



School of Health & Life Sciences
Department of Psychology, Social Work and Allied
Health Sciences

Bachelor of Science Paramedic Science
Pre- registration

Programme Specification Proforma (PSP)
August 2017

PROGRAMME SPECIFICATION PRO-FORMA (PSP)

GLASGOW CALEDONIAN UNIVERSITY

Programme Specification Pro-forma (PSP)

1. GENERAL INFORMATION

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| 1. | Programme Title: | BSc Paramedic Science |
| 2. | Final Award: | BSc Paramedic Science |
| 3. | Exit Awards: | Year 1 – Certificate of Higher Education(Unnamed)
Year 2 – Diploma of Higher Education (Unnamed)
Year 3 – Final Award BSc Paramedic Science with eligibility to apply for Health and Care Professions Council (HCPC) registration as a Paramedic |
| 4. | Awarding Body: | Glasgow Caledonian University |
| 5. | Approval Date: | 6 th /7 th June HCPC Education committee 24 th August |
| 6. | School: | School of Health and Life Sciences (SHLS) |
| 7. | Host Department: | Psychology, Social Work & Allied Health Sciences |
| 8. | UCAS Code: | B950 |
| 9. | PSB Involvement: | Health and Care Professions Council (HCPC) |
| 10. | Place of Delivery: | Glasgow Caledonian University Public and Independent Health Care Providers |
| 11. | Subject Benchmark Statement: | QAA Paramedic (2016) |
| 12. | Dates of PSP Preparation/Revision: | April 2017 |

2. EDUCATIONAL AIMS OF THE PROGRAMME

The aim of the BSc Paramedic Science programme is to allow students to attain first degree level education and HCPC professional registration as a fit-for-purpose paramedic. The programme's intention is to provide high quality educational experiences to enable students to acquire the requisite knowledge, skills and professional attributes associated with the modern paramedic.

The programme recognises that paramedic practice is a continuously evolving discipline which must be reactive and proactive in expanding students' knowledge and skills to underpin decision-making and problem-solving in challenging and complex healthcare situations. Therefore, this programme has been developed to be professionally relevant and academically challenging in order to meet the contemporary and evolving demands of care delivery in multiple clinical areas.

Delivery of the BSc Paramedic Science programme will be supported by our unique relationship with Scottish Ambulance Service through the Scottish Ambulance Academy, our strong allied health education and research, our leading position as one of the largest nursing departments in Scotland, and our renowned expertise in Applied Health Research. At the point of registration, paramedics will be skilled practitioners able to deliver competent, safe, effective, person centred care across a range of clinical settings.

The educational aims of the BSc Paramedic programme are:

- To provide a full time BSc level programme which prepares students to meet the standards, of conduct, performance and ethics (HCPC 2016) standards of proficiency for paramedics (2014) and the QAA (2016) Subject Benchmark Statement: Paramedics.
- Prepare students to contribute to the work of the wider health and social care workforce to meet the contemporary and future demands associated with quality healthcare delivery.
- Acquire the knowledge, capabilities and essential practical skills to care for people in a number of emergency and urgent care settings.
- Ensure students are able to apply knowledge, behaviours, values, and skills at registration which are fit for purpose and allow them to act as independent, confident leaders meeting the HCPC proficiencies for paramedics.
- Act as independent, resilient learners, exercising rigorous and independent thinking, and an appreciation of the complexity and varied clinical settings that paramedics may practice, while demonstrating an ability to critically analyse and apply best evidence.
- Meeting the HCPC Standards for Proficiency Paramedics (2014) students who have successfully completed both theory and practice

elements of the programme will be eligible for the BSc Paramedic Science Award and eligible to apply for HCPC registration as a Paramedic.

3. INTENDED LEARNING OUTCOMES

The programme provides opportunities for students to develop and demonstrate knowledge and understanding, skills, qualities and other attributes in the following areas:

[cross referenced to QAA Subject benchmark Paramedics and HCPC Standards of Proficiency (SoPs) Paramedic]

3A Knowledge and understanding;

QAA: 1.3/1.4/2.0/2.2/3.1/4.0/4.2.1/4.2.2/4.2.5/4.2.15/4.2.16/4.2.18/6.2.6/6.2.8
HCPC, SoPs: 1.15

- A1 Comprehensive knowledge and understanding of anatomy, physiology, pathophysiology and sociology to enable diagnosis, treatment and management of a range of conditions across the lifespan, and at end of life
- A2 Knowledge and understanding of communication and clinical decision making theories to ensure safe and effective practice in a paramedic context
- A3 Apply the principles of ethics, professionalism, law and values to the application of paramedic practice
- A4 Demonstrate the knowledge and understanding required for safe and effective paramedic practice in unscheduled care and emergency/ urgent care settings
- A5 Analyse and interpret research and other relevant data required to make clinical decisions in a range of settings
- A6 Be aware of, and sensitive to, cultural, political and social factors which influence healthcare

3B Practice: Applied knowledge, skills and understanding;

QAA: 2.0/3.0/3.3/3.4/4.20/4.24/6.0
HCPC SoPs: 1/2/3/6/4/10/11/12/13/14

- B1 Demonstrate knowledge and skills to apply clinical practical skills required for paramedic practice
- B2 Demonstrate relevant practical skills and knowledge required for a range of non-invasive, invasive, and pharmacological clinical interventions
- B3 Apply problem-solving skills and innovative solutions to clinical challenges with, and for, patients, carers, colleagues, to ensure safe and effective care

- B4 Demonstrate and ensure accurate record keeping with regard to the legal recording of patient care encounters
- B5 Demonstrate organisational and leadership skills in mass casualty and major incident situations with regard to operational, local, and national policies
- B6 Apply knowledge and skills of clinical assessment, treatment, management, documentation and referral to ensure safety netting in the context of patients that are cared for locally, or at home, to reduce hospital admissions

3C Generic cognitive skills;

QAA: 2.4/3.2/3.4/3.5/5.2/6.1.1/6.1.2/6.1.4/6.1.7/6.1.11/6.1.12/6.2/6.2.2/
6.2.11/6.2.15

HCPC SoPs: 1/ 2/6/7/8/13/15

- C1 Be self-aware of own personal and professional strengths and limitations to ensure consistent high standard of safe and effective paramedic practice
- C2 Be able to assess risk to self and others in multiple complex situations to ensure safe standards of care for patients and the public
- C3 Consistently display professional conduct to ensure the profession is not brought into disrepute
- C4 Ensure application of non-judgmental, non-stigmatising values and behaviour to all service users and carers
- C5 Be confident and capable of advocating for patients in a range of settings and situations
- C6 Ensure confidentiality in the handling of patient information in accordance with professional, legal and ethical frameworks

3D Communication, numeracy and ICT skills

QAA: 3.4/6.1.9/6.1.12/6.2.3/6.2.9/6.2.10/6.2.12/6.2.16

HCPC SoPs: 5/6/7/8/10/11/12/14

- D1 Develop the values, behaviours and communication skills to ensure person centred care and effective interactions with carers, healthcare teams, and other agencies are maintained
- D2 Ensure accuracy in the demonstration of numeracy skills in the assessment, interpretation, and deliver of patient care

- D3 Use a range of approaches to undertake patient monitoring, communication, ICT equipment, to ensure timely application of treatment, management and referral
- D4 Use written, electronic and verbal communication to ensure support for decision making is accurately conveyed to patients, carers and other healthcare practitioners/organisations
- D5 Ensure use of correct terminology to communicate with healthcare practitioners, other agencies, patients, carers, and third sector organisations
- D6 Apply knowledge of clinical, social, psychological, cultural and spiritual awareness to paramedic practice and how this can influence peoples' response to, and the acceptance of care

3E Autonomy, accountability and working with others

QAA: 2.1/2.2/3.5/5.1/6.0/6.1.3/6.1.8/6.2.16/6.2.18

HCPC SoPs: 3/4/9/11/12/14/15

- E1 Apply knowledge of the theories of learning for self and patients to ensure continued professional development, lifelong learning and teaching of patients and others
- E2 Be confident in decision-making to ensure current evidence based clinical practice is applied by self and within interprofessional teams
- E3 Ensure professional boundaries are maintained and justification for actions can be made to others
- E4 Be accountable for own decisions and apply care within the scope of professional practice, which takes account of patient choice
- E5 Ensure professional conduct, ethics and candour are applied to all areas of practice, upholding the standards of paramedicine
- E6 Respect the contribution of the wider health and social care team, demonstrating knowledge and skills for effective team working.

The Strategy for Learning

Introduction

Learning and Teaching Approaches to meet the learning outcomes

Throughout the programme the programme team will teach, where relevant, using authentic 'real world' scenarios based on our expertise and clinical knowledge or via scenarios which have been co-created with users/carers or are based on public narratives from users/carers. We will use a variety of teaching methods to engage students in developing the requisite clinical knowledge and practical skills applicable in the context of various clinical settings. The team will encourage students to appraise current policy and practice, explore personal biases, and to individually and collectively discuss and debate solutions to current issues and challenges.

We will use multiple and creative methods of teaching and learning including, blended learning, flipped classroom, lectures, clinical simulation, problem based learning, interactive activities (in-class and online), small-group work, discussion forums (synchronous) or in-class, wiki, blogs, workshops, and online activities via our online virtual learning environment of GCU Learn. Formative and summative assessments will ensure continuous feedback and feed-forward is facilitated.

Students will be exposed to learning, teaching and assessment strategies which will include the innovative and the imaginative use of learning technologies, such as social media, apps, clickers, simulated and virtual environments, high fidelity mannequins and authentic scenarios and equipment. The use of onsite campus computers and personal mobile devices for access to learning resources, for example via the Blackboard mobile app®, will allow flexible learning and 'just in time' learning in university and practice education areas. Students will also develop a research-based enquiry approach to inform current practice and prepare for future learning.

Students will apply transferable knowledge and skills from the learning environment to the clinical area and vice versa, to embed a philosophy of continuous independent lifelong learning. This will be achieved via an innovative, supportive, contemporary curriculum that adopts a student-centred approach to developing professional knowledge, values, skills and capabilities.

The curriculum takes into consideration current and future models of healthcare practice for paramedics and is guided by the College of Paramedics (2015) Paramedic undergraduate curriculum guidance, HCPC (2014) Standards of Proficiency for Paramedics (SoPs) and the College of Paramedics (2015) Paramedic Career Framework.

The educational experience of the Paramedic Science student will be supported by a clear commitment to excellence in learning, teaching and research principles to ensure fitness for practice and fitness for the award. The provision of high quality, tailored educational and pastoral support and guidance will be

made available to students through a range of mechanisms: a named personal academic advisor, access to our positive living team, academic learning development centre and appropriate Practice Educators.

These approaches endeavour to support and enhance the student's learning experience and promote resilience and wellbeing. The programme is aligned with promoting professional and social values associated with inclusion and justice reflected in the university mission, embracing diversity and respect for others. Students are encouraged to gain the confidence, communication, and leadership skills which will allow them to achieve their maximum potential, transform their lives and the lives of the communities they serve. This holistic approach will prepare them for working in a complex healthcare arena, which at times can be emotionally challenging.

The programme embeds the curriculum design principles as outlined within the current Strategy for Learning. A mapping of the programme curriculum to these principles is shown in appendix 3.

Blended Learning

Blended learning is defined as learning and teaching approach that combines and aligns the use of learning technology with face-to-face methods and activities. Succinctly, this term broadly means the use of technology to enhance learning, teaching and assessment. When used appropriately and effectively, a blended learning approach can provide our students with high quality and engaging learning experiences, making the best use of student contact time and offering students flexibility in their studies. The University's virtual learning environment is GCULearn (Blackboard). All modules in the School's portfolio are required to provide module information to the GCULearn site however; within this programme module leaders will use the virtual learning environment interactively to enhance the learning experience. Workshops, video tutorials and monthly coffee club events are provided throughout the year for staff to upskill in blended learning techniques.

Flipped Classroom Approach

The Flipped classroom is a learning and teaching approach that reverses the traditional classroom , activities, that is, teaching and learning that have traditionally taken place inside the classroom now take place outside the classroom and vice versa. For the modules in this programme, which utilise the flipped classroom approach, students will assimilated information largely outwith the formal classroom setting, by undertaking directed learning in the form of reading, watching videos, using interactive media, and listening to podcasts or other audio format instead of attending formal lectures at university. These resources will be created by their lecturers and posted on GCU Learn or selected from online repositories. When students do attend formal sessions, these will represent interactive seminars within which they will work with lecturers or peers to solve problems and apply their learning to new contexts.

In contrast to the lecture format, the lecturer's role in flipped classroom changes

from being a presenter of content to learning coach. Bergmann and Sams (2012) discuss the “guide on the side” rather than the traditional “sage on the stage”. Students become active learners instead of relying on the lecturer as the provider of knowledge. Consequently, lecturers might facilitate in-class discussions, or alternatively, activities can be student-led.

Within this approach students might create their own content, engage in independent problem solving or work on enquiry-based activities in small groups putting into practice what they have learned from their preparation. Lecturers support student learning by answering questions, asking probing questions of students to uncover misconceptions, working with small groups and guiding the overall learning experience. The central tenet to the approach is the role of students in identifying learning as their goal, instead of striving for the completion of assignments. Technology is one of the key components of the flipped approach to provide a menu of options for the students to use in learning, e.g. podcasting and screencasting to provide lecture content outside the formal learning environment.

Clinical Skills learning and teaching and assessment strategy

The School's Interprofessional Simulation Centre (ISC) is committed to delivering a first class service to students, providing a safe environment for the teaching and learning of clinical skills. The ISC assists students on both undergraduate and postgraduate programmes to develop their skills by using simulated environments and equipment. Simulation is increasingly being used as an integral teaching tool within the education of paramedics, nurses, midwives and other healthcare students. Pioneering simulation techniques have been used at the GCU since 1996 and we continue to work on the development of technological aspects of simulation to facilitate teaching and learning. There has been a significant investment to upgrade the ISC which now provides us with a range of medium and High Fidelity Manikins, state of the art audio-visual equipment, SMOTS® Camera system, 18 bedded hospital ward, Operating Theatre, Intensive Care Unit, podiatry and Child and Midwifery room. In addition to these clinical environments the ISC also has a home environment simulation area allowing for practice of skills in the community and out-of-hospital settings.

The clinical knowledge and skills taught in the ISC will increase in complexity as students progress through the programme to attain competence in development of complex and invasive clinical skills, and engage with scenarios which ensure readiness for application within the clinical area. This allows for the development of situated learning, experience of omissions/errors in a safe environment, and the assessment of skills before entering the clinical area where continuous application, practise and mastering of skills can be assessed and attained via supervised practice. Whilst students, as part of learning diads/triads ‘simulate’ being a patient in the context of clinical scenarios is helpful to their understanding of the experiences of receiving care, they are not obliged to take part. Additionally, they can withdraw at any time. Consent is obtained from each student.

Practice Based Education

Practice based education is a core mandatory component of the programme accounting for 50% of the content. Utilising a Practice Assessment Document (PAD) to record, which has been constructed to meet the HCPC (2014) Standards of Proficiency for Paramedics College of Paramedics (2015) Paramedic undergraduate curriculum, and the QAA (2016) Subject Benchmark Statement: Paramedics; allows integration of learning outcomes which are achieved and assessed in practice.

During periods of practice based education students will be exposed to a wide range of experiences. The Practice Education Lead (PEL) for the Paramedic Programme will work in close partnership with practice education providers to facilitate placement of students in the Practice education Environments. This will ensure equity of access to all students studying towards registration with HCPC as Paramedic.

These processes will be supported by the schools Practice Learning InPlace database. To ensure that they are able to derive maximum educational value from interaction between University-based and practice-based programme components, a reflective and questioning approach to practice learning will be encouraged.

All practice based education experiences are educationally driven; hence, students have supernumerary status while in practice learning environments to enable them to achieve the learning outcomes and meet progression criteria.

Assessment of Practice

Within the BSc Paramedic Science programme practice based education, students are expected to demonstrate the application of knowledge, practise and mastery of skills undertaken in the theoretical and clinical practice modules.

Practice based education is assessed using a matrix which provides grading criteria based on the student's ability to achieve the learning outcomes associated with SCQF levels 7 (year 1), 8 (year 2) and 9 (year 3). The Practice Assessment Document summative grading matrix reflects the SCQF levels as well as the progression from being a dependent/assisted practitioner, through minimal supervision to become independent in their practice at the point of registration.

Formative feedback will assist the student in the development of the knowledge, skills, values and technical abilities that underpin the development of safe and effective paramedic practice.

GCU Engage

The University has established Engage, which is a cross-university work and activity programme, committed to enhancing the student experience. The Engage team are based across GCULead and the Student Experience Framework (SEF) working closely with GCU Students' Association, Academics, Schools and professional support services to develop and promote a cross-university understanding of student engagement, and of the distinctive GCU student experience.

The overarching aim of Engage is to enhance the GCU student experience through a visible, integrated and embedded GCU model of Student Engagement and Partnership Working. Engage has two dimensions:

- Engaging students in their own learning and teaching (with a focus on Feedback and Academic Advising)
- Engaging students in shaping the learning and teaching experience at GCU

The development of Engage is driven by the Strategy for Learning (SfL) and Student Experience Action Plan and external policies; QAA Quality Code for Higher Education (2012/13) and Sparqs Student Engagement Framework (2011).

In addition, the Scottish Funding Council vision is that learners to have a strong voice in shaping their experience of university and expect institutions to demonstrate that they are listening and responding to students. The SFC Student Partnership Agreement; Putting Learners at the Centre: Delivering our Ambitions for Post 16 Education emphasises learner engagement in quality as a key issue, and has also identified 'learner centeredness' as a cross-cutting theme of its corporate plan, a key element of an institutional student partnership agreement.

Further information regarding all aspects of Engage can be found at:

<http://www.gcu.ac.uk/engage/>

4. PROGRAMME STRUCTURES AND REQUIREMENTS, LEVELS, MODULES, CREDITS AND AWARDS

The BSc Paramedic Science programme complies with the HCPC Standards of Proficiency (2014) and the QAA Subject Benchmark Statement: Paramedics. This modular programme reflects the Scottish Credit and Qualification Framework (SCQF) and follows the standard Glasgow Caledonian University structure for undergraduate programmes.

The educational framework for the programme comprises of 50% theory and 50% practice meeting the 2250 hours recommended by the College of Paramedics, Paramedic Undergraduate Curriculum (CoP 2015). The modules are delivered across 3 academic trimesters. Students must complete all theory and practice hours to complete the programme to be eligible for the final award and to apply for registration with the HCPC as a Paramedic.

Scottish Higher Education Degree Level Credit

YEAR 1

M1B924579	Introduction to core principles in Paramedic Science (Includes Practice Based Education 1: Ambulance)	20
M1B022653	Foundations for Interprofessional Practice	20
M1B102521	Fundamentals of Human Physiology	20
M1B724782	An Introduction to Evidence Based Practice in Health and Social Care	20
M1B924582	Paramedic Science Clinical Practice 1	20
M1B924562	Paramedic Science Practice Based Education 2: Fundamental Care	10
M1B924567	Paramedic Science Practice Based Education 3: Ambulance	10
Exit Award	Certificate of Higher Education(Unnamed)	120

YEAR 2

M2B924576	Clinical Life Sciences in Paramedic Practice	20
M2B924574	Paramedic Science: Developing Clinical Practice 2	20
M2B924575	Developing Care in Paramedic Science	20
M2B924564	Paramedic Science Practice Based Education 4: Advancing Skills and Ambulance	20
M2B724784	Understanding Evidence Based Practice in Health and Social Care	20
M2B924565	Paramedic Science Practice Based Education 5: Paediatrics and Obstetrics	10
M2B924566	Paramedic Science Practice Based Education 6: Mental Health Care	10
Exit Award	Diploma of Higher Education (Unnamed)	240

YEAR 3

M3B724785	Applying Evidence Based Practice in Health and Social Care	20
M3B924581	Applying Clinical Assessment and Decision Making for Paramedics Science (Includes Practice Based Education 7: Minor Illness & Ambulance)	20
M3B924577	Paramedic Science: Consolidating Clinical Practice 3	20
M3B924578	Paramedic Science: Minor Injuries (Includes Practice Based Education 8: Minor Injuries & Ambulance)	20
M3B922065	Leadership and Mentorship in Paramedic Practice	20
M3B924583	Paramedic Science Practice Based Education 9: Ambulance	20
Exit Award	BSc Paramedic Science	360

5. SUPPORT FOR STUDENTS AND THEIR LEARNING**Student Induction and Transition**

The School organises and provides an extensive Induction Programme. The School's Induction Group ensures that the induction programme is student centred and encourages belonging, engagement and partnership, thus enhancing the student experience. The BSc Paramedic Science Programme team will additionally provide specific activities to meet programme requirements (such as professional requirements related to PVG, vaccination, uniform fitting, fitness to practice, etc.) whilst allowing students the opportunity to engage in the diverse range of activities and opportunities that are offered across the University.

The Programme team and the School's Learning Development Centre (LDC) are key in delivering these programme specific sessions across the School, in addition to the nurturing of learning communities, peer support, and ensuring that student responsibilities and expectations are clearly articulated.

Centrally co-ordinated induction sessions such as campus orientation, library orientation, ICT induction, and Freshers' Address are offered to all new students. During these sessions students are introduced to the centrally delivered Student Services including careers advice, Chaplaincy, childcare, disability, international student support, ICT support, library services, student counselling and student enterprise. Online support resources covering the aforementioned topics are also available to students prior to, during and after the induction period via the New2GCU website.

To encourage all students to engage with the University via the Class Representative and Student Leader Programmes, Glasgow Caledonian University Students Association run short sessions to introduce new students to the wide range of welfare services, sport and society activities, and volunteering opportunities offered by the association.

Further information GCU induction can be found at:

<http://www.gcu.ac.uk/new2gcu/>

Academic Advising

All students on this programme will have a named academic advisor who will provide continuous support throughout the programme of study. Normally, meetings will be instigated at key points in the year, for example, at assessment periods and at periods of transition. Mutual expectations are expressed and agreed at the outset.

Students and academics should be clear about the purpose, nature and intended outcomes of the advising process, specifically the times, nature, duration and boundaries of the advising role. Staff and students will set clear boundaries and encourage communication through a mutually preferred method, such as, open office hours. Students will meet with their academic advisor three times in an academic year; one meeting can be online. In the Department of Psychology, Social and Allied Health Sciences the academic advisor is also the student's link academic for practice learning.

Further information on Academic Advising can be found at:

<http://www.gcu.ac.uk/engage/yourlearningexperience/academicadvising/>

Learning Development Centre (LDC)

Additional academic support for all students is provided by the Learning Development Centre (LDC). The key aim of the LDC is to provide all our students with the information and communications technology (ICT) and academic skills to enable them to develop as independent learners. Study skills are provided by means of workshops, small group sessions, one to one appointments, webinars and tailored teaching sessions embedded within professional modules, usually at the request of a module leader. The aim of these activities is to help students develop the academic and ICT skills needed to succeed at University-level study.

The LDC is staffed by 4.8 FTE academic development tutors (ADTs), an ICT skills tutor and an administrator who have developed close working relationships with other student-related services within GCU such as the Disability and Positive Living Team.

Each discipline in the School has a named ADT who liaises with the programme team and attends the relevant programme board. Bespoke materials, appropriate to professional requirements, may be designed by the LDC Team at the request of programmes.

Further information regarding our Learning Development Centre can be found at:

<http://www.gcu.ac.uk/hls/studyoptions/learningathls/learningdevelopmentcentre/>

Student Performance Feedback

The University is committed to providing the best possible student learning experience. This includes providing high quality student performance feedback that is timely, fit for purpose and designed to enhance the future learning of students. Programme Teams commit to implementing the 8 GCU Feedback Principles within all modules and across all programmes of study at both undergraduate and postgraduate levels. Therefore, all modules will apply a student performance feedback strategy that embraces the 8 GCU Feedback principles of feedback being:

- A dialogue
- Supportive of future learning
- Timely
- Related to clear criteria
- Accessible to all students
- A continuous process
- Available on all forms of assessment
- Flexible and suited to students' needs

Further information regarding GCU's policy and support for student feedback can be found at: <http://www.gcu.ac.uk/futurelearning/>

Students with Disabilities: Accessibility of Programme

The university is committed to delivering a high quality service to all applicants to undergraduate and postgraduate programmes that fosters equality and diversity and is welcoming, efficient and fair. This policy encompasses all aspects of undergraduate and postgraduate admissions and is underpinned by GCU strategies, codes of practice and policies on Articulation (GCU, 2013); Data Protection (GCU, 2005); Disability, Equality and Diversity (GCU, 2015); Widening Participation (GCU, 2008) and Recognition of Prior Learning (RPL) Policy (GCU, 2016). In practice this means promoting equality, diversity and an inclusive environment free from discrimination and discriminatory practices for all students.

Further information regarding flexible and inclusive curriculum can be found at: <http://www.gcu.ac.uk/lead/leadthemes/flexibleaccessibleandinclusivecurriculum/>

Support in practice placement learning

Practice based education experiences for pre-registration Paramedic students will constitute a core mandatory component of the programme content. Placements for ambulance based learning will be located within the Scottish Ambulance Service (SAS). This continues the university's strong relationship with SAS and allows access to authentic audited practice education areas to apply knowledge and clinical skills, which have been taught in class and simulated in the simulation centre.

Students will undertake a minimum of 2250 hours practice based learning. Practice hours for each year of the programme have been mapped to the level of exposure the team believe is required to complete the learning outcomes. This includes mastery of clinical skills, development of communication skills, and application of person-centred care. The inclusion of an initial non assessed 3 week 'observation' placement in year one will provide the opportunity for students familiarise themselves with the expectations of practice based education, the reality of paramedic practice within the ambulance environment, the profession and the patient journey. The hours undertaken in this time are mandatory and contribute to the overall hours of the programme.

Paramedic students are currently supervised and supported in practice based learning environments by Practice Educators (PEd), who are supported by Practice Education Facilitators (PEF) (Currently termed as Practice Placement Educators in SAS, however this is changing to align with professional terminology) (HCPC 2014, 2016). PEFs are experienced registered professionals who have undertaken or are studying towards PGCE in practice based education.

PEd's and PEF's are invited to attend workshops and NES accredited course in practice education in preparation to receive the BSc Paramedic Science students. The Practice Education Lead for the Paramedic Science programme will work in close collaboration with the PELs and PEFs in the various clinical environments students will access to enable placements within ambulance and non-ambulance settings.

Non Ambulance based practice placement

This programme will also utilise non ambulance setting and clinical specialties, such as, theatre, obstetrics, paediatrics, mental health, minor illness, minor injury units and GP Practice. This is to increase the paramedic students' exposure to a range of clinical areas and care for people presenting with various healthcare conditions. This will allow flexibly and a wider range of learning environments to fulfil the learning outcomes of the programme.

Undergraduate health students from the School of Health and Life Sciences (nurses, AHPs) are supervised by appropriately registered healthcare practitioners and mentors (PEds) supported by Practice Educator Facilitators (PEFs) and academic staff. All mentors (PEds) and PEFs have completed a

national programme of preparation with NHS Education for Scotland (NES) as well as their required profession specific education in practice education, leadership and mentorship.

Academic Staff from SHLS carry out regular audits of practice placement areas with the Practice Education Provider's teams following nationally agreed systems and processes. These are monitored through the InPlace system.

6. CRITERIA FOR ADMISSION

Candidates must be able to satisfy the general admissions requirements of Glasgow Caledonian University

Programme Admission Requirements:

Academic

- SQA Higher: BBBC.
Including English and preferably Biology, plus Nat 5 Maths
- A level: BCC
Preferably Biology, plus GCSE English and Maths at C/4
- ILC Higher: H2 H3 H3 H3
Including English and preferably Biology at Higher plus Ordinary level Maths at O2.
- HNC: HNC in a relevant Health related subject
- SWAP: A Health or Science related area at grades BBB

Flexible Entry - Credit Transfer and RPL:

Must be able to map credit or experience following the RPL policy (GCU 2016)

Entry with Advanced Standing:

No advanced standing available

Non Academic

English Language

Students whose first language is not English will be required to hold the equivalent of an IELTS test score of overall 7.0 including 6.5 in each component.
(Exceptions case 164)

Applicants will be required to attend interview as part of the admissions process.

Acceptance to this programme is subject to a satisfactory occupational health screening and Advanced PVG clearance.

Must be physically fit and have the strength to lift and carry patients and equipment.

Personal statement

- Focus must be on Paramedic Science
- Must mention care / caring / healthcare – essential.
- Preference given to candidates who demonstrate knowledge of role of Paramedics.
- Ideally candidates will have good communication skills and work well in teams.
- No specific period of recent assessed study required dependant on qualifications.

7. METHODS FOR EVALUATING AND IMPROVING THE QUALITY AND STANDARDS OF TEACHING AND LEARNING***Mechanisms for review and evaluation of teaching, learning, assessment, the curriculum and outcome standards:***

- Annual Programme Monitoring Process
- Annual Module Monitoring Process
- Module Feedback Questionnaire
- External Examiner(s) Reports
- Annual monitoring (required by Professional and/or Statutory Bodies)
- Enhancement-led Internal Subject Review (ELISR)
- Enhancement-led Institutional Review (ELIR)

Committees with responsibility for monitoring and evaluating quality and standards:

- Student-Staff Consultative Group (SSCG)
- Programme Board (PB)
- School Board
- Assessment Board (AB)
- University Learning and Teaching Sub-Committee (LTSC)
- Department Learning and Teaching Sub-Committee (LTSC)
- University Academic Policy and Practice Committee (APPC)
- University Senate

Mechanisms for gaining student feedback on the quality of teaching and their learning experience:

- Student-Staff Consultative Group (SSCG)
- Student representation on Programme Board (PB)
- Student representation on School Board
- Mid module feedback
- GCU Experience Survey
- Module Feedback Questionnaire
- GCULearn
- Open access to members of Programme Team e.g. Module Leaders, Programme Leader, Academic Advisor, Year Tutor
- Pause for Feedback (week 7 feedback survey)

Staff development priorities include:

- Postgraduate Certificate in Learning and Teaching
- Continuous Professional Development (CPD)
- Performance and Development Annual Review (PDAR)
- Peer support for teaching
- Mentoring scheme for new teaching staff

- Conference and seminar attendance and presentation
- Research Excellence Framework (REF) submission
- Membership of Higher Education Academy (HEA)
- Membership of and involvement with Professional Bodies
- Accelerate FHEA fellowship scheme
- Higher degree attainment

8. ASSESSMENT REGULATIONS

Students should expect to complete their programme of study under the Regulations that were in place at the commencement of their studies on that programme, unless proposed changes to University Regulations are advantageous to students.

The Glasgow Caledonian University Assessment Regulations which apply to this programme, dependent on the year of entry and with the following approved exceptions can be found at : [GCU Assessment Regulations](#)

Programme Specific Assessment Regulations: Exceptions Case 164

Due to theoretical, clinical, professional and regulatory body requirements which contribute to ensuring patient safety and fitness for practice, the programme for approval will require a number of programme exceptions to assessment regulations. These will be required to be approved by the Exceptions Committee. However, many of exceptions required for this programme are currently in place for other healthcare programmes and modules.

REGULATION(S) TO WHICH EXCEPTION IS RELEVANT:

Undergraduate Assessment Regulations Session 2016/17:

Section 9 Scheme of Assessment (page 7)

Section 13.1.2/13.1.3/13.1.4/13.1.6 Awarding of Credit for Modules (page 12)

Section 13.2 Compensation (page 13)

Section 23 Aegrotat Awards (page 21)

RATIONALE FOR EXCEPTION

1. UNDERGRADUATE ASSESSMENT REGULATIONS - SECTION 9, SCHEME OF ASSESSMENT

Module M2B924574 Paramedic Science: Developing Clinical Practice 2

This trimester A module (first diet January) requires a second diet attempt to be allowed in the April/May assessment period as opposed to the normal August second diet, to ensure practical knowledge and skills are achieved before entry to practice placements. This is assessed by OSCE therefore there should be sufficient time between first diet (January) and second diet (April/May) to achieve the practical skills before entering the practice based education starting in May.

2. UNDERGRADUATE ASSESSMENT REGULATIONS
SECTION 13, AWARDING OF CREDIT FOR MODULES (13.1.1; 13.1.3; 13.1.4; 13.1.6)

M1B924582 Paramedic Science: Clinical Practice 1 (OSCE)

M2B924576 Clinical Life Sciences in Paramedic Practice 2 (Class test)

These modules are assessed by one element of assessment as indicated above. Students are required to achieve a pass mark of 75% as the content of the module requires them to have an understanding of the concepts to ensure safe and effective practice in preparation for clinical placement.

M1B924582: This is required due to the clinical nature of the OSCE. Deemed as appropriate for the year 1 level of practice.

The marks will be normalised 40% in assessing the overall performance. The formula used will be that already approved for use for normalisation purposes:

$$\text{New Mark} = (\text{Score} - \text{Old Passmark}) \times (100 - \text{New Passmark}) + \text{New Passmark} \\ (100 - \text{Old Passmark})$$

M2B924574 Paramedic Science: Developing Clinical Practice 2

This module has two elements of coursework (OSCE) with pass marks of 80% both of which must be passed to achieve a pass for the module. This is required due to the essential criteria of the OSCE and it is higher than year one to account for the advanced clinical nature of the skills and associated risks. Each component will assess specific learning outcomes and require to be passed to assess safe and effective practice for clinical placement.

The marks will be normalised to 40% in assessing the overall performance. The formula used will be that already approved for use for normalisation purposes:

$$\text{New Mark} = (\text{Score} - \text{Old Passmark}) \times (100 - \text{New Passmark}) + \text{New Passmark} \\ (100 - \text{Old Passmark})$$

M3B724785 Applying Evidence Based Practice in Health and Social Care

This module is assessed by an exam and a poster presentation. For modules assessed by coursework and examination the overall pass mark for the module will be 40% subject to the attainment of a mark of at least 35% in each of the coursework and online examination. The programme and module team regarded the passing of both elements as important to ensure all module learning outcomes were achieved.

M3B924578 Paramedic Science: Minor Injuries

M3B924581 Applying Clinical Assessment and Decision Making for Paramedic Practice

These modules have three elements of assessment which are equally weighted, one of which carries a mark, the other two being Pass/Fail. These modules are required to demonstrate theory-practice knowledge and understanding which are integrated in these modules. Students therefore require evidence of successful completion of ALL elements to demonstrate the level of knowledge and understanding to pass the module. This is in line with similar modules with clinical and theory integrated, across the SHLS.

3. UNDERGRADUATE ASSESSMENT REGULATIONS SECTION 13.2: COMPENSATION

All above-noted modules

No compensation will be permitted. The student must pass all modules to exit with the award and to meet the regulatory body standards to be eligible to apply for registration as a Paramedic with the HCPC.

4. UNDERGRADUATE ASSESSMENT REGULATIONS: SECTION 23, AEGROTAT AWARDS

The final award BSc Paramedic Science has no Aegrotat as this attracts a professional qualification. All modules must be passed. This is in line with the HCPC Standards of Education (SeTs) number 6.9.

Rationale

These Programme Specific Assessment Regulations are as a consequence of students on the programme exiting with an academic and professional qualification with the latter reflecting fitness to practice.

9. INDICATORS OF QUALITY AND STANDARDS

- Annual Programme Monitoring Process
- Annual Module Monitoring Process
- Module Feedback Questionnaire
- External Examiners' Reports
- Annual monitoring (required by Professional and/or Statutory Bodies)

Committees with responsibility for monitoring and evaluating quality and standards:

- Student-Staff Consultative Group (SSCG)
- Programme Board (PB)
- School Board

- Assessment Board (AB)
- School Learning, Teaching and Quality Committee
- Department Learning, Teaching and Quality Committee
- University Learning and Teaching Sub-Committee (LTSC)
- University Academic Policy and Practice Committee (APPC)
- University Senate

Mechanisms for gaining student feedback on the quality of teaching and their learning experience:

- Student-Staff Consultative Group (SSCG)
- Student representation on Programme Board (PB)
- Student representation on School Board
- Module Feedback Questionnaire
- GCULearn
- Open access to members of Programme Team e.g. Module Leaders, Programme Leader, Academic Advisor, Year Tutor

Staff development priorities include:

- Postgraduate Certificate in Learning and Teaching
- Continuous Professional Development (CPD)
- Performance and Development Annual Review (PDAR)
- Peer support for teaching
- Mentoring scheme for new teaching staff
- Conference and seminar attendance and presentation
- Research Excellence Framework (REF) submission
- Membership of Higher Education Academy (HEA)
- Membership of and involvement with Professional Bodies

10. INFORMATION ABOUT THE PROGRAMME

Key information about the programme can be found in:

- Definitive Programme Document
- Programme Handbook
- Module Handbook
- University Website <http://www.gcu.ac.uk>
- School Website
- GCULearn
- My Caledonian
- University Prospectus

This specification provides a concise summary of the main features of the programme and the learning outcomes that a typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. More detailed information on the learning outcomes, content and teaching, learning assessment methods of each module can be found in the University Module catalogue which can be accessed from the University website. The accuracy of the information in this document is reviewed by the University and may be checked by the Quality Assurance Agency for Higher Education.

A curriculum map is attached showing how the outcomes are being developed and assessed within the programme.

This relates the modules from Section 4 to the outcomes in Section 3. DATE:
October 2016

Curriculum Map for BSc Paramedic Science

PSMAP

The curriculum map links the modules (Section 4) to the Outcomes listed in Section 3

This map provides both a design aid to help academic staff identify where the programme outcomes are being developed and assessed within the course. It also provides a checklist for quality assurance purposes and could be used in approval, accreditation and external examining processes. This also helps students monitor their own learning, and their personal and professional development as the course progresses. The map shows only the main measurable learning outcomes which are assessed. There are additional learning outcomes (e.g. attitudes and behaviour) detailed in the module specifications which are developed but do not lend themselves to direct measurement

Modules

Programme outcomes

	Code	Title	A 1	A2	A3	A4	A5	A6	B1	B2	B3	B4	B5	B6	C1	C2	C3	C4	C5	C6	D1	D2	D3	D4	D5	D6	E1	E2	E3	E4	E5	E6
SCQF7	M1B924579	Introduction to core principles in Paramedic Science (PBE 1)			x	x		x							x	x	x	x	x	x	x					x			x		x	x
	M1B022653	Foundations of Interprofessional Practice		x	x	x	x								x	x	x	x	x	x	x					x			x		x	x
	M1B102521	Fundamentals of Human Physiology	x							x												x		x								
	M1B724782	An Introduction to Evidence Based Practice in Health and Social Care					x									x		x		x		x	x				x					x
	M1B924582	Paramedic Science: Clinical Practice 1			x	x		x	x	x	x		x	x	x	x	x	x	x	x		x			x	x	x	x	x	x	x	x
	M1B924562	Practice Based Education 2: Fundamental Care			x	x		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x
	M1B924567	Practice Based Education 3: Ambulance			x	x		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
SCQF8	M2B924576	Clinical Life Sciences in Paramedic practice	x							x													x	x								
	M2B924574	Paramedic Science: Developing Clinical Practice 2			x	x		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	M2B924575	Developing Care in Paramedic Science			x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	M2B924564	Practice Based Education 4: Advancing Skills & Ambulance			x	x		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	M2B724784	Understanding Evidence Based					x									x							x				x					X

[illegible]

MAPPING OF PROGRAMME TO THE COMMON GOOD CURRICULUM

Mapping the Common Good Attributes within the programme

Common Good Attributes	Curriculum content and design (<i>what we teach</i>)	Learning and teaching activities (<i>how we teach</i>)	Authentic assessment practices (<i>how we measure</i>)	Action points
Active and Global Citizenship: Acting honestly, fairly and ethically in: Recognising and actively seeking to address global social trends and challenges Viewing the world from the perspective of different cultures Participating in the community at a local, national and global level Taking account of and valuing diversity Exploring social problems and taking action to build a more just and sustainable society Addressing inequality and disadvantage	<i>Please provide specific examples at each level of the programme</i> The aim of the BSc Paramedic Science programme is to allow students to attain first degree level education and HCPC professional registration as a fit-for-purpose paramedic. As well as enabling students to attain the competencies, capabilities and confidence associated with their specific professional discipline. The programme's intention is to provide high quality educational experiences to enable students to acquire the requisite knowledge, skills and professional attributes associated with the modern paramedic. The programme recognises that paramedic practice is a continuously evolving discipline which must be reactive and proactive expanding students' knowledge and skills to underpin decision-making and problem-solving in challenging and complex healthcare situations. Therefore, this programme has been developed to be professionally relevant and academically challenging in order to meet the contemporary and evolving demands of care delivery in multiple clinical and community areas.	<i>Please provide specific examples at each level of the programme</i> Throughout the programme we will teach using 'real world' scenarios based on our own clinical knowledge and through scenarios which have been co-created with users/carers or are based on public narratives from users/carers. We will use multiple methods to encourage students to apply teaching and clinical knowledge and skills in the context of multiple clinical areas. We will encourage them to challenge current practice, biases, and to individually and collectively discuss current clinical practice and healthcare policy to find solutions to issues and challenges in practice placements areas. Methods include, flipped classroom, lecture, clinical simulation, problem based learning, interactive activities (in-class and online), wiki, blogs, apps, workshops, online activities via gculearn. Discussion forums (synchronous) or in-class	<i>Please provide specific examples at each level of the programme</i> The programme will use multiple formative and summative assessments such as essays, exams, presentation, group work, case study, Structured Objective clinical examinations, clinical evaluations, clinical practice based competencies. The use of clinical simulation in authentic environments with authentic kit, monitoring and realistic mannequins will prepare students for real world, real time scenarios which they may encounter to allow learning, teaching and assessment in a safe environment where mistakes or failures are seen as part of learning to reduce the risk to patient safety in the clinical area.	Remain current by actively researching subject areas and responding to local and global changes to healthcare practice and policy. Continually reviewing the way healthcare is delivered to ensure our programme is current and reflects the needs of service and users/carers

	<p>Programme Philosophy</p> <p>Nationally and internationally, Governments and other key organisations, have acknowledged that the delivery of contemporary healthcare systems will continue to evolve, requiring the contribution and involvement of a highly educated workforce. Crucially, this includes paramedics who will be expected to act as critical thinkers and problem solvers and as clinical leaders / managers / educators, who advance their own and others' professional practice in the context of continually changing care delivery and interprofessional working. Students undertaking this programme will actively engage in innovative learning processes which develop personal and professional attributes enabling them to experience learning which is authentic and mimics real world scenarios. Our vision for the BSc Paramedic Science programme is that our students are prepared to enter working life as astute, conscious leaders who are dedicated to improving the life of the communities they serve.</p> <p>The educational aims of the BSc Paramedic programme draw on our unique partnership with Scottish Ambulance academy, our strong allied health education and</p>			
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	research, our leading position as one of the largest nursing departments in Scotland, a globally networked World Health Organisation Collaborating Centre for Nursing Education, Research and Practice Development and our renowned expertise in applied Health Research			
Entrepreneurial mind-set Being curious and prepared to take calculated risks Identifying opportunities for change Creating solutions, and putting these into practice, in response to identified real-world problems Thinking creatively, critically and divergently, drawing on a range of ideas and unexpected connections Dealing with complexity and uncertainty Actively seeking a diversity of experiences and concepts from different cultural contexts	Through formative work students will be encouraged to be brave and innovative in their creation of solutions to current local healthcare practice, policy, research or to 'wicked' global healthcare issues in the context of paramedic practice. Recognising that success and complex solution are often preceded by failure. Therefore failure or mistakes in clinical simulated practice will be discussed in the context of iterative learning and reflection. Students will be treated with respect for the life experiences that they bring to the programme. This will allow understanding and experiences to be integrated, challenged or reframed to create ideas and learning solutions from others where the collective intelligence of the group allows pooling and distribution of knowledge with a common goal, improving lives. Creating knowledge communities. This includes academics working with and for the students.	Lecturers are enthusiastic clinical and academic experts in their subjects and actively research their subject area and professional area in a local and global context. All teaching and learning will be based on 'real world' problems using a combination of narrative, theoretical, clinically challenging scenarios, through individual directed or self – directed activities or problem based group scenarios. Where appropriate external experts will be included as part of the teaching team to enhance the expertise offered by lecturing staff.	This will include Formative discussion and presentations, continuous reflective portfolios, practice placement documents, peer feedback, case studies based on real world scenarios, Objective structured clinical examinations based on real diagnostic and practice based elements of healthcare. Where appropriate users carers use of feedback on assessment elements through the use of simulated patients or collaborative writing of scenarios and assessment	Ensure our lecturers are continually evaluating and aiming to improve their learning – teaching and assessment strategies. Be responsive to new learning theory and to be innovative and brave in their use of new technology/methods which engage and encourage students to be active confident learners. Encourage lectures to attain PhD, MSc, PgCert, publish and present research at academic peer reviewed conferences and internally via the research seminars
Responsible leadership:	Each student will be respected for the	Lecturers are friendly, respectful	Again assessments aim to	People who use services

<p>Exercising: Empathy Resilience Professionalism Inspiring and influencing the thinking, attitudes and behaviour of others Working collaboratively towards a common vision and common goal Building communities through the development of trust Developing solutions that are ethical, visionary, realistic and sustainable Actively demonstrating a personal commitment to equality and diversity</p>	<p>different experiences they bring and these are maximised to ensure these collective experiences are shared to better understand the context each person works in and how past and future experiences influences and impacts on paramedic and other areas of health and healthcare policy/practice. This fosters respect for others expertise and increases understanding of other areas of healthcare. We will encourage self-awareness of strengths and weaknesses to enable revaluation of current practice in a complex clinical environment where solutions may be out with their control. Therefore, students will be encouraged to build resilience in the face of a continual complex healthcare environment and full time study. Ensuring their own health and wellbeing is at an optimum and that they build coping strategies to maximise the chances of completing their programme and influencing the health and wellbeing of the communities they serve.</p> <p>The programme leader will be in contact with all students and staff and the philosophy of social capital – building trust, reciprocal sharing of knowledge, skills and resources within and between the individual classes of the programme will help foster a sense of belonging to the university and each other.</p>	<p>and will foster a sense of belonging by encouraging students to engage with the university systems and resources and the common good activities. This can be challenging when students are working full time but may still have competing demands on their time. However, building trust between and with students will allow lecturers to enhance the student experiences and to understand the complexities of life as a full time student. Full time students are mentored by peers, individual lecturers and supported by multiple learning, social and wellbeing services.</p> <p>Multiple methods are used to engage students taking into consideration any adjustments that need to be made to allow students to fully engage and benefit from the teaching and learning offered.</p>	<p>challenge students' current thinking, values and attitudes and to prepare them with new skills and knowledge. Multiple assessment strategies will be used to ensure that knowledge; skills, attitudes and behaviour are assessed as well as the practical elements of undertaking the role of a paramedic.</p> <p>This is achieved by using 'real world' scenarios and interprofessional learning and education which mimics not only expectations of their own discipline but how they will practice within a interprofessional team in multiple clinical areas. As well as how people who use services are empowered to be involved in the shaping and creating of assessment and teaching scenarios.</p>	<p>will be actively encouraged to participate in the creation, evaluation and delivery of scenarios where possible.</p> <p>This will include assessment where appropriate.</p> <p>Lecturers will actively act as role models by undertaking further study and research, engaging with national policy, steering groups. Working with students to encourage them to publish and present at local events and peer reviewed conferences.</p>
<p>Confidence : Acting assertively and reasonably Challenging yourself and continually</p>	<p>The programme aims to create confident paramedics who are willing and enabled to be confident leaders.</p>	<p>The lecturers on the programme are enthusiastic experts in their field and act as role models to</p>	<p>Assessments will encourage application of knowledge and skills and professionalism. They</p>	<p>Lecturers are confident in their dealings with students projecting a</p>

<p>learning from experience Respecting your own and others' rights and needs Becoming a 'changemaker', making a positive difference Being able to understand, respect and engage with a diverse range of audiences and stakeholders</p>	<p>Challenging multiple hierarchical healthcare systems to improve the quality of care for people who are interacting with paramedic services and the healthcare systems.</p> <p>We will encourage students to think differently about their area of practice and the profession they will enter by building networks within and outwith their normal professional networks – connecting with multiple user/carer, third sector and influential organisations to try to influence change at a local, national level during their studies at registration and in their future careers. This will include being involved with common good activities and presenting their work at local, national conferences.</p>	<p>the students. Lecturers are active researchers, have a PhD or MSc, PgCert teaching are fellows of the Higher Education academy and registered paramedics, nurses, Allied Health Professionals, life scientist or sociologists.</p> <p>Lecturers actively engage with research and current teaching, learning and assessments methods They are members of multiple governmental and global organisation, are visible in social media connecting with students and influential organisations. Lectures publish and present at national and international conferences and apply their research to teaching. Students are encouraged to be leaders in their fields.</p>	<p>will include real world authentic scenarios which the modern paramedic may be involved in reflecting an increased complexity through the years. As well as the practical and decision making knowledge and skills require students will be encourage to always be patient centred ensuring shared decision making and respect for individual and families choices.</p>	<p>knowledgeable, professional approach to learning, teaching and assessment.</p>
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APPENDIX 4: PROGRAMME FLOW

Year 1 - 2017/2018

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Trimester A

Trimester B

Trimester C

Year 2 - 2018/2019

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Trimester A

Trimester B

Trimester C

Year 3 - 2019/2020

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Trimester A

Trimester B

Trimester C

Hol Holiday

PL Practice Placement

U University

A Study/Assessment Period

CG Common Good Activities

APPENDIX 6: CONSENT FORM

Practical Participation Consent Form

The BSc Paramedic Science programme utilises a range of simulation equipment and methodologies where appropriate for safe practice of skills prior to practice placement. On occasion, students may be requested to play the role of a service user within a simulated environment. This allows peers to apply the technical and non-technical skills learned in a safe manner. This type of simulation, along with facilitated debriefing, increases the environmental fidelity for effective learning.

Consent must be gained where students participate as service users in practical and clinical teaching, in line with Health & Care Professions Council (HCPC) Standards of Education and Training (SETs) 3.14. Further information can be found below regarding consent to act as service users.

These simulated practicals are often recorded for the sole purposes of debriefing and learning. All simulation activities are considered confidential, whether electronic, written, verbal, observed or overheard, and may not be disclosed or discussed outside of the simulation environment. Any participants (e.g., students, educators, staff or observers) in simulation activities are expected to maintain confidentiality. Any sharing, posting to social media, discussion, recording, reproducing, revealing or disclosure of simulation activity or performance is a violation of this and may be grounds for disciplinary action.

Additionally, student activities may also be photographed. Uses for photographs may include (but not be limited to) news release, website content, official social media outlets, marketing, training/educational material. Identification of participant would be limited to role only, e.g. student Paramedic.

Students acting as service users for practicals must acknowledge the following as part of the informed consent to participate in the session:

The known risks, limitations and any potential discomfort of the practical will be explained by the educator prior to the session.

The student must speak with the educator if they do not understand any aspect of the practical that is proposed.

In order to undertake some practical procedures effectively, it may be necessary to remove clothing which may otherwise prevent observation and/ or examination.

The student must inform the practitioner and educator should any untoward symptoms or discomfort be experienced during any practical procedure by stating clearly 'Stop now'.

That any injuries incurred from simulation must be reported to the Programme Leader as soon as practically possible.

Should any information regarding health status be discovered during a practical procedure, it is the students responsibility to seek appropriate advice. This may

include referral to General Practitioner or other appropriate health professional. Wherever possible such information will remain confidential.

Consent can be withdrawn at any point should the student not wish to participate, or discomfort or distress be experienced by any aspect of acting as the service user.

Students acting as the clinician in the practical must agree with the following:

To carry out only the procedure related to the simulation briefing and their scope of practice at that time.

Appropriately explain the procedure to the student acting as the service user.

Stop immediately if asked to do so by the student acting as the service user or the educator.

The same standards relating to consent during unsupervised skills practice with peers is applicable as appropriate.

Your acknowledgement below indicates that you have read and fully understand the implications of this policy, and agree to:

Act in the role of service user as required within the simulated environment.

Photographs being taken and used as outlined above.

Maintain the strictest confidentiality about simulation activities in which you participate and/or observe. Furthermore, you understand a violation of confidentiality is strictly prohibited and serious consequences may occur if you violate this. Participants are obligated to report any violations of confidentiality to the Programme Lead.

Signed: _____ Date: _____

EXAMPLE PRACTICE BASED EDUCATION SUMMATIVE GRADING MATRIX

Grade Bands/Score	Outstanding Pass (A)	Very Good Pass (B)	Good Pass (C)	Satisfactory Pass (D)	Fail (E) Refer to academic adviser
	70 – 100 (85)	60 – 69 (65)	50 – 59 (55)	40-49 (45)	0 – 39 (30)
PROFESSIONAL VALUES/PERSON-CENTRED CARE	Always demonstrates outstanding professional attitudes and person centred care values. Always engages multi- professional team working	Regularly demonstrates very good professional attitudes and person centred care values. Regularly engages in multi-professional team working	Usually demonstrates good professional attitudes and person centred care values. Usually engages in multi-professional team working	Developing acceptable professional attitudes and person centred care values but needs guidance most of the time. Aware of importance of multi-professional team working.	Unacceptable/Inappropriate attitudes and professional values demonstrated. Lacks awareness of multi-professional team working
SAFE AND EFFECTIVE PRACTICE	Always demonstrates outstanding standards of safe and effective practice. Shows appropriate initiative at all times	Always demonstrates very good standards of safe and effective practice. Shows initiative in most situations	Usually demonstrates good standards of safe and effective practice. Requires occasional prompts, support and direction.	Demonstrates a basic standard of safe and effective practice. Requires frequent prompting and direction. Direct supervision and support required most of the time.	Demonstrates unsafe or ineffective practice. Inconsistent work which lacks focus. Requires continuous prompting and direction. Direct supervision and support required at all times.
APPLICATION OF KNOWLEDGE AND UNDERSTANDING TO PRACTICE	Able to critically evaluate and provide an excellent rationale regarding the use of current best evidence to deliver high quality person centred care.	Selects specific and relevant evidence to regularly provide a very good rationale for evidence based person-centred care.	Usually demonstrates a good knowledge base/level of understanding to demonstrate clear links between evidence and practice	Limited knowledge base/level of understanding to support some links between evidence and practice.	Unacceptable knowledge base/level of understanding therefore unable to link evidence to provide appropriate rationale for practice.

APPENDIX 9: ASSESSMENT LOADING MATRIX

[illegible]

CURRICULUM MAPPING – COLLEGE OF PARAMEDICS CURRICULUM FRAMEWORK

Year 1		Year 2		Year 3	
ICPPS	Introduction to Core Principle in Paramedic Practice (<i>Includes Practice Based Learning 1: Ambulance</i>)	DCPS	Developing Care in Paramedic Science	EBP3	Applying Evidence Based Practice
FIP	Foundations of Interprofessional Practice	CLPPS2	Clinical Life Sciences in Paramedic Practice 2	PSCCP3	Paramedic Science: Consolidating Clinical Practice 3
FHP	Fundamentals of Human Physiology	PSDCP2	Paramedic Science: Developing Clinical Practice 2	CADMPP	Applying Clinical Assessment and Decision Making in Paramedic Practice (<i>Includes Practice Based Learning 7: Minor Illness and Ambulance</i>)
EBP 1	Introduction to Evidence Based Practice in Health and Social	EBP 2	Understanding Evidence Based Practice 2	LMPP	Leadership and Mentorship in Paramedic Practice
PSCP1	Paramedic Science: Clinical Practice 1	PBE 4	Practice Based Education 4: Advancing Skills and Ambulance	PSMI	Paramedic Science: Minor Injuries (<i>Includes Practice Based Education 8: Minor Injuries and Ambulance</i>)
PBE 2	Practice Based Education 2: Fundamental Care	PBE 5	Practice Based Education 5: Paediatrics and Obstetrics	PLE 9	Practice Based Education 9: Ambulance
PBE 3	Practice Based Education 3: Ambulance	PBE 6	Practice Based Education 6: Mental Health Care		

*1	Manual Handling	Year 1: Trimester A
*2	Infection Control (SIPCEP)	Year 1: Trimester A
*3	Conflict resolution	Year 1: Trimester A
*4	Admissions Information/Advice	Prior to application/Selection Day
*5	Practice Assessment Document (PAD)	All Years
*6	Basic Life Support with AED	Induction Week
*7	Fitness to Practice induction/maintenance/issues	Induction Week

Curriculum Mapping – College of Paramedics Curriculum Framework

	Year 1							Year 2							Year 3					
C1.1 Physical Sciences	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.1.1 Apply scientific units of measurement used in clinical science and health care																				
C1.1.2 Understand and apply pressure and gas laws, especially as related to respiration																				
C1.1.3 Understand heat transfer specifically in relation to maintenance of normal body temperature																				
C1.1.4 Understand and apply the laws governing physical and movement forces including ergonomics as applied to the working environment and manual handling *1																				
C1.1.5 Understand the composition of fluids: concentration, salts, electrolytes, solutes, solutions, colloids and suspensions including haemodynamics and viscosity and evaluate this I relation to blood flow																				
C1.1.6 Understand and apply theory associated with the properties and reactions of acids, bases and buffers																				
C1.1.7 Interpret theory associated with diffusion and osmosis, especially as applied to gas exchange and movement of water between body fluid compartments																				
C1.2 Life Sciences	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9

C1.2.1 Understand the dynamic relationship between human anatomy and physiology. This should include all major body systems with an emphasis on cardiovascular, respiratory, nervous, digestive, endocrine, urinary and musculoskeletal systems.																				
C1.2.2 Identify the pathophysiological changes to normal homeostatic function and its implications																				
C1.2.3 Recognise human growth and development across the lifespan including the factors influencing individual variations in human ability and health status.																				
C1.2.4 Understand the role of nutrition in health and illness.																				
C1.2.5 Microbiology: Recall the main classes of pathogenic microorganisms, and apply knowledge to the spread of infection and universal precaution. *2																				
C1.2.6 Understand and apply theory associated with immunology and the response to infection and injury.																				
C1.2.7 Demonstrate a fundamental understanding of Genetics, including the structure of DNA, the flow of information from DNA to RNA to protein in the cell, transcription of DNA to mRNA and the protein synthesis process.																				
C1.2.8 Demonstrate a fundamental understanding of Genomics, including the inter relationship of genes in order to identify their combined influence on the growth and development of organisms.																				
C1.2.9 Understand the data protection issues around the use, sharing and storage of genomic																				

information, legal and ethical framework, consent etc.																				
C1.2.10 Understand the role of genomic technology and how it can be used to benefit the care of patients across the NHS by identifying the correct therapies to maximise efficacy and reducing adverse effects.																				
C1.2.11 Understand the application of genomic technology and its role in healthcare delivery, including areas such as disease risk and predisposition, to support more accurate diagnosis and prognosis, and to select and prioritise preventive or therapeutic options in a wider set of pathological disorders																				
C1.2.12 Outline the principles of epidemiology and the aetiology of normal presentation.																				
C1.2.13 Demonstrate a fundamental understanding of the principles of pharmacology.																				
C1.3 Social, Health and Behavioural Science	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.3.1 Evaluate the significance of diversity and anti-discriminatory practice including fairness, social inclusion, gender, sexuality, ethnicity, spirituality, religion and culture.																				
C1.3.2 Demonstrate safeguarding of children at risk and vulnerable adults, both in paramedic care and within the wider context of society.																				
C1.3.3 Understand and apply the theory associated with loss, change and bereavement																				
C1.3.4 Develop a contextual understanding of models of health and illness, and evaluate the impact of health and social policies on professional practice, and the role of the paramedic in health																				

promotion.																				
C1.3.5 Evaluate the psycho-social determinants of health, including inequality and the factors contributing to the needs of different social groups, including the factors that influence an individual in health and illness.																				
C1.3.6 Develop a fundamental understanding of mental health conditions and associated patient management, including: psychosis, depression, bipolar disorder, post-natal depression, schizophrenia, obsessive-compulsive disorders, post-traumatic stress disorder, self-harming, attempted suicide, substance misuse (including alcohol and drugs) and other associated diseases.																				
C1.3.7 Understand and apply theories of: <ul style="list-style-type: none"> Stress and coping, and the effects of stress on individuals, Pain and the effects of pain on individuals, Team work and leadership in relation to effective team performance and reduction of human error, Supporting human information processing, problem solving and clinical reasoning. 																				
C1.3.8 Develop an awareness of the ten principles and respective standards regarding Dementia.																				
C1.3.9 Develop a contextual understanding of Alzheimer's disease, Parkinson's disease, palliative care and End of Life Care (EoLC).																				
C1.3.10 Outline the history of the paramedic profession and the organisation of the NHS and UK NHS national ambulance services with an emphasis on clinical governance.																				

C1.4 Clinical Sciences	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.4.1 Know relevant medical terminology																				
C1.4.2 Evaluate how lifespan and individual variations influence susceptibility to disease, injury and responses to treatments.																				
C1.4.3 Identify pathological changes and the related clinical features of commonly encountered conditions																				
C1.4.4 Understand physiological, structural, behavioural and functional changes in patient presentation and the effect of interventions.																				
C1.4.5 Apply an understanding of the theoretical basis of assessment, critical clinical decision making, management and the scientific evaluation of their effectiveness.																				
C1.4.6 Demonstrate the capacity to safely administer therapeutic medications, including an applied understanding of pharmacology, pharmacodynamics and pharmacokinetics																				
C1.4.7 Safely and appropriately demonstrate use of medical technology and equipment used in pre-hospital and out-of-hospital paramedic practice, and be aware of the factors limiting the reliability of equipment.																				
C1.5 Ethics and Law	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.5.1 Evaluate and critically appraise the ethical, legal and professional issues that inform and shape paramedic practice.																				

C1.5.2 Interpret and apply the Professional, Statutory, and Regulatory Bodies (PSRB's) standards of conduct, performance and ethics.																				
C1.5.3 Illustrate a contextual understanding of the ethical and legal frameworks within paramedic practice, and relevant legislation. Principles of consent, autonomy, beneficence, maleficence and non-maleficence																				
C1.5.4 Know current UK law that relates to the driving and operating of emergency vehicles as appropriate to the paramedic profession	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4	*4
C1.5.5 Apply ethics associated with caring and the primacy of patient interest and patient advocacy.																				
C1.5.6 Demonstrate awareness of practical issues relating to actions at crime scenes and evidence preservation																				
C1.5.7 Apply in practice patient confidentiality and data protection.																				
C1.5.8 Understand duty of care, and implement theory associated with capacity, concordance and consent.																				
C1.6 Patient Assessment	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.6.1 Manage uncertainty through conduction of ongoing dynamic risk assessments in rapidly changing circumstances of clinical incidents in order to implement the control measures necessary to achieve an acceptable level of safety for patients, bystanders and other rescuers. Including the appropriate use of universal precautions, infection prevention and personal protective equipment (PPE). *2/3																				

C1.6.2 Differentiate and appraise issues of consent and capacity, across the life spectrum, including and incorporating the patient who may have an advanced directive, or do not attempt resuscitation (DNAR) order or their advocate.																				
C1.6.3 Identify and differentiate the critically injured patient, including those with an exacerbation of existing illness or disease, and ensure the appropriate management of patients with a time-critical injury or illness in accordance with current evidence-based practice																				
C1.6.4 Identify and assess patients who present with minor injury(s) and/or illness(s), and assist in providing the appropriate management of the injury or illness in accordance with local care pathways and current evidence based practice.																				
C1.6.5 Conduct a thorough and detailed physical examination of the patient applying appropriate skills to inform their critical clinical reasoning and guide the formulation of a differential diagnosis across all age ranges.																				
C1.6.6 Obtain and record a comprehensive and comprehensible health history in accordance with applicable legislation, protocols and guidelines, ensuring patient data is stored appropriately																				
C1.6.7 Undertake and interpret a comprehensive set of clinical observations appropriate to the patient's condition, including 12-lead ECG acquisition and interpretation for a range of acute coronary syndromes (ACSs).																				
C1.6.8 Utilise critical thinking skills and evidence based practice to support their decision making in formulating a diagnosis from the analysis of clinical examination, history and vital signs assessment findings.																				

C1.6.9 Evaluate and critically appraise the need for further assessment, intervention or referral to specialist or advanced paramedics, or other services, care pathways or agencies																				
C1.7 Care Delivery	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.7.1 Modify approaches to ensure application of care with respect to the environment and situation encountered, especially in regard to scene safety, including potential and actual crime scenes																				
C1.7.2 Apply safe, appropriate and effective, basic and advanced life support to adult, child, infant and neonate. *6																				
C1.7.3 Apply collaborative pain assessment and management																				
C1.7.4 Implement effective critical clinical decision making in order to formulate, negotiate and implement treatment plans, with the appropriate use of clinical safeguarding and referral.																				
C1.7.5 Select and utilise appropriate interventions, taking into account the specific therapeutic needs of patients and carers.																				
C1.7.6 Assessment, moving and handling of patients within a wide range of clinical situations using appropriate selected equipment and techniques *1																				
C1.7.7 Where applicable to the immediate needs of the patient, evaluate and implement referral options required to better meet their care needs, or transport to an appropriate health and/or social care facility.																				

C1.7.8 Assessment, consultation and delivery of patient care within a multi professional team and, where appropriate, delegate patient care to other qualified and suitably experienced health and social care professionals.																				
C1.7.9 Ensure restocking of patient care equipment and ensure all non-disposable medical equipment is appropriately cleansed and available for future care givers who may be required to use it. *2																				
C1.8 Leadership Attributes	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.8.1 Understand human factors, patient safety and team working as applied to healthcare generally and paramedic practice specifically, providing clinical leadership to peers and less experienced students.																				
C1.8.2 Implement evidence-based healthcare and its application to paramedic care, including maintaining knowledge of current, evidence-based best practice.																				
C1.8.3 Know concepts of quality and the application to paramedic services including a basic appreciation of, and delineation between, 'system thinking' and 'command and control' approaches																				
C1.8.4 Apply effective Crew Resource Management, including future approaches to resource deployment, control operations and priority dispatch systems.																				
C1.8.5 Be aware of how mentorship, coaching and guidance from colleagues and associates can enhance an individual's capacity for clinical leadership.																				

C1.8.6 Understand patient triage and prioritising care, including the use of priority dispatch systems, telephone and face-to-face clinical decision support systems.																				
C1.8.7 Develop a fundamental understanding of principles of management within organisations.																				
C1.8.8 Develop a fundamental understanding of clinical governance and maintaining/monitoring standards.																				
C1.8.9 Contribute to the development and implementation of policies and quality improvement measures within the local area health economy.																				
C1.9 Evidence and Research Based Practice	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.9.1 Apply research methods to improve paramedic care of patients and patient groups.																				
C1.9.2 Critically appraise research evidence to design, improve and implement effective paramedic practice.																				
C1.9.3 Evaluation of research methodologies, which enables the integration of theoretical and practical applications																				
C1.9.3 Use information computer technology to process and analyse research findings.																				
C1.9.4 Formulate research questions, pursuing the development of a research design and the implementation of the research process.																				
C1.9.5 Utilise literature to inform current and evolving research of evidence-based practice.																				

C1.10 Informatic Topics for Paramedics	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.10.1 Information Governance																				
C1.10.2 Clinical Records, Patient Information and Record Repositories																				
C1.10.3 Use of the Internet as an information source.																				
C1.10.4 Technology Enabled Care/mobile health.																				
C1.10.5 Interpretation and use of patient data systems through information metrics and Analytics																				
C1.10.6 Secondary data use.																				
C1.10.7 Social media, Email & Communication	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7
C1.10.8 Use of social media in accordance with current PSRB recommendations	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7
C1.10.9 Apps, Devices & the cloud	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7	*7
C1.10.10 Health informatics futures																				
C1.10.11 General curriculum items: <ul style="list-style-type: none"> • Writing and communicating, • Use of word processing, email, spreadsheets and databases, • Mental calculations on the basis of changing values. • Speaking and listening, • Reading and comprehension. 																				

C1.11 Resilience Attributes	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.11.1 Acquire an overview of major incident response plans at a local and national level.																				
C1.11.2 Understand the National Ambulance Command and Control Guidance, and the role of the National Ambulance Resilience Unit (NARU).																				
C1.11.3 Be able to perform as the first crew on scene during a major incident.																				
C1.11.4 Maintain accurate incident logs and records, including principles of incident logging.																				
C1.11.5 Management of multiple casualty and major incident situations in accordance with agreed national policies and procedures; including specific chemical, biological, radiological and nuclear (CBRN) incidents.																				
C1.11.6 Understand ambulance service special operations responses and ambulance trust obligations within the Civil Contingencies Act (2004) and the Health & Social Care Act (2008).																				
C1.11.7 Perform appropriate functions during a major incident as tasked or required.																				
C1.11.8 Understand the use and importance of communication in major incidents																				
C1.11.8 Contribute to debriefings.																				
C1.12 Clinical Practice	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9
C1.12.1 Ability to establish and maintain a safe practice environment in accordance with current health																				

and safety regulations. Also recognition of, and appropriate response to, the hazards of cross-infection taking account of the principles of universal infection control relating to patient care and staff welfare. *2																				
C1.12.2 Ability to apply and adapt their clinical and social skills in different practice environments, taking account of the varying needs of individuals, groups and/or carers while acknowledging and dealing appropriately with uncertainty, unpredictability and change (both in terms of clinical practice itself and the organisational context in which care in the paramedic arena is delivered).																				
C1.12.3 Communication and teaching skills, including the ability to listen effectively, to address individuals' needs with sensitivity, and to explain their thinking and actions in appropriate styles and formats. Demonstrating a commitment to patient partnership, manifested in their sensitivity and responsiveness to the needs and interests of patients and carers through the negotiation and evaluation of mutually agreed goals.																				
C1.12.4 Ability to collaborate with other members of healthcare teams, including members of other professions and support workers, recognising and respecting the roles, responsibilities and contributions of each.																				
C1.12.5 Ability to make independent decisions based on a thorough evaluation of need, contextual factors and current evidence-based practice, while referring to appropriate sources of advice and support when required.																				
C1.12.6 Ability to manage patients effectively and efficiently in a range of settings, making appropriate decisions about priorities and drawing on sources of advice and support when																				

required.																				
C1.12.7 Ability to keep full and accurate records, respecting issues of confidentiality, information security obligations and standards of professional practice, and responding appropriately to current and future developments in health informatics, information communications technology (ICT) and knowledge management that may or could impact on record-keeping processes and requirements.																				
C1.12.8 Ability to safely handle, order, receive, prepare and administer medicines in the practice environment in accordance with current Medicines and Healthcare Products Regulatory Agency (MHRA) paramedic regulations.																				
C1.12.9 Recognition of the legal, ethical and moral boundaries, and appropriate response to the limits of their personal scope of practice and to the scope of practice of the profession at large.																				
	ICPP S	FIP	FHP	EBP 1	PSC P1	PBE 2	PBE 3	DCP S	CLP PS2	PSD CP2	EBP 2	PBE 4	PBE 5	PBE 6	EBP 3	PSM I	PSC CP 3	CAD MPP	LMP P	PBE 9