Paramedicine:
Recognition beyond Algorithms

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Regulatory gaps exist in the provision of pre-hospital emergency care leaving both the public and paramedics at risk. The purpose of this article is to inform readers on the debate over self-regulation of emergency pre-hospital care practitioners. This article aims to provide a background of current practice issues in paramedicine, discuss recommendations made by stakeholders, and introduce the pedagogy of the Canadian Paramedical Process Model (CPPM). The complexities and unique roles paramedics play in the arena of health care will be articulated in this original model.

In April 2002 at the Royal Commission Public Hearings Roy Romanow, the former head of the Royal Commission on the Future of Health Care in Canada, acknowledged "paramedics are a valuable stakeholder" in the development of healthcare. Yet, the "profession" of paramedicine is not part of the Regulated Health Professions Act (RHPA), a document that grants various healthcare professions the autonomy to govern themselves. Due to their exclusion from the RHPA, paramedics do not have their own "college", are not considered an essential service or a profession, have no input at a national level in terms of public health research, and do not have membership in the Canadian Health Council.

The Arguments

Emergency Medical Services (EMS) is an essential link in the medical care model. Aside from providing a transport system, EMS extends physician care into the community by allowing medical assessment and care to begin prior to arrival at a medical facility (Drummond, 2006). Every province with the exception of Ontario provides a means of public safeguard through professional regulation of paramedics (J. Lavis, personal communication, November 2, 2009). A "College of Paramedicine" would allow paramedics to govern their own practice, set regulatory standards, ensure membership quality assurance, and establish a professional code of ethics, therefore protecting the public's interests. In 1991, the Legislative Committee for Paramedics argued that paramedics were not considered in the provision of the RHPA because, "the Ambulance Act and regulations, imperfect though they may be, [already] provide a structure to ensure adequate qualification and safety in the provision of ambulance services" (The Legislative Committee for Paramedics, 1991). Existing legislation only regulates ambulance service delivery, leaving areas of pre-hospital care not covered by the Ambulance Act unregulated. This puts the public and practitioners at risk. As listed in the RHPA, there are thirteen Controlled Acts. Paramedics perform eight of them, more than any other health care profession aside from physicians. It is therefore interesting that an unregulated body performs so many controlled medical acts without being a part of the RHPA (Ontario College of Paramedics Steering Committee, 2004). In 1999, the Ontario Hospital Association made recommendations that there should be a movement for self-regulation in paramedicine. In 2002, following the inclusion of EMS into the upper tier municipalities, the Association of Municipal Emergency Medical Services of Ontario (AMEMSO) offered unanimous support for the formation of a College of Paramedics. By 2003, self-regulation of paramedicine was the key recommendation to the Ministry of Health & Long Term Care (MOHLTC) by the Provincial Base Hospitals.

> "Emergency Medical Services (EMS) are an essential link in the medical care model"

Employment Mobility: a Benefit of Inclusion into RHPA

If a paramedic desires employment with a different emergency service provider, it is likely that they must successfully complete a certification

examination every time. Furthermore, employment mobility may present itself as a challenge due to a lack of reciprocity in many areas both within and between provinces. Registration with a self-regulatory College would include reciprocity among all provinces allowing for national licensing and remove redundant testing and certification.

Protection of the profession of paramedicine would be included in the RHPA. Each of the Regulated Health Professions specifies the protection of title by preventing unqualified persons from declaring themselves a member of the profession. With the protection of a professional name, patients can rest assured that any person calling themselves a paramedic has met the standards set out by that profession. Development of legislation that guarantees any person who claims to be qualified and licensed with the "College of Paramedics" has met professional regulatory standards or risks criminal prosecution (Ontario College of Paramedics Steering Committee, 2004).

Putting Practice into Knowledge

Acquiring a self-regulated governing body tempered with the need to provide quality, evidence-based practice in pre-hospital emergency care is challenging. Drawing from current practice, insights incorporated into a process map that focuses on client-centred care, inherent in paramedical practice, is critical to the argument for self-regulation. Without a solid foundation of knowledge and collaboration between academia, practitioners and the public forum, there is little capacity for professional development in advancement of theory. If a profession, such as paramedics, does not own its own body of knowledge, there is no clear direction for changes in practice, no defined theory on which to derive meaning from practice, no descriptions of how paramedicine bases its fundamental concepts, no philosophic beliefs, and no basic values of the profession. It can be argued that paramedicine has adopted a biomedical model from the medical profession, or that paramedics have come to practice under a quasi-nursing model of care, but what of the unique and essential role pre-hospital practitioners play in the delivery of primary health care that emulates the principles of Canada's Health Act? (Health Canada, 2002)

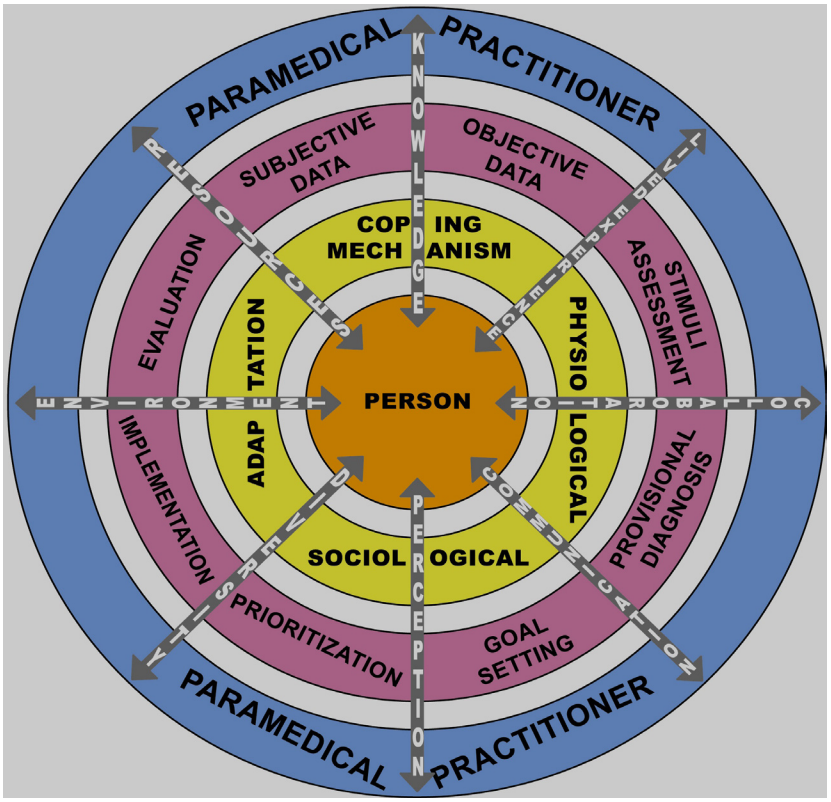

Figure 1 Philosophical theory in paramedicine

Philosophical Theory Development

One strategy to rectify outstanding issues and better define the profession of Paramedicine is the Canadian Paramedical Process Model (CPPM). The CPPM is an integrated theory that uses a systematic approach to evaluate the interactions between the client and paramedic in the context of a therapeutic relationship. This model can be integrated into a philosophy, goal-setting, learning objectives, quality assurance programs, job descriptions, and essential legal documentation (Figure 1). Once goals are set and priorities are identified interventions are critically analysed and selected, while ongoing systematic evaluations of outcomes are carried out. The CPPM, unlike a hierarchy of tasks, draws parallels with a continuum of care. The CPPM has been adapted from the Roy Adaptation Model by Sr. Callista Roy and Heather Andrews (Roy, Andrews, 1991, with permission). The model is based in part, on an integrated approach to the client as a person. Utilizing three frameworks, systems and adaptation level theory as scientific paradigms, and humanism as a philosophic paradigm (Roy, Andrews, 1991). A systems

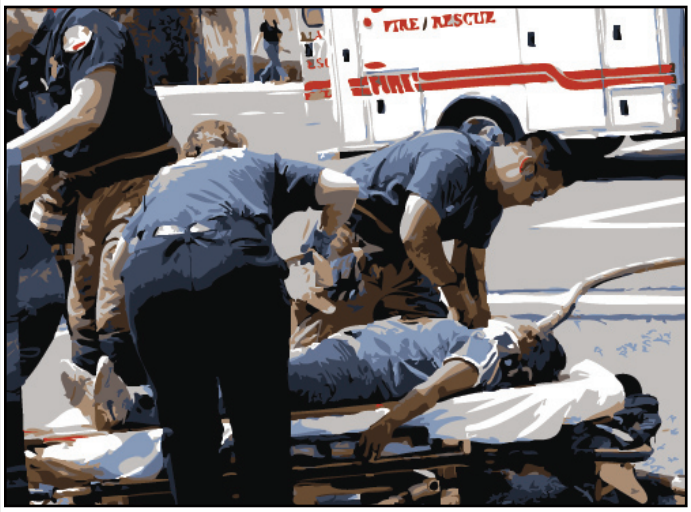

Figure 2 Paramedics at work

approach encompasses holism, information feedback, and the complex nature of living systems. An adaptation level approach considers behaviour as an adaptive process in which ineffective coping strategies must be modified in order to achieve a successful result. From a philosophic framework, humanism demonstrates creativity, purposefulness, holism, and interpersonal processes as having individual meaning (Roy, Andrews, 1991). There are four major concepts that comprise the CPPM.

First, the concept of The Person that is central to the paramedic-client therapeutic relationship and the centre of the process itself. The Person is viewed as a holistic adaptive system. As part of a complex adaptive system, The Person has the capacity to adjust effectively to changes within their environment. A system functions interdependently upon each component within their sphere. Input, output, control and feedback mechanisms are vital as responses to factors affecting environment creates various levels of adaptation within the person (adaptive or ineffective responses). How these levels are achieved are through individual coping strategies (Roy, Andrews, 1991).

Second, the concept of a Paramedical Process relates to the practices of paramedics in the field and includes identification of need areas, collection of data, assessment of stimuli, the development of a provisional diagnosis. From there, client and paramedic collaboratively set goals and prioritize interventions. Through synthesis and analysis of information, implementation of interventions takes place to form of emotional, physical, supportive care.

Third, the concept of Paramedical Practitioner encompasses the concept of The Person but also maintains attributes that incorporate altruism and paternalistic behaviours. Paramedicine has moral and ethical boundaries and responsibilities, contributes knowledge, scholarly dialogue and specialized skill-sets.

Fourth, the concept of Cognator and Physicality is more linear and comprises eight dimensions of the human experience that are central to knowing and valuing; (1) collaboration between paramedic and his or her community, (2) lived experience of the paramedic, (3) communication techniques for establishing therapeutic, (4) perception attitudes and judgments of situations, (5) diversity understanding cultural contexts of persons and community, (6) environment physical, emotional atmosphere, (7) resources financial, physical, and emotional assets, and (8) knowledge.

Putting Theory into Practice

Through qualitative research and integrative study, the Canadian Paramedical Process Model provides a philosophical paradigm that is useful in the provision of optimum clinical practices in client-centred, evidence-based pedagogy. The CPPM utilizes an individualized client-centred approach to a plan of care that identifies particular needs, and influences best practices.

Recommendations

Paramedical practitioners need to be included into the RHPA and given the opportunity to develop their own professional College to bridge the self-regulatory gap. Professional paramedicine should utilize action strategies that support ongoing processes of theory development in the context of pre-hospital care, yet articulate scholarly dialogue through knowledge translation, and development of structural paradigms that are inherent to Paramedicine in Canada today. Paramedicine is more than just performing algorithms, paramedics provide comprehensive pre-hospital emergency medical, and ethical care that effectively demonstrate knowledge, skill, and ability. Lobbying efforts to government officials, key stakeholders and paramedics on the front line need to continue in order for paramedicine to be reserved a seat at the legislative table. A clear and unified voice for change and inclusion into key national health care legislation is paramount in establishing valued partnerships with government officials.

Postgraduate Editors in Focus

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