CHAPTER 1

Professionalism in paramedic practice

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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 concepts that influence professionalism.
- Describe how professionalism is learned.
- Describe the potential outcomes of behaving unprofessionally.

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Case study

A student paramedic is halfway through their course. They have several months experience of working with registered paramedics treating and caring for patients in practice. The expectations are that they need to start using initiative to assess cases and suggest treatment and actions, whilst being supervised by the paramedic.

The paramedic they are working with is experienced, confident, and has impressed the student on many occasions. The registered paramedic is popular with their colleagues and often takes the lead when discussing difficult situations in work and is also a key member of the team when socialising outside of work. They enjoy pranks and often laugh about other colleagues' vulnerabilities.

They have assessed a patient and are planning to return to the emergency department with the patient. The plan is for the student to treat the patient in the back of the ambulance whilst the paramedic is driving. The student is feeling anxious and 'out of their depth' but they want to impress the paramedic. The student does not say anything about their concerns. The patient deteriorates on the return journey.

Introduction

Contemporary paramedics must not only demonstrate extensive clinical knowledge and skills for paramedic practice but also **professionalism** throughout their daily lives, both on and off duty. This chapter identifies and discusses key aspects of professionalism required for effective and safe 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. For example, in the UK this is the Health and Care Professions Council (HCPC), and in Australia this is the Australian Health Practitioner Regulation Agency (AHPRA). Regulatory bodies provide a professional code of conduct that applies to their registered paramedics. The principles that underpin such codes relate directly to professional knowledge, skills, behaviour, and attitude, as well as professional clinical performance by being the 'knowledgeable doer'. This refers to the integration of theory and practice (Benner 1984), and practising safely within the scope of education, training, and practice for the protection of the public. Practising safely is also embedded within the HCPC (2016) Standard 9.1, which states:

> *You must make sure that your conduct justifies the public's trust and confidence in you and your profession.*

Behaving professionally is a standard expected not only by the HCPC and regulatory bodies of other countries such as Australia, where legislation allows paramedics to be a regulated profession (Townsend 2017) but also by patients, co-workers, other healthcare professionals, and the public. Healthcare professionalism is currently under a great deal of scrutiny, with increasing numbers of fitness-to-practise cases being heard by most healthcare professional statutory regulatory bodies, where issues of inappropriate or unprofessional behaviour are cited. In 2021–2022, the number of registered paramedic fitness-to-practise cases in the UK was 367 (1.1% of all paramedic registrants). This continues the trend of paramedic cases being the second highest number of fitness-to-practise cases of all allied health and care professions in the UK (HCPC 2021) and appears to be a similar pattern to other countries. It is therefore important that all paramedics consider professionalism as a lifelong competence that will require continual demonstration (and development) throughout their careers. The resources that professional associations such as the College of Paramedics (UK) provide to support lifelong learning and professional development are continually developing (van der Gaag et al. 2017).

Defining professionalism

Defining professionalism is not easy, as it is diverse, multifaceted, and open to individual interpretation. Between 1990 and 2015, there was a plethora of literature on what constitutes professionalism in healthcare, and the concept continues to evolve 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, which is inherently trustworthy and ethical and provides a service to society (e.g. as usefully summarised in the seminal work by Hugman 1991, pp. 2–9 and Johnston and Acker 2016). Some healthcare literature has focused upon values of care and compassion held by the profession itself, and roles undertaken by its registered practitioners, for example, developing honest relationships with patients (e.g. Burges Watson et al. 2012), patient advocacy (e.g. Batt et al. 2017), and clinical excellence (Jauregui, J. et al. 2016).

More helpful detail is found in Bossers et al. (1999) 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)

Research commissioned by the HCPC in 2011 explored healthcare professionals' understanding of professionalism. It concluded that the key to professional behaviour is 'the interaction of person and context, and the importance of situational judgement' (HCPC 2014, p. 3). This is particularly relevant to paramedics, where responses to crisis, trauma, and emergency situations involving family and significant others, and the heightened emotion at such times, can result in misperceptions and miscommunications (van der Gaag et al. 2017).

Professionalism is now 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 of 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, socialisation, and the human resources of employing organisations (Johns 1992; Gallagher et al. 2016; Brown et al. 2005). In addition to this, the current focus is upon consistently demonstrating 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 that the paramedic profession is exploring (Johnston and Acker 2016; Givati et al. 2017).

Professionalism as ethical practice

The nature and practice of a paramedic's role demand that they understand morals and ethics and utilise this understanding within their practise (Chapter 3, Legal and Ethical Aspects of Paramedic Practice details this more). As this chapter discusses, 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. In a scoping review to outline scales for measuring professional behaviour amongst paramedics, Bowen et al. (2017) identified the key characteristics of professionalism. These include practising within a professional code of ethics. Key principles that underpin professionalism as ethical practice include integrity, honesty, trustworthiness, probity, objectivity, and fairness. These key professional characteristics are also applied as legal principles when determining cases of professional misconduct. Professionalism can thus be regarded as ethical competence in all aspects of professional activity. However, at times it can take courage to maintain professional ethical principles, to speak up, and/or to potentially demonstrate your own vulnerability for the overall gain of the people you have a duty to care for and the profession you represent.

Professional identity, socialisation, and culture

Professional identity, professional socialisation, and professional culture will all 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), including behaviours, knowledge and skills, values and beliefs, the context in which we work, and its associated socialisation. Together

with both personal and group identity, these are all key components (Fitzgerald 2020). Our thoughts, experiences, and reflections create a complex catalogue of who we are as individuals and members of groups (Fitzgerald 2020). Professional identity is assimilated with other aspects of a personal sense of identity including the variety of roles that you undertake in society, for example, within family, friendships, communities, as well as your profession. Paramedic professional identity involves being able to practise with knowledge and skill, demonstrating a commitment to the paramedic profession, and being accountable and responsible for one's own actions (and omissions) through exercising professional judgement. Whilst there are some widely perceived stereotypical 'identities' of paramedics (such as being a hero or a lifesaver), the key components of paramedic identity are best described as a professional expert in developing honest relationships with patients (Johnston and Acker 2016), where patients benefit from timely treatment of their complex clinical needs outside of the hospital environment.

Socialisation

Students learn to think critically within university and practice contexts. Professional socialisation is a combination of an individual's professional development and the extent to which an individual adopts, acquires, and adjusts to the professional group in the practice context (Ajjawi and Higgs 2008). Socialisation in a healthcare profession will depend on the individual's past experiences, reflection on practice, and learning experiences, which will change and develop throughout their career. Socialisation is therefore negotiated in both university and practice settings, which shapes individual and collective professional identity and work culture through shared challenges and the values of both educational and vocational experiences (Givati et al. 2017). It is important to be aware of the culture within practice so that socialisation does not negatively impact upon ability for inquiry into evidence base for clinical decision-making. For example, in an ethnographic study of nurses' socialisation upon graduation, Voldbjerg et al. (2021) found that they were inadvertently prevented from inquiring about evidence base because experienced colleagues were seen to be the main knowledge source. As experienced registrants may not all be confident in nurturing an inquiring approach in newly registered staff, the local culture of professional practice needs to be supportive of questioning practice, and must not see this as incompetence or insecurity. This could equally apply to paramedic practice and associated socialisation.

Practice insight

Make an effort to communicate professionally with those around you, such as other students, university lecturers, and ambulance service staff. This will increase your learning opportunities and improve your working relationships. Consider how building friendships with colleagues within the practice setting can enhance or detract from professional practice and your development.

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 ambulance services, and a range of professionals in hospital and other community healthcare settings such as primary care. 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) are embedded within job descriptions, forms of address, policies and procedures, and practice standards.

Professional culture

Historically, the paramedic professional culture has been one of training rather than education, there may be a juxtaposition of old and new professional cultures causing tensions and potential confusion for the emerging professional (e.g. confusion making decisions about what is an appropriate professional attitude or behaviour) (van der Gaag et al. 2017; Townsend 2017), and it has been regarded as 'the trainer's role' to 'instil' professionalism without opportunity for learners to question. A more facilitative, questioning, and reflective approach changes how students learn about professionalism. Professional culture can influence and be influenced by the challenges of change and its management. New students and employees are keen to 'fit in' to the work culture and are aware of being scrutinised by registrants when on placement (Givati et al. 2017). If this is not embraced a philosophical tension may be created between the old and the new thus hindering organisational change and the development of the profession (HCPC 2014; Gallagher et al. 2016). The university might be seen as the 'intruder' who has caused the 'loss of the communal occupational nature of paramedic practice'

(Givati et al. 2017, p. 367) but also as a key influencer in the development of professionalism (Givati et al. 2017). The influence of the professional culture may also have an impact upon the contribution to research in practice (Burges Watson et al. 2012). In addition, culture will be influenced by care being provided in out-of-hospital settings, which are high-risk environments (regarding patient safety) due to the unpredictable and increasingly complex nature of the paramedic interventions required (Hagiwara et al. 2019; Mallinson and Willis 2020).

Learning professionalism

Learning about the concept of professionalism and how to demonstrate competence is achieved throughout the paramedic educational curricula, both campus and practice based. This is in addition to taught components such as discussing cases of academic misconduct, developing clinical decision-making, or critical thinking. However, much of what paramedics learn is through working with 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, safe practice, and exceptional clinical skills. Where there are clear policy obligations for practice staff (e.g. mentors) to 'teach', connections between theoretical and practical knowledge are more likely to be made (Peiser et al. 2018). However, there are significant challenges for paramedic staff who support students in practice. In particular there may be conflict between supporting and assessor roles alongside heavy service delivery workloads (e.g. Johnston and Acker 2016; HCPC 2017) and, where there are only informal requirements for supporting students in practice, staff are 'inclined to attend to the development of contextual knowledge with a consequent disconnect between theory and practice' (Peiser et al. 2018, p. 16). In addition, campus-based teaching may only have a limited effect on learning compared to work-based learning, and role modelling professional attributes appears crucial to developing professionalism in students (Felstead and Springett 2016; Nevalainen et al. 2018). Humans unconsciously learn from their environment, and may not be aware that they are learning, so paramedic students might find it hard to appreciate their learning from working alongside registered paramedics in busy environments or may not assimilate learning until further on in their career. In addition, the wealth of knowledge, skill, and behaviours of an experienced role model is often difficult to verbalise until formal recording occurs in writing (Scott and Spouse 2013), and observation of behaviours and decision-making, for example, may be unconsciously integrated into the observer's practice (Hunter and Cook 2018).

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 and be aware that elements of expertise exist in part due to experience within the profession. Therefore, it is important to listen to and embrace aspects of practice that have been shared with you by more experienced clinicians. If you are unsure whether what you are being taught is correct, explore further with the practitioner, investigate research, policies, and protocols related to the issue, contact other staff for support (e.g. colleagues, lecturers), read your professional code of conduct/ethics, and investigate the matter further.

The earlier interest in the evidence base for learning professionalism (e.g. Roff and Dherwani 2011; Lloyd-Jones 2013; Carter et al. 2015) indicated that socialisation had the potential to erode professional attributes learned in the university and presented a rationale for increasing the focus upon professional parameters, behaviours, responsibilities, and values, so that public confidence in registered professionals is not compromised. Professionalism is therefore a competence that extends beyond registration, and all paramedic professionals must continue to demonstrate it throughout their career. To do this, it is still useful to consider the work of Carter et al (2016), which explored fifteen dimensions of professionalism. See Table 1.1 for an overview of the fifteen dimensions of professionalism.

This exploration resulted in six factors of professionalism being identified:

- Being valued by the public
- Appropriate behaviours
- Organisational and professional care

TABLE 1.1 The fifteen dimensions of professionalism.

Professional identity	Reliability
Professional status	Competence, knowledge and improvement
Normative elements such as regulation and social status	Pride in the profession
Comparative perceived status in relation to other professions	Appearance
Adherence to ethical practice principles	Flexibility
Interactions with patients	Behaviour outside work
Interactions with staff	Organisational context
	Situational awareness

Source: Carter et al. 2015.

- Positive/proactive professional behaviours
- Professional identity and pride
- Learning orientation

These six factors are fundamental to professionalism. Carter et al. (2015) found that the quality and provision of these factors (except feeling valued by the public) appear to diminish as the practitioner journeys through their career. It is important to be aware of how self-assessment of professionalism may be influenced by socialisation. Any potential dissonance between self-perception and actual outcomes needs to be identified. The impact of the culture of the organisation or the local work environment should be considered, as this can either enable or limit paramedic professionalism (Gallagher et al. 2016; HCPC 2014).

Consistent reflective practice throughout your career is a key aspect of professional development and professionalism. Your professional code of practice will be a useful quick guide to refer to in your reflections. It may also be useful to use the generic questionnaire as a reflective aid to guide discussions about complex professionalism constructs. For the full questionnaire, see Appendix A of Carter et al. (2015).

Reflective practice

Schön (1987) recommended both reflection in action and reflection upon action as ways of developing professional practice. For paramedic practice, it is often reflection after the event that is more prevalent, due to the emergency nature of the work, however, both approaches are useful in informing future practice. Howlett's (2019) qualitative study explored paramedics' intended use of reflection as they transitioned from students to newly registered professionals. The participants recognised that reflection was a positive tool that aided continual professional development and could influence the wider paramedic community. As newly registered practitioners progressed, they understood the need for an evidence base to underpin their reflections and actions. They did, however, express concern that not all opportunities for reflection were recognised or encouraged when they were in practice. Some of the participants indicated that where the reflection had been part of an assessment, they were more likely to have a negative experience or view of the outcome. For reflection to be experienced positively they needed to be supported by role models within the practice organisation. They needed their colleagues to recognise the effectiveness of reflection and to encourage consistent use. As the paramedic student enters practice as a novice, they require positive experiences of reflection supported by mentors to be able to develop their professional competence and take these skills into their future career.

There are several models of reflective practice that will help support learning through reflection in and on practice, for example, Gibbs (1988) (Figure 1.1), Driscoll (2007), Johns (2000), or Kolb (1994). All help to structure reflection and support learning from experience and encourage in-depth thinking and prompt use of alternatives (Paterson and Chapman 2013). It is important that students try different models, as this helps understanding of the overall process from which individual preference for model selection can be made for future practice.

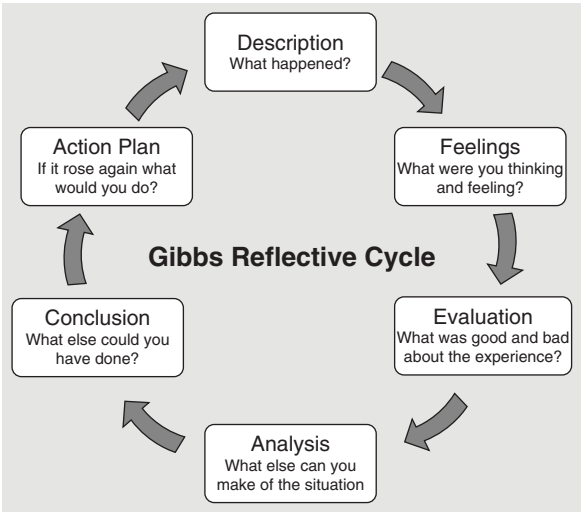


FIGURE 1.1 Gibbs' 1998 reflective cycle.

Practice insight

To ensure you advance your professional competence and benefit from reflective practice you need to think of it as a skill to be learned and developed over time. Explore the various models of reflection and ask for guidance and support from clinical and academic role models.

Assessment of professionalism

Demonstrating professionalism is determined by the assessment requirements of the educational programme, or once registered, the standards expected by the employer organisations, peers, professional regulatory body (e.g. HCPC, AHPRA), and professional associations, e.g. professional bodies such as the College of Paramedics (UK). Students are assessed by clinical mentors and other colleagues with whom they work in practice. Self and peer assessment, objective structured clinical examinations (OSCEs), simulation, 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 the subjectivity of a particular assessor, and any single measure alone is not sufficient (Reljić et al. 2017).

Addressing issues of lack of professionalism when employed as a registered paramedic will usually be undertaken by following relevant local policies (e.g. professional conversations and appraisal, application of bullying and harassment policies or grievance procedures, assessment against clinical skills and procedure policy documents).

Practice insight

Visit your university website and take a look at the student charter/code of conduct. Also visit your regulatory body website (e.g. HCPC) and read 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/trust/organisation you practise with. Make sure you are aware of all of these standards from the start of your paramedic programme and continue to update yourself throughout your career (e.g. when reflecting upon your practice experiences).

Scope of practice and professional confidence

A professional must work within their scope of practice. This requires the ability to consider the context, personal professional competence, and ethical and legal frameworks. The decision to proceed with care or treatment will require professional judgement. The ability to practise safely and effectively will be reliant on education and maintaining clinical and professional competence and the environmental context. The paramedic's approach to scope of practice is likely to change as they develop through their career from novice to expert, moving from a supervised unregulated student who is responsible for their actions to becoming a registered professional who is accountable for the care and treatment they provide. From course commencement, student paramedics are required to be working towards the professional code of conduct and need to be supported in their learning to understand how their professional standards apply to them in their role as a student and as a future registrant. For example, the HCPC (2016b) has produced a guide to help support student learning in preparation for when they apply for registration. In addition to this, the different paramedic roles may vary (e.g. practitioner, manager, tutor) and therefore the scope of practice will alter, however, the practitioner must always work within their level of competence (AHPRA 2022).

Jackson et al. (2019) undertook a narrative review of the literature in relation to professional confidence and expertise across allied health disciplines. They suggest that professional confidence can be experienced by the practitioner across all stages of their career. To be professionally confident the paramedic requires a clear understanding of their role and scope of practice and must be able to practise effectively and competently. Experiences in practice and the way in which they overcome challenges and build upon success will impact their professional confidence. Jackson et al. (2019 p. 231) conclude that, 'Reflection-on-practice and reflexivity are recommended personal practices for increasing one's own professional confidence'.

Help-seeking behaviour

A professional (student or registered) may experience times when they are not competent in a skill or feel out of

their depth in a situation. It is important that the individual is self-aware and able to recognise this. The professional will need to address this and seek appropriate support to develop their practise. It may be that the practitioner feels embarrassed or fearful about this, not wanting to portray themselves as anxious, risk averse, or over dependent on their supervisors (Sturman et al. 2020). This can pose a conundrum for the practitioner, how to maintain professional safety whilst not being seen negatively and/or as incompetent by their peers, seniors, and the patients in their care. Sturman et al. (2020) observe that some students can frame their help-seeking as safe and self-regulated. The ability to identify authoritative advice is an important skill for safe clinical practice. The point at which you raise this with a mentor will depend upon the context and environment, for example, immediate action and quick communication is required in emergency situations whereas less urgent settings may allow for more detailed explanation and exploration. Suggested tips for setting the scene, to allow for help-seeking behaviour, and promoting patient safety are included in the practice insights to help development.

Practice insight

Help-seeking behaviour in professional practice:

- Identify areas for development prior to commencing a placement/shift, categorising them into short- and long-term goals; you could use your practice assessment documentation, competency requirements, and professional codes as a guide.
- When you first meet your mentor, set 'ground rules' about how and when to address areas for development and/or highlight concerns. Aim for an open and ongoing dialogue.
- Frame your 'ground rule' discussions positively, e.g. identifying the need for patient safety, wanting to demonstrate self-awareness, and wanting to target self-development.
- If you are nervous about raising this with you mentor rehearse this, for example, with a peer or academic support person.
- Face your fear and 'speak up', especially when patient safety is likely to be compromised.
- Reflect upon how these discussions have gone and learn how to develop this aspect of your professionalism as you move forward in your career. You could ask for feedback from you mentor to inform your reflection.
- If you experience negativity when you ask for help (e.g. bullying behaviour) seek support from seniors either within practice or in the educational setting and address the concerns according to local policy.

Sturman et al. (2020) suggest that students appear to learn rapidly through their help-seeking encounters. It is therefore important for mentors to be aware of the potential reluctance of students to seek help, and to overcome this by developing supportive student–mentor relationships. These relationships can be managed by fostering an environment where it is safe to explore areas for development; listening to the students' fears and seeking resolution through positive action planning and offering feedback; responding promptly to student requests without compromising patient safety; providing opportunities to reflect together; encouraging students to seek assistance; and providing constructive feedback and role modelling help-seeking behaviour.

Health and well-being

One determinant of safe professional practice is the health and well-being of the practitioner. This is a common component of regulatory body fitness-to-practise requirements (AHPRA 2022; HCPC 2022; PHECC 2017). The AHPRA (2022) guidance indicates that the practitioner has a responsibility to reflect upon their own ability to practise safely and not rely on their own self-assessment; they must consult others appropriately should their judgement be impaired. There is a developing awareness for the need to support practitioners in raising concerns about their own or colleagues' health. This can be at the level of employment or by reporting to the professional regulatory body if the condition or impairment is likely to significantly impede safe practice long term. It is important to utilise occupational health services and well-being clinics and provide supportive one-to-one conversations to support employees to maintain their health and reinforce positive coping strategies. Professional bodies may also provide useful resources – for example, the Health and Well-being Framework (HCPC 2022), which outlines responsibilities not only for the individual professional but also their manager and employer, and employee representative groups.

Practice insight

You need to be aware of your own health and well-being, seeking appropriate support when necessary. Recognising that health and well-being is the professional responsibility of all, consider how you would support colleagues who raise concerns about their own health and well-being.

Professionalism whilst working under stress

Healthcare professionals work in stressful situations and emergency practitioners such as paramedics consistently have to navigate challenging and complex treatments, which at times are undertaken in dangerous environments. Maintaining professionalism and working within codes of practice are paramount to safe and effective care even when working under stress. Practitioners should be mindful of the potential for burn-out and therefore explore techniques to minimise this risk.

Mallinson and Willis (2020) recommend a performance-enhancing psychological strategy model for enabling readiness of practitioners in emergency situations. The model takes the professional through steps to become calm and focused ready for engagement (Table 1.2). To ensure positive outcomes the practitioner will need to practise the activities within the model aiming for them to become embedded and utilised effortlessly within the practice setting.

Cultural safety

The educational preparation of the paramedic profession is mainly focused on clinical knowledge and skills; however, it is argued that this needs to be balanced with appropriate preparation in other aspects of patient care to effectively practise in uncertain, changing, and diverse professional environments (Ebbs and Gonzalez 2019). Practising in diverse environments is related to providing culturally safe care.

TABLE 1.2 **Performance-enhancing psychological strategies.**

B	Breathe (tactical breathing)	Slow, deep inhalations and exhalations e.g. square-box breathing
T	Talk (to self)	Motivational positive internal self-talk prior to or during a challenging activity (e.g. I can do this, I will be calm, I have the skills to manage this)
S	See (mental rehearsal)	Visualise the situation and mentally rehearse the activity about to be undertaken
F	Focus using a trigger word	Preparation of a personal trigger word which has been developed and practised over time to move the practitioner quickly towards engaging with the patient/activity in calm and focused manner

Source: *adapted from* Mallinson and Willis 2020 (after Lauria et al. 2017).

A key principle of safe practice is to understand that only the patient and/or relevant colleagues can determine whether or not actions are culturally safe. Since the 1990s, cultural safety has gained increasing focus in the preparation of other healthcare professions, however, as yet little has been produced directly addressing paramedic preparation for working in a diverse population in a culturally safe manner. Culture can be defined as incorporating ethnicity, social background and socio-economic status, gender or sexual orientation, spiritual and health beliefs, age, and level of education (Holland 2018; Westenra 2018). As cultural safety is determined by the recipient of care, the experience of anyone involved in the care (e.g. patient, family, carers, significant others) may identify that the cultural identity and/or well-being of the patient has been 'diminishe[d], demean[ed] or disempower[ed]' in any manner (NCNZ 2011, p. 7).

There are various theoretical models and frameworks to inform developing culturally safe practice in healthcare. It is suggested that those utilised by other healthcare professions can be adapted and applied to paramedic practice. For example, Papadopoulos et al.'s (1998) transcultural skills development model is underpinned by the recognition of oppression that exists in society and mitigation is needed against the effects this has with the goal of equalising any imbalances of power between individuals and/or groups of people (Aqil et al. 2021). The model focuses upon the development of skills in four stages (Figure 1.2).

Each stage of this model has its own components, for example:

- Cultural awareness: including our personal values and beliefs, and the nature of cultural identity.
- Cultural knowledge: as derived from various disciplines including anthropology, psychology, sociology medicine, healthcare, and traditional and folk practices.
- Cultural sensitivity: developing appropriate relationships with patients by considering how we view their cultural beliefs and values, approaching each patient as an equal partner in decision-making, and respecting their individuality. This includes meeting the specific language, cultural, and communication needs of patients and their families.
- Cultural competence: this is the synthesis and application of the previous three stages: awareness, knowledge, and sensitivity.

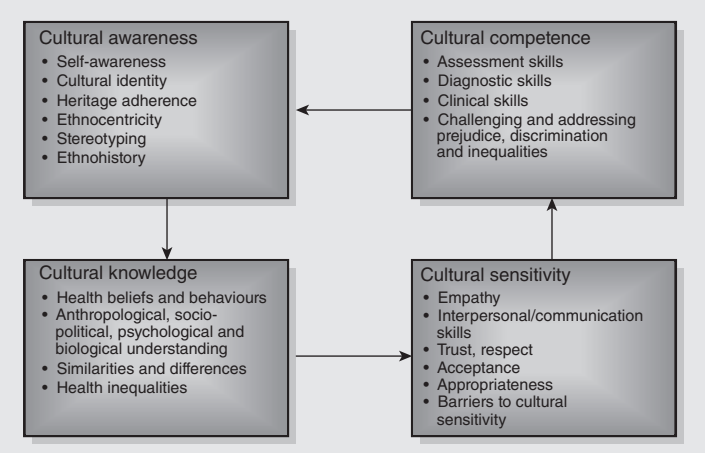


FIGURE 1.2 Transcultural skills development model. Source: Papadopoulos et al. 1998.

The above components of culturally safe practice also apply to professionalism when working within a multicultural workforce. To provide culturally safe and respectful practice, how best to prepare for culturally safe paramedic practice needs to be considered.

Practice insight

Do you know what your code of professional practice states about culturally safe practice?

Professional regulation

Professional regulation varies according to the laws of the country in which the paramedic practices. There are country-specific administrative schemes for addressing health, performance, and conduct (e.g. AHPRA 2021; HCPC 2021), however, the principles that underpin these processes are similar. The function of a professional regulatory body is to maintain the standards of the profession and to protect the public. Registrants of a profession are required to adhere to their code of professional conduct. If a registrant breaches the professional code through an act or omission the professional regulatory body may need to take action. This will be determined by whether the error in practice is minor and a learning opportunity or more severe malpractice that requires investigation according to local policy with potential for escalation. These principles apply to actions and behaviour within work or outside of the workplace. As a result, investigation of the registrant's fitness to practise and decisions about their suitability to continue as a registrant will be made.

The impact of a paramedic's actions and behaviour outside of the workplace may have consequences for their professionalism and registration. For example, some professional regulatory bodies specify serious or grave criminal offences that would be automatically referred directly to a professional regulatory body fitness-to-practise committee. Examples of cases include hate crimes, sexual offences, extortion, blackmail, murder/manslaughter, causing death by dangerous driving, or serious drug-related offences. In addition to these offences, less serious or non-criminal activity occurring outside of work may still impact upon fitness to practise being called into question at a more local level (e.g. by the employer).

The outcome of fitness-to-practise investigations and hearings will vary depending upon the individual case and circumstances, the most significant may lead to suspension or termination of employment and/or removal of the practitioner from the register, and in extreme cases potential criminal investigation.

As emerging professionals, student paramedics have a responsibility to enact the professional codes even when they are not yet registered and accountable. There are four main areas of regulation that apply to student paramedic programmes:

- Academic misconduct
- Unprofessional behaviour within university-based settings (including social media)
- Unprofessional behaviour in practice settings (including social media)
- Health-related issues

As a process for maintaining the ethical practice of students, universities are required to have established fitness-to-practise procedures and processes for determining the fitness to practise of students. Such procedures tend to mirror professional statutory regulatory bodies' processes for hearing cases of professional misconduct. However, these processes are also designed to support students in learning professional behaviour. All cases will need to follow an approved process that allows each to be addressed on an individual basis. Every case will be different; however, panel decisions and outcomes from university hearings of alleged misconduct can be broadly classified as:

- No case to answer.
- Minor breaches of conduct.
- Significant breaches of conduct.
- Serious breaches of conduct, which may result in temporary suspension/withdrawal from 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, which may result in the individual being permanently withdrawn from their preregistration programme.

Practice insight

What advice would you give to another student paramedic if they had broken the law in their personal life activities? What policies and professional codes would apply?

Raising concerns

The codes of practice require the professional practitioner to raise and escalate concerns related to themselves or another individual or an organisation. The concern can relate to unsafe practice or behaviours (both within and outside of the practice setting) of a professional that breach the code.

The need for honesty and **candour** when things go wrong is a common component of professional codes. Professionals have a responsibility to understand when they need to declare their own changes in circumstance (e.g. health, impairment, behaviours, lawbreaking) to their employer and/or their professional regulatory body. The raising of concerns usually follows an escalation pathway and local policies should be identified and complied with. Minor and moderate concerns can be managed at a local level by addressing them with the individual and considering supportive action plans to improve behaviours, attitudes, or unsafe practice/lack of knowledge. Only significant concerns would be investigated and managed by the professional regulatory body.

The act of raising and escalating a concern can take courage (Wiisak et al. 2022) and may also cause significant stress for the person making the allegations. Healthcare professionals, registered or student, may be reluctant to raise concerns due to fear, avoidance of being seen as a troublemaker, financial loss, not wanting to declare a lack of skill/knowledge, and feeling disengaged or undervalued (Kirk et al. 2018; Yalçın et al. 2022).

A qualitative hermeneutic phenomenological study undertaken by Fisher and Kiernan (2019) explored the lived experience of student nurses to gain an insight into the factors influencing their ability to speak up or remain silent if they witnessed suboptimal care. They found that social identity and wanting to belong within the practice setting may inhibit their decision to raise the concern. This was exacerbated by the fear of reprisal and their junior status within the power structure of the setting. It was juxtaposed by the knowledge of professional responsibility and some students would raise their concerns. Fisher and Kiernan (2019, p. 5) suggest that 'Students require the assurance that robust and effective support mechanisms are in place as a safety net when they do raise their concerns'. This is supported by Yalçın et al. (2022) where registered professionals can be encouraged to raise concern when the work environment has a non-blame culture and supports feedback in a positive manner. The findings from Fisher and Kiernan (2019) could also apply to the paramedic setting.

Practice insight

What standards, policies, and processes would guide you if you needed to raise a concern about a professional you were working with?

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 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/3e**.

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 when you are on duty or when you are off duty?
4. What are the five levels of outcome against which fitness-to-practise panels judge individual student 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

In relation to the case study:

(a) Now the student is in the position where the patient is deteriorating, and they don't know the next steps in treating the patient. What actions should they take?
(b) What can the student do to prevent a similar situation arising again?

Activity 1.3

Think about when you have cared for a patient from a different cultural background to yourself. Use one of the transcultural care models to reflect upon your practice.



Glossary

Academic integrity:	Honesty, responsibility, and rigour in scholarship and research, including avoidance of cheating or plagiarism.
Candour:	Be open and honest when something goes wrong (HCPC, 2022b).
Fitness to practise:	Fitness to practise means to practise in a safe, competent, knowledgeable way, demonstrating a professional attitude through behaviour, so that the public are protected.
Health and Care Professions Council (HCPC):	The professional statutory regulatory body for paramedics in the UK.
Australian Health Professional Agency (AHPRA):	The professional statutory regulatory body for paramedics in Australia.
Mentor:	A mentor is a generic term to mean the person allocated to support the student in their learning in practice, (there may be different roles/titles for this role in different practice areas – such as preceptor, supervisor, clinical mentor).

Paramedic professional identity:	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.
Professionalism:	Knowledge, skills, and attitudes expected from a person on a professional register, incorporating: 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).
Role model:	A role model is a person who demonstrates good practice and whose behaviour is replicated by others.

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