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## INVITED COMMENTARY

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### **Paramedic education: developing depth through networks and evidence-based research**

#### *Finding the ideal pedagogy*

**Helen Marshall**

Senior Associate, Centre for Applied Social Research,  
Royal Melbourne Institute of Technology  
Melbourne, Australia

#### **Project Directors**

Associate Professor Eileen Willis<sup>1</sup>, Mr Timothy Pointon<sup>1</sup>, Associate Professor Peter O'Meara,  
Charles Sturt University<sup>2</sup>

#### **Project Team:**

Ms Carmel McCarthy<sup>1</sup>, Ms Ann Lazarsfeld Jensen<sup>2</sup>, Dr Eileen Willis<sup>1</sup>, Dr Peter O'Meara<sup>2</sup>

<sup>1</sup>Flinders University, South Australia

<sup>2</sup>Charles Sturt University, New South Wales

This valuable project used literature reviews and focus groups with industry, teacher and student practitioners to investigate ways to meet emerging needs for paramedical graduates.

The issues discussed relate to the best ways in which universities can create 'road ready' practitioners. It is clear, however, that there is no consensus on what constitutes a work-ready paramedic. Some focus group participants mentioned deficient clinical skills, but when this term is unpacked it seems to mean under-developed communication and interpersonal competencies. These competencies may be gained through 'underpinning sciences' or 'soft skills' subjects such as psychology and sociology.

The report emphasises that the place of the underpinning subjects in the paramedic curriculum is not clear, and this relates to the need for a 'signature pedagogy' by which paramedic students can be made aware of the special features of their role. As it professionalised, nursing developed a 'signature pedagogy' emphasising caring, in addition to and contrast with the medical emphasis science and curing. This report suggests that paramedics share concern for curing and caring, but their work in providing (literal) 'primary care' occurs in the chaotic environment outside health-care institutions. This unique context could be the basis for signature pedagogy.

In Australia such pedagogy would need to take into account the unique characteristic of the paramedic workforce, that the employer is basically a monopoly. The implications of this for

Author(s): *Helen Marshall*

universities are twofold. First, it is clear that discussions with the industry are vital to evolving a signature, and second, it will not be possible to follow blindly the recipes of other health professions. What works for the nurses will not necessarily work for the ambos! The situation becomes more complex as we consider the tension between developing an identity through signature pedagogy and the multidisciplinary framework of healthcare in which paramedical practice is only one element. The diverse paramedical curricula already in place in Australian universities adds another level of complexity.

This report will be of interest to many academics beyond the relatively small number who are currently engaged in educating paramedical workers. The idea of the ‘signature pedagogy’ seems to me a particularly fruitful one for those who ‘service teach’ one discipline to students focussed on another. Where the typical modes of thought and pedagogy collide, students and teachers may find each other in conflict.

The health disciplines for example could be said to share an ethic of concern, nuanced in various ways (towards cure or care for example) and an intellectual climate that stresses ‘scientific fact’. Sociology’s dominant ethic might be seen as justice, and its intellectual climate stresses that all facts are to some extent social, hence ‘artefactual’. To students, the discovery of a gap between these two ethics and climates could be enlightening and might provide the basis for truly reflective practice. Alternatively, it could be confusing, dispiriting and a basis for rejecting sociology as the discipline that offers nothing for practice. As a sociologist who has taught nurses, engineers, accountants and journalists, I want productive tension between disciplines that respect each other, not mutual rejection. I am glad to have learned from this report something of the debate going on in one of the newer health disciplines, and I look forward to useful conversations about how to enable students to make the most of differing signature pedagogies.

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