Student Paramedic Placement:

Primary Care .

Information for Providers

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# Introduction and purpose

Paramedics are HCPC registered health professionals who operate with a high level of autonomy in prehospital and primary care. Universities are charged with preparing undergraduates in this discipline to take on a level of responsibility and accountability that is unique and wide ranging in its scope. Paramedic practice deals with the unplanned and the unexpected, which means that paramedic students need to develop the ability rapidly to apply specialist knowledge to patient encounters across the spectrum of possibilities. In order to gain this specialist knowledge, paramedic students need time with specialists.

The intention of this document is to articulate the learning needs of paramedic students in specialist placements. It is designed to be read by those who facilitate and oversee specialist placements in a range of settings, including the emergency department, minor injuries, airway management, cardiology, mental health, obstetrics, paediatrics and general practice. It is hoped that with deeper insight into the evolving role of the paramedic and the needs of the paramedic student, placement providers will, in partnership with universities, offer learning experiences which enable tomorrow’s professionals to practise competently and confidently in the NHS.

There is no such thing as a typical day in the working life of a paramedic. The following is just a sample of clinical activities that a paramedic will undertake:

* Management of Acute Coronary Syndromes including referral to catheter laboratory
* Paediatric pain management
* Wound assessment and closure
* Referral of a mental health patient in crisis
* Recognition and management of an obstetric emergency
* Leading a resuscitation team at a sudden cardiac arrest
* Assessment and referral of falls in the elderly
* Management and discharge of diabetic patients following a hypoglycaemic crisis
* Assessment of respiratory function following exacerbation of COPD
* Advanced airway management following head trauma

Paramedic students are required to spend a minimum 600 hours per year in clinical placement. In the South West, the bulk of this experience is provided by South Western Ambulance Service NHS Trust (SWASfT). But a placement on an ambulance or in a response car does not guarantee exposure to any particular type of case. Paramedic students also need supervised practice in clinical areas where specialist knowledge is at hand and the caseload is predicted. Short, immersive placements in a range of specialist areas will expose the student to conditions which, as a graduate, they will be required to manage in the community. The encounter with a paramedic is frequently the start of the patient journey. The nature of this journey is largely determined by paramedic actions and decisions. Time with and supervision by specialists is an essential component in the preparation of paramedic students for integrated, autonomous practice within the NHS.

**Extract from the College of Paramedics and QAA Subject Benchmark Statement (2016)**

Since the first subject benchmark statement for paramedics was published, paramedic practice has changed to satisfy an increased strategic emphasis on ‘*Taking Healthcare to the Patient*’ [[1]](#footnote-1) , and ‘*Taking Healthcare to the Patient 2*’ [[2]](#footnote-2), and ambulance services delivering ‘*mobile urgent treatment services’* [[3]](#footnote-3). This has resulted in a rapidly developing scope and increasing breadth of practice for paramedics and the need for educational programmes to adapt accordingly. The intent of this benchmark statement is to outline a flexible framework for Higher Education Institutions to develop competent and capable graduate paramedics. At the point of professional registration, paramedics should have the right values and behaviours, and the necessary adaptability to provide safe, effective person centred care in a variety of contexts, within a constantly changing healthcare environment.

Throughout the paramedic scope of practice, there is a requisite capacity for clinical leadership, decision making and critical thinking in response to patients with undifferentiated needs and within an uncertain context. This requirement for the paramedic to autonomously problem solve, make evidence-based, rationalised decisions, manage risk and refer in a complex environment is outlined in the following key changes to the 2004 Benchmark statement for Paramedic Science.

Key changes to this document include:

* An enhanced focus on clinical leadership.
* An increased emphasis on enhanced patient assessment to ensure a comprehensive approach to practise.
* A focus on clinical, diagnostic reasoning to ensure that the right decision is made at the right time for patients.
* A building emphasis on multi-professional, interdisciplinary practice and patient referral, towards delivering seamless, integrated care.
* Recognition of the need for paramedics to deliver public health interventions.
* The necessary inclusion of dealing with uncertainty, risk management and safety netting, towards delivering safe patient care.
* An enhanced focus on reflective, evidence based practice, to ensure a critical approach to practice and in recognition of the need for continual quality improvement in the delivery of safe, person centred care.
* Reference to postgraduate development pathways and progression to specialist and advanced practice.

# Nature and scope of Paramedic Practice

At the point of registration, a paramedic is an autonomous practitioner who has the knowledge, skills and clinical expertise to assess, treat, diagnose, supply and administer medicines, manage, discharge and refer patients in a range of urgent, emergency, critical or out of hospital settings.

Paramedics are educated and trained to provide a high standard of care based on the principles of evidenced-based practice, and are able to:

* apply their skill and knowledge in the provision of care, enabling patients to achieve the best possible quality of life, whatever their condition, whilst ensuring that the welfare of the patient is not compromised
* recognise that relationships with service users should be based on mutual respect and trust, and are able to maintain high standards of care even in situations of personal incompatibility.

While primarily based in the pre- and out-of-hospital emergency and urgent care settings, paramedics may also work in a wide variety of both clinical and non-clinical settings. These include GP surgeries, walk in centres, minor injury units, urgent and emergency care centres, education/teaching, research, management, military and commercial settings. The paramedic role is diverse and includes supporting patients through an increasing number of environments that form part of modern day paramedic practice. The role encompasses detailed technical expertise in areas such as; history taking and physical examination, documentation, clinical presentations, diagnosis on the information available in unique settings, and processing scientific diagnostic testing, as well as demonstrating attributes, values and behaviours such as, empathy, compassion and understanding in treating and caring for patients and supporting relatives and others.

# Primary Care

Primary Care Centres provide urgent care for the majority of the population and paramedics are increasingly called to help with this demographic. There has also been a more recent progression of paramedics out of the ambulance services to take up posts in this area of practice.

Providing urgent care to the public will be a constant and increasing feature of paramedic practice including care of patients with acute episodes of their long term conditions, minor illness and injury and end of life care and therefore the paramedic student can benefit greatly from a placement in your surgery.

**Key Student Learning Opportunities**

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|  * Understand the anatomical, physiological and pathophysiological changes through the age ranges
* Understand the principles and practice of the assessment and management of patients across the age ranges
* Demonstrate how to conduct a thorough and detailed physical examination usingclinincal signs, inspection, palpation, percussion, auscultation and other assessment skills to inform clinical reasoning and to guide the formulation of a diagnosis across all age ranges
* Demonstrate an ability to utitlise clinincal reasoning skills and identify red flags in order to provide a list of differential diagnoses relating to commonly encountered illness and injury.
* Demonstrate awareness of how the illness or injury of the patient can have an impact on the family
* Critically appraise the current evidence base for patients requiring urgent care
* Demonstrate awareness of the principles of safeguarding of children and vulnerable adults and the medico-legal and ethical basis of their care
* Demonstrate an ability to communicate effectively with all age ranges and their families.
* Demonstrate the ability to undertake a pain assessment and describe appropriate pain management options.
* Undertake a wound assessment and demonstrate treatment methods
* Understand the investigations, diagnostic or monitoring procedures, treatment and therapy for all age ranges
* Demonsrate an awareness of common mental health conditions experienced by children, young people and adults.
* Work, in partnership with other professionals and support staff to demonstrate referral of service users when appropriate
* Explore evidence-based, best practice communication skills and approaches for providing therapeutic interventions.
* Demonstrate an awareness of the function and processes of the Primary Care Centre.
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As year 3 students they will be aiming to be observed performing clinical skills in this controlled environment as well as during their more unpredictable placement environment, on emergency ambulances. The skills list includes:

Activities that a paramedic student can undertake in Primary Care:

Clinical observations

Holistic care of patient and family

Assessment of weight and height

Referral to other professionals/services

Pain assessment and management

Assist in procedures - eg MSK treatments

Observe Specialist examinations eg ear, eye

Health promotion and prevention

Wound assessment and care – including burns and scalds.

Assessment of dermatogical conditions eg rashes.

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# Guidance for mentorship of paramedic students

**The named mentor will: -** normally be a registered **paramedic** or other registered healthcare professional in non-paramedic placements

* Normally have **12 months post registration** experience;
* have undergone appropriate development for the role;
* possess a willingness to undertake the commitment of the mentor role;
* act in a **lead role** in the co-ordination of student teaching and assessing requirements;
* have a good working knowledge of the student’s **educational and clinical programme;**
* understand the expected **learning outcomes** of the student being supported;
* participate with the student in **reflective** activities;
* understand what creates a **good learning environment** and strive to achieve this within the clinical area and the mentor-student relationship;
* **facilitate** the student in the identification and achievement of their own outcomes for the placement;
* ensure that the student has a satisfactory number of **supported hours** during a placement;
* ensure adequate cover with a **practice mentor** when unavailable;
* **liaise** with the **practice mentor** to ensure continuity and fairness in teaching;
* ensure that a safe level of supervision is achieved, so that the student always works within the **HCPC Code of Professional Conduct;**
* meet with the student at regular intervals to **discuss progress**
* contribute to a **supportive learning environment** and quality learning outcomes for students;
* be **approachable, supportive and aware** of how students learn best;
* have knowledge of the **student’s programme of study;**
* be willing to share their **knowledge of patient care;**
* identify specific **learning opportunities** that are available within the placement area;
* ensure that time is identified for **interviews** with students in order to assess learning needs and develop action plans when necessary;
* **observe** students practicing newly learnt skills;
* encourage the application of **enquiry-based learning** and problem-solving to situations, as well as giving factual information;
* build into learning opportunities the chance to experience the skills and knowledge of **other specialist practitioners**;
* provide time for reflection, **feedback** and monitoring of students’ progress;
* ensure that students have constructive feedback with suggestions on how to make further improvements to **promote progress;**
* **seek evaluative feedback** from students at the end of their practice placement experience.

# Thank You

Thank you for taking a UWE Paramedic student on placement. This document has been

prepared to provide placement providers with the information needed to support paramedic

students on practice placements. The guidance along with relevant placement

documentation can be found on the Practice Support Net (PSN):

<https://www1.uwe.ac.uk/students/practicesupportnet/guidancebyprogramme.aspx>

Thank you also for your support of our students and for helping to ensure paramedics are confident and competent practitioners. If you have any questions about this document, the learning outocmes or the BSc (Hons) Paramedic Science programme at UWE please do not hesitate to contact either Sarah Todd – Associate Head of Department Paramedic Science (Sarah2.Todd@uwe.ac.uk) or Jedd Billing – Programme Leader (Jedd.Billing@uwe.ac.uk).

1. Department of Health (2005) *Taking Healthcare to the Patient: Transforming NHS Ambulance Services.* London. DH Publications, available at: [http://webarchive.nationalarchives.gov.uk/20061023110946/http://dh.gov.uk/prod\_consum\_dh/idcplg](http://webarchive.nationalarchives.gov.uk/20061023110946/http%3A//dh.gov.uk/prod_consum_dh/idcplg) [↑](#footnote-ref-1)
2. Association of Ambulance Chief Executives ((AACE) 2011) *Taking Healthcare to the Patient 2: A review of 6 years’ progress and recommendations for the future.* London. Produced by AACE, available at: <http://aace.org.uk/new-report-taking-healthcare-to-the-patient-2/> [↑](#footnote-ref-2)
3. NHS England (2013) *High quality care for all, now and for future generations: Transforming urgent and emergency care services in England - Urgent and Emergency Care Review End of Phase 1 Report*. Keogh Report. Leeds. NHS England, available at: [www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Rep](http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Rep) [↑](#footnote-ref-3)