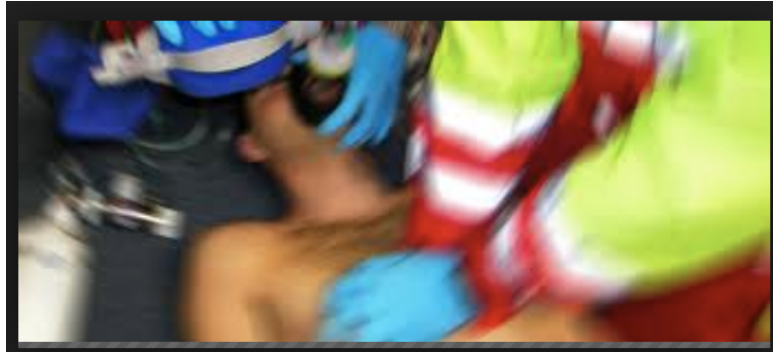


Theme 1: Working in Emergency Medical Services



Example

During a supervised shift, a call comes into an ambulance control, coded within AMPDS as 9e3 (Hanging). The call is from a prison in a remote location. Trained prison officers are on scene, but are uncertain how to handle the situation and are asking for advice.

An advanced crew is dispatched by helicopter with the PHEM trainee on board. They arrive shortly after the ambulance technician and an Emergency Care Assistant. The patient goes on to have a cardiac arrest requiring advanced life support, which the PHEM trainee leads. A ROSC is achieved and the patient is transferred to the local acute trust.

Having returned to base, the trainee and supervisor complete a case-based discussion.

The following points arise in the discussion:

- The incident occurred on the border of two neighbouring ambulance trusts, each utilising a different dispatch protocol
- The case was in a remote location
- The call taker and dispatcher had triaged this case as a potential cardiac arrest and activated two resources
- The trainee was hitherto unaware of the technician and ECA role and the professional limitations each.
- Physician input led to advanced adjuncts to cardiac arrest and ROSC Management
- The patient was in a young offenders institute and had mild learning difficulties.
- The helicopter was unable to land in the prison
- The hospital required a pre-alert to the ED
- The Ambulance Service provides on-site life support training, including the use of defibrillators for the local prison service.

The CBD is completed satisfactorily and the following action points are noted:

1. Background reading, contrasting NHS Pathways and AMPDS
2. Background reading of paramedic vs. technician vs. ECA roles.
3. JAR-OPS rules for helicopter operations.

This case has allowed the trainee to demonstrate a number of curricular elements, namely:

1.1.3,

1.2.1, 1.2.3,

1.3.1, 1.3.2, 1.3.3, 1.3.4,

1.4.1, 1.4.2,

1.5.3,

1.6.4(c), 1.6.5(b),

1.7.4

2.1.3, 2.3.2, 2.3.6



The CBD is attached as an example

INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
CASE BASED DISCUSSION (CBD)

Trainee name:	Ian Sore		Training Phase:	1(b)	
Assessor name:	H. Copley		Registration no:	7146239	
Grade of assessor:	Phem consultant		Date	2-1-13	
Clinical scenario observed			Curriculum elements covered		
<p>Cardiac Arrest in a Prison, following attempted hanging</p> <p>- Subsequent ROSC & Conveyance by land to local ED with Pre - Alert</p>			1.1.3, 1.2.1, 1.2.3		
			1.3.1 (1.3.2) (1.3.3)*		
			1.3.4		
			1.4.1 1.4.2 1.5.3		
			1.6.4 (c) 1.6.5 (b) 1.7.4		
Formative?			Summative?		
Please TICK to indicate the standard of the trainee's performance in each area	Not observed	Unsatisfactory for current level of training		Satisfactory for current level of training	Achievement above current level of training
		Must address	Should address		
Underpinning principles				✓	
Safety issues				✓	
Record keeping					✓
Team management			✓		
Diagnosis				✓	
Treatment					✓
Planning for subsequent care				✓	
Clinical reasoning					✓
Overall clinical care				✓	
Adherence to Good Medical Practice				✓	

* Area for Reading

**INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
CASE BASED DISCUSSION (CBD) (CONT.)**

Trainee name:	Ian Sure	Training Phase:	1(6)
Assessor name:	H Cooper	Registration no:	7146239
Grade of assessor:	PHEM Consultant	Date	2-1-13
Areas of strength			
<ol style="list-style-type: none"> 1. Outstanding Record Keeping / Documentation 2. Implemented UP-to-date evidence-based cardiac arrest Management Protocols 3. Understanding & Awareness of Potential Difficulties With Airway → Appropriate Planning in Place 			
Areas for improvement			
<ol style="list-style-type: none"> 1. Understanding reasoning for advice relating to safety from Non-clinical Personnel, i.e. Prison officers, but could apply to different situations, e.g. mine, cave, field etc. 2. Knowledge of ambulance roles will foster good team resource management → i.e. Don't ask people to do things they can't! 			
Action plan			
<ol style="list-style-type: none"> ① Background Reading, contrasting AMPDS with NHS Pathway suggest read Trust Governance minutes from November 2012 ② Background Reading relating to ambulance clinician roles - suggest attend Training School and observe technician training session ③ JAR OPS/CAA Note relating to Helicopters / Prison ④ Deliver cardiac Arrest teaching to Prison C&P Scheme 			
If summative:	Fail	Pass	Good pass
Assessor Signature:			Trainee Signature: 

Theme 2: Providing pre-hospital Emergency Medical Care



Example

During a supervised land-based shift, the PHEM trainee is dispatched to an RTC in which a pregnant lady has crashed into a lamppost. The patient was not wearing a seatbelt as she had an exemption relating to the pregnancy. On arrival, she has a head injury and suspected liver injury. She requires procedural sedation to facilitate the extrication. Following extrication, the decision is made to anaesthetise the patient, perform a right-sided thoracostomy and transport the patient to the nearest major trauma centre, requesting blood on arrival.

Given the risks posed, the trainee calls on the duty advice line to discuss the case with a colleague. A plan is agreed. The patient is freed from the wreckage and anaesthesia proceeds uneventfully.

The clinical encounter forms the basis of a DOPS, a CEX and a CBD.

The following points arise in the discussion:

- This is a rare situation, which was handled with a calm, confident manner
- The patient, 18 weeks pregnant, required immediate diagnosis and management of at least two life-threatening injuries.
- This ultimately necessitated provision of pre-hospital emergency anaesthesia
- A risk: benefit analysis was made by the trainee and communicated to a colleague in the spirit of shared-decision-making and in line with local policies and procedures relating to anaesthesia
- Given the gestation, consideration was given to modification of technique, but it thought unnecessary in this case. This was vocalised to the on scene team.
- A suspected chest injury necessitated treatment with a thoracostomy, which was modified in this instance
- Following successful induction, the patient received neuro- and lung-protective ventilation, balancing the needs of the mother and the foetus.
- Appropriate spinal precautions were taken during the transport phase.

The DOPS is completed satisfactorily, allowing the trainee to *demonstrate* provision of safe pre-hospital emergency anaesthesia in addition to *demonstrating* techniques for managing a potentially difficult airway

This has allowed the PHEM trainee to demonstrate the following curricular elements:

2.6.14 (c), 2.6.14 (d), 2.6.16,

There are no action points from the assessment

The CEX is completed satisfactorily, allowing the trainee to complete curricular elements, most of which relate to *demonstration* and *Description* of techniques or decision-making for managing trauma patients in the pre-hospital environment.

2.5.8 (a), 2.5.8(d), 2.5.8 (e), 2.5.8(i)

2.5.12(a), 2.5.12 (d), 2.5.12 (e),

2.5.16, 2.5.17, 2.5.18

2.6.13 (c), 2.6.13 (d)

2.6.17

2.6.18 {c}, 2.6.18(d)

2.7.7, 2.7.8 (d)

The CBD is completed satisfactorily, allowing the trainee to show the following abilities:

Contrasting management between pre-hospital and in-hospital environments

Appraising current best practice with respect to fluid management and the current best practice for the provision of pre-hospital anaesthesia.

Describing the approaches to injury prevention and control; *describing* applied physiological changes with airway management

Differentiating acute presentations relating to injury to a pregnant patient.

And thus, completing the following curricular elements:

2.5.1, 2.5.4, 2.5.5, 2.5.7, 2.5.11

2.6.1, 2.6.2, 2.6.5

2.7.3

An action plan from the whole case is made which focuses on developing the trainees teaching skills, given she has demonstrated all the facets required for independent practice.

Notes

This is a complicated scenario used to demonstrate the different facets of practice trainees must be able to demonstrate within Theme 2, which is predominantly clinical.


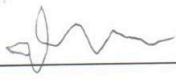
<i>Analyse:</i>	e.g. Analyse the impact of the environment on the decision-making	KT, CBD
<i>Appraise Current Best Practice</i>	Implies an understanding of the literature and its limitations	KT, CBD
<i>Apply Guidelines</i>	Apply latest guidelines to management	CEX, SIM, ACAT
<i>Categorise</i>	Categorise different conditions or diagnoses	KT, CBD
<i>Contrast</i>	Different treatments or situations	KT, CBD, SIM
<i>Critique</i>	Ability to weigh up merits and deficits presented by various options or literature	CBD, KT
<i>Describe</i>	Largely a test of knowledge as related to the topic	KT, CBD
<i>Demonstrate</i>	Shows how	CEX, ACAT
<i>Define</i>	Knowledge test	KT, CBD
<i>Display</i>	Shows	
<i>Recall</i>	Knowledge test	KT, CBD
<i>Respects contribution of other clinicians</i>	Self evident	MSF

The assessments are attached by way of example

INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
MINI-CLINICAL EVALUATION EXERCISE (CEX)

Trainee name:	JENNY GAR		Training Phase:	2	
Assessor name:	LAMIS		Registration no:	6780456	
Grade of assessor:	PREM CONSULTANT		Date	2-6-15	
Clinical scenario observed			Curriculum elements covered		
Demonstrated & Described the Techniques involved in the Procedural Sedation & anaesthesia of a pregnant Trauma Patient			2.5.8 (a,d,e,i)		
			2.5.12 (a,d,e)		
			2.5.16, 2.5.17, 2.5.18		
			2.6.13 (c,d) 2.6.17		
			2.6.18 (c,d), 2.7, 2.7.8(d)		
Formative?			Summative?		
Please TICK to indicate the standard of the trainee's performance in each area	Not observed	Unsatisfactory for current level of training		Satisfactory for current level of training	Achievement above current level of training
		Must address	Should address		
Initial operational approach				✓	
Initial clinical approach				✓	
History and information gathering				✓	
Examination				✓	
Clinical decision making and judgment				✓	
Communication with patient, relatives, staff				✓	
Overall plan				✓	
Adherence to Good Medical Practice				✓	



INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
MINI-CLINICAL EVALUATION EXERCISE (CEX) (CONT.)

Trainee name:	Jenny GWS	Training Phase:	2
Assessor name:	LAMB	Registration no:	6780456
Grade of assessor:	PREM CONSULTANT	Date	2-6-15
Areas of strength			
Appropriate risk: Benefit analysis made in this case with reasoned justification at all steps.			
Areas for improvement			
NIL			
Action plan			
Independent Practice → should work on strategies to facilitate Jenny's ability to teach others in similar clinical situations			
If summative:	Fail	<input checked="" type="radio"/> Pass	Good pass
Assessor Signature:			Trainee Signature: 

**INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)**

Trainee name:		JENNY GAR		Training Phase:		2	
Assessor name:		Dr. Lamb		Registration no:		6780456	
Grade of assessor:		PREM CONSULTANT		Date:		2-6-15	
Clinical scenario observed				Curriculum elements covered			
Management of Procedural Sedation & Subsequent anaesthesia of an 18 ^{yo} / 40 ^{yo} Preterm Patient with head, chest & limb injury				2.6.14(c), 2.6.14(d)			
				2.6.16			
Formative?				Summative?			
Please TICK to indicate the standard of the trainee's performance in each area	Not observed	Unsatisfactory for current level of training		Satisfactory for current level of training	Achievement above current level of training		
		Must address	Should address				
Clinical indication							
Appropriately deals with issues related to consent	UNCONSCIOUS						
Appropriate preparation							
Technical skills							
Situational awareness and clinical judgement							
Safety, including prevention and management of complications							
Post procedure management							
Professionalism, communication and consideration for patient, relatives and colleagues							
Documentation							
Adherence to Good Medical Practice							

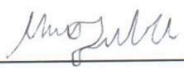

INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) (CONT.)

Trainee name:	JENNY GARR	Training Phase:	2
Assessor name:	Dr LAMB	Registration no:	6780456
Grade of assessor:	PHEM CONSULTANT	Date	2-6-15
Areas of strength			
<ul style="list-style-type: none"> - Complicated, Rare case - Managed with skill & dexterity - Procedure made bespoke to Patient need (Thracostomy) 			
Areas for improvement			
Nil -			
Action plan			
Jenny is competent to Practise Independently			
If summative:	Fail	Pass	Good pass
Assessor Signature:			
	Trainee Signature: 		

**INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
CASE BASED DISCUSSION (CBD)**

Trainee name:		Jenny Gas		Training Phase:		2	
Assessor name:		LAMIS		Registration no:		6780456	
Grade of assessor:		PREM CONSULTANT		Date:		2-6-15	
Case discussed				Curriculum elements covered			
Pregnant Patients Receiving Procedural Sedation followed by consciousness. Discussion on risks/benefits & assessment of literature. Differentiation of injury in the patient				2.5.1, 2.5.4, 2.5.5, 2.5.7			
				2.5.11 2.6.1 2.6.2			
				2.6.5 2.7.3			
Formative?				Summative?			
Please TICK to indicate the standard of the trainee's performance in each area	Not observed	Further core learning needed	Demonstrates good practice		Demonstrates excellent practice		
			Must address learning	Should address learning			
Underpinning principles					✓		
Safety issues				✓			
Record keeping				✓			
Team management				✓			
Diagnosis					✓		
Treatment					✓		
Planning for subsequent care				✓			
Clinical reasoning					✓		
Overall clinical care				✓			
Adherence to Good Medical Practice				✓			

INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
CASE BASED DISCUSSION (CBD) (CONT.)

Trainee name:	JENNY GASTR	Training Phase:	2
Assessor name:	LAMB	Registration no:	6780656
Grade of assessor:	PNEM CONSULTANT	Date:	2-6-15
Areas of strength			
<p>Clear evidence of deep understanding or knowledge & literature as applied to Pre-hospital emergency or resuscitation in general & specific to the PNEM-situation of managing the injured pregnant patient</p>			
Areas for improvement			
Action plan			
Teach on Sim course for In-Coming PNEM Trainees			
If summative:	Fail	Pass	Good pass
Assessor Signature:		Trainee Signature:	

Theme 3: Using Pre-hospital Equipment



Example

During a fixed-wing transport of a patient with a cardiac condition, the patient vomits. The PHEM trainee is practising under distant supervision by a consultant. He is directly supervised by an experienced paramedic. IV anti-emetics are administered, but with poor adherence to safe sharps practice. This results in a clean sharps incident. Additionally, attempts to suction the patient's vomit are thwarted by suction failure; the equipment was missing a connection pipe.

The clinical encounter forms the basis of a formative DOPS, which is unsatisfactory

The specific curricular elements include:

3.1.4, 3.1.5, 3.2.7, 3.3.3, 3.3.4, 3.5.1, 3.5.10, 3.5.16,

Notes

Much of Theme 3 relates to equipment and its appropriate use. Thus, trainees have to:

Describe

Demonstrate correct usage

List

Compare effectiveness

Apply Safe Practice

**INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)**

Trainee name:		EDWARD MARCOU		Training Phase:		1a	
Assessor name:		McMASTERS		Registration no:		123456	
Grade of assessor:		PHLEM CONSULTANT		Date		1-1-14	
Clinical scenario observed				Curriculum elements covered			
- Management of Vomiting Patient in flight - Use of Suction Apparatus - Drawing up & Administration of Medicines				3.1.4 3.1.5 3.2.7			
				3.3.3 3.3.4 3.5.1			
				3.5.10 3.5.16			
Formative?				Summative?			
Please TICK to indicate the standard of the trainee's performance in each area	Not observed	Unsatisfactory for current level of training		Satisfactory for current level of training	Achievement above current level of training		
		Must address	Should address				
Clinical indication				✓			
Appropriately deals with issues related to consent	✓						
Appropriate preparation		✓					
Technical skills			✓				
Situational awareness and clinical judgement			✓				
Safety, including prevention and management of complications			✓				
Post procedure management				✓			
Professionalism, communication and consideration for patient, relatives and colleagues			✓				
Documentation				✓			
Adherence to Good Medical Practice			✓				

INTER-COLLEGIATE BOARD FOR TRAINING IN PRE-HOSPITAL EMERGENCY MEDICINE
DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) (CONT.)

Trainee name:	EDWARD MARCCH	Training Phase:	1a
Assessor name:	McMASTERC	Registration no:	123456
Grade of assessor:	PREM CONSULTANT	Date	1-1-14
Areas of strength			
<p>Recognition & Management of Situation Appropriate choice of Drugs</p>			
Areas for improvement			
<p>Pre-Deployment Checking of Equipment Familiarity with Equipment Use of Equipment in the Pre-hospital Environment Seat Resilience</p>			
Action plan			
<p>1. To take the lead for all aspects of Equipment over the next three shifts 2. Completion of further formative DOPS</p>			
If summative:	Fail	Pass	Good pass
Assessor Signature:	JEM	Trainee Signature:	Edward Marcch