CPD profile

1.1 Full name: Emergency Care Practitioner profile

1.2 Profession: Paramedic

1.3 Registration number: **PA1234**

2. Summary of recent work/practice

I qualified as a paramedic in 1992 with my local Ambulance Service. My career has focused predominantly on emergency response and the care of patients calling into the 999 system. In 1996 I had extended paternity leave and time off work to help raise my two children with my partner. I rejoined the NHS ambulance service in 2000 on a part-time basis. I currently work two 12 hour shifts each week agreed between myself and the resource centre, usually working on ambulances responding to accident, emergency and urgent calls. In the past six months to develop myself professionally and to extend my scope of practice I have been studying at post registration academic level 4 for an Emergency Care Practitioner (ECP) course. This has included study at university and associated clinical practice placements.

I work in a largely rural area and I hope that my newly acquired skills and competencies as a paramedic practitioner will enhance the service that I deliver to patients. The advanced patient assessment skills and clinical decision making will enhance my daily interactions with patients, their relatives and other professionals. As a paramedic I have additional responsibility as the lead clinician when working with non-registered ambulance professionals (Emergency Ambulance Technicians)

Whilst undertaking the course I have maintained my registration and practice as a paramedic including the following duties:

- Attend cases of accident, sudden illness, Urgent, special and planned patient journeys, applying the appropriate patient resuscitative/treatment procedures.

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- Complete all documentation relating to patients attended and journeys.

- Undertake supervisory duties of less experienced staff as and when necessary.

I am continuing to practise as a student ECP and hope to complete my education and development in the next month. This course and its associated

competencies have allowed me to add the following skills to the patient care I offer:

- Advanced Patient Assessment
- Urine testing
- Catheterisation
- Appropriate Referrals to a variety of primary care services
- Wound Closure

Total words: 322
(Maximum 500 words)

3. Personal statement

The majority of my CPD in the previous year has been linked in with my development as an emergency care practitioner (ECP), as this has taken the majority of my time. Evidence two lists the learning outcomes and objectives for the ECP course.

I outline below three examples of CPD which I have undertaken in relation to my ECP course and how they have contributed to me meeting the HCPC's standards for CPD.

Example 1 - Reflective Practice Accounts (Evidence one)
As part of my practice placements for my ECP course programme, I have been required to submit formal reflective accounts on my practice. I have used a variety of different reflective cycles (Benner, Jones and Gibbs). In general they focus on describing my practice, using analysis and formulating action plans for improvements in care. Proactively undertaking this reflection has caused me to review and alter how I practise on a day-to-day basis. This has improved my practice because my action plan must be based on current evidence and literature which inform best practice.

I have included a number of my reflective accounts as examples. One such case reflected on my treatment of a geriatric patient. The patient was in significant pain and required administration of analgesia. I was aware of my need to monitor the patient’s condition and for this the value of using pain scores to evaluate my treatment. However, this specific patient had difficulty in understanding and using the pain score method on a linear one to ten scale. Following the incident I reflected on my practice. Analysis of the available literature revealed that it was more appropriate to use a verbal descriptor scale as an alternative for geriatrics who find the linear number concept difficult. My action plan was formulated to alter my practice in the future to use the verbal descriptor scale and make a chart of verbal descriptors to carry around with me when dealing with patients.

The reflective accounts included in evidence one show similar examples of how my practice has benefited patients and the quality of my treatments by the formulating of action plans based on the analysis of my practice.

Example 2 - Work shadowing (Evidence three)
During my ECP course I have undertaken a lot of work shadowing. This has included placements in a variety of primary care settings – General Practice, Social Work, Accident and Emergency and Minor Injury units.

Because of my special interest, I undertook work shadowing a social worker, including extra time beyond the requirements of the course. My traditional paramedic training had not focussed sufficiently on social care, although we respond to a significant number of social care problems. Before undertaking the work shadowing I did not clearly understand the role of social services and the variety of social support that is available to patients within my remit. Shadowing the social worker gave me a clearer understanding of this vital role.

Since the shadowing, I now include the elements that I have learned in my practice. For my patients, this has resulted in referring to appropriate sources of care (e.g. meals on wheels) and also taking a greater social history for patients whom I transfer to hospital. This has directly contributed to improved quality of my practice for the patients as they receive a more holistic approach to their clinical and social situation.

One such patient that I recently attended was regularly falling on a loose piece of carpet. She had been attended by a number of ambulances as she was unable to get herself off the floor once she had tripped. Prior to undertaking this shadowing I would have assessed the patient and if no injuries were found, I would have completed the paperwork, reassured the patient and left the scene. I had an impact on patient care by referring to matter to the housing manager so that the carpet could be fixed (See Evidence 4). This will prevent further calls for assistance and potential serious injury to the patient from similar falls in the future. This is one example of the use of the wider assessment of underlying causes in falls and the remedial actions which can be suggested.

Example 3 - Reviewing Articles (Evidence five)
As part of the ECP course I have formally reviewed some articles, two of which are presented as evidence five.

One of my reviews relates to an article about oxygen therapy for patients with Chronic Obstructive Pulmonary Disease (COPD). Prior to studying the article I considered myself to have had poor understanding of how over-oxygenation would effect a number of patients suffering from COPD. I often followed local guidelines which advocated 28 percent oxygen for these patients, but on occasion I administered higher percentages, subject to patient presentation. Having reviewed the article I now have a greater understanding of how my oxygen therapy can affect the physiology of some of my patients. I have adjusted my practice, so that I titrate administration against oxygen saturation

($Sp0_2$) and end tidal carbon dioxide ($EtCO_2$) where indicated. I believe this has left to an improvement in patient care.

The second example is the assessment and management of Cerebral Vascular Accident (CVA). The evidence outlines the article and my review. It challenged and informed my practice, as prior to the CPD I considered a portion of stroke patients to be non time-critical. It is now evident that this was based on assumptions made during my primary assessment which were not best practice. My practice has now changed to fall in line with the national initiative to consider stroke as a distinct medical emergency. This will benefit future patients that I assess and treat and where indicated, this application will be shared with my colleagues in an informal manner which enables the distribution of best practice.

All my CPD activity is recorded using the College of Paramedics' online CPD system. This proves to be an invaluable tool that allows me to keep an accurate and up-to-date record of all my activities (Evidence 6) it shows that I have met CPD standard one.

I have undertaken a range of activities as documented above both for my existing and future practice and therefore consider that I have successfully met standard two. Evidence 6 shows a summary from my online diary of all the CPD activities I have undertaken in the previous two years, including the date, length, type of activity and outcome.

Total words: 1,067
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	**Brief description of evidence**	**Number of pages, or description of evidence format**	**CPD Standards that this evidence relates to**
1	Formal reflective practice accounts submitted as part of my ECP course.	10 pages	3, 4
2	ECP course programme - including objectives and comptencies.	25 pages	2, 3, 4
3	Documentation of work shadowing placements	5 pages Reflective Diary entries	3, 4
4	Copy of letter to housing manager (anonymised)	1 page	3, 4

5	Articles with accompanying personal reviews and application to practice	10 pages	3, 4
6	Certificate from College of Paramedics online CPD scheme	1 certificate	1
7	Summary of CPD activities recorded in online diary for previous 2 years	6 pages	1, 2