

PS4003

Paramedic Practice Assessment Document

Student Name:	
Student ID Number:	
Practice Educator:	
Personal Tutor:	



UNIVERSITY OF
GLOUCESTERSHIRE

at Cheltenham and Gloucester

Table of Contents

SECTION 1

Introduction and guidance for students and practice placement educators

SECTION 2

Capabilities Framework

SECTION 3

Placement Records

Ambulance placement records

Non-Ambulance placement records

Attendance records

Practice signature list

SECTION 4

S.W.O.T Analysis

Progress review

Initial

Midway

Final

SECTION 5

Service User feedback

SECTION 6

Interpersonal Skills Profile

Final Record of Achievement for the Elements of Practice Year 1

SECTION 7

Reflective Practice

SECTION 8

Non-Ambulance Placements

SECTION 9

Developmental Action Plans

SECTION 10

Airway and Ventilation Training Record

Drugs Audit

CPD Certificates

SECTION 11

Third Party Evidence (letters of thanks, witness testimonials, commendations)

SECTION 12

Patient Report Forms (MUST be anonymized)

SECTION 1

Introduction and guidance for students and practice placement educators

Welcome to your Practice Assessment Document (PAD). This document tracks your progress towards competency and is part of your formal assessment for the practice assessment modules. The PAD also contains useful information for both you and your practice educators. Further support information can also be found on the [practice support web site](#) or by contacting your personal tutor.

Your PAD is used as a record of what you have achieved during the year and a new document is needed for each year. It is to be submitted to your module leader for the practice education module by the due date specified. It is recommended that you discuss the due dates with your practice educator early in the year so that that you are able to plan reviews well in advance of deadlines.

The majority of your practice education will occur within the South Western Ambulance NHS Foundation Trust (SWASFT), however we work with a variety of non-ambulance providers as well. Your SWASFT based practice educator will retain responsibility for your summative signoff throughout your practice education.

Sections that contain useful information for practice educators are highlighted and are to be used in conjunction with the Practice Educator Guidance Handbook from the College of Paramedics (supplied to practice educators in SWASFT).

This PAD is separated into three main sections:

- ☐ The Capability Framework
- ☐ Skills Recording
- ☐ Non-Ambulance Practice Education

Overview

Practice education in the BSc (Hons) Paramedic Science programme at the University of Gloucestershire will be delivered in a hub and spoke model, with a single, full year placement in an ambulance setting. During 'spoke' placements students will work with other professionals in different settings to achieve the learning themes as detailed in the non-ambulance practice education section below.

Practice education will occur in block placements throughout first, second and third year. The aim of practice education is to ensure that, by the time of graduation, students are able to appropriately integrate theory and practice to the standard expected of a paramedic.

In first year, students will attend at least 550 hours of practice education placements and 650 hours in both 2nd and 3rd year. In each year approximately 200 of those hours will be focused on non-ambulance learning themes. In order to ensure continuity for students, the ability to incorporate alternate assessment of the learning themes has been built into the assessment of practice.

At the University of Gloucestershire students are expected to complete at least 1,850 hours in practice over three years. There is a 10% allowance for simulation of practice and an expectation that the need for extra time in practice may be negotiated on a case by case basis if required for student development. Table 1 below provides an example of how you will spend your hours.

Table 1: Paramedic Practice Education Hours

Year	Ambulance Hours	Non-ambulance Hours	Total Hours	Allowance for Simulation (if required)
1 st year	350	200	550	55
2 nd year	450	200	650	65
3 rd year	450	200	650	65

Practice safety

Safety for students, practice educators, service users and members of the public remains a priority. In the ambulance setting this is maintained by a low student to practice educator ratio. In the 'spoke' placements ratios may be extended, depending on the setting, however practice is always supervised.

All practice areas have risk management processes, lone working procedures and health and safety protocols that's students need to be aware of. In the event of a serious incident, practice areas will contact the Academic Course Lead for Paramedic Science for further support or actions.

Support for students in practice can be accessed through the SWASFT staff support systems. These can be accessed through the practice educator. Other support, including detail on the freedom to speak (voicing concerns about service user safety) can be found on the practice support web page linked earlier in this document.

Forms

The following forms guide gives information regarding the use of each form in this PAD and sets out minimum requirements for the successful completion of the PAD as an assessment for your practice module. It is a good resource for Practice Educators to take note of.

Table 2 Forms Guide

Form	Purpose	When to Complete	Who Should Complete it
Ambulance & Non-Ambulance Placement Record	To record the hours and location in practice	Each time you are on shift	Student, signed by the practice educator or supervisor you are on shift with
Signature List	To verify the signatures in your PAD	Each person who has signed something needs to record their details once on this form	Person signing an item in the PAD
SWOT Analysis	This is an aid to allow you to reflect on your strengths and weaknesses leading up to a review	Before your initial, mid-point and final review and any other time as needed.	Student, with practice educator. Personal tutor may also assist
Periodic review initial and mid-point	This is a formative review of your progress to date and records achievements as well as concerns.	An initial and mid-point review should be submitted to your module tutor by the due dates given.	Students will complete these reviews with their practice educators and then review with their personal tutors. The review will be overseen by the module tutor.
Final review	This is the summative review and acts as a mark sheet for the assessment point in the practice education module.	A final review will be submitted to your module tutor by the due date given.	Students will complete these reviews with their practice educators and then review with their personal tutors. The review will be overseen by the module tutor. Summative signoff lies with the practice educator in SAWSFT and modular signoff with the module tutor.

Service user feedback	To allow service users to feed back on your performance.	You are required to present at least 5 of these to complete your PAD. It is good practice to have one per week of practice and we will discuss how to request them in your practice education module.	Students should request this from service users. Practice Educators can also request this.
Skills Profile	This records your attainment of skills.	Record at least 3 times you have achieved the skill and the number of attempts you have made overall in order to gain the skill. Where skills cannot be demonstrated in practice an appropriate scenario can be used and notation made in the signature box to indicate this was demonstrated in simulated practice.	Student to complete, with practice educator signoff once competency has been achieved. Final, end of year signoff is by the practice educator.
Reflective Template	To record your achievement against the capability framework	You are required to complete at least 2 reflections per week of practice. Each capability requires at least 3 reflections to be signed off and reflections may evidence more than one capability or part thereof. Guidance on this is provided below.	Students to complete, with practice educator input. Signed as accurately reflecting ability by the practice educator
Non-Ambulance Form	To record your achievements in the non-ambulance setting and completion of the learning themes.	At least one assessment form stating that the learning theme is complete for each theme is required for completion of the PAD. If there is insufficient opportunity to complete this in the allocated practice education time, your personal tutor can assist with alternate arrangements.	Student to complete and the form is to be signed off by your practice supervisor in the non-ambulance setting. Your Practice Educator in SWASFT is to confirm that all themes are complete in your final review. This is overseen by your personal tutor.
Action Plan	To raise and develop a plan to address any practice concerns	This form is used to address specific concerns in practice and provide support to students as they progress	Students or any member of the teaching team, including practice educators and supervisors can request this. It is a collaboration and agreement between all parties about how to address a concern in practice.

End of year / end of programme signoff	This confirms that all elements of the PAD are complete for the year level and provides an opportunity for practice educators to give feedback which carries forward. Any significant professional concerns raised during the year needed to be addressed in this form.	This must be complete by the due date for the PAD	Student to complete and Practice Educator to comment and sign.
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Sign off by a Practice Educator

In practice, students will be assigned a practice educator responsible for signing off summative documents. Any educator can contribute to formative feedback, however only the assigned practice educator, recorded on the UoG systems may sign summative material.

Following the collection of a number of reflective reports (approximately two per week at a minimum) the student will submit the reports as evidence towards the completion of the clinical capability, as listed above. When the appointed practice educator is satisfied that the capability has been demonstrated by reflective practice and the proficiency of associated skills, it can be signed off.

A single reflection may be utilised as evidence for multiple capabilities. In the example above the reflection may contribute to the capabilities of Information Gathering Managing People and Treating the Patient. The associated skills would be Primary and Secondary Survey and may include others, such as Consent and other communication skills.

It is expected that all capabilities are signed off to the appropriate level by the end of the year and while there are no minimum or maximum number of reflections to support attainment, at least five per capability is not unreasonable

Initial & Mid-point review

The initial review is designed to ensure that the student has the information needed for the successful completion of their practice placement. This includes orientation to the practice environment and the expectations of practice. The initial review will take place following the first placement block and will be conducted by academic staff.

The mid-point review is a point at which students' progress in practice can be formatively assessed and is conducted by the Clinical Mentor, with feedback to academic staff. The outcome of the mid-point review can be that the student is at risk and an action plan is required or that the student is progressing as expected.

At this point there is an opportunity for Clinical Mentors to provide short written feedback regarding the progression of students and a plan for the remainder of the placement. This should take place during the second block of practice education placement and be reviewed by academic staff at the end of that block

SECTION 2

Capability Framework

The University of Gloucestershire has based the assessment of practice on the concepts developed by Dr Andy Freeman-May (2012). This work discussed areas of capability aligned to the professional responsibility of paramedics and the requirements of the Health and Care Professionals Council (HCPC) Standards of Proficiency for Paramedics (2012). In essence, the capability framework operationalises the Standards of Proficiency and allows for the analysis of student performance as they progress to seek competency in those standards.

The capabilities, developed by Dr Freeman-May (2012) seek to describe the components of paramedic practice that can and should be assessed. Rather than a simple list of skills, they are designed to capture the essence of what it required to deliver competent and professional paramedic care.

The guidance below provides a framework practice educators and students alike to assess progress towards competency. It may be useful to be able to access this guidance when required. When assessing students practice educators need to take note of the expectations of the level of attainment and the guidance on the skills required for the students level.

Level of Attainment

The expectations of students will, naturally, change from year to year. By the end of their final year (3rd year) it is expected that students will have demonstrated that they are able to independently, without guidance from practice educators, achieve all of the capabilities above. In 2nd year students will need to have achieved the level of supported practice, with some evidence of independent practice and in 1st year a demonstration of the capabilities whilst being supported is required.

Capability Framework Explained

The framework should be considered in conjunction with the Health and Care Professionals Council (HCPC) Standards of Proficiency. Each standard matches one or more category below as explained by Freeman-May (2012) and by providing these categories, practice educators are able to have a clearly define, yet easy to use systematic approach to assessment.

The following sections explain the capability framework and how this applies to assessment of practice.

Information Gathering

This includes information gathering from all sources, including observation of the patient and scene. History taking and the ability to ascertain information from observations are key to this capability

By the end of the first-year students should be able to:

- ☐ Take a basic medical and social history from a patient
- ☐ Conduct a primary and secondary survey, including basic observations
- ☐ Demonstrate an understating of key, life threatening signs

Managing People and Situations

The active management of scenes, resources and people is an important part of paramedic practice. This involves the effective task orientated organisation as well as dealing with often conflicting priorities during a paramedic intervention. Team work and leadership play a role in this capability.

At the end of first year students should be able to:

- ☐ Demonstrate the ability to communicate effectively with service users and colleagues
- ☐ Organise their own workspace appropriately
- ☐ Demonstrate an appropriate level of leadership

Treating the Patient

Basic treatments such as positioning, oxygenation and pain management as well as airway management need to be considered in this capability. The appropriate use of equipment, such as airway adjuncts, as well as medication should be in line with accepted guidelines.

At the end of first year students should be able to:

- ☐ Demonstrate and understanding of basic treatments
- ☐ Deliver basic treatments under supervision
- ☐ Manage basic life support and recognise critical treatment needs

Communicating

Communicating with patients, team members, other professionals and members of the public is an essential capability for paramedics. This naturally feeds into nearly every aspect of professional practice and should be considered a core component. Communication cannot naturally be considered in isolation, so the contextualisation of appropriate verbal and non-verbal communication is important.

Students at all levels should be able to:

- ☐ Communicate effectively with service users from a variety of backgrounds
- ☐ Contextualise verbal and non-verbal communication appropriately
- ☐ Show empathy in communication

Planning and Organisation

The planning and organization of care in paramedic practice often occurs in a compressed timescale when compared to other healthcare settings. This capability considers the need for accurate planning in terms of both the short term physical wellbeing (such as the need to plan access and egress) and longer-term health related wellbeing (such as the choice of destination or treatment option) of patients and colleagues.

Students at all levels should be able to:

- ☐ Demonstrate the ability to develop an appropriate plan in response to a situation
- ☐ Demonstrate the ability to alter that plan when the situation changes
- ☐ Integrate an appropriate level of knowledge and evidence into that plan

Decision making and problem solving

Related to the communication and planning capabilities, paramedics need to have the ability to make fast, accurate decisions which solve, rather than contribute to, problems. The appropriate use and interpretation of assessment tool and the ability to react to unforeseen circumstances are key. Appropriately seeking assistance and knowing the limitations of knowledge are also points to consider in this capability

Students at all levels should be able to:

- ☐ Demonstrate the ability to recognise problems impacting on practice
- ☐ Demonstrate the ability to appropriately resolve those problems

Learning through experience

The ability to critically reflect and change practice based on evidence is important to modern paramedic practice. The capability is demonstrated by the use of critical reflection in both the formal and informal settings. From discussions about the progression of case to the formal recording using a model of reflection, learners should be able to demonstrate change based on experience and evidence.

By the end of first year students should be able to:

- ☐ Describe the things that influence their practice
- ☐ Describe how change occurs within their own practice
- ☐ Describe the way in which reflective practice contributes to high quality care

Flexibility and resilience in response

Unexpected events are a cornerstone of paramedic practice. This capability seeks to ensure that graduates are able to respond to the unexpected in a way that retains professional focus. Changing care pathways in response to changing situations and appropriately managing anxiety is important in this capability.

Students at all levels should be able to:

- ☐ Demonstrate the ability to recognise challenging situations
- ☐ Demonstrate the ability to appropriately manage or seek assistance
- ☐ Recognise personal and professional limitations

Skills in Practice

As students' progress through the capabilities outlined above, they will also be implementing skills learnt in a simulated environment. Section 8, provides a list of essential skills (scope of practice) across the three years. Attainment of competency in each skill is recorded in the Practice Assessment Document and this table can be used as an overview by students and educators.

Recoding Evidence of Attainment of Clinical Capabilities (Section 2)

Evidence of attainment of the capabilities outlined above needs to be documented by utilising a reflective model. Various models exist and are, arguably, equally effective in achieving their aim of allowing the student to self-identify areas of good practices well as improvement.

This practice assessment document utilises the model by Rolfe et al (2001), which focusses on three questions: What?; So what?; and What now? A summary and explanation of this model by the University of Cumbria can be found here. (<https://my.cumbria.ac.uk/media/MyCumbria/Documents/ReflectiveModelRolfe.pdf>)

Practice educators will need to work with students so that they are realistic about their strengths and limitations. When student reflection and practice educator feedback is combined the resultant document should be submitted as evidence of learning. Two reflective records are to be completed at a minimum at the end of each week of practice (approximately 37 hours) in the electronic assessment document.

The reflective records contain the details of the placement shift and records the practice educator who supervised. The section containing "what" should describe briefly the issue at hand or problem encountered. "So what" provides a space for students to go deeper into the meaning of the event and discuss opportunities for change. "What now" describes the consequences or change in practice that results for this new understanding.

As an example, a student may describe an event during an ambulance shift, with practice educator Joe:

What:

Joe and I attend a 90yo female whilst on a rapid response vehicle at 9pm on a Saturday night. The patient had fallen, but said she not sustained any injury. I immediately went to assist her to her feet when Joe stopped me saying that I needed to conduct a full assessment first.

So What:

I had taken the patients' word for it that she was uninjured and did not consider that she may be embarrassed to tell me that she had hurt herself or simply not realise until I moved her. I was anxious to help her off the ground and be available for someone who may need our services more.

The potential to create further injury by inappropriately moving the patient was significant and by completing a basic secondary assessment this would have been minimised. Taking a few minutes to do this each time will reduce risk to the patient.

What now:

For each fallen patient a full assessment should be undertaken before assisting them to their feet. This will assist in determining the existence of injury and the ability of the person to stand. Following this an assessment of why they had fallen in the first place can then be undertaken and only then the most appropriate treatment or discharge option be chosen.

This record would then be signed by the practice educator as an accurate record of the learning from the event and comments made on the record.

Signoff by a Practice Educator

In practice, students will be assigned a practice educator responsible for signing off summative documents. Any educator can contribute to formative feedback, however only the assigned practice educator, recorded on the UoG systems may sign summative material.

Following the collection of a number of reflective reports (two per week at a minimum) the student will submit the reports as evidence towards the completion of the clinical capability, as listed above. When the appointed practice educator is satisfied that the capability has been demonstrated by reflective practice, it can be signed off.

A single reflection may be utilised as evidence for multiple capabilities. In the example above the reflection may contribute to the capabilities of Information Gathering Managing People and Treating the Patient. It is expected that all capabilities are signed off to the appropriate level by the end of the year and while there is maximum number of reflections to support attainment, at least five per capability is not unreasonable. For minimum numbers required refer to table 3, above. Skills associated with this example (i.e. primary and secondary survey, consent and other communication skills) can be further recorded in the skills recording section of the PAD.

SECTION 3

Placement Records

Ambulance Placement Record Year 1

Practice Educator Name _____

Date	Start Time	Finish Time	Hours	Station	Verification Signature	Running Hours Total

Ambulance Placement Record Year 1 Practice Educator Name _____

Date	Start Time	Finish Time	Hours	Station	Verification Signature	Running Hours Total

Ambulance Placement Record Year 1

Practice Educator Name _____

Date	Start Time	Finish Time	Hours	Station	Verification Signature	Running Hours Total

Ambulance Placement Record Year 1

Practice Educator Name _____

Date	Start Time	Finish Time	Hours	Station	Verification Signature	Running Hours Total

Non- Ambulance Placement Record Year1

Date	Start Time	Finish Time	Hours	Location & Practice Supervisors Name	Signature	Running Hours Total

Practice Educators Signature List Year 1

Print Name	Signature	Professional PIN

Practice Educator Signature List Year 1

Print Name	Signature	Professional PIN

Practice Educator Signature List Year1

Print Name	Signature	Professional PIN

SECTION 4

Progress review

S.W.O.T Analysis is to be completed before each review point

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

Student Name		Student ID Number	Review
Date	Location	Practice Educator	INITIAL Y1
<u>Student Comments</u>			
<u>Practice Educator Comments</u>		<u>Objectives</u>	
Practice Educator Signature		Student Signature	

Student Name		Student ID Number	Review
Date	Location	Practice Educator	MIDWAY Y1
<u>Student Comments</u> 			
<u>Practice Educator Comments</u> 		<u>Objectives</u> 	
Practice Educator Signature		Student Signature	

SECTION 5

Service User Feedback

Service User Feedback Service user feedback will be in the form of a brief satisfaction survey. The nature of the survey will be the same as that used in other Health and Social Care service user surveys regarding student performance. At least 5 are required for this PAD to be complete.

In your experience on a scale of 1-5 did the student

Make you feel safe when providing basic care?	
Provide basic care with consideration to your privacy and dignity?	
Recognise when you needed something without being asked?	
Demonstrate the ability to listen to you?	
Act in a manner that is attentive, kind, compassionate and sensitive?	
Take the time to fully explain some aspect of your care?	
Present the professional attitude that you would expect from a paramedic?	
Act in a respectful way? (addressing you by the name that you prefer?)	
Please add any comments to support your assessment of the student or comment on any other aspect related to the individual student	
Service user comments	

SECTION 6

Skills Profile Year 1

Final Record of Achievement for the Elements of Practice Year 1

ESSENTIAL TO COMPLETE	DESIRABLE TO COMPLETE	NOT REQUIRED AT THIS LEVEL
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<u>Scope of Practice Year 1</u>	SEE KEY ABOVE	Achieved 1	Achieved 2	Achieved 3	No. of unsuccessful attempts	Practice Educator Signature /
Communication Technologies						
Use of radio base and handset						
Use of Mobile Data Terminal (MDT)						
EPRF use						
Moving and Handling						
Ergonomics and Risk assessment						
Use of Carry Chair - No Lifting						
Use of Carry Chair - with Patient						
Use of Trolley Cot						
Use of Orthopaedic Scoop						
Use of Long Board						
Scene Safety						

Dynamic risk assessment						
Safety at scene						
Infection Control						
Hand hygiene and washing, including hand gels						
PPE - gloves, apron, goggles						
Infection control suit use						
Cleaning						
Sharps safety and policy						
Reporting HSE issues, COSH and others as appropriate						
Consent						
Assessing capacity						
Obtaining consent						
Patient Records						
Legal issues storage, passing of information						
Management of clinical records						

EPRF/Clinical record completion						
Patient Assessment and Management						
Primary survey						
Secondary survey						
Taking a History						
Respiratory assessment						
Cardiovascular assessment						
Abdominal assessment						
Obstetric and Gynaecological assessment						
Gastrointestinal and Genitourinary assessment						
Muscular skeletal / mobility assessment						
Neurological assessment						
Elderly assessment						
Paediatric assessment						
ECG 3 and 12 lead interpretation						
Blood pressure						

Temperature						
Blood Glucose						
End tidal CO2						
Saturations of Oxygen						
Auscultation, palpation, percussion						
Airway and Breathing						
Oxygen equipment						
Oxygen therapy						
Oropharyngeal airway						
Nasopharyngeal airway						
Bag valve mask (adult and Paediatric)						
Suction oral, nasal, ETT, IGEL						
Supraglottic Airway devices						
Laryngoscopy						
Ventilator						
Intubation assistant						
Intubation management						

Needle Cricothyroidotomy						
Needle chest Thoracocentesis						
Life Support						
Basic life support Adult						
Basic Life Support Paediatric						
Basic life support neonatal						
Defibrillation (AED 1 st year)						
Advanced life support adult						
Advanced life support Paediatric						
Medication and Administration						
JRCALC familiarisation						
Entonox use						
Nebuliser use						
Sublingual administration						
IM Injection						
IV cannulation						

Set up IV fluids						
Preparation, checking and administration of medications						
Legal status of medications						
Intra Osseous						
Understanding the use of morphine						
Spinal Splinting and Immobilisation						
Manual immobilisation						
Collar application						
Extrication device(s)						
Crash helmet removal						
Standard extrication						
Rapid extrication						
Box type splints						
Vacuum type splints						
Traction type splints						

Pelvic immobilisation splints						
Wound Care						
Blast Dressing						
Large wound dressing						
Tourniquet application						
General wound care and dressings						
Treatment and care						
Care pathways						
Decision making						
Patient Handover						
Hand over to another ambulance team						
Hand over to another health care professional						
Ambulance						
Orientation						
Safety						
Fundamental Care						

Assessment of Personal care						
Dietary / Fluids assessment						
Consideration and application of compassion						
Communication skills across the life span						
Safeguarding						
Recognise safe guarding situations across life span						

Insert X

I confirm that the student named above has completed all ESSENTIAL elements for the year of practice



I confirm that the student named above has not achieved all ESSENTIAL elements for the year of practice



<u>Practice Educator Name</u>	<u>Signature</u>	<u>Date</u>

SECTION 7

Reflective Practice

Evidence of attainment of the capabilities outlined above needs to be documented by utilising a reflective model.

This practice assessment document utilises the model by Rolfe et al (2001), which focusses on three questions: What?; So what?; and What now? A summary and explanation of this model by the University of Cumbria can be found here. <https://my.cumbria.ac.uk/media/MyCumbria/Documents/Reflective-ModelRolfe.pdf>

Practice educators will need to work with students so that they are realistic about their strengths and limitations. When student reflection and practice educator feedback is combined the resultant document should be submitted as evidence of learning.

Two reflective records are to be completed as a minimum at the end of each week of practice (approximately 37 hours) in the electronic assessment document or on paper if no electronic document is available.

The section containing

“**what**” should describe briefly the issue at hand or problem encountered.

“**So what**” provides a space for students to go deeper into the meaning of the event and discuss opportunities for change.

“**What now**” describes the consequences or change in practice that result for this new understanding.

As an example, a student may describe an event during an ambulance shift, with practice educator Joe:

What:

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What now:

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This record would then be signed by the practice educator as an accurate record of the learning from the event and comments made on the record

Reflective template

This Reflection Provides Evidence For The following Capabilities (Circle all that apply)	Managing People and Situations Communicating Treating the Patient Flexibility and resilience in response Planning and Organisation Decision making and problem solving Learning through experience
Student Name	
What	
So What	
What Now	
Practice Educator comments	
Practice Educator Signature	

SECTION 8

Non-Ambulance Placements

Non-Ambulance Practice Education Learning Themes

Paramedic practice education placements take place in a variety of settings, which are reflective of the needs of modern paramedic education and the development of a robust, reflexive and adaptive workforce. Paramedics continue to develop and occupy non-traditional roles with wider public health responsibilities and the education at undergraduate level is designed to support this development. Together with Nursing colleagues, the University of Gloucestershire is continuing to develop student practice education capacity throughout a number of non-ambulance NHS Trusts in the region.

The aim of the non-ambulance practice education placements is to give students an opportunity to observe and participate in assessment, patient care and discharge processes in a variety of healthcare settings. In doing so, students will gain a deeper understanding of the patient journey as well as the place of paramedic practice within a wider public health system.

Non-Ambulance practice education will take place in a variety of settings and it is not envisioned that each learning theme will have a single practice area. For example, one learning theme may be split across two hospital wards, or a community service may be able to provide for two learning themes.

Alternative provision assessment of the completion of these themes is also a necessity. If practice areas are unable to provide part of the required learning (for example if a student is unwell and the practice area is unable to accommodate a change in time) academic staff and the student will work together to ensure the learning theme is completed within an ambulance or simulated setting.

Assessment of Learning of Non-Ambulance Themes

Learning will be assessed through the use of a reflective tool and recorded in an electronic system or paper PAD. Colleagues from other health and allied professions will be asked to comment on the conduct and proficiency of the student and this will contribute to their summative assessment. This comment will be asking colleagues to make a judgement of the proficiency and professional application of the assessment, procedure or process undertaken, rather than the ability for students to conduct it independently in a non-paramedic setting.

For example, a student may be deemed to have successfully intubated a patient whilst in theatre, under the supervision of an anaesthetist. The supervising professional may agree that the procedure was competently undertaken without the need for them to assist. This is very different from the anaesthetist signing to say that the student is competent to intubate in theatre as the skills required to manage the wider process in the context of an operating theatre requires more than is expected of a paramedic student.

Learning Themes

The non-ambulance practice education learning themes are undertaken across all three years. In the first year the themes concentrate on establishing a grounding in care and communication. In the second year the development of clinical leadership is explored through the extension of skills in airway management, patient assessment (adult and paediatric) and mental health. The third year extends the experiences further with urgent and unscheduled care settings.

Non-Ambulance learning themes are aligned with those suggested in the 4th edition of the [College of Paramedics Paramedic Curriculum Guidance](#) (2017). In the first year students will undertake practice education placements focussed on: Communication and Care; and Virtual Care. In the second year: Patient Assessment; Critical Care (including airway placement); Mental Health; Children and Family Care; and Urgent and Emergency Care. In the final year students will undertake practice education placements in Urgent and Emergency Care; Critical Care; and Virtual Care.

First Year Learning Themes

In the first year, students are concentrating on achieving outcomes that require demonstration and description (level 4). In most cases, closely supervised practice will be required.

Communication and Care

Paramedics occupy a key role as one of the first healthcare professionals encountered when a patient is experiencing a perceived emergency. The understanding and use of excellent communication and basic caring skills is essential in the development of students. The first-year non-ambulance practice education placements require a setting where these skills can be observed and then practiced in a controlled environment.

Setting such as care homes, special schools or any other area where communication and basic care is provided offer an opportunity for students to understand the key components of good communication and a professional caring nature, without the added pressure of the emergency care environment. Paramedic students in these settings can also undertake basic assessments, such as blood pressure monitoring wherever appropriate.

By the end of this placement students should be able to:

- ☐ Communicate effectively with service users in a variety of settings
- ☐ Communicate effectively with colleagues from a variety of professional backgrounds
- ☐ Show empathy to service users
- ☐ Demonstrate an appropriate level of care

Virtual Care

The virtual care environment offered in an emergency call taking and dispatch centre offers a unique insight into the emergency ambulance setting for first year students. By observing the process and the communication style of those taking emergency call and those dispatching ambulances, students will gain a deeper understanding of the role and nature of ambulance service provision.

By the end of this placement students should be able to:

- ☐ Demonstrate an understanding of the virtual care environment
- ☐ Communicate effectively with service users in a virtual environment (where appropriate)
- ☐ Communicate effectively with colleagues from a variety of professional backgrounds

Non-Ambulance Practice Assessment Forms

Assessment criteria Non Ambulance

Each Learning Theme must have at least one assessment marked as 'achieved' by the end of the year.

Achieved	Knowledge and understanding	Professional attitude	Participation in care and practical skill
YES	Has a sound knowledge base and is able to provide the rationale to support safe and effective practice.	Is able to demonstrate positive engagement with patients/service users and colleagues and their own learning. Responds to situations with minimal assistance.	In commonly occurring situations, is competent in performing care and skills as appropriate.
Partially	Is only able to identify the essential knowledge or perform skills without a knowledge base.	Is able to demonstrate engagement but requires supervision and guidance to do so	Requires supervision and / or guidance to perform competently
No	Cannot identify base knowledge and needs to develop further understanding or has an inadequate knowledge base	Is disengaged from the learning process and/or responds inappropriately to patients/service users and/or colleagues.	Demonstrates unsafe practice or with supervision is not able to demonstrate safe practice. Is unable to perform the activity and/or follow instructions despite repeated guidance

The non-ambulance practice education settings require an easy to use record of achievement as they will be completed by professionals with a variety of backgrounds. The format below allows for accurate record keeping with minimal time.

The learning can be achieved, partially achieved and not achieved. If it falls within the latter two categories an action plan (using the standard SWASFT action plan form) will be developed in collaboration with a practice educator and personal tutor to ensure all learning is completed or accounted for.

Learning Theme			
In your judgement, has the student achieved the learning theme for this placement?	Yes	Partially	No
Practice Educator Comments	Please provide your view on what has and has not been achieved in this practice education placement. Include any comment on professionalism and core values as appropriate		
Any Learning / development points for the student?	Please provide your view on what is required or advisable for the student to further develop		
Student Comments	Please provide your perspective of your achievements and developmental needs resulting from this practice education placement		
Practice Educator signature, email address and date	Please include your identification number / staff number / email address or registration number		
Student Signature and date			

SECTION 9

Developmental Action Plans

The University Gloucestershire recognises that not all students progress at the same rate and from time to time additional support will be required. To facilitate the student who is not progressing in practice we use Action Planning.

Action Planning is not a disciplinary tool. It is a tri-party agreement between the Student, Practice Educator and Personal Tutor to facilitate learning and development needs in practice to ensure progression through practice. Student also have opportunity for support from University Gloucestershire Help Zone and other student support services.

ACTION PLAN

Student Name		Practice Educator	
Date Action Plan Starts		Review Date Action Plan Implemented.	
Personal Tutor Notified date		Personal Tutor Name	
Nature of Concern	<div>Practice Educator Signature and date _____</div>		
Student SWOT Analysis (see page 27) of issue raised			
What is required to complete the action plan?	<div>Specific</div> <div>Measurable</div> <div>Achievable</div> <div>Realistic</div>		
Review period (maximum period 4 weeks)	Time		
Evidence Student is achieving Action Plan goals			
Action Plan completed date	<div>Practice Educator</div> <div>Personal Tutor</div>		

SECTION 10

Airway and Ventilation Training Record Capability Framework key- Managing People and Situations/Communicating Treating the Patient/ Flexibility and resilience in response/Planning and Organisation/ Decision making and problem solving/ Learning through experience

Date	Activity	Skills utilised	Airway Assessment	Reflection	Educator Comments / Signature	Capability Link
1 May 2129	S	Step wise approach Insertion of OPA and NPA Use of BVM	Unable to maintain airway without intervention in sim practice Step wise approach used Auscultation of chest Used BVM to ventilate patient	I had a good initial approach and managed to secure the airway I did not attach monitoring to the patient Monitoring is another adjunct oi can use to help monitor the airway. ECG for identifying a slowing heart rate due to hypoxia End tidal CO2 to monitor efficiency of breathing. Recording these observations to help demonstrate adequate patient care	F Bloggs 2 May 2129. Make sure you document things appropriately on the Eprf Review the JRCALC Airway management pages	

Activity Key S=Skill, E=Education theory, P=Practice in simulation

Drugs Audit - JRCALC

Students are encouraged to keep a record of any medications seen used in practice.

Medication	JRCALC Code	Name	Dose	Route	Comment on why the medication was used, actions of medication, any contraindications, interactions.

Discussed with Practice Educator Name	Date	Any additional learning required?

Patient Medication *Students are encouraged to keep a record of any medications seen in practice*

Medication	Reason for Medication	Dose	Route	Comment on why the medication was used, actions of medication, contraindications, interactions .

Discussed with Practice educator Name	Date	Any additional learning required?

CPD Certificates

Students are encouraged to keep a record of their additional learning and development. This can take the form of additional Course/ CPD days, Teaching sessions on placement, Reviewing relevant articles and many more forms. Recording the evidence enables best practice and follows HCPC guidance.

Date	Type	Evidence and location in portfolio	Reflection on Learning	Capability Link

Key

CPD-Continue Professional Development C-Certificate L-literature R-Research D-Discussion O-other (state source)

Capability Framework key- Managing People and Situations/Communicating Itreating the Patient/ Flexibility and resilience in response/Planning and Organisa-
tion/Decision making and problem solving/ Learning through experience

SECTION 11

Third Party Evidence (letters of thanks, witness testimonials, commendations)

<u>Date</u>	<u>Evidence from</u>	<u>Reason why you received this</u>	<u>Reflection on Evidence received.</u>

SECTION 12

Patient Report Forms **MUST** be fully anonymised before using and data protection policy adhered to at all times.

Date	Brief outline of case	Reflection / discussion on case	Practice Educators	Capability Link

Capability Framework key- Managing People and Situations/Communicating Treating the Patient/ Flexibility and resilience in response/Planning and Organisation/Decision making and problem solving/ Learning through experience

END YEAR SIGN OFF Year 1

Student Name		Student University ID Number	
Practice Educator Name		Practice Educator HCPC PIN	
Personal Tutor Name		Personal tutor HCPC PIN	
	Please Complete the following by signing the appropriate section	YES	NO
	As Practice Educator I can confirm that the above named student has completed all elements of Year 1 PAD including Practice Hours(p6), Has no outstanding Action Plans(p27) and Has completed the Skills Profile for year 1 (p40)	(Please sign this box)	(Please sign this box)

End of Year Additional Notes