



BSc Paramedic Practice Course

PRACTICE EDUCATOR HANDBOOK

September 2020

School of Nursing, Midwifery and Paramedic Practice

Glossary of Terms

JRCALC	Joint Royal Colleges Ambulance Liaison Committee
PEd	Practice Educator
PEF	Practice Education Facilitator
PEL	Practice Education Lecturer
PEdL	Practice Education Lead
Tripartite	A meeting between 3 people, usually the student paramedic, Practice Educator, PEL
ATL Practice	Academic Team Lead Practice Learning
PT	Personal Tutor
PAD	Practice Assessment Document
PLSP	Practice Learning Support Protocol

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Student Supervision and Assessment

The purpose of this document is to help Practice Educators understand and develop their role and how they can collaborate to ensure practice supervision and assessment meet the HCPC Standards of proficiency Paramedics (HCPC 2014) and the Standards of conduct, performance and ethics (HCPC 2016). Practice Educators provide an essential contribution to teaching, learning and assessment within the undergraduate paramedic course. In addition, Practice Educators play an essential role in helping students develop their competence in practice.

Aim

To offer all students the highest standard of practice learning environments and meet the requirements of professional bodies. These learning environments will be consistent in supervision, opportunity for development and assessment of professional competence. This will be done through progressive and collaborative partnerships with all practice learning providers.

Support

There are various sources of support available to support students during practice learning experiences:

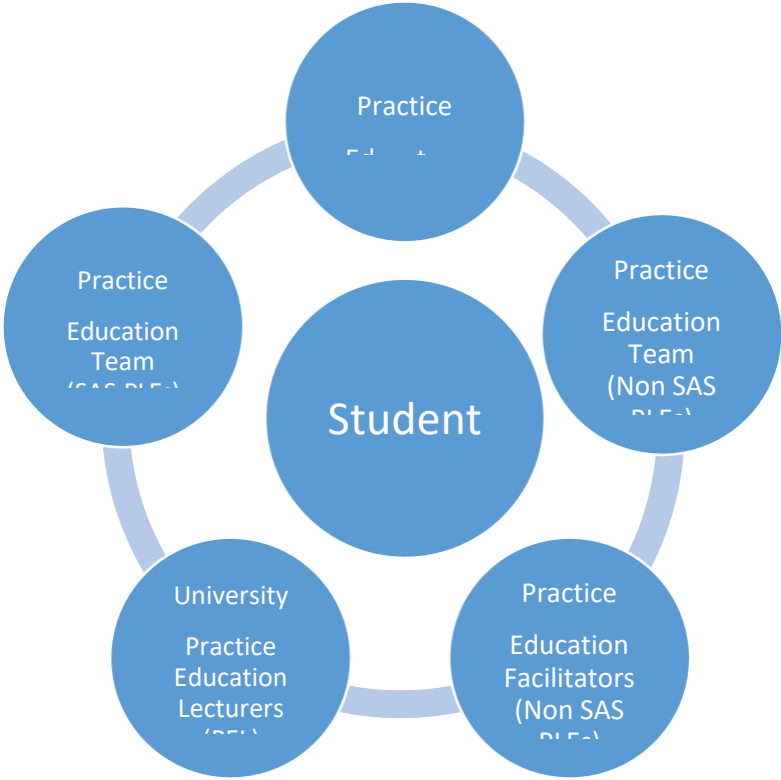


Figure 1: Practice partnership model of supervision

Within each practice learning experience (PLE) every student on the Paramedic practice approved course will be assigned a nominated Practice Educator to teach and support them and to assess their performance. The Practice Educator will ensure the student is offered a range of suitable high-quality practice based educational opportunities enabling the learner to meet and achieve the learning outcomes as they progress through the PLE and in line with the HCPC Standards of Proficiency Paramedics (HCPC 2014) and Standards of conduct, performance and ethics (HCPC 2016). Further information is available in the HCPC Standards of education and training guidance (HCPC 2017), the Standards of Proficiency Paramedics (HCPC 2014) and the Standards of conduct, performance and ethics (HCPC 2016).

Practice Educator (PEd)

The PEd, within all PLEs must be an approved professional practitioner, an appropriately trained and registered healthcare professional who works directly alongside the student during practice learning. This professional will have contemporary knowledge and experience relevant to the student being supervised and will have been suitably prepared to undertake this role. Bi-annual practice educator training days will be organised and run by the School to prepare and support PEds. Additional face to face training days will be offered annually to all PEds. Additional resources will be available on the Schools Practice Learning webpage and a dedicated paramedic Practice Education Lecturer (PEL) will deliver educational updates as required. The dedicated paramedic PEL will also be available to support students and PEds within the clinical environment and is contactable as required. PEds will supervise student learning and support them in working towards achievement of the required proficiencies and learning outcomes.

The role of the PEd is to contribute to the student's learning by:

- providing and managing an effective learning environment.
- providing the student with a sense of belonging, ensuring the practice learning environment is welcoming and supports the student's learning experience.
- providing the student with an induction and orientation to the practice learning environment.
- in discussion with the student, identifying individual learning needs and objectives.
- support the student to develop theoretical knowledge; in the application of theory to practice and develop decision making capability.
- providing constructive feedback in an honest, timely manner.
- undertake interim and final performance reviews.
- supporting the student using action planning.
- liaising with others who have contributed to the student's learning.

- undertake objective evidence-based decisions around student progression providing constructive feedback within the practice assessment documentation (PAD) as required to enhance development and impact on future performance.
- serving as a role model for safe and effective practice in line with their code of conduct.

In addition, the PEd will make decisions regarding assessment, a student's competence and fitness to progress on the course, escalating concerns as required. The School's Practice Learning Support Protocol offers clear and robust guidance for escalating concerns.

RGU Practice Education Team

The role of the University's Practice Education Team and specifically the Practice Education Lecturer (PEL) is to ensure support is provided for all students and PEds during PLEs.

In addition, the PEL will:

- influence, develop and enhance the quality of practice learning by providing support and educational input to the PLE.
- facilitate PEd preparation in partnership with placement providers.
- support the implementation of the HCPC Standards of Proficiency (HCPC 2014) and the Standards of conduct, performance and ethics (HCPC 2016).
- support the implementation of the Quality Standards for Practice learning experience (QSPP) (NES 2008) across all practice environments and ensure adherence with all quality assurance processes, for example, undertake audit of each learning environment to ensure compliance with QSPP
- provide support in relation to student conduct and performance in practice
- maintain clear communication channels with all relevant stakeholders if a student is failing to achieve the required learning outcomes or in relation to concerns around professional behaviour or conduct

Contact details for the team can be found in Appendix 1.

Organisation's Practice Education Team including Scottish Ambulance Service

There are several Practice Education Leads (PEdLs), Practice Education Facilitators (PEFs) and additional educators and staff available in the practice setting to support both students and PEds. These educators are employed by the local organisation i.e. NHS or Scottish Ambulance Service, to ensure student and PEd support is available as required and to support student learning in practice. If a practice learning setting does not have a named PEd, support will be available from the RGU Practice Education Team.

Inclusion Team

The Inclusion Team work in conjunction with NHS Grampian Occupational Health Department, GO Health, in providing information and support to students who require reasonable adjustments when undertaking PLEs. It is the student's own responsibility to inform the PEd of any reasonable adjustment in practice that they may require. It is therefore good practice to discuss with the student at the preliminary meeting whether reasonable adjustments can be made to enable the student to practise safely and effectively. Feedback on how the reasonable adjustments are working can be made in the student's PAD by students, PEd and other members of practice education staff.

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Personal Tutor

If the student requires pastoral support, the PEd can signpost them to their Personal Tutor; however, for concerns within the PLE around performance, professional behaviour or conduct the Practice Education Lead and the PEL supporting the PLE should be contacted. The Personal Tutor will offer debrief sessions for students following each PLE and will work with the Practice Education Team to ensure students are supported following traumatic events or other challenging episodes of care delivery.

BSc Paramedic Practice Course

Course Aim

The overall aim of the course is to enable the student to become an autonomous paramedic with the knowledge, skill and expertise to provide person centred, safe, effective and, where appropriate, urgent, emergency and unscheduled holistic care at the point of contact. The student paramedic will work collaboratively with a range of professionals and will develop the skills to advance and lead new and innovative healthcare services.

Course Structure

A blend of theory and practice learning environments (PLEs) challenges the student to be flexible, adaptable and open to experiencing a range of teaching and learning approaches. The course enables the student to progressively develop knowledge, skills and relevant attributes for paramedic practice and develop knowledge and understanding of key concepts within the subject themes; health, sciences, the professional paramedic and practice learning.

The learning is achieved via a modularised spiral curriculum which adopts a constructivist enquiry-based learning method and places emphasis upon reflection from an early stage. Collaborative learning is used throughout the course with the involvement of service-users, carers, families and students and professionals from other health and social care disciplines.

Teaching and Learning Strategy

The BSc Paramedic Practice Course structure is designed to comply with the HCPC (2014) Standards of Proficiency for Paramedics, the College of Paramedics (2019) Curriculum Guidance and the QAA (2019) subject benchmark statements for Paramedic Science to ensure the student is able to meet the HCPC (2017) requirements for entry to the professional register. The structure of the course is also designed to encompass the RGU Learning and Teaching Framework (2019a) to develop and enhance the skills, knowledge, behaviours and capabilities which will enable the student to flourish now and in the future.

- The teaching and learning strategy for the undergraduate paramedic course is designed to ensure teaching and learning methods are informed by research and scholarly activity and reflect a student-centred philosophy.
- prepare the student for employment by ensuring the learning is aligned to contemporary health and social care policy, JRCALC guidelines (JRCLAC 2019) and paramedic roles.
- ensure professional outcomes and competencies are central to the learning experience.
- develop graduate attributes in the student.
- enable the student to actively engage, take ownership of learning and become an effective autonomous learner.
- use the student's strengths to build confidence.
- facilitate the student to aim for and achieve excellence.
- promote deep and meaningful learning in theory and in practice.

Additional information on the course curriculum can be found within the dynamic syllabus on the RGU Practice Learning webpage:

www.rgu.ac.uk/practice-learning

Practice Learning

Practice learning is integral to the BSc Paramedic Practice course as outlined by the HCPC (2017) and constitutes 50% of learning across the course. Students require to achieve 2250 hours of practice learning throughout the three-year course. The PLEs will have an overall split of 50% ambulance and 50% non-ambulance across the programme and is broken down per stage as follows:

Stage 1	20 weeks practice learning: 50% ambulance, 50% non-ambulance
Stage 2	20 weeks practice learning: 40% ambulance, 60% non-ambulance including four weeks alternative experience
Stage 3	20 weeks practice learning: 60% ambulance, 40% non-ambulance including two weeks simulated ambulance experience

The PLE will bring the student into contact with members of the public who have diverse lifestyles and who are vulnerable due to health issues, or in need of support and guidance to prevent health problems and improve their lifestyles. The PLEs will provide opportunities to meet the HCPC (2014) standards of proficiency, demonstrating student progression from dependence to independence in practice. The student will also be provided with opportunities to safely demonstrate their achievement of communication and management skills, as well as key clinical skills relevant to paramedic practice, with support from their Practice Educators (PEds), a suitably registered healthcare professional. In the ambulance placements the PEd will be a HCPC registered paramedic.

Practice Learning Experience Allocation Model

Practice learning constitutes 50% of learning across the course and is undertaken via a series of PLEs in each stage.

The School's practice learning experience allocation model for Paramedic Practice courses has been designed to offer students breadth of practice experience in order to provide opportunities to allow all Standards of Proficiency (HCPC 2014) and the Standards of conduct, performance and ethics (HCPC 2016) to be achieved.

Students will have the opportunity to undertake a range of urban, remote and rural PLEs across a breadth of geographical regions within health and social care. PLEs are based in the Scottish Ambulance Service (SAS), NHS, private and voluntary sectors and are across a range of differing areas such as acute/unscheduled care, maternity services, community, private and specialist practice. PLEs will be allocated within all partner areas, including Scottish Ambulance Service NHS Grampian, NHS Orkney, NHS Shetland, NHS Highland and Islands, NHS Western Isles, private sector partners and social care partners.

The BSc Paramedic Practice course will include PLEs across stages 1 – 3 with increasing exposure to acute, high dependency and emergency settings as well as the opportunity to provide care across the lifespan, urgent and emergency, critical care, anaesthetics, mental health, maternity, primary and secondary care.

The PLEs allocated vary in length. Please see the paramedic course calendar, available on the RGU Practice Learning webpage, which highlights when each practice block starts and ends: www.rgu.ac.uk/practice-learning

Supernumerary Status

It is a College of Paramedics requirement that students on the BSc Paramedic Practice course have supernumerary status for the duration of their course (College of Paramedics 2019). This means students are additional to the area staffing requirements and students must not be used to fill gaps in the workforce. Students are expected to participate in the work of the practice area allowing them to achieve their learning outcomes and the HCPC Standards of proficiency (HCPC 2014).

Assessment in Practice

Student progress and achievement of PLEs will be assessed by the Practice Educator (PEd) in partnership with the Practice Education Lead and Practice Education Lecturer (PEL) when appropriate.

Students, during their PLEs, should progress from being assisted by their PEd to requiring minimal supervision and in their final stage operate as close as possible to autonomously and demonstrate an ability to practice independently to support their transition from student to registrant. Assessment of student performance should be informed by direct observational assessment, feedback from others including service users/carers, student self-assessment and reflection and evidence of application of theory to practice.

In addition to the summative assessment provided at each PLE, students are required to achieve the Standards of proficiency identified for each stage of the course and the required clinical skills to ensure progression to the next stage of the course.

Additional Learning Opportunities

It may be appropriate to arrange additional learning opportunities to provide the student the opportunity to achieve some of the skills and procedures unavailable within certain PLEs. These additional learning opportunities should be arranged collaboratively between the student and the PEd. These experiences can be documented within the student's Practice Assessment Documentation.

Practice Assessment Documentation (PAD)

Every student will be given a PAD which provides a record of the student's learning progress and achievement of the required learning outcomes throughout the course. This allows the PEd to see an overview of progress throughout the course from start to finish.

The PAD provides an opportunity to demonstrate evidence of learning from academic activities and application to practice learning as well as from practice experience; it is particularly important to demonstrate achievement of the Standards of Proficiency (HCPC 2014) and the Standards of conduct, performance and ethics (HCPC 2016).

The PAD also highlights the points at which planned meetings should occur to provide the opportunity to review student progression and achievement and to complete the required sections within the PAD.

Initial Meeting

An initial meeting, orientation and discussion should take place within the first 48 hours of the start of each PLE and at this point dates for the midway feedback meeting and final assessment meeting set. Students will have identified a range of learning and development needs which they hope to achieve during practice learning.

Midway Feedback Meeting

The midway feedback meeting should take place approximately half way through the PLE. This interim feedback is a formative assessment and provides an opportunity to review the student's progress to date and review the identified learning goals. The PEd should document and sign the appropriate sections within the PAD.

Final Assessment

The final performance assessment should take place during the last few days of each PLE. This is a summative assessment and should be a face to face meeting and carried out by the PEd who will review the student's progress and collate evidence from relevant parties to support the assessment decision.

Attendance Record / Absence Management

Students are expected to predominantly work the shifts allocated by the PLE following the work pattern of their PEd. The average time worked should be 37.5 hours per week over the duration of the course.

Students will be required to submit a timesheet upon completion of each PLE and it is the responsibility of the student and PEd to ensure this is accurate and signed.

The Practice Educator should each complete the details required within sections 1.10 in the PAD – the record of signatories.

Information regarding absence management and the process students should follow when reporting absence is available within the School's [BSc Paramedic Practice Attendance Policy](#).

Risk Assessment

Accredited Higher Education Institutions (HEIs) have a duty of care to ensure that students are safe while undertaking practice learning. The HEI and practice providers work collaboratively to support all students. According to current Health and Safety legislation (Management of Health and Safety at Work Regulations 1999) some groups of student paramedics must be aware of particular hazards in the practice setting whether this be in the ambulance setting or non- ambulance setting. Students who have not attained the age of 18 (Young workers) and those who are pregnant or breastfeeding may need additional consideration, to ensure that they are not exposed to undue risk.

For such students, risk assessment should be carried out prior to the PLE to identify areas of concern and control measures.

Outline of roles and responsibilities in relation to risk assessment process.

Student responsibilities are to:

- Alert the University as soon as possible if they are pregnant or will be under the age of 18 when they first commence practice.
- Consent to sharing information. While any information divulged by a student will be treated sensitively, it will be necessary to share information relating to their situation with the member of staff responsible for the PLE.
- Comply with measures recommended to control risk.

University staff responsibilities are to:

- Identify that student is under 18 at time of commencing first PLE.
- Ensure initial risk assessment is carried out by an identified person in the practice setting and recorded.
- Ensure recommended control measures are implemented.
- Seek alternative PLE allocation for student if risks cannot be controlled.

Service provider (Paramedic, Clinical team leaders, Medic, Senior Charge Nurse or Nurse Manager or Allied Health Professional in charge of the practice learning environment) responsibilities are to:

- Carry out risk assessment.
- Suggests control measures to reduce risk in line with local procedures and guidelines.
- Record these on the appropriate form and within the student's PAD.
- Liaise with PEd about control measures.
- Ensure recommended control measures are implemented.

Fit to Sit Policy: Extenuating Circumstances

The University operates a Fit to Sit Policy which means that if students undertake an assessment they are declaring themselves well enough to do so. The University Regulations require students to submit work for assessments within the notified timescale and in accordance with the conditions for the course/module. However, the University recognises that illness or other valid circumstances can impact on a student's ability to submit and/or attend an assessment. The University's Fit to Sit Policy, therefore, incorporates provision for extenuating circumstances.

Should a student declare themselves not fit to sit or there be concerns around a student's fitness, for example absence from the practice learning due to illness, they should be referred to the PEL team for further guidance.

It is the responsibility of the student to ensure that the School is informed of any extenuating circumstances, such as illness or other valid circumstances, which might prevent them from undertaking an assessment or is impacting on their ability to prepare for the assessment.

More information is available from: www.rgu.ac.uk/academicregulations

Practice Learning Support Protocol

The Practice Learning Support Protocol (PLSP) is aimed to be used by those involved in student assessment during PLEs. The PLSP provides a consistent and transparent way of providing student support and escalating concerns.

A collaborative approach to supporting students in clinical practice should be taken. Students are required to be supervised at all times when providing direct patient / client care; however, supervision can be direct or indirect with PEds using their professional judgement to decide where duties may be delegated and the level of supervision required.

PEds are supported in their role by colleagues, managers, the local Practice Education Team, the Practice Education Lead and Practice Education Lecturers. PEds may require support from the Practice education Lead and PELs when making difficult decisions regarding assessment, a student's competence or fitness to progress. Where students have a concern about their PLE, they should be encouraged to raise this in a supportive manner.

This PLSP offers a clear and robust system for escalating concerns. It is separated into two flowcharts:

- one relating to PEd concerns,
- one relating to student concerns.

A PLSP can be initiated in relation to any concerns regarding student conduct, competence and achievement and clearly aligned to the competencies / proficiencies of the relevant course.

For episodes of student absence, please refer to the School's [BSc Paramedic Practice Attendance Policy](#) for absence management guidance. Students are expected to adhere to the Attendance Policy in relation to reporting absence.

If the student is absent and is following the correct policy and procedure, provide the student with the opportunity to identify any additional support needs. When the student returns, the PEd should complete the return to work paperwork and submit a copy to snmpabsencereporting@rgu.ac.uk. All discussions with the student should be documented in the additional notes pages of the PAD. The PEd should highlight any concerns around student absence to the PEL.

If the student is absent and is not following the correct policy and procedure, please refer to the *Raising Concerns Flowchart for Practice Supervisor/Practice Assessors* (Appendix 2).

Student Concern

Students may refer to the *Raising Concerns Flowchart for Students* (Appendix 3) if they wish to raise concern(s) about any aspect of their practice learning. If students have significant concerns around patient safety/care, they should refer to Appendix 4: Flowchart of key stages in reporting a care and raise their concern immediately or at the earliest opportunity with the Practice Education Lead/PEL.

References

COLLEGE OF PARAMEDICS (CoA), 2019. *Paramedic curriculum guidance* 5th ed. Bridgwater: CoA.

HEALTH AND CARE PROFESSIONS COUNCIL (HCPC), 2017. *Standards of education and training guidance*. London: HCPC.

HEALTH AND CARE PROFESSIONS COUNCIL (HCPC), 2016. *Standards of conduct, performance and ethics*. London: HCPC.

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The Management of Health and Safety at Work Regulations 1999

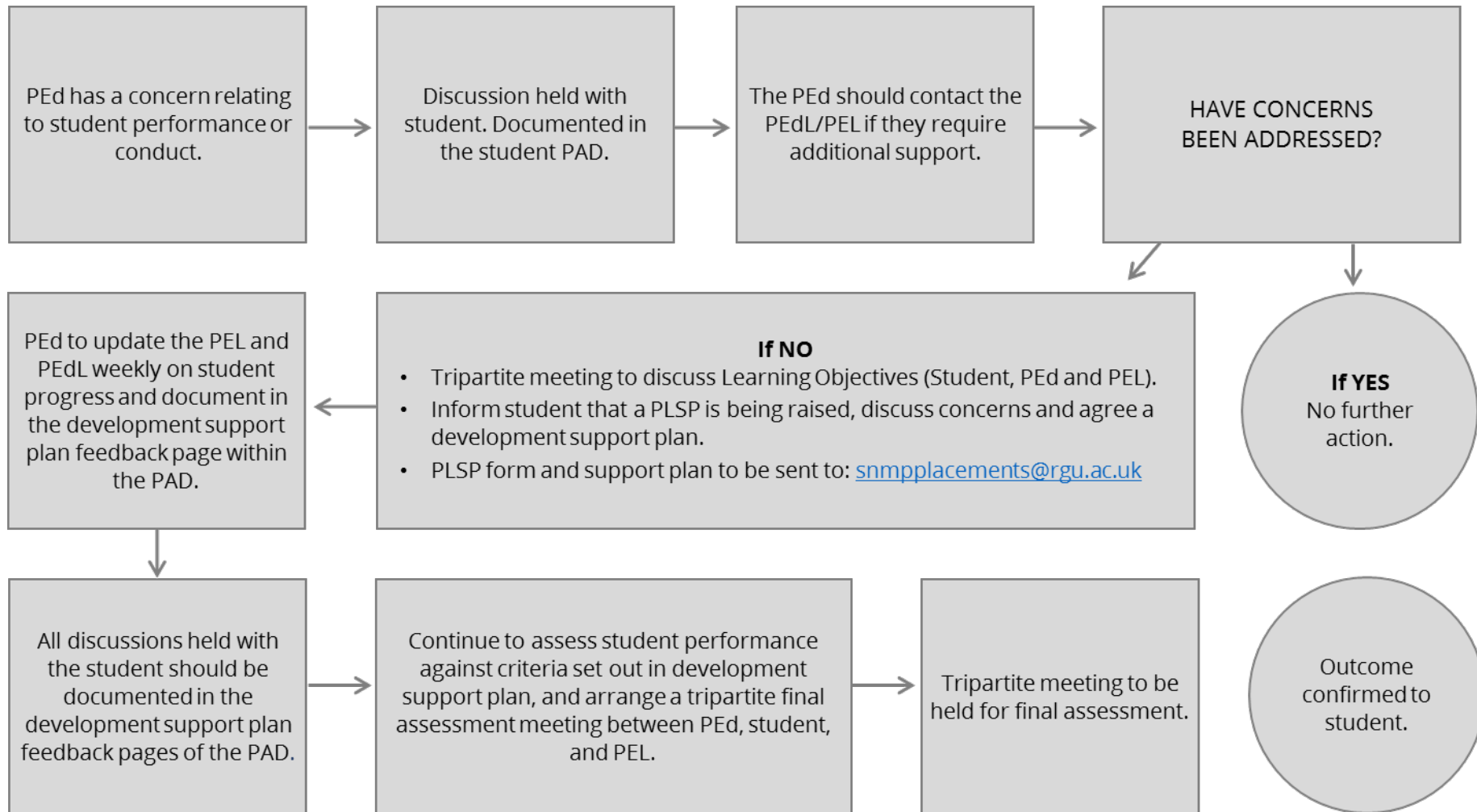
THE QUALITY ASSURANCE AGENCY FOR HIGHER EDUCATION, 2019. *Subject benchmark statement: paramedics*. Gloucester: The Quality Assurance Agency for Higher Education.

Appendix 1: PEL Contact Details

Please contact a member of the practice learning team if you have any queries.

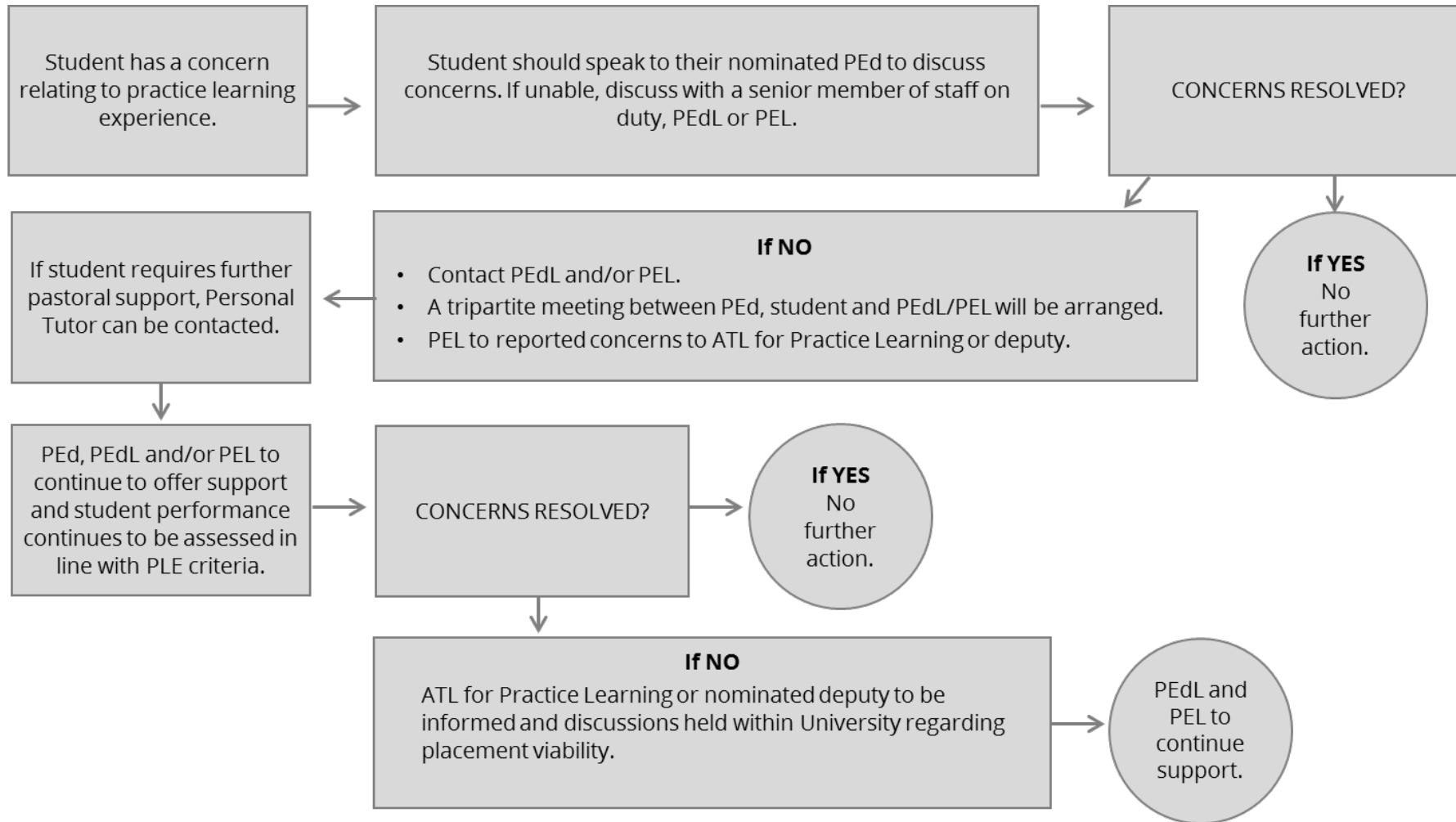
PEL			
Module leader / Practice Education Lecturer	Melissa Doyle	PELparamedic@rgu.ac.uk	01224 263116
Deputy:	Gordon Riley	PELparamedic@rgu.ac.uk	01224 262876
Academic Team Lead Practice Learning	Isla Fairley	i.fairley@rgu.ac.uk	01224 262655

Appendix 2: Raising Concerns Flowchart for Practice Education Lead/Practice Educators

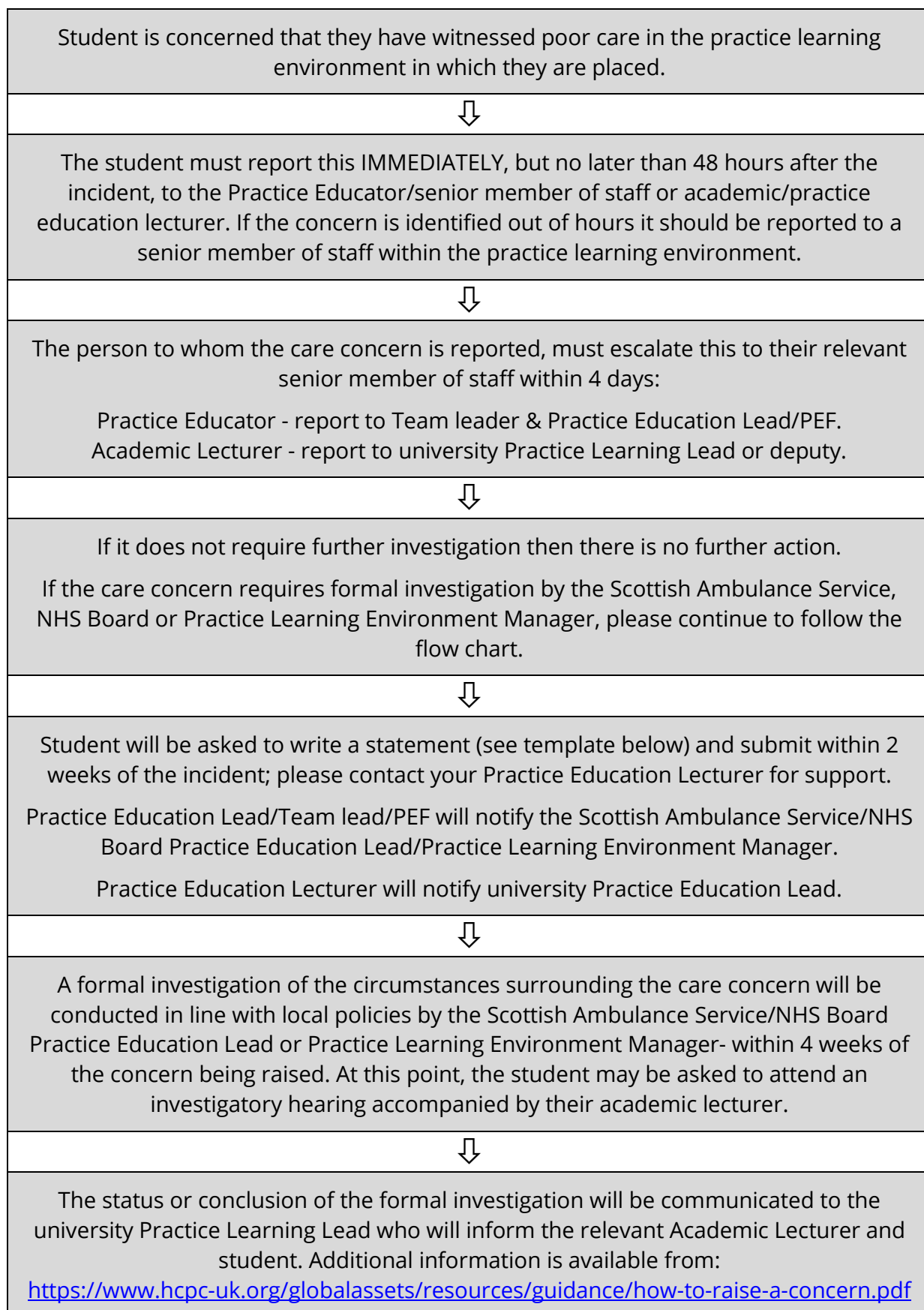


Appendix 3: Raising Concerns Flowchart for Students

If students have significant concerns around patient safety/care, they should refer to Appendix 4: Flowchart of key stages in reporting a care concern and raise their concern immediately or at the earliest opportunity with the Practice Education Lead/PEL. Students should refer to their Practice Learning Handbook for PET and PEL contact details.



Appendix 4: Flowchart of key stages in reporting a care concern



Appendix 5: Student Statement Template - Reporting a Care Concern

To be completed with academic support

<p>What is your concern and where did this take place? (Name the practice learning environment.)</p>	<p>Please explain what you saw and/or heard including dates, times and any witnesses (names). Please provide as many factual details as you can.</p>	<p>Who did you report your concern to? Include their designation, e.g. <i>A Lecturer, XX university</i></p>	<p>On what date did you report your concern?</p>

Student signature _____ Date _____

Appendix 6: Guidance on how each proficiency can be achieved

Guidance for Practice Educators – HCPC Standards of Proficiency

The HCPC (Health and Care Professions Council) Standards of Proficiency (2014) to be achieved within this course are provided within the following table. To guide you in your role as Practice Educator there are suggested examples of how to assess competency. If you have any concerns or questions please contact a member of the Practice Education Lecturer team. We advise assessing students in collaboration with the College of Paramedics Guidance Handbook (2017).

Key Guidelines and protocols to consider throughout assessment are:

- JRCALC (*Joint Royal Colleges Ambulance Liaison Committee*) Guidelines 2019
- SAS policies, protocols and procedures
- NHS Guidelines policy and procedures that may differ from location to location
- Local Protocols, National and UK wide protocols.
- NARU (National Ambulance Resilience Unit)
- Health and Safety Executive
- MHRA (Medicines and Healthcare products Regulatory Agency)
- HCPC Standards of Proficiency (2014)
- HCPC Standards of Conduct Performance and Ethics (2016)
- Robert Gordon University policies, protocols and guidelines

When a student is undertaking a placement they should take opportunities to explore and experience each of the standards of proficiency, this may mean taking time to see how audits, compliance and professional development are facilitated and undertaken. As a future registered Paramedic these students will be expected to maintain their competence, development and professional record. Their experience as a student is designed to develop them on the path to becoming a competent autonomous professional Paramedic.

Below are some suggestions and examples of how SOP's can be achieved, this is not exhaustive and to be used as a guide only.

This guidance is not a replacement for correct practice.

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
1. be able to practise safely and effectively within their scope of practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback
The student knows and understands their scope of practice for each year and considers their level of competency when undertaking practice so as not to put anyone at risk.	
1.1 know the limits of their practice and when to seek advice or refer to another professional	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working
The student works appropriately within their scope of practice for the stage they are at and asks questions/help when they are unsure or require guidance. As they develop through the years this continue and referrals or HCPs or escalation to other resources or back requested should take place.	
1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working
The student acts and practices in a way that they utilise the resources available to them and changes what is needed at relevant times. Manages the amount of work required of them or delegates if needed.	
1.3 be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in unfamiliar and unpredictable circumstances or situations	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working
The student is aware of themselves and their behaviours, integrated skills include; listening, writing, speaking and reading. For example: The student dealing with a mental health patient can adapt and change their approach and self-depending on changes to the service user's demeanour.	
1.4 be able to work safely in challenging and unpredictable environments, including being able to take appropriate action to assess and manage risk	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Risk assessment
The student can undertake dynamic risk management and analysis. This could be for example: assessing a service user home on entering and considering the safety risks involved for all of those present. Following the service user into their home rather than having the service user lock the door behind them.	
2. be able to practise within the legal and ethical boundaries of their profession	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making, Documentation
The student practices in a way as to consider the Legal (mental capacity, controlled drug management etc) and Ethical (respect, integrity, responsibility and with the service user in mind) boundaries for paramedics.	
2.1 understand the need to act in the best interests of service users at all times	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making, Documentation

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
	The student can communicate the reasons why acting in the best interest of the service users is the right thing to do and can implement this. For example: For an end of life service user the student contacted the palliative care team out of hours rather than taking the patient to hospital.
2.2 understand what is required of them by the Health and Care Professions Council	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making, MDT working, Demonstrates knowledge of HCPC Standards
	The student has knowledge of, understands and practices within the Standards of Proficiency and Standards of Conduct Performance and Ethics for Paramedics.
2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	Patient feedback, Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making
	The student understands the above and applies this in practice. Considering the patient centred care and informed consent and that each patient may hold different values to themselves. The student understands and demonstrates shared informed consent, giving the service user all the information they need to know when making decisions on diagnostics, treatment, transport and consent and non-consent. This should also be demonstrated using language suited to the person they are speaking with.
2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Patient feedback, Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making, Documentation
	The student demonstrates the above with particular attention to the student behaving professionally despite personal incapability (differences of opinion/disagreement/different values etc).
2.5 know about current legislation applicable to the work of their profession	Direct observation, Discussions, PAD, Reflective practice, Referrals, Documentation, Demonstrates knowledge of legislation
	This could be seen for example through understanding of things such as RIDDOR, MHRA and HSE.
2.6 be able to practise in accordance with current legislation governing the use of medicines by paramedics	Direct observation, Discussions, PAD, Reflective practice, Debrief, MDT working, Documentation
	The student understands and practices to the legislation when dealing/administering drugs. The student should be aware of the Law around medicines use and administration, Patient Group Directives etc Controlled drug safety etc.
2.7 understand the importance of and be able to obtain informed consent	Direct observation, Discussions, PAD, Reflective practice, Referrals, Patient feedback

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
The student understands and demonstrates informed consent when dealing with a patient. This should be undertaken not just for non-conveyance to hospital but for all service user contact with consideration for when informed consent cannot be gained.	
2.8 be able to exercise a professional duty of care	Patient feedback, Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making, Referrals, DATIX, Documentation
The student understands what a duty of care is, how they should demonstrate it and demonstrate that duty of care. For example: if on the way to a incident the crew come across an RTC, they have a duty of care to ensure no one requires Ambulance attention.	
3. be able to maintain fitness to practise	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working,
The student is fit to practice in the area they are undertaking their experience in.	
3.1 understand the need to maintain high standards of personal and professional conduct	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working
The student should maintain a professional attitude and conduct throughout their experience and be presented in a respectable manner in the right clothing for the placement to be undertaken.	
3.2 understand the importance of maintaining their own health	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Occupational health, Seeking support/help, Immunisations
The student understands and demonstrates the reasons why it is important to maintain and manage their own health and takes reasonable steps to adopt a healthy lifestyle to maintain the level of fitness and wellbeing.	
3.3 understand both the need to keep skills and knowledge up to date and the importance of career-long learning	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working,
The student understands and demonstrates the need for continuous professional development. This can be achieved through the student's discussions where they speak about research or the changing demands of practice and changes in how things are done to ensure the best care is given to the service user.	
3.4 be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Seeking help/discussions
The student has and applies strategies to ensure they are physically and psychologically well and able to perform their role. The student can reflect on themselves as well as the surrounding environment. The student is aware of human factors, and can undertake a risk assessment and manage potential hazards,	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
3.5 recognise the need to engage in critical incident debriefing, reflection and review to ensure that lessons are addressed for future patient safety and management	Patient feedback, Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Ethical decision making, Referrals, Documentation
The student understands and engages in incident debriefing, reflection and critical analysis of performance in order to improve their and others future practice. This can be demonstrated through face to face talks or reflections and written reflections.	
4. be able to practise as an autonomous professional, exercising their own professional judgement	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation
The student will develop through the stages to an autonomous practitioner. The student for stage 3 sign off can practice independently and can exercise their knowledge well enough to make professional judgements in line with that expected for the stage. Although acting autonomously they will be supervised.	
4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation
Here the student is able to undertake the above and is able to utilise their learning in order to deal with the service user interaction. The student will undertake this with support working up to independent (supervised) by end of stage 3. This will be a mostly observational sign off.	
4.2 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation
Here the student is able to undertake the above and is able to utilise knowledge gained in order to manage the service user interaction. The student will undertake this with support working up to independent (supervised) by end of stage 3. This will be a mostly observational sign off.	
4.3 be able to initiate resolution of problems and be able to exercise personal initiative	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation
The student can problem solve, come up with ideas and apply this to practice. For example: A difficult extrication from a bathtub, can the student come up with ideas or ways of solving the problem?	
4.4 recognise that they are personally responsible for and must be able to justify their decisions	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation
The student understands the above and is willing to be challenged or justify their decisions. This can take place face to face or through reflection where the student discusses and can give reason behind their actions. For example: supporting an individual to remain in their own home.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
4.5 be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student is able to adapt to changing situations and change their demeanour accordingly and be able to recognise their own behaviours in relation to service users. This is a skill that will develop over the years and require guidance.	
4.6 be able to make and receive appropriate referrals	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment, Pathway referrals
The student can achieve this by undertaking or assisting in referrals to care pathways, GP's, 111, social service etc. Receiving referrals could be seen from 111 abundance attendances, ward to ward transfers, ambulance transfers etc.	
4.7 understand the importance of participation in training, supervision and mentoring	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation,
The student understands the importance of their current and future training and has a positive attitude towards training, supervision and mentoring. The student embraces in supervision and engages with the mentor. By end of stage 3 the student should demonstrate the ability to mentor others.	
4.8 be able to make a decision about the most appropriate care pathway for a patient and refer patients appropriately	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student recognises the different pathways a patient can be referred to and if appropriate can make these referrals. This can be achieved through discussion if it would be inappropriate for the student to make the physical referral.	
5. be aware of the impact of culture, equality and diversity on practice	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation
The student understands the above and practices accordingly. For example: The student treats each service user as an individual and changes their practice accordingly to support protected characteristics, culture and equality and diversity.	
5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student adapts and changes their practice in a positive way to support the needs of the service user. For example: Speaking to a child in a child friendly manner.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
5.2 understand the need to demonstrate sensitivity to the factors which shape lifestyle that may affect the individual's health and the interaction between the service user and paramedic	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student considers the impact that service users' lifestyle may have on their health and is considerate to the effects and supports the service user to access healthcare without condemning their choices. For example: when dealing with a service user with a high BMI the student should be sensitive but use factual language (for health education) but understand the effects a high BMI can have on the service user's health and wellbeing.	
6. be able to practise in a non-discriminatory manner	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student does not discriminate against service user, staff member, HCP or member of the public and demonstrates a non-discriminatory manner.	
7. understand the importance of and be able to maintain confidentiality	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student understands and demonstrates the importance of confidentiality and protecting service user's information.	
7.1 be aware of the limits of the concept of confidentiality	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment
The student understands at what the limits of confidentiality are. These limits are normally the wishes of the patient or on a need to know basis. A limit of confidentiality would be: If there is a belief of the clinician of a serious risk of harm/danger to others or the service user.	
7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment, DATIX
The student handles information legally, securely, efficiently and effectively to ensure the best possible care of the service user. This also includes writing patient records contemporaneously to ensure all necessary information is handed over.	
7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Risk assessment, DATIX

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
<p>The student understands when information needs to be shared to keep people safe and protected from harm or danger. For example: This could be achieved through recognising a safeguarding concern and understanding the procedures to take this forward. (It is not necessary for the student to undertake a safeguarding referral as this may be inappropriate, however the student should understand how these are undertaken, the processes involved and be included as much as possible within the limits of data protection and confidentiality).</p>	
<p>8.0 be able to communicate effectively</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working</p>
<p>The student communicates effectively with service users, other health care professionals and the wider public.</p>	
<p>8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working</p>
<p>The student communicates effectively using language appropriate to the person they are speaking with and supports this with their body language. A bad example would be: The student stands over a child with arms folded when a soft approach is required. This would be intimidating to the child and ineffective in gaining trust. A good approach may be: to come down to the child's level with an open posture. Every situation may be different and as such approach differently. Is the student using the right body language and communication for each situation?</p>	
<p>8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5.</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation</p>
<p>The student can have a conversation in English to a standard that can be understood by those around them and also record contemporaneous notes in English.</p>	
<p>8.3 understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working</p>
<p>The student understands the above and uses this information when communicating. For example: When dealing with a service user having a Myocardial Infarction, calling it a heart attack unless the service user understands medical terminology. When treating a child using language appropriate for the age of the child and speaking with the guardian(s) in a manner they can comprehend and make informed decisions about.</p>	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
8.4 be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working
The student can see and respond to the stress and anxiety of a service user and practice in a way to help the service user not feel as stressed or anxious. The student should also understand and adapt accordingly that the service user may respond differently in these situations, for example they may be more aggressive or short in conversation.	
8.5 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working
This is similar to 8.1 but the student can be dynamic in their approach and change how they are communicating when change is required.	
8.6 be aware of the characteristics and consequences of verbal and non- verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working
The student understands and demonstrates the differences communication (both verbal and non-verbal) can have on patient interaction and can discuss the different styles of communication and how these might change depending on each interaction considering the above statement.	
8.7 understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working
The student understands the importance of informed consent and gives those making decisions correct and thorough information to make choices. Informed consent should be gained from stage one however the student may lack knowledge in some areas until stage three.	
8.8 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Use of Language line and limitations of using a relative as a translator.
The student recognises when an interpreter is required and acts accordingly. The student understands the limitations of using service users' family/friends as interpreters. The student recognises service users may need interpreters for multiple reasons, for example: barriers in language, hearing, cognitive ability etc.	
8.9 recognise the need to use interpersonal skills to encourage the active participation of service users	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
The student adapts their approach as needed and understands the importance of their interpersonal skills in service user interaction and collaboration.	
9. be able to work appropriately with others	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working
The student in an appropriate and collaborative manner with others.	
9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers
The student works collaboratively with the above. The student includes others and works with others. For example, understands the different roles within a care home and works with and collaboratively alongside other professionals.	
9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers
The student understands they need to build professional relationships with others and can work to lead a team work independently and work as part of a team. This will develop through the stages.	
9.3 understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers
The student works collaboratively with others to ensure the right care and interventions for the service user. The student understands and engages with service users and carers throughout within the limits of confidentiality. The student ensure they understands the needs of the service user and their carers.	
9.4 understand the range, scope and limitations of operational relationships between paramedics and other health and care professionals	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers
The student learns, develops and understands how paramedics link in with other HCP's and the limitations that can occur around this. They have a consideration for the limitations and expansion of other HCP's scopes of practice. (This does not mean the student knows the limits of every HCP but ensures appropriate care, handover and asks if they are unsure). For example: a HCA may or may not cannulate and it is important the student understands that different HCP's will have different scopes of practice. Recognising the skillset of others and working collaboratively.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
9.5 recognise the principles and practices of other health and care professionals and health and care systems and how they interact with the role of a paramedic	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers
When undertaking a range of placements, the student will develop and understanding of the above. It is important the student relates this to paramedic practice and this can be done through discussion and action.	
9.6 be able to contribute effectively to work undertaken as part of a multi-disciplinary team	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working,
Working in part of a MDT the student is effective and considerate of others and their opinions and contributes to that team work.	
10. be able to maintain records appropriately	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation,
The student maintains and completes patient records as appropriate for their stage both in ambulance and where appropriate in other experiences. Primarily the student should understand the importance of record keeping and maintainance of patient records and what should be included within them.	
10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Knowledge of legislation processes and guidelines for hospitals, Pathways and referralsand knowledge of SAS expectations and HCPC.
The student develops to ensure contemporaneous record keeping. The student completes the above and follows direction as to what is expected for the area they are experiencing. The student considers the legal requirements such as GDPR, confidentiality, reporting and recording of incidents, duty of candour etc.	
10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Knowledge of legislation processes and guidelines for hospitals, Pathways and referralsand knowledge of SAS expectations and HCPC.
The student completes the above and follows direction as to what is expected for the area they are experiencing. The student considers the legal requirements such as GDPR, confidentiality, reporting and recording of incidents, duty of candour etc.	
11. be able to reflect on and review practice	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
<p>The student undertakes and completes reflective pages within the PAD but also engages in face to face reflection or review after incidents. This can be formal and informal. The student must be engaging and receptive to this.</p>	
<p>11.1 understand the value of reflection on practice and the need to record the outcome of such reflection</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers</p>
<p>This can be demonstrated through completion of reflective statements within the PAD and any others the student completes. (these can be included as additional evidence to support if necessary.</p>	
<p>11.2 recognise the value of case conferences and other methods of review</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Discussions around the different perspectives and discussing/dealing with a range of situations requiring different perspectives</p>
<p>The student recognises the importance of incidents, using significant enquiries such as baby P as examples, and how case conferences support the management of care. Other reviews such as the Keogh report etc could be discussed and the changes that have come from such incidents.</p>	
<p>12. be able to assure the quality of their practice</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers</p>
<p>The student assures their practice through training, evidence-based practice, review, reflections and demonstrating correct procedures, interventions referral etc, learning and developing. The student considers how the service user feedback in the PAD can assure the quality of practice.</p>	
<p>12.1 be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers</p> <p>-Debriefing on events, discussing the different approaches, current and conflicting evidence.</p> <p>-Audit procedures – reviewing documentation – Reviewing PAD – Reviewing patient care – Audit within practice – Reviewing anonymised PRF’s against local Key Performance Indicators</p>

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
<p>For this the student can discuss different methods of practice and the evidence supporting it, using this to for example discuss a service user interaction. For example, the evidence behind decreased mortality in those given morphine for suspected neck of femur fracture (<i>correct at time of writing this guidance</i>).</p> <p>Participating in audit procedures can be met in many areas and to different levels. A simple audit undertaken in the ambulance environment is the Morphine, Diazepam and Midazolam checks at the beginning of a shift (the student should not undertake this on their own but understand and be able to discuss the procedure and reasons behind it. Other examples are EPRF review, in hospital audits, stock checks, audit of record keeping etc.</p>	
<p>12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers</p> <p>-Debriefing on events, discussing the different approaches, current and conflicting evidence. Discussing patient feedback</p>
<p>For this we would expect the student to discuss research that may affect/change service user interactions/treatment. This can be done when talking and reflecting on incidents and open healthy learning discussions. The student could consider service user outcomes following care.</p>	
<p>12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers</p> <p>-Debriefing on events, discussing the different approaches, current and conflicting evidence.</p>
<p>The student should be open to discussions around auditing. This can range from vehicle checks, the reasons why we do them, drugs checks and implications for not undertaking them (2nd checking etc) through to large scale audits undertaken. The exposure here will depend on the areas experienced and the student's enthusiasm to look for opportunities.</p>	
<p>12.4 be able to maintain an effective audit trail and work towards continual improvement</p>	<p>Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers</p> <p>Anonymised PRF's – CPD – regular reviews with paramedic mentors</p>
<p>The student should demonstrate the desire to learn from auditing. For example: the student prints anonymised EPRF's goes through them with their PEd and looks at how they have developed through the stages of learning. An effective audit trail could be considered a well completed EPRF.</p>	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
12.5 be aware of, and be able to participate in, quality assurance programmes, where appropriate	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Handovers -Debriefing on events, discussing the different approaches, current and conflicting evidence, reviewing anonymised PRF's, Regular mentor reviews
This for example can be undertaken during a handwashing quality assurance event.	
12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment, Referral plans and pathways interacting with other agencies to safety net etc.
The student may discuss a plan with their PEd and discuss with the service user, adapting the plans as necessary to have patient centres and shared informed decision making.	
12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes	Direct observation, Patient feedback, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Patient assessment
The student monitors and reflects on their performance and progression. The student can contribute to data quality or improvement programs though for example raising a DATIX about near misses, accidents or equipment failures. This could also be achieved through ideas submission forums or through personal projects.	
13. understand the key concepts of the knowledge base relevant to their profession	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Knowledge of legislation processes and guidelines, Pathways and referrals and knowledge of SAS expectations and HCPC.
The student can discuss and demonstrate the concepts required in the paramedic profession for the assessment treatment and management of service users.	
13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to the paramedic profession	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student understands the anatomy and physiology behind conditions, treatment and management and refer to this in health, disease, disorder and dysfunction.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussion's
The student can apply the theoretical principles for example in giving naloxone in opioid overdose and consider the efficacy of it compared to the opioids. For example naloxone has a shorter half-life than morphine.	
13.3 recognise the role of other professions in education, health and social care	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student recognises the role of other HCP's and their specialities in the delivery of health care.	
13.4 understand the structure and function of health and social care services in the UK	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student demonstrates understanding of the structure and function of health and social care services, both local and national; this may be health and social care partnerships and links between NHS and local authority services and the aims of these services. The student demonstrates understanding of the role of the paramedic within health and social care services.	
13.5 understand the concept of leadership and its application to practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student understands leadership, and its importance and develops in a way to show progression towards independent leadership within their Scope of Practice. The student, where appropriate should demonstrate leadership. e.g. managing spinal immobilisation	
13.6 understand the theoretical basis of, and the variety of approaches to, assessment and intervention	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student understands and demonstrates the medical model of assessment and how adaptations are made on dynamic changes within the environment. The student also understands different approaches clinicians may have in assessment and intervention. The student should be guided by their patient and adapt their assessment to suit. e.g. when examining a fractious child or a person with dementia.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
13.7 understand human anatomy and physiology, sufficient to recognise the nature and effects of injury or illness, and to conduct assessment and observation in order to form a differential diagnosis and establish patient management strategies	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
As above – the student should demonstrate the correct assessments for the service user they are dealing with and act accordingly. Through this by stage three they should be developing reasonable differential diagnosis and management plans. For example: the student understands the service user to be unwell, uses observations, history and presentation to make decisions and reasonable differential diagnosis to be able to provide informed consent and way up pros and cons of each intervention. For example, the student can demonstrate an understanding of surface anatomy when examining a shoulder after a fall on an out- stretched hand.	
13.8 understand the following aspects of biological science:	
- disease and trauma processes and how to apply this knowledge to develop appropriate treatment plans for the patient's pre-hospital or out- of-hospital care	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can explain and apply their theoretical understanding to the above. This may be demonstrated with a fall from height where the student should consider the mechanism of injury	
- how the application of paramedic practice may cause physiological and behavioural change	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can discuss how their interventions may affect the service user both physiologically and behaviourally. For example: Giving morphine can cause X physiological response but also some individuals may experience X psychologically. Or how a service user may be afraid of needles.	
- human anatomy and physiology, especially the dynamic relationships of human structure and function and the musculoskeletal, cardiovascular, respiratory, digestive, endocrine, urinary, reproductive, integumentary and nervous systems	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student should demonstrate and understanding of how systems are connected. e.g. breathlessness may be normal on exertion of due to a cardiac condition.	
-human growth and development across the lifespan	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
<p>The student understands and can apply to practice the changes to human growth and development across the lifespan and how this effects service users during intervention, assessment and management.</p>	
<p>- normal and altered anatomy and physiology throughout the human lifespan</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>
<p>The student understands and can apply to practice the changes to human growth and development across the lifespan and how this effects service users during intervention, assessment and management. The student may reflect on how cancer has affected a patient they had contact with.</p>	
<p>- relevant physiological parameters and how to interpret changes from the norm</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>
<p>The student understands the normal parameters across the lifespan and recognises deviation from the norm and what these may mean. This will be developed over the stages. For example, may be recognising a pyrexia or tachycardia.</p>	
<p>- the factors influencing individual variations in human ability and health function</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>
<p>The student understands and demonstrates what factors influence variations in the human ability and health, For example: the student demonstrated knowledge and understand with an older adult who had reduction in functional ability and why these occur. The student should recognise that some requests may not be met by an elderly frail patient. For example, standing and transferring to a chair.</p>	
<p>- the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Handwashing, PPE use, Infectious persons/decontamination processes, Guideline and process knowledge</p>
<p>The student should be able to demonstrate an understanding of how infections are transmitted and be familiar with common infections e.g. UTI, LRTI, Cellulitis. This can also be considered when dealing with IPC and prevention of cross contamination of viruses, bacteria and fungal infections such as necrotising fasciitis etc</p>	
<p>- the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
<p>The student can apply and adapt their approach to service users across the lifespan and understands milestones pertinent to their placement. This may be demonstrated by the student when communicating with a baby for example looking for the grasp reflex or startle reflex. Or in children that they are meeting milestones of development.</p>	
<p>- the role of nutrition in promoting health and preventing illness across the life spectrum</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>
<p>The student considers the life and social factors of nutrition to how this can affect the service users in the short and long term. For example: considering the impact of lack of nutrition in the younger and older generations or the over nutrition patients and how this impacts service users. The student should note poor nutrition and body mass.</p>	
<p>13.9 understand the following aspects of physical science:</p>	
<p>- principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Manual Handling, Equipment use, Human factors knowledge</p>
<p>This may be demonstrated when assessing the mobility of a frail patient. The student can note posture and gait. This can also be considered when looking at moving and handling and considering the correct techniques for this (ergonomics) along with positioning themselves in ways that make effective treatment or interventions such as when intubating/airway management.</p>	
<p>- the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>
<p>The student should know normal parameters across the life-span. e.g. on taking paediatric base-line observations. The student should be able to use this information to determine a diagnosis and/differential diagnosis.</p>	
<p>- the pathophysiological changes to normal homeostatic function and its implications</p>	<p>Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions</p>
<p>For example, the student should recognise an altered state of health. e.g. a patient in heart failure.</p>	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
- the principles and application of measurement techniques based on biomechanics and electrophysiology	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Equipment use and monitoring
For example, the student should understand the correlation between electrical activity in the heart and an ECG recording.	
13.10 understand the following aspects of sociological, health and behavioural science:	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
- how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student should not be judgmental. They should demonstrate an appreciation of the person and not just the disease. They should consider more than physical issues and look at the service user from a holistic perspective. Considering for example the sociological norms may be different in different locations/cultures etc.	
- how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student should be person centred. Understanding for example the connection between poor mental health and the effect on physical health.	
- psychological and social factors that influence an individual in health and illness	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
An example may be with a service user who self-harms or an elderly person living in squalid conditions. The student should understand how this affects health.	
13.11 understand the following aspects of clinical science:	
- pathological changes and related clinical features of conditions encountered in pre-hospital and out-of-hospital practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student should be aware of the clinical features they will encounter with for example a COPD patient.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
- physiological, pharmacological, structural, behavioural and functional changes in patient presentation	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
This may be demonstrated with a patient who may elicit a functional or unexplained weakness where the student should consider the effects of mental health, drugs and other interventions.	
- principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective paramedic practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions around Evidenced based practice and bringing new research into practice, Discussions around difficulties and advantages of implementation and conflicting perspectives
Post incident a discussion could explore the students understanding of why a NSTEMI is treated differently from a STEMI.	
- the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with the scientific evaluation of their effectiveness	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
This may be demonstrated for example when treating a child with croup. Where examination, diagnosis and treatment are evaluated.	
- the theories supporting problem solving and clinical reasoning	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can voice and demonstrate theories behind clinical reasoning and decision making along with problem solving. The could be achieved in complex care of the service user. The student demonstrates a willingness to solve problems and has learned from previous experience.	
- understand relevant pharmacology and the administration of therapeutic medications, including pharmacodynamics and pharmacokinetics	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student voices and demonstrates depth and understanding in knowledge when dealing with, administering and providing informed consent around drugs and medication etc. For example how hypothermia or liver disease may affect the delivery of medicines.	
14.0 be able to draw on appropriate knowledge and skills to inform practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
The student applies theoretical knowledge to practice and skills. For example, how hypothermia or liver disease may affect the delivery of medicines	
14.1 know the theories and science that underpin the theory and principles of paramedic practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can voice theory behind actions when assessing, managing and treating the service user within paramedic practice. For example, On reflection following an incident the student should be able to explain why Narcan reversed an opiate overdose or why a NSTEMI patient experienced shoulder pain.	
14.2 be able to change practice as needed to take account of new developments or changing contexts	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment
The student works dynamically and can change views based on changing information and environment in an effect manner. For example, the student should recognise when a service user has gone into cardiac arrest or commenced seizures due to hypoxia or hypovolaemia.	
14.3 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment and dynamic working
The student can use equipment and undertake diagnostic and monitoring procedures, treatment, therapy or other actions safely and effectively. For example: patient monitoring and assessment and understands the requirement for continuous monitoring depending on service user condition. For example during the care of a patient with cardiac chest pain.	
14.4 know how to position or immobilise patients correctly for safe and effective interventions	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working
The student can demonstrate how to position or immobilise patients correctly for safe and effective interventions. This can be demonstrated through immobilisation for service users, positioning of service users on beds/trolleys/chairs etc for breathing improvements, positioning for the protection of airways etc. Demonstrate neutral alignment and in-line stabilisation. Use appropriate equipment for immobilisation, e.g. bow splint for lower limb #	
14.5 know the indications and contra-indications of using specific paramedic techniques in pre-hospital and out-of-hospital care, including their limitations and modifications	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student knows or investigates the indications and contra-indications for what they are doing and how this may need modification/limitation in some situations. A lower limb fracture and the use of traction may be an example.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
14.6 be able to modify and adapt practice to meet the clinical needs of patients within the emergency and urgent care environment	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student works dynamically and can change and adapt their practice when it is required. This may be encountered with a DNACPR or palliative patient where alternative care pathways are required.	
14.7 know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in the emergency and urgent care environment	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student works dynamically and can change and adapt their practice when it is required. For example: stepping back if a patient becomes agitated and needs some space or sitting down and talking to relatives/carers calmly and compassionate during difficult conversations or times of upset. The student should provide patient centred care.	
14.8 be able to formulate specific and appropriate management plans including the setting of timescales	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can develop and rationalise management plans for service users, relatives/carers and set timescales around such plans. For example: a plan of extrication from entrapment, voicing speed of extraction required and process for undertaking this. Or, emergency transfer to resus leading or directing a team to ensure clarity of expectations and length of time between drug dosages/transfer. This will vary from stage to stage and can be assessed from simple management to complex. Another example would be the management of on-scene time or timings at a cardiac arrest.	
14.9 be able to gather appropriate information	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, undertake a community profile
The student gathers the right and appropriate information from, about and around the service user that is pertinent to their interaction.	
14.10 be able to select and use appropriate assessment techniques	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions. For example – Cardiac examination in Cardiac patient, using the medical model.
The student assesses the patient appropriately utilising the right assessment technique for the condition presented. For example: the student undertakes a respiratory assessment on a breathing difficulties presentation and not an musculoskeletal assessment (unless otherwise indicated as there may be times when more assessments are required).	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
14.11 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student completes contemporaneous notes and records assessment findings including the pertinent negatives . The student will also demonstrate this when taking baseline observations. They will show respect and maintain service user dignity	
14.12 be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Discussions, Medical model of assessment, differential diagnosis and decision making
The student can utilise the information gained from assessing a service user to make decisions, inform consent, treat, refer and make differential diagnosis. i.e the student knows what to do with the information gained from an assessment.	
14.13 be able to use observation to gather information about the functional abilities of patients	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
This can be achieved from undertaking a functional test on the EPRF. There are many other different examples of this and the terminology used for this will vary from area/experience. Or for example: the student may recognise that additional support is required at home especially if it has been decided to leave the service user at home.	
14.14 understand the need to consider the assessment of both the health and psycho-social care needs of patients and carers	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Handovers, Discussions. For example: Falls non injury patient, considering the other factors such as carer's, support and wider holistic view to patient care.
The student can consider a holistic approach to patient care, considering all the needs and concerns. For example, the student may recognise that additional support is required at home especially if it has been decided to leave the service user at home.	
14.15 be able to undertake or arrange investigations as appropriate	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions. For example: Appropriate use of referrals/PPCI/pathways/EoL
The student can undertake investigations both spoken and practically appropriate for their stage of learning, the student recognises when referral for non-ambulance investigations are required and refer appropriately. For example: a suspected fractured arm. Referred to the most appropriate unit.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
14.16 be able to analyse and critically evaluate the information collected	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can weigh up the information gained and be critical with that information to ensure the best possible care. For example, a blood pressure which is not expected for the service user.	
14.17 be able to demonstrate a logical and systematic approach to problem solving	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership
The student follows a systematic approach to service user care (appropriate to the situation) and works in a logical and appropriate manner. For example, ABCDE rather than DBACE. An example may be gaining access to a patient in a cramped room, the need to gain access for examination and transport to hospital. The care of property, vulnerable relatives and home security.	
14.18 be able to use research, reasoning and problem solving skills to determine appropriate actions	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership, Ethical considerations
The student can back up thinking with evidence or reasoning and apply this to problem solving. For example: extraction of a patient with a significant injury from a small room.	
14.19 recognise the value of research to the critical evaluation of practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
For this the student can discuss different methods of practice and the evidence supporting it, using this to for example discuss a service user interaction. For example, the evidence behind decreased mortality in those given morphine for suspected neck of femur fracture (<i>correct at time of writing this guidance</i>). Participating in audit procedures can be met in many areas and to different levels. The student can be critical of practice.	
14.20 be aware of a range of research methodologies	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student can discuss different types of research applicable to a reflection for example. An example of this could be the student discussing a case based study such as baby P its relevance to practice and how some social determinates can effect situations occurrence as found in a quantitative date. (this is an example). The research supporting smoking/not smoking and its effects on the body. A good place to explore this is journal articles.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
14.21 be able to evaluate research and other evidence to inform their own practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions – using evidence to support their methodologies
The student can use research to influence their practice (14.9, 14.20). The student should demonstrate a knowledge of current best practice.	
14.22 be able to use information and communication technologies appropriate to their practice	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions
The student is able to use the information and communication devices in the areas they are working (if appropriate) for example the EPR, mobile phone for telemetry, hand held radio and in cab device.	
15. understand the need to establish and maintain a safe practice environment	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership
The student demonstrates an insight into the risk of actual or potential harm to self, colleagues and others	
15.1 understand the need to maintain the safety of both service users and those involved in their care	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership, Patient feedback
Demonstrate safe working practices. An example may be when relatives attend the scene of an accident and wish to intervene. The student should protect the service user and be cognisant of the dangers to a relative who may not be aware of the dangers.	
15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership, DATIX, RIDDOR reporting, Yellow card reporting (MHRA), Health and safety responsibilities
Recognise and report a near miss or actual adverse incidents, Complete a DATIX form.	
15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership
Use a dynamic risk assessment. For example, recognise risk from a violent service user or bystanders and make arrangements to control the situation.	

PROFICIENCY	SUGGESTED GUIDANCE/EXAMPLES TO ASSESS COMPETENCY
15.4 be able to select appropriate personal protective equipment and use it correctly	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership
Recognise the need for PPE, Wear headgear and high-viz at a RTC. Gloves, aprons & goggles as required to protect self and patient.	
15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership
An example may be the safe use of sharps or parking in a safe position at a RTC	
15.6 understand and be able to apply appropriate moving and handling techniques	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership, Moving and handling techniques
Students should safely demonstrate moving and handling techniques. For example – transferring a service user from a chair to the trolley cot or from a trolley cot to a hospital bed.	
15.7 understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Documentation, Discussions, Risk assessment
Safely demonstrate infection control measures. An example may be during cannulation or wound care.	
15.8 be aware of the role of the paramedic in responding to hazardous or major incidents	Direct observation, PAD, Practice, Reflective, Debriefing, Feedback, MDT working, Decision making, Referrals, Documentation, Team working, Handovers, Discussions, Risk assessment, Leadership, NARU understanding and implementation
Responding to a hazardous or major incident the student should know their professional limitations and their role as part of a multi-professional team. Know their part within a command and control structure.	