



Student Paramedic Practice Placement Assessment

South Western Ambulance Service 
NHS Foundation Trust

Year 2

Paramedic Practice 1

UZYSVD-30-2

The development of this practice assessment document reflects the Health Professions Council Standards of Proficiency for Paramedics (2014). It also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2016) and the UK College of Paramedics (COP) Curriculum Guidance (2014)

BSc (Hons) in
Paramedic Science
(Year 2)

Paramedic Practice Assessment Document

Student Name:	
Student Number:	
University:	
Contact details:	
Entry Date:	
Mentor:	
Academic Personal Tutor at UWE:	

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

Table of Contents

	Page
Introduction	5
SECTION 1.....	10
Record of Placements	11
SECTION 2.....	13
Record of Progress Interview – Introductory	14
Record of Progress Interview – Midpoint	15
Interpersonal Skills Profile – Midpoint	16
Record of Progress Interview – End of Year	17
Interpersonal Skills Profile – End of Year	18
SECTION 3.....	19
Developmental Action Plans	20
SECTION 4.....	23
Record of Signatures.....	24
SECTION 5.....	25
Placement Attendance Record	26
SECTION 6	35

Elements of practice.....	36
----------------------------------	-----------

Table of Contents (Continued)

	Page
SECTION 7.....	51
Airway and Ventilation Training Record	52
Cannulation Audit.....	62
Drugs Audit.....	66
SECTION 8	68
CPD Certificates etc.	69
SECTION 9	72
Third Party evidence	73
SECTION 10.....	74
Reflective case studies.....	75
SECTION 11.....	79
Critical Reading	80

SECTION 12.....	86
Calls log.....	87
SECTION 13.....	94
In-hospital Placement	95
SECTION 14.....	103
Record of Achievement for the Elements of Practice Year 2	104

Introduction

The development of this practice assessment document reflects the Health Professions Council Standards of Proficiency for Paramedics (2014). It also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2016) and the UK College of Paramedics (COP) Curriculum Guidance (2014).

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 module 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 600 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 an Operations Officer 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

- Year 2 placements are primarily with the Ambulance Service
- The student **MUST ACHIEVE a minimum of 600** placement hours in the 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 PPEd, but the PPEd'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.

→ Simulation

This means observing the student's performance through skill simulation (e.g. use of a training manikin)

→ 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 should be able to easily locate evidence from the contents list or through cross-referencing
- Use dividers to separate each section
- Clearly index and 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 2009 – 2019. 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
3. At the end of the year

<div> RECORD OF PROGRESS INTERVIEW Introductory </div>	
Name of Student:	Cohort:
<div> <div> Signature of Student: _____ Date: _____ </div> <div> Signature of PPEd: _____ </div> </div>	

RECORD OF PROGRESS INTERVIEW
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 INTERVIEW
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
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:	

SECTION 3

DEVELOPMENTAL ACTION PLANS

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

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

SECTION 5

PLACEMENT ATTENDANCE RECORD

A minimum of 600 hours of practice placement must be achieved module.

It is the student's responsibility for ensuring hours are signed off at the conclusion of each shift including hospital placement hours. It is the student's responsibility to ensure they achieve the stated hours.

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	

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	

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	

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	

Hospital Placement Attendance Record

Placement supervisor should indicate hours attended within left column then date and sign.

Name of Student:	Cohort:
-------------------------	----------------

<u>Hospital</u> Day 1		<u>Hospital</u> Day 2		<u>Hospital</u> Day 3		<u>Hospital</u> Day 4		<u>Hospital</u> Day 5		Weekly total
Hours	Date:	Hours :	Date	Hours:	Date	Hours:	Date	Hours :	Date	
	Signature:		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. All elements need to be completed in practice. If the opportunity does not arise consider direct observation, written work, questioning and simulation.

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/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

The Student is able to demonstrate the knowledge and skills in order to: Manage patent airway using basic positional methods	Req level I		Assessed level –S	Signature	Date	Comments	Portfolio Reference
		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.	Critical Read 12
		Formative	MS	APPEd or PPEd	00.00.00	During resuscitation is able to maintain a patent airway on a paediatric patient.	Reflection 02
		Summative	I	PPEd only	00.00.00	Is able to manage a patent airway on adult unconscious diabetic patients. Using the above evidence is able to manage a range of patent airway situations.	Reflection 02

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 I		Assessed level –S	Signature	Date	Comments	Portfolio Reference
		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.	Diary 12
		Formative	MS	APPEd or PPEd	00.00.00	Was able to suction unconscious patient's airway but needed frequent direction on procedure.	Reflection 10
		Formative	MS	APPEd or PPEd	00.00.00	Was able to suction unconscious patient's airway with minimal prompting.	Reflection 02
		Summative	I	PPEd only	00.00.00	Was able to suction an unconscious patient's airway confidently with no prompting	Critical read 9

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

If the opportunity does not arise consider direct observation, written work, questioning and simulation.

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	MS	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	MS	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	MS	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	MS	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 a medical condition	MS	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 a traumatic injury	MS	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 an assessment of a patient's social care needs	MS	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. Manage a patient with a time – critical condition	MS	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
11.Implement appropriate treatment based on assessment findings	MS	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
12.Insert and ventilate a patient using supra-glottic airway	MS	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
13.Intubate and ventilate a patient using an endotracheal tube	MS	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
14.Insert an intravenous cannula	MS	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
15.Insert an Intraosseous cannula	MS	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.Prepare an intravenous infusion for the paramedic to administer (as a student you cannot administer)	MS	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.State the indications and administration protocols for a range of medications to be administered by the paramedic and have knowledge of the reference sources to support this	MS	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. Perform needle chest de-compression*	MS	1. Formative					
		Summative					

The Student is able to demonstrate the knowledge and skills to:	Req level MS		Assessed level	Signature	Date	Comments	Portfolio Ref
19.Perform needle cricothyroidotomy*		1. Formative					
		Summative					

*Remember, if the opportunity to perform these skills in practice does not occur, you may utilise **simulation, questioning** and **written work** to achieve summative assessment (please see **The Assessment Process** section on page 7).

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
20. Accurately handover or		1. Formative					

refer a patient's care to another healthcare professional	MS	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
21. Undertake cardiac monitoring	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. Interpret and act upon the ECG test	MS	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. Identify and manage patients who are candidates for reperfusion therapy; e.g. PPCI or Stroke	MS	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. Participate in, and where		1. Formative					

possible direct, the extrication of an RTC patient	MS	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. Use the RT to pre-alert the receiving hospital using the ATMIST pre-alert tool	MS	1. Formative					
		Summative					

SECTION 7

AIRWAY AND VENTILATION TRAINING AUDIT

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

INTRAVENOUS CANNULATION AUDIT

A record of all IV attempts including all simulation

MEDICATION AUDIT

Students are unable to administer **ANY** drugs, even under the supervision of their PPEd. Use this audit to evidence incidents where you have identified the need for drug administration. You should correctly identify indications, contra-indications, side effects and dosage.

Students are reminded that until you are a registered practitioner you can only PREPARE drugs for administration.

Airway and Ventilation Training Record – 1:2

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

Number	Date	BVM i-gel 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 i-gel 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 i-gel 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 i-gel 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								

I.V. Cannulation Record 1:2

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

IV 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	
------	--	----------------	--

IV 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	
------	--	----------------	--

IV 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	
------	--	----------------	--

IV 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							

DRUGS AUDIT – 1:2

DRUG						
DRUG NAME						
DATE						
AGE/SEX						
CONDITION						
OUTCOME						
REF NO./EOP						
DATE						
AGE/SEX						
CONDITION						
OUTCOME						
REF NO./EOP						
DATE						
AGE/SEX						
CONDITION						
OUTCOME						
REF NO./EOP						
DATE						
AGE/SEX						
CONDITION						
OUTCOME						
REF NO./EOP						
DATE						
AGE/SEX						
CONDITION						
OUTCOME						
REF NO./EOP						

DRUGS AUDIT – 2:2

DRUG					
DATE					
AGE/SEX					
CONDITION					
OUTCOME					
REF NO./EOP					
DATE					
AGE/SEX					
CONDITION					
OUTCOME					
REF NO./EOP					
DATE					
AGE/SEX					
CONDITION					
OUTCOME					
REF NO./EOP					
DATE					
AGE/SEX					
CONDITION					
OUTCOME					
REF NO./EOP					
DATE					
AGE/SEX					
CONDITION					
OUTCOME					
REF NO./EOP					
DATE					
AGE/SEX					
CONDITION					
OUTCOME					
REF NO./EOP					

SECTION 8

Continuing Professional Development Record and Certificates

**RECORD OF COURSES, SEMINARS, CONFERENCES, WORKSHOPS
ATTENDED AND ONLINE MODULES COMPLETED**

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			

SECTION 9

THIRD PARTY EVIDENCE

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

SECTION 10

REFLECTIVE WRITING

**INCLUDING ADVICE AND
REFLECTIVE WRITING
TEMPLATE**

**One reflective essay should be submitted of
3000 words (+/- 10% tolerance). Top Tips on completing a
Reflection**

Please select an appropriate reflective model; see Accelerated Learning for Professionals module information for examples.

I – INCIDENT -Keep the description to a minimum. Keep it short, sharp and factual.

F – FEELINGS -This will not normally be too long unless you are focusing your reflection on your feelings around the incident.

E - EVALUATION: 1) What went well
2) What could have gone better – **PUN's & PEN's**

Pick just 1-3 themes for your analysis

A - ANALYSIS is where new LEARNING takes place and this should be the sizable part of your reflection.

Analysis will usually tend to focus on any **PUN's/PEN's** from your evaluation
Evaluate the literature; compare and contrast authors, relate it back to your case study.

This section is where you **RESEARCH, READ & REFERENCE!**

Don't be overly descriptive, make a point and support this with evidence.
Have you 5 / 6 references on each page of your analysis?

R – REACTION

This is where you **Summarise** :

- 1) What you have learnt from your analysis
- 2) How this will change your future practice
- 3) Not always – any future actions

Finally, provide a Reference List (UWE Harvard) and word count

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 the patient's 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

What is critical reading?

'Critical reading goes further than just being satisfied with what a text says, it also involves reflecting on what the text describes, and analysing what the text actually means, in the context of your studies.'

To read critically is to exercise your judgement about what you are reading – that is, not taking anything you read at face value.

Read more at: <https://www.skillsyouneed.com/learn/critical-reading.html>

This is why we advise that academic articles are read, rather than guidelines or descriptive text such as patient information websites or text books because they give you little opportunity to reflect and analyse.

Topic:	
Date Article Read:	
Name of Journal/Text Book:	
Title of Article/Chapter:	
Author:	
Why I chose to read this:	
Inspiration can include:	
<ul style="list-style-type: none">• podcasts• interesting incidents/patients attended• topics covered within your taught or practical sessions at UWE• mentor/colleague guidance• changes to practice• mentor or self-identified learning needs/action plans• pivotal research	
You should ask yourself the following questions before reading anything:	
<ul style="list-style-type: none">• Why am I reading this?• What are the benefits in reading this?• What do I already know on the subject?	

Main points from my reading:

This section is to help you to remember key points from the article, regardless of how interesting an article or chapter is, unless you make a concerted effort to recall what you have just read, you will forget a lot of the important points.

Read more at: <https://www.skillsyouneed.com/learn/critical-reading.html>

You should recall the main points from the article, in your own words. Copying and pasting sections of the article doesn't demonstrate that your knowledge and understanding of a subject has improved.

If you have read a study, including the results here is a good idea. Basic information regarding where the study took place, and in what environment (e.g. pre-hospital, hospital based). Was it in this country? If another country, what are their guidelines in the chosen subject?

Possible changes in my clinical practice that will result:

This is your chance to demonstrate that you can apply new information or results to your scope of practice. What does this mean for you and your colleagues? Has it resulted in any national changes/guideline changes? Could it in the future? Is more research required?

Are the results easily transferred to your area? For example, if a study took place in a different country, are their practices similar to ours? What is the skill level/training level? What was the population studied and is it similar to our population?

Could this mean improvements in patient care? Does it highlight a further research area? Has it discovered limitations in our current practice?

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

CALLS LOG

Where possible, these must be cross referenced to the elements of practice (Section 6). You are only required to include calls that are cross referenced in your practice placement document.

NOTE: PLEASE ENSURE ALL CLINICAL INFORMATION IS ANONYMISED

Section 12: Calls Log

In this section, please keep a record of the calls you are sent to. This replaces the requirement to collect and anonymise patient care records. The calls log will help you collect evidence to support the ELEMENTS OF PRACTICE. Provided below is an example of how you should record information in the calls log:-

EXAMPLE

Date	Time	Type of Incident	Attend or observe	Your care and treatment	Elements of practice (cross referenced)
17/10/15	00.40	Breathing Difficulty 56 yr old male	Attend	<ul style="list-style-type: none">• Gain consent• Assess patient• Carry chair and stretcher• Oxygen therapy• Nebulised Salbutamol	<ul style="list-style-type: none">• EOP 5,6• EOP 11, 12, 13• EOP 2• EOP 22• EOP 25

Calls Log 1

Date	Time	Type of Incident	Attend or observe	Your care and treatment	Elements of practice (cross referenced)

Calls Log 2

[illegible]

Calls Log 3

Date	Time	Type of Incident	Attend or observe	Your care and treatment	Elements of practice (cross referenced)

Calls Log 4

Date	Time	Type of Incident	Attend or observe	Your care and treatment	Elements of practice (cross referenced)

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 for a bougie and a means of carbon dioxide detection to be made available.

Learning Objectives

That the student should be able to:-

1. Introduction to Emergency Airway Management and Ventilation

Students will be able to:-

- 1.1 Explain the primary purpose of airway management.
- 1.2 Identify the need to oxygenate and ventilate a patient.
- 1.3 Explain the necessity of establishing and maintaining a patent airway.
- 1.4 Demonstrate an understanding of a step-wise approach to airway management.
- 1.5 Comply with standard precautions to defend against infectious and communicable diseases.

2. Clinical Anatomy and Physiology

Students will be able to:-

- 2.1 Describe the structural anatomy of the upper and lower airway.
- 2.2 Identify the functions of the upper and lower airway.
- 2.3 List the concentration of respiratory gases in inspired and expired air.
- 2.4 Explain the relationship between the pulmonary circulation and respiration.
- 2.5 Identify the normal respiratory rates and tidal volumes for the adult, child and infant.
- 2.6 Explain the anatomical and physiological differences between the adult and child airways.

3. Assessing the Airway and Ventilation

Students will be able to:-

- 3.1 Identify the causes of upper and lower airway obstruction.
- 3.2 Identify the causes and define the terms 'hypoxia' and 'hypoxaemia'.
- 3.3 Identify the causes and define the terms 'hypocapnoea' and 'hypercapnoea'.
- 3.4 Compare and contrast the indications of respiratory distress, respiratory failure and respiratory arrest.

4. Techniques for Clearing a Completely Obstructed Airway

Students will be able to:-

- 4.1 Identify the sequence of actions required to manage a choking patient.
- 4.2 Perform back slaps.
- 4.3 Perform abdominal thrusts.
- 4.4 Perform chest thrusts
- 4.5 Perform laryngoscopy and removal of an obstruction using Magill's forceps.

5. Basic Airway Management Techniques

Students will be able to:-

- 5.1 Perform manual airway manoeuvres, including mouth opening; head tilt, chin lift; jaw thrust and the recovery position.
- 5.2 Identify the suction equipment required and demonstrate the technique for suctioning of the upper airway
- 5.3 Identify the indications, contraindications and complications of inserting oral-pharyngeal and naso-pharyngeal airways.
- 5.4 Demonstrate insertion of an oral-pharyngeal airway.
- 5.5 Demonstrate insertion of a naso-pharyngeal airway.

5. Intermediate Airway Management Techniques

Students will be able to:-

- 5.1 Describe the indications, contraindications and complications of inserting a supraglottic airway device (SAD).
- 5.2 Demonstrate the technique for insertion of a range of supraglottic airway devices, including the I-gel and laryngeal mask airways.

6. Advanced Airway Management Techniques

Students will be able to:-

- 6.1 Describe the indications, contraindications and complications of inserting an endotracheal tube.
- 6.2 Identify the anatomical and physiological features which may indicate a difficult airway.
- 6.3 Demonstrate the technique for insertion of an endotracheal tube using the standard procedure.
- 6.4 Demonstrate the technique for insertion of an endotracheal tube using a bougie.
- 6.5 Demonstrate the technique for insertion of an endotracheal tube using a stylet.
- 6.6 Identify the importance of end tidal CO₂ monitoring.
- 6.7 Demonstrate how to undertake end tidal CO₂ monitoring.
- 6.8 Identify the indications, contraindications and complications of needle cricothyroidotomy.
- 6.9 Demonstrate the technique for needle cricothyroidotomy.

7. Ventilation Techniques

Students will be able to:-

- 7.1 Describe the indications, contraindications and complications of ventilating a patient using a bag-valve-mask (BVM) device.
- 7.2 Demonstrate how to ventilate a patient using a bag-valve-mask device.
- 7.3 Demonstrate how to modify ventilation techniques for the infant and child patients.
- 7.4 Demonstrate the technique for ventilating the laryngectomy/tracheostomy patient with a stoma.
- 7.5 Describe the indications, contraindications and complications of ventilating a patient using an automatic ventilator.
- 7.6 Demonstrate how to ventilate a patient using an automatic ventilator.

Demonstrate an understanding of capnography and capnometry and its importance in ventilation.

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 / Birthing Unit

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 Emergency Department / Acute Assessment Unit

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</p>

20:30	<p>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 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 newborn'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 (the practice educator responsible for overall sign off) hereby certify that, the elements of practice for the profession of paramedic have been assessed and passed at the required level for this year, and the minimum of 600 hours of placement have been completed. I can confirm that the student meets the requirements of the Health and Care Professions Council standards and has demonstrated high standards of personal conduct throughout. They have:

- **Acted within the limits of their knowledge, skills and experience.**
- **Practised within the ethical boundaries of the profession, and have exercised a professional duty of care, in a non-discriminatory manner.**
- **Demonstrated the need to respect and, so far as possible, upheld the rights, dignity, values and autonomy of every service user.**

Practised in accordance with current legislation, national, regional and local guidelines, protocols and policies. They have demonstrated an appropriate and professional attitude throughout.

Practice Placement Educator
South Western Ambulance Service

Student Paramedic

Senior Lecturer
University of the West of England

NAME	SIGNATURE	DATE: