

401069 – Paramedic Practice 4

Week 1 – Professional Identity:

Socialisation:

- **Socialisation:** The social process through which we develop our personalities and human potential and learn about our society and culture.
- **Primary socialisation:** Your first experiences with language, values, beliefs, behaviours and norms of your society.
- **Gender socialisation:** Learning the psychological and social traits associated with a person's sex.
- **Race socialisation:** The process through which children learn behaviours, values and attitudes associated with racial groups.
- **Class socialisation:** Teaches the norms, values, traits, and behaviours you develop based on the social class you're in.
- **Anticipatory socialisation:** The social process where people learn to take on the values and standards of groups that they plan to join.
- **Secondary socialisation:** The process through which children become socialised outside the home, within society at large. This often starts with school.
- **Peer groups:** Social groups whose members have interests, social position, and usually age in common.

Professional Identity:

- As a paramedic, identity shapes how you respond to everything:
 - The way you respond to PTSD
 - Job satisfaction
 - How patients are treated
- Identity also serves as a protective factor
- Pre-student – influences on identity:
 - Family / upbringing
 - Friends
 - Culture
 - Education
 - Previous occupation
 - Religion
 - Socioeconomic status
- As a student – influences on identity:
 - Other friends
 - Media
 - Tutors
 - Situation – balance of life
 - Commitment
 - Passing the OSCE
 - Uniform
 - Peers
 - Learn to do things – self empowerment

- Practitioner – influences on identity:
 - Organisation
 - Peers
 - Location
 - Types of jobs
 - Experience
 - Hours – work / life balance

Professionalism:

- What is professionalism?
 - The competence or skill expected of a professional
 - Professionalism – making the right decision contextually in the society you are in
- What behaviours or elements make up professionalism?
 - Changes between cultures
 - Accountability
 - Team work
 - Ethics
 - Communication
 - Respect
- Individual – how you want to behave
- Interpersonal – what do your peers value
- Societal / institutional – what does society think
- Professionalism:
 - Professionalism complaints outnumber clinical complaints by a huge margin
 - In the UK, only 8% of complaints against paramedics to the HCPC are clinical. The rest have to do with behaviour, or a combination of behaviour and clinical issues
 - No one likes a paramedic who is a jerk

Week 1 - Readings:

Paramedics and Professionalism:

- As public expectations of professionals' change so must the emphasis on professional skills in training and practice.
- Over the last 8 years the majority of complaints about registered health professionals concerned conduct not competence. Only 8% of cases were exclusively competence related in the last year.
- Professionalism was seen not as a discrete competency but a situational judgement, a set of behaviours influenced by context, rather than a fixed, defined characteristics.
 - Strongly influenced by particular care group, peer group and knowledge and skills of the individual.

Lessons in Developing Professionalism:

- To act with professionalism is to act within a set of moral norms, principles and standards of conduct and competency.

- Problems arise when paramedics do not understand what it means to be a professional, and this is largely due to gaps in education.
- Regulation should not be seen as a threat, but rather as a positive way of advancing the profession and focussing on doing the best for patients.
- Education plays a key role in creating a culture of professionalism, a solid foundation of professionalism and a professional identity. This education must be consistent.
- Paramedics should be supported in their professional development with a greater emphasis on applied ethics to facilitate professional problem-solving and a more comprehensive understanding of the regulatory system.
- The ideology of professionalism asserts devotion to the use of disciplined knowledge and skill for the public good – patient's interests before self-interest, patient advocacy, professional responsibility and self-governance.
- To act with professionalism is to act within a set of moral norms, principles and standards of conduct and competency.
 - A set of behaviours, values and relationships that underpins the trust of the public.
- There current is a lack of consistent training in professionalism and ethics.
- Registration should address this to ensure greater professional cohesion.

Professional Education Should Reflect Reality:

- **Individual references to professionalism** were to beliefs or fundamental values formed early in life, and to professional identity, with professionalism as an aspect of the self.
 - Either inherent or learned
 - There may be a 'right' type of person for a profession
- **Interpersonal references to professionalism** indicated that the definition of professional behaviour is dependent on contextual factors, with the meta-skill of selecting an appropriate approach being fundamental.
 - Behaviours or attitudes specific to a particular context or interaction
- **Social-institutional references to professionalism** related to societal expectation, to organisation cultures, and to local work-group norms.
 - Norms or standards identified as external to individual practice
- **Professionalism is grown not made.**

Self-Directed Topics – Operational Safety:

Situational Awareness and Operational Safety:

- Situation awareness refers to an individual's perception of the elements in the environment within the volume of time and space, the comprehension of their meaning, and the projection of their status in the near future.
- Good situational awareness will often result in a course of actions which requires less reactive actions.

Elements of Situational Awareness:

- **Perception:**
 - Knowing what is in the physical environment
 - Recognising behaviours
 - Recognising things which are different or changing
- **Comprehension:**
 - Understanding the meaning of objects or elements
 - Recognition of difference or comparison
- **Projection:**
 - Projecting trends or patterns to predict future events
 - Establishing variables which will change or mitigate future events

Factors Affecting Perception and Comprehension:

- **Past experiences** – influence perception and comprehension
- **Expectations** – based on previous experiences may influence decisions
- **Filters** – if something doesn't meet expectations, may be filtered out

Shared Mental Model:

1. Knowing the game plan
2. Following known procedures
3. Cross-checking and verifying
4. Providing ongoing updates through cross-talk and callouts
5. Anticipating next steps and possible events

Safety:

- **Safety** comes first
- **Assess** the situation before entering the scene
- **Focus** your efforts on maintaining scene safety
- **Evaluate** the situation and decide to de-escalate, evacuate, or disengage

Scene Assessment:

- Should be dynamic – continually assess
- Look for hazards
- Look for people and behaviours
- Look for mechanisms
- Look for things which are out of place