

Volunteerism: a pathway to paramedic practice

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Abstract

Ambulance Victoria (AV) has moved from a post-employment model of training to a pre-employment degree program. While this has created great positive change in the demographics of recruits, the limitations presented by the model have created some negative pressure on workforce planning. The major metropolitan and large regional centres remain the preferred locations of employment for new recruits, leaving isolated locations difficult to fill. In Ambulance Victoria, regional branches are often supported by volunteer ambulance officers and first responders. Many of these volunteers see health as a preferred career, however they cannot always commit to extended years of study at degree level, often hundreds of kilometres from home.

In 2008, AV implemented an innovative program that allowed volunteer staff to pursue the paramedic degree while working full-time as a student paramedic. The model was developed by the South Australian Ambulance Service (SAAS), and through collaboration with SAAS, and partnership with Flinders University, offered to AV for implementation. The funded program is open to volunteers from smaller communities that offer a commitment to long-term placements in identified rural centres. It targets staff that have the willingness and capacity to return to study, and provides extensive support through a bridging program and through AV and University mentoring of the adult learners. AV has focused the model on transitioning from the Vocational Certificate 2 level through to the Bachelor degree.

This case study presents the experiences of the Rural Sponsored Degree Paramedic (RSDP) program students. It details the model from the participant's point of view and discusses the motivations, understanding, and challenges faced by rural volunteers returning to study and pursuing a career in health. It will provide an overview of the recruitment and education models, and offer advice for implementing sustainable pathways programs in other health fields.

Background

Ambulance Victoria (AV) is the major provider of pre-hospital emergency response in the state of Victoria. AV aims to improve the health of the community by providing high quality pre-hospital emergency medical response to more than 5.2 million people in an area of more than 227,000 square kilometres¹. AV responds to requests for help in a medical emergency, provides specialised medical skills to maintain life and reduce injuries in emergency situations and while transporting patients, offers specialised transport facilities to move people requiring emergency medical treatment and fosters public education in first aid¹.

Over the past decade, AV has moved from a pre-employment apprenticeship style of training new recruits, to a post-employment degree model. All new paramedic recruits to Ambulance Victoria complete a tertiary qualification in paramedicine prior to completing a recruitment process. If successful in the recruitment process, the new recruit will then complete a 12-month internship program as a Graduate Ambulance Paramedic (GAP) before receiving an authority to practice as a qualified Ambulance Paramedic (Advanced Life Support)¹. There are currently 14 universities across Australia and New Zealand offering 16 accredited paramedic courses². The courses range in duration and include a 12-month post-graduate qualification for identified allied health staff, a 3-year paramedic degree program, 4-year double-degree courses for

paramedicine and nursing, and a 4-year Masters program. The paramedic courses are primarily offered at university campuses in metropolitan and major regional centres such as Melbourne, Sydney, Brisbane, Perth, Adelaide, Sunshine Coast, Bendigo and Ballarat. The exceptions are Charles Sturt University that offers the paramedic course from the Bathurst campus university³, and Latrobe University that offers the paramedic course from the regional campuses of Mildura, Shepparton and Albury-Wodonga⁴. All universities offer their courses on-campus, with the majority of the program content delivered through face-to-face modes of teaching. While the move to flexible delivery options continues, it is recognised that the high level of practical learning required for the paramedic discipline does require significant periods of classroom based teaching. Therefore, attendance at campus based sessions remains a large focus of the course content for most undergraduate programs. The interest in paramedic courses remains high for both school-leavers and mature-age applicants, with graduate numbers predicted to be over 700 students by 2013. However AV has similar experiences as other health sectors with students completing the education programs in major towns and centres expressing a desire to remain in those centres⁵, while more isolated locations are the least preferred option for graduates.

A 2009 report by the Victorian Government State Services Authority (SSA) described the challenges facing rural and regional centres in recruiting and retaining doctors and allied health staff⁶. The report listed a number of challenges which included:

- a low interest or even no response to particular job advertisements;
- a reliance on people needing to relocate to take up critical roles;
- prospective candidates being unfamiliar with their region or living in a regional and rural area;
- negative perceptions of rural and regional living;
- no local tertiary institutions supplying graduates with the required qualifications;
- private and not-for-profit organisations offering more attractive remuneration or conditions;
- partners of applicants or new staff needing to find work in the area; and
- limited accommodation for staff or few options that meet their expectations.

Ambulance Victoria has similar difficulties when attempting to fill remote locations. In particular, the majority of paramedic graduates will apply for vacancies throughout the Melbourne district and major regional centres, while rural branches continue to remain unfilled. This leads to the situation of rostering temporary staff to the branches to ensure service delivery, as well as higher utilisation rates of the volunteer staff that operate within those communities.

There are two main groups of operational service providers in AV; the career paramedic staff and the volunteers. Career paramedics are employed full-time and consist of either Advanced Life Support (ALS) or Intensive Care (MICA) skills sets. The volunteers, also known as First Responders, are located across Victoria in more remote locations isolated by distance. The volunteers work either with a career paramedic, or as volunteer crews, to provide a level of pre-hospital advanced first aid and basic life support to patients within their communities. They are recruited from the local community, living within the town they provide service to, they range in age from 18 to 70 years, both men and women are equally represented, and they come from a range of backgrounds including farmers, nurses, doctors, police officers, stay at home parents, small business owners, retirees and teachers. The volunteers complete certificate level training upon commencement with AV, and are then required to complete a continuing vocational education program to maintain skills and knowledge.

To improve the recruitment and retention of first responder volunteers, AV instigated a series of strategies including an education pathways framework. Firstly, AV offered nationally recognised qualifications to the volunteer staff, replacing the previous in-house non-accredited courses. The current accredited courses are offered free of charge, and are provided to maximise blended learning opportunities to remove the barriers related to extended travel. Courses are delivered throughout regional Victoria, and the timetabling can be adjusted to suit the needs of the group. The minimum qualification for entry-level volunteers is the Certificate II in Emergency Medical Service First Response. Then, when developing the series of qualifications from Certificate 2 level, AV created opportunities that maximised recognised prior learning for the completion of

units. That is, with each qualification, units were selected to effectively minimise the additional units required to complete the Certificate 3 Basic Health Care and then the Certificate 4 in Health Care (Ambulance). This articulation of units then allowed the volunteer to pursue the Diploma in Health Care (Ambulance) with maximum previous credit, and to pursue the degree qualification. All units for the Certificate 3 and Certificate 4 are offered free of charge via distance education, and promote learning that is self-paced and self-directed. In 2010, 40 First Responders enrolled in the Certificate 3, and 37 students enrolled in the Certificate 4.

The First Responders are located in smaller, more isolated branches. Many of the volunteers are interested in a career as a paramedic, and have the capacity to complete both the educational programs and recruitment standards. There is a strong desire to move to a full-time role within AV as the organisation provides job security, job satisfaction, and excellent working conditions that are attractive options for a member of a small community where employment opportunities may be limited. However, many of the volunteers that expressed the willingness to work as the full-time local paramedic had also stated that they could not afford the time away from their home and the associated expense of travelling to major regional centres or Melbourne to complete the degree program.

Rural Sponsored Degree Paramedic (RSDP) Program

The barriers to permanently placing health staff in rural and remote locations are not unique to Ambulance Victoria^{5,6,7}. In 2007, South Australian Ambulance Service (SAAS) and Flinders University South Australia (FUSA) provided assistance to AV to implement a program that supported volunteers to complete the degree program while working and living in their communities. SAAS and FUSA had developed and implemented this model for use in South Australia, and had proven success in recruiting appropriate staff to isolated locations. First Responders from within AV completed a recruitment process that assessed their capacity for study, their suitability to work as a paramedic, and their motivational fit for employment within a small, isolated community. Initially six locations were identified for inclusion in the Rural Sponsored Degree Paramedic (RSDP) program, with training programs established to support appointment within that specified area from day one of the five year program.

The RSDP program included three main components. The first requirement was the completion of the Certificate 4 Health Care (Ambulance) and completion of a bioscience bridging program. This course was delivered in-house over 12 weeks, and allowed the participant to prepare for entry into second year of the paramedic degree. Recognised Prior Learning (RPL) was offered by Flinders University for the first year units, based on industry experience and the bridging program. Following successful completion of bridging, the participant was then required to enrol part-time in the paramedic degree delivered via distance education over four years. In addition to completing the degree, the participant also commenced employment as a student ambulance paramedic full time in AV. The in-field training was initially located at a regional training centre for the first 24 months, close to the identified branch. As the student developed competence working in a dual-crew setting at a mid-sized training location, they commenced rotations through the single-officer, more isolated identified branch. Over the remaining two years, the student increased the amount of time working at the home branch in preparation for their final year. At completion of the four years of education, the RSDP student is awarded the qualification of Ambulance Paramedic (ALS), and is required to work for an additional 12 months in the identified location prior to being eligible to apply for other vacancies. It is expected that the individual will remain in the area for greater than the required 12 months, as they have established links to the community, and were chosen for inclusion into the program due to their strong desire to remain in smaller, more isolated towns.

The branches that had been identified for inclusion were not traditional training locations, and therefore lacked current expertise in assisting students to meet university and AV learning needs. To address this issue, the Regional Management Teams provided a group preparation session, created local mentors within the branches to support the staff as well as the students, and established regular face to face meetings throughout the first 6 months of the program. This system promoted high level support to all staff, and created open channels of communication to address issues early, improving the success of the program both for the immediate needs, and for future programs. Interestingly, the increased involvement from local staff resulted in the positive outcome of career paramedics feeling more motivated and engaged to also pursue further study, with an increase in enrolments in both internal and external courses, and requests for upward relieving opportunities.

Discussion

In 2008 the first group of RSDP students commenced in the program, and 5 students successfully enrolled into the degree at Flinders University. At the end of the first year the feedback regarding the program was positive. Overall, the students were satisfied with the recruitment and selection process, with the bridging program and with the facilitators provided by AV.

The following were comments provided by the participants:

I could not have completed the degree without this program, I simply couldn't travel to Melbourne and leave my family—Participant 1

I didn't think I would be able to do a degree, I haven't really done study like this before. Having the small group and [FACILITATOR NAME] to help me really made the difference.—Participant 3

I'm so grateful for the opportunity.—Participant 4

In addition to the personal comments made by individuals, AV had established a range of internal measures to evaluate the success of the program. While most are to be completed at the end of year 5, the following table shows the results of initial tracking measures:

| Target | Result |
|---|----------------------|
| >90% satisfaction rating (Bridging program) | 100% |
| >90% satisfaction rating (RSDP program—AV components) | 90% |
| 100% attendance at Bridging program | 100% |
| >80% pass Bridging program | 83% |
| >80% pass first semester university | 100% |
| >80% do not enter performance management | 80% |
| 100% pass final year university course (first attempt) | 100% |
| 100% remain in identified location for duration of contract | Yet to be determined |

At the end of 2010, and the completion of second year university units, the feedback remains positive. The students continue to enjoy the opportunity presented, and have developed their learning skills to better manage full-time work combined with part-time study. As one Participant stated:

Best decision I ever made.—Participant 4

Feedback collated from both the Management teams and Participants did highlight some areas for improvement. The first major criticism was the lack of lead time for implementing the program. The 2008 recruitment process was very short, and review has shown that a longer recruitment process with greater communication would improve the understanding and expectations from all involved. The other major negative for the program was the lack of clarity in understanding the responsibilities of AV, responsibilities of FUSA and responsibilities of the individual. Due to the nature of distance education, when a student had a difficulty with, for example completing an assignment, they would approach their local AV Team Manager rather than contacting the FUSA lecturer. Equally when roster changes needed to be made, for example, the student would contact the FUSA Course Coordinator rather than approaching the relevant AV department. This caused a great deal of frustration to all parties, and resulted in a list of Frequently Asked Questions with responses and contacts being distributed. Some of the students also expressed disappointment with the level of support, based on a misunderstanding of distance education. They felt there should be substitute lecturers for the sessions they could not attend, and felt they were disadvantaged by the blended learning model. It took several semesters for the students to feel comfortable with this approach, and to develop the necessary study techniques to manage their own learning. Developing these skills much earlier is a key inclusion for the next RSDP intake in AV.

While the RSDP has increased the number of career paramedics available in difficult to fill locations, the introduction of the pathways had also had surprising results. By providing a simple, non-threatening

introduction to returning to study, many adult learners developed the confidence to engage in further study resulting in the completion of a range of qualifications. First Responders have advised AV they have enrolled in or completed such courses as Division 2 Nursing, Level 2 Sports Trainer Course, Personal Care Assistance course, Patient Transport Officer course and the Diploma in Health Care (Ambulance) course. In addition, approximately 10 of the volunteers have pursued degrees in either paramedicine or nursing external to the RSDP program. The result is that many small communities now have an increased labour force in a range of health services, not limited solely to paramedics. This opportunity has provide local benefits while also providing increased retention of volunteers, and potential for greater recruitment of volunteers for AV.

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