

REVIEWS

HOW DO NEWLY QUALIFIED PARAMEDICS EXPERIENCE THE TRANSITION TO AUTONOMOUS PRACTICE, AND WHAT ROLE DO FORMAL SUPPORT STRUCTURES PLAY IN THIS TRANSITION? A SCOPING REVIEW

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ABSTRACT

The objective of this scoping review is to understand the extent and type of evidence in relation to graduate paramedic transition into autonomous practice and what role formal support structures such as preceptorship play in this process.

Healthcare graduates experience a range of challenges on transition into the work-place. Many organizations provide formal support to mitigate some of these challenges. This review sought to understand the evidence related to the 2 concepts.

A PCC framework was used to frame the review question, inclusion criteria being English language, peer reviewed studies which included paramedics with less than 3 years' experience post qualification, the years 1997-2026 were chosen for inclusion also.

EBSCO, Web of Science and Scopus databases were searched on 30th May 2026. English language and the years 1997-2026 applied as limiters. Titles and abstracts were used for the first stage of screening before remaining studies were scrutinized using inclusion / exclusion criteria applied independently by 2 reviewers. Data was extracted independently by 2 reviewers before being written up by the first author.

5 themes were identified: professional socialization, emotional burden, relational perspective, theory-practice gap, and workplace culture. Graduates experienced a range of challenges, barriers, and facilitators during transition. Formal support structures were noted to form part of this.

Formal support structures such as preceptorship can help graduates overcome challenges faced in their transition into autonomous practice. Further research is required from a graduate's perspective to design robust preceptorship systems

INTRODUCTION

On completion of their higher education, graduate paramedics enter an important stage in their career making the transition from student to autonomous practitioner and several studies have highlighted that this can be a turbulent time (Phillips and Trenoweth, 2023; Carver and Lazarsfeld-Jensen, 2018; Kennedy et al., 2015).

From an ambulance perspective, paramedics in several countries are expected to work through a period of formal support and guidance, called preceptorship or internship, which can vary slightly in terms of regulatory requirements from one ambulance service to another.

The National Health Service (NHS), in the United Kingdom (UK), suggests that “Preceptorship is a period of structured support provided at key moments of early career transition”, providing a personalized program of support both through university and multi-professional activity (NHS England, 2023). Additionally, the UK regulator for paramedics, The Health and Care Professions Council (HCPC, 2023) and professional body, The Royal College of Paramedics, highlight principles for preceptorship involving organizational culture, quality oversight, and preceptee empowerment.

In Australia and New Zealand, graduate paramedics are generally required to undertake a 12-month period of internship, supported by an experienced preceptor or mentor (Hanna et al., 2021). While the Australian Jurisdictional ambulance services and some private employers offer a range of internship models, which are often dependent on state or territory requirements (Bosley and Daley, 2023; Queensland Ambulance, 2023; Tasmanian Government, 2023; Australian Capital Territory, 2025). Similarly, The Paramedic Association of Canada (PAC, 2024) suggests a minimum period of consolidation post-graduation, lasting at least 12 months. The model in the United States of America (USA) is far more varied, with each state jurisdiction taking responsibility for any orientation requirements. In the Republic of Ireland, paramedics undertake an internship as part of the second year of a three- year degree. However, they are supervised throughout this internship year and so the notion of autonomous practice is misleading in this instance and less comparable to UK or Australian models where the degree journey is complete prior to commencement of full employment (O’Grady et al. 2026). Conversely, other countries such as South Africa do not offer a structured support period to graduate paramedics on commencement of employment (Mosiane et al., 2025; Lombard et al. 2026).

Several studies have highlighted challenges in transition to autonomous practice (Kennedy et al., 2015; Hanna et al. 2021) while research into specific paramedic preceptorship programs is limited. Nursing literature, which is more prevalent, describes several challenges including newly graduated nurses reporting feelings of apprehension and a lack of confidence (Harrison et al., 2020) with Jeffrey et al. (2023) suggesting that difficulties with unfamiliar professional responsibilities and role ambiguity also play a part in these initial challenges. Walker and Norris (2020) highlighted the value of a preceptorship program in general nursing, suggesting the importance of a structured program and the need to support new staff in making autonomous clinical decisions, including one-to-one support from trusted preceptors (Ratta, 2016; DeGrande et al., 2018).

CONTEXT FOR SEARCH

Existing reviews were identified by Kennedy et al. (2015) and Hanna et al. (2021). Kennedy et al. (2015) examined broad transition challenges of graduate paramedics but without the additional focus on the place of structured, formalized support. Hanna et al. review (2021) similarly looked at broad challenges of graduates and considered the value of preceptorship in their journey; however, this was considered more from the preceptor’s viewpoint rather than the preceptee which is how this review differs.

REVIEW QUESTION

Preliminary searches were conducted in conjunction with university library teams plus websites such as Google Scholar to help generate appropriate search terms. Additionally, authors ensured that terms were viewed from an international perspective, from this, the review question was formulated: How do newly qualified paramedics experience the transition to autonomous practice, and what role do formal support structures play in this transition?"

METHODS

A scoping review methodology was chosen to understand the breadth of knowledge on this subject and this review was conducted using the Joanna Briggs Institute (JBI) PCC framework of ‘population,’ ‘concept,’ and ‘context’ (Hadie, 2024). The review was designed to comply with PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyzes extension for Scoping Reviews) reporting guidelines (Tricco et al., 2018).

Relevant search terms and synonyms were generated as listed in Table 1.

PCC	Search Terms
Population	'Newly qualified paramedic* OR "NQP" OR "paramedic*" OR graduate paramedic* OR novice paramedic* OR intern paramedic* OR "ambulance officer*" OR "primary care paramedic*" OR "advanced care paramedic*" OR ambulance clinician*"
Concept	transition* OR "transition to practice" OR "transition to work" OR "autonomous practice" OR preceptor* OR preceptorship OR mentor* OR support* OR orientat* OR intern* OR supervision OR "OR "professional identity"
Context	ambulance service* OR "emergency medical service*" OR EMS OR prehospital OR pre-hospital OR "out-of-hospital" OR ambulance OR emergency care

Table 1. Search terms.

Table 2 lists the inclusion and exclusion criteria which were set prior to searches being carried out to reduce any risk of bias and ensure that any findings were robust (Swift and Wampold, 2018).

INCLUSION / EXCLUSION CRITERIA

The criteria of primary sources ensured that only original research was included and secondary research such as existing literature reviews were excluded. To encompass as much of the literature as is reasonable but to allow for papers to focus on true newly qualified experiences, it was decided early in the review to consider less than three years as ‘newly qualified’. NHS Employers (2017) use two years to define this period of being newly qualified in paramedics and there are examples across other health professional literature ranging from below 12 months to 5 years (Davidson and Darracott, 2024; Lao et al., 2022; Harvey-Lloyd et al., 2019; Chesterton et al., 2023). It was felt that defining ‘newly qualified’ as less than three years would allow for the balance required.

The timeframe 1997-May 2026 was applied to searches to reflect the timeframe during which paramedics have undertaken higher education for qualification as a paramedic. It was noted that the first paramedic degrees were taught in Australia in 1994 meaning the first graduates transitioned into practice from 1997 (Lord, 2003), with similar HE programs commencing in the UK in 1999 (Carney, 1999).

Studies involving only students were excluded as the focus of the research question is graduate paramedics who have completed a period of higher education to gain their

status as qualified. Additionally, studies were excluded if they contained any profession other than paramedics.

Literature that considered newly qualified staff who graduated during the COVID-19 pandemic was also discounted as it was a period of upheaval in health services world-wide and did not represent a ‘standard’ transition into autonomous practice (HCPC, 2020). Finally, the focus of this scoping review is the experiences of preceptees / newly qualified staff and therefore any papers focusing on the experiences and perceptions of preceptors were discounted.

This review sought to consider worldwide literature to fully appraise and understand graduate paramedic’s transition to autonomous practice and any support structures such as preceptorship. Therefore, no geographical limits were placed on the search process. However, inclusion criteria sought to ensure the focus was experiences of graduates post higher education which had the natural effect of limiting countries which would be included.

Papers from peer reviewed journals were chosen to ensure a minimum standard of quality (Aveyard, 2023) and only papers in the English language were selected due to limited resources for translation. Finally, gray literature was not included as it brings several challenges, including time and resource availability plus a lack of accessibility and full peer review (Brown, 2025).

Inclusion	Exclusion
• Primary Sources Only • Studies of ‘newly qualified’ paramedics, defined as <3 yrs practice post university qualification • Publications in English • Peer review publications • Year of publication 1997-May 2026	• Studies only involving students • Studies which do not involve paramedics • Non-English language papers • Non-peer-reviewed: e.g. government reports, service evaluations • Studies that consider transition to practice during COVID- 19 • Studies on ‘preceptors’ not ‘preceptees’ • Gray literature

Table 2. Inclusion / exclusion criteria.

Final searches were undertaken on 30th May 2026 with a university supported search engine (EBSCO) being used, this platform provided a combined search of the following databases: Academic Search Ultimate, APA PsycArticles, APA PsycInfo, APA PsycInfo, CINAHL Ultimate, Communication Source, ebook Collection, ebook Open Access, Education Source, ERIC, Library Information Science and Technology Abstracts, MEDLINE Complete, SocINDEX, and SPORT Discus. On the same day, separate but similar searches were conducted on Scopus and World of Science

STUDY SELECTION

Identified citations were collated into Endnote (Version 21.3 Clarivate Analytics, PA, USA) and duplicates removed. This left 34,012 papers which were screened by the first author against the review question using the title and abstract (Figure 1). This left 12 papers for an assessment of eligibility against the inclusion / exclusion criteria. This was undertaken initially by the first author before distribution for further assessment by other reviewers (co-authors), this was undertaken blinded to the first reviewer’s opinion. Disagreements between reviewers at each stage of the selection process were resolved

through discussion. Eight papers were removed at this stage with one further paper identified through citation searching (Aveyard, 2023).

DATA EXTRACTION

A bespoke data extraction tool was used, based on existing JBI templates (Aromataris et al., 2024; Peters et al., 2020). Early versions of this tool were tested on included papers which were then modified iteratively to produce the final data extraction tool. The data extracted includes specific details about the location, participants, methodology, transition experiences, barriers, and facilitators plus any specific findings regarding graduate experiences, challenges, facilitators, and formalized support for graduates. Data were extracted from papers included in the scoping review by two independent reviewers. Any disagreements that arose between the reviewers were resolved through discussion or by a third reviewer, if required.

Study	Reason for Exclusion
Hoberg et al., 2018	Not paramedics, study on nurses in Swedish ambulance service.
Lombard et al., 2026	Participants had more than three years' experience.
O'Grady et al., 2026	Participants were students as degree had not been completed.
O'Brien et al., 2014	Not primary research
Sinclair et al., 2025	Participants commenced employment during COVID-19 pandemic
Herttuainen et al., 2023	Included nurses; not reported separately by professional groups.
Malgas et al., 2023	Participants had more than three years' experience.
Lazarsfeld-Jensen, 2014	Participants had more than three years' experience.

Table 3. Excluded papers with reason.

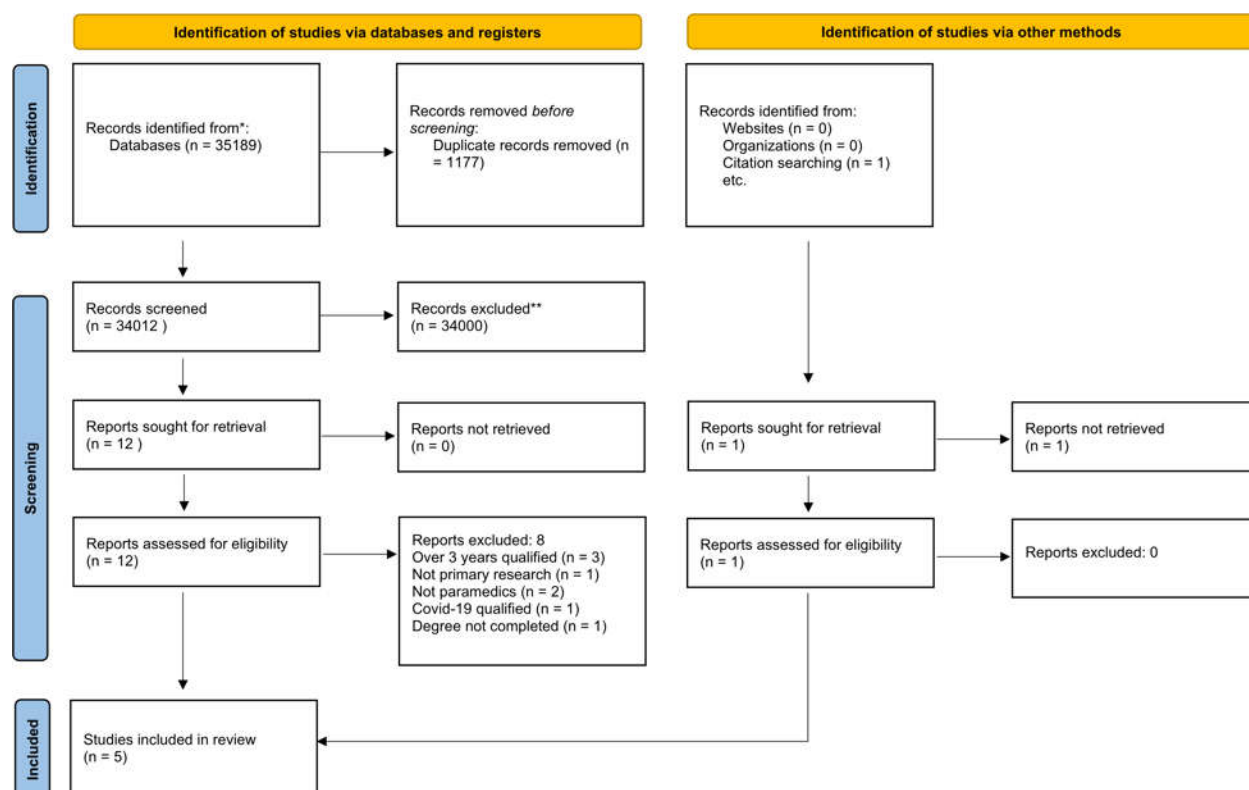


Figure 1. Study selection.

DATA ANALYSIS

Papers were analyzed using qualitative content analysis as described by Braun and Clarke (2006). This tool was selected as it allowed for codes and themes to be drawn out via an inductive approach (Braun and Clarke, 2006). Additionally, this is a tool which focuses on qualitative studies which the bulk of this review considered. There is a small element of quantitative results in one paper (Phillips and Trenoweth, 2023), but this paper still had an overarching qualitative focus.

RESULTS

Five papers were included in the final analysis with five themes summarized in data extraction table (Appendix 1): (1) professional socialization; (2) emotional burden; (3) relational perspective; (4) theory-practice gap; and (5) workplace culture.

PROFESSIONAL SOCIALIZATION

Professional Socialization was a factor for graduate paramedics as they transitioned into autonomous practice with Devenish et al. (2016), suggesting different periods of socialization as a graduate develops a professional identity, adapts to their new role and ultimately become 'accepted' members of their profession. Devenish et al. (2016) suggested graduates became pessimistic, often disparaging ambulance management to adopt existing cultures and 'fit in'. These stages of development are especially relevant to graduates in the 'post formal socialization' stage, which Devenish et al. (2016) noted, was especially related to graduates in their internship year.

This is further supported by Filstad and McManus (2011) who pointed out that graduates must not 'rock the boat' and gradually understand the culture, referred to as 'learning the code' (Filstad and McManus, 2011). They go on to highlight how participants felt that becoming part of the family was a useful metaphor for this process, stating that 'once you accepted as a family member, then you become socialized' (Filstad and McManus, 2011), Thompson (2015) noted the challenge of learning to deal with other ambulance staff appropriately.

The notion of identity plays a key part in this process. Phillips and Trenoweth (2023) found that graduates' identity often related to a 'catalyst event', a life-threatening injury or illness as a process which graduates must go through to feel 'accepted'. Participants felt that catalyst events helped them to gain approval and respect of their colleagues, thus facilitating the socialization process, also described as a 'rite of passage' (Devenish et al., 2016).

EMOTIONAL BURDEN

The emotional burden in a graduate's transition to autonomous practice is characterized by emotional and psychological challenges, self-doubt, fear of making mistakes, which is often underpinned by an increase in personal responsibility (Phillips and Trenoweth, 2023; Mosiane et al. 2025; Thompson, 2015). Mosiane et al. (2025) described 'increased pressure and responsibility' and the 'weight' of being the sole decision maker on scene. Thompson (2015) alluded to this, as graduates describe how the 'safety net' of being a student was removed and describing concerns about professional registration, leading to 'defensive practice'. Phillips and Trenoweth (2023) described feelings of emotional vul-

nerability and self-doubt, especially in participants who had not yet attended a 'catalyst event'. Devenish et al. (2016) highlighted this increased responsibility and related lack of confidence as notable factors in the post internship phase of socialization.

Graduates also report personal emotional turbulence, related to the types of incidents attended. Filstad and McManus (2011) noted participants must cope with their emotions in this newly qualified phase due to the 'extreme and horrific events' they can experience. Mosiane et al. (2025) describe the emotional impact from traumatic events was a key finding in their study, with this often leading to thoughts of leaving the paramedic profession.

RELATIONAL PERSPECTIVE

The positive and negative aspects of relationships with colleagues were noted by this review. Supportive relationships with experienced colleagues, mentors, and peers were found as important in the transition period with graduates relying on an experienced colleague during the first period of autonomous practice (Thompson, 2015). Devenish et al. (2016) found graduates were influenced by their mentors and this underpinned much of their approach to their new role with debriefing with work partners was also of value. Filstad and McManus (2011) surmised the importance of 'being in contact with the right person' in terms of learning a new role, arguing that it's important for newly qualified paramedics to know how to access experienced staff and how to make use of those contacts.

Phillips and Trenoweth (2023) highlighted the positive aspects of being part of a social group, which was highlighted in their quantitative data, with social support enhancing self-perceived resilience scores, implying a better transition into their autonomous role. Conversely, Phillips and Trenoweth (2023) also found negative experiences in terms of not being accepted into the group, with some not prepared to alter core values to seek acceptance or describing increased stress levels in terms of proving themselves to colleagues as well as navigating their new role.

Filstad and McManus (2011) noted these elements of power in their findings and pointed out that power relations can 'deny as well as facilitate necessary access to colleagues'. Devenish et al. (2016) are more explicit in highlighting how participants experienced tension between being university graduates and vocational trained paramedics plus there were challenges in navigating relationships between themselves as senior clinicians working with older colleagues who had a lower scope of practice.

THEORY-PRACTICE GAP

The theory-practice gap can be summarized as a disconnect between what is taught/learned in university and the practical realities of clinical work, but also in terms on tacit knowledge and cultures of the workplace.

Thompson (2015) stressed this was a big factor in the eyes of graduates in their study. Participants felt that this was characterized by a steep learning curve and importantly a lack of placement time and variety of settings impacted this. This was demonstrated by participants citing a lack of education regarding the patient journey. Devenish et al. (2016) also suggested the theory-practice gap, and this was especially noted in the post

formal socialization phase after leaving university. This was found during feelings of being thrown in at the deep end and addressing this by spending increased time in ambulance training rooms during this period.

Filstad and McManus (2011) described this theory-practice gap as 'transferring knowledge to knowing', stating that you cannot learn everything through reading and that practice-based learning is important.

WORKPLACE CULTURE

The final theme of workplace culture relates to the role of the organization or employer that graduates transition into on commencement of employment. This can be considered in positive organizational culture such as both formal and informal support structures (Filstad and McManus, 2011; Devenish et al. 2016) and perceived gaps in workplace settings (Mosiane et al., 2025).

Phillips and Trenoweth (2023) highlighted how supporting graduate paramedics to navigate their new identity would be of benefit to participants, advocating for increased clinical supervision from organizations while recognizing the operational barriers associated with this. Filstad and McManus (2025) advocated for access to experienced staff and that there needs to be formal facilitation of this on the part of the organization itself, rather than the full burden being placed on the individual. In Devenish et al. (2016), graduates found challenges in the initial stages of their intern programs such as exposure to pseudo-military cultures. At the same time, there were benefits through learning formally with peers and allowing this initial period to become an extended period of their university learning.

Thompson (2015) also highlighted the potential benefits of formal programs of support, suggesting that the importance of preceptorship cannot be highlighted enough at this initial challenging time. While Mosiane et al. (2025) found that gaps in mental health provision had a big impact on graduate experiences suggesting that access to formal weekly support from the employer would be of benefit in mitigating the mental health challenges faced. A lack of a formal internship program in South Africa is noted in this study and this manifests in this gap in the support structures required.

DISCUSSION

This review highlights how the graduate journey is challenging but that organizational support and professional relationships can have a positive influence during this time. This builds upon previous paramedic-based reviews which identified emotional support, the need for formal support structures and elements of the theory-practice gap (Kennedy et al. 2015; Hanna et al. 2021).

Professional socialization emerged as a key concept, closely related to identity formation in graduate paramedics. This is reflected in the wider healthcare literature and the concept of adapting to existing cultures is found in several studies (Hunter and Cook 2018, Noble et al. 2014, Lloyd 2009). Hunter and Cook (2018) describe how graduate nurses had to adapt to new cultures within their chosen profession with Feng et al. (2012) using the term 'becoming an insider' with Lloyd (2009) noting this as gaining a 'peripheral identity' which 'legitimizes their place in their new workplace environment'. Existing

literature cautions that professional identity in paramedic practice sometimes focuses on that of the 'Trauma Junkie' (Johnston and Acker, 2016; Palmer, 1983). Sinclair et al. (2025) venture that graduates are 'real paramedics as working for an ambulance service' with Hill and Eaton (2023) countering paramedics should be termed 'generalists' who can be found in a variety of roles.

Phillips et al. (2014) propose that the process of socialization needs to be managed through a formalized model to ensure a smooth transition into autonomous practice for graduate nurses in their study, suggesting that organizations can play a key part in this by ensuring formal orientation programs are made available to graduates. Interestingly, Tong et al. (2022) noted how graduates still identified as students in the first stages of autonomous practice but found that as they were supervised less over time, a shift in professional identity occurred which supported an upturn in their confidence. This highlights the need for evidence-based preceptorship programs which support graduates for individualized periods of time.

While the socialization may facilitate the initial integration into to the paramedic profession it should also be noted that this can result in graduates adapting to negative aspects of culture, for example, becoming pessimistic and disparaging of management (Devenish et al. 2016) This suggests that the process of professional socialization contains within it, negative aspects which graduates are exposed to.

The emotional aspect is prevalent in the transition literature and while there is understandably some focus on traumatic events (Mosiane et al., 2016), a 'steep learning curve' and feelings of being 'overwhelmed' and 'out of my depth' are prevalent and often related to increased complexity of workload (Harvey Lloyd et al. 2019; Chipchase et al. 2022; Stoilkov et al. 2022; Jones et al. 2022; Kennedy et al. 2015). In helping to mitigate for these challenges, O'Grady et al. (2026) found that interactions with mentoring staff would allow participants to develop clinical judgment, helping to manage the complexity of autonomous practice. This supports the need for supportive workplace relationships, highlighting the value of a named mentor / preceptor providing individualized support (Lao et al. 2022; Chipchase et al. 2022; Stoilkov et al. 2022). Kelly and McAllister (2013) found that a 'friendly' relationship between preceptor and preceptee in nursing was a huge benefit to new graduate nurses. Ankers et al. (2018) found that graduate nurses would often seek the support of nurses who they held a rapport with. Likewise, Carver and Lazarsfeld-Jensen (2018) also emphasized the importance of establishing a one-to-one relationship between graduates and paramedic preceptors.

Supportive workplace relationships influence several of the themes identified within this review rather than functioning as an isolated aspect. Lewis et al. (2023) found that adequate support for graduates helped with aspects of the other themes cited, namely that of socialization through identity formation and providing a balance between wanting self-sufficiency while retaining the safety net required to mitigate emotional challenges.

The theory-practice gap extends beyond clinical knowledge and encompasses the realities of autonomous practice. Kennedy et al. (2015) highlighted this as the 'discrepancy between theory and practice' and defined it as the gaps in knowledge which become apparent to newly qualified staff on commencement of their own professional practice. While it would be reasonable to assume shortcomings in education settings, Singh et al.

(2024) found that in nursing graduates the gap was related to misunderstandings of the profession by students during their undergraduate years, with students neglecting to focus on the true essence of the nursing profession, and a lack of quality placements.

Kennedy et al. (2015) similarly argued that variation in placement experiences, including differences in placement hours, clinical exposure, and mentorship quality, contributes to the theory–practice gap experienced by graduate paramedics often encompassed by the term ‘transition shock’ (Duchscher, 2009; Kramer 1974).

Michau et al. (2009) point out that ‘narrowing’ this gap is a key factor in transition into graduate practice with Thompson and Houston (2024) advocating for an assessment for a learning model in undergraduate paramedic education ensuring that curriculum is more focused towards the clinical and professional realities of the paramedic profession which address workplace cultures.

Evidence based, structured preceptorship programs could provide one mechanism to ensure organizations can address these challenges with several studies highlighting the value of recognized graduate programs (Kelly and McAllister, 2013; Rush et al., 2019; O’Shea and Kelly, 2007, Sinclair et al. 2025). Salt et al. (2023) also highlighting the importance of profession-specific preceptorship, arguing that programs should be tailored to individual professional groups rather than adopting a generic approach.

The HCPC report in their 2022 ‘One Year in registration survey’ that of 574 participants, only 21% reported a preceptorship of longer than 12 months, with 24% having a duration of less than three months (HCPC, 2022). This review goes on to suggest that longer periods of preceptorship are broadly helpful in graduate development which is echoed by The Royal College of Paramedics (2026) in the UK who suggest a two-year preceptorship period. This supports much of the findings of this review which has noted that socialization, clinical judgment, and identity develop throughout the stages of autonomous practice.

These findings show that the responsibility for addressing this gap is multi-faceted, with higher education, graduates, and employers all having a responsibility to amend their provision. Consequently, effective preceptorship may support not only the development of clinical competence but also professional socialization, supportive workplace relationships and the management of the emotional burden associated with autonomous practice, highlighting the interconnected nature of the themes identified within this review.

LIMITATIONS

Limiting to the English language introduces potential bias in the results, additionally, it is acknowledged that excluding gray literature may have implications for the findings. Included studies originate from predominantly high and upper middle-income countries which potentially limits application globally. One of the studies was authored by a member of the review team, however, this was mitigated through multi-reviewer screening processes.

CONCLUSIONS

This review has explored the transition experiences of graduate paramedics and identified that professional socialization, identity formation, workplace relationships, emotion-

al wellbeing, and the theory–practice gap all influence this period of development. The findings suggest that structured support, for example, through profession-specific preceptorship, has the potential to mitigate some of the challenges experienced during the transition to autonomous practice. While graduates have an important role in their own professional development, organizations also have a responsibility to establish appropriate support structures that facilitate confidence, competence, and wellbeing. Future approaches should recognize the unique challenges faced by graduate paramedics and consider how preceptorship programs can be optimized to support their needs. Further research is required to evaluate existing programs from the perspective of graduates and preceptees, ensuring that organizational approaches are informed by the experiences of those undergoing transition.

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APPENDIX

Data Extraction Table

Paper	Study Information	Details
Devenish, A, Clark, MJ and Fleming, M (2016) Location: Australia	Study Type: - Qualitative data using deductive process to test existing socialization model Participants: 34 participants. 19 participants were newly graduated paramedics. Study Methods: - Participant interviews lasting 30 to 60 minutes in length.	Transition Experiences: - Becoming a paramedic was described as a process of professional socialization rather than simply acquiring clinical competence. Transition occurred through several developmental phases. - Graduates in particular cite post formal socialization and post internship phases. Transition Challenges: - Reconciling academic learning with workplace realities - Theory - practice gap. - Adapting to organizational culture. - Limited feedback from supervisors. Facilitators: - workplace learning (exposure) - mentoring relationships, experiential learning - end of internship year following increased exposure. Preceptorship Experiences: - Internship shown to be of benefit but was followed by another period of socialization. Themes: - Professional socialization, workplace culture.
Filstad, C and McManus, J (2011) Location: Oslo, Norway	Study Type: - Ethnographic Study Participants: 12 Newly graduated paramedics. Between 1-12 months experience Study Methods: 12 semi-structured and unstructured interviews. 2 focus groups: 6 participants each. - Participants were also observed on shift by study team.	Transition Experiences: - NQPs transition as a process of moving from theoretical knowledge to practical competence. - Early transition characterized by learning the "code" of the ambulance service and gradually moving from peripheral participation to becoming a trusted member of the team. Transition Challenges: - Key barriers included adapting to an established organizational culture, coping with emotional demands, and gaining acceptance from experienced colleagues. Newcomers reported stress from constant evaluation by peers and uncertainty about social expectations. Access to learning opportunities was not always automatic; acceptance by colleagues often had to be earned. Participants emphasized that failing to understand the station's humor, norms, and culture could lead to exclusion. Emotional challenges included managing reactions to traumatic incidents and preventing emotions from interfering with clinical decision-making. Some participants noted that discussing vulnerability openly was difficult, particularly with people they did not yet trust. Facilitators: - Support from experienced colleagues, especially assigned partners, was the most important facilitator. Observation, participation in real callouts, and gradual exposure to responsibility allowed newcomers to develop confidence while reducing stress. Informal learning opportunities, such as conversations with colleagues. Social support within the team was highly valued, with the workplace often described as a "family." Trusting relationships enabled emotional debriefing, practical guidance, and access to tacit knowledge that could not be learned from textbooks. Preceptorship Experiences: - Does not specifically use the term preceptorship, the role of experienced staff closely resembles a preceptor model. Participants reported relying more heavily on their partner for emotional processing and feedback than on formal organizational debriefing systems. Having an established partner was viewed as essential. Themes: - Knowledge to Knowing - through active involvement in workplace communities. - Professional Socialization: understanding organizational norms, values, and expectations and becoming accepted by the group. - Relational Learning: Access to experienced colleagues and supportive relationships is key. - Emotional Management: Developing strategies to manage emotional responses was essential for safe and effective practice. - Identity and Belonging: Becoming a paramedic as a member of a family.

Paper	Study Information	Details
Mosiane, A, McInerney, P and Sobuwa, S Location: South Africa	Study Type: - Critical theory paradigm Participants: 4 newly qualified paramedics. 10 experienced paramedics not included in analysis. Study Methods: - Participants were interviewed at commencement of employment, 3 month one to one interviews, 3-month focus group, 5 month one to one interviews and 12-month final group discussion.	Transition Experiences: - Transition characterized by adjustment to professional responsibility and operational realities. Newly qualified paramedics (NQPs) reported significant psychological and emotional strain during early practice. Transition Challenges: - Mental health difficulties, exposure to trauma, stress, emotional exhaustion, workload pressures, adapting to autonomous decision-making. Facilitators: - Peer support, organizational support, mentorship, wellbeing initiatives. Preceptorship Experiences: - Highlights the need for structured support during transition; formal support systems may mitigate psychological distress. Themes: - Emotional burdens: Mental health, wellbeing, transition stress, support needs.
Phillips, P and Trenoweth, S. (2023) Location: United Kingdom	Study Type: - Mixed methods study Participants: 18 newly qualified paramedics Study Methods: - Mixed methods. Quantitative data used Connor-Davidson resilience scale. - Qualitative data used semi-structured interviews.	Transition Experiences: - Participants described transition as uncertain, emotionally challenging, and non-linear. The metaphor of a "flaky bridge" reflected feelings of instability between student and practitioner identities. Described as emotional turbulence Transition Challenges: - Fear of clinical errors, self-doubt, responsibility for patients, lack of confidence. Facilitators: - Supportive colleagues, reflection on identity, organizational support, opportunities to gain experience safely. - Catalyst event supports successful transition. Preceptorship Experiences: - Not explicitly mentioned but mentioned the value in support from senior colleagues. Themes: - Emotional turbulence, increased responsibility, - Socialization through identity.
Thompson, S. (2015) Location: United Kingdom	Study Type: - Qualitative study using focus groups Participants: 4 newly qualified paramedics Study Methods: - Focus group using semi-structured question guide	Transition Experiences: - Concerns about readiness for practice and professional responsibility. - Professional registration responsibilities. Transition Challenges: - Clinical decision-making, accountability, confidence, fear of making mistakes, managing emergencies independently. - Confidence to deal with other ambulance staff. Facilitators: - Guidance from experienced colleagues even if less scope of practice. - Ongoing professional development opportunities around patient journey. Preceptorship Experiences: - Implied importance of structured support mechanisms although preceptorship was not the primary focus. Preceptorship mentioned in discussion. Themes: - Confidence, responsibility, support needs.