



UNIVERSITY OF HULL | **FACULTY OF HEALTH SCIENCES**

Please enter your caption here...

BSc (Hons) Paramedic Science

Practice Placement Handbook and Practice Assessment Document (PAD) YEAR 1

StudentName: _____

As well as containing the competency profile for completion during practice, this document provides information to Practice Placement Educators and Mentors on the expectations of the Student Paramedic whilst on clinical placement

Nicki Credland and Kirsty Lowery-Richardson

Programme directors

The values that unite the NHS at all levels



Working together for patients

'Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.'



Everyone counts

'We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.'



Compassion

'We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.'



Improving lives

'We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.'



Respect and dignity.

'We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.'



Commitment to quality of care

'We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.'



The values of the NHS Constitution

Table of Contents

	PAGE
Introduction	1
Placement Overview	1
Student Paramedic permissible practices	2
Elements of Practice	6
Development Action Plan (DAP)	7
Glossary of Terms	10
Year 1 Programme Schedule	11
Elements of Practice Criteria	12
PebblePad Student Workspace	13
Year 1 Competency Framework	13
List of Mentor names and sample signatures	14
Placement Overview	15
Summary of Practice Placement Activity for Year 1	17
Summary of Practice Placement Activity - RESUBMISSION	20 - 21
Record of Competences achieved – Year One	22
Competency Records – Year One	23 - 56
Record of Meetings	57-59
Additional Skills / Experiences	60-62
Development Action Plans	63-67
Clinical Skills checklists: 14A Airway Management, 15A Patient Ventilation, 16A Oxygen Therapy, 17A BLS, 19A Patient Assessment, 22A ECGs,	68 - 75
Appendix 1 – Summary of Process for escalating concerns about students on placement.	76

Introduction

The Paramedic Practice Assessment Document (PAD) has been developed in collaboration with the Yorkshire Ambulance Service and the University of Hull. It is designed to be a record of your practice learning experiences and achievements and is a fundamental piece of evidence to demonstrate that you have met required elements of the BSc (Hons) Paramedic Science programme.

Students on a Health and Care Professions Council (HCPC) approved pre-registration paramedic education programmes must demonstrate that they meet the minimum standards of proficiency for paramedics as specified by the HCPC (HCPC 2014). They must also demonstrate that they adhere to the Guidance on Conduct and Ethics for students (HCPC 2016). This document also provides evidence that the programme meets the HCPC standards of education (HCPC 2017).

Clinical practice placement occurs throughout the BSc (Hons) Paramedic Science programme and there are defined stage outcomes. This document records the development of your clinical practice knowledge, skills and behaviours and provides evidence of your ability to progress through each stage of the programme. Specific goals and assessments are set in the document and will be undertaken in practice by your clinical practice educator/mentor. You will have an opportunity to discuss this with your practice educator at the beginning of a period of practice placement in order to identify an achievable action plan for your development.

Placement Overview

Placements occur periodically throughout the programme and students will have specific goals to achieve during each placement. Specific goals and assessments will be discussed by the student with the practice educator at the beginning of each placement. The length of placements will vary and it may be necessary to change placement location and/or placement educator at short notice. In this case the PAD should be presented and discussed with the new practice educator at the earliest possible opportunity.

Placement Quality Assurance

All placement areas used for mentoring are audited using the Regional Practice Placement Quality Assurance (PPQA) website, which is funded by Health Education England Yorkshire and Humber.

Audits are carried out on a biennial basis, unless required earlier due to a change in circumstances.

All placement areas have a placement profile on the PPQA website; you can log on to find out information about the placement area, such as the address, facilities, types of patients dealt with etc.

Student Paramedic Permissible Practices

These guidelines are to assist Student Paramedics whilst on placement with YAS.

Permissible Practices

- Students must not arrange any placement without making a formal request through the University and YAS placement team.
- The student will be assigned their placements by the University and YAS placement team.
- The student will work shifts alongside qualified YAS staff.
- A Student Paramedic may not administer any pharmacological intervention to any patient under any circumstances until they are registered with the HCPC as a Paramedic in their own right.
- The student should not undertake any procedures that they are not comfortable with.
- The student should follow instructions from the staff they are working with at all times.

Incidents/Accidents on Placement

If you are involved in any kind of incident or accident whilst on placement, the Clinical Supervisor and the placement team must be informed so that the appropriate support can be put into place for the student. The placement team will advise the university and seek advice where appropriate.

Sickness

If you are ill when due to attend a placement shift, you should inform your PEd/ mentor that they will not be attending placement. The student should also inform the university and the placement team so that any missed shifts can be re-planned.

Placement Attendance

If you are going to be late for a shift or need to leave a shift early, you should inform your PEd/ mentor. If this becomes a regular occurrence, the PEd/ mentor should highlight this to the Clinical Supervisor and the placement team. The placement team will then refer this issue to the university as per their policy. PEds/ mentors will sign the students' placement attendance sheet for each completed shift.

If a student does not attend an agreed placement shift, PEds should contact the YAS placement team via telephone or email, unless special circumstances have been agreed. Mentors outside of ambulance placement provision should contact the University of Hull placement team.

Roles and Responsibilities

The roles and responsibilities listed below are only an indicative summary of the key areas to

be achieved during practice placements.

THE STUDENT

- The student must attend their designated placement location in the agreed time frame.
- The student must present their PAD on the first day of their placement to their PEd (or mentor in non-ambulance placements).
- The student must have their PAD with them for each shift for potential assessment, review and feedback.
- The student must ensure that the placement information, signature sheet and record of attendance are completed for each practice placement area.
- The student must ensure that the required meetings (interviews) and assessments are undertaken with the PEd/mentor.
- The student should be reflective and positive towards feedback they receive.
- The student must inform their academic tutor if a Personal Development Plan (PDP) has been implemented.
- The student must ensure the safe keeping of their PAD throughout their programme.
- The student must submit their PAD for assessment using the designated university procedure on the date specified in the module guide.
- The student must maintain patient confidentiality at all times in line with current guidance
- Conduct must be of a professional standard at all times.

THE PRACTICE EDUCATOR (PEd)

Practice Educator (PEd) will be a member of the clinical team who has undergone training to develop teaching and learning skills to manage learning and assessment needs in practice. They will be responsible for the students' clinical supervision and assessment in practice and will liaise with the students' associate PEds and academic tutor.

- The PEd should orientate the student to the placement area on their first day.
- The PEd must identify and provide access to appropriate learning opportunities and resources.
- The PEd should guide the student to reflect on experiences to facilitate learning in and from practice.
- The PEd must complete the appropriate sections of the practice assessment documentation.
- The PEd must undertake the appropriate assessment in an agreed time frame during and at the end of a placement within the scope of their practice.
- The PEd must ensure that both the student and the specified Link Tutor if any concerns or issues arise immediately.
- The PEd must utilise personal development plans to enhance the student's learning in identified areas.

- The PEd must only discuss student personal or developmental issues with appropriate members of staff when necessary.
- The PEd must demonstrate conduct of a professional standard at all times.

The named Practice Educator (PEd) will have **ultimate** responsibility and be held accountable for the overall supervision and assessment of the students' knowledge, skills and attitude in practice. They are able to complete all aspects of the PAD but are **specifically responsible** for the completion of the preliminary, formative and summative meetings/interviews and for all summative assessments of elements of practice.

ASSOCIATE PRACTICE EDUCATOR

Your associate PEd **will not** hold the overall responsibility and accountability for supervising or assessing the student in practice. However, they will be accountable for any decision they make in relation to specific competencies they assess – this may include formative assessments of elements of practice or skills development. The associate PEd(s) is also responsible for liaising with the PEd in order to inform the PEd summative assessments and final review.

ANOTHER NAMED SUPERVISING MENTOR

Sometimes you might be in a practice environment where there will be no registered paramedic present, however the practice learning opportunity will be essential to develop your knowledge and skills. In this situation another registered professional will have overall responsibility and be held accountable for your supervision and assessment of your knowledge, skills and attitude in practice. The supervising mentor will have the same responsibilities as a PEd with regards to completing assessments, interviews and documentation. They will liaise closely with the academic tutor to ensure appropriate and timely completion of the preliminary, formative and summative meetings/interviews and for all summative assessments of the elements of practice.

PLACEMENT MEETINGS (INTERVIEWS)

Specific competencies are set by course tutors and students will meet with their PEd/supervising clinician at the beginning of their placement (preliminary interview) to set a personal development plan to meet these goals. This plan and the student's development will be reviewed during a mid-way meeting (formative interview) halfway through the student's placement to ensure they are on track to meet their goals and pass their assessment(s). A development action plan (DAP) may be implemented at any time during the placement to maximise on opportunities for learning, especially in situations where elements and skills are not being met. A final meeting (summative interview) will take place towards the end of the practice placement to ensure that all assessment criteria for that placement have been met and to reflect on the student's progress.

- Preliminary Interview (within the first week of placement) to set a plan of action to meet practice elements and skills.

'A PDP may be implemented to maximise on opportunities for learning, especially in situations where elements and skills are not being met.'

- Formative Interview (mid-way in the placement) to review action plan and student development to ensure the student is on track to meet their goals and pass their assessment(s)

'A PDP may be implemented to maximise on opportunities for learning, especially in situations where elements and skills are not being met.'

- Summative Interview (within the last week of the placement) to ensure all assessment criteria have been met and to reflect on the students placement

Elements of Practice

The assessments in practice are referred to as elements of practice and they assess the student in 3 key areas of practice: knowledge, performance/practical application of skills and personal and professional awareness. These areas or domains (as they are referred to) are based on the work of Benjamin Bloom (1956) and his Taxonomy of Learning and originally classified as cognitive, psychomotor and affective domains respectively.

ASSESSING THE ELEMENTS OF PRACTICE

- Each element of practice will have a required level of practice of either minimal supervision (MS) or Independent (I). This will be determined by your knowledge and skills in practice relevant to the student's scope of practice for each stage of the programme.
- The PEd will discuss student progress and record their comments using the elements of practice criteria table. This will assess the student's knowledge, performance and personal attributes in each element of practice.
- Other assessed levels of practice are assisted (A) and dependent (D) If a student is assessed to be performing at assisted level they may be asked to undertake a development action plan. If a student is assessed to be performing at dependent level they **WILL** be required to undertake a development action plan.
- **In order to pass each year, the student must have achieved the required level of practice for all the elements of practice required by the programme.**
- If a student has not had the opportunity to undertake an element of practice, this should be recorded on the relevant comments section of the formative assessment by their PEd and signed accordingly.

FORMATIVE AND SUMMATIVE ASSESMENT

The formative assessment provides both the student and the PEd with feedback on how well an element of practice is being undertaken and can inform them as to how to develop, or maintain future practice to achieve competency.

The summative assessment is the final assessment determining the student's ability at the agreed stage of their practice placement.

- Where possible assessments should be pre-planned and agreed however, the student can be assessed formatively in any area, at any time.
- The student should have a minimum of one formative assessment recorded

for every element of practice

- In order to pass at the first attempt the student **MUST** have one summative assessment recorded for each element of practice by the agreed time set by the programme.
- The PEd who undertakes the summative assessment must record the result in the record of achievement
- **All the elements of practice should be assessed by the student and the PEd but the PEd's decision will be considered as final.**

Development Action Plan (DAP)

Development action plans are a way of identifying key areas that students need to develop within an element (or elements) of practice. It should not be viewed as a 'notification of failure' but as a tool for students and PEds/mentors enabling them to focus on specific areas of development and agree and identify methods to achieve the required level of competency. A DAP is attached to each element of practice and follows the GROW technique of coaching and feedback (Whitmore, 2009)

- Development action plans must be implemented at the earliest opportunity
- A DAP must always be implemented when a student is assessed as dependent in any area of an element of practice.
- The DAP should clearly identify the area, or areas for student development with regards to knowledge, practical skills and personal or professional abilities.
- Options to achieve student goals for each area of development should be discussed and agreed with the student and written in the DAP.
- A realistic time scale should be agreed and the DAP should be reviewed as agreed and the student assessed.
- Students must notify their Academic Support Tutor (AST) if they have a DAP implemented.
- Practice Educators must send a copy of the DAP to the relevant PAT.

End of Placement Review

At the end of each placement, the student will be assessed on their professional standards as set out by the HCPC and this may have a direct impact on their future registration and employability.

- Students must document their placement location and their Paramedic Educator. If either the location of the placement, or their PEd/mentor changes during the duration of the placement this should also be logged.
- Students must record the date, shift time and call sign (or department) for every day of the placement individually.
- The PEd/mentor must complete the review of the students conduct, performance and ethics and all aspects must be recorded appropriately.
- If a student is assessed as not meeting any aspect of the conduct, performance and ethics this should be discussed with the student and documented in the 'Record of Meetings/Tutorials'. Specific behaviour should be commented on and what steps have been taken to modify the student behaviour must be documented.

Record of Meetings/Tutorials

- The student should meet with their PEd/mentor in order to ensure that the elements of practice are being achieved and to provide every opportunity for discussion and reflection.
- The content of these meetings and any additional meetings must be documented in the record of meetings.
- Students and clinical staff need to document discussions and use the records actively.
- If the PEd is concerned that the student may not reach the required standard, then a development action plan (DAP) should be implemented.

Record of additional Skills and Experience

- It is intended that these pages form a record of additional skills/experience from which the student can write more in depth reflective account to form part of their portfolio and continuing professional development.

Passing or Failing the Placement

- If the Paramedic Educator is concerned that the student may not achieve the elements of practice within the document, the relevant AST must be contacted promptly in order to provide support.
- If at any point the PEd/mentor is concerned that the student will not meet the required standard, then a Development Action Plan should be used to help the student

achieve the identified elements of practice as set out above.

- The student will have passed the practice element of the module if they have successfully achieved the summative assessments for required 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.

During YAS placements the following indicates the process for a student who is not progressing, including referrals and failure of placement attempts. It is also the process for the student whose professional conduct is not meeting the expected standard:

Professional Conduct	Failing to Progress on Placement
↓	↓
The PPEd contacts the Placement Manager or student's Academic Tutor to raise a concern about their student's behaviour. If the behaviour is deemed to endanger the safety or welfare of patients, staff or self, the student may be immediately withdrawn from placement.	The PPEd contacts the Placement Manager or student's Academic Tutor to raise a concern about their student's behaviour. If the behaviour is deemed to endanger the safety or welfare of patients, staff or self, the student may be immediately withdrawn from placement.
↓	↓
An action plan will be agreed with the Tutor and student and this will identify behaviours that need addressing, with appropriate timescales.	An action plan will be agreed and this will identify areas of development, with appropriate timescales.
↓	↓
An email from the Academic Tutor will be sent to confirm the outcome of the meeting. The information will be passed onto the placement leads for the university and YAS.	An email from the Academic Tutor will be sent to confirm the outcome of the meeting. The information will be passed onto the placement leads for the university and YAS.
↓	↓
The action plan is to be reviewed in the agreed timescales and if the student is still having behavioural issues, a further tripartite meeting will be arranged.	The action plan is to be reviewed in the agreed timescales and if the student is still failing to progress then a further tripartite meeting will be arranged.
↓	↓
A new placement may be considered; this can be at the same station with a different mentor or at a new station; this is to gain an independent review (testimonial).	A new placement may be considered; this can be at the same station with a different mentor or at a new station; this is to gain an independent review (testimonial).
↓	↓
This will inform the action plan. This will again be supported by email to all parties, including the placement leads from the university and YAS.	This will inform the action plan. This will again be supported by email to all parties, including the placement leads from the university and YAS.
↓	↓
If the student has still failed to change their behaviour in accordance with YAS, university and HCPC policy, the	If the student has still failed to progress as expected or has disengaged, the student will be invited to discuss

<p>student may be removed from placement, whilst a full investigation is completed.</p>	<p>their options with the Academic Tutor and the outcome should be fed back to YAS.</p>
<p>↓</p>	<p>↓</p>
<p>The student may be subject to a 'Fitness to Practice' board, where the outcome of the board will dictate the student's future on the course. YAS should be consulted about any further decisions involving placement requirements and should be informed of the outcome.</p>	<p>The student may be subject to a 'Fitness to Practice' board, where the outcome of the board will dictate the student's future on the course. YAS should be consulted about any further decisions involving placement requirements and should be informed of the outcome.</p>

Glossary of Terms

Assessment of Practice	The assessment of practice is through the achievement of all the elements of practice. Practice assessment is a collaborative, constructive process undertaken between academic staff, clinical staff and students.
Formative Assessment	Formative assessment of practice is ongoing and is diagnostic and developmental. It provides opportunity for feedback to the student regarding their practice through discussion and documentation. It can take place in any placement setting and should also contribute to the outcome of summative assessment.
Summative Assessment	Summative assessment determines successful achievement of the identified elements of practice and is undertaken in conjunction with the descriptors in Table 1.
Elements of Practice	Throughout the document there are stated elements of practice that represent key aspects of the work of a paramedic. It is expected that the student will experience all of these elements whilst working with the ambulance service during the course.
Elements of Practice Criteria	It is acknowledged that a student will develop their level of practice in performing care throughout the course. This may range from being dependent on another practitioner, to the student being fully able to provide the element of care independently in a safe and competent manner. Table 1 outlines these levels.
Placement	A placement provides the student with opportunities to gain experience, which facilitates the development of knowledge and practice. The length of time a student may spend in a placement area will vary.
Portfolio of Evidence	A collection of evidence that demonstrates the student's development over the course. This may include reflective accounts, feedback on performance, additional skills, certificates, letters of thanks etc.
Practice Placement Educator (PEd)	Every student has a designated Practice Educator for each placement. The Practice Educator supports and facilitates the student in developing skills and knowledge in practice. The Practice Educator completes the summative assessments during the placement.

September 17 intake YEAR ONE (2017-18)

SEMESTER 1

1 28/9	2 2/10	3 9/10	4 16/10	5 23/10	6 30/10	7 6/11	8 13/11	9 20/11	10 27/11	11 4/12	12 11/12	13 18/12	14 25/12	15 1/1	16 8/1	17 15/1	18 22/1
Clinical Practice Education 1 Anatomy and Physiology										Placement 1 General medicine/ surgery		Christmas Holiday			Assessment Weeks		

SEMESTER 2

19 29/1	20 5/2	21 12/2	22 19/2	23 26/2	24 5/3	25 12/3	26 19/3	27 26/3	28 2/4	29 9/4	30 16/4	31 23/4	32 30/4	33 7/5	34 14/5	35 21/5	36 28/5
Clinical Practice Education 1 Introduction to Evidence Based Practice						Placement 2 Group A – Emergency Care Group B – Acute and Critical Care		Easter Holiday		Placement 2 Group B - Emergency Care Group A – Acute and Critical Care				Assessment Weeks			

SEMESTER 3

37 4/6	38 11/6	39 18/6	40 25/6	41 2/7	42 9/7	43 16/7	44 23/7	45 30/7	46 6/8	47 13/8	48 20/8	49 27/8	50 3/9	51 10/9	52 17/9
Foundations of Professional Practice Professional and Contemporary Issues in Professional Practice						Placement 3 Group A – Emergency Care Group B – Acute and Critical Care			Placement 3 Group A – Emergency Care Group B – Acute and Critical Care			Summer Holiday		Assessment Weeks	

Please note that days may change due to room availability or staffing issues. Additional mandatory sessions (e.g. manual handling; disengagement) may also be scheduled throughout the year.

Table 1: Elements of Practice Criteria

Competence Level	Knowledge / Reasoning	Level of performance	Personal and Professional awareness
Not Evidenced (NE)	<p>Lacks sufficient knowledge</p> <p>Little or no awareness of alternatives</p> <p>Unable to fully explain / give reasons for actions</p>	<p>Lacks accuracy and / or confidence</p> <p>Needs continuous guidance and supervision</p> <p>Poor organisation No organisation of priorities</p>	<p>Actions and behaviours are not modified to meet the need of the client and situation</p> <p>No meaningful explanations given</p> <p>Lacks insight into personal and professional behaviour</p>
Partially Evidenced (PE)	<p>Knowledge is usually accurate</p> <p>Some awareness of alternatives</p> <p>Identifies reasons for actions</p>	<p>Accurate performance but may lack confidence and/or efficiency</p> <p>Requires frequent direction / supervision</p> <p>Some awareness priorities / requires prompting</p>	<p>Recognises the need to modify actions / behaviours generally appropriate for the client and situation, but unable to do so in non-routine situations</p> <p>Gives standard explanations / does not modify information</p> <p>Identifies need for assistance</p>
Fully Evidenced (FE)	<p>Applies accurate and/or evidence based knowledge to practice</p> <p>Demonstrates good awareness of alternatives</p> <p>Sound rationale for actions</p> <p>Makes judgements / decisions based on contemporary evidence</p>	<p>Confident / safe / efficient</p> <p>Needs minimal direction / support</p> <p>Able to prioritise</p> <p>Able to adapt to the situation</p>	<p>Conscious / deliberate planning</p> <p>Actions / interventions / behaviour are appropriate to the client and situation</p> <p>Gives coherent / appropriate information</p> <p>Identifies and makes appropriate referrals</p>

PebblePad Student Work Space

Outcomes for each placement can be found both within this document and on PebblePad. This is the e-portfolio that you will use throughout your training. Year one learning outcomes and competencies are detailed below. Practice development will be incremental over your three years and practice learning outcomes have been designed to ensure this occurs. In addition, expectations about the level of performance have been directed by a competency framework (adapted from the work of Steinaker and Bell 1979) that can be seen in Table 1

Table 1 – Year 1 Competency Framework

Academic Level	Competency Statement	Level of Student Performance Expected	Student role	Mentor role
Year 1 4	The student has been exposed to the experience/activity	The student observes others undertaking the activity, can accurately describe it and is a helper	Has observed or been oriented to the experience/activity	Facilitates exposure to the experience/activity and observes student's performance
	The student can undertake the activity	The student demonstrates an acceptable performance under direct supervision and is a knowledgeable observer	Has participated and assisted in the activity/experience	Supports the student in participation and observes student's performance
Minimum threshold achieved by end of Year 1				

List of Mentor names and sample signatures

	Mentor Name (PRINT)	Role (e.g. Paramedic, doctor, Nurse)	Registration Number if applicable	Sample Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Placement Overview - Year One

Placement One (December) 2 weeks - General Medicine/Surgical wards in hospital

You will be undertaking the Clinical Practice Education 1 module. This module is a mix of theory and simulated practice teaching. The learning outcomes for the module are detailed below. The competencies for the clinical placement (LO5) form part of your e-portfolio and are also detailed later in this document.

On successful completion of this module, students will be able to:

	Module learning outcome description
LO1	Demonstrate ability in a range of clinical skills in a simulated environment utilising a range of health care equipment
LO2	Display team working and problem solving skills incorporating safe and effective professional communication; acknowledging the challenges and importance of inter professional and interagency working
LO3	Identify the principles of risk assessment and the role it plays in maintaining patient safety
LO4	Explore how professional values, dignity and respect influence patient interaction in accordance with their code of conduct
LO5	Achieve competencies in the e-practice portfolio

Placement Two (March - May) 7 weeks - Emergency Care with the ambulance service and Acute & Critical Care in hospital

You will be undertaking the Clinical Practice Education 1 module as detailed later in this document

Placement Three (July - August) 6 weeks Emergency Care with the ambulance service and Acute & Critical Care in hospital

You will be undertaking 2 modules and the learning outcomes for each module are detailed later in this document

Foundations of Professional Practice:

On successful completion of this module, students will be able to:

	Module learning outcome description
LO1	Discuss the principles of epidemiology and how this relates to paramedic practice
LO2	Explore health and social policy that impacts of the role of the paramedic
LO3	Identify the models of health and illness and the role they play in paramedic practice

LO4	Explore how inequality in health can affect access to health provision
-----	--

Professional and Contemporary Issues in Paramedic Practice:

On successful completion of this module, students will be able to:

	Module learning outcome description
LO1	Develop knowledge and understanding of the HCPC Code of Conduct and Ethics and national and local guidelines and policies for paramedics
LO2	Describe the principles of informed consent and confidentiality in paramedic practice
LO3	Develop an awareness of the principles and practice of law and ethics in paramedic practice
LO4	Describe the impact of psychological and social determinants of health
LO5	Achieve competencies in the practice e-portfolio

Summary of Practice Placement Activity for Placement 1 Year 1

Record of Achievement Summary	ACADEMIC YEAR	
All elements of practice have been assessed and passed at the required level (YES/NO)		
There are no development action plans in place (YES/NO)		
Comments on punctuality and attendance or any other aspects of professional behaviour:		

Conduct, Performance and Ethics: The statements below relate to the Health and Care Professions Council Guidance on Conduct and Ethics for Students (HCPC 2016). If any aspect has been marked as NO (or has been highlighted during the placement) it should be documented in the record of meetings/tutorials section of this document with any actions taken or help requested to modify the behaviour clearly stated.			
The student always acts in the best interest of the patient	YES		NO
The student is always polite	YES		NO
The student's personal appearance is appropriate to the dress code	YES		NO
The student is punctual and their attendance is acceptable for the placement	YES		NO
The student's ability to practice has not been limited by illness or injury	YES		NO
The student reflects on outcomes and modifies their behaviour	YES		NO
The student reacts positively towards feedback	YES		NO
The student accepts appropriate responsibility for their practice	YES		NO
The student asks for help when appropriate	YES		NO
The student always behaves with integrity and honesty	YES		NO
The student always behaves in a professional manner	YES		NO

Student Signature:	
Practice Educator Name:	
Practice Educator Signature:	
DATE:	

Summary of Practice Placement Activity for Placement 2 Year 1

Record of Achievement Summary	ACADEMIC YEAR	
All elements of practice have been assessed and passed at the required level (YES/NO)		
There are no development action plans in place (YES/NO)		
Comments on punctuality and attendance or any other aspects of professional behaviour:		

Conduct, Performance and Ethics: The statements below relate to the Health and Care Professions Council Guidance on Conduct and Ethics for Students (HCPC 2016). If any aspect has been marked as NO (or has been highlighted during the placement) it should be documented in the record of meetings/tutorials section of this document with any actions taken or help requested to modify the behaviour clearly stated.

The student always acts in the best interest of the patient	YES		NO	
The student is always polite	YES		NO	
The student's personal appearance is appropriate to the dress code	YES		NO	
The student is punctual and their attendance is acceptable for the placement	YES		NO	
The student's ability to practice has not been limited by illness or injury	YES		NO	
The student reflects on outcomes and modifies their behaviour	YES		NO	
The student reacts positively towards feedback	YES		NO	
The student accepts appropriate responsibility for their practice	YES		NO	
The student asks for help when appropriate	YES		NO	
The student always behaves with integrity and honesty	YES		NO	
The student always behaves in a professional manner	YES		NO	

Student Signature:	
Practice Educator Name:	
Practice Educator Signature:	
DATE:	

Summary of Practice Placement Activity for Placement 3 Year 1

Record of Achievement Summary	ACADEMIC YEAR	
All elements of practice have been assessed and passed at the required level (YES/NO)		
There are no development action plans in place (YES/NO)		
Comments on punctuality and attendance or any other aspects of professional behaviour:		

Conduct, Performance and Ethics: The statements below relate to the Health and Care Professions Council Guidance on Conduct and Ethics for Students (HCPC 2016). If any aspect has been marked as NO (or has been highlighted during the placement) it should be documented in the record of meetings/tutorials section of this document with any actions taken or help requested to modify the behaviour clearly stated.

The student always acts in the best interest of the patient	YES		NO	
The student is always polite	YES		NO	
The student's personal appearance is appropriate to the dress code	YES		NO	
The student is punctual and their attendance is acceptable for the placement	YES		NO	
The student's ability to practice has not been limited by illness or injury	YES		NO	
The student reflects on outcomes and modifies their behaviour	YES		NO	
The student reacts positively towards feedback	YES		NO	
The student accepts appropriate responsibility for their practice	YES		NO	
The student asks for help when appropriate	YES		NO	
The student always behaves with integrity and honesty	YES		NO	
The student always behaves in a professional manner	YES		NO	

Student Signature:	
Practice Educator Name:	
Practice Educator Signature:	
DATE:	

Summary of Practice Placement Activity - RESUBMISSION

Record of Achievement Summary	ACADEMIC YEAR/SEMESTER	
Resubmission of Practice: Please only complete this section if the student is repeating this practice placement.		
All elements of practice have been assessed and passed at the required level (YES/NO)		
Comments on punctuality and attendance or any other aspects of professional behaviour:		

<p>Conduct, Performance and Ethics: The statements below relate to the Health and Care Professions Council Guidance on Conduct and Ethics for Students (HCPC 2016). If any aspect has been marked as NO (or has been highlighted during the placement) it should be documented in the record of meetings/tutorials section of this document with any actions taken or help requested to modify the behaviour clearly stated.</p>				
The student always acts in the best interest of the patient	YES		NO	
The student is always polite	YES		NO	
The student's personal appearance is appropriate to the dress code	YES		NO	
The student is punctual and their attendance is acceptable for the placement	YES		NO	
The student's ability to practice has not been limited by illness or injury	YES		NO	
The student reflects on outcomes and modifies their behaviour	YES		NO	
The student reacts positively towards feedback	YES		NO	
The student accepts appropriate responsibility for their practice	YES		NO	
The student asks for help when appropriate	YES		NO	
The student always behaves with integrity and honesty	YES		NO	
The student always behaves in a professional manner	YES		NO	

Student Signature:	
Practice Educator Name:	
Practice Educator Signature:	
DATE:	

Summary of Practice Placement Activity - RESUBMISSION

Record of Achievement Summary	ACADEMIC YEAR/SEMESTER	
Resubmission of Practice: Please only complete this section if the student is repeating this practice placement.		
All elements of practice have been assessed and passed at the required level (YES/NO)		
Comments on punctuality and attendance or any other aspects of professional behaviour:		

<p>Conduct, Performance and Ethics: The statements below relate to the Health and Care Professions Council Guidance on Conduct and Ethics for Students (HCPC 2016). If any aspect has been marked as NO (or has been highlighted during the placement) it should be documented in the record of meetings/tutorials section of this document with any actions taken or help requested to modify the behaviour clearly stated.</p>				
The student always acts in the best interest of the patient	YES		NO	
The student is always polite	YES		NO	
The student's personal appearance is appropriate to the dress code	YES		NO	
The student is punctual and their attendance is acceptable for the placement	YES		NO	
The student's ability to practice has not been limited by illness or injury	YES		NO	
The student reflects on outcomes and modifies their behaviour	YES		NO	
The student reacts positively towards feedback	YES		NO	
The student accepts appropriate responsibility for their practice	YES		NO	
The student asks for help when appropriate	YES		NO	
The student always behaves with integrity and honesty	YES		NO	
The student always behaves in a professional manner	YES		NO	

Student Signature:	
Practice Educator Name:	
Practice Educator Signature:	
DATE:	

Record of Competences achieved – Year One

YEAR ONE COMPETENCES		Insert date achieved:			Placement	Related Paramedic SOP (HCjPC 2014)
		Formative	Formative	Summative		
01A	Communication Technologies				2	1, 8, 10
02A	Moving and Handling				1, 2	1, 2, 3, 8, 9
03A	Scene Safety				2	1, 3, 8, 9
04A	Conflict Resolution				1, 2, 3	1, 2, 3, 5, 8, 9
05A	Equality and Diversity				1, 2, 3	2, 5, 6, 8
06A	Safeguarding				1, 2, 3	1, 2, 6, 7, 8
07A	Infection control				1, 2, 3	1, 2, 3
08A	Patient Records and Information Governance				1, 2, 3	2, 7, 10
09A	Consent				1, 2, 3	2, 5, 6, 7, 8
10A	Patient Capacity				1, 2, 3	2, 5, 6, 8
11A	Patient Compliance				1, 2, 3	1, 2, 3, 5, 6, 7, 8
12A	Patient Referrals				1, 2, 3	1, 2, 3, 4, 5, 8, 10
13A	Patient Handover				1, 2, 3	1, 2, 5, 8, 10
14A	Airway Management				2, 3	1, 2, 3, 14
15A	Patient Ventilation				2, 3	1, 2, 3, 14
16A	Oxygen Therapy				1, 2, 3	1, 2, 3, 14
17A	Basic Life Support				2, 3	1, 2, 3, 8, 14
18A	Defibrillation				2, 3	1, 2, 3, 14
19A	Patient Assessment				1, 2, 3	1, 2, 3, 8, 13, 14
20A	Primary survey				1, 2, 3	1, 2, 3, 8, 13, 14
21A	Secondary survey				1, 2, 3	1, 2, 3, 8, 13, 14
22A	Electrocardiographs (ECGs)				1, 2, 3	1, 2, 3, 4, 13, 14
23A	Wound care (Minor Injuries)				2, 3	1, 2, 3, 4, 13, 14
24A	Trauma (Haemorrhage control)				2, 3	1, 2, 3, 4, 13, 14
25A	Trauma (Fractures)				2, 3	1, 2, 3, 4, 13, 14
26A	Trauma (Immobilisation)				2, 3	1, 2, 3, 4, 8, 13, 14
27A	Multi Casualty Incidents				2, 3	1, 2, 3, 8, 15
28A	Management of Respiratory Conditions				2, 3	1, 2, 3, 4, 13, 14
29A	Management of Cardiovascular Conditions				2, 3	1, 2, 3, 4, 13, 14
30A	Management of Neurological Conditions				2, 3	1, 2, 3, 4, 13, 14
31A	Management of Gastrointestinal Conditions				2, 3	1, 2, 3, 4, 13, 14
32A	Management of Musculoskeletal Conditions				2, 3	1, 2, 3, 4, 13, 14
33A	Management of Obstetric and Gynaecological Conditions				2, 3	1, 2, 3, 4, 13, 14
34A	Management of Children				2, 3	1, 2, 3, 4, 13, 14

01A. Use of Communications Technologies: Students must demonstrate a range of techniques operating communication technologies, including but not limited to, radio handsets and mobile data terminals. This must include appropriate communication methods to pre-alert such as ASHICE/ATMIST.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

02A. Moving and Handling: Students must demonstrate safe and appropriate moving and handling of patients and equipment using a range of techniques.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

03A. Scene Safety: Students must demonstrate appropriate use of Personal Protective Equipment and awareness of environmental factors which present threats to safety.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

04A. Conflict Resolution: Students must demonstrate appropriate use of conflict resolution techniques in managing challenging situations.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

05A. Equality and Diversity: Students must demonstrate non-discriminatory practice at all times and act as a model for inclusivity.											
<table border="1"> <tr> <td colspan="2">FORMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	FORMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		Comments:
FORMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											
<table border="1"> <tr> <td colspan="2">FORMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	FORMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		
FORMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											
<table border="1"> <tr> <td colspan="2">SUMMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	SUMMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		Comments:
SUMMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											

06A. Safeguarding: Students must actively seek to ensure that safeguarding concerns are addressed through adherence to safeguarding policies.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

07A. Infection Control: Students must maintain demonstrate adherence to infection control policies and use appropriate methods to maintain personal, patient, vehicle and equipment hygiene.	
FORMATIVE	Comments:
Assessed level – (Student)	
Assessed level – (PEd)	
Date:	
PEd Name/Signature: /	
FORMATIVE	Comments:
Assessed level – (Student)	
Assessed level – (PEd)	
Date:	
PEd Name/Signature: /	
SUMMATIVE	Comments:
Assessed level – (Student)	
Assessed level – (PEd)	
Date:	
PEd Name/Signature: /	

08A. Patient Records and Information Governance: Students must ensure that patient clinical records are completed clearly and accurately in accordance with trust guidelines. Students must further ensure that the security of patient records is maintained in line with information governance guidelines.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

09A. Consent: Students must obtain patient consent for all examinations and treatment and give coherent explanations to patients and/or patient advocates.	
FORMATIVE	Comments:
Assessed level – (Student)	
Assessed level – (PEd)	
Date:	
PEd Name/Signature: /	
FORMATIVE	Comments:
Assessed level – (Student)	
Assessed level – (PEd)	
Date:	
PEd Name/Signature: /	
SUMMATIVE	Comments:
Assessed level – (Student)	
Assessed level – (PEd)	
Date:	
PEd Name/Signature: /	

10A. Patient Capacity: Students must demonstrate thorough knowledge of the mental capacity act and the appropriate management of patients whose capacity may be impaired.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

11A. Patient Compliance: Students must demonstrate appropriate management of patients who refuse care, treatment or transport, adhering to trust policies and working within their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

12A. Patient Referrals: Students must demonstrate appropriate referral of patients to other health or care professionals, adhering to trust policies and working within their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

13A. Patient Handover: Students must demonstrate competent handover of patients to other health or care professionals, adhering to trust policies and working within their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

14A. Airway Management: Students must demonstrate skills in airway management appropriate to their scope of practice.

NB: This assessment is to be completed in conjunction with the skills checklist.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

15A. Patient Ventilation: Students must demonstrate competent intermittent positive pressure ventilation (IPPV) using a bag valve mask and other equipment appropriate to their scope of practice.

NB: This assessment is to be completed in conjunction with the skills checklist.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

16A. Oxygen Therapy: Students must demonstrate competent use of oxygen therapy including use of appropriate ambulance equipment.

NB: This assessment is to be completed in conjunction with the skills checklist.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

17A. Basic Life Support: Students must demonstrate basic life support skills. NB: **This assessment is to be completed in conjunction with the skills checklist.**

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

18A. Defibrillation: Students must demonstrate safe defibrillation, using equipment appropriate to their scope of practice.											
<table border="1"> <tr> <td colspan="2">FORMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	FORMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		Comments:
FORMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											
<table border="1"> <tr> <td colspan="2">FORMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	FORMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		
FORMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											
<table border="1"> <tr> <td colspan="2">SUMMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	SUMMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		Comments:
SUMMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											
<table border="1"> <tr> <td colspan="2">SUMMATIVE</td> </tr> <tr> <td>Assessed level – (Student)</td> <td></td> </tr> <tr> <td>Assessed level – (PEd)</td> <td></td> </tr> <tr> <td colspan="2">Date:</td> </tr> <tr> <td colspan="2">PEd Name/Signature: /</td> </tr> </table>	SUMMATIVE		Assessed level – (Student)		Assessed level – (PEd)		Date:		PEd Name/Signature: /		
SUMMATIVE											
Assessed level – (Student)											
Assessed level – (PEd)											
Date:											
PEd Name/Signature: /											

19A. Patient Assessment: Students must demonstrate competent assessment skills including the use of ambulance equipment and skilled history taking.

NB: This assessment is to be completed in conjunction with the skills checklist.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

20A. Primary Survey: Students must demonstrate systematic use of primary survey skills in assessing or excluding time critical conditions.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

21A. Secondary Survey: Students must demonstrate systematic use of secondary survey skills in assessing or excluding time critical conditions.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

22A. ECGs: Students must demonstrate thorough and competent recording and interpretation of Electro-Cardiographs (ECGs) in assessing cardiac conditions.

NB: This assessment is to be completed in conjunction with the skills checklist.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

23A. Wound Care (Minor Injuries): Students must demonstrate competent management of minor injuries, including the use of appropriate ambulance equipment.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

24A. Trauma Care (Haemorrhage): Students must demonstrate competent management of suspected major haemorrhage including the use of appropriate ambulance equipment.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

25A. Trauma Care (Fractures): Students must demonstrate competent management of suspected fractures including the use of appropriate ambulance equipment.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

26A. Trauma Care (C-Spine Care and Immobilisation): Students must demonstrate competent management of suspected cervical / spinal injuries which require immobilisation, including the use of appropriate ambulance equipment.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

27A. Multiple Casualties: Students must demonstrate competent management of multiple casualty incidents.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

28A. Respiratory Assessment and Management: Students must demonstrate systematic assessment of the respiratory system and competent management of respiratory conditions appropriate to their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

29A. Cardiovascular Assessment and Management: Students must demonstrate systematic assessment of the cardiovascular system and competent management of cardiovascular conditions appropriate to their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

30A. Neurological Assessment and Management: Students must demonstrate systematic assessment of the neurological system and competent management of neurological conditions appropriate to their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

31A. Gastrointestinal Assessment and Management: Students must demonstrate systematic assessment of the gastrointestinal system and competent management of gastrointestinal conditions appropriate to their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

32A. Musculoskeletal Assessment and Management: Students must demonstrate systematic assessment of the musculoskeletal system and competent management of musculoskeletal conditions appropriate to their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

33A. Obstetric and Gynaecological Assessment and Management: Students must demonstrate systematic assessment of the obstetric and gynaecological problems and competent management of obstetric and gynaecological conditions appropriate to their scope of practice.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

33A. Assessment and Management of Children: Students must demonstrate adapted assessment techniques for managing a range of clinical presentation affecting children, including use of communication strategies appropriate to the age range.

FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
FORMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		
SUMMATIVE		Comments:
Assessed level – (Student)		
Assessed level – (PEd)		
Date:		
PEd Name/Signature: /		

Record of Meetings

Date	Discussion	Signatures - (PEd and Student)

Record of Meetings

Date	Discussion	Signatures - (PEd and Student)

Record of Meetings

Date	Discussion	Signatures - (PEd and Student)

Additional Skills / Experience

Date	Description of Activity	Signatures - (PEd and Student)

Additional Skills / Experience

Date	Description of Activity	Signatures - (PEd and Student)

Additional Skills / Experience

Date	Description of Activity	Signatures - (PEd and Student)

Development Action Plans

Development Action Plan (if required)					
Element of Practice:					
Reality: What are the issues/problems? (Tick relevant boxes)					
Knowledge	<input type="checkbox"/>	Practical	<input type="checkbox"/>	Personal & Professional	<input type="checkbox"/>
Comments:					
Options: How can the student achieve their goals? (Tick relevant boxes)					
Knowledge	<input type="checkbox"/>	Practical	<input type="checkbox"/>	Personal & Professional	<input type="checkbox"/>
Comments:					
Timescales: When will this plan be reviewed?			DATE:		
I understand the reason for this Development Action Plan which has been discussed and agreed with the Practice Educator and I understand that I am responsible for informing my Personal Academic Tutor.					
Student Signature:					
Practice Educator Name:					
Practice Educator Signature:					
A copy of this plan has been sent to the Personal Academic Tutor.				DATE:	

Development Action Plan (if required)					
Element of Practice:					
Reality: What are the issues/problems? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Options: How can the student achieve their goals? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Timescales: When will this plan be reviewed?			DATE:		
I understand the reason for this Development Action Plan which has been discussed and agreed with the Practice Educator and I understand that I am responsible for informing my Personal Academic Tutor.					
Student Signature:					
Practice Educator Name:					
Practice Educator Signature:					
A copy of this plan has been sent to the Personal Academic Tutor.				DATE:	

Development Action Plan (if required)					
Element of Practice:					
Reality: What are the issues/problems? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Options: How can the student achieve their goals? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Timescales: When will this plan be reviewed?			DATE:		
I understand the reason for this Development Action Plan which has been discussed and agreed with the Practice Educator and I understand that I am responsible for informing my Personal Academic Tutor.					
Student Signature:					
Practice Educator Name:					
Practice Educator Signature:					
A copy of this plan has been sent to the Personal Academic Tutor.				DATE:	

Development Action Plan (if required)					
Element of Practice:					
Reality: What are the issues/problems? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Options: How can the student achieve their goals? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Timescales: When will this plan be reviewed?			DATE:		
I understand the reason for this Development Action Plan which has been discussed and agreed with the Practice Educator and I understand that I am responsible for informing my Personal Academic Tutor.					
Student Signature:					
Practice Educator Name:					
Practice Educator Signature:					
A copy of this plan has been sent to the Personal Academic Tutor.				DATE:	

Development Action Plan (if required)					
Element of Practice:					
Reality: What are the issues/problems? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Options: How can the student achieve their goals? (Tick relevant boxes)					
Knowledge		Practical		Personal & Professional	
Comments:					
Timescales: When will this plan be reviewed?			DATE:		
I understand the reason for this Development Action Plan which has been discussed and agreed with the Practice Educator and I understand that I am responsible for informing my Personal Academic Tutor.					
Student Signature:					
Practice Educator Name:					
Practice Educator Signature:					
A copy of this plan has been sent to the Personal Academic Tutor.				DATE:	

Skills Checklists:

The following pages contain the skills checklists to accompany the individual competencies outlined above.

14A Airway Management

Key points	Key Performance	Underpinning Knowledge
Airway	Assess airway Cross finger technique Where appropriate: Head tilt chin lift Jaw Thrust Finger sweep Suction Appropriate stepwise approach Appropriate positioning for patient age Airway reassessed following intervention	Candidate states the relevance of these findings and the necessary actions Candidate states when the use of a jaw thrust would be appropriate Candidate states the appropriate positioning for adult and infant patients
Airway maintenance	Airway maintained appropriately Airway re-assessed appropriately Candidate recognises the need for further airway interventions and demonstrates understanding of a stepwise approach	Candidate states the significance of re-assessing the airway
Choking	Candidate is able to demonstrate the correct procedure for back slaps, abdominal thrusts and chest thrusts	Candidate is able to explain the choking algorithm for adult and infant patients
Suction	Suction used timely and appropriately Appropriate catheter used	Candidate states the actions to be undertaken if the test fails Candidate states what the LSU will do if a blockage is not removed and what actions to take in this situation Candidate states the implications for fluid contacting the hydrophobic filter and what actions to take if this occurs
Oropharyngeal Airway (OPA)	Candidate able to size and insert OPA appropriately	Candidate states indications, contraindications and cautions for OPA use
Nasopharyngeal Airway (NPA)	Candidate able to size and insert NPA appropriately	Candidate states indications, contraindications and cautions for NPA use

15A Patient Ventilation

Key points	Key Performance	Underpinning Knowledge
Airway	Assess airway Cross finger technique Where appropriate: Head tilt chin lift Jaw Thrust Finger sweep Suction Appropriate stepwise approach Appropriate positioning for patient age Airway reassessed following intervention	Candidate states the relevance of these findings and the necessary actions Candidate states when the use of a jaw thrust would be appropriate Candidate states the appropriate positioning for adult and infant patients
Breathing	Adequacy of breathing assessed: Rate Depth Quality	Candidate states normal breathing rate parameters and the clinical significance of the assessment finding
Ventilation	Where appropriate: Patient ventilated timely Oxygen connected to BVM Effective BVM technique demonstrated	Candidate states the indications for assisting ventilations Candidate states the potential hazards and complications of assisted ventilation
Airway maintenance	Airway maintained appropriately Airway re-assessed appropriately Candidate recognises the need for further airway interventions and demonstrates understanding of a stepwise approach	Candidate states the significance of re-assessing the airway

16A Oxygen Therapy

Key points	Key performance	Underpinning Knowledge
Oxygen therapy	Respiratory distress Pallor Cyanosis, Inability to complete full sentences, Signs of hypoxia, SP02 levels below Expected range, Rate, rhythm and adequacy of respiration Equal rise of chest Expected tidal volumes Capillary refill time Agonal respirations Major trauma	Candidate demonstrates an understanding of when to use oxygen therapy
Equipment	Non rebreather face masks, Varied flow facemasks, Nasal cannulas BVM/positive pressure ventilations	Candidate demonstrates and understands how to deliver appropriate oxygen therapy
Risk Factors	Appropriate flow rates Considerations of COPD Fire risks Paediatrics	Candidate demonstrates and understands safe oxygen therapy

Assessment	Able to complete full/improved sentences Reduced work of breathing Reduced respiration rate Improved level of consciousness Increased SPO2 level Reduced cap. Refill time	Candidate describes expected <i>improvements</i> expected from oxygen therapy
Recap intervention	Reassessment of patients conditions, “look, listen feel”	Candidate demonstrates an understanding of possible factors effecting “unsuccessful” oxygen delivery and possible solutions

17A Basic Life Support

Key points	Key Performance	Underpinning Knowledge
Scene Assessment	Hazards recognised	State corrective actions
Level of Consciousness	AVPU	Recognise response
Basic Life Support	Open airway, look for signs of life Breathing/pulse check Lone workers should attach AED as soon as available When part of a crew, one to start CPR whilst second attaches AED Call for backup	State importance of cardiac perfusion pressure Ratio 30:2, depth of compressions 5-6cm, rate 100-120 per minute Stepwise approach to opening and maintaining airway
Airway - two minutes CPR	CPR between shocks Continuous if in non-shockable rhythm Patency checked	Hazards/complications
Handover	Pass appropriate information to clinician	ATMIST

18A Defibrillation

Key points	Key Performance	Underpinning Knowledge
Scene Assessment	Hazards recognised	State corrective actions
Level of Consciousness	AVPU	Recognise response
Basic Life Support	Open airway, look for signs of life Breathing/pulse check Lone workers should attach AED as soon as available When part of a crew, one to start CPR whilst second attaches AED Call for backup	State importance of cardiac perfusion pressure Ratio 30:2, depth of compressions 5-6cm, rate 100-120 per minute Stepwise approach to opening and maintaining airway
Attach AED	Equipment prepared and electrodes/gel pads correctly placed	Safety aspects/hazards stated Familiarity with equipment
Defibrillation	Follow prompts from AED, recommence CPR whilst AED is charging	Minimal disruption to compressions Immediately resume CPR for two minutes Safe and appropriate

19A Patient Assessment

Key points	Key Performance	Underpinning Knowledge
Scene assessment	Dangers recognised and appropriately dealt with.	Candidate able to give examples and corrective actions for any dangers.
General appearance of the patient	Gain a general impression of the patient. Patient position?	Candidate to give examples of possible clues and their interpretation. State how patient position can give clues to condition.
LOC / Communicate / Consent	Basic levels of response established. (AVPU). Assess capacity, gain consent.	Candidate to demonstrate methods of determining patient response. Establish consent for activity or action.
Airway	Assess airway. Manage airway appropriately following stepwise approach.	State importance of findings and appropriate actions.
Breathing	Obtain rate, depth and quality. Auscultation (anterior/posterior). SpO ₂ Peak flow (where appropriate)	Candidate to state appropriate values. Should discuss the rate, depth and effort of breathing. Treatments for given medical conditions. Identify when oxygen therapy is required.
Circulation	Pulse – rate, rhythm, strength. Capillary refill and blanch test completed. Quick check for bleeding. Record BP. Record ECG (where appropriate).	Discuss the rate, rhythm and strength. Discuss normal ranges. Candidate to give examples of clinical anomalies and state significance and treatment of each.
Disability	AVPU repeated. Temperature. Pupils. BM (requested by clinician). FAST test (where appropriate).	Re-evaluate patient response.
Expose/Evaluate	Appropriately expose and examine.	State importance of exposing skin to help evaluate injuries/illness.
NEWS	Record NEWS appropriately.	Discuss protocol for NEWS relevant to scope of practice.
History	Obtain a history of events.	SAMPLE, SOCRATES (if appropriate).

Key points	Key Performance	Underpinning Knowledge
Equipment required	Assemble the required equipment that a clinician would need for 12-lead placement	Defibrillator cable, electrodes, hand and face wipes, razor, tissue
Patient positioning	Correct position identified	Recumbent/supine, warm, relaxed, take into consideration any breathing difficulty
Limb lead placement	Correct position identified	RA – right forearm LA – left forearm LL – left ankle RL – right ankle
Chest lead placement	Identify 4 th intercostal space	Use sternum/Angle of Louis or clavicle
Skin preparation	Lightly abrade skin, wipe with tissue, shave if required	Discuss why skin preparation is so important
Place electrodes	Correct application of electrodes	V1 – 4 th IC space, Right sternal border V2 – 4 th IC space, Left sternal border V3 – equidistant between V2 and V4 V4 – 5 th IC space, midclavicular line V5 – anterior axilla line, same horizontal plane as V4 V6 – mid-axilla line, same horizontal plane as V4 and V5
Acquire ECG	Print a 12-lead ECG	Correct printing of 12-lead ECG
Check 12-lead ECG	Check ECG is appropriate for interpretation by a clinician	Useable complex in each lead aVR negative Horizontal isoelectric line R-wave progression in leads V1 – V4 No artefact

Place electrodes	Correct application of electrodes	V1 – 4TH IC space, Right sternal border V2 – 4TH IC space, Left sternal border V3 – equidistant between V2 and V4 V4 – 5th IC space, midclavicular line V5 – anterior axilla line, same horizontal plane as V4 V6 – mid-axilla line, same horizontal plane as V4 and V5
Acquire ECG	Print a 12-lead ECG	Correct printing of 12-lead ECG
Check 12-lead ECG	Check ECG is appropriate for interpretation by a clinician	Useable complex in each lead aVR negative Horizontal isoelectric line R-wave progression in leads V1 – V4 No artefact

Appendix 1- Summary of process for escalating concerns about students on placement

