



**School of Health & Life Sciences**  
**Department of Physiotherapy & Paramedicine**

**BSc Paramedic Science**  
**(Pre-registration)**

**Student Paramedic Guide to**  
**Practice Based Education**

**2024/25**

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## Introduction

This practice education handbook intends to supplement the more detailed information available to students in the following documents:

- Practice Assessment Document (ePAD)
- BSc Paramedic Science Programme Handbook
- Allied Health Professions (AHP) Practice Based Learning (PrBL) Handbook
- Paramedic Practice Education Information page on GCU Learn

This document is intended as a quick reference guide for students to answer any questions relating to their practice education. It can also be used by Practice Educators (PEds/PEs) to locate information on all things placement related.

## Update for Academic Session 2024/25

As we continue to develop paramedic practice education at GCU, we have made lots of positive changes to enhance both student and practice educator experience. This is using the information gathered from our student and PEd feedback surveys:



- The new PAD has been fully rolled out across the programme, and modules and placement guidance has been fully aligned with the updated document
- Collaboration with SAS, NHS GGC and NHS GNJH to improve student and staff experience, and support during placements, for example support meetings, more comprehensive experiences
- Introduction of new standard operating procedures with placement settings for better organisation and management of placement administrative processes
- Established annual placement survey for students and PEds to build on what's going well and make informed improvements based on your feedback
- Improved and clarified guidance documents and processes

We are continually working with our placement providers to enhance student and PEd experience and bolster placement capacity. Current aims involve exploring virtual placements, diversifying placement settings within SAS, and enhancing PEd training and support. This is in addition to developing support materials for the roll out of the new ePAD which has been developed by the five Universities in Scotland and is currently being used to develop a UK-wide template for the College of Paramedics.

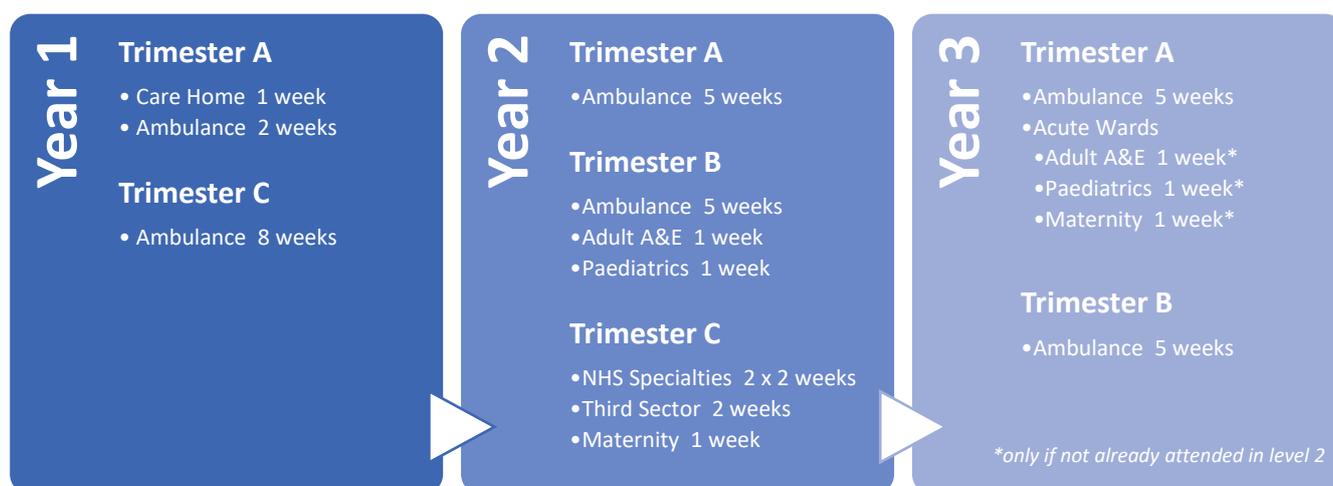
## Section 1 Practice Education Overview

Practice Education is integrated throughout the programme through quality placements in a range of suitable learning environments. Practice-based learning takes place during placements, where you will apply and consolidate your learning, bringing together your underpinning knowledge and simulated practice in a real work environment to develop skills and competencies needed to register. Practice-based learning is supervised, structured and supported to enable progress towards pre-defined learning outcomes.

Over the course of the 3-year programme, you will attend the following placements:

- Ambulance Placements
- Cross Sector Placements including;
  - Care Homes
  - Acute Wards (Adult A&E, Paediatrics, Maternity)
  - NHS Specialties
  - Third Sector (including International)

These placements take place at different times during the programme to maximise student experience and learning:



Specific dates for this academic session can be found in the Programme Flow in [Appendix 1](#).

Students **MUST** be aware that placements don't run in-line with the 'normal' academic trimesters. Dates are variable and students should consult the programme-specific information on GCU Learn carefully, not just the generic GCU term dates!

More information on each of the placement areas can be found in [Section 2](#) of this handbook

## Placement Weeks/Hours

Our programme does not require students to achieve a specific number of hours to successfully complete the programme. Instead we tend to measure placement time in number of weeks. All practice education progression is based on achievement of learning outcomes, not the number of hours the student is present.

However, for the purposes of attendance monitoring and shift rostering only, **we consider one week to be 36 hours**. This is representative of a full-time week of working and students must attend a minimum of 80% of their rostered placement time. For more information on attendance policy and how absences are managed, please see [Section 6](#).

It is important to understand that while attendance at the full scheduled week of placement is mandatory, you may not achieve exactly 36 hours due to differing shift patterns. This will not affect your progress on the programme.

For example, if only 30 hours can be achieved within the capacity of the placement provider, the other 6 hours does not need to be recovered.

## Placement Geographical Regions

All placements will take place in the **Greater Glasgow & Clyde** and **Argyll & Bute** regions:



This includes Third Sector placements organised by students, with the exception of International Placements or under a few rare circumstances (e.g. placement within HQ of a national organisation which requires express permission from other HEIs). More information on this can be found in the Third Sector placement section of the handbook.

We will aim to rotate **ALL** students through rural, remote and urban areas for equal access to various practice learning opportunities.

**There are NO exceptions to this. You should expect that at some stage you will be placed in a rural and remote location.**

We can't guarantee that you will be placed at a site that is the closest to your front door but we try our best to keep travel distance to a minimum! It is your responsibility to ensure you are able to travel to and/or arrange accommodation for the placement location you are allocated. Remember you will likely be on shift during unsocial hours when public transport is not necessarily running.

**While the GCU PEL will help to support you and provide you with advice, it is your responsibility to ensure you can attend the placements you are allocated.**

Common student question/concern: *“In a rural placement it won’t be busy and I won’t get enough experience/learning”*

## Placement hours and location: Quantity vs Quality

Student 1 is based in a city centre station for a 12-hour shift and attends 10 patients

Student 2 is based in a rural station for a 12-hour shift and attends 2 patients

Due to close proximity to definitive care, very few of these patients require application of skills and learning for the specified placement learning outcomes. Student 1 does not achieve any learning objectives despite attending a large quantity of calls.

Both patients are acutely unwell and require a range of skills and learning to be put into practice to during a lengthy transfer to definitive care. Student 2 achieved many of the learning outcomes for the placement despite attending a low number of calls.

From this you can see that both students would gain the same number of hours but their learning experience in that time will be very different. Attending lots of incidents will not necessarily give a quality learning experience with patients and colleagues. Students in rural areas will generally get more time with patients during transport which gives different opportunities to learn and potentially see patients who are more acutely unwell due the potential issues of healthcare access. They also tend to have more opportunities available for detailed consultations to facilitate referral to local pathways and support services.

### Shift Times and Unsocial Hours

Students (unless under 18) are permitted to work night shifts and weekends. Therefore, if your PEd feels a shift pattern that is not Monday-Friday would be suitable they can arrange this with you. Additionally, you may ask to do 3-4 longer days to achieve your learning and maintain part-time work or family commitments. If this can be accommodated **without detriment to the placement provider** and without impacting the quality of your time on placement, then students are encouraged to discuss this with them directly.

## Uniform

### Student Uniform

GCU student uniform is free of charge to Scottish students but will carry a cost for those from other parts of the UK, Ireland, EU and International. Before starting the programme, you will receive a link from the GCU Placements office to place your uniform order. It is very important that you respond to this as soon as possible. The uniform will consist of:

- 3 Grey Polo Shirts
- 3 Navy combat trousers
- Name badge

### Personal Protective Equipment

Although you will be supernumerary on all placements, health and safety legislation indicates that Scottish Ambulance Service (SAS) will provide the following personal protective equipment (PPE) for ambulance placements:

- Safety boots
- Softshell jacket
- Hi-Vis Jacket
- Helmet
- Goggles, gloves, ear defenders etc

In **ALL** placement settings the following uniform policy applies:

- ✓ Black or navy duty shoes (MUST be safety boots in ambulance placement)
- ✓ No jewellery (body piercing objects/jewellery must be removed during placement)
- ✓ Hair must be kept away from the face and above the collar
- ✓ Make up, if worn, must be discreet
- ✓ Perfume/aftershaves and deodorants should be of a low odour, and should not be overpowering
- ✓ Nails require to be short, clean and, if used, polish must be colourless
- ✓ Name badge, supplied by GCU, must be worn
- ✓ Any name/security badges supplied by the placement provider must be worn
- ✓ Uniforms should be clean and presentable
- ✓ Any “unofficial” uniform items (i.e. not specifically listed above including hoodies, t-shirts etc.) must NOT be worn on placement under any circumstances

### Personal Hygiene

Students should maintain high standards of personal hygiene at all times. You will be in close proximity to patients and colleagues, especially during practical tutorials and placements. You will be invited to speak with the GCU PEL privately and confidentially if any complaints are received regarding this matter.

## Placement Expenses

Scottish domiciled student paramedics are eligible to claim back expenses incurred due to travel and accommodation requirements during placements.

Please go to the Scottish Awards Agency for Scotland website where the forms to complete and guidance regarding this can be found: [www.saas.gov.uk](http://www.saas.gov.uk)

This is managed by GCU Placements Office, **NOT** the programme teaching team. You should contact [placements@gcu.ac.uk](mailto:placements@gcu.ac.uk) for details on how to claim, or with any existing claims enquiries.

SAAS place caps on some payments based on equivalent public transport costs. If you are claiming for more than the capped amount, you need to be explicit on your form the reasons for this e.g. unsocial hours, no public transport available at these times to get safe transport etc.

Additionally, you will need to cover costs up-front and claims can take some time to be processed and paid. This is a key reason for student receiving the bursary and therefore we would strongly recommend you budget appropriately to manage the initial outlay.

## Pre-Placement: Mandatory Training Record

The Pre-Placement: Mandatory Training Record will outline what students will need to ensure is completed prior to entering the practice placement environment. All elements are required under the Quality Standards for Practice Learning (QSPL) set by NHS Education Scotland (NES) and expected by all placement providers to comply with health and safety legislation.

*For more information on the QSPL please see section 3 of the AHP Practice Handbook (PrBL)*

The Pre-placement Mandatory Training Record checklist will help you cover all necessary training and checks required before you enter into any practice-based learning.

The checklist can be accessed in the PAD and on GCU Learn in the Paramedic Practice Education Information pages.

*All elements of the checklist are explained in greater detail in the AHP Practice Handbook (PrBL) (section 9.1 and appendix 7)*

## Student Paramedic Scope of Practice

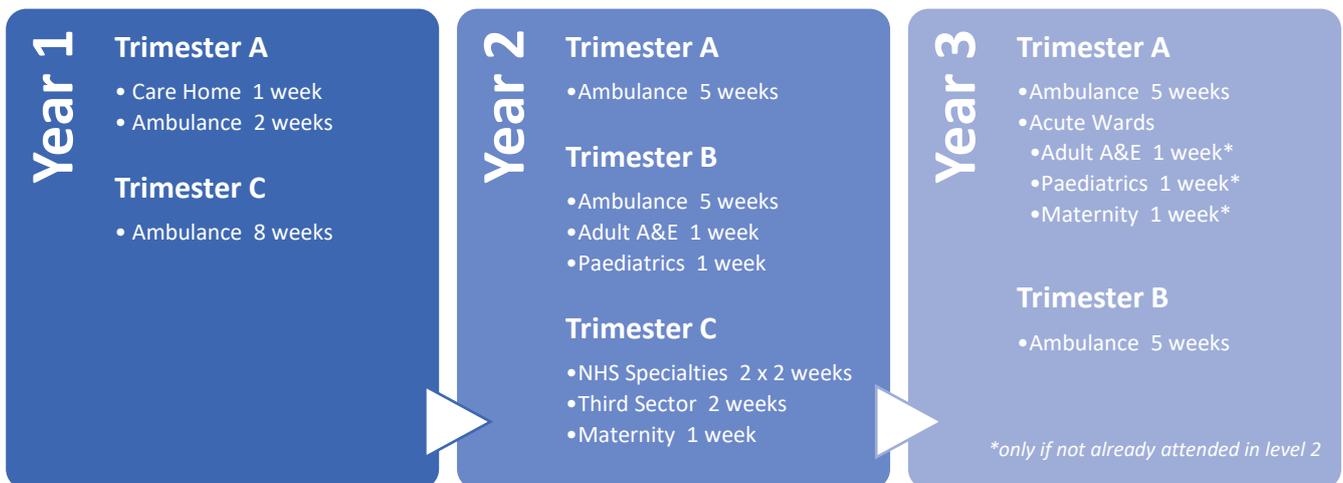
The student paramedic scope of practice in relation to technical skills achieved at set intervals throughout the programme can be seen in [Appendix 3](#).

This table indicates when specific skills are introduced in theory/simulation - they can be practiced in placement after this introduction.

## Section 2 Practice Placement Areas

This section will discuss each of the different practice placement areas you will be attending. Over the course of the 3-year programme, you will attend the following placements:

- Ambulance Placements
- Cross Sector Placements including;
  - Care Homes
  - Acute Wards (Adult A&E, Paediatrics, Maternity)
  - NHS Specialties
  - Third Sector (including International)



**ALL placements are mandatory, and there must be appropriate evidence of engagement with these in the final submission of the practice assessment document (PAD) in Year 3**

### Ambulance Placements



*Image adapted from NES/NHS GGC Student Paramedics Placements Animation*

You will have a total of 30 weeks of ambulance-based placements over the 3-year programme. You will be allocated to a different named PEd each year who you will shadow throughout your time on placement. Your PEd will be a paramedic working on a frontline emergency resource within the Scottish Ambulance Service.

During this time, your PEd will support you in achieving specific learning outcomes which will be detailed in your ePAD for each placement block. It is important to remember that you are learning to be a paramedic who is able to work anywhere in the UK and beyond. **You are NOT specifically learning to be a SAS paramedic.** This distinction becomes more important and evident as you progress on the programme.

## Cross Sector Placements

Whilst it is easy to see how ambulance placement experience aligns with developing paramedic-specific knowledge and skills, it is sometimes more difficult to understand how cross sector placement experiences align with paramedic practice if you are not experienced in the role. This section will therefore discuss cross sector placements in slightly more detail.

[Click here to watch a short video on Cross Sector Placements](#)

Paramedics attend patients with a wide variety of needs and have an increasingly important role in hospital admission avoidance by providing patient-focused care which is more targeted to their individual needs. Paramedicine is also diversifying, and with it so are the paramedic roles. With the drive towards a connected whole-system approach to improving care for all, we want to prepare our students for their responsibilities through engaging with diverse learning experiences in practice settings.

# #NOTALLPARAMEDICSWEARGREEN

 <b>Antonia Cook</b> Expedition Paramedic	 <b>John Eyre</b> Motorsport Paramedic	 <b>Norbert Majer</b> Seafarer Paramedic, working on cruise ships	 <b>Greg Garrett</b> Community Matron, North Somerset Community Partnership	 <b>Ross Bate</b> Urgent Care Team Manager/ACP, Preston Grove Medical Centre	 <b>James Ackroyd-Smith</b> Resuscitation Practitioner, Richmond Pharmacology	 <b>Chris Ashton</b> Stroke Network Coordinator, Manchester
 <b>Fraser Rowbotham</b> Air Sea Rescue Winchman, Advanced Paramedic, Brunei	 <b>Joseph Francis</b> MSc Co-Lead for Advanced Clinical Practice, University of Exeter	 <b>David Monk</b> Operations Manager, Cambridge University Hospitals	 <b>Ash Capel</b> Head of Quality & Patient Safety, Adult Community Services, Virgin Care	 <b>Graham Turner</b> Ward Manager, Martlets Hospice	 <b>Jamie Jones</b> Health, Safety and High Risk Advisor for media, TV and film	 <b>Sean Hegarty</b> Single Point of Access Case Manager, Strona Care and Health
 <b>Scott Hawkins</b> Advanced Critical Care Practitioner - Cardiothoracic Anaesthesia/ICU	 <b>Amy Boniface</b> Offshore Medic, Montrose Alpha Platform, North Sea	 <b>Craig Prentice</b> Advanced Clinical Practitioner, Emergency Medicine	 <b>Tracy Nicholls</b> Chief Executive, College of Paramedics	 <b>Paddy Ennis</b> Paediatric Advanced Clinical Practitioner, Stepping Hill Hospital, Stockport	 <b>Ciarrn McKenna</b> Northern Ireland Specialist, Transport and Retrieval Service Manager	 <b>Rhiann Montgath</b> Clinical Advisor to NHSEI and Health Education England
 <b>Becky Connolly</b> Advanced Clinical Practitioner and Student Neuropsychologist	 <b>James Hill</b> Clinical Paramedic Specialist, Palliative Care	 <b>James Moffat</b> Medevac Paramedic, British Army	 <b>Paul Benton</b> Executive Director of Clinical Quality and Communications, East Coast Community Health	 <b>Joanna Garrett</b> Senior Project Manager, West of England Academic Health Science Network	 <b>Kirsty Lowery-Richardson</b> Workforce Transformation Lead, West Yorkshire and Harrogate ICS	 <b>Nigel Hare</b> Operations Director and Registered Manager, Devon Air Ambulance
 <b>Grant Walkley</b> Lifeboat Paramedic, RNLI	 <b>Jean Cragg</b> Paramedic, British Super Bikes	 <b>Richard Smith</b> Head of Patient Safety, Addenbrookes Hospital	 <b>Ghulam Farooque</b> Advanced Clinical Practitioner in Primary Care, Rotherham District General Hospital	 <b>Adele Swallow</b> Integration and Partnerships Manager, NHS Norfolk and Waveney Clinical Commissioning Group	 <b>Ioney Chattoo</b> Clinical Team Leader and Police Custody Paramedic, Leeds Community Health NHS Trust	 <b>Dan Bevis</b> National Head of Ambulance Operations, St John Ambulance

## Care Homes

You will be placed in a Care Home for 1 week to work alongside a variety of care home staff, residents, family and internal and external services and healthcare providers. This will help you to assimilate the principles of what it means to be a healthcare professional: to care for people. Paramedics are usually 'first contact' practitioners and many responses to calls for help come from the older adult population. This requires key skills in communication, providing care and, on occasion, the ability to keep those service users safe while arrangements are made for transfer or further care. A fundamental care area will enable learners to gain such experiences and develop skills before they enter a more urgent or emergency care environment. Please see appendix 4 for more information on learning outcomes and activities.

This placement is also linked to your Core Principles in Paramedic Science module in Year 1.

## Acute Wards



*Image adapted from NES/NHS GGC Student Paramedics Placements Animation*

You will be placed in Adult A&E ([Appendix 5](#)), Paediatrics ([Appendix 6](#)) and Maternity ([Appendix 7](#)) wards for 1 week per setting in either Year 2 or Year 3.

These practice placement settings can support the development of your patient assessment, consultation, treatment, management and referral of service user groups who present to these settings.

This experience will help you learn about the patient journey and identifying appropriate pathways of care.

## NHS Specialties

A variety of placement areas within different NHS Specialties are available to students in Tri C of Year 2. Please see [Appendix 8](#) for more information on learning outcomes and activities.

Being more specialised settings, these placements will let you focus on areas of particular interest to you and your development. Our NHS PEL will recruit a variety of suitable placement providers. You will then be asked for your preferred and least preferred placement options, and using this information you will be allocated to two 2-week placement blocks, ideally in your preferred settings.

These can include:

- Community rapid response/rehabilitation teams
- Mental health services
- Addiction services
- Learning disability services
- Allied health profession services
- Cardiology
- Orthopaedics
- Unscheduled care
- Falls prevention services
- HM prison services
- Rural A&E and inpatient/outpatient services



*Image adapted from NES/NHS GGC Student Paramedics Placements Animation*

## Third Sector (including International)

Additionally, Year 2 students will undertake a placement within a third sector organisation. This will be student-led, which means students will work to independently source and organise a placement with a relevant third sector or private organisation of their choosing. This can be arranged within our geographical catchment in the UK, or anywhere out with the UK that has been suitably risk assessed.



These may be in areas such as:

- Mental health/ Addiction services/ Homeless services
- Services for children and families
- Learning disability services
- Services for the physically impaired
- Services for the sensory impaired
- Private healthcare organisation
- Primary care (GP practices)
- Hospices
- International organisations (self-funded)

More detailed information on this process and the support provided can be found in the Paramedic Science Third Sector Placement Handbook. You should aim to start arranging this as soon as possible on entering Year 2.

**Area-specific guidance with more information on suggested learning activities for all Cross Sector placements is available on GCU Learn and in [Appendices 4-8](#) of this handbook.**

## Section 3 Roles and Responsibilities

You are now an **adult learner** on a professional programme leading to autonomous registration as a paramedic. You are the driver of your education.

You will need to be **pro-active, engaged** and **open to learning** from others.

**Paramedic students must conduct themselves in accordance with the [GCU Code of Conduct](#), [Fitness to Practice Policy](#), and [HCPC Guidance on Conduct and Ethics for Students](#). Please follow each of these links to find out more information, and read each policy carefully.**

### Paramedic students

- Must remain within the Scope of Practice for Paramedics (HCPC, 2023; CoP, 2021) and ensure practice in education is within the limits of their expected level for the programme
- Should know when tasks are beyond their scope for the stage of education and seek out their named contact to advise on referral
- Must at all times maintain patient confidentiality in line with current professional, University, and NHS Health Board Policy
- Conduct must be of a professional standard at all times
- Need to manage workload effectively to balance practical and academic needs for the programme, including timely completion of coursework

It is the responsibility of the GCU programme team, placement providers and practice educators to **guide** you and **facilitate** your practice learning.

It is your responsibility to **use the guidance and support** you are provided.

### Practice Educator (PEd)

The role of the paramedic practice educator (PEd) is to support you while you are on practice placement. They will:

- Guide students through learning in the practice environment
- Supervise and assist you in gaining confidence in applying skills and knowledge
- Assist learners to identify and access learning opportunities required to complete practice learning outcomes.
- Contact the HEI & PEL with any concerns regarding student progress and conduct in practice
- Provide reports & assessment on practice as required by HEI curriculum
- Ensure to maintain an entirely professional relationship between the student and the PEd at all times. It is both your and your PEd's responsibility to raise any concerns with regards to the nature of the student/PEd relationship to the attention of both SAS and GCU immediately. This is for the protection of all parties.

## Practice Education Leads (PELs)

Practice education leads (PELs) operate within HEIs, regional health boards and named placement provider(s). They work in collaboration to ensure quality and consistency of the paramedic programmes across Scotland. They aim to:

- Identify practice placement educators to support students in practice settings.
- Lead, create and promote inter-professional education solutions both internally within the organisation and externally with affiliated/associated organisations to ensure on-going collaborative working
- Work with HEIs to develop flexible paramedic education solutions to meet the changing demands within a range of diverse specialties across their region

## The University

The teaching faculty and wider university departments help to support all those involved in paramedic practice education. The university:

- Define the practice-based learning outcomes and assessment process for each placement and the overall programme
- Support PEds, PELs and students before, during and after placement
- Prepare students for practice-based learning, including student awareness of their individual responsibilities
- Ensure relevant resources are available to PEds to support required learning
- Provide regular feedback to the PrBL provider
- Support the development of a wide range of practice experiences

## GCU Values for Staff and Students

<b>Integrity</b>	<p>I believe that I can make a positive difference by what I do as a member of the GCU community</p> <p>I am open, honest and reliable</p> <p>I reflect honestly on my actions and behaviours</p> <p>I strive to understand, and be inclusive of, the varying backgrounds and perspectives of other people</p> <p>I do my best to promote a sense of community for individuals from all cultures and backgrounds</p> <p>I take personal responsibility for my actions and behaviours</p>	<b>Creativity</b>	<p>I accept and provide supportive feedback to stimulate positive change</p> <p>I am flexible and open to change</p> <p>I look for positive ways to deal with challenges</p> <p>I look for opportunities to work with, learn from and share with others</p> <p>I am willing to look outside of my own discipline and experience when seeking solutions</p> <p>I look for ways to innovate and improve the way we do things</p>
<b>Responsibility</b>	<p>I look for opportunities to reduce the environmental impact of my activities</p> <p>I take personal responsibility for my work and its completion</p> <p>I make the best use of the time and resources available to me</p> <p>I help others to develop their skills and confidence</p> <p>I take responsibility for my mistakes and use them as an opportunity to learn and develop</p> <p>I keep up to date with the laws and regulations that directly influence my work</p> <p>I am aware of my responsibilities when dealing with confidential or sensitive information</p> <p>I treat myself and others with respect, kindness and compassion</p>	<b>Confidence</b>	<p>I am proud of my work and my contribution to the University and wider community</p> <p>I am willing to step outside of my comfort zone to achieve new skills, knowledge and useful experiences</p> <p>I raise awareness of unacceptable practice or behaviour when I see it</p> <p>I share my knowledge and expertise with others</p> <p>I communicate honestly and positively about GCU's mission for the Common Good</p>

## Section 4 Practice Based Education Learning Outcomes

Some placements are directly linked with programme modules while others run independently. In all instances, your engagement, attendance and achievement of learning outcomes is a requirement of programme completion.

### Ambulance Placement Learning Outcomes

Learning outcomes in the ambulance placement setting are linked to their associated module learning outcomes. Specific learning outcomes are available on GCU Learn within the modules associated with placement elements. These are linked as follows:

#### Year 1

##### **Ambulance Placement Tri A**

- Introduction to Clinical Practice: Clinical Skills

##### **Ambulance Placement Tri C**

- Practice Based Education: Ambulance Care Practice

#### Year 2

##### **Ambulance Placement Tri A**

- Developing Clinical Practice for Paramedics: Advancing Skills

##### **Ambulance Placement Tri B**

- Developing Clinical Practice for Paramedics: Advancing Assessment

#### Year 3

##### **Ambulance Placement Tri A**

- Consolidating Clinical Practice for Paramedics

##### **Ambulance Placement Tri B**

- Practice Based Education: Consolidating Practice

### Cross Sector Placement Learning Outcomes

Cross Sector placements allow students to encounter an increased variety of patient groups and range of clinical presentations in a safe and controlled environment, under the supervision of experts. These experiences offer a rich source of learning and should be led by the needs of the student in relation to their learning development.

### Care Home, Acute Wards and NHS Specialties Learning Outcomes

Learning outcomes for Care Home and NHS-based placements in Acute Wards and NHS Specialties have learning outcomes specific to each placement setting. These are outlined in [Appendices 4-8](#) and will also be shared on GCU Learn.

### Third Sector (including International) Learning Outcomes

For third sector placements (including international), students are required to devise their own learning outcomes prior to attending each placement, ensuring to include the non-technical aspects of practice, e.g. communication, reflection, adaptation to service user groups.

Examples of cross sector placement learning outcomes include:

- Demonstrate/practice specific communication skills (verbal, non-verbal, body language, listening, use of technology)
- Demonstrate/practice adaptation to service user variance
- Explore/evaluate/analyse multidisciplinary and interprofessional team working
- Explore/evaluate/analyse the role of alternative care and support services
- Explore/evaluate/analyse the psychosocial and socioeconomic impacts on health and inequalities
- Explore/evaluate/analyse wider health and care challenges

Students MUST include the following learning outcome:

- Reflect on learning in the [PLACEMENT AREA] setting and how this can impact practice as a paramedic

**You MUST meet the learning outcomes set for each and every placement. You will have equitable opportunity to achieve these through your various placements on the programme.**

**More information and guidance is available in the Third Sector Placements Handbook.**

## Section 5 Placement Communications

### How will I find out about my placement allocations?

You will receive notification of your placements from the GCU Placements Office, through InPlace®.

InPlace® is a practice placement management system enabling storage and distribution of information such as:

- Individual student profiles containing contact details, previous placements and placements still required
- Practice Education Provider register with all details required for contact and management of student allocation
- Records of agreements for placement in all areas
- Evaluations for placement audit and quality assurance/improvement processes

The Placements Administrator will endeavour to notify you of your placement location and contact details no less than 3 weeks prior to commencing the placement period.

Please exercise patience in waiting for your placement allocation. We understand you are keen to attend and may have other arrangements to make, but as soon as we have confirmation of the placements we will inform you. If you haven't heard, it's because we don't know yet!

### How do I contact my named Practice Educator?

This is done via your GCU e-mail account in the first instance. Once you are linked with your PEd, they may give you a phone number to utilise.

In ALL of your communications, please remember to include:

- Name and year group
- Student ID number
- Details of placement you are referring to

More information and guidance will be provided in your InPlace allocation e-mail.

Ambulance Placements: You will be added to SAS rostering system GRS. This will show you all of your placement shifts, including those where you may be on with another registrant if your PEd is unavailable while you are on placement.

### What if I don't get a response from my Practice Educator?

Please be patient and give others time to respond. The ability to access and monitor e-mails while working in patient-facing environments is challenging, and commonly staff are not afforded protected time to do this.

If your practice educator has not responded with less than 2 weeks to go before your placement begins, please first check you have entered their e-mail address correctly before contacting the SAS PEL (ambulance placements) or the GCU Placements Administrator (Cross Sector) for assistance.

## Key Contacts for Practice Based Education

Role	Who	Email	What can they help with?
<b>GCU Practice Education Lead (GCU PEL)</b>	Audrey Gillies Sam Paterson	<a href="mailto:ParamedicPlacements@gcu.ac.uk">ParamedicPlacements@gcu.ac.uk</a>	Liaise with SAS & NHS PELs to manage the development of placement opportunities  Provide practice educator training and support to SAS and NHS GGC PEds  Manage <b>significant</b> challenges arising from placement, e.g. Development Action Plans and failure to meet practice standards
<b>SAS Practice Education Lead (SAS PEL)</b>	Alistair Gunn	<a href="mailto:SAS.PEL.GCU@nhs.scot">SAS.PEL.GCU@nhs.scot</a>	All matters relating to SAS placement allocations, SAS PEd issues and shift pattern changes/issues
<b>SAS Placement Administrator</b>	Pamela Elliot	<a href="mailto:SAS.PEL.GCU@nhs.scot">SAS.PEL.GCU@nhs.scot</a>	Any SAS matters relating to shift changes and need for registrant cover
<b>Placement Administrator/ Office</b>	Victoria Milligan	<a href="mailto:placements@gcu.ac.uk">placements@gcu.ac.uk</a>	InPlace® issues  Contact details for cross sector placements  Placement expenses queries
<b>Module Lead</b>	See Module Descriptor/ Module Handbook	See Module Descriptor/ Module Handbook	Answer specific queries in relation to module-related learning outcomes and PAD submission
<b>Personal Tutor</b>	See GCU Learn for Personal Tutor allocations	See GCU Learn for Personal Tutor allocations	Support with welfare and overall learning and development concerns  Visit placement if required to meet with you and your Practice Educator
<b>Uniform Issues</b>	-	<a href="mailto:HLSStudentUniforms@gcu.ac.uk">HLSStudentUniforms@gcu.ac.uk</a>	Any issues relating to allocation of uniform
<b>AHP Practice Education Lead for School of Health and Life Sciences</b>	Anita Volkert	<a href="mailto:Anita.Volkert@gcu.ac.uk">Anita.Volkert@gcu.ac.uk</a>	If you need to raise a concern about placement and you do not wish to/or can't contact the GCU PEL

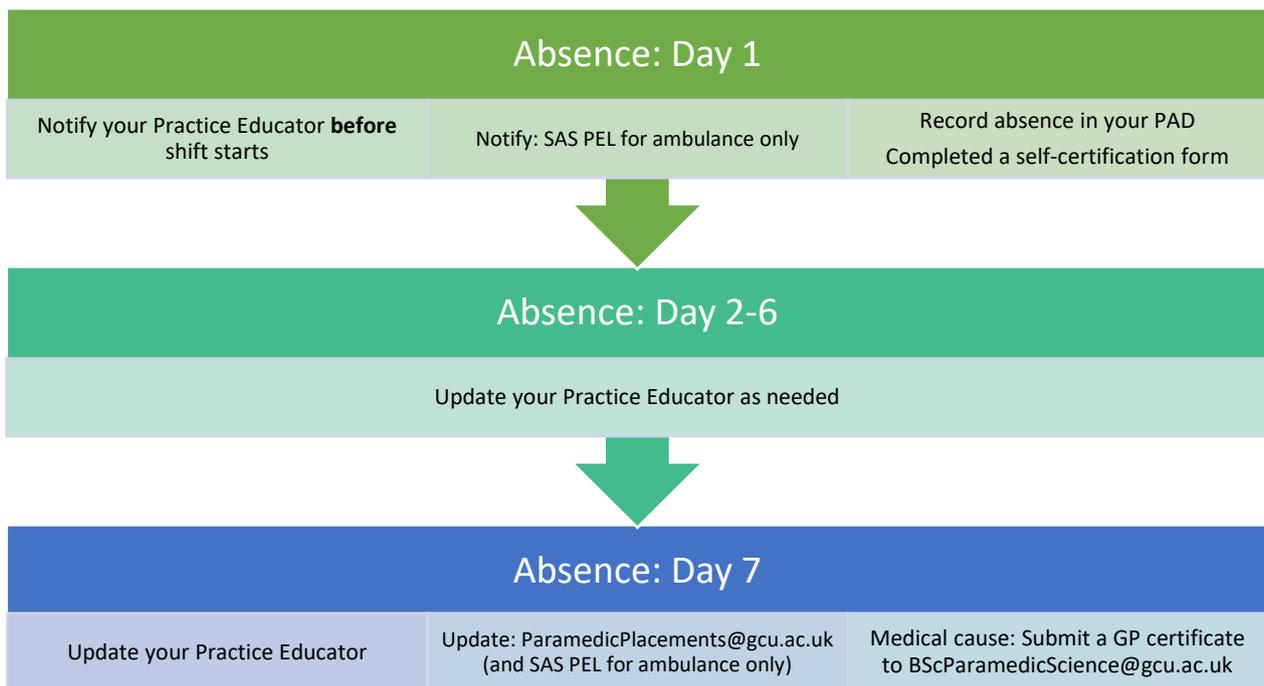
## Section 6 Attendance Monitoring and Reporting

This section outlines the answers to key questions in relation to placement attendance and management of failing to meet practice-based learning outcomes.

### Absence Reporting Process

All placement blocks are mandatory for students to attend. Absence from placement is considered as either:

- Authorised: Properly recorded absence, unforeseen circumstances reported appropriately and pre-agreed absence
- Unauthorised: Absence from placement with no-notification or permission granted



In ALL of your communications, please remember to include:

- Name and year group
- Student ID number
- Reason for absence
- Estimated date of return

[Click here to access Self-certification form for reporting absences](#)

**For sickness absence of more than 7 days, a medical certificate MUST be submitted to the Programme Co-ordinator either by hand, post or scanned and sent via e-mail to [BScParamedicScience@gcu.ac.uk](mailto:BScParamedicScience@gcu.ac.uk).**

## Unauthorised absences

Unauthorised absence is considered as wilfully neglecting to attend a mandatory element of the programme and may result in a failed or void placement. This may impact your ability to complete the programme.

**Genuine need for placement absence MUST be properly recorded.**

Students are expected to be punctual and inform the placement area if they have issues impacting on their arrival e.g. adverse weather, significant traffic/travel disruption.

## Extended Absences

If you have an extended period of authorised absence, the team will endeavour to work with our placement partners to arrange an extension on the placement area to enable achievement of the learning outcomes if possible. This is managed on an individual case basis with decisions based on University regulations, processes and capacity in placement areas

**Please note:** The programme-specific assessment regulations require that students achieve a minimum of 80% attendance on placement. Attendance of less than this will likely impact your progression on the programme.

## Section 7            Assessment in Practice-Based Education

### Practice Assessment Document (PAD)

The Practice Assessment Document (PAD) is how you will record your learning and evidence the attainment of the required outcomes in practice-based education.

The PAD reflects the Health and Care Professions Council Standards of Proficiency for Paramedics (2023). Each element also aligns with the College of Paramedics (CoP) Curriculum Guidance (2019).

The PAD will record your attainment of both technical (practical) and non-technical (interpersonal) skills. Your final grade for each placement will be determined by assessing both elements against your learning objectives. Additionally, the PAD records reflection on your practice experience, audit of skills learning, commentary on your progress and any development action required to ensure your success in the practice environment.

### What is in the PAD?

The PAD is a document that you will maintain and add to throughout your time on the programme. It is the key piece of documentation which will evidence your journey from novice learner to a registered paramedic.

The PAD consists of:

- Section 1: Guidance on Completing your PAD
- Section 2: Practice Based Learning Record
- Section 3: Personal Development Planning & Continuing Professional Development
- Appendices

Full instructions on the sections to be completed for each placement will be available on GCU Learn Paramedic Practice Education Information as Pre-Placement Guidance, and on the module with which the placement is associated.

### Assessment of Practice

Students must evidence completion of specific levels of practice at each stage of the programme to enable them to progress and are aligned to the HCPC Standards of Proficiency for Paramedics (2023).

A wide range of elements need to be assessed to an appropriate level for the stage of programme study. This can be achieved in a variety of ways:

- **Observation:** PEd directly witnesses the student performing a skill whilst caring for a patient
- **Discussion:** This may take the form of reflection or debrief following patient contact. This can aid awareness, understanding, recognition of learning objectives.
- **Questioning:** Direct questioning of the student to ascertain knowledge and understanding in relation to a specific objective.
- **Simulation:** Presentation of scenario/case for the student to demonstrate practice. This is particularly useful to ascertain level of practice in relation to cases not commonly encountered in practice that the student may not have got exposure to. Ideally, no more than 10% of the PAD clinical skills should be achieved through simulation alone by the end of the 3rd year. However, where simulated placements and appropriately structured activities are relevant, this can be flexible.

Although there are expected minimum levels of practice for each stage (detailed in section 1 of the PAD), if a student is performing at a higher level this can and should be recorded as such, and will contribute to their summative grading. For example, if a student is consistently performing an individual skill at a Safe & Effective level this can be recorded as SE, even in Year 1.

It is the accumulation of knowledge skills that make a student ready to register as a paramedic by the end of the programme. Not all skills are introduced at the same time and therefore the PAD still shows progression through the years without needing to show the minimum level in all areas each year.

## Section 8      Welfare and Support

### General Placement Support

Whilst in the practice education environment you will have access to the same support networks as the services employees. This will be in addition to your personal tutor and [GCU Student Wellbeing Services](#) accessible all year round.

Your PEd will be able to support you and may signpost you towards the most appropriate resources following their local pathway in the first instance. They may also direct you to contact your Personal Tutor or Module Lead for additional support on specific issues.

### Ambulance Placement Support

In the case of potential exposure to extreme situations, the PEd will risk assess the suitability of allowing the you into that particular environment. You must respect their decision and judgement, and follow all instructions given by them in relation to accessing potentially traumatic situations.

Whilst you are on placement, if you encounter a traumatic event or an occurrence that has impacted your ability to engage with your placement, you should:

Monday to Friday, 9.00am-5.00pm

1. Contact the Practice Education Lead for welfare support from GCU
2. Contact SAS PEL to inform
3. Request a TRiM assessment if not already offered

Nights and Weekends

1. Students should be supported by their PE and senior operational staff on-call
2. Immediately inform GCU Placement Lead and SAS PEL via e-mail and they will follow up as soon as they are available
3. Request a TRiM assessment if not already offered

### What is a Trauma Risk Management (TRiM) Assessment?

TRiM is an evidence-based peer support program designed to assist individuals and teams who have been exposed to psychologically traumatic events. TRiM assessments are suitable and available for anyone (including SAS staff, students, first responders) who has been affected by a traumatic event or repeated exposure to trauma within their working/practice education environment. TRiM seeks to aid with managing normal reactions to potentially distressing or traumatic situations and prevent the development of further difficulties. It is not primarily a mental health intervention nor is it intended to meet the needs of someone in an acute mental health crisis.

**Please do not hesitate to contact any of the GCU team if you feel you have been adversely impacted by any incident(s) experienced during practice-based education placements.**

## Academic Support

During practice-based education you will be able to contact your Module Lead for academic support. Academic support includes advice on preparation for practice-based education, achievement of learning outcomes on placement, module-specific queries including PAD completion and submission, or assistance in relation to work-load management.

Although your learning during practice-based education is off-campus, all GCU academic support mechanisms such as [Learning Development Centre \(LDC\)](#), [IT Helpdesk](#) and [Library](#) services are still available to you.

## Students with Additional Support Needs

In line with [GCU Equality and Diversity](#) guidance and current recommendations by the Equality Act (2010), students with a learning disability/difference or identified health needs can expect to have “reasonable adjustments” made to support their learning in practice. There is an expectation that these adjustments need to be realistic and in keeping with the expected level of performance required by the HCPC Standards of Proficiency for Paramedics (2023).

If you have been assessed for disability and have a personal Recommended Adjustment Page, the programme lead, module lead, GCU PEL and/or PEL from the practice environment will discuss and action the required adjustments provided they are within the scope of meeting the standards of proficiency and any mandatory health and safety requirements.

In order for reasonable adjustments to be made, you are expected to self-disclose information regarding your specific support needs to the module lead and/or University disability services. It is also recommended that you should disclose and discuss your specific learning needs with your Practice Educator towards the beginning of your placement block.

If you choose not to disclose information to your practice educator or disclose information too late on in your placement, then you may only be assessed based on the pre-existing information available and your evaluation may not consider any specific learning differences which you failed to disclose sooner.

Should you choose not to disclose a support need to a third party then the information will not normally be passed on by the University, even if this means reasonable adjustments may not be undertaken (Equality Act, 2010). However, in some circumstances (i.e. if there is a health and safety risk and some reasonable adjustment needs to be made) then this refusal of disclosure can be overridden. Where there is a potential that patient safety may be impacted upon, the University has a duty of care to disclose any information to the practice area manager and/or Practice Education Lead, even if the student has requested confidentiality.

If students require further assistance or additional information, there are several options available to support students with a learning difference. These services include:

### **GCU Disability Services**

Email: [disability@gcu.ac.uk](mailto:disability@gcu.ac.uk) Phone: +44 (0)141 273 1371

<https://www.gcu.ac.uk/currentstudents/support/disabilityservice>

## Student Wellbeing Services

Students can access free and confidential advice and support at any time from GCU's dedicated Student Wellbeing Team who aim to support you through your time at University and help you to achieve your academic success by providing a friendly face and a listening ear in a safe and non-judgemental environment. They offer support through Counselling, Wellbeing Advice, Mental Health Advice and a Disability Team, alongside other resources including online information, wellbeing workshops and more. It should be highlighted that these are still accessible even when you are in practice education environments.

Further information including contact details can be accessed on [GCU Student Wellbeing Services](#) page at <https://www.gcu.ac.uk/currentstudents/support/wellbeing>

## Additional Welfare Support

Students are also directed to the following general and professional support services:

- [The Ambulance Staff Charity \(TASC\)](#)
- [MIND: Blue Light Together](#)
- [Breathing Space Scotland](#)
- [Student Information Scotland](#)
- [Citizens Advice Scotland](#)
- [Think Positive: Student Mental Health](#)
- [College of Paramedics](#)

## Section 9 Frequently Asked Questions

This section addresses questions students commonly get in touch to ask. Please ensure you have checked the guidance on GCU Learn > Paramedic Practice Education Information and the FAQs below as you will be directed back to the available information resources in the first instance.

### General Placement FAQs

#### How are cross sector placements allocated?

Students will be allocated to a practice placement site by GCU Placements Office, and sent a notification of who to contact via InPlace. This includes recommendations for next steps and are asked to make initial contact with this named person as soon as possible to make arrangements for the placement.

#### What happens if I have a change in health status during placement/programme?

Any student who has a change in their health status at any stage of the placement/programme may require a referral to occupational health for assessment. This includes both physical and mental health. This is to identify if a student is fit to enter placement without becoming a risk/danger to themselves and others.

The referral is made by the programme lead and it is expected that students will come forward to declare any issues as required by the Fitness to Practice policy. **If students fail to declare any changes which may impact on the health and safety of themselves or others, they may be referred for a hearing per the Fitness to Practice policy.**

#### What happens if I have change in PVG status during placement/programme?

You are expected to declare this to the programme lead who would then liaise with the placement office lead to ascertain what actions are required to be taken. **If students fail to declare any changes which may impact on the health and safety of themselves or others, they may be referred for a hearing per the Fitness to Practice policy.**

#### What happens if I fail a placement due to not meeting the learning outcomes?

If the you or your Practice Educator have concerns and anticipate that the expected learning objectives may not be achieved by the end of your placement, it is important that this is raised with the module lead and personal tutor **as soon as possible** to allow discussion and appropriate action planning.

Any meetings relating to the requirement for specific development needs to be recorded on the Development Action Plan section of your PAD.

In the event that you fail to meet the required level of practice, despite appropriate use of the DAPs, further action will be required. A meeting between the personal tutor, module lead, GCU PEL, and programme lead will be triggered to discuss the most appropriate action to best support your development.

#### What happens if I have some concerns about the placement area I am attending?

All AHP students have a duty to report any concerns from their practice environment which may put the safety of people or the public at risk.

*Please refer to section 7.1 and appendix 11 of the AHP Practice Education Handbook (PrBL)*

## Ambulance Placement FAQs

### How are Ambulance Placements allocated?

You will be allocated a named PEd by the SAS PEL. They will aim to consider your home location, transport options, any RAPs in place, and several other factors such as previous placement locations and experiences. The PEd will be your main contact within the ambulance service for that year.

Please be mindful that PEds usually support several students over the course of the year, that their support is voluntary and they may withdraw this at any time. PEds support you while being afforded no protected or additional time while working full time in a busy frontline role. We have a limited number of PEds available to us, and their continued support is greatly appreciated.

### Can my placement allocations change?

There may be unforeseen changes that require students to be re-allocated to another PEd (including another station). This will be communicated by the SAS PEL and Placement Office.

### What if my PEd is suddenly unavailable?

Your practice educator may be unavailable at some point during your placement block or there may be change in their circumstances meaning they can no longer support a learner. The SAS PEL will identify a paramedic registrant to cover the period they are unavailable. This will likely result in a change of shifts, and potentially station during this time. The notice the SAS PEL can provide in this situation depends entirely on the circumstances and unavoidably may be at very short notice.

### Can I stay with the same PEd next year?

You will not be allocated the same PEd twice. Students will be rotated around different practice educators and ambulance stations to build experience working in different environments and with different teams. Remember, if you are planning to apply for SAS employment at the end of the programme, you won't necessarily be placed in that station, and you can be rostered to different stations regularly while working a relief roster. A more rounded experience will make you a more rounded and robust practitioner, and better prepared to adapt to these changes in the future.

### Will I always be working on an ambulance?

Paramedic PEds work on both double-crewed ambulance and single-crewed paramedic response vehicles (PRUs). You may be allocated a PEd working on a PRU, but this will be for a maximum of 1 year throughout the 3-year programme. This is to give you more experience working with the additional equipment available in an ambulance, managing patients en-route to definitive care and build your communication skills when handing over to other healthcare professionals. Please notify GCU PEL and SAS PEL as soon as possible if you are allocated a placement on a PRU for a second term and this will be addressed.

### What if I don't want to go to a remote/rural placement?

Students may spend one academic year of their placement in a remote and rural location. You will only be allocated a rural placement for a maximum of one academic year. This allows students the opportunity to work in all areas of paramedic practice per the Placement Geographical Regions information in section 1 of this handbook.

Students who are not eligible for bursary or SAAS placement expenses are excluded from this and will not be allocated a rural placement unless requested. All students are required to complete and return an information form to SAS so any issues in allocation of placements in rural areas can be managed.

## Appendices



## Appendix 2: Placement Provider Locations

Health Board	Location	Address
Scottish Ambulance Service	Various stations sited across Greater Glasgow and Clyde, and Argyll and Bute.	Confirm directly with Practice Educator when allocated
Greater Glasgow & Clyde Health Board	Glasgow Royal Infirmary and Princess Royal Maternity	84 Castle Street Glasgow G4 0SF
	Queen Elizabeth University Hospital and Royal Hospital for Sick Children	1345 Govan Road Glasgow G51 4TF
	Gartnavel General Hospital and Gartnavel Royal Hospital	1053-1055 Great Western Road Glasgow G12 0YN
	The New Victoria Hospital	52 Grange Road Glasgow G42 9LF
	Royal Alexandra Hospital and Community Maternity Unit	Corsebar Road Paisley PA2 9PN
	Inverclyde Royal Hospital and Community Maternity Unit	Larkfield Rd Greenock PA16 0XN
	Vale of Leven Hospital	Main Street Alexandria G83 0UA
	New Stobhill Hospital	133 Balornock Road Glasgow G21 3UW
	Cowal Community Hospital	360 Argyll Street Kirn, Dunoon PA23 7RL
	Lorn & Islands Hospital	Glengallan Road Oban PA34 4HH
	Mid Argyll Hospital	Blarbuie Road Lochgilphead PA31 8JZ
Victoria Hospital	High Street Rothesay, Isle of Bute PA20 9JJ	
Golden Jubilee National Hospital Trust	Golden Jubilee National Hospital	Agamemnon St, Clydebank G81 4DY
Community-based Services	These have variety of locations across Greater Glasgow and Clyde and Argyll and Bute.	Confirm directly with Practice Educator when allocated

Appendix 3:  
Scope of Practice

Scope of Practice for GCU Students	Year 1		Year 2		Year 3	
	Expected minimum level of practice by end of year: <b>Assisted</b>		Expected minimum level of practice by end of year: <b>Minimal Supervision</b>		Expected minimum level of practice by end of year: <b>Safe and Effective</b>	
	Tri A	Tri C	Tri A	Tri B	Tri A	Tri B
Occupational health screening, enhanced PVG checks, manual handling training, SIPCEP, data protection, social media training						
Baseline observations including BM						
Perform intermediate life support (including manual defibrillation) in adults and paediatrics						
Basic ECG recognition (sinus rhythms, VF, VT, PEA, asystole, ST elevation, ST depression)						
Basic airway management (up to an including supraglottic airways)						
Introduction to immobilisation and haemorrhage control						
Assessment of a medical patient (including ABCDE and basic)						
Assessment of a trauma patient (including primary and secondary survey)						
Assessment of the obstetric patient						
Management of normal birth						
Support neonatal transition and provide neonatal life support						
Recognition of common pathologies across the lifespan						
Management of emergency complications in labour						
Advanced life support - Adults and paediatrics						
Traumatic advanced life support						
12 lead ECG interpretation						
IV/IO vascular access						
Needle thoracocentesis						
Advanced airway management (including needle cric and supporting ETI)						
Secondary systems-based assessments of adult/paediatric						
Application of structured patient consultation (including Calgary-Cambridge)						
Assessment and shared decision-making for safe referral and discharge						
Major incident management						
End of life care						
Wound assessment and minor wound closure						

# BSc Paramedic Science

## Care Home Placement

### Why here?

Paramedics attend patients in a wide variety of healthcare settings and as such we want to prepare our students for their care responsibilities through engaging with diverse learning experiences in practice.

By placing year 1, term 1 students into a care home environment for 1 week we can achieve a number of pertinent learning outcomes associated with early development of the healthcare practitioner, such as:

- Ability to develop communication skills with residents, families, carers and staff
- Explore adaptations to communication to aid delivery of person-centred care to patients with a variety of needs
- Exposure to vulnerable client groups
- Opportunity to enhance knowledge and understanding of person-centred care
- Identify service user care needs and delivery of person-centred care
- Identify the need for interprofessional collaboration to enable quality person-centred care
- Recognise the role of the health care professional in maintaining patient autonomy, dignity and quality of life

### What's in it for placement providers?

Supporting paramedic students on placement can also confer a wide variety of benefits to the environment where they are placed. These benefits can include:

- Staff development, including facilitating student learning and organisation of learning opportunities
- Increased mutual awareness of scope of practice and professional processes
- Clearer shared expectations of patient care provision
- More efficient patient care provision
- Establishing links and building future working relationships

### What can students do?

We are often asked what students can actually do in the care home placement environment. Below are some suggestions of how students can be engaged and active learners to achieve the learning outcomes:

- **Resident case studies**
  - Students work with staff, residents and family to build a picture of the person. This should consider their life before they required care and not just focus on their medical needs
  - Exposure to and discussion around patients with complex co-morbidities, and less common conditions requiring specialist care
- **Observe and assist external services involved in patient care (with both patient and clinician consent)**
  - GP/ANP/CHLN visits
  - Falls and frailty teams
  - Mobility assessments and management by care home staff, OTs, physiotherapists
  - Assessment and treatment by other allied health professionals such as speech and language therapists and dietitians
  - If you have volunteers come in to work with your residents, students can observe their work and consider the impact this has e.g. creative therapies, entertainment, physical activity etc.
- **Follow medication rounds and specific care elements e.g. changing dressings, catheters, pressure ulcers prevention**
  - Help students to understand the legal and practical implications of patients who have complex medication regimes and how this is managed safely
  - Observing the care of long term and acute issues with skin viability
- **Observe how to perform appropriate personal care tasks and moving and handling required to assist service users**
  - Students will have completed their moving and handling training but do not get specific instruction regarding personal care activities such as washing, toileting and feeding residents
  - Students may assist in these tasks (under direct supervision and with permission of both the patient and suitably qualified staff) if the student feels confident and volunteers to do so, but this is not a requirement of the placement
  - Observe and participate in the mealtime experience
  - Help students understand what factors can affect residents' nutritional intake
  - Students can engage in discussion with residents around eating and drinking with encouragement and prompting
- **Spend time with the senior care home team to enable understanding of the day to day running of a care home?**
  - What staff are present? What is their scope of practice? Why might the home have to call for an ambulance to attend a resident? What process will have occurred prior to this call being made?
- **End of Life care provision**
  - Observe and discuss patients with late stage/end organ failure, e.g. COPD, renal failure, liver failure, dementia, heart failure and motor neurone disease
  - Discussion around planning for an individual's death, improving the quality of life remaining, support provided for those close to the patient, symptom control and preferences for care as an illness progresses
  - Opportunity to see and discuss anticipatory care plans (ReSPECT, ADRT, DNACPR), and Just in Case medication
  - Familiarisation of the local procedures and care pathways when a resident is critically unwell, (potentially) actively dying or has died (expected and unexpected)

## How long?

Each placement is 1 week long. We consider this to be 36 hours.

The placement experience is mandatory but the student may not meet the exact number of hours and still be able to progress on the programme e.g. if only 30 hours can be achieved within the capacity of the placement provider the other 6 hours does not need to be recovered. All practice education progression is based on achievement of learning outcomes, not the number of hours the student is present.

Students (unless under 18) are permitted to work night shifts and weekends, therefore if you feel a shift pattern that is not Monday-Friday would be suitable you can arrange this with the student. Additionally, a student may ask to do 3-4 longer days to achieve their learning and maintain part-time work or family commitments, if this can be accommodated without detriment to the placement provider it would be appreciated by all.

## Assessment and documentation

All relevant documentation should be completed independently by the student. It is not necessary for PE/mentors to review/verify these, but comments and feedback are welcomed and encouraged where possible.

Students are required to submit the following documents to GCU following the placement:

**Essential** (ideally signed or verified by PE/mentor but not a requirement)

- 1. Practice learning environment orientation
- 2. Record of attendance
- 3. Learner contract (learning outcomes and activities to be copied from this document)

**Desirable** (optional should the PE/mentor wish to provide additional feedback)

- 5. Final report
- 8. Non-technical skills assessment
- 11. Signature verification

PEs/mentors have the option of reviewing and signing these documents should they wish to provide additional feedback, but this is entirely optional. This has been added in response to requests from last year's PEs/mentors.

Further guidance on documentation has been provided in a separate presentation alongside this document.

# BSc Paramedic Science

## A&E Placements

### Why here?

Paramedics attend patients with a wide variety of needs and have an important role in hospital admission avoidance through avenues including treating and discharging patients at home or referral to alternative treatment pathways. The profession in Scotland is also moving towards alignment with the rest of the UK in developing a greater presence in settings outside of prehospital emergency care including primary care, in-hospital, and community care environments as well as education, governance and public health. This video created by NHS GGC gives some more information and insight into cross sector placements:

<https://youtu.be/D3Lm7etlux8?si=SA4umeBOh9dAB9Lh>

With the drive towards a connected whole system approach to improving care for all, we want to prepare our students for their responsibilities through engaging with diverse learning experiences in practice settings. By placing year 2 and 3 paramedic undergraduate students into a variety of care environments we can achieve a number of pertinent learning outcomes associated with early development of the holistic healthcare practitioner, such as:

- Enhance understanding of patient assessment, treatment and management in in-hospital emergency care settings
- Exposure to a variety of patient groups and clinical presentations
- Recognise the role of the healthcare professional in maintaining patient autonomy, dignity and quality of life
- Explore adaptations to communication and care provision to aid delivery of person-centred care to patients with a variety of needs
- Opportunity to develop knowledge and understanding of NHS services and the complexity of patient journeys
- Identify the need for, and reflect on, interprofessional collaboration and multidisciplinary team working to enable quality person-centred care
- Explore and analyse wider health and social care provision challenges

### What's in it for placement providers?

Supporting paramedic students on placement can also confer a wide variety of benefits to the environment where they are placed. These benefits can include:

- Staff development, including facilitating student learning and organisation of learning opportunities
- Increased mutual awareness of scope of practice and professional processes
- Clearer shared expectations of patient care provision
- More efficient patient care provision through understanding of available services
- Establishing links and building future working relationships

## What can students do?

We are often asked what students can actually do in the A&E placement environment. Below are some suggestions of how students can be engaged and active learners to achieve their learning outcomes:

- **Observe and assist a variety of staff involved in patient care (with both patient and clinician consent)**
  - Follow doctor/nurse/AHP/specialist rounds, observing and providing support in triage, assessment and management of patients
  - Observe and discuss targeted assessments including respiratory, cardiovascular, neurological, trauma, minor injury, mental health, mobility and frailty, skin/tissue, etc.
  - Practice specific skills/procedures/assessments under supervision within their scope of practice (e.g. patient triage and consultation, basic observations, targeted systems assessments, intravenous cannulation, advanced life support)
  - Exposure to and discussion around patients with complex co-morbidities, and less common conditions requiring specialist care
  - Discussion around the legal, ethical and practical considerations of patients who have complex health and/or social needs and how this is managed safely
- **Observe and support medication prescription and administration**
  - Observe how to safely prepare and administer medication via oral, nebulised, inhaled, buccal, sublingual, rectal, transdermal, intranasal, subcutaneous, intramuscular, intravenous, and intraosseous routes
- **Spend time with the senior team to enable understanding of the day to day running of the department**
  - What staff are present? What is their scope of practice? Why might they come into contact with ambulance personnel? What process will have occurred prior leading to their attendance?
- **Observe and discuss shared decision making in developing patient care plans**
  - Build awareness of admission criteria, functions of different wards, and anticipated follow up for specific conditions (e.g. acute, medical, surgical, short stay, long stay, specialist care, etc.)
  - Observe and discuss patients discharged home with care packages and considerations around safe-guarding and onward care needs
  - Opportunity to see and discuss anticipatory care plans (ReSPECT, ADRT, DNACPR), and Just in Case medication
  - Familiarisation of the local procedures and care pathways
- **Observe and assist in performing moving and handling and personal care tasks**
  - Students have completed moving and handling training and may assist in these tasks under direct supervision
  - Students do not get specific instruction regarding personal care such as changing clothing, washing and toileting patients but may assist in these tasks under direct supervision and with permission of both the patient and suitably qualified staff

## How long?

Each placement is 1 week long. We consider this to be 36 hours.

The placement experience is mandatory but the student may not meet the exact number of hours and still be able to progress on the programme e.g. if only 30 hours can be achieved within the capacity of the placement provider the other 6 hours does not need to be recovered. All practice education progression is based on achievement of learning outcomes, not the number of hours the student is present.

Students (unless under 18) are permitted to work night shifts and weekends, therefore you can arrange for students to follow a specific shift pattern if this is suitable for everyone and facilitates student learning. Additionally, a student may ask to do fewer, longer shifts to achieve their learning and maintain part-time work or family commitments. If this can be accommodated without detriment to the placement provider and their learning it would be appreciated by all.

## Supervision

We ask that there is a nominated practice educator (PE) or mentor within the placement area who would meet them at the start of the first day for attendance keeping and orientation. They would ideally also be responsible for identifying and directing students to learning opportunities (such as those suggested above) throughout the placement block.

## Assessment and documentation

All relevant documentation should be completed independently by the student. It is not necessary for PE/mentors to review/verify these, but comments and feedback are welcomed and encouraged where possible.

Students are required to submit the following documents to GCU following the placement:

**Essential** (ideally signed or verified by PE/mentor but not a requirement)

- 1. Practice learning environment orientation
- 2. Record of attendance
- 3. Learner contract (learning outcomes and activities to be copied from this document)

**Desirable** (optional should the PE/mentor wish to provide additional feedback)

- 5. Final report
- 8. Non-technical skills assessment
- 11. Signature verification

PEs/mentors have the option of reviewing and signing these documents should they wish to provide additional feedback, but this is entirely optional. This has been added in response to requests from last year's PEs/mentors.

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# BSc Paramedic Science

## Paediatric Placements

### Why here?

Paramedics attend patients with a wide variety of needs and have an important role in hospital admission avoidance through avenues including treating and discharging patients at home or referral to alternative treatment pathways. The profession in Scotland is also moving towards alignment with the rest of the UK in developing a greater presence in settings outside of prehospital emergency care including primary care, in-hospital, and community care environments as well as education, governance and public health. This video created by NHS GGC gives some more information and insight into cross sector placements:

<https://youtu.be/D3Lm7etlux8?si=SA4umeBOh9dAB9Lh>

With the drive towards a connected whole system approach to improving care for all, we want to prepare our students for their responsibilities through engaging with diverse learning experiences in practice settings. By placing year 2 and 3 paramedic undergraduate students into a variety of care environments we can achieve a number of pertinent learning outcomes associated with early development of the holistic healthcare practitioner, such as:

- Enhance understanding of patient assessment, treatment and management in in-hospital emergency care settings
- Exposure to a variety of patient groups and clinical presentations
- Recognise the role of the healthcare professional in maintaining patient autonomy, dignity and quality of life
- Explore adaptations to communication and care provision to aid delivery of person-centred care to patients with a variety of needs
- Opportunity to develop knowledge and understanding of NHS services and the complexity of patient journeys
- Identify the need for, and reflect on, interprofessional collaboration and multidisciplinary team working to enable quality person-centred care
- Explore and analyse wider health and social care provision challenges

### What's in it for placement providers?

Supporting paramedic students on placement can also confer a wide variety of benefits to the environment where they are placed. These benefits can include:

- Staff development, including facilitating student learning and organisation of learning opportunities
- Increased mutual awareness of scope of practice and professional processes
- Clearer shared expectations of patient care provision
- More efficient patient care provision through understanding of available services
- Establishing links and building future working relationships

## What can students do?

We are often asked what students can actually do in the paediatric unit placement environment. Below are some suggestions of how students can be engaged and active learners in the practice placement environment to achieve their learning outcomes:

- **Observe and assist a variety of staff involved in patient care (with both patient and clinician consent)**
  - Follow doctor/nurse/AHP/specialist rounds, observing and providing support in triage, assessment and management of paediatric patients
  - Observe and discuss targeted assessments including respiratory, cardiovascular, neurological, trauma, minor injury, mental health, skin/tissue, etc.
  - Practice specific skills/procedures/assessments under supervision within their scope of practice (e.g. patient triage and consultation, basic observations, targeted systems assessments, intravenous cannulation, advanced life support)
  - Exposure to and discussion around patients/clients with complex co-morbidities, and less common conditions requiring specialist care
  - Discussion around the legal, ethical and practical considerations of patients who have complex health and/or social needs and how this is managed safely
- **Increase familiarity of paediatric-specific adaptations to communications, assessment and management**
  - Increase awareness of normal and abnormal parameters in baseline observations and presentations in paediatric patients
  - Discuss appropriate assessment and management of paediatric patients presenting with a range of medical and trauma-related conditions
  - Observe and discuss use of supportive paediatric-specific assessment tools and adaptations to assessment and consultation processes
- **Observe and support medication prescription and administration**
  - Observe how to safely prepare and administer medication via oral, nebulised, inhaled, buccal, sublingual, rectal, transdermal, intranasal, subcutaneous, intramuscular, intravenous, and intraosseous routes
- **Spend time with the senior team to enable understanding of the day to day running of the department**
  - What staff are present? What is their scope of practice? Why might they come into contact with ambulance personnel? What process will have occurred prior leading to their attendance?
- **Observe and discuss shared decision making in developing patient care plans**
  - Build awareness of admission criteria, functions of different wards, and anticipated follow up for specific conditions (e.g. acute, medical, surgical, short stay, long stay, specialist care, etc.)
  - Develop communication skills with patients, families and carers
  - Explore adaptations to communication to aid delivery of person-centred care to paediatric patients
  - Observe and discuss patients discharged home with care packages and considerations around safe-guarding and onward care needs
  - Familiarisation of the local procedures and care pathways

## How long?

Each placement is 1 week long. We consider this to be 36 hours.

The placement experience is mandatory but the student may not meet the exact number of hours and still be able to progress on the programme e.g. if only 30 hours can be achieved within the capacity of the placement provider the other 6 hours does not need to be recovered. All practice education progression is based on achievement of learning outcomes, not the number of hours the student is present.

Students (unless under 18) are permitted to work night shifts and weekends, therefore you can arrange for students to follow a specific shift pattern if this is suitable for everyone and facilitates student learning. Additionally, a student may ask to do fewer, longer shifts to achieve their learning and maintain part-time work or family commitments. If this can be accommodated without detriment to the placement provider and their learning it would be appreciated by all.

## Supervision

We ask that there is a nominated practice educator (PE) or mentor within the placement area who would meet them at the start of the first day for attendance keeping and orientation. They would ideally also be responsible for identifying and directing students to learning opportunities (such as those suggested above) throughout the placement block.

## Assessment and documentation

All relevant documentation should be completed independently by the student. It is not necessary for PE/mentors to review/verify these, but comments and feedback are welcomed and encouraged where possible.

Students are required to submit the following documents to GCU following the placement:

**Essential** (ideally signed or verified by PE/mentor but not a requirement)

- 1. Practice learning environment orientation
- 2. Record of attendance
- 3. Learner contract (learning outcomes and activities to be copied from this document)

**Desirable** (optional should the PE/mentor wish to provide additional feedback)

- 5. Final report
- 8. Non-technical skills assessment
- 11. Signature verification

PEs/mentors have the option of reviewing and signing these documents should they wish to provide additional feedback, but this is entirely optional. This has been added in response to requests from last year's PEs/mentors.

Further guidance on documentation has been provided in a separate presentation alongside this document.

# BSc Paramedic Science

## Maternity Placements

### Why here?

Paramedics attend patients with a wide variety of needs and have an important role in hospital admission avoidance through avenues including treating and discharging patients at home or referral to alternative treatment pathways. The profession in Scotland is also moving towards alignment with the rest of the UK in developing a greater presence in settings outside of prehospital emergency care including primary care, in-hospital, and community care environments as well as education, governance and public health. This video created by NHS GGC gives some more information and insight into cross sector placements:

<https://youtu.be/D3Lm7etlux8?si=SA4umeBOh9dAB9Lh>

With the drive towards a connected whole system approach to improving care for all, we want to prepare our students for their responsibilities through engaging with diverse learning experiences in practice settings. By placing year 2 and 3 paramedic undergraduate students into a variety of care environments we can achieve a number of pertinent learning outcomes associated with early development of the holistic healthcare practitioner, such as:

- Enhance understanding of patient assessment, treatment and management in in-hospital emergency care settings
- Exposure to a variety of patient groups and clinical presentations
- Recognise the role of the healthcare professional in maintaining patient autonomy, dignity and quality of life
- Explore adaptations to communication and care provision to aid delivery of person-centred care to patients with a variety of needs
- Opportunity to develop knowledge and understanding of NHS services and the complexity of patient journeys
- Identify the need for, and reflect on, interprofessional collaboration and multidisciplinary team working to enable quality person-centred care
- Explore and analyse wider health and social care provision challenges

### What's in it for placement providers?

Supporting paramedic students on placement can also confer a wide variety of benefits to the environment where they are placed. These benefits can include:

- Staff development, including facilitating student learning and organisation of learning opportunities
- Increased mutual awareness of scope of practice and professional processes
- Clearer shared expectations of patient care provision
- More efficient patient care provision through understanding of available services
- Establishing links and building future working relationships

## What can students do?

We are often asked what students can actually do in the maternity unit placement environment. Below are some suggestions of how students can be engaged and active learners to achieve their learning outcomes:

- **Observe and assist a variety of staff involved in patient care (with both patient and clinician consent)**
  - Follow midwife/doctor/AHP/specialist rounds, observing and providing support in triage, assessment and management of patients
  - Observe and discuss targeted assessments including assessment of the pregnant patient, the patient in various stages of labour, and assessment of the newborn (including APGAR, colour, tone, breathing, heart rate)
  - Practice specific skills/procedures/assessments under supervision within their scope of practice (e.g. patient triage and consultation, basic observations, intravenous cannulation, advanced life support and adaptations for pregnant patient, newborn life support, management of normal delivery of a newborn, management of complications in labour including malpresentation, shoulder dystocia, cord prolapse, and management of ante- and postpartum haemorrhage)
- **Increase familiarity of adaptations in patient assessment and management for pregnant and neonatal patients**
  - Increase awareness of normal and abnormal parameters in baseline observations and presentations in pregnant patients and neonates
  - Discuss appropriate assessment and management of pregnant patients presenting with a range of conditions
  - Observe and discuss use of maternity-specific assessment tools and targeted questioning during assessment and consultation processes
  - Exposure to and discussion around patients with less common conditions requiring specialist care
  - Discussion around the legal, ethical and practical considerations of patients who have complex health and/or social needs and how this is managed safely
- **Observe and support medication prescription and administration**
  - Observe how to safely prepare and administer medication via oral, nebulised, inhaled, buccal, sublingual, rectal, transdermal, intranasal, subcutaneous, intramuscular, intravenous, and intraosseous routes
- **Spend time with the senior team to enable understanding of the day to day running of the department**
  - What staff are present? What is their scope of practice? Why might they come into contact with ambulance personnel? What process will have occurred prior leading to their attendance?
- **Observe and discuss shared decision making in developing patient care plans**
  - Build awareness of admission criteria, functions of different units, and anticipated follow up for specific conditions
  - Observe and discuss patients discharged home with care packages and considerations around safe-guarding and onward care needs
  - Familiarisation of the local procedures and care pathways

## How long?

Each placement is 1 week long. We consider this to be 36 hours.

The placement experience is mandatory but the student may not meet the exact number of hours and still be able to progress on the programme e.g. if only 30 hours can be achieved within the capacity of the placement provider the other 6 hours does not need to be recovered. All practice education progression is based on achievement of learning outcomes, not the number of hours the student is present.

Students (unless under 18) are permitted to work night shifts and weekends, therefore you can arrange for students to follow a specific shift pattern if this is suitable for everyone and facilitates student learning. Additionally, a student may ask to do fewer, longer shifts to achieve their learning and maintain part-time work or family commitments. If this can be accommodated without detriment to the placement provider and their learning it would be appreciated by all.

## Supervision

We ask that there is a nominated practice educator (PE) or mentor within the placement area who would meet them at the start of the first day for attendance keeping and orientation. They would ideally also be responsible for identifying and directing students to learning opportunities (such as those suggested above) throughout the placement block.

## Assessment and documentation

All relevant documentation should be completed independently by the student. It is not necessary for PE/mentors to review or verify these, but comments and feedback are welcomed and encouraged where possible.

Students are required to submit the following documents to GCU following the placement:

**Essential** (ideally signed or verified by PE/mentor but not a requirement)

- 1. Practice learning environment orientation
- 2. Record of attendance
- 3. Learner contract (learning outcomes and activities to be copied from this document)

**Desirable** (optional should the PE/mentor wish to provide additional feedback)

- 5. Final report
- 8. Non-technical skills assessment
- 11. Signature verification

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# BSc Paramedic Science

## NHS Specialties Placements

### Why here?

Paramedics attend patients with a wide variety of needs and have an important role in hospital admission avoidance through avenues including treating and discharging patients at home or referral to alternative treatment pathways. The profession in Scotland is also moving towards alignment with the rest of the UK in developing a greater presence in settings outside of prehospital emergency care including primary care, in-hospital, and community care environments as well as education, governance and public health. This video created by NHS GGC gives some more information and insight into cross sector placements:

<https://youtu.be/D3Lm7etlux8?si=SA4umeBOh9dAB9Lh>

With the drive towards a connected whole system approach to improving care for all, we want to prepare our students for their responsibilities through engaging with diverse learning experiences in practice settings. By placing year 2 and 3 paramedic undergraduate students into a variety of care environments we can achieve several pertinent learning outcomes associated with early development of the holistic healthcare practitioner, such as:

- Exposure to a variety of patient groups and clinical presentations
- Enhance understanding of patient assessment, treatment and management in primary, secondary, tertiary and community care settings
- Opportunity to develop knowledge and understanding of NHS services and the complexity of patient journeys
- Ability to build on and apply communication/interpersonal skills with patients, families, carers and service providers
- Identify the need for, and reflect on, interprofessional collaboration to enable quality person-centred care
- Explore adaptations to communication to aid delivery of person-centred care to patients with a variety of needs
- Recognise the role of the healthcare professional in maintaining patient autonomy, dignity and quality of life

### What's in it for placement providers?

Supporting paramedic students on placement can also confer a wide variety of benefits to the environment where they are placed. These benefits can include:

- Staff development, including facilitating student learning and organisation of learning opportunities
- Increased mutual awareness of scope of practice and professional processes
- Clearer shared expectations of patient care provision
- More efficient patient care provision through understanding of available services
- Establishing links and building future working relationships

## What can students do?

We are often asked what students can actually do in the cross sector placement environment. Below are some suggestions of how students can be engaged and active learners to achieve their learning outcomes:

- **Patient case studies**
  - Students work with staff, patients and family to build a picture of the person. This should consider their life before they required care as well as their current medical and support needs
  - Exposure to and discussion around patients with complex co-morbidities, and less common conditions requiring specialist care
  - Exposure to and discussion around patient social circumstances and possible impact on health
- **Observe inter-professional team working**
  - Spend time with each professional within a team, understanding their role and how they contribute to person centred care.
  - Observe multi-disciplinary team meetings, identifying factors considered to enable and conclude team decisions
  - Improve awareness of different services available, their aims and referral pathways
  - Situational case studies – what are the patients’ needs, which health and social care professionals should be involved, what services/support/resources are available to the patient?
- **Observe and assist a variety of staff involved in patient care (with both patient and clinician consent)**
  - Doctor/Nurse/AHP ward rounds, clinics, home visits including discussion around assessment, clinical decision making and treatment. Students can practice basic history taking, building rapport and communication.
  - Targeted assessments including systems assessments, stroke/neurological, mental health, mobility and frailty, APGAR, pre-operative, skin assessments etc.
  - Observe and reflect on health and social care staff adaptations to communication with a variety of patients and circumstances, for example children, patients with dementia, patients with learning disabilities, patients who are anxious/demotivated/low mood
- **Administration of medication and specific care elements e.g. changing dressings, cannulation, catheters, pressure ulcers prevention**
  - Students are able to complete certain skills/procedures/assessments under supervision within their scope of practice. Each student will have a note of their scope of practice for reference.
  - Help students to understand the legal and practical implications of patients who have complex needs, including medication administration, potential side effects and how this is managed safely
- **Observe how to perform appropriate moving and handling and personal care tasks**
  - Students will have completed their moving and handling training but do not get specific instruction regarding personal care activities such as washing, toileting and feeding patients
  - Students may assist in these tasks (under direct supervision and with permission of both the patient and suitably qualified staff) if the student feels confident and volunteers to do so, but this is not a requirement of the placement
  - Observe and participate in the mealtime experience, helping students understand what factors can affect patient nutritional intake and how to support this if appropriate
- **Spend time with the senior team to enable understanding of the day to day running of the department/service**
  - What staff are present? What is their scope of practice? Why might they come into contact with ambulance personnel?
- **Project-based placements**
  - Students can assist with or gain an understanding of information gathering, analysis and reporting processes alongside quality improvement, research and development or clinical governance teams to help inform future service developments.

## How long?

Each placement is 2 weeks long. We consider one week to be 36 hours.

The placement experience is mandatory but the student may not meet the exact number of hours and still be able to progress on the programme e.g. if only 30 hours can be achieved within the capacity of the placement provider the other 6 hours does not need to be recovered. All practice education progression is based on achievement of learning outcomes, not the number of hours the student is present.

Students (unless under 18) are permitted to work night shifts and weekends, therefore you can arrange for students to follow a specific shift pattern if this is suitable for everyone and facilitates student learning. Additionally, a student may ask to do fewer, longer shifts to achieve their learning and maintain part-time work or family commitments. If this can be accommodated without detriment to the placement provider and their learning it would be appreciated by all.

## Supervision

We ask that there is a nominated practice educator (PE) or mentor within the placement area who would meet them at the start of the first day for attendance keeping and orientation. They would ideally also be responsible for identifying and directing students to learning opportunities (such as those suggested above) throughout the placement block.

## Assessment and documentation

All relevant documentation should be completed independently by the student. It is not necessary for PE/mentors to review/verify these, but comments and feedback are welcomed and encouraged where possible.

Students are required to submit the following documents to GCU following the placement:

**Essential** (ideally signed or verified by PE/mentor but not a requirement)

- 1. Practice learning environment orientation
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**Desirable** (optional should the PE/mentor wish to provide additional feedback)

- 5. Final report
- 8. Non-technical skills assessment
- 11. Signature verification

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Appendix 9: PAD Submission Summary

	<b>Module</b>	<b>Trimester</b>	<b>Placements Assessed</b>	<b>PAD Documents</b>
<b>Year 1</b>	Introduction to Clinical Practice: Clinical Skills	Tri A	Amb 1  Care Home	Essential - 1, 2, 3, 5, 7, 8, 9, 11 If required - 4, 10  Essential - 1, 2, 3 Optional - 5, 8, 11
	Practice Based Education: Ambulance Care Practice	Tri C	Amb 2	Essential - 1, 2, 3, 5, 7, 8, 9, 11 If required - 4, 10
<b>Year 2</b>	Developing Clinical Practice for Paramedics: Advancing Skills	Tri A	Amb 3	Essential - 1, 2, 3, 5, 7, 8, 9, 11 If required - 4, 10
	Developing Clinical Practice for Paramedics: Advancing Assessment	Tri C	Amb 4  NHS Specialties	Essential - 1, 2, 3, 5, 7, 8, 9, 11 If required - 4, 10  Essential - 1, 2, 3 Optional - 5, 8, 11
<b>Year 3</b>	Consolidating Clinical Practice for Paramedics	Tri A	Amb 5  Third Sector	Essential - 1, 2, 3, 5, 7, 8, 9, 11 If required - 4, 10  Essential - 1, 2, 3 Optional - 5, 8, 11
	Practice Based Education: Ambulance Care Practice	Tri B	Amb 6	Essential - 1, 2, 3, 5, 7, 8, 9, 11 If required - 4, 10

