

Perspectives from the frontline of two North American community paramedicine programs: an observational, ethnographic study

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■ Introduction

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Context:

- This study was part of a larger body of work
 - Consumer perspectives
 - Educational requirements
 - Australian arm of project on stakeholders is being written-up
 - **This component reports the CP perspective**
- Acknowledgements
 - Angela Martin - PhD candidate
 - Thanks to the study sites and participants in the US and Canada



Aims and Settings:

This study addressed the motivations, job satisfaction and challenges from the perspectives of CPs and their managers pioneering two independent programs in rural North America.



Methods:

- An observational ethnographic approach
- Qualitative data from participants, through informal discussions, semi-structured interviews, focus groups and direct observation of practice
- Data collected during two field trips to North America
- Thematic analysis was used to identify common themes



Emergent Themes:

1. *Motivators* (paramedic)

I genuinely saw it as the new face of paramedicine, being involved in avoidance. It's proactive rather than reactive, which is quite a paradigm shift for the ambulance profession. (Participant 8)



Emergent Themes:

2. *Challenges* (acceptance)

The nurses at first, especially in our state, were very against us. Paramedics are interesting. Some of them get it; some of them don't. I never thought our biggest critics would be from within our industry. (Participant 10)



Emergent Themes:

3. *Characteristics* (professional identity)

*There are days when the job satisfaction is low because people don't get it and they don't understand what you are trying to do and that's a frustrating thing. The patients get it! I have never yet met a patient who did not love our service! Ninety nine percent of the time my job satisfaction is a ten out of ten. It's dealing with other people that is sometimes hard.
(Participant 2)*



Results (1):

- A major motivator for CP was the growing use of ambulances for non-emergency calls and the need to respond.
- The innovative nature of the CP role can leave practitioners feeling misunderstood and unsupported by their peers.



Results (2):

- Paramedics were motivated by a genuine desire to make a difference
- Attracted to the innovative nature of a role
- Transitional challenges included:
 - lack of self-regulation
 - navigating untraditional roles
 - managing role boundary tensions between disciplines



Conclusions:

- Experienced and highly motivated paramedics with excellent communication and interpersonal skills should be considered for CP roles.
- Practitioners who are proactive about community paramedicine and self-nominate for positions transition more easily into the role:
 - they tend to see the ‘bigger picture’
 - have broader insight into public health issues and the benefits of integrative health care



Recommendations and Questions:

- Paramedic services and policymakers need to incentivize career pathways in community paramedicine.



Project Related Publications

- Martin AC, O'Meara P. Perspectives from the frontline of two North American community paramedicine programs: an observational, ethnographic study. *Rural and Remote Health* 2019; 19: 4888. <https://doi.org/10.22605/RRH4888>
- Martin A, O'Meara P, Farmer J. Consumer perspectives of a community paramedicine program in rural Ontario. *Australian Journal of Rural Health* 2015; **24(4)**: 278-283. <https://doi.org/10.1111/ajr.12259> PMID:26692369
- O'Meara PF. Community paramedics: a scoping review of their emergence and potential impact. *International Paramedic Practice* 2014; **4(1)**: 5-12. <https://doi.org/10.12968/ippr.2014.4.1.5>
- O'Meara P, Ruest M, Martin A. Integrating a community paramedicine program with local health, aged care and social services: an observational ethnographic study. *Australian Journal of Paramedicine* 2015; **12(5)**. <https://doi.org/10.33151/ajp.12.5.238>
- O'Meara P, Ruest M, Stirling C. Community paramedicine: higher education as an enabling factor. *Australasian Journal of Paramedicine* 2014; **11(2)**: 1-13.
- O'Meara P, Stirling C, Ruest M, Martin A. Community paramedicine model of care: an observational, ethnographic case study. *BMC Health Services Research* 2016; **16(39)**. PMID:268
- Ruest M, Stichman A, Day C. Evaluating the impact on 911 calls by an in-home programme with a multidisciplinary team. *International Paramedic Practice* 2012; **1(4)**: 125-132. <https://doi.org/10.12968/ippr.2012.2.2.41>



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