

## CPD profile

- 1.1 Full name: Mrs Para Medic**
- 1.2 Profession: Paramedic / Team Leader**
- 1.3 Registration number: PA1234**

## 2. Summary of recent work/practice

I am employed full-time as a paramedic by a large ambulance service and work predominantly within a busy city. I have been a paramedic for 7 years and acted in a supervisory/educational role for the last 3 years. I occasionally work alone on a fast response car.

My professional contact includes the public, patients, carers, other health care professionals and emergency services. A large percentage of my clinical time is spent working with newly qualified staff and student paramedics.

I outline below elements of my job description which summarise my professional responsibility.

- Operation of all service vehicles in accordance with the Highway Code and Road Traffic Law. Drive under non-emergency and emergency conditions, claiming exemptions where permitted. Ensure that vehicles are clean, roadworthy and fully equipped and that equipment is fully functional and ready for patient use. Replacing equipment in line with vehicle inventories and reporting any defects or damage to equipment and vehicles accordingly. Operate communication equipment in line with service guidelines.
- Respond to 999 and urgent calls, assessing and maintaining overall safety of the situation. In each case using clinical skills, select and apply appropriate patient treatment procedures including diagnostic techniques and patient triage in line with the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Guidelines 2016 and the Resuscitation Council (UK) Guidelines 2015.
- Administer and ensure the security of prescription only medicines (POMS) and controlled drugs in accordance with the POMS order, JRCALC guidelines and Schedule 2 of the Misuse of Drugs Regulations of 1985. Completion of relevant documentation and carry out correct procedure for disposal of unused and out of date drugs.
- Complete all documentation relating to patients legibly and accurately in accordance with service guidelines and the Data Protection Act.

- To be conversant with the Trust's major incident plan and as the first ambulance representative on scene, act as incident officer declaring a major incident where appropriate. In accordance with the Trust's major incident plan an off duty 'call out' maybe required.
- Liaise, communicate and cooperate with colleagues, healthcare professionals and other emergency service personnel to ensure the delivery of the highest quality of patient care. Deal with the patient, relatives, carers and the public in a calm, caring, confident and professional manner, treating them with dignity and in a non-discriminatory manner at all times, often in difficult, hostile or highly emotive situations, where the need for informed consent is essential in line with the Mental Capacity Act 2005.
- Undertake regular assessment and revalidations of all clinical staff in order to identify development needs and to check that the required standards are met. Deliver learning in areas identified for development. To act as a role model demonstrating excellent standards of clinical practice.
- Support new and existing clinical staff to undertake their responsibilities for CPD, developing a personal development plan and identifying how their learning needs will be carried out by regularly reviewing their portfolios with them. Assist staff to reflect appropriately on their professional practice.

Word count: 495

(Maximum 500 words)

### **3. Personal statement.**

I have outlined below how my portfolio and activities ensure that I consistently meet each of the HCPC standards for CPD.

#### **Standard 1:**

**'A registrant must maintain a continuous, up-to-date and accurate record of their CPD activity'**

I have collated and accurately recorded all my CPD activities over the previous two years in the form of a CPD portfolio. This includes a matrix which shows how each activity from the five types set by the HCPC (work based learning, professional activity, formal/educational, self-directed learning and others) contributes to the HCPC standards of proficiency (Evidence 1 – Matrix). My portfolio also accurately demonstrates how each CPD activity contributes to the quality of care and benefits the patient through written pieces of work including reviews and reflections.

#### **Standard 2:**

**'A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice'**

The Matrix (Evidence 1) shows how my CPD activities are a mixture of learning from each of the five types set by the HPC, work based learning, professional activity, formal/educational, self-directed learning and others. I also annually undertake a personal development appraisal with my employer and use this as an opportunity to guide my choice for CPD throughout the year (Evidence 8). I have also recently started recording informal discussions with colleagues as a means of reflection on both clinical issues and mentoring of students. I have found this has encouraged me to identify a variety of new learning outcomes (Evidence 4). One example of a discussion focused on the administration of pain relief to paediatrics. My contribution to this type of discussion in the past would have been in line with the majority view amongst my peers, that children should be transported quickly to hospital where the pain relief could be given. However on reflection and following attendance at the conference (Evidence 6) and the subsequent discussion, I have learnt that pain relief is often neglected in the pre-hospital environment, which may have an adverse effect on the child's psychology, recovery and extent of injury. My opinion has evolved and I now see these informal discussions as the basis for starting to review my practice and instigate critical thinking in others too. Subsequently I now have a greater willingness to administer the appropriate analgesia in paediatric cases.

### **Standard 3:**

#### **'A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery'**

It is my belief that all my CPD activities have contributed to improving the quality of the service I deliver. I have chosen two examples to demonstrate how my CPD has specifically enhanced the quality of my service delivery.

Safeguarding Adults Policy reading and review (Evidence 2).

I have recently read my Trust's Safeguarding Adults Policy, I feel the time spent reading this policy and the piece of written work I subsequently produced has contributed towards the quality of my practice in the following areas –

- I am confident and aware that it is important to identify an abusive situation as early as possible so that the individual can be protected.
- In line with the Mental Capacity Act 2005 I am able to assess a patient's capacity to be able to give consent.
- As a professional I should act in the patient's best interest, to save life, ensure improvement in their condition or to prevent deterioration.

Mentee Statement (Evidence 10)

Recently I have acted as a mentor for a Paramedic Studies (BSc) student. This has challenged my patient care and underpinning knowledge as I have been constantly required to set an excellent example and respond effectively to my student's questions and concerns. Being university taught my student has knowledge of up to date best practice guidelines and evolving paramedic practice which had not been introduced into my ambulance service at this time. In response to this I chose to investigate and understand the current and emerging issues within my profession to maintain my credibility as a mentor, I have started this process by regularly reading

the British Paramedic Journal. Mentoring ensures that my clinical practice is up to date, based on the best evidence available and therefore of a high quality.

#### **Standard 4:**

##### **'A registrant must seek to ensure that their CPD benefits the service user'**

I feel that all my CPD directly or indirectly benefits the service user i.e. the patient. As some degree of learning is achieved from all my CPD activities, this has an impact on my clinical ability, resulting in more effective and efficient clinical practice and as the patient is the receiver of this practice they ultimately benefit from my CPD.

The following are examples of how my CPD activities benefit the patient.

Paediatric Life Support course (Evidence 3).

One session covered intraosseous cannulation, a technique I have never carried out on a paediatric patient and also one that I have not practiced for a while. This practical skill station reinforced my current knowledge and established a new confidence for me with this procedure which will benefit the patient.

Resuscitation Council Guidelines (2015) review (Evidence 5).

I now feel that I can take on the new guidelines with confidence, with particular attention to an early shock and quality, uninterrupted chest compressions. Also, I am aware of the importance of the detrimental effects of hyperventilation in cardiac arrest. My actions will provide the patient with interventions based on current best practice.

College of Paramedics National Conference (Evidence 6).

This conference that I attended included many discussions covering key issues relevant to the profession including resuscitation, sepsis and scene leadership. The networking and general discussions with paramedics from around the UK in the break-out sessions was extremely helpful in crosschecking my practice against national trends and developments. One important topic covered was Anaphylaxis. I was made aware of some background theory and facts that I had not known before. I feel the conference enhanced my motivation to strive for high quality clinical care, increased my awareness of current and developing practices and maintains my desire for career long self directed learning, all of which will ultimately benefit the patient.

Incident Reflections (Evidence 7).

Actively reflecting on my clinical practice develops self-awareness, critical analysis skills, evaluative and descriptive techniques. This circular process shows how my thoughts affect my actions which affect the situation, the patient and the outcome. Therefore after reflection I obtain evidence about how effective or worthwhile my actions were and whether I would next time act in the same manner or consider a different course of action that would ultimately benefit the patient to a higher degree. With continual reflective practice over the course of my time as a paramedic I feel confident that I can write reflectively and fully understand the value of reflection on clinical practice and the need to record the outcome of such reflection to fully benefit the patient.

Dealing with Death and Bereavement course (Evidence 8).

This course increased my awareness and knowledge dramatically on many areas around death and dying, a subject I have previously had very little formal training in. I studied dying and bereavement practices in Muslim, Sikh and Hindu communities and how these can differ dramatically from traditional western practices. It has enabled me to deal with a variety of different people in a non-discriminatory way by exploring a wide range of cultural and faith related practices. The need for effective communication with patients, carers, relatives and multi-disciplinary health care professionals was reinforced repeatedly throughout the course. It will no doubt contribute towards my clinical practice in a positive way and ultimately benefit the people experiencing dying and death that I come across personally and professionally.

Infectious Diseases course (Evidence 9).

The huge increase in my knowledge that I gained from this course will enable me to deal with patients with infectious disease in more understanding and empathetic way. Also my increased awareness will contribute towards establishing and maintaining a safe practice environment for myself, my colleagues and the patient, including the selection of appropriate personal protective equipment and minimising the risk from spread of infectious disease.

Tracheostomy Emergency Respiratory Resuscitation Issues course (Evidence 11)

The very few incidents I have attended involving Tracheostomy patients have been challenging for many reasons, this highlighted to me a lack of knowledge and confidence in this area of my practice. This course covered the underlying anatomy and physiology of tracheostomies and how to carry out an initial assessment and then select and modify the appropriate course of action depending on the effectiveness of my actions. One major advantage of this course was that it had a practical focus with the classroom learning being consolidated by scenario work. Completion of this course has increased my understanding of tracheostomies and laryngectomies and improved the quality of care that I can now provide to this group of patients.

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