



Student Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_  
 Cohort: \_\_\_\_\_

Faculty of Health and Applied Social Sciences  
 DipHE Paramedic Practice

**Year 1**  
**Practice Assessment Documentation**

<b>Personal Tutor Details:</b>	<b>Name:</b>	
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	<b>Telephone Number:</b>	

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# Introduction

The Practice Achievement Documentation (PAD) focuses on the acquisition of the core skills and competencies for Paramedics required by the College of Paramedics (CoP) and the Health & Care Professions Council (HCPC).

It forms part of the **summative** assessment activities of the practice modules which are a component of the Diploma in Higher Education in Paramedic Practice Programme and therefore it is an essential requirement for you to complete this document as it will play an important role in your satisfactory completion of the Diploma in Higher Education programme.

**All Competencies/ Skills must be achieved before you can successfully complete the Programme.**

**Progress on development of these competencies/ skills must be discussed with your Personal Tutor at designated Personal Development Plan (PDP) meetings. The purpose of these meetings is to ensure that you are making satisfactory progress and that all appropriate opportunities for competencies/ skills acquisition are being utilised.**

The core skills and competencies in this booklet have been mapped against the *Paramedic Curriculum Guidance & Competence Framework 2<sup>nd</sup> Edition* (CoP, 2008) and the HCPC's *Standards of Proficiency – Paramedics* (HCPC, 2012).

In this regard, the Practice Assessment Documentation serves two purposes; firstly it ensures that your practice learning is embedded within national benchmark frameworks for paramedics and secondly it contributes directly to enhancing best practice within all areas of care.

**All competencies/ skills must be practiced in accordance with the policies and guidelines in place on that particular placement area and performed under the supervision of a Registered Practitioner following the standard practice area risk assessment.**

During each practice module, you will be placed in different placement areas. Not all will offer opportunities to practice and / or achieve all of the competencies / skills.

- Where opportunities do exist, you will first be expected to discuss the competency / skill and its underlying evidence base with your Mentor or Named Mentor and observe your Mentor /Named Mentor carrying out the competency / skill.
- You will then be expected to **repeatedly** practice the competency / skill under supervision.
- When, and if, your Mentor or Named Mentor feels that you can **consistently** undertake the competency / skill in a safe and effective manner, they will sign to say that you are competent in that competency / skill. This judgement may be made at any point in the module, as soon as a Mentor or Named Mentor is satisfied that you are competent.
- Competence in each competency / skill only has to be continually demonstrated during each module. However, even if competence has been demonstrated on a previous placement you should continue to take whatever opportunities are available to practice this competency / skill on

subsequent placements and your Mentor or Named Mentor should sign to say that you have had further opportunities to discuss, observe and practice the competency / skill in different settings, even after competence has been demonstrated.

## **Ambulance Practice**

This is a main practice placement environment. The Named Mentor has overall responsibility for assessing and confirming the Student's learning based upon observations and evidence recorded in this document. They should also consider any supplementary documents to support assessment decisions, for example, evidence of simulated practice.

### ***The named Mentor / Named Mentor must:***

- ❖ Complete a timely induction and preliminary discussion, contributing to the Student developmental learning plan as appropriate.
- ❖ Assess and document a Student's progress towards achievement of the competencies at the end of a practice placement.
- ❖ If the Mentor or Named Mentor has concerns about the Student's progress, at any time, then the action plan must be initiated and the Practice Education Facilitator (PEF) and the appropriate academic contacted at the earliest opportunity
- ❖ Establish a professional relationship to maintain continuity of learning for Students and find ways to create their sense of 'belonging'.
- ❖ Ensure safe and effective ways of managing and co-ordinating the Student's practice learning via tripartite communication structures between the Mentors, Students and Named Mentor.
- ❖ Ensure all those involved in supporting and facilitating such learning are informed about their role and responsibility throughout the process.

## **Health and learning needs disclosure**

Students are encouraged to declare any specific health and / or learning needs that may impact on their performance and progression in practice. This will help to inform Mentors or Named Mentor of individual requirements and enable them to facilitate any necessary and reasonable adjustments in accordance with the Equality Act (2010).

## **Retrieval**

Any Student who fails the module will be offered a retrieval opportunity. Details of the procedure for completing this retrieval can be found in the HEI module handbook.

## **Service User/Carer Consent**

This PAD contains opportunities throughout for Mentors or Named Mentor to record the views of service users / carers. When a Mentor or Named Mentor signs this statement, they are signing that they have gained consent from the service user / carer to enable them to share their observations and comments regarding a Student in a confidential manner. Confidentiality of the service user / carer will be maintained throughout.

## Level descriptor statements

These statements describe the expected level of performance at each progression point.

### Practice Assessment Record : Year 1

Students will be exposed to a wide range of experiences. They are expected to safely demonstrate fundamental skills and activities with care, compassion, underpinning knowledge and appropriate attitudes under close supervision.

## Organising your assessment

Assessment starts at the very beginning of the course. The course design i.e. a modular system, makes you start to plan for your final module assessment at an early stage and throughout each module you are both learning and working towards assessment of theory and practice. As your diploma is a professional award, you must demonstrate achievement of learning in theory and practice as they are linked to professional and organisational requirements for your role.

There are 7 steps to completing the learning and assessment process. The following plan illustrates the activities that make up the way in which to build your assessment profile. The activity is referenced to the forms that you, your Mentor and Course Leader will complete in order to demonstrate the process of learning and the outcome of learning.

Step	Activity	Why do we want you to complete the forms?
1	Complete a learning contract	This identifies the responsibilities of you as a Student and your Named Mentor.

Step	Activity	Why do we want you to complete the forms?
2	Undertake a self-appraisal	Use the self-appraisal form and take it to the preliminary interview for discussion with your Named Mentor.

### Hints and tips:

It's important that you undertake a self-appraisal prior to your preliminary interview with your Named Mentor. In fact, Named Mentors have been informed that they shouldn't proceed with the interview if you haven't completed the exercise!

You need to be creative in your thinking and consider recent past experience, courses you have undertaken and awards you have achieved, study days attended; in-house training events; experience from previous jobs. Life skills also need to be considered and don't forget your current role and practice!

Try to summarise what you have gained from these experiences and how you have 'applied them to practice' and importantly how this 'fits' with the module learning outcomes.

From here identify both your strengths and areas for development in relation to the learning outcomes of the modules you are taking. Also consider general areas related to undertaking a course of study i.e. transferable skills. For the purpose of your course these are problem solving, data collection and interpretation, information technology, communication and interpersonal skills, self-awareness and self-management.

Step	Activity	Why do we want you to complete the forms?
3	The Preliminary Interview	To record what is discussed at the interview and forms the basis of your action plan.

**Hints and tips:**

During the preliminary interview you should discuss your self-appraisal notes with your Named Mentor and agree an action plan to aid the achievement of the module learning outcomes, build on your strengths and reduce your developmental needs. Be reasonable about what can be achieved in a short time!

Step	Activity	Why do we want you to complete the forms?
4	Create an action plan	This will be referred to throughout the module / course and identifies 'what you are doing'. This has to take into account the nature of clinical practice in your area, the support mechanisms available, and the learning opportunities present or that need to be created during the semester.

**Hints and tips:**

A learning opportunity can occur at any time & in any place. It is very much defined by your own abilities to develop and create interesting & useful opportunities to expand & develop your knowledge & skills. Often Students don't recognise day to day activities as learning opportunities: working in practice with patients, their 'families', your colleagues, other members of the multidisciplinary team supports continuous learning if **you can learn to use your daily practice as a learning opportunity**. Part of the action plan is to set dates and times for formative assessments to take place so that you can work towards the summative assessment dates within the module.

Step	Activity	Why do we want you to complete the forms?
5	Formative assessment / evidence collection	To record your progress towards meeting the module learning outcomes following review of evidence with Mentors. Keep a record of your clinical hours.

Formative assessment:

- supports learning in practice and theory
- informs Students of progress, strengths and areas needing development
- provides general guidelines and direction
- provides a learning opportunity for all staff involved, especially you - the Student

**Formative meetings should, ideally, take place at least once every two or three weeks.**

At the formative assessment meeting you and your Mentor will:

- review your progress in terms of evidence you have collected to meet learning outcomes

Steps	Activity	Why do we want you to complete the forms?
6	Summative assessment	To allow your Named Mentor to make a final judgement on your performance each year.

The purpose of the summative assessment is to allow your Named Mentor to make a final judgement on your performance throughout year. Named Mentor will judge overall achievement based on the following criteria: Does the Student - that is YOU -

- Have an appropriate and relevant knowledge base?
- Distinguish between relevant and irrelevant information in problem solving?
- Use knowledge / relevant information in a constructive manner?
- Demonstrate 'safe' practice in designated clinical skills?

Named Mentor will make an overall assessment statement about your performance and indicate that you have achieved an overall PASS by the end of the year if you are successful.

If a Mentor or Named Mentor considers you to be lacking in any of the above areas of the assessment they must award an overall REFER for clinical practice. If a REFER grade has been awarded the reasons must be clearly explained.

You are encouraged to comment on the process of assessment and your own performance throughout the module.

Summative assessment is a judgement of your achievement of learning outcomes at appropriate stages of the course. You must achieve a PASS grade in practice to continue on the course.

Steps	Activity	Why do we want you to complete the forms?
7	End of year reflection	To reflect on the knowledge and skills you have developed during each semester and identify those you can transfer to the next semester.

Complete the forms for this purpose and create the beginning of another self-appraisal for your future practice development.

## Student Conduct & Confidentiality

Whilst in the practice placement setting, Students are required to abide by the rules and regulations of the placement trust. In addition, although as a Student at this pre-registration stage in your education, you are accountable to the Health & Care Professions Council (HCPC), and must keep high standards of personal conduct, as well as professional conduct. Students should be aware that poor conduct outside of professional life may still affect someone's confidence in them and the profession. The HCPC have now published guidelines for the conduct and ethics for Students accessible at the HCPC website. Students must also remember that they will be exposed to sensitive and confidential patient information. At no point should this information be dispersed into the public domain, failure to adhere to confidentiality policy in line with the HCPC and NNAS / Practice Placement requirements potentially could lead to course suspension.

## Sickness Policy

As Pre-Registration programmes involve the conferring of a professional qualification, it is essential that the Placement Learning Support Unit (PLSU) keeps an up-to-date record of your attendance / sickness and absence pattern both in the theoretical sessions and whilst on clinical placements. To facilitate this, if you are sick, you **MUST** follow the procedure described below.

### When on Placement

In the event of sickness you are required to notify your Mentor & the Practice Education Facilitator (PEF) and the PLSU on the first day of sickness

### When in the University

Should sickness occur whilst you should be attending class you should inform the **PLSU**.

You must also inform the PLSU whether you are proceeding to: Sickness from days off **or** Moving from sickness to days off.

If this is not done you may inadvertently accrue extra days of sickness being recorded.

**You must report back to the PLSU Office (verbally by telephone or personally) on the day of your return from sickness.**

A General Practitioners medical certificate explaining reasons for your sickness is required for any sickness period over 7 days; sickness between days 4 and 7 will require a self-sickness certificate obtainable from the PLSU. These notes should be posted or hand delivered to the **Cohort Leader** as soon as possible to facilitate accurate record keeping. Please be aware that repeated sickness will be investigated if necessary. Repeated sickness & absences from either the University or your placement area will be taken seriously and will be acted upon if necessary.

# Personal Tutor Meetings

All Students must meet with their Personal Tutor on return to University after every placement experience. This is so your placement hours & sickness (if any) can be verified and discussed. This meeting is a good opportunity for you to discuss the experiences you have had during your placement and if you require any support or wish to discuss any placement related issues. You are required to bring with you your PAD to discuss your progress and the development of your skills & knowledge.

# Learning Contract

## Part A

### **Mentor / Named Mentor responsibilities:**

- Prepare an environment with conditions that are conducive to learning.
- Ensure that the Initial meeting is conducted within the first week.
- Assist Students in identifying learning needs and formulate a written learning contract and action plan with the Student (preliminary interview documentation).
- Supervise and work with the Student during their placement time.
- Facilitating Students to reflect in and on their practice in order to study practice situations and so add to their learning.
- Ensure that an intermediate review is conducted at mid-point of placement, with the Student and that their progress is documented.
- Advise the Student in relation to progress and, if necessary, any action to be taken by the Student following intermediate assessment.
- Consult with other members of the HEI teaching team on Student progress if necessary.
- Consult with an HEI Lecturer and Practice Education Facilitator (where appropriate) if Student is experiencing difficulty achieving practice learning outcomes.
- Ensure the Student's progress is documented within the Practice Assessment Document.
- Named Mentor to undertake summative assessment by utilising evidence of learning presented by the Student to support your professional judgement in relation to the achievement of practice learning outcomes.
- Assess the Student against appropriate competency statements.
- Complete all assessment documentation prior to Students completing the placement.
- In the event of referral, inform the HEI Lecturer Team and Practice Education Facilitator.

**The Named Mentor should consult the HEI Lecturer Team and the Practice Education Facilitator (where appropriate), no later than mid-point in the placement if there are concerns about Student performance.**

### ***Student responsibilities***

- Safe keeping of the PAD.
- Negotiating dates and times for initial, intermediate and final meetings for assessment of practice.
- Developing reflective skills and providing the Mentor with access to the Practice Assessment Document at each meeting.
- Maintaining the PAD as required and ensuring the document is made accessible to the Mentor for formative and summative assessment meetings.
- Establishing own specific learning needs and the completion of a written learning contract and action plans together with record of all progress reviews held with Mentor.
- Ensuring that the completed practice assessment document is returned to the Module Leader by the identified deadline. An extension must be requested for late submission. **NB Failure to either submit the completed form by the deadline or to obtain an extension will result in an automatic fail grade.**
- Making the Mentor aware of any issues that may be affecting or have affected their performance so that timely action can be taken.
- Copy the Practice Assessment Document into your Personal Development Plan/Portfolio (PDP).

EXAMPLE

**Part B**

**Both Student and Named Mentor have read part A of the learning contract.**

I, ..... (Named Mentor) agree to provide the identified learning opportunities for Student Paramedic (name)  
.....

Named Mentor signature.....Date.....

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I, ..... (the Student) agree to participate and learn from the identified learning opportunities to the best of my abilities.

Student signature.....Date.....

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## Skills Log

EXAMPLE

## Safety & Preparation

***The Student is able to demonstrate the knowledge and skills in order to:***

1. Ensure the working environments, including emergency vehicles and equipment, are appropriately prepared
2. Demonstrate consistent, reliable and competent hand decontamination
3. Identify and minimise potential on scene risks to maintain and ensure a safe working environment and safe management of risk
4. Minimise cross-infection within scope of your practice
5. Demonstrate consistent, reliable and competent application of asepsis when performing invasive procedures

Safety & Preparation					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
1, 2, 3, 4, 5		1, 2, 3, 4, 5		1, 2, 3, 4, 5	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	1, 2, 3, 4, 5	If <b>no</b> , circle competencies that have <b>not</b> been achieved	1, 2, 3, 4, 5	If <b>no</b> , circle competencies that have <b>not</b> been achieved	1, 2, 3, 4, 5
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
1, 2, 3, 4, 5		1, 2, 3, 4, 5		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	1, 2, 3, 4, 5	If <b>no</b> , circle competencies that have <b>not</b> been achieved	1, 2, 3, 4, 5		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Communication & Team Work

***The Student is able to demonstrate the knowledge and skills in order to:***

6. Utilise Communication Technologies.
7. Identify and resolve difficulties and barriers to communication. These may include social, language, health or cultural barriers.
8. Use different forms of communication, both verbal and none verbal, to suit the particular environment and situation
9. Work safely and effectively as part of a team and with other emergency service personnel
10. Give verbal & accurate handover of a patient to an appropriate healthcare professional using correct terminology
11. Work as part of a team involved in patient care

Communication & Team Work					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
6, 7, 8, 9, 10, 11		6, 7, 8, 9, 10, 11		6, 7, 8, 9, 10, 11	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	6, 7, 8, 9, 10, 11	If <b>no</b> , circle competencies that have <b>not</b> been achieved	6, 7, 8, 9, 10, 11	If <b>no</b> , circle competencies that have <b>not</b> been achieved	6, 7, 8, 9, 10, 11
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
6, 7, 8, 9, 10, 11		6, 7, 8, 9, 10, 11		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	6, 7, 8, 9, 10, 11	If <b>no</b> , circle competencies that have <b>not</b> been achieved	6, 7, 8, 9, 10, 11		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Moving & Lifting Patients

*The Student is able to demonstrate the knowledge and skills in order to:*

12. Use appropriate moving and handling techniques and equipment
13. Identify appropriate means of transportation in relation to the patient's condition.
14. Transport a patient to the most appropriate destination.

EXAMPLE

Moving & Lifting Patients					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>Formative progress:</b> Circle competencies yet to be fully developed	
12, 13, 14		12, 13, 14		12, 13, 14	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	12, 13, 14	If <b>no</b> , circle competencies that have <b>not</b> been achieved	12, 13, 14	If <b>no</b> , circle competencies that have <b>not</b> been achieved	12, 13, 14
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>End of Year 1 practice experiences:</b>	
12, 13, 14		12, 13, 14		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	12, 13, 14	If <b>no</b> , circle competencies that have <b>not</b> been achieved	12, 13, 14		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Professionalism

***The Student is able to demonstrate the knowledge and skills in order to:***

15. Maintain patient confidentiality in written and verbal communications
16. Keep accurate, legible records that use only accepted terminology
17. Maintain patient records appropriately in accordance with local and national policy
18. Apply principles of reflection to improve patient care
19. Participate in the review and audit of practice

EXAMPLE

Professionalism					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
15, 16, 17, 18, 19		15, 16, 17, 18, 19		15, 16, 17, 18, 19	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	15, 16, 17, 18, 19	If <b>no</b> , circle competencies that have <b>not</b> been achieved	15, 16, 17, 18, 19	If <b>no</b> , circle competencies that have <b>not</b> been achieved	15, 16, 17, 18, 19
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
15, 16, 17, 18, 19		15, 16, 17, 18, 19		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	15, 16, 17, 18, 19	If <b>no</b> , circle competencies that have <b>not</b> been achieved	15, 16, 17, 18, 19		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Examination & Assessment

***The Student is able to demonstrate the knowledge and skills in order to:***

20. Obtain clear & informed consent from patient or carer
21. Identify vulnerable individuals, and act in accordance with local systems to protect them.
22. Assess the patient's ability to understand and appreciate matters affecting their health and well-being.
23. Obtain an appropriate patient history, taking a holistic approach and documenting findings effectively
24. Engage in a meaningful therapeutic relationship with a patient or their carer
25. Undertake a physical examination to identify immediate life threatening conditions of conscious & unconscious patient
26. Implement appropriate care based on assessment findings
27. Demonstrate competent assessment and management of the patient in pain
28. Demonstrate a consistent, reliable and competent assessment of a patients with Respiratory disorders
29. Demonstrate a consistent, reliable and competent assessment of a patients with Neurological disorders
30. Demonstrate a consistent, reliable and competent assessment of a patients with Cardiovascular disorders

Examination & Assessment					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30		20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30		20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30	If <b>no</b> , circle competencies that have <b>not</b> been achieved	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30	If <b>no</b> , circle competencies that have <b>not</b> been achieved	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30		20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30	If <b>no</b> , circle competencies that have <b>not</b> been achieved	20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Vital Signs

***The Student is able to demonstrate the knowledge and skills in order to:***

31. Take and record a range of baseline observations:

- a. Blood pressure
- b. Respiratory rate
- c. Pulse rate
- d. Glasgow Coma Scale
- e. Oxygen Saturation Levels
- f. Skin colour / texture
- g. Pupils
- h. Temperature
- i. Blood sugar

Vital Signs					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i		31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i		31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i	If <b>no</b> , circle competencies that have <b>not</b> been achieved	31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i	If <b>no</b> , circle competencies that have <b>not</b> been achieved	31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i		31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>			
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i	If <b>no</b> , circle competencies that have <b>not</b> been achieved	31a, 31b, 31c, 31d, 31e, 31f, 31g, 31h, 31i		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Airway Management

***The Student is able to demonstrate the knowledge and skills in order to:***

32. Demonstrate consistent, reliable and competent administration of prescribed oxygen therapy
33. Manage an airway using basic positional methods
34. Manage an airway using manual clearing methods and suctioning
35. Identify the need for oxygen therapy
36. Manage an airway using adjuncts
37. Ventilate a patient using a bag-valve mask
38. Ventilate a patient using an IPPV automated ventilator.

EXAMPLE

Airway Management					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
32, 33, 34, 35, 36, 37, 38		32, 33, 34, 35, 36, 37, 38		32, 33, 34, 35, 36, 37, 38	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	32, 33, 34, 35, 36, 37, 38	If <b>no</b> , circle competencies that have <b>not</b> been achieved	32, 33, 34, 35, 36, 37, 38	If <b>no</b> , circle competencies that have <b>not</b> been achieved	32, 33, 34, 35, 36, 37, 38
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
32, 33, 34, 35, 36, 37, 38		32, 33, 34, 35, 36, 37, 38		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	32, 33, 34, 35, 36, 37, 38	If <b>no</b> , circle competencies that have <b>not</b> been achieved	32, 33, 34, 35, 36, 37, 38		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Resuscitation & Defibrillation

*The Student is able to demonstrate the knowledge and skills in order to:*

39. Perform cardiopulmonary resuscitation in accordance with current resuscitation guidelines.
40. Perform manual and automated defibrillation identifying the associated life threatening rhythms

EXAMPLE

Resuscitation & Defibrillation					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
39, 40		39, 40		39, 40	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	39, 40	If <b>no</b> , circle competencies that have <b>not</b> been achieved	39, 40	If <b>no</b> , circle competencies that have <b>not</b> been achieved	39, 40
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
39, 40		39, 40		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	39, 40	If <b>no</b> , circle competencies that have <b>not</b> been achieved	39, 40		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## ECG Lead Placement

*The Student is able to demonstrate the knowledge and skills in order to:*

41. Place electrodes correctly in order to record a 4 and 12 lead ECG, preserving the patient's privacy and dignity, whilst ensuring accurate measurement.

EXAMPLE

ECG Lead Placement					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
41		41		41	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	41	If <b>no</b> , circle competencies that have <b>not</b> been achieved	41	If <b>no</b> , circle competencies that have <b>not</b> been achieved	41
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
41		41		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	41	If <b>no</b> , circle competencies that have <b>not</b> been achieved	41		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

**Assists in the administration of Medicines**

***The Student is able to demonstrate the knowledge and skills in order to:***

42. Assist in the preparation of a range of drugs within scope of practice

43. Administer a range of drugs within scope of practice

EXAMPLE

**Assists in the administration of Medicines**

First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>Formative progress:</b> Circle competencies yet to be fully developed	
42, 43		42, 43		42, 43	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved all competencies? (circle)</b>	yes    no	<b>Achieved all competencies? (circle)</b>	yes    no	<b>Achieved all competencies? (circle)</b>	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	42, 43	If <b>no</b> , circle competencies that have <b>not</b> been achieved	42, 43	If <b>no</b> , circle competencies that have <b>not</b> been achieved	42, 43
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>Formative progress:</b> Circle competencies yet to be fully developed		<b>End of Year 1 practice experiences:</b>	
42, 43		42, 43		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved all competencies? (circle)</b>	yes    no	<b>Achieved all competencies? (circle)</b>	yes    no	<b>Achieved all competencies? (circle)</b>	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	42, 43	If <b>no</b> , circle competencies that have <b>not</b> been achieved	42, 43		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Invasive Procedures

***The Student is able to demonstrate the knowledge and skills in order to:***

44. Identify the need for and prepare an intramuscular injection
45. Administer an intramuscular injection
46. Identify the need for and prepare an subcutaneous injection
47. Administer a subcutaneous injection.

EXAMPLE

Invasive Procedures					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
44, 45, 46, 47		44, 45, 46, 47		44, 45, 46, 47	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	44, 45, 46, 47	If <b>no</b> , circle competencies that have <b>not</b> been achieved	44, 45, 46, 47	If <b>no</b> , circle competencies that have <b>not</b> been achieved	44, 45, 46, 47
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
44, 45, 46, 47		44, 45, 46, 47		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	44, 45, 46, 47	If <b>no</b> , circle competencies that have <b>not</b> been achieved	44, 45, 46, 47		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Trauma Management

***The Student is able to demonstrate the knowledge and skills in order to:***

48. Demonstrate consistent, reliable and competent management of general traumatic injuries to the limbs, torso or head
49. Assist in the safe management of a patient's cervical spine
50. Demonstrate appropriate immobilisation and support
51. Assess and manage a wound whilst utilising an aseptic technique
52. Apply the appropriate dressing for the wound
53. Manage situations involving multiple casualties

EXAMPLE

Trauma Management					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
48, 49, 50, 51, 52, 53		48, 49, 50, 51, 52, 53		48, 49, 50, 51, 52, 53	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	48, 49, 50, 51, 52, 53	If <b>no</b> , circle competencies that have <b>not</b> been achieved	48, 49, 50, 51, 52, 53	If <b>no</b> , circle competencies that have <b>not</b> been achieved	48, 49, 50, 51, 52, 53
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
48, 49, 50, 51, 52, 53		48, 49, 50, 51, 52, 53		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	48, 49, 50, 51, 52, 53	If <b>no</b> , circle competencies that have <b>not</b> been achieved	48, 49, 50, 51, 52, 53		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Assisting the Paramedic

***The Student is able to demonstrate the knowledge and skills in order to:***

54. Assist the Paramedic in the assessment & management of patients with time critical problems
55. Prepare an intravenous infusion
56. Identify and prepare the equipment for intravenous cannulation
57. Identify and prepare the equipment for advanced airway management.
58. Assist the Paramedic in the management of patients with obstetric and gynaecological complications, including child birth

EXAMPLE

Assisting the Paramedic					
First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
54, 55, 56, 57, 58		54, 55, 56, 57, 58		54, 55, 56, 57, 58	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	54, 55, 56, 57, 58	If <b>no</b> , circle competencies that have <b>not</b> been achieved	54, 55, 56, 57, 58	If <b>no</b> , circle competencies that have <b>not</b> been achieved	54, 55, 56, 57, 58
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
54, 55, 56, 57, 58		54, 55, 56, 57, 58		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	54, 55, 56, 57, 58	If <b>no</b> , circle competencies that have <b>not</b> been achieved	54, 55, 56, 57, 58		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

## Recognition of Life Extinct & Bereavement Management

*The Student is able to demonstrate the knowledge and skills in order to:*

59. Demonstrate consistent and reliable Recognition of Life Extinct (ROLE) and Bereavement Management

EXAMPLE

### Recognition of Life Extinct & Bereavement Management

First Quarter		Second Quarter		Third Quarter	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed	
59		59		59	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	59	If <b>no</b> , circle competencies that have <b>not</b> been achieved	59	If <b>no</b> , circle competencies that have <b>not</b> been achieved	59
Mentor signature		Mentor signature		Mentor signature	
Date		Date		Date	
Fourth Quarter		Retrieval (if applicable)		Summative	
<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>Formative progress:</b> Circle competencies <b>yet to be</b> fully developed		<b>End of Year 1 practice experiences:</b>	
59		59		<b>Summative progress:</b>	
<b>End of practice experience:</b>		<b>End of practice experience:</b>		<b>End of practice experience:</b>	
<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no	<b>Achieved</b> all competencies? ( <i>circle</i> )	yes    no
If <b>no</b> , circle competencies that have <b>not</b> been achieved	59	If <b>no</b> , circle competencies that have <b>not</b> been achieved	59		
Mentor signature		Named Mentor signature		Named Mentor signature	
Date		Date		Date	

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EXAMPLE

## Practice Placement – Ambulance Placement Details

Placement:

Telephone number:

PLSS ID:

Date: From

Date: To

### Named Mentor

Named Mentor name:

Signature:

### Mentor

Mentor name:

Signature:

Induction to Practice Placement	Practice Placement - Ambulance (tick box)	Non Ambulance Placements (tick box)		
		1	2	3
Introduced to staff and environment				
Placement philosophy discussed including: <ul style="list-style-type: none"> <li>Diversity and equality</li> <li>Harassment and oppressive behaviour policy</li> </ul>				
Sickness and absence protocols discussed				
Emergency equipment procedures discussed				
Administration of medicines policy discussed				
H&S equipment, policies and procedures discussed relating to: <ul style="list-style-type: none"> <li>Fire procedures</li> <li>Infection control</li> <li>Safe disposal of sharps</li> <li>Control of Substances Hazardous to Health</li> <li>Moving and handling</li> </ul>				
Risk assessment undertaken if required				
Confidentiality procedures discussed including: <ul style="list-style-type: none"> <li>Patient/client and individual information</li> <li>Reporting concerns, e.g. poor practice (safeguarding)</li> </ul>				
Uniform policy discussed				
Other policies and mandatory training relevant to placement area (please specify)				
1				
2				
3				
<b>Student signature:</b>				
<b>Date:</b>				
<b>Staff signature:</b>				
<b>Date:</b>				

**Student self-appraisal for use at preliminary interview**

**Strengths**

**Areas needing development**

**Action Plan:**

Once you have completed the self-appraisal it will help with discussion points for your preliminary interview with your named Mentor. **The self-appraisal must be completed before your Mentor meeting.**

## Preliminary Discussion Practice Experience 1

I have participated in the preliminary discussion and have been offered the opportunity to:

- discuss any personal health/learning needs
- identify any adjustments to aid learning
- discuss practice hours to be made up (if appropriate)
- discuss ongoing developmental needs
- identify opportunities for exposure to specific client groups
- develop a learning plan (below)

**Student signature**

**Date:**

**Named Mentor signature**

**Date:**

## Student Developmental Learning Plan

Agreed learning opportunities	Resources/facilitation needed
1.	
2.	

## Non-Ambulance Placement Practice Experience 1

<b>Details: To be completed by Non-Ambulance Placement Mentor</b>		
Placement:	Tel:	PLSS ID:
Date: From	Date: To	
<b>Please complete placement induction</b>		
Mentor name:	Signature:	

### Mentor comments

<b>Professionalism - Expectations of a health professional</b>
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<b>Skills – Skills required for the application of practice</b>
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<b>Knowledge, Understanding &amp; Skills</b>
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## Non-Ambulance Placement Practice Experience 2

**Details: To be completed by Non-Ambulance Placement Mentor**

Placement:	Tel:	PLSS ID:
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Date: From	Date: To
------------	----------

**Please complete placement induction**

Mentor name:	Signature:
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**Mentor comments**

**Professionalism - Expectations of a health professional**

**Skills – Skills required for the application of practice**

**Knowledge, Understanding & Skills**

## Non-Ambulance Placement Practice Experience 3

<b>Details: To be completed by Non-Ambulance Placement Mentor</b>		
Placement:	Tel:	PLSS ID:
Date: From	Date: To	
<b>Please complete placement induction</b>		
Mentor name:	Signature:	
<b>Mentor comments</b>		
<b>Professionalism - Expectations of a health professional</b>		
<b>Skills – Skills required for the application of practice</b>		
<b>Knowledge, Understanding &amp; Skills</b>		

## Non-Ambulance Placement Practice Experience 4

**Details: To be completed by Non-Ambulance Placement Mentor**

Placement:	Tel:	PLSS ID:
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Date: From	Date: To
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**Please complete placement induction**

Mentor name:	Signature:
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**Mentor comments**

**Professionalism - Expectations of a health professional**

**Skills – Skills required for the application of practice**

**Knowledge, Understanding & Skills**

## Non-Ambulance Placement Practice Experience 5

**Details: To be completed by Non-Ambulance Placement Mentor**

Placement:	Tel:	PLSS ID:
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Date: From	Date: To
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**Please complete placement induction**

Mentor name:	Signature:
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**Mentor comments**

**Professionalism - Expectations of a health professional**

**Skills – Skills required for the application of practice**

**Knowledge, Understanding & Skills**

## Non-Ambulance Placement Practice Experience 6

<b>Details: To be completed by Non-Ambulance Placement Mentor</b>		
Placement:	Tel:	PLSS ID:
Date: From	Date: To	
<b>Please complete placement induction</b>		
Mentor name:	Signature:	
<b>Mentor comments</b>		
<b>Professionalism - Expectations of a health professional</b>		
<b>Skills – Skills required for the application of practice</b>		
<b>Knowledge, Understanding &amp; Skills</b>		

## Action Plan Ambulance Practice: First Quarter

At any time during Ambulance Practice Experience, when a Student needs targeted support and guidance to meet the module competencies, an action plan must be instigated. The aim of an action plan is to enhance performance, competence or professional behaviour.

Competency to be developed	Date initiated	Planned action	Date for review	Review comments	Signature/ Designation
1.					
2.					
3.					
4.					

The following people, as deemed applicable, have been made aware of these issues for information and/or additional support (**Named Mentor to complete**):

	Senior Paramedics		Advanced Paramedic		PEF		HEI Representative	
<b>Date:</b>								
<b>Name of contact:</b>								
<b>Method:</b> (circle)	phone voicemail	email in person						

## Action Plan Ambulance Practice: Second Quarter

At any time during Ambulance Practice Experience, when a Student needs targeted support and guidance to meet the module competencies, an action plan must be instigated. The aim of an action plan is to enhance performance, competence or professional behaviour.

Competency to be developed	Date initiated	Planned action	Date for review	Review comments	Signature/ Designation
1.					
2.					
3.					
4.					

The following people, as deemed applicable, have been made aware of these issues for information and/or additional support (**Named Mentor to complete**):

	Senior Paramedics		Advanced Paramedic		PEF		HEI Representative	
<b>Date:</b>								
<b>Name of contact:</b>								
<b>Method:</b> (circle)	phone voicemail	email in person						

## Action Plan Ambulance Practice: Third Quarter

At any time during Ambulance Practice Experience, when a Student needs targeted support and guidance to meet the module competencies, an action plan must be instigated. The aim of an action plan is to enhance performance, competence or professional behaviour.

Competency to be developed	Date initiated	Planned action	Date for review	Review comments	Signature/ Designation
1.					
2.					
3.					
4.					

The following people, as deemed applicable, have been made aware of these issues for information and/or additional support (**Named Mentor to complete**):

	Senior Paramedics		Advanced Paramedic		PEF		HEI Representative	
<b>Date:</b>								
<b>Name of contact:</b>								
<b>Method:</b> (circle)	phone voicemail	email in person						

## Action Plan Ambulance Practice: Fourth Quarter

At any time during Ambulance Practice Experience, when a Student needs targeted support and guidance to meet the module competencies, an action plan must be instigated. The aim of an action plan is to enhance performance, competence or professional behaviour.

Competency to be developed	Date initiated	Planned action	Date for review	Review comments	Signature/ Designation
1.					
2.					
3.					
4.					

The following people, as deemed applicable, have been made aware of these issues for information and/or additional support (**Named Mentor to complete**):

	Senior Paramedics		Advanced Paramedic		PEF		HEI Representative	
<b>Date:</b>								
<b>Name of contact:</b>								
<b>Method:</b> (circle)	phone voicemail	email in person						

## Interim Progress Review

Student Name:	Cohort:	Module No:	PLSS ID:
Placement:	From:	To:	

<b>Self-assessment by Student</b> (to be completed in advance of final interview)
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Strengths:	Areas for future development:
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<b>Named Mentor comments on Student progress</b> (including views of service users/carer)
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Strengths:	Areas for future development:
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<b>Outcome: Achieved/not achieved</b> (circle)
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Student signature:	Date:
Named Mentor signature:	Date:
Print name:	

# Student Developmental Learning Plan

Agreed learning opportunities	Resources/facilitation needed
1.	
2.	
3.	
4.	
5.	

EXAMPLE

## Final Progress Review

Student Name:	Cohort:	Module No:	PLSS ID:
Placement:	From:	To:	

### Self-assessment by Student (to be completed in advance of final interview)

Strengths:	Areas for future development:
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### Named Mentor comments on Student progress (including views of service users/carer)

Strengths:	Areas for future development:
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### Outcome: Achieved/not achieved (circle)

Student signature:	Date:
Named Mentor signature:	Date:
Print name:	

## Practice Retrieval - Interim Progress Review (if applicable)

To be completed by named Mentor:

<b>Strengths</b>		
<b>Areas for development</b> (Comment on competencies yet to be developed <b>and</b> complete Action Plan if targeted support is identified.)		
<b>Service user/carer views obtained and recorded by the Mentor</b>		
<b>Student signature</b>	<b>Named Mentor signature</b>	<b>Date</b>

# Practice Retrieval

## Final Progress Review (if applicable)

Student Name:	Cohort:	Module No:	PLSS ID:
Placement:	From:	To:	

### Self-assessment by Student (to be completed in advance of final interview)

Strengths:	Areas for future development:
------------	-------------------------------

### Named Mentor comments on Student progress (including views of service users/carer)

Strengths:	Areas for future development:
------------	-------------------------------

### Outcome: Achieved/Not achieved (circle)

Student signature:	Date:
Named Mentor signature:	Date:
Print name:	

## Summative document

Student name.....

Named Mentor Statement: *(Please sign ONE of the following statements)*

I can confirm that the Student has been observed on several occasions and I am confident that the learning outcomes have been achieved which are identified above. The Student has also met the necessary standard in relation to the competency statements and identified individual skills.

**PASS**

Named Mentor Signature:

Named Mentor name (print):

HCPC Registration number:

Date:

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I can confirm that the Student has been observed on several occasions and has not achieved the learning outcomes identified above. The Student has not met the necessary standard in relation to the competency statements and/or identified individual skills.

**REFER**

Named Mentor Signature:

Named Mentor name (print):

HCPC Registration number:

Date:

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### Core Skills Framework Completed

The Student will have completed all of the core skills before their first practice placement.

Core Skill	Cohort Leader Signature	Date completed
1. Fire Safety		
2. Moving and Handling		
3. Conflict Resolution		
4. Equality, Diversity and Human Rights		
5. Resuscitation - Adult Basic Life Support Resuscitation - Child Basic Life Support		
6. Health, Safety and Security		
7. Infection Prevention and Control		
8. Safeguarding Children		
9. Safeguarding Vulnerable Adults		

I can confirm that this student has completed each of the 9 core skills. Student name: .....

Cohort Lead Signature: .....

Date: .....