

# Educational Audit for Practice Learning v1.1

Between  
Outreach Rescue  
and

.....  
[Name of Placement Provider/Venue]

In relation to **the** Level 6 Diploma in Paramedic Science (RQF)



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## 2 Guidelines for Audit of Student Placement

This audit document results from the collaboration between the Hub/Spoke organisation, and Outreach Rescue. It provides information that will contribute to Outreach Rescue's annual monitoring process.

The audit aims to be a dynamic process that ensures ongoing collaboration between Outreach Rescue and the Hub/Spoke organisation.

Each audit cycle lasts four years and includes annual reviews. However, it is recommended that link tutors and relevant placement staff liaise regularly and as required to ensure an effective learning environment is maintained.

The link tutors will arrange a suitable time with the placement coordinator for the audit to take place. If requested by the placement provider, the link tutors may also send Sections 1 and 2 to the Hub/Spoke placement for completion prior to the full audit and annual audit reviews.

Placements receiving their first audit may:

- omit criteria:
  - 1.2 to 1.4,
  - 2.2, 3.1 to 3.6
  - 4.3 in Section 2 of the document and
  - box 1 of Section 3.
- Sections 2, 3, 4 and 5 will be undertaken with both the link tutor and relevant Hub/Spoke Placement staff (team leader, PEd/mentors/preceptors/students and, where applicable, service users) on the day of the audit.

***Consistent scoring of 2 or less in any criterion contained within Section 2 should prompt serious concern for the placement's ability to support learners. This should generate a meeting between Outreach Rescue (Link tutor and programme manager) and Hub/Spoke Placement (senior staff member) and an IMMEDIATE ACTION PLAN must be formulated.***

The completed audit should be agreed and signed by both an Outreach Rescue and a Hub/Spoke Placement representative. Outreach Rescue should retain the audit with a copy to the Hub/Spoke Placement.

***NB: The previous audit document must be available on the day of the audit, together with the student evaluations covering the current audit period.***

### 3 Process for Audits

An educational audit must be completed prior to any student placement. It is a requirement that suitable and sufficient placements are in place for the student prior to enrolment on the programme. Therefore, if the audit is for a placement area “new to Outreach Rescue” the audit will need to be completed prior to any final offer of a place being made to the student.

The initial audit is completed by a member of Outreach Rescue staff accompanied by a representative from the Hub/Spoke organisation. Annual reviews are carried out by an Outreach Rescue representative and a Hub/Spoke organisation representative.

As part of the audit process, a memorandum of understanding (appendix 1) is completed to ensure that the placement arrangement is robust and continues to meet the learning needs of the student whilst maintaining a safe process for all stakeholders.

### 4 Pre-Audited Health Care Providers

Where a Hub/Spoke organisation has been audited by another agency for their educational suitability (NMC, Another HCPC Approved Paramedic Programme Education Provider, then evidence of the outcomes may be accepted for this audit. The evidence must be compared to the requirements of this audit and any elements not satisfactorily evidenced should then be addressed.

This process is designed to ensure the placement offers a robust learning environment without overburdening clinical practice areas with numerous audits from each educational establishment.

## 5 Rating Scale

The scale represents a continuum from exemplary to unsatisfactory, with a score of one representing the lowest end and five representing the highest standard achievable. While the scores are based on the perceptions of those undertaking the audit, the score should be arrived at through discussion and consensus but, more importantly, through an examination of the indicators/evidence provided. The audit will provide both the placement and Outreach Rescue with evidence that the placement provides a satisfactory learning environment.

- **Score 5: Exemplary**

The score relates to aspects of the placement that are excellent. They are worthy of dissemination as they demonstrate the kinds of processes that facilitate the best educational experience. A placement should receive a rating of five where there are clear indicators or evidence of exemplary practice.

- **Score 4: Good**

The placement scores this rating where there are mechanisms, support or experiences that are above average. They demonstrate the placement's approach towards learners and their learning to be of a high standard. The indicators used to justify this score should be clear and robust; identifying the environment is above average.

- **Score 3: Satisfactory**

This rating should be seen as the minimum standard of what is acceptable on an on-going basis within the placement. Whilst the area could be developed and improved in these items, it is nevertheless appropriate and students will gain valuable experiences.

- **Score 2: Poor**

This rating refers to aspects where the placement is below average, with much room for development and improvement. It should be scored as poor where there is a significant deficit in a standard. By scoring a 'poor', the audit highlights areas requiring improvement, which should be addressed within the action plan.

- **Score 1: Unsatisfactory**

This rating should be used where the placement fails to provide the student/staff with suitable environments, experiences or support. It is more likely that a placement would score unsatisfactory in one or more subsidiary items and not in a whole standard. The item/s receiving an unsatisfactory score must be addressed in the action plan as a point of immediate priority.

## 6 Summary of Sections

**Section One:** This section provides information on location, hours of duty, uniform policy and contact persons relating to the placement. It should provide an overall view of the placement including role, function and facilities. This detail should provide as much information as possible about what the student can expect from the placement. It also includes a pro forma intended to identify appropriate learning opportunities which can be accessed by the student during the placement.

**Section Two:** Covers five key standards with subsidiary questions relating to the placement environment, the quality of care, the experiences students will receive and the partnership between Outreach Rescue and Hub/Spoke Placements.

**Section Three:** contains a summary of the student and Practice Educator (PEd)/mentor evaluations between the previous audit to the present (with new placements or first audit, marked as N/A). Areas of good practice and/or areas for improvement should be documented.

**Section Four:** Provides an action plan, making explicit areas identified for improvement. This will make clear what needs to be changed, by whom and by when. It should be completed following each audit. Where a clinical placement is deemed unsuitable, the action plan should be explicit concerning the course of action required by Hub/Spoke Placement and Outreach Rescue. If an unsatisfactory grading is identified during an audit, which prevents the placement from receiving students, reviews should occur three months until the recommendations of the action plan are achieved.

**Section Five:** Provides pro-formas for both 12-month and 2-year follow-up audits. Reference should be made to developments in relation to all previously agreed areas for improvement.

It is the responsibility of the Hub/Spoke Placement to ensure the previous audit document is available and the Outreach Rescue link tutor to bring the evaluations for the period in question.

Where documentation exists relating to actions from the previous audit, this should also be made available.

**Spoke Placements:** Placements of less than a month in duration, including those with Specialist Nurses, should complete section 1 only. If issues or problems arise within the placement, sections 3, 4 and 5 should be used.

## 7 Section One

### 7.1 Audit Details

|                                 |  |
|---------------------------------|--|
| Placement Name:                 |  |
| Date of Audit:                  |  |
| Outreach Rescue Representative: |  |
| Hub Representative:             |  |

### 7.2 Placement Details

|                                           |                |                                  |  |
|-------------------------------------------|----------------|----------------------------------|--|
| Hub/Spoke Placement Representative Name:  |                | Contact Name (& Position/ Rank): |  |
| Placement Address:                        |                | Telephone Number:                |  |
| Link Tutor/ Outreach Rescue Support Link: |                | Overall Student to PEd Ratio:    |  |
| Uniform required                          | YES      NO    | Hours of Duty (Shift Pattern):   |  |
| Type of Placement:                        | HUB      SPOKE | Spoke themes accommodated        |  |

### 7.3 Details of HCPC Registered Paramedics:

| Name | HCPC Number | PEd? |    |
|------|-------------|------|----|
|      |             | YES  | NO |
|      |             |      |    |
|      |             |      |    |
|      |             |      |    |
|      |             |      |    |
|      |             |      |    |
|      |             |      |    |

#### 7.4 Learning Opportunities:

What learning opportunities does the placement offer which contribute to the achievement of the students' learning outcomes (please list).

## 8 Section Two

**8.1 STANDARD 1:** The placement supports and facilitates the learning environment and development of the student's skills, knowledge and attitudes.

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

| 8.1.1 Students receive a planned induction programme including health and safety check, orientation and information/welcome pack about the placement. |   |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| Evidence: e.g. Practice placement preparation session attended. Trust departmental induction.                                                         | 5 | 4 | 3 | 2 | 1 |
|                                                                                                                                                       |   |   |   |   |   |

| 8.1.2 The student is made aware of the available learning opportunities at the commencement of the placement. |   |   |   |   |   |
|---------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| Evidence: e.g. Practice placement section of student handbook.                                                | 5 | 4 | 3 | 2 | 1 |
|                                                                                                               |   |   |   |   |   |

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

**8.1.3 All members of staff support students and are willing to share their expertise to enhance the learning experience.**

| Evidence: e.g. student evaluations. | 5 | 4 | 3 | 2 | 1 |
|-------------------------------------|---|---|---|---|---|
|                                     |   |   |   |   |   |

**8.1.4 The students perceive the placement as welcoming and appropriate to their learning needs.**

| Evidence: e.g. Student evaluations. | 5 | 4 | 3 | 2 | 1 |
|-------------------------------------|---|---|---|---|---|
|                                     |   |   |   |   |   |

**8.1.5 Good practice is evident in relation to clinical and non-clinical risk assessment/risk management.**

| Evidence: e.g. Evidence of recent health and safety audit, and compliance with mandatory training. | 5 | 4 | 3 | 2 | 1 |
|----------------------------------------------------------------------------------------------------|---|---|---|---|---|
|                                                                                                    |   |   |   |   |   |

## 8.2 STANDARD 2: There are indicators of high-quality practice.

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

8.2.1 The placement has a stated written philosophy of care/mission statement which is reflected in practice e.g. values, mission statement.

| Evidence: | 5 | 4 | 3 | 2 | 1 |
|-----------|---|---|---|---|---|
|           |   |   |   |   |   |

8.2.2 Staff involve students in assessing, documenting, implementing and evaluating care, according to the written philosophy/mission statement.

| Evidence: e.g. PCRs viewed: | 5 | 4 | 3 | 2 | 1 |
|-----------------------------|---|---|---|---|---|
|                             |   |   |   |   |   |

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

**8.2.3 Standards, protocols, guidelines and resources to which staff have access are in place to support and guide evidence based practice.**

| Evidence: e.g. JRCALC guidelines. | 5 | 4 | 3 | 2 | 1 |
|-----------------------------------|---|---|---|---|---|
|                                   |   |   |   |   |   |

**8.2.4 Care provision is based on relevant research and is evidence based, where applicable.**

| Evidence: e.g. PCRs, National Service Frameworks, JRCALC, access to Clinical Governance | 5 | 4 | 3 | 2 | 1 |
|-----------------------------------------------------------------------------------------|---|---|---|---|---|
|                                                                                         |   |   |   |   |   |

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

**8.2.5 2.5 Practice reflects respect for the rights of individuals, of multicultural, disabled and religious backgrounds.**

| Evidence: e.g. local and national standards, equality and diversity policy. | 5 | 4 | 3 | 2 | 1 |
|-----------------------------------------------------------------------------|---|---|---|---|---|
|                                                                             |   |   |   |   |   |

**8.2.6 There is evidence of health promotion within care provision.**

| Evidence: e.g. evaluation forms, PCR, notice board, staff discussion. | 5 | 4 | 3 | 2 | 1 |
|-----------------------------------------------------------------------|---|---|---|---|---|
|                                                                       |   |   |   |   |   |

**8.3 STANDARD 3:** There is evidence of sound educational standards, and an appropriate physical learning environment, in relation to support, supervision and development of the students' skills.

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

| 8.3.1 Students are always allocated a PEd/mentor at the beginning of the placement, to facilitate learning through the medium of Welsh or English, and has undertaken approved preparation. |   |   |   |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| Evidence: e.g. student evaluation.                                                                                                                                                          | 5 | 4 | 3 | 2 | 1 |
|                                                                                                                                                                                             |   |   |   |   |   |

| 8.3.2 PEd/mentors and students agree a plan of action that facilitates the achievement of learning outcomes within the student's clinical competency document. |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| Evidence: e.g. student evaluation.                                                                                                                             | 5 | 4 | 3 | 2 | 1 |
|                                                                                                                                                                |   |   |   |   |   |

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

**8.3.3 Students are always allocated a link tutor, where appropriate.**

Evidence: e.g. discussion with student/  
PEd.

5

4

3

2

1

**8.3.4 There is always evidence of planned feedback between PEd/mentor and student and relevant documentation is completed.**

Evidence: e.g. student evaluation,  
portfolio documents.

5

4

3

2

1

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

### 8.3.5 The environment supports teaching and learning activities.

Evidence: e.g. learning resources are available, access to IT resources and health informatics, designated quiet area. The range of opportunities is suitable and sufficient to achieve the associated learning objectives with regard to Hub or Spoke type placements.

If this is a Hub placement that does not utilise ambulance emergency units then close monitoring of student experiences must be made and action plan set if necessary.

| 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
|   |   |   |   |   |

#### 8.4 **STANDARD 4:** The partnership between Outreach Rescue and the placement is effective.

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

##### 8.4.1 There is a named link tutor who provides effective learning/educational support for staff and students in the practice setting.

Evidence: e.g. student evaluation.

5

4

3

2

1

##### 8.4.2 There is a named PEd/mentor in the practice setting who liaises effectively with the link tutor in relation to the placement learning.

Evidence: e.g. discussion with student / PEd/ mentor.

5

4

3

2

1

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

**8.4.3 PEd/mentors are supported by education staff/link tutor in the process of student assessment.**

Evidence: e.g. Practice Placement  
Guidance document, link tutor support.

| 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
|   |   |   |   |   |

## 8.5 **STANDARD 5:** Continuing Professional Development is encouraged in the placement area.

5=Exemplary | 4=Good | 3=Satisfactory | 2=Poor | 1=Unsatisfactory

8.5.1 There is evidence of professional development and mandatory updating for staff to promote effective evidence based practice.

Evidence:

| 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
|   |   |   |   |   |

## 9 Section Three

### 9.1 Summaries of feedback received from Students and Practice Educators

#### 9.1.1 **Summary from student evaluation of clinical area since last review/audit.** (Areas for improvement refer to Section Four.)

Date: \_\_\_\_\_

Not Required for 1<sup>st</sup> Audit:

#### 9.1.2 **Summary from student evaluation of clinical area since last review/audit.** (Areas for improvement refer to Section Four.) [Year 2]

Date: \_\_\_\_\_

9.1.3 Summary from student evaluation of clinical area since last review/audit.  
(Areas for improvement refer to Section Four.) [Year 3]

Date: \_\_\_\_\_

9.1.4 Summary from student evaluation of clinical area since last review/audit.  
(Areas for improvement refer to Section Four.) [Year 4]

Date: \_\_\_\_\_

## 10 Section Four

### 10.1 Areas For Improvement - Action Plan Pro-Forma

| ACTION PLAN FOR IDENTIFIED AREAS OF IMPROVEMENT |        |                    |             |
|-------------------------------------------------|--------|--------------------|-------------|
| Recommendation                                  | Action | Person Responsible | Review Date |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |
|                                                 |        |                    |             |

### ACTION PLAN FOR IDENTIFIED AREAS OF IMPROVEMENT

| Recommendation | Action | Person Responsible | Review Date |
|----------------|--------|--------------------|-------------|
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |

### ACTION PLAN FOR IDENTIFIED AREAS OF IMPROVEMENT

| Recommendation | Action | Person Responsible | Review Date |
|----------------|--------|--------------------|-------------|
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |

### ACTION PLAN FOR IDENTIFIED AREAS OF IMPROVEMENT

| Recommendation | Action | Person Responsible | Review Date |
|----------------|--------|--------------------|-------------|
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |
|                |        |                    |             |

## 11.1 12-month follow-up audits

Date:\_\_\_\_\_

.....(Outreach Rescue Representative)

.....(Hub/Spoke Placement Representative)

11.1.2 Overall comments at 24 month follow-up audit regarding:  
Recommendations made at previous audit  
Changes since previous audit (Please file with original audit.)

Date: \_\_\_\_\_

Signatures:

.....(Outreach Rescue Representative)

.....(Hub/Spoke Placement Representative)

11.1.3 Overall comments at 36 month follow-up audit regarding:  
Recommendations made at previous audit  
Changes since previous audit (Please file with original audit.)

Date: \_\_\_\_\_

Signatures:

.....(Outreach Rescue Representative)

.....(Hub/Spoke Placement Representative)

11.1.4 Overall comments at 48 month follow-up audit regarding:  
Recommendations made at previous audit  
Changes since previous audit (Please file with original audit.)

Date: \_\_\_\_\_

Signatures:

.....(Outreach Rescue Representative)

.....(Hub/Spoke Placement Representative)

## 12 Appendix 1 – Placement Memorandum of Understanding

### Memorandum of Understanding for the Clinical Placement of Student Paramedics

Between

Outreach Rescue Ltd (Outreach Rescue)

And

[ ]

### Parties to the Agreement

Learning Provider: Outreach Rescue (Outreach Rescue)

Hub/Spoke Organisation: [ ]

Agreement Date: [ ]

Signed: \_\_\_\_\_

(On behalf of Outreach Rescue)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(On behalf of the Hub/Spoke Organisation)

Date: \_\_\_\_\_

## **1. Scope**

- 1.1. This document describes the arrangements for the clinical placement of Student Paramedics with the Hub/Spoke Organisation indicated in the summary box above.
- 1.2. This agreement confirms the responsibilities, expectations on all parties along with any governance arrangements.

## **2. Purpose of Placement**

- 2.1. Outreach Rescue is providing education and training to students on a Health and Care Professions Council (HCPC) Paramedic programme.
- 2.2. The educational programme for these students requires that they have placement within a hospital setting to acquire a broader range of experience than would be possible in the normal operational or classroom setting.

## **3. Type of Placement**

- 3.1. Operational placements (Hub) are carried out in the student's main operational setting. This is an environment where the student can gain access to patients requiring prehospital and or out-of-hospital care.
- 3.2. Clinical placements (Spoke) are carried out in a specialist setting (usually a hospital). This is a setting where the student can gain access to patients and perform clinical interventions under the supervision of a senior clinician.

## **4. Length of Placement**

- 4.1. Operational placements (Hub): Student Paramedics follow a course facilitated by Outreach Rescue, who will have clear educational objectives for the operational placement, which is contained in the student's "Practice Assessment Document" (PAD). This will require the student to complete a minimum of 375 hours in practice per year.
- 4.2. Clinical placements (Spoke): Student Paramedics follow a course facilitated by Outreach Rescue, who will have clear educational objectives for each clinical placement, which is contained in the student's PAD and is provided to the Hub/Spoke's placement co-ordinator. This will usually be a minimum of 40 hours per placement.

## 5. Requirement of Hub/Spoke Organisation

- 5.1. During the placement, the Hub/Spoke Organisation will provide a nominated clinician for the student. This clinician will be appropriately qualified (Practice Educator, PEd) to support the completion of the PAD and its sign-off. Completion of the **PEd Development Programme (Minimum 8 CPD hrs, renewable 2-yearly)** is mandatory for any practitioner signing PAD competencies. The Hub/Spoke Organisation will provide any required induction opportunity for all students to attend prior to their clinical placement, to ensure all students are informed of all the relevant governance issues and policies that they will be expected to follow during their placement.
- 5.2. The Hub/Spoke Organisation may discontinue or defer placement for an individual due to acts of misconduct or operational pressures at any time, but **MUST** communicate such decisions with the Outreach Rescue “Placement Link” to discuss remedial action.

## 6. Requirement of Outreach Rescue

- 6.1. Outreach Rescue will ensure that students are suitably supported during the placement and maintain contact with the student through a nominated personal and or module tutor. To this end Outreach Rescue will nominate a “Placement Link” who will be first point of contact for both the Hub/Spoke Organisation and student.
- 6.2. Outreach Rescue will ensure that students have had a DBS/PVG check and that they have complied fully with the DBS/PVG Code of Practice. Outreach Rescue will have a policy for regular review of DBS/PVG checks.
- 6.3. Should any DBS/PVG disclosure become apparent then Outreach Rescue will share this information with the Hub/Spoke Organisation so that all parties are given the opportunity to raise concern if necessary.
- 6.4. Where the DBS/PVG check has not been finalised, then the student will not be allowed to enrol on the course or attend placement.
- 6.5. Outreach Rescue will ensure that Occupational Health clearance is obtained including proof of Hepatitis B status prior to the student enrolling on the course or attending any placement.

## 7. Governance

- 7.1. The Hub/Spoke Organisation will ensure that the student is provided with all necessary permissions to operate for the period of the placement.
- 7.2. The student will comply with all relevant Hub/Spoke Organisation policies covering such areas as clinical governance, health and safety and data protection.
- 7.3. Any breach of confidentiality or misuse of data may result in legal action or disciplinary action being brought against the student (if appropriate).