

Purpose

Standards of practice outline the minimum standards of professionalism required for effective, professional, and accountable practice for all emergency medical responders (EMR) and paramedics in Saskatchewan (the “Paramedics”). In Saskatchewan, all Paramedics must be licenced with the Saskatchewan College of Paramedics (SCoP), regardless of their work environment (clinical or non-clinical). These Standards, *The Paramedics Act*, the Code of Professional Conduct, and other legislation are part of the structure within which self-regulated Paramedics serve and protect the public interest.

These Standards promote consistency in measuring Paramedics performance across Saskatchewan. In addition to meeting the requirements of each Standard, Paramedics must follow all applicable legislation and regulations, including practicing within the scope of practice for their designation.

The SCoP Code of Professional Conduct is based upon the responsibilities of respect, integrity, fairness, accountability, and professionalism. The Standards of Practice outlined in this document establish the minimum standard around professional behavior and good practice expected of Saskatchewan Paramedics. The statements within the Code of Professional Conduct and Standards of Practice provide the expectations around how these values and standards are to be enacted as a Paramedics exercises their professional judgment in providing safe care.

As health and public safety professionals, Paramedics are held to a higher standard, when compared to other members of society, therefore, they are expected to apply these values not only in professional practice but also where these values have an impact on life and society broadly. Off-duty conduct may be a breach of the Code and/or Standards if there is a sufficient connection with the Paramedic’s ability to practise or the public’s perception of the profession at large.

All paramedics are responsible for ensuring they understand these Standards and how to meet them. Compliance with these Standards is required by the College’s Regulatory Bylaws and a failure to do so constitutes professional misconduct as that term is defined in *The Paramedics Act*.

How to Read the Regulatory Practice Standards

- Each regulatory practice standard is structured to act as a stand-alone document or as part of a set. Therefore, some requirements that are key for public protection appear in several standards.
- The regulatory practice standards are outcomes-based and aim to provide the fewest prescriptive requirements possible while protecting public safety. The content of these standards is determined by the level of risk to the public.
- Regulatory practice standards are applicable in all practice settings including but not limited to clinical, educational, evaluation, research, management, and operational settings. For example, an EMR/ paramedic educator modeling treatment while teaching a learner is expected to meet the requirements set out in the standards.

The Saskatchewan College of Paramedics wishes to thank the Canadian Organization of Paramedics for their work in the development of these standards.

1. Scope of Practice

Patient Outcome	Paramedic Outcome
<p>The patient receives care that is within the paramedic's legislated scope of practice, regulatory practice standards and guidelines, practice settings, and the paramedic's personal level of competence.</p>	<p>The paramedic is accountable to regulate themselves within the legislated scope of their practice, practice standards and guidelines, practice settings, and the paramedic's personal level of competence.</p>

Requirements

The EMR/Paramedic must:

1. Practice within their designation-specific [regulated scope of practice](#).
2. Understand the differences between regulated scope of practice, [scope of employment](#), and [personal level of competence](#).
3. Practice independently, often in unscheduled, unpredictable, or dynamic settings.
4. Assess patients across their lifespan, make a differential [diagnosis](#), treat patients, and manage acute and chronic health conditions in any setting, including emergency, urgent, acute, and primary care.
5. Engage in such other services, roles, functions, and activities as prescribed in legislation and the Regulatory Bylaws.

2. Competence

Patient Outcome	Paramedic Outcome
<p>The patient receives safe, effective patient care that reflects the competencies and regulatory practice standards.</p>	<p>The paramedic practices safe, effective, competent patient care in their designated role and practice setting throughout their career, including maintaining continuing competence.</p>

Requirements

The EMR/Paramedic must:

1. Practice safely, competently, compassionately, and ethically, and be accountable for their **competence** to patients, the regulator, the employer, the profession, and the public.
2. Attain, maintain, and demonstrate the appropriate competencies (knowledge, skills, and attitudes) to practice safely and provide **patient-centered** care.
3. Demonstrate behaviours that uphold the public's trust in the profession.
4. Have the knowledge, skills, and attitudes to perform procedures undertaken in the course of practicing the profession.
5. Take responsibility for decisions and actions, including those undertaken both independently and as a team member.
6. Work with other members of the care team to achieve the best possible outcomes for patients.
7. Contribute to safe, supportive, and high-quality practice environments.
8. Advocate for and contribute to the development and implementation of policies, programs, and practices that are relevant to the practice setting and that improve Paramedic practice and health care (for example, best practice, patient's rights, and quality practice environments).
9. Recognize, intervene, and report near misses, no-harm incidents, and harmful incidents in their practice environments, where patient safety and well-being are potentially or actually at risk.
10. Adhere to all relevant provincial and federal legislation, regulations, and guidelines governing the practice of paramedicine.
11. Be accountable, and accept responsibility for their actions, inactions, decisions, and the evaluation of their own practice.
12. Participate in **continuing professional development**, including compliance with regulatory **continuing competence** requirements.

3. Cultural Safety and Humility

Patient Outcome	Paramedic Outcome
<p>The patient receives culturally safe care that reflects their identity, culture, and community.</p>	<p>The paramedic provides culturally safe care by seeking to find common ground and showing respect by actively listening to what the patient says about their needs, life, and experience.</p>

Requirements

The EMR/Paramedic must:

1. Practice self-awareness and reflect on how to minimize personal bias, cognitive biases, and positions of power which may impact the relationships with patients from **equity-deserving** groups for example, patients from Indigenous or People of Colour communities or patients who are **underhoused**, regardless of **gender identity** or **sexual orientation**.
2. Demonstrate respect and **cultural humility** when engaging with patients, and integrate their understanding of **health**, well-being, and healing into the services provided.
3. Recognize the potential for **trauma** (personal or intergenerational) in patients' lives and adapt the approach to be thoughtful and respectful of this, including seeking permission before engaging in **assessment** or treatment.
4. Recognize that trauma, **structural racism**, and **colonialism** may affect how patients view, access, and interact with the health care system.
5. Focus on the resilience and strength that patients bring to their health care encounters.
6. Facilitate the involvement of the patient's **family** and others (such as interpreters, community workers, Elders, and Indigenous cultural navigators) as needed and requested.
7. Evaluate and seek feedback on their own behaviour toward equity-deserving groups.
8. Contribute to a practice environment that provides **culturally safe care** (an environment that is **inclusive**—for example, not **ableist**, **ageist**, **racist**, or **sexist**).
9. Recognize that Indigenous women, girls, two-spirit, queer, and transgender people are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on patients.
10. Take active steps toward **reconciliation**, including steps to identify, address, prevent, and eliminate Indigenous-specific racism.
11. Learn about the Indigenous communities located in the areas where the Paramedic works, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.
12. Seek out resources to help develop culturally safe care and inclusive approaches.

4. Privacy and Confidentiality

Patient Outcome	Paramedic Outcome
The patient's personal and health information, privacy, and confidentiality are securely protected.	The paramedic respects and maintains the privacy and confidentiality of the patient and their personal and health information.

Requirements

The EMR/Paramedic must:

1. Comply with all applicable [privacy](#) legislation, regulations, and guidelines (federal, provincial, regulatory, and employer).
2. Understand the rules that govern [consent](#) for decisions that involve personal and health information and are found in provincial and federal privacy acts, regulations, and guidelines.
3. Understand that under all applicable privacy legislation, regulations, and guidelines about consent to collect, access, use, and disclose personal information, the Paramedic must ensure that:
 - a. the patient knows the purpose of the collection, use, and disclosure and may give, withhold, or remove consent at any time
 - b. the consent relates to personal and health information
 - c. the consent is not obtained through deception or coercion
 - d. the patient consents before disclosing required personal and health information to a person outside those who [need to know](#).
 - e. the patient consents or implies consent for the EMR/Paramedic to disclose required personal and health information with those who [need to know](#) for health care purposes.
4. Obtain consent from the patient's [co-decision-maker](#) for the collection, use, and disclosure of personal and health information if the patient does not have [capacity](#) to consent.
5. Collect, use, and disclose only personal and health information that is necessary to meet the patient's health needs or to eliminate or reduce a significant risk of bodily harm.
6. Provide access to personal and health information to only authorized persons except as required or allowed by law.
7. Allow patients to access their own personal and health information (such as details about blood pressure).
8. Discuss a patient's personal and health information in only a way that ensures the patient's privacy (for example, avoid treatment-related conversations in non-private places).

9. Use electronic **communications**, social media, patient booking software, management software, and other forms of digital technology ethically and professionally, in a way that protects patient privacy and **confidentiality**.
10. Store, share, transfer, and dispose of patient data on personal devices in a way that maintains patient privacy and confidentiality.
11. Comply with requirements for **mandatory reporting** of privacy breaches.
12. Disable all audio, video, and photographic transmitting and recording functions of all devices unless both of the following apply:
 - a. the Paramedic obtains informed consent for the use of audio, video, and photographic recording equipment; and
 - b. the recording functions are for **assessment**, treatment, and/or educational purposes.

5. Professional Boundaries

Patient Outcome	Paramedic Outcome
<p>The patient is cared for with respect and not taken advantage of or sexually, physically, or verbally abused by a paramedic.</p>	<p>The paramedic provides the patient with respectful and equitable care, recognizes the inherent power imbalance, and ensures that the paramedic does not take advantage of or abuse the patient sexually, physically, or verbally.</p>

Requirements

The EMR/Paramedic must:

1. Establish and maintain appropriate professional **boundaries** in relationships with patients, colleagues, students, and others.
2. Maintain professional boundaries, and not make abusive, suggestive, or harassing comments or engage in an inappropriate sexual, physical, or verbal manner with patients, colleagues, students, and others. This can include in person or electronic communication or through social media.
3. Engage the patient's **family** and/or supports to ensure that respect is maintained throughout care.
4. Ensure that boundary crossings that cannot be avoided (for example, treatment of a family member or friend in a specialized or rural practice) are reported to the appropriate authority (such as the manager or team leader) and strategies to manage the situation are **documented** (for example, in the patient file or record).
5. End any **therapeutic relationship** with the patient where professional boundaries cannot be maintained or re-established, by **transferring care** as required.
6. Be sensitive to their position of relative power or influence in professional relationships, and not use this status to take physical, sexual, or financial advantage of patients, colleagues, students, and others.
7. Understand the impact of power, trust, respect, and physical closeness on relationships with patients, colleagues, students, and others.
8. Be sensitive to each patient's individual culture, experience, gender, age, and history, which may influence sensitivity to touch and touching certain areas.
9. Treat sensitive areas (such as breasts, inner thighs, and perineum) under only the following conditions:
 - a. treatment is clinically indicated; and
 - b. the Paramedic first obtains the patient's informed **consent**.
10. Never **sexually abuse** patients.

11. Recognize that patient consent is never a defense for inappropriate or sexual touching or sexual relationships.
12. Explain to patients beforehand any procedures that could be misinterpreted (for example, removal of clothing, touching, or physical closeness), and obtain ongoing informed consent.
13. Ensure patient physical and personal privacy, including using draping and adjusting mirrors in a treatment area.
14. Never physically abuse patients.
15. Never verbally abuse patients.
16. Use de-escalation communication strategies as an alternative to physical interventions (for example, for disruptive or violent patients), and use firm and direct language. The intent or action should not be threatening or humiliating or cause pain to the patient.
17. Disable all audio, video, and photographic transmitting and recording devices when providing care unless both of the following apply:
 - a. the Paramedic obtains informed consent for the use of audio, video, and photographic recording equipment; and
 - b. the recording functions are for assessment, treatment, and/or educational purposes. This would not apply to accessing smartphone apps or functions other than for audio, video, or photographic purposes, as necessary.
18. File a mandatory report with the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) if the Paramedic has reasonable grounds to believe that another Paramedic or regulated professional has failed to maintain professional boundaries with a patient.

6. Duty to Report

Patient Outcome	Paramedic Outcome
<p>The patient has confidence that their health and safety guide the requisite notification of the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) if required.</p>	<p>The paramedic promptly self-reports or notifies the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) regarding actions undertaken to ensure safe, effective patient care (for example, in cases of suspected abuse toward a patient, incapacity or incompetence, or fitness to practice issues).</p>

Requirements

The EMR/Paramedic must:

1. Restrict, withdraw, or limit themselves in practice if they are no longer able to provide safe, competent patient care.
2. Self-report to the appropriate responsible party or parties any [medication error](#) (for example physician or nurse, employer/supervisor, and a paramedic regulatory authority).
3. Self-report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/ or police) on any fitness to practice issue or circumstance that may reasonably affect the Paramedic's practice of paramedicine. The condition or circumstance can include a physical or mental condition or disorder, such as any substance abuse disorder or addiction, that may impair their ability to engage in safe, effective practice.
4. Self-report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/ or police) regarding actions the Paramedic has undertaken to ensure safe, effective care once they become aware of any of the following:
 - a. being the subject of a review or finding of conduct unbecoming, professional misconduct, [dyscompetence](#), [incompetence](#), [incapacity](#), or lack of [fitness to practice](#) a health profession in the current jurisdiction or elsewhere
 - b. being the subject of a denial to practice a health profession or occupation in the current jurisdiction or elsewhere
 - c. their authority to practice paramedicine or any other health profession being suspended, restricted, or revoked in the current jurisdiction or elsewhere
 - d. any breach of their practice restrictions, conditions, or limitations or an undertaking imposed by the current jurisdiction or any other authority

- e. any voluntary or involuntary loss or restriction of their paramedicine practice established by an administrative authority in a hospital, health authority, university, or discipline, or any self-resignation in lieu of further administrative action
- f. being charged, convicted, or pleading guilty to a criminal offence or an offence under any narcotic or controlled substances legislation in any jurisdiction
- g. being the subject of a claim, having settled a claim, or having had a judgment against them in civil court respecting their professional practice or professional activities
- h. a violation of sexual **boundaries** with a patient
- i. their circumstances diminish their ability to practice paramedicine safely and competently.

5. Report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/ or police) the name and particulars of another regulated professional of whom the Paramedic reasonably believes any of the following:
 - a. is unfit to practice or incompetent
 - b. suffers from a mental or physical disorder or illness that may affect their fitness to practice
 - c. has professional circumstances that diminish the professional's ability to practice safely and competently.
6. Self-report notwithstanding any non-disclosure or other agreement regarding **confidentiality** signed by an institution or organization and the Paramedic.
7. When the patient discloses information leading the Paramedic to believe that another regulated professional has abused a patient (for example, **child abuse**, **elder abuse**, **physical abuse**, or **sexual abuse**), the Paramedic who receives the disclosure must undertake all of the following actions:
 - a. assist the patient to develop a safety plan and to access appropriate supports
 - b. provide the patient with information about how to file a complaint
 - c. report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) and
 - d. **document** the known or suspected abuse including action taken.
8. When the Paramedic becomes aware of and/or has reasonable grounds to believe that abuse is occurring, the Paramedic must undertake all of the following actions:
 - a. assist the patient to develop a safety plan and to access appropriate supports
 - b. report to the appropriate responsible party or parties (for example, child protection services, a health organization, a regulatory authority, and/or police) and
 - c. document the known or suspected abuse including action taken.

7. Patient Assessment, Diagnosis, and Interventions

Patient Outcome	Paramedic Outcome
<p>The patient receives paramedic care that is evidence-based, safe, effective, and patient-centred.</p>	<p>The paramedic provides care that is evidence-based, safe, effective, and patient-centred.</p>

Requirements

The EMR/Paramedic must:

1. Use critical analysis to assess the medical, psychological, and social needs of patients.
2. Establish **patient-centred** care plans based on comprehensive **assessments**.
3. Perform safely and effectively the assessment and **intervention** tasks and activities within their designation-specific **scope of practice**, practice setting scope, and personal expertise, including assessment, working **diagnosis**, treatment, and education.
4. Demonstrate adherence to all appropriate infection prevention and control measures.
5. Demonstrate safe administration, management, storage, and disposal of medications and controlled substances while complying with all statutory requirements (organizational policies and relevant legislation and regulations).
6. Practice within the scope of practice permitted by their regulator for their designation, including only those restricted activities that are authorized by the Paramedic's licence and that the Paramedic is educated, trained, and competent to perform.
7. Practice within any restrictive conditions placed on their licence.
8. Practice within their **scope of employment**, including guidelines, policies, and procedures.
9. Seek assistance as needed from other Paramedic and team members (for example, call online medical support or a supervisor).
10. Monitor the effectiveness of patient care plans and revise appropriately and in collaboration with the care team.
11. **Document** the assessments, decisions about patient status, care plans, interventions, and outcomes. The documentation can be written and/or electronic and must be completed in an accurate and timely way.
12. Engage in **transfer of care** or **discharge** the patient to another health care provider.
13. Participate in **quality improvement** activities that support personal learning, integration of new information, and **evidence-based practice**.

8. Communications

Patient Outcome	Paramedic Outcome
<p>The patient receives the information needed to make an informed decision about their care and is given the opportunity to ask questions of the paramedic.</p>	<p>The paramedic clearly provides the patient with the information required to make informed decisions about their care and communicates professionally.</p>

Requirements

The EMR/Paramedic must:

1. Communicate effectively and respectfully with patients in a manner that promotes continuity and the delivery of safe, competent, compassionate, and ethical care.
2. Engage patients in dialogue to ensure that they are given the opportunity to discuss their goals of care, raise concerns, ask questions, participate in decision-making, and suggest changes.
3. Use effective communication, including plain language and active listening, to accurately transmit information about actions or activities.
4. Adapt communication according to the patient's understanding, needs, and preferences.
5. Allow a third party chosen by the patient to be present to assist with communication when requested or the assignment of an interpreter when a language barrier has been identified.
6. Provide relevant information to patients regarding their health.
7. Promote patients' involvement to establish their goals of care.
8. Respect and promote patients' rights to informed decision-making and informed consent.
9. Obtain the patient's informed consent prior to initiating an assessment or intervention.
Consent must involve a discussion with the patient including the following elements:
 - a. the nature of the action or activity
 - b. expected benefits
 - c. risks and side effects
 - d. alternative courses of action
 - e. likely consequences of not completing the action or activity
 - f. the fact that the patient has a right to ask questions about the information provided and that the action or activities will be stopped or modified at any time upon the patient's request.
10. If attending a patient who is unconscious, unresponsive, or otherwise unable to provide informed consent, reasonably determine that implied consent exists if one of the following applies:

- a. the patient was the one for whom emergency medical services was called but was unconscious, unresponsive, or unable to provide informed consent upon the Paramedic's arrival
- b. the patient was involved in any event that rendered them unable to provide informed consent
- c. a **co-decision-maker** is not available to give consent.

11. Ensure that all forms of communication (spoken and written **documentation**, including paper and electronic) are respectful, ethical, and professional and that patient **privacy** and **confidentiality** are maintained at all times.
12. Uphold ethical and legal responsibilities related to maintaining patient confidentiality in all forms of communication (such as e-records and verbal and written communication).

9. Collaboration and Professional Relationships

Patient Outcome	Paramedic Outcome
<p>The patient understands that the paramedic will work with other health care providers as required to offer the best care to meet the patient's needs.</p>	<p>The paramedic practices in collaboration with patients, health care professionals, and others involved in the patient's care to provide safe, effective care.</p>

Requirements

The EMR/Paramedic must:

1. Take reasonable steps to understand what other care the patient is receiving and to ensure that the patient care plan complements the care provided by other team members when there is a [need to know](#).
2. [Document](#) in the patient's health record significant collaboration and professional relationships relevant to the proposed patient care plan, including the following:
 - a. reports received for examinations, tests, consultations, or treatments; and
 - b. the details of team member consultations and conversations.
3. Allow other care team members who [need to know](#) to have access to the patient's health record where such access is reasonably necessary to provide health care unless the patient has expressly instructed the Paramedic not to provide such access.
4. Manage differences and resolve conflicts that may arise between the EMR/Paramedic and other care team members.
5. Protect patient [privacy](#) and [confidentiality](#) in accordance with the Regulatory Practice Standard 4: Privacy and Confidentiality.

10. Documentation and Record Keeping

Patient Outcome	Paramedic Outcome
<p>The patient has confidence that their information is accurate, complete, and documented in a timely fashion and that they can access personal health records as needed.</p>	<p>The paramedic creates timely records or reports that accurately and completely reflect what has been carried out and safeguards the information.</p>

Requirements

The EMR/Paramedic must:

1. Maintain timely, accurate, legible, and complete documentation of provision of care.
2. Access and collect patient health record information only for purposes that are consistent with organizational policies and relevant legislation and regulations.
3. Document patient care activities in the patient health records (paper or electronic) as soon as reasonably possible after provision of care.
4. Ensure that patient health records comply with relevant legislation, regulations, and employer policies and expectations.
5. Ensure that patient health records for each patient encounter, including those related to non-transport, include all of the following:
 - a. date and time
 - b. presenting concern; relevant findings, including mental status of patient, assessment and plan, treatment provided; outcomes, and transfer of care when indicated
 - c. all pertinent aspects of patient care and all procedures performed, including any treatments and descriptions of and reasons for deviations from standard procedures on order forms, treatment prescriptions, patient health records, or other relevant documentation
 - d. all images and data, marked with the patient's identity
 - e. interactions with other databases, clinical information systems, and patient health record keeping systems
 - f. documentation of patient consent, including details of acknowledgement and comprehension of risks, consequences, benefits, and alternative courses of action
 - g. witness information

- h. signature form for refusal of care, if applicable
- i. a detailed account of the explanation and rationale leading to the non-transportation of a patient, including the details of the capacity assessment, if applicable
- j. Paramedic's signature and designation.

6. Amend or correct patient health records in accordance only with relevant legislation, regulations, and employer policies and procedures and through an initialed and dated addendum or tracked change.
7. Provide the patient with access to information in their health records, as requested.
8. Provide information to patients about how to access health records, if requested.
9. Protect patient privacy and confidentiality in accordance with the Regulatory Practice Standard 4: Privacy and Confidentiality.

11. Education, Mentorship, and Preceptorship

Patient Outcome	Paramedic Outcome
<p>The patient has confidence that the paramedic is up to date on skills, knowledge, and treatments.</p>	<p>The paramedic supports learners in developing and refining competencies needed for safe, ethical, and effective practice.</p>

Requirements when providing education or preceptorship

The EMR/Paramedic must:

1. Provide professional preceptorship, mentorship, leadership, and supervision to students and colleagues.
2. Provide appropriate **direct supervision** and remain accountable for the delegated aspects of the provision of care.
3. Ensure patient safety when considering the knowledge and ability of the learner and colleagues when delegating provision of care.
4. Be accountable for documentation and communications completed by students under supervision to ensure accuracy, clarity, and timeliness.
5. Be accountable for **knowledge translation** for the purposes of improved practice.
6. Develop and maintain professional relationships that improve inter-professional collaborative learning and practice.
7. Cooperatively share knowledge and expertise that contributes to the improvement and advancement of the profession.
8. Utilize communications technology and/or other technology in the provision of care, in the education of others, for the assessment of records, for the monitoring of care, and to enable collaborative practice.
9. Use knowledge about learning and communication to create a professional learning environment.
10. Know how and where to access information to support the delivery of safe, competent and ethical health education.
11. Use critical thinking when collecting and interpreting data on learning needs and planning, implementing and evaluating health education programs.
12. Share paramedic knowledge with patients, colleagues, students and others.

12. Protected Professional Designation, Titles, and Endorsements

Patient Outcome	Paramedic Outcome
<p>The patient has confidence that the paramedic is appropriately trained and qualified in that profession, registered, and that they are expected to provide safe, competent, compassionate, and ethical care.</p>	<p>The paramedic only uses the title with which they are registered with the College.</p>

Requirements

The EMR/Paramedic must:

1. Use the paramedic designation titles for licenced professionals that they are licenced as:
 - a. Emergency Medical Responder (EMR)
 - b. Primary Care Paramedic (PCP)
 - c. Intermediate Care Paramedic (ICP)
 - d. Advanced Care Paramedic (ACP)
 - e. Critical Care Paramedic (CCP)
2. Only use Endorsements where licenced to do so.
 - Endorsements indicate additional training or education a Paramedic has successfully completed, enabling them to provide additional healthcare interventions.
3. Use the professional title appropriately by:
 - a. Using only the title for the designation at which they are registered with the SCoP.
 - b. Portraying and communicating their professional designation and title truthfully to patients, employers, other healthcare providers and stakeholders.
 - c. Using only the endorsements granted by the SCoP and listed on the SCoP's register.

Glossary of Terms

This glossary contains a list of terms used in the Standards of Practice. The Saskatchewan College of Paramedics recognizes that the terminology related to justice, equity, diversity, and inclusion will continue to evolve. The College will strive to update the glossary to reflect newer terms and concepts as they develop.

Ableist/Ableism

“Discrimination and/or prejudice against persons with any form of disability (e.g., physical, intellectual). Persons are defined by their disabilities and are characterized as inferior to the non-disabled” (Barnabe et al., 2023, p. 2).

Ageist/Ageism

“Stereotyping, discrimination and/or prejudice against persons on the basis of their age, typically against older members of society” (Barnabe et al., 2023, p. 2).

Assessment

“The process by which a patient’s condition is appraised or evaluated” (Unbound Medicine, n.d.).

Boundary/Boundaries

“An accepted social, physical or psychological space between people” (Canadian Medical Protection Association, 2021). “Boundaries create an appropriate ‘therapeutic distance’ between [health professional] and patient and help establish roles and expectations” (Canadian Medical Protection Association, 2021, paraphrasing Paré, 2009). In simple terms, boundaries recognize the inherent power differential between the professional and the patient and define the limits of the therapeutic relationship. Establishing an appropriate therapeutic distance is important in all [paramedic]-patient relationships, as it creates a consistent, predictable structure for how the [paramedic] will interact with the patient.

Capacity/Incapacity

“Capacity means the ability to understand information relevant to making a decision; and to appreciate the reasonably foreseeable consequences of making or not making a decision.” (*The Adult Guardianship and Co-decision-making Act*, 2024).

Child abuse

“The physical or psychological mistreatment of a child by an adult (biological or adoptive parents, step-parents, guardians, other adults). This includes physical abuse, sexual abuse,

emotional maltreatment, and exposure to domestic violence" (Canadian Child Welfare Research Portal, n.d.).

Co-decision-maker

Also known as an "alternative decision-maker", a co-decision-maker is "a person with the legal responsibility to make decisions for an individual who lacks the capacity to make personal decisions" (Alberta College of Paramedics, 2023, p. 4).

Colonialism

Occurs "when groups of people come to a place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples; violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state" (Addressing Racism Review, 2020, p. 12).

Communication/Communications

"The transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology)" (Nova Scotia College of Nursing, n.d.).

Competence

Competence is viewed as multidimensional and dynamic; changing with time, experience, and context (Frank et al., 2010); and relating to the standards required to perform one's role(s) at the minimum level expected for a given profession (Epstein & Hundert, 2002). The multidimensional elements of competence include capability, competencies, context of practice, and continuum of practice (Glover Takahashi et al., 2015; Wenghofer et al., 2009).

Capability refers to the personal "raw materials," such as intellectual or cognitive functioning, physical ability, and psychological health (Glover Takahashi et al., 2015; Wenghofer et al., 2009). This dimension can vary with time and circumstances. For example, a health practitioner might have a new progressive neurological condition, an acute depressive episode, a fractured hand, or a substance abuse disorder that affects current performance or functionality, or be fatigued due to prolonged service, with resulting impairment of decision-making or motor skills (Glover Takahashi et al., 2015).

Competencies are the observable abilities of health care professionals (Epstein & Hundert, 2002). For example, key competencies and indicators identify the knowledge, skills, and attitudes that paramedics require to perform competently (Frank et al., 2010).

Context of practice includes the variety of practice settings and diversity of patients and patient communities where paramedics work. Where paramedics work can have infrastructure that supports or threatens competence (for example, equipment available, electronic medical records systems, professional development systems, quality monitoring systems, and peer or mentor access or systems) (Wenghofer et al., 2009). The elements of an individual's context of practice are interrelated and have an impact on competence (Wenghofer et al., 2009).

Continuum of practice refers to both the evolution of expertise (student, novice, competent, proficient, or expert) and the life cycle of the professional (student, field-based novice, independent professional, or retired) (Epstein & Hundert, 2002; Wenghofer et al., 2009).

Confidentiality

“The ethical and legal obligation to keep someone’s personal and private information secret or private” (Nova Scotia College of Nursing, n.d.).

Consent

“The granting of permission by the patient for another person to perform an act, e.g., permission for a surgical or therapeutic procedure or experiment to be performed by a physician, nurse, dentist, or other health care professional” (Unbound Medicine, n.d.).

Continuing competence

“The ongoing ability to integrate and apply the knowledge, skills, and judgment required to practise safely and ethically in a designated role and setting” (Nova Scotia College of Nursing, n.d.). Continuing competence programs generally have specific requirements for completion and focus the requirements on regulatory competencies, standards, or other topical requirements.

Continuing professional development

Includes any type of learning undertaken to increase knowledge, understanding, and experiences of a subject area or role. Continuing professional development is an ongoing and planned learning and development process that can be undertaken for personal interest or related to professional needs or requirements.

Cultural humility

A lifelong “process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience” (First Nations Health Authority, n.d.).

Culturally safe care

“An approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. The outcome of this approach is where the environment in which health care is delivered is free of discrimination and racism, and patients feel safe. Safety is defined by patients and may be described as what is felt or experienced by patients when their [paramedic] communicates with them in a respectful and inclusive way, when their [paramedic] empowers them in decision-making, and when they work together as a team to ensure maximum effectiveness of care” (College of Physicians and Surgeons of Ontario, n.d.).

Determinants of health

“Determinants of health are the broad range of personal, social, economic and environmental factors that determine individual and population health. In Canada, 12 determinants of health are most often listed:

1. Income and social status, 2. Employment and working conditions, 3. Education and literacy, 4. Childhood experiences, 5. Physical environments, 6. Social supports and coping skills, 7. Healthy behaviours, 8. Access to health services, 9. Biology and genetic endowment, 10. Gender, 11. Culture, 12. Race / Racism” (Government of Canada, 2022a).

Diagnosis/Diagnoses

“The use of scientific or clinical methods to establish the cause and nature of a person’s illness or injury and the functional impairment it produces. The diagnosis forms the basis for patient care” (Unbound Medicine, n.d.).

Direct Supervision

Direct supervision is defined as the supervising paramedic must be within an arms-length away, this does not permit the supervising paramedic to be driving while these skills are performed.

Discharge

“To officially release from care. The release is authorized by a physician, other medical care worker, or a medical care facility” (Unbound Medicine, n.d.).

Document/Documentation

Documentation refers to “written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client” (Nova Scotia College of Nursing, n.d.).

Duty to report

Duty to report is “the ethical obligation for professionals to raise concerns about another professional’s conduct or practice. It is well established in codes of ethics and is an important role that professionals play to protect the public interest” (Office of the Superintendent of Provincial Governance, n.d.). These are legislated requirements as provisions of codes of conduct.

Dyscompetence

Being less than fully competent and may reflect a temporary situation (such as dyscompetence due to severe fatigue or anxiety) or a new status due to decline of knowledge, skills, or abilities. This term is more accurate than “incompetent”.

Elder abuse

“Injurious, pathological, or malignant treatment of an elderly individual, e.g., verbal, physical, or sexual assault” (Unbound Medicine, n.d.).

Equity/Equity-deserving

“Involves providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups” (American Psychological Association, 2021).

Evidence-based/Evidence-based practice

Also called “evidence-informed practice”, it is “practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data” (Nova Scotia College of Nursing, n.d.).

Family/Families

Include spouses, domestic partners, both different-sex and same-sex significant others, and any family of choice at patients’ discretion.

Fitness to practise

Fitness to practise means “having the necessary physical and mental health to provide safe, competent, ethical and compassionate [paramedic care]” (Nova Scotia College of Nursing, n.d.).

Gender identity

Refers to a person's internal sense of being male, female, both, neither, or anywhere along the gender spectrum (Ontario Human Rights Commission).

Goals of care

The objectives and activities consciously designed to reach the desired future state(s) for patients (Unbound Medicine, n.d.).

Health

Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, n.d.).

Inclusive

Acts and approaches that ensure that all persons are equally welcomed, supported, valued, and respected (Barnabe et al., 2023).

Incompetence

"Professional incompetence is a question of fact, but the display by a member of a lack of knowledge, skill or judgment or a disregard for the welfare of a member of the public served by the profession of a nature or to an extent that demonstrates that the member is unfit to:

- (a) continue in the practice of the profession; or
- (b) provide one or more services ordinarily provided as a part of the practice of the profession; is professional incompetence within the meaning of this Act. (The Paramedics Act).

Intervention/s

"A task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care" (Nova Scotia College of Nursing, n.d.).

Knowledge translation

This term is increasingly used in health care to describe the process of moving what we learned through research to the actual application in a variety of practice settings. Knowledge translation involves gathering, evaluating, summarizing and sharing relevant knowledge on a particular topic.

Mandatory reporting

A legal, ethical, or political requirement to execute actions or orders (Unbound Medicine, n.d.).

Medication Error

A medication incident, also referred to as a medication error, is a mistake with medication, or a problem that could cause a mistake with medication. Medication incidents are generally preventable and include errors like receiving the wrong medication or dose, or using the wrong route of administration (Health Canada).

Need to know

“The need-to-know principle holds that providers can only access and use the personal health information they need to know to carry out their responsibilities for a patient encounter” (Office of the Information and Privacy Commissioner for Nova Scotia, 2024).

The provider should only have access to and share the patient information the specific patient encounter requires.

Non-transport/Non-transportation of a patient

Refers to when a patient call was made and a paramedic attended the scene, but the patient was not conveyed for further care, either because further care was deemed not necessary and the paramedic’s guidelines allowed use of professional judgment or because the patient refused transportation (Marks et al., 2002).

Occupational stress injury

Occupational stress injury is “used to describe a broad range of conditions including mental disorders such as anxiety disorders, depressive disorders, and Post-traumatic Stress Disorder, as well as mental health conditions that may not meet Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) criteria for mental disorders but still interfere with daily functioning in social, work or family activities” (Canadian Institute for Public Safety Research and Treatment, n.d.).

Patient-centred

“Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (Doktorchik et al., 2018).

Personal level of competence

Personal level of competence means the ability to successfully perform while applying the required knowledge, skills, and attitudes. When working, the paramedic must limit their actions and activities to those that are both permitted within the regulated scope of practice for their designation and within their personal level of competence.

Physical abuse

Injurious, pathological, or malignant treatment that results in physical harm and assault (Unbound Medicine, n.d.). Physical abuse of a patient includes any act or attempted act

committed by the member and directed to the patient and to which the patient has not consented.

Privacy

Privacy differs from confidentiality. Privacy refers to information that is considered personal, which includes a patient's health care information. If the information is collected by a health care professional, they have a duty to maintain its confidentiality as required by the *Health Information Protection Act*; the patient shared the information in trust that it would not be shared without their permission (Office of the Privacy Commissioner of Canada, 2023).

Quality improvement

"The intentional process of making system-level changes in clinical processes with a continuous reassessment to improve the delivery of a product" (Lincoln et al., 2022).

Racism/Racist

"Stereotyping, discrimination, and/or prejudice against persons on the basis of their race" (Barnabe et al., 2023).

Reconciliation

Reconciliation in Canada means building a "renewed relationship with Indigenous peoples based on the recognition of rights, respect, cooperation and partnership" (Government of Canada, 2022b). For resources on reconciliation, see Addressing Racism Review (2020) and Truth and Reconciliation Commission of Canada (2015).

Regulated scope of practice (via licensure, registration, and/or certification)

The knowledge, skills, and attitudes that the paramedic is taught in approved paramedic education programs and permitted to perform as outlined in the applicable regulatory document for the specific class of licensure, registration, certification, or designation held by the paramedic.

Scope of employment

The description of the paramedic's role within a specific employment or employer setting. Defined through employer descriptions, policies, procedures, processes, education, evaluation, and guidelines. Scope of employment changes from setting to setting and must be within the regulated scope of practice. Scope of employment may narrow a paramedic's practice to activities that are specific to the employment setting. The scope of employment may not exceed the regulated scope of practice.

Scope of practice

What a regulated health care professional is authorized to do by provincial or territorial legislation. Scope of practice differs from personal level of competence for an individual health care professional. Personal level of competence is influenced by many factors, including patient needs, individual competence, employer policies, and professional and regulatory standards (Canadian Institute for Health Information, 2022).

Sexism/Sexist

“Stereotyping, discrimination, and/or prejudice against persons on the basis of their sex, typically against those individuals that identify as women” (Barnabe et al., 2023).

Sexual abuse

Injurious, pathological, or malignant treatment that results in sexual assault (Unbound Medicine, n.d.). Sexual abuse means action or interaction (physical, verbal, or visual) that is imposed on any individual without consent and violates the victim’s sexual integrity. This may include:

- a. sexual intercourse or other forms of physical sexual relations between the member and patient;
- b. touching of a sexual nature of the patient by the member;
- c. behaviour or remarks of a sexual nature by the member toward the patient.

Sexual nature does not include touching, behaviour, or remarks of a clinical nature appropriate to the care being provided.

Sexual orientation

“An individual’s pattern of emotional, romantic, or sexual attraction. Sexual orientation may include attraction to the same gender (homosexuality), a gender different than your own (heterosexuality), both men and women (bisexuality), all genders (pansexual), or neither (asexuality)” (Nova Scotia College of Nursing, n.d.).

Structural racism

“Results from laws, policies, and practices that produce cumulative, durable, and race-based inequalities and includes the failure to correct previous laws and practices that were explicitly or effectively racist” (American Psychological Association, 2021).

Therapeutic relationship/s

Relationship/s “built on trust and mutual respect between the caregiver and client and is based on a caregiver’s ethical and legal duty to protect the client’s well-being. Therapeutic caregiver-client relationships are purposeful, goal-directed relationships between a caregiver and a client that protect the clients’ best interests. The relationship begins when a client receives care from

a caregiver and continues until the necessary care has ended" (Nova Scotia College of Nursing, n.d.).

Transfer of care

Also known as "handover," transfer of care is defined as "situations where the professional responsibility for some or all aspects of a patient's diagnosis, treatment, or care is transferred to another person on a temporary or permanent basis" (Siemsen et al., 2012).

Trauma/Traumatic

"Results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, psychological, social, emotional, or spiritual well-being. Trauma may be cultural, intergenerational and/or historical" (College of Physicians and Surgeons of Ontario, n.d.).

Underhoused

Can refer to persons "having inadequate or poor housing" or a community or area "not having enough dwellings" (Dictionary, n.d.).

Verbal abuse

Verbal Abuse is a form of abusive behaviour involving the use of language (criticizing, name-calling, put downs threatening, blaming). It differs from profanity because it can occur without the use of expletives. Verbal abuse is a pattern of behaviour that can seriously interfere with one's positive emotional development and can significantly impact one's self-esteem, emotional well-being, and physical state.

Verbal abuse of a patient includes

- the use of any kind of hate speech by the Paramedic
- insults or other harsh language used by the Paramedic with the intention to unnecessarily frighten, terrorize, or mistreat the patient.

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