

SUMMARY FINDINGS OF WORLD CAFÉ SESSION

1. INTRODUCTION: Saskatchewan College of Paramedics (SCoP) conducted a discussion session on “*Public/patients Role in Healthcare System*” with the paramedic practitioners attending the Annual General Meeting (AGM) of 2018 at the Western Development Museum in Saskatoon, SK. The discussion was directed toward a twofold aim:

- To gain the insightful thoughts and perspectives (*thinking and feeling*) of paramedics in engaging public/patients to improve paramedic care; and
- How best to create awareness of college and profession to the general public and patients across the province of Saskatchewan.

It is anticipated that the findings would help the college to develop, formulate and implement to improved stakeholder engagement strategies. This would also help with ongoing and future research and development activities of the college.

2. METHODOLOGY: Approximately eighty SCoP members attended the AGM. The room contained thirteen round tables, with six SCoP members assigned to each table. Four sets of the questionnaire (set ABC, set ABD, set ABE, and set ABF) were distributed among participants, with each table being assigned one specific set. Each questionnaire contained four questions (See Appendix A).

The session was divided into two parts: the first session took approximately forty-five minutes where participants had an opportunity to discuss among themselves and to write down their thoughts, and the next session continued for thirty minutes where one spokesperson from each group shared their findings and opinions with other group members about the designated topics. Five facilitators guided the entire discussion.

“Finding the right pt/public to become engaged is a challenge.”

3. FINDINGS: 100% of the participants strongly agreed that it is essential to engage the public/patient to gain a greater perspective to achieve sustainable and high-quality paramedic care. The summary of the findings of the discussion are given below:

3.1. Importance of Public Engagement (PE):

- **Opportunities of learning / Experience of learning :** Participants believe that PE could be a potential source of sharing their (patients/public) experiences (*what can we learn from that*), expectation (*what do you want vs. what you do not want*), and feelings (*satisfaction vs. dissatisfaction*). Professionals claimed that they get stuck in doing things in the same way. Therefore, obtaining the patient’s beliefs, values, preferences, expectations, (*thoughts, concerns*) are crucial in addressing user and non-user needs (*mainly focus on what is essential to patients for better care*) beyond traditional setting of paramedic care.
- **Generating new ideas:** They claimed that public feedback is needed to bring out fresh ideas what works well and what does not. In this way, patients can possess the ownership of the decision-making process on health care plan. Two-way information sharing will

produce a better result, treatment plan, and eliminate general treatment misconceptions about Emergency Medical Services.

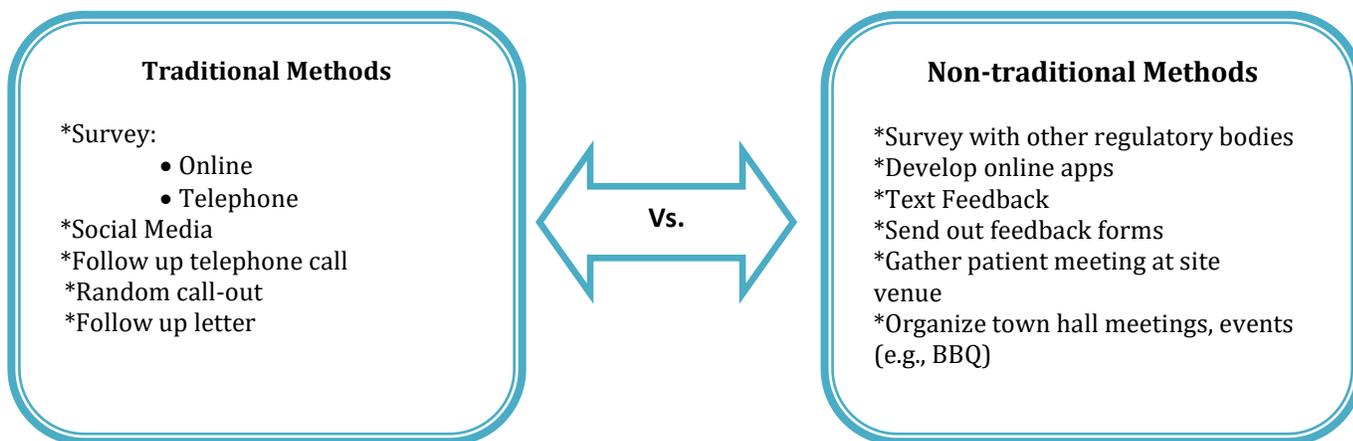
- **Educating and advocating for patients:** Participants believe that patients do not care about how much a practitioner knows rather patients want to know how much the paramedic cares for them. They stated that as a professional it is not only our responsibility to educate the public regarding their role, scope, operation, capabilities, and limitations, but also to advocate for the patients. Respondents believe that it would reduce complaints if patients are thoroughly informed and included in their care.
- **Building trust:** Last but not least patient’s engagement process would make practitioners more accountable, responsible, and credible to develop a *“trust bridge”* at the first point of access/care and *“buy-in”* between provider and patient.

“What we hope versus what actually may come out could potentially be very different. We hope public notices the attempts to provide things like high quality care, improvement in equipment, higher levels of care but the reality of what the public looks at has the potential to be quite different and we as provider should not even thought about of.”

“Perhaps patient does not know what experiences looks like.”

3.2. How to engage: Tools of Public Engagement:

Participants suggested some traditional and non-traditional methods to use for patient engagement. Those are mentioned below:



“Offering other info gathering techniques based on age, culture and demographics.”

“No standardization for feedback.”

3.3 Designing effective PE discussion topics/questions:

Practitioners suggested preparing a mix of question sets that can be answered with information from general experience or no experience. Here are some questions that tend to stimulate thoughtful discussions:

Domain	Questions and Topics
1. Finding expectations	<ul style="list-style-type: none"> • Tell us about an experience you had with paramedics. • What is your expectation of paramedics? What do you want from them? • Did the paramedics meet your expectations? • Do you know which services and treatment can be provided by calling an ambulance vs. driving an emergency yourself? • Were you actively involved with your care? • What is lacking for the patient in SK paramedic care?
2. Beliefs and values	<ul style="list-style-type: none"> • Are there cultural values/beliefs that paramedics should be aware of? • How to deal with a diverse population. • Advocate for cultural/religious beliefs. • Know when to move patient's response forward.
3. Paramedic skill and competency	<ul style="list-style-type: none"> • How vital are empathy and compassion? • How necessary is the skill and knowledge of a paramedic? • How important is being heard to the patient? • What level of care did you expect? PCP? First responder? ACP?
4. Service delivery	<ul style="list-style-type: none"> • What service did you receive—transport, treatment at the location or critical intervention?
5. Feedback process	<ul style="list-style-type: none"> • What kind of standardization process is required for feedback? • How will we follow up with patients? • Direct feedback number: any questions/concerns call this number (hotline). • Were you satisfied with the level of care—treatment, professionalism, and bedside manner?

"But technical things are difficult to bring to a patient/public discussion."

3.4 Potential benefits of collaboration among patients, families, policy makers, researchers and practitioners:

Participants believe that the involvement of patients, families, policymakers, researchers, and practitioners is essential to providing exceptional paramedic care. They believe that patient involvement leads to improved health outcomes.

Diversity of perspective was identified as an important element to success that will help to raise awareness of the differences between patient and paramedic perspectives. Participants also suggest that sharing information among various parties can improve patient care. Further, collaboration may improve patient education and engagement in their care.

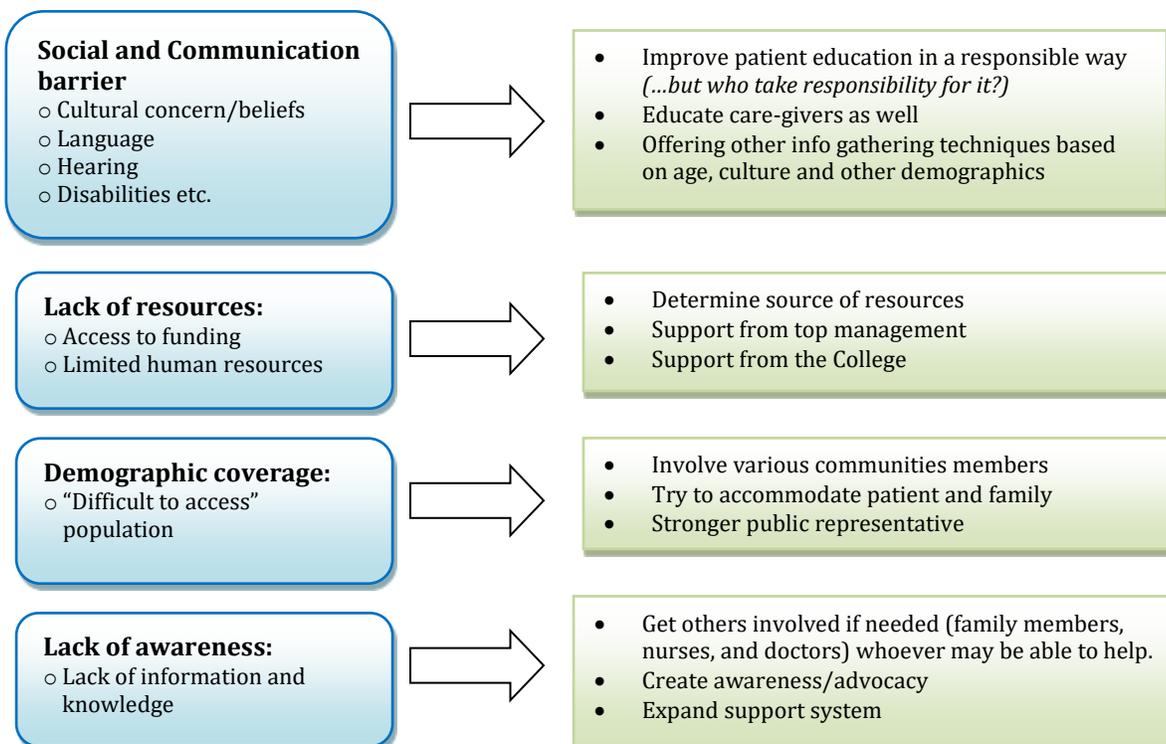
Learning and understanding patient's needs and desires can vary significantly between patients and communities. Through collaboration, there can be an alignment between expectations and outcomes thereby enhancing the decision-making process in a patient-centered health care delivery system.

3.5 Barriers of public engagement and potential solution and recommendation:

Based on discussion, the practitioner identified various limitations that should potentially be addressed to improve public/patient engagement. These limitations and recommendations are described in the following:

Barriers/Limitations:

Proposed Recommendations:



"Discussion leads to the ability to enable better mutually educated discussions. "

3.6 Raising awareness: what public & members should know about the college?

Raising awareness among the general public and practitioners regarding College involves strategically aligning with the mandate, mission, and vision. Practitioners identified a few ways that can be used to improve the public's and practitioners' awareness of the College:

Categories	Public/Patients	Practitioners/Paramedics	Proposed Recommendations
Inform and educate	<ul style="list-style-type: none"> ➤ What does the college do? What are its mandate and purpose? ➤ Why paramedics are regulated—how are they regulated? ➤ What does the college do for patients? ➤ How does the presence of the college affect the public and patient? ➤ What does a paramedic do? ➤ Who is the college accountable to? ➤ Educate credibility of system, college, process, quality, standards, existence, and performance function access. ➤ How is the paramedics role changing? TV version vs. real life? ➤ What is the paramedic scope of practice and limitation? 	<ul style="list-style-type: none"> ➤ What is the role of college? ➤ What are the fees used for? ➤ How is money spent? Where is the licensing fee going? ➤ How does self-regulation benefit me? ➤ What are the steps for disciplinary or complaint process? ➤ Why is attendance at the AGM so low? ➤ Do they understand the purpose of AGM is? Why should they attend the AGM? ➤ What are the research activities conducted by the college. 	<p>For public:</p> <ul style="list-style-type: none"> ➤ Educate patient about paramedic role and fill in information gaps with public ➤ Consistency in communication. ➤ Use of social media and media releases. ➤ Community involvement by services (i.e., community paramedics) <p>For practitioners:</p> <ul style="list-style-type: none"> ➤ Outcome based approach (i.e.: education) vs. punishment. ➤ Non-punitive corrective action. ➤ The member should also take responsibility to learn and to grow. ➤ Marketing to members to explain what is going on. ➤ Improve email communication. ➤ Use Skype/webcam in addition to attendance at AGM.
Collaborate	<ul style="list-style-type: none"> ➤ Improvising to accommodate patient. ➤ Work together. 	<ul style="list-style-type: none"> ➤ Ensure that other health care personnel know what we can do (such as education, skill, national licensing exam, etc)? 	<p>For public:</p> <ul style="list-style-type: none"> ➤ Better communication regarding the College's function. ➤ Get others involved (family members, nurses, and doctors) who may be able to help. ➤ Respect privacy. <p>For practitioners:</p> <ul style="list-style-type: none"> ➤ Increase support from the interprofessional team. ➤ Support members fairly. ➤ Working with other groups—information about EMS providers/protocols. ➤ Interprofessional collaboration. ➤ Learning from STARS, SK Air Ambulance, & RCMP.
Resources availability	<ul style="list-style-type: none"> ➤ What resources are available to patients? 		<p>For public:</p> <ul style="list-style-type: none"> ➤ Contact center support number. <p>For practitioners:</p> <ul style="list-style-type: none"> ➤ Safety and privacy issues of the patient. ➤ Improve mental health resources for paramedic trauma. ➤ Stories of other practitioners.

"Misperception are college is protection of provider first and the public second"

"We are not taxi service or just ambulance driver"

Other remarks:

- “Their emergency may not (be) our emergency”
- “Mandatory reporting for adverse events”
- “Need to target our message more effectively. “
- “Need to be better stewards of our profession. “
- “Consequently, seek opportunities to promote the good we do.”
- “Advocate and educate respectfully—change the culture of the frontline. “

Conclusion:

- Integrating public/patients voices into the process can have a wide range of benefits that would help in standardizing levels of paramedic clinical and operational practice, regulatory activity, formal education and training, and professional development.
- Various traditional (e.g., survey, social media, letter, and phone call) and non-traditional (online apps, social events) tools can be used for patients and public engagement.
- Questions related to public/patient expectations, cultural beliefs, service, and paramedic competency can be asked in the discussion session.
- Collaboration with other parties such as patients, families, researchers, decision/policy makers, and other healthcare regulators is potentially helpful in improving quality of care, bringing diversity, engaging patients, and overcoming barriers.
- It must educate the public/patients on how to get information while also allowing them to provide feedback on EMS service.
- There are many barriers to PE such as social, cultural, and demographical; those can be overcome by providing adequate resources, proper education, and better collaboration.

“We are one of the most trusted healthcare professional in the system that is responsive, reactive, adaptive, and interactive.”

Overall, as a group we have failed to market ourselves in a positive light.”

Appendix A

Set ABC	<ul style="list-style-type: none"> i. Do you believe it is important to engage the patient/public in discussions about paramedic care? Why or why not? What do you think they would say about you? ii. What should we ask patients in order to gather rich and nuanced data and information about public/patient needs, beliefs, values, and preferences/expectations in regards paramedic care in Saskatchewan? iii. What kinds of methods can be used to determine the current context and future expectation of paramedic care in Saskatchewan from the public/patient perspective? Can you suggest any non-traditional approaches to information gathering? iv. Other comments
Set ABD	<ul style="list-style-type: none"> i. Do you believe it is important to engage the patient/public in discussions about paramedic care? Why or why not? What do you think they would say about you? ii. What should we ask patients in order to gather rich and nuanced data and information about public/patient needs, beliefs, values, and preferences/expectations in regards paramedic care in Saskatchewan? iii. How do you think the combined efforts of public, patients, families, practitioners, researchers, and policy-makers could improve patient care in the health system? iv. Other comments
Set ABE	<ul style="list-style-type: none"> i. Do you believe it is important to engage the patient/public in discussions about paramedic care? Why or why not? What do you think they would say about you? ii. What should we ask patients in order to gather rich and nuanced data and information about public/patient needs, beliefs, values, and preferences/expectations in regards paramedic care in Saskatchewan? iii. What information do you think the public would want to know about the College? What do you as a member need to know about the College? iv. Other comments
Set ABF	<ul style="list-style-type: none"> i. Do you believe it is important to engage the patient/public in discussions about paramedic care? Why or why not? What do you think they would say about you? ii. What should we ask patients in order to gather rich and nuanced data and information about public/patient needs, beliefs, values, and preferences/expectations in regards paramedic care in Saskatchewan? iii. What challenges do you identify that would hinder good public and patient engagement? Please provide your suggestions for overcoming the challenges identified. iv. Other comments
Other Comments	