

## Introduction

- In the Emergency Department inter-disciplinary interactions are critical to patient care
- The voice of paramedics regarding their role and experience in the Emergency Department has not been well described in previous literature

## Objective

- Exploration of paramedic perspective on their role in the Emergency Department
- Understand factors that affect paramedics ability to provide care in the Emergency Department

## Methods and Analysis

- Semi-structured, 1-on-1, digital audio recorded telephone interviews of 11 paramedics from 2 paramedic services; one primarily urban, one rural in Southern Ontario
- Thematic framework analysis developed from themes emerging during repeated reading of interview notes, listening to interview tapes and discussion between 2 researchers

Gender	Experience	County	Training
Male 10 (91%)	< 10 year 3 (27%)	Middlesex 10 (91%)	PCP 7 (64%)
Female 1 (9%)	10 – 20 year 2 (18%)	Bruce 1 (9%)	ACP 3 (27%)
	> 20 year 6 (55%)		ORNGE 1 (9%)

Table 1: Baseline characteristics of Paramedic participants n = 11.



Figure 1: Qualitative research process for theme derivation.

## Results/Themes

### PATIENT ADVOCACY

- Present pre-hospital information
- Monitor condition in ED
- Help with manual tasks

*“Information is our biggest tool when we do the hand-off and that is where I see most of our role is”*

*“I am the eyes and ears of how we found the person...they (the ED staff) don’t get to see that”*

*“paint a comprehensive portrait of what’s going on”*

*“monitor them and if a change in status update the triage RN”*

*“I see us as all part of the engine....each one of us has a part to play, so I will step in and fill a gap if needed”*

*“I like to stick around and help out”*

### COMMUNICATION

- Major concern is lost information or being ignored
- Paramedics value feedback and would like more

*“It’s nice having the doc in the room because then not playing the telephone game (with patient information)”*

*“(if listened to) more apt to provide information the next time you bring a patient in”*

*“mixing up one or two words can have a big impact on patient care”*

*“information I might find relevant they brush off sometimes”*

*“STEMI and code stroke are very organized...with feedback after we find out if we activated properly”*

### RESPECT

- Improves work environment if respected as part of ED team
- Depends on ED staff familiarity with paramedic profession
- Depends on ED staff relationship with individual paramedics

*“In recent years professionalism has been recognized, which has made it easier to relate with (ED) staff”*

*“We all have a job to do and it goes smoother if we can all respect each others jobs”*

*“relationship built over years so the physician knew how we assessed....and trusted our judgement that the patient was critical...30 minutes more and the patient could have died”*

*“it is built on time and trust”*

*“helps when they (the ED staff) understand what it is like in our shoes”*

## Conclusions

- **Main Themes:** Patient Advocacy, Communication, Respect
- **Possible Practice Change:**
  - Encourage time for un-interrupted communication
  - Increase opportunities to provide clinical feedback to paramedics
- **Ideal Role:**
  - The “ideal role” is regularly described as efficiently transferring care of a patient to a known location in the ED, mutual respect with ED staff, no offload delay, then back on the road. Would like to stay for the first 20 minutes of unstable patients resuscitation to help and learn