

2012

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Recommended Citation

McDonell, A. (2009). The Search and development of professionalism in “Ambulance”. *Australasian Journal of Paramedicine*, 7(4). Retrieved from <http://ro.ecu.edu.au/jephc/vol7/iss4/10>

This Journal Article is posted at Research Online.
<http://ro.ecu.edu.au/jephc/vol7/iss4/10>

PROFESSIONALISM

The Search and development of professionalism in “Ambulance”: A multidisciplinary journey

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This paper is a transcript of the Author’s original presentation at the Inaugural Annual JEPHC Symposium 2009; addressing the theme of “Embedding Professionalism in Paramedic Education and Practice in the setting of Emergency Primary Health Care”.

While a profession is representative of an occupational group, professionalism is reflected in the behaviour of individuals. The acquisition of a professional persona results I suggest, from the reinforcement of a series of learnt behaviours. My own journey to professionalism, while convoluted is in the first place founded in the family morals and values that were instilled in me far before I entered the work force.

I want to define “Ambulance” in the context of this paper as an all encompassing generic term that refers to a broad community of all those who are trained in the delivery of pre-hospital care and community emergency health, both civil and military and consisting of practitioners who practice in statutory organisation, the private sector and in independent practice.

The only formal instruction I have had in professionalism was five hours of classes that were taught as part of the first year medical sociology class. However it was not these esoteric constructs, expounded in rather dull classes that established the basis of my professional outlook.

By far a profession outlook was engendered in me by the actions and instruction of a series mentors and teachers who lead by example and who established in me a desire to emulate their ideals and ethical outlook. For central to being a professional is ethical conduct and thought.

By way of disclaimer; let me say there are good, mediocre and bad in all fields, and constructs of the human condition. The examples I will use, serve only to illustrate and not to praise, condemn or criticise.

Recently an elderly neighbour of mine had a nasty fall. She called me at work and asked me to see if I could come and have a look at her. As this was not possible I suggested she call an ambulance, but she was reluctant to do so because of her past experiences interfacing with ambulance personnel.

I ask you to consider the following:

Example One:

A junior nurse working at a retirement village, called an ambulance to attend a resident with a small head wound who was found wandering the grounds covered in blood in the early hours of the morning. On attendance of the ambulance crew the two officers were irritable and abusive. They scolded the nurse for calling an ambulance at such an hour as they considered the injuries to be trivial, and warned the nurse not to call an ambulance again. The patient died untreated of a subdural haematoma several hours later.

Example Two:

Same nurse, same retirement village: This time a resident complaining of chest pain.

The nurse recognised the seriousness of the situation and an ambulance was called. This time the ambos arrived with bluster and haste. The officers' mannerisms and conduct frightened the nurse so much, that she feared for her personal safety. Although the ambos recognised the seriousness of the case and proceeded to attend the patient with solid technical competence, they projected hostility towards the nurse and indifference to their wider surroundings.

Example Three:

One of my own experiences when a student ambulance paramedic.

In the company of a clinical instructor (CI), I attended an old lady who had been lying on the floor for many hours. She was dehydrated covered head to toe in faeces and urine and I do mean covered! Instead of the time honoured wrap, bind and refer. My CI asked me to get warm water, soap and towels so as to clean her up prior to transport. Was his care a simple kind act or was it the mark of true professionalism?

What I hope I have illustrated here are examples of extremes:

1. Incompetence, and perhaps negligence and unprofessional behaviour
2. Technical competence without a professional demeanour
3. Competence, compassion and ethical practice against unethical practice.

At such extremes, these behavioural morphologies are easy to recognise for what they are; however within a particular work group in the real world, professionalism is not always easy to recognise or define.

There are many definitions of professionalism, and I ask you to consider this simple one:

A profession can be defined as a “white-collar” occupation that requires extensive formal education and whose members require commitment and dedication to worthwhile goals.

Being employed in a profession signifies a special competence that is worthy of social recognition and whose members enjoy elevated social status. Practically being “professional” justifies access to better working conditions and higher income.

In summary: A profession is a collection of individuals who:

1. Have a unique theoretical body of knowledge (Indeterminate knowledge)
2. Have self-regulation for training and practice (autonomy)
3. Pose an authority over clients/patients (authority)
4. Have sound foundations and objectives that are community orientated, rather than focused on self interests (philanthropy).

Our aim today is not only the analysis of professionalism with respect to Ambulance, but to determine how it is engendered and maintained within the Ambulance fraternity.

In analysing professional conduct, Jamous and Peloille¹ used a ratio to measure the scope of professional practice, which was called the Indetermination/Technicality (IT) ratio.

Technicality

Technicality is defined as the extent to which specialist knowledge can be reduced to a set of rules and procedures to guide practice. For example ambulance clinical practice guidelines

Indetermination

Indetermination consists of the need for personal judgement; in other words, treating each case as unique, complex and irreducible to a bundle of factors. Professionals regard their knowledge as indeterminate.

In the authors’ own words: the ratio is, and I quote:

“...the part played in the production process by ‘means’ that can be mastered and communicated in the form of rules (Technicality) in proportion to the ‘means’ that escape rules and, at a given historical moment are attributed to virtualities of producers (Indetermination)”.

The higher the IT ratio, the greater the levels of Indetermination of task, and the greater levels of trust which has to be granted to the professionals in their activities.

Ambulance services certainly have a range of technical competencies and it may be argued that these are at the core of what it is to be truly a paramedic. However ambulance practice also has elements of Indetermination. There are many of you, the practicing paramedics in the audience who have over the years of your practice, developed an “intuition” that enables you; once you have eyeballed a patient, and before a word is spoken or a gesture made, realise with clarity when their situation is grave and immediate interventions are required.

Indeed it is this “gift” that leaves students and juniors in awe of your capacity to practice. Is this the essence of professionalism or is being a professional what the paramedic community do next? How far can Ambulance tip the ratio towards Indetermination?

Although this tool was developed to rationalise the irreducible components of a profession, it can be used (almost in reverse) to monitor how Ambulance is moving towards a professional base. I think that ambulance practice is shifting the balance away from Technicality towards Indetermination when considered as an entity.

If ambulance is to strive for professionalism, then paramedics must, in their work places and practice, be subjected to a socialisation that enables them to assimilate the collection of values and knowledge relevant to professional practice into their individual personal framework.

The conduct of each student paramedic and newly qualified Ambulance Officer must be guided through sound ethical interactions with patients, mentors, colleagues, and other health and emergency service workers. Learning the values and behaviours that establish paramedics as professionals will best occur in an environment that engenders explicit expectations of not only what is right and proper, but above all else, what is best for the patient.

Learning correct values and behaviours best occurs within groups. That is (I.E.) the various collections of humanity with whom the paramedic interfaces. For example:

1. Educationally with the Departments of universities and colleges who provide paramedic programs.
2. In the workplace with the collegiate spirit of the branch station and management structure.
3. Within the wider health care settings with which the paramedic interrelates.
4. Socially within the community in which the paramedic lives and cohabitates.

However this professional mindset can only be achieved if these values are embedded collectively in all paramedics who seek to be considered professional. Collectively paramedics must uphold similar values and display behaviours that constantly strive for excellence.

Ambulance is a hierarchy both clinically and managerially with many levels of practitioners capable of mentoring students and inexperienced officers, not only in their craft, but also in the way in which it should be practiced, validated and expanded. In this way paramedics are capable of achieving independent and interdependent bodies of knowledge that carry forward all paramedics to achieve a set of goals and ideals that engender the very essence of ambulance professionalism.

Service demands of Ambulance like other sectors of health and government are driven by economics and the necessity to contain public sector spending, perhaps more so than ever before. Ambulance managers who operate in a system that rewards cost cutting at the expense of patient care and workplace and public safety is foreign to a professional model and can not be supported. However that is not to say that ambulance managers should not manage their budgets appropriately but rather that they must be conscious of what values and behaviours are required to act ethically to achieve the best outcomes for all stakeholders.

Professionalism does not begin and end at the patient interface. Managers, like clinical experts must serve as exemplary role models for students and subordinate officers. Derogatory remarks serve only to erode the professional basis of ambulance practice, and are therefore counter-productive. We all learn by observing others, and indeed are at risk of copying both professional and unprofessional conduct if the good and bad are not pointed out.

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Enhanced professional status will also come from fostering positive roles for paramedics within multi-disciplinary health care teams. Forging new alliances and advocating for patients from an Ambulance perspective will develop greater expectations for professional behaviour and accountability outside of the Ambulance environment.

Reynolds² has provided a framework for the development and maintenance of professionalism within health care settings. In essence his philosophy can be distilled into four main points:

1. Create broad educational structures that:
 - a. Focus on the development of core paramedic educators who strive constantly for excellence.
 - b. Provide the constructs for continuity of clinical care
 - c. Provide structured learning for all paramedics
2. Develop programs for role modelling and mentoring, and reward activities that support these programs
3. Implement curriculum on professionalism in Ambulance, and demand from paramedic leaders and academics a commitment to teach professionalism as part of this curriculum.
4. Evaluate student paramedics, paramedic clinicians and managers as to their professional conduct on a regular basis.

In conclusion the professional paramedic must have an attitude of humility and stand ready to accept accountability to patients, colleagues, other health care workers and the Australian community as a whole.

For ambulance paramedics to become truly professional, they must engender behaviours that are non-judgemental and respectful to patients and peers alike. Paramedics must pursue specialised knowledge and skills that define the essence of Ambulance practice, and do so with a commitment to excellence and life-long competency.

Finally, by putting the interests of patients, the patients significant others and indeed the whole community first, paramedics will continue to accord the trust and respect of the communities we serve. For after all these are the hallmarks of a true professional.

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