

Defining the discipline: Roles and boundaries of Paramedicine

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INTRODUCTION/BACKGROUND

Medieval reference to “learned professions” included divinity, medicine and law. Today, Wikipedia defines *profession* as “a vocation founded upon specialized educational training, the purpose of which is to supply objective counsel and service to others...” Underlying a profession is a consistent and examinable set of knowledge that is required for success that is clearly articulated in a scope of practice with a code of conduct to direct the use of this knowledge set. The path to professional designation typically involves advancements from:

- Part-time to full time occupation
- Training school to university level education
- Local to national associations and oversight
- Codes of conduct to licensing

While paramedicine is moving along the path towards recognition as a profession, there is little consensus on what constitutes the roles and the boundaries of paramedicine.

Emergency Medical Services (EMS) is a relatively young discipline, emerging in the 1960s through the extension of lessons learned in military trauma management to the civilian setting, and the application, at the patient's side, and of CPR and advanced cardiac life support procedures previously available only in the operating theatre or intensive care unit. Early ambulance services developed into integrated EMS that now include layered levels of response and deeper integration with the overall medical system (Bledsoe et al., 2005; Caroline, 2010; PAC, 2001). Advancing technology and evolving medical practice have led to increased expectations and a vastly expanded scope of practice for paramedics. The present study examined the current level of agreement on role of paramedicine as practiced in EMS.

METHODS

This mixed methods study was conducted as part of an ongoing project to develop a program of research for the Health Sciences Division (HSD) at the Justice Institute of British Columbia. The project explored research needs and issues through an exploration of English language EMS literature and semi-structured interviews with key stakeholders in Canadian EMS Education.

METHODS (Continued):

The stakeholder interviews were analyzed to explore current conceptions of EMS and paramedic practice. Core terms were extracted from the transcripts, then mapped thematically to look for relationships, similarities, and differences. Thematic analysis was used to explore how descriptions of paramedic practice, the current and future roles of paramedicine, and its perceived within boundaries interact to develop a model for describing contested visions of what constitutes the field of paramedicine.

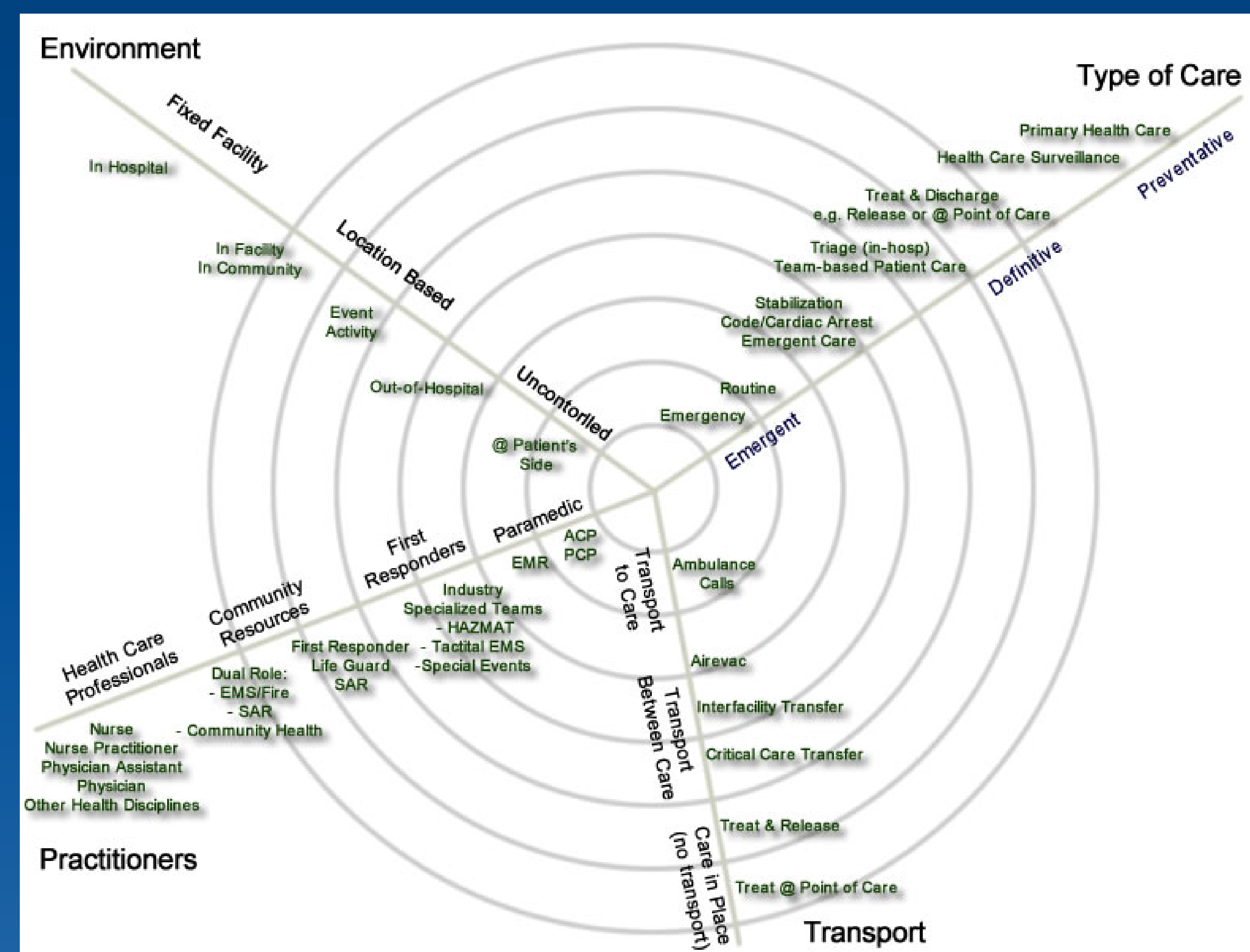


Figure 1: Roles and Boundaries of EMS/Paramedicine.

Defining “profession”:

To be considered a **profession**, a discipline should have:

- a clearly defined scope of practice with purpose & goal statements;
- a code of professional conduct;
- a unique “knowledge-based group”;
- a common language set and venue for knowledge dissemination;
- standards that are consistent with other peer groups.
- qualifications for education, experience, professional development;
- recognized certification that requires maintenance;

Table 1: Criteria defining a profession.

FINDINGS:

One series of questions in the present study examined the current and future roles of paramedicine. Four themes emerged from analysis of these questions: Practitioner, Location of Care, Type of Care, and Transportation. Figure 1 presents these four themes as domains for describing paramedic practice. There is general agreement on the centre or core (inner circles) of paramedic practice: an advanced care provider who arrives at the patient's side in an ambulance, assesses and treats the patient, then transports to medical care. However, new roles and non-traditional aspects of paramedic care tend to involve changes to one or more of these dimensions.

Paramedicine is a rapidly changing field (O'Meara et al., 2012). Stakeholders in this study identified a wide range of emerging and future roles for paramedics. Paramedics now function on ambulances, in emergency wards, and in nursing homes and the broader community, providing critical care and preventative care in a variety of traditional and non-traditional settings. Current discussions and national initiatives, such as the National EMS Research Agenda and the National Occupational Competency Profile for Paramedics in Canada (NOCP) Revision project, tend to frame the changing role of paramedicine as evolution from an emergency service to a health care discipline. While these roles are often framed as polar (implying that the discipline must be one OR the other), participants' definitions, descriptions, and discussion in this study imply that paramedic practice is fragmented and evolving – but at present there is no single best description of the field. It may be better to describe paramedicine at the present as both an emergency service AND a health discipline.

The development of paramedicine and EMS as a profession continues to be a “work in progress”.

Bledsoe et al., 2005;
Caroline, 2010;
O'Meara PF, et al. (2012). Extending the paramedic role in rural Australia: a story of flexibility and innovation. Rural and Remote Health 12: 1978. (Online)
PAC, 2001