

# Department of Health and Sports Sciences University of Suffolk



# Bachelor of Science (Hons) PARAMEDIC SCIENCE PRACTICE ASSESSMENT DOCUMENT (PAD)

**Evidence of Learning, Skills Development,**Student Progression and Reflection

## **Practice Assessment Document - Year 2**

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#### Overview of PAD

This integrated document combines the student paramedics practice assessment document (PAD). It uses the University of Hertfordshire PAD as a template and is reproduced with their kind permission and includes contributions from the five higher education institutions which make up the East of England Paramedic Partners Group. This ensures that despite wherever a student will be within practice placement within the East of England Ambulance Service Trust (EEAST) the documents will all have a similar approach and process for student clinical assessments. This document supports the student's journey over the next three years and reflects on their learning as they apply theory to practice. The student will take ownership for this document and with the support of their Paramedic Educator (PEd) use it to document formative and summative assessment and complete practical skills required to practice as a paramedic. The PAD also recognises areas of practice where the student may struggle to meet the practice elements so a Development Action Plan can be agreed between the student and their PEd to ensure they are supported to pass all summative aspects of assessment. It also documents the skills the student paramedic will develop over the next three years. This document has been developed in accordance with the HCPC Paramedic Standards of Proficiency and the Paramedic Curriculum Guidance from the College of Paramedics.

# **Department of Health and Sports Sciences**

# STUDENT PAD BSc (Hons) PARAMEDIC SCIENCE

Name:
In-Take Date
Student Identification Number
Personal Tutor
Student's emergency contact
Name
Relationship
Contact Number
Date of Disclosure Barring Service (DBS) clearance
Year 1
Occupational health clearance for Practice (including completion of mandatory
vaccinations and exposure prone procedures): Date

It is vital that you keep an accurate record of your mandatory training in order to be able to access your practice learning opportunities. Please date and sign the relevant sessions identified in the following grids for year one of your studies. During years two and three you will need to complete each section identifying the sessions which you have attended relevant to each area of required mandatory training, dating and signing these. Failure to do so may impact on your ability to undertake your practice learning opportunities.

#### INTRODUCTION

The development of this practice assessment document (PAD) has been adapted by the University with the support of East of England Ambulance Service NHS Trust (EEAST) and the East of England Paramedic Partners Group. It has been developed using the University of Hertfordshire (UH) PAD. This document will be referred to simply as 'PAD' so as not to confuse the student or PEd. Additionally, this document will showcase the formative and summative assessments in practice in which student and PEd will work together to achieve the student's practice elements. In addition to this it will document, in conjunction with the PADs for years 1 and 3, certain skills learnt by the student over their three years of placement practice. As this document reflects the UH criteria for assessing elements of practice, the foundations of the document are based upon the University of Greenwich PAD template utilised by University of East Anglia and adapted by Anglia Ruskin University. The student is to take ownership of the PAD and in collaboration with their PEd will comment on areas of practice they The PEd will feedback and comment so that the student remains have learnt. informed in their development, a consistent approach is adopted and opportunities to pass summative assessment are maximised.

The PAD upholds and assesses elements set out to provide minimum standards of proficiency to become a registered paramedic with the Health and Care Professions Council (HCPC, 2012a). It further upholds standards of conduct and professionalism that students must maintain (HCPC 2012b, HCPC 2013c) and standards against which education and training are themselves assessed (HCPC 2012d). Also reflected in each of the assessed elements are areas of clinical practice (JRCALC, 2013), paramedic curriculum guidance (College of Paramedics, 2014) and best practice and policy from government agencies and other professional organisations such as Department of Health and Quality Assurance Agency.

The PAD provides an overview of skills students can gain experience of by the end of the year 2. This experience is, however, dependent on the needs of patients/clients that students are exposed to during the course. It will enable students to take greater responsibility for their own learning and make best use of the opportunities available within the placement areas to develop their skills.

The PAD is also intended to be used as a reference for students and practitioners, once the student has completed the course. The PAD can be used to identify areas of competence as well as deficits that can be addressed during both the preceptorship period and thereafter.

This PAD along with years 1 and 3 PADS, reflects the student's progression throughout the course. It is about the development of knowledge, the application of practical assessment and skill and the personal and professional attributes the student needs to learn to become a competent paramedic. It also provides information concerning the roles and responsibilities in the assessment process.

#### **ROLES AND RESPONSIBILITIES**

The roles and responsibilities listed below are only an indicative summary of the key areas to be achieved during practice placements. Comprehensive guidance can be found in the Paramedic Handbook.

#### THE STUDENT

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

### THE PARAMEDIC EDUCATOR / SUPERVISING CLINICIAN (PEd)

Paramedic Educator (PEd) will be a registered Paramedic or another suitably qualified clinician who will be referred to as a PEd whom has undergone further training to develop teaching and learning skills to manage your learning and assessment needs in practice. They will be responsible for the students' clinical supervision and assessment in practice and will liaise with the students' associate PEds and link lecturer.

- The PEd should orientate the student to the placement area on their first day.
- The PEd must identify and provide access to appropriate learning opportunities and resources.
- The PEd should guide the student to reflect on experiences to facilitate learning in and from practice.
- The PEd must complete the appropriate sections of the practice assessment documentation.
- The PEd must undertake the appropriate assessment in an agreed time frame during and at the end of a placement within the scope of their practice.
- The PEd must ensure that both the student and the specified Link Tutor if any concerns or issues arise immediately.
- The PEd must utilise Development Action Plans to enhance the student's learning in identified areas.
- The PEd must only discuss student personal or developmental issues with appropriate members of staff when necessary.
- The PEd must demonstrate conduct of a professional standard at all times.

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

#### ANOTHER NAMED SUPERVISING CLINICIAN/PRACTITIONER

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

#### WHO CAN SIGN THIS DOCUMENT?

- If you are a qualified mentor (per trust requirements) you may sign any
  element of practice at either formative or summative level providing
  that particular skill sits within your own scope of practice. You must
  add your details to the mentor page at the back of this document when
  doing so.
- You DO NOT have to see a student perform an element of practice
  multiple times before signing this document. If a student performs an
  element to the required standard and you are a mentor and that
  element sits within your own scope of practice, you can sign this
  document to reflect that, even if it is the first time you have worked with
  that student.
- If you witness a student perform an element of practice that does not sit within your scope of practice or a element that does sit within your scope of practice but are not a qualified mentor. You can provide a witness testimony detailing what you have observed. The student will then take this to their named PPED who sign on that basis though may need to contact you for clarification.
- The process described in point 3 applies to mentors who work outside
  the ambulance service though support students in specialist or elective
  placements. There is however a skills acquisition sheet further within
  this document with instructions on how to complete that is applicable to
  this scenario.

## PLACEMENT MEETINGS (INTERVIEWS)

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

- Preliminary Interview (within the first week of placement) to <u>set a plan of</u> <u>action</u> to meet practice elements and skills.
  - 'A DAP may be implemented to maximise on opportunities for learning, especially in situations where elements and skills are not being met.'
- Formative Interview (mid-way in the placement) to review action plan and student development to ensure the student is on track to meet their goals and pass their assessment(s)
  - 'A DAP may be implemented to maximise on opportunities for learning, especially in situations where elements and skills are not being met.'
- Summative Interview (within the last week of the placement) to ensure all
   assessment criteria have been met and to reflect on the students placement

#### **ELEMENTS OF PRACTICE - THE ASSESSMENT PROCESS**

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

#### ASSESSING THE ELEMENTS OF PRACTICE

- Each element will have a required level of practice of either **Dependant**,
   Assisted, Minimally Supervised, or Independent for the second year.
   This will be determined by your knowledge and scope of practice relevant to your course.
- The PEd will discuss student progress and record their comments using the elements of practice criteria table. This will assess the student's knowledge, performance and personal attributes in each element of practice.
- If a student is assessed to be underperforming, they may be asked to undertake a Development Action Plan.
- In order to pass each year, the student must have achieved the required level of practice for all the elements required by their course of study. In Year two it is required that the student meets minimally supervised level as a minimum for all elements of practice in order to pass assessment of this Document.
- If a student has not had the opportunity to undertake an element of practice, this should be recorded on the relevant page comments section of the formative assessment by their PEd and signed accordingly.

#### FORMATIVE AND SUMMATIVE ASSESMENT

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

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

- Where possible assessments should be pre-planned and agreed however,
   the student can be assessed formatively in any area, at any time.
- The student should have a minimum of one formative assessment recorded for every element of practice
- The PAD will be formatively reviewed by the University Module
   Leader/Tutor to identify those students who require additional support to
   achieve the required level by then end of the placement
- In order to pass at the first attempt the student MUST have at least one
  formative and one summative assessment recorded for each element of
  practice by the agreed time set by their course of study.
- The PEd who undertakes these assessments must record the result in the record of achievement
- A PEd or supervising clinician may sign of the student by the following methods:
  - 1. Direct Observations
  - 2. Simulated or Demonstration in Practice
  - 3. Question & Answers (verbal or written)
  - 4. Written Reflection
  - 5. Witnessed Testimonies
- All the elements of practice should be assessed by the student and the PEd but the PEd's decision will be considered as final.

## **Development Action Plans (DAPs)**

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

- Development action plans must be implemented at the earliest opportunity
- A DAP MUST always be implemented when a student is assessed as
   Assisted level in any area of an element of practice after their first
   formative assessment. During their first formative assessment the
   Student can achieve an Assisted level without the implementation of a
   DAP however it is best practice to a hold discussions between PEd and
   Student as to how this can be improved upon.
- The DAP should clearly identify the area, or areas for student development with regards to knowledge, practical skills and personal or professional abilities.
- Options to achieve student goals for each area of development should be discussed and agreed with the student and written in the DAP.
- A realistic time scale should be agreed and the DAP should be reviewed as agreed and the student assessed.
- Paramedic Educators may request assistance with writing a DAP from their
   Team Leader, Link Tutor or Module Tutor in the strictest of confidence.

#### **END OF PLACEMENT REVIEW**

At the end of each placement, the student will be assessed on their professional standards as set out by the HCPC (2012b) and this may have a direct impact on their registration and employability.

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

Additionally, students should undertake a collection of views from service users by completing the included form prior to submission of the PAD. There is also a student review of the practice placement questionnaire requiring completion by the student so as to evaluate the clinical learning environment.

#### PASSING OR FAILING THE YEAR

- If the Paramedic Educator is concerned that the student may not achieve the elements
  of practice within the document, the relevant University Link Tutor, Module Leader/Tutor
  must be contacted promptly in order to provide support.
- If at any point the Paramedic Educator is concerned that the student will not meet
  the required standard, then a Development Action Plan should be used to help the
  student achieve the identified elements of practice as set out above. If unresolved a
  Cause for Concern should be raised.
- The student will have passed the practice element of the module if they have successfully achieved a minimum of one formative and one summative assessment to the stated standard (Minimally Supervised) for required elements.
- If a student has not passed the practice assessment, it must be recorded in the
  record of achievement and the content of the discussions with the student leading up
  to this decision must be recorded in the record of meetings. A Cause for Concern
  should be raised if following an action plan the concern is not resolved.
- If a student has not completed at least one formative and one summative sign off for certain elements then these elements can be simulated and assessed in University time. Please note. Only a maximum of 8 elements may be completed in this way. If the Student is nearing the end of their allotted time for sign off and has more than 8 elements outstanding then a personal link tutor must be contacted at the earliest possible opportunity.

# **GLOSSARY OF TERMS**

	T
Assessment of Practice	The assessment of practice is through the achievement of all the elements of practice. Practice assessment is a collaborative, constructive process undertaken between academic staff, clinical staff and students.
Associate Paramedic Educator (A/PEd)	Supports the Paramedic Educator and provides opportunities for the student's personal and professional development. An associate Paramedic Educator may also assist in the assessment of the competence of a student undertaking an element of practice and may complete the assessments within the scope of their practice.
Formative Assessment	Formative assessment of practice is ongoing and is diagnostic and developmental. It provides opportunity for feedback to the student regarding their practice through discussion and documentation. It can take place in any placement setting and should also contribute to the outcome of summative assessment.
Elements of Practice Criteria	It is acknowledged that a student will develop their level of practice in performing care throughout the course. This may range from being dependent on another practitioner, to the student being fully able to provide that element of care independently in a safe and competent manner. Table 1 outlines these levels.
Elements of Practice	Throughout the document there are stated elements of practice that represent key aspects of the work of a paramedic. It is expected that the student will experience all of these elements whilst working with the ambulance service during the course.
Placement	A placement provides the student with opportunities to gain experience, which facilitates the development of knowledge and practice. The length of time a student may spend in a placement area will vary.
Portfolio of Practice	A collection of evidence that demonstrates the student's development over the course. This may include reflective accounts, feedback on performance, additional skills, certificates, letters of thanks etc.
Paramedic Educator (PEd)	Every student has a designated Paramedic Educator for each placement. The Paramedic Educator supports and facilitates the student in developing skills and knowledge in practice. The Paramedic Educator completes the summative assessments at the end of their Course.
Course Leader	Is an academic employed by the university who oversees the course and the student's progression through it.
Summative Assessment	Summative assessment determines successful achievement of the identified elements of practice and is undertaken in conjunction with the descriptors in Table 1.
Insights	This provides the students with opportunity to gain insight into a particular health related area. It normally occurs over one or two days. A longer experience is described as a placement.

# LIST OF ELEMENTS OF PRACTICE CRITERIA

Element Number	Criteria
1	Communication (and technologies)
2	H&S – Moving and handling
3	H&S – Scene safety
4	H&S – Personal Protective Equipment
5	Infection protection control (cross-infection)
6	Patient health and wellbeing
7	Patient involvement
8	Consent
9	Confidentiality
10	Capacity – including refusal of care, treatment and or transportation
11	Patient records
12	Vulnerable adults/children
13	Monitoring, recording and interpreting observations (adults)
14	Monitoring, recording and interpreting observations (paediatrics)
15	4 and 12 lead ECG analysis
16	History taking – use of FE (adults and children)
17	History taking – mental health
18	Primary survey
19	Time critical patients
20	Respiratory system examination and management (adults)
21	Cardiovascular system examination and management (adults)
22	Nervous system examination and management (adults)
23	Gastrointestinal and genitourinary system examination and management (adults)
24	Musculoskeletal system examination and management (adults)
25	Obstetric and gynaecological presentations and management
26	System examination and management of the paediatric patient
27	Multiple casualties and resource management
28	Recognition, assessment and management of cardiac arrest (all ages)
29	Basic airway management (adults)
30	Advanced airway management (adults)
31	Patient ventilation (adult)
32	Paediatric Airways
33	Medicine management (adults)
34	Medicine management (paediatrics)
35	IM Injection
36	IV cannulation

37	IV infusion
38	Wound care and dressings
39	Cervical spinal care and immobilisation
40	Fractures – including splinting and traction
41	Patient transportation and positioning
42	Clinical decision making – including local trust pathways
43	Treatment centre/destination
44	Patient handover
45	Maintain fitness to practice/professional standards
46	Multidisciplinary working and collaboration

# **Grading and Assessment.**

# Specific Guidelines for Fine Grading of Practice Competencies (Adapted from Steinaker and Bell's (1979) Taxonomy of Experiential Learning)

# Students would be expected to achieve competencies at Identification level (Grade MS) by the end of Year 2

### Exposure (Grade D = Dependent) e.g. Not Competent

- On observing a competent practitioner, the student shows awareness but lacks knowledge and skills.
- The student demonstrates a willingness to listen, observe and ask questions related to the outcome.
- The student is able to react to the experience and recognise their responsibilities in identifying sources and types of information that may enhance their knowledge of the observed practice.

#### Participation (Grade A = Assisted) e.g. Competent at Basic Skills

- Under regular supervision, the student is able to participate in aspects of care related to the outcome.
- In relation to this outcome, the student is able to discuss rationale for care and explain their own decisions in care delivery. Problem solving with guidance is evident.
- The ability to acquire further information to support their practice in relation to this outcome is evident.

#### Identification (Grade MS = Minimal Supervision) e.g. Competent with Minimal Supervision

- The student shows evidence of safely participating in the patient care related to this outcome with less direct supervision. Their ability / attempts to problem-solve in relation to this outcome are more prominent.
- The student is able to identify areas of their knowledge related to this outcome that need to be developed and demonstrates the motivation and skills to address this.
- The student recognises their professional limitations in relation to this outcome and seeks advice when appropriate.

#### Internalisation (Grade Ind = Independent) e.g. Independent

- The student is able to reflect on previous experiences and show development of their practice related to this outcome as a result.
- The student's performance in this outcome is good and requires minimal supervision. Professional limitations are recognised.
- The student will need little prompting and has the ability to consistently use their initiative, based on their previous experience and/or level of knowledge.
- The student is able to discuss and apply underpinning theory to their practice and consider any discrepancies that may exist.

# LEVELS OF ELEMENTS OF PRACTICE CRITERIA

Criteria Level	Knowledge / reasoning	Level of performance	Personal and professional awareness
Exposure Grade D (Dependent)	<ul> <li>Lacks knowledge</li> <li>No awareness of alternatives</li> <li>Unable to explain / give reasons for actions</li> </ul>	<ul> <li>Lacks accuracy and confidence</li> <li>Needs continuous guidance &amp; supervision</li> <li>Weak organisational skills</li> <li>No awareness of priorities</li> </ul>	<ul> <li>Actions &amp; behaviour are not modified to meet the needs of the client and situation</li> <li>No meaningful explanations given</li> <li>Lacks insight into personal and professional behaviour</li> </ul>
Participation Grade A (Assisted)	<ul> <li>Knowledge is usually accurate</li> <li>Little awareness of alternatives</li> <li>Identifies reasons for actions</li> </ul>	<ul> <li>Accurate performance but some lack of confidence &amp; efficiency.</li> <li>Requires frequent direction / supervision</li> <li>Some awareness of priorities / requires prompting</li> </ul>	<ul> <li>Recognises the need to modify actions / behaviour to the client and situation, but unable to do so in non-routine situations</li> <li>Gives standard explanations / does not modify information</li> </ul>
Identification Grade MS (Minimal Supervision)	<ul> <li>Applies accurate knowledge to practice</li> <li>Some awareness of alternatives</li> <li>Beginning to make judgements based on contemporary evidence</li> </ul>	<ul> <li>Safe and accurate; fairly confident / efficient</li> <li>Needs occasional direction or support</li> <li>Beginning to initiate appropriate actions</li> <li>Identifies priorities with minimal prompting</li> </ul>	<ul> <li>Actions / interventions / behaviours generally appropriate for the client and situation</li> <li>Explanation is usually at an appropriate &amp; coherent Level</li> <li>Identifies the need for assistance</li> </ul>
Internalisation Grade Ind. (Independent)	<ul> <li>Applies evidence based knowledge</li> <li>Demonstrates awareness of alternatives</li> <li>Sound rationale for actions</li> <li>Makes judgements / decisions based on contemporary evidence</li> </ul>	<ul> <li>Confident / safe / efficient</li> <li>Needs minimal direction / support</li> <li>Able to prioritise</li> <li>Able to adapt to the situation</li> </ul>	<ul> <li>Conscious / deliberate planning</li> <li>Actions/ interventions/ behaviour are appropriate to the client &amp; situation</li> <li>Gives coherent / appropriate information</li> <li>Identifies &amp; makes appropriate referrals</li> </ul>

# **EXAMPLE RECORD OF ACHIEVEMENT FOR THE ELEMENT OF PRACTICE YEAR 1**

1. Communication (and technologies): Students may demonstrate breaking bad news, terminating				
resuscitation attempts, documenting using EPCR and handing over patient care using				
ASHICE/ATMISTER. Students may also demonstrate use of a range of IT communications including				
Tetra radio main sets/hand held's and mobile				
Formative	Comments			
Assessed level: Studentms	When being mobilised onto a 'red call' from HEOC they			
Assessed level: PEda	lacked understanding and awareness of mobilising			
Date01/01/2020	immediately and were unable to use the MDT function			
PEd NameA.PED	buttons in a structured way i.e. did not 'mobilise' to			
PEd Sign	scene, press 'at scene', press 'leave scene' etc.			
Formative	Comments			
Assessed level: StudentMS	They now understand the importance of mobilising			
Assessed level: PEdMS	immediately when passed a red call from HEOC			
Date15/01/2020	although still require support with MDT functions,			
PEd NameA.PED	especially when 'leaving scene' so as to inform the			
PEd Sign	receiving hospital of their intention to transport patient			
	to them.			
Summative	Comments			
Assessed level: Studentms	They can now fully use MDT with direction utilising			
Assessed level: PEdMS	comments function boxes, refuelling buttons and basic			
Date02/02/2020				
PEd NameA.PED	mobílisation buttons etc. They are able to navigate			
PEd SignA.PED	around the MDT with basic understanding and			
T Lu digit	knowledge of its importance.			
Reality: What are the issues/problems? (T	ick relevant boxes)			
Knowledge Practical	Personal and Professional			
Options: How can the student achieve the	ir goals? (Tick relevant boxes)			
Knowledge Practical	Personal and Professional			
1.				
2.				
3.				
4.				
Additional Comments -				
When Wills When will this plan he reviews	d? Data: / /			
When/Will: When will this plan be reviewe	d? Date: / /			
I understand the reason for this Developm	nent Action Plan which has been discussed and agreed			
•	stand I am responsible for informing my EEAST and			
university course tutors.				
Student Signature:	•			
Stadont Signaturo.	Date: //			
	Date: / /			
A copy of this has been sent to the Link Lo				

# Final Record of Achievement for the Elements of Practice - Year 2

Student	: Name:	Student Number: _			
Year:					
	nts of practice have been assessed a his year (please circle):	nd passed at the required	YES	NO	
Commen	t on student's punctuality and attenda	nce:			
PEd Name (printed):		PEd Signature:			
Student N (printed):		Student Signature:			
					_
Year:					
assessed section is	ission of practice: All the elements of and passed at the required level for to only to be completed if the student is ent) (please circle):	his year (N.B. This	YES	NO	
Commen	t on student's punctuality and attenda	nce:			
PEd Name (printed):		PEd Signature:			
Student N (printed):	ame	Student Signature:			
Date:					

N.B: On this page shaded boxes should only be completed if the student is repeating all practice following a failed 1st attempt as authorised by the University.

# **Records of Achievement for the Elements of Practice**

The Student may require a Development Action Plan to address any difficulties/issues that have arisen whilst in practice. The Student MUST have a DAP implemented if they are graded as Assisted or below on any element of practice at any time following their first formative assessment. For grades of Assisted or below for the first formative assessment a DAP does not need to be implemented but the PEd and Student should discuss how this can be improved.

1. Communication (and technologie	<b>es</b> ): Students	will demonstrate brea	aking bad r	news,
terminating resuscitation attempts, speaking to language line, documenting using EPCR and				
handing over patient care using ASHICE/ATMISTER. Students will also demonstrate use of a range				
of IT communications including <b>Tetra</b>	radio main s	sets/hand held and m	obile data	terminals
(MDT) Blue Calls/Pre Alert Calls	Minimum sta	ndard = MS		
Formative				
Assessed level: Student				
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2. Moving and Handling: Students may patients using a range of techniques. Exaspecific equipment and lifting patients. To of carry chair, small handling aids, use standard = MS	amples may ind include but not	elude, assisted walking, tra limited to <b>ergonomics, ris</b>	ansferring pa k assessm	atients with ent, TILE, use
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RTC's, structural incidents, chemical	nt will identify scenes that present with safety issues i.e. at I incidents. They will learn to be aware of environmental factors is including de-fusing and resolving conflict Minimum
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Student Signatu	ıre:		Date:	1	1	
A copy of this has been sent to the Link Lecturer/Course Leader						
Paramedic Edu	cator (PEd) Name		PEd Si	gnature:		

5. Infection protection control (cro	ss-infection	): Students n	nust demonst	rate appror	oriate hygiene
procedures such as the use of <b>prote</b>					
and using appropriate cleaning n	ediums and	methods fo	r personal, <b>ve</b>	ehicle and	equipment
hygiene. Aseptic technique will be	• •		•		
effective sharps management and s	ome knowled	lge of <b>report</b>	ing HSE issu	ies and RII	DDOR -
Minimum standard = MS  Formative					
Assessed level: Student					
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Reality: What are the issues/problems? (Tick rele	evant boxes)	
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Options: How can the student achieve their goals	s? (Tick relevant boxes)	7
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A copy of this has been sent to the Link Lecturer		
Paramedic Educator (PEd) Name	PEd Signature:	

potential trip or	ate) adverse circumstantslip hazards in a patie	ces the	nat impact on a patient's health. This might include identification of appropriate access to personal safety aids (was uidance Minimum standard = MS	ifying
	rmative	tyle ge	didance. William standard – Wo	
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and other patient documentation mu	ist be kept in an appropriate folder and not left on view
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	and capacity forms must be completed clearly and accurately
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Knowledge	Practical	Persor	nal and Profes		
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Knowledge Options: How ca	Practical	Persor their goals? (Tick	nal and Profes	es)	
Options: How ca Knowledge 1.	Practical an the student achieve	Persor their goals? (Tick	nal and Profestrelevant boxe	es)	
Knowledge Options: How ca	Practical an the student achieve	Persor their goals? (Tick	nal and Profestrelevant boxe	es)	
Knowledge Options: How can knowledge 1. 2.	Practical an the student achieve	Persor their goals? (Tick	nal and Profestrelevant boxe	es)	
Contions: How can knowledge 1. 2. 3.	Practical an the student achieve Practical	Persor their goals? (Tick	nal and Profestrelevant boxe	es)	
Coptions: How can Knowledge  1. 2. 3. 4.	Practical an the student achieve Practical	Persor their goals? (Tick	nal and Profestrelevant boxe	es)	
Coptions: How can knowledge  1. 2. 3. 4. Additional Comm	Practical  an the student achieve Practical  ments -	Persoretheir goals? (Tick	nal and Profes relevant boxe nal and Profes	es)	
Coptions: How can knowledge  1. 2. 3. 4. Additional Comm	Practical an the student achieve Practical	Persoretheir goals? (Tick	nal and Profestrelevant boxe	es)	
Knowledge Options: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical  an the student achieve Practical  ments -	Persore their goals? (Tick Persor	nal and Profest relevant boxes all and Profest Date:	es) ssional	/ ssed and
Options: How can Knowledge  1. 2. 3. 4. Additional Community When/Will: When	Practical  an the student achieve Practical  ments -	Persor their goals? (Tick Persor  ewed?  opment Action Pla	nal and Profest relevant boxed and Profest nal and Profest nal and Profest nate:	es) ssional/ peen discu	
Coptions: How can Knowledge  1. 2. 3. 4. Additional Community When/Will: When I understand the agreed with the EEAST and university.	Practical  an the student achieve Practical  ments -  n will this plan be revie reason for this Devel Paramedic Educator a versity course tutors.	Persor their goals? (Tick Persor  ewed?  opment Action Pla	Date:  nal and Profes  relevant boxe  nal and Profes  and Profes	es) ssional/ peen discu	
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12. Vulnerable Adults/Children: Stude vulnerable. This may not to be limited to social needs such as, home help, meals also include falls referrals and adults and	reporting on wheels	but includes enquiry into and or other specialist social or or	d review of an individual's medical services. This may
Minimum standard = MS			
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Summative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Reality: What are the issues/probl	ems? (Ti	ck relevant boxes)	
Knowledge Practica		Personal and Pro	ofessional
Options: How can the student ach	ie <u>ve t</u> heii	r goals? (Tick relevant b	oxes)
Knowledge Practica		Personal and Pro	ofessional
1.			
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4.			
Additional Comments -			
When/Will: When will this plan be	reviewed	I? Date:	
μ			, , , , , , , , , , , , , , , , , , ,
I understand the reason for this De	evelopme	ent Action Plan which ha	as been discussed and
agreed with the Paramedic Educa	tor and I	understand I am respor	sible for informing my
EEAST and university course tuto	rs.		
Student Signature:		Date:	1
A copy of this has been sent to the	linklo	cturer/Course Leader	
	- LIIK LE		I Signature:
Paramedic Educator (PEd) Name		PEC	l Signature:

Reality: What	are the issues/problen	n <u>s?</u> (Tick relevan	t boxes)	_	_
Knowledge	Practical	Per	sonal and Profes	sional	
Options: How	can the student achiev	<u>ve t</u> heir goals? (T	ick relevant boxe	es)	_
Knowledge	Practical	Per	sonal and Profes	sional	
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Additional Cor	nments -				
When/Will: W	nen will this plan be re	viewed?	Date:	/	/
I understand t	he reason for this Dev	elopment Action	Plan which has b	een discu	ssed and
agreed with th	e Paramedic Educato	r and I understan	d I am responsib	le for infor	ming my
EEAST and u	niversity course tutors.				
Student Signa	iture:		Date:	1	/
A copy of this	has been sent to the L	ink Lecturer/Cou	rse Leader		
Paramedic Ec	lucator (PEd) Name		PEd Si	gnature:	
Reality: What	are the issues/problen	ns? (Tick relevan	t boxes)		_
Knowledge	Practical	Per	sonal and Profes	sional	
Options: How	can the student achiev	<u>ve t</u> heir goals? (T	ick relevant boxe	es)	
Knowledge	Practical	Per	sonal and Profes	sional	
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Additional Cor	mments -				
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	ne reason for this bevie Paramedic Educato	•			
	niversity course tutors.		a ram responsib	.5 151 111101	mig my
Student Signa			 Date:	1	1
Student Olyne	ital O.		Date.	,	
A copy of this	has been cent to the I	ink Locturer/Cou	ree Leeder		
	nas been sent to the t	LITIK Lecturer/Cot	ise Leauei		

demonstrate how to undertake all ba mean in relation to the patient's pres consider normal parameters these w pressure, blood sugar readings, A	erpreting observations (adults): The student must use line observations showing an understanding of what they senting symptoms (and disease and illness processes). They will include but not limited to; respiratory rate, pulse rate, blood AVPU, GCS, temperature, pain score, pupil-response, w (list not exhaustive) Minimum standard = MS
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
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Reality: What are the issues/probl	lems? (Tick relevant boxes)
Knowledge Practica	, ,
Milowieuge   Fractica	Personal and Professional
	Personal and Professional
Options: How can the student ach	nieve their goals? (Tick relevant boxes)
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Options: How can the student ach Knowledge Practica  1.	nieve their goals? (Tick relevant boxes)
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Options: How can the student ach Knowledge Practica  1. 2. 3.	nieve their goals? (Tick relevant boxes)
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Options: How can the student ach Knowledge Practica  1. 2. 3. 4.	nieve their goals? (Tick relevant boxes)
Options: How can the student ach Knowledge Practical  1. 2. 3. 4. Additional Comments -	nieve their goals? (Tick relevant boxes)  Personal and Professional
Options: How can the student ach Knowledge Practica  1. 2. 3. 4.	nieve their goals? (Tick relevant boxes)  Personal and Professional
Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -	nieve their goals? (Tick relevant boxes) Personal and Professional reviewed?  Date: / /
Options: How can the student ach Knowledge Practical  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be	reviewed? Date: / / evelopment Action Plan which has been discussed and
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Options: How can the student ach Knowledge Practical  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be I understand the reason for this Dagreed with the Paramedic Educal EEAST and university course tuto Student Signature:	reviewed?  Date: / / evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my ors.  Date: / /
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Reality: What a	are the issues/problem <u>s</u>	? (Tick relevant box	es)	_	7
Knowledge	Practical	Persona	l and Profes	sional	
Options: How	<u>ca</u> n the student achieve	their goals? (Tick re	elevant boxe	s)	1
Knowledge	Practical	Persona	l and Profes	sional	
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Additional Con	nments -				
When/Will: Wh	en will this plan be revie	ewed?	Date:	/	/
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agreed with the	e Paramedic Educator a	nd I understand I ar	m responsibl	e for inforn	ning my
	iversity course tutors.				
Student Signat	ure:		Date:	/	/
A copy of this I	nas been sent to the Lin	k Lecturer/Course L	.eader		
Paramedic Edu	ucator (PEd) Name		PEd Sig	gnature:	
-	are the issues/problems				1
Knowledge _	Practical		l and Profes		
	can the student achieve				1
Knowledge _	Practical	Persona	l and Profess	sional	
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Additional Con	nments -				
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agreed with the	e Paramedic Educator a	nd I understand I ar	m responsibl	e for inforn	ning my
EEAST and un	iversity course tutors.				
Student Signat	ure:		Date:	/	/
A copy of this !	noo hoon oont to the Line	k Looturor/Course	oodor		
	nas been sent to the Lin	k Lecturer/Course L		an of uro:	
Paramedic Edi	ucator (PEd) Name		PEd Sig	griature:	

demonstrate how to undertake all bat mean in relation to the patient's pres consider normal parameters and will pressure, blood sugar readings, A capillary-refill, peak expiratory floor	rpreting observations (paediatrics): The student must see line observations showing an understanding of what they enting symptoms (and disease and illness processes). They winclude but not limited to; respiratory rate, pulse rate, blood VPU, GCS, temperature, pain score, pupil-response, wighter (list not exhaustive) Minimum standard = MS	ill
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Formative		
Assessed level: Student		
Assessed level: PEd		
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PEd Name		
PEd Sign		
Summative		
Assessed level: Student		
Assessed level: PEd		
Date		
PEd Name		
PEd Sign		
Reality: What are the issues/probl	ems? (Tick relevant boxes)	
Knowledge Practica	Personal and Professional	
	Personal and Professional	
Options: How can the student ach	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica  1.	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica  1. 2.	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica  1. 2. 3.	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4.	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4.	ieve their goals? (Tick relevant boxes)	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -	ieve their goals? (Tick relevant boxes) I Personal and Professional	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -	ieve their goals? (Tick relevant boxes)  Personal and Professional  reviewed?  Date: / /	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be	reviewed?  Date: / / evelopment Action Plan which has been discussed and	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be	ieve their goals? (Tick relevant boxes)  Personal and Professional  reviewed?  Date: / /	
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Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be agreed with the Paramedic Education and the student ach Practical Practica	reviewed?  Date: / / evelopment Action Plan which has been discussed and ator and I understand I am responsible for informing my	
Options: How can the student ach Knowledge Practica  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be I understand the reason for this Dagreed with the Paramedic Educate EEAST and university course tuto Student Signature:	reviewed?  Date: / / evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs.  Date: / /	
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Reality: What ar	<u>re</u> the issues/problem <u>s</u>	? (Tick relevant box	es)	_	
Knowledge	Practical	Persona	I and Profes	ssional	_
Options: How ca	an the student achieve	their goals? (Tick re	elevant boxe	es)	
Knowledge	Practical	Persona	I and Profes	ssional	
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Additional Comr	ments -				
When/Will: Whe	en will this plan be revie	ewed?	Date:	/	1
I understand the	e reason for this Develo	pment Action Plan	which has b	een discus	sed and
agreed with the	Paramedic Educator a	nd I understand I a	m responsib	le for inforr	ning my
	versity course tutors.				
Student Signatu	ıre:		Date:	/	1
A copy of this ha	as been sent to the Lin	k Lecturer/Course L	_eader		
Paramedic Educ	cator (PEd) Name		PEd Si	gnature:	
Doolity What or	to the iceus of a mahle man	O /Tiels relevant her	(22)		
Knowledge	re the issues/problems'  Practical		.es <i>)</i> I and Profes	reional	1
	an the student achieve				
Knowledge	Practical		I and Profes		ר
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Additional Com	ments -				
When/Will: Whe	en will this plan be revie	ewed?	Date:	/	/
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	Paramedic Educator a	•			
_	versity course tutors.	and ordered rule		.5 .51 1111011	9)
Student Signatu	<u> </u>		Date:	1	1
A copy of this h	as boon cont to the Lin	k Lacturar/Course	ondor		
. ,	as been sent to the Lin	k Lecturer/Course L		anaturo	
i arameuic Euuc	cator (F Lu) Name		F Eu Si	gnature:	

anatomical landn	narks for ECG dot plac	r gaining consent the studer ement. They will demonstr both 4 and 12 lead ECG's.	ate how to use	local trust
Form				
Assessed level: St	udent			
Assessed level: PE	<b>Ed</b>			
Date				
PEd Name				
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Assessed level: St	udent			
Assessed level: PE	Ed			
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Reality: What are	· ·	(Tick relevant boxes)		
Reality: What are Knowledge	Practical	Personal and F		
Reality: What are Knowledge Options: How care	Practicaln the student achieve	Personal and F their goals? (Tick relevan	t boxes)	
Reality: What are Knowledge Options: How can Knowledge	Practical	Personal and F	t boxes)	
Reality: What are Knowledge Options: How care	Practicaln the student achieve	Personal and F their goals? (Tick relevan	t boxes)	
Reality: What are Knowledge Options: How can Knowledge  1. 2.	Practicaln the student achieve	Personal and F their goals? (Tick relevan	t boxes)	
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Reality: What are Knowledge Options: How can Knowledge  1. 2. 3. 4. Additional Comm	Practical n the student achieve Practical	Personal and F their goals? (Tick relevan Personal and F	t boxes) Professional	
Reality: What are Knowledge Options: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical n the student achieve Practical nents -	Personal and F their goals? (Tick relevan Personal and F	t boxes) Professional	/ cussed and
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Reality: What are the issues/problems? (Tick re	levant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve their goa	ls? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
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Additional Comments -	
When/Will: When will this plan be reviewed?	Date: / /
I understand the reason for this Development A	ction Plan which has been discussed and
agreed with the Paramedic Educator and I unde	erstand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the Link Lecture	or/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:
T aramedic Educator (FEd) Name	i Lu Signature.
D I' W	
Reality: What are the issues/problems? (Tick re	·
Knowledge Practical	Personal and Professional
Options: How can the student achieve their goa	,
Knowledge Practical	Personal and Professional
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Additional Comments -	
When/Will: When will this plan be reviewed?	Date: / /
I understand the reason for this Development A	ction Plan which has been discussed and
agreed with the Paramedic Educator and I unde	erstand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been cont to the Link Lecture	or/Course Leader
A copy of this has been sent to the Link Lecture	
Paramedic Educator (PEd) Name	PEd Signature:

		identify a range of life threatening cardiac or hythmias. Appropriate referral is undertak	
Formati	ive		
Assessed level: Stud	ent		
Assessed level: PEd.			
Date			
PEd Name			
PEd Sign			
Formati	ive		
Assessed level: Stud			
Assessed level: PEd.			
Date			
PEd Name			
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Summat			
Assessed level: Stud			
Assessed level: PEd.			
Date			
PEd Name			
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Poolity: What are th	ha issues/problems	2 (Tick relevant boxes)	
	·	? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Knowledge Options: How can t	Practical he student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Coptions: How can to Knowledge	Practical	Personal and Professional	
Knowledge Options: How can t Knowledge  1.	Practical he student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How can t Knowledge  1. 2.	Practical he student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Coptions: How can to Knowledge  1. 2. 3.	Practical he student achieve	Personal and Professional their goals? (Tick relevant boxes)	
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Coptions: How can to Knowledge  1. 2. 3.	Practical the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How can to Knowledge  1. 2. 3. 4.	Practical the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How can to Knowledge  1. 2. 3. 4.	Practical the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How can to Knowledge  1. 2. 3. 4. Additional Commercian	Practical the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional	
Options: How can to Knowledge  1. 2. 3. 4. Additional Comment	Practical the student achieve Practical  onts -  vill this plan be revieus	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional  ewed?  Date: /  ppment Action Plan which has been disc	
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Options: How can to Knowledge  1. 2. 3. 4. Additional Comment	Practical The student achieve Practical  onts -  will this plan be review ason for this Develoramedic Educator a	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional  ewed?  Date: /  ppment Action Plan which has been disc	
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Reality: What a	re the issues/problems	? (Tick rel	evant boxes)	_	
Knowledge	Practical		Personal and Profe	ssional	
Options: How c	<u>a</u> n the student achieve	their goals	s? (Tick relevant box	es)	_
Knowledge	Practical		Personal and Profe	ssional	
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Additional Com	ments -				
When/Will: Whe	en will this plan be revi	ewed?	Date:	/	/
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agreed with the	Paramedic Educator a	and I under	rstand I am responsib	ole for info	orming my
EEAST and uni	iversity course tutors.				
Student Signati	ure:		Date:	/	/
A copy of this h	as been sent to the Lir	nk I ecturer	/Course Leader		
. ,	cator (PEd) Name	IK ECCIOICI		ignature:	
T aramedic Edu	cator (i Lu) Name		1 Lu 3	ignature.	
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=	re the issues/problems	S? (Tick rel		г	
Knowledge _	Practical		Personal and Profe		
	an the student achieve	their goal:	,	•	
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Student Signatu	ure:		Date:	1	/
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	nas been sent to the Lin	nk Lecturer			
Paramedic Edu	ıcator (PEd) Name		PEd S	ignature:	

approaches to obtaining a patient histo complaint, history of presenting complair (including allergies), family history and s	and children): Students must clearly demonstrate systematic ry using a range of suitable questions. This will include presenting ht, previous medical and surgical history, medications history ocial history. The student will adopt OPQRSTA or SOCRATES to Il be used to investigate symptoms relating to specific systems.
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
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Formative	
Assessed level: Student	
Assessed level: PEd	
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PEd Name	
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Summative	
Assessed level: Student	
Assessed level: PEd	
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PEd Name	
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Reality: What are the issues/probl	, , , , , , , , , , , , , , , , , , ,
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	ieve their goals? (Tick relevant boxes)
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agreed with the Paramedic Educa	tor and I understand I am responsible for informing my
EEAST and university course tuto	· · · · · · · · · · · · · · · · · · ·
Student Signature:	Date: / /
A copy of this has been sent to the	e Link Lecturer/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:

Reality: What a	re the issues/problems	s? (Tick re	levant boxes)		
Knowledge	Practical		Personal and Prof	essional	
Options: How c	an the student achieve	e their goa	ls? (Tick relevant bo	oxes)	
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	an the student achieve	<u>e t</u> heir goa			_
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	cator (PEd) Name	TIK LECTUIE		Signature:	
i arameuic Edu	cator (F Lu) Name		FEU	Signature.	

chronic mental health problems with due language including eye contact. In obta	the student will adopt an approach to patients that present with acute or a consideration to behaviour, verbal/non-verbal language and body ining a history clarification of the patient's wishes and intentions are ons will need to be asked in order to provide the best patient care. Be followed. Minimum standard = MS
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
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Formative	
Assessed level: Student	
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PEd Name	
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Reality: What are the issues/probl	ems? (Tick relevant boxes)
Knowledge Practica	Personal and Professional
Options: How can the student ach	ieve their goals? (Tick relevant boxes)
Knowledge Practica	Personal and Professional
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<b>18. Primary Survey:</b> Students must demonstrate a systematic approach in their primary survey and be able to identify a time critical condition. Students must be able to assess patient in a systematic manner ensuring scene safety, a global overview and an <b>ABCDE approach</b> for medical patients. Minimum standard = MS					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
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EEAST and university course tuto	rs.				
Student Signature:			Date	e: /	7
A copy of this has been sent to the	e Link	Lecturer/Co	ourse Leader		
Paramedic Educator (PEd) Name			Р	Ed Signature	e:

Reality: What a	re the issues/problems	s? (Tick re	elevant boxes)		
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Options: How c	an the student achieve	e their goa	lls? (Tick relevant b	ooxes)	
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	cator (PEd) Name	TIK LECIUIE		d Signature	
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and be able to identify a time critical systematic manner ensuring scene trauma patients. Minimum standard	safety, a glob				
Formative					
Assessed level: Student					
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Reality: What are the issues/prob	,		,	Г	$\neg$
Knowledge Practica			I and Profe		
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Reality: What are the issues/problems? (Tick re	levant boxes)
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Paramedic Educator (PEd) Name	PEd Signature:
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Student Signature:	Date: / /
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Paramedic Educator (PEd) Name	PEd Signature:

	lemonstrate the appropriate management of patients eed not be limited to trauma_Minimum standard = MS
Formative	
Assessed level: Student	
Assessed level: PEd	
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Options: How can the student achieve	their goals? (Tick relevant boxes)
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What a	re the issues/problems	s? (Tick re	levant boxes)	_	_
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Options: How ca	an the student achieve	their goa	ls? (Tick relevant bo	xes)	_
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Paramedic Edu	cator (PEd) Name		PEd	Signature:	

manage them. Minimum standard = N	spiratory sy	stem for a range of patient co		demonstrate a appropriately
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PEd Name				
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Knowledge Practica	ı 🔲 🗀	Personal and Prof		
Knowledge Practica Options: How can the student ach	ieve their	Personal and Prof goals? (Tick relevant bo	xes)	
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Reality: What ar	e the issues/problems	? (Tick releva	int boxes)	_	_
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Options: How ca	n the student achieve	their goals?	Tick relevant boxe	es) _	
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Student Signatu	re:		Date:	/	/
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Paramedic Educ	cator (PEd) Name		PEd Sig	gnature:	
Reality: What ar	e the issues/problems	? (Tick releva	nt boxes)	_	
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Paramedic Educ	cator (PEd) Name		PEd Sig	gnature:	

	opropriately manage then	nining the cardiovascular sys Minimum standard = MS	Students must be able stem for a range of pa	
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Assessed level:	Student			
Assessed level:	PEd			
Date				
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Reality: What a	re the issues/problen	? (Tick relevant boxes)		
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Options: How o	Practical an the student achieved	Personal and their goals? (Tick relevant	nt boxes)	
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23: Gastrointestinal and Genitourinary S be able to demonstrate a systematic appr						
for a range of patient conditions and approp	oriately mana	ge them. Min	imum stan	dard = M	S	
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systematic appr		nge of o	ions and Management: Students must be able demonstrate a obstetric and gynaecological presentations and appropriately
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	cator (PEd) Name	IN ECOLUTE		Signature:	
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	<i>ı</i> ıanageı	ment – Paedia	atrics: Consid	ering all	systems the	
student must be able to demonstrate an appropriate approach to systematic examination and						
management of paediatric patients. This could include either/or of the following systems:						
Respiratory, Cardiovascular, Nerv	ous, G	astrointestinal	& Genitourinar	y and Mu	sculoskeletal.	
* Advice for PEd = This element shou						
student has the required level of know	wledge a	and application t	o ensure patien	t safety. N	linimum standard	
Formative						
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Paramedic Educator (PEd) Name	PEd Signature	e:

management when there is more than when initially presented with more than o	be able to demonstrate safe and appropriate assessments one patient. This may include road traffic collisions one casualty. Minimum standard = MS	
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	as been sent to the Lir	nk Lecture		Clanature	
Paramedic Edu	cator (PEd) Name		PEd	Signature:	

28. Recognition, assessment and learn how to lead, manage and wor arrest. They will have a sound underesuscitation and they will integrate essential as the student learns BLS suffer a cardiac arrest including use	k as a tea erstanding local Tru and Inte	am when provio g of the Resuso st policies. Ap ermediate Life	ling resuscitation citation Council (L clication of these <b>Support</b> for a rai	for pation JK) guid guidelin nge of p	ents in cardiac elines for es to practice is atients that
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/prob	,		•		
Knowledge Practic			nal and Profess		
Options: How can the student ac					
Knowledge Practic	al	Perso	onal and Profess	sional	
1.					
2.					
3.					
4.					
Additional Comments -					
When/Will: When will this plan be	reviewe	ed?	Date:	/	/
I understand the reason for this [	Developn	nent Action Pl	an which has be	en disc	cussed and
agreed with the Paramedic Educ	ator and	I understand	I am responsible	e for inf	orming my
EEAST and university course tut					
Student Signature:			Date:	1	/
A copy of this has been sent to the	ne Link L	.ecturer/Cours	e Leader		
Paramedic Educator (PEd) Name	)		PEd Sig	nature:	

Reality: What are the issues/problems? (Tick rel	evant boxes)	
Knowledge Practical	Personal and Professional	Ш
Options: How can the student achieve their goal	s? (Tick relevant boxes)	
Knowledge Practical	Personal and Professional	Ш
1.		
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development Ac	ction Plan which has been dis	scussed and
agreed with the Paramedic Educator and I unde	rstand I am responsible for ir	forming my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecturer	r/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature	<b>):</b>
Reality: What are the issues/problems? (Tick rel		
Knowledge Practical Practical	Personal and Professional	
Options: How can the student achieve their goal Knowledge Practical	s? (Tick relevant boxes)  Personal and Professional	
Knowledge Practical 1.	Personal and Professional	
2.		
3.		
4.		
Additional Comments -		
When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development Ac	ction Plan which has been dis	scussed and
agreed with the Paramedic Educator and I unde	rstand I am responsible for in	forming my
EEAST and university course tutors.	Data	
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecturer	r/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature	):

Formative Assessed level: Student	Assessed level: Student	Oropharyngeal and I	•	include <b>head-tilt, chin lift</b> , <b>jaw thrust</b> , <b>C Spine Coways</b> , <b>suction and BVM.</b> Minimum standard = MS	ntrol,
Assessed level: PEd	Assessed level: PEd	Formativ	re e		
Date	Date	Assessed level: Stude	nt		
PEd Sign	PEd Name PEd Sign PEd Sign PEd Sign PEd Sign PEd Sign PEd Name PEd Sign PEd Sign PEd Sign PEd Sign PEd Name PEd Sign Personal and Professional 1.  2. 3. 4. Additional Comments -	Assessed level: PEd			
Formative Assessed level: Student	Formative Assessed level: Student	Date			
Formative Assessed level: Student	Formative Assessed level: Student	PEd Name			
Assessed level: Student	Assessed level: Student	PEd Sign			
Assessed level: PEd	Assessed level: PEd	Formativ	re e		
Date	Date	Assessed level: Stude	nt		
PEd Name	PEd Name PEd Sign  Summative Assessed level: Student Assessed level: PEd Date PEd Name PEd Name PEd Sign  Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional 1. 2. 3. 4. Additional Comments -	Assessed level: PEd			
Summative Assessed level: Student	Summative Assessed level: Student	Date			
Summative Assessed level: Student	Summative Assessed level: Student	PEd Name			
Assessed level: Student	Assessed level: Student	PEd Sign			
Assessed level: PEd Date	Assessed level: PEd  Date PEd Name PEd Sign  Reality: What are the issues/problems? (Tick relevant boxes) Knowledge	Summati	ve		
Date	Date				
Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4.  Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	PEd Name. PEd Sign  Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4.  Additional Comments -	Assessed level: PEd			
Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / / A copy of this has been sent to the Link Lecturer/Course Leader	Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -	Date			
Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -	PEd Name			
Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -	PEd Sign			
Knowledge Practical Personal and Professional  Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -		,		
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -				
Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /				
1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /				
2. 3. 4.  Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /	<u> </u>	Practical	Personal and Professional	
3. 4. Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	3. 4. Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /	1.			
Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	4. Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /				
Additional Comments -  When/Will: When will this plan be reviewed?  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Additional Comments -  When/Will: When will this plan be reviewed?  Date: / /				
When/Will: When will this plan be reviewed?  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	When/Will: When will this plan be reviewed?  Date: / /				
I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	·	Additional Comment	S -		
I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	·				
I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature:  Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	·				
agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Lunderstand the reason for this Development Action Plan which has been discussed and	When/Will: When wi	Il this plan be revie	wed? Date: / /	
EEAST and university course tutors.  Student Signature: Date: / /  A copy of this has been sent to the Link Lecturer/Course Leader	Tunderstand the reason for this Development Action Frank Which has been discussed and	I understand the rea	son for this Develo	pment Action Plan which has been discussed and	d
Student Signature: Date: / / A copy of this has been sent to the Link Lecturer/Course Leader				nd I understand I am responsible for informing my	1
A copy of this has been sent to the Link Lecturer/Course Leader	EEAST and university course tutors.	EEAST and universi	ty course tutors.		
	Student Signature: Date: / /			Date: / /	
	A copy of this has been sent to the Link Lecturer/Course Leader	Student Signature:			
Paramedic Educator (PEd) Name PEd Signature:	Paramedic Educator (PEd) Name PEd Signature:		een sent to the Link	k Lecturer/Course Leader	

	are the issues/problems?	C(Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How	<u>ca</u> n the student achiev <u>e t</u>	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
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Additional Cor	nments -		
When/Will: WI	nen will this plan be revie	wed? Date: /	/
	· · · · · · · ·	. A C. DI. Lill I	
		pment Action Plan which has been dis	
_		nd I understand I am responsible for in	forming my
	niversity course tutors.	D /	,
Student Signa	ture:	Date: /	/
A copy of this	has been sent to the Link	k Lecturer/Course Leader	
Paramedic Ed	ucator (PEd) Name	PEd Signature	:
Reality: What	are the issues/problems?	(Tick relevant boxes)	
Knowledge	-		
	Practical	Personal and Professional	
	Practical	Personal and Professional	
Options: How	can the student achieve t	their goals? (Tick relevant boxes)	
Options: How Knowledge		_1	
Options: How Knowledge 1.	can the student achieve t	their goals? (Tick relevant boxes)	
Options: How Knowledge  1. 2.	can the student achieve t	their goals? (Tick relevant boxes)	
Options: How Knowledge  1. 2. 3.	can the student achieve t	their goals? (Tick relevant boxes)	
Options: How Knowledge  1. 2. 3. 4.	can the student achieve t Practical	their goals? (Tick relevant boxes)	
Options: How Knowledge  1. 2. 3.	can the student achieve t Practical	their goals? (Tick relevant boxes)	
Options: How Knowledge  1. 2. 3. 4.	can the student achieve t Practical	their goals? (Tick relevant boxes)	
Options: How Knowledge  1. 2. 3. 4. Additional Cor	can the student achieve to Practical	their goals? (Tick relevant boxes) Personal and Professional	
Options: How Knowledge  1. 2. 3. 4. Additional Cor	can the student achieve t Practical	their goals? (Tick relevant boxes) Personal and Professional	
Options: How Knowledge  1. 2. 3. 4. Additional Cor	nments -	their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	cussed and
Options: How Knowledge  1. 2. 3. 4. Additional Cor When/Will: Will	nments -  nen will this plan be reviewed reason for this Develor	their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	
Options: How Knowledge  1. 2. 3. 4. Additional Cor When/Will: Will I understand tagreed with the	nments -  nen will this plan be reviewed reason for this Develoe Paramedic Educator are	their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	
Options: How Knowledge  1. 2. 3. 4. Additional Cor When/Will: Will I understand the agreed with the EEAST and understand the second sec	nments -  nen will this plan be reviewed reason for this Develoge Paramedic Educator are niversity course tutors.	their goals? (Tick relevant boxes)  Personal and Professional  wed?  Date:  pment Action Plan which has been dis nd I understand I am responsible for in	
Options: How Knowledge  1. 2. 3. 4. Additional Cor When/Will: Will I understand tagreed with the	nments -  nen will this plan be reviewed reason for this Develoge Paramedic Educator are niversity course tutors.	their goals? (Tick relevant boxes) Personal and Professional wed? Date: /	
Options: How Knowledge  1. 2. 3. 4. Additional Cor  When/Will: Will I understand to agreed with the EEAST and understand understand to agree with the EEAST and understand to agree with the EEAST and understand to agree with the EEAST and understand the EEAST and understa	nments -  nen will this plan be reviewed reason for this Develous e Paramedic Educator are niversity course tutors.	their goals? (Tick relevant boxes)  Personal and Professional  wed?  Date:  pment Action Plan which has been dis nd I understand I am responsible for in	

30a. Advance Airway Management -				-	
a patient airway and may include mec			appropriate a	idjuncts su	ch as <b>I-Gel</b> and
monitoring using capnography. Minim	um standard	d = MS			
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probler	ns? (Tick re		•	г	
Knowledge Practical	Ш.		al and Profe		
Options: How can the student achie	ve their goa			•	_
Knowledge Practical		Persona	al and Profe	essional [	
1.					
2.					
3.					
4.					
Additional Comments -					
When/Will: When will this plan be re	viewed?		Date:	/	/
I understand the reason for this Dev	elopment A	Action Plan	which has	been disc	ussed and
agreed with the Paramedic Educato	r and I und	erstand I a	m responsi	ble for info	orming my
EEAST and university course tutors					
Student Signature:			Date:	/	1
A copy of this has been sent to the I	_ink Lecture	er/Course I	Leader		
Paramedic Educator (PEd) Name				Signature:	
				J. J. J. J.	

Reality: What	are the issues/problem <u>s</u> ?	? (Tick relevant boxes)		
Knowledge	Practical	Personal and	Professional	
Options: How	<u>ca</u> n the student achieve	their goals? (Tick releva	nt boxes)	
Knowledge	Practical	Personal and	Professional	
1.				
2.				
3.				
4.				
Additional Con	nments -			
When/Will: Wh	nen will this plan be revie	wed? Dat	e: /	/
I understand th	ne reason for this Develo	pment Action Plan which	n has been dis	cussed and
agreed with the	e Paramedic Educator a	nd I understand I am res	ponsible for in	forming my
EEAST and ur	niversity course tutors.			
Student Signat	ure:	Dat	te: /	/
A copy of this	nas been sent to the Lin	k Lecturer/Course Leade	er	
Paramedic Ed	ucator (PEd) Name		PEd Signature	:
-	are the issues/problems?			
Knowledge _	Practical	Personal and		
		their goals? (Tick releva		
Knowledge _	Practical	Personal and	Professional	
1.				
2.				
3.				
4. Additional Con	omonto			
Additional Con	iirierits -			
When/Will: Wh	nen will this plan be revie	wed? Dat	e: /	/
I understand th	ne reason for this Develo	pment Action Plan which	n has been dis	cussed and
agreed with the	e Paramedic Educator a	nd I understand I am res	ponsible for in	forming my
EEAST and ur	niversity course tutors.			
Student Signat	ure:	Dat	te: /	/
A copy of this	nas been sent to the Lin	k Lecturer/Course Leade	er	
Paramedic Ed	ucator (PEd) Name		PEd Signature	:

30b. Advance Airway Managemen	t - Adult: Students must demonstrate techniques in managing
	de intubation (including assisted and larygoscopy) needle
	and needle chest thoracocentesis. Minimum standard = MS
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Formative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Summative	
Assessed level: Student	
Assessed level: PEd	
Date	
PEd Name	
PEd Sign	
Reality: What are the issues/proble	em <u>s?</u> (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student ach	ieve their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
3.	
4.	
Additional Comments -	
When/Will: When will this plan be	reviewed? Date: / /
·	
I understand the reason for this De	evelopment Action Plan which has been discussed and
I understand the reason for this Deagreed with the Paramedic Educa	evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my
I understand the reason for this De agreed with the Paramedic Educa EEAST and university course tuto	evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs.
I understand the reason for this Deagreed with the Paramedic Educa	evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my
I understand the reason for this Deagreed with the Paramedic Educa EEAST and university course tuto Student Signature:	evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs.  Date: / /
I understand the reason for this De agreed with the Paramedic Educa EEAST and university course tuto	evelopment Action Plan which has been discussed and tor and I understand I am responsible for informing my rs.  Date: / /

Reality: What ar	e the issues/problems	? (Tick releva	ant boxes)	_	_
Knowledge	Practical	P	ersonal and Profes	sional	
Options: How ca	an the student achieve	their goals?	(Tick relevant boxe	s) _	
Knowledge	Practical	P	ersonal and Profess	sional	
1.					
2.					
3.					
4.					
Additional Comr	nents -				
When/Will: Whe	n will this plan be revi	ewed?	Date:	/	/
I understand the	reason for this Devel	opment Actio	n Plan which has b	een discu	ssed and
agreed with the	Paramedic Educator a	and I understa	and I am responsibl	e for info	rming my
EEAST and univ	versity course tutors.				
Student Signatu	re:		Date:	/	/
A copy of this ha	as been sent to the Lin	nk Lecturer/C	ourse Leader		
	cator (PEd) Name	IK Ecotaren O	PEd Sig	nature.	
T afairtedic Edd	Dator (i Lu) Name		i Lu Oig	griature.	
_	e the issues/problems			_	_
Knowledge	Practical		ersonal and Profes		
	an the student achieve				_
Knowledge	Practical	P	ersonal and Profess	sional	
1.					
2.					
3.					
4.					
Additional Comr	nents -				
When/Will: Whe	n will this plan be revi	ewed?	Date:	/	/
I understand the	reason for this Develo	opment Actio	n Plan which has be	een discu	ssed and
agreed with the	Paramedic Educator a	and I understa	and I am responsibl	e for info	rming my
EEAST and univ	versity course tutors.				
Student Signatu	re:		Date:	1	/
A		11			
	as been sent to the Lin	ik Lecturer/C			
Paramedic Educ	cator (PEd) Name		PEd Sig	nature:	

pressure ventila	ation (IPPV) using a bag va	may demonstrate accurate ventilation using intermittent positive mask and mechanical ventilator. This may include assist dvanced airway in situ. Minimum standard = MS	
Fo	ormative		
Assessed leve	I: Student		
Assessed leve	l: PEd		
Date			
PEd Name			
PEd Sign			
Fo	ormative		
Assessed leve	I: Student		
Assessed leve	l: PEd		
Date			
PEd Name			
PEd Sign			
Su	mmative		
Assessed leve	I: Student		
Assessed leve	I: PEd		
Date			
PEd Name			
PEd Sign			
Reality: What	are the issues/problems	s? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
)	can the student achieve	e their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
1.			
2.			
3.			
4.			
Additional Co	mments -		
\/\hen/\/\ill: \/\	hen will this plan be revi	ewed? Date: / /	
VVIICII/VVIII. VV	Tieri wiii tilis piari be revi	ewed: Date. / /	
I understand	the reason for this Devel	opment Action Plan which has been discussed and	
agreed with the	he Paramedic Educator a	and I understand I am responsible for informing my	
EEAST and u	iniversity course tutors.		
Student Signa	ature:	Date: / /	
A copy of this	has been cont to the Liv	ok Lagturar/Course Lagder	
		nk Lecturer/Course Leader	
Paramedic E	ducator (PEd) Name	PEd Signature:	

Reality: What are	the issues/problems?	(Tick relevant bo	xes)		_
Knowledge	Practical	Person	al and Profes	sional	
Options: How car	n the student achiev <u>e t</u>	heir goals? (Tick	relevant boxe	es)	
Knowledge	Practical	Person	al and Profes	sional	
1.					
2.					
3.					
4.					
Additional Comm	ents -				
When/Will: When	will this plan be review	wed?	Date:	/	/
	reason for this Develop				
_	Paramedic Educator an	nd I understand I a	am responsib	le for inforr	ning my
	ersity course tutors.				
Student Signatur	e:		Date:	/	/
A copy of this had	s been sent to the Link	Lacturar/Course	Leader		
Paramedic Educa		Lecturer/Course		gnature:	
raiamedic Lude	ator (FLu) Name		F Lu Si	griature.	
Reality: What are	the issues/problems?	(Tick relevant bo	xes)		
Knowledge	Practical		al and Profes	sional	
	n the student achieve t				_
Knowledge	Practical		al and Profes		
1.					_
2.					
3.					
4.					
Additional Comm	ents -				
NA // // // // // // // // // // // // //					,
When/Will: When	will this plan be review	wed?	Date:	/	/
Lunderstand the	reason for this Develor	nment Action Plan	which has h	een discus	sed and
	Paramedic Educator an				
_	ersity course tutors.	ia i anaciotana i	1000011310	.5 151 1111011	ıg iiiy
Student Signatur			Date:	1	1
Student Signatur			Date.	'	
A copy of this has	s been sent to the Link	Lecturer/Course	Leader		
Paramedic Educa	ator (PEd) Name		PEd Sig	gnature:	

32. Airway Management	<ul><li>Paec</li></ul>	liatrics:	Students m	ust demons	strate stepwise
techniques in managing a	oatient airv	vay and	may include b	out not exclus	sively: <b>head-tilt</b> ,
chin lift, jaw thrust or p	ostural t	echnique	es, oropharyr	ngeal airway	, aspiration &
capnography suctioning, ve	entilation (	using inte	rmittent positiv	e pressure v	entilation (IPPV <b>)</b>
mechanical ventilator & BVI	<b>/I</b> . Minimun	n standar	d = MS		
* Advice for PEd = This element she		•		•	ng to ensure the
student has the required level of know	vledge and	application	on to ensure pa	tient safety.	
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
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Assessed level: Student					
Assessed level: PEd					
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Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	ems? (Tic	k relevai	nt hoxes)		
Knowledge Practica	,		rsonal and Pi	rofessional	
Options: How can the student ach					
Knowledge Practica			rsonal and Pi		
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agreed with the Paramedic Educa		muersiai	iu i ani respo		ioining my
EEAST and university course tuto	ای.		Date:		1
Student Signature:			Dale:		1
A copy of this has been sent to the	e Link Lec	turer/Co	urse Leader		
Paramedic Educator (PEd) Name			PE	d Signature	:

	elevant boxes)	
Knowledge Practical	Personal and Professional	
Options: How can the student achieve their goa	lls? (Tick relevant boxes)	
Knowledge Practical	Personal and Professional	
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When/Will: When will this plan be reviewed?	Date: /	/
I understand the reason for this Development A	ction Plan which has been d	iscussed and
agreed with the Paramedic Educator and I unde	erstand I am responsible for i	nforming my
EEAST and university course tutors.		
Student Signature:	Date: /	/
A copy of this has been sent to the Link Lecture	er/Course Leader	
Paramedic Educator (PEd) Name	PEd Signatur	e:
Reality: What are the issues/problems? (Tick re	elevant boxes)	
Knowledge Practical	Personal and Professional	
Options: How can the student achieve their goa	lls? (Tick relevant boxes)	
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Options: How can the student achieve their goal Knowledge Practical  1. 2.	lls? (Tick relevant boxes)	
Options: How can the student achieve their goal Knowledge Practical 1.	lls? (Tick relevant boxes)	
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33. Medicine Management - Adults: Students must demonstrate safe practice in the appropriate drug selection and preparation for a range of emergencies. Students may draw up 'paramedic' drugs but MUST NOT administer them even under direct supervision of a Paramedic Educator. The Paramedic Educator will remain accountable at all times. The student should be exposed to drug administration including inhalation, oral, sublingual, intramuscular, subcutaneous, per-rectum, intravenous and intraosseous. Minimum standard = MS \* Advice for PEd = This element should be accompanied by appropriate questioning to ensure the student has the required level of knowledge and application to ensure patient safety. **Formative** Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign..... **Formative** Assessed level: Student Assessed level: PEd..... Date..... PEd Name..... PEd Sign..... **Summative** Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign..... Reality: What are the issues/problems? (Tick relevant boxes) Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Practical Personal and Professional Knowledge 1. 2. 3. 4 Additional Comments -When/Will: When will this plan be reviewed? Date: I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors. Student Signature: Date: A copy of this has been sent to the Link Lecturer/Course Leader PEd Signature: Paramedic Educator (PEd) Name

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
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Additional Comments -	
When/Will: When will this plan be reviewed?  Date: / /	
I understand the reason for this Development Action Plan which has been discussed and	
agreed with the Paramedic Educator and I understand I am responsible for informing my	
EEAST and university course tutors.	
Student Signature: Date: / /	
A copy of this has been sent to the Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name PEd Signature:	
Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge Practical Personal and Professional	
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Additional Comments -	
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I understand the reason for this Development Action Plan which has been discussed and	
agreed with the Paramedic Educator and I understand I am responsible for informing my	
EEAST and university course tutors.	
Student Signature: Date: / /	
A copy of this has been sent to the Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name PEd Signature:	

34. Medicine Management -	aediatrics: Students must demonstrate	safe practice in the			
appropriate drug selection and preparation for a range of emergencies. Students may draw up 'paramedic'					
_	n even under direct supervision of a Parai				
	untable at all times. The student should				
	sublingual, intramuscular, subcutaneous, pe	r-rectum, intravenous			
and intraosseous. Minimum standard =					
	ald be accompanied by appropriate questi	_			
Formative	ledge and application to ensure patient saf	ety.			
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	ns? (Tick relevant boxes)				
Knowledge Practica	Personal and Profession	al			
Options: How can the student ach	ve their goals? (Tick relevant boxes)				
Knowledge Practica	Personal and Profession	al			
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Additional Comments -					
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When/Will: When will this plan be	eviewed? Date:	/			
	velopment Action Plan which has been				
	or and I understand I am responsible fo	r informing my			
EEAST and university course tuto					
Student Signature:	Date:	/			
A copy of this has been sent to the	Link Lecturer/Course Leader				
Paramedic Educator (PEd) Name	PEd Signat	ure:			

	arc	ine issues/problem	19 :	(Tick relevant boxes)		
Knowledge		Practical		Personal and Profes	ssional	
Options: How	caı	n the student achiev	<u>e t</u> h	eir goals? (Tick relevant box	es)	
Knowledge	Ш	Practical	Ш	Personal and Profes	ssional	
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Additional Co	mm	ents -				
When/Will: W	'hen	will this plan be rev	/iew	ed? Date:	/	/
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agreed with the	he F	Paramedic Educator	and	d I understand I am responsib	ole for in	forming my
EEAST and u	ınive	ersity course tutors.				
Student Signa	atur	e:		Date:	/	/
A copy of this	ha	s been sent to the L	ink	Lecturer/Course Leader		
Paramedic Ed	duca	ator (PEd) Name		PEd S	ignature	
Reality: What	are	the issues/problem	ns?	Tick relevant boxes)		
Knowledge		· ·		•	ecional	
Titlowicago		Practical	- 1	Personal and Profes	SSIUITAI	
	<u>ca</u> ı	1 100000	<u>/e th</u>			
	cai	1 100000	re th	eir goals? (Tick relevant box Personal and Profes	es)	
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Options: How Knowledge  1. 2. 3. 4. Additional Co	mm	n the student achiev Practical		eir goals? (Tick relevant box Personal and Profes	es)	
Options: How Knowledge  1. 2. 3. 4. Additional Co	mmm/hen	ents -  will this plan be revereason for this Deve	/iew elop	eir goals? (Tick relevant box Personal and Profes  ed? Date: ment Action Plan which has l	es) ssional / oeen dis	
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_	nts must demonstrate safe and accurate use of IM ould include appropriate site selection and aseptic to	=
Minimum standard = MS	ould include appropriate site selection and aseptic to	ciiiique.
Formative		
Assessed level: Student		
Assessed level: PEd		
Date		
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PEd Sign		
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Reality: What are the issues/prob	,	
Knowledge Practica	Personal and Professional	
Knowledge Practical Options: How can the student act	Personal and Professional inieve their goals? (Tick relevant boxes)	
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Knowledge Practical Options: How can the student act Knowledge Practical 1.	Personal and Professional inieve their goals? (Tick relevant boxes)	
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Knowledge Practical Options: How can the student act Knowledge Practical 1.  2.  3.  4.	Personal and Professional inieve their goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student act Knowledge Practical 1.  2.  3.  4.	Personal and Professional inieve their goals? (Tick relevant boxes)	
Knowledge Practical Options: How can the student act Knowledge Practical 1.  2.  3.  4.	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional	
Knowledge Practical Options: How can the student act Knowledge Practical 1.  2.  3.  4.  Additional Comments -	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional	/ d and
Options: How can the student act Knowledge Practical  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be	Personal and Professional nieve their goals? (Tick relevant boxes) Personal and Professional  Personal and Professional  Personal and Professional	
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Reality: What	are the issues/problems?	?_(Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How	can the student achieve	their goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
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Additional Co	mments -		
\\/han\\\/ill: \\/	hen will this plan be revie	ewed? Date: /	/
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I understand	the reason for this Develo	ppment Action Plan which has been di	scussed and
		nd I understand I am responsible for ir	
_	iniversity course tutors.	·	<b>5</b> ,
Student Signa		Date: /	/
A copy of this	has been sent to the Linl	k Lecturer/Course Leader	
Paramedic Ed	ducator (PEd) Name	PEd Signature	e:
Reality: What	are the issues/problems?	2 (Tick relevant hoves)	
•	are the issues/problems?	,	
Knowledge	Practical	Personal and Professional	
Knowledge Options: How	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge	Practical	Personal and Professional	
Knowledge Options: How Knowledge 1.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve	Personal and Professional their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professional their goals? (Tick relevant boxes)	
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<b>36. Intravenous Cannulation:</b> Perform cannulation appropriate to the situati and aseptic technique. Minimum stand	on. This	should include an	•		
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
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Summative					
Assessed level: Student					
Assessed level: PEd					
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Reality: What are the issues/prob	,		•	1	
Knowledge Practica	al`	Person	al and Profe		
Coptions: How can the student act	al` nieve the	Persona eir goals? (Tick	al and Profe relevant box	(es)	
Knowledge Practical Options: How can the student act Knowledge Practical Pra	al` nieve the	Persona eir goals? (Tick	al and Profe	(es)	
Knowledge Practical Options: How can the student action Knowledge Practical 1.	al` nieve the	Persona eir goals? (Tick	al and Profe relevant box	(es)	
Knowledge Practical Options: How can the student act Knowledge Practical 1.  2.	al` nieve the	Persona eir goals? (Tick	al and Profe relevant box	(es)	
Knowledge Practical Options: How can the student act Knowledge Practical 1.  2. 3.	al` nieve the	Persona eir goals? (Tick	al and Profe relevant box	(es)	
Knowledge Practical Options: How can the student act Knowledge Practical 1.  2.  3.  4.	al` nieve the	Persona eir goals? (Tick	al and Profe relevant box	(es)	
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Coptions: How can the student actions and the student actions and the student actions are student actions.  1.	nieve the	Persona eir goals? (Tick i Persona	al and Profe relevant box al and Profe	(es)	
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Coptions: How can the student actions and the student actions and the student actions are student actions.  1.	nieve the	Persona eir goals? (Tick Persona ed?	al and Proferelevant box al and Proference	res) essional	/ cussed and
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Reality: What are	1 o .oo a oo, p. o o	<u></u> (	art boxoo,	_	_
Knowledge	Practical	F	Personal and Profes	ssional	
Options: How ca	n the student achiev	<u>re t</u> heir goals?	(Tick relevant boxe	es) _	
Knowledge	Practical	F	Personal and Profes	sional	
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4.					
Additional Comm	nents -				
\\/h a = /\\/ill \\/h a =	م ما معام مامه النبيد	rious dO	Doto		1
vvnen/vviii: vvner	n will this plan be rev	newea?	Date:	/	/
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	Paramedic Educator	•			
	ersity course tutors.				
Student Signatur			 Date:	/	
				·	·
A copy of this ha	s been sent to the L	ink Lecturer/C	ourse Leader		
Paramedic Educ	ator (PEd) Name		PEd Si	gnature:	
Reality: What are	a the issues/problem	ns? (Tick relev	ant hoves)		
	e the issues/problem			reional	7
Knowledge	Practical	F	Personal and Profes		
Coptions: How ca	Practical n the student achieve	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Continue the Knowledge Knowledge	Practical	<u> </u>	Personal and Profes	es)	
Options: How ca Knowledge	Practical n the student achieve	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Options: How ca Knowledge  1. 2.	Practical n the student achieve	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
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Coptions: How can knowledge  1. 2. 3. 4.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
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Coptions: How can knowledge  1. 2. 3. 4.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Coptions: How can knowledge  1. 2. 3. 4.	Practical n the student achiev Practical	<u> </u>	Personal and Profes (Tick relevant boxe	es)	
Coptions: How can knowledge  1. 2. 3. 4. Additional Comm	Practical n the student achiev Practical	re their goals?	Personal and Profes (Tick relevant boxe	es)	
Options: How can Knowledge  1. 2. 3. 4. Additional Comm	Practical  n the student achiev Practical  nents -	re their goals?	Personal and Profes (Tick relevant boxe Personal and Profes  Date:	es) esional	
Options: How can Knowledge  1. 2. 3. 4. Additional Comm  When/Will: When	Practical  In the student achiever Practical  Practical  reason for this Deve	ve their goals? Find the results of	Personal and Profes (Tick relevant boxe) Personal and Profes  Date:	es) ssional /	
Options: How can Knowledge  1. 2. 3. 4. Additional Comm  When/Will: When	Practical  n the student achiev Practical  nents -	ve their goals? Find the results of	Personal and Profes (Tick relevant boxe) Personal and Profes  Date:	es) ssional /	
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Options: How can Knowledge  1. 2. 3. 4. Additional Community When/Will: When I understand the agreed with the I EEAST and unive Student Signature A copy of this had	Practical In the student achiever Practical Practical  Practical	ve their goals?  viewed?  elopment Action and I underst	Personal and Profes (Tick relevant boxe) Personal and Profes  Date:  Date: Date:  Date: Course Leader	es) ssional /	

37. Intravenous Infusion: Perform	n IV Infusion.	Students must demon	strate safe	and accurate
preparation of IV infusion appropriate	te to the situat	ion and in accordance	with currer	nt Medical and
Healthcare products Regulatory Age	ency (MHRA) i	egulations. This will in	clude <b>primi</b>	ng giving set
with correct fluid, attaching giving	ng set to can	nula/three-way tap, a	attaching tl	hree-way tap,
securing IV line and running fluid	according to b	est practice Minimum	standard =	MS
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Formative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Summative				
Assessed level: Student				
Assessed level: PEd				
Date				
PEd Name				
PEd Sign				
Reality: What are the issues/probl	ems? (Tick re	levant boxes)	_	_
Knowledge Practica	I	Personal and Profe	ssional	
Options: How can the student ach	iev <u>e t</u> heir goa	ls? (Tick relevant box	es) _	_
Knowledge Practica	ı 🔲	Personal and Profe	ssional	
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Additional Comments -				
Additional Comments -				
When/Will: When will this plan be	reviewed?	Date:	/	/
Lundaratand the reason for this D	avalanmant A	otion Dlan which has	haan diaau	acad and
I understand the reason for this D	•			
agreed with the Paramedic Educa		erstand i am responsi	ole for infor	ming my
EEAST and university course tuto	rs.			
Student Signature:		Date:	1	1
A conv of this has been sent to the	a Link Lecture	r/Course Leader		
A copy of this has been sent to the Paramedic Educator (PEd) Name	e Link Lecture		ignature:	

Reality: What are the issues/problem	s? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achiev	e their goals? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
1.	
2.	
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4.	
Additional Comments -	
When/Will: When will this plan be rev	riewed? Date: / /
I understand the reason for this Deve	elopment Action Plan which has been discussed and
agreed with the Paramedic Educator	and I understand I am responsible for informing my
EEAST and university course tutors.	
Student Signature:	Date: / /
A copy of this has been sent to the L	ink Lecturer/Course Leader
Paramedic Educator (PEd) Name	PEd Signature:
Reality: What are the issues/problem	s? (Tick relevant boxes)
Knowledge Practical	Personal and Professional
Options: How can the student achieve	,
Knowledge Practical	Personal and Professional
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4. Additional Comments -	
When/Will: When will this plan be rev	riewed? Date: / /
Lunderstand the reason for this Deve	bate.
i understand the reason for this Deve	elopment Action Plan which has been discussed and
	elopment Action Plan which has been discussed and
agreed with the Paramedic Educator	elopment Action Plan which has been discussed and
agreed with the Paramedic Educator EEAST and university course tutors.	elopment Action Plan which has been discussed and and I understand I am responsible for informing my  Date: / /

the aging process including wound	asive burr assessm ration of a	ns care. This will require an understate the appropriate of the care. This will require an understate the appropriate of the care in the c	anding of skin and on of <b>dressings</b> ,
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Formative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Summative			
Assessed level: Student			
Assessed level: PEd			
Date			
PEd Name			
PEd Sign			
Reality: What are the issues/probl	ems? (Ti	ck relevant boxes)	
Knowledge Practica	,	Personal and Professional	
Options: How can the student ach	ieve their	goals? (Tick relevant boxes)	
Knowledge Practica		Personal and Professional	
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1.			
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<ul><li>2.</li><li>3.</li></ul>			
<ul><li>2.</li><li>3.</li><li>4.</li></ul>			
<ul><li>2.</li><li>3.</li><li>4.</li></ul>	reviewed	l? Date: /	/
<ul><li>2.</li><li>3.</li><li>4.</li><li>Additional Comments -</li><li>When/Will: When will this plan be</li></ul>		l? Date: / ent Action Plan which has been dis	/ scussed and
<ul><li>2.</li><li>3.</li><li>4.</li><li>Additional Comments -</li><li>When/Will: When will this plan be</li><li>I understand the reason for this D</li></ul>	evelopme		
<ul><li>2.</li><li>3.</li><li>4.</li><li>Additional Comments -</li><li>When/Will: When will this plan be</li><li>I understand the reason for this D</li></ul>	evelopme tor and I	ent Action Plan which has been dis	
2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Educa	evelopme tor and I	ent Action Plan which has been dis	
2. 3. 4. Additional Comments - When/Will: When will this plan be I understand the reason for this D agreed with the Paramedic Educa EEAST and university course tuto	evelopme tor and I rs.	ent Action Plan which has been dis understand I am responsible for in Date: /	

Reality: What	<u>are</u> the issues/pro	blem <u>s?</u> (Tick	relevant boxes)		
Knowledge	Practio	al	Personal and P	rofessional	
Options: How	<u>ca</u> n the student ad	chiev <u>e t</u> heir g	oals? (Tick relevant	boxes)	
Knowledge	Practio	al	Personal and P	rofessional	
1.					
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Additional Con	nments -				
When/Will: Wh	nen will this plan b	e reviewed?	Date:	/	/
I understand th	ne reason for this	Developmen	t Action Plan which h	nas been disc	cussed and
agreed with th	e Paramedic Educ	cator and I ur	nderstand I am respo	nsible for inf	orming my
EEAST and ur	niversity course tu	tors.			
Student Signa	ture:		Date:	/	1
A copy of this	has been sent to t	he Link Lect	urer/Course Leader		
Paramedic Ed	ucator (PEd) Nam	е	PE	d Signature:	
Reality: What	are the issues/pro	blem <u>s?</u> (Tick	relevant boxes)		_
Knowledge	Praction	1,	Personal and P	rofessional	
Options: How	can the student ac	hiev <u>e t</u> heir g	joals? (Tick relevant	boxes)	
Knowledge	Praction	al	Personal and P	rofessional	
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	nen will this plan b	e reviewed?	Date:	/	/
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agreed with th	ne reason for this e Paramedic Educ niversity course tu	ator and I ur			
agreed with th EEAST and ur Student Signa	ne reason for this e Paramedic Educ niversity course tu ture:	cator and I ur	nderstand I am respo		

39. Cervical Spinal Care and Imm					
accurate handling of patients with s	•	•			• •
could include patient positioning, ma		•			
use, crash helmet removal, or	-	etcher, reso	cue board	, standa	ard and rapid
<b>extrication.</b> Minimum standard = MS	5				
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/probl	ems? (Tick re	levant boxe	s)		
Knowledge Practica	I	Personal a	and Profes	sional	
Options: How can the student ach	iev <u>e t</u> heir goa	ls? (Tick rel	evant boxe	es)	
Knowledge Practica			and Profes		
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Additional Comments -					
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agreed with the Paramedic Educa		erstand I am	responsib	le for inf	orming my
EEAST and university course tuto	rs.				
Student Signature:			Date:	1	1
A copy of this has been sent to the	e Link Lecture	r/Course Le	ader		
Paramedic Educator (PEd) Name			PEd Sig	gnature:	

Reality: What are	1	<u> (                                </u>	an boxoo,	_	_
Knowledge	Practical	P	ersonal and Profes	sional	
Options: How ca	n the student achiev	<u>re t</u> heir goals?	(Tick relevant boxe	es) _	_
Knowledge	Practical	P	ersonal and Profes	sional	
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3.					
4.					
Additional Comm	nents -				
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vvnen/vviii: vvner	n will this plan be rev	newea?	Date:	/	/
I understand the	reason for this Deve	elopment Actio	n Plan which has b	een discu	ssed and
	Paramedic Educator	•			
_	ersity course tutors.				3 ,
Student Signatur	<u> </u>		Date:		/
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A copy of this ha	s been sent to the L	ink Lecturer/Co	ourse Leader		
Paramedic Educ	ator (PEd) Name		PEd Si	gnature:	
Poolity: What are	a tha issues/problem	oc? (Tick rolove	ant hoves)		
-	e the issues/problem			ecional	7
Knowledge	Practical	P	ersonal and Profes	_	
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Options: How ca Knowledge	Practical	<u>re t</u> heir goals?	ersonal and Profes	es)	
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Options: How ca Knowledge  1. 2. 3.	Practical n the student achiever	<u>re t</u> heir goals?	ersonal and Profes (Tick relevant boxe	es)	
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Coptions: How can knowledge  1. 2. 3. 4.	Practical n the student achiev Practical	<u>re t</u> heir goals?	ersonal and Profes (Tick relevant boxe	es)	
Coptions: How can knowledge  1. 2. 3. 4.	Practical n the student achiev Practical	<u>re t</u> heir goals?	ersonal and Profes (Tick relevant boxe	es)	
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Options: How can Knowledge  1. 2. 3. 4. Additional Comm  When/Will: When	Practical n the student achiev Practical  enemts -  n will this plan be revereason for this Deve	ve their goals? Proviewed? Proviewed?	ersonal and Profes (Tick relevant boxe) ersonal and Profes  Date:	es) ssional / peen discu	
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40. Fractures including Splinting	_				
application and use of splints, tracti may include associated straps (Frac		•	-	**	•
They will also demonstrate limb ass	-	,	•		
and appropriate pain management. M		-	n, sensory ar	iu circulati	ory compromise
Formative	III III II II	III Staridard – MO			
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Formative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Summative					
Assessed level: Student					
Assessed level: PEd					
Date					
PEd Name					
PEd Sign					
Reality: What are the issues/proble	ems?	(Tick relevant bo	ixes)		
Knowledge Practical		`	al and Profe	ssional	
Options: How can the student achi					
Knowledge Practical			al and Profe		
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Additional Comments -					
When/Will: When will this plan be r	eview	/ed?	Date:	/	/
I understand the reason for this De	evelop	ment Action Plai	n which has	been disc	cussed and
agreed with the Paramedic Educat	or and	d I understand I	am responsi	ble for infe	orming my
EEAST and university course tutor	s.				
Student Signature:			Date:	/	/
A copy of this has been sent to the	Link	Lecturer/Course	Leader		
Paramedic Educator (PEd) Name			PEd S	ignature:	

rtoanty. What	are the issues/problems	? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professiona	
Options: How	can the student achieve	their goals? (Tick relevant boxes)	]
Knowledge	Practical	Personal and Professiona	I
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Additional Co	mments -		
\\/han\\\/ill:\\/	hen will this plan be revie	ewed? Date: /	/
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I understand	the reason for this Develo	opment Action Plan which has been o	liscussed and
		ind I understand I am responsible for	
J	niversity course tutors.	·	<b>3</b> ,
Student Signa		Date: /	/
J			
A copy of this	has been sent to the Lin	k Lecturer/Course Leader	
Paramedic Ed	ducator (PEd) Name	PEd Signatu	re:
Reality: What	are the issues/problems	? (Tick relevant hoxes)	
-	are the issues/problems		. 🗆
Knowledge	Practical	Personal and Professiona	ı 🗌
Knowledge Options: How	Practical can the student achieve	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge	Practical	Personal and Professiona	
Knowledge Options: How Knowledge 1.	Practical can the student achieve	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2.	Practical can the student achieve	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3.	Practical can the student achieve Practical	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	Practical can the student achieve Practical	Personal and Professiona their goals? (Tick relevant boxes)	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical	Personal and Professiona their goals? (Tick relevant boxes) Personal and Professiona	
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co	Practical can the student achieve Practical  mments -	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional and	/
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W	Practical can the student achieve Practical mments - hen will this plan be reviet	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional and	liscussed and
Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand agreed with the	Practical can the student achieve Practical  mments -  hen will this plan be revie the reason for this Develope Paramedic Educator a	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional and	liscussed and
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Knowledge Options: How Knowledge 1. 2. 3. 4. Additional Co When/Will: W I understand to agreed with the EEAST and u Student Signal A copy of this	Practical can the student achieve Practical  mments -  the reason for this Develope Paramedic Educator achieves tutors.	Personal and Professional their goals? (Tick relevant boxes) Personal and Professional and	/ liscussed and informing my

41. Patient Transport and Position	•						
patients from scene to the ambulance and/or hospital. This may include rescue equipment, patient positioning and alternative methods of transport i.e. HEMS. In addition students will have a full							
1 -							
understanding of all ambulance equi	•	•	•				
pathophysiology when supporting pa	tients in the mo	ost appropriate position.	Minimum	standard = MS			
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
PEd Name							
PEd Sign							
Summative							
Assessed level: Student							
Assessed level: PEd							
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Reality: What are the issues/probl	,	•	г	$\neg$			
Knowledge Practica		Personal and Profe	_				
Options: How can the student ach				$\neg$			
Knowledge Practica		Personal and Profe	essional [				
1.							
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Additional Comments -							
When/Will: When will this plan be	reviewed?	Date:	1	-1			
when/wiii. when wiii this plan be	i e vieweu :	Dale.	,	,			
I understand the reason for this D	evelopment A	ction Plan which has	been disc	ussed and			
agreed with the Paramedic Educa	tor and I und	erstand I am responsi	ble for info	orming my			
EEAST and university course tuto							
Student Signature:		Date:	/	/			
A copy of this has been sent to the	e Link Lecture	er/Course Leader					
Paramedic Educator (PEd) Name			Signature:				

Reality. What	are the issue	es/problem <u>is</u>	<u>r</u> (Tick reie	vant boxes)	_	
Knowledge	F	Practical		Personal and Profe	ssional	
Options: How	<u>ca</u> n the stud	lent achieve	their goals	? (Tick relevant box	es)	
Knowledge	F	Practical		Personal and Profe	ssional	
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Additional Co	mments -					
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			•	stand I am responsil		
EEAST and u				·		5 ,
Student Signa				Date:	/	/
3						
A copy of this	has been se	ent to the Lin	k Lecturer/0	Course Leader		
Paramedic Ed	ducator (PEd	) Name		PEd S	ignature:	
Reality: What	are the issue	es/nroblems	? (Tick rele	vant hoxes)		
Reality: What		-			ssional	
Knowledge	F	Practical		Personal and Profe		
Knowledge Options: How	can the stud	Practical lent achieve	their goals	Personal and Profe? (Tick relevant box	es)	
Knowledge Options: How Knowledge	can the stud	Practical	their goals	Personal and Profe	es)	
Knowledge Options: How Knowledge 1.	can the stud	Practical lent achieve	their goals	Personal and Profe? (Tick relevant box	es)	
Knowledge Options: How Knowledge 1. 2.	can the stud	Practical lent achieve	their goals	Personal and Profe? (Tick relevant box	es)	
Knowledge Options: How Knowledge 1. 2. 3.	can the stud	Practical lent achieve	their goals	Personal and Profe? (Tick relevant box	es)	
Knowledge Options: How Knowledge 1. 2. 3. 4.	can the stud	Practical lent achieve	their goals	Personal and Profe? (Tick relevant box	es)	
Knowledge Options: How Knowledge 1. 2. 3.	can the stud	Practical lent achieve	their goals	Personal and Profe? (Tick relevant box	es)	
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<b>42. Clinical Decision Making – In</b> sound clinical decision making. E	•		•		
STEMI, Stroke, TIA, Sepsis, AAA,	•			•	•
options for non-time-critical patients					
'safety-netting'. They're decisions v		•	•		•
HCP's. All Trust pathways will be ac	=		•	ao combana	acii waa caaci
Formative					
Assessed level: Student					
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Date					
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Reality: What are the issues/probl	1,		•		
Knowledge Practica			al and Profe		
Options: How can the student ach		•		,	7
Knowledge Practica	ll	Person	al and Profe	ssionai _	
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Additional Comments -					
When/Will: When will this plan be	reviewe	d?	Date:	/	/
I understand the reason for this D	evelonm	ent Action Plan	which has l	neen discu	esed and
agreed with the Paramedic Educa	•				
EEAST and university course tuto			am responsit		ining my
Student Signature:	13.		Date:	/	/
A copy of this has been sent to the	e Link Lo	ecturer/Course			
Paramedic Educator (PEd) Name		Solure / Course		ignature:	
i aramedic Educator (i Ed) Name			I Lu S	ignature.	

Reality: what <u>ar</u>	e the issues/problem <u>s?</u>	(Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How ca	n the student achiev <u>e t</u>	heir goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
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Additional Comm	nents -		
When/Will: When	n will this plan be reviev	wed? Date: /	/
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agreed with the	Paramedic Educator an	nd I understand I am responsible for in	forming my
EEAST and univ	ersity course tutors.		
Student Signatur	re:	Date: /	/
A copy of this ha	s been sent to the Link	Lecturer/Course Leader	
Paramedic Educ	ator (PEd) Name	PEd Signature	<b>:</b>
Poolity: What ar	o the issues/problems?	(Tick relevant hoves)	
-	e the issues/problems?		
Knowledge	Practical	Personal and Professional	
Knowledge Options: How ca	Practical n the student achieve t	Personal and Professional heir goals? (Tick relevant boxes)	
Knowledge	Practical	Personal and Professional	
Options: How can Knowledge  1. 2. 3.	Practical n the student achieve t Practical	Personal and Professional heir goals? (Tick relevant boxes)	
Knowledge Options: How can Knowledge  1. 2. 3. 4. Additional Comm	Practical n the student achieve t Practical	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional	
Knowledge Options: How can Knowledge 1. 2. 3. 4. Additional Comm	Practical  In the student achieve to the stud	Personal and Professional heir goals? (Tick relevant boxes) Personal and Professional	/ scussed and
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43. Treatment Centre	Destination: 3	stuaent	s must ider	itify the cor	rect destin	ation of	t patients acros	S
a range of emergency	y and urgent s	ituation	ns. This mi	ght include	heart atta	ick, str	oke and traum	а
centres or other altern	ative pathways	(also r	efer to eler	nent 46. Cli	inical Decis	sion Ma	aking – Includin	g
local Trust Pathways).	Minimum star	ndard =	: MS					
Formative	е							
Assessed level: Studen	nt							
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PEd Sign								
Reality: What are the		em <u>s?</u> (	Tick releva	nt boxes)				
		ems? (		nt boxes) ersonal and	d Professi	onal		
Reality: What are the	issues/proble Practical		Pe	ersonal an				
Reality: What are the Knowledge	issues/proble Practical		Peir goals? (	ersonal an	ant boxes	)		
Reality: What are the Knowledge  Options: How can the	e issues/proble Practical e student achie		Peir goals? (	ersonal and Tick releva	ant boxes	)		
Reality: What are the Knowledge  Options: How can the Knowledge	e issues/proble Practical e student achie		Peir goals? (	ersonal and Tick releva	ant boxes	)		
Reality: What are the Knowledge Options: How can the Knowledge  1.	e issues/proble Practical e student achie		Peir goals? (	ersonal and Tick releva	ant boxes	)		
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rtounty. What are	e the issues/problem	S: (TION TOICVE	in boxes)	_	_
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	Paramedic Educator	•			
•	ersity course tutors.				3 ,
Student Signatur	<b>-</b>		Date:	/	
				·	·
A copy of this ha	s been sent to the L	ink Lecturer/Co	ourse Leader		
Paramedic Educ	ator (PEd) Name		PEd Si	gnature:	
Reality: What are	a the issues/problem	s? (Tick releva	nt hoves)		
-	e the issues/problem			esional	
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Student Signatur	<b>-</b>			Date:	1	1
A copy of this ha	s been sent to the	Link	Lecturer/Cours	e Leader		
Paramedic Educ	ator (PEd) Name			PEd Si	gnature:	

Knowledge Practical Personal and Professional
Options: How can the student achieve their goals? (Tick relevant boxes)
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Additional Comments -
When/Will: When will this plan be reviewed?
When/Will: When will this plan be reviewed?  Date: / /
I understand the reason for this Development Action Plan which has been discussed and
agreed with the Paramedic Educator and I understand I am responsible for informing my
EEAST and university course tutors.
Student Signature: Date: / /
Date: , , , , , ,
A copy of this has been sent to the Link Lecturer/Course Leader
Paramedic Educator (PEd) Name PEd Signature:
Dodity What are the issues/problems? (Tick relevant boxes)
Reality: What are the issues/problems? (Tick relevant boxes)
Knowledge Practical Personal and Professional
Knowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes)
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Nowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / / I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my
Nowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes)  Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /
Coptions: How can the student achieve their goals? (Tick relevant boxes) Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.
Nowledge Practical Personal and Professional Options: How can the student achieve their goals? (Tick relevant boxes)  Knowledge Practical Personal and Professional  1. 2. 3. 4. Additional Comments -  When/Will: When will this plan be reviewed? Date: / /  I understand the reason for this Development Action Plan which has been discussed and agreed with the Paramedic Educator and I understand I am responsible for informing my EEAST and university course tutors.  Student Signature: Date: / /

45. Maintain Fitness to Practice: It is	the st	student's responsibility to act accordingly and as expected by the
· ·		e safely and maintain high standards of personal conduct. Not
	-	knowledge and skills you will also maintain your own personal
1		that you may respond to a wide range of individuals, groups and
1	ne theo	ory and principles of paramedic practice. Minimum standard =
MS		
Formation		
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Assessed level: Student		
Assessed level: PEd		
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PEd Name		
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Assessed level: Student		
Assessed level: PEd		
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Reality: What are the issues/probl		,
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		their goals? (Tick relevant boxes)
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I understand the reason for this D	evelo	ppment Action Plan which has been discussed and
agreed with the Paramedic Educa	tor ar	nd I understand I am responsible for informing my
EEAST and university course tuto	rs.	
Student Signature:		Date: / /
A copy of this has been sent to the	e Link	k Lecturer/Course Leader
Paramedic Educator (PEd) Name		PEd Signature:
,		<u> </u>

rtounty. What c	<u>are</u> the issues/problem	s: (Tick relevant	ι ευλου,		٦
Knowledge	Practical	Pers	sonal and Profes	sional	
Options: How	<u>ca</u> n the student achiev	<u>e t</u> heir goals? (T	ck relevant boxe	es)	
Knowledge	Practical	Pers	sonal and Profes	sional	
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Additional Con	nments -				
When/Will: Wh	en will this plan be rev	iewed?	Date:	/	/
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_	e Paramedic Educator	and I understand	d I am responsib	le for inforn	ning my
	niversity course tutors.				
Student Signat	ure:		Date:	/	/
A copy of this I	has been sent to the Li	nk Lecturer/Cou	rse Leader		
Paramedic Edu	ucator (PEd) Name		PEd Si	gnature:	
Reality: What a	are the issues/problem	s? (Tick relevan	boxes)		
Knowledge	Practical		sonal and Profes	ssional	
	can the student achiev	<u> </u>	ck relevant boxe	es)	_
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46. Multidisciplinary Working and	d Collaboration: As a student paramedic you will understa	ınd					
your role as part of the wider multidisciplinary team. You will work with paramedics, emergency							
medical technicians, emergency care assistants, emergency care practitioners, doctors, nurses,							
carers, social workers and specialis	sts in their field. You will have an understanding of individ	ual					
scopes of practice and work collaboratively in the best interest of patient care. Minimum standard =							
MS							
Formative							
Assessed level: Student							
Assessed level: PEd							
Date							
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Formative							
Assessed level: Student							
Assessed level: PEd							
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Reality: What are the issues/problem	lems? (Tick relevant hoves)						
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<u> </u>	nieve their goals? (Tick relevant boxes)						
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I understand the reason for this D	evelopment Action Plan which has been discussed and						
agreed with the Paramedic Educa	ator and I understand I am responsible for informing my						
EEAST and university course tuto	rs.						
Student Signature:	Date: / /						
A copy of this has been sent to the	e Link Lecturer/Course Leader						
Paramedic Educator (PEd) Name							
i aramedic Educator (i Ed) Name	i La dignatare.						

Reality: What are the issues/problems?	(Tick relevant boxes)	_
Knowledge Practical	Personal and Professional	
Options: How can the student achieve the	peir goals? (Tick relevant boxes)	_
Knowledge Practical	Personal and Professional	
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Additional Comments -		
When/Will: When will this plan be review	ved? Date: /	/
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## **Additional Notes on Practice Elements**

#### Placement Information Sheet YEAR 2 Placement

#### **PLACEMENT INFORMATION:**

Practice Area	Placement Dates (start/finish)	PEd/Supervising Clinician	Link Lecturer

#### NAMED PEd/Supervisor INFORMATION & DECLARATION:

Please be aware that in completing the details below you are confirming that you are up to date in your PEd/Supervisor responsibilities. Should you have any arising concerns please discuss as a priority with your organisations Practice Education Lead.

Named PEd / Supervisor	Signature	Name of Practice Area	Contact details (telephone and/or email)	Date of PEd Prep completed :	Date of annual update:

## **Details of Associate PEds / Supervising Clinicians:**

Each clinician who contributes to the assessment of the student must complete the following details: -

Names of associate PEd(s)/Supervisor(s)	Signature:	Name of Practice Area:	Contact details: (telephone and/or email)	Date(s)

Please note - This information must be comprehensively completed. Documents which are incomplete will not be accepted for submission.

# PLACEMENT MEETINGS (Students MUST present Simulation Record at every meeting)

First Meeting Comments (agree an action plan)	)		
			Simulation record seen Y/N
Mid Way Masting Commants (review any days)		diagram anno dink lagturer ale	up a tota wiel if we arrive all
Mid-Way Meeting Comments (review any devel	iopment plans and	discuss concerns – Link lecturer sky	/pe tutorial if required)
			Simulation record seen Y/N
Final Meeting (summarise placement, discuss	summative assess	ment of practice elements)	
			Simulation record seen Y/N
DE IN	DE 1.0'	405	Dete
PEd Name:	PEd Signature:	I20	Date:
Student Name:	Student Signatur	. <b>6.</b>	Date:
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# **University of Suffolk**

Department of Health Sciences – Paramedic Science Placement completion information – Allocations

This form is to be submitted by the student concerned to the Allocations office within five working days of completing each placement. (please copy & recommended to keep a copy for yourself)

#### The weekly record of hours overleaf must be completed

Name of Student:		
Cohort: Field of Stud	y: Paramedic Science Site:	
Full Placement Name(including Trust title):		
Placement Type:		
Placement Type:		
Date started placement:		
Date ended placement:		
Number of nights (from weekly record overleaf	f) worked in this placement:	
Please List All Dates of Sickness/Absence/Speci	al Leave (from weekly record over	rleaf):
Number of individual absence events:	ware was alsh conserved a constant's	
A. Hours of absence due to sickness(f	rom weekly record overlear):	
B. Hours of unscheduled absence for	other reasons(from weekly record	1
overleaf) :		
	Total hours missady (- A . D)	
	Total hours missed: (=A+B)  Total Hours Worker	4
	T	
Signature of Mentor:	Printed name:	Date:
Or Associate Mentor	Printed name:	Date:
of Associate Mentor	Timted name.	Date.
NB: By signing the record of absence you are co	onfirming this is an accurate recor	d. Audits of this form wi
take place.		
Student Signature:		Date:

# **Weekly Record of Hours**

This must be completed on a weekly basis and deficits reported to link tutor.

PEd signature to confirm the below is correct.....

Date of week commencing	Night shift record – dates	Total of hours for week	Running total of hours for placement	Target hours for placement	Running total of hours deficit (if any)	Signed by mentor

MONTH	YEAR
TRUST / SITE	INTAKE

	Н	ours								
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print Nam (Supervisor/N	lentor) F	Main Mentor Please indicate below th actual number of hours per shift that you have observed or worked directly with the studen
	(2)	(4)	(F)	(6)	<b>/-</b> \	(0)	(0)	(40)		student in practice.
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Tota	al Hour	s For Thi	s Mont	th			Practice	Team Only	7	
						(S	hortage of hours this month)			

MONTH	YEAR
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(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	(11)
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Tot	al Hours	s For Thi	s Mont	th			Practice	Team Or	nly	
						(S	hortage of hours this month)			

MONTH	YEAR
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	Но	urs								
Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print N (Superviso	Name or/Mentor)	Main Mentor Please indicate below the actual number of hours per shift that you have observed or worked directly with the student
(0)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	student in practice. (11)
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						(3)	normge of nouts this molitily			

# University of Suffolk

Department of Health Sciences – Paramedic Science Placement completion information - Allocations

This form is to be submitted by the student concerned to the Allocations office within five working days of completing each placement.

## The weekly record of hours overleaf must be completed

Name of Student:		
Cohort:	Field of Study: Paramedic Science	Site:
Full Placement Name(including Tr	rust title):	
Placement Type:		
Date started placement:		
Date ended placement:		
Number of nights (from weekly re	ecord overleaf) worked in this place	ement:
Please List All Dates of Sickness/A	bsence/Special Leave (from weekl	y record overleaf) :
Number of individual absence eve	ents:	
A. Hours of absence due	e to sickness(from weekly record o	verleaf):
B. Hours of unscheduled overleaf) :	d absence for other reasons(from v	veekly record
	Total hours mi	ssed: (=A+B)
	Total F	Hours Worked
Signature of Mentor:	Printed name:	Date:
Or Associate Mentor	Printed name:	Date:
NB: By signing the record of absertake place.	nce you are confirming this is an ac	ccurate record. Audits of this form wil
Student Signature:		Date:

# **Weekly Record of Hours**

This must be completed on a weekly basis and o	aericits i	reported to	link tutor.
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PEd signature to confirm the below is correct.....

Date of week commencing	Night shift record – dates	Total of hours for week	Running total of hours for placement	Target hours for placement	Running total of hours deficit (if any)	Signed by mentor

MONTH	YEAR
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Date	From	To	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print I (Superviso	Name or/Mentor)	Main Mentor Please indicate below the actual number of hours per shift that you have observed or worked directly with the student
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(0)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	10)	student in practice. (11)
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MONTH	YEAR
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Date	From	То	Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print I (Superviso	Name or/Mentor)	Main Mentor Please indicate below th actual number of hours per shift that you have observed or worked directly with the studen
(0)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1	0)	student in practice. (11)
(2) 1 <sup>st</sup>	(3)	(+)	(3)	(0)	(7)	(0)	(3)	( )	•	(11)
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				- <u>-</u>		(S	hortage of hours this month)			

#### **END OF PLACEMENT REVIEW**

Primary Location:		Supervising Clinician Name (Printed):
Secondary Location:	If Applicable	Supervising Clinician Name: If more than one

**Conduct, Performance and Ethics:** The statements below relate to the Health and Care Professions Council 13 points in Guidance on Conduct and Ethics for Students (HCPC; 2012). If any aspect has not been met, or has been highlighted during the placement, it should be documented in the Record of Meetings/Tutorial section of this document and list actions taken or help requested to modify the behaviour. (Please delete as appropriate)

, , , , , , , , , , , , , , , , , , , ,	
The student always acts in the best interest of the patient. (1)	YES / NO
The student is always polite (3)	YES / NO
The student's personal appearance is appropriate to the dress code (3)	YES / NO
The student is punctual and their attendance is acceptable for their placement (3)	YES / NO
The student's ability to practice has not been limited by illness or injury (4,5)	YES / NO
The student reflects on outcomes and modifies their behaviour (6)	YES / NO
The student reacts positively towards feedback (6)	YES / NO
The student accepts appropriate responsibility for their practice (7)	YES / NO
The student asks for help when appropriate (7)	YES / NO
The student always behaves with integrity and honesty (12)	YES / NO
The student always behaves in a professional manner (13)	YES / NO

- 1. I confirm that the hours documented have been undertaken with the student and that I have discussed this end of placement evaluation.
- 2. There are no developmental plan(s) in place / There are developmental plan(s) in place (delete as appropriate)

Supervising Clinician Name (Print):	_Signature:
Student Signature:	

#### **ASSESSMENT OF PARAMEDIC ATTRIBUTES**

#### ASSESSMENT OF PARAMEDIC ATTRIBUTES (Tr2/3)

# PLEASE NOTE: Feedback from Service Users and Carers (wherever appropriate) should be considered in completion of this aspect of Assessment

The student must score a mark of 2 or above in *each* element of the assessment of paramedic attributes in order for an overall pass to be awarded.

- Where the mark of 1 'unsatisfactory' or 5 exceptional' is awarded for attribute evidence MUST be provided within the "comment" box to illustrate the student's behaviour and level of performance.
- 1 = Unsatisfactory performance
- 2 = Satisfactory performance (but some aspects in clear need of improvement)
- 3 = Good performance (consistent with most other students, taking into account the stage in the programme)
- 4 = Excellent performance
- 5 = Exceptional performance

(Adapted from: Health and Care Professions Council, Guidance on Conduct and Ethics for Students, 2010).

	Paramedic Attribute	1 <sup>st</sup> (formative) Insert mark (between 1 and 5)	2 <sup>nd</sup> (summative) Insert mark (between 1 and 5)
1.	Always acts in the best interests of the service user		
Comr	nent:		

2.	Respects the confidentiality of the service user  - keeps information about service users confidential unless this puts someone at risk (follows local policies and guidelines)  - removes all identifying information about service users from anything used in academic assessment material (follows UCS policies and guidelines)
3.	Keeps high standards of personal conduct.  - is aware that conduct outside of the programme may affect completion of programme or registration with HCPC  - is polite with service users, colleagues, practice placement teams and programme team  - personal appearance is appropriate for placement environment  - follows the UCS and placement provider's policy on attendance
Comr	nent:
4.	Provides any information about own conduct, competence or health to UCS and PEd/Supervising Clinician.  - ensures the UCS and placement provider are aware of existing health conditions or changes to health which may put service users/yourself at risk  - informs the UCS if convicted of, or cautioned for, any offence whilst on the programme
Comr	ment:
5.	Knows their limits – does not allow their health to affect their performance or judgements in practice – is aware of potential risk to service users, themselves and colleagues  - seeks help from a doctor or occupational health professional when worried about health
Comr	ment:

6.	Keeps professional knowledge and skills up to date - is responsible for own learning - thinks about and responds positively to feedback given
Comi	ment:
7.	Acts within the limits of their knowledge and skills  Only carries out an unsupervised task if they feel they have the appropriate knowledge and skills  Ensures they have appropriate supervision for any task that they are asked to carry out  Asks for help when they need it  Does not claim to have knowledge or skills which they do not – is aware this could put service users, themselves and colleagues at risk
Comi	ment:
8.	Communicates effectively and respectfully with service users, UCS and placement providers  - communicates effectively, respectfully and cooperates with colleagues to benefit service users  - communicates effectively, respectively and cooperates with programme team and placement team  - where appropriate shares knowledge with colleagues  - recognises and values contributions by others
Comi	

9.	Gets valid consent to provide care or services (as far as possible)
	- Makes sure service user are aware they are student before carrying out any
	intervention
	- Makes sure the service user has given their permission for the intervention to be
	carried out by a student
	- Explains the intervention they plan to carry out, including any risks associated with
	it
	- Follows UCS or placement providers policy on consent
Comr	nent:
10.	Keeps accurate records on service users
	- Makes sure any information put into someone's record is clear and accurate
	- Protects information in records from being lost, damaged, accessed without
	permission or tampered with
Comr	nent:
11.	Deale feight and cafely with the ricks of infection
' ' .	Deals fairly and safely with the risks of infection
	- Takes all appropriate steps to deal with risks of infection - Follows UCS or placement provider's policy on managing risks of infection
Comr	
Collii	
12.	Behaves honestly
'	- Does not pass off other people's work as their own
	- Fills in documents truthfully and accurately
	- Does not let any improper financial reward influence the advice or services
	recommended
	- Follows the UCS policies on ethics when carrying out research
Comr	

13.	Makes sure their behaviour does not damage public confidence in the profession  - Does not do anything which might affect the trust that the public has in the profession	
Comr	nent:	
Total		

PLEASE NOTE: Following submission the PAD is subject to a moderation process undertaken by the Department of Health Studies.

This will involve review of the process of assessment, marks awarded and evidence/ commentary documented to ensure parity wherever possible. Where there are any queries that arise PEds may be contacted by their link lecturer prior to final confirmation of the marks awarded

All work graded as a 1<sup>st</sup> and all work graded as not meeting the required pass standard plus a representative selection of each
of the other grade levels awarded will be moderated.

## **EEAST PEd/Non-ambulance Supervising Clinician EVALUATION / FEEDBACK FORM**

Please complete this form and leave it attached to the assessment document

PEd/Clinician Name (Optional):	Link Lec	turer:				
Trust / employing organisation:	Name of Practice Learning area					
Student cohort:	Date:					
		Strongly disagree	Disagree	Agree	Strongly agree	N/A
1.I had adequate preparation to fulfil my role as PEd						
2.The students appeared prepared for the placement						
3. Students are able to access me 40% of the time						
4. I was able to contact the link lecturer for support if need	led.					
5.I understand how to complete the assessment document	t (s)					
Please use the space below to elaborate on any of the above statements or add any further comments about your experience as a PEd/supervising clinician in this placement						



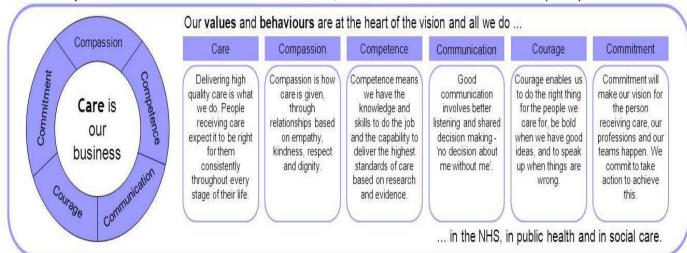
University of Suffolk is committed to the principles and values of the NHS Constitution (DH, 2013). This details the following behaviours and values as those that patients and staff believe to be at the heart of our NHS:

- 1. Respect and dignity
- 2. Commitment to quality of care
- 3. Compassion
- 4. Improving lives
- 5. Working together for patients
- 6. Everyone counts

Each competency in this practice assessment record has been mapped against the value(s) embedded in the NHS Constitution. The student pledge is also linked to these values.

The serious failures at Mid-Staffordshire NHS Foundation Trust (Francis 2013) are a stark reminder of how critical these NHS values are in promoting a culture of care. The shared vision for nursing, midwifery and health care workers (as set out in Table 1 below) (DH, 2012) also embraces these values, requiring 'nurses, midwives and health care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes'.

Table 1: Expected values and behaviours of nurses, midwives and health care staff (6C's)



(DH, 2012)

Each of these values and behaviours are reflected in the practice competencies and interpersonal / professional skills components of the student's practice assessment.

Department of Health, 2013. *The NHS Constitution for England*. [online] Available at: <<a href="https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/170656/NHS\_Constitution.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/170656/NHS\_Constitution.pdf</a> >. [Accessed 04 March 2014].

Francis, C. 2013. The Mid Staffordshire NHS Hospital Trust public enquiry. [online] Available at:<a href="http://www.midstaffspublicinquiry.com/report">http://www.midstaffspublicinquiry.com/report</a> >. [Accessed 04 March 2014].

Department of Health, 2012. Compassion in practice. Nursing, midwifery and care staff our vision and strategy. [online] Available at:< <a href="http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf">http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf</a> [Accessed 04 March 2014.]

#### THE INTERPERSONAL AND PROFESSIONAL SKILLS PROFILE

The interpersonal /professional skills profile has been divided into 6 sections, each indicating statements around the values underpinning the NHS Constitution and reflecting the 6C's.

#### (F) Indicates a fail (P) Indicates a pass Student:

Station:

PEds should choose <u>one</u> statement from each of the sections below that best reflects the student's interpersonal and professional skills. Please indicate your chosen statement by signing in the corresponding box.

CARE	PEd Please sign in one of the boxes below to indicate	PEd Reasons / evidence for choosing this statement
Please choose one statement below	your choice of statement for this value	Statement
(F) 1. Fails to respond to patient needs.		
(F) 2. Lacks consideration of patient comfort when delivering care.		
(F) 3. Ignores advice to improve patient care.		
(P) 4. Demonstrates evidence based practice.		
(P) 5. Approach to care enhances the patient experience.		
(P) 6. Ensures patient is central to care decisions.		
(P) 7. Quality of care is commendable.		
COMPASSION	PEd Please sign in one of the boxes below to indicate	PEd Reasons / evidence for choosing this statement
Please choose one statement below	your choice of statement for this value	Statement
(F) 1. Fails to treat patients / carers / colleagues with respect.		
(F) 2. Lacks empathy / understanding towards patients' concerns.		
(F) 3. Fails to recognise opportunities to promote dignity in care delivery.		
(P) 4. Demonstrates compassion and understanding in patient care.		
(P) 5. Promotes dignity and respect in patient care.		
(P) 6. Shows a mature understanding and an empathic approach to care.		
(P) 7. Champions patient dignity and encourages colleagues to support this value.	DEA	DEA
COMPETENCE  Please choose one statement below	PEd Please sign in one of the boxes below to indicate your choice of statement	PEd Reasons / evidence for choosing this statement
(F) 1 Level of care is unsafe.	for this value	
(F) 2. Blames circumstances for difficulties encountered.		
(F) 3. Unable to define own learning needs.		
(P) 4. Reflects on clinical practice and adapts accordingly.		
(P) 5. Capable of informed decision making.		
(P) 6. Delegates care effectively and with consideration for patient safety.		
(P) 7. Remains calm and professional in challenging situations.		

Statements revised in collaboration with service users and PEds (Sept 2012), amended to reflect 6C's (March 2013)

PEds should choose one statement from each of the sections below that best reflects the student's interpersonal and

COMMUNICATION	PEd	PEd
COMMONICATION	Please sign in <b>one</b> of the	Reasons / evidence for choosing this
Please choose one statement below	boxes below to indicate your choice of statement for this value	statement
(F) 1. Fails to communicate key aspects of patient care to appropriate staff.		
(F) 2. Reacts adversely to constructive criticism.		
(F) 3. Lacks self awareness and the effect of behaviours on others.		
(P) 4. Has a pleasant and approachable manner.		
(P) 5. Communicates effectively with patients and relatives.		
(P) 6. Uses interprofessional team working to support effective patient care.		
(P) 7. Encourages patients to participate in decisions around their care.		
COURAGE	Please sign in <b>one</b> of the	PEd Reasons / evidence for choosing this
Please choose one statement below	boxes below to indicate your choice of statement for this value	statement
(F) 1. Demonstrates lack of interest regarding standards of patient care.		
(F) 2. Fails to respond to and report concerns of patients and carers.		
(F) 3. Poor advocate for patients / carers when opportunity arises.		
(P) 4. Accepts appropriate responsibility.		
(P) 5. Shares appropriate experience and knowledge to enhance patient care.		
(P) 6. Acts as an advocate for patients.		
(P) 7. Escalates concerns appropriately when the need arises.		
COMMITMENT  Please choose one statement below	PEd Please sign in one of the boxes below to indicate	PEd Reasons / evidence for choosing this statement
riease choose one statement below	your choice of statement for this value	
(F) 1. Displays a negative attitude.		
(F) 2. Behaves in an unprofessional manner.		
(F) 3. Lacks motivation.		
(P) 4. Actively seeks opportunities to develop own learning.		
(P) 5.Valued team member who has gained respect.		
(P) 6. Well motivated and adaptable.		
(P) 7.Consistently acts as a professional role model.		

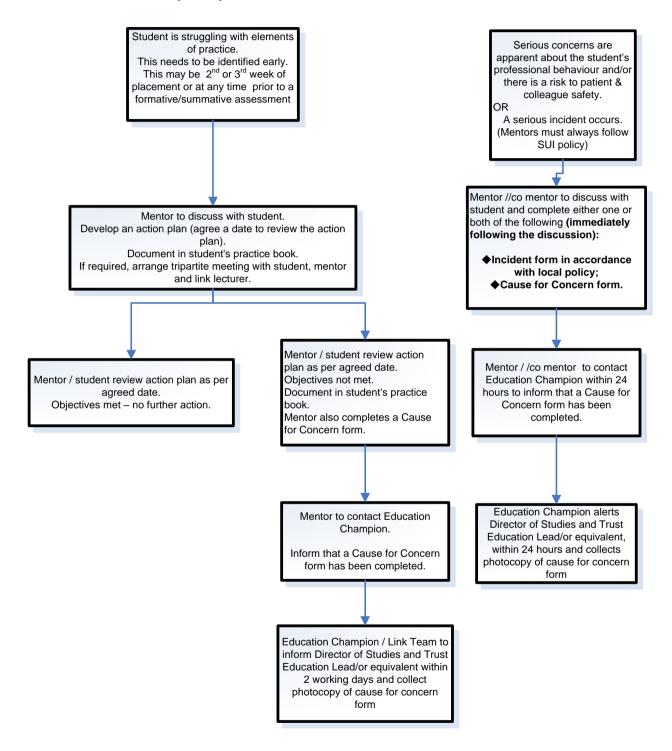
professional skills. Please indicate your chosen statement by signing in the corresponding box

Statements revised in collaboration with service users and PEds (Sept 2012) amended to reflect 6C's (March 2013)

Paramedic Educator : Signature: Date:



## Cause for Concern (CFC)



This may cover –	Cause for C conduct / behaviou	oncern r / clinical performance / attitud	е
Contact made by:	Date	<b>:</b>	
Name:	Nam	ne of Placement Provider/Trust:	:
Position:			
Tel:			
E-mail:		cal Area:	
Mentor Details (if different to above)	Stud	dent Details:	
Name:	Nam	ne:	
Tel:	Coh	ort:Course:_	
Cause for Concern Summary: (This form feedback on their poor performance)  Actions Taken to date: (This form MUST student has received verbal/written feedback on purpose working together)	be submitted with examp	les of actions taken. Unless it is a SUI	I there is an expectation the
MENTOR: on completion please cont			
Education Champion Name:	Contacted: YES/NO	Method of Contact:	Date:
Ward Manager/Team Leader Name:	Contacted: YES/NO	Method of Contact:	Date:
Trust/Organisation Education Lead/or equivalent Name:	Contacted: YES/NO	Method of Contact:	Date:
EDUCATION CHAMPION: On receiving (If the concern is related to sickness/absence this investigation, the Director of Studies and Course in the content of Studies in the content of Studies and Course in the content of Studies in the content	form should be given to	the Course Leader for investigation. If	necessary, following
Course Leader Name: (for sickness/absence)	Contacted: YES/NO		Date:
Link Team Member Name:	Contacted: YES/NO	Method of Contact:	Date:
Trust/Organisation Education Lead:	Contacted: YES/NO	Method of Contact:	Date:
Personal Tutor Name:	Contacted: YES/NO	Method of Contact:	Date:
Course Group Leader	Contacted: YES/NO	Method of Contact:	Date:
Director of Studies Name:	Contacted: YES/NO	Method of Contact:	Date:

Adapted from Fitness to Practice Guidelines for Mentors in Practice (NHS East of England SHA)

Mentor to ensure photocopy of this form and supporting evidence is given to Education Champion / Link Team Lack of supporting evidence will result in this form being return

# **Student Managed Documentation**



### UOS AUDIT OF PRACTICE SETTINGS: STUDENT EVALUATION OF PRACTICE PLACEMENT

Your responses to this evaluation will be used to monitor and improve the quality of placements provided. Therefore we would be grateful if you could complete the details below:

·	_	•	•	
Trust/Hospital:				
Name of Practice Setting:				
Name of Paramedic Educator	<b>(PEd</b> ):			
Course/Intake:				
Name of Education Champion				
Dates of Experience:	From:		То:	
Instructions for Student				
Please complete this questionna be completing a 'mirror image' q		end of your clinical	placement.	Your PEd will
Please complete each statement IF YOU TICK NO, PLEASE STA	, ,		No and com	ment.
Thank you for completing this que Document	uestionnaire. Plea	ase leave this in the	e Practice A	ssessment
In order to evaluate the learning	a environment it	is expected that a	s a Univers	itv Student vo

In order to evaluate the learning environment it is expected that as a University Student you will complete this evaluation form. This information will be utilised by the University, Practice Education Providers and the Local Workforce Partnership Group to monitor and evaluate the clinical learning environment.

Q1. Were you given the name of your Paramedic Educator on your first clinical day?
Yes
No
If No please state the reasons why
Q2. Were you supervised by your PEd for most of your time in clinical practice?
No
If No please state the reasons why
Q3. If you needed support from the University did you know who to contact and how?
Yes
No
If No please state the
Q4. If there were issues, did the University respond to you within 48 hours of your phone
call/e-mail?
Yes
No
N/A
If No please state the reasons why

Q5. Were you able to complete your formative and summative assessments in the required
time frame with your named Paramedic Educator?
Yes
No
If No please state the reasons why
Q6. Was the clinical placement welcoming and supportive?
Yes
No .
If No please state the reasons why
Q7. Did your Paramedic Educator understand your practice assessment document?
Yes
No
If no what action did you take
Q8. State any difficulties you encountered as a student in this clinical area.

What were the 3 best aspects about this clinical practice experience?
. On reflection, what could you have done to improve your clinical learning experience?

Thank you for completing this questionnaire

#### Simulated skills confirmation sheet

The student has demonstrated the following skills in simulation or specialist placement under direct supervision of a lecturer, paramedic or specialist HCP. The lecturer/tutor has determined that the student is able to perform the skill **safely** by following a **systematic approach**.

The continued practice of these skills must be performed under **direct supervision** and at the **discretion** of their paramedic or supervisor in practice.

You may not perform these skills in a clinical setting until you have been signed off in simulation or the specialist setting.

	Signature	Date
Oro / Naso-pharyngeal airway		
I-gel / LMA		
Intubation (including bougie and end tidal co2)		
Ventilation BVM		
Needle Cricothyroidotomy		
Needle Thoracentesis		
Intramuscular injection		
Subcutaneous Injection		
Intravenous Cannulation		
External Juglar Cannulation		
Intraosseous Cannulation		
Infusions		
ALS – Adult		
ALS Paediatric / Neonate		
		•

# UNIVERSITY of SUFFOLK BSc (Hons) Paramedic Practice

## **PAD Feedback Sheet**

		Level:
Student Number:	Date:	Marker:
PEd Declaration		Yes or No
Mandatory Training		Yes or No
All Element Assessed		Yes or No
Placement Interviews		Yes or No
Placement Hours		Yes or No
End of Placement Review		Yes or No
Assessment of Paramedic Attributes	<b>;</b>	Yes or No
Skills Profile		Yes or No
Student Evaluation		Yes or No
PAD Presentation		
Feedback		
reedback		
		Pass or Fail
External Examiner:		
Comments:		

## **Specialist Placement Information**

# Record of Learning and Evidence Towards Elements of Practice

This document is for use by students and their supervisors during non-ambulance placements. It is designed to help focus student activity upon identified goals (Elements of Practice).

This document should be used where a student wishes to provide evidence of learning and achievement towards specific Elements of Practice whilst not working with their Paramedic Educator. The student should present this document to their Paramedic Educator as part of the formative or summative assessment interview.

This document should then be retained in the student's portfolio alongside other written evidence of learning and achievement and the PAD.

Many of the Elements of Practice identified in your PAD could be achieved in a variety of practice settings. However by giving you the opportunity to demonstrate competence in a range of alternative clinical areas will not only assist you to contextualise the theory when applying it to practice but also provide you with the opportunity for professional dialogue with a wide range of clinical specialists and deepen your understanding of multidisciplinary working.

#### **Advice for Students:**

Before commencing each placement, please discuss with your Paramedic Educator the potential Elements of Practice you will focus upon within the non-ambulance practice placement. Some suggestions have been made for you for each placement group. This should then be agreed on your arrival in the area with your supervisor/mentor and 'evidence' collected to show your learning activities whilst there. You should then share this with your Paramedic Educator at formative and summative assessment interviews.

#### **Advice for Supervisors/Mentors:**

Please discuss identified Elements of Practice with your student on the first day of the placement and agree the relevant activity and 'evidence of achievement' to be generated.

On completion of the placement please review this evidence and comment upon the student's achievements whilst placed with you. Please also identify any future learning activity that the student might benefit from in any future placement areas.

Placement areas must have an adequate number of appropriately registered and trained Paramedic PEds or suitably qualified healthcare practitioners (e.g. anaesthetist, registered nurse, midwife) (C 4.1.2 College of Paramedics 2015) Therefore, a suitably qualified healthcare practitioner can sign this section of the PAD

PLEASE NOTE any practice concerns arising must be communicated to the Link Lecturer

Link lecturer – Lee Cunnell (Director of Urgent and Emergency Care)

E – L.cunnell@uos.ac.uk

T-01473 338608

## **Specialist placements**

## Midwifery Lead Birthing Unit, Central Delivery Suite

#### Suggested Elements of Practice to focus on:

	_	
1.	Commun	ication
⊥.	Commun	ication

- 4: PPE
- 5: Infection protection control
- 7: Patient Involvement and wellbeing
- 8: Consent
- 9: Confidentiality
- 10: Capacity
- 11: Patient records
- 13: Monitoring, recording and interpreting observations (adults)
- 14: Monitoring, recording and interpreting observations (paediatrics)
- 25: Obstetric and Gynaecological presentations and management
- 45: Maintain fitness to practice/professional standards
- 46: Multidisciplinary working and collaboration

### **Specialist placements**

## MAU/EAU, Theatres, ITU, DPU

#### Suggested Elements of Practice to focus on:

7:	Patient	Involvement	and	wellheing

- 12: Vulnerable adults
- 13: Monitoring, recording and interpreting observations (adults)
- 15: 4 and 12 lead ECG analysis
- 16: History taking use of FE (adults and children
- 18: Primary Survey
- 20: Respiratory system Examination and Management (adults)
- 21: Cardiovascular system Examination and Management (adults)
- 22: Nervous system Examination and Management (adults)
- 23 Gastrointestinal and Genitourinary systems Examination and Management (adults)
- 24: Musculoskeletal system Examination and Management (adults)
- 29: Basic Airway management (adults)
- 30: Advanced Airway management (adults)
- 31: Patient ventilation (adults)
- 32: Airway management (paediatrics)
- 36: IV cannulation
- 37: Infusion
- 45: Maintain fitness to practice/professional standards
- 46: Multidisciplinary working and collaboration

### **Specialist placement**

### A&E, CCU/PPCI

#### Suggested Elements of Practice to focus on:

	_	
1.	Commui	aication.
<b>1</b> .	COIIIIIII	IICation

- 4: PPE
- 5: Infection protection control
- 7: Patient Involvement and wellbeing
- 8: Consent
- 9: Confidentiality
- 10: Capacity
- 11: Patient records
- 12: Vulnerable adults and children
- 13: Monitoring, recording and interpreting observations (adults)
- 14: Monitoring, recording and interpreting observations (paediatrics)
- 15: 4 and 12 lead ECG analysis
- 16: History taking use of FE (adults and children
- 17: Mental Health History Taking and Assessment
- 18: Primary Survey
- 20: Respiratory system Examination and Management (adults)
- 21: Cardiovascular system Examination and Management (adults)
- 22: Nervous system Examination and Management (adults)
- 23 Gastrointestinal and Genitourinary systems Examination and Management (adults)
- 24: Musculoskeletal system Examination and Management (adults)
- 26: Examination and Management (paediatrics)
- 36: IV cannulation
- 37: Infusion
- 38: Wound care and dressing
- 39: Cervical spinal care and immobilisation
- 40: Fractures including splinting and traction
- 45: Maintain fitness to practice/professional standards
- 46: Multidisciplinary working and collaboration

# SKILLS ACQUISITION SHEET



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Please indicate the appropriate level of Skill Acquisitions (evidence).

- Level 4 Skill Acquisition Competent at Basic Skills
- Level 5 Skill Acquisition Minimal Supervision
- Level 6 Skill Acquisition Independent

Area of Speciality	Level of Competency		Signature	Position	
	4	5	6		
Eg. Intubabtion		Х		J R Smith	Anaesthetist

Student Name		Intake & Module of study		
Placement Area		Date of Placement (from – to)		
Supervisor name		Supervisor signature		
Supervisor position		Supervisor contact details		
	PLEA cted to demonstrate the ent settings as outlined in			
_	risor: please comment on the opriateness of evidence pres		n learning opportunities and emonstrate their learning.	
Supervisor Signature:		Date:		
Student Signature:		Date:		
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings				
Supervisor Signature:		Date:		
Student Signature:		Date:		
PLEASE EN	<b>ISURE ATTENDANCE AND</b>	ABSENCE SHEET IS ALS	O COMPLETED	

- · · · · · ·				
Student Name		Intake & Module of study		
Placement Area		Date of Placement (from – to)		
Supervisor name		Supervisor signature		
Supervisor position		Supervisor contact details		
	PLFA	SE NOTE		
	cted to demonstrate the s	same professional attitu		
_	<b>risor</b> : please comment on th opriateness of evidence pres		n learning opportunities and emonstrate their learning.	
Supervisor Signature:		Date:		
Student Signature:		Date:		
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings				
Supervisor Signature:		Date:		
Student Signature:		Date:		
PLEASE ENSURE ATTENDANCE AND ABSENCE SHEET IS ALSO COMPLETED				

- · · · · · ·				
Student Name		Intake & Module of study		
Placement Area		Date of Placement (from – to)		
Supervisor name		Supervisor signature		
Supervisor position		Supervisor contact details		
	PIFΔ	SE NOTE		
	cted to demonstrate the s	same professional attitu		
_	<b>risor</b> : please comment on th opriateness of evidence pres		n learning opportunities and emonstrate their learning.	
Supervisor Signature:		Date:		
Student Signature:		Date:		
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings				
Supervisor Signature:		Date:		
Student Signature:		Date:		
PLEASE ENSURE ATTENDANCE AND ABSENCE SHEET IS ALSO COMPLETED				

Student Name		Intake & Module of study		
Placement Area		Date of Placement (from – to)		
Supervisor name		Supervisor signature		
Supervisor position		Supervisor contact details		
	PIFΔ	SE NOTE		
	cted to demonstrate the s	same professional attitu		
<b>Feedback from Supervisor</b> : please comment on the student's engagement in learning opportunities and the sufficiency and appropriateness of evidence presented by the student to demonstrate their learning.				
Supervisor Signature: Date:				
Student Signature:		Date:		
Ongoing Placement Development: please note any learning or professional issues that might be addressed in future placement settings				
Supervisor Signature:		Date:		
Student Signature:		Date:		
PLEASE ENSURE ATTENDANCE AND ABSENCE SHEET IS ALSO COMPLETED				

## RECORD OF LEARNING AND EVIDENCE TOWARDS ELEMENTS OF PRACTICE Completed by the student

<b>Description of Learning activity:</b> please briefly record here the learning activity that you have
undertaken, highlighting key learning points
Student Summary of Evidence: please record here the type of evidence that you are providing to
demonstrate learning/achievement identified in your description (e.g. direct observation,
reflection on a professional discussion, written testimonials etc)
reflection on a professional discussion, written testimonials etc)

Elements of Practice: please identify here the Elements of Practice evidence of learning/achievement for.	actice that you are claiming to be providing		
•			
•			
Student Signature:	Date:		
Supervisor Signature:	Date:		
(If the evidence is a direct observation, the supervisor is signing to say they directly observed the student safely and correctly undertake the skill/task)			
PLEASE ENSURE ATTENDANCE AND ABSENCE	SHEET IS ALSO COMPLETED		
Review by Paramedic Educator: I confirm that I have reviewed this record of learning and t by the student. I have taken this evidence to support asses following Elements of Practice (please list the EoP numbers)	sment of the student against the		
•			
•			
•			
•			
•			
•			
Paramedic Educator Signature:	Date:		

Please ensure you keep this record sheet together with its corresponding evidence in your portfolio.

# **Record of Tutorials**

Please note. You should bring your PAD with you to every tutorial session that you attend. It is your responsibility to get this signed by your personal tutor/mentor following every tutorial session.

Student Name & I.D	
Personal Tutor	

Date of Tutorial	Name & Signature of Lecturer	Reason for Tutorial	Date for review (if required)

# **Record of Tutorials**

Please note. You should bring your PAD with you to every tutorial session that you attend. It is your responsibility to get this signed by your personal tutor/mentor following every tutorial session.

Student Name & I.D	
Personal Tutor	

Date of Tutorial	Name & Signature of Lecturer	Reason for Tutorial	Date for review (if required)

#### **Reporting Concerns**

As a Practice Educator you may occasionally have concerns relating to a variety of issues. This document sets out the process for contacting the University of Suffolk in this circumstance. The algorithms below show what processes to follow depending on the level of your concern and the urgency of the situation. Concern level is separated into three categories; *minor*, *moderate* and *major* and while your specific concern may not fit neatly into this algorithm, contact should be made early and appropriately as you see fit at the time and in the circumstance. Should you have any queries regarding this document please raise them with the course team.

#### Reporting a minor concern -

A concern can be considered minor if due to an unplanned variation in the learning environment a student may be <u>at risk of</u> not achieving the outcomes required in placement learning to the standard expected.

An example of a minor concern – "Due to a student's recent poor engagement he/she may well not reach the required standards in the timeframe of this placement. This poor engagement has only been present during their last two shifts and if this continues there is a possibility that the required standards will not be met."

#### Reporting a moderate concern -

A concern can be considered to be moderate if due to an unplanned variation in the learning environment a student may be <u>unlikely</u> to achieve the outcomes required in the placement learning to the standard expected.

An example of a moderate concern – "Due to a student's poor engagement over the term of this placement, plus a number of absences, it is unlikely that the required standard of practice will be met. This has been ongoing for a number of weeks and attempts to rectify this have been unsuccessful".

#### Reporting a major concern -

A concern can be considered major if due to an unplanned variation in the learning environment a student is exposed to, or is not protected from exposure to, inappropriate or unsafe care or placement education.

An example of a major concern – "Today the student has been involved in an accident in the work place. The potential injuries caused as a result may mean the student cannot attend placement or University".

### **Escalating Concerns with University of Suffolk.**



### **University of Suffolk Contacts.**

Please note. Mobile telephone numbers should be used in out of office hours for emergencies only.

**Lee Marshall, Course Lead -** Email – <u>L.marshall3@uos.ac.uk</u>

Mob - 07772076445

Gareth Partington - Email g.partington@uos.ac.uk

Bethany Weeks - Email - B.weeks2@uos.ac.uk

Sebastian Clover - Email - <u>S.clover@uos.ac.uk</u>

Craig Hosking, Clinical Instructor - Email - C.hosking@uos.ac.uk

