

# **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 1**

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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 2 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 have learnt. The PEd will feedback and comment so that the student remains 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 year 1. 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 subsequent years 2 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 tutorial.
- 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 personal tutor 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 who 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 university staff as necessary.

- 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 skill 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 set a plan of action 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 first 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 one it is required that the student meets Assisted 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 as 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 off 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 Dependent in any area of an element of practice after their first formative assessment. During their first formative assessment the student can achieve a Dependant level without the implementation of a DAP however it is best practice to hold a discussion 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.
- 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 (**Assisted**) 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

<b>Assessment of Practice</b>	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.
<b>Associate Paramedic Educator (A/PEd)</b>	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.
<b>Formative Assessment</b>	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.
<b>Elements of Practice Criteria</b>	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.
<b>Elements of Practice</b>	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.
<b>Placement</b>	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.
<b>Portfolio of Practice</b>	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.
<b>Paramedic Educator (PEd)</b>	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.
<b>Course Leader</b>	Is an academic employed by the university who oversees the course and the student's progression through it.
<b>Summative Assessment</b>	Summative assessment determines successful achievement of the identified elements of practice and is undertaken in conjunction with the descriptors in Table 1.
<b>Insights</b>	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 A) by the end of Year 1**

**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 style="list-style-type: none"> <li>• Lacks knowledge</li> <li>• No awareness of alternatives</li> <li>• Unable to explain / give reasons for actions</li> </ul>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Knowledge is usually accurate</li> <li>• Little awareness of alternatives</li> <li>• Identifies reasons for actions</li> </ul>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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

<b>1. Communication (and technologies):</b> 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 data terminals (MDT).	
<b>Formative</b> <b>Assessed level: Student.....A.....</b> <b>Assessed level: PEd.....D.....</b> <b>Date....20/11/2012.....</b> <b>PEd Name...D. Shepherd.....</b> <b>PEd Sign...D. Shepherd.....</b>	<i>Comments</i> When being mobilised onto a 'red call' from HEOC they lacked understanding and awareness of mobilising immediately and were unable to use the MDT function buttons in a structured way i.e. did not 'mobilise' to scene, press 'at scene', press 'leave scene' etc.
<b>Formative</b> <b>Assessed level: Student.....A.....</b> <b>Assessed level: PEd.....A.....</b> <b>Date....20/11/2012.....</b> <b>PEd Name...D. Shepherd.....</b> <b>PEd Sign...D. Shepherd.....</b>	<i>Comments</i> They now understand the importance of mobilising immediately when passed a red call from HEOC although still require support with MDT functions, especially when 'leaving scene' so as to inform the receiving hospital of their intention to transport patient to them.
<b>Summative</b> <b>Assessed level Student....MS.....</b> <b>Assessed level: PEd.....A.....</b> <b>Date....28/11/2012.....</b> <b>PEd Name...D. Shepherd.....</b> <b>PEd Sign...D. Shepherd.....</b>	<i>Comments</i> They can now fully use MDT with direction utilising comments function boxes, refuelling buttons and basic mobilisation buttons etc. They are able to navigate around the MDT with basic understanding and knowledge of its importance.

<b>Reality: What are the issues/problems? (Tick relevant boxes)</b>					
Knowledge	<input type="checkbox"/>	Practical	<input type="checkbox"/>	Personal and Professional	<input type="checkbox"/>
<b>Options: How can the student achieve their goals? (Tick relevant boxes)</b>					
Knowledge	<input type="checkbox"/>	Practical	<input type="checkbox"/>	Personal and Professional	<input type="checkbox"/>
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					
Paramedic Educator (PEd) Name			PEd Signature:		

## Final Record of Achievement for the Elements of Practice – Year 1

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

<b>Year:</b>			
All elements of practice have been assessed and passed at the required level for this year (please circle):		<b>YES</b>	<b>NO</b>
Comment on student's punctuality and attendance:			
PEd Name (printed): _____		PEd Signature: _____	
Student Name (printed): _____		Student Signature: _____	

<b>Year:</b>			
<b>Resubmission of practice:</b> All the elements of practice have been assessed and passed at the required level for this year (N.B. This section is only to be completed if the student is repeating this placement assessment) (please circle):		<b>YES</b>	<b>NO</b>
Comment on student's punctuality and attendance:			
PEd Name (printed): _____		PEd Signature: _____	
Student Name (printed): _____		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 Dependant on any element of practice at any time following their first formative assessment. For grades of Dependant 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.*



## Record of Achievement for the Element of Practice: End of Year 1

<b>1. Communication (and technologies):</b> Students will demonstrate <b>breaking bad news</b> , terminating resuscitation attempts, speaking to language line, documenting using EPCR and handing over patient care using <b>ASHICE/ATMISTER</b> . Students will also demonstrate use of a range of IT communications including <b>Tetra radio main sets/hand held</b> and <b>mobile data terminals (MDT) Blue Calls/Pre Alert Calls</b> . – Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?		Date: / /
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Student Signature:		Date: / /
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
When/Will: When will this plan be reviewed?		Date: / /
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Student Signature:		Date: / /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>2. Moving and Handling:</b> Students must demonstrate safe and appropriate moving and handling of patients using a range of techniques. Examples may include, assisted walking, transferring patients with specific equipment and lifting patients. To include but not limited to <b>ergonomics, risk assessment, TILE, use of carry chair, small handling aids, use of trolley and use of Manger-Elk inflatable cushion.</b> - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?		Date:        /        /
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>3. H&amp;S – Scene Safety:</b> The student will identify <b>scenes that present with safety issues</b> i.e. at RTC's, structural incidents, chemical incidents. They will learn to be aware of environmental factors that influence scene safety decisions including <b>de-fusing and resolving conflict</b> . - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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When/Will: When will this plan be reviewed?	Date:        /        /
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Student Signature:	Date:        /        /
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

**4. H&S – PPE:** This can be demonstrated by the appropriate use of personal protective equipment (**high visibility jacket or helmets, gloves, aprons, eye protection**) and awareness and actions to address actual, or potential on scene hazards such as, dogs, scene lighting or vehicle movement. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

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.
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:



## Record of Achievement for the Element of Practice: End of Year 1

<b>5. Infection protection control (cross-infection):</b> Students must demonstrate appropriate hygiene procedures such as the use of <b>protective gloves, routine hand washing</b> , disposable products and <b>using appropriate cleaning mediums</b> and methods for personal, <b>vehicle and equipment hygiene</b> . <b>Aseptic technique</b> will be applied when appropriate and possible with consideration for effective <b>sharps management</b> and some knowledge of <b>reporting HSE issues and RIDDOR</b> - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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Additional Comments -	
When/Will: When will this plan be reviewed?	Date:        /        /
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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: / /
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**6. Patient Safety:** This aspect covers health promotion for the patient. Students must recognise and address (where appropriate) adverse circumstances that impact on a patient's health. This might include identifying potential **trip or slip hazards in a patient's home** or appropriate access to **personal safety aids (walking frames or emergency alarms)** and lifestyle guidance. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
When/Will: When will this plan be reviewed?		Date:        /        /
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Student Signature:		Date:        /        /
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
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Student Signature:		Date: / /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>7. Patient involvement and wellbeing:</b> Students will practice legally and ethically and in a non-discriminatory manner maintaining <b>dignity</b> and <b>respect</b> to a wide range of service users. In doing this they will demonstrate they have a professional duty of care as they consider the patient, their carer's and family acting as an <b>advocate</b> when required. The student will involve other health care professionals appropriately to meet the patient's needs and will adhere to local Trust policies in relation to all aspects of patient involvement. - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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Additional Comments -	
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>8. Consent:</b> Students must obtain patient consent for all examinations and treatment and give coherent explanations to patients or advocate as required. They will understand <b>informed consent, written consent, verbal consent and implied consent</b> and will consider this in relation to acting in the patients <b>best interests</b> in an emergency. With this they will show an understanding of <b>DNA-CPR orders, advanced directives and living wills</b> . - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
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A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:



## Record of Achievement for the Element of Practice: End of Year 1

**9. Confidentiality:** Students must maintain patient confidentiality at all times providing **verbal information** to relevant persons in a suitable environment. Patient report forms (**PRFs/electronic**) and other patient documentation must be kept in an appropriate folder and not left on view. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**10. Capacity:** The student will understand and **assess the four components of capacity; understand the decision, retain the information, weigh up the information and communicate** the decision. They will apply this to practice with consideration to the Mental Capacity Act. They will consider in their decision making local Trust policies and best practice guidelines. This could include patients with **mental illness, dementia** and those under the **influence of alcohol or recreational drugs**. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**11. Patient Care Records: PRFs/ePRFs** and other patient documentation, **including management of clinical records and capacity forms** must be completed clearly and accurately in accordance with clinical performance indicators and other current guidance. This includes **NHS leave at home leaflets**, ECG tracings and Trust advice papers. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>12. Vulnerable Adults/Children:</b> Students must appropriately identify and manage patients who are vulnerable. This may not be limited to reporting but includes enquiry into and review of an individual's social needs such as, home help, meals on wheels or other specialist social or medical services. This may also include falls referrals and adults and children who are at risk in their current living environment. - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?		Date:        /        /
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Student Signature:		Date:        /        /
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:



## Record of Achievement for the Element of Practice: End of Year 1

<b>13. Monitoring, recording and interpreting observations (adults):</b> The student must demonstrate how to undertake all base line observations showing an understanding of what they mean in relation to the patient's presenting symptoms (and disease and illness processes). They will consider normal parameters these will include but not limited to; <b>respiratory rate, pulse rate, blood pressure, blood sugar readings, AVPU, GCS, temperature, pain score, pupil-response, capillary-refill, peak expiratory flow</b> (list not exhaustive). - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:	Date:	/ /
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Paramedic Educator (PEd) Name	PEd Signature:	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?		Date:        /        /
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**14. Monitoring, recording and interpreting observations (paediatrics):** The student must demonstrate how to undertake all base line observations showing an understanding of what they mean in relation to the patient's presenting symptoms (and disease and illness processes). They will consider normal parameters and will include but not limited to; **respiratory rate, pulse rate, blood pressure, blood sugar readings, AVPU, GCS, temperature, pain score, pupil-response, capillary-refill, peak expiratory flow** (list not exhaustive). - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
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Student Signature:	Date:      /      /
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**15a: 4 and 12 Lead ECG Analysis.** After gaining consent the student will demonstrate how to find **anatomical landmarks for ECG dot placement.** They will demonstrate how to use local trust equipment i.e. Zoll/Corpuls as they record both 4 and 12 lead ECG's. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?	Date:      /      /
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Student Signature:	Date:      /      /
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**15b: 4 and 12 Lead ECG Analysis.** The student will adopt a systematic approach to the **normal ECG** interpretation and analysis and may identify a range of life threatening cardiac disturbances i.e. **heart blocks, ACS including STEMI, arrhythmias**. Appropriate referral is undertaken. - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:



## Record of Achievement for the Element of Practice: End of Year 1

<b>16. History Taking (use of FE – adults and children):</b> Students must clearly demonstrate systematic approaches to obtaining a patient history using a range of suitable questions. This will include presenting complaint, history of presenting complaint, previous medical and surgical history, medications history (including allergies), family history and social history. The student will adopt OPQRSTA or SOCRATES to investigate pain. A functional enquiry will be used to investigate symptoms relating to specific systems. - Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

**17. History Taking – Mental health:** The student will adopt an approach to patients that present with acute or chronic mental health problems with due consideration to behaviour, verbal/non-verbal language and body language including eye contact. In obtaining a history clarification of the patient's wishes and intentions are important and sometimes difficult questions will need to be asked in order to provide the best patient care. Best practice and Trust guidelines will be followed. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

<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 = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

<b>18b. 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 a patient in a systematic manner ensuring scene safety, a global overview using a <b>CACBCDE approach for trauma patients</b> . Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:



## Record of Achievement for the Element of Practice: End of Year 1

<b>19. Time Critical Patients:</b> Students must demonstrate the appropriate management of patients presenting with a time critical condition and need not be limited to trauma_Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

**20. Respiratory System Examination and Management – Adults:** Students must be able to demonstrate a systematic approach to examining the respiratory system for a range of patient conditions and appropriately manage them. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

<b>21. Cardiovascular System Examination and Management – Adults:</b> Students must be able to demonstrate a systematic approach to examining the cardiovascular system for a range of patient conditions and appropriately manage them. Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
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Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

**22. Nervous System Examination and Management – Adults:** Students must be able to demonstrate a systematic approach to examining the neurological system (FAST) - Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:



## Record of Achievement for the Element of Practice: End of Year 1

**23: Gastrointestinal and Genitourinary System Examination and Management – Adults:** Students must be able to demonstrate a systematic approach to examining the gastrointestinal and genitourinary system for a range of patient conditions and appropriately manage them. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:

## Record of Achievement for the Element of Practice: End of Year 1

**24. Musculoskeletal Examination and Management – Adults:** Students must be able to demonstrate a systematic approach to examining musculoskeletal disorders for a range of patient conditions and appropriately manage them. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
When/Will: When will this plan be reviewed?		Date:        /        /
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**25. Obstetric and Gynaecological Presentations and Management:** Students must be able demonstrate a systematic approach to examining a range of obstetric and gynaecological presentations and appropriately manage them. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date:        /        /
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**26. System Examination and Management – Paediatrics:** Considering 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, Nervous, Gastrointestinal & Genitourinary and Musculoskeletal.**

\* **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.** Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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Additional Comments -	
When/Will: When will this plan be reviewed?	Date:      /      /
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?		Date:        /        /
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:



## Record of Achievement for the Element of Practice: End of Year 1

<b>27. Multiple Casualties:</b> Students must be able to demonstrate safe and appropriate assessment and management when there is more than one patient. This may include road traffic collisions or assaults when initially presented with more than one casualty. Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Additional Comments -		
When/Will: When will this plan be reviewed?		Date:        /        /
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>28. Recognition, assessment and management of cardiac arrest (all ages):</b> The student will learn how to lead, manage and work as a team when providing resuscitation for patients in cardiac arrest. They will have a sound understanding of the Resuscitation Council (UK) guidelines for resuscitation and they will integrate local Trust policies. Application of these guidelines to practice is essential as the student learns <b>BLS and Intermediate Life Support</b> for a range of patients that suffer a cardiac arrest including use of <b>manual defibrillation</b> . Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes) Knowledge <input type="checkbox"/> Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes) Knowledge <input type="checkbox"/> Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>	
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When/Will: When will this plan be reviewed?	Date:      /      /
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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## Record of Achievement for the Element of Practice: End of Year 1

<b>29. Basic Airway Management – Adults:</b> Students must demonstrate basic stepwise techniques in managing a patient airway and may include <b>head-tilt, chin lift, jaw thrust, C Spine Control, Oropharyngeal and Nasopharyngeal airways, suction and BVM.</b> Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
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Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
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Personal and Professional <input type="checkbox"/>	
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When/Will: When will this plan be reviewed?	Date:        /        /
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>30a. Advance Airway Management – Adult:</b> Students must demonstrate techniques in managing a patient airway and may include mechanical aspiration and appropriate adjuncts such as <b>I-Gel</b> and monitoring using <b>capnography</b> . Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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:



## Record of Achievement for the Element of Practice: End of Year 1

<b>30b. Advance Airway Management – Adult:</b> Students must demonstrate techniques in managing a patient airway and could include intubation (including assisted and larygocopy) needle cricothyroidotomy Tracheotomy care and needle chest thoracocentesis. Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>31. Patient Ventilation – Adult:</b> Students may demonstrate accurate ventilation using intermittent positive pressure ventilation (IPPV) using a bag valve mask and mechanical ventilator. This may include assisted ventilations or ventilating a patient with an advanced airway in situ. <u>Minimum standard = Assisted</u>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>
Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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)		
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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:

## Record of Achievement for the Element of Practice: End of Year 1

**32. Airway Management – Paediatrics:** Students must demonstrate stepwise techniques in managing a patient airway and may include but not exclusively: **head-tilt, chin lift, jaw thrust** or **postural techniques, oropharyngeal airway, aspiration & capnography suctioning, ventilation** using intermittent positive pressure ventilation (IPPV) **mechanical ventilator & BVM**. Minimum standard = Assisted

\* **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.**

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
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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 are the issues/problems? (Tick relevant boxes)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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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)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<p><b>33. Medicine Management – Adults:</b> Students must demonstrate <b>safe practice</b> in the appropriate drug selection and preparation for a range of emergencies. Students may draw up ‘paramedic’ drugs but <b>MUST NOT</b> 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 = Assisted</p> <p><b>* 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.</b></p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

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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.	
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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:



## Record of Achievement for the Element of Practice: End of Year 1

<p><b>34. Medicine Management – Paediatrics:</b> Students must demonstrate <b>safe practice</b> in the appropriate drug selection and preparation for a range of emergencies. Students may draw up ‘paramedic’ drugs but <b>MUST NOT</b> 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 = Assisted</p> <p><b>* 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.</b></p>	
<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:	Date:        /        /	
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Paramedic Educator (PEd) Name	PEd Signature:	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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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:

## Record of Achievement for the Element of Practice: End of Year 1

<b>35. Intramuscular Injection:</b> Students must demonstrate safe and accurate use of IM injections appropriate to the situation. This should include appropriate <b>site selection and aseptic technique</b> . Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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:

## Record of Achievement for the Element of Practice: End of Year 1

<b>36. Intravenous Cannulation:</b> Perform IV Cannulation. Students may demonstrate safe and accurate IV cannulation appropriate to the situation. This should include anatomical placement, selection of cannula and aseptic technique. Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
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Reality: What are the issues/problems? (Tick relevant boxes)	
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Options: How can the student achieve their goals? (Tick relevant boxes)	
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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.		
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**37. Intravenous Infusion:** Perform IV Infusion. Students must demonstrate safe and accurate preparation of IV infusion appropriate to the situation and in accordance with current Medical and Healthcare products Regulatory Agency (MHRA) regulations. This will include **priming giving set with correct fluid, attaching giving set to cannula/three-way tap, attaching three-way tap, securing IV line and running fluid according to best practice** Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Options: How can the student achieve their goals? (Tick relevant boxes)	
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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:      /      /
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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.		
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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)		
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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:



## Record of Achievement for the Element of Practice: End of Year 1

**38. Wound Care and Dressings:** Students must demonstrate the appropriate care of a range of wounds which may include **non-invasive burns care**. This will require an understanding of skin and the aging process including wound assessment. This should include a selection of **dressings, bandages** and the routine demonstration of aseptic techniques (this may include use of steri-strips and adhesive glue). Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**39. Cervical Spinal Care and Immobilisation:** Students must be able to demonstrate safe and accurate handling of patients with suspected cervical spine injury through mechanism of injury. This could include patient positioning, **manual immobilisation, collar use, Kendrick extrication device use, crash helmet removal, orthopaedic stretcher, rescue board, standard and rapid extrication.** Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Options: How can the student achieve their goals? (Tick relevant boxes)	
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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:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

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Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>40. Fractures including Splinting and Traction:</b> Students may demonstrate the correct application and use of splints, <b>traction, sager, box splints SAM splints (pelvic fractures)</b> , which may include associated straps ( <b>Frac straps</b> ) and triangular bandages appropriate to the situation. They will also demonstrate limb assessment including motor, sensory and circulatory compromise and appropriate pain management. Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

<b>41. Patient Transport and Positioning:</b> Students must demonstrate the appropriate removal of 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 understanding of all ambulance equipment and the importance of understanding disease and illness pathophysiology when supporting patients in the most appropriate position. Minimum standard = Assisted	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Formative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	
<b>Summative</b> Assessed level: Student..... Assessed level: PEd..... Date..... PEd Name..... PEd Sign.....	

Reality: What are the issues/problems? (Tick relevant boxes)	
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Personal and Professional <input type="checkbox"/>	
Options: How can the student achieve their goals? (Tick relevant boxes)	
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Personal and Professional <input type="checkbox"/>	
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Student Signature:	
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Paramedic Educator (PEd) Name	PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:



## Record of Achievement for the Element of Practice: End of Year 1

**42. Clinical Decision Making – Including Local Trust Pathways:** The student will demonstrate sound clinical decision making. Early decisions will be made for time-critical patients including **STEMI, Stroke, TIA, Sepsis, AAA, Trauma, NOF and safety netting**. The student will consider all options for non-time-critical patients with a thorough understanding of alternative care pathways and ‘safety-netting’. Their decisions will be patient focussed and may include consultation with other HCP’s. All Trust pathways will be adhered to. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Reality: What are the issues/problems? (Tick relevant boxes)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**43. Treatment Centre/Destination:** Students must identify the correct destination of patients across a range of emergency and urgent situations. This might include heart attack, stroke and trauma centres or other alternative pathways (also refer to element 46. Clinical Decision Making – Including local Trust Pathways). Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Paramedic Educator (PEd) Name		PEd Signature:

Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**44. Patient Handover:** Students must demonstrate an accurate **clinical handover** in a systematic manner. This includes other appropriate ambulance colleagues, medical staff and healthcare workers involved in **physical patient handover**. Consider **ASHICE** and **ATMISTER** as appropriate. This may also include pre-alerting time critical patients by radio or telephone whilst in transit with the patient direct to the receiving hospital. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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Reality: What are the issues/problems? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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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 <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Paramedic Educator (PEd) Name		PEd Signature:

## Record of Achievement for the Element of Practice: End of Year 1

**45. Maintain Fitness to Practice:** It is the student's responsibility to act accordingly and as expected by the HCPC. You will remain professional, practice safely and maintain high standards of personal conduct. Not only will you work hard at developing your knowledge and skills you will also maintain your own personal health. You will develop your own practice so that you may respond to a wide range of individuals, groups and communities with an understanding of the theory and principles of paramedic practice. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
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When/Will: When will this plan be reviewed?	Date:      /      /
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A copy of this has been sent to the Link Lecturer/Course Leader	
Paramedic Educator (PEd) Name	PEd Signature:

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Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
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Student Signature:		Date:        /        /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:



## Record of Achievement for the Element of Practice: End of Year 1

**46. Multidisciplinary Working and Collaboration:** As a student paramedic you will understand 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 specialists in their field. You will have an understanding of individual scopes of practice and work collaboratively in the best interest of patient care. Minimum standard = Assisted

<p style="text-align: center;"><b>Formative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	
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<p style="text-align: center;"><b>Summative</b></p> <p>Assessed level: Student.....</p> <p>Assessed level: PEd.....</p> <p>Date.....</p> <p>PEd Name.....</p> <p>PEd Sign.....</p>	

Reality: What are the issues/problems? (Tick relevant boxes)	
Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/> Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)	
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Paramedic Educator (PEd) Name	PEd Signature:

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Knowledge <input type="checkbox"/>	Practical <input type="checkbox"/>	Personal and Professional <input type="checkbox"/>
Options: How can the student achieve their goals? (Tick relevant boxes)		
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Options: How can the student achieve their goals? (Tick relevant boxes)		
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Student Signature:		Date: / /
A copy of this has been sent to the Link Lecturer/Course Leader		
Paramedic Educator (PEd) Name		PEd Signature:

## **Additional Notes on Practice Elements**

## Placement Information Sheet YEAR 1 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 (MUST have Simulation Record and PAD for ALL meetings)**

**First Meeting Comments (agree an action plan)**

**Simulation Record seen – Y/N**

**Mid-Way Meeting Comments (review any development plans and discuss concerns – Link lecturer skype tutorial if required)**

**Simulation Record seen – Y/N**

**Final Meeting (summarise placement, discuss summative assessment of practice elements)**

**Simulation Record seen – Y/N**

**PEd Name:**

**PEd Signature:**

**Date:**

**Student Name:**

**Student Signature:**

**Date:**

# 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 Study: Paramedic Science	Site:
Full Placement Name(including Trust title):		
Placement Type:		

Date started placement:		
Date ended placement:		
Number of nights (from weekly record overleaf) worked in this placement:		
Please List All Dates of Sickness/Absence/Special Leave (from weekly record overleaf) :		
Number of individual absence events:		
A. Hours of absence due to sickness(from weekly record overleaf):		
B. Hours of unscheduled absence for other reasons(from weekly record overleaf) :		
Total hours missed: (=A+B)		
Total Hours Worked		
<b>Signature of Mentor:</b>	Printed name:	Date:
Or Associate Mentor	Printed name:	Date:

NB: By signing the record of absence you are confirming this is an accurate record. Audits of this form will take place.

Student Signature:	Date:
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**PRACTICE PLACEMENT ATTENDANCE RECORD**

MONTH..... YEAR.....

TRUST / SITE.....INTAKE.....

Date	Hours		Hours Total	Sickness S	Absence A	A/L	Signature (Supervisor / Mentor) Each shift must be signed	Print Name (Supervisor/Mentor)	Main Mentor Please indicate below the actual number of hours per shift that you have observed or worked directly with the student in practice.
	From	To							
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
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(12) Total number of hours worked by student this month

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<b>Total Hours For This Month</b>	<b>Practice Team Only</b>
	(Shortage of hours this month)



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# University of Suffolk

Department of Health Sciences – Paramedic Science

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Total Hours Worked		
<b>Signature of Mentor:</b>	Printed name:	Date:
Or Associate Mentor	Printed name:	Date:

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Student Signature:	Date:
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	(Shortage 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

<b>Conduct, Performance and Ethics:</b> 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.	<b>Always acts in the best interests of the service user</b> <ul style="list-style-type: none"> <li>- respects a person’s right to be treated by a professional and not a student</li> <li>- treats everyone equally</li> <li>- does not do anything that might endanger others</li> <li>- speaks to placement provider and UCS if concerned about something that may put someone at risk</li> </ul>		
<b>Comment:</b>			

2.	<b>Respects the confidentiality of the service user</b> <ul style="list-style-type: none"> <li>- keeps information about service users confidential unless this puts someone at risk (follows local policies and guidelines)</li> <li>- removes all identifying information about service users from anything used in academic assessment material (follows UCS policies and guidelines)</li> </ul>		
<b>Comment:</b>			
3.	<b>Keeps high standards of personal conduct.</b> <ul style="list-style-type: none"> <li>- is aware that conduct outside of the programme may affect completion of programme or registration with HCPC</li> <li>- is polite with service users, colleagues, practice placement teams and programme team</li> <li>- personal appearance is appropriate for placement environment</li> <li>- follows the UCS and placement provider's policy on attendance</li> </ul>		
<b>Comment:</b>			
4.	<b>Provides any information about own conduct, competence or health to UCS and PEd/Supervising Clinician.</b> <ul style="list-style-type: none"> <li>- ensures the UCS and placement provider are aware of existing health conditions or changes to health which may put service users/yourself at risk</li> <li>- informs the UCS if convicted of, or cautioned for, any offence whilst on the programme</li> </ul>		
<b>Comment:</b>			
5.	<b>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</b> <ul style="list-style-type: none"> <li>- seeks help from a doctor or occupational health professional when worried about health</li> </ul>		
<b>Comment:</b>			

6.	<b>Keeps professional knowledge and skills up to date</b> <ul style="list-style-type: none"> <li>- is responsible for own learning</li> <li>- thinks about and responds positively to feedback given</li> </ul>		
<b>Comment:</b>			
7.	<b>Acts within the limits of their knowledge and skills</b> <ul style="list-style-type: none"> <li>- Only carries out an unsupervised task if they feel they have the appropriate knowledge and skills</li> <li>- Ensures they have appropriate supervision for any task that they are asked to carry out</li> <li>- Asks for help when they need it</li> <li>- Does not claim to have knowledge or skills which they do not – is aware this could put service users, themselves and colleagues at risk</li> </ul>		
<b>Comment:</b>			
8.	<b>Communicates effectively and respectfully with service users, UCS and placement providers</b> <ul style="list-style-type: none"> <li>- communicates effectively, respectfully and cooperates with colleagues to benefit service users</li> <li>- communicates effectively, respectfully and cooperates with programme team and placement team</li> <li>- where appropriate shares knowledge with colleagues</li> <li>- recognises and values contributions by others</li> </ul>		
<b>Comment:</b>			

9.	<b>Gets valid consent to provide care or services (<i>as far as possible</i>)</b> <ul style="list-style-type: none"> <li>- <b>Makes sure service user are aware they are student before carrying out any intervention</b></li> <li>- <b>Makes sure the service user has given their permission for the intervention to be carried out by a student</b></li> <li>- <b>Explains the intervention they plan to carry out, including any risks associated with it</b></li> <li>- <b>Follows UCS or placement providers policy on consent</b></li> </ul>		
<b>Comment:</b>			
10.	<b>Keeps accurate records on service users</b> <ul style="list-style-type: none"> <li>- <b>Makes sure any information put into someone's record is clear and accurate</b></li> <li>- <b>Protects information in records from being lost, damaged, accessed without permission or tampered with</b></li> </ul>		
<b>Comment:</b>			
11.	<b>Deals fairly and safely with the risks of infection</b> <ul style="list-style-type: none"> <li>- <b>Takes all appropriate steps to deal with risks of infection</b></li> <li>- <b>Follows UCS or placement provider's policy on managing risks of infection</b></li> </ul>		
<b>Comment:</b>			
12.	<b>Behaves honestly</b> <ul style="list-style-type: none"> <li>- <b>Does not pass off other people's work as their own</b></li> <li>- <b>Fills in documents truthfully and accurately</b></li> <li>- <b>Does not let any improper financial reward influence the advice or services recommended</b></li> <li>- <b>Follows the UCS policies on ethics when carrying out research</b></li> </ul>		
<b>Comment:</b>			

13.	<b>Makes sure their behaviour does not damage public confidence in the profession</b> - Does not do anything which might affect the trust that the public has in the profession		
<b>Comment:</b>			
<b>Total</b>			

**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

<b>PEd/Clinician Name (Optional):</b>	<b>Link Lecturer:</b>
<b>Trust / employing organisation:</b>	<b>Name of Practice Learning area</b>
<b>Student cohort:</b>	<b>Date:</b>

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>N/A</b>
<b>1.I had adequate preparation to fulfil my role as PEd</b>					
<b>2.The students appeared prepared for the placement</b>					
<b>3. Students are able to access me 40% of the time</b>					
<b>4. I was able to contact the link lecturer for support if needed.</b>					
<b>5.I understand how to complete the assessment document (s)</b>					

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

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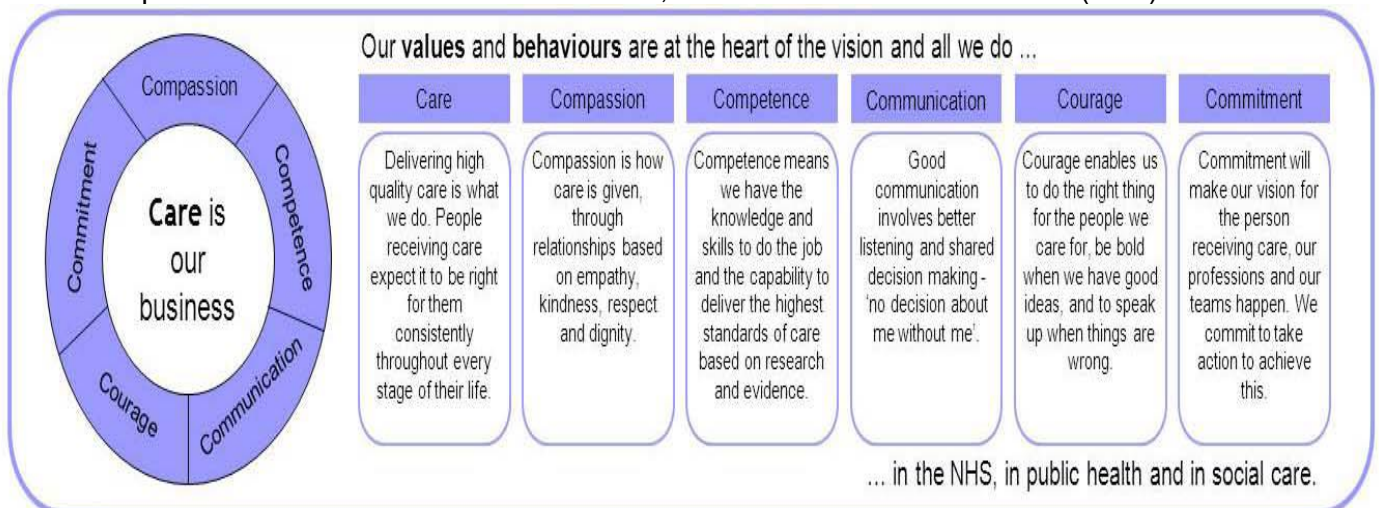
University of Suffolk is committed to the principles and values of the NHS Constitution (DH, 2013). This details the following behaviours and values as those that patients and staff believe to be at the heart of our NHS:

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: <[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)>. [Accessed 04 March 2014].

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

Department of Health, 2012. *Compassion in practice. Nursing, midwifery and care staff our vision and strategy*. [online] Available at: <<http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>> [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 **one 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.

<b>CARE</b>	<b>PEd</b>	<b>PEd</b>
<b>Please choose one statement below</b>	Please sign in <b>one</b> of the boxes below to indicate your choice of statement for this value	<b>Reasons / evidence for choosing this statement</b>
(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.		
<b>COMPASSION</b>	<b>PEd</b>	<b>PEd</b>
<b>Please choose one statement below</b>	Please sign in <b>one</b> of the boxes below to indicate your choice of statement for this value	<b>Reasons / evidence for choosing this statement</b>
(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.		
<b>COMPETENCE</b>	<b>PEd</b>	<b>PEd</b>
<b>Please choose one statement below</b>	Please sign in <b>one</b> of the boxes below to indicate your choice of statement for this value	<b>Reasons / evidence for choosing this statement</b>
(F) 1 Level of care is unsafe.		
(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)



(F) Indicates a fail (P) Indicates a pass.

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

<p style="text-align: center;"><b>COMMUNICATION</b></p> <p style="text-align: center;"><b>Please choose one statement below</b></p>	<p style="text-align: center;"><b>PEd</b></p> <p style="text-align: center;">Please sign in <b>one</b> of the boxes below to indicate your choice of statement for this value</p>	<p style="text-align: center;"><b>PEd</b></p> <p style="text-align: center;"><b>Reasons / evidence for choosing this statement</b></p>
(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.		
<p style="text-align: center;"><b>COURAGE</b></p> <p style="text-align: center;"><b>Please choose one statement below</b></p>	<p style="text-align: center;"><b>PEd</b></p> <p style="text-align: center;">Please sign in <b>one</b> of the boxes below to indicate your choice of statement for this value</p>	<p style="text-align: center;"><b>PEd</b></p> <p style="text-align: center;"><b>Reasons / evidence for choosing this statement</b></p>
(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.		
<p style="text-align: center;"><b>COMMITMENT</b></p> <p style="text-align: center;"><b>Please choose one statement below</b></p>	<p style="text-align: center;"><b>PEd</b></p> <p style="text-align: center;">Please sign in <b>one</b> of the boxes below to indicate your choice of statement for this value</p>	<p style="text-align: center;"><b>PEd</b></p> <p style="text-align: center;"><b>Reasons / evidence for choosing this statement</b></p>
(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

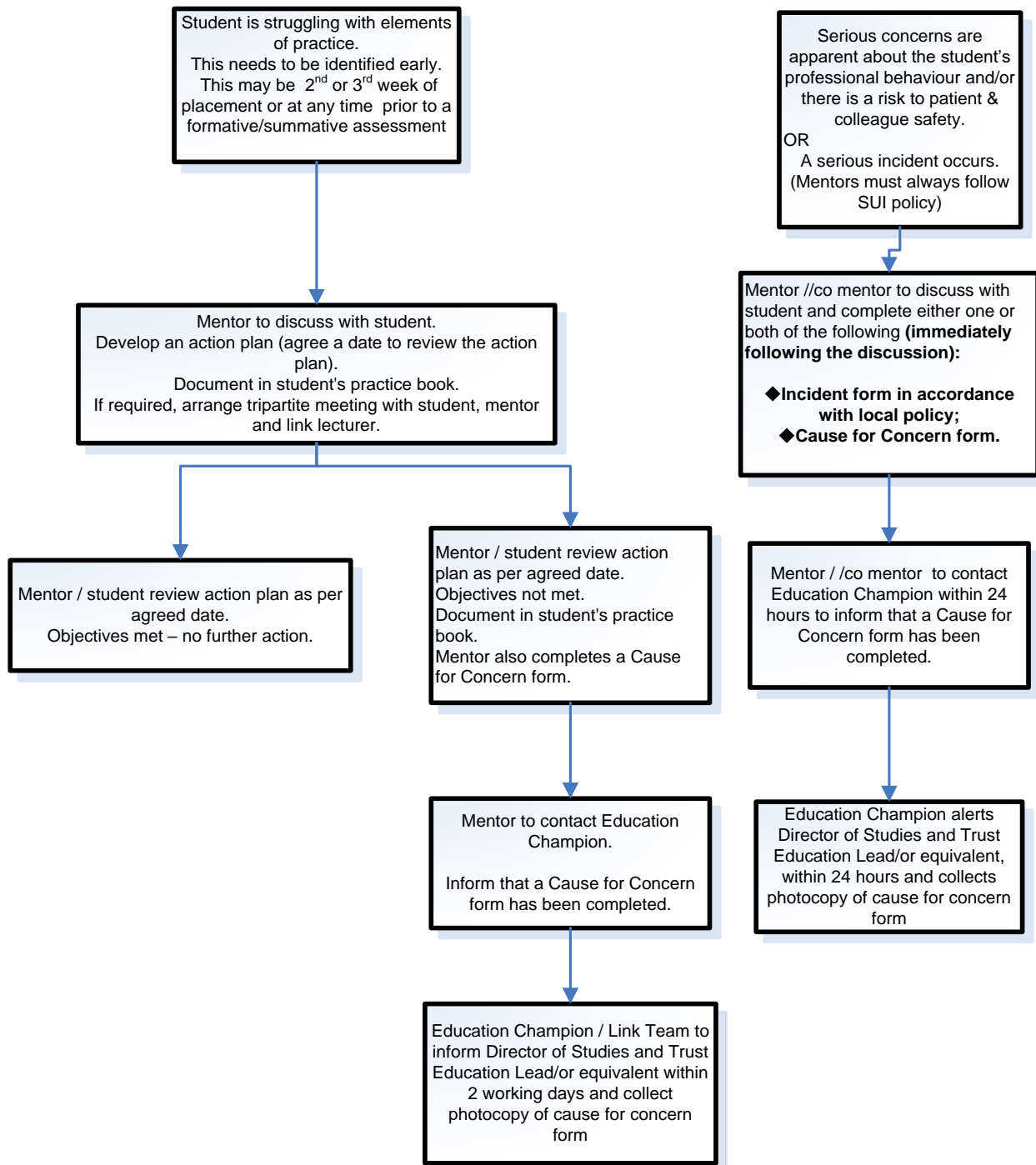
Statements revised in collaboration with service users and PEds (Sept 2012) amended to reflect 6C's ( March 2013)

**Paramedic Educator :**

**Signature:**

**Date:**

## Cause for Concern (CFC)



**Cause for Concern**

This may cover – conduct / behaviour / clinical performance / attitude

<p><b>Contact made by:</b></p> <p>Name: _____</p> <p>Position: _____</p> <p>Tel: _____</p> <p>E-mail: _____</p>	<p><b>Date:</b> _____</p> <p>Name of Placement Provider/Trust: _____</p> <p>_____</p> <p>Clinical Area: _____</p>
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<p><b>Mentor Details (if different to above)</b></p> <p>Name: _____</p> <p>Tel: _____</p>	<p><b>Student Details:</b></p> <p>Name: _____</p> <p>Cohort: _____ Course: _____</p>
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**Cause for Concern Summary:** (This form **MUST** be submitted with supportive evidence i.e. copy of student formative/summative feedback on their poor performance)

**Actions Taken to date:** (This form **MUST** be submitted with examples of actions taken. Unless it is a SUI there is an expectation the student has received verbal/written feedback on performance /Action plan/discussion with Mentor/ Education champion/Evidence of mentor working together)

**MENTOR: on completion please contact the following:**

<b>Education Champion Name:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Ward Manager/Team Leader Name:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Trust/Organisation Education Lead/or equivalent Name:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>

**EDUCATION CHAMPION: On receiving this form please contact the following:**  
 (If the concern is related to sickness/absence this form should be given to the Course Leader for investigation. If necessary, following investigation, the Director of Studies and Course Group Leader should be provided with this detail )

<b>Course Leader Name:</b> (for sickness/absence)	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Link Team Member Name:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Trust/Organisation Education Lead:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Personal Tutor Name:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Course Group Leader</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>
<b>Director of Studies Name:</b>	<b>Contacted:</b> YES/NO	<b>Method of Contact:</b>	<b>Date:</b>

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 returned.**

## **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 (PEd):**

**Course/Intake:**

**Name of Education Champion**

**Dates of Experience:**

**From:**

**To:**

**Instructions for Student**

Please complete this questionnaire towards the end of your clinical placement. Your PEd will be completing a 'mirror image' questionnaire.

Please complete each statement by ticking the boxes either Yes or No and comment.  
IF YOU TICK NO, PLEASE STATE THE REASON

Thank you for completing this questionnaire. Please leave this in the Practice Assessment Document

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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?

Yes

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.

.....  
.....  
.....

Q9. What were the 3 best aspects about this clinical practice experience?

.....  
.....  
.....

Q10. On reflection, what could you have done to improve your clinical learning experience?

.....  
.....  
.....

Thank you for completing this questionnaire



**UNIVERSITY of SUFFOLK**  
**BSc (Hons) Paramedic Practice**

**PAD Feedback Sheet**

Level:

Student Number:

Date:

Marker:

<b>PEd Declaration</b>	<b>Yes or No</b>
<b>Mandatory Training</b>	<b>Yes or No</b>
<b>All Element Assessed</b>	<b>Yes or No</b>
<b>Placement Interviews</b>	<b>Yes or No</b>
<b>Placement Hours</b>	<b>Yes or No</b>
<b>End of Placement Review</b>	<b>Yes or No</b>
<b>Assessment of Paramedic Attributes</b>	<b>Yes or No</b>
<b>Skills Profile</b>	<b>Yes or No</b>
<b>Student Evaluation</b>	<b>Yes or No</b>
<b>PAD Presentation</b>	

**Feedback**

**Pass or Fail**

**External Examiner:**

Comments:

**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**

<b>Date of Tutorial</b>	<b>Name &amp; Signature of Lecturer</b>	<b>Reason for Tutorial</b>	<b>Date for review (if required)</b>

## 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 *at risk of* 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 *unlikely* 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 – [L.marshall3@uos.ac.uk](mailto:L.marshall3@uos.ac.uk)  
Mob - 07772076445

**Gareth Partington** - Email [g.partington@uos.ac.uk](mailto:g.partington@uos.ac.uk)

**Bethany Weeks** - Email – [B.weeks2@uos.ac.uk](mailto:B.weeks2@uos.ac.uk)

**Sebastian Clover** - Email – [S.clover@uos.ac.uk](mailto:S.clover@uos.ac.uk)

**Craig Hosking, Clinical Instructor** – Email – [C.hosking@uos.ac.uk](mailto:C.hosking@uos.ac.uk)

