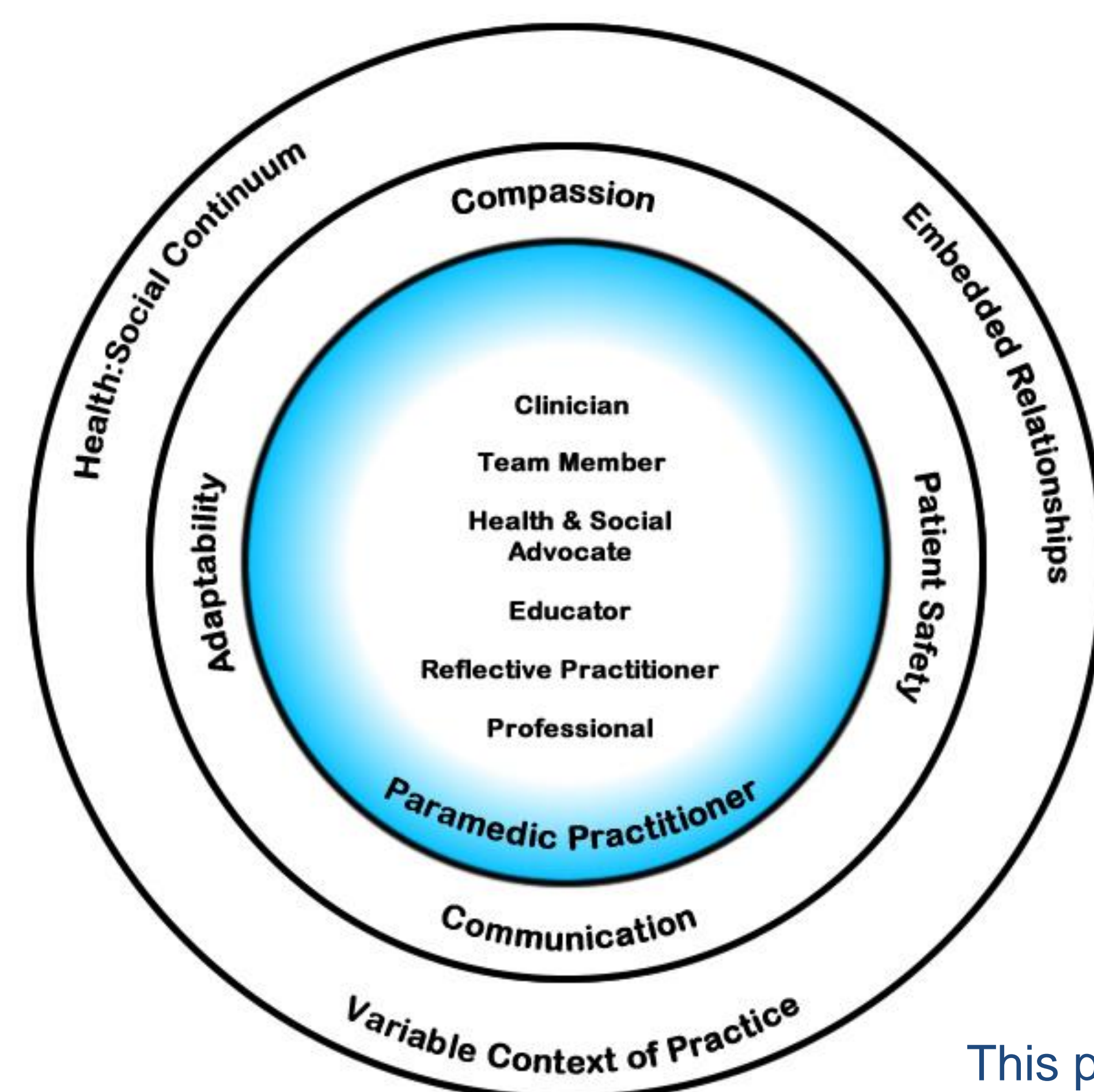
What key capabilities or attributes are essential in all paramedics in Canada, regardless of designation?

METHODS

This mixed methods study included two parallel and concurrent activities: an analysis of language found in 99 peer-reviewed, professional, and gray literature sources and semi-structured interviews with 20 key stakeholders in Canadian Paramedicine. We followed general principles of grounded theory to conduct iterative thematic analysis of both sets of data individually, then as a combined data set.

RESULTS

The working framework consists of a central Role: the Paramedic Practitioner; six enabling Roles: Clinician, Reflective Practitioner, Team Member, Leader at the Patient's Side/Health & Social Advocate, Educator, and Professional; and three cross-cutting themes: Patient Safety, Compassion, Problem-solving.

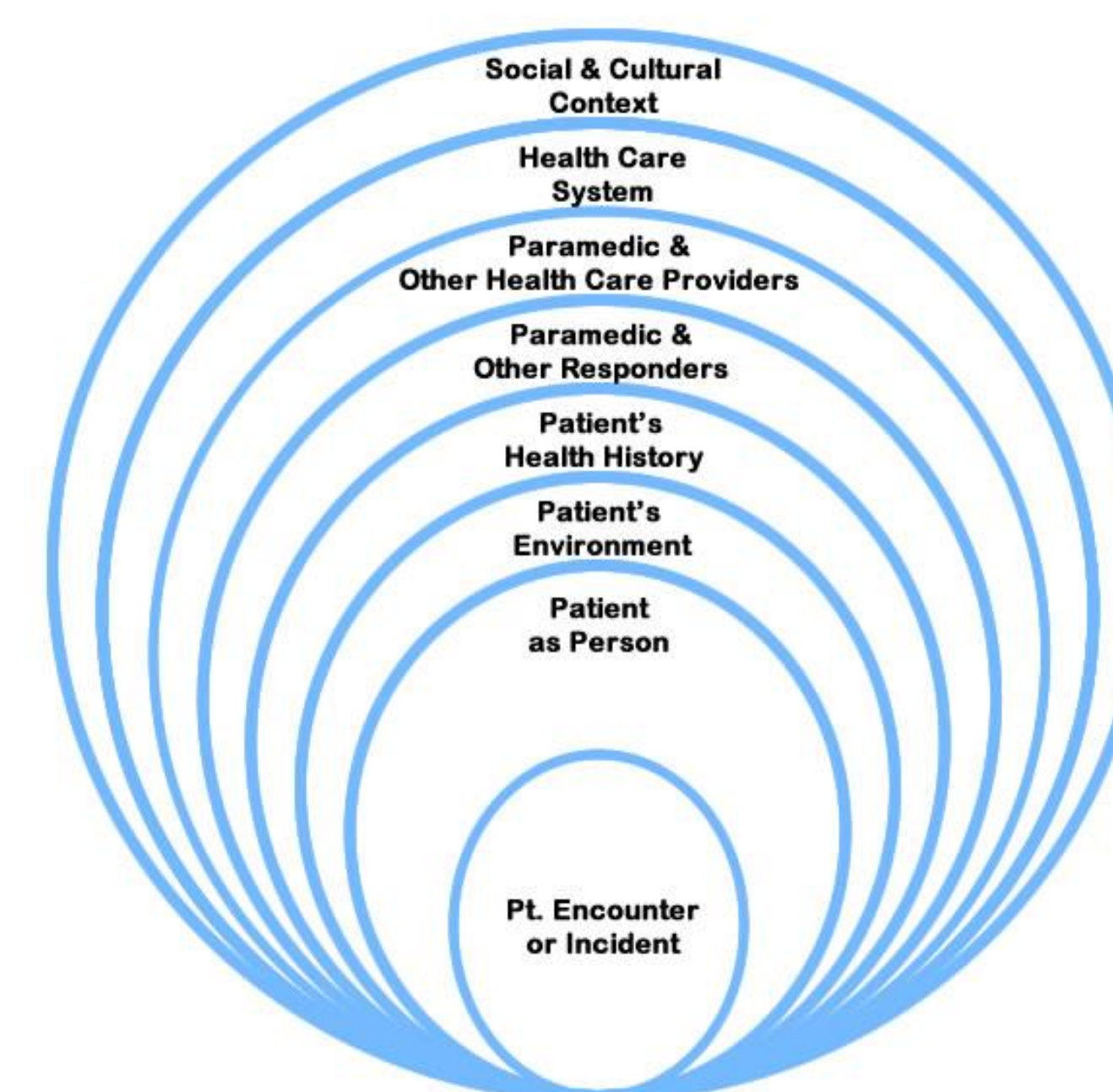


DISCUSSION: Framing Concepts

Three core concepts or themes emerged as central to the development of the Canadian Paramedic Profile.

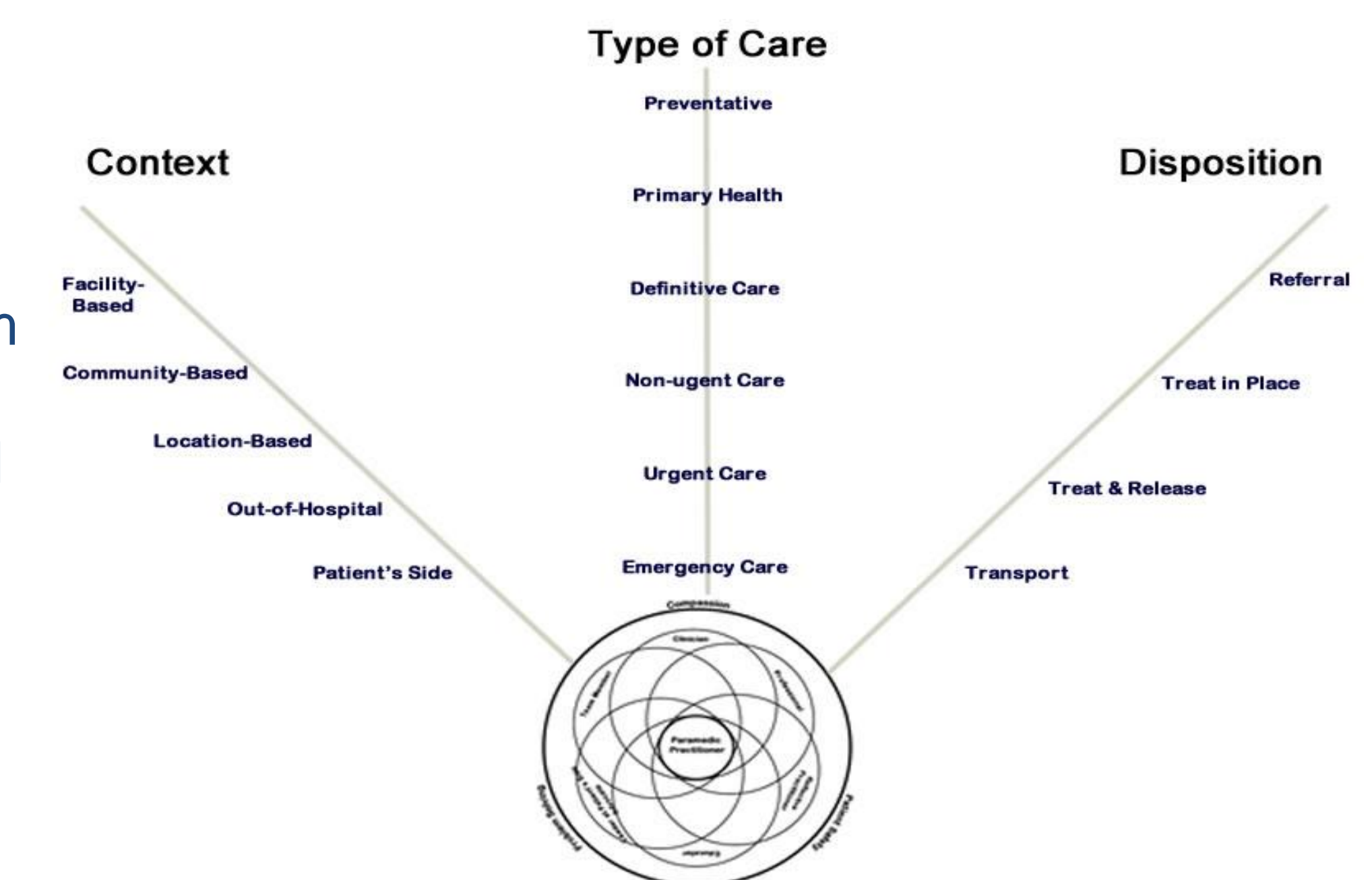
Paramedic Context of Practice

Paramedics are health care providers who function in the diverse and variables settings of paramedic practice. Participants in the study described three features that distinguish the paramedic's context from that of other health care providers. First, paramedicine's roots are in out-of-hospital response to emergency and non-urgent situations, yet paramedics are increasingly providing care in location-based (e.g. mass gatherings, industry, etc.), community-based, and in-facility settings. Second, the paramedic's traditional focus on emergency, urgent, and non-urgent care is evolving to include aspects of primary care (e.g., monitoring patients with chronic conditions in their own homes) and preventative care. Third, this has led to the need for alternate treatment, referral, and patient disposition pathways.



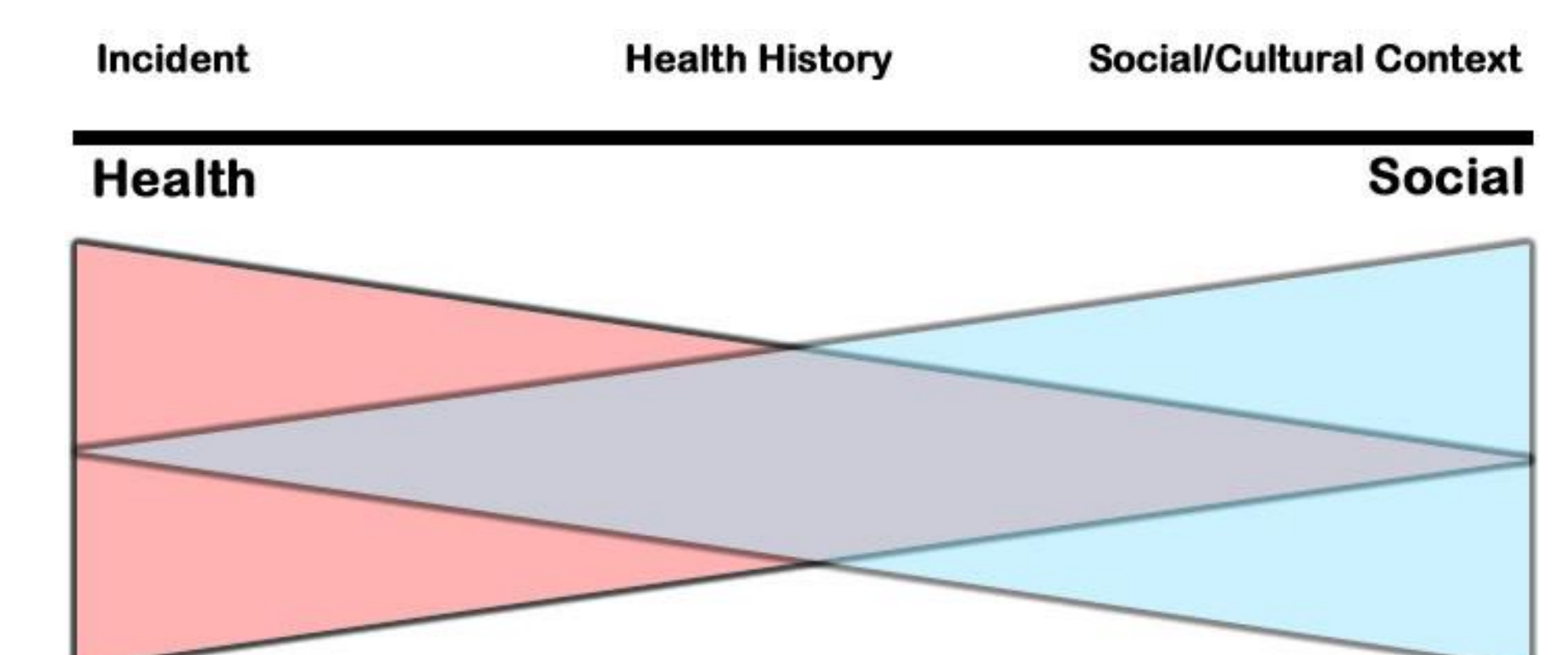
Embedded Contexts and Relationships

The individual patient encounter remains the essential unit of paramedic practice. However, the paramedic community recognizes that a "call" involves much more than the assessment, differential diagnosis, intervention, treatment, and transport of the patient. In addition to dealing with the patient's immediately presenting medical condition or injury, paramedics must be aware of and function within a number of "nested" contexts and relationships. The patient's presentation is always embedded within the personal context of the patient, occurs within a specific location or environment, involves the patient's overall health history, and is situated within their social and cultural context. Similarly, paramedics must form short- and long-term relationships with the patient and those around the patient (e.g., family members, bystanders), their partners, other responders, and the extended team of health care providers that will be involved in the care of the patient over time. Being aware of these contexts and relationships is essential in defining and describing the roles that paramedics assume and the capabilities they require.



The Health:Social Continuum

Throughout this project, the literature and the participants have emphasized the interplay between the health and social aspects of paramedic practice. Every patient encounter is embedded in a series of contexts and relationships. Paramedics practice from a unique and privileged position, often encountering patients within the patient's personal setting. Thus paramedics have access to information about the patient's immediate environment and social/cultural context that are not always available to other health care providers. These health and social factors are always present in any patient encounter, but their importance may differ from call to call. Often, the precipitating health problem is the key aspect of the patient encounter. However, in some cases, the patient's health problem may be secondary to underlying social determinants of the patient's health and well-being. Paramedics must consider, adapt to, and integrate this constantly changing and unpredictable mix of health and social needs into their interactions and care for the patient.



ACKNOWLEDGEMENTS

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