

'Active listening' and 'Safety-netting': Essential components of a Person-centred Consultation Framework for Paramedics attending Non-acute Presentations



Dr Robbie King PhD. Faculty of Health Sciences, Australian Catholic University, Brisbane, QLD, Australia. robbie.king@acu.edu.au

A/Prof Angela Martin PhD, A/Prof Alan Batt PhD, Adj A/Prof Sonia Martin BHSc, A/Prof Nigel Barr PhD, Dr Caroline Hwang MD, Adj. Prof Bill Lord PhD, Prof Peter O'Meara PhD, A/Prof Louise Reynolds PhD, Mr Staffan Hammarbäck BSc, Dr Shaun Hosein MD, Ms Julie Kempton MBA, A/Prof Brendan Shannon PhD.

Background

Increasing demand for ambulance health services has been attributed to chronic illness, continuum of ageing, mental illness and the impacts of social determinants of health.¹ Traditional paramedic processes of rapid biomedical assessment may not be suitable to assist complex decision-making regarding appropriate care options for these patients.²⁻⁵

Aims

To develop a structured patient consultation framework for paramedics attending non-acute presentations, particularly those transitioning into extended practice and community paramedic roles that guides a person-centred holistic assessment of a patient's biopsychosocial needs.

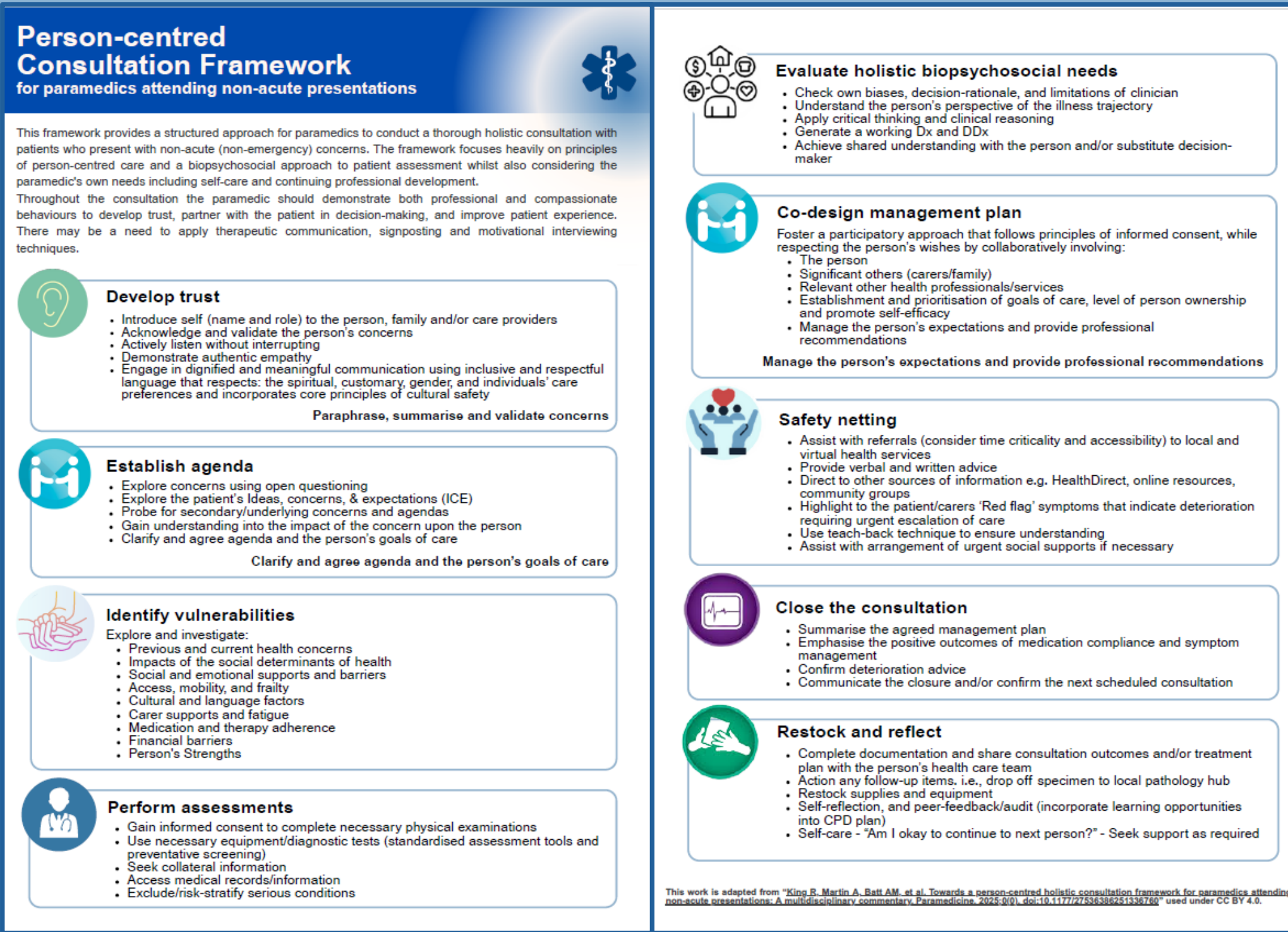
Methods

Expert opinion of paramedics and educators involved with extended practice and community paramedicine initiatives, were consolidated into a design that was framed around established primary-care consultation models. This was further refined through informal, iterative discussions between multidisciplinary healthcare professionals, and international subject matter experts of community paramedicine. Furthermore, the framework is informed by:

- Person-centred care philosophy⁶
- Australian paramedic professional capabilities and National Safety & Quality Health Service standards for ambulance health services^{7,8}
- Contemporary literature of patient and paramedic experience of non-emergency presentations⁹⁻¹¹
- Existing primary care consultation models.¹²

Results

A conceptual biopsychosocial consultation framework for non-acute presentations was created.¹³ It provides a structured approach for paramedics to navigate nine phases of a consultation. Investment in active listening to develop trust embeds the foundations for achieving an effective and efficient consultation. The paramedic must also demonstrate both professional and compassionate behaviours while applying therapeutic communication (with signposting and motivational interviewing techniques) as required.



Conclusion

An evidence-informed conceptual framework to support paramedic assessment of non-emergency patient's needs was developed. Core concepts of 'active listening' and 'safety netting' may require supplementary education to overcome perceived time demands, role perception and shortfalls in existing processes. Future research guided by implementation science is planned to validate the framework before trial in clinical settings.

Future work



You are invited to participate in a research project which aims to understand end-user acceptability of this framework. If you are a:

- Qualified **paramedic**, and/or
- Paramedic **educator/academic**, and/or
- Organisational **manager - who has influence on assessment processes of paramedics**

Please use the QR code to access participant information and the survey which will take approximately 10-15 minutes to complete. Information gathered from this research will be used to inform a modified Delphi study which intends to further refine and validate the framework.

References

1. Andrew E, Nehme Z, Cameron P, et al. Drivers of increasing emergency ambulance demand. *Prehosp Emerg Care* 2019; 1-11. DOI: 10.1080/10903127.2019.1635670.
2. Carter H and Thompson J. Defining the paramedic process. *Aust J Prim Health* 2015; 21: 22-26. DOI: 10.1071/PY13059.
3. Carnicelli A, Williams A-MM and Edwards DG. Paramedic Education and Training for the Management of Patients Presenting with Low-Acuity Clinical Conditions: A Scoping Review. *Healthcare* 2024; 12: 176. DOI:10.3390/healthcare12020176
4. Eastwood K, Johnson M, Williams J, et al. Paramedicine: An evolving identity. *Paramedicine* 2023; 0: 27536386231203401. DOI: 10.1177/27536386231203401.
5. Corman MK, Phillips P and McCann L. The future of paramedic education: Problematising the translucent curriculum in paramedicine. *Paramedicine* 2025; 0: 27536386251338525. DOI: 10.1177/27536386251338525.
6. Tikkanen V and Sundberg K. Care relationship and interaction between patients and ambulance clinicians: A qualitative meta-synthesis from a person-centred perspective. *Scand J Caring Sci* 2024; 38: 24-34. DOI:10.1111/scs.13225.
7. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards guide for ambulance health services. ACSQHC Sydney 2024. URL: <https://www.safetyandquality.gov.au/sites/default/files/2024-08/national-safety-and-quality-health-service-standards-guide-for-ambulance-health-services.pdf>.
8. Paramedicine Board of Australia. Professional capabilities for registered paramedics. 2021. URL: <https://www.paramedicineboard.gov.au/Professional-standards/Professional-capabilities-for-registered-paramedics.aspx>.
9. King R, Opreescu F, Lord B, et al. Patient experience of non-conveyance following emergency ambulance service response: A scoping review of the literature. *Australas Emerg Care* 2021; 24: 210-223. DOI: 10.1016/j.auec.2020.08.006.
10. King R, Opreescu F, Lord B, et al. Patients' experiences of non-conveyance following an Australian ambulance service paramedic response: A constructivist grounded theory exploration. *Paramedicine* 2023. DOI: 10.1177/27536386231163721.
11. Martin AC and O'Meara P. Community Paramedicine through Multiple Stakeholder Lenses Using a Modified Soft Systems Methodology. *Australasian journal of paramedicine* 2020; 17: 1-11. DOI: 10.33151/ajp.17.793.
12. Eaton G, Proctor, E and Francis, J. (Eds.). *Primary Care for Paramedics*. Bristol, UK: Class Professional publishing, 2023.
13. King R, Martin A, Batt AM, et al. Towards a person-centred holistic consultation framework for paramedics attending non-acute presentations: A multidisciplinary commentary. *Paramedicine* 2025; 0: 27536386251336760. DOI: 10.1177/27536386251336760.

(Ethical approval has been provided by the ACU HREC: 2025-4345E)

