

Student Paramedic Practice Placement Assessment

Year 3

Paramedic Practice 2 UZYSVE-30-3

The development of this practice assessment document reflects the Health Care Professions Council Standards of Proficiency for Paramedics (2016). It also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2019) and the UK College of Paramedics (COP) Curriculum Guidance (2015)

BSc (Hons) in
Paramedic Science
(Year 3)

Paramedic Practice Assessment Document

Student Name:	
Student Number:	
University:	
Contact details:	
Entry Date:	
Practice Placement Educator:	

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	34
Elements of practice.....	35

Table of Contents (Continued)

	Page
SECTION 7.....	54
Airway and Ventilation Training Record	55
Cannulation Audit.....	65
Drugs Audit.....	69
SECTION 8	71
CPD Certificates etc	72
SECTION 9	75
Third Party evidence	
SECTION 10.....	76
Reflective case studies	77
SECTION 11.....	83
Critical Reading	84
SECTION 12.....	89
Incident Log.....	
SECTION 13	90
In-hospital Placement Diary.....	91
SECTION 14.....	97
Record of Achievement for the Elements of Practice Year 3	98

Introduction

The development of this practice assessment document reflects the Health Professions Council Standards of Proficiency for Paramedics (2016). It also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2019) and the UK College of Paramedics (COP) Curriculum Guidance (2015).

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
- Should arrange to meet with their PPEd at the beginning of each teaching block and at the mid-point, in order to

review outstanding elements of practice, and develop an appropriate developmental action plan, if required.

- Must present their practice assessment document on the first day and when requested to do so by their PPEd
- Must at all times maintain patient confidentiality in line with current guidance
- Ensure the safe keeping of their practice assessment document throughout their programme
- Must submit their practice assessment document using the designated university procedure on the date specified in the course handbook
- **Must attend placement in the allocated placement blocks to achieve the required hours: It is the student's responsibility to ensure they achieve the stated minimum of 750 hours**
- **Failure to attend placement during the allocated placement blocks will result in the student not passing practice**
- Conduct must be of a professional standard at all times.
- The student is to inform the university and the placement provider if they are absent from placement.

- Must meet the minimum requirement of 90% attendance for taught and practical sessions in order to attend practical examinations (e.g. OSCE's and SOPES)

2. Practice Placement Educator

- This role is fulfilled by an experienced paramedic
- Orientate the student to the placement area on the first day.
- Will arrange to meet with the student at the beginning of each teaching block and at the mid-point, in order to review outstanding elements of practice, and develop an appropriate developmental action plan, if required.
- Identify and provide access to learning opportunities and resources
- Assist the student to reflect on experiences to facilitate learning in and from practice
- Utilise developmental action plans to enhance the student's learning in identified areas
- Undertake required assessments and ensure that both the student and programme leader/ personal tutor are informed as soon as an issue arises

- To complete the appropriate sections of the practice assessment documentation
- To complete the **interpersonal skills profile** at the mid-point and at the end of each year. The PPEd should identify FIVE comments, which describe the performance of the student. It is the responsibility of the PPEd to comment upon the judgements made regarding the student's interpersonal skills. Together with the student, they will also develop a personal action plan to address identified weaknesses
- **The allocated PPEd is the only member of staff who can sign the SUMMATIVE ASSESSMENT**
- When the student has successfully passed the summative assessment to the standard required, the PPEd will sign the record of achievement for that year
- The student must hand in the completed document on the date set by the programme leader
- Conduct must be of a professional standard at all times.

3. Associate Practice Placement Educator

- This role can be fulfilled by a Clinical Team Leader or experienced Paramedic
- Support the practice placement educator. Ensure that opportunities exist for the student's personal and professional development
- Assist in the assessment of the competence of a student undertaking a skill and completing the documentation if the student has achieved the required level of practice, AT FORMATIVE LEVEL ONLY
- Conduct must be of a professional standard at all times

The Assessment Process

Placement period

- Final year placements are primarily with the Ambulance Service
- The student **MUST ACHIEVE a minimum of 750** placement hours, but should aim for the allocated amount of 787.5 or more if possible.

Formative & summative assessment

- The student can be assessed formatively in any area, at any time.

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

Assessing the elements of practice

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

Skills Acquisition

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

- **Direct Observation** This means observing the student's performance directly.
- **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 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.
- **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.**

Advice upon Presentation of Work in Your Portfolio

- The binder needs to be robust – A4 Binder – Lever arch file
- Provide a typed contents list
- Typing should utilise the same font size throughout – 12; and lines should be double spaced to allow room for marker's annotations.
- Typing should also use the same font throughout. Avoid using a mixture of different font styles
- Handwritten evidence should be avoided. Where it is unavoidable, it must be legible.
- The layout should follow a consistent pattern.
- The portfolio should be easy to navigate. Any reviewer being able to easily locate evidence from the contents list or through cross-referencing
- Use dividers to separate each section
- Clearly index each item
- Clearly label each item
- Each piece of evidence you are submitting should be numbered and cross-referenced against the appropriate element of practice (in the portfolio reference column)
- The purpose of each item of evidence should be clearly linked to the elements of practice
- Items must be easy to handle and read
- **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 2008 – 2018. 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	

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

RECORD OF PROGRESS INTERVIEWS		
Introductory		
Name of Student:	Cohort:	Academic Personal Tutor at UWE:
PPEd comments:		
Student comments:		
Signature of Student: _____		Date: _____
Signature of PPEd: _____		

Page 14 of 74

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

Name of Student:

Cohort:

Academic Personal Tutor at UWE:

PPEd comments:

Student comments:

Signature of Student: _____

Date: _____

Signature of PPEd: _____

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

Name of Student:

Cohort:

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

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

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

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

Signature of PPEd:			Date:	
Signature of Student:			Date:	

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

Name of Student:

Cohort:

Academic Personal Tutor at UWE:

PPEd comments:

Student comments:

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 and should be used **to identify your learning needs**, including any areas of practice that you or your placement educator feel needs further development

Developmental Action Plan

The Development Action Plan (DAP) section should be completed by you in collaboration with your placement educator and should be used **to identify your learning needs**, including any areas of practice that you or your placement educator feel needs further development. Please consider if support is needed from your APT at UWE.

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 750 hours of practice placement must be achieved in this year. This can include a maximum of 10% approved simulation hours. These can only be signed off by a tutor.

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

Hospital Placement Attendance Record

Placement supervisor should indicate hours attended within the 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	
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	

Ambulance Placement Attendance Record

PPed or APPEd should indicate hours attended within the left column then date and sign: Minimum of 750 placement hours must be attained overall.

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

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	

Ambulance Placement Attendance Record

PPed or APPEd should indicate hours attended within the left column then date and sign: Minimum of 750 placement hours must be attained overall.

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

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	

Ambulance Placement Attendance Record

PPed or APPEd should indicate hours attended within the left column then date and sign: Minimum of 750 placement hours must be attained overall.

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

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	

Ambulance Placement Attendance Record

PPed or APPEd should indicate hours attended within the left column then date and sign: Minimum of 750 placement hours must be attained overall.

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

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	

Ambulance Placement Attendance Record

PPed or APPEd should indicate hours attended within the left column then date and sign: Minimum of 750 placement hours must be attained overall.

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

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	

Ambulance Placement Attendance Record

PPed or APPEd should indicate hours attended within the left column then date and sign: Minimum of 750 placement hours must be attained overall.

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

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	

Agreement for completion of placement shifts after portfolio submission

After submission of my portfolio and not beyond the end of my placement block, I agree to complete the following shifts with my mentor:

Day 1		Day 2		Day 3		Day 4		Day 5		Weekly total
Hours	Date:	Hours	Date	Hours	Date	Hours	Date	Hours	Date	
Hours	Date:	Hours	Date	Hours	Date	Hours	Date	Hours	Date	
Hours	Date:	Hours	Date	Hours	Date	Hours	Date	Hours	Date	

In the event that the student does not attend any of these planned shifts, it is the responsibility of the mentor and the student to inform the Programme Leader, Jedd Billing (Jedd.Billing@uwe.ac.uk), as this may impact on completion of the minimum required placement hours and, therefore, the students' ability to pass this practice module.

	NAME	SIGNATURE	DATE
Practice Placement Educator			
Student Paramedic			

SECTION 6

ELEMENTS OF PRACTICE

Including marking criteria and example of how to complete.

All elements must be signed off in practice, or if the opportunity does not arise, in 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 or support Beginning to initiate appropriate actions Identifies priorities with minimal prompting 	<ul style="list-style-type: none"> Actions / interventions / behaviours generally appropriate for the client and situation Explanation is usually at an appropriate & coherent Identifies the need for assistance
Independent (Ind)	<ul style="list-style-type: none"> Applies evidence-based knowledge Demonstrates awareness of alternatives Sound rationale for actions Makes judgements / decisions based on contemporary evidence 	<ul style="list-style-type: none"> Confident / safe / efficient Works independently without direction / supervision Able to prioritise Able to adapt to unpredictable situations 	<ul style="list-style-type: none"> Conscious / deliberate planning Actions/ interventions/ behaviour are appropriate to the client & situation Gives coherent / appropriate information Identifies & makes appropriate referrals

Elements of practice (Year 2)

EXAMPLE

EXAMPLE

EXAMPLE

The Student is able to demonstrate the knowledge and skills in order to: 1. Manage patent airway using basic positional methods	Req level		Assessed level –S	Signature	Date	Comments	Portfolio Reference
	I	Formative	MS	APPEd or PPEd	00.00.00	Uses the head tilt chin lift technique, after two attempts and with coaching is able to maintain a patent airway.	OSCE 01/01/16 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.	Crit. Read 12
		Formative	MS	APPEd or PPEd	00.00.00	During resuscitation is able to maintain a patent airway on a paediatric patient.	56 Reflection 01
		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

EXAMPLE

EXAMPLE

The Student is able to demonstrate the knowledge and skills in order to: 2. Manage a patent airway using manual clearing methods and suctioning	Req level		Assessed level –S	Signature	Date	Comments	Portfolio Reference
	I	Formative	MS	APPEd or PPEd	00.00.00	Suction used inappropriately; no consideration given to finger scoop for larger objects. Lacked underpinning knowledge. Developmental action plan devised.	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 03
		Summative	I	PPEd only	00.00.00	Was able to suction an unconscious patient's airway confidently with no prompting	OSCE 10/11/16

Elements of practice (Year 3)

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

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
1. Minimise cross-infection within scope of practice and maintain a sterile-field	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. Obtain a comprehensive patient history	Ind	1. Formative					
		2. Formative					
		3. Formative					
		Summative					

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

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

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

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

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

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
8. Undertake a comprehensive examination to identify and manage endocrine emergencies	Ind	1. Formative					
		2. Formative					
		Summative					

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
9. Undertake a comprehensive examination to identify and manage ear nose and throat emergencies	Ind	1. Formative					
		2. Formative					
		Summative					

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

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
11.Undertake an assessment to identify mental health related conditions	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
12.Implement appropriate treatment based on assessment findings	Ind	1. Formative					
		2. Formative					
		3. Formative					
		Summative					

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

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
14. Demonstrates an ability to manage an incident from the point of call to the discharge of care	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
15. Demonstrates professional standards in accordance with the HCPC's guidance on conduct and ethics for students, throughout the final year of placement.	Ind	1. Formative					
		2. Formative					
		Summative					

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

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
17. Demonstrates an understanding of the management of a controlled drug	Ind	1. Formative					
		2. Formative					
		Summative					

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
18. Undertake a comprehensive assessment and manage a minor wound	Ind	1. Formative					
		2. Formative					
		Summative					

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
19. Use assessment skills to form a provisional diagnosis and a list of differentials	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
20. Demonstrate the use of an appropriate alternative patient care pathway, including identifying red flags and giving safety netting advice	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
21. Fully document and accurately refer a patient's care to another healthcare professional	Ind	1. Formative					
		2. Formative					
		3. Formative					
		Summative					

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
22. Interpret and act upon the 12 Lead ECG test	Ind	1. Formative					
		2. Formative					
		3. Formative					
		Summative					

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

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

The Student is able to demonstrate the knowledge and skills to:	Req level		Assessed level	Signature	Date	Comments	Portfolio Ref
25. Demonstrates an understanding of the limits of their scope of practice	Ind	1. Formative					
		2. Formative					
		3. Formative					
		Summative					

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).

SECTION 7

a. AIRWAY AND VENTILATION TRAINING AUDIT

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

b. INTRAVENOUS CANNULATION AUDIT

c. MEDICATION AUDIT

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

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

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

I.V. Cannulation Record

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

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

MEDICATION AUDIT

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

Drug Name:		Date:	
Calls Log Reference:		Age/Sex:	
Condition:			
Outcome:			

SECTION 8

Continuing Professional Development Record and Certificates

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

CPD

RECORD OF COURSES, SEMINARS, CONFERENCES and WORKSHOPS ATTENDED

Event			Location	
Date			Organisation	
Reflection on the Event				

Event			Location	
Date			Organisation	
Reflection on the Event				

SECTION 9

THIRD PARTY EVIDENCE

**Letters of thanks
Witness testimonies
Commendations etc.**

SECTION 10

REFLECTIVE WRITING

**One reflective essay should be submitted of
3,000 words (+/- 10% tolerance).**

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

SECTION 11

CRITICAL READING

10 Critical Reads should be included

In which you provide a record of your reading during the course. As an advanced healthcare provider, you will need to apply evidence-based medicine and be as knowledgeable as you can about the care and treatment you provide.

Books, Journals and to a lesser extent, academic clinical internet sites

Scope and Depth

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

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

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

CRITICAL READING SKILLS

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

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

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

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

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

Reference:

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

CRITICAL READING

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

Section 12

CALLS LOG

**Only include calls that are cross referenced against your
elements of practice**

NOTE: PLEASE ENSURE ALL CLINICAL INFORMATION IS ANONYMISED

Section 12: Calls Log

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

Ref No.	Type of Incident	Attend or observe	Your care and treatment	Elements of practice (cross referenced)
	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

Ref No.	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 third 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
- The Central Delivery Suite
- The Minor Injury Unit or NHS Walk-in-Centre
- HART
- End of Life (optional) and GP (optional)

Overall Placement Aim

That the student should be able to:-

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

Maintaining a Placement Reflective Journal

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

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

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

Placement Objectives – Operating Theatres

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

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

1. Within the academic environment

The University has three practice simulation suites and within these the course training team will set up a number of differing scenarios in which the student will gain knowledge, skills and experience in airway management. Increasingly sophisticated advanced airway manikins will be utilised to simulate the difficult airway and the trainers will instruct and assess the student as appropriate, Whilst not wishing to quantify a specific number of scenarios, it is expected that the student will undertake a significant amount of airway management practice in this area.

2. Within the pre-hospital environment

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

3. Within the hospital environment

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

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



Recommendations

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

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

This means that trainee paramedics will continue to gain experience in the whole spectrum of airway management in the unconscious patient during their theatre attachment and will observe and, ideally, undertake intubation under supervision, but they will no longer be required to be specifically signed off as competent in that intervention in theatres. They would however be expected to also gain wide experience in the use of supraglottic airway devices.

JRCALC have also recommended the following:-

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

Learning Objectives

That the student should be able to:-

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

Placement Objectives – Emergency Department

Placement Aims

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

Learning Objectives

That the student should be able to:-

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

Placement Objectives – Central Delivery Suite

Placement Aims

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

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

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

Learning Objectives

That the student should be able to:-

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

Placement Objectives – Children's Department

Placement Aims

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

Learning Objectives

That the student should be able to:-

- Undertake a range of patient assessments to identify the sick or injured child's condition; including history taking, observations and physical examination as indicated
- Observe experienced child healthcare professionals in their role. Understand a range of interpersonal skills and distraction techniques used when communicating with the sick or injured child and their family

Placement Objectives - Primary Care

Primary Care Centres provide urgent care for the majority of the population and paramedics are increasingly called to help with this demographic. There has also been a more recent progression of paramedics out of the ambulance services to take up posts in this area of practice.

Providing urgent care to the public will be a constant and increasing feature of paramedic practice including care of patients with acute episodes of their long term conditions, minor illness and injury and end of life care and therefore the paramedic student can benefit greatly from a placement in your surgery.

Key Student Learning Opportunities

- Understand the anatomical, physiological and pathophysiological changes through the age ranges
- Understand the principles and practice of the assessment and management of patients across the age ranges
- Demonstrate how to conduct a thorough and detailed physical examination using clinical signs, inspection, palpation, percussion, auscultation and other assessment skills to inform clinical reasoning and to guide the formulation of a diagnosis across all age ranges
- Demonstrate an ability to utilise clinical reasoning skills and identify red flags in order to provide a list of differential diagnoses relating to commonly encountered illness and injury.
- Demonstrate awareness of how the illness or injury of the patient can have an impact on the family
- Critically appraise the current evidence base for patients requiring urgent care
- Demonstrate awareness of the principles of safeguarding of children and vulnerable adults and the medico-legal and ethical basis of their care
- Demonstrate an ability to communicate effectively with all age ranges and their families.
- Demonstrate the ability to undertake a pain assessment and describe

- appropriate pain management options.
- Undertake a wound assessment and demonstrate treatment methods
- Understand the investigations, diagnostic or monitoring procedures, treatment and therapy for all age ranges
- Demonstrate an awareness of common mental health conditions experienced by children, young people and adults.
- Work, in partnership with other professionals and support staff to demonstrate referral of service users when appropriate
- Explore evidence-based, best practice communication skills and approaches for providing therapeutic interventions.
- Demonstrate an awareness of the function and processes of the Primary Care Centre.

Placement Objectives - End of Life Care

Paramedics are increasingly called to help with this patient demographic. Providing end of life care to the public will be a constant and increasing feature of paramedic practice and therefore the paramedic student can benefit greatly from a placement within your hospice.

Key Student Learning Opportunities

- Understand assessment and management of palliative care emergencies and symptom control i.e. Pain, nausea, vomiting, confusion, opioid toxicity, breathlessness, weakness and fatigue, emotional, spiritual and psychological support.
- Understand why families might call 999.
- Discuss what to do no DNAR is in place, but patient is known to have in-operable/terminal diagnosis.
- Learn about 'just in case' boxes and how these should be used by paramedics.
- Be involved with emotional, psychological and spiritual support to patients and their carer's.
- Discuss what happens in the last hours of life.
- Be involved in an Assessment of patient needs.
- Understand the role of the Unit acting as a stepping-stone to home.
- Observe a patient's admission to IPU.

- Attend multi-disciplinary team (MDT) meetings (Mon-Fri at 09.15hrs and Thursday at 09.45 hrs)
- Demonstrate an understanding of the risks and symptoms of Spinal Cord Compression, Superior Vena Cava Obstruction, and Hypercalcaemia.
- Understand the causes of ascites, observing a paracentesis and monitoring a patient following the procedure.
- Be involved with supporting a Patient and their carer's in the last few days of their life.
- Demonstrate an understanding of End of Life Care planning.
- Spend time with a Community Hospice Nurse, at the Day Hospice, with the Hospital Palliative Care team, and with the Physio, Chaplain, and Complementary Therapist.

It is the student's responsibility to contact the Practice Placement Office if they are unable to attend acute trust placements for any reason

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 <i>et.al.</i>, 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</p>

20:30	the delivery room and introductions completed. Vaginal examination (VE) conducted by midwife to confirm how dilated the expectant mother is, this gives a good guide on how far into active labour she is. As this is an invasive procedure it is not carried out by paramedics in any circumstances, however feeling for 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, 2005).
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 3

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 750 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, and where necessary have made correct referrals to other relevant practitioners.
- Practised within the ethical boundaries of the profession, and have exercised a professional duty of care, in a non-discriminatory manner.
- Demonstrated autonomous professional practice, exercising their own professional judgement.
- 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 NHS
Trust

Student Paramedic

Senior Lecturer

University of the West of England

NAME	SIGNATURE	DATE: