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Becoming professional in the 21st century

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PROFESSIONALISM

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Abstract
Becoming professional in the 21st century is an increasingly complex journey in a globalised, constantly changing and "next gen" technology-focused world with an increasing pursuit of professionalisation by many occupations. For an individual, becoming a professional is a process that develops not only specific knowledge and technical skills, but also a sense of responsibility to self and others, duty of care, leadership and human agency. We will argue that one of the keys to becoming professional is for both students and graduates to continue to learn, understand and integrate different ways of knowing, practicing and talking about practice as they develop and extend their professional identity and expertise. The implications and challenges for learning and teaching to become a professional include exposing students to the paradoxes, contradictions and ethical dilemmas in professional practice; providing opportunities to reflect and suspend premature problem solving; helping learners recognize the imperfection of what we currently know; and instilling a sense of curiosity and desire to learn as well as a sense of belonging to a professional group.

Introduction
Becoming professional in the 21st century is an increasingly complex journey in a constantly changing world facing multiple challenges including globalisation, climate change, international unrest, alongside rapid changes in knowledge, information management and new generation communication technologies. The world of professions is also changing, with the ongoing pursuit of professionalisation by many occupations,[1] challenges to the traditional expectations and privileges of the established professions, and increasing adoption of "professional" as an adjective to describe many jobs. The role of the professional is also changing; it is neither about learning facts and strictly following protocols, nor making judgments on behalf of clients. It is to involve accountable and often client-collaborative decision making within an evidence-based practice framework. Current technical and social issues such as cultural competence, e-health, increasingly more complex and chronic health conditions, constant advances in medical technology and knowledge generation, have also

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shaped what it means to be a professional. In such circumstances becoming a professional entails developing capability to make good judgments and decisions in uncertain and diverse situations.[2]

Professions, professional practice and professionalism

Terms closely related to professional are professions, professional practice and professionalism. Professions have been described as occupations supported and characterised by university education, scholarly research, shared professional knowledge and skills, a code of ethical and professional conduct, status in society, professional autonomy, and accountability to society and the profession.[3,4] Professional practice is the role that professionals play and the scope of services they provide to the community and their clients. Professional practice requires competence in the profession's knowledge (knowing what), practice skills (knowing how), and reflexivity (knowing why). Professional practice includes technical, practical, relational, and communicative aspects. It occurs within social contexts, is framed by each professional's experience and theoretical framework and is negotiated between people. Professional practice is situated, socially constructed, is based on specific intentions and values, and is often assumed rather than consciously decided, and constantly changing.[5-8] Such an understanding of professional practice acknowledges complexity, individual differences, uncertainty and diversity.

Professional practice can also be organised into visible and invisible practices. Such a view on practice draws out the tensions between technical skills and caring attributes, didactic and experiential learning, propositional (technical-scientific) and experience-based (socio-cultural) knowledge, standards and particularised problem-solving and decision making, external regulations (for example accreditation and registration requirements) and self-awareness including critique. It is tempting to pay more attention to the visible aspects of practice, the doings and sayings, because they are easier to measure, criticise and comment on than the invisible ones. The invisible aspects include values, assumptions, beliefs and feelings and they are more difficult to see, measure and complain about. Fish and Coles[9] used the metaphor of an iceberg to explain professional practice. The tip of the iceberg is the visible aspect of practice but it is the larger, submerged part of the iceberg, the invisible aspects, which influence, shape and buoy up the visible aspects of practice.

Paramedic practice, like icebergs, is buoyed up by what lies beneath. We need to dig deeper and explore the submerged part rather than staying above water and look predominantly at the obvious. There needs to be depth in order to justify, argue and articulate actions, and for the occupation to become a profession and for the individual to become a professional. In Fish and Coles' view, the invisible part is huge and complex, and goes deep.[9] It includes feelings, assumptions, beliefs, personal values and experiences. All these invisible activities in practitioners' minds influence clinical reasoning, decision making and professional judgments; and altogether they influence how professionals practise.

Learning to become professional

Becoming professional in this understanding of professional practice requires a learning approach that is reflective, participatory as well as communicative. Naturally, educational programs need to promote competence in all the visible areas of professional practice. However, learning and teaching approaches need to pay increased attention to the invisibles in order to better understand and transform practices. The imperative for a technical, procedural practice is one thing. The need to act, to think for self, to strive, to test oneself against others and be appreciated by them for one's sound all-round performance as a professional, is quite

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another. Technical and procedural competence is the bottom line benchmark that is required to ensure public safety. All professionals including paramedics must have advanced technical skills. However, this is only the baseline expectation and it is the invisibles of practice that differentiates a technical expert from a truly professional expert.

We see the term professionalism as a key notion that transcends these seemingly opposing ends of technical procedural and reflective practice. Becoming professional in the real rather than casual or colloquial sense of the word involves learning to connect all aspects of professional practice. Smeby[10, p.219] stated that 'the degree of professionalism is positively related to students' connection to all aspects of professional knowledge". Macklin,[11, p.96] exploring moral judgment and practical reasoning, claimed that "to act professionally is to willingly take responsibility for using or ignoring or challenging guidelines, and this entails taking on responsibility for reasoning practically but also responsibility for one's ultimate ignorance as well as responsibility for, nevertheless, making the moral judgment". The notion of responsibility is central in professionalism.

The emergency primary health care setting appears to be predominantly a *doing* (and visible) setting. It is an often time-pressured workplace where practitioners have to perform promptly, humanly and commonly within required standards and protocols; this context is not necessarily conducive to *reflective* learning (during practice), but it is not an inert laboratory workplace either. These two worlds, the didactic and experiential learning worlds, collide in paramedic practice and expose all staff involved to the complexity, timeliness and uncertainty of clinical reality. A key question to examine is whether the advantages of practice experiences are sufficiently and effectively used to develop professionalism in students. Mahoney[4] claimed that paramedics demonstrate high levels of tacit knowledge, and urged that the paramedic community recognise and capitalise on such experiences. It is important to find a balance between the two worlds and to master both types of learning. If the aim is to foster paramedic students to become accountable, responsible, competent, ethical and culturally-responsive paramedics – in short if the aim is to become professionals then students need to be encouraged to learn from both scientific knowledge and practical experiences. Such blended learning is not so much about knowledge itself but developing a capacity to ask appropriate questions that enable students and practitioners to apply appropriate knowledge in each clinical situations. O'Meara[12] urged the paramedic profession in a recent editorial in The Journal of Emergency Primary Health Care, to conduct further dialogue and debate on questions of professionalism in order to shape the future of this profession. Rigorous debate about professionalism and professional practice that includes practice-based evidence and diverse ways of knowing and learning will contribute to the maturation of the profession.

The communicative professional

Health care professionals of the 21st century cannot afford to be technically competent only; they need to be competent in social and communicative aspects of practice. Communicating is as important as (medically) treating patients.[13] Indeed, communication and education can form the key ingredient of treatments. Also, competence in communication is an important ingredient for harmonious workplaces as well as for accessible, safe and appropriate professional service delivery.[14] The nature and reality of emergency services reflects the acuteness of health situations, the helplessness of patients, and the short one-off interactions before handing over patients to hospital teams. Communicating, beyond the bare essentials, may seem to be inappropriate here. But communicating and caring can simply mean explaining and preparing patients for procedures that are going to happen prior to doing them. Paramedic practitioners work as part of a team. Communication is an essential ingredient of such collaboration.

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Becoming professional is a process of disintegration and emergence

Although it is understandable that students are looking for security, predictability, certainty, stability and ordered thinking in an environment where much is new and their performance is both being appraised and important for the patient's wellbeing, their workplaces are often far from that. They find themselves challenged by the messy reality of emergencies with pagers going off and needing to juggle administrative, time pressure, hierarchical, cultural, interpersonal and their own emotional dimensions of professional practice. The safer and predictable the learning exercises and the more familiar the situation, the less likely it is that students can learn to engage well with the unfamiliar and strange. Becoming professional is a process of disintegration and emergence, of getting lost and finding something new. This is not an easy journey but rather a fine balancing act between behaving ethically, mastering technical skills, making good use of professional status, practicing empathy and serving society. Of course, to protect patients' interests and safety, the quality of health care needs to be protected by sound supervision during this disintegrated learning.

Becoming professional includes developing professional identities which occurs both through deliberate and also incidental professional socialisation strategies such as role modelling and reflections on practice. Professional identify formation may well begin with engagements with the submerged part of the iceberg of professional practice. What are the values, the assumptions, motivation and interests that underpin practice? What do paramedics stand for, what do they profess? What domain is theirs? Where do paramedics practise? Where do they belong? What is the role of paramedics? How do they fit in the health care system? There is an abundance of choice and options in how to respond to these questions and a response requires recognition of uncertainty, diversity and complexity that underpins and will continue to underpin health care practice in the future. The learner also needs to work out a way of dealing with different, often equally forceful, messages from practitioners (powerful leaders and peers) as well as the "taught" approach of academia, textbooks and protocols. This calls for a need to cultivate the habit of thinking that informs the doing and a personal standpoint on what constitutes sound, ethical and professional practice. Accountability is an *owned* and *lived*, rather than a procedural requirement of being a professional. Such embodied practice encompasses critical reflection, self awareness and collective debate. Becoming professional implies embedding into education and practice alike: the technical and caring, doing and reflecting, the visible and invisible, didactic and experiential.

In conclusion, becoming professional means to be comforted with technical knowledge yet challenged by clinical reality; it means to realise that there are limits to practice and that there is not always one best practice in a given clinical situation. Paramedic curricula should address lifelong learning, and dealing with uncertainty and responsibility for best practice that is relevant to the situation and persons involved. Becoming professional is a journey of becoming accountable, responsible, knowledgeable, capable, and articulate about one's practice. It is a learning journey of measured, considerate and inclusive ways of reasoning and practicing.

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