**Paramedic Practice**

**PS5003**

**Assessment Document : Year 2**

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| **Student Name:** |  |
| **Student ID Number:** |  |
| **Practice Educator:** |  |

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**SECTION 1**

**University of Gloucestershire Contact Information**

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| **Contact** | **Responsibilities** | **Contact information & support sites** |
| Paramedic Science Course Lead: Martin Hilliard | Course Lead & oversight of placement | mhilliard@glos.ac.uk |
| Placement Lead, Year 1: Gabriella Salmon | Placement contact & support for students & Practice Educators | gsalmon2@glos.ac.uk |
| Placement Lead, Year 2: Poppy Valenti | Placement contact & support for students & Practice Educators | pvalenti@glos.ac.uk |
| Placement Lead, Year 3: Paul Creed | Placement contact & support for students & Practice Educators | pcreed1@glos.ac.uk |
| Health & Social Care Placement Team | Support with Timetable Management System (TMS) & ARC | hscplacements@glos.ac.uk[ARC Support Website](https://www.glos.ac.uk/practice-support/arc-support/) |
| Learning Technology Services Team | Support with Mahara | lts@glos.ac.uk[Mahara Support Website](https://moodle.glos.ac.uk/course/view.php?id=12137) |
| Finance Team | Financial advice & support | moneyadvice@glos.ac.uk01242 714 535 |
| Helpzone | Student welfare & support | helpzoneoxstalls@glos.ac.uk01242 714 444 |

**South Western Ambulance Service (SWASFT) Contact Information**

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| **Contact** | **Responsibilities** | **Contact information** |
| Paramedic Practice Placement Coordinator: Mike Page | Placement contact & support for students & Practice Educators | mike.page@swast.nhs.uk |
| Resource Operations Centre (ROC) | Shift planning & sickness | roc.students@swast.nhs.uk |
| Resource Operations Centre (ROC) Sickline | Shift absences / booking sick & booking fit | 03000 331 331 |
| IT | IT issues / reactivating SWASFT email accounts | 03003 690 009 |
| Staying Well Service | Student & SWASFT staff welfare & support | stayingwellservice@swast.nhs.uk01392 453 974 |

**Introduction and Guidance for Students and Practice Educators**

Welcome to your Practice Assessment Document (PAD). This document tracks your progress towards competency and is part of your formal assessment for the practice assessment modules. The PAD also contains useful information for both you and your Practice Educators. Further support information can also be found on the [practice support website](http://www.glos.ac.uk/academic-schools/health-and-social-care/practice-support/pages/practice-support.aspx) or by contacting your Placement Lead. Students are expected to conduct themselves in a manner that adheres to the [Health and Care Professions Council (HCPC) (2016) Guidance on Conduct and Ethics for Students](https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf). In relation to placement, please also familiarise yourself with the [University of Gloucestershire Policies and Procedures](https://www.glos.ac.uk/practice-support/policies-and-procedures/).

Your PAD is used as a record of what you have achieved during the year and a new document is needed for each year. It is to be submitted via Mahara to your Module Tutor for the PS5003 module by the due date specified.

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

**Sign-off by a Practice Educator**

In practice, students will be assigned a Practice Educator responsible for signing off summative documents. Any educator can contribute to formative feedback, however only the assigned Practice Educator recorded on the University of Gloucestershire systems may sign summative material. Summative signatures are required from Practice Educators as evidence of completion of the skills profile and final sign-off sheet for the year.

The University of Gloucestershire recognise that there may be some rare instances in which a student may encounter or work with a Practice Educator to whom they are related or have or develop a close personal relationship with. If that occurs, it is imperative that the student contacts their University of Gloucestershire Placement Lead immediately to disclose this information so their situation can be reviewed, and a new Practice Educator assigned. If a relationship is found to be a conflict of interests and it has *not* been disclosed, there is a risk that any hours worked with, and signatures gained by that Practice Educator will be voided with a subsequent risk of assessment failure to that student, and that the Fitness to Practice procedure will be instigated against the student. All disclosures will be treated in the strictest confidence. For additional information, please refer to the [University of Gloucestershire Declaration of Conflict of Interest](https://www.glos.ac.uk/information/knowledge-base/declaration-of-conflict-of-interest/).

**Formative Assessment**

A midway review of the Mahara portfolio will be conducted by the Placement Lead as a mandatory formative assessment. The deadline for the assessment will be confirmed by the Placement Lead. It is expected that, by the deadline, the student must upload to their Mahara portfolio the following content for review:

* Initial review
* Initial S.W.O.T.
* Midway review
* Midway S.W.O.T.
* A minimum of two reflections
* A minimum of two ECG analyses
* Some of the capability framework completed, aligned to the above

**Forms and Required PAD Content**

The following guidance gives information regarding the use of each form in this PAD and sets out minimum requirements for the successful completion of the PAD as an assessment for your practice module. It is a good resource for Practice Educators to take note of. Students must upload and input content onto Mahara to submit their PAD: University of Gloucestershire Mahara guidance is available to support this process – see contact information above.

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| **Form** | **Purpose** | **When to Complete** | **Who Should Complete it** | **Tick When Section Complete and Uploaded to Mahara** |
| **Ambulance and** **Specialist Placement Record** | To record the individual hours, running hours and location in practice. | Each time you are on shift. | Students, signed by the Practice Educator or supervisor you are on shift with. |  |
| **Signature List** | To verify the signatures in your PAD. | Each person who has signed something needs to record their details once on this form. | Person signing an item in the PAD. |  |
| **SWOT Analyses: Initial, Midway and Final** | This is an aid to allow you to reflect on your strengths and weaknesses leading up to a review. | Before your initial, mid-point and final review and any other time as needed. | Students, with Practice Educator. Placement Lead and / or Academic Personal Tutor may also assist. |  |
| **Periodic Reviews:** **Initial, Midway and Final** | This is a formative review of your progress to date and records achievements as well as concerns. | The initial review must be completed within the first two weeks of the first ambulance placement block. The midway review must be completed in the first two weeks of the second ambulance placement block. The final review must be completed in the last two weeks of the second ambulance placement block. | Students will complete these reviews with their Practice Educators. |  |
| **Skills Profile** | This records your attainment of skills.  | Aim to achieve documentation of at least 3 times you have achieved the skill and the number of attempts you have made overall to gain the skill. Where skills cannot be demonstrated in practice an appropriate scenario can be used and notation made to indicate this was demonstrated in simulated practice or achieved through discussion. | Students to complete, with Practice Educator sign-off once competency has been achieved.Final skills sign-off is by the Practice Educator. |  |
| **Specialist Practice Learning Theme Form(s)**  | To record your achievements in the specialist setting and completion of the learning themes. | At least one assessment form stating that the learning theme is complete for each theme is required for completion of the PAD. If there is insufficient opportunity to complete this in the allocated practice education time, you will be expected to provide individual reflections as evidence. | Students to complete and the form is to be signed off by your Practice Education Facilitator in the specialist setting. |  |
| **Developmental** **Action Plan** | To raise and develop a plan to address any practice concerns. | This form is used to address specific concerns in practice and provide support to students as they progress. | Students or any member of the teaching team, including Practice Educators and supervisors can request this. It is a collaboration and agreement between all parties about how to address a concern in practice. |  |
| **End of Year / End of Programme Sign-off** | This confirms that all elements of the PAD are complete for the year level. | This must be complete by the due date for the portfolio submission. | Students to complete and Practice Educator to sign. |  |
| **Capability Framework** | This maps the content of the PAD against the capabilities to demonstrate that each capability has been achieved. | This must be complete by the due date for the portfolio submission. | Students to complete. |  |
| **Reflections**  | To record your achievement against the capability framework. | You are required to complete six reflections across the year which are mapped to the capability framework. | Students to complete. |  |
| **Continued** **Professional** **Development (CPD)** | To engage in and collect evidence of continued professional development. | You are required to submit a minimum of three pieces of evidence of a range of continued professional development. This may take the form of certificates of courses attended and completed, podcasts, reflections on experiences, articles of interest (including your own discussion of content), anonymised plaudits, etc. | Students to complete. |  |
| **Airway and Ventilation Training Record,****JRCALC Medication Audit, and Patient Medication Audit** | To record your experience and understanding of airway and ventilation strategy and a range of medications. | You are required to complete and submit one full sheet of each of the three forms. | Students to complete, with Practice Educator input. |  |
| **ECG Analyses** | To collect, analyse and discuss a range of ECGs performed whilst on placement. ECGs from alternative sources can be used to supplement any potential limitations of range of ECGs collected on placement, however alternative sources should be kept to a minimum. | You are required to complete six meaningful ECG analyses across the year. Please ensure all ECGs are fully anonymised. | Students to complete, with Practice Educator input. |  |

**SECTION 2**

**Capability Framework**

The following sections explain the capability framework and how this applies to assessment of practice. This is the level students should achieve in practice:

**1 Information Gathering**

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

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

* Take a medical and social history from a patient
* Demonstrate an understanding of the context of that history and what it means for the patient’s presenting condition
* Take observations relevant to the presenting condition
* Demonstrate an understanding of the meaning of those observations and history

**2 Managing People and Situations**

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

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

* Demonstrate the ability to actively manage basic scenes for the benefit of the service user
* Demonstrate the ability to recognise and prioritise resources
* Demonstrate the ability to communicate and work as a team

**3 Treating the Patient**

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

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

* Demonstrate an understanding of paramedic treatment options
* Deliver paramedic treatment under supervision
* Manage advanced life support and react to critical changes in patient condition

**4 Communication**

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

Students at all levels should be able to:

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

**5 Planning and Organisation**

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

Students at all levels should be able to:

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

**6 Decision making and problem solving**

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

Students at all levels should be able to:

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

**7 Learning through experience**

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

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

* Critically assess their own practice through reflection
* Make changes to their practice as a result of reflection

**8 Flexibility and resilience in response**

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

Students at all levels should be able to:

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

As students progress through the capabilities outlined above, they will also be implementing skills learnt in a simulated environment. Section 5 provides a list of essential skills (scope of practice) across the three years. Attainment of competency in each skill is recorded in the PAD and this table can be used as an overview by students and educators.

**Reflection Guidance**

Students will submit six reflections as evidence towards the completion of the clinical capability.

A single reflection may be utilised as evidence for multiple capabilities. It is expected that all capabilities are met by the end of the year. Skills associated with this example (i.e. primary and secondary survey, consent and other communication skills) can be further recorded in the skills profile in the PAD. All reflections should be inputted directly into Mahara.

Note the following information for the content and structure of the reflections:

* All six reflections must be submitted.
* The reflections should be structured according to [Rolfe’s (2021) reflective model](https://my.cumbria.ac.uk/media/MyCumbria/Documents/ReflectiveModelRolfe.pdf). The section for the reflections on Mahara has been pre-prepared with the headings of Rolfe’s (2021) reflective model.
* The reflections should be written in a formal, academic style. First person can be used for reflections.
* Each reflection must be a minimum of 1000 words and critically analyse the incidents you have attended – providing fewer than 1000 words in each reflection constitutes a fail. As per any academic assignment at this level, description should be minimised otherwise there is a risk of failing the assessment.
* Good-quality supporting evidence must be used throughout each reflection to demonstrate the wider reading required to underpin your clinical decision-making process and that of factors such as, for example, communication and ethical considerations. As per standard academic convention, citations should be used, and each individual reflection should contain a reference list at the end – see the [University of Gloucestershire Citing and Referencing Using the Harvard Style](https://connectglosac.sharepoint.com/sites/library-resources/Guides/Harvard%20Referencing.pdf#search=referencing) guide for further information on content and format.
* Make sure all content is anonymised in terms of patient or staff information, location of incident, incident number, or any other identifying characteristics – noncompliance with this will cause the assessment to be failed.
* Evidence of unsafe practice or inadequate underpinning knowledge will cause the portfolio to fail.
* Make use of tutorials from your Module Tutor / Practice Educator for support in developing the reflections.

ECG Analysis Guidance

Students will submit six ECG images and corresponding analyses as evidence towards the completion of the clinical capability.

Note the following information for the content and structure of the analyses:

* All six ECG analyses must be submitted.
* Complete the 12-point structure for analysing each ECG and include content on patient history / presentation, working diagnosis, pathophysiology, and treatment / management plan. The ECG analyses on Mahara have been pre-prepared with the headings for each section.
* The pathophysiology section must include:
1. a discussion of the pathophysiology of the patient’s underlying condition
2. how the condition affects the heart
3. why the corresponding ECG morphology presented as it did
* A 12-lead ECG image must be included as minimum for each ECG analysis – any omissions constitute a fail.
* Include a range of ECGs performed on placement to demonstrate an understanding of a variety of conditions and their underlying pathophysiology. Multiple analyses of the same type of ECG / condition constitutes a fail.
* ECG analyses of normal sinus rhythm or any cardiac arrest rhythms will constitute a fail.
* ECGs from appropriate alternative sources such as books, journals or online sources can be used to supplement any potential limitations of the range of ECGs collected on placement, however these should be kept to a minimum.
* Good-quality supporting evidence should be used in the sections on working diagnosis, pathophysiology, and treatment / management plan to demonstrate the wider reading required to underpin your clinical assessment and decision-making process. As per standard academic convention, citations should be used, and each individual analysis should contain a reference list at the end – see the [University of Gloucestershire Citing and Referencing Using the Harvard Style](https://connectglosac.sharepoint.com/sites/library-resources/Guides/Harvard%20Referencing.pdf#search=referencing) guide for further information on content and format. Any unreferenced ECG analyses will fail.
* Make sure all content is anonymised in terms of patient information, incident number, or any other identifying characteristics – noncompliance with this will cause the assessment to be failed.
* Evidence of misdiagnosis or inadequate underpinning knowledge will cause the portfolio to fail.

**SECTION 3**

Recording of placement hours

The Timesheet Management System (TMS) provides an easy-to-access and accurate electronic record of student placement hours. It will help ensure that your hours are accurately recorded and will allow you to view your current hour totals in ARC, the university’s placement database.

The TMS enables you to complete and submit a timesheet electronically, allowing the university to accurately monitor student attendance and absence, assisting in the initiation of referrals to welfare and support services accordingly. Once your placement hours have been inputted onto the system, it will automatically generate and email a link to your Practice Educator with a request to approve or reject the timesheet. TMS is accessible on any computer and is accessed by logging into ARC.

Hours approved via TMS may contribute to the verification of student progression and the validity of a student’s professional registration. It is therefore vital that you maintain accurate timesheets as the incorrect or late submission of your timesheets may delay progression throughout the programme.

As highlighted within the placement agreement you would have accepted when accessing ARC at the beginning of each year, it is the student’s responsibility to ensure that their electronic timesheets are completed accurately and submitted for approval at the end of every week.

* Please make sure you maintain accurate records of your time in the placement setting. This should include individual hours and a running total and include Practice Educator signatures for each shift to verify your attendance and hours worked.
* When assigning a Practice Educator to approve your timesheets, please enter their email address correctly **–** you will not receive any warning if you use an incorrect address.
* You **must** include your breaks when inputting your hours – timesheets will be rejected by the university if breaks have been omitted.
* If you have been absent, please ensure that any absent hours are accounted for within your timesheet, using the drop-down options as appropriate.
* If your Practice Educator rejects a timesheet, you will need to read your Practice Educator’s comments, amend the timesheet accordingly and resubmit it.
* You will need to review your timesheets periodically to make sure that they have been approved – **it is the student’s responsibility to check and make sure that timesheets are approved**.
* The placement team will not chase Practice Educators to approve timesheets once the placement block has finished.

**Placement Records**

**Ambulance Placement Record, Year 2 Practice Educator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ambulance Placement Record, Year 2 Practice Educator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ambulance Placement Record, Year 2 Practice Educator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ambulance Placement Record, Year 2 Practice Educator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Ambulance Placement Record, Year 2 Practice Educator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Specialist Placement Record, Year 2**

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**Specialist Placement Record, Year 2**

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**Practice Educator Signature List, Year 2\***

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**Practice Educator Signature List, Year 2\***

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\*In order to verify the accuracy of your placement experience, it is essential that you supply a comprehensive list of Practice Educators that you have worked with and ensure that all signatures are included and PIN details (where appropriate).

**SECTION 4**

**S.W.O.T. Analysis Example**

|  |  |
| --- | --- |
| **STRENGTHS** | **WEAKNESSES** |
| Previous experience in a similar role Confident and not afraid to ask questionsCompetent in basic patient assessment Good communication skillsGood level of anatomy and physiology  | Struggle with ECGs  Can be quite emotional so may find it hard to stay detached from emotional situations  Lack of exposure to paediatrics so feel quite nervous about incidents involving them  |
| **OPPORTUNITIES** | **THREATS** |
| Experienced and supportive mentorAccess to a range of facilities  | Family commitments  Academic workload whilst in practiceFinancial difficulties due to transport issues  |

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

**INITIAL MIDWAY FINAL (please circle)**

|  |  |
| --- | --- |
| **STRENGTHS** | **WEAKNESSES** |
|  |  |
| **OPPORTUNITIES** | **THREATS** |
|  |  |

**Initial Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Student ID Number**  | **Review** |
| **Date** | **Location**  | **Practice Educator** | **INITIAL Y2** |
| **Student Comments** |
| **Practice Educator Comments****Practical skills****Communication skills****Attitude****Objectives (for student, Practice Educator and university)** |
| **Practice Educator Signature** | **Student Signature** |

Midway Review

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Student ID Number**  | **Review** |
| **Date** | **Location**  | **Practice Educator** | **MIDWAY Y2** |
| **Student Comments** |
| **Practice Educator Comments****Practical skills****Communication skills****Attitude****Objectives (for student, Practice Educator and university)\*** |
| **Practice Educator: is the student achieving the standard you would expect at this point in placement? (Please tick one) YES NO\*****\*An action plan should be created for every student not meeting the expected level of progress at this stage (see page 65)** |
| **Practice Educator Signature** | **Student Signature** |

Final Review

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Student ID Number**  | **Review** |
| **Date** | **Location**  | **Practice Educator** | **FINAL Y2** |
| **Student Comments** |
| **Practice Educator Comments****Practical skills****Communication skills****Attitude****Objectives (for student, Practice Educator and university)\*** |
| **Practice Educator: is the student achieving the standard you would expect at this point in placement? (Please tick one) YES NO\*****\*An action plan should be created for every student not meeting the expected level of progress at this stage (see page 65)** |
| **Practice Educator Signature** | **Student Signature** |

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**SECTION 5**

**Skills Profile Guidance**

If the Practice Educator has had limited exposure to their student during ambulance placement, they are encouraged to liaise with the SWASFT staff members with whom the student has worked during ambulance placement blocks to gain an overview of their performance and progression.

Practice Educators can assess skill development in three ways:

1. **Witness** the skill being carried out in a clinical setting
2. Practice Educator to facilitate **simulation** of the skill during ambulance placement
3. **Discussion** with the student regarding the skill and how it is performed – students can facilitate this process by showing their Practice Educator additional evidence such as, for example, clinical reflections or video evidence of skills performed whilst at university

The skills profile is based on a traffic light system according to the student’s level of study. The categories are as follows:

**Green** Essential to complete

**Orange** Desirable to complete

**Red** Not required at this level

**Skills Profile Year 2: final record of achievement for the elements of practice**

|  |  |  |
| --- | --- | --- |
| **ESSENTIAL TO COMPLETE** | **DESIRABLE TO COMPLETE** | **NOT REQUIRED AT THIS LEVEL**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Scope of Practice Year 2** | **SEE KEY ABOVE** | **Achieved 1** | **Achieved 2** | **Achieved 3** | **Skill Witnessed, Discussed or Simulated**  | **Practice Educator Signature** |
| **Communication Technology** |  |  |  |  |  |  |
| Use of radio base and handset |  |  |  |  |  |  |
| Use of Mobile Data Terminal (MDT) |  |  |  |  |  |  |
| EPCR use |  |  |  |  |  |  |
| **Moving and Handling\*** |  |  |  |  |  |  |
| Ergonomics and risk assessment\* |  |  |  |  |  |  |
| Use of carry chair\* |  |  |  |  |  |  |
| Use of trolley cot\* |  |  |  |  |  |  |
| Use of orthopaedic scoop\* |  |  |  |  |  |  |
| Use of long board\* |  |  |  |  |  |  |
| **Scene Safety** |  |  |  |  |  |  |
| Dynamic risk assessment |  |  |  |  |  |  |
| Safety at scene |  |  |  |  |  |  |
| **Infection Control** |  |  |  |  |  |  |
| Hand hygiene and washing, including hand gels |  |  |  |  |  |  |
| PPE: gloves, apron, goggles |  |  |  |  |  |  |
| Infection control suit use |  |  |  |  |  |  |
| Cleaning |  |  |  |  |  |  |
| Sharps safety and policy |  |  |  |  |  |  |
| Reporting HSE issues, COSH and others as appropriate |  |  |  |  |  |  |
| **Consent** |  |  |  |  |  |  |
| Assessing capacity |  |  |  |  |  |  |
| Obtaining consent |  |  |  |  |  |  |
| **Patient Records** |  |  |  |  |  |  |
| Legal issues storage, passing of information |  |  |  |  |  |  |
| Management of clinical records |  |  |  |  |  |  |
| EPCR / clinical record completion |  |  |  |  |  |  |
| **Patient Assessment and Management** |  |  |  |  |  |  |
| Primary survey |  |  |  |  |  |  |
| Secondary survey |  |  |  |  |  |  |
| Taking a history |  |  |  |  |  |  |
| Respiratory assessment |  |  |  |  |  |  |
| Cardiovascular assessment |  |  |  |  |  |  |
| Abdominal assessment |  |  |  |  |  |  |
| Obstetric and gynaecological assessment |  |  |  |  |  |  |
| Gastrointestinal and genitourinary assessment |  |  |  |  |  |  |
| Musculoskeletal / mobility assessment |  |  |  |  |  |  |
| Neurological assessment |  |  |  |  |  |  |
| Older person assessment considerations (e.g. frailty) |  |  |  |  |  |  |
| Paediatric assessment |  |  |  |  |  |  |
| ECG 3 and 12 lead interpretation |  |  |  |  |  |  |
| Respiratory rate |  |  |  |  |  |  |
| Manual pulse assessment: locations, quality, rate |  |  |  |  |  |  |
| Blood pressure |  |  |  |  |  |  |
| Temperature |  |  |  |  |  |  |
| Blood glucose |  |  |  |  |  |  |
| End tidal CO2 |  |  |  |  |  |  |
| Saturations of oxygen |  |  |  |  |  |  |
| Auscultation and percussion |  |  |  |  |  |  |
| **Airway and Breathing** |  |  |  |  |  |  |
| Oxygen equipment |  |  |  |  |  |  |
| Oxygen therapy |  |  |  |  |  |  |
| Oropharyngeal airway |  |  |  |  |  |  |
| Nasopharyngeal airway |  |  |  |  |  |  |
| Bag valve mask: adult and paediatric |  |  |  |  |  |  |
| Suction: oral, nasal, ETT, IGEL |  |  |  |  |  |  |
| Supraglottic airway devices |  |  |  |  |  |  |
| Laryngoscopy\*\* |  |  |  |  |  |  |
| Ventilator\*\* |  |  |  |  |  |  |
| Intubation assistant\*\* |  |  |  |  |  |  |
| Intubation management\*\* |  |  |  |  |  |  |
| Needle cricothyroidotomy\*\* |  |  |  |  |  |  |
| Needle chest thoracentesis |  |  |  |  |  |  |
| **Life Support** |  |  |  |  |  |  |
| Basic life support: adult |  |  |  |  |  |  |
| Basic life support: paediatric |  |  |  |  |  |  |
| Basic life support: neonatal |  |  |  |  |  |  |
| Advanced life support: adult |  |  |  |  |  |  |
| Advanced life support: paediatric |  |  |  |  |  |  |
| **Medication and Administration** |  |  |  |  |  |  |
| JRCALC familiarisation |  |  |  |  |  |  |
| Entonox use |  |  |  |  |  |  |
| Nebuliser use |  |  |  |  |  |  |
| Sublingual administration |  |  |  |  |  |  |
| IM Injection |  |  |  |  |  |  |
| IV cannulation |  |  |  |  |  |  |
| Intraosseous |  |  |  |  |  |  |
| Fluid preparation |  |  |  |  |  |  |
| Preparation, checking and administration of medications |  |  |  |  |  |  |
| Legal status of medications |  |  |  |  |  |  |
| **Spinal Splinting and Immobilisation** |  |  |  |  |  |  |
| Manual immobilisation |  |  |  |  |  |  |
| Collar application |  |  |  |  |  |  |
| Extrication device(s) |  |  |  |  |  |  |
| Crash helmet removal |  |  |  |  |  |  |
| Standard extrication |  |  |  |  |  |  |
| Rapid extrication |  |  |  |  |  |  |
| Box type splints |  |  |  |  |  |  |
| Vacuum type splints |  |  |  |  |  |  |
| Traction type splints |  |  |  |  |  |  |
| Pelvic immobilisation splints |  |  |  |  |  |  |
| **Wound Care** |  |  |  |  |  |  |
| Blast dressing |  |  |  |  |  |  |
| Large wound dressing |  |  |  |  |  |  |
| Tourniquet application |  |  |  |  |  |  |
| General wound care and dressings |  |  |  |  |  |  |
| **Treatment and Care** |  |  |  |  |  |  |
| Care pathways |  |  |  |  |  |  |
| Clinical reasoning |  |  |  |  |  |  |
| Patient handover |  |  |  |  |  |  |
| **Ambulance** |  |  |  |  |  |  |
| Orientation |  |  |  |  |  |  |
| Safety |  |  |  |  |  |  |
| **Fundamental Care** |  |  |  |  |  |  |
| Assessment of patient care needs |  |  |  |  |  |  |
| Dietary / fluids assessment |  |  |  |  |  |  |
| Communication skills across the life span |  |  |  |  |  |  |
| **Safeguarding** |  |  |  |  |  |  |
| Recognise and report safeguarding situations across life span |  |  |  |  |  |  |

\*Any student who has not been successful at completing a SWASFT manual handling assessment can still meet these skills by demonstrating a basic understanding of the principles of ergonomics and a familiarity with all equipment identified within the skills profile. By signing these areas, the Practice Educator is not overruling the outcome of any manual handling assessment.

\*\*These skills will be assessed in simulation at the University of Gloucestershire in year 3.

|  |  |  |
| --- | --- | --- |
| **I confirm that the student named above HAS completed all ESSENTIAL elements possible in placement for the year of practice (please circle the appropriate response):** | **YES** | **NO** |
| **Practice Educator Name** | **Signature** | **Date**  |

**PLEASE ENSURE YOU COMPLETE THE FINAL SIGN-OFF AT THE BACK OF THIS PAD**

**SECTION 6**

**Specialist Placements**

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

Specialist practice education will take place in a variety of settings, and it is not envisioned that each learning theme will have a single practice area. For example, one learning theme may be split across two hospital wards, or a community service may be able to provide for two learning themes. If practice areas are unable to provide part of the required learning (for example, if a student is unwell and the practice area is unable to accommodate a change in time), the student will be required to submit a 1000-word reflection on each learning theme.

Learning will be reviewed by the Practice Education Facilitators and recorded in the PAD. Colleagues from other health and allied professions will be asked to comment on the conduct and proficiency of the student and this will contribute to their summative assessment. This comment will be asking colleagues to make a judgement of the proficiency and professional application of the assessment, procedure or process undertaken, rather than the ability for students to conduct it independently in a non-paramedic setting.

Specialist practice learning themes are aligned with those suggested in the 4th edition of the [College of Paramedics Paramedic Curriculum Guidance](https://www.collegeofparamedics.co.uk/?ACT=199&lv=Y0z6zPx3zcfsCZWsyHqYItTUKXsE0Mx8anPP2vD%25252Bx9M10t2u9O5n%25252BfYeKyStQ5522Kz6X75tuIUGYKjRaXHD%25252BZin%25252BpSdOMGyWoscwcyf%25252FxcPF3WN53k0t5X4J8vFmvuDGb8Y0QBQieW1VmbEhWKyKLg7kacVOfQZeBcFEtu3x4nSVzTrs4i4qx9nXu684MwLxlaf4Md5Rx7YmeIWD5y1Sz27k2cbB5l53yJA9Q8XPxIX97xOKrCftISrvWfzk5nm) (2017). In the first year, students will undertake practice education placements focused on communication and care. In the second year, practice education placements will be based in patient assessment, mental health planning, and children and family care. In the final year students will undertake practice education placements in urgent and emergency care, critical care, and virtual care.

In the second year, students will be expected to demonstrate and critically analyse their skills. Supervised practice is still required, however some autonomy in decision making is expected when safe to do so.

1. **Patient Assessment**

This practice education placement aims to inform students of the complexities of basic patient mental health assessment. Assessment skills can be practiced where appropriate, and students should be involved in clinical decision-making processes to ensure they are aware of the appropriate pathways and safeguards.

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

* Demonstrate effective assessment skills appropriate to the stage of learning
* Communicate with service users and colleagues appropriately
* Demonstrate an understanding of the different referral pathways open to patients
1. **Mental Health Planning**

Acute and chronic mental health presentations are an increasingly important part of the workload of paramedics. This practice education placement aims to provide an informed basis for decision-making in relation to this service user group. Students should be involved in developing assessments, referrals, and treatment plans where appropriate.

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

* Demonstrate effective assessment and treatment skills appropriate to the stage of learning
* Communicate with service users and colleagues appropriately
* Demonstrate an understanding of the role of paramedics within mental health care
1. **Children and Family Care**

This practice education placement aims to assist students in developing the appropriate communication and assessment of children. Additionally, a wider understanding of societal issues impacting families and how this relates to health is beneficial to future practice. While it is anticipated that, for the majority of students, this theme can be addressed during non-ambulance placement, it is possible that students will need to address this theme during frontline practice if there is limited exposure to children and / or families as a demographic during non-ambulance placement.

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

* Demonstrate effective assessment and treatment skills appropriate to the stage of learning
* Communicate with service users and colleagues appropriately
* Demonstrate an understanding of the referral and treatment pathways open to patients

**Specialist Practice Learning Theme Forms**

|  |  |  |  |
| --- | --- | --- | --- |
| **Achieved**  | **Knowledge and understanding**  | **Professional attitude**  | **Participation in care and practical skill**  |
| **Yes** | Has a sound knowledge base and is able to provide the rationale to support safe and effective practice.  | Is able to demonstrate positive engagement with patients /service users and colleagues and their own learning. Responds to situations with minimal assistance.  | In commonly-occurring situations, is competent in performing care as appropriate.  |
| **Partially**  | Has an adequate knowledge base and is able to provide some rationale to support safe and effective practice. | Is able to demonstrate engagement but requires additional supervision and guidance to do so | Requires guidance to perform competently even when supervised. |
| **No** | Has a poor or inadequate knowledge base and needs to develop a deeper understanding. | Is disengaged from the learning process and / or responds inappropriately to patients / service users and / or colleagues. | Does not respond to supervisory guidance. Minimal contribution to care in practice setting or unprofessional practice in placement setting. |

Each learning theme must have at least one assessment marked as ‘achieved’ by the end of the year. Learning can be achieved, partially achieved and not achieved. If it falls within the latter category an action plan (using the action plan template) will be developed in collaboration with academic, practice education supervisor and student to ensure all learning is supported throughout the practice year.

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

**SECTION 7**

**Developmental Action Plans**

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

Action planning is not a disciplinary tool. It is a tri-party agreement between the student, Practice Educator and Placement Lead to facilitate learning and development needs in practice to ensure progression through practice. Students also have the opportunity for support from the University of Gloucestershire Helpzone and other student support services.

**Developmental Action Plan Example**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learning need** | **Action to be taken****(by student)** | **Help to get there****(PE and university support)** | **Success measurement** | **Review date** |
| Develop communication with a range of people  | Introduce self and crew to patient and others on scene  Identify barriers to communication and strategies to overcome them  Utilise different techniques when communicating with patients (summarising, reassuring, active listening etc.)  Provide handovers to receiving unit / department  Make referrals where necessary  | Discuss with Practice Educator / paramedics Use of cue cards  Use of handover tools (ATMIST, SBAR) | The ability to apply effective verbal and non-verbal communication with service users and members of the multi-disciplinary team | November 2023 |
| Obtain a full and thorough patient history  | Identify the need for a comprehensive history  Utilise the medical model when gathering patient history  | Review the medical model  Debrief with Practice Educator  Practice history taking with all patients | The ability to utilise the medical model to obtain a comprehensive history from all patients  | November 2023 |
| Develop knowledge on ECGs  | Conduct an ECG on patients when appropriate  Attempt to interpret every ECG  Review and interpret a range of ECGs  Revise an uncommon ECG each week  | Discuss with Practice Educator / paramedics  Access learning resources from university  ECG books or online resources  | The ability to interpret a range of ECGs encountered in practice  | November 2023 |

**Developmental Action Plan**

Student name: Date:

Practice educator name:

Academic Personal Tutor: Placement Lead:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learning need** | **Action to be taken****(by student)** | **Help to get there****(PE and university support)** | **Success measurement** | **Review date** |
| What is the issue? | What can the student do to address their learning need? | How can the mentor/lecturer support the student?What other resources are needed? | How will the student and mentor know if progress is being made? | Plans should be reviewed regularly – preferably at the end of every practice block |
|  |  |  |  |  |
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**PLEASE EMAIL A COPY OF A COMPLETED ACTION PLAN TO THE STUDENT’S PLACEMENT LEAD**

**SECTION 8**

**Airway and Ventilation Training Record**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Activity**  | **Skills utilised** | **Airway Assessment**  | **Reflection** | **Educator Comments / Signature** | **Capability Link** |
| 1 May 2129 | W | Step-wise approachInsertion of OPA and NPAUse of BVM | Unable to maintain airway without intervention in sim practiceStep-wise approach usedAuscultation of chestUsed BVM to ventilate patient | I had a good initial approach and managed to secure the airwayI did not attach monitoring to the patientMonitoring is another adjunct I can use to help monitor the airway.ECG for identifying a slowing heart rate due to hypoxiaEnd tidal CO2 to monitor efficiency of breathingRecording these observations to help demonstrate adequate patient care | Make sure I document things appropriately on the EPCRReview the JRCALC airway management pages  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Activity key: W = witnessed in practice, D = discussed with Practice Educator, S = simulation with Practice Educator**

**JRCALC Medication Audit: students are encouraged to keep a record of any medications seen used in practice**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | **JRCALC Code** | **Name of clinician administering drug** | **Dose** | **Route** | **Comment on why the medication was used, actions of medication, any contraindications, interactions** |
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| --- | --- | --- |
| **Discussed with Practice Educator Name** | **Date** | **Any additional learning required?** |
|  |  |  |
|  |  |  |
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**Patient Medication Audit:** students are encouraged to keep a record of any medications seen in practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Reason for Medication** | **Dose** | **Route** | **Comment on why the medication was used, actions of medication, contraindications, interactions** |
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| **Discussed with Practice Educator Name** | **Date** | **Any additional learning required?** |
|  |  |  |
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**SECTION 9**

**End of year sign-off Year 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Student University ID Number**  |  |
| **Practice Educator Name** |  | **Practice Educator HCPC PIN** |  |
|  | **Please complete the following by circling and signing the appropriate section**  | **YES** | **NO** |
|  | As **Practice Educator** I can confirm that the above-named student has completed all elements of Year 2 PADincluding:* practice hours
* student has no outstanding action plans
* student has completed the skills profile for year 2
 |  (Please sign this box) |  (Please sign this box) |

**Mahara portfolio checklist**

|  |  |  |
| --- | --- | --- |
| **PAD Criteria**  | Tick | Comments |
| Capability frameworkAt least one tick against each capability and specific reflections citedCritical fail:* failure to tick one or more capability
 |  |  |
| Skills profileAll green boxes signed and skills sign-off complete – must be YES to passCritical fail:* failure to submit skills sign-off sheet
* skills sign-off failed by PE
 |  |  |
| Reflections6 meaningful reflections provided which are aligned to capability frameworkCritical fail:* fewer than 6 reflections
* any reflection under 1000 words
* descriptive content rather than critical
* any unreferenced reflections
* unsafe practice / inadequate underpinning knowledge
* content not anonymised
 |  |  |
| Airway and ventilation training recordCritical fail:* less than a full page of content
* failure to submit airway and ventilation training record
 |  |  |
| Drug audit – JRCALC medicationsCritical fail:* less than a full page of content
* failure to submit JRCALC medications drug audit
 |  |  |
| Drug audit – patient medicationsCritical fail:* less than a full page of content
* failure to submit patient medications drug audit
 |  |  |
| ECG analyses6 anonymised ECG analyses covering a range of ECGs with minimal online sourcesCritical fail:* fewer than 6 ECG analyses
* any ECG analyses without ECG images
* any analysis with a 12-lead ECG image omitted
* any analyses of normal sinus rhythm or cardiac arrest rhythms
* no discussion of the pathophysiology of the underlying condition or how the condition affects the heart or why the corresponding ECG morphology is presenting as it is
* more than one analysis of the same type of ECG / condition
* any unreferenced analyses
* misdiagnosis / inadequate underpinning knowledge
* content not anonymised
 |  |  |
| CPD evidence3 pieces of evidence provided from a range of sourcesCritical fail:* fewer than 3 pieces of evidence
 |  |  |
| Action plan (if applicable)Only required if student placed on action plan |  |  |
| Specialist learning themesMinimum of 3 learning theme forms providedCritical fail:* fewer than 3 learning theme forms submitted without mitigating circumstances accepted by Placement Lead prior to deadline, in which case a 1000-word reflection on each of the themes must be submitted
 |  |  |
| SWOT (initial, midway, and final)3 SWOTs providedCritical fail:* fewer than 3 SWOTs
 |  |  |
| Reviews (initial, midway, and final)3 reviews providedCritical fail:* fewer than 3 reviews
 |  |  |
| Non-ambulance attendance sheetsIndividual and running hours documented and counter-signed by PECritical fail:* any omitted hours
 |  |  |
| Ambulance attendance sheetsIndividual and running hours documented and counter-signed by PECritical fail:* any omitted hours
 |  |  |
| Practice Educator name, PIN, and signature sheetAll PE signatures providedCritical fail:* content not anonymised
* any omission of signatures
 |  |  |
| End of year sign-offMust be YES to passCritical fail:* failure to submit sign-off sheet
* sign-off failed by PE
 |  |  |