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PLEASE READ: Student Handbook – All Pre-Registration Nursing, Midwifery, ODP and Paramedic Programmes Sections 1-4 (ALSO ON BLACKBOARD) BEFORE THIS PROGRAMME SPECIFIC HANDBOOK.

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Dear Student

I am delighted to welcome you to the BSc. (Hons) Paramedic Science Programme at UEA. I hope that your studies with us over the next three years will be both fulfilling and rewarding.

This BSc. Paramedic Science programme is a collaborative initiative between the School of Health Sciences, Faculty of Medicine and Health Sciences at The University of East Anglia, the East of England Ambulance Service NHS Trust (EEAST) and Health Education East of England (HEEoE). This partnership, together with other health care Trusts and organisations across Norfolk and Suffolk has been developed to ensure that your programme will offer you the scope to develop appropriate knowledge and skills as well as professional values.

The programme has been validated by the Health and Care Professions Council (HCPC) and is endorsed by the College of Paramedics and hails a new era for those who are entering the paramedic workforce in this region. It is currently a challenging and exciting time in health services, but particularly so for those who are entering emergency unscheduled and out of hospital care. This programme will provide you with a sound basis from which to develop your career as a paramedic.

According to the College of Paramedics a paramedic “is an autonomous practitioner who has the knowledge, skills and clinical expertise to assess, treat, diagnose, supply and administer medicines, manage, discharge and refer patients in a range of urgent, emergency, critical or out of hospital settings.” Effective practice requires the recognition and understanding of the clinical, social and economic context of patients in assessing, planning, delivering and evaluating their care. This can only be achieved through the effective application of interpersonal skills.

It is clear that Paramedics need to be able to deal with a complex range of problems. This programme will prepare you to meet the challenges faced by the emergency services, and the changing context of health care. The future of the profession is evolving, changing and pioneering and we hope that you are as excited as we are about this programme and the possibilities for the future of the Paramedic workforce.

You are at the threshold of an interesting new chapter in your career, this is an exciting time for you and we are looking forward to taking your first steps into your new profession with you.

Yours sincerely,

Lawrence Hill
Course Director BSc. (hons) Paramedic Science
Professional Lead for Paramedic Science
### 5.1 Course Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrence Hill</td>
<td>Course Director</td>
<td><a href="mailto:Lawrence.P.Hill@uea.ac.uk">Lawrence.P.Hill@uea.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>Professional Lead</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lecturer</td>
<td>01603 597104</td>
</tr>
<tr>
<td>Juliet Harrison</td>
<td>IPL Lead</td>
<td><a href="mailto:Juliet.Harrison@uea.ac.uk">Juliet.Harrison@uea.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>Admissions Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lecturer</td>
<td>01603 597140</td>
</tr>
<tr>
<td>Rosie Doy</td>
<td>Reader</td>
<td><a href="mailto:R.Doy@uea.ac.uk">R.Doy@uea.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01603 597124</td>
</tr>
<tr>
<td>Emma Parker</td>
<td>Senior Lecturer</td>
<td><a href="mailto:E.Parker@uea.ac.uk">E.Parker@uea.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01603 91251</td>
</tr>
<tr>
<td>David Shepherd</td>
<td>Lecturer</td>
<td><a href="mailto:David.Shepherd@uea.ac.uk">David.Shepherd@uea.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01603 597066</td>
</tr>
</tbody>
</table>
5.2 Programme Aims

Aims give you a broad indication of what is expected of you. Learning Outcomes tell you precisely what you must be able to do in order to successfully complete each module. (These are included in 6.0 Module Descriptor).

The programme aims and learning outcomes have been developed and adapted from the HCPC Standards of Proficiency for Paramedics (2012), QAA benchmark statement for Paramedic Science (2004), the College of Paramedic Curriculum Guidance (2013) and the Paramedic Evidence Based Education Project (Bucks New University/College of Paramedics, 2013).

Your programme aims to produce graduates who:

- Are eligible to apply for registration with the HCPC
- Are safe and effective practitioners, able to support their clinical decision-making with appropriate evidence
- Demonstrate professionalism, respect for others and person-centred approach to practice
- Have developed the attributes and behaviours of a reflective and reflexive practitioner
- Are self-aware, show compassion, cultural awareness and inclusive practice
- Are effective communicators
- Are self-motivated, resilient and adaptable within complex and changing environments
- Are committed to lifelong learning and continuous personal and professional development
- Are equipped with the skills to appraise and evaluate evidence to support their practice
- Have developed their leadership and service improvement capabilities
- Work effectively within inter-professional and interagency teams
- Are able to exercise appropriate accountability, to challenge and advocate for best practice and patient outcomes.
5.3 Learning Outcomes

By the end of this programme, you will be able to:

Knowledge, understanding and intellectual development:

• Demonstrate a comprehensive knowledge and application of key theoretical, anatomical, physiological, social, psychological, pharmacological and clinical sciences to paramedic practice
• Demonstrate in-depth appreciation of the determinants of health, illness, healthcare and health promotion and their role in paramedic practice
• Demonstrate critical appreciation of person-centred care and its application to care of people with dementia, mental health difficulties, learning disabilities & autism, long-term conditions and multiple co-morbidities, older people with frailty and palliative/end of life care
• Demonstrate critical appreciation and application of interpersonal communication skills and theory underpinning effective interaction with patients, carers, colleagues and other health and social care professionals
• Demonstrate in-depth knowledge and application of teaching and learning theories to paramedic practice and to continuing personal and professional development
• Demonstrate in-depth knowledge of audit, evidence-based practice, clinical effectiveness processes and research methodologies as applied to the provision of effective paramedic practice
• Demonstrate critical appreciation of health and social care policy and the changing nature of organisational settings and professional roles
• Apply the principles of cultural competence, anti-discriminatory and inclusion to practice
• Provide a robust rationale for a range of interventions for patients with emergency, urgent, non-urgent and complex conditions
• Develop your own practice and that of others to support and enhance the patient experience through application of leadership, education/teaching, supervision and peer support across diverse networks.

Cognitive Skills:

• Demonstrate expertise in critical thinking evidenced by: reasoning, analysis & synthesis, reflection and reflexivity
• Demonstrate ability to critically reflect on their learning and analyse implications for professional practice
• Seek, appraise, evaluate and apply current evidence to support their clinical reasoning and decision-making, problem-solving and solution finding
• Demonstrate appraisal, analysis and review of varied sources of evidence/research both quantitative and qualitative
• Apply reasoning skills to support clinical decision-making
• Demonstrate reflective and reflexive practice, modifying practice as appropriate
• Demonstrate ability to construct a coherent argument supported by analysing data from comparable and contrasting sources
• Use problem-solving skills to consider complex clinical decision making in unpredictable and changing clinical situations
• Undertake self-directed learning to develop own knowledge base to underpin personal and professional development.

Subject Specific Practical Skills:
• Safely and independently undertake full assessment and clinical examination of patients and undertake treatment, management and appropriate referrals for patients with a range of emergency, urgent and sub-acute presentations
• Demonstrate safe and holistic evidence-based care
• Use effective decision-making skills to promote the wellbeing of the patient/client and to refer on where appropriate with reference to relevant guidelines
• Demonstrate insight in relation to own scope of practice and limitations of competence
• Support patient well-being through appropriate patient education and health promotion
• Conduct sensitive, professional and ethical paramedic practice within limits of scope of own competence
• Formulate, plan, implement, document, monitor and evaluate care actions in partnership with health/social care professionals and where appropriate with patients, carers and significant others
• Work collaboratively with the multi-professional team
• Prioritise care actions in response to changing patient and environmental needs
• Carry out effective risk assessment and management.

Key Skills and Attributes:
• Demonstrate effective use of IT
• Demonstrate numeracy including drug calculations
• Demonstrate effective information management including documentation and record keeping
• Demonstrate appropriate prioritisation, time management and self-management of own workload
• Demonstrate self-awareness and sensitivity including cultural awareness and competence
• Develop ability to meet own learning needs using appropriate study skills
• Undertake effective oral and written presentations
• Be adaptable and flexible in changing situations
• Show awareness of appropriate boundaries
• Show consistent self-motivation
- Carry out critical reflection and reflexivity in practice
- Become an effective role model
- Evidence effective team work
- Demonstrate initiative and enterprise
- Demonstrate insightful, sensitive and compassionate practice
- Implement effective interpersonal communication (emotional intelligence)
- Implement lifelong learning and ability to learn from experience
- Show moral courage and integrity
- Show organization and self-management
- Implement professional and ethical values and behaviours
- Show resilience when responding to unpredictable/challenging situations.

You are helped to achieve these aims and outcomes through the use of module outcomes, which will direct and influence the content and assessment strategy of each module.
5.4 Curriculum Philosophy and Structure

The programme is constructed as a spiral curriculum (Bruner, 1960) - so we revisit ideas/skills/attributes to extend and deepen learning until you have gained an in depth understanding of their complexity. For example: clinical assessment, reasoning and decision-making will be explored in Year 1 focusing on time critical emergency presentations, in Year 2 clinical assessment and decision-making will focus on critical care and more complex decision-making and in Year 3 you will develop skills to enable you to make decisions where there is a high level of uncertainty and prepare you for greater independence as a practitioner.

The programme will be more structured and directed at the outset and in practice will utilise Grow’s Stages of Development of Learning Autonomy (1991) facilitating your development as a student by providing you with lots of support and direction early on, gradually enabling you to increase your confidence and self-direction:

<table>
<thead>
<tr>
<th>LOW SUPPORT</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW DIRECTION</td>
<td>LOW</td>
<td>HIGH</td>
<td>LOW</td>
</tr>
</tbody>
</table>

Study skills, experiential exercises and reflection, structure and problem-solving skills (introduced early in module 1) will help to provide the necessary structure, confidence and scaffolding to enable your learning at an appropriate pace.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Student</th>
<th>Role of Tutor/Trainer</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dependent</td>
<td>Authority, Coach</td>
<td>Coaching/training/drills and skills with immediate feedback; lectures (establishes the ‘coat pegs’ on which to hang later learning)</td>
</tr>
<tr>
<td>2</td>
<td>Interested</td>
<td>Motivator, Guide</td>
<td>Inspiring lecture, guided learning and discussion</td>
</tr>
<tr>
<td>3</td>
<td>Involved</td>
<td>Facilitator</td>
<td>Enquiry-based learning, group work and group projects and problem-solving</td>
</tr>
<tr>
<td>4</td>
<td>Self-Directed</td>
<td>Consultant, Delegator</td>
<td>Individual projects (Service Improvement) and self-initiated study and exploration, teaching others</td>
</tr>
</tbody>
</table>


Themes will progress across the years of the programme:

- Clinical skills, clinical reasoning and decision-making and application to practice
- Evidence-based practice, research, service improvement, clinical effectiveness
- Self-awareness, communication and interpersonal skills
- Person-centered practice
- Physiology / pharmacology / pathophysiology and behavioural sciences
- Leadership
- Understanding of services through to leadership and education to improve/innovate and develop services.

Assessments such as portfolios, practice assessment and OSCEs will support an integrated approach to learning – the key purpose of the 12 week ‘Integrating Period’ at the end of each of the 3 years will be to support coherence and consolidation of learning.

In the practice assessment the development of clinical skills and professional attributes will be explored, observed and assessed formatively and summatively throughout the programme. Reflective exercise and assessments will help students to recognise their progression and development during the programme.
5.5 Enquiry Based Learning (EBL)

We value the experiences you bring from your life, and we will use these experiences to help solve problems and to help you work as a member of a group. The trigger material is presented to you before learning takes places and supported by lectures, online resources, facilitated tutorials and independent and group exploration. Clinical assessments and diagnoses are developed and action/care plans are put together during the EBL process. You will develop your skills in analysing and problem-solving during this process. EBL will be a particular feature of the Psychosocial Aspects of Healthcare (Year 1), Current Issues in Paramedic Practice (Year 2) and Clinical Assessment, Examination & Decision Making Skills (Primary/Urgent Care) (Year 3) modules.

<table>
<thead>
<tr>
<th>STEPS IN THE TUTORIAL PROCESS OF ENQUITY-BASED LEARNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clarify unfamiliar terms and concepts</td>
</tr>
<tr>
<td>2. Define the problem(s)</td>
</tr>
<tr>
<td>3. Identify possible hypotheses or explanations</td>
</tr>
<tr>
<td>4. Make a systematic inventory of connections and categories</td>
</tr>
<tr>
<td>5. Arrange explanations into a tentative solution</td>
</tr>
<tr>
<td>6. Formulate learning objectives</td>
</tr>
<tr>
<td>7. Agree how group and members will conduct enquiry and presentation of findings</td>
</tr>
<tr>
<td>8. Gather information resources and undertake private study</td>
</tr>
<tr>
<td>9. Share the results of information gathering and private study</td>
</tr>
<tr>
<td>10. Scrutinise evidence</td>
</tr>
<tr>
<td>11. Formulate clinical judgements</td>
</tr>
<tr>
<td>12. Develop action plan</td>
</tr>
<tr>
<td>13. Evaluate learning and group process</td>
</tr>
</tbody>
</table>

(Adapted from David D et al: 1999: Problem-based learning in Medicine, London: Royal Society of Medicine, Chapter 5).
### 5.6 PROGRAMME OUTLINE

<table>
<thead>
<tr>
<th>Year 1 Semester 1</th>
<th>Semester 2</th>
<th>Integrating Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>September - December</td>
<td>January – April</td>
<td>May - July</td>
</tr>
<tr>
<td></td>
<td><em>Includes Easter Vacation</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Year 2 Semester 1</strong></td>
<td><strong>Semester 2</strong></td>
</tr>
<tr>
<td>August - November</td>
<td>November - February</td>
<td>February – July</td>
</tr>
<tr>
<td></td>
<td><em>Includes Christmas Vacation</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Year 3 Semester 1</strong></td>
<td><strong>Semester 2</strong></td>
</tr>
<tr>
<td>September - December</td>
<td>January - March</td>
<td>March – June</td>
</tr>
<tr>
<td></td>
<td><em>Includes Easter Vacation</em></td>
<td></td>
</tr>
</tbody>
</table>

#### YEAR ONE, LEVEL FOUR

<table>
<thead>
<tr>
<th>Semester</th>
<th>Module Title</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 and 2</td>
<td>Foundations of Paramedic Practice (includes practice-based learning 1) (FPP):</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Physical Sciences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Life Sciences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Sciences(1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical assessment and decision making (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacology (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Skills (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Practice (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inter-professional Learning</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Communication and Personal Development (CPD)</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Psychosocial Aspects of Out of Hospital Care (PAP)</td>
<td>20</td>
</tr>
<tr>
<td>2/IP</td>
<td>Evidence-based Practice (1)</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Practice-based Learning 2 (PBL 2)</td>
<td>20</td>
</tr>
</tbody>
</table>

#### YEAR TWO, LEVEL FIVE

<table>
<thead>
<tr>
<th>Semester</th>
<th>Module Title</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Long</td>
<td>Developing Paramedic Practice (includes Practice-based Learning 4) (DPP):</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Biological Sciences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pathophysiology (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical assessment and decision making (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacology (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Skills (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Practice (2)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Current issues in Paramedic and Out of Hospital Practice (CiPP)</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Evidence-based Practice 2 (EBP 2)</td>
<td>20</td>
</tr>
<tr>
<td>2/IP</td>
<td>Practice-based Learning 3 (with Critical Care) (PBL3)</td>
<td>20</td>
</tr>
</tbody>
</table>
YEAR THREE, LEVEL SIX

<table>
<thead>
<tr>
<th>Semester</th>
<th>Module Title</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>Clinical Assessment, Examination &amp; Decision Making Skills (Primary/Urgent Care) (CAEDS) including Practice-based Learning 5</td>
<td>40</td>
</tr>
<tr>
<td>1</td>
<td>Studies outside Paramedic Practice (SoPP) – Defined Choice- range TBA (will include a non-assessed elective experience during semester 1)</td>
<td>20</td>
</tr>
<tr>
<td>1 &amp; 2</td>
<td>Service Improvement Project (SIP)</td>
<td>40</td>
</tr>
<tr>
<td>IP</td>
<td>Leadership, Practice Education, Teamwork and Transition into Paramedic Practice (includes Practice-based Learning 6) (LPT)</td>
<td>20</td>
</tr>
</tbody>
</table>

The Programme comprises 120 credits at Level 4, 120 credits at Level 5 and 120 credits at Level 6. Equal emphasis is placed on theory and practice.

Successful completion of all the required theory and practice elements will result in the exit award of a BSc. (Hons) Paramedic Science. The professional award of “Registered Paramedic” will be dependent on achieving the exit award of a BSc. (Hons) and a reference from the course director of the programme.

A typical working week for each year of the programme is shown below.

**Year 1 Working Week (Theory) – example**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Simulated Practice session</td>
<td>Directed Study</td>
<td>Lecture/workshop</td>
<td>Lecture/workshop</td>
<td>School: Skills/ theory/ EBL</td>
</tr>
<tr>
<td>Lecture/workshop</td>
<td></td>
<td>Sports</td>
<td>Flipped learning</td>
<td></td>
</tr>
</tbody>
</table>

**Year 2 Working Week (Theory) – example**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Skills</td>
<td>School: Skills</td>
<td>Directed study</td>
<td>Skills/ theory/ EBL</td>
<td>Self-directed study</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Year 3 Working Week (Theory) – example**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Theory session</td>
<td>Self-directed study</td>
<td>School: Theory session</td>
<td>Skills</td>
<td>Service improvement projects self-directed/supervision</td>
</tr>
</tbody>
</table>

In Year 1 you have a higher level of contact time with lecturers which gradually decreases over the 3 year period as you become a more independent learner.
### 5.7 Programme Hours

Hours of the Programme - Theoretical includes skills development & simulation but not student directed study:

<table>
<thead>
<tr>
<th>Module Session</th>
<th>Practice Hours</th>
<th>Face to Face</th>
<th>Flipped/Directed /Self-directed</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPL Programme</td>
<td></td>
<td>30 (min)</td>
<td></td>
<td>IPL tutorials, seminars, shadowing and conferences</td>
</tr>
<tr>
<td>Foundations of Paramedic Practice (includes Practice Learning 1)</td>
<td>280</td>
<td>100</td>
<td>120</td>
<td>skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>lectures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Online/workbook/flippe d lecture</td>
</tr>
<tr>
<td>Communication and Personal Development</td>
<td>24</td>
<td>140</td>
<td></td>
<td>Small group communication and consultation skills teaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lectures/seminars/group work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Online/directed/workbook</td>
</tr>
<tr>
<td>Psychosocial Aspects of Out of Hospital Care</td>
<td>40</td>
<td>60</td>
<td></td>
<td>Lectures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EBL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Directed study and EBL preparation</td>
</tr>
<tr>
<td>Evidence-based Practice (1)</td>
<td>20</td>
<td>130</td>
<td></td>
<td>Lectures/group work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Directed</td>
</tr>
<tr>
<td>Practice Learning 2</td>
<td>450 (includes simulation)</td>
<td>10</td>
<td>37.5 Reading week</td>
<td>Prep for placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>‘drills and skills’</td>
</tr>
<tr>
<td>Year 1 Totals</td>
<td>730</td>
<td>194</td>
<td>485</td>
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</tr>
<tr>
<td>Developing Paramedic Practice (includes practice Learning 4)</td>
<td>300</td>
<td>85</td>
<td>86.5</td>
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<td>lectures</td>
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<td>Online/workbook/flippe d lecture</td>
</tr>
<tr>
<td>Current Issues in Paramedic Practice</td>
<td>48</td>
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<td></td>
<td>EBL</td>
</tr>
<tr>
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<td>Facilitated debate</td>
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<td>Evidence-based Practice 2</td>
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<td></td>
<td>Lectures/seminars</td>
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<td>Facilitated group work</td>
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<td>hours group presentations</td>
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<td>Practice Learning 3</td>
<td>550 (includes simulation)</td>
<td>35</td>
<td>71</td>
<td>Skills</td>
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<td>Directed learning</td>
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<tr>
<td>Year 2 Totals</td>
<td>850</td>
<td>198</td>
<td>480</td>
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</tr>
<tr>
<td>Clinical Assessment, Examination &amp; Decision Making Skills (Primary/Urgent Care)</td>
<td>180</td>
<td>56</td>
<td>164</td>
<td>Skills teaching 2:8-10 students or 3:16 students</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Blended learning- online etc.</td>
</tr>
<tr>
<td>Elective element of elective/studies outside paramedicine</td>
<td>75</td>
<td>9 + 30 module hours</td>
<td>81</td>
<td>Prep for elective and feedback from elective</td>
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<tr>
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</tr>
<tr>
<td>Service Improvement Project (Dissertation Equivalent)</td>
<td></td>
<td>12 + 6 supervision = 18</td>
<td>382</td>
<td>SIP group tutorials</td>
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<td></td>
</tr>
<tr>
<td>Leadership, Practice Education and Transition into Paramedic Practice includes practice-based learning (5)</td>
<td>590 (includes simulation)</td>
<td>36</td>
<td>36</td>
<td>Lectures/seminars/group work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Directed/flipped lectures</td>
</tr>
<tr>
<td>Year 3 totals</td>
<td>845</td>
<td>149</td>
<td>663</td>
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</table>

Total Practice: 2425 hours
Total Face to Face: 537
Flipped/Directed/self-directed Learning: 1628
TOTAL PROGRAMME HOURS: 4590
### 5.8 PROGRAMME STRUCTURE

<table>
<thead>
<tr>
<th>Year 1 Semester 1</th>
<th>Semester 2</th>
<th>Integrative Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Paramedic Practice (40 credits)</td>
<td></td>
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<tr>
<td>Includes Practice-based Learning (1)</td>
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<td></td>
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<tr>
<td>Communication and Personal development (20 credits)</td>
<td>Evidence-based Practice (1) (20 credits)</td>
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</tr>
<tr>
<td>Psychosocial Aspects of Out of Hospital Care (20 credits)</td>
<td>Practice-based learning (2) (20 credits)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Year 2 Semester 1</th>
<th>Semester 2</th>
<th>Integrative Period</th>
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</thead>
<tbody>
<tr>
<td>Developing Paramedic Practice (60 credits)</td>
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<tr>
<td>Includes Practice-based Learning (4)</td>
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<tr>
<td>Current issues in Paramedic and Out of Hospital Practice (20 credits)</td>
<td>Evidence-based Practice (2) (20 credits)</td>
<td></td>
</tr>
<tr>
<td>Critical Care (includes Practice-based Learning (3)) (20 credits)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3 Semester 1</th>
<th>Semester 2</th>
<th>Integrative Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Assessment, Examination &amp; Decision Making Skills (Primary/Urgent Care- includes practice-based learning 5) (40 credits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studies outside Paramedicine (20 credits) (includes non-assessed elective)</td>
<td>Leadership, Practice Education, Teamwork and Transition into Paramedic Practice (includes Practice-based Learning 6) (20 credits)</td>
<td></td>
</tr>
<tr>
<td>Service Improvement Project (40 credits)</td>
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</tr>
</tbody>
</table>

**How will I learn?**

Learning as a group of paramedic students (rather than in inter-professional groups) will incorporate a variety of teaching and learning methods to encourage and enable you to develop skills in clinical decision-making, lifelong learning and collaborative working as a member of a team. Learning experiences have been designed to foster the application of knowledge and understanding to practice. We value your prior knowledge, skills and experiences and each member of the group will have something to offer to you and the group's development. Theory and practice will be in ‘blocks’ (see details later) so you will have a period of time in theory and then a number of weeks of placement learning.
There will be a mixture of teacher-led and student-focused methods. Some subjects require you to develop an understanding of factual information, whilst other areas of the curriculum involve exploration of a number of different perspectives. Your learning will be supported by lectures, seminars, workshops, experiential learning and case study formats. We have also introduced enquiry-based learning (EBL) and skills workshops. EBL is designed to give you ownership of your own learning, to help you to apply learning to and from practice now and in the future; as well as developing competence in sharing your learning with others and in contributing to team problem-solving. You will be expected to bring experiences from practice to aid your learning in school, remembering to respect patient confidentiality. You will also discuss how you can implement ideas from School in your own practice with your mentor so be prepared to ask questions and discuss ideas.

You will find that the learning sessions are more teacher-led and your learning is more likely to be directed by the lecturers at the beginning of the programme when you need to be exposed to fundamental and core knowledge and skills. As the programme continues, you will find that the sessions involve greater exploration and enquiry, which may be undertaken in small groups as well as individually. This will help you to acquire the abilities to become lifelong learners and to become more self-directed in your learning to meet your individual needs. But you will not be alone, you will have the support of your facilitator, your academic adviser and the group too.

**What will practice-based learning be like?**

The following modules include placements which will give you experience in a variety of clinical areas:

**YEAR 1**
- Foundations of Paramedic Practice (includes Practice Based Learning 1)
- Practice-Based Learning 2

**YEAR 2**
- Developing Paramedic Practice (includes Practice Based Learning 4)
- Critical Care (includes Practice Based Learning 3)

**YEAR 3**
- Clinical Assessment, Examination & Decision Making Skills (Primary/Urgent Care- includes practice-based learning 5)
- Leadership, Practice Education, Teamwork and Transition into Paramedic Practice (includes Practice-based Learning 6)

**Outline of Placement Blocks**

<table>
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<tr>
<th>Year 1 practice placement blocks</th>
<th>Weeks:</th>
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<tbody>
<tr>
<td>Induction</td>
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<td>15 16 17 18 19 20 21 22 23 24 25 26 27 28</td>
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<td>Placement</td>
<td>Placement</td>
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<td>29 30 31 32 33 34 35 36</td>
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Year 2 practice placement blocks

Weeks:

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Year 3 practice placement blocks

Weeks:

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</tbody>
</table>

5.9 Paramedic Science Practice Education Policy 2015

1. It is the student’s responsibility to ensure that they:
   a) Undertake the correct number of hours in practice.
   b) Are allocated the correct number of hours in each placement block.
   c) Work no more than an average of 37.5 hours per week over the course of the placement block.

2. The student is expected to complete no less than 90% of their allocated practice hours otherwise the assessment of the placement will be considered to be invalid.

3. The student practice hours will be recorded as a whole for each placement block. Hours may not be carried from one placement block to another.

4. Whilst it is recognised that EU regulations (https://www.gov.uk/maximum-weekly-working-hours) state that “workers don’t usually have to work more than 48 hours a week on average” there are some exceptions to this regulation e.g. the emergency services. In the interest of promoting the students health and safety students will not be allocated more than 48 hours in a week.

5. As per EU Regulations if a worker, and therefore the student’s educator, works more than 6 hours then they must take a break. Therefore if the student has worked more than 6 hours but have not detailed a break on their practice attendance form, a 30 minute break will be automatically deducted from their hours for each shift.
Students will not be allocated shifts longer than 13 hours including breaks. Where unavoidable incidental overtime is accrued the student will be credited the time towards their overall hours.

Where a student accrues more than 90 minutes of incidental overtime the student must not attend placement the following day unless their educator elects to take the incidental overtime as “time off in lieu” from the start time of the following day.

Any study days in practice time are counted towards the 48 hours in any given week.

The student will be expected to work at a range of times to ensure exposure to the full 24 hour and 7 day per week nature of healthcare. This will include weekends, evenings and nights.

Night shifts will not exceed more than 50% of allocated placement hours.

Solo responder shifts will not exceed more than 50% of allocated placement hours.

If the student finds that shift patterns and conventions in a placement area conflict with this policy, they should liaise with their Link Lecturer as soon as they are given their shift pattern.

Students may make up practice time within the specific placement block from which the practice hours were missed and/or the following vacation period provided the rearranged shift does not fall during UEA shutdown or result in the student working more than 48 hours in one week.

Where a student needs to make up placement hours due to absence the shift(s) should be negotiated by the student with their educator(s) and then reported to the Duty Locality Officer, the student’s Link Lecturer and LTS via email.

Student may not make up missed practice time during theory weeks or during UEA shutdown periods i.e. Easter bank holiday and Christmas.

If so much practice time has been missed that the placement cannot successfully be completed, or that the student will not be able to have reasonable vacation time at the end of their academic year, the Course Director must approve the action plan. It may require a period of intercalation and recommencing the module with a later cohort.

The placement attendance sheet should clearly record any sick days with “SICK” written in the signature box in place of the Mentor signature.

The plan to make up more than 48 hours in practice should be agreed between the student, Personal Advisor, Practice Education Lead and the Course Director.

Whilst every effort will be made to help students make up time alongside a reasonable vacation, there may be situations when the student’s progression may be dependent on making up practice time. In these cases the student and their Link Lecturer will need to discuss an appropriate action plan to be approved by the Course Director.

5.10 Learning and Achievement Portfolio

A portfolio of learning and achievement is a means of evidencing your journey to becoming an autonomous practitioner. Development and maintenance of portfolio of continued professional development (CPD) is mandatory for all registrants on the HCPC register. Each
year a percentage of HCPC registrants are requested to submit their portfolio for review by
the HCPC.

By including a portfolio as a means of assessment of your learning throughout your
programme we are giving you the foundations of a portfolio of evidence that you will continue
to develop throughout your career. We encourage you to build your portfolio from the outset
of the programme collecting case studies and evidence of engagement with learning
opportunities that you seek out or are presented with throughout your studies.

You own your whole portfolio - but choose which elements to draw together or share with for
example your practice educator, your Personal Advisor at the end of Year Review or with
future employers when you are applying for a post as a paramedic at the end of the
programme. Therefore the portfolio is both unique and valuable as a learning resource from
which you select to inform your summative assessment of practice and theory.

We will suggest ways you can co-ordinate all the evidence and learning ‘artefacts’ you develop
during the programme and for summative assessment we will specify particular evidence that
you need to pull together into a showcase portfolio. You will do this electronically but we
would recommend that you also keep a hard copy of your portfolio for your own records.

The responsibility for compiling your portfolio and for the specific selections for summative
purposes lies with you the student; however, the student’s Personal Adviser, current
placement mentor, Link Lecturer and Module Organiser will be on hand to help and advise
you. Each will play a role in discussing progress with you through use of the evidence from
your portfolio. The placement educator, supported by the Link Lecturer, is expected to help
the student collect a variety of placement-based resources for inclusion in the various sections
of the portfolio.

1. How do I approach showcasing evidence to support my development?

You select the best or most appropriate evidence - as indicated on the previous pages,
your portfolio will usually contain a lot more evidence you have collected but not all of
which is specifically required for a specific module or assessment module. This needs to
be carefully selected (quality is more important than quantity).

2. Evidence from learning activities?

You will reflect on actions and/or experiences. These might be from your clinical
placements, lectures, conferences or self-directed learning activities. Some activities may
focus on direct patient care whilst some other activities, e.g. reflection, may have an
indirect focus.

3. What is evidence?

The showcase portfolio should contain:
• Significant event analysis
• Reflection on the care of patients - which should demonstrate analysis and utilise a relevant model of reflection
• Review of reading you have undertaken
• Reflection on skills observed or undertaken
• Development of a learning development plan and learning contracts
• Self-assessment of your development together with identification of future learning needs
• Use of relevant learning tools e.g. SWOT analysis and the ‘Johari window’
• Inter-professional working

A summary of examples of some of the different types of activities and evidence is presented below in Figure 1.

4. What isn’t evidence?

The following is not considered to be evidence unless accompanying with appropriate analysis, reflection or narrative regarding improvement points:

• Photocopies
• Patient report forms and Care Plans (provided confidentiality is maintained)
• Original articles
• Pamphlets and leaflets
• Drug information sheets
• Policies and procedures

An overview of the theory and practice assessment that must be completed during the course of the programme can be found in Table 1 on the next page.
### Table 1 - Overview of the Programme

(Detailed guidance is contained within the Assessments Handbook and specific dates within the Submission Schedule)

<table>
<thead>
<tr>
<th>Year</th>
<th>Module</th>
<th>Formative Activities</th>
<th>Summative</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Foundations of Paramedic Practice</strong></td>
<td>Mock examination</td>
<td>3 hour Examination</td>
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<td></td>
<td>Mock Objective Structured Clinical Examination (OSCE)</td>
<td>1 hour Safe Medicate Examination</td>
</tr>
<tr>
<td></td>
<td><strong>This module also contains:</strong></td>
<td>Safe Medicate</td>
<td></td>
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<tr>
<td></td>
<td><strong>Practice Based Learning 1</strong></td>
<td>Mastering A &amp; P</td>
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<td>Practice Assessment Document (PAD)</td>
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<td><strong>Communication and Personal Development</strong></td>
<td>500 Word Writing Task</td>
<td>Communication Assignment</td>
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<td>Reflective exercises</td>
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<td>Communication plan</td>
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<tr>
<td>1</td>
<td><strong>Psychosocial Aspects of Out of Hospital Care</strong></td>
<td>Reflections x2 on EBL</td>
<td>Trio presentations</td>
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<tr>
<td></td>
<td></td>
<td>Enquiry-based Learning (EBL) presentations</td>
<td>Reflective account relating to one EBL topic</td>
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<td>Poster plan</td>
<td>1000 words</td>
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<tr>
<td>1</td>
<td><strong>Evidence-based Practice 1</strong></td>
<td>Individual critical appraisal exercise</td>
<td>Showcase Portfolio</td>
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<tr>
<td>Year</td>
<td>Module</td>
<td>Formative Activities</td>
<td>Summative</td>
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<td>Small group critical appraisal presentation</td>
<td>Evidence based practice essay</td>
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<td>OSCE</td>
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<td>Developing Paramedic Practice</td>
<td>Group/individual presentations</td>
<td>Oral examination</td>
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<td>Case study review</td>
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<td>Workbook feedback</td>
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<td>EBL presentations</td>
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<td>• Reflections on professional issues</td>
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<td>• Analysis of learning from student selected activity and learning contract</td>
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<td>• Integrating narrative</td>
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<td>2</td>
<td><strong>Evidence-based Practice 2</strong></td>
<td>Group presentations&lt;br&gt;Structured activities- Process mapping/PDSA/Root Cause analysis</td>
<td>Service Improvement Presentation&lt;br&gt;Critique/comparative review of two articles with varying methodology and outcomes. 2000 Words</td>
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<td><strong>Practice-based Learning 3</strong></td>
<td>PAD&lt;br&gt;Short answer questions&lt;br&gt;Workbook</td>
<td>Case study&lt;br&gt;PAD</td>
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<td>3</td>
<td><strong>Clinical Assessment, Examination &amp; Decision Making Skills</strong></td>
<td>Skills simulation&lt;br&gt;PAD&lt;br&gt;Mock OSCEs&lt;br&gt;Case review&lt;br&gt;Workbooks&lt;br&gt;Formative case study (week 6)&lt;br&gt;Critical Incident analysis for formative feedback (week 10)</td>
<td>PAD/Portfolio word limit 5000 words including:&lt;br&gt;• Reflections&lt;br&gt;• 1 critical incident analysis&lt;br&gt;• 2 in-depth case studies&lt;br&gt;• Case note analysis&lt;br&gt;• Reflections on supervision&lt;br&gt;OSCE</td>
</tr>
<tr>
<td>3</td>
<td><strong>Studies outside Paramedicine/Elective</strong></td>
<td>TBC</td>
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<tr>
<td>3</td>
<td><strong>Service Improvement Project</strong></td>
<td>SIP Proposal&lt;br&gt;Seminars and tutorials/supervision</td>
<td>Proposal for Service Improvement Project (SIP)&lt;br&gt;SIP Artefact (e.g. poster, leaflet, journal article)&lt;br&gt;Presentation and written summary</td>
</tr>
<tr>
<td>Year</td>
<td>Module</td>
<td>Formative Activities</td>
<td>Summative</td>
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</tbody>
</table>
| 3    | Leadership, Practice Education, Teamwork and Transition into Paramedic Practice | 360 degree appraisal  
Teaching session  
Completion of Edward Jenner online programme  
Patchwork Portfolio  
PAD | 5000 word maximum- Patchwork Portfolio comprising:  
- Analysis of leadership development mapped against NHS Clinical Leadership domains 2,000 words)  
- Evaluation of teaching session (1,000 words)  
- SWOT/SWOB and critical reflection on learning needs as newly qualified practitioner (SWOT/SWOB +1,000 words)  
- Significant Event Analysis- ‘Critical reflection on an example illustrating practice development’ (1000 words)  
PAD |
## 5.11 Accumulated Credit and Awards for Diploma Programmes

### Year One

<table>
<thead>
<tr>
<th></th>
<th>MODULE CREDITS</th>
<th>ACCUMULATED CREDITS</th>
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</thead>
<tbody>
<tr>
<td>Semester 1</td>
<td>40 credits at Level 4</td>
<td>40 credits at Level 4</td>
</tr>
<tr>
<td>Semester 2</td>
<td>60 credits at Level 4</td>
<td>100 credits at Level 4</td>
</tr>
<tr>
<td>Integrative Period</td>
<td>20 credits at Level 4</td>
<td>120 credits at Level 4</td>
</tr>
</tbody>
</table>

By end of Year One, the student will have accrued 120 credits at Level 4 and an exit qualification of a Certificate of Higher Education and will be eligible to apply for NVQ Level 3 Health and Social Care.

### Year Two

<table>
<thead>
<tr>
<th></th>
<th>MODULE CREDITS</th>
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<tbody>
<tr>
<td>Semester 1</td>
<td>20 credits at Level 5</td>
<td>20 credits at Level 5</td>
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<tr>
<td>Semester 2</td>
<td>20 credits at Level 5</td>
<td>40 credits at Level 5</td>
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<tr>
<td>Integrative Period</td>
<td>0 credits at Level 5</td>
<td>40 credits at Level 5</td>
</tr>
<tr>
<td>Year Long</td>
<td>80 credits at Level 5</td>
<td>120 credits at Level 5</td>
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</tbody>
</table>

By end of Year Two, the student will have accrued 120 credits at Level 5, and 120 credits at Level 4 and an exit qualification of a Diploma of Higher Education.

### Year Three

<table>
<thead>
<tr>
<th></th>
<th>MODULE CREDITS</th>
<th>ACCUMULATED CREDITS</th>
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<tbody>
<tr>
<td>Semester 1</td>
<td>20 credits at Level 5 or 6</td>
<td>20 credits at Level 5 or 6</td>
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<tr>
<td>Semester 2</td>
<td>20 at Level 5 or 6; 80 credits at Level 6</td>
<td>100 credits at Level 5/6</td>
</tr>
<tr>
<td>Integrative Period</td>
<td>20 credits at Level 6</td>
<td>120 credits at Level 5/6</td>
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</tbody>
</table>

By end of Year Three, the student will have accrued 360 credits of which at least 120 will be at Level 5 and a minimum of 100 credits will be at Level 6, and an exit qualification of a BSc (Hons).

The BSc. (Hons) Paramedic Science is a **professional qualification** and the student who has attained this qualification is **eligible** to apply to the Health & Care Professions Council for entry to the Register.
### 6.0 MODULE DESCRIPTORS

<table>
<thead>
<tr>
<th>PROGRAMME: BSc (Hons) Paramedic Science</th>
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<tr>
<td>YEAR: 1</td>
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</table>

**MODULE TITLE:** Foundations of Paramedic Practice (includes practice-based learning 1) (FPP)

**Module code:** HSCP4041Y

**Contact Hours:** Total Theory Hours 291:
- 161 face to face contact including skills teaching and simulation
- And 36 directed study/workbooks and online activities - total 130 hours
- You will also have the equivalent of at least 1 Reading Week and need to devote the equivalent of 37.5 hours a week in programme related learning

**Practice Hours:** 280

**MODULE AIMS**

The aim of this module is to draw together the essential foundations of clinical, anatomical, pharmacological sciences and current clinical guidance and evidence, together with professional, legal and ethical frameworks to enable the student to undertake an assessment of a patient (across the client groups) in a systematic and methodical approach. It will allow the student to identify patients who have a condition (injury or illness) that requires immediate recognition and intervention (whether treatment, drug administration or transportation for secondary care). It involves consideration of patients who have accessed emergency and urgent care for a variety of reasons. The module will enable the identification and use of immediate intervention in patients who are time critical. It follows the medical model and will work with the clinical skills element to draw on the use of technology to assist with the assessment and decision making process, supporting the student in developing their clinical reasoning and decision-making. The module is focused around identification through knowledge and assessment of patients who are time critical or require further assessment. It will allow them to structure an assessment on the primary survey and a secondary survey including history taking and physical assessment. Students will be able, using simple decision tools, to prioritise multiple casualties.

**PLACEMENT LEARNING**

All students will have placements within EEAST, facilitated by a practice educator, on a combination of ambulances and rapid response vehicles. Placement will be used as structured teaching time where students can contextualise what they have learned during theory sessions at UEA. These placements are designed to familiarise students with the Ambulance Service, the wider NHS and collaborative...
working to deliver access to patient care pathways. The placements will also be
designed to allow for an introduction to the Ambulance Trusts and the working of
out of hospital unscheduled care services. These will include:

- Accident and Emergency Ambulances
- Accident and Emergency Rapid Response Vehicles

**MODULE OUTCOMES**

This module will enable the student to:

1.1 Analyse and apply professional, legal and ethical frameworks and
their relevance to paramedic practice
1.2 Obtain valid consent and recognise when a patient’s capacity
may be impaired
1.3 Recall and apply underpinning theory related to anatomy, physiology
and pharmacology to paramedic practice
1.4 Recognise the scope of professional practice and limitations to practice
1.5 Identify and safely use a range of equipment and procedures (including
moving and handling) used within clinical practice
1.6 Demonstrate appropriate clinical assessment and decision making skills
1.7 Identify patients who have a condition (injury or illness) that requires
immediate recognition and intervention (whether treatment, drug
administration or transportation to secondary care)
1.8 Demonstrate understanding of the provision of appropriate treatments
1.9 Calculate accurate drug dosages
1.10 Produce accurate, legible, comprehensive and comprehensible
records
1.11 Demonstrate understanding of personal and patient safety and of ways
of preventing, de-escalating and resolving conflict.

**INDICATIVE MODULE CONTENT**

This module will cover the following areas as they rely heavily on each area in
order for the learner to identify appropriate intervention for clients.

Indicative content covered:

**Physical Sciences (9.2)**

Physical sciences form an important component of the paramedic curriculum and
include:

- Introduction to scientific units of measurement
- Pressure and gas laws
- Hemodynamic and viscosity in relation to blood flow
- Laws governing physical and movement forces
- Composition of fluids
- Properties and reactions of acids, bases and buffers
- Diffusion and osmosis
- Ergonomics applied to the working environment and manual handling.

**Life Sciences (9.3)**

Introduction to human anatomy and physiology, including an examination of the body systems with an emphasis on:

- Anatomical structure and function
- Homeostasis
- Cellular Biology (incl. genes)
- Microbiology
- Body Tissues
- Musculoskeletal System and bone healing
- Nervous System
- Endocrine System
- Cardiovascular System (incl. physiology of pulse, blood pressure and electrical conduction)
- Lymphatic System
- Immune System (response to infection and injury)
- Respiratory System
- Digestive System (incl. metabolism and role of nutrition in health/illness)

**Clinical Sciences (9.5)**

Introduction to pathophysiological changes and related clinical features of commonly encountered conditions:

- Cardiovascular system: disorders of the heart and blood vessels (e.g. arrhythmias, ACS, heart failure, aneurysms and circulatory conditions, DVT)
- Neurological: disorders of the brain and nervous system (e.g. CVA / TIA, epilepsy, unconsciousness, dementia and mental disorders)
- Endocrine system: diabetes and thyroid disorders
- Respiratory: COPD, infections and disorders of the lungs (e.g. pneumonia, asthma, bronchitis, spontaneous pneumothorax, hypoxia, pulmonary oedema)
- Gastrointestinal: disorders of the digestive system (e.g. bleeds, appendicitis, peritonitis, abdominal pain, ulcers and bowel obstruction)
- Inflammatory response, immunodeficiency
- Musculoskeletal: disorders of bones, ligaments and tendons (e.g. arthritis, osteoporosis)

Students will be given workbooks to support their learning in the above areas.
Introduction to pathophysiology for commonly encountered trauma presentations for all regions of the body, including mechanisms of injury:

- Head and spine
- Thoracic
- Abdominal
- Pelvis
- Limbs

Introduction to the theoretical basis of assessment, clinical decision making, management and their effectiveness:

- Scene assessment and safety
- Primary and secondary surveys
- History taking

Introduction to Pharmacology and the administration of therapeutic medications:

- Actions: Pharmacokinetics and Pharmacodynamics
- Indications
- Cautions
- Contraindications
- Administration
- Route
- Safety
- Preparation
- Safe disposal
- Monitoring
- Continuous pre and post
- Management of adverse reaction and side effects
- Patient record keeping

Introduction to medical terminology:

Introduction to medical equipment used in paramedic practice, including the factors limiting the reliability of equipment.

Client Group Knowledge:

- Adult (emergency medicine and trauma)
- Paediatric (emergency medicine and trauma)
- Older Adult (the effects of aging and common systemic pathophysiology)
- Obstetric and Gynaecological (emergency identification and management)
- Mental Health (key pathophysiology relating to acute mental health)
Clinical Assessment and Decision Making: (9.9)

This area will be an integral element to this module. It draws from anatomy and physiology to allow the student to undertake an assessment of a patient (across the client groups) in a systematic and methodical approach. It will allow the student to identify patients who have a condition (injury or illness) that requires immediate recognition and intervention (whether treatment, drug administration or transportation for secondary care). It follows the medical model and will work with the clinical skills element to draw on the use of technology to assist with the assessment and decision making process. Level one is focused around identification through knowledge and assessment of patients who are time critical or require further assessment. It will allow them to structure an assessment on the primary survey and a secondary survey including history taking and physical assessment. They will be able, using simple decision tools, to prioritise multiple casualties.

- Primary Survey
- Secondary Survey
- History taking (PC, HPC, PQRTSA, SAMPLE, PMH, DH, SH, ROS)
- Mental State (including consent)
- Cardiovascular (HR, BP, ECG, Heart Sounds, Jugular venous distension)
- Neurological (AVPU, GCS, FAST, Neurological examination)
- Respiratory (Inspect, palpate, percuss and auscultate, SpO2)
- Gastrointestinal (inspect, auscultate, palpate and percuss)
- Limb examination (MSC).

Ethics and Law for Practice: (9.7)

- Ethical, legal and professional issues that inform and shape paramedic practice
- Professional, statutory and regulatory standards of conduct, performance and ethics
- Ethical and legal frameworks within paramedic practice, and relevant legislation (principles of consent, autonomy, beneficence, maleficence and non-maleficence)
- Caring, and the primacy of patient interest and patient advocacy
- Patient confidentiality and data protection
- Duty of care, capacity, concordance and consent
- Awareness of practical issues relating to actions at crime scenes and evidence preservation

Introduction to Models and Theories of Clinical Reasoning, clinical judgement and decision-making
### ASSESSMENT

#### FORMATIVE ASSESSMENT AND ACTIVITIES

- Mock examination
- Mock OSCE
- Safe Medicate
- Mastering A&P
- Practice Assessment Document (PAD)

#### SUMMATIVE ASSESSMENT

There are 3 components to the summative assessment for this module. All components must be passed.

- Written Examination
- Safe Medicate Examination
- Practice Assessment Document

### READING

#### Core


Professionalism in healthcare professions. Health and Care Professions Council 2011. Available via:  

Standards of Proficiency Paramedics. Health and Care Professions Council 2012a. Available via:  

Standards of conduct, performance and ethics. Health and Care Professions Council 2012b:  
Available via:  
Journal of Paramedic Practice
Emergency Medicine Journal

Supplementary


Additional


Websites

British Medical Journal
www.BMJ.com

British National Formulary
http://www.bnf.org/bnf/

ChemFinder.com – Site which lists every chemical compound and drug, it’s properties and molecular structure.
http://chemfinder.cambridgesoft.com

College of Paramedics
https://www.collegeofparamedics.co.uk/

College of Pharmacy and Allied Health Professions, New York City
A Useful pharmacology website
http://facpub.stjohns.edu/~yoburnb/pages/dropdowncurrent.html

Department of Health (DH)
http://www.dh.gov.uk/Home/

DH (Emergency Care)
Health and Care Professions Council
http://www.hpc-uk.org/

JRCALC Website
http://www.jrcalc.org.uk/

The Lancet Interactive
http://www.thelancet.com/

Merck Manual – Medical Journal
http://www.merck.com/pubs/mmanual/

Mosby’s Paramedic Textbook website
www.mosby.com/MERLIN/Sanders

National Electronic Library for Health (Emergency Care)
http://libraries.nelh.nhs.uk/emergency/

http://www.resus.org.uk/pages/guide.htm

Journals (examples)

Accident and Emergency Nursing
American Journal of Emergency Medicine
Annals of Emergency Medicine
British Medical Journal (BMJ)
Emergency Medicine Journal (EMJ)
Health Service Journal (HSJ)
Journal of Paramedic Practice
Prehospital Emergency Care
Student BMJ
MODULE OVERVIEW

PROGRAMME: BSc (Hons) Paramedic Science

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CREDITS</th>
<th>LEVEL</th>
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<td>20</td>
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</table>

MODULE TITLE: Communication and Personal Development (CPD)
Module code: HSCP4042A

Contact Hours: 24
Directed/Self-Directed Hours: 176

MODULE AIM

This module will focus on three themes: transition into higher education and the acquisition of effective learning skills; the foundations of communication in its variety of forms and the exploration of reflective practice and its role in lifelong learning and the development of self-awareness to support effective paramedic practice.

The learning strategy will include:
- Supporting resources for independent follow up
- The use of group work and experiential learning
- Formative activities

MODULE OUTCOMES

The module will enable students to:

1. Describe own learning needs and their application to study and lifelong learning
2. Discuss core communication skills for healthcare; demonstrate self-awareness and understanding of communication and its role in the interpersonal relationships required by healthcare professionals
3. Explore and apply models, frameworks and tools to enhance self-awareness and reflection

INDICATIVE MODULE CONTENT

This module will provide you with a foundation in academic learning and study skills to support you through the transition into higher education. You will explore how to form and develop effective communication and interpersonal relationships for paramedic practice. You will investigate and experience a range of ways of learning, so you can develop your abilities as an effective learner and member of a learning group. The concept of lifelong learning and reflective practice will be discussed. Module content will cover the following three areas:

Study Skills and Academic Development:
- Study and Learning Skills
• Academic writing, referencing and avoiding plagiarism
• Experiential learning
• Learning within groups
• Self-assessment
• Using IT

Communication:

• Verbal and non-verbal communication
• The process of communication
• Barriers to communication
• Self-awareness and management of self
• Building professional relationships
• Introduction to Calgary-Cambridge Model of Consultation

Professional Development:

• Developing a personal development plan
• Models of reflection and reflective practice
• Self-development (behaviour, assertiveness, anti-discriminatory practice)

ASSESSMENT
FORMATIVE ASSESSMENT
500 word writing task

Formative tasks
Follow up worksheets
Reflective writing
Communication plan

SUMMATIVE
Communication Essay & PDP

Recommended Reading

Academic study skills


<table>
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<tr>
<th>Reflective practice</th>
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<th>Communication skills</th>
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<tr>
<th>Journals</th>
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</thead>
<tbody>
<tr>
<td>Journal of Paramedic Practice and their CPD modules:</td>
</tr>
<tr>
<td>•Becoming a reflective practitioner: a framework for paramedics (January 2011)</td>
</tr>
<tr>
<td>•Critical thinking for paramedic practice (July 2013) Student BMJ</td>
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<tr>
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<tbody>
<tr>
<td>Dean of Students Study Guides access via: <a href="https://www.uea.ac.uk/services/students/let/study_resources">https://www.uea.ac.uk/services/students/let/study_resources</a></td>
</tr>
<tr>
<td>Oxford Journals online <a href="http://ct.oupjournals.org/">http://ct.oupjournals.org/</a></td>
</tr>
<tr>
<td>Skills Cascade <a href="http://www.skillscascade.com/">http://www.skillscascade.com/</a></td>
</tr>
<tr>
<td>Social Science Information Gateway (SOSIG) <a href="http://www.ariadne.ac.uk/issue2/sosig">http://www.ariadne.ac.uk/issue2/sosig</a></td>
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### MODULE OVERVIEW

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<tr>
<td>MODULE TITLE: Psychosocial Aspects of Out of Hospital Care</td>
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<tr>
<td>Module code: HSCP4043A</td>
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<tr>
<td>Contact Hours: 96 of which 48 are face to face supported by 48 hours of directed study and EBL preparation</td>
</tr>
<tr>
<td>Directed/Self-Directed Hours: 96</td>
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### MODULE AIM

The module will complement the Foundations in Paramedic Practice module by introducing important themes from sociology and psychology. The ability to use these two fields of science will be related to health and assessment. The wider implications of health policy, public health and health promotion will also be considered.

This will be delivered by blended learning using a mixture of flipped lectures, directed reading, lectures and seminars. Group work and Enquiry Based Learning (EBL) will support application to practice.

The EBL packages will focus on:
- Mental health difficulties – mood disorders; psychosis
- Dementia
- Learning disabilities & autism
- Vulnerable groups - including the homeless.

### MODULE OUTCOMES

This module will enable the student to:

3.1 Demonstrate awareness of psychosocial concepts and their potential effects on Healthcare
3.2 Appreciate the interaction between psychosocial aspects and patient Presentation
3.3 Recognise individual difference including culture, gender and anti-Discriminatory practice
3.4 Appreciate person-centred care and its application to care of people with dementia, mental health difficulties, learning disabilities & autism and marginalised groups
3.5 Demonstrate respect for others
3.6 Appreciate approaches to health promotion and health education and their role in health service structure and organisation
3.7 Demonstrate understanding of the aetiology and effects of stress on the Individual.
INDICATIVE MODULE CONTENT

This module will cover sociology and psychology related to healthcare.

**Sociology:**

- Epidemiology
- Life Style and its meaning
- Sociology and its effects on the body
- Health inequalities (poverty, welfare and social exclusion)
- The health service (organisation, development and policy)
- Power
- Gender
- Culture, race and religion
- Social interaction (society, community and belonging)
- Health policy

**Psychology:**

- Perception
- Memory and problem solving
- Behaviour
- Developmental
- Nature v Nurture
- Health Psychology
- Psychopathology (including stress)
- Breaking bad news
- Theories of pain, effects on individuals, total pain

**Public Health, Health Promotion:**

- Introduction to Health Promotion and Health Education
- Prejudice, stigma and discrimination
- Attitude
- Mental Health Promotion
- Concordance
- Person-centered care, social inclusion and application to people with a learning difficulty/disability and autism, vulnerable groups, common mental health problems

- Introduction to Mental Health and Mental Capacity Acts
  - Consent, capacity
ASSESSMENT

FORMATIVE
- Reflections x2 on EBL
- EBL presentations
- Poster plan

SUMMATIVE
- Group Presentation
- 1000 word written summary of learning

The presentations will take place according to the module timetable. You will work collaboratively in separate groups [4-5 students per group] to provide a poster presentation of the key issues related to the client group selected. Each student must take part in presenting your group poster to the rest of the group. The group may use a range of methods of presentation including role play, and may involve the rest of the cohort in any interaction you feel can enhance your presentation.

The key elements will relate to:
- Communication - group communication and evidence of teamwork
- Awareness of psychosocial concepts and their potential effects on healthcare – the group must decide on one aspect of health promotion related to one of the key client groups explored during this module
- Appreciation of the interaction between psychosocial aspects and patient presentation
- Demonstrating respect for others
- The evidence base – a detailed reference list must be included with the poster.

READING

Core


Supplementary


NHS England Public Health/Health Promotion publications.


Websites

Health Development Agency
http://www.hda-online.org.uk/

Health Protection Agency
http://www.hpa.org.uk/

Health Promotion Agency
http://www.healthpromotionagency.org.uk/

Patient UK
http://www.patient.co.uk/showdoc/16

Journals

BMJ
Emergency Medicine Journal
Journal of Paramedic Practice
Medscape Mental Health
Mental Health Practice
MODULE OVERVIEW

PROGRAMME: BSc (Hons) Paramedic Science

<table>
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<th>YEAR: 1</th>
<th>CREDITS: 20</th>
<th>LEVEL: 4</th>
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MODULE TITLE: Evidence Based Practice (1)
Module code: HSCP4044B

Contact Hours: 21
Directed 21
Self-Directed Hours: 158

MODULE AIM

This module will give the student grounding in research and evidence-based practice and its effects on the development of the profession and client care. The ability to distinguish between research and clinical audit will be facilitated. Students will also be introduced to clinical governance and given an overview of service improvement models and tools.

MODULE OUTCOMES

This module will enable students to:

4.1 Demonstrate appreciation of evidence based practice
4.2 Explain the research and clinical audit processes
4.3 Demonstrate understanding of the cycle of clinical effectiveness
4.4 Demonstrate the ability to access and retrieve evidence from a variety of sources
4.5 Demonstrate ability in undertaking critical appraisal
4.6 Explore and critique relevant practice guidelines including National Service Frameworks/NICE Guidance
4.7 Explore service improvement processes and tools.
### INDICATIVE MODULE CONTENT

This module will give the student grounding in research and evidence-based practice and its effects on the development of the profession and client care. The ability to distinguish between research and clinical audit will be facilitated. Content will include:

- Clinical audit versus research
- Types of research
- The use of research and its role in promoting best practice and clinical effectiveness
- Introduction to research methodologies
- Introduction to research terminology
- Finding evidence
- Critical Appraisal
- The clinical audit process
- The use of clinical audit
- Access and retrieval of literature
- National Service Frameworks
- Clinical guidelines versus protocols
- Introduction to service improvement

### ASSESSMENT

**FORMATIVE**

Individual article appraisal exercise

Pair presentation

**SUMMATIVE**

Showcase Portfolio

Students will submit their portfolio (maintained throughout the year) and attend an end of year review meeting with their Personal Adviser.

2000 word essay linking a clinical encounter to national clinical guidelines and a contemporary research article.
**READING**

**Core**


**Supplementary**


<table>
<thead>
<tr>
<th>Websites</th>
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<tbody>
<tr>
<td>Critical Appraisal Skills Project</td>
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<tr>
<td><a href="http://www.casp-uk.net/">http://www.casp-uk.net/</a></td>
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<tr>
<td>Commission for Health Improvement</td>
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<td>Healthcare Commission</td>
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<td><a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a></td>
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<tr>
<td>National Institute for Clinical Excellence</td>
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<td>National Electronic Library for Health</td>
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<td>Prodigy- good site for clinical guidelines</td>
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<td><a href="http://www.prodigy.nhs.org">www.prodigy.nhs.org</a></td>
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<tr>
<td>Scottish Intercollegiate Guideline Network (SIGN)</td>
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<td><a href="http://www.sign.ac.uk/">http://www.sign.ac.uk/</a></td>
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<td>Bandolier - access via <a href="http://www.medicine.ox.ac.uk/bandolier/">www.medicine.ox.ac.uk/bandolier/</a></td>
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<tr>
<td>BMJ</td>
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<tr>
<td>BMJ Case Reports</td>
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<td>BMJ Open</td>
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<tr>
<td>Clinical Evidence</td>
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<tr>
<td>Emergency Medicine Journal</td>
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<tr>
<td>Evidence-based Healthcare</td>
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<tr>
<td>Evidence-based Healthcare and Public Health</td>
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<tr>
<td>Evidence-based Medicine</td>
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<tr>
<td>Health Service Journal (HSJ)</td>
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<tr>
<td>International Journal of Evidence-Based Healthcare</td>
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### MODULE OVERVIEW

**PROGRAMME:** BSc (Hons) Paramedic Science  
**YEAR:** 1  
**CREDITS:** 20  
**LEVEL:** 4  

**MODULE TITLE:** Practice-based Learning 2  
**Module code:** HSCP4045B  

<table>
<thead>
<tr>
<th>Contact Hours: 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement 412.5</td>
</tr>
</tbody>
</table>

**Directed/ Self-Directed Hours:**  
Reading week 37.5

### MODULE AIM

The module comprises a 10 week placement supported by a week of introductory skills review and simulation week and is designed to enable students to consolidate their learning across the year and its application to practice. Since the programme comprises a spiral curriculum, in addition to the module specific outcomes given below, a number of outcomes from the preceding modules are revisited and assessed to ensure that students have met the requirements to progress into Year 2 of the programme.

Students will demonstrate their achievement within the Practice Assessment Document (PAD) which will be signed by an approved practice educator.

An OSCE will also be undertaken testing a range of fundamental skills acquired throughout the first year of the programme.

### MODULE OUTCOMES

This module will enable students to:

5.1 Demonstrate appropriate clinical assessment and decision making skills
5.2 Identify patients who have a condition (injury or illness) that requires immediate recognition and intervention (whether treatment, drug administration or transportation for secondary care)
5.3 Demonstrate understanding of the provision of appropriate treatments
5.4 Calculate accurate drug dosages
5.5 Identify and safely use a range of equipment and procedures (including moving and handling) used within clinical practice.
INDICATIVE MODULE CONTENT

Clinical Skills

These will include:

- Observations (physical and technical)
- Support of other clinicians
- Intermediate life support (including AED and BVM)
- Basic ECG interpretation
- Interventions in the adult patient (medical and traumatic)
- Moving and handling
- Immobilisation and procedures
- Personal safety
- Effective team-working.

ASSESSMENT

FORMATIVE

PAD

SUMMATIVE

OSCE

PAD
READING

Core


Nicholls, T. and Hawkes-Frost, L. 2012: Pain: an ambulance perspective. Bridgwater: Class Health,
Supplementary

Journals

Academic Emergency Medicine
Accident and Emergency Nursing
Emergency Medicine Journal
Academic Emergency Medicine
Accident and Emergency Nursing
Journal of Paramedic Practice

Websites

Bob the Psychiatric Nurse - excellent links to mental health and mental health legislation (the best available without subscription)
http://dspace.dial.pipex.com/bob.dunning/bobthe.htm

http://www.freedomtocare.org/page15.htm#accountability%20and%20ethics
## MODULE OVERVIEW

<table>
<thead>
<tr>
<th>PROGRAMME: BSc (Hons) Paramedic Science</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR: 2</td>
</tr>
<tr>
<td>CREDITS: 60</td>
</tr>
<tr>
<td>LEVEL: 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODULE TITLE: Developing Paramedic Practice</th>
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</thead>
<tbody>
<tr>
<td>Contact Hours: 171 of which 85 are face to face supported by 86.5 hours of supported learning</td>
</tr>
<tr>
<td>Practice Hours: 300</td>
</tr>
</tbody>
</table>

The module will be delivered using blended learning with physiology/pathophysiology and pharmacology workbooks, skills development and simulation and practice placements.

### MODULE AIM
This module is designed to enable the development of clinical decision making through application of a range of evidence supporting clinical reasoning, patient assessment and interventions based on current best practice. The module builds on the Foundations of Paramedic Practice and Practice-based Learning 2 modules and the completion of the requirements for Year 1 of the programme. A review of anatomy and physiology, and a more detailed focus on pharmacology and behavioural sciences will be introduced with a wider engagement in pathophysiology in order to enable the student paramedic to expand their decision making and knowledge of the referral process. The combination of these elements and critical understanding will enable enhanced individualised patient care.

The module will be supported by sustained periods of placement experience.

### TYPE OF PLACEMENT
The placements will allow for the learner to gain a range of experience related to the development in the range of care and referrals that they can make. The learner will build up competency through practice and will gain the ability to make clinical decisions utilising a range of information including critical appreciation of referral pathways and the role of other services in providing patient pathways.

**Placements areas may include:**
- Theatres
- Surgical Assessment Unit
- Emergency Ambulance
- Midwife led birthing centre
MODULE OUTCOMES

This module will enable the student to:

6.1 Analyse and explain the relevance and application of pathophysiology, pharmacology, clinical and behavioural sciences to paramedic practice
6.2 Demonstrate critical awareness of the psychosocial effects of long-term illness and disability on the individual
6.3 Evaluate appropriate evidence to enhance individualised person-centred care for a range of people including those with long-term conditions, multiple co-morbidities and those requiring palliative and end of life care
6.4 Demonstrate insightful, sensitive and effective communication skills
6.5 Demonstrate critical awareness of self in the forming and ending of the paramedic: patient relationship
6.6 Demonstrate appropriate professional relationships with other members of the inter-professional healthcare team and within student peer group
6.7 Develop effective and compassionate helping relationships with patients, their relatives and carers
6.8 Demonstrate effective intrapersonal communication (emotional intelligence)
6.9 Demonstrate critical reflection and ability to modify care approach following reflection
6.10 Demonstrate effective decision-making and safe use a range of equipment, procedures and interventions within clinical practice
6.11 Demonstrate understanding and can explain the rationale for the provision of appropriate treatments
6.12 Demonstrate critical appreciation of the role of the paramedic in relation to the total patient journey
6.13 Undertake appropriate risk assessment and formulate an effective risk management plan
6.14 Demonstrate understanding of the principles of managing multiple casualties and of major incident management
6.15 Demonstrate in-depth understanding of professional, legal and ethical parameters and their relevance to self as a paramedic practitioner.
INDICATIVE MODULE CONTENT

This module draws from distinct but essentially related elements that combine to form the basis of paramedic practice. They will allow for the paramedic to deal with a range of conflicting information in order to make justified clinical decisions. These are:

Clinical Sciences
Pathophysiology: (2)

- Congenital abnormalities and genetic transmission (incl. genetics)
- Disease in populations
- Human growth and development across the lifespan (incl. paediatrics)
- Stress and disease
- Integumentary system & wound healing – burns, ulcers, heat related illness, hypothermia
- The special senses
- Urinary system
- Reproductive system – obstetrics, care of new-born, emergency presentations
- Role of the liver & liver failure
- Physiology of addiction
- Neurological – seizure types, meningitis, headache
- HIV/ AIDS, immunodeficiency
- Mood disorders, cognitive effects
- Diagnostic testing
- Neuromuscular disorder
- Endocrine dysfunction
- Anaemia, leukaemia, platelets and coagulation
- Diseases of the heart and valves, cardiac arrhythmias
- Respiratory and pulmonary disease, chest wall dynamics
- Renal disorders including renal calculi, ARF
- Digestive disorders including GORD, gallstones, intestinal obstruction, pancreatitis, constipation, diarrhoea
- Bone degeneration and disease, growth disorder
- Cancer, infections, allergies, insect bites, cancer, pressure area care.
Pharmacology: (2)

- Toxicology
  - Poisons and antidotes
  - Management of overdoses (activated charcoal)
- Pain Management
- Anaesthesia
- Histamine and antihistamine
- Psychopharmacology
- Antiarrhythmic and anti-anginal
- Antihypertensive
- Anticoagulant
- Anaemia
- Diuretics
- Lipid Lowering
- Gastrointestinal
- Bronchodilators
- Steroid Inhaler
- Decongestants
- Vitamins and minerals
- Antibiotics

Clinical assessment and decision making (2)

This area will be an integral element to this module. It draws from anatomy and physiology and the life and clinical sciences, to allow the student to undertake an assessment of a patient (across the client groups) in a systematic and methodical approach. It will allow the student to identify patients who have a condition (injury or illness) that requires immediate recognition and intervention (whether treatment, drug administration or transportation for secondary care). This also expands on the range of information that is gained from assessment. Level two is focused around identification through knowledge and assessment of patients who are time critical and have other pathophysiology that requires management and require further assessment. It will allow them to structure an assessment on the primary survey and a secondary survey including history taking and physical assessment. Students will be able to identify and prioritise, multiple casualties. Documentation will be covered and links made with the law module. Students will be able to operate within the hospital setting in order to gain the exposure to patients and feedback.

- Primary Survey
- Secondary Survey
  - History taking / Clerking
  - Physical examination of cardiovascular, respiratory, gastrointestinal, nervous system and limbs.
- Pain assessment SOCRATES/OPQRSTA
- Treat / Refer
### Development and Application of Theories and Models of Clinical Reasoning

#### Clinical Skills (2)

This would include:

- Observations (physical and technical)
- Support of other clinicians
- Advanced life support
- ECG recognition
- Obstetric and gynaecological emergencies
- Interventions in adult and paediatric (medicine and trauma),
- Moving and handling
- Immobilisation and procedures.

### ASSESSMENT

**FORMATIVE**
- Mock Oral examination
- Workbook feedback
- Situation Judgment Tests
- Safe Medicate

**SUMMATIVE**
- Oral Examination
- Portfolio
- PAD
- Safemedicate

### READING

**Core**


**Supplementary**


Snyder D and Christmas C (2003). *Geriatric Education for Emergency Medical Services*. Jones and Bartlett, Sudbury, USA.

<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Publisher and Location</th>
</tr>
</thead>
</table>

**Websites**

As module 1; others will be given to the students with scenarios and clinical presentations and following specific sessions.

**Journals**

- Academic Emergency Medicine
- Accident and Emergency Nursing
- Archives of Disease in Childhood Education and Practice
- Bandolier -access via www.medicine.ox.ac.uk/bandolier/
- BMJ
- BMJ Case Reports
- BMJ Open
- Emergency Medicine Journal
- Emergency Nurse
- Journal of Paramedic Practice
- Medscape Mental Health
- Mental Health Practice
- Student BMJ
### MODULE OVERVIEW

**PROGRAMME: BSc (Hons) Paramedic Science**

<table>
<thead>
<tr>
<th>YEAR: 2</th>
<th>CREDITS: 20</th>
<th>LEVEL: 5</th>
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**MODULE TITLE: Current issues in Paramedic and Out of Hospital Practice**

<table>
<thead>
<tr>
<th>Contact Hours: 48</th>
<th>Directed/ Self-Directed Hours: 152</th>
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**MODULE AIM**

This module expands the elements of sociology and psychology related to healthcare following on from the module Psychosocial Aspects of Out of Hospital Care. It explores these sciences in relation to the patients as individuals, focusing on enhancing inclusion and access to healthcare, care provision for people living with dementia, those requiring palliative and end of life care, older people with frailty, people with multiple co-morbidities, homelessness, substance misuse, multi-cultural care and care for travellers and other hard to engage groups. Students will be encouraged to explore dilemmas and difficulties including social attitudes, how services are funded, organised, designed and delivered and to analyse the role of the paramedic in supporting individualised care and enhancing access to care and continuity of care within our of hospital services.

**MODULE OUTCOMES**

The module will enable students to:

7.1 Demonstrate critical appreciation of the interaction between psychosocial aspects and patient presentation  
7.2 Analyse the role of social exclusion and stigma on health and illness  
7.3 Analyse the causes and effects of loss and adjustment on the individual and the role of the paramedic in supporting the patient/ family  
7.4 Recognise individual difference including culture, gender and anti-discriminatory practice  
7.5 Show awareness of own beliefs and their effects on others  
7.6 Analyse approaches to health promotion and health education and their role in health service structure and organisation  
7.7 Critically explore the role of politics, policy and social construction of health and illness on the provision and access to services  
7.8 Demonstrate in-depth appreciation of the range of services involved across pathways for patients with complex needs

**INDICATIVE MODULE CONTENT**

- Sociology of poverty, social inclusion, stigma and marginalisation  
- Access to services
- Race, ethnicity and migration
- Culture and health – multi-cultural care
- Public Health and Health Promotion including role of the media; patient education
- Team work
- The expert patient
- Dementia
- Palliative and End of Life Care - loss, bereavement and carer/family support
- Older people with frailty
- Long-term conditions and complex comorbidities
- Integration of services
- Substance misuse
- Ethical and moral perspectives
- Safeguarding
- Professional issues and requirements
- Resilience
- Topical issues and dilemmas

**ASSESSMENT**

**FORMATIVE**

- EBL presentations
- Group debate
- Student selected activity
- Professional issues/HCPC role play

**SUMMATIVE**

The assessment comprises:

Patchwork assessment comprising selections from:
- EBL work
- Preparation for debate
- Reflections on professional issues
- Analysis of learning from student selected activity and learning contract
- Integrating narrative

**READING**

**Core**

End of life Care Programme, 2010: A framework of National Occupational Standards to support common core competences and principles for health and social care workers working with adults at the end of life, London: Department of Health


Thomas, K and Lobo, B. 2011. Advance Care Planning in End of Life Care, Oxford: OUP

Supplementary


Websites

Oxford Journals online
http://ct.oupjournals.org/

Skills Cascade
http://www.skillscascade.com/

Social Science Information Gateway (SOSIG)
http://www.sosig.ac.uk/roads/subject-listing/World-cat/commun.html
**MODULE OVERVIEW**

**PROGRAMME: BSc (Hons) Paramedic Science**

<table>
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<tr>
<th>YEAR: 2</th>
<th>CREDITS: 20</th>
<th>LEVEL: 5</th>
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</table>

**MODULE TITLE: Evidence Based Practice (2)**

<table>
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<tr>
<th>Contact Hours: 30</th>
<th>Directed/ Self-Directed Hours: 170</th>
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</table>

**MODULE AIM**

This module builds on EBP 1 in Year 1 facilitating you in further developing your skills of analysis/evaluation of a range of evidence drawn from research, audit, clinical effectiveness and best practice and service improvement initiatives.

Students will develop their presentation and their skills in presenting a reasoned argument as well as becoming more knowledgeable about service improvement tools and theory to support a service improvement project they will undertake in Year 3.

**MODULE OUTCOMES**

The module will enable the student to:

8.1 Analyse the validity and reliability of evidence from multiple sources including research
8.2 Demonstrate critical appreciation of the audit cycle and its role in paramedic practice
8.3 Analyse audit and service improvement tools and processes
8.4 Critically appraise a range of data to support developing ideas for clinical audit and service improvement
8.5 Evaluate evidence from a range of sources to formulate recommendations for practice development/ change.
## INDICATIVE MODULE CONTENT

This module will give you a further grounding in evidence-based practice and how data can be used to transform and improve services and to build a change for service improvement and innovation.

- Clinical audit verses research
- Using research methodologies (Mixed methods, systematic reviews, cohort studies, qualitative methods)
- The clinical audit process
- The use of clinical audit
- Service improvement tools and processes
- Models and approaches to change; managing change
- Role of the paramedic in using evidence/metrics to change practice
- Project management.

## ASSESSMENT

### FORMATIVE

- Group presentations
- Structured activities - Process mapping/PDSA/Root Cause analysis
- Portfolio review

### SUMMATIVE

- Presentation – service improvement
- 2000 word critique/comparative review of two articles with varying methodology and outcomes

## READING

### Core


<table>
<thead>
<tr>
<th><strong>Supplementary</strong></th>
</tr>
</thead>
</table>
### Websites

- **Critical Appraisal Skills Project**  
  [http://www.casp-uk.net/](http://www.casp-uk.net/)

- **Commission for Health Improvement**  

- **Healthcare Commission**  
  [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

- **National Institute for Clinical Excellence**  

- **National Electronic Library for Health**  

- **Prodigy- good site for clinical guidelines**  
  [www.prodigy.nhs.org](http://www.prodigy.nhs.org)

- **Scottish Intercollegiate Guideline Network (SIGN)**  
  [http://www.sign.ac.uk/](http://www.sign.ac.uk/)

### Journals

- **Bandolier -access via www.medicine.ox.ac.uk/bandolier/**
- **BMJ**
- **BMJ Case Reports**
- **BMJ Open**
- **Clinical Evidence**
- **Emergency Medicine Journal**
- **Evidence-based Healthcare**
- **Evidence-based Healthcare and Public Health**
- **Evidence-based Medicine**
- **Health Service Journal (HSJ)**
- **International Journal of Evidence-Based Healthcare**
### MODULE OVERVIEW

**PROGRAMME:** BSc (Hons) Paramedic Science  
**YEAR:** 2  
**CREDITS:** 20  
**LEVEL:** 5

**MODULE TITLE:** Practice Based Learning 3 (with Critical Care)

<table>
<thead>
<tr>
<th>Contact Hours: 71 of which 35 are face to face skills teaching and 36 directed</th>
<th>Placement: 525</th>
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**MODULE AIM**

The module will comprise 35 hours of skills teaching and 40 hours of lectures/seminars and online learning activities plus placements in a range of critical care environments.

The module will build on previous clinical skills development as well as enhancing the student’s underpinning knowledge related to critical care presentations and the range of services available to which patients may be admitted or referred when facing life-critical care needs. In addition students will attend placements to gain insight into more specialist critical care provision in critical care and trauma services. They will analyse specialized investigations and the rationale for ordering special tests and investigations to assist diagnosis and treatment.

Placements will include:
- Ambulance
- EAU
- A&E
- CCU
**MODULE OUTCOMES**

The module will enable the student to:

9.1 Demonstrate skills of independent learning and reflexivity
9.2 Demonstrate ability to manage uncertainty, unpredictability and change in practice
9.3 Assess and manage a range of patients effectively, demonstrating ability to prioritise appropriately and draw on support and advice as needed
9.4 Establish and maintain a safe practice environment complying with current health and safety and infection control requirements
9.5 Demonstrate the ability to assess, manage and refer the acutely ill patient appropriately
9.6 Evaluate a range of approaches to pain assessment and management and use this to inform effective patient management
9.7 Recognise, assess and manage critically unwell patients
9.8 Apply effective communication and inter-professional team working
9.9 Apply relevant assessment skills to the critically ill patient (including carrying out relevant physical examination), which explores differential diagnoses when formulating a working diagnosis. This may include directly performing or requesting diagnostic tests, interpreting the results and adapting management of care accordingly
9.10 Demonstrate enhanced understanding of the biopsychosocial experience of patients presenting with acute, critical and emergency care needs and their relatives.
**INDICATIVE MODULE CONTENT**

The aim of this module is to build upon the knowledge gained in Year One and will develop the practical, theoretical and personal skills necessary for the care of the critically ill patient.

Medical:
- Anaphylaxis
- Cardiovascular: ACS – AMI, STEMI, NSTEMI, AAA, Arrhythmias, CCF, DIC
- Endocrine disorders: DKA, HONK
- Neurological – CVA (thrombosis, haemorrhagic)
- Obstetrics: PPH, emergency presentations, ectopic pregnancy and gynaecological problems: STIs
- Respiratory: Asthma, pneumonia,
- Genitourinary: disorders of the kidneys & urinary system, UTI, renal failure, renal calculi, acute retention, pyelonephritis, catheter problems
- Skin: infections & disorders – cellulitis, rashes, pressure sores
- Effects of aging

Trauma:
- Assessing the trauma patient,
- Burns / Thermal trauma
- Kinematics: Blunt and penetrating trauma, Drowning, RTC, Falls, electrocution
- The patient journey and referral
- Multi system trauma

Pathophysiological basis of Critical Illness
- Failing Organs
- Concepts of critical care and national policy drivers
- Patient assessment and monitoring
- Homeostasis and electrolyte balance
- Haemodynamics and fluid balance
- 12 Lead ECG and arrhythmia recognition
- Pain assessment and management
- Effect of critical illness and exacerbation of long term conditions on body systems; including: respiratory, cardiac, renal and nervous systems
- Pathophysiology and treatment of shock
- Care of the dying patient and ethical, moral and legal issues.

**Patient Groups will include for example:**
- The Septic Patient
- Cardiac conditions – AMI, CCF
- Neurological – CVA
- Endocrine
- Obstetric
- The Trauma Patient
## ASSESSMENT

### FORMATIVE
- PAD
- Short answer questions
- Workbook

### SUMMATIVE
- Case study
- PAD

## READING

### Core


### Journals:
- Paramedic Practice
- Emergency Medicine Journal
- Academic Emergency Medicine
### Supplementary


### Websites

Commission for Health Improvement  

Healthcare Commission  
[www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

National Institute for Clinical Excellence  

National Electronic Library for Health  

Prodigy- good site for clinical guidelines  
[www.prodigy.nhs.org](http://www.prodigy.nhs.org)

Scottish Intercollegiate Guideline Network (SIGN)  
[http://www.sign.ac.uk/](http://www.sign.ac.uk/)

### Journals

BMJ Quality and Safety  
Clinical Evidence  
Critical Care  
Critical Care Research and Practice  
Emergency Medicine Journal
Students will select a module from a carefully chosen range of options. The exact range will be identified nearer the time that the students will be registering for the module.

Examples may include:

- Beginners French or Portuguese or Spanish
- Biodiversity, Conservation and Human Society
- Body and Disease: Themes in Medical and Social History
- Diabetes Care
- Foundations of Person-centered Dementia Care
- Fundamentals of Molecular Biology and Genetics
- International Communication
- Introduction to British Sign Language
- Language: Looking into the Human Mind
- Management of Patients with Long-term Conditions
- Organisms and the Environment
- Wars, Humanitarian Crises and Aid

Students will undertake a non-assessed 2-week elective towards the end of Semester 1.
PROGRAMME: BSc (Hons) Paramedic Science

YEAR: 3  CREDITS: 40  LEVEL: 6

MODULE TITLE: Clinical Assessment, Examination & Decision Making Skills (Primary/Urgent Care)

Contact Hours: 96 of which 56 are face to face skills teaching and 40 directed  Self-Directed Hours: 124
Placement 180

MODULE AIM

This module will comprise a variety of taught classroom sessions using lectures, group-work, case studies and seminar presentations. Learning methods include:

• Clinical examination skills will be taught and practiced in a ‘safe’ environment
• Observation of other practitioners in a first contact setting within short practice placement experiences
• Supervised practice in a first contact setting
• Self-directed learning.

This module aims to prepare you to practice safely and effectively in a First Contact or out of hospital setting, using an evidence-based approach to the assessment and management of patients/clients requesting assistance with illness or injury.

The focus is on the acquisition of the complex skills of patient assessment and diagnosis through history and physical examination, diagnostic tests/indicators and interpretation of these, followed by formulation of a management plan. The management plan may include the supply of medicines under Patient Group Directions. There will also be an emphasis on development of good consultation and history taking skills to ensure positive outcomes and patient participation in strategies mutually negotiated to restore and promote health.

It also addresses working within the student’s boundaries of practice including triage and referrals to appropriate practitioners and services using strategies such as SBARD to escalate concerns.
MODULE OUTCOMES

The module will enable the student to:

10.1 Demonstrate enhanced communication and consultation skills and apply relevant theory to practice
10.2 Recognise ethical and legal issues which have implications for first contact practice whilst ensuring safe and effective holistic research-based care
10.3 Demonstrate application of in-depth knowledge of pertinent anatomy and physiology to the presenting illness
10.4 Critically evaluate a range of assessment strategies in order to decide upon the most appropriate care including awareness of relevant ‘Red Flags’ and systematic approaches to assessment
10.5 Interpret investigations relevant to paramedics: urinalysis, visual acuity, blood glucose
10.6 Initiate and contribute to strategies designed to improve health and monitor disease in individuals, using a wide range of skills e.g. decision-making, patient education, health promotion and assessment (‘Making Every Contact Count’)
10.7 Use decision-making skills to promote the wellbeing of the patient or client and to refer on where appropriate with reference to relevant guidelines where appropriate
10.8 Follow prescribing conventions for patients with minor illness/injury following the guidelines for supply under Patient Group Directions or advising ‘Over the Counter’ preparations whilst providing skilled medication education
10.9 Demonstrate the ability to critically reflect on their learning and analyse implications for professional practice.
INDICATIVE MODULE CONTENT

- Consultation and communication skills – enhanced expertise using the Calgary-Cambridge approach to consultation skills
- General pertinent anatomy and physiology of each system covered
- Pathophysiology related to systems covered
- History taking skills and documentation of advanced assessment and examination
- Physical examination of some major systems taught in a safe environment
- Concepts of ‘red flags’ and ‘differential diagnosis’ to support advanced practice and logical thought processes for safe practice
- Consideration and management of complex presentations and patients/clients with co-morbidities
- Use of and understanding of investigations relevant to an out of hospital setting e.g. urinalysis, blood glucose etc...to support decision making
- Formulating management plans for care based on the acquisition of advanced assessment and examination skills
- Management of minor illness including health promotion measures
- Assessment and management of minor injuries & appropriate referral
- Paediatric assessment
- Assessment of the older patient and risks of polypharmacy
- Mental health problems including stress and anxiety, insomnia and recognition of depression
- Understanding and comprehension of patients’ expectations of practitioners
- Development of advanced decision making skills
- Prescribing and/or supply under group protocols/PGDs
- Boundaries & limitations
- Legal and professional accountability in advanced practice
- Referrals to the multidisciplinary team and beyond where appropriate
- Triage in client care relating to the following.

Systems Covered

- Eyes
- Ears, nose, and throat
- Skin
- Upper and lower respiratory system
- Musculoskeletal system
- Gastrointestinal system
- Genitourinary system
- Gynaecological conditions (red flags and referral only)
- Sexually transmitted infections (red flags and referral only)
- Neurological system
ASSESSMENT
FORMATIVE
PAD
Mock OSCEs
Case review
Workbooks
Formative case study (week 6)
Critical Incident analysis for formative feedback (week 10)
SUMMATIVE
PAD/Portfolio word limit 5000 words including:
  • Reflections
  • 1 critical incident analysis
  • in-depth case studies
  • Case note analysis
  • Reflections on supervision

OSCE
READING

Core


Rushforth H (2009), Assessment made Incredibly Easy, First UK Ed. USA: Lippincott Williams & Wilkins.


Journals:
Paramedic Practice
Emergency Medicine Journal
<table>
<thead>
<tr>
<th>Web Sites of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.evidence.nhs.uk">www.evidence.nhs.uk</a></td>
</tr>
<tr>
<td>will search Cochrane Library</td>
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<tr>
<td><a href="http://www.prodigy.co.uk">www.prodigy.co.uk</a></td>
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<td><a href="http://www.sign.ac.uk">www.sign.ac.uk</a></td>
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<td><a href="http://www.medic8.com">www.medic8.com</a></td>
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<td><a href="http://www.nice.org.uk">www.nice.org.uk</a></td>
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<tr>
<td><a href="http://www.spottingthesickchild.com">www.spottingthesickchild.com</a></td>
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</tbody>
</table>
## PROGRAMME: BSc (Hons) Paramedic Science

| YEAR: 3 | CREDITS: 40 | LEVEL: 6 |

### MODULE TITLE: Service Improvement Project

| Contact Hours: 12 | Supervision: up to 6 | Directed/Self-Directed Hours: 382 |

### MODULE AIM

This module acts as an integrating project and will be delivered by 4 group tutorials and project supervision, supported by online resources. Students will undertake a literature review to provide a rationale for a proposed service improvement/innovation project.

Support will be provided through seminars/tutorials and group work.

### MODULE OUTCOMES

This module will enable the student to:

11.1 Demonstrate the ability to develop an evidence-based proposal for service improvement and innovation recognising the implications for patients and stakeholders

11.2 Become experts in critical thinking evidenced by: reasoning, analysis & synthesis, reflection and reflexivity

11.3 Demonstrate ability to critically reflect on their learning and analyse implications for professional practice

11.4 Demonstrate courage, initiative, creativity and proactivity in identifying and proposing strategies to improve and disseminate best practice

11.5 Apply conceptual frameworks to paramedic practice

11.6 Construct a coherent argument supported by analysis of data from a wide range of sources

11.7 Be an effective standard prodder demonstrating ability to challenge and influence current culture and improve practice

11.8 Evaluate the role and effectiveness of a range of approaches to service improvement and innovation in practice.

### INDICATIVE MODULE CONTENT

- Project management
- Service improvement and transformation
- Involvement of key stakeholders
- Application of data to problem-solving and solution finding
- Tools for patient safety and harm avoidance
<table>
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<th>ASSESSMENT</th>
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<tr>
<td><strong>FORMATIVE</strong></td>
</tr>
<tr>
<td>SIP Proposal</td>
</tr>
<tr>
<td>Seminars and tutorials/supervision</td>
</tr>
<tr>
<td><strong>SUMMATIVE</strong></td>
</tr>
<tr>
<td>Proposal for Service Improvement Project (SIP)</td>
</tr>
<tr>
<td>SIP Artefact (e.g. poster, leaflet, journal article) with Process Log</td>
</tr>
<tr>
<td><strong>READING</strong></td>
</tr>
<tr>
<td><strong>Core</strong></td>
</tr>
<tr>
<td>Centre for Change and Improvement 2005: A Guide to Service Improvement. NHS Scotland</td>
</tr>
<tr>
<td>Service improvement tools available via the NHS Institute</td>
</tr>
<tr>
<td><a href="http://www.institute.nhs.uk/quality_and_service_improvement_tools/">www.institute.nhs.uk/quality_and_service_improvement_tools/</a></td>
</tr>
</tbody>
</table>
Supplementary

Determined by student subject area

Websites

Healthcare Improvement Scotland:
http://www.healthcareimprovementscotland.org/home.aspx

Health Foundation Patient Safety Resource Centre:
http://patientsafety.health.org.ug/

http://www.nhsiq.nhs.uk/8579.aspx
archive of the NHS Institute for Improvement

http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools_for_the_nhs.html

NHS Improving Quality Website:
http://www.nhsiq.nhs.uk/
**PROGRAMME: BSc (Hons) Paramedic Science**

<table>
<thead>
<tr>
<th>YEAR: 3</th>
<th>CREDITS: 20</th>
<th>LEVEL: 6</th>
</tr>
</thead>
</table>

**MODULE TITLE:** Leadership, Practice Education, Teamwork and Transition into Paramedic Practice (includes Practice-based Learning 6)

<table>
<thead>
<tr>
<th>Contact Hours: 36 of which 24 are face to face</th>
<th>Directed/Self-Directed Hours: 12 Practice: 562.5</th>
</tr>
</thead>
</table>

**MODULE AIM**

This module will comprise a blended approach with lectures/seminars/group work and directed/flipped lectures.

Students will be applying theory and testing their abilities during the clinical placements occurring during this module.

Leadership at all levels, together with mentorship and the ability to enable the learning of others are crucial to out of hospital care practitioners. These areas have been recognised as traditional gaps in paramedic education and this module seeks to enhance student knowledge, skills and capabilities in these areas as well as enhancing their employability and readiness for their role as independent registered practitioners. Completion of this module will enable students to demonstrate leadership skills early in their careers and to become the mentors and educators of future students.

Placements occur between weeks 20 and 34

**MODULE OUTCOMES**

This module will enable the student to:

12.1 Demonstrate in-depth knowledge and application of teaching and learning theories to paramedic practice and to continuing personal and professional development
12.2 Develop their own practice and that of others to support and enhance the patient experience through application of leadership, education/teaching, supervision and peer support across diverse networks
12.3 Demonstrate commitment to lifelong learning and continual learning from experience
12.4 Model self-awareness, compassion, cultural awareness and inclusive practice
12.5 Effectively work within a range of teams
12.6 Evaluate the role of the mentor/practice educator in supporting others in their personal and professional development
12.7 Critically examine ways to develop and enhance the practice learning environment to assist learners in meeting their learning needs
12.8 Evaluate their effectiveness in facilitating evidence-based practice
12.9 Demonstrate insight into own learning needs whilst making the transition from student to independent practitioner.
# INDICATIVE MODULE CONTENT

## EDUCATION
- Theories of teaching and learning
- Providing an effective environment for learning, auditing the learning environment
- Educational evidence
- Appreciative Inquiry/Action Learning Sets

## LEADERSHIP
- Leading others
- Educational leadership and its role in enhancing the patient experience
- Role modelling (acting with integrity, self-management)
- Developing and enhancing your networks
- Managing resources and people
- Developing a business case

## SUPERVISION AND MENTORSHIP
- Models of supervision, clinical supervision, mentorship and peer support
- Supporting the learning with specific learning needs
- Planning your own CPD and surviving the transition into independent registered practice

## ASSESSMENT

5000 word maximum - Patchwork Portfolio comprising:
- Analysis of leadership development mapped against NHS Clinical Leadership domains 2,000 words)
- Evaluation of teaching session (1,000 words)
- SWOT/SWOB and critical reflection on learning needs as newly qualified practitioner (SWOT/SWOB +1,000 words)
- Significant Event Analysis - ‘Critical reflection on an example illustrating practice development’ (1000 words)

PAD
**READING**

**Core**


**Supplementary**

**Journals**
Advances in Medical Education and Practice
International Journal of Evidence Based Coaching and Mentoring
Journal of Paramedic Practice
Medical Education
Nurse Education in Practice
Nurse Education Today

**Websites**
Higher Education Academy (HEA)
http://www.heacademy.ac.uk/
7.0 RECOMMENDED READING

The texts cited on these pages are some books that you may wish to access during the course of your programme. You will be directed to some specific texts in the Module Descriptors and in the Learning packages.

Suggested Purchases:


#Blaber, A. and Harris, G (Eds) 2011: Assessment Skills for Paramedics. Maidenhead: Open University Press- online access available


OR


FULL KEY TEXT BOOKLIST - additional reading and resources are given in the module outlines in the Student handbook for the programme:


Blaber, A. 2014:


#Blaber, A. and Harris, G (Eds) 2011: Assessment Skills for Paramedics. Maidenhead: Open University Press- online access available


Centre for Change and Improvement 2005: A Guide to Service Improvement. NHS Scotland


Edinburgh Napier University: June 2012: Leadership in Compassionate Care Final Report. Edinburgh Napier University/NHS Scotland
End of life Care Programme, 2010: A framework of National Occupational Standards to support common core competences and principles for health and social care workers working with adults at the end of life, London: Department of Health


Freshwater, D and Bishop, V. 2004: Nursing Research in Context: Appreciation, Application and Professional Development (see chapter by Freshwater, D ‘the Appreciation and Critique of Research Findings: Skills Development)


A useful edited collection to help practitioners decide how to assess and use evidence from a range of types of research.

An edited book aimed at health and social care practitioners, presenting a series of examples of types of research and guides to assessing them.


Haley, T. 2012: ‘Cultural challenges in getting it right for every child: a reflective account’
Journal of Paramedic Practice 4(3): 161 - 165
Hawkes G, Nunney I and Lindqvist S. ‘Caring for attitudes as a means of caring for patients - improving medical, pharmacy and nursing students’ attitudes to each other's professions by engaging them in interprofessional learning’(pdf 192KB).
Medical Teacher, 2013; Web paper e1-e

Health and Care Professions Council 2011: Professionalism in healthcare professions. Available via:

Health and Care Professions Council 2012a: Standards of Proficiency Paramedics. Available via:

Health and Care Professions Council 2012b: Standards of conduct, performance and ethics. Available via:


AJP: Advances in Physiology Education. Vol.37 (1), pp.80-84


Rushforth H (2009), Assessment made Incredibly Easy, First UK Ed. USA: Lippincott Williams & Wilkins.


Service improvement tools available via the NHS Institute
www.institute.nhs.uk/quality_and_service_improvement_tools/


Thistlethwaite J and Moran M, on behalf of the World Health Organisation Study Group on Interprofessional Education and Collaborative Practice (of which Lindqvist S was a member): 'Learning outcomes for interprofessional education (IPE): Literature review and synthesis' (pdf, 316KB). Journal of Interprofessional Care, September 2010; 24(5): 503-513
Thomas, K and Lobo, B. 2011. Advance Care Planning in End of Life Care, Oxford: OUP


Williams, A. 2013: ‘The strategies used to deal with emotion work in student paramedic practice’. 


Emergency Medicine Journal

Journal of Paramedic Practice
CPD modules:
- Reading and reviewing academic articles (March 2010) available as free taster CPD module
- Becoming a reflective practitioner: a framework for paramedics (January 2011)
- Considering and applying pharmacokinetics (October 2012)
- Clinical leadership for paramedic practice (May 2013)
- Decision making for paramedic practice (May 2013)
- Pain management for paramedic practice (June 2012)
- Critical thinking for paramedic practice (July 2013)

https://www.uea.ac.uk/mac/comm/media/press/2013/November/newmooc
‘Preparing for University’
**E: Journals:**
Academic Emergency Medicine
Accident and Emergency Nursing
Advances in Medical Education and Practice
Archives of Disease in Childhood Education and Practice
Bandolier -access via [www.medicine.ox.ac.uk/bandolier/](http://www.medicine.ox.ac.uk/bandolier/)
BMJ
BMJ Case Reports
BMJ Open
BMJ Open Diabetes Research and Care
BMJ Quality and Safety
Clinical Evidence
Critical Care
Critical Care Research and Practice
Emergency Medicine Journal
Emergency Nurse
Evidence-based Healthcare
Evidence-based Healthcare and Public Health
Evidence-based Medicine
Health Service Journal (HSJ)
International Journal of Evidence Based Coaching and Mentoring
International Journal of Evidence-Based Healthcare
Journal of Paramedic Practice
Medical Education
Medscape Mental Health
Mental Health Practice
Nurse Education in Practice
Nurse Education Today
Student BMJ

Videos/video clips:
‘Remember Me’
‘This is Me’

Evidence-based Medicine; An Oral History Video

Websites and Toolkits:
Significant Event Audit (EBP (2))
[http://www.rcgp.org.uk/clinical-and-research/clinical-resources/clinical-audit/significant-event-audit.aspx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/clinical-audit/significant-event-audit.aspx)

[http://www.nrls.npsa.nhs.uk/resources/?entryid45=61500](http://www.nrls.npsa.nhs.uk/resources/?entryid45=61500)
[http://www.nrls.npsa.nhs.uk/resources/?entryid45=65673&q=0%c2%acsignificant+e%vent%c2%ac](http://www.nrls.npsa.nhs.uk/resources/?entryid45=65673&q=0%c2%acsignificant+e%vent%c2%ac)
Paediatrics:

8.0 - APPENDICES

APPENDIX 1 Promoting Safety

PROTOCOL FOR PROMOTING SAFETY IN PRACTICE FOR STUDENTS, MENTORS AND PATIENTS/CLIENTS

Three graduated steps to achieving safe practice:

1. Simulation
2. Participant observer
3. Supervised practice
   - First under direct supervision
   - Then under indirect supervision

This process is applied to all skills.
Exemplar

1. SIMULATION

Demonstration of blood pressure monitoring by lecturer or practitioner in Skills Laboratory or clinical area.

To include knowledge/evidence, emotional and attitudinal aspects (including the patient perspective) and psychomotor domains (how to do it)

Simulated practice under supervision

To identify learning needs through observation and reflection – practice blood pressure measurement in the skills' laboratory

AND / OR

Rehearsal in the practice area prior to undertaking the skill in practice – practice with mentor
2. PARTICIPANT OBSERVATION
[Student is moving from Novice to Advanced Beginner]

Student observes the practitioner/lecturer
de-briefing
Participation by student
This may occur a number of times and involve
briefing
questioning
observation by practitioner/lecturer
de-briefing
use of reflection

3. SUPERVISED PRACTICE
[Will commence once the student has mastered steps 1 & 2.]

3a. Direct Supervision

briefing
questioning
observation by practitioner
de-briefing
use of reflection

3b. Indirect Supervision

Will be used when the student has mastered steps 1, 2 and 3a and the student is deemed to be safe
[when appropriate [within policy or legislation]
when agreed by student and practitioner

Adapted from:
APPENDIX 2 – Client Groups and Presentations

Adult Medical

Abdominal pain
Allergies
ALS
Anaemia
Anaphylaxis
Aneurism
Asthma
BLS
Breathlessness
Cancer care and pain management (palliative care)
Cardiac arrhythmias
Cardiac arrest
Cardiac chest pain
Chest pain
COPD and respiratory conditions (Chest Infections)
Dehydration
DVT
Ear and eye infection and conditions including deafness, cataract, glaucoma, retinal detachment, chemical contamination of the eye
Fitting
GI bleeds
Headache
Heart failure
Hyperglycaemia
Hyperventilation
Hypoglycaemia
Hypothermia
Immunodeficiency (HIV and AIDS)
Insect bites
Intestinal obstruction
Intracranial Haemorrhage
Leukaemia
Liver failure
Meningitis
Meningococcal septicaemia
Myxoedma
Overdose and poisoning
Pulmonary embolism
Pulmonary oedema
Renal failure, renal stones and colic
Shock
Sickle cell crisis
Thyrotoxicosis
Stroke
Sub-Arachnoid Haemorrhage
Unconsciousness
UTI

**Adult Trauma**

Burns
Drowning/ near drowning
Electrocution
Ear and eye penetrating/non-penetrating trauma
Head trauma
Spinal trauma
Thoracic trauma
Abdominal Injury
Limb trauma
Trauma in pregnancy
Wounds

**Mental Health**

Acute grief reaction
Aggression and violence
Anxiety and stress related presentations
Attempted suicide
Deliberate self injury and poisoning
Delirium and acute confusional states
Dementias
Depression
Eating disorders- Anorexia and Bulimia Nervosa
Personality disorders
Posttraumatic stress disorder
Psychosis- Schizophrenia, Manic Depression, Psychotic Depression (including hallucinations and delusions)
Sleep disorders- Insomnia and Hypersomnia
Substance misuse (alcohol, over the counter and prescription medications, illicit drugs

**Learning Difficulties**

Challenging behaviour
Down’s syndrome (Trisomy 21)
Pervasive development disorders including Autistic spectrum, Asperger’s syndrome
Obstetric & Gynaecological Emergencies

Normal pregnancy
APH
Birth imminent (including mal-presentation and PPH)
Ectopic Pregnancy
Haemorrhage during pregnancy
Postnatal depression
Pregnancy induced hypertension (including eclampsia)
Sexual assault
STIs
Vaginal bleeding

Older People

Bone degeneration (osteoporosis)
Falls
Organic impairment
Parkinson’s disease
Polypharmacy and iatrogenic disorders
Pressure ulcers

Paediatric Emergencies and Presentations

ADHD
Child protection
Choking
Conduct disorders
Neonatal resuscitation
Paediatric BLS
Paediatric ALS
Paediatric trauma
Recognition of the seriously ill child
Introduction

Professionalism is attracting a great deal of attention from across healthcare (Keeling and Templeman 2012; Collier 2012), including the Allied Health Professional bodies (COT/BAOT Briefings 2004; RCSLT 2010), the Health Professions Council (Health Professions Council 2011), and the Department of Health (Middleton 2012), where much of the debate concerns qualified practitioners. The School of Allied Health Professions (AHP) at the University of East Anglia (UEA) also considers professionalism to be a vital element of professional education and strongly believes that this concept needs to be actively addressed from the very outset of educational programmes for healthcare professionals.

The NHS Constitution (Department of Health 2010) sets out seven principles for the NHS; the third of which is that ‘the NHS aspires to highest standards of excellence and professionalism’. The draft report from the Commission on Improving Dignity in Care for Older People (2012), recommends a philosophy of compassionate and person-centred care. It stipulates that universities must satisfy themselves that applicants have both the academic qualifications and the compassionate values needed to provide dignified care. This gives a very clear mandate for Higher Education Institutions to prepare students adequately to enable them to deliver these expectations and aspirations.

The School of Allied Health Professions at UEA has developed an educational response to professionalism, informed by recommendations from key writers on the topic,
including Jha et al (2007) and van Mook et al (2009a and 2009b). These can be summarised as follows:

1. There needs to be an explicit and generic definition of the concept of professionalism
2. Professionalism needs to be taught and assessed throughout the curriculum
3. Professionalism should be considered as a process rather than a fixed construct
4. Interventions should be put into the curricula that are designed to facilitate attitudinal and behavioural change
5. Professionalism needs to be taught and assessed in multiple ways

**Development of the AHP Professionalism Charter**

There are four strands of professionalism teaching within the AHP curricula:

- Specific teaching on professionalism
- Socialisation
- Clinical experience
- Assessment of professionalism

There is a significant amount of teaching and assessment of professionalism, but we wanted to make it more easily identified as such by students. The medical profession has developed a ‘Charter on Medical Professionalism’ (Charter on Medical Professionalism 2002), which provided us with the idea to produce a similar document for our students. The AHP Charter on professionalism has four aims:

- To define the construct of professionalism for AHP students (mapped to recommendation 1)
- To provide a tangible framework around which professionalism can be structured (mapped to recommendations 2, 3 and 5)
- To enable students to map changes in their professional attitudes and behaviours (mapped to recommendation 4)
- To highlight areas for development (mapped to recommendations 3, 4 and 5)
A preliminary AHP Charter of Professionalism was generated using the principles from the Charter on Medical Professionalism (2002) and other related literature (ABIM 1995; Kasar and Muscari 2000; Frank 2005; O’Sullivan and Toohey 2008; Van Mook et al 2009c). The characteristics of professionalism provided by these researchers were pooled and then analysed for commonality. Just as the medical profession has used a charter to highlight the ideals of doctors, these characteristics were used to identify the core responsibilities that the School of AHP considers to be the important elements of professionalism. Twenty such responsibilities were identified to make up the Charter. For clarification, each responsibility is accompanied with a descriptor and an example (Appendix 1).

**Founding Principles**

The AHP Charter has been written so that it complements and extends other related guidance on student conduct such as the ‘Guidance on conduct and ethics for students’ (Health professions Council 2010). It is based on three fundamental principles:

- **Humanism**

  The Charter on Medical Professionalism made use of humanism as one of the founding principles, which has led to this philosophical stance being considered an integral element of professionalism (Moyer et al 2010). Concerned with the ‘nature of humanity, personal coHSCiousness and individual being’ (Hagedorn 2001, page 99), humanism has been associated with values such as compassion, competence, altruism, trustworthiness, integrity and respect for others (van Mook et al 2008; Blue et al 2009; Moyer et al 2010). It therefore would be appropriate to use it as a guiding principle for the AHP Professionalism Charter.

- **Primacy of the patient/client/service user**

  Humanism has influenced the way that healthcare has been delivered to the extent that staff are expected to demonstrate commitment and concern for patients and a willingness to place them at the centre of their care. Person-centredness is the accepted norm for good quality healthcare (MacLeod and McPherson 2007); something that is woven into the Guidance on conduct and ethics for students (Health Professions Council 2010). This too should be considered an integral part of professionalism.

- **Excellence**

  Implicit within humanistic qualities is the understanding that striving to do one’s best is a virtue. The UEA Student Charter is underpinned by a mission statement containing
a declared commitment to excellence (Student Charter 2010-11). Students are seen as active partners in their own education and by implication they have a right to receive an excellent education but also have a responsibility to strive for excellence themselves. Not all students can attain the highest academic achievements but they can all strive to be the best that they can be. It is therefore appropriate to regard excellence as another essential element of professionalism.

The Model

The conceptual model we now have of professionalism can be described as a radial with the four previously noted strands linked by The Professionalism Charter (Figure 1).

Figure 1: Conceptual model showing the relationship between the AHP Professionalism Charter and the curriculum
PROFESSIONALISM CHARTER

ASSESSMENT

TEACHING

SOCIALISATION

CLINICAL EXPERIENCE
Implementation

How is the Professionalism Charter introduced?

- At the beginning of each academic year, an inter-professional lecture takes place to explain and introduce the charter to the year 1 cohort.
- A copy of the charter is included within the CPD portfolio provided for each student.
- Students start to accumulate evidence of their professionalism using CPD tools.
- At regular intervals each student will assess their professionalism against the remits of the charter.
- Students complete a ‘Documentation of Professionalism’ form (Appendix 2) to index the evidence that they have accumulated for the relevant responsibilities.
- An obligatory meeting occurs between each student and their personal advisor at the end of each academic year.
- This meeting is known as the ‘Professional Development Meeting’.
- The purpose of this meeting is to review the student’s progress against the professionalism Charter. This should include a review of academic and personal progress throughout the year. There should be a review of assignment feedback the student has received and discussion of issues to deal with in preparation for the following year (for yrs 1 & 2 of course). The style of the meeting is one of mentorship, wherein personal advisors are expected to guide the student through their personal journey towards professionalism within a relationship of learning.
- The student is expected to bring to this meeting, a current ‘Documentation of Professionalism’ form and the self report professionalism profile on an Excel sheet (Appendix 3). Prior to the meeting the student will have reviewed the responsibilities and evidence that has been accumulated. They will rate themselves on a ‘red / amber / green’ scale that is relevant to the stage of education.

  - **Red** = indicates an area that requires development
  - **Amber** = indicates that there is no or little evidence of meeting the responsibility but there is nothing to suggest that there is a problem
  - **Green** = indicates that there is sufficient evidence of achievement
  - A final professionalism profile will be agreed and saved electronically. This Excel sheet has been formatted so that a spider diagram is automatically created as the profile is completed (Appendix 4). The student and personal advisor retain a copy of the agreed document.
• A record of the meeting will be signed and dated by the personal advisor and student and retained by both (Appendix 5).
• This meeting has a duration of 30 minutes to one hour
• These meetings are timetabled within Professional Development Modules for Physiotherapy (PT), Occupational Therapy (OT) and Speech and Language Therapy (SLT) for years 1 and 2 and within Professional Development Module for PT and OT and Research and Professional Development for SLT for Year 3.
• The meetings are timetabled as follows:

<table>
<thead>
<tr>
<th>YEAR</th>
<th>SLT</th>
<th>PT</th>
<th>OT</th>
<th>Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Weeks 33 and 34</td>
<td>Week 30</td>
<td>Week 30</td>
<td>By end of Week 36</td>
</tr>
<tr>
<td>2</td>
<td>Weeks 35 and 36</td>
<td>Week 34</td>
<td>Week 34</td>
<td>By end of Week 40</td>
</tr>
<tr>
<td>3</td>
<td>Week 24</td>
<td>Week 26</td>
<td>Week 26</td>
<td>Week 33</td>
</tr>
</tbody>
</table>

• Personal advisors will offer two further optional meetings to students during the academic year.
• These meetings are known as ‘Advisor meetings’.
• The purpose of these meetings is to monitor a student’s progress more generally but may include discussions around the Professionalism Charter.
• These meetings are not timetabled but should occur at the following points in the academic year

<table>
<thead>
<tr>
<th></th>
<th>SLT/PT/OT YEAR 1</th>
<th>SLT/PT/OT YEAR 2</th>
<th>SLT/PT/OT YEAR 3</th>
<th>Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor meeting 1</td>
<td>Between weeks 1 and 12</td>
<td>Between weeks 1 and 12</td>
<td>Between weeks 1 and 12</td>
<td>Between weeks 1 and 12</td>
</tr>
<tr>
<td>Advisor meeting 2</td>
<td>Between weeks 16 and 20</td>
<td>Between weeks 16 and 20</td>
<td>Between weeks 16 and 20</td>
<td>Between weeks 16 and 24</td>
</tr>
</tbody>
</table>

• By the end of the programme of education students are expected to have provided some evidence for all of the responsibilities in the charter

Whilst this charter is not a contractual document between students and the UEA it is envisaged that the AHP Professionalism Charter will:

• Provide an explicit and unified explanation of the concept of professionalism for the benefit of students and staff
• Provide an opportunity for students to assess their professional progress.
• Prepare students to adhere confidently to regulatory codes of conduct once registered with the Health Professions Council

• Enhance students’ employability
### AHP PROFESSIONALISM CHARTER

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Description</th>
<th>Examples</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Honesty and Integrity                 | The consistent regard for the highest standards of behaviour and the refusal to violate one’s personal and professional codes (ABIM 1995) Links with HPC Guidance on the conduct and ethics of students number 1 | Being fair, being truthful, keeping one’s word and being straightforward (ABIM 1995)  
  - You make a mistake in practice that you own up to  
  - You do not make false claims about your academic work such as declaring a false word count                                             | Links with HPC Guidance on the conduct and ethics of students number 1  
  - You make a mistake in practice that you own up to  
  - You do not make false claims about your academic work such as declaring a false word count                                             |
| Empathy and Compassion                | The ability to be sensitive and respond to the feelings and behaviours of others (Kasar and Musari 2000)                                                                                            | Listening and considering the ideas and opinions of others. Rendering assistance to all individuals without bias (Kasar and Musari 2000)                  |  
  - You take the time to listen to a patient’s concerns and support them accordingly  
  - You offer support to a fellow student                                                                                                                                                                    |  
  - You take the time to listen to a patient’s concerns and support them accordingly  
  - You offer support to a fellow student                                                                                                                                                                    |
| Altruism and Respect for others       | The ability to demonstrate a commitment to patients, the profession and society through ethical practice (Frank 2005) Links with HPC Guidance on the conduct and ethics of students number 1 | Exhibiting appropriate professional behaviours (Frank 2005) including selflessness, avoiding self-interest (ABIM 1995).  
  - You strive to do one’s best for all patients as far as resources allow  
  - Behaving appropriately in the classroom (not acting in a way that would disturb others)                                                                                                               | Exhibiting appropriate professional behaviours (Frank 2005) including selflessness, avoiding self-interest (ABIM 1995).  
  - You strive to do one’s best for all patients as far as resources allow  
  - Behaving appropriately in the classroom (not acting in a way that would disturb others)                                                                                                               |
| Trustworthiness and Dependability     | The capacity to demonstrate reliability (Kasar and Musari 2000)                                                                                                                                              | Taking responsibility for honouring commitments  
  - Undertaking practice tasks on schedule                                                                                                                                                                   |  
  - Undertaking practice tasks on schedule                                                                                                                                                                   |
| Initiative | The capacity to create and initiate ideas (Kasar and Musari 2000) | Being enterprising  
  - Self-starting projects, tasks and programmes as appropriate  
  - Seeking opportunities to extend own knowledge and skills |
| --- | --- | --- |
| Judgement | The ability to make wise decisions (Royal College of Physicians 2005)  
  Links with HPC Guidance on the conduct and ethics of students number 5 and 7 | Applying critical reasoning to an enquiry to arrive at a justifiable solution (adapted from Royal College of Physicians 2005)  
  - Balancing a patient’s needs with available resources  
  - Seeking academic advice from others in a timely and appropriate manner |
| Confidentiality | Appropriate safeguarding of the disclosure of patients information (Charter on Medical Professionalism 2002)  
  Links with HPC Guidance on the conduct and ethics of students number 2 | Earning trust of others that information will be held in confidence (unless there are over-riding considerations in the public interest)  
  - Not discussing your patients on the bus  
  - Making sure that you remove any identifying details from assignments |
| Maintain appropriate relationships with service users | The commitment to avoid inappropriate relationships with patients or their carers (Charter on Medical Professionalism 2002) | Exhibiting an appropriate professional boundary  
  - Maintaining a professional relationship as distinct from a friendship  
  - Ensuring that contacts on social networking sites are not patients or carers |
| Professional presentation | The ability to present oneself in a manner acceptable to clients, peers and colleagues (Kasar and Muscar 2000)  
  Links with HPC Guidance on the conduct and ethics of students number 3 | Conveying humanistic values through demeanour and appearance  
  - Dress and behave in a way that respects the culture of the setting (placement or academic setting) |
| Co-operation | The ability to work collaboratively to maximise | Working effectively with others, honouring commitments and being loyal |

Links with HPC Guidance on the conduct and ethics of students number 13  
• If you are required to undertake a task as part of a group activity you do not allow leisure activities to prevent you from fulfilling your duty
<table>
<thead>
<tr>
<th>patients’ care (Charter on Medical Professionalism 2002)</th>
<th>to decisions made (Kasar and Muscari 2000; Project Team Consilium Abeundi 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrating good team working skills</td>
<td></td>
</tr>
<tr>
<td>• Being respectful of decisions that are made in the interests of the whole cohort (rather than one individual)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisation</th>
<th>The ability to systematically manage tasks, manage self and manage others (Kasar and Muscari 2000; Project Team Consilium Abeundi 2005)</th>
<th>Showing prioritisation to meet patient and organisational requirements (Kasar and Muscari 2000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being prepared for placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Managing deadlines set for seminar and course work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>The commitment to having responsibility to society, to the profession and to self (Frank 2005)</th>
<th>Recognising and responding to ethical aspects of practice. Recognising responsibility to self, including personal care in order to serve others (Frank 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognising the principles and limits of patient confidentiality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Declaring a health issue that may compromise your ability to study</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment to Improve</th>
<th>The ability and will to strive for excellence (Royal College of Physicians 2005)</th>
<th>Showing commitment to continuous improvement (Royal College of Physicians 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Finding and developing ways to practice a clinical skill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reflecting on course marks with personal advisor to see where improvements could be made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competence</th>
<th>Commitment to competence in technical knowledge and skills, ethical and legal understanding and communication skills (ABIM 1995)</th>
<th>Showing continuous achievement of learning in knowledge, skills and behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Achieves a measurable competence in a practice skill (e.g. able to conduct an assessment according to set standards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Able to articulate legal contexts of practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effective verbal communication</th>
<th>The ability to share information with clarity and quality of content (Kasar and Muscari 2000)</th>
<th>Being understandable, empathetic, non-judgemental and showing awareness of the emotional implications of</th>
</tr>
</thead>
</table>
| **Effective written communication** | The ability to communicate information clearly and concisely in written form (Kasar and Muscari 2000) | Writing clearly, using appropriate language  
- Following practice guidelines when completing patients records  
- Proof reading assignments before submission to eliminate errors |
| **Self-awareness** | The ability to be insightful (Frank 2005) | Showing insight into one’s own skills, knowledge and behaviour  
- Recognises own limitations  
- Acknowledges the impact of one’s own behaviour on others |
| **Supervision** | The ability to modify performance in response to meaningful feedback (Kasar and Muscari 2000) | Being receptive to feedback and constructive criticism. (Project Team Consilium Abeundi 2005)  
- Taking supervisors comments into consideration during practice  
- Using feedback from an assignment when preparing further assignments |
| **Reflective practice** | The ability to reflect on own behaviour and the underlying dynamics (Project Team Consilium Abeundi 2005) | Being prepared to self-observe and gain new insights  
- Making time to reflect ‘in’ and ‘on practice’ (Schon 1983) |
| **Clinical reasoning** | The ability to analyse, synthesise and interpret information (Kasar and Muscari 2000) | Articulating the decision making process using a range of information including the best available evidence  
- Justifying an intervention to the patient  
- Demonstrating an ability to evaluate choice of interventions |

If individuals want to use all or part of this document they should contact the School of Allied Health Professions, University of East Anglia, for permission.
## Professionalism Profile

Name of student:

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honesty and Integrity</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Empathy and compassion</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Altruism and Respect for others</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trustworthiness and Dependability</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Initiative</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Judgement</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Maintain appropriate relationships with service users</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Professional presentation</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Co-operation</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Organisation</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Responsibility</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Commitment to improve</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Competence</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Effective verbal communication</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Effective written communication</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Supervision</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Reflective practice</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix 3
WORKED EXAMPLE OF A SPIDER DIAGRAM

Year 2

- Honesty and Integrity
- Empathy and compassion
- Altruism and Respect for others
- Trustworthiness and Dependability
- Initiative
- Judgement
- Confidentiality
- Maintain appropriate relationships with service users
- Professional presentation
- Co-operation
- Organisation
- Responsibility
- Commitment to improve
- Competence
- Effective verbal communication
- Effective written communication
- Self-awareness
- Supervision
- Reflective practice
- Clinical reasoning
## Appendix 4

PROFESSIONAL DEVELOPMENT MEETING RECORD

<table>
<thead>
<tr>
<th>YEAR</th>
<th>STUDENT SIGNATURE</th>
<th>PERSONAL ADVISOR SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


Jha, V, Bekker HL, Duffy SRG & Roberts TE (2007) A systematic review of studies assessing and facilitating attitudes towards professionalism in medicine Medical Education; 41: 822–829
doi:10.1111/j.1365-2923.2007.02804.x


Student Charter (2010-2011) In: University of East Anglia 2010-2011 Calendar, pages 188-189, University of East Anglia, Norwich, NR4 7TJ


APPENDIX 4 – Assessment of Paramedic Attributes

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

The student must score a mark of 3 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).

<table>
<thead>
<tr>
<th>Paramedic Attribute</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; (formative) Insert mark (between 1 and 5)</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; (summative) Insert mark (between 1 and 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Always acts in the best interests of the service user</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- respects a person’s right to be treated by a professional and not a student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- treats everyone equally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- does not do anything that might endanger others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- speaks to placement provider and UEA if concerned about something that may put someone at risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment:
2. **Respects the confidentiality of the service user**
   - keeps information about service users confidential unless this puts someone at risk (follows local policies and guidelines)
   - removes all identifying information about service users from anything used in academic assessment material (follows UEA policies and guidelines)

Comment:

3. **Keeps high standards of personal conduct.**
   - is aware that conduct outside of the programme may affect completion of programme or registration with HCPC
   - is polite with service users, colleagues, practice placement teams and programme team
   - personal appearance is appropriate for placement environment
   - follows the UEA and placement provider’s policy on attendance

Comment:

4. **Provides any information about own conduct, competence or health to UEA and PEd/Supervising Clinician.**
   - ensures the UEA and placement provider are aware of existing health conditions or changes to health which may put service users/yourself at risk
   - informs the UEA if convicted of, or cautioned for, any offence whilst on the programme

Comment:

5. **Knows their limits – does not allow their health to affect their performance or judgements in practice – is aware of potential risk to service users, themselves and colleagues**
   - seeks help from a doctor or occupational health professional when worried about health

Comment:
### 6. Keeps professional knowledge and skills up to date
- is responsible for own learning
- thinks about and responds positively to feedback given

**Comment:**

### 7. Acts within the limits of their knowledge and skills
- Only carries out an unsupervised task if they feel they have the appropriate knowledge and skills
- Ensures they have appropriate supervision for any task that they are asked to carry out
- Asks for help when they need it
- Does not claim to have knowledge or skills which they do not – is aware this could put service users, themselves and colleagues at risk

**Comment:**

### 8. Communicates effectively and respectfully with service users, UEA and placement providers
- communicates effectively, respectfully and cooperates with colleagues to benefit service users
- communicates effectively, respectively and cooperates with programme team and placement team
- where appropriate shares knowledge with colleagues
- recognises and values contributions by others

**Comment:**

### 9. Gets valid consent to provide care or services (*as far as possible*)
- Makes sure service user are aware they are student before carrying out any intervention
- Makes sure the service user has given their permission for the intervention to be carried out by a student
- Explains the intervention they plan to carry out, including any risks associated with it
- Follows UEA or placement providers policy on consent

**Comment:**

<table>
<thead>
<tr>
<th>10. Keeps accurate records on service users</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Makes sure any information put into someone’s record is clear and accurate</td>
<td></td>
</tr>
<tr>
<td>- Protects information in records from being lost, damaged, accessed without permission or tampered with</td>
<td></td>
</tr>
</tbody>
</table>

**Comment:**

<table>
<thead>
<tr>
<th>11. Deals fairly and safely with the risks of infection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Takes all appropriate steps to deal with risks of infection</td>
<td></td>
</tr>
<tr>
<td>- Follows UEA’s or placement provider’s policy on managing risks of infection</td>
<td></td>
</tr>
</tbody>
</table>

**Comment:**

<table>
<thead>
<tr>
<th>12. Behaves honestly</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Does not pass off other people’s work as their own</td>
<td></td>
</tr>
<tr>
<td>- Fills in documents truthfully and accurately</td>
<td></td>
</tr>
<tr>
<td>- Does not let any improper financial reward influence the advice or services recommended</td>
<td></td>
</tr>
<tr>
<td>- Follows the UEA’s policies on ethics when carrying out research</td>
<td></td>
</tr>
</tbody>
</table>

**Comment:**

<table>
<thead>
<tr>
<th>13. Makes sure their behaviour does not damage public confidence in the profession</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Does not do anything which might affect the trust that the public has in the profession</td>
<td></td>
</tr>
</tbody>
</table>

**Comment:**
PLEASE NOTE: Following submission the PAD is subject to a moderation process undertaken by the School of Health Sciences.

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.
APPENDIX 5 – UEA Senate Scales

The University Senate Scales outline the marking criteria for all types of assessment including Coursework, Dissertations and Oral Presentations.

The University Senate Scales can be found using the link below:

[University Senate Scales]
School of Health Sciences - Personal Advising Model for Pre- and post-registration UG and PG-T programmes

The role of the Personal Advisor in HSC: A policy statement.

(1) The principal role of the Personal Advisor is to provide academic, professional and pastoral advice to students and to monitor their academic and professional progress.

(2) The Personal Advisor is responsible to the student for providing guidance and advice, and to the school for reporting and acting upon any factors affecting their advisee’s progress.

The advisor is required to offer a minimum of three individual meetings to each advisee per academic year. Students must attend a minimum of one (i.e. the end-of-year meeting) of these meetings. This does not preclude additional meetings, and students are encouraged to make contact with their Personal Advisor as necessary.

Students should be aware of their responsibility in reporting any changes in circumstance that may compromise their progress to their Advisor as soon as possible. (These requirements are stated in Regulation 13 Attendance, Engagement and Progress of the General Regulations for Students).

Personal advisors will ensure that they are informed about their advisees’ progress by considering their assessment grades and feedback (theory and practice), their engagement and attendance (including reasons for absence and details of sickness) as well as any specific information regarding their students’ conduct within UEA or an associated clinical environment.

These factors, and appropriate records, should be monitored to ensure an early awareness of, and intervention in, any aspects affecting student progress or performance. The advisor is required to report any factors that affect the performance of their advisee to the relevant Course Director or the Academic Lead for Fitness for Practice, whilst respecting as far as possible the confidential nature of the advisor/advisee relationship.

Further information can be found in the UEA Student Handbook 2014-15.

How this role description is applied can be seen in the following pages.
## Pre-registration UG and PG programmes

### Semester one

<table>
<thead>
<tr>
<th>Introduction meeting</th>
<th>PA &amp; student</th>
<th>Introductory face-to-face contact in 1st week to establish expectations for future meetings, in small groups or individually.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st formative work</td>
<td>Student</td>
<td>Formative academic writing exercise is submitted within first three weeks and feedback returned by PA with comments and, wherever possible, face-to-face feedback within two weeks of submission.</td>
</tr>
<tr>
<td>Need for DoS support?</td>
<td>PA</td>
<td>Identification of students who require academic development and referral to UEA Dean of Students. Students with identified learning needs will have individualised action plans as long as required, most likely throughout their programme.</td>
</tr>
</tbody>
</table>

### Each year (normally years 1 to 3; for BSc, DipHE & MSc pre-registration programmes years 1 & 2) (for the short midwifery programme programme semesters 1 to 3.)

<table>
<thead>
<tr>
<th>Optional individual meetings</th>
<th>Student to initiate, PA to make appointment time available</th>
<th>These will vary according to the advisee, but will generally offer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six to eight weeks into the 1st and 2nd Semester</td>
<td></td>
<td>- Academic support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Monitoring of academic progress &amp; professional behaviour.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pastoral support, including referrals on to appropriate services provided by the UEA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obligatory progression review (end of 2nd semester)</th>
<th></th>
<th>As above plus progression review, either by ‘Professionalism Charter Review process’ (OT/PT/SLT) or by SEWSIS form (including review of student’s results &amp; markers’ feedback).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If required: identification of learning needs and establishment of a remedial action plan for the coming year (or the remaining period of study).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During the final year meetings job applications/references may be considered.</td>
</tr>
</tbody>
</table>

### Throughout the programme

**Students can request individual meetings beyond those set out above.**

Students and PAs are expected to reply to emails within two working days, students can normally expect feedback from their PAs within five working days.

**Pre-submission support for assignments** will vary according to the year of study.

- **Year 1:** All Programmes: a plan and [a] short section[s] of work (altogether up to one side of A4, to a maximum of 500 words) can be discussed. (For DipHE students, one full draft can be reviewed for the first assignment only.)

- **Year 2 and 3:** General academic advice (such as discussion of an assignment plan) will be given. Later on the Module Organiser (for OT/PT/SLT programmes) or the PA (all other programmes) will answer specific, assignment-related questions.

**For dissertation supervision in Nursing and Paramedic Sciences:** Up to six hours (BSc) and 10 hours (MSc) will be allowed for academic (and where necessary professional) guidance, with an agreed timeframe to review on-going work.

**Unless set by the PA feedback for formative work** is limited to the first year of study and to specific issues, such as referencing, developing an academic argument or how to write a reflection.
In all cases of referred [failed] assignments the following guidelines apply:

- Meet to discuss reasons for fail and review markers comments. (Students can meet the marker once for feedback and advice.)
- Set up learning/remedial plan
- Advisors will review and provide feedback specific issues, such as referencing or developing an academic argument. They may review problematic sections highlighted by the student.

For all assignments including dissertations: **no work will be reviewed** by PA (or Dissertation Supervisors) **within 10 working days of the submission date**.
# Post-registration UG and PG-T programmes

<table>
<thead>
<tr>
<th>Beginning of Module 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introductory meeting</strong></td>
</tr>
<tr>
<td><strong>Need for DoS support?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Per Module</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assignment prep meeting &amp; Review of 1 plan</strong></td>
</tr>
<tr>
<td><strong>Per Module</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Throughout the programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students can request individual meetings beyond those set out above.</strong></td>
</tr>
</tbody>
</table>

Module Organisers will timetable an **introduction to the assessment requirements** at start of each module.

For dissertations PAs or Dissertation Supervisors will allow up to 6 hours (BSc) and 10 hours (MSc) for academic & professional guidance, with an agreed timeframe to review on-going work.

For all assignments including dissertations: **no work will be reviewed by PA within 10 working days of the submission date.**

The School of Health Sciences Academic Adviser Model should be utilised in conjunction with UEA Academic Advising Model which includes:

- UEA (2012) Academic Advising: undergraduate & taught postgraduate policy
- UEA (2012) Academic Advising: role descriptions
- UEA (2012) Academic Advising: information for students

All of these guidelines are to be reviewed continually.

Michael Pfeil
January 2015
APPENDIX 7 Career Framework

b) College of Paramedics current career framework

1. Initial Entry Level Job

2. Support Worker

3. Senior Health Care Assistant

4. Associate Practitioner

5. Paramedic

6. Specialist Paramedic

7. Advanced Paramedic

8. Consultant Paramedic

9. Clinical Director of Service

Senior staff with ultimate accountability, management and co-ordination of out of hospital unscheduled ambulance services.

Undertake expertise in practice, involvement in education and research and strategic and professional leadership in line with Allied Health Professions criteria for consultant roles.

Experienced paramedics with advanced clinical skills, or educational knowledge, following post-graduate studies.

Paramedics with a higher degree of autonomy who have specialised in a specific area of clinical or educational practice following further study at level 6 in a relevant Science Degree.

Paramedics at the beginning of their professional career. They will be able to examine & assess patients’ acute & chronic condition, record a full history, treat to a specified level and appropriately refer within their scope of practice following education at level 5 (Diploma).

The development of support roles to work alongside Paramedics is currently being discussed and developed in several arenas, notably AETAG, HEADG, the work force transition group, National Ambulance Partnership Forum and within the College of Paramedics. The view is that this person “Will provide support to and be guided by a qualified ambulance practitioner. They may occasionally be required to provide immediate resuscitative measures in cases of acute, immediately life threatening condition until more qualified help arrives”.