South Western Ambulance Service NHS Foundation Trust

# Specialist practitioner- Critical care

## Educational journey

### Contents



## 1. Purpose and Scope

1.1 This document details the framework of the educational journey to become and maintain status as a Specialist practitioner in Critical Care (SP-CC) in the South Western Ambulance service (SWAST).

1.2 The Enhanced and Critical care group (ECCG) recognise that we are all individual and as such have unique requirements. There is no one size fits all and every effort should be made by trainees and their leaders to support identify their specific learning needs and styles.

1.3 As such the method for trainees to achieve the standards required are purposefully not detailed. However advice and support can be obtained from the Specialist leads in Enhanced and Critical care.

1.4 There are however core aspects to achieve as detailed in this document.

1.5 This document must be considered alongside relevant SWAST policies, included but not limited to; Learning and development, Performance management, Health and Wellbeing etc.

## 2. Entry point

2.1 In order to embark on this specialist practice pathway you must;

2.1.1 Have passed an appropriate selection event
2.1.2 Be employed as a trainee SP-CC with SWAST
2.1.3 Have evidence of at least three years post qualification as a paramedic or nurse
2.1.4 Have evidence of recent ambulance paramedic/ ambulance nurse experience
2.1.5 For those without 2.1.4 you must achieve competence as an ambulance paramedic/ ambulance nurse according to SWAST definitions and scope prior to progressing to specialist practice.

## 3. Initial training

3.1 All new trainees must successfully complete their ‘enhanced skills training’ as soon as reasonably practicable as the first gateway on their development journey.

3.2 Enhanced skills training includes;
3.2.1 Intubation (for cardiac arrest)
3.2.2 Ketamine analgesia 1 PGD
3.2.3 Finger thoracostomy
3.2.4 Surgical airway
3.2.5 Thoracostomy and peri mortal caesarean section assistant

3.3 On completion of their enhanced skills training a trainee may perform any of the skills in section 3.2 autonomously and may perform intubation in PHEA under direct supervision.

## 4. Portfolio completion

4.1 There are three distinct portfolios each with their own requirements these are;
- 4.1.1 Intubation portfolio
- 4.1.2 Ketamine portfolio
- 4.1.3 SP-CC competencies portfolio

4.2 In order to qualify as and SP-CC a trainee must successfully complete all three portfolios.

4.3 The rationale for their separation is to support a more modular approach.

4.4 Each portfolio has a front sheet detailing its requirements of the trainee.

4.5 It is recognised that a trainee may not experience each competency in clinical practice at all or in sufficient volume to display competence with a real patient. Where necessary simulation can be substituted, this must be noted in the evidence submitted. For sign off the simulation must not assess a skill in isolation but in the context of a full patient care episode.

4.6 A trainee must be deemed to meet and maintain the standard of an SP-CC in all aspects of the portfolio at any given time. 100% completion is required.

4.7 It is often natural for a trainee to seek opportunities early to be ‘signed off’ in skills. In reality it should be expected that some skills already familiar to the trainee may be achieved swiftly, however little significant progress is likely to be made for the first 6 months while gaining exposure and subsequent ability. At this stage it is likely more significant ‘gains’ in the portfolio would be made.

4.8 As a result of 4.7 trainees should be reassured that the first few months of the new role are for bedding in and gaining confidence rather than significant competence.

## 5. Educational requirement

5.1 ECCG recognises and values the diverse background its practitioners are gathered from and as such the varied academic routes taken.

5.2 The minimum requirement to register as an SP-CC is a post graduate diploma in relevant award.

5.3 While it is anticipated the award will be heavily clinically focused trainees should ideally evidence academic achievement in each of the pillars of contemporary practice (clinical, educational, managerial, research).

5.4 The award must include advanced clinical assessment, clinical reasoning and evidence based practice.

## 6. Review meetings

6.1 In order to ensure trainees are developing during their pathway regular review meetings should be held with the trainee and the supporter to review their portfolio, current level of practice and educational needs.

6.2 Areas of concern or requiring development should be highlighted by the trainee or their supporter as soon as reasonably practicable after they are known and not wait for these progress meeting.

6.3 Units may wish to use simulation incorporating a random sample of competencies as a formative indicator of current level of practice and to guide the next steps of development.

6.4 These meetings and or assessments should be documented and no less frequent than every 3 months.

6.5 Where there is concern of the level of achievement an action plan should be formed in line with the trusts performance management policy, support can be sought from the Specialist lead in Enhanced and Critical Care.

## 7. Supervision

7.1 Trainees should initially be supernumerary to the core operational team to ensure patient safety is maintained through delivery by a full team.

7.2 The amount of time a trainee requires supernumerary will be bespoke to each trainee. However at a minimum the trainee must have successfully completed their initial training in section 3 of this document and be comfortable and safe operating clinically in the pre hospital environment. Prior to the trainee being considered core operational crew the Trainee, their supporter, Unit Medical Director and Air Operations Officer must all agree.

7.3 Wherever avoidable a trainee should not be deployed as a solo enhanced care asset. However it is recognised that most trainee SP-CCs will already have significant experience and ability responding as a solo clinician. Trainees should be empowered to work only to a scope they feel confident of and must have access to remote senior clinical support.

7.4 Trainees will wear green ‘paramedic’ or ‘nurse’ slides (where worn) until fully qualified.

7.5 All qualified critical care practitioners and Enhanced/ Critical care doctors should be able to fulfil the ‘mentor’ role (see ‘Guidance to roles’ document).

7.6 The trainee must have regular shifts with their Supporter (no less than every 3 months) and more frequent interaction as required.

## 8. Preceptorship

8.1 Preceptorship is designed to support an individuals confidence as they transition into their new role.

8.2 It is understandable during this phase in an individuals career they may require more investment to maintain their skill set. Preceptorship protects the individual and guides the organisation to ensure the opportunity to identify training or confidence needs is met early.

8.3 The standard preceptorship period for a newly qualified SP-CC is 6 months but can be Extended monthly to 12 months if learning is identified.

8.4 Each month a sample case the SP-CC has managed should be raised for presentation at the unit clinical governance meeting. The SP-CC should reflect on the case identifying and patient unmet needs or practitioner educational needs.

8.5 The Unit Medical lead (or nominated person) and Air Operations Officer (or nominated person) must feed back to the SP-CC after each clinical governance presentation to;
8.5.1 Identify learning and create an action plan to meet these
8.5.2 Recognise good practice and develop practitioner confidence in their qualified status

8.6 Transition to qualified status and autonomous practice at this level can be daunting, monthly

Wellbeing ‘catch ups’ must be held with the Air Operations Officer (or appropriate designated person).

8.7 Personal reflection, peer presentation and senior staff feedback are designed to help the new SP-CC recognise their ability and feel part of a supportive organisational structure which embraces personal growth and continual learning.

8.8. Following demonstration of maintenance of standards in the preceptorship phase the SP-CC will move to an ongoing peer review process of support for development.

## 9. Maintaining competency

9.1 The SP-CC role demands significant autonomy and senior clinical practice supported by clinical exposure and experience.

9.2 The standard expectation therefor is that all trainee SP-CCs are at a minimum of 30 hours per week in this clinical post until they have successfully completed their post qualification probation.

9.3 Following successful completion of probation an SP-CC may apply to work less than whole time equivalent in this role. Applications to do so must go via the Enhanced and Critical care team to provide objective review of the application.

9.4 The SP-CC must be able to demonstrate maintenance of competency in all aspects of the SP-CC role. The burden of this proof falls to the individual SP-CC and is to be assessed by their Unit Medical lead.

9.5 The minimum hours a practitioner can spend in the SP-CC role and remain current and competent will be unique to each individual and must consider the individual holistically including other clinical roles they may perform which may assist in their maintenance of currency and competency.

9.6 It is reasonable to expect the less WTE a practitioner spends in the SP-CC role the higher their cost burden to maintain their currency and competency is. Therefore part time working requests must not only be considered clinically but operationally and financially.

9.7 Regardless of WTE it is the practitioners responsibility to maintain their currency and competency and to highlight any learning needs to an appropriate person in their unit.

9.8 Where concern is raised over a practitioners competency this must be managed under the SWASFT Performance management policy. It is strongly advised that support is sought from

the Specialist Lead in Enhanced an Critical care early to support the individual and the organisation.

## 10. Return to work

10.1 Following any period of time away from the SP-CC role over the agreed maximum annual leave allowance (4 weeks) regardless of rationale (maternity, sickness etc) a return to work process must be undertaken with the SP-CC and the unit Medical director (or appropriate appointed person)

10.2 It is expected that a practitioner will need some support to return to their previous level of practice. This should be embraced as an indicator of the significance of the SP-CC role, the professionalism of the person and the requirement to deliver a high standard of care to our patients.

10.2 The SP-CC will undergo the ‘standard’ return to work process provided by SWASFT.

10.3 The SP-CC will need to go through all SP-CC specific clinical guidelines and PGDs with the Unit Medical director (or appropriate appointed person).

10.4 The ‘Holistic approach’ summative assessment section of the SP-CC competency portfolio should be used to identify the practitioners development needs and specific sections of the SP-CC competencies portfolio used as required to guide learning and assessment.

10.5 The practitioner must be supervised by another qualified SP-CC or Enhanced/ Critical care doctor (not necessarily supernumerary) until they have evidence (from clinical practice and simulation) to complete the ‘Holistic approach’ competency section to the require standard. This evidence should be added to the practitioners training portfolio and CPD.

Appendix A

# Specialist practitioner- Critical care

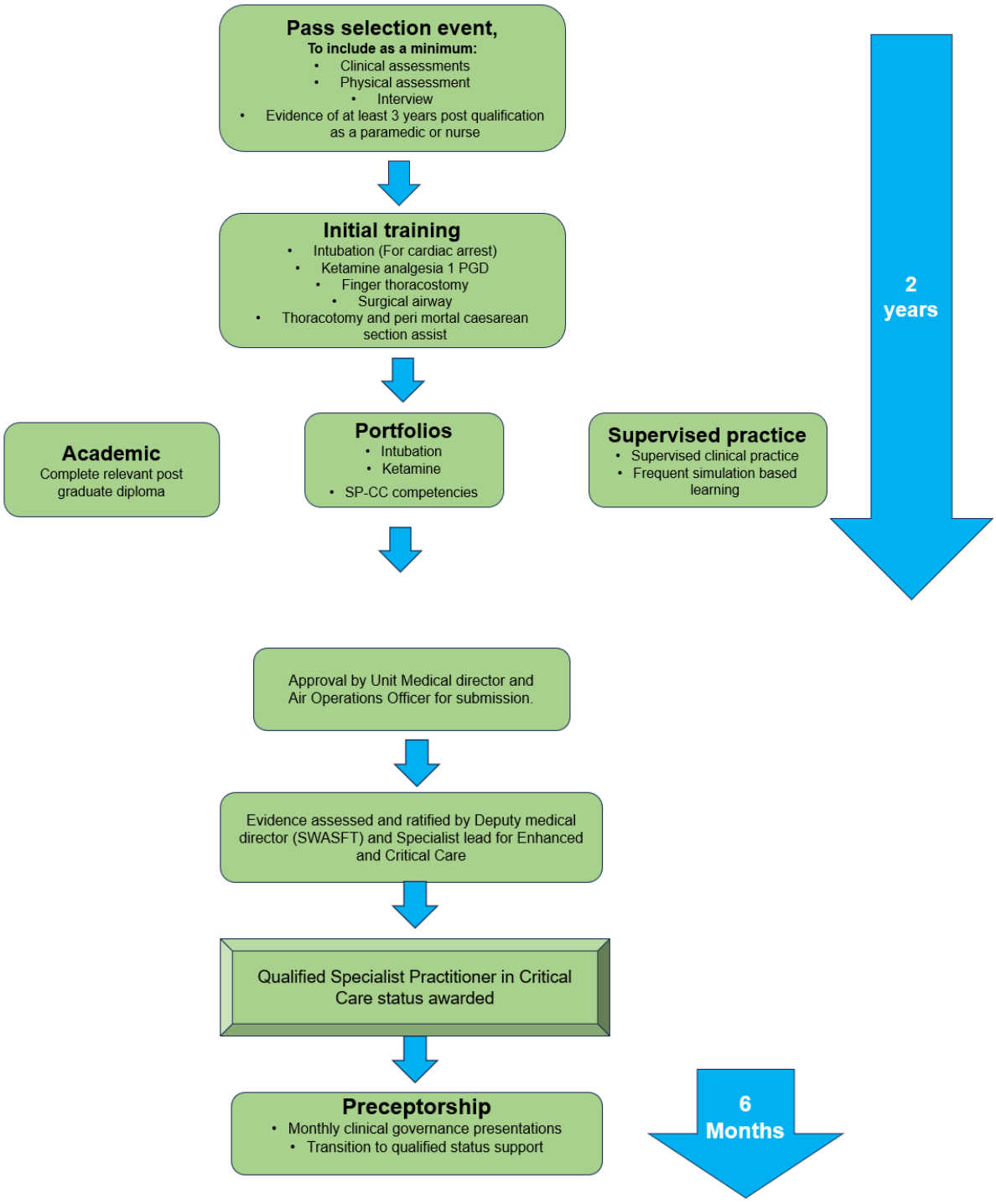
# Submission check list

To be formally recognised as an SP-CC in SWAST the candidate must submit a portfolio including the following evidence

| Section No. | Section title | Tick |
|---|---|---|
| 1 | Contract of employment as a Specialist practitioner in Critical care | |
| 2 | Evidence of completion of enhanced skills training | |
| 3 | Evidence completion of a post graduate diploma in relevant field | |
| 4 | Successful completion of the intubation portfolio | |
| 5 | Successful completion of the ketamine analgesia and sedation portfolios | |
| 6 | Successful completion of the SP-CC competencies portfolio | |
| 7 | Air operations officer and unit clinical lead approval form | |
| **Desirable additions** | | |
| | Achievement of the Diploma in Immediate Medical Care (DipIMC)<br>(This is not mandated due to availability though is highly desirable) | |
| | Evidence of plaudits | |
| | CV | |

Appendix B

# Trainee Specialist practitioner in Critical Care Educational journey




Appendix C

# Return to work Process