



Paramedic Chiefs
of Canada

Chefs Paramédics
du Canada

Paramedic Chiefs of Canada White Paper: Discussion on 10 Guiding Principles for Paramedicine in Canada

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This session will be recorded, and a
link sent out to attendees.

Facilitators:



Paramedic Chiefs
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Chefs Paramédics
du Canada



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Please mute your phone

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Thank You!

Asking Questions



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Cisco WebEx Training Center - How to ask a question using the WebEx system

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Quick Start Session Info Questions

01: Questions/Comm

Click the hand icon to virtually "raise" your hand and ask a question.

Questions/Comments?

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Participants

Speaking:

Panelist: 1

Katelyn Gilligan (Host, me)

Attendee: 0

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FIRST WATCH

Speakers:

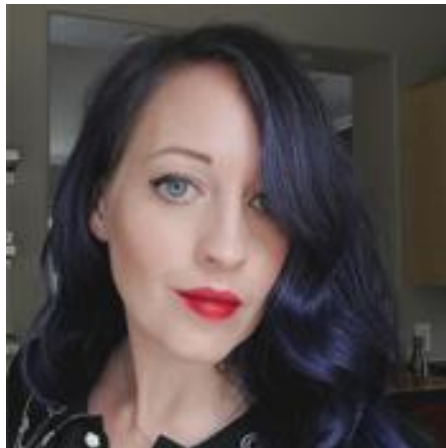


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Principles Guiding the Future of Paramedicine in Canada



Principal Investigator: **Walter Tavares, PhD**
Co-Investigator: **Ian Blanchard, PhD**
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Project Lead / Paramedic Chief of Canada Liaison: **Dale Weiss**

Research Ethics Board: University of Toronto

Steering Committee Members and Collaborators:
Angela Graham, Charles Dallaire, Jeremy Measham, Neil McDonald, Renee Boulay

This project is commissioned and funded by: The Paramedic Chiefs of Canada
Supported by:



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Background

Shifts.....

- Healthcare challenges / trends
- Broadening use by the public
- Broadening concept of “paramedicine”
- Different views on current and future states / directions



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Main Claims

Shifts.....

- Paramedicine under significant and variable transitions
- Existing or historical ways of thinking about or guiding paramedicine in Canada are inadequate
- Changes in how professions are organizing and evolving



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AIMS

Explore emerging and future states of
paramedicine in Canada

Guiding Principles : What might be necessary to achieve them



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Approach

1. Explore current and emerging states
2. How should paramedicine be conceptualized....what might be necessary to achieve it?
3. Reflective of current practice but also visionary
4. Present a position, but promote discussion and debate



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Audience

1. Paramedic community
2. To stimulate activity (e.g., policy **shifts**, external strategies, scholarly and operational pursuits, funding structure, accreditation, oversight, partnerships etc.)



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Sequential Mixed Methods

Literature (peer reviewed / grey literature)

Narrative Review of Literature – What's been said



Level of Inferences / Interpretation

Interview Based Study – What to say

One on One In-depth Semi-structured Interviews

Providing an evidence
base on which to
generate a **White Paper**

Literature (peer reviewed / trade literature)

Narrative Review of Literature – What's been said



“What topics researchers address, the language being used, as well as the questions being asked provides important insights into the perception of and confidence in paramedicine, and what kind of potential exists for evolution of the profession.”

Literature (peer reviewed / grey literature)

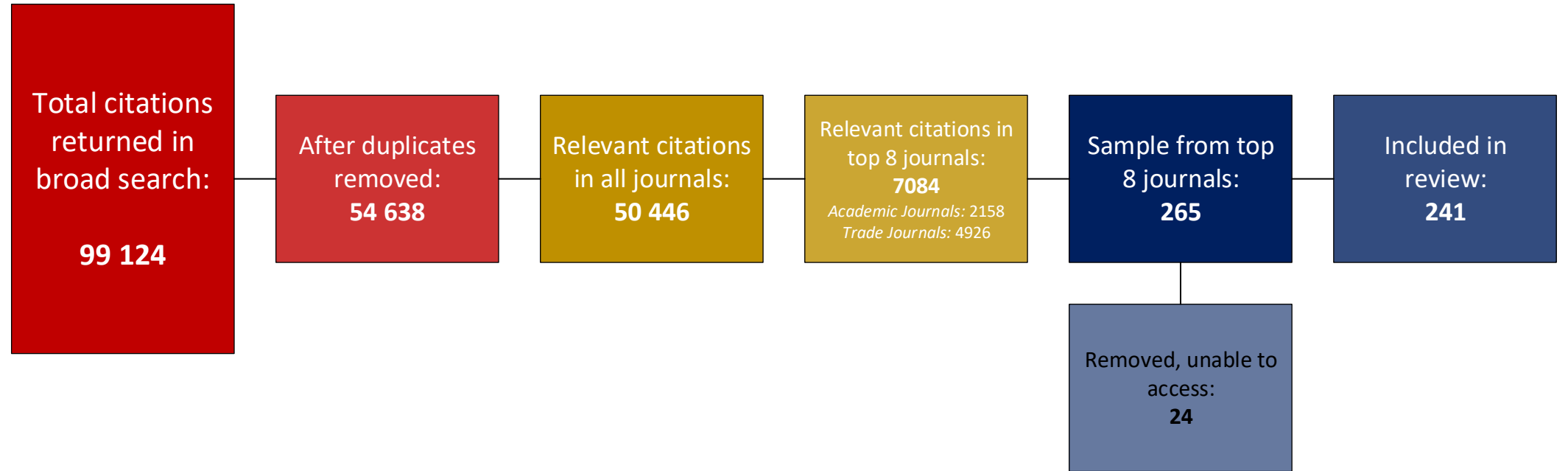
Narrative Review of Literature – What's been said



1. Systematic search since 2006
 1. Peer (academic), grey (trade)
 2. Using top journals
 1. Highest impact; paramedic specific
 2. Broad keyword search
 3. Cluster sampling
 4. Qualitative content analysis to describe data (storyline and timeline)
2. Narrative synthesis to refine contribution

Literature (peer reviewed / grey literature)

Narrative Review of Literature – Results



Literature (peer reviewed / grey literature)

Narrative Review of Literature – Results

The top **10 topics**:







1. Operations
2. Resuscitation
3. Airway Management
4. Medication Administration
5. Trauma Care
6. Clinical Skills
7. Education / Simulation
8. Practitioner Health and Wellness
9. Transport Destination
10. Myocardial Infarction



Literature (peer reviewed / grey literature)

Narrative Review of Literature – Results

Table 1: Frequency and proportion of categories by year for the full database (n=2,158).

Note:  <10;  10 to 14;  15 to 19;  20 to 24;  25 to 29;  >=30

Category	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	Total	Prop
Operations	9	14	11	13	24	33	19	12	11	25	18	33	28	12	262	12.14%
Resuscitation	6	8	11	10	12	20	16	18	16	22	25	30	24	9	227	10.54%
Airway Management	21	17	8	17	20	25	14	16	14	12	8	14	11	2	199	9.22%
Pharmacology	10	3	6	7	4	13	15	17	14	14	21	23	22	7	176	8.16%
Trauma Care	4	9	3	7	12	10	14	7	16	15	12	19	12	11	151	7.00%
Clinical Skills	2	10	6	12	6	10	8	18	15	17	15	16	8	2	145	6.72%
Education/Simulation	10	16	11	13	5	14	9	6	13	9	9	9	7	2	133	6.16%
Practitioner Health/Wellness	4	4	5	13	6	7	18	7	7	6	9	8	14	3	111	5.14%
Transport/ Destination	14	7	2	1	2	6	3	4	4	8	12	17	15	1	96	4.45%
MI	6	4	2	9	6	9	5	13	8	7	12	7	7	0	95	4.40%

Literature (peer reviewed / trade literature)

Narrative Review of Literature – Results

Method	Frequency
Observational	96 (40%)
Editorial/Commentary	68 (28%)
Knowledge Synthesis	27 (11%)
Survey Study	15 (6%)
Intervention	13 (5%)
Qualitative Research	12 (5%)
Randomized Controlled Trial	7 (3%)
Conference Proceedings	2 (<1%)
Mixed Methods	1 (<1%)

Literature (peer reviewed / trade literature)

Narrative Review of Literature – Results

Interim Discussion and Conclusions:

- Broad list of topics, limited depth and a clustering
- Observational and commentaries as most frequent method / writing
- Heterogeneity of confidence in paramedicine
- The importance of research in evolving paramedicine, and the important role all paramedics have in research

Literature (peer reviewed / grey literature)

Narrative Review of Literature – What's been said



Interim Level of Inferences / Interpretation

Sequential Mixed Methods

Literature (peer reviewed / grey literature)

Narrative Review of Literature – What's been said



Level of Inferences / Interpretation

Interview Based Study – What to say

One on One In-depth Semi-structured Interviews

Sampling



Sampling

1. identify those recognized by the community to be most suited to speak on its behalf
2. ensure broad representation in geography and profession breadth
3. target provincial regulators whose portfolios include but are not limited to paramedicine in Canada

Interview Based Study

One on One In-depth Semi-structured Interviews

Interview Guide

1. Problems paramedicine may be a solution for
2. Redesigned model
3. Barriers to overcome
4. Guiding principles
5. What we should let go of
6. Etc.



Interview Based Study

One on One In-depth Semi-structured Interviews

Sampling

Table 1: A list of categorizations of potential stakeholders we will attempt to include in our sampling strategy.

Agency Type (e.g., ground, air, military, paramedic service – private, public, provincial, municipal, educational institutions, regulators, base hospitals, professional associations, research network)
Operational Roles (e.g., paramedic, paramedic-non-clinical, administrator, paramedic field supervisor, educator)
Practice Setting: (e.g., land, air, rural, specialty (e.g., CBRN), military, community paramedic, international paramedic, emergency department)
Practitioner Group: (e.g., PCP, ACP, CCP, EMD, Physician, Nurse, Other)
Stakeholder Group (e.g., directors, chiefs, administrators, regulator, CQI/Standards, paramedic researcher, patient advocate, medical director, unions, professional associations)
Geography (.e., national representation, urban / rural communities)

Interview Based Study

Sampling...thought leaders and representativeness

Interview Data Analysis

Inductive Thematic Analysis | Borrows Methods From
Constructivist Grounded Theory



Interview Based Study

One on One In-depth Semi-structured Interviews

Data Analysis

Literature (peer reviewed / grey literature)

Narrative Review of Literature – What's been said



PRINCIPLES AND ENABLING FACTORS

Over recommendations

Interview Based Study – What to say

One on One In-depth Semi-structured Interviews

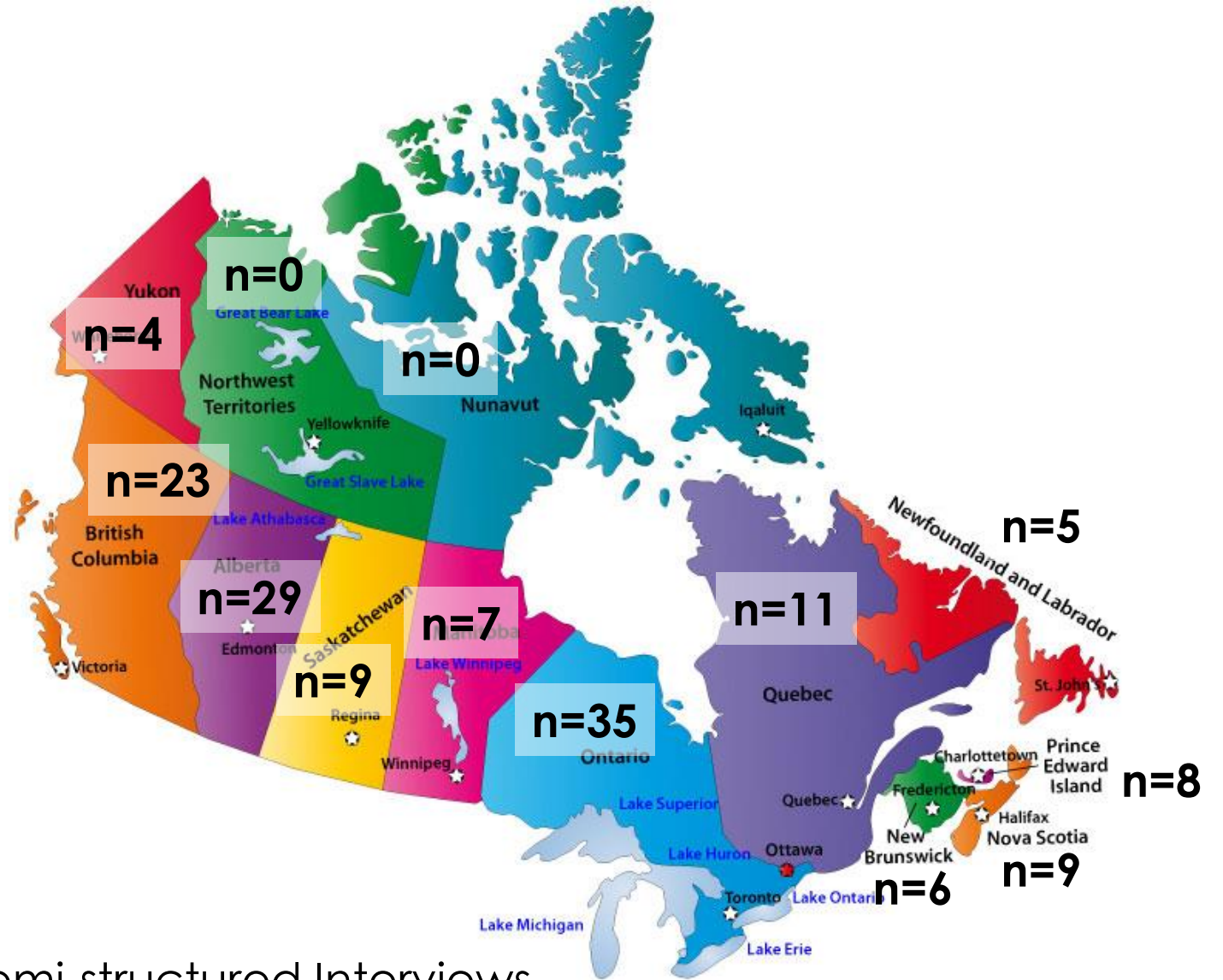
Results

- 168 nominations



Interview Results

One on One In-depth Semi-structured Interviews

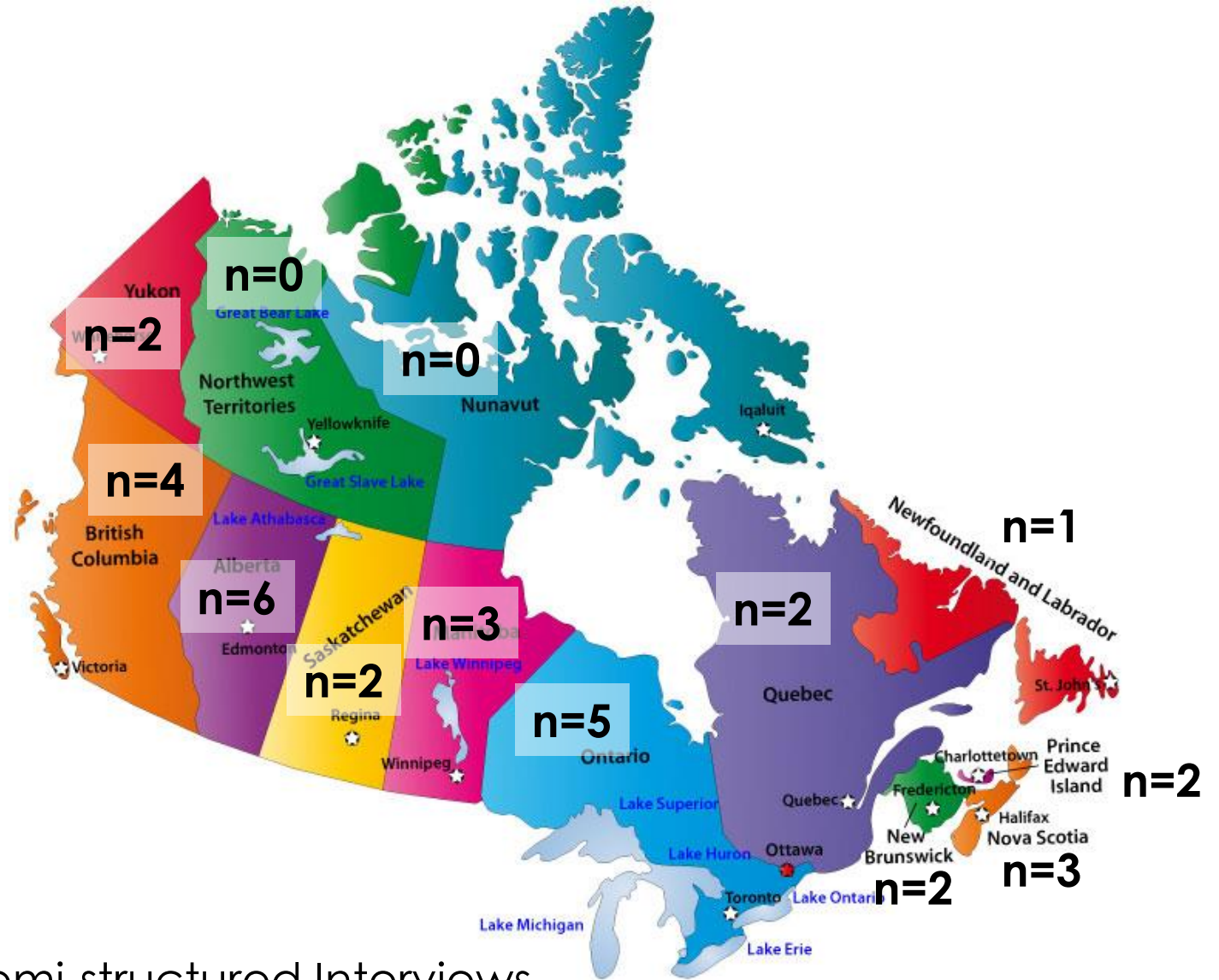


Results

- National= 1
- International= 1
- Directors/chiefs = 8
- Management = 10
- Medical Director = 4
- CQI/Standards = 2
- Regulator= 2
- Educator = 3
- Researcher = 6
- Frontline = 2
- Professional Assoc. = 1
- Etc.

Interview Results

One on One In-depth Semi-structured Interviews



Sampling

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Interview Based Study

Sampling...thought leaders and representativeness

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Interview Based Study

Sampling...thought leaders and representativeness



White Paper....what does it need to do?

1. Be bold...not safe
2. Inform government (not just branches)
3. Provide a common framework and road map
4. Be a stimulus for legislative changes
5. Shift and shape identify; be a change agent (e.g., conveyance, KPI)
6. Catalytic / educational effect
7. Accountabilities built in

Interview Results

One on One In-depth Semi-structured Interviews

Ten Principles for Paramedicine in Canada

1. Patients and Their Communities First
2. Healthcare Along a Health and Social Continuum
3. Integrated Healthcare Framework: Partnering Across Sectors
4. Social Responsiveness
5. Professional Autonomy
6. Healthy Professionals
7. Quality Based Framework
8. Intelligent Access to and Distribution of Services
9. Continuous Learning Environment
10. Evidence Informed Practice and Systems





Enablers

- Advanced education
- Advocacy and Lobbying Groups
- Shaping accreditation / certification
- Research capacity
- Culture change
- Leadership
- National identity
- Transparent and shared data
- Legislative and organizational shifts

Interview Results

One on One In-depth Semi-structured Interviews

Moving Forward



1. Looking forward....literature review suggests an evidence/knowledge base is lacking
2. Novel structure when compared to other “reports” guiding frameworks
3. Intended to be enacted variably
4. Enablers require attention
5. Provides a coordinated direction, agenda and policy framework
6. Supported by a national experts.....

Moving Forward



Dr. Ron Bowles (BC)
Dr. Peter O'Meara (AUS)
Dr. Mike Austin (ON)
Dr. Becky Donelon (AB)
Dr. Kerry Keluski (ON)
Amir Allana (ON)
Dr. Joe Acker (BC)
Dr. Nick Zonneveld (NE)
Don Ford (ON)
Dr. Paul Wankah Niji, PhD (c) (QU)
Dr. Carolyn Steele-Gray (ON)
Jennifer Rose (NS)
Dr. Gina Agarwal (ON)
Dr. Matt Leyenaar (PEI)
Krista Cockrell (AUS)
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Terry Abrams, (AB)

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Principles for Paramedicine in Canada



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Ten Principles for Paramedicine in Canada

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Q&A and Thank You

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Todd Stout – tstout@firstwatch.net

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Health Intelligence Resource
www.firstwatch.net/hi