

Student Paramedic Practice Placement Assessment

Year 2

The development of this practice assessment document reflects the Health Professions Council Standards of Proficiency for Paramedics (2011), as identified in each individual element of practice. Each element also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2012) and the UK College of Paramedics (COP) Curriculum Framework Document (2013)

Foundation Degree
in Paramedic Science
(Year 2)

Paramedic Practice Assessment Document

| | |
|-------------------------|--|
| Student Name: | |
| Student Number: | |
| University: | |
| Contact details: | |
| Entry Date: | |
| Mentor: | |

If found, please return to:
The Programme Leader for Paramedic Science:
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol. BS16 1DD

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Introduction

The development of this practice assessment document reflects the Health Professions Council Standards of Proficiency for Paramedics (2003), as identified in each individual element of practice. Each element also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2006) and the UK College of Paramedics (COP) Curriculum Framework Document (2008). Any additional information /documents deemed relevant e.g. Department of Health, Quality Assurance Agency have been referenced, in order that students and practice placement educators can cross refer to each document, as required.

Clinical practice and the development of knowledge and skill are at the centre of this assessment document. This Practice Assessment Document records the student's progression, in placement throughout the programme. It also provides information concerning the roles and responsibilities in the assessment process. Further information is also provided within the Student and Mentor Handbooks.

Roles and Responsibilities

1. Student

- Ensure that the required assessments are undertaken with the practice placement educator

- Must present their practice assessment document on the first day and when requested to do so by their PPEd
 - Must at all times maintain patient confidentiality in line with current guidance
 - Ensure the safe keeping of their practice assessment document throughout their programme
 - Must submit their practice assessment document using the designated university procedure on the date specified in the course handbook
 - **Must attend placement in the allocated placement blocks to achieve the required hours: It is the student's responsibility to ensure they achieve the stated minimum of 750 hours**
 - **Failure to attend placement during the allocated placement blocks will result in the student not passing practice**
 - Conduct must be of a professional standard at all times.
- ### 2. Practice Placement Educator
- This role is fulfilled by an experienced paramedic
 - Orientate the student to the placement area on the first day.
 - Identify and provide access to learning opportunities and resources

- Assist the student to reflect on experiences to facilitate learning in and from practice
 - Utilise developmental action plans to enhance the student's learning in identified areas
 - Undertake required assessments and ensure that both the student and programme leader/ personal tutor are informed as soon as an issue arises
 - To complete the appropriate sections of the practice assessment documentation
 - To complete the **interpersonal skills profile** at the mid-point and at the end of each year. The PPEd should identify FIVE comments, which describe the performance of the student. It is the responsibility of the PPEd to comment upon the judgements made regarding the student's interpersonal skills. Together with the student, they will also develop a personal action plan to address identified weaknesses
 - The allocated PPEd is the only member of staff who can sign the SUMMATIVE ASSESSMENT
 - When the student has successfully passed the summative assessment to the standard required, the PPEd will sign the record of achievement for that year
 - The student must hand in the completed document on the date set by the programme leader
 - Conduct must be of a professional standard at all times.
- 3. Associate Practice Placement Educator**
- This role can be fulfilled by a Clinical Team Leader or experienced Paramedic
 - Support the practice placement educator. Ensure that opportunities exist for the student's personal and professional development
 - Assist in the assessment of the competence of a student undertaking a skill and completing the documentation if the student has achieved the required level of practice, AT FORMATIVE LEVEL ONLY
 - Conduct must be of a professional standard at all times.

The Assessment Process

Placement period

- First year placements are primarily with the Ambulance Service
- The student **MUST ACHIEVE a minimum of 750** placement hours in the first year, but should aim for the allocated amount of 825 or more if possible

Formative & summative assessment

- The student can be assessed formatively in any area, at any time.
- The student should have a minimum of one and a maximum of three formative assessments recorded for each element of practice
- The summative assessment does not necessarily have to be exposure to direct observation (see Skills Acquisition Section opposite)
- The practice placement educator who undertakes the summative assessment must record the result in the record of achievement
- All the elements of practice must be assessed by the student and the practice placement educator, but the practice placement educator's decision will be considered as final.

Assessing the elements of practice

- Each element of practice will have a required level of practice. (See page 23 for criteria)
- In order to pass, the student must have achieved the level of practice criteria required for the element

Skills Acquisition

Achievement of the outcomes is demonstrated through achievement of skills. Each skill can be achieved in a number of ways:

→ **Direct Observation**

This means observing the student's performance directly.

→ **Questioning**

This means facilitating a discussion with the student and directly asking questions.

→ **Written work**

This means examining other evidence produced by the student to demonstrate their achievement (e.g. a case study or reflection)

Record of meetings

- The student must meet with their practice placement educator in order to ensure that the elements of practice

are being achieved and to provide every opportunity for discussion and reflection

- Meeting dates must be negotiated and agreed within the first two days of each placement area. The content of these meetings and any additional meetings must be documented in the record of meetings.
- These should be used to note discussions and progression, plus any additional learning achieved
- Students and clinical staff need to document discussions and use the records actively
- If at any point the practice placement educator is concerned that the student will not meet the required standard, then a developmental action plan should be used to help the student achieve the identified elements of practice

Passing/failing the Year

- If the practice placement educator is concerned that the student may not achieve the elements of practice within the document the programme leader must be contacted promptly in order to provide support.
- If at any point the practice placement educator is concerned that the student will not meet the required

standard, then a developmental action plan should be used to help the student achieve the identified elements of practice

- The student will have passed the practice element of the course if they have successfully achieved the summative assessments for ALL the elements of practice stated within the practice assessment document.
- If a student **has not passed** the practice assessment, it **must be** recorded in the record of achievement and the content of the discussions with the student leading up to this decision must be recorded in the record of meetings.

Advice upon Presentation of Work in Your Portfolio

- The binder needs to be robust – A4 Binder – Lever arch file
- Provide a typed contents list
- 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.
- The portfolio should be easy to navigate. Any reviewer being able to easily locate evidence from the contents list or through cross-referencing
- Use dividers to separate each section
- Clearly index each item
- Clearly label each item
- Each piece of evidence you are submitting should be numbered and cross-referenced against the appropriate element of practice (in the portfolio reference column)
- The purpose of each item of evidence should be clearly linked to the elements of practice
- Items must be easy to handle and read
- Only 2 items, back to back, in each clear pocket
- You are reminded that all documentation relating to individuals must be anonymised
- Should be typed and free from spelling and grammatical errors

- Where appropriate the portfolio must be fully referenced throughout using the Harvard referencing system adopted by UWE
- A reference and bibliography list must be appended to the work
- The references must reflect current thinking and research in the subject area and be within the period of 2003 – 2013. Older references used to support your work should be justified within the body of the text
- And finally

Remember – the portfolio is a reflection of
your professional ability....do yourself
justice

SECTION 1

PLACEMENT RECORD

Wherein a record of each placement block or individual areas of placement is recorded: Include individual ambulance service blocks and hospital placement areas

Record of Placements

| STUDENT NAME | STUDENT NUMBER |
|---------------------|-----------------------|
| | |

Placement number 1

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 2

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 3

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 4

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 5

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 6

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 7

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 8

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

Placement number 9

| | | | |
|--------------------------------|--|-----------------------------|--|
| Placement name & address/Trust | | Placement dates | |
| Practice area | | Practice Placement Educator | |

SECTION 2

RECORD OF PROGRESS INTERVIEWS

INCLUDING INTERPERSONAL SKILLS PROFILES

To be completed:-

1. At the commencement of the year
2. At the midpoint in the year – 17/03/14
3. At the end of the year

RECORD OF PROGRESS INTERVIEWS
Introductory

Name of Student:

Cohort:

Signature of Student: _____

Date: _____

Signature of PPEd: _____

RECORD OF PROGRESS INTERVIEWS
Mid-point of Year (Progress to date)

Name of Student:

Cohort:

Signature of Student: _____

Date: _____

Signature of PPEd: _____

INTERPERSONAL SKILLS PROFILE
Mid-point of Year (Progress to date)

Name of Student:

Cohort:

Please select FIVE comments from the list, which most nearly describe the performance of the student.

1. Unsafe to practice
2. Behaves in an unprofessional manner
3. Displays a negative attitude
4. Blames circumstances for difficulties encountered
5. Appears to lack motivation
6. Does not define learning needs
7. Lacks self-awareness an the effect of behaviour on others
8. Needs to take responsibility appropriate for this level
9. Lack of confidence inhibits effective performance
10. Needs more experience at this level
11. Reacts adversely to constructive criticism
12. Slow to settle
13. Lacks maturity
14. Needs to be more assertive
15. Could have made more use of available resources
16. Has not achieved full potential
17. Willing to try
18. Has developed in confidence
19. Skills will develop with practice

20. Assimilates new information
21. Accepts appropriate responsibility
22. Fits well into the team
23. Has a pleasant and approachable manner
24. Displays a mature attitude
25. Well motivated and adaptable
26. Is able to reflect on outcomes
27. Identifies own learning needs
28. Has made a useful contribution to the work of the team
29. Shows a good understanding of the concepts of paramedic care
30. Displays confidence
31. Analytical in approach, drawing from a wide range of sources
32. Offers informed and considered opinions
33. Realistically evaluates performance
34. Capable of informed decision-making
35. Shows a mature understanding
36. Valued team member who has gained respect
37. Innovative, develops fresh ideas
38. Consistently works at a higher level than expected
39. An excellent performer in all areas

WRITE THE NUMBERS OF THE COMMENTS WHICH YOU HAVE SELECTED IN BOXES BELOW

| | | | | |
|-----------------------|--|--|-------|--|
| | | | | |
| Signature of PPEd: | | | Date: | |
| Signature of Student: | | | Date: | |

RECORD OF PROGRESS INTERVIEWS
Final Interview – End of Year (Achievements)

Name of Student:

Cohort:

Signature of Student: _____

Date: _____

Signature of PPEd: _____

INTERPERSONAL SKILLS PROFILE
Final (End of course)

Name of Student:

Cohort:

Please select FIVE comments from the list, which most nearly describe the performance of the student.

1. Unsafe to practice
2. Behaves in an unprofessional manner
3. Displays a negative attitude
4. Blames circumstances for difficulties encountered
5. Appears to lack motivation
6. Does not define learning needs
7. Lacks self-awareness an the effect of behaviour on others
8. Needs to take responsibility appropriate for this level
9. Lack of confidence inhibits effective performance
10. Needs more experience at this level
11. Reacts adversely to constructive criticism
12. Slow to settle
13. Lacks maturity
14. Needs to be more assertive
15. Could have made more use of available resources
16. Has not achieved full potential
17. Willing to try
18. Has developed in confidence
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20. Assimilates new information
21. Accepts appropriate responsibility
22. Fits well into the team
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26. Is able to reflect on outcomes
27. Identifies own learning needs
28. Has made a useful contribution to the work of the team
29. Shows a good understanding of the concepts of paramedic care
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38. Consistently works at a higher level than expected
39. An excellent performer in all areas

WRITE THE NUMBERS OF THE COMMENTS WHICH YOU HAVE SELECTED IN BOXES BELOW

| | | | | |
|-----------------------|--|--|--|-------|
| | | | | |
| Signature of PPEd: | | | | Date: |
| Signature of Student: | | | | Date: |

SECTION 3

DEVELOPMENTAL ACTION PLANS

The Development Action Plan (DAP) section should be completed by you and/or your placement educator and should be used **to identify your learning needs**, including any areas of practice that you or your placement educator feel needs further development

Developmental Action Plan

The Development Action Plan (DAP) section should be completed by you in collaboration with your placement educator and should be used **to identify your learning needs**, including any areas of practice that you or your placement educator feel needs further development

| Area for development | Actions needed | PPEd signature |
|----------------------|----------------|----------------|
| | | |

| Area for development | Actions needed | PPEd signature |
|-----------------------------|-----------------------|-----------------------|
| | | |

| Area for development | Actions needed | PPEd signature |
|-----------------------------|-----------------------|-----------------------|
| | | |

SECTION 4

RECORD OF SIGNATURES

A specimen signature for anyone who signs any part of your portfolio must be included in this list

Record of Signatures

| NAME (PRINT) | INITIALS | SIGNATURE | ROLE & CLINICAL AREA |
|--------------|----------|-----------|----------------------|
| | | | |
| | | | |
| | | | |
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SECTION 5

PLACEMENT ATTENDANCE RECORD

**A minimum of 750 hours of practice placement must be achieved in
this year**

**It is the student's responsibility to ensure they achieve the stated
minimum or greater**

Placement Attendance Record

PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Weekly total |
|------------|------------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------------|
| Hours : | Date: | Hours: | Date | Hours: | Date | Hours: | Date | Hours: | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
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| | Signature: | | Signature | | Signature | | Signature | | Signature | |

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| PAGE TOTAL | |
| Sub-total | |

Placement Attendance Record

PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Weekly total |
|------------|------------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------------|
| Hours : | Date: | Hours: | Date | Hours: | Date | Hours: | Date | Hours: | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
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PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

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Placement Attendance Record

PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

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|------------|------------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------------|
| Hours : | Date: | Hours: | Date | Hours: | Date | Hours: | Date | Hours: | Date | |
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Placement Attendance Record

PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Weekly total |
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| Sub-total | |

Placement Attendance Record

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| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Weekly total |
|------------|------------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------------|
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| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
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| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
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| PAGE TOTAL | |
| Sub-total | |

Placement Attendance Record

PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Weekly total |
|------------|------------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------------|
| Hours : | Date: | Hours: | Date | Hours: | Date | Hours: | Date | Hours: | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |

| | |
|-------------------|--|
| PAGE TOTAL | |
| Sub-total | |

Placement Attendance Record

PPEd or APPEd should indicate hours attended with left column then date and sign: Minimum of 750 hours must be attained.

| Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Weekly total |
|------------|------------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------------|
| Hours : | Date: | Hours: | Date | Hours: | Date | Hours: | Date | Hours: | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |
| Hours | Date: | Hours | Date | Hours | Date | Hours | Date | Hours | Date | |
| | Signature: | | Signature | | Signature | | Signature | | Signature | |

| | |
|-------------------|--|
| PAGE TOTAL | |
| Sub-total | |

SECTION 6

ELEMENTS OF PRACTICE

Including marking criteria and example of how to complete

Marking Criteria for Elements of Practice

| Criteria Level | Knowledge / reasoning | Level of performance | Personal and professional awareness |
|---|--|---|--|
| Dependent (Dep) | <ul style="list-style-type: none"> • Lacks knowledge • No awareness of alternatives • Unable to explain / give reasons for actions | <ul style="list-style-type: none"> • Lacks accuracy & confidence • Needs continuous guidance & supervision • Poor organisation • No awareness of priorities | <ul style="list-style-type: none"> • Actions & behaviour are not modified to meet the needs of the client and situation • No meaningful explanations given • Lacks insight into personal and professional behaviour |
| Assisted (Ast) | <ul style="list-style-type: none"> • Knowledge is usually accurate • Little awareness of alternatives • Identifies reasons for actions | <ul style="list-style-type: none"> • Accurate performance but some lack of confidence & efficiency. • Requires frequent direction / supervision • Some awareness of priorities / requires prompting | <ul style="list-style-type: none"> • Recognises the need to modify actions / behaviour to the client and situation, but unable to do so in non-routine situations • Gives standard explanations / does not modify information |
| Minimal supervision (MinSup) | <ul style="list-style-type: none"> • Applies accurate knowledge to practice • Some awareness of alternatives • Beginning to make judgements based on contemporary evidence | <ul style="list-style-type: none"> • Safe and accurate; fairly confident / efficient • Needs occasional direction or support • Beginning to initiate appropriate actions • Identifies priorities with minimal prompting | <ul style="list-style-type: none"> • Actions / interventions / behaviours generally appropriate for the client and situation • Explanation is usually at an appropriate & coherent • Identifies the need for assistance |
| Independent (Ind) | <ul style="list-style-type: none"> • Applies evidence based knowledge • Demonstrates awareness of alternatives • Sound rationale for actions • Makes judgements / decisions based on contemporary evidence | <ul style="list-style-type: none"> • Confident / safe / efficient • Works independently without direction / supervision • Able to prioritise • Able to adapt to unpredictable situations | <ul style="list-style-type: none"> • Conscious / deliberate planning • Actions/ interventions/ behaviour are appropriate to the client & situation • Gives coherent / appropriate information • Identifies & makes appropriate referrals |

Elements of practice (Year 2)

EXAMPLE

EXAMPLE

EXAMPLE

| The Student is able to demonstrate the knowledge and skills in order to: Manage patent airway using basic positional methods | Req level | Assessed level –S | Signature | Date | Comments | Portfolio Reference | |
|---|-----------|-------------------|-----------|---------------|----------|---|-----------------------------------|
| HPC 3a.2. COP 3.0 JRCALC Proc 1, CAA 1. QAA B3, Care delivery. | I | Formative | MS | APPEd or PPEd | 00.00.00 | Uses the head tilt chin lift technique, after two attempts and with coaching is able to maintain a patent airway. | OSCE 01/01/12 Reflection 02 |
| | | Formative | MS | APPEd or PPEd | 00.00.00 | Is able to maintain a patent airway on a trauma patient while paramedic is preparing to intubate. | PCF 123456 Crit Read 12 |
| | | Formative | MS | APPEd or PPEd | 00.00.00 | During resuscitation is able to maintain a patent airway on a cardiac patient. | PCF 123456 Reflection 02 |
| | | Summative | I | PPEd only | 00.00.00 | Is able to maintain a patent airway on adult unconscious patients. Using the above technique is able to manage a range of patent airway | PCF 123456 Reflection 02 |

EXAMPLE

EXAMPLE

EXAMPLE

| The Student is able to demonstrate the knowledge and skills in order to: Manage a patent airway using manual clearing methods and suctioning. | Req level | Assessed level –S | Signature | Date | Comments | Portfolio Reference | |
|--|-----------|-------------------|-----------|---------------|----------|--|-----------------------------|
| HPC 3a.2 COP 3.0 JRCALC Proc 1. QAA B3, Care delivery. | I | Formative | MS | APPEd or PPEd | 00.00.00 | Suction used inappropriately; no consideration given to finger scoop for larger objects. Lacked underpinning knowledge. Developmental action plan devised. | PCF 123456 Diary 12 |
| | | Formative | MS | APPEd or PPEd | 00.00.00 | Was able to suction unconscious patient's airway but needed frequent direction on procedure. | PCF 56789 Reflection 10 |
| | | Formative | MS | APPEd or PPEd | 00.00.00 | Was able to suction unconscious patient's airway with minimal prompting. | PCF 891011 Reflection 02 |
| | | Summative | I | PPEd only | 00.00.00 | Was able to suction an unconscious patient's airway confidently with no prompting | PCF 54321 |

Elements of practice (Year 2)

**Key S= Student: APPEd = Associate practice placement educator: PPEd= Practice placement educator:
Ind – Independent; MinSup - Minimal Supervision; Ast – Assisted; Dep - Dependant**

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 1. Use appropriate interpersonal skills to care for and reassure the patient | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 2. Identify and minimise potential on scene risks to maintain a safe working environment | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 3. Minimise cross-infection within scope of practice | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 4. Assess the patient's capacity to consent to treatment | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|-----------|--------------|----------------|-----------|------|----------|---------------|
| 5. Obtain informed consent | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|-----------|--------------|----------------|-----------|------|----------|---------------|
| 6. Obtain an appropriate patient history | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|------------|------------------|----------------|-----------|------|----------|---------------|
| 7. Undertake a physical examination to identify and manage respiratory conditions | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|------------|------------------|----------------|-----------|------|----------|---------------|
| 8. Undertake a physical examination to identify and manage cardiac conditions | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|-----------|--------------|----------------|-----------|------|----------|---------------|
| 9. Undertake a physical examination to identify and manage neurological conditions | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|-----------|--------------|----------------|-----------|------|----------|---------------|
| 10. Undertake a physical examination to identify and manage acute abdominal problems | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|------------|------------------|----------------|-----------|------|----------|---------------|
| 11. Undertake a physical examination to identify and manage traumatic injury and /or manage musculo-skeletal conditions | Ind | | | | | | |
| | | Formative | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 12. Undertake a physical examination to identify and manage genito-urinary emergencies | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 13. Undertake a physical examination to identify and manage diabetic emergencies | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|------------|------------------|----------------|-----------|------|----------|---------------|
| 14. Undertake a patient assessment to identify mental health conditions | Ind | | | | | | |
| | | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|-----------|--------------|----------------|-----------|------|----------|---------------|
| 15. Undertake an assessment of a patient's social care needs | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|-----------|--------------|----------------|-----------|------|----------|---------------|
| 16. Manage patients with a time – critical condition | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | Summative | | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 17. Implement appropriate treatment based on assessment findings | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 18. Insert and ventilate a patient using a laryngeal mask airway (LMA) | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|------------|------------------|----------------|-----------|------|----------|---------------|
| 19. Intubate and ventilate a patient using an endotracheal tube | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed leve | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|---------------|-----------|------|----------|---------------|
| 20. Ventilate an intubated patient using an automated ventilator | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 21. Insert an intravenous cannula | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 22. Insert an Intraosseous cannula | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 23. Prepare and administer an intravenous infusion | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 24. Recognise the need for a range of medications within scope of practice | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 25. Perform needle chest de-compression | Ind | 1. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 26. Perform needle cricothyrotomy | Ind | 1. Formative | | | | | |
| | | Summative | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------------|--------------|----------------|-----------|------|----------|---------------|
| 27. Accurately handover or refer a patient's care to another healthcare professional | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | Summative | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------------|--------------|----------------|-----------|------|----------|---------------|
| 28. Demonstrate awareness of patient referral pathways | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | Summative | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 29. Undertake cardiac monitoring | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 30. Interpret and act upon the ECG test | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|------------|------------------|----------------|-----------|------|----------|---------------|
| 31. Identify and manage patients who are candidates for reperfusion therapy; e.g. PCI or Stroke | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|---|------------|------------------|----------------|-----------|------|----------|---------------|
| 32. Participate in, and where possible direct, the extrication of an RTC patient | Ind | 1. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

| The Student is able to demonstrate the knowledge and skills to: | Req level | | Assessed level | Signature | Date | Comments | Portfolio Ref |
|--|-----------|------------------|----------------|-----------|------|----------|---------------|
| 33. Use the RT to pre-alert the receiving hospital using the ATMIST pre-alert tool | Ind | 1. Formative | | | | | |
| | | 2. Formative | | | | | |
| | | 3. Formative | | | | | |
| | | Summative | | | | | |
| | | | | | | | |

SECTION 7

a. AIRWAY AND VENTILATION TRAINING AUDIT

**A record of all airway management and ventilation practice including
all simulation**

b. INTRAVENOUS CANNULATION AUDIT

c. MEDICATION AUDIT

**Student paramedics are permitted to administer the following drugs
under the supervision of a registered paramedic, providing they
have undertaken the relevant training for that medication:-**

**Oxygen
Entonox
Aspirin
Glyceril Trinitrate
Salbutamol
Ipatropium Bromide
Glucagon
Adrenaline 1:1000
Naloxone**

Airway and Ventilation Training Record – 1:2

| | | | |
|-------------|--|-----------------------|--|
| Name | | Student Number | |
|-------------|--|-----------------------|--|

| Number | Date | BVM LMA ETI | Patient Type and degree of difficulty | Environment | Successful? | Reason for failure | Time taken (seconds) | Comments |
|--------|------|-------------------|--|-------------|-------------|--------------------|----------------------------|----------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Airway and Ventilation Training Record – 2:2

| | | | |
|------|--|----------------|--|
| Name | | Student Number | |
|------|--|----------------|--|

| Number | Date | BVM LMA ETI | Patient Type and degree of difficulty | Environment | Successful? | Reason for failure | Time taken (seconds) | Comments |
|--------|------|-------------------|--|-------------|-------------|--------------------|-------------------------|----------|
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |

Airway and Ventilation Training Record – 3:2

| | | | |
|-------------|--|-----------------------|--|
| Name | | Student Number | |
|-------------|--|-----------------------|--|

| Number | Date | BVM LMA ETI | Patient Type and degree of difficulty | Environment | Successful? | Reason for failure | Time taken (seconds) | Comments |
|--------|------|-------------------|--|-------------|-------------|--------------------|----------------------------|----------|
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |

Airway and Ventilation Training Record – 4:2

| | | | |
|------|--|----------------|--|
| Name | | Student Number | |
|------|--|----------------|--|

| Number | Date | BVM LMA ETI | Patient Type and degree of difficulty | Environment | Successful? | Reason for failure | Time taken (seconds) | Comments |
|--------|------|-------------------|--|-------------|-------------|--------------------|-------------------------|----------|
| 31 | | | | | | | | |
| 32 | | | | | | | | |
| 33 | | | | | | | | |
| 34 | | | | | | | | |
| 35 | | | | | | | | |
| 36 | | | | | | | | |
| 37 | | | | | | | | |
| 38 | | | | | | | | |
| 39 | | | | | | | | |
| 40 | | | | | | | | |

Airway and Ventilation Training Record – 5:2

| | | | |
|-------------|--|-----------------------|--|
| Name | | Student Number | |
|-------------|--|-----------------------|--|

| Number | Date | BVM LMA ETI | Patient Type and degree of difficulty | Environment | Successful? | Reason for failure | Time taken (seconds) | Comments |
|--------|------|-------------------|--|-------------|-------------|--------------------|----------------------------|----------|
| 41 | | | | | | | | |
| 42 | | | | | | | | |
| 43 | | | | | | | | |
| 44 | | | | | | | | |
| 45 | | | | | | | | |
| 46 | | | | | | | | |
| 47 | | | | | | | | |
| 48 | | | | | | | | |
| 49 | | | | | | | | |
| 50 | | | | | | | | |

Airway and Ventilation Training Record – 10:2

| | | | |
|-------------|--|-----------------------|--|
| Name | | Student Number | |
|-------------|--|-----------------------|--|

| Number | Date | BVM LMA ETI | Patient Type and degree of difficulty | Environment | Successful? | Reason for failure | Time taken (seconds) | Comments |
|--------|------|-------------------|---------------------------------------|-------------|-------------|--------------------|----------------------|----------|
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I.V. Cannulation Record 1:2

| | | | |
|------|--|----------------|--|
| Name | | Student Number | |
|------|--|----------------|--|

| IIV Access Number | Date of Cannulation | Patient M/F Age | Environment | Successful Cannulation? | Reason for failure | Cannula Size | Reason for Cannulation |
|-------------------|---------------------|-----------------|-------------|-------------------------|--------------------|--------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

I.V. Cannulation Record 2:2

| | | | |
|------|--|----------------|--|
| Name | | Student Number | |
|------|--|----------------|--|

| IIV Access Number | Date of Cannulation | Patient M/F Age | Environment | Successful Cannulation? | Reason for failure | Cannula Size | Reason for Cannulation |
|-------------------|---------------------|-----------------|-------------|-------------------------|--------------------|--------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

I.V. Cannulation Record 3:2

| | | | |
|------|--|----------------|--|
| Name | | Student Number | |
|------|--|----------------|--|

| IIV Access Number | Date of Cannulation | Patient M/F Age | Environment | Successful Cannulation? | Reason for failure | Cannula Size | Reason for Cannulation |
|-------------------|---------------------|-----------------|-------------|-------------------------|--------------------|--------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

I.V. Cannulation Record 4:2

| | | | |
|------|--|----------------|--|
| Name | | Student Number | |
|------|--|----------------|--|

| IIV Access Number | Date of Cannulation | Patient M/F Age | Environment | Successful Cannulation? | Reason for failure | Cannula Size | Reason for Cannulation |
|-------------------|---------------------|-----------------|-------------|-------------------------|--------------------|--------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
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| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

DRUGS AUDIT – 1:2

| DRUG | Salbutamol | Naloxone | Oxygen | Ipat. Brom | Paracetamol |
|-----------------|------------|----------|--------|------------|-------------|
| PRF No. | | | | | |
| DATE | | | | | |
| AGE/SEX | | | | | |
| CONDITION | | | | | |
| OUTCOME | | | | | |
| Practice Level* | | | | | |
| PRF No. | | | | | |
| DATE | | | | | |
| AGE/SEX | | | | | |
| CONDITION | | | | | |
| OUTCOME | | | | | |
| Practice Level* | | | | | |
| PRF No. | | | | | |
| DATE | | | | | |
| AGE/SEX | | | | | |
| CONDITION | | | | | |
| OUTCOME | | | | | |
| Practice Level* | | | | | |
| PRF No. | | | | | |
| DATE | | | | | |
| AGE/SEX | | | | | |
| CONDITION | | | | | |
| OUTCOME | | | | | |
| Practice Level* | | | | | |
| PRF No. | | | | | |
| DATE | | | | | |
| AGE/SEX | | | | | |
| CONDITION | | | | | |
| OUTCOME | | | | | |
| Practice Level* | | | | | |
| PRF No. | | | | | |
| DATE | | | | | |
| AGE/SEX | | | | | |
| CONDITION | | | | | |
| OUTCOME | | | | | |
| Practice Level* | | | | | |

Practice Level*

 S = Supervised

 MS = Minimal supervision

 I = Independent

DRUGS AUDIT – 2:2

| DRUG | Entonox | G.T.N. | Glucagon | Aspirin |
|-----------------|---------|--------|----------|---------|
| PRF No. | | | | |
| DATE | | | | |
| AGE/SEX | | | | |
| CONDITION | | | | |
| OUTCOME | | | | |
| Practice Level* | | | | |
| PRF No. | | | | |
| DATE | | | | |
| AGE/SEX | | | | |
| CONDITION | | | | |
| OUTCOME | | | | |
| Practice Level* | | | | |
| PRF No. | | | | |
| DATE | | | | |
| AGE/SEX | | | | |
| CONDITION | | | | |
| OUTCOME | | | | |
| Practice Level* | | | | |
| PRF No. | | | | |
| DATE | | | | |
| AGE/SEX | | | | |
| CONDITION | | | | |
| OUTCOME | | | | |
| Practice Level* | | | | |
| PRF No. | | | | |
| DATE | | | | |
| AGE/SEX | | | | |
| CONDITION | | | | |
| OUTCOME | | | | |
| Practice Level* | | | | |
| PRF No. | | | | |
| DATE | | | | |
| AGE/SEX | | | | |
| CONDITION | | | | |
| OUTCOME | | | | |
| Practice Level* | | | | |

Practice Level*

S = Supervised

MS = Minimal supervision

I = Independent

SECTION 8

Continuing Professional Development Record and Certificates

**RECORD OF COURSES, SEMINARS, CONFERENCES and
WORKSHOPS ATTENDED**

CPD

RECORD OF COURSES, SEMINARS, CONFERENCES and WORKSHOPS ATTENDED

| | | | |
|--------------------------------|--|---------------------|--|
| Event | | Location | |
| Date | | Organisation | |
| Reflection on the Event | | | |

| | | | |
|--------------------------------|--|---------------------|--|
| Event | | Location | |
| Date | | Organisation | |
| Reflection on the Event | | | |

CPD

RECORD OF COURSES, SEMINARS, CONFERENCES and WORKSHOPS ATTENDED

| | | | |
|--------------------------------|--|---------------------|--|
| Event | | Location | |
| Date | | Organisation | |
| Reflection on the Event | | | |

| | | | |
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| Event | | Location | |
| Date | | Organisation | |
| Reflection on the Event | | | |

CPD

RECORD OF COURSES, SEMINARS, CONFERENCES and WORKSHOPS ATTENDED

| | | | |
|--------------------------------|--|---------------------|--|
| Event | | Location | |
| Date | | Organisation | |
| Reflection on the Event | | | |

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|--------------------------------|--|---------------------|--|
| Event | | Location | |
| Date | | Organisation | |
| Reflection on the Event | | | |

SECTION 9

THIRD PARTY EVIDENCE

**Letters of thanks
Witness testimonies
Commendations e.t.c.**

SECTION 10

REFLECTIVE WRITING

INCLUDING ADVICE AND REFLECTIVE WRITING TEMPLATE

“Emergency care is characterised by its diverse and unpredictable range of illness and injury and one of the attractions of the paramedic role is the limitless human and scientific knowledge that underpins practice”

I.F.E.A.R. Reflection:

An easy to use, adaptable template for paramedics

Reprinted from: Smart, G. (2011) I.F.E.A.R. Reflection: An easy to use, adaptable template for paramedics. *Journal of Paramedic Practice* Vol. 3 No. 5

“By three methods we may learn wisdom: first, by reflection, which is the noblest; second by imitation, which is the easiest; and third by experience, which is the bitterest (Confucius)

Abstract:

Paramedics are required by the Health Professions Council, as a condition for maintaining their registration, to maintain high clinical standards and continuously engage in their own professional development. Similarly, student paramedics are required to provide a portfolio of evidence that demonstrates their development and eventual competency.

One means of engaging with this process is to apply a formal reflection process to emergency calls attended. Reflection is a hot-topic in paramedic education. However, it is known that for some, reflection can be daunting. Concerns about the academic process, writing and knowing where to begin are often articulated by students attending higher education programmes.

This article outlines a suggested reflective framework adapted from Gibb's (1985) reflective cycle. It outlines a series of applicable, sequential questions. Reflection is about using questions to retell a story; it's about answering these questions critically and, in so doing, often results in a well structured, reflective case-study; as well as improving one's own clinical understanding and practice.

In practice, we have found that both experienced practitioners and student paramedics have been able to use these steps to shape their writing. For those new to writing reflective case studies, the questions help to provide the muse for overcoming the 'blank-sheet-of-paper' inertia that can accompany portfolio building.

Paramedics practice in an environment of constant change. The combined factors of: an expanding scope of practice: increases in technology: advances in treatment and care and an extending evidence base, ensure that the paramedic is always kept busy.

It is a requirement of professional registration that the paramedic copes with these changes and their effects on practice and strives to continuously develop their professional knowledge, expertise and competence (HPC: 2010).

Society has the right and expectation that the professionals responsible for the immediate care of the acutely sick and injured are competent, knowledgeable and up-to-date. Maintenance of a record of continuous personal development and experience is mandatory for all health care professionals and there is a requirement for all registered paramedics to record these activities in a profile of evidence. Each year, a sample of randomly selected registrants is required to submit a CPD profile to the Health Professions Council for audit by CPD assessors (HPC: 2010).

The Council provide comprehensive information and advice concerning CPD, available through their website (<http://www.hpc-uk.org/registrants/cpd/standards>). This includes the five standards for CPD (Table 1) and it is an aspect of the second of these that this article seeks to address.

| Registrants (health professionals registered with the HPC) must:- | |
|--|--|
| 1. | Maintain a continuous, up-to-date and accurate record of their continuous professional development (CPD) activities |
| 2. | Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice |
| 3. | Seek to ensure that their CPD has contributed to the quality of their practice and service delivery |
| 4. | Seek to ensure that their CPD has contributed to the quality of their practice and service delivery |
| 5. | Present a written profile containing evidence of their CPD upon request |

TABLE 1: HPC STANDARDS FOR CPD

Learning can be said to result from exposure to an experience. However, it is not the exposure alone which results in learning. It is in the process of reflecting on that experience and responding to it that the real learning really takes place. Indeed, without reflection on an experience, a practitioner may be in danger of continuing to make the same errors (Schön, 1983). This is the difference between the paramedic with 20 year's experience and the paramedic with one year's experience, repeated 20 times.

For example; a student paramedic attending an emergency call to an elderly male who has fallen in the street; the placement-educator points out the shortening and rotation in the leg that indicates a classic presentation of a fractured neck-of-femur. The student will internalise this experience and bring this knowledge forward to the next occasion they see 'shortening and rotation' of a leg. Learning has taken place through 'pattern recognition'. How much richer though, is the learning that then takes place from the student reflecting upon that experience; considering what they currently know, opening their minds to gaps in their knowledge and then reacting to this by seeking further information; finding out that not all neck-of-femur fractures present with shortening and rotation; that they vary in the way they present; the many implications for the sufferer and the short and long term complications they might face. Reflection is about using questions to retell a story; it's about answering these questions critically and, in doing so, improving one's own clinical practice. Boud et al. (1985, 7) note, like Confucius, that experience alone is not sufficient for learning and pose the following questions: What is it that turns an experience into learning? What is it that specifically enables learners to gain the maximum benefit from the situations they find themselves in? How can they apply this experience in new contexts? They suggest that structured reflection is the key to learning from experience.

This ability to reflect upon clinical experiences opens the mind of the paramedic to a vast field of evidence based practice and medical knowledge. Emergency care is characterised by its diverse and unpredictable range of illness and injury and one of the attractions of the role is the limitless human and scientific knowledge that underpins practice.

There are many models for reflection, varying from the straightforward, through the puzzling and on to the very complex. Some have universal application and others are more focused on a profession/role. For an individual approaching formal reflection for the first time, the array of, sometimes conflicting, models can be quite bewildering.

Utilising a pragmatic approach, the best way to choose a model is to find one that you are comfortable applying and confident that it will help you to translate your clinical experiences into knowledge and learning. As Gibbs (1988, 9) argues:

“It is not enough just to do, and neither is it enough just to think. Nor is it enough simply to do and think. Learning from experience must involve linking the doing and the thinking.”

A model which utilises this approach has been developed for use by student paramedic scientists. The I.F.E.A.R. model (Fig.1) is an adaptation of Gibb’s (1988) well known experiential learning cycle which itself was adapted from work by Kolb. According to Kolb (1984, 38) *“Learning is the process whereby knowledge is created through the transformation of experience”*.

The expressive phrase, *“through the transformation of experience”*, clarifies that merely being exposed to an event does not guarantee learning. The I.F.E.A.R. model encourages the practitioner to consider five stages. At each of these stages they will ask themselves some questions (Fig.2).

The first stage is describing the **incident**; the emergency call. This should outline why you were called, how the patient presented and details of your actions. This should not be overly descriptive but merely a summary of the clinical details.



FIGURE 1: I.F.E.A.R. REFLECTION MODEL

The second stage is **feelings**. Describe how you felt during the incident; how you felt immediately afterwards and how you feel now (upon reflection).

The third stage is the **evaluation** of care. Ask, did the patient have any unmet needs? Were they cared for and managed in a way that you would be happy to be treated?

(I.F.E.A.R.)
REFLECTIVE CASE STUDY TEMPLATE

Incident:

1. Describe the incident; the emergency call
2. Describe your part in it
3. You might want to focus on a description of an experience that seems significant in some way

Feelings:

4. What were your feelings during the incident/call?
5. What were your feelings immediately afterwards?
6. What made you feel this way?
7. How do you now feel about this experience?

Evaluation:

8. What went well?
9. What didn't go so well?
10. What were the consequences of your actions on the patient and others?
11. Did the patient have any unmet needs (PUNs)?
12. To what extent did you act for the best and in tune with your values (ethics)?
13. Does this situation connect with any other similar experiences?

Analysis:

14. What did you learn from the incident or event?
15. What could you have done better?
16. Can you identify any practitioner (paramedic) educational needs (PENs)?
17. Was there anything you didn't know?

Reaction:

18. How will you meet the PENs?
19. Do you need to chat to a colleague or mentor?
20. Do you need to research something in books/journals?
21. Do you need to ask questions?
22. Do you need to read an article/book?
23. Do you need to attend a seminar/ session/course?
24. How might you respond more effectively given this situation again?

Response:

25. What did you find out in response to your reaction (educational needs)?
26. Describe your new learning
27. What can you take forward and apply if faced with the same or similar incidents?

Apply New Learning

FIGURE 2: REFLECTIVE QUESTIONS

The fourth stage is **analysing** your clinical knowledge, non-clinical knowledge, skill, or attitude. Did you feel you had a full understanding of the condition you were managing? What were the gaps in your knowledge or skill base? It is here that the *patient's unmet needs* (PUNs), identified in the evaluation, will direct the *paramedic's educational needs* (PENs).

Eve (2003), a General Practitioner first described '*PUNs and DENs*' (where the 'D' stands for Doctor)) and identified this as a means for enabling GP reflection. It readily adapts for paramedic use.

The fifth stage is your **reaction** and **response** to both the PUN and the PEN? Reaction is where you plan how you will address the missing clinical knowledge, non-clinical knowledge, skill, or attitude. Ask yourself 'what do I need to do to make things better for the next time?' It could be as simple as speaking to a work colleague or another healthcare professional; or that you need to research the information required from books or professional journals; if the educational need is substantial, you might need to attend a seminar or short course.

Finally, you can write about the things you have found out in **response** to your identified educational needs. It is here that you describe what you have learned and show how this new knowledge will transform your future practice.

This stage completes the cycle and you will be ready to practically apply this new knowledge, gained from *reflecting on experience*, at future emergency calls and **incidents**.

In practice, we have found that both experienced practitioners and student paramedics have been able to use these steps to shape their writing. For those new to writing reflective case studies, the questions help to provide the muse for overcoming the 'blank-sheet-of-paper' inertia that can accompany portfolio building.

References

Boud, D., Keogh, R. and Walker, D. eds. (1985) *Reflection: turning experience into learning*. Kogan Page: London

Eve, R. (2003) *PUNs and DENs: Discovering Learning Needs in General Practice*. Radcliffe Medical Press: Oxford

Gibbs, G. (1988) *Learning by doing: a guide to teaching and learning methods* Further Education Unit: London

Health Professions Council. (2010) *Continuing professional development and your registration* HPC: London

Kolb, D.A. (1984) *Experiential learning: experience as the source of learning and development* Prentice-Hall: New Jersey

Schön, D. (1983) *The Reflective Practitioner. How professionals think in action*, London: Temple Smith

SECTION 11

CRITICAL READING

In which you provide a record of your reading during the course. As an advanced healthcare provider you will need to apply evidence based medicine and be as knowledgeable as you can about the care and treatment you provide. Books, Journals and to a lesser extent, academic clinical internet sites

Scope and Depth

At the commencement of the course we set out to encourage you to focus your reading. Reading is at the very centre of higher education, during your time at UWE you will do a tremendous amount of it. What you read is usually directed by:

1. The calls you attend and the subsequent thirst to be better informed about their condition
2. The lectures and applied practical sessions you attend; stimulating your hunger to go beyond the starting point of the lecture
3. Your knowledge of what you need to know, to get you where you need to be, to become an expert in pre-hospital emergency care

The advice has always been; “the wider you read, the more you can reference: the more you read, the better informed you will become”.

CRITICAL READING SKILLS

There are 3,000 new medical papers published per day. Of these, only 45 are randomised control trials of new treatments. Over the last 30 years, published clinical trials have increased from 100 to 10,000 articles annually. The average university medical library will subscribe to around 2,300 journals.

How do we determine what we should read? How do we pick the wheat from all the chaff?

READER is a suggested acronym to aid critical reading and to help in deciding what to read (Macauley: 1994).

- **Relevance:** Does the article deal with your area of practice? This can usually be gleaned from the title or abstract. If it is not to do with your practice it is unlikely to change what you do.
- **Education:** This is used in the context of behaviour modification – would it change what you do. Again this will be clear in the title or summary
- **Applicability:** Can the research be done in the reader's practice? It may be relevant to your practice and it may be that you would change what you do, but it is unachievable in your practice. For instance, a paper may look at the value of having a portable x-ray but for many services this would be impractical and unaffordable
- **Discrimination:** The message may be relevant, could change behaviour and be achievable, but is it valid? This really is down to the statistical quality of the paper.
- **Evaluation:** Okay, it's relevant, provokes change, is "do-able," and is epidemiologically sound, but what of the overall quality of the paper. Basically these systems score research very lowly if it is a descriptive case, higher if it is a trial, higher still if it is a large double-blind randomised control trial, and highest of all if it is a systematic review.
- **Reaction:** This is about how you should react to the paper. If it is a high quality, relevant, achievable change it should be shouted from the rooftops, meetings should be scheduled to promote it etc. If it is low quality, irrelevant, impossible to implement, and of no perceived benefit, *why did you read it in the first place!!!!!!*

Reading is at the very centre of higher education, during your time at UWE you should do a tremendous amount of it. The wider you read, the more you can reference: the more you read, the better informed you will become. Provided with this document is an example of a template to record and reflect upon your reading.

Reference:

Macauley, D. (1994) READER: an acronym to aid critical reading by general practitioners. *British Journal of General Practice*
Greenhalgh, T. (2001) *How to Read a Paper*. BMJ Books

CRITICAL READING

| | |
|---|--|
| Topic: (E.g. Head injury, Cardiac. Medical etc.) | |
| Date Article Read: | |
| Name of Journal/Text Book: | |
| Title of Article/Chapter: | |
| Author and Date Published: | |
| Why I chose to read this: | |
| Main points from my reading: | |
| Possible changes in my clinical practice that will result: or any areas that have been reinforced: | |

CRITICAL READING

| | |
|---|--|
| Topic: (E.g. Head injury, Cardiac. Medical etc.) | |
| Date Article Read: | |
| Name of Journal/Text Book: | |
| Title of Article/Chapter: | |
| Author and Date Published: | |
| Why I chose to read this: | |
| Main points from my reading: | |
| Possible changes in my clinical practice that will result: or any areas that have been reinforced: | |

CRITICAL READING

| | |
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CRITICAL READING

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| Main points from my reading: | |
| Possible changes in my clinical practice that will result: or any areas that have been reinforced: | |

CRITICAL READING

| | |
|---|--|
| Topic: (E.g. Head injury, Cardiac. Medical etc.) | |
| Date Article Read: | |
| Name of Journal/Text Book: | |
| Title of Article/Chapter: | |
| Author and Date Published: | |
| Why I chose to read this: | |
| Main points from my reading: | |
| Possible changes in my clinical practice that will result: or any areas that have been reinforced: | |

SECTION 12

PATIENT CARE FORMS (Report)

**These must be cross referenced to the elements of practice
(Section 6) and your reflective writing (Section 7)**

VERY IMPORTANT

**PLEASE ENSURE ALL CLINICAL INFORMATION IS ANONYMISED BEFORE
INCLUSION IN YOUR PORTFOLIO**

**TO BREACH THIS WOULD BE AGAINST THE PROFESSIONAL CODE OF
CONDUCT FOR PARAMEDICS and the CONDUCT AND ETHICS FOR
STUDENTS**



SECTION 13

In-hospital Placement Reflective Journal

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 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:-

- Manage a patent airway using manual clearing methods and suctioning.
- Manage a patent airway using basic positional methods
- Manage an airway using airway adjuncts. NPA and OPA
- Ventilate a patient using a bag-valve mask.
- Insert and maintain a patients airway using a laryngeal mask airway (LMA)
- Administer oxygen appropriately.
- Insert and maintain an airway using a laryngeal mask airway (LMA)
- Intubate a patient using an endotracheal tube
- Ventilate an intubated patient using a bag-valve. and oxygen
- Ventilate an intubated patient using an automated IPP ventilator
- Insert an intravenous cannula

Placement Objectives – Emergency Department

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:-

- Undertake a range of patient assessments to identify illness and injury; including history taking, observations and physical examination as indicated
- Perform intravenous cannulation
- Participate in CPR and advanced life support
- Undertake airway management and ventilation skills
- 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 Objectives – Children’s Department

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:-

- Undertake a range of patient assessments to identify the sick or injured child’s condition; including history taking, observations and physical examination as indicated
- 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

Example of Layout: for the Reflective Journal

| | |
|--------------|---|
| Day 1 | State the placement area |
| 07.00 | <p>Maintaining a Placement Reflective Journal</p> <p>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.</p> <p>The journal should be word-processed and follow the directions in the introduction section of the portfolio, i.e. –</p> <ul style="list-style-type: none"> • 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 |
| 09.15 | <ul style="list-style-type: none"> • Handwritten evidence should be avoided. Where it is unavoidable, it must be legible. • The layout should follow a consistent pattern. |
| Day 1 | Southmead Central Delivery Suite |
| 19:00 | <p>Arrived for placement and introduced to the team, a comprehensive handover took place between lead midwives with the entire team present; this is so that every midwife working the shift has a good understanding and knowledge of every patient’s situation. Patients were then allocated individual midwives for one to one care. We were allocated 3 patients for the duration of our shift.</p> <p>Introduction and consent is a key area that the midwife will focus on first when taking over the care of a new patient, this is due to the nature and sensitivity of the tasks involved e.g. vaginal examination to determine progression of child birth.</p> |
| 20:15 | <p>Emergency button activated by a midwife in one of the delivery rooms. All midwives not involved in active delivery quickly responded to the room. The mother had delivered and was having a serious vaginal haemorrhage; this is called a Post-Partum Haemorrhage (PPH) and can be detrimental to the life of the mother if not controlled promptly. Major PPH is described as a blood loss of more than 1000mls, can occur in up to 1.3% of deliveries and usually happens within the first hour after delivery (Winter. C. et.al, 2012). In the setting of the delivery suite there is a broad range of options available, from a variety of clinicians including obstetricians and anaesthetists. The first line of defence would be the use of Oxytocin or Syntometrine IM. In the pre hospital environment, paramedics are only permitted to use Syntometrine for PPH and can be given within 24 hours after childbirth (JRCALC, 2006).</p> <p>Emergency admission of expectant mother, 2 days overdue (Term+2) expectant mother in active labour with contractions of less than 2 minutes apart. Mother shown to the delivery room and introductions completed. Vaginal examination (VE) conducted by midwife to confirm how dilated the expectant mother is, this gives a good guide on how far into active labour she is. As this is an invasive procedure it is not carried out by paramedics in any circumstances, however feeling for</p> |

| | |
|-------|--|
| 20:30 | <p>frequency of contractions is a good indication of progression of labour. As this labour progressed very quickly I was unable to feel for contractions. The baby was delivered naturally within 10 minutes leaving the mother with second degree tears. I assisted the midwife in completing the new baby checks using the APGAR system. APGAR is a score used by health care professionals to measure the new-born's immediate adjustment to life. It has 5 sections and each section is scored 0, 1 or 2. The measurements are taken at 1 minute and 5 minutes after delivery and a score of 7-10 indicates that the newborn is doing well, however a score below 4 indicates the newborn may need assistance. The 5 sections are Heart Rate, Respiratory Rate, Muscle Tone, Reflex Irritability and Colour (Stright, B, 2005).</p> |
| 02:30 | <p>There are no active deliveries taking place therefore the midwife questioned me around my knowledge concerned with pregnancy and delivery. She introduced me to a well-used book in the midwifery field entitled 'Practical Obstetric Multi-Professional Training' by Cathy Winter et.al. I read around PPH as I had encountered this on my shift and advised to read around shoulder dystocia as this is also a common complication that can be encountered during delivery. Whilst reading through this book I questioned the midwife about how this would change for non-midwifery health care professional who would encounter them. For PPH I would refer to guidance issued by JRCALC and shoulder dystocia I would just transfer the labouring mother to a delivery suite under emergency conditions.</p> <p>Learning Outcomes</p> <ul style="list-style-type: none"> • How important consent is, especially in maternal cases as very private areas are often exposed. • How to manage PPH in the pre hospital environment and that a blood loss of up to 500mls could be perfectly normal. • What an APGAR score is and its importance to assessing how well the newborn is adapting to life. • Indications for using Syntometrine in the pre hospital environment. • What a natural child delivery looks like and what a newborn baby presents like at birth. |

SECTION 14

**FINAL RECORD OF
ACHIEVEMENT**

**Final Record of Achievement
Elements of Practice:
Year 2**

| STUDENT NAME | STUDENT NUMBER |
|--------------|----------------|
| | |

Year 2

I hereby certify that the elements of practice for the profession of paramedic have been assessed and passed at the required level for this year

Practice Placement Educator
Great Western Ambulance Service

Student Paramedic

Senior Lecturer
University of the West of England

| NAME | SIGNATURE | DATE: |
|------|-----------|-------|
| | | |
| | | |
| | | |