

Foundations of professional practice

Life



INTRODUCTION

Foundations of Professional Practice is a compulsory first year subject, where we covered a spectrum of topics from health care ethics to Emergency Medical Services (EMS) operations. The information we covered in this subject is encountered each day when working practical shifts and has helped me improve my patient care and communication as well as taught me the appropriate conduct and professionalism. I have chosen the following topics, learnt in Foundations of Professional Practice, to further discuss how they have changed the way I conduct myself in the Work Integrated Learning Shifts in second year.

HEALTH CARE ETHICS

The core ethical values and standards for good practice required of a healthcare practitioner comprise of respect for persons, best interest or well-being (Beneficence and Non-maleficence), human rights, autonomy, integrity, truthfulness, confidentiality, compassion, tolerance, justice, professional competence and self-improvement and community(1). These ethics help bring quality care and service to the community. I have tried to incorporate these ethics with every patient I encounter. To have respect for individuals, is to respect each person for who they are and to have no biased or treat them differently regardless of your personal views or opinions. As everyone has their right to have their dignity respected we as healthcare practitioners need to see the intrinsic worth and dignity in each patient. This value interlinks with the other values as you cannot have the patients best interest in mind if you do not respect them or be compassionate towards them. Beneficence meaning acting in the best interest of the patient and

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non-maleficence, as not bringing harm to the patient or acting against the best interest of the patient. To care for the patient in the best possible manner for the patient even if goes against your own self-interest. This is important in the EMS as over treatment of the patient is common especially in the private sector due to financial medicine which will be discussed later in the text. This does interlink with respect for patients and patient's rights. To be non-maleficence and beneficence one needs to put aside their own biasedness and self-interest and do what is best for the patient. As healthcare practitioners we need to know and identify the patient's human rights. Everyone has the right to access healthcare services and no one may be refused emergency medical treatment(2). This means we are not allowed to refuse care to anyone even if it is seen as a non-emergency case. We get called to a lot of non-emergency cases and we see it as abuse of the healthcare system as we see these cases a lot and don't think of it as an emergency but to this patient it could be very alarming and scary and we as healthcare practitioners have a responsibility to help these patients no matter our views or opinions. We should also be tolerant and respect the patients right to have religious and ethical beliefs. Patient autonomy is the right of the patient to make their own informed decisions and to live by their own beliefs and morals.

As practitioners we need to inform the patient with all the possible treatment and management courses available to allow them to make an informed decision and respect their choice. Not only should we respect their choice but also help them carry out their chosen course of treatment. Integrity and truthfulness is part of the core ethics as being honest and following these

core ethics will not only uphold a good professional practice but help the patient trust in us and share things with us that is personal and could potentially be a vital piece of information in the patients history helping us diagnose and treat the patient to the best of our abilities. Confidentiality is an important core ethic because as health care practitioners we deal with people when they are at their most vulnerable and they may tell us things which they may have never told anyone before. The information which the patient shares should remain between the patient and practitioner. We also need to make the environment a safe one for the patient to be able to share their information and not feel uncomfortable or judged. This could be done by asking family members to leave or moving the interview into a quiet and isolate area. To have compassion is to be sensitive and understanding of the patient situation. As healthcare practitioners we should be empathetic and show the appropriate comfort and support to the patient in their time of vulnerability. We should also be just and treat patients in a neutral and fair way no matter who they may be or where they may come from. Professional competence and self-improvement is key in maintaining good practice because as healthcare practitioner we must strive to constantly improve and enrich our knowledge in our chosen field to bring high quality care to the community. We should also try to add to bettering the community in the ways we that align with our profession. These core ethics which we covered in Foundations of Professional Practice has helped better my conduct and manner in second year work integrated learning shifts. I try with every patient I come across to use these ethics to improve the patients care and treatment. I also refer to these core values to help in resolving ethical dilemmas and look to these points for improvement in patient care and good

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professional practice. EMS OPERATIONS In Foundations of Professional Practice, we covered EMS operations which included emergency call taking and dispatch, emergency vehicles, emergency scene management, routine EMS operations and records and infection control(3).

These operational aspects are important topics to know and understand to allow the prehospital organisational sides to run smoothly and these can change from company to company. The Emergency call-taking and dispatch comprised in class helped me understand the operations behind the scene. Some companies use radios, other use cellular devices and some use Computer-Aided Dispatch Systems (CADS). Once one can understand how the operational side works it allows for less confusion and a smooth-running company. We also covered the correct voice procedure guidelines and standard phrases which assists in preventing miscommunication over the radios and between the EMS personnel. On the topic of Emergency Vehicles, we covered not only the types of emergency vehicles but also vehicle inspection and accident procedure as well as the driver interactions and basic principles(3). Vehicle inspection is done before every shift and is a necessary procedure to be performed in the pre-shift inspections and checklists. It keeps track of vehicle damage and who was operating it. The accident procedure is how to go about reporting and dealing when one is in an accident in an EMS vehicle. In Emergency scene management we discussed scene safety, scene hazards, how to handle patient's personal items, dealing with bystanders and dealing with Helicopter EMS(3). This section links into other subjects where we have discussed scene size-up and scene safety. The information covered in this section does help me now with

my scene assessment as it added to it being more extensive and helped me improve my assessment of scene safety. With routine EMS operations and records we looked at the PRFS, Declarations of death, Refusal of transport/care and pre- and post-shift checklists. We also spoke about inter-hospital transports and ambulance diversion. These are documents we come in contact with every shift and already knowing how and what to fill out and when to use them is important to know and we are already using some of these documents so knowing in what detail to go into was a necessary and useful lesson in Foundations of Professional Practice. In the Infection control lecture, we covered vehicle decontamination, periodic deep cleans including how and what to use to clean it as well as covering exposure management and prophylaxis and medical waste management(3).

We have also covered this section in other classes, but I do see it as an important topic. When coming in to contact with these contagious and dangerous disease wearing the correct Personal Protective Equipment (PPE) is a necessity and decontamination of the ambulances and equipment is crucial to prevent others from contracting the disease. This can be interlinked with Non-maleficence, as we should not bring harm to our patients. This has helped improve my view on the importance and necessity in vehicle decontamination and periodic deep cleans. The EMS operations section although seen as easy or unnecessary it is very important as it prepares us now for when we work on our own vehicles. We already can pick up and do these procedures and checklists to get into the habit of it for when we need to do it on our own. Although some of these topics we may already know or picked up on we have now done it comprehensively therefore

improving how we go about them. PROFESSIONAL AFFAIRS In this section we discussed mental healthcare, advanced directives and special situations(3). These topics are those that have exceptions to the usual procedures and cases we come across. When you come in contact with these situations it is important to know what route to follow and what actions to take to manage the patient appropriately and give the patient the right respect and care they deserve. Informed consent is a very important and necessary and as healthcare practitioners we should be fully aware of exactly what it means and how to go about achieving it. Informed consent means that the patients has been presented with all information and only after which have given you their consent verbally and in some cases by written means.

When it comes to the mentally ill patient retrieving the consent may need to be done in a different manner or may need to be given by another individual. When managing a patient with a mental illness one must first find out the level of understanding of the patient and if they are able to give consent on their own. If the patient is not able to give consent on their own then it can only be given by the court, review board or a close relative(4)(5). In a case where if the patient is not treated or managed will lead to death or irreversible harm, the patient inflicting harm to themselves or others or if the patient is causing serious damage to or loss of property(5). On the topic of advanced directives, we covered the right to life, withholding medical treatment, futile resuscitation, Do Not Resuscitate (DNR) orders, living wills and organ donation. These are vital documents to know and understand as if not followed it goes against the patient's own choices and wishes. Have not had many cases this year where I have come in contact with these advanced

directives. It is still information that is important to know and has helped me in the work integrated learning shifts as one must always look or ask about these directives before pursuing treatment. Special situations include impaired patient access or breaking and entering property, crime scene protection and domestic violence(3). This unit taught me the legal position of breaking and entering properties in emergency situations as well as the preservation of crime scenes and how to go about reporting and informing the correct authority when suspecting domestic abuse. This information in this section can help guide your actions and treatment of these cases to provide optimal care for the patients in conjunction with the patient's human rights. The content of this sections has helped me this year in the way I go about the management of these specific situations.

CONCLUSION

In this text, only a portion of the content covered in the first year subject Foundations of Professional Practice was discussed. The subject has definitely improved my conduct and manner at which I approach situations and cases in the work integrated learning shifts. The topics and sections discussed is crucial information that we as healthcare practitioners is necessary to know when working in the prehospital environment. The concepts covered in the subject is aimed at educating us as upcoming healthcare practitioners to be professional and bring optimal care to our patients and I do think that it has helped me in my second year work integrated learning shifts in doing so.