

University of the West of England

Paramedic In-hospital Placement Learning Outcomes

Year 2



University of the
West of England

bettertogether

In-hospital Placements

During the second year of the paramedic programme; you will be allocated placements in a range of clinical settings outside of the Ambulance Service. These placements provide opportunities to have an increased exposure to a range of clinical specialties and clinical skills. These placement areas include, but are not limited to:-

- The Emergency Department
- Children's Emergency Department or Assessment Unit
- The Central Delivery Suite
- The Operating Theatre
- The Cardiac Unit or Coronary Care Unit
- The Heart Unit or PCI Centre
- The Minor Injury Unit or NHS Walk-in-Centre

Overall Placement Aim

That the student should be able to:-

Gain enhanced levels of exposure to a range of clinical specialist areas and clinical conditions. These specialist areas provide increased opportunities to apply physical assessment, clinical reasoning and clinical skills that would take a longer period of time to encounter in the out-of-hospital environment.

Maintaining a Placement Reflective Journal

The student paramedic will maintain a daily reflective journal in which they write about their learning experiences. For advice on reflective writing, please see section 10.

The journal should be word-processed and follow the directions in the introduction section of the portfolio, i.e. –

- Typing should utilise the same font size throughout – 12; and lines should be double spaced to allow room for marker's annotations.
- Typing should also use the same font throughout. Avoid using a mixture of different font styles
- Handwritten evidence should be avoided. Where it is unavoidable, it must be legible.
- The layout should follow a consistent pattern.

Placement Objectives – Operating Theatres

Airway management is a key area of pre-hospital care of the acutely ill or injured and the student paramedic will be required to gain as much supervised practice as possible in the full range of airway management within the 2 years of the programme.

Supervised practice will be gained in three areas of practice and placement:-

1. Within the academic environment

The University has three practice simulation suites and within these the course training team will set up a number of differing scenarios in which the student will gain knowledge, skills and experience in airway management. Increasingly sophisticated advanced airway manikins will be utilised to simulate the difficult airway and the trainers will instruct and assess the student as appropriate,

Whilst not wishing to quantify a specific number of scenarios, it is expected that the student will undertake a significant amount of airway management practice in this area.

2. Within the pre-hospital environment

1500 hours of practice placement with the emergency ambulance crews, paramedics, paramedic practitioners (ECP and CCP) and rapid response vehicles will afford the student a significant amount of exposure to supervised practice.

3. Within the hospital environment

Placements within the hospital will include airway management in the operating departments under the direction and supervision of anaesthetists.

The University follows the recommendations of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) which take account of the increasingly limited opportunities to gain experience of endotracheal intubation within the operating departments:-



Recommendations

JRCALC now recommends that much greater emphasis be placed on the establishment of a clear airway and optimum gas exchange than on achieving endotracheal intubation per se. In the same way that currently students are trained in the technique of cricothyroidotomy, which may in rare circumstances be life-saving but in which they receive no formal assessment of competency on patients, so they will have training in laryngoscopy and endotracheal tube placement.

Laryngoscopy and the use of Magill's forceps will of course remain valuable skills to deal with impacted foreign bodies in the airway.

This means that trainee paramedics will continue to gain experience in the whole spectrum of airway management in the unconscious patient during their theatre attachment and will observe and, ideally, undertake intubation under supervision, but they will no longer be required to be specifically signed off as competent in that

intervention in theatres. They would however be expected to also gain wide experience in the use of supraglottic airway devices.

JRCALC have also recommended the following:-

In recognising that endotracheal intubation will continue to be undertaken in specific instances JRCALC supports the airway group's recommendation that from now on definite steps should be taken as soon as possible for a bougie and a means of carbon dioxide detection to be made available

Learning Objectives

That the student should be able to:-

1. Manage a patent airway using manual clearing methods and suctioning.
2. Manage a patent airway using basic positional methods
3. Manage an airway using airway adjuncts. NPA and OPA
4. Ventilate a patient using a bag-valve mask.
5. Insert and maintain a patients airway using a laryngeal mask airway (LMA)
6. Administer oxygen appropriately.
7. Insert and maintain an airway using an i-gel airway
8. Intubate a patient using an endotracheal tube
9. Ventilate an intubated patient using a bag-valve. and oxygen
10. Ventilate an intubated patient using an automated IPP ventilator
11. Insert an intravenous cannula

Placement Objectives – Emergency Department/MIU/WIC

Placement Aims

The aim for the department placement is **to gain as much broad experience of caring for the sick or injured adult as possible.**

Learning Objectives

That the student should be able to:-

1. Undertake a range of patient assessments to identify illness and injury; including history taking, observations and physical examination as indicated
2. Perform intravenous cannulation
3. Participate in CPR and advanced life support
4. Undertake airway management and ventilation skills
5. Undertake cardiac monitoring for dysrhythmia and 12-lead ECG interpretation

Placement Objectives – Central Delivery Suite

Placement Aims

The aim for the obstetric placement is **to gain as much broad experience of assisting with child-birth as possible.**

We do not require a fixed number of deliveries as this is very dependent upon how busy the delivery suite is during the placement period; upon the permission of the female in labour and upon the experience and permission of the midwife.

When a female goes in to labour and a midwife is not immediately available, the responsibility for managing a safe delivery falls upon the emergency ambulance crew. It is therefore very important that the paramedic knows how to recognise when a birth is imminent and how to manage a normal labour. It is also important that they are aware of the complications of labour and are experts in newborn life support. The placement objectives are written very pragmatically to reflect the limitations of practice within the hospital placement.

Learning Objectives

That the student should be able to:-

1. appropriately assess and examine a pregnant woman and relate the findings to the gestational period
2. recognise when birth is imminent
3. describe the normal stages of labour and participate in the delivery
4. identify the complications of labour and witness the hospital management of same

Placement Aims

The aim for the children's department placement is **to gain as much broad experience of caring for the sick or injured child as possible.**

Learning Objectives

That the student should be able to:-

1. Undertake a range of patient assessments to identify the sick or injured child's condition; including history taking, observations and physical examination as indicated
2. Relate findings to the physical and emotional development of the child
3. Understand the impact of illness or injury on the child and their family
4. Observe experienced child healthcare professionals in their role. Understand a range of interpersonal skills and distraction techniques used when communicating with the sick or injured child and their family