Commentary

Advanced care or advanced life support – what are we providing?

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Abstract

The field of paramedicine has undergone significant change and modernisation over the past 50 years. Presently there are no consistent terms or lexicon used across the profession to describe different levels of advanced practice. This inconsistency risks creating confusion as the professionalisation of paramedic practice continues. As well, many empirical studies support the claim that communication and the importance of managing language actively plays a crucial role in supporting change and in shaping the new paradigm. Therefore, the way one uses communication, and the deliberate choice of words to describe advance practice, will support change in the desired direction.

This article explores these terms and their attendant influences on perceptions of practice to argue for change towards the standardised use of the term 'advanced care paramedic' across the Anglo-American paramedic system.

Keywords:

advanced care; advanced life support; paramedic; nomenclature

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Introduction

Presently there are numerous terms in use across the Anglo-American paramedic system to describe advanced practice. A recent article by Wilkinson-Stokes, which explored and summarised the current types of frontline paramedics in Australia and New Zealand, found five different terms are used for the description of advanced levels of practice. These were: 'paramedic, advanced life support paramedic', 'qualified paramedic', 'ambulance paramedic' and 'advanced care paramedic'. In the UK, the term 'advanced paramedic practitioner' has developed against a background of change in primary care service provision, however many variations on this title also exist.

This commentary is not intended to explore the scope of practice, training or education associated with each of the titles listed, instead it aims to review the underlying philosophical underpinnings of each term to link it to progressive, and increasingly integrated, models of paramedic practice focussed on meeting the needs of patients in an unscheduled and scheduled care environment.

Is it time we provided advanced care?

In the early 1970s, advanced life support (ALS) capabilities of varying degrees and sophistication were implemented within many Anglo-American paramedic systems across Australia, New Zealand, Canada, the United States and United Kingdom (4). Over three decades it quickly developed into a standard of care expected by patients and healthcare professionals. The term 'advanced life support' is now used to refer to a set of life-saving protocols and skills that simply extend beyond basic life support and are used to provide urgent treatment to a narrow set of acute patient presentations including, cardiac arrest, stroke and myocardial infarction. This well-structured framework is quick to teach, provides cognitive offloading, and is a key skill for appropriately and rapidly treating adult victims in cardiac arrest or other cardiopulmonary emergencies. In paramedic systems that have not evolved their models of practice, this is the baseline level of care.

As other paramedic systems evolved, innovated and enhanced practice, the ALS baseline level of care soon gave way to more advanced level of practice, such as the critical care paramedic or advanced paramedic practitioner role in the UK or the critical/intensive care paramedic role in Australia and New Zealand (3,5,6). As these systems have developed and provided proof of concepts for new knowledge and skills, leaps in equipment technology and health economics ensured the advanced care skillset continued to develop a scope of practice that is inherently and increasingly complex and naturally requires a higher level of education for entry to practice. These higher education standards have helped paramedicine develop its own unique body of knowledge as it continues to grow into an autonomous self-governing profession (7).

Given the enhanced baseline level of care provided by paramedic systems around the world in 2021, has the term 'advanced life support' become obsolete, referring to the historical focus on mobile resuscitation and failing to encapsulate the complex clinical decision making and clinical leadership required for advanced clinical practice?

This article encourages a move towards the standardised use of the term 'advanced care' – a term that captures both the nature and philosophy of the care provided by the modern paramedic. Care that is focussed on a strong evidence base, supports critical thinking, a greater range of assessment skills and is anchored on patient-centered outcomes, rather than dogma and historical practice. A strong example is the care paramedics provide for end of life patients. These patient populations do not require ALS resources providing advanced life support for an acute presentation, using protocols and life-saving skills. They do however, require advanced care to meet the goals of care and to ease symptoms throughout the dying process, connecting with care teams, as well as family support.

Historically, much paramedic education has been rooted in a constructivist tradition, built on protocol and orders relating to the performance of psychomotor skills or other interventions. This formulaic approach to practice provided a safe underpinning to practice, when the assumption was that all calls were 'acute emergencies', and when the final common pathway for all patients was transportation to the emergency department or a transfer of care to a physician. The necessity for quality patient assessment for undifferentiated populations of patients presenting with chronic conditions, has required the paramedicine profession to use education as a basis for focussing on greater assessment skills, critical thinking and clinical reasoning over the application of clinical skills or interventions of varying complexity. To that end, advanced paramedic practice is significantly less about the 'what' and significantly more on the 'why'.

Conclusion

As organisations gain more in-depth understandings of patient paramedic encounters, advanced care has a greater breadth which is inclusive of both lower acuity and chronic patient populations as well as patients who are critically ill. Emphasising the utility of a so-called 'front loaded service model' focusses the clinical expertise on the most clinically risky patients, who are often those with the symptomologies that are least aligned with traditional 'paramedic work'.

Enhanced assessment skills, clinical reasoning and critical thinking skills are the cornerstones of advanced practice and are paving the way for the paramedicine profession globally as we transition professional touchstones from public safety to integrated mobile urgent and emergency care. Rather than advanced skills, it's about advanced thinking and leadership.

The advanced care paramedic has moved well beyond the dependency on an ALS framework, of treating cardiac arrest victims and other acute cardiovascular emergencies. Advanced care paramedics are relied on for their ability to think critically, problem solve and be leaders in complex situations. To refer to them as 'advanced life support' is choosing to wilfully ignore the great gains in education, leadership and clinical reasoning that defines the new era of the 'advanced care paramedic'.

Competing interests

The authors declare no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement.

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