OXFORD BROOKES UNIVERSITY
BePAD Guidance for First and Second Year Students and SCAS Staff

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BePAD Guidance for First Year Students

You will all be guided through the BePAD sign in process during a classroom session. You will then be guided to do the following:

You must all invite Siân Lavers, Gabby Barody, Andy Freeman-May and Marie Herd into your BePADs as both Link Lecturer and Mentor.

You will also need to invite:

- your Link Lecturer
- your CM at your ambulance station
- any other paramedics who will be completing or signing off any part of your BePAD
- your supervisors in your FCCS placements.

Placement Hours

Placement hours are signed off by the paramedic you worked with. Please ensure that all absences are recorded and not left out. In the non-ambulance placements they are signed off by your supervisor.

Simulation Based Experience

Simulation based experience hours will be added by Matt Catterall at the end of the year. They include inductions and other simulation based activities. You do not need to add any of your induction or simulation hours to this.

Non Ambulance Placements

In the first year these are the two Fundamental Care and Communication Skills (FCCS) placements. All parts of this (including hours) are signed off by your supervisor. Please make sure that this is done before you finish your placement as it is difficult to go back to get it done. You must ensure that your supervisor completes and closes the placement in the BePAD before you complete the placement.

Practice Competencies Record

There are 24 competencies in total which are marked in traffic light colours. As a minimum the seven green ones must be signed off. You should demonstrate that you are consistently competent in these competencies, so should practice them more than once. Red competencies do not need to be signed off, but it is desirable that the amber (yellow) ones are completed by the end of the year. You need to provide evidence of how you have met each competency, and discuss them with your clinical mentor (CM). Your CM must sign off your competencies (not NQP2 or Band 6 paramedics).

Practice Education Reviews

Three reviews must be completed during the year. These are completed by you and your CM together following discussion, and focus on a single shift and what you want to achieve. You need to identify student aims, and negotiate a learning plan with your CM. Your CM then needs to provide feedback and identify areas for development. You then complete student comments and your CM will identify your level

of overall attainment. Once this is done, you and your mentor sign off each review. It has to be done by you first then your CM. You cannot open another review before you have finished the previous one. You need to complete one review between October and the Christmas break, one between January and Easter and one between Easter and the summer break. You will be required to submit your BePADs for checking at specified dates during the year. The dates are posted on Moodle.

Initial Practice Education Review

This takes place at the beginning of your placement in your ambulance station. You will identify your learning and development needs and how and when you aim to meet them. Your CM then needs to complete the agreed learning and development objectives including dates for a midway and final review dates. Once all the fields have been filled, you and then your CM go in and close it. Again, it must be your CM who signs this off.

Midway Practice Education Review

This is completed in Years 2 and 3 only.

Final Practice Education Review

This is completed and signed off at the end of your placement. Again all fields must be completed or you and your CM will not be able to sign it off as complete. This must be done in order – you first, and then your CM – the completion buttons will not allow your CM to close each bit until you have closed it. In this section, your CM also has to confirm that you have met all of the green competencies. As with the initial review, it must be your CM who signs this off.

Action Plan

An Action Plan will only be completed if there are concerns about your performance or attitude. As long as you are performing and achieving, this will not need to be completed.

Self-Evaluation and Reflective Learning

You need to complete 34 reflections during the year which broadly equates to two reflections per week when in placement. This means that you can complete 8 in your non-ambulance (FCCS) placements, which your + placements must approve these. You do not have to write a lot of information but you should write more than a line or two. NQP2s, Band 6 paramedics and CMs can all sign these off. All 34 must be approved and you must make sure that the reflections you write in your FCCS placements are signed off before you leave.

Scope of Practice Skills Verification Log

Like the competencies, these are signed with a traffic light system. At the top of this section you can view the guidance by opening the pink banner. You must as a minimum complete all of the green sections. These can be signed off by NQP2, Band 6 Paramedics or CMs. There are several skills that you may not be able to practice in placement, such as the infection control suit and some of the airways. However, these can be signed off following a professional discussion. BLS is done as mandatory fitness to practice elements, so you can also discuss these with your CM/supervising paramedic.

Completing the BePAD at the end of the year

If at any time you want to see your progress and what has been signed off, scroll down to Placement Details and click on the blue Placement Completion tab. This will take you to a checklist, where you can see what has been completed and what is outstanding. Under “Progression” you can see who has indicated that the placement is ready to be closed.

Once everything has been completed and signed off by you and your CM, you can then complete the placement. Your Link Lecturer will then be able to close the BePAD for the year.

Even if you think everything is finished, you may have things to do after submitting your BePAD, so please make sure that you are checking your emails regularly. Failure to complete everything by the deadline may result in a failed placement. This could mean that you will have to retake the module in September which will push you back a year.

If you have difficulty with any aspect of your BePAD, please use the email address below to get guidance and/or support. Please do not email individual members of staff.
bepad_paramedic@brookes.ac.uk

BePAD Guidance for Second Year Students

You will all be guided through the BePAD sign in process during a classroom session. You will then be guided to do the following:

You must all invite Siân Lavers, Matt Catterall and Nick Groom into your BePADs as both Link Lecturer and Mentor.

You will also need to invite:

- your Link Lecturer
- your CM at your ambulance station
- any other paramedics who will be completing or signing off any part of your BePAD
- your supervisors in your Hospital Trust placements.

Placement Hours

These are signed off by the paramedic you worked with. Please ensure that all absences are recorded and not left out. In the non-ambulance placements they are signed off by your supervisor. You will see that a column has been added to the placement hours where you can add the name of the person you worked each shift with.

Simulation Based Experience

These hours will be pushed (added) by Matt Catterall at the end of the year. They include inductions and other simulation based activities. You do not need to add any of your induction or simulation hours to this.

Non Ambulance Placements

In the second year your non ambulance placements will take place in hospital trusts. You will need to include these in the non-ambulance placement section of the BePAD. Please make sure that this is done before you finish your placement as it is difficult to go back to get it done. You must ensure that your supervisor completes and closes the placement in the BePAD before you complete the placement. Your supervisor will need to complete the non-ambulance placement section and sign off the hours you worked in each hospital placement.

Practice Competencies Record

In the second year there are still 24 competencies but you will notice that none of them are red. Although the absolute minimum requirement is to meet the green ones, you should be meeting as many of the yellow/orange ones as possible by the end of the year, if not all of them. You should demonstrate that you are consistently competent in these competencies, so should practice them more than once. You need to provide evidence of how you have met each competency, and discuss them with your clinical mentor (CM). Your CM must sign off your competencies (not NQP2 or Band 6 paramedics).

Practice Education Reviews

Four reviews must be completed during the year. Each focuses on a single shift. You complete the student aims part before starting the shift, but you must also discuss them with your CM/supervisor.

After the shift, the CM/supervisor then needs to provide feedback and identify areas for development. You then complete the student comments and the CM/supervisor will identify your level of overall attainment. Once this is done, you both sign off each review. It has to be done by the student first, then the CM/supervisor. You cannot open another review before you have finished the previous one.

You will need to complete one review in placement block 1, one in placement block 2 and one in placement block 3. **The fourth review can be done in any of the blocks so in one block two reviews will need to be completed.**

You will be required to submit a statement confirming that you have met the requirements for completing parts of the BePAD via Turnitin for checking at specified deadlines during the year. Please see the information on Moodle for the specific dates. The reviews can be completed in both ambulance and non-ambulance placements, but it is advisable that no more than two are done in non-ambulance settings.

Initial Practice Education Review

This takes place at the beginning of your placement in your ambulance station. You will identify your learning and development needs and how and when you aim to meet them. Your CM then needs to complete the agreed learning and development objectives including dates for a midway and final review dates. Once all the fields have been filled, you and then your CM go in and close it. Again, it must be your CM who signs this off.

Midway Practice Education Review

This will only be completed in Years 2 and 3.

Final Practice Education Review

This is completed and signed off at the end of your placement. Again all fields must be completed or you and your CM will not be able to sign it off as complete. This must be done in order – you first, and then your CM – the completion buttons will not allow your CM to close each bit until you have closed it. In this section, your CM also has to confirm that you have met all of the core (green) competencies. As with the initial review, it must be your CM who signs this off.

Action Plan

An Action Plan will only be completed if there are concerns about your performance or attitude. As long as you are performing and achieving, this will not need to be completed.

Self-Evaluation and Reflective Learning

You need to complete 38 reflections during the year which broadly equates to two reflections per week when in placement. You need to complete 12 in placement block 1, 14 in placement block 2 and a

further 12 in placement block 3. You need to make sure that what you write does demonstrate that you are reflecting on what you are doing, so it must be more than a line or two. NQP2s, Band 6 paramedics and CMs can all approve your reflections.

Scope of Practice Skills Verification Log

Like the competencies, these are signed with a traffic light system. At the top of this section you can view the guidance by opening the pink banner. You must as a minimum complete all of the green sections. These can be signed off by NQP2, Band 6 Paramedics or CMs. There are several skills that you may not be able to practice in placement; these can be signed off following a professional discussion. BLS is done as mandatory fitness to practice elements, so you can also discuss these with your CM/supervising paramedic.

Airway Management and Intravenous Access Record

In the second year you need to complete the Airway Management and Intravenous Access Record. You must record the skill performed and then have this signed off by the health care professional who has observed the skill being undertaken. These can be signed off in non-SCAS placements by an appropriate professional. You can cannulate in any of the hospital areas you are working in.

Completing the BePAD at the end of the year

If at any time you want to see your progress and what has been signed off, scroll down to Placement Details and click on the blue Placement Completion tab. This will take you to a checklist, where you can see what has been completed and what is outstanding. Under “Progression” you can see who has indicated that the placement is ready to be closed.

Once everything has been completed and signed off by you, you can then complete the placement. Your Link Lecturer will then be able to close the BePAD for the year. CMs no longer need to close the placement.

Even if you think everything is finished, you may have things to do after submitting your BePAD, so please make sure that you are checking your emails regularly. Failure to complete everything by the deadline may result in a failed placement. This could mean that you will have to retake the module in September which will push you back a year.

If you have difficulty with any aspect of your BePAD, please use the email address below to get guidance and/or support. Please do not email individual members of staff.
bepad_paramedic@brookes.ac.uk

Year One/Level Four Learning Outcomes

We appreciate the support of PVI providers who are able to provide learning opportunities for our students; these are essential to develop Fundamental Care and Communication Skills. Through this development process, our aspiration is to equip students with a variety of learning experiences that transform them into competent and compassionate paramedics who are able to practice effectively, fulfilling the expectations of a contemporary allied health professional.

The theme of the first year placements is to develop fundamental knowledge and skills that enable students to safely assess, identify and manage service users with a variety of care needs. These will include opportunities to develop fundamental care and communication skills which will underpin future practice and provide the foundation to base their post-qualification professional career.

Opportunities are provided to develop an awareness of professional practice, provide high-quality personal care in line with the NHS 6 C's in a range of care settings. This includes service users who have predominantly personal care needs and those with higher-acuity conditions.

Level 4 Clinical Practice Placement Learning Settings

Year 1 Practice Placement Learning Themes - Fundamental Care & Communication Skills

Placement Theme	**Duration**	**Hours**
Fundamental Care & Communication Skills – Service User Care Setting	4 weeks	150
Fundamental Care & Communication Skills – Ambulance Setting	4 weeks	150
Total Hours		**300**

The Level 4 practice Education Core Learning Themes are shown below, and students are expected to work towards meeting these throughout the first year.

Level 4 Practice Education Core Learning Themes

Actively provide high-quality service user care, applying NHS 6 C's principles during periods in practice placements.

- Acquire and develop awareness and understanding of service user access and entry to the practice placement setting.
- Observe the assessment, identification and recording of service user physical and psychological and personal care needs.
- Develop understanding of policy and practice which impacts on care providers' ability to deliver appropriate, service user specific care plans.
- Appreciate professional collaboration within practice placement settings and opportunities for paramedic practice to compliment or enhance care provision for service users.
- Actively use reflection upon theoretical and practice learning to identify and describe how these experiences can enhance their development towards independent professional paramedic practice.

Below you will see the learning themes and learning outcomes for the first year ambulance station setting and the second for the two Fundamental Care and Communication settings.

Clinical Practice Placement Area: Fundamental Care & Communication Skills – Ambulance Care Setting

Specific Practice Placement Area Learning Outcomes

- Demonstrate application the 6 Cs during care provision, maintaining dignity and respect of service users.
- Demonstrate the ability to assist and support service users from initial contact to completion of care episode.
- Demonstrate awareness of situations where dignity, equality and diversity have an impact on the safety or effectiveness of delivering care, seeking supporting and guidance to challenge and report such incidences.
- Demonstrate effective communication with service users and their carers, family and significant others.
- Acquire an awareness of responsibilities/process used to raise concerns about vulnerable patient/child protection issues and describe how to safeguard vulnerable service users.
- Participate effectively in the care of service users with various needs, as part of a multi-disciplinary team to ensure quality of care.
- Participate in handover(s) of care from or to another healthcare professional, contributing to the discussion when appropriate.
- Use knowledge and understanding to prioritise care/interventions' within an appropriate scope of practice, recognising when to seek advice and support.
- Understand organisational communication, recording keeping and data storage, appreciating its relevance to service users care, during short-term contact and longer-term settings, and professional standards.
- Discuss how service user's mobility needs can be supported, using equipment available to ambulance personnel.
- Recognise differences in providing high-quality care to service users in an out of hospital setting compared to other healthcare settings.

Clinical Practice Placement Area: Fundamental Care & Communication Skills – Service User Care Setting

Specific Practice Placement Area Learning Outcomes

- Demonstrate application of the 6 Cs during care provision, maintaining dignity and respect of service users.
- Demonstrate the ability to assist and support service user's activities of daily learning (i.e. personal hygiene; personal care; nutrition and hydration.
- Demonstrate awareness of situations where dignity, equality and diversity have an impact on the safety or effectiveness of delivering care, seeking support and guidance to challenge and report such incidences.
- Demonstrate effective communication with service users and their carers/significant others.
- Acquire an awareness of responsibilities/process used to raise concerns about vulnerable patient/child protection issues and describe how to safeguard vulnerable service users.
- Participate effectively in the care of service users with various needs, as part of a multi-disciplinary team to ensure quality of care.
- Participate in handover(s) of care from or to another healthcare professional, contributing to the discussion when appropriate.
- Use knowledge and understanding to prioritise care/interventions' within an appropriate scope of practice, recognising when to seek advice and support.
- Understand organisational communication concerning clinical and information governance, appreciating its relevance to service user's care and professional standards.

Year 2/Level 5 Acute Care Clinical Practice Development and Learning Themes

During the second-year, students will continue to develop acute care clinical practice skills with an increasing focus upon the technical skills of assessment and management interventions. In addition, they will perform more detailed service user assessment and focus on the management of service users presenting with acute care needs within an increasing scope of practice and in more specialised clinical services. **The main focus of practice education will remain within the ambulance service.**

Level 5 Learning Themes

- Develop critical understanding of service user entry processes in the practice areas. For example - the triage process in hospital.
- Undertake assessments relevant to the practice area.
- Develop critical understanding of the assessments and the relevance to paramedic practice.
- Have critical awareness of policy and practice and how this impacts upon service user care episodes.
- Demonstrate the ability to participate in professional collaboration within the practice setting.
- Demonstrate the ability to contribute to the care planning process and enhance the service users' journey through the practice area.

Additional to emergency ambulance placements, students will have the opportunity to observe and participate in assessments and interventions by other health care professionals. This is aimed at giving them an insight into decision making in other professions as well as enhancing some skills, such as airway management. These placements will be assessed as part of their summative assessment by their Practice Assessor in the ambulance service.

Non-Ambulance colleagues are asked to comment on the proficiency of the assessment or procedure undertaken, rather than competency to do the same independently. This will be fed back via the BePAD to the ambulance based Practice Assessor.

There should be a total of 225 hours allocated across the placement pattern for the students in a variety of settings dedicated to the learning themes appended. Each area may achieve these in different ways, however equal weight is applied to each.

The learning themes cover:

- Acute Care
- Airway Management
- Children and Young People
- Emergency Care
- Mental Health
- Obstetrics, Gynaecology and Neonatal Care

Practice staff will be asked by the student to comment on what has been achieved and what has not. This is a subjective assessment by practice staff regarding the progress towards the desired outcomes for each practice education placement area. Your views on the development of students are valued and the comments will be used in the context of a wider, summative assessment. Please keep in mind the NHS core values (referred to as the 6 C's) in your comments. At least one form is required, however multiple forms may be submitted by the student.

The following learning outcomes are a summarised copy of the full outcomes given to students. If you require the full copy, please do not hesitate to ask Brookes staff.

Generic learning outcomes for non-ambulance placements

- Students will develop an understanding of the role of different professional groups in caring for patients.
- Students will actively promote the paramedic profession by maintaining a high standard of professional practice suited to their level of clinical competency.

1. Acute Care (Approximately 37.5 hours)

Students should be exposed to environments which form the end point of the care pathway for acute presentations. This will allow them to use this knowledge in decision making processes in the field, where they will be making decisions about transporting and treating patients.

The learning outcomes are:

- Assist and undertake (where appropriate) assessments and interventions utilising the skills available within the scope of practice.

- Demonstrate critical awareness of the role of the paramedic as it relates to the acute care practice environment.

2. Airway Management (Approximately 37.5 hours)

Paramedics are expected to appropriately manage airways in life threatening situations outside of a hospital. The use of intubation as part of this is often debated, however it remains part of their training. Airway management is more than intubation and the expectations of paramedics in practice are different from that of professionals in operating theatres.

Clinical partners are asked to assess the students' ability to safely conduct the individual procedures within the students' scope of practice. They are not being asked to sign them off as competent to be independent practitioners. Recovery, or removal of an airway device or procedure also contains useful learning opportunities.

The learning outcomes are:

- Undertake (supported) clinical assessment of service users with a variety of airway management needs, critically appraising and implementing appropriate intervention and management strategies across the lifespan.
- Where appropriate undertake airway manoeuvres, apply airway devices (including supraglottic airway devices and endotracheal tubes) and ventilate patients under supervision.
- Further develop cannulation and medication preparation skills as appropriate

3. Children and Young Persons Care (Approximately 37.5 hours)

This experience is focussed on the specific needs of children and young people and is an area traditionally neglected by paramedic education. Students should be expected to focus on communication and safeguarding as well as the changes in practice required for this specific group.

The learning outcomes are:

- Undertake clinical assessment of children and young people, critically appraising and implementing appropriate intervention and management strategies.
- Understand the roles and responsibilities of the health and care professional involved in the management of children and young people throughout the care pathway
- Demonstrate an understanding of the role (and limitations) of paramedics in the care pathway of children and young people

4. Emergency Care (Approximately 37.5 hours)

Paramedics focus on acute and unscheduled presentations. The aim of this learning theme is to provide students with the background knowledge to inform their clinical decision making in the pre-hospital environment. Experience of resuscitation, general medical assessment and clinical decision-making processes is the aim of this placement.

The learning outcomes are:

- To appropriately utilise the skills within the students' scope of practice in a supportive and/or supervised environment, within a multidisciplinary team.

- To extend the students' knowledge of the care pathway of ambulance patients after they are discharged from ambulance care.
- Understand the role and responsibility of the wider multidisciplinary team who provide care interventions for service users upon discharge from the emergency setting.

5. Mental Health (approximately 37.5 hours)

Mental Health has been traditionally neglected in paramedic training and is an increasing part of the paramedic workload. Oxford Brookes is one of a few institutions to run a dedicated module in the 2nd year. This placement may occur before or after that module, so students will arrive at differing stages of knowledge. Paramedics are expected to make decisions regarding capacity and risk without the benefit of reviewing previous records. This placement is designed to give the student deeper knowledge of the ongoing issues faced by those with varying degrees of mental health issues across the lifespan.

The learning outcomes are:

- Undertake assessment and intervention of people with mental health issues in a supported environment, utilising an appropriate knowledge base
- Participate in a multidisciplinary approach to the assessment, treatment and discharge of people with mental health issues
- Demonstrate an understanding of the impact and limitations of the prehospital management of people with mental health issues.

6. Obstetrics, Gynaecology and Neonatal Care (Approximately 37.5 hours)

Paramedics are expected to respond to emergencies in the community which include all obstetric, gynaecology and neonatal care. Education specific to these service user groups is limited due to the generic focus of programmes. As part of the modernisation of the profession Oxford Brookes has renewed focus on this.

The learning outcomes are:

- Undertake clinical assessment of gynaecology / obstetric / neonatal service users using appropriate assessment strategies and critically apply these to paramedic practice.
- Understand the role and responsibility of the wider multidisciplinary team who provide care for gynaecology/obstetric /neonatal service users
- Gain an appreciation for the role and limitations of paramedics treating gynaecology / obstetric / neonatal service users in the prehospital environment.