

**Paediatric Placements - Paramedic Students**

# Why here?

Paramedics attend patients with a wide variety of needs. They have an important role in unnecessary hospital admission avoidance through treating and discharging patients at home or referral to alternative care pathways.

The profession in Scotland is also moving towards alignment with the rest of the UK in developing a greater presence in settings outside of prehospital emergency care including primary care, in-hospital, and community care environments as well as education, governance and public health.

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

* **Paediatric Assessment and Triage** – Demonstrate the ability to assess paediatric patients using age-appropriate tools such as the Paediatric Assessment Triangle and recognise signs of serious illness or deterioration.
* **Recognition and Management of Paediatric Emergencies** – Identify and assist in the management of common paediatric emergencies, including respiratory distress, seizures, sepsis, and trauma, applying appropriate interventions.
* **Paediatric Medication Administration and Dosage Calculations** – Develop an understanding of weight-based drug calculations and learn about safe administration of medications commonly used in paediatric care.
* **Effective Communication with Children and Families** – Adapt communication skills to engage effectively with children of different ages and developmental stages, while also providing reassurance and clear explanations to parents or caregivers.
* **Interprofessional Collaboration in Paediatric Care** – Observe and participate in the teamwork between paediatricians, nurses, and other healthcare professionals to understand the paramedic’s role in hospital-based and pre-hospital paediatric care.

# What’s in it for placement providers?

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

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

# What can students do?

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

**Observe and assist a variety of staff involved in patient care (with both patient and clinician consent)**

* + Follow doctor/nurse/AHP/specialist rounds, observing and providing support in triage, assessment and management of paediatric patients
	+ Observe and discuss targeted assessments including respiratory, cardiovascular, neurological, trauma, minor injury, mental health, skin/tissue, etc.
	+ Practice specific skills/procedures/assessments under supervision within their scope of practice (e.g. patient triage and consultation, basic observations, targeted systems assessments, intravenous cannulation, advanced life support)
	+ Exposure to and discussion around patients/clients with complex co-morbidities, and less common conditions requiring specialist care
	+ Discussion around the legal, ethical and practical considerations of patients who have complex health and/or social needs and how this is managed safely

**Increase familiarity of paediatric-specific adaptations to communications, assessment and management**

* + Increase awareness of normal and abnormal parameters in baseline observations and presentations in paediatric patients
	+ Discuss appropriate assessment and management of paediatric patients presenting with a range of medical and trauma-related conditions
	+ Observe and discuss use of supportive paediatric-specific assessment tools and adaptations to assessment and consultation processes

**Observe and support medication prescription and administration**

* + Observe how to safely prepare and administer medication via oral, nebulised, inhaled, buccal, sublingual, rectal, transdermal, intranasal, subcutaneous, intramuscular, intravenous, and intraosseous routes

**Spend time with the senior team to enable understanding of the day to day running of the department**

* + What staff are present? What is their scope of practice? Why might they come into contact with ambulance personnel? What process will have occurred prior leading to their attendance?

**Observe and discuss shared decision making in developing patient care plans**

* + Build awareness of admission criteria, functions of different wards, and anticipated follow up for specific conditions (e.g. acute, medical, surgical, short stay, long stay, specialist care, etc.)
	+ Develop communication skills with patients, families and carers
	+ Explore adaptations to communication to aid delivery of person-centred care to paediatric patients
	+ Observe and discuss patients discharged home with care packages and considerations around safe-guarding and onward care needs
	+ Familiarisation of the local procedures and care pathways

# How long?

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

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

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

# Supervision

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

**If you have any questions/concerns, please contact** **paramedicplacements@gcu.ac.uk**

# Assessment and documentation

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

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

**Essential** (ideally signed or verified by PE/mentor)

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

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

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

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

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