



Education of Community Paramedics in Alberta







NORTHWEST DESCRIPTION

## What We Will Discuss

 Overview of Community Paramedicine in Alberta

 Education of Community Paramedics in Alberta



## About Me

- Community Paramedic Manager
- Advanced Care Paramedic
- 14 years of Paramedic Experience
- Father of 2 and 5 Year Old



Overview of Community Paramedicine in Alberta







## Over 100 Practitioners

## Serve Over 40+ Communities

Last year had over 18,600 Patient Events

## Three Distinct "Teams"



**Community Paramedic Teams** 

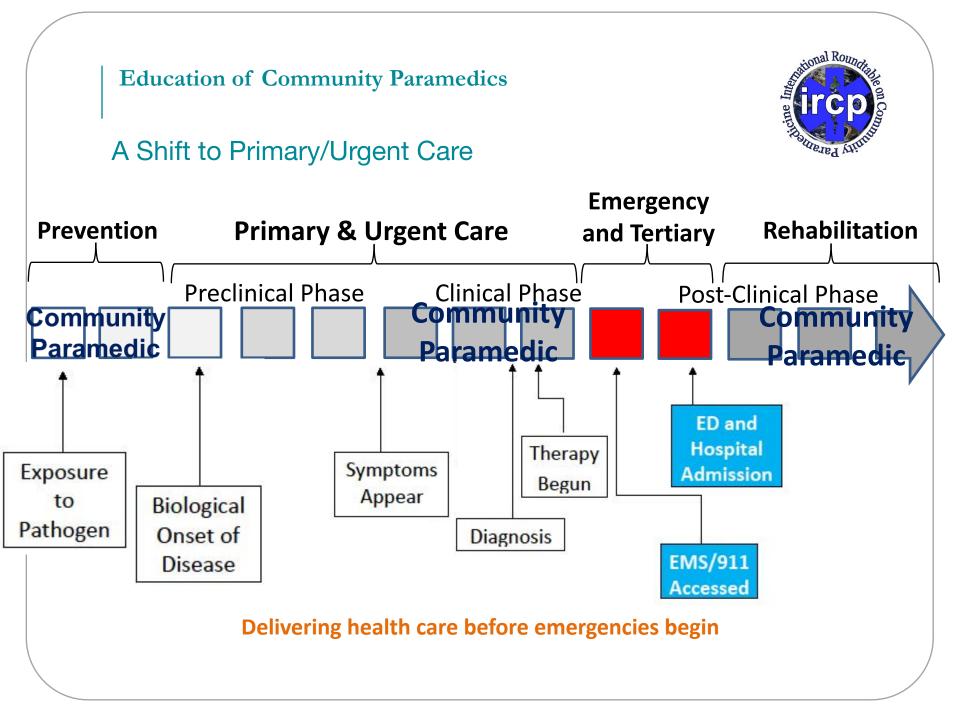
- Community Response Team (CRT)
- City Center Team (CCT)
- Crisis Response and EMS (CREMS)



## What Does our CP's Do?

- CVC &IV rehydration
- IV, SQ, IM, PO, PORT & PICC medication administration including IV antibiotics
- Specimen collection (blood, urine, wound)
- 70+ stocked medications
- Urinary catheterization
- Wound closure & care (i.e. sutures, adhesive dressings)
- Oxygen and nebulizer therapy
- Prescription facilitation
- Coordination of community services
- Observational and focused assessments
- Blood Transfusions
- Facilitated Diagnostic Imaging in community









# How Do We Teach CPs?



Alberta Health Services Emergency Medical Services



# **Education Strategies**

- Research Studies
- Employer Education
- Partnership with Educational
   Institution

## ALBERTA

### Educating Community Paramedics: A Grounded Theory Analysis

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### Introduction

Community paramedicine has recently undergone a transformation in Alberta and shifted from a zone based operational structure to a provincial operational structure. This shift has allowed the harmonization of training for all AHS EMS community paramedics. To inform the development of curriculum and learning outcomes a grounded theory analysis of 20 interviews was conducted to determine the key areas of knowledge required to be a successful community paramedic. 20 subject matter experts including educators, community paramedics and operational leaders were interviewed. The results of these interviews where then compiled and eventually distilled into two "aggregate dimensions"

#### Methods

One hour semi-structured interviews were conducted with 20 subject matter experts in community paramedicine by the research team. The interview notes where then compiled into "first order concepts". These first order concepts were then synthesized into" second order themes" and "aggregate dimensions".

First Order Concepts	
enhanced medical knowledge	offer specific therapies
strong clinical decision- making skills	enhanced assessment and diagnostic skills
relationship-building	multidisciplinary collaboration
health system navigation	preventive healthcare
facilitate access to care	ensure quality care
formal training component	continuing education
trainers from multiple healthcare disciplines	information management training
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accreditation consistent with unique scope of practice and patient population

### **Second Order Themes**





Mobile Integrated Healthcare

#### **Select Quotes**

"CPs need a broad education in applied pharmacology such as the actual medications being used and their groups; for example: this is a macrolide, and this is generally how it works."

"Family docs are basing their plan on our assessment over the phone without seeing the patient. Confidence in our assessment is important to them."

"Laboratory test indications, interpretation, and actions when values are critical." "Skills training would include PICC lines and ports, suprapubic caths, G-tubes, phlebotomy, possibly blood product administration, suturing and would closure, wound care." "Compassion and how to have a "hard" conversation; to talk a family and patient through the last stages of life and the dying process."

### Conclusion

CPs require a very broad skillset if they are to meet the healthcare needs of their patients in the community. To do this CPs need to work with regulators and educators to further define CP practice to become highly skilled at collaborating with other members of the healthcare team.



Educating Community Paramedics: A Grounded Theory Analysis

Lead by a team of Physicians, Medical Students and CP Leadership

To Determine Educational Needs of Community Paramedics



## Interviewed 20 experts

i.e. Community Paramedics, Regulators, Managers

Results identified core competencies of community paramedics identified by various stakeholders

Used these findings to inform education of CP in Alberta



# **Employer Education**







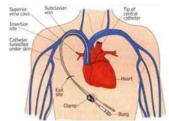
## **Employer Education**

- New Staff Curriculum
- Continuing Education Program
- Developing a "community of practice"
- Based Upon Ongoing Staff Feedback



# In Class Training

- Central Venous Catheter & PICC Access
- Sutures, Staples, Specialized Wound Care
- Advanced Pharmacology
- Dementia, Delirium and Depression
- Social Determinates of Health
- Palliative Medicine





# **Clinical Rotation**

- PICC & PORT Training
- ED Rotations
- On Car Mentorship
- Simulations and Shadow Shifts on Hospital Units









# **Continuing Education**

• Either Staff or Management Initiated simulation, skills or new clinical topics

 Required Monthly Education Topics and Skill Review



## **Educational Institutions**



This program builds on current paramedic training and experience by



## **CP Extension Certificate**

- MRU Program Developed in 2018
- Developed in Close consultation with Alberta CP program
- Delivered over two years
- Agreement to provide practicum sites



## **CP** Certificate Program

#### **Required courses**

Community Paramedicine Overview

Advanced Anatomy, Physiology and Pharmacology

Diversity, Communications and Ethics

Seniors' Health

Professional Practice in Seniors' Health

Advanced Topics in Mental Health and Addiction

Professional Practice in Mental Health and Addiction

Team Approaches to Chronic Disease Management

A Palliative Approach for Individuals and Families

Professional Practice in Community Paramedicine



# Built partnerships to access Harvey Sim for advanced assessment training with various medical schools





# Thank You

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