

RESEARCH REPORTS

A PHENOMENOLOGY STUDY INTO EXPERIENCES OF PARAMEDIC POSTGRADUATE INTERNS WITHIN THE IRISH NATIONAL AMBULANCE SERVICE

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ABSTRACT

Background: Transitioning from college to the workforce, paramedic postgraduate interns experience feelings of excitement but also feelings of anxiety and insecurity. These emotions come under the term transition shock, which has been identified with other healthcare professions. This study aims to explore the experiences of paramedic postgraduate interns as part of a two-person crew within the Irish National Ambulance Service.

Methods: This research employed a qualitative method using Gadamerian hermeneutics methodology. The data was collected through semi-structured interviews. Eighteen interviews were conducted between October 2022 and January 2023. Attride-Stirling's framework for thematic network analysis was used to identify themes.

Results: Three organizing themes of Emotions, Education, and Support emerged to form the overall global theme 'Experiences of the Paramedic Intern'. Participants stated that the Ambulance College prepared them well, however, education in mental health could have been better. Participants found that the college setting can be very different from the real-world complexities. There was excitement about starting their new role but also feelings of fear and worry and realization of the responsibilities the job entails. Previous life experience appears to benefit the participants in dealing with the emotional challenges of the job. Participants stated that introducing a support program may benefit new interns as they transition into the workplace for a period of time.

Conclusion: In this sample group of newly qualified paramedics, three themes of emotions, education, and support were identified from their experiences of being a postgraduate paramedic intern. Interns appeared to have mixed emotions starting their internship, highlighting that more education in managing mental health presentations may be beneficial. Also, the introduction of a clinical support system for new interns in the form of mentorship may also help ease the transition into paramedic practice.

Paramedics form an integral part of the healthcare system, providing out-of-hospital care in unpredictable and stressful environments with limited resources, and their scope of practice is continuously evolving (O'Hara et al., 2015; Perona et al., 2019). The out-of-hospital environment can be exceptionally challenging, especially for new paramedics first entering the workforce with little experience. New graduates have described the transition experience to the workforce as 'feeling out of my depth', 'nerve-racking', 'a big learning curve', and 'stressful' (Kennedy et al., 2015; Phillips et al., 2013).

BACKGROUND

Unlike many other jurisdictions, the National Ambulance Service (NAS) in the Republic of Ireland presently follows the traditional model of paramedic training, where a student paramedic's training commences with the National Ambulance Service College (NASC) in partnership with a university (University College Cork, UCC) that accredits the course. The Prehospital Emergency Care Council (PHECC) also accredits the paramedic program. PHECC is an independent statutory agency responsible for standards, education, and training in the field of prehospital emergency care in Ireland.

That is, they are employed by the ambulance service while completing their university obligations, unlike other full-time degree programs. During the first year of training, the education program comprises classroom-based learning in NASC, work-based learning in hospitals, and ambulance-based settings as a third person.

The second year of the program begins with what is classed by PHECC as a postgraduate internship (although the students are not postgraduate), facilitating a period of adaptation where the paramedic postgraduate intern enters the workforce on a relief roster where they will work as part of a two-person crew. Being on the relief roster means interns could work with a different paramedic every shift. The postgraduate internship aims to consolidate the intern's clinical knowledge and competence as a prehospital emergency care practitioner. While working, the student intern must complete reflective logs (jot forms) after each patient contact and assignments from the university. Furthermore, interns must successfully complete three on-the-road assessments to fulfil the PHECC requirements. At the end of year two of the program and completion of all PHECC requirements, the paramedic intern qualifies as a PHECC-registered paramedic. The third year of the program involves ongoing academic assignments from the university while concurrently working as a paramedic to complete their Bachelor of Science Honors degree. Currently, Paramedics in Ireland do not deliver Advanced Life Support (ALS) like in other jurisdictions. ALS is delivered by PHECC-registered Advanced Paramedics (Knox et al., 2014).

When a paramedic intern attains a licence to practice in Ireland, there is an expectation that they are ready to commence practice on the road as a qualified paramedic. Even though interns have undergone a rigorous training program, paramedic interns are novice practitioners or advanced beginners in a profession when they join the workforce (Benner, 1984; Graf et al., 2020b).

No research has been found focusing on the experiences and clinical development of paramedic postgraduate interns in Ireland. As such, this research aims to explore the experiences of paramedic postgraduate interns as they transition from college to the

workforce and identify opportunities to enhance this transition process for the benefit of patients and practitioners.

METHODS

STUDY DESIGN

To meet the study's aim, an interpretive philosophy using a Gadamerian hermeneutic methodology was used to conduct this research (Gadamer, 1989). Utilizing a qualitative methodology that emphasized language and narrative for data collection allowed for a thorough exploration of the phenomena and facilitated the development of an understanding of meaning from the participant's perspective. Additionally, this methodology allowed the researcher to genuinely participate in the research process as a co-participant, as both the participant and the researcher may have individual perspectives on the phenomenon, given that the principal researcher is an experienced advanced paramedic and educator (Holloway & Galvin, 2023).

The template for semi-structured interviews was adapted from extant research examining the transition support for new graduate paramedics from a Canadian context (Huot, 2013) and the experiences of Australian and UK university students transitioning to practicing paramedics through a professional socialization pathway (Devenish, 2014; Devenish et al., 2016). An invitation was sent to Education and Competency Assurance Officers (ECAO), educational managers in Ireland's National Ambulance Service. Nine ECAOs from both NASC and the operational areas within NAS reviewed the proposed set of questions. Each participant was invited to give their views on the proposed questions relating to the subject matter. The interview guide enabled a structure and sequence to the questions posed while at the same time offering scope for development and clarification.

REFLEXIVITY

The principal researcher has over 25 years of experience in the National Ambulance Service Ireland, including 9 years as an ECAO. The researcher has observed many new graduates entering the workforce overwhelmed and lacking confidence in their clinical skills and judgments required to provide safe and competent care. This experience in clinical practice and in the education of paramedics might prejudice some of the issues that the participants may be facing. While this background may influence the interpretation of data and questioning during interviews, the hermeneutic researcher acknowledges their biases instead of trying to eliminate them. Memos were made by the researcher throughout the research, making notes of ideas that occurred during the process of data collection (Appendix A). This process revealed underlying assumptions to the researcher, enabling the revisiting of research notes at various stages of data collection and analysis.

PARTICIPANTS

To be eligible for inclusion in the study, participants needed to have successfully completed their postgraduate internship year. A purposive sampling strategy was used in this study with a total of five classes invited to participate in this part of the research, consisting of 103 possible participants. These participants were emailed by their local

ECAO on behalf of the researcher. Participation in this research project was voluntary, and participants were free to withdraw at any stage.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval was granted by University College Cork Social Research Ethics Committee (log number 2022-128).

DATA COLLECTION

The interviews were carried out between October 2022 and January 2023. The primary researcher conducted all interviews. Initially, only (n=10) participants replied and consented to participate in the research study. A further two participant requests were sought, and data collection ended when data saturation was reached. A total of 18 interviews were conducted. Where possible, interviews were conducted face-to-face (n=6), and the remaining interviews were carried out over Microsoft Teams (n=12) due to the geographical location of the participants. Before commencing the interview, written consent was obtained from each participant. Interviews lasted a mean time of 32 minutes. Interviews were audio recorded to ensure accuracy and transcribed verbatim by the primary researcher using Microsoft software and subsequently uploaded into NVivo12 to assist with data analysis.

DATA ANALYSIS

The thematic network analysis framework by Attride-Stirling was employed to analyze transcripts from the semi-structured interviews. This process involved consolidating quotations into 'codes', 'basic themes', and 'organizing themes', leading to a 'global theme' (Attride-Stirling, 2001). These were visually represented as web-like maps showing the prominent themes and their relationships (Figure 1). The primary researcher selected four transcripts and reviewed them in isolation with a co-author. Codes were generated,

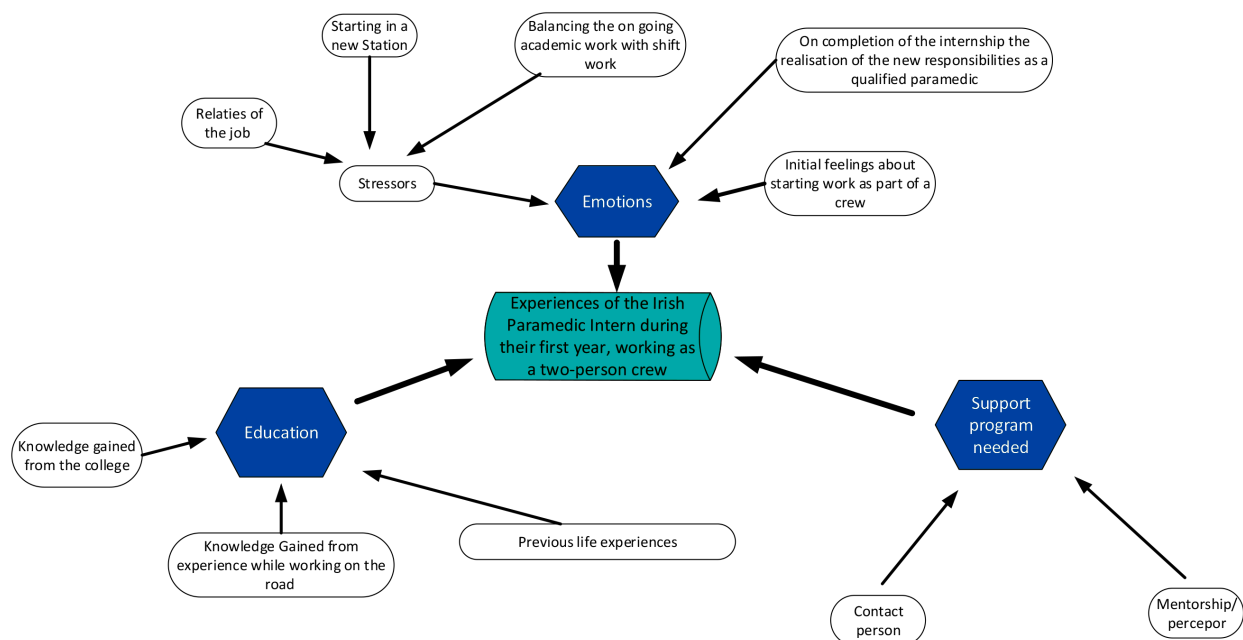


Figure 1. Emergence of the global theme: "Experiences of the Irish Paramedic Intern."

and once a consensus was reached between the primary researcher and the co-author, the remaining transcripts were coded, and data were collected.

RESULTS

Out of the 103 invitation emails, 18 participants (17.4%) were interviewed, reflecting a wide geographical area served by NAS. Most participants were men (61.1%). A total of 38.8% were already employed by NAS as Intermediate Care Operatives (ICOs) before starting the paramedic program. Their main responsibilities included inter-hospital transfers and lower acuity emergency calls. At the time of the interviews, most participants had completed their internship within the past six to nine months. Specifically, 33.3% had finished their internship in less than six months, 55.6% in less than nine months, and 11.1% had just completed the third year of the paramedic program.

Three organizing themes, emotions, education, and support, emerged to form the overall global theme of the 'Experiences of the Paramedic Intern'.

Participants are identified by participant number (e.g., P.1)

EMOTIONS (ORGANIZING THEME 1)

Emotions ranged from initial feelings of excitement at completing their first year of college/placements to stressors resulting from the realities of clinical practice and the ongoing academic requirements from NASC and UCC.

INITIAL FEELINGS ABOUT STARTING WORK AS PART OF A CREW (BASIC THEME 1.1)

When participants completed the college phase of their training and transitioned to the workplace, there was a sense of enthusiasm and excitement experienced by the graduates as they were now eager to apply their knowledge in the practical setting. "I felt excited, you look at the board and you see your name next to a paramedic or an advanced paramedic... now you have your big boy pants on." (P.5)

Even though there was excitement about starting their postgraduate internship phase of their training, participants also acknowledged feelings of being overwhelmed, scared, and full of doubt and fear of being clinically inadequate and failing to provide appropriate care to their patients. "I suppose I was afraid [pause] I was afraid I let myself down, my family down, and ultimately do something that was detrimental to the patient, you know?" (P.18)

Now that participants were about to be the second crew person (part of a two-person crewed ambulance), they expressed fear and apprehension about being on their own in the back of an ambulance as they started their clinical practice. "Will I make the right decision? Uh, am I going to do the right thing for this patient because this patient doesn't look on at the epaulettes, on my shoulders." (Interns have different colour epaulettes to qualified paramedics) (P.3)

COMPLETION OF THE INTERNSHIP (BASIC THEME 1.2)

On the completion of their internship, participants were asked how they felt when they initially qualified as operational paramedics. A range of emotions was discussed, from excitement to pride in their achievement of having completed their internship. However,

feelings of being anxious and nervous were discussed, because there was an expectation for them to be preceptors for interns, despite still learning their roles and possibly being only slightly more experienced than their interns. "In the first week when I had them on (navy epaulettes worn by qualified paramedics) they gave me an intern. I was anxious because you are technically now responsible for everything " (P10)

STRESSORS (BASIC THEME 1.3)

Entering the workplace as an intern is challenging, particularly working with senior colleagues. One concern is encountering imposter syndrome, feeling both inexperienced and inadequate compared to seasoned paramedic professionals. Additionally, establishing effective communications and building relationships with colleagues was a challenging experience. "I found that stressful because I just didn't know if they trusted me? Can I trust them? Were they thinking 'What's this one like?'" [laughs]. (P11)

As the interns entered the second year of the paramedic program as operational paramedics, the adaptation to shift work was identified as challenging, especially when changing from days to nights on the roster. Additionally, trying to meet the academic requirements of NASC and the university (University College Cork, UCC) while balancing shift work and family commitments was an exigent experience. "Night shifts... they're not nice". (P5)

It was a stressful year because you have the workload, you have your jot forms, your UCC stuff, your portfolio to put things together and also you still have your home life ... if I can put it on a scale like... zero to 10 as you say. I'll put at least a seven or eight on busyness and stress. (P10)

When the student paramedics started the internship, the realities of the paramedic role soon became apparent. At college, their focus was on dealing with high acuity calls, such as trauma, cardiac arrest, and life-threatening scenarios. Whereas most calls they attended were to patients with a non-life-threatening, low acuity illness or injury. Due to the perception and the lack of preparation for low acuity work, participants expressed frustration, as they felt patients in these categories would benefit from an alternative pathway instead of having to go to the Emergency Department by ambulance.

No, I didn't think that I'd be going into a 35-year-old man that had toothache, to be honest. But those things unfortunately have happened more than once. So yeah, there has been a bit of an eye opener and some of the low acuity calls, yeah. (P12)

EDUCATION (ORGANIZING THEME 2)

Education was derived from basic themes of knowledge gained in college, as well as from the experience of dealing with patient contacts on the road and observing and learning from their colleagues. Participants stated their previous life experiences had helped them with resilience and communication with patients.

COLLEGE (BASIC THEME 2.1)

Paramedics found that the college education provided a good foundation both in knowledge and skills, to enable them to carry out the necessary patient assessment and technical skills. However, during the internship, participants identified gaps in their training. Participants highlighted that more education in the area of mental health would be of

great benefit due to the high call volume in dealing with mental health crisis or patients who have a history of mental health issues.

We go and we spend a lot of time on cardiovascular stuff and other acute medical stuff and we spent a lot of time on trauma, but we don't spend a lot of time on mental health stuff... it's just unfortunate..., you know, and we're probably doing as many mental health calls as we are chest pain calls, if not more.... At 4:00 a.m., there is no other service for them. So the ambulance service has to do it and these calls can be quite harrowing. (P.9)

Paramedic students appreciated the rigor of the training program, despite acknowledging limitations the college had about what they could teach. What was clear from the findings is the discord between the reality of practice, where participants had to deal with complex scenarios involving real patients and the emotional challenges associated with them, unlike the classroom environment. "In the college, you deal with the mannequin. It's in one spot, and it doesn't move and it doesn't cry or get upset... I think the sort of emotional aspects is very hard to replicate in college." (P.1)

ON-ROAD LEARNING (BASIC THEME 2.2)

As the internship progressed, the participants stated that the workplace provided valuable learning opportunities, allowing interns to develop and refine their clinical judgement. Paramedic interns identified that their patient management and clinical decision-making confidence levels increased as the internship progressed. The increase in confidence can be attributed to experiencing a wide variety of caseload types. "After six months, I suppose you're kind of going out, and I've dealt with it, I've done it, I've got through a call like this before. It will be fine." (P.2)

The use of reflection after calls was acknowledged as a beneficial method of learning that identified gaps in the participants' knowledge, highlighting areas for improvement. This would often be done in the back of an ambulance outside the Emergency Department or at the station, depending on who they were rostered with. However, interns realized not every paramedic wanted to engage in debriefing activities related to cases the intern had attended. "I like being on with a crewmate that does reflect... because I think it's a learning process." (P.7)

"I suppose some people, it's just not part of their thinking (reflection). You know, they don't really talk much about calls . . . there's not really much chat". (P.9)

LIFE EXPERIENCE (BASIC THEME 2.3)

Participants who were more mature, or had previous experience in healthcare, believed their previous life experiences were invaluable to building their resilience and coping mechanisms, especially when dealing with people in stressful and highly emotional situations.

I don't know if I'd be able to cope with what I've seen since I come out (on the road), if I was 20 years younger . . . would I be able to do it, I don't know whether I would have been mature enough to deal with it. [sigh] (P.4)

SUPPORT (ORGANIZING THEME 3)

Participants unanimously identified the need for some form of support to assist with their transition to the workplace. Findings indicate the first few weeks to months were identified as the most significant period of time.

There is nothing there at the moment, you have not a clue. Well, I did not have a clue anyway. I think you're going to these calls and if you could just have someone that says listen... the next time you do that, maybe consider this or whatever . . ." (P.4)

MENTORSHIP/PRECEPTORSHIP (BASIC THEME 3.1)

When asked to make recommendations about what support would look like from their experiences, participants offered several suggestions, which included on-road mentors/preceptors, who would be with the intern for the first couple of weeks into their internship.

I would say definitely yes, there should be a little bit more support. I suppose some sort of preceptorship or something. It's good having that knowledge there to support someone through their first little bit of their career. (P.2)

CONTACT PERSON (BASIC THEME 3.2)

As an alternative to on-the-road mentors, some participants suggested a contact person who could be at the end of the phone if issues arose during patient contacts, or they could meet regularly to discuss issues that have arisen. "Having someone who would check in with you on a regular basis or someone that's at the end of the phone that you can ring." (P.18)

DISCUSSION

Transitioning from college to practice is an essential milestone in a student's educational journey. It marks the shift from acquiring knowledge in the classroom to applying it in real-world scenarios. The term "reality shock" was initially used in the literature to describe a nurse's transition from college to practice, in which an initial honeymoon phase is present where new graduates are full of enthusiasm and excitement for a brief period (Kramer, 1975). The honeymoon period of excitement is rapidly replaced by feelings of being overwhelmed, scared, and full of doubt and fear. New staff are concerned about being viewed as clinically inadequate and failing to provide appropriate care to their patients (Duchscher, 2009; Kramer et al., 2013). Similarly, new graduate paramedics in the UK and Australia described their experience of transitioning into the workforce as feeling out of their depth, nerve-racking, a large learning curve, and being "thrown in the deep end" (Devenish et al., 2016).

Workplace dynamics can significantly stress new graduates as they navigate unfamiliar social norms and unwritten rules, leading to feelings of uncertainty (Duchscher & Cowin, 2004; Kramer, 1975). This study found that interns often worried about how colleagues perceived them and fear inadvertently offending others. In contrast, ICOs, who had prior experience with NAS before the paramedic program, were less likely to feel this way, as they were more aware of workplace dynamics.

Managing shift work posed significant challenges while also attempting to fulfil the academic requirements of their course and juggling family responsibilities and other social commitments. The challenges of shift work in the research confirmed findings similar to those of the nursing literature (Duchscher, 2009).

Frustration resulting from the high volume of low-acuity calls was another important finding in this study. The high volume of low-acuity calls was referred to as an "eye-opener" (P12) and something interns did not expect in the paramedic role. The majority of their training focused on high-acuity scenarios and not the reality of practice. The high proportion of low acuity calls is not unique to the Irish EMS over the past two to three decades, many ambulance services internationally have seen an increase in low acuity calls which can also increase the frustration among paramedics in the rise of unnecessary workload (Ericsson et al., 2022; Lowthian et al., 2011; Todd et al., 2022).

When dealing with patients, even though the college provided a good foundation of education, findings highlighted a discord in classroom content compared to the realities encountered on the road. Even with simulation, preparation for highly emotional situations is not easily replicated in the classroom environment. As new paramedics transition into the workforce, much debate revolves around the topic of the theory-practice gap (Lazarsfeld-Jensen et al., 2011). It can be described as the discrepancy between theory and practice, which becomes apparent to novice practitioners as they wrestle with the reality of practically applying their theoretical knowledge to the complexity of the workplace (Kennedy et al., 2015). As a result, this can leave the new intern in a stressful environment, as they have to make many clinical decisions for patients, including clinical judgments, treatment and transport decisions. Research has shown that graduates have a sound theoretical basis of clinical practice with well-developed practical skills (Reid et al., 2019b). However, knowledge gaps in human factors, including leadership, clinical decision-making and 'putting it all together', were identified as areas of weakness (Kennedy et al., 2015; Reid et al., 2019a; Williams, 2012). Another factor in the discord between the classroom and the reality of practice is the curriculum. The paramedic transition literature refers to a hidden curriculum, which can be more powerful than the formal curriculum, especially in emphasizing high acuity case types despite these forming the minority of the paramedic workload (Devenish et al., 2016).

Of concern to participants in this research was the lack of education in mental health emergencies, as paramedics are often the first point of contact for patients experiencing a mental health emergency. This is not unique to Ireland, as Parent 2020, in a scoping review into paramedic management of mental health emergencies in Australia, documented that paramedics perceived a lack of sufficient training in dealing with mental health emergencies. (Parent et al., 2020). However, Parent's research occurred before course accreditation through the Paramedicine Board of Australia and the Australian Health Practitioners Registration Agency (AHPRA) which highlights the need for engagement with mental health stakeholders and consumer groups in curriculum development, as per the program accreditation standards and the professional capabilities for registered paramedics.

When the participants began their internship, they described their patient assessments as slow and robotic, relying on the knowledge they had acquired in college. Wyatts (2003) described the novice practitioner's clinical decision-making as rigid and uncompromis-

ing, driven mainly by established guidelines. This can lead to interventions being initiated step-wise only after gathering all the necessary information (Wyatt, 2003). It needs to be acknowledged that graduates require time to develop their level of competence before they can master the skills and expectations of a competent practitioner (Benner, 1984).

As the internship progressed, participants noted that confidence in their patient assessment skills developed after about five to six months, especially when dealing with similar patient cases. Duchscher (2008) referred to this as the transition crisis stage, where graduates begin to confidently handle tasks and take responsibility for clinical decisions (Graf et al., 2020a). This confidence arises from the knowledge gained in college and practical experience with patients, as well as observing other practitioners work, thus encouraging development process through exploration, experience, and reflection (McHaney et al., 2018).

Many participants acknowledged that after attending to a patient, they would reflect on the experience and debrief with their paramedic crewmate either in the back of the ambulance or back at the station to identify what went well and what could be improved. It was clear that it depended on the intern/paramedic relationship with some staff members not wanting to debrief and reflect on calls. Unanswered questions and poor case debriefs have been negative factors that impacted the transition of interns to the workplace. At this stage in their career of independent clinical practice, reflective practice is an important tool for clinical development (Benner, 1984; Hanna et al., 2018; Howlett, 2019; Perona et al., 2019; Sandars, 2009). A possible solution is to have a dedicated colleague serve as a preceptor who interacts closely with the intern to discuss issues surrounding calls or station-level concerns, which is an important mechanism in their development (Duchscher & Windey, 2018; Huot, 2013).

Along with the challenges of dealing with the clinical aspects of the job and the academic requirements, interns have to deal with the soft skills that encompass the profession, for example, communication with patients. All participants in this research had previous experience working in other occupations or in a previous healthcare setting, such as ICO.

Participants stated that when they joined the ambulance service, they were older and had "life experience", meaning they had more resilience with the emotions of traumatic situations or could communicate with patients in challenging situations, such as bereavement. These perceptions were also identified in a study in Australia in 2011, where paramedic graduates who did not struggle with communication and patient interaction had some previous life experience or clinical background, such as nursing, before becoming a paramedic (Lazarsfeld-Jensen et al., 2011). Those with less life experience may need to develop maturity or the capacity to cope with their patients' stressful social realities, indicating that subtle attributes such as resilience, teamwork, maturity and the ability to communicate with compassion and without prejudice are lacking (Willis et al., 2010).

Participants in this research stated that easing the transition from college to the workforce is possible by supporting new practitioners through either mentorship, preceptorship, or clinical supervision. Reid et al. compared perceptions of Australian and UK paramedics regarding graduate preparedness and noted that no matter how long students spend in clinical practice, new graduates require a period of supervised practice essential for developing clinical decision-making skills and organizational understanding (Reid et

al., 2019b). Properly introduced support can reduce staff stress and burnout, fostering resilience in complex environments (Duchscher & Windey, 2018; Duchscher, 2009). New graduates who are less supported are more likely to feel overwhelmed, scared, self-doubt, and fearful, which was amplified within the first four months of the transition period (Wakefield, 2018).

After completing their internships, participants expressed relief and excitement about becoming qualified paramedics, despite understanding the responsibilities of their new roles with limited experience. Devenish described the postformal stage of socialization, where newly qualified paramedics enter a "second honeymoon phase," which is quickly overshadowed by the challenges of being clinical leaders and mentoring new interns (Devenish et al., 2016). Therefore, mentoring education should be included in undergraduate programs, as it's not guaranteed that these skills will develop in the field (O'Brien et al., 2013).

LIMITATIONS

The differences between working in a rural and urban setting could have been explored further, which could have provided valuable insights for interns acquiring experience in the prehospital setting. This has highlighted an area for further research.

CONCLUSION

In this sample group of newly qualified paramedics, three themes—emotions, education, and support — were identified from their experiences as postgraduate paramedic interns. Interns appeared to have mixed emotions about starting their internship, highlighting that more education in managing mental health presentations may be beneficial. Additionally, the introduction of a clinical support system for new interns, such as mentorship, may also help ease the transition into paramedic practice.

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APPENDIX A

Memo

Memo (P3) "Before these interviews I was aware of the lack of education surrounding mental health emergencies, but seeing the frustration in the participant surrounding significant issue being highlighted this warrants further discovery with other participants."