

FACULTY OF HEALTH AND LIFE SCIENCES

Foundation Degree (Science) Paramedic Science

Clinical Practice Placement Documentation

Module: Foundation Paramedic Practice

Module Code: F209PM

Clinical Practice Placement Documentation	3
Introduction to the Clinical Skills for Paramedic Practice Module	4
Part 1. Support in Practice and Statement of University and Placement Responsibilities	7
Part 2. Clinical Skills and Drugs Record	19
Part 3. On-going Achievement Record	24
Part 4. Assessment Criteria Framework	52
Part 5. Summative Assessment. Achieved Competences	56
Part 6. Formative Assessment. Desirable Competences	135
References	147

Name of Student.....

Name of Personal Tutor:.....

Name of Course Leader

Name of Work Environment

Name of Mentor.....

This document is the property of Coventry University and will form part of the assessment of your practice module. It must be completed and kept safely for the duration of the course.

If this document is found please could you contact:

Coventry University on 02476 795961

Introduction to Paramedic Practice

The Foundation Degree in Paramedic Science is designed to develop your knowledge, skills and abilities in becoming a capable and caring paramedic practitioner. The Foundation Paramedic Practice module underpins the practice element of the first year of your programme. To fulfil the requirements of the Health and Care Professions Council (HCPC) (2012a) Standards of Proficiency and Standards of performance and ethics (HCPC 2012b), all competences are mapped to the Standards of Proficiency (HCPC 2012a), and the core values of paramedic practice (HCPC 2012b) are fully integrated into practice.

This practice learning record will be formatively and summatively assessed in order to demonstrate your achievement of your competence in practice. The experiences gained whilst working in the pre-hospital environment are essential to the achievement of your programme and will also be used to enhance your learning in other University based modules of the course. Therefore it is important that you maintain your learning competencies and maintain records of your experiences.

For the purpose of this programme, learning can be achieved in any approved ambulance service where appropriate learning opportunities are available for you to undertake practice under supervision of your mentor(s) and qualified paramedics. This experience is essential to the integration of theory and practice in your learning and your development of effective paramedic care practice.

With support you will make sense of your practice through the application of theory, skills learnt in the classroom environment, constructive feedback, and reflection on your experiences. You will work with mentors who will assess and facilitate learning to enable the achievement of the required competencies and practice outcomes in the practice environment. It is important as a student on the programme that you are supervised at all times by a HCPC registered paramedic and to recognise your limitations. As you progress through your programme and develop your practice skills and knowledge you will have the opportunity to fully participate in all aspects of paramedic roles and responsibilities under the guidance of your mentor.

All of the modules in the programme integrate values, knowledge and skills for practice and enable you to learn through practice and experiential related Learning. Assessment strategies will also enable you to use and reflect on your work experiences. It is recognised that using learning experiences from your work environments can raise ethical issues e.g. confidentiality, consent, questioning of work practices etc. You will have the opportunity to explore and discuss strategies for developing reflective practice and managing ethical issues in the scope of practice modules and this will be reiterated throughout the course. If you identify any ethical issues you are encouraged to discuss these with your mentor and course tutor.

Core values in Paramedic Practice

Your main responsibilities as a health professional are summarised below, grouped into the categories of conduct, performance and ethics (HCPC 2012b). Please remember that this is not a complete list of all the issues that can arise in relation to your conduct, performance and ethics.

As a health professional, you must protect the health and well-being of people who use or need your services in every circumstance.

This means that you must always keep high standards of **conduct**. You must always:

- Act in the best interests of your patients, clients and users.
- Respect the confidentiality of your patients, clients and users.
- Maintain high standards of personal conduct.
- Provide any important information about conduct, competence or health.

Also, you must always keep high standards of **performance**. You must always:

- Keep your professional knowledge and skills up to date.
- Act within the limits of your knowledge, skills and experience and, if necessary, refer on to another professional.
- Maintain proper and effective communications with patients, clients, users, carers and professionals.
- Effectively supervise tasks you have asked others to carry out for you.
- Get informed consent to give treatment (except in an emergency).
- Keep accurate patient, client and user records.
- Deal fairly and safely with the risks of infection.
- Limit your work or stop practicing if your performance or judgement is affected by your health.

Finally, you must always keep high standards of **ethics**. You must always:

- Carry out your duties in a professional and ethical way.
- Behave with integrity and honesty.
- Follow our guidelines for how you advertise your services. and
- Make sure that your behaviour does not damage your profession's reputation.

For a more complete outline of your responsibilities log on to the Health and Care Professions Council Website: <http://www.hcpc-uk.org/>

This Clinical Practice Assessment document is divided into **6 parts**.

Part 1 – Support in Practice and Statement of University and Placement Responsibilities provides information relating to the responsibilities of the placement provider, the named and associate mentor and you - the student. This section also contains documentation of induction to practice and list of signatories. This signatory list must contain a list of names of registered paramedics and their signatures that have signed any records in your document.

Part 2 – Clinical Skills and Drug Administration Record. This will provide signed evidence that you have attended and gained the relevant theory and practice in the university setting. This will be signed by the teaching staff to verify that you have attended the lecture and that you are deemed safe to practice the skill under direct supervision of an appropriately qualified registered paramedic.

Part 3 – On-going Achievement Record. This will **formatively** record evidence of your on-going progression and achievement during your practice placement during each practice block.

Part 4– Assessment Criteria Framework – Provides information on the framework used to assess the achievement of the competence against a defined framework

Part 5 – Summative Assessment. Achieved Competences. This will **summatively** record evidence of achievement of competences and practice outcomes. All competences are mapped against the HCPC (2012a) Standards of Proficiency.

Part 6 –Formative Assessment of Desirable Competences- This will allow for formative assessment of competencies that are often rare in practice.

NB: The skills in this section may be difficult to summatively assess as competent in practice due to limited or non exposure in the practice environment. These competences should be formatively assessed through discussion, reflection, skills simulation etc., with your named mentor so you have the underpinning knowledge and understanding required for this skill.

Completion of Records

Appropriate teaching staff who have supervised the student practicing the skill in the university setting **MUST** sign part 2. Students **MUST NOT** undertake this skill or administer drugs if **NOT SIGNED**

Parts 3, 5 and 6 **MUST** be completed and signed by you and your named/associate mentor.

In part 3, your SWOT analysis and action plan, initial, midpoint and final interview and your summative assessment (Part 5) must be completed and signed by your named mentor.

Please ensure that when summatively assessing your competences that your mentor includes comments to support his/her decision to pass/fail. An appropriately qualified registered paramedic who is supervising you in practice may verify competences that are observed and discussed.

NB: It is your responsibility to ensure that all the relevant areas completed, signed and by appropriate person. Failure to complete all records accurately and appropriately may result in a FAIL being awarded.

- Minimum Practice Requirements

This double module requires you to undertake a minimum number of 1040 hours in the learning environment with mentor support. Please refer to the Programme Handbook, and module handbook – F209PM.

PART ONE

SUPPORT IN PRACTICE & STATEMENT OF UNIVERSITY & PLACEMENT RESPONSIBILITIES

Part 1 Student and Mentor Support in Practice

University Programme Team

The programme leader and programme team will lead in the facilitation of practice- based learning in the pre-hospital environment. They will provide support to you and your mentor during your practice placement.

The Programme Team has a responsibility to:

- Maintain knowledge and information of the student programme of study
- Support students during their placement should they have any concerns
- Support mentors answering any concerns regarding the competencies or work-based learning modules
- Be approachable and contribute to a supportive learning environment for the students
- Communicate with Programme leaders any concerns or queries related to the student or the course
- Answer or seek answers to any queries raised by mentors
- Undertake clinical visits during each placement block.

Clinical Placement Leads

The Clinical Placement Leads for both university and practice setting are:

CLINICAL PLACEMENT LEADS
Mike Clewes – Placement Coordinator, Senior Lecturer in Paramedic Science. Coventry University E: ab5094@coventry.ac.uk T: 02477655910
Aimee Trimbee Organisational Development (OD) Officer Practice Placement Officer West Midlands Ambulance NHS Foundation Trust E: aimee.trimbee@wmas.nhs.uk T: 01384 246348 M: 07920278419

The Clinical Placement Leads for the University is responsible for:

- Co-ordinating placement allocations with the Ambulance Trust working alongside practice placement officer
- Ensure that you have the relevant experience and opportunity to achieve learning outcomes
- To address any issues encountered in practice environment and liaise with appropriate university staff and staff in placement area
- Supporting mentors in practice

The practice placement officer for WMAS will be responsible for:

- Co-ordinating your placement within the Ambulance Trust working alongside the scheduling departments
- Ensuring that you have the opportunity to attain all relevant work-based competencies.
- Notifying Clinical Placement Lead of relevant suitable placements.
- Liaising with the Clinical Placement Lead should any problems arise within practice placements.

Named Mentor and Associate Mentor

There are two titles used for mentors in paramedic practice setting – Named Mentor and Associate Mentor. The mentor titles and qualifications are as follows:

Title	Experience	Qualifications
Named Mentor	2 years post registration experience 12 months experience as associate mentor	HCPC Registered Paramedic A university accredited mentor preparation programme (Level 5 minimum)
Associate Mentor	Minimum of 12 months post registration experience	HCPC Registered Paramedic 1 day mentor programme

In addition, all mentors must be kept updated and engaged in annual mentor updates.

You will be allocated a Named Mentor and Associate Mentor during your placement. Mentor(s) will act as a resource for your learning and will support and guide your aims and objectives to achieve the competences and practice outcomes through practice based activities. Named mentors will be expected to confirm that you have achieved a competent level using the assessment framework (Part 5) for ALL competences in part 6. Your named mentors will also be responsible for formatively assessing the desired competences for Part 6.

There is a requirement that your named mentor or associate mentor will work with you for a minimum of 15 hours per week. Due to fixed rotas, annual leave or unforeseeable circumstances there may be occasions where working with mentor(s) for the minimum requirement (15 hours/week) will be difficult to achieve. For e.g. you could work with a mentor for 12 hours over 1 week, then 36 hours the following week: or for 36 hours over 1 week then 12 hours the following week. It is therefore important to look at the overall minimum requirements for duration of the placement.

NB: For your programme you are required to work a minimum of 225 hours with your allocated Named Mentor or Associate mentor.

In the remaining hours of your placement you will be allocated to an appropriately qualified HCPC registered paramedic who will be responsible for supervising you in practice placement. An appropriately qualified registered paramedic must have a minimum of 12 months clinical practice experience as a registered paramedic. **They will be able to verify your attendance and verify that you have observed practice and participated in the care provided/skill in relation to the competency.**

Responsibilities of the Named Mentor:

The Named Mentor is responsible and accountable for:

1. Organising and co-ordinating your learning whilst in practice
2. Orientating you into the workplace
3. Supervising your learning situations and provide you with constructive feedback on your practice and progress
4. Formulating action plans and other strategies to enable you to progress
5. Undertaking all placement reviews (as required by university) and set realistic objectives in collaboration with the you
6. Verifying your attendance
7. Assessment of your total performance - including skills, attitudes and professional behaviours
8. Completion of contemporaneous records of your progression in your Clinical Practice Assessment Document
9. Liaising with other named mentors and associate mentors to discuss and review your progress
10. Reporting/discussing any concerns about your progression/performance to university staff in a timely manner
11. **Completion of and signing off all clinical summative assessments**

Responsibilities of the Associate Mentor

The associate mentor is responsible and accountable for:

1. Facilitating your placement learning
2. Orientating you into workplace
3. Supervising your learning situations and providing you with constructive feedback on their practice and progress
4. Monitoring and documenting your progression (**formative assessment**) and reporting to your named mentor
5. Verifying your attendance
6. **Formatively** assessing your performance - including skills, attitudes and professional behaviours
7. Completion of contemporaneous records in the students practice documentation (**formative assessments only**)
8. Reporting any concerns about your progression/performance to named mentors and/or university staff
9. **Completion of formative assessments**

Responsibilities of you - the Student

Learning from and for practice inevitably requires you to take responsibility for your learning thus you are expected to:

Before Placement

- Read all the student handbooks relating to your programme of study.
- Keep the practice-based learning / practice skills record safe and secure for the duration of the course and make it available to your Personal Tutor, Programme Leader, programme team, mentor, and the external examiner when required.
- Identify your specific learning needs with support from your Personal tutor and mentor and consider possible opportunities which you may request to develop your practical skills

- Attend the practice placement preparation session and identify how to contact the key university link, which supports this area
- Contact the placement to clarify the nature of the area regarding speciality, patient type, location, shift times

During Placement

- Act professionally with regard to punctuality, attitude and image, and dress according to requirements of the practice-learning environment
- Plan time with your mentor to reflect on your progress in achievement of your personal aims and objectives and competences. Ensure documented assessment is completed at the appropriate time and your mentor signs all documentation.
- Adhere to local, regional and national guidelines, policies and protocols.
- Maintain confidentiality with regard to patients / clients and their families, staff and placement areas. Your Clinical Practice Assessment Document **MUST not contain any copies of patient records**
- Maintain effective communication with patients / clients, mentors, clinical colleagues and university clinical link staff
- Demonstrate a willingness to work as part of the team in the delivery of 24-hour safe patient care over a 7 day week
- Be proactive in your learning, expressing your needs and adopting a questioning reflective approach and be willing to participate in practice experiences relevant to your level of knowledge and ability with the support and supervision of your mentor.
- Use your mentor for guidance and support to enable you to achieve your ALL required competences and practice outcomes.
- Identify learning opportunities available to you during this placement through discussion with your mentor and university link staff, e.g. multidisciplinary working, specialist staff or procedures, investigations, care pathways
- Utilise learning opportunities to appreciate the roles of other health care workers both within the ambulance service and within partner organisations.
- Provide and act upon constructive feedback.
- Reflect upon your progress to increase self-awareness, confidence and competence and evaluate your achievements.
- Arrange meeting dates with your named mentor to complete your initial, mid-point and end-point assessment within the required deadlines for each placement block.
- Evaluate your work-based learning experience on completion of each work-based learning module.
- Maintain regular contact with your personal tutor and keep him/her informed of any concerns or problems you may have either within your practice experiences or of a personal nature that impact on your performance.
- Contact the placement and university to report sickness absence and discuss with link liaison staff any problems which influence your placement progress
- Complete assessment within the designated time and ensure documentation is kept safe at all times
- Complete accurately the daily record of attendance and ensure this is signed by your mentor or registered paramedic The Programme leader and personal tutor will view this at the end of each placement block

After placement:

- Evaluate the placement, mentor support and learning opportunities provided in a constructive, professional manner
- Evaluate your achievements; discuss any areas requiring development with your personal teacher in order to develop an action plan for subsequent placements

- Maintain confidentiality in reflection and utilisation of practical experiences in discussion groups, portfolio and assignments

Registered Paramedic Responsibilities

You have a responsibility to formatively assess to:

- Consider whether the student has demonstrated sufficient level of performance and underpinning knowledge and skill towards achievement of the competency.
- Provide constructive feedback to the student
- Provide constructive feedback to the students named mentor

NB. The named mentor(s) will undertake the Summative assessment.

University Link Support Responsibilities

The University has a responsibility to:

- Undertake joint audit of all practice placements to ensure accuracy of data and to ensure practice placements meet all standards for student learning
- Through annual mentor updates and the university web pages, ensure that mentors are kept informed when changes are made in the curriculum, programmes or modules and that relevant documentation is available and accessible
- Ensure that students and mentors are aware of university link support staff and have contact names, telephone numbers and email addresses
- Take an active role in monitoring and supporting student learning and mentor support in practice placements
- Guide and support students and mentors in developing and implementing action plans, where appropriate
- Have in place an effective system of jointly monitoring feedback from students and mentors about practice placement experiences and the quality of mentorship,
- Provide support to mentors, staff and students in the clinical environment
- Ensure that mechanisms are in place to enable debriefing with the Programme Leader in the event of unsatisfactory assessment.
- Ensure the clinical environment have relevant course documentation.
- Maintain good communication between the university and the clinical environment through the programme team

1.8 Contact Details for Coventry University Programme Team

Name	Title	Telephone No.	Email Address
Mike Clewes	Senior Lecturer/Placement Coordinator	02477 655910	ab5094@coventry.ac.uk
Dan Staines	Senior Lecturer/Course Director DipHE	02477 655929	aa8318@coventry.ac.uk

Matthew Harris	Senior Lecturer	02477 655830	ab6935@coventry.ac.uk
Stef Cormack	Senior Lecturer/ Course Director FdSci	02477 655942	ab6925@coventry.ac.uk
Steph Coles	Lecturer	02477 659133	Aa4429@coventry.ac.uk
Dawn Wilbraham-Hemmings	Lecturer Practitioner	02477 655830	ac2835@coventry.ac.uk
Miriam Perry	Senior Lecturer	02477 655830	Ab8052@coventry.ac.uk
Sarah Wixon	Course Administrator	02477 655865	aa3209@coventry.ac.uk

1.9 Contact Details for Clinical Placement Area

Name	Title	Telephone No.	Email Address
Aimee Trimbee	Organisational Development Officer Clinical Placement Officer	Office: 01384 246348 Mobile: 07920278419	Aimee.trimbee@wmas.nhs.uk

Evidence and Assessment of Practice Learning

There are several mechanisms that allow you to demonstrate your integration of theory with practice and achievement in practice learning. These are:

On-going Achievement Record	This formative assessment section will demonstrate evidence of on-going achievement of practice outcomes during each placement block.
Mentor confirmation of	Your mentor will directly assess your achievement of the competences by working with you, observing your performance against the criteria: and questioning you about your underpinning knowledge and understanding against each competency. If required further action plans will be put into place if you are not progressing. During the end-point review the named mentor will discuss your practice and decide on whether you have achieved a competent level for all the required competences. Your named mentor will also confirm that you have achieved the minimum requirements for practice hours recorded in your OAR. Throughout

achievement of competences	<p>your time with your mentor you must complete all the required sections in your clinical practice assessment book. Failure to complete required records will result in a fail being awarded.</p> <p>NB: Your competences can be signed off at the end interview for each placement block provided these have been achieved.</p>
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About the Clinical Competences

The clinical competences to be achieved in this practice module identify the knowledge, skills and attitudes that must be achieved in practice to meet the learning outcomes. They are all mapped against the HCPC (2012a) Standards of Proficiency and are fully integrated with the core values of paramedic practice (HCPC 2012b). Your mentor will directly assess your achievement of the practice outcomes by observing your performance against the criteria: and questioning you about your underpinning knowledge and understanding against each competency through these clinical competences. All of the observations and questioning will be recorded via the On-going Achievement Record and Clinical Competence. To meet the learning outcomes you must be signed as achieved for all competences to achieve an overall pass grade for the Clinical Practice Assessment Document.

There are the desirable competences that will be difficult to assess as competent in clinical practice due to the limited exposure or non-exposure within the clinical environment. You will find these competences in Part 6 of the assessment document. You will be formatively assessed on these skills through discussion, skills simulation, written work etc. with your named mentor to determine whether you have the knowledge and understanding underpinning these skills.

The process of Mentorship and Assessment of Achievement

- Following confirmation of the placement location, the student should contact the learning environment to identify their mentor and discuss meeting with learning needs and work commitments.
- All students will receive an induction, which will include all introductions to the environment, the other staff and general location of specific equipment and varying types of ambulance. During this time relevant health and safety issues e.g. fire procedures etc. and location of policies and procedures will be discussed.
- The initial interview should identify the learning opportunities available in the pre-hospital environment and enable the student and the mentor to agree common learning goals for the duration of the work-based learning module. Students should identify and discuss possible places and actions that might help them develop and demonstrate achievement of the practice-learning outcome.
- Approximately half way through the placement (on an agreed date) there will be a mid-point review with the students named mentor. This will allow for feedback on progression and development. From this a plan of action will be agreed to address any specific areas for further development. All outcomes will be reviewed at this point.
- At the end of the practice learning placement the student will have an end-point review with their named mentor. This will allow for a discussion concerning the student performance to take place. A review of performance in relation to the learning goals set at the start of the placement will occur and the student's ability to offer evidence for having demonstrated the achievement of the core practice outcomes will also occur. At this point the relevant outcomes for the module

will also be reviewed. These outcomes must be met to a satisfactory (Competent) standard at this stage.

NB. An initial interview, midpoint interview and end of placement interview should be carried out for each placement block and must be recorded in the On-going Achievement Record

- Students are responsible for arranging to meet with named mentors at agreed times in order to complete the mid-point and end-point reviews and for the completion and submission of evidence of achievement of the learning outcomes to the course leader by the dates published.
- The Programme Leader will report all student achievements to the board of examinations.
- In the event of referral as a first attempt the Clinical Placement Leads will ensure that an appropriate opportunity for reassessment is provided.

Student concerns in placement

If you have a concern in placement regarding patients, your experience, your progress or personal issues there are various support services / mechanisms that you can access. Firstly if possible it would be useful to discuss this with your mentor as they can often help to resolve your concerns. If you feel you are unable to do this such as the concern relates to your mentor then you can discuss with the practice educator/facilitator, lecturer practitioner or module leader who can often help to resolve your concerns or sign post you to any services that may be of relevance.

It is expected that you take on the responsibility yourself to resolve any concerns you have. This is part of your training to become a health care professional.

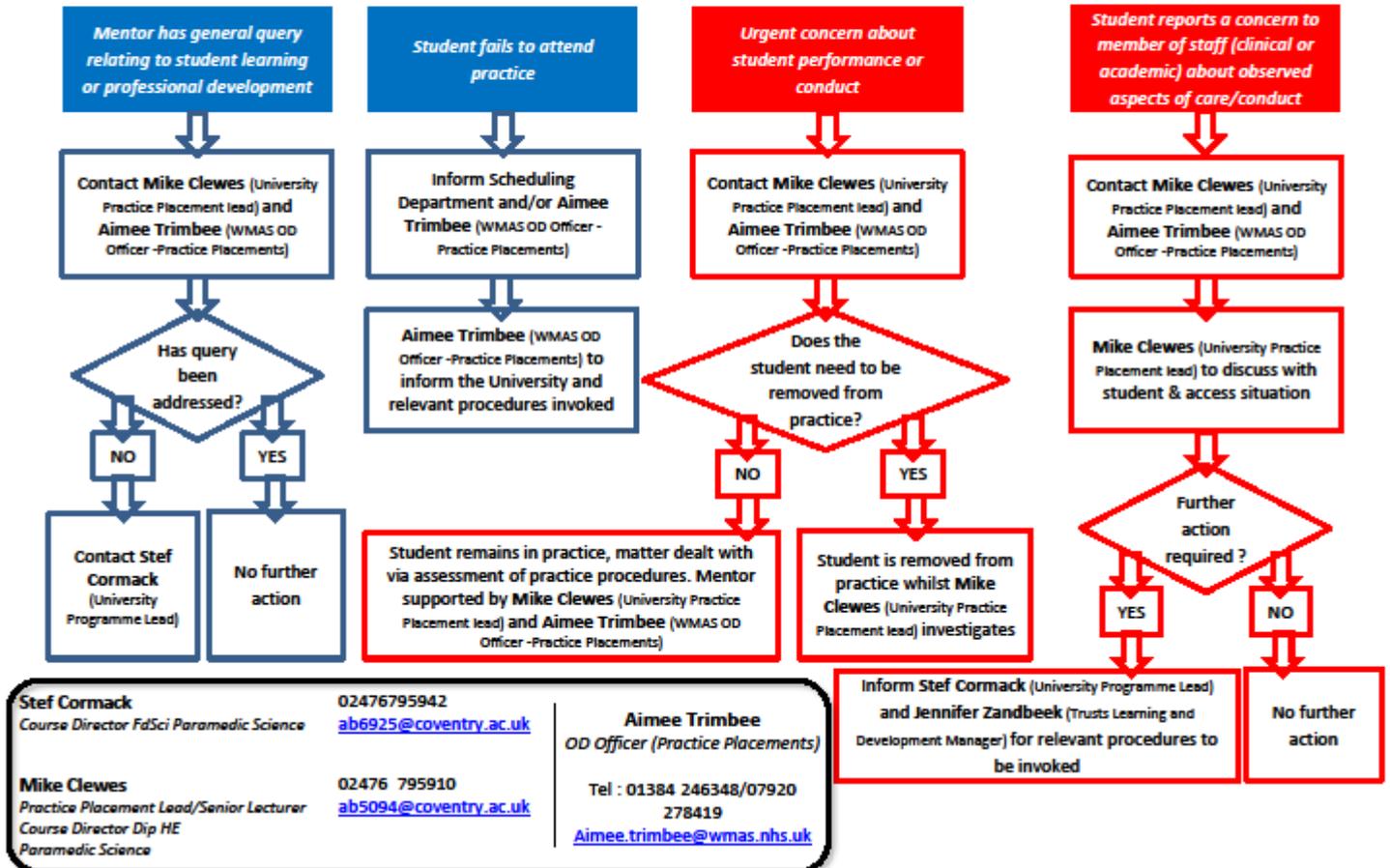
Please Note Mentors cannot discuss anything about your placement experience with family, relatives or friends as this would be a breach of your confidentiality. If family relatives or friends turn up at placement to discuss your concerns they will not be seen by the mentor and or staff in the placement. However you can make arrangements to have a meeting with your family, relative or friend present with relevant staff at the university. You will have to give your permission for this to occur

Mentor Concerns

Please refer to Raising direct entry concerns flow chart below:



Managing Direct Entry Student Issues in Practice



**COVENTRY UNIVERSITY
FACULTY OF HEALTH AND LIFE SCIENCE**

STUDENT INDUCTION CHECKLIST

NAME OF STUDENT.....DATES OF PLACEMENT.....
 PLACEMENT

The following items should be included in your induction into the organisation, preferably on your first day. Please check off the items below when they occur and inform your placement organiser of any items not covered within one week of the start of your placement. This list is not exhaustive and other topics may be covered, which you may note if you wish. **Please show this form to your University Visiting Tutor and ask them to sign below to show that they have seen this form and do not foresee any health and safety problems.**

TASK	Date
Introduced to key staff members and their roles explained	
Location of toilet facilities	
Location of rest room, canteen (if relevant) etc.	
Lunch, tea and coffee arrangements	
Place of work	
Dress code	
Work space	
How to answer the telephone, transfer calls and make calls both internally and externally	
Post arrangements	
Car parking	

HEALTH & SAFETY ISSUES	Date
Emergency procedures	
Safety policy received or location known	
Location of First Aid box	
First Aid arrangements (including names of first aiders)	
Fire procedures and location of fire extinguishers	
Accident reporting and location of accident book	
COSHH regulations	
Display Screen Equipment regulations/procedures	
Manual handling procedures	
Protective clothing arrangements	
Instruction on equipment participant will be using (list equipment):	
Other issues	

Signed.....

Date.....

ACTION TO BE TAKEN IN AN EMERGENCY:

Information for students on placements

Because of the wide variety of work which is carried out and the possible complex layout of the various buildings it is not possible to produce a set of valid and detailed emergency instructions to cover every situation which may arise. For this reason each employer has its own emergency instructions relating to particular buildings. There should be in every building a notice setting out the procedure to be adopted in case of fire.

This instruction should be studied and committed to memory.

There are certain points which apply to all emergency situations:

- You should commit to memory the standing orders for emergency action. You will have no time to read them in an emergency.
- Remember; you are expected to act in the spirit of the instructions. There is no substitute for common sense.
- The most important consideration at all times is human safety.
- Remember; if you become a casualty someone must rescue you, possibly at personal risk to himself or herself.
- You should act quietly and methodically. You should not rush or attempt to pass others when leaving the scene of an emergency.
- The senior person present should assume control of the situation, ensuring the safe evacuation from the premises of all persons present and be prepared to warn the Emergency Services, etc., of known specific hazards.

If you have to telephone for assistance in an emergency, the following information must always be given:

1. Who you are
2. Where you are: the location and telephone extension from which you are telephoning
3. The nature of the emergency and what services are required
4. The exact location where assistance is required

You should ensure that the message has been correctly received by asking for it to be repeated back to you.

It is essential that the location is clearly defined. Local terminology should not be used because for instance, "the research site" means very little to the Emergency Services.

It is important always to give the correct name for the building and the street where it is located, if the post code is known that should also be provided.

Thank you.

PART 2

CLINICAL SKILLS

&

DRUG ADMINISTRATION

RECORD

Part 2 Clinical Skills & Drug Administration Record

YOU are required to attend all lectures. These include core clinical skills and drug administration. You will be taught relevant theory including anatomy and physiology and application of practice through practicing skills in the clinical laboratory environment within the university. All clinical skills and administration of drugs taught will be signed by the appropriate teaching staff. This will confirm that you are deemed safe and knowledgeable to perform the skill under direct supervision of a named and/or associate mentor/paramedic.

You can **ONLY** practice these skills and administer the drugs under the supervision of a named/associate mentor/paramedic. Under **NO** circumstances can the student practice the skills or administer the drugs if they are **NOT** signed by teaching staff in the university. In addition the student **MUST NOT** practice any skill or administer drugs unsupervised.

PLEASE NOTE:

The Medicines and Healthcare products Regulatory Agency (MHRA), (2008) advise that 'Paramedics' can administer certain medicines on their own initiative for immediate, necessary treatment of sick and injured persons and provide a list of Prescription Only Medicines under the paramedic exemption list. **The legal** provisions for individuals do not cover all the medicines listed in the guidelines issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). These additional medicines are generally only available to paramedics in the course of the business of an ambulance trust or other body entitled to receive wholesale supplies of an extended range of medicines.

Student paramedics are not covered under the MHRA paramedic exemption list.

IT IS ILLEGAL FOR ANY REGISTERED PARAMEDIC TO INSTRUCT/SUPERVISE A PARAMEDIC STUDENT TO ADMINISTER THE DRUGS LISTED IN THE PARAMEDIC EXEMPTION MEDICINES AND CERTAIN MEDICATIONS LISTED IN THE JRCALC.

UNDER NO CIRCUMSTANCES ARE STUDENT PARAMEDICS ALLOWED TO ADMINISTER CONTROLLED DRUGS AND THOSE DRUGS UNDER THE PARAMEDIC EXEMPTION MEDICINES

The following drugs can be administered by a **STUDENT PARAMEDIC** (once signed by University staff) under direct supervision of a mentor and/or an appropriately qualified registered paramedic.

- Adrenaline 1:1000 (IM)
- Aspirin
- Chlorphenamine
- Entonox
- GTN
- Glucagon (IM)
- Hypostop
- Hydrocortisone Injection (IM)
- Ipratropium Bromide (Atrovent)
- Naloxone Hydrochloride
- Oxygen
- Paracetamol (tablet & Calpol)
- Salbutamol

Atropine & Pralidoxime combi-pen can be used for self-administration in nerve agent incidents but cannot be administered to the public. For further details on administration for student paramedics: https://www.collegeofparamedics.co.uk/news/archive/2011/08/08/paramedic_exemption_medicines_pre-registered_student_paramedics

<http://www.mhra.gov.uk/home/groups/comms-ic/documents/websiteresources/con2031677.pdf>

List of Signatories and Designation of Teaching Staff (only) at Coventry University

*Not to be used by paramedics/mentors

Name (Block Letters)	Designation	Signature	Date

Record of Clinical Skills & Drug Administration

University Block

Clinical Skill	Signed	Date
Basic Airway Assessment & Management Airway adjuncts (OP, NP), Head Tilt, Chin Lift, Oxygen masks, flow rates, Assisted ventilation		
Advanced Airway Assessment & Management (Adult) Ventilation, LMA's, Endotracheal Intubation, Needle Cricothyrotomy		
12 lead ECG interpretation Basic & complex Arrhythmias, thrombolysis overview		
Respiratory/ Chest Assessment, Inspection, palpation, percussion, auscultation, Tactile vocal fremitus (TVF) Oxygen administration, management respiratory emergencies		
Cardiovascular Assessment Manual/ Automated BP, cardiac sounds, pulses, JVP Assessment, ECG,		
Neurological Assessment AVPU, GCS, Cranial Nerve assessment (inc: pupillary responses), Cerebellum function test, PNS assessment		
Abdominal Assessment Inspection, palpation, percussion and auscultation		
Stroke Assessment (FAST) and management		
Intravenous & Intraosseous Cannulation Peripheral Cannulation, External Jugular, Intraosseous		
Administration of drugs IV/IO Drug administration		
Advanced Life Support Adult ALS Resuscitation Council (UK) 2010 Guidelines		
Primary & Secondary Survey Assessments		
Assessment & Management of trauma related injuries Isolated, multisystem traumatic injuries, thermal, drowning and electrocution		

Major & Minor Limb trauma		
Chest Decompression Needle Chest Decompression		
Trauma C- spine injuries & Immobilisation		
Extrication & Road Traffic Collisions (RTC's)		
Imminent Birth Managing a Normal Delivery and Complicated Delivery		
Neonatal Life Support		
Recognition of the Sick Child Assessment & management using ABCDEFG approach		
Paediatric basic airway management Airway adjuncts (OP, NP), Head Tilt, Chin Lift, Oxygen masks, flow rates, Assisted ventilation		
Paediatric advanced airway management Ventilation, LMA's, Endotracheal Intubation		
Basic Life Support (Paediatric)		
Advanced Life Support (Paediatric)		

PART 3

ON-GOING ACHEIVEMENT RECORD (OAR)

Part 3 On-going Achievement Record

Guidance Notes

This on-going achievement record forms part of the continuous assessment of clinical practice. It is designed to support your progression through the course and to enable your named mentor to confirm on-going achievement at the end of each practice placement block. It also enables monitoring of your attendance in order that the HCPC requirement for hours can be met. You must therefore maintain this document for the whole course as evidence for progression during each placement

For all Placement blocks you and your named mentor must meet together at the initial, midpoint and end of the placement blocks to document achievements, possible development needs and any concerns. This is then shared with your Personal Tutor.

At the start of each placement block you will also be required to complete a number of self-assessments. You must complete the self-assessment in the Clinical Placement Summary and complete a SWOT analysis and action plan prior to your initial meeting with your named mentor. Completing the SWOT analysis will enable to identify your strengths, weaknesses, opportunities and threats in relation to your practice learning and progression towards your summative assessment. You will then be required to complete an action plan to identify your learning outcomes (objectives) you want to achieve in your placement block. Outcomes are

‘Statements of what a learner is expected to know, understand and/or be able to do at the end of a period of learning’.

In other words, the learning outcomes for a placement are what you have to demonstrate to your mentor that you have achieved. The documentation that you complete is the vehicle you use to demonstrate the learning outcomes which you have agreed. When completing your action plan please remember to use the SMART acronym to ensure that your objectives can be achieved in the allocated placement time (see Practice Learning Handbook – appendix 8)

Your completed SWOT and action plan can then be discussed during your initial, mid-point interview and final interviews to measure your progress. It is important to discuss and plan your learning needs and progress in collaboration with your named mentor.

When completing the documentation, please ensure that this is discussed and completed in partnership with you and your mentor.

When completing the Clinical Practice Attendance record you must record the shift using the 24-hour clock and record total number of hours worked for e.g. 06.00 to 18.00 - 12 hours; 18.00 to 02.00 – 8 hours.

All authorised sickness and unauthorised absence taken must also be recorded as follows:

S = Sick

A = Unauthorised Absence/absent

All errors must be crossed out and clearly visible and countersigned by you and your named mentor.

TIPPEX SHOULD NOT BE USED.

It is **YOUR** responsibility to ensure this is signed and kept up to date.

It is checked when you review it with your Personal Tutor at the end of your Placement blocks.

It should reflect that you have negotiated to work with your mentor wherever possible and to experience the range of shifts/weekends and/or nights where required and appropriate

You are responsible for carrying this document from placement to placement.

Please also refer to the Module Guide

Student declaration (to be completed by the student at commencement of Placement)

I give my consent for the sharing of personal confidential information between successive mentors and relevant education providers for the purpose of assessing my progress and fitness to practise

Signed

Print name

Date

Placement Block 2

Record of Clinical Placement Attendance

Date	SHIFT		HRS	Station where shift worked	Mentor's Signature
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TOTAL					

Student's Signature:

Date:

Mentor(s) Signature:

Date:

Placement block 2

Record of Clinical Placement Attendance

Date	SHIFT		HRS	Station where shift worked	Mentor's Signature
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Student's Signature:

Date:

Mentor(s) Signature:

Date:

Placement block 2

Record of Clinical Placement Attendance

Date	SHIFT		HRS	Station where shift worked	Mentor's Signature
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Student's Signature:

Date:

Mentor(s) Signature:

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Placement block 2

Record of Clinical Placement Attendance

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TOTAL					

Student's Signature:

Date:

Mentor(s) Signature:

Date:

Hrs worked in PB2	Sick/Absent hrs in practice	Sick/Absent hrs in university	Hrs to make up in PB3	Personal Tutor Signature	Date

Clinical Placement Summary – Placement Block 2

Placement Area/s:

Mentors Name/s

<u>Attitudes / Behaviours / Values</u>	Self assessment			Mid-point			Final Interview			U
	(student)			(mentor)			(mentor)			
Attendance / Time Keeping	U	S	G	U	S	G	U	S	G	UNSATISFACTORY Urgent review by PT & Placement Lead
Appearance / Uniform	U	S	G	U	S	G	U	S	G	
Professionalism	U	S	G	U	S	G	U	S	G	
Caring Nature / Empathy	U	S	G	U	S	G	U	S	G	
Conscientiousness	U	S	G	U	S	G	U	S	G	
Team work	U	S	G	U	S	G	U	S	G	
Interest / Involvement	U	S	G	U	S	G	U	S	G	
Initiative / Resourcefulness	U	S	G	U	S	G	U	S	G	
Engagement	U	S	G	U	S	G	U	S	G	
Problem solving	U	S	G	U	S	G	U	S	G	

<u>Skills & Knowledge</u>	Self assessment			Mid-point			Final Interview			G	
	(Student)			(Mentor)			(Mentor)				
Communication	U	S	G	U	S	G	U	S	G	GOOD PERFORMANCE No action required Well Done! Formative	
Applying theory to practice	U	S	G	U	S	G	U	S	G		
Evidence Based Practice	U	S	G	U	S	G	U	S	G		
Scope of Practice	U	S	G	U	S	G	U	S	G		
Health Promotion	U	S	G	U	S	G	U	S	G		
Numeracy	U	S	G	U	S	G	U	S	G		
Dexterity / Skill	L/E	U	S	G	U	S	G	U	S		G
Clinical skills	L/E	U	S	G	U	S	G	U	S		G
Verbal Reporting	L/E	U	S	G	U	S	G	U	S		G
Documentation	L/E	U	S	G	U	S	G	U	S		G

IMPORTANT: Unsatisfactory at final interview may result in failure of the module

Action Plan/s (based on any areas of practice identified above as unsatisfactory at the midpoint interview)

You may "sign post" where additional action plans are to be found in the student portfolio

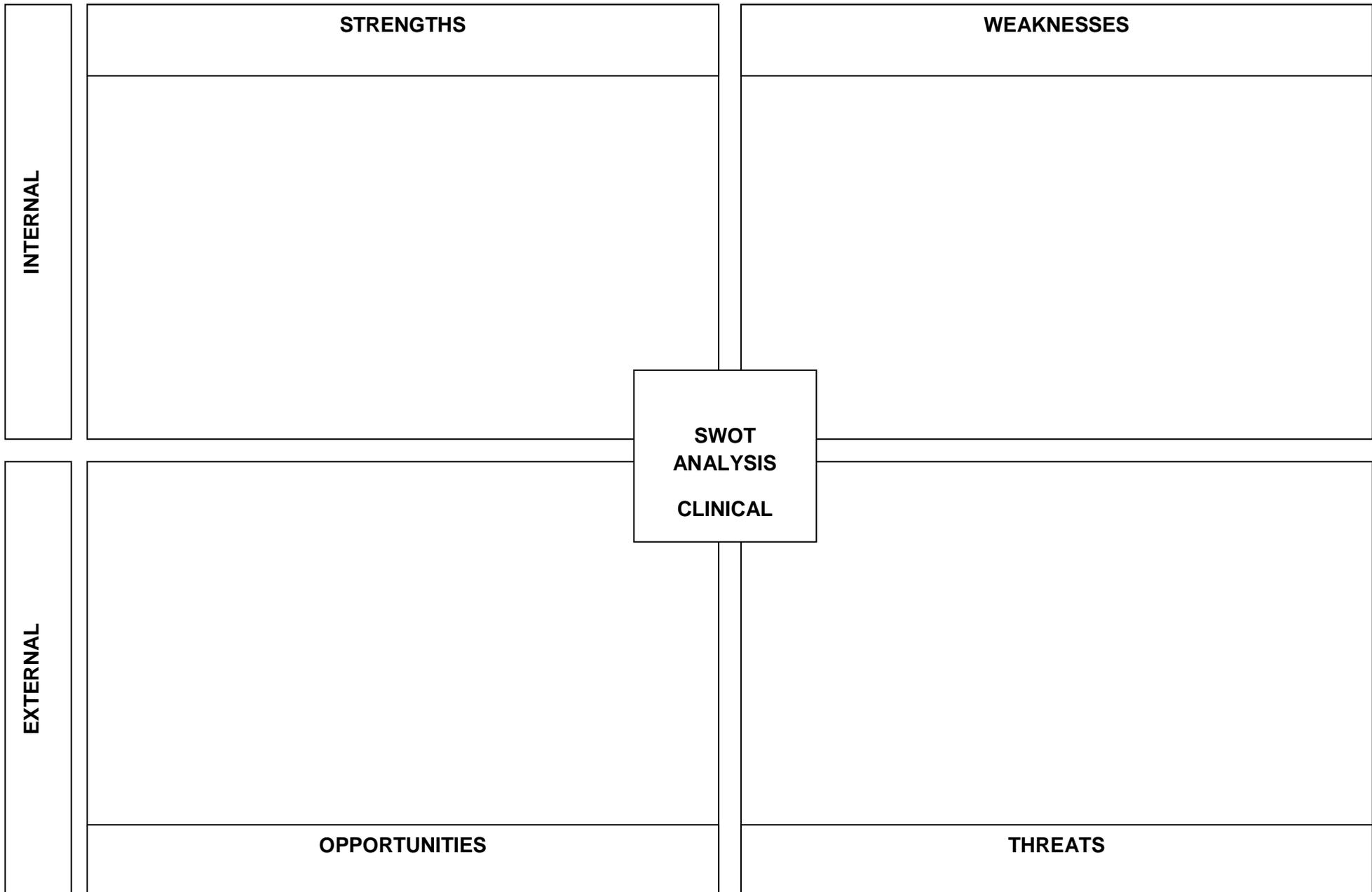
Student Signature:

Date:

Mentor Signature:

Date

SWOT ANALYSIS – PB 2



Action Plan-PB2

Objectives	Action	Resources Required	Evidence Used	Achieved by

Overall Goal:				
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Student's signature:

Date

Mentors Signature:

Date

Initial Interview

Mentor Remarks (Continue overleaf if necessary)

Achievement:

Specific areas for development:

Student Remarks (Continue overleaf if necessary)

Personal Tutor Remarks (if required)

(Continue overleaf if necessary)

Mid-Point Interview

Mentor Remarks (Continue overleaf if necessary)

Achievement:

Student Remarks (Continue overleaf if necessary)

Specific areas for development:

Personal Tutor Remarks (if required)

(Continue overleaf if necessary)

End of Placement Interview

Mentor Remarks (Continue overleaf if necessary)

Achievement:

Specific areas for development:

Student Remarks (Continue overleaf if necessary)

Personal Tutor Remarks (if required)

(Continue overleaf if necessary)

Placement block 3

Record of Clinical Placement Attendance

Date	SHIFT		HRS	Station where shift worked	Mentor's Signature
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TOTAL					

Student's Signature:

Date:

Mentor(s) Signature:

Date:

Placement block 3

Record of Clinical Placement Attendance

Date	SHIFT		HRS	Station where shift worked	Mentor's Signature
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TOTAL					

Student's Signature:

Date:

Mentor(s) Signature:

Date:

Placement block 3

Record of Clinical Placement Attendance

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TOTAL					

Student's Signature:

Date:

Mentor(s) Signature:

Date:

Placement block 3

Record of Clinical Placement Attendance

Date	SHIFT		HRS	Station where shift worked	Mentor's Signature
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TOTAL					

Student's Signature:

Date:

Mentor(s) Signature:

Date:

Hrs worked in PB3	Sick/Absent hrs in practice	Sick/Absent hrs in university	Total Overall PB2/PB3	Personal Tutor Signature	Date

Clinical Placement Summary – Placement Block 3

Placement Area/s:

Mentors Name/s

<u>Attitudes / Behaviours / Values</u>	Self assessment			Mid-point			Final Interview			U
	(student)			(mentor)			(mentor)			
Attendance / Time Keeping	U	S	G	U	S	G	U	S	G	UNSATISFACTORY Urgent review by PT & Placement Lead
Appearance / Uniform	U	S	G	U	S	G	U	S	G	
Professionalism	U	S	G	U	S	G	U	S	G	
Caring Nature / Empathy	U	S	G	U	S	G	U	S	G	
Conscientiousness	U	S	G	U	S	G	U	S	G	
Team work	U	S	G	U	S	G	U	S	G	
Interest / Involvement	U	S	G	U	S	G	U	S	G	
Initiative / Resourcefulness	U	S	G	U	S	G	U	S	G	
Engagement	U	S	G	U	S	G	U	S	G	
Problem solving	U	S	G	U	S	G	U	S	G	

<u>Skills & Knowledge</u>	Self assessment			Mid-point			Final Interview			S	
	(Student)			(Mentor)			(Mentor)				
Communication	U	S	G	U	S	G	U	S	G	GOOD PERFORMANCE No action required Well Done! Formative	
Applying theory to practice	U	S	G	U	S	G	U	S	G		
Evidence Based Practice	U	S	G	U	S	G	U	S	G		
Scope of Practice	U	S	G	U	S	G	U	S	G		
Health Promotion	U	S	G	U	S	G	U	S	G		
Numeracy	U	S	G	U	S	G	U	S	G		
Dexterity / Skill	L/E	U	S	G	U	S	G	U	S		G
Clinical skills	L/E	U	S	G	U	S	G	U	S		G
Verbal Reporting	L/E	U	S	G	U	S	G	U	S		G
Documentation	L/E	U	S	G	U	S	G	U	S		G

IMPORTANT: Unsatisfactory at final interview may result in failure of the module

Action Plan/s (based on any areas of practice identified above as unsatisfactory at the midpoint interview)

You may "sign post" where additional action plans are to be found in the student portfolio

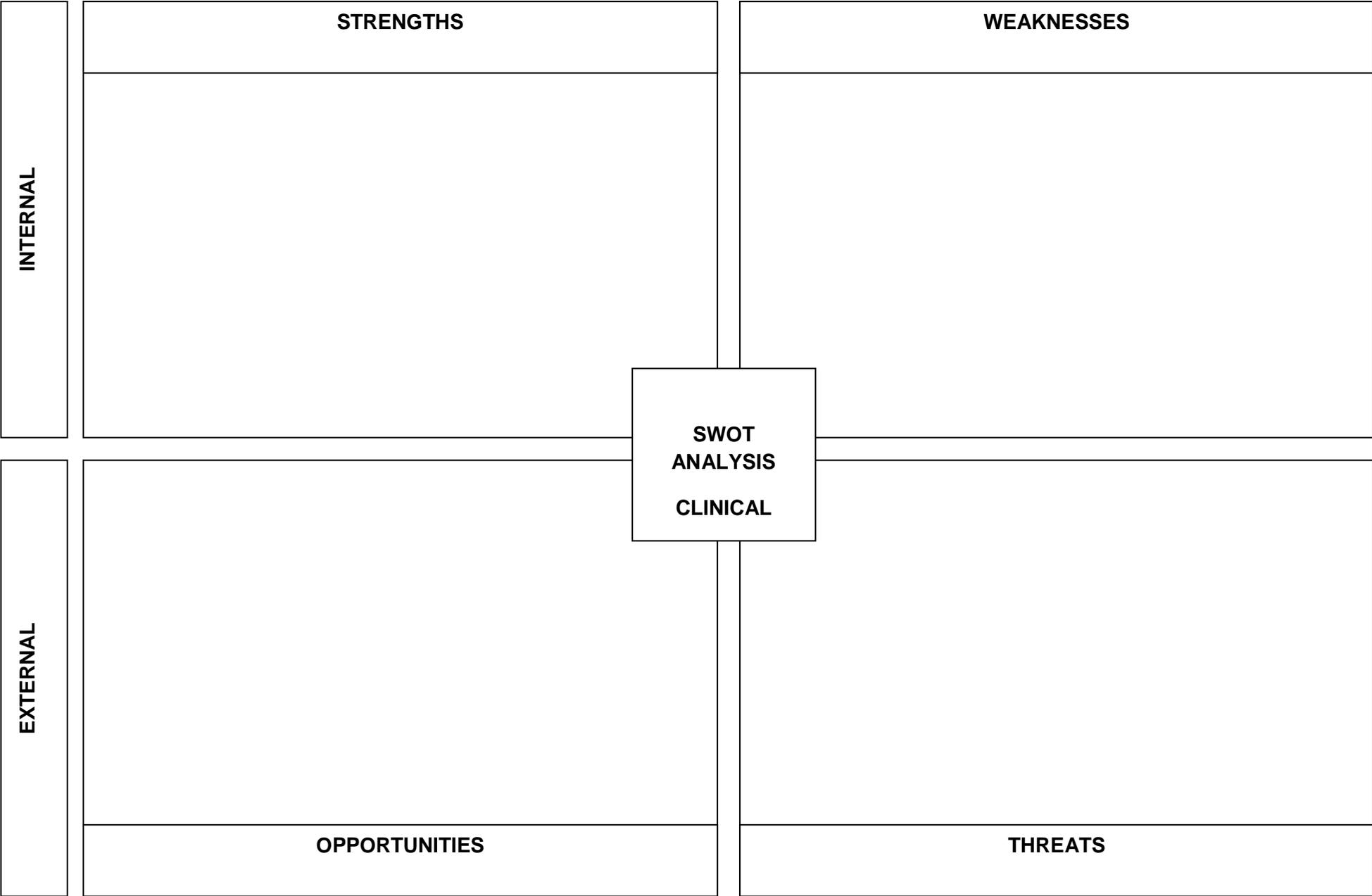
Student Signature:

Date:

Mentor Signature:

Date

SWOT ANALYSIS – PB 3



Action Plan-PB3

Overall Goal:

Objectives	Action	Resources Required	Evidence Used	Achieved by

Student's signature:

Date

Mentors Signature:

Date

Initial Interview

Mentor Remarks (Continue overleaf if necessary)

Achievement:

Specific areas for development:

Student Remarks (Continue overleaf if necessary)

Personal Tutor Remarks (if required)

(Continue overleaf if necessary)

Mid-Point Interview

Mentor Remarks (Continue overleaf if necessary)

Achievement:

Specific areas for development:

Student Remarks (Continue overleaf if necessary)

Personal Tutor Remarks (if required)

(Continue overleaf if necessary)

End of Placement Interview

Mentor Remarks (Continue overleaf if necessary)

Achievement:

Specific areas for development:

Student Remarks (Continue overleaf if necessary)

Personal Tutor Remarks (if required)

(Continue overleaf if necessary)

PART 4

THE ASSESSMENT FRAMEWORK

Part 4-The Assessment Framework

Assessment Process - Formative and summative assessment

The assessment of each competency consists of formative assessment and summative assessment. Formative assessment refers to what is learnt and how it is learnt. This should involve a continuing and systematic appraisal of the students' performance throughout their clinical placement to determine the degree of mastery of the given learning task. It also helps to focus on a particular learning necessary to achieve mastery of the required competences. Formative assessment is linked to the initial and midpoint interview and is part of the continuous assessment. The purpose of the interviews is to identify the learning needs and to discuss your student progression (Gopee 2011). This will allow the student to observe, discuss and practice the skill in preparation for their summative assessment

Summative assessment refers to what to learn and what counts. This is linked to the final interview and this will determine whether the student can competently & consistently undertake the competence without direct supervision in a safe, effective manner to ensure they are fit to practice at the point of registration with the Health Professions Council as a Registered Paramedic.

Assessment of Learning - Educational Taxonomy

To determine the achievement of competences the assessment process is based on the Steinaker and Bell (1979) Experiential Taxonomy. Experiential learning is learning by doing rather than by merely being informed by others of a particular topic and is achieved by building simulation from the learning experience (Kolb 1984). Taxonomy refers to a classification or structure to assess student learning. An educational taxonomy can identify elements relating to progress and attainment of skills, and intellectual growth, which we can use as a tool to measure student achievement.

The Steinaker and Bell (1979) Experiential Taxonomy is widely used in healthcare professions for assessment of student learning. This experiential taxonomy considers experience as a whole entity and identifies the developing levels of learning which when applied to the practice situation leads to a natural progression of clinical competence through progression of five experiential categories (Steinaker and Bell 1979)

1. Exposure	Lowest
2. Participation	↓
3. Identification	
4. Internalisation	
5. Dissemination	Highest

Without tangible evidences the starting point must be the exposure level.

Figure 1 provides a description of some student activities, which are included in each category and the point allocated for performance in that category.

Figure 1. Taxonomy levels and criteria

<p>Exposure</p> <p>Student is exposed to the experience.</p> <ul style="list-style-type: none"> • Shows awareness but lacks knowledge and skills • Listens, observes, asks questions • Reacts to the experience and recognises own limitations and responsibilities • Reflects on learning experience and explores the implications of these reflections • Show willingness to participate 	<p>Participation</p> <p>Student can reproduce the activity encountered at the exposure level</p> <ul style="list-style-type: none"> • Begins to articulate underlying rational skills for the activity • Shows recall of ideas and concepts • Introduces and discusses background information • Practices under supervision in a standardised way • Uses appropriate interpersonal behaviour • Explains activities when questioned 	<p>Identification</p> <p>Student is able to carry out the activity competently</p> <ul style="list-style-type: none"> • Recognises and explains situations where the activity is applicable • Able to assess own strengths and limitations • Utilises theory and research in relation to carrying out the activity • Beginning to show initiative, recognises standards, values and qualities required • Act on one's own without having to be prompted
<p>Internalisation</p> <p>Student identifies with the activity so that it becomes second nature to the student</p> <ul style="list-style-type: none"> • Shows confidence in own activity • Able to reflect experience in an objective manner • Able to apply new knowledge to new situation • Shows creativity • Utilises research in relation to the activity • Undertake clinical skills in a safe and consistent manner • Consistently applies theory to practice to a range of clinical situations 	<p>Dissemination</p> <p>Student acts as a role model, informing others and promoting the experience to others</p> <ul style="list-style-type: none"> • Competent and demonstrates the ability to teach others • Illustrates motivational abilities in relation to others • Is able to carry out the activity in complex unfamiliar situations • Acts as a role model • Is able to discuss the wider influences: social and economic and how these impact on practice 	

STEINAKER, N. W. AND BELL, M. R. (1979) *The Experiential Taxonomy. A New Approach to Teaching and Learning*. London: Academic Press

Competency Achievement

To achieve a competent level the student must achieve the minimum level of **Identification** (Level 3). Students must be able to perform and demonstrate knowledge and understanding against the criteria for each competence. The process of the assessment commences with the **formative assessment** linked to the initial interviews to identify learning needs. This forms the basis of the discussion. This is followed by midpoint interview to discuss progress through the **Exposure** and **Participation** levels. The **summative assessment** linked to the final interview will identify whether the student has progressed and achieved the level of **Identification**.

For example

Stage 1: Exposure

For each competency, there is a formative assessment where the student can observe the mentor or Registered Paramedic observe the skill and begin to ask questions.

Stage 2: Participation

The student has the opportunity to discuss and practice the skill on several occasions under direct supervision. The student begins to identify the rationale for undertaking the skill and can provide explanations when questioned

Stage 3: Identification

The student is able to act on one's own and use initiative to safely and consistently undertake the skill under indirect supervision. Can confidently discuss rationale for undertaking the skill and can demonstrate the required underpinning knowledge and understanding for that competence.

When making a judgement on student achievement there is a variety of evidence that can be considered

1. Direct observation by Mentor

Observing and supervising the student practice in relation to their competencies.

E.G. Observing the student carrying out a patient history

Observe their willingness to practice

2. Discussion.

Discussion allows assessment of the student's knowledge and understanding

E.G Ask the student what are the clinical norms for vital signs across the age range.

What are the current national guidelines underpinning practice in relation to the

Competence

3. Supplementary Evidence

Underpinning knowledge and application of learning.

E.G this may be through written reflection of work

Written reports, completion of patient documentation

Short essays

The summative assessment will be graded a pass or fail. If the student does not achieve the required level and is awarded a fail, a clear written rational for this must be made by the student and the mentor.

PART 5

SUMMATIVE ASSESSEMENT

ACHIEVEMENT OF COMPETENCES

COMPETENCE: Demonstrate safe, effective and appropriate care when undertaking a primary survey

The student should:

Take steps to ensure safety and minimise risks to yourself, the patient and others in the immediate environment

Conduct the assessment and management in a systematic manner in order of order of priority (*i.e. Airway, Breathing, Circulation, Disability*)

Use appropriate assessment strategies and associated equipment to gather as much data as possible about the individuals health status and likely needs

Demonstrate the ability to respect the patient's privacy, dignity, cultural and religious beliefs

Minimise any unnecessary discomfort and encourage the individual to participate as fully as possible in the process

Recognise time critical patients and make appropriate decisions in the management of the individual

Practice in accordance with current legislation and national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

The risks that can arise when assessing individuals presenting as an emergency and the actions you would take to minimise these

The indicators of potentially life threatening and acute conditions in relation to physiological parameters

Physiological parameters across the age continuum requiring immediate intervention

The interventions required to manage abnormalities found within the primary survey

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome: All

HCPC SOP

All

FORMATIVE ASSESSMENT

The student has observed, discussed and practiced the skill under direct supervision of a registered paramedic/mentor

Registered Paramedic/Mentor to sign & date when achieved

Observed	Signed:	Date:
Discussed	Signed:	Date:
Discussed	Signed:	Date:
Practice under supervision	Signed:	Date:
Practice under supervision	Signed:	Date:

SUMMATIVE ASSESSMENT

The student can competently & consistently undertake the competence under supervision in a safe, effective manner

Please delete as appropriate: Achieved / Not achieved (Please comment reasons for not achieving)

Mentors signature: _____ **Date:** _____

Students signature: _____ **Date:** _____

Mentor Comments:

Student Comments:

COMPETENCE: Demonstrate safe, effective and appropriate care when undertaking secondary survey

The student should:

- Conduct all clinical observations and vital signs systematically and thoroughly in order of priority
- Use appropriate assessment strategies and associated equipment to gather as much data as possible about the individuals health status and needs
- Monitor and reassess the individuals health status for a sufficient duration to be satisfied that their condition is safe and stable (reassess ABC)
- Make a judgment, based on the information and data available at the time
- Identify any health risks to the individual in relation to presenting illness/injury
- Seek additional support and advice from other practitioners as necessary to arrive at a satisfactory judgment as to the health status and needs of the individual
- Performs a head to toe examination and apply appropriate interventions based on findings
- Practice in accordance with current legislation and national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

- Different assessment strategies used to enable an accurate picture of the individuals health status and needs
- The actions which should be undertaken to minimise discomfort based on an individual presenting illness/injury
- The importance of continuous monitoring and evaluation of changes in an individual's illness/injury
- Physiological parameters across the age continuum
- Abnormal physiological parameters across the age continuum, potential causes and appropriate management strategies
- Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

FORMATIVE ASSESSMENT

The student has observed, discussed and practiced the skill under direct supervision of a registered paramedic/mentor

Registered Paramedic/Mentor to sign & date when achieved

Observed	Signed:	Date:
Discussed	Signed:	Date:
Discussed	Signed:	Date:
Practice under supervision	Signed:	Date:
Practice under supervision	Signed:	Date:

SUMMATIVE ASSESSMENT

The student can competently & consistently undertake the competence under supervision in a safe, effective manner

Please delete as appropriate: Achieved / Not achieved (Please comment reasons for not achieving)

Mentors signature: _____ Date: _____

Students signature: _____ Date: _____

Mentor Comments:

Student Comments:

COMPETENCE: Demonstrate safe, effective and appropriate care when undertaking a comprehensive patient history

The student should:

Obtain details of the individual's current and prior health status and circumstances to inform assessment.

Use appropriate questions to explore, clarify and confirm information relating to the presenting complaint utilizing a formal medical model

Review all the available information, noting and taking account of any conflicting, confounding or unusual aspects

Respect the individual's privacy, dignity, wishes and beliefs in your interactions with other people

Communicate with people in an appropriate manner.

Make reasonable efforts to uphold the individuals religious and cultural beliefs

Practice in accordance with current legislation and national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

How to communicate effectively to ensure its appropriate to the individual's age, level of understanding, language, culture and preferred ways of communicating

The barriers to communication, and the actions to be taken to manage them in a constructive manner

The structure of the history taking process, the information that is needed and why each part of the history taking process is necessary

Why information needs to be gathered over a sufficient period of time and how this might vary.

The implications of ineffective history taking including history gained from a 3rd party

The importance of gathering information relating to the circumstances leading up to an individual requiring medical assistance.

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to Learning Outcome(s): All and All SOPs HCPC

FORMATIVE ASSESSMENT

The student has observed, discussed and practiced the skill under direct supervision of a registered paramedic/mentor

Registered Paramedic/Mentor to sign & date when achieved

Observed	Signed:	Date:
Discussed	Signed:	Date:
Discussed	Signed:	Date:
Practice under supervision	Signed:	Date:
Practice under supervision	Signed:	Date:

SUMMATIVE ASSESSMENT

The student can competently & consistently undertake the competence under supervision in a safe, effective manner

Please delete as appropriate: Achieved / Not achieved (Please comment reasons for not achieving)

Mentors signature: _____ **Date:** _____

Students signature: _____ **Date:** _____

Mentor Comments:

Student Comments:

COMPETENCE: Demonstrate safe, effective and appropriate care of patients with respiratory conditions

The student should:

Undertake a comprehensive & accurate history and advanced clinical examination of the presenting individual

Recognises accurately and promptly the differentiating signs and symptoms of respiratory conditions

Forms an accurate and justifiable identification of the clinical condition taking into consideration the likely causes, pre-existing medical problems, current medication and the individuals psychosocial needs

Forms a working diagnosis and implements the appropriate management and therapeutic interventions & monitor its effectiveness and modify accordingly

Ensure the individual has continuous monitoring and re-evaluate and adjust, if necessary, your initial differential diagnosis in the light of emerging symptoms and/or the results of investigations

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the respiratory system and its effect on other systems

The pathophysiology of respiratory conditions

A range of cardiovascular conditions with associated signs and symptoms, causes, risk factors and therapeutic interventions

The importance of an accurate advanced clinical assessment to determine nature and severity of the patient's condition including

Inspection Palpation Auscultation Percussion

The relationship of vital signs to support working diagnosis of respiratory conditions

The importance of a systematic and logical approach to clinical decision making

The implications of ineffective history taking and advanced clinical examination

The nature respiratory conditions, its different forms and its physical, psychological and social effects on individuals and their families

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

Learning Outcome(s): All

FORMATIVE ASSESSMENT

The student has observed, discussed and practiced the skill under direct supervision of a registered paramedic/mentor

Registered Paramedic/Mentor to sign & date when achieved

Observed	Signed:	Date:
Discussed	Signed:	Date:
Discussed	Signed:	Date:
Practice under supervision	Signed:	Date:
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SUMMATIVE ASSESSMENT

The student can competently & consistently undertake the competence under supervision in a safe, effective manner

Please delete as appropriate: Achieved / Not achieved (Please comment reasons for not achieving)

Mentors signature: _____ **Date:** _____

Students signature: _____ **Date:** _____

Mentor Comments:

Student Comments:

COMPETENCE: Demonstrate safe, effective and appropriate care of patients with cardiovascular conditions

The student should:

Undertake a comprehensive & accurate history and advanced clinical examination of the presenting individual

Forms an accurate and justifiable identification of the clinical condition taking into consideration the likely causes, pre-existing medical problems, current medication and the individuals psychosocial needs

Forms working diagnosis and implements the appropriate management and therapeutic interventions & monitor its effectiveness and modify accordingly

Ensure the individual has continuous monitoring and re-evaluate and adjust, if necessary, your initial differential diagnosis in the light of emerging symptoms and/or the results of investigations

Assess the potential benefit of thrombolysis treatment against potential risk for the individual, taking account of any known contra-indications

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the cardiovascular system and its effect on other systems including biochemistry

Pathophysiology of the cardiovascular conditions

The importance of an accurate advanced clinical assessment to determine nature and severity of the patient's condition including

Examination of the hands, face, eyes, mouth, jugular venous pressure, palpation, auscultation

The relationship of vital signs to support working diagnosis of respiratory conditions

The importance of a systematic and logical approach to clinical decision making

The implications of ineffective history taking and advanced clinical examination

The importance of administration of appropriate drugs with minimum delay after the cardiac event

The nature of cardiovascular disease, its different forms and its physical, psychological and social effects on individuals and their families

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

FORMATIVE ASSESSMENT

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Student Comments:

COMPETENCE: Demonstrate safe, effective and appropriate care of patients with gastrointestinal conditions

The student should:

Undertake a comprehensive & accurate history and advanced clinical examination of the presenting individual

Recognises accurately and promptly the differentiating features of gastrointestinal conditions

Forms an accurate and justifiable identification of the clinical condition taking into consideration the likely causes, pre-existing medical problems, current medication and the individuals psychosocial needs

Forms a working diagnosis and implements the appropriate management and therapeutic interventions & monitor its effectiveness and modify accordingly

Ensure the individual has continuous monitoring and re-evaluate and adjust, if necessary, your initial differential diagnosis in the light of emerging symptoms and/or the results of investigations

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the gastrointestinal system and its effect on other systems

The pathophysiology of gastrointestinal conditions

The importance of an accurate advanced clinical assessment to determine nature and severity of the patient's condition including

Inspection Palpation Percussion Auscultation

The importance of a systematic and logical approach to clinical decision making

The implications of ineffective history taking and advanced clinical examination

The relationship of vital signs to support working diagnosis of gastrointestinal conditions

The nature gastrointestinal conditions, its different forms and its physical, psychological and social effects on individuals and their families

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

FORMATIVE ASSESSMENT

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COMPETENCE: Demonstrate safe, effective and appropriate care of patients with genitourinary conditions

The student should:

Undertake a comprehensive & accurate history and advanced clinical examination of the presenting individual

Recognises accurately and promptly the differentiating features of genitourinary conditions

Forms an accurate and justifiable identification of the clinical condition taking into consideration the likely causes, pre-existing medical problems, current medication and the individuals psychosocial needs

Forms a working diagnosis and implements the appropriate management and therapeutic interventions & monitor its effectiveness and modify accordingly

Ensure the individual has continuous monitoring and re-evaluate and adjust, if necessary, your initial differential diagnosis in the light of emerging symptoms and/or the results of investigations

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the genitourinary system and its effect on other systems

The pathophysiology of genitourinary conditions

The importance of an accurate advanced clinical assessment to determine nature and severity of the patient's condition

The importance of a systematic and logical approach to clinical decision making

The implications of ineffective history taking and advanced clinical examination

The relationship of vital signs to support working diagnosis of genitourinary conditions

The nature genitourinary conditions, its different forms and its physical, psychological and social effects on individuals and their families

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

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COMPETENCE: Demonstrate safe, effective and appropriate care of patients with neurological conditions

The student should:

Recognise the need to conduct a neurological assessment at an appropriate time during assessment

Undertake an accurate history with particular attention to the neurological status of the patient.

Competently undertake a FAST assessment

Demonstrate a complete assessment of the 12 cranial nerves

Identify time critical patients and manage accordingly

Document findings appropriately

Practice in accordance with current legislation and national, regional & local guidelines, protocols and policies

Communicate with people in an appropriate manner.

Make reasonable efforts to uphold the individuals religious and cultural beliefs

Undertake a comprehensive & accurate history and advanced clinical examination of the presenting individual

Recognises accurately and promptly the differentiating features of neurological conditions

Forms an accurate and justifiable identification of the clinical condition taking into consideration the likely causes, pre-existing medical problems, current medication and the individuals psychosocial needs

Forms a working diagnosis and implements the appropriate management and therapeutic interventions & monitor its effectiveness and modify accordingly

Ensure the individual has continuous monitoring and re-evaluate and adjust, if necessary, your initial differential diagnosis in the light of emerging symptoms and/or the results of investigations

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

The twelve cranial nerves and their functions
Common neurological disorders and their associated abnormalities
Physiological and psychological parameters across the age continuum
Abnormal physiological and psychological parameters across the age continuum
The implications of delaying treatment and/or transport to appropriate receiving facilities
Current legislation, national, regional & local guidelines, protocols and policies for the treatment of individuals presenting with neurological compromise

Anatomy and physiology of the central nervous system and its effect on other systems

The pathophysiology of neurological conditions

The importance of an accurate advanced clinical assessment to determine nature and severity of the patient's condition including assessment of:

Cranial nerves Muscle mass, tone, reflexes Movement and power Co-ordination Abnormal movement

The importance of a systematic and logical approach to clinical decision making

The implications of ineffective history taking and advanced clinical examination

The relationship of vital signs to support working diagnosis of neurological conditions

The nature of neurological conditions, its different forms and its physical, psychological and social effects on individuals and their families

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

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COMPETENCE: Demonstrate safe, effective and appropriate care of patients with traumatic injuries

The student should:

Undertake a comprehensive and accurate history and advanced clinical assessment of the presenting individual

Recognises accurately and promptly the differentiating features of injuries presenting as tissue trauma

Forms an accurate and justifiable identification of the clinical condition taking into consideration the likely causes, pre-existing medical problems, current medication and the individuals psychosocial needs

Forms a working diagnosis and implements the appropriate management and therapeutic interventions & monitor its effectiveness and modify accordingly

Ensure the individual has continuous monitoring and re-evaluate and adjust, if necessary, your initial differential diagnosis in the light of emerging symptoms and/or the results of investigations

Apply universal standard precautions for infection prevention and control and take other appropriate health and safety measures

Can recognise the potential signs of abuse and report them promptly to the appropriate person in line with national and organisational policy

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy & physiology of the skin and underlying structures and the musculoskeletal system

The pathophysiology underlying minor and major injuries

The importance of accurate advanced clinical assessment to determine nature and severity of injury

Wound healing, factors that will affect wound healing and potential complications of wound healing

The importance of a systematic and logical approach to clinical decision making

The implications of ineffective history taking and advanced clinical examination

Appropriate treatment for musculoskeletal and tissue trauma

Asepsis, antisepsis and cross infection and how this contributes to the control of infection

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome (s): All

HCPC SOP

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Student Comments:

COMPETENCE: Demonstrate safe and appropriate incident management

The student should:

Discuss how large scale incidents may be dealt with in accordance with the Major Incident Plan

Be able to identify/assess the need for specialised personnel and specialist equipment and request if necessary

Be able to identify/assess the need for extra staff/equipment and request if necessary

To recognise the circumstances and nature of the incident and how this is monitored, recorded, evaluated and reported and acted upon as required.

Practice in accordance with current legislation & national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

The processes of establishing priorities for action

The process of Triage when prioritising individuals

The importance of making a thorough survey of a situation/incident.

The procedures when requesting specialised/additional resources

The types of personal protective equipment available and their use

The resources needed to implement a Major Incident Plan and the actions to be taken to mobilise them

Designated roles within local Major Incident Plans and who is authorised to undertake each role

Ensuring effective liaison between yourself and other members of the multidisciplinary team including senior personnel of other organisations

Current legislation & national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

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COMPETENCE: Demonstrate safe, effective and appropriate care of vulnerable groups

The student should:

- Ensure that a primary survey is conducted without delay
- Obtain an accurate history of the patient's condition
- Ensure an holistic clinical assessment is performed
- Conduct appropriate observations and interprets results
- Initiate appropriate therapeutic interventions in line with current legislation and national, regional and local guidelines, policies and protocols
- Ensure that safeguarding processes are initiated for vulnerable patients
- Makes appropriate referral to alternative care pathways
- Ensure that re-assessment and evaluation is performed and treatment plan is adjusted as necessary
- Undertake a comprehensive holistic history and clinical examination (where appropriate) of the presenting individual
- Identify groups of patients who may be encountered in practice who could be classified as vulnerable
- Demonstrate appropriate communication strategies for dealing with vulnerable patients.
- Make an accurate assessment of patients using the appropriate risk assessment tools
- Make an appropriate referral to relevant health care professional or arrange/provide transport to an appropriate care facility.
- Identify strategies to be adopted that ensure the safety of the practitioner and the patient/carer
- Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Current legislation and national, regional and local guidelines, policies and protocols relevant to vulnerable patients

The importance of a systematic and logical approach to holistic patient assessment and management

The risks associated with making assumptions about a patient's health status

Alternative care pathways that are in place and suitable for vulnerable patients

The range of support systems available to vulnerable patients

Why it is important to ensure that ALL information is taken into account in reaching a differential diagnosis and need for reassessment

The needs of the various ethnic and socio economic grouping that are encountered in practice.

Assessment tools available to support decision making etc. SADS

The various multi agency partners that can be included in the management of vulnerable patients

Current legislation and national, regional & local guidelines, protocols and policies relevant to safeguarding & vulnerable groups

Cross Reference to	
Learning Outcome(s): All	HCPC SOP All

FORMATIVE ASSESSMENT

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COMPETENCE: Communicate effectively with individuals

The student should:

Be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

Be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users, their relatives and carers and other members of the multidisciplinary team

Be able to contribute effectively to work undertaken as part of a multi-disciplinary team

Be able to recognise anxiety and stress in patients, carers and others and recognise the potential impact upon communication

Be able to use a range of integrated skills and self-awareness to effectively recognise and manage potential conflict

Practice in accordance with current legislation & national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

The importance of effective communication and interpersonal skills throughout the care given to encourage active participation of the service users

How communication skills affect the assessment of service users

Why communication skills should be modified in relation to factors affecting communication for e.g.; age, physical ability and learning ability

Why they need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

Their characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status

When to use an appropriate interpreter to assist service users whose first language is not English

The importance of building and sustaining professional relationships as both an independent practitioner and collaboratively as a team member

The importance of developing relationships with service users that is based on mutual respect and trust

Current legislation & national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

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COMPETENCE: Demonstrate safe and effective care of infants

The student should:

- Ensure that a primary survey is conducted without delay
- Obtain an accurate history of the patient's condition from parents/carers
- Communicate with infant in a manner appropriate for age
- Ensure an holistic clinical assessment is performed
- Conduct appropriate observations and interprets results in relation to age related differences
- Practice in accordance with current legislation and national, regional and local guidelines, policies and protocols relevant to infants and families
- Makes appropriate referral to alternative care pathways
- Ensure that re-assessment and evaluation is performed and treatment plan is adjusted as necessary

The student should demonstrate developing knowledge and understanding of:

- Current legislation and national, regional and local guidelines, policies and protocols relevant to infants and families
- Anatomy, physiology and pathophysiology's relevant to infants
- Normal child development milestones
- The importance of a systematic and logical approach to holistic patient assessment and management
- The risks associated with making assumptions about a patient's health status
- Alternative care pathways and support systems that are in place for infants, parents/carers
- Understands how clinical norms of infants differ, including:
 - AVPU
 - Respiratory rate
 - Pulse rate

Blood pressure (non-invasive)

Temperature

Peripheral oxygen saturation

Pupil reactions

Glasgow coma score

ECG rhythm recognition

Blood glucose level

Peak flow measurement

Ensure that ALL information is taken into account in reaching a differential diagnosis and need for reassessment

Cross Reference to

Learning Outcome:

HPC SOP

ALL

FORMATIVE ASSESSMENT

The student has observed, discussed and practiced the skill under direct supervision of a registered paramedic/mentor

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COMPETENCE: Demonstrate safe and effective care of children

The student should:

Ensure that a primary survey is conducted without delay

Communicates with the child in a manner appropriate for their age

Obtain an accurate history of the patient's condition from parents/carers

Ensure an appropriately focused, holistic clinical assessment is performed

Conduct appropriate observations and interprets results in relation to age related differences

Practice in accordance with current legislation and national, regional and local guidelines, policies and protocols relevant to children and families

Makes appropriate referral to alternative care pathways

Ensure that re-assessment and evaluation is performed and treatment plan is adjusted as necessary

The student should demonstrate developing knowledge and understanding of:

Current legislation and national, regional and local guidelines, policies and protocols relevant to children and families

Anatomy, physiology and pathophysiology's relevant to children

Normal child development milestones

The importance of a systematic and logical approach to holistic patient assessment and management

The risks associated with making assumptions about a patient's health status

Alternative care pathways and support systems that are in place for children, parents/carers

Understands how clinical norms of children differ, including:

AVPU	Respiratory rate	Pulse rate
Blood pressure (non-invasive)	Temperature	Peripheral oxygen saturation
Pupil reactions	Glasgow coma score	ECG rhythm recognition
Blood glucose level	Peak flow measurement	
Ensure that ALL information is taken into account in reaching a differential diagnosis and need for reassessment		
Cross Reference to		
Learning Outcome:		HPC SOP
		ALL

FORMATIVE ASSESSMENT

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COMPETENCE: Demonstrate safe and effective care of adolescents & young people

The student should:

Ensure that a primary survey is conducted without delay

Communicates with the patient in a manner appropriate for their age

Involves the young person in decision making when appropriate

Obtain an accurate history of the patient's condition from parents/carers when necessary

Ensure an appropriately focused, holistic clinical assessment is performed

Conduct appropriate observations and interprets results in relation to age related differences

Practice in accordance line with current legislation and national, regional and local guidelines, policies and protocols adolescents ,young people and families

Makes appropriate referral to alternative care pathways

Ensure that re-assessment and evaluation is performed and treatment plan is adjusted as necessary

The student should demonstrate developing knowledge and understanding of:

Current legislation and national, regional and local guidelines, policies and protocols relevant to adolescents ,young people and families

Anatomy, physiology and pathophysiology's relevant to adolescents and young people

Normal development milestones

The importance of a systematic and logical approach to holistic patient assessment and management

The risks associated with making assumptions about a patient's health status

Alternative care pathways and support systems that are in place for adolescents and young adults

Legal implications concerning consent and capacity relevant to adolescents and young adults

Ensure that ALL information is taken into account in reaching a differential diagnosis and need for reassessment

Cross Reference to

Learning Outcome:

HPC SOP

ALL

FORMATIVE ASSESSMENT

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COMPETENCE: Demonstrate safe and effective care of older people

The student should:

- Ensure that a primary survey is conducted without delay
- Communicates with the patient in an appropriate manner
- Obtain an accurate history of the patient's condition from the patient and/or carers if necessary
- Ensure an appropriately focused, holistic clinical assessment is performed
- Conduct appropriate observations and interprets results in relation to age related differences
- Practice in accordance with current legislation and national, regional and local guidelines, policies and protocols relevant to the older person
- Makes appropriate referral to alternative care pathways
- Ensure that re-assessment and evaluation is performed and treatment plan is adjusted as necessary

The student should demonstrate developing knowledge and understanding of:

- Current legislation and national, regional and local guidelines, policies and protocols relevant to the older person
- Anatomy, physiology and pathophysiology's relevant to older people
- The importance of a systematic and logical approach to holistic patient assessment and management
- The risks associated with making assumptions about a patient's health status
- Alternative care pathways and support systems that are in place for older people and carers
- Understands how clinical norms of older people differ, including:

AVPU	Respiratory rate	Pulse rate
Blood pressure (non-invasive)	Temperature	Peripheral oxygen saturation

Pupil reactions

Glasgow coma score

ECG rhythm

Blood glucose level

Peak flow measurement

Ensure that ALL information is taken into account in reaching a differential diagnosis and need for reassessment

Cross Reference to

Learning Outcome:

HPC SOP

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COMPETENCE: Demonstrate safe and effective care of patients at the end of life and their significant others

The student should:

- Demonstrate effective communication with people about difficult and complex matters
- Demonstrate an understanding of the significance of individuals' needs and beliefs
- Provides care in an individualised, person-centred way
- Demonstrates the correct procedure of recognition of life extinct (ROLE)
- Delivers the notification of death to significant others in a sensitive empathetic way
- Correctly manage the body of deceased in all circumstances, including suspicious deaths
- Provides care and support to those affected by end of life and bereavement
- Ensure that safeguarding processes are initiated for vulnerable patients
- Makes appropriate referral to alternative care pathways

The student should have a working knowledge and understanding of:

Theories and models of communicating difficult news, loss and bereavement

The importance of a systematic and logical approach to holistic patient assessment and management

The risks associated with making assumptions about a patient's health status, beliefs and customs

Alternative care pathways that are in place and suitable for patients at the end of life and the bereft

The role of other agencies and professional groups , including; the coroner, coroner's officer and police

The status of do not attempt resuscitation orders, living wills and advanced directives

Ensure that all information is taken into account in reaching a differential diagnosis and need for reassessment

Current legislation and national, regional and local guidelines, policies and protocols relevant to end of life care and bereavement

Cross Reference to

Learning Outcome (s): All

HCPC SOP

All

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COMPETENCE: Complete and maintain accurate documentation of all activities undertaken

The student should:

Demonstrate recording of comprehensive, accurate, legible records in a timely manner

Update patient records at appropriate times both during transportation and when changes in patients condition occur

Document appropriately incidents relating to vulnerable patients and child protection

Demonstrate the handling of records and all other information

Demonstrate the use of only acceptable terminology in making records

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies in relation to documentation and the Data Protection Act

The student should demonstrate a working knowledge and understanding of:

The principles and practices of other healthcare professionals in relation to documentation and how they interact with the role of a paramedic

Understand what is required of a Registered Paramedic in relation to documentation by the Health Professions Council

The need to provide service users (or people acting on their behalf) with the information (documented) necessary to enable them to make informed decisions

The need and rationale of using only accepted terminology in making records

Current legislation and national, regional & local guidelines, protocols and policies in relation to documentation and the Data Protection Act

Cross Reference to

Learning Outcome(s): All

HCPC SOP

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COMPETENCE: Demonstrate professional accountability for paramedic practice in accordance with the HPC Standards of Conduct, Performance and Ethics

The student should:

Meet the requirements of the Health Professions Council standards

Demonstrate high standards of personal conduct

Act within the limits of their knowledge, skills and experience, and if necessary, refer to another practitioner competence

Practise within ethical boundaries of the profession

Exercise a professional duty of care, in a non-discriminatory manner

Practise towards an autonomous professional exercising professional judgement

Demonstrate the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

What is required of a Registered Paramedic by the Health Professions Council, including the obligation to maintain fitness to practice

Personal responsibility and the need to be able to justify their actions/decisions

The need to act in the best interests of service users at all times and be able to practise in a non-discriminatory manner

The need to practise safely and effectively within their scope of practice

The need to maintain high standards of personal conduct and understand the importance of maintaining their own health

Why they need to keep skills and knowledge up to date and the importance of career-long learning

The need to build and sustain professional relationships as both an independent practitioner and collaboratively as a team member

Current legislation and national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s) All

HCPC SOP

ALL

FORMATIVE ASSESSMENT

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SUMMATIVE ASSESSMENT

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Mentor Comments:

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COMPETENCE: Demonstrate safe, effective and appropriate interpretation of a 12 Lead electrocardiogram (ECG)

The student should:

- Identify the need to conduct a 12 lead ECG
- Apply the electrodes appropriately
- Understand the correlation between 'lead views' and the anatomy of the heart
- Use a systematic approach to the interpretation of a rhythm strip and 12 lead ECG
- Identify the underlying rhythm of each ECG (e.g. sinus rhythm, heart block, atrial fibrillation)
- Identify ST segment abnormalities – and manage appropriately
- Identify left and right bundle branch blocks – and manage appropriately
- Identify life threatening arrhythmias to include life threatening heart blocks
- Practice in accordance with current legislation and national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

- The anatomy and physiology of the heart
- The conduction pathway of the heart
- How a 12 lead ECG is recorded
- The standard parameters of normal sinus rhythm
- The parameters associated with common ECG abnormalities (e.g. atrial fibrillation, heart blocks, bundle branch blocks etc)

Appropriate receiving cardiac facilities in the student's placement locality

Current legislation, national, regional & local guidelines, protocols and policies for the treatment of individuals presenting with neurological compromise

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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COMPETENCE: Demonstrate safe administration of therapeutic interventions

The student should:

Undertake a comprehensive & accurate history and clinical examination of the presenting individual

Consider any allergies, past medical history and current medication including over the counter and herbal preparations when administering medication

Demonstrate appropriate choice of therapeutic intervention to be administered based on clinical presentation of the patient

Consider the dosage, weight where appropriate, method of administration, route and timing

Appropriately monitor the patient post administration for an appropriate response and for any adverse effects

Recognise and manage appropriately any adverse effects from the medication administered

Checks the expiry date and integrity (where it exists) of the medicine to be administered

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

The physiology of the neurological system particularly the role of neurotransmitters synapses and receptor sites.

The anatomy, physiology and pathophysiology of the immune system

The typical pathology of adverse reactions

The relevant pharmacokinetics and pharmacodynamics of the medications authorised for administration by a paramedic.

The therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications

Action to be taken in the event of a medication error to prevent any potential harm to the patient

Current legislation and national, regional & local guidelines, protocols and policies for storage, drug administration, documentation and disposal of medicines

Cross Reference to

Learning Outcome(s): All

HCPC SOP

All

COMPETENCE: Demonstrate safe, effective and appropriate care when performing peripheral intravenous cannulation

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Identify assessment of patients' vascular access needs, nature and duration of therapy including indications and contra-indications prior to procedure

Manage risk in order to reduce the potential for blood spills and needle-stick injury

Identifying correct size of cannula for intended use

Position patients appropriately (and if necessary immobilise) for safe and effective intravenous cannulation

Perform the correct procedure for Peripheral intravenous cannulation, including the use of appropriate secure dressings.

Take measures to prevent or manage complications during insertion of intravenous cannula (nerve injury, haematoma, etc.)

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the circulatory system, in particular, the anatomy of the location in which the cannula is placed including veins, arteries, nerves and the underlying tissue structures

Indications, contraindications, cautions and complications associated with peripheral Intravenous cannulation

Equipment required for safe, effective peripheral intravenous cannulation, including range of cannula's and rationale for intended use

Current legislation and national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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COMPETENCE: Demonstrate safe, effective and appropriate care when administering intravenous fluids

The student should:

- Identify the need for fluid administration**
- Confirm with colleagues that the correct fluid has been selected from the drugs store**
- Confirm package integrity, drug concentration, fluid and giving set are in date, and any other appropriate checks required**
- Prepare ALL equipment required prior to fluid administration**
- Prime the giving set correctly, ensuring there are no obstructions to fluid flow, and no air bubbles present**
- Secure the giving set to the patient to reduce risk of injury**
- Adjust the flow rate as required to deliver the correct dose to the patient**
- Monitor and reassess the patient throughout**
- Document fluid administration accordingly**
- Practice in accordance with current legislation and national, regional & local guidelines, protocols and policies**

The student should demonstrate a working knowledge and understanding of:

- The indications for fluid administration
- The types of fluids available in the pre-hospital field and when each would be used
- The effects fluid administration may have on the patient and the need to monitor and reassess the patient
- The need to secure the giving set appropriately
- Current legislation, national, regional & local guidelines, protocols and policies for the treatment of individuals presenting with neurological compromise

Cross Reference to

Learning Outcome:

HPC SOP

ALL

FORMATIVE ASSESSMENT

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COMPETENCE: Demonstrate safe, effective and appropriate care when performing endotracheal intubation

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Identify assessment of patients' airway patency and the need for endotracheal intubation against alternative methods, taking into account indications and contra-indications prior to procedure

Manage risk in order to reduce the potential problems encountered when undertaking the skill of laryngoscopy

Identifying correct sizes of endotracheal tubes and laryngoscopy blades for intended use

Use methods for assessing correct placement and securing of the endotracheal tube

Position patients appropriately (and if necessary immobilise) for safe and effective endotracheal intubation

Take measures to prevent or manage complications during endotracheal intubation (Oropharyngeal trauma, misplacement, etc.)

Practice in accordance with current national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the airway and differences between adults and paediatrics

The need for patients to be positioned (and if necessary immobilised) for safe and effective endotracheal intubation

The indications and contra-indications for performing endotracheal intubation

The correct procedure for intubation, including the use of appropriate securing

The prevention and management of complications during insertion of endotracheal tube (for example inducing bradycardia)

Identifying correct sizes of endotracheal tubes for intended use including rationale for choice

Current national, regional & local guidelines, protocols and policies

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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COMPETENCE: Demonstrate safe, effective and appropriate care when undertaking performing adult life support

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Manage risk in order to reduce the potential for blood spills and needle-stick injury

Complete primary survey and rapidly identify a patient in cardiac arrest

Position patients appropriately (and if necessary immobilise) for safe and effective advanced life support to be performed

Work effectively as part of a team

Apply the role of 'team leader' during a resuscitation

Practice in accordance with European, national and local legislation, policy, protocols and guidelines

The student should demonstrate a working knowledge and understanding of:

The anatomy and physiology of the respiratory and circulatory systems in individuals, including the electrical conduction pathway of the heart

Pathophysiology leading up to cardiac arrest

Cardiac arrhythmias and dysrhythmias, including peri-arrest arrhythmia (Myocardial Infarction, bradycardia, complete heart block)

Airway management adopting a step-wise approach (Basic-Advanced)

The types, properties, function, effect and contraindications of the pharmacological agents used for the range of interventions

Reversible causes during a cardiac arrest (H's & T's)

Current legislation and European, national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

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Student Comments:

COMPETENCE: safe, effective and appropriate care when performing advanced paediatric life support

The student should:

- Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)
- Manage risk in order to reduce the potential for blood spills and needle-stick injury
- Complete primary survey and rapidly identify a paediatric in cardiac arrest
- Position patients appropriately (and if necessary immobilise) for safe and effective advanced paediatric life support (APLS) to be performed
- Work effectively as part of a team
- Apply the role of 'team leader' during a resuscitation
- Practice in accordance with European, national and local legislation, policy, protocols and guidelines

The student should demonstrate a working knowledge and understanding of:

- The anatomy and physiology of the respiratory and circulatory systems in paediatrics, including the electrical conduction pathway of the heart
- Pathophysiology leading up to cardiac arrest
- Cardiac arrhythmias and dysrhythmias, including peri-arrest arrhythmia
- Airway management adopting a step-wise approach (Basic-Advanced)
- The types, properties, function, effect and contraindications of the pharmacological agents used for the range of interventions
- Reversible causes during a cardiac arrest (H's & T's)

Current legislation and European, national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

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Student Comments:

PART 6

FORMATIVE ASSESSMENT OF DESIRABLE COMPETENCES

COMPETENCE: Demonstrate safe, effective and appropriate care when performing intraosseous access

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Identify assessment of patients' vascular access needs, nature and duration of therapy including indications and contra-indications prior to procedure

Manage risk in order to reduce the potential for blood spills and needle-stick injury

Identifying correct size of cannula for intended use and an awareness of the variety of I.O access devices within your placement area

Identify the landmarks required for insertion

Position patients appropriately (and if necessary immobilise) for safe and effective intraosseous cannulation

Perform the correct procedure for intraosseous cannulation, including the use of appropriate secure dressings.

Take measures to prevent or manage complications during insertion of intraosseous cannula (nerve injury, haematoma, fractures etc.)

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the circulatory and skeletal system, in particular, the anatomy of the location in which the cannula is placed including veins, arteries, nerves, bones and the underlying tissue structures

Indications, contraindications, cautions and complications associated with Intraosseous access

Equipment required for safe, effective intraosseous access, including range of cannulas and rationale for intended use

Current legislation and national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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Student Comments:

COMPETENCE: Demonstrate safe, effective and appropriate care when performing needle thoracocentesis

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Identify patients' with tension pneumothorax, to determine the need for needle thoracocentesis

Manage risk in order to reduce the potential for blood spills and needle-stick injury

Identifying correct size of cannula for needle thoracocentesis

Position patients appropriately (and if necessary immobilise) for safe and effective needle thoracocentesis

Perform the correct procedure for needle thoracocentesis, including the use of appropriate secure dressings.

Take measures to prevent and manage complications during insertion of a cannula during needle thoracocentesis (e.g. Haemorrhage, nerve injury, Pneumothorax.)

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of body systems relevant to the procedure of needle thoracocentesis

Indications, contraindications, cautions and complications associated with needle thoracocentesis

Equipment required for safe, effective needle thoracocentesis, including range of cannula's and rationale for intended use

Current legislation and national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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COMPETENCE: Demonstrate safe, effective and appropriate care when performing needle cricothyroidotomy

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Identify assessment of patients' airway patency and the need for needle cricothyroidotomy against alternative methods, taking into account indications and contra-indications prior to procedure

Manage risk in order to reduce the potential for blood spills and needle-stick injury

Identifying correct size of cannula for intended use

Position patients appropriately (and if necessary immobilise) for safe and effective needle cricothyrotomy

Perform the correct procedure for needle cricothyroidotomy, including the use of appropriate secure dressings.

Take measures to prevent or manage complications during insertion of cannula when perform needle cricothyroidotomy (nerve injury, haematoma, pneumothorax.)

Practice in accordance with current legislation, national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

Anatomy and physiology of the respiratory system, in particular, the respiratory tract, larynx and underlying tissue structures

Indications, contraindications, cautions and complications associated with needle cricothyroidotomy

Equipment required for safe, effective needle cricothyrotomy, including range of cannulas and rationale for intended use

Current legislation and national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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COMPETENCE: Demonstrate safe, effective and appropriate care when assessing and managing emergency child birth

The student should:

Demonstrate infection prevention control measures (hand-washing, skin preparation, personal protective equipment)

Manage risk in order to reduce the potential for blood spills and needle-stick injury

Undertake assessment of the pregnant patient, including the three stages of labour

Manage imminent delivery, including associated complications during childbirth for example:-

Mal-presentations, umbilical cord emergencies, APH, PPH, Shoulder dystocia, uterine rupture

Request additional resources as required (midwifery assistance, additional ambulances)

Practice in accordance with current national, regional & local guidelines, protocols and policies

The student should demonstrate a working knowledge and understanding of:

The anatomical and physiological changes in the pregnant patient including the three stages of labour.

The anatomy and physiology of new-borns.

Complications associated with pre-hospital emergency childbirth

The Importance of liaising with local obstetric/midwifery units including requesting assistance and working as a team member.

Current legislation and national, regional and local guidelines, policies and protocols

Cross Reference to

Learning Outcome(s): All

HCPC SOP

ALL

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