Part One

Theory and Background
Professionalism in paramedic practice

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Chapter 1

Introduction

Today’s paramedic must not only demonstrate extensive clinical knowledge and skills for paramedic practice, but must also demonstrate professionalism throughout their daily lives, both on and off duty. This chapter identifies and discusses key aspects of professionalism required by paramedic practice.

Professionalism in paramedic practice

For the paramedic to demonstrate professionalism, they must know what is required of them by their professional statutory regulatory body, the Health and Care Professions Council (HCPC). The HCPC provide a professional code of conduct that applies to all registered paramedics. Part of this code relates directly to professional knowledge, skills, behaviour and attitude, as well as professional clinical performance by being the ‘knowledgeable doer’¹ and practising safely within the scope of training and practice. The HCPC (2008) Standard 13 states:

Learning outcomes

On completion of this chapter the reader will be able to:

• Discuss the importance of professionalism in relation to paramedic practice
• Identify three key themes of professionalism
• Describe three concepts which influence professionalism
• Describe how you may learn professionalism
• Describe the potential outcomes of behaving unprofessionally.

Case study

A paramedic student is on a hospital placement and has been allocated to work in the operating theatre suite. This is her second of four days in this placement and she is anxious about learning airway management. She enters an operating department anaesthetic room where an anaesthetist and an operating department practitioner (ODP) are with a conscious patient, preparing him for imminent anaesthetic for surgery. The paramedic student does not introduce herself to anyone, and asks loudly: ‘Can I practise intubation on this patient?’

¹Term adopted by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1986) as a rationale for Project 2000 curricula.
You must behave with honesty and integrity and make sure that your behaviour does not damage the public’s confidence in you or your profession.

Behaving professionally is a standard expected not only by the HCPC, but also by patients, co-workers, other healthcare professionals and the general public. Healthcare professionalism is currently under a great deal of scrutiny with increasing numbers of **fitness to practise** cases being heard by all healthcare professional statutory regulatory bodies, where issues of inappropriate or unprofessional behaviour are cited. In the UK, there are 6–8 paramedic fitness to practise hearings each month heard by HCPC fitness to practise panels (HCPC, 2013). This appears to be a higher rate than for other, more established professions, and so it is important that all paramedics consider professionalism as a lifelong competency that will require continual demonstration (and development) throughout their careers.

In 2011, the HCPC commissioned two research studies *Professionalism in healthcare professionals* to investigate healthcare professionals’ understanding of professionalism, and to explore ways to measure the breadth of the construct and its association with short-term career outcomes. They concluded that the key to professional behaviour is ‘the interaction of person and context, and the importance of situational judgement’ (HCPC 2014, p. 3).

**Defining professionalism**

So what is professionalism? Defining professionalism is not easy, as it is diverse, multi-faceted and open to individual interpretation. In recent years, there has been an increasing focus in the literature on what constitutes professionalism in healthcare, and the concept is evolving according to societal changes. Sociologists may define ‘a profession’ in terms of being a vocation with a specific body of knowledge, a defined range of skills, that is inherently trustworthy and ethical, and which provides a service to society (e.g. as usefully summarised in Hugman, 1991, p. 2–9). More recent healthcare literature focuses more upon values of care and compassion held by the profession itself, and by its registered practitioners.

There is an increasing body of knowledge that provides more helpful detail. For example, Bossers et al. (1999) devised useful schemata of professionalism, dividing the concept into three main themes:

- Professional parameters (e.g. legal and ethical aspects)
- Professional behaviours (e.g. discipline-related knowledge and skills)
- Professional responsibilities (e.g. responsibility to patients, oneself, employers and the public)

Professionalism is now more regarded as a meta-skill, comprising situational awareness and contextual judgement, which allows individuals to draw on the communication, technical and practical skills appropriate for a given professional scenario (HCPC, 2014), rather than it comprising a set of discrete skills. Such professional judgement will be dependent upon the knowledge developed through logic, sensed intuitively, gained through experience, particularly prior experience of similar events, and influenced by education and socialisation (Johns, 1992). In addition to this, the current focus is upon consistently demonstrating of a set of identifiable positive professional attributes, values and behaviours. It is this challenge of embedding a discrete body of knowledge into the philosophy and values of a profession, which the paramedic profession is still exploring (Donaghy, 2013).
Professionalism as ethical practice

Whatever aspect of healthcare we are in, regardless of the specific engagements within the paramedic role, the nature and practice of healthcare demands that paramedics are concerned with morals and ethics (see Chapter 5, Legal and ethical aspects of paramedic practice). As this chapter details, what paramedics view ethics to be is important within a professional context. Meta-ethics (what is meant by ‘right’ and ‘wrong’), normative ethics (placing the concepts of ‘right’ and ‘wrong’ into professional practice situations) and applying ethics in specialised areas, such as healthcare or public health ethics, are all part of demonstrating professionalism. Professionalism can be regarded as ethical competence in all aspects of professional activity.

Professional identity, socialisation and culture

Professional identity, professional socialisation and professional culture will each influence understanding of what professionalism is within particular professions.

Identity

Identification encompasses basic cognitive and social processes through which we make sense of and organise our human world (Monrouxe, 2010). Our thoughts, experiences and reflections create a complex catalogue of who we are as individuals and members of groups (Ashmore et al., 2004). Professional identity is assimilated with other aspects of personal sense of identity, such as being a student, friend, mother, brother, carer, ambulance technician or paramedic. Paramedic professional identity involves being able to practise with knowledge and skill, demonstrate a commitment to the paramedic profession and being accountable and responsible for one’s own actions (and omissions) through exercising professional judgement.

Socialisation

Students learn to think critically within university and practice contexts, and so professional socialisation is a combination of an individual's professional development and a social, acculturation process occurring within a professional group and practice context (Ajjawi and Higgs, 2008). Socialisation in a healthcare profession is likely to depend on the individual’s past experiences, the reflective nature of the process and the beliefs and values promoted in their educational programme (Howkins and Ewens, 1999), the opportunities for inter-disciplinary learning (Brehm et al., 2006) and in learning beyond registration.

Practice insight

Make an effort to communicate with and share aspects of your life with those around you, such as other students, university lecturers and ambulance service staff. This will increase your opportunities and enhance your working relationships, and is known as ‘social capital’.
Another aspect of becoming socialised in the paramedic community is the introduction to the knowledge and expertise of the range of practitioners working within the practice setting. For paramedics, this includes working with ambulance technicians, patient transport services and operational managers, education teams within ambulances services and a range of professionals in hospital and other community healthcare settings. The relevant hierarchical structure of the organisation of service delivery is also influential in determining the professional behaviour (and attitudes) expected. For example, the power and authority in an organisation (and/or profession) is embedded within job descriptions, forms of address, policies, and procedures and practice standards.

**Professional culture**

Historically, the paramedic professional culture has been one of a training culture rather than an educational one, and it has been regarded as ‘the trainer’s role’ to ‘instil’ professionalism into their learners, rather than to rely on students learning from registered paramedics and qualified mentors. This may now be transferred onto the role of ‘the university’, as paramedic education moves further into a higher educational structure as part of the development of the profession. It may seem easier to criticise another party, rather than look to your own skills in supporting professional development in students and less experienced colleagues. It is therefore important for the profession to develop confidence in its own ability to develop and assess its own students and registrants, rather than to rely on other professions, such as medicine, to provide this role modelling for them (Figure 1.1).

**How do students learn professionalism?**

Learning about the concept of professionalism and how to demonstrate competence is achieved throughout the paramedic educational curricula, both campus and practised based. In addition to taught components (such as discussing cases of academic misconduct, developing clinical

**Figure 1.1** A paramedic lecturer teaching students. (Source: N. Raja, Melbourne, Australia, 2014. Reproduced with permission of N. Raja.)
decision-making or critical thinking), much of what paramedics learn is through working with clinical mentors and registered paramedics, through role modelling in practice and within the university setting. Positive and negative role models in practice can provide a great influence on the understanding of the concept. Positive role models are widely reported as having excellent interpersonal skills, enthusiasm, commitment to excellence and evidence-based practice, integrity, effective teaching skills, building rapport with students, and being committed to professional development and exceptional clinical skills. As humans unconsciously learn from their environment, but, because of extensive information assimilation, they may not be aware that they are learning (Scott and Spouse, 2013), paramedic students may find it hard to appreciate their learning from working alongside registered paramedics. In addition, the wealth of knowledge, skill and behaviours of an experienced role model is often difficult to verbalise until formal recording in writing (Scott and Spouse, 2013). Most people know more than they can ever put into words. This tacit knowledge (after Polyani, 1958) is also conveyed to learners by positive role models offering solutions in complex and challenging encounters, which can be integrated into the existing knowledge of the paramedic.

Practice insight

Recognise the many different elements of paramedic practice. Be aware that elements of expertise exist due to, in part, experience within the profession. Therefore listen to and embrace aspects of practice that have been shared with you by more experienced clinicians. If you are unsure that you are being taught the correct thing then investigate the matter further.

There is a need for a contemporary evidence base to learning professionalism. A recent US consensus statement entitled Perspective: The Education Community Must Develop Best Practices Informed by Evidence-Based Research to Remediate Lapses of Professionalism (Papadakis et al., 2012) called for the development of an evidence base for teaching and learning healthcare professionalism through socialisation. There is a range of research currently being undertaken to develop this evidence base (for example Lloyd-Jones, 2013) building upon Roff et al. (2012). Papdakis et al. purport that the pre-registration professional educational programmes must ensure that the learning environments promote ‘the development of explicit and appropriate professional attributes. . . .’ They refer to ‘potent forces’ that ‘erode’ the ‘professionalisation that has occurred during training despite countervailing curricula in professionalism and inspiring role models.’ When socialisation is described as actively weakening professionalism in this way, it provides a rationale for increasing focus upon professional parameters, behaviours, responsibilities and values, so that public confidence in registered professionals is not compromised. Professionalism is a competency that extends beyond registration, and all paramedic professionals must continue to demonstrate it throughout their career. New technologies are being used to engage students in the activity of learning professionalism and to research stages of learning professionalism so that teaching and learning may be informed by a contemporary evidence base. One example of such is implementing the Dundee Polyprofessionalism e-learning tools for Academic Integrity and Early Clinical learning (Roff and Dherwani, 2011a,b) for completion by groups of pre-qualifying undergraduate health and social care students. These tools are being used to investigate the learning curve from understanding ‘academic integrity’ issues to
the ‘proto-clinical’ (Hilton and Slotnick 2005) stages of learning. Hilton and Slotnick indicate that students move from learning and understanding ‘academic integrity’ issues (such as understanding plagiarism and other academic misconduct) to the ‘proto-clinical’ stages of the early patient/client exposure in professional practice. They suggest that ‘practical wisdom’ is only acquired after a prolonged period of experience (and reflection on experience), which occurs alongside the professional’s evolving knowledge and skills base.

The Dundee Polyprofessionalism e-learning tools facilitate reflective learning utilising the four principles of feedback recommended by Sargeant et al. (2009). The cycle of response and feedback engages students in re-shaping assessment and feedback in classroom seminars by being presented with anonymised results of the seminar group’s responses to rating a range of different statements.

Assessment and standards of professionalism

How you need to demonstrate your professionalism is determined by the assessment for your programme or, once qualified and registered, the standards expected by your employer, peers, the HCPC and professional associations (e.g. professional bodies such as the UK College of Paramedics). Students are assessed by clinical mentors and other colleagues with whom they work in practice. Self and peer assessment, objective structured clinical examinations (OSCEs), direct observation by academic tutors, critical incident reports and learner-maintained portfolios are some of the ways in which triangulations of assessment can be achieved. Such triangulation is important to reduce subjectivity of a particular assessor. Any one single measure alone is not sufficient (van Mook et al., 2009). Addressing issues of unprofessionalism when employed as a registered paramedic will usually be undertaken by following relevant local policies (e.g. bullying and harassment policies, or grievance procedures). All such policies and processes will require notification to the HCPC, as appropriate.

Practice insight

Visit your university website and take a look at the student charter/code of conduct. Also visit the HCPC website and take a look at the student code of conduct, performance and ethics, to recognise the standards that affect you as a student. You may also be aware of such standards laid out by the ambulance service you practice with. Make sure you are aware of all of these standards from the start of your paramedic programme.

Regulatory areas, fitness to practise processes and outcomes

There are four main areas of regulation that will apply in paramedic programmes:

- Academic misconduct
- Unprofessional behaviour within university-based settings (including social media)
- Unprofessional behaviour in practice settings (including social media)
- Health-related issues.
To ensure public protection as a requirement of health and social care professional regulators, and as a process for maintaining ethical practice of students, universities are required to have established fitness to practise procedures in place that include standards of conduct and processes for determining fitness to practise of students. Such procedures tend to mirror professional statutory regulatory bodies processes for hearing cases of professional misconduct (Figure 1.2). However, as a student, there will also be processes to help in learning what it means to behave professionally.

Whether a student or a registered paramedic, each case will need to follow an approved process that allows each case to be addressed on an individual basis. There is no definitive outcome, as each case will be different; however, panel decisions in hearing cases of alleged misconduct can be broadly classified as:

- No case to answer
- Minor breaches of conduct
- Significant breaches of conduct
- Serious breaches of conduct may result in a temporary suspension/withdrawal from professional register/practice and/or programme. This usually does not exceed twelve months. The individual will need to provide evidence of developments and remediation before being able to return to the programme
- Major breaches of conduct may result in the individual being permanently removed from the professional register or withdrawn from their pre-registration programme.

### Conclusion

Paramedics must demonstrate professionalism in all aspects of their practice. Guidelines exist that can help the paramedic to achieve this, and this chapter provides an overview of the key issues and principles to help the paramedic understand and demonstrate professionalism in all aspects of their lives, but most importantly, in their role in providing emergency patient care.
Activities

Now review your learning by completing the learning activities in this chapter. The answers to these appear at the end of the book. Further self-test activities can be found at www.wileyfundamentalseries.com/paramedic.

Test your knowledge

1. What are the three main themes that constitute professionalism?
2. What may influence understanding of professionalism for paramedics?
3. Does behaving professionally apply to when you are on duty or when you are off duty?
4. What are the five levels of outcome that fitness to practise panels judge individual student or registered paramedic cases proven to have behaved unprofessionally?

Activity 1.1

John, a registered paramedic, has just finished a shift and is completing his time sheet. He turns to you and tells you to make sure that you claim an extra hour of overtime even though you do not feel you are entitled to do so. He reassures you by saying: ‘It’s OK, everybody does, it happens all the time and nobody ever says anything.’

What would you say or do if you were in the coffee room listening to this conversation? What do you think about this?

Activity 1.2

For each of the following questions, state which are true or false:

1. True or false, the paramedic clinical mentor is the only person who can truly assess a student paramedic’s overall development?
2. True or false, negative role models in paramedic practice do not help the student to learn about professionalism?
3. True or false, as a student paramedic you are not always aware that you are learning?

Glossary

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<thead>
<tr>
<th>Academic integrity:</th>
<th>Honesty, responsibility and rigour in scholarship and research, including avoidance of cheating or plagiarism.</th>
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<tr>
<td>Fitness to practise:</td>
<td>Fitness to practise means to practise in a safe, competent, knowledgeable way, demonstrating a professional attitude through behaviour, so that the public are protected.</td>
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<tr>
<td>Health and Care Professions Council (HCPC):</td>
<td>The professional statutory regulatory body for paramedics in the UK.</td>
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<tr>
<td><strong>Paramedic professional identity:</strong></td>
<td>Paramedic professional identity involves being able to practise with honesty, integrity and trustworthiness, and with knowledge and skill. It includes demonstrating a commitment to the paramedic profession, and being accountable and responsible for one’s own actions (and omissions) through exercising evidence-based practice and professional judgement.</td>
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<tr>
<td><strong>Professionalism:</strong></td>
<td>Knowledge skills and attitudes expected from a person on a professional register.</td>
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<tr>
<td><strong>Role model:</strong></td>
<td>A role model is a person who demonstrates good practice and whose behaviour is replicated by others.</td>
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**References**


Roff S and Dherwani K (2011b) Recommended responses to lapses in professionalism. Clinical Teacher 8, 172–175.

