

A large red square with a white border, centered on a white background. Inside the square, the text "Gareth Ward" and "Advanced Paramedic and tACP" is displayed in white.

Gareth Ward

**Advanced Paramedic and
tACP**

My History

Paramedic qualifying in 2011. Worked in the ambulance service for seven years, did my ECP course and then left for primary care in 2018. I started my MSc in Advanced Practice via UWE apprenticeship route (thoroughly recommend) in 2019 which is now coming to an end.

Advanced Clinical Practitioner role



Discussion on Benner's Theory of Novice to Expert



UNCONSCIOUS INCOMPETENCE

You are unaware of the skill and your lack of proficiency

UNCONSCIOUS COMPETENCE

Performing the skill becomes automatic

CONSCIOUS INCOMPETENCE

You are aware of the skill but not yet proficient

CONSCIOUS COMPETENCE

You are able to use the skill, but only with effort

Currently

I currently work for the BSW training hub as a paramedic clinical fellow supporting BSW paramedics working in primary care. I work in primary care surgery for six sessions a week. Academically, I am now at the end of my non-medical prescribing course and in progress with my dissertation - so I am pretty experienced in portfolio building!

Module Title

EVIDENCING WORK BASED LEARNING

NON-MEDICAL PRESCRIBING (INDEPENDENT AND / OR SUPPLEMENTARY PRESCRIBING)

Module Title

HEALTH AND SOCIAL CARE RESEARCH FOR ADVANCED CLINICAL PRACTITIONER (DISTANCE LEARNING)

PATHOPHYSIOLOGY AND DIAGNOSTIC REASONING FOR ADVANCING PRACTICE

LEADERSHIP AND INNOVATION

CLINICAL EXAMINATION SKILLS AND PRACTICE FOR URGENT AND EMERGENCY CARE PRACTITIONERS

CLINICAL REASONING FOR URGENT AND EMERGENCY CARE PRACTITIONERS

PHYSICAL ASSESSMENT AND CLINICAL REASONING FOR PARAMEDIC PRACTICE

Tips for evidence “Work smarter, not harder”

- Case based discussions (CBD)
- Direct observation (DOLS)
- Clinical supervision
- Plaudits
- Colleague / Patient 360 feedback
- Participation in survey, research, feedback
- Reflection (gibbs, rolfe,
- CPD and level 7 modules
- Service improvement projects / Quality improvement projects



Case Based Discussion (CBD)

Apprentice		Assessor	
Registration No: PA33641		GMC/Registration no: 7151343	
Assessment Date:		Location CBD took place: Hathaway surgery	
CBD DETAILS			
Clinical setting: GP primary care			
Summary of clinical problem/issue: <i>5 year old presenting with recurrent submandibular gland swelling</i>			
Complexity of case:			
One issue <input checked="" type="checkbox"/> Two issues <input type="checkbox"/> Multiple issues <input type="checkbox"/>			

P.T.O

ASSESSMENT CRITERIA AND GRADING		
Your grading should be linked to the ACP apprenticeship standards.		
NO - Not observed		
OD - Observed and development required		
OS - Observed and satisfactory (some prompting and/or assistance required)		
OC - Observed and competent (no prompting and/or assistance required)		
Element of CBD	Grading	Comments
Documentation	OC	<i>good clear documentation</i>
Clinical Assessment	OC	
Diagnostic Skills and underlying knowledge base	OC	
Management and follow up plan	OC	<i>appropriate initial management with safety netting - when patient returned for review you quickly identified an abnormality and advised a TTR in keeping with guidelines.</i>
Clinical judgment and decision making	OC	
Communication/team working skills	NO	
Leadership skills	NO	
Reflective Practice/writing	NO	
Professionalism	OC	

COO
Dr V. W. Chan
2/2/21

References
<i>n2deem Primary Care Society Dermatology</i>
Links with clinical pillars / framework
<i>Clinical 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8 Education 2.2, 2.3, 2.4, Leadership 3.1, 3.4, 3.5, 3.7</i>

Learning Learnt:
<i>1) Lipase replaces Amylase for testing. Due to ↑ alcohol intake and ↑ RISK. Look into sensitivity + specificity. Consider Hx earlier. If ↑ PV always repeat.</i>
<i>2) Keratoacanthoma is a differential. Rapid growth. Referral to Derm still advised. Rapid onset is the key. Do Reading around this area.</i>

Supervision – very personal dependent

- Do a SWOT analysis, identify strengths and weaknesses, opportunities
- Adequate supervision to me isn't about "corridor discussions". They are about dedicated time out with an experienced GP, or other advanced AHP. They involve cases, and they include topics and discussions. They involve reflection.
- **(research gap - limited on paramedic primary care clinical supervision)*** But Hodge, Swift and Wilson (2018) identified issues with clinical supervision for paramedics back in 2018, and this was linked with the ambulance service. With Primary Care being transactional focused, inherently, it creates barriers in today's world.
- An apprenticeship enables an 80:20 split supporting four pillars. Get it written in your contract!
- Send evidence to supervisors for opinions and comments, and they can review and send it back.

The above will help collate vital evidence.

Cross referencing

There will be a lot of the evidence you have already achieved such as previous qualifications and clinical supervisions, DOLS or CBD can be cross referenced!

Domain	Evidence
Clinical	
1.1	ALS 1.2 / ALS 1.3 / CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / PV1120 / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPPV / NMPCA / NMPHB / P260221 /
1.2	ALS 2.1 / CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / plaudit080121 / Thankyou141220 / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPCA / NMPHB / P260221 /
1.3	CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / HBA 112020 / Chaperone / PETFA / gout.pdf / CSO221 / AHP11/9/2020 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPPV / NMPCA / NMPHB / P260221 /
1.4	CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / HBA 112020 / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPCA / NMPHB / P260221 /
1.5	CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / PV1120 / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPCA / NMPHB / P260221 /
1.6	CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / PV1120 / HBA 112020 / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPPV / NMPCA / NMPHB / P260221 /
1.7	ALS 1.2 / ALS 1.3 / CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / HBA 112020 / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPPV / NMPCA / NMPHB / P260221 /
1.8	ALS 2.1 / CS 210920 / Presentation ACP – 092020 / PADRAP Poster Submission / PADRAP poster reflection / Chaperone / PETFA / gout.pdf / CSO221 / LAM200121 / NMPPEADPOSTER / NMPCA / NMPPV / NMPCA / NMPHB / P260221 /
Education	