



Faculty of Health | Te Kura Hauora
Bachelor of Health Science (Paramedic)

Year One Clinical Logbook 2017



Name:

Paramedic Student Uniform Requirements

As a student enrolled in the BHSc (Paramedic) programme you will be undertaking various clinical placements with a number of providers; ambulance services, hospital departments and other agencies. Whilst attending these clinical placements it is a requirement that only the prescribed uniform is worn, as outlined below:

Name badge	<i>Worn on the right side, opposite the embroidered logo.</i>
Shirt	<i>Freshly laundered and ironed, to be worn tucked in.</i>
Trousers	<i>Blue and pressed</i>
Belt	<i>Black</i>
Socks	<i>Black or navy blue</i>
Shoes or boots-	<i>Black, clean and polished (not sneakers)</i>
Hi viz vest	<i>Must be worn at any incident on the road, high danger risk or as directed by Paramedic crew</i>

Jacket and Hi-viz wet weather jacket

In addition:

- No additional clothing is to be worn over the uniform.
- Undergarments must not be visible.
- Hair should be well-groomed and tied up if below shoulder length; any facial hair should be tidy.
- Minimal jewellery should be worn; rings should be plain bands and earrings should be plain studs.
- A watch with a second hand should be worn.
- General hygiene: shower before placement and use deodorant.



Expected Professional Behaviour when wearing uniform:

As a paramedic student you are a representative of Whitireia New Zealand, the BHSc (Paramedic) programme and, by default, the ambulance service or other agency providing your clinical placement. You should wear your uniform with pride and exhibit professional behaviour when doing so.

Students are required to wear the uniform at all clinical placements, unless specifically instructed otherwise. It is not appropriate for students to wear the uniform to social events; and students should not be seen purchasing or consuming alcohol, or smoking whilst in uniform.

If you do any observer shifts outside your rostered clinical shifts, your student uniform should **not** be worn.

Failure to comply with these requirements will result in your dismissal from your clinical placement and may result in disciplinary action.

If for any reason you are unable to comply with the standard of uniform specified above you may apply to the Programme Leader, BHSc (Paramedic) for special dispensation

Student Professional Conduct

Integrity:

In carrying out their professional duties, students must be honest, sincere and trustworthy, acting in a manner that does not bring discredit to the profession or Whitireia NZ.

Respect:

Students must ensure their actions and treatment demonstrates respect for their supervisors, and the client as a person and that care is provided at the highest professional standard.

Competence:

Students shall practice under supervision of a suitably qualified clinician and will not practice skills beyond their level and formal training. It is the student's responsibility to maintain and improve on the necessary skills and knowledge, at their level of professional practice, by actively participating in critical reflection, either individually, or with their supervisor/s.

Consent for Patient Care:

Wherever possible, students shall ensure that they receive informed consent from their clients/patients prior to assessing and providing treatment. This includes identifying themselves to the client as a student.

Confidentiality:

All paramedic students are required to sign the following non-disclosure declaration. As per the Privacy Act (1993) all students must maintain anonymity and confidentiality of any information they obtain in the course of their clinical placements. They must not disclose any such information to a third party unless there is a legal or professional duty to do so.

Declaration of Non-Disclosure of Information

As a student in the Bachelor of Health Science (Paramedic) Programme offered by Whitireia Community Polytechnic, I hereby declare that I will not, at any time, directly or indirectly, disclose to any person any information concerning the condition, treatment or circumstances of any patient or client to which I have been given access, or which I have acquired by reason of that access as per the Privacy Act (1993), unless they are either:

- a. Employed by the authority controlling the organisation or institution in which I undertake clinical learning experiences as part of my nursing programme
- OR**
- b. A programme lecturer

I agree to abide by the rules of this Declaration of Non-Disclosure of Information.

Student Name:

Signature:

Date:

Ambulance Stations:

On ambulance shifts, it is reasonable to expect students to take part in performing ambulance station duties with permanent staff members.

Where there are beds provided on station, these are for permanent staff only – not for student use. Other station facilities, e.g. computers, exercise equipment or reclining chairs, may be used by students provided that priority is given to the needs of permanent staff. The student must maintain a tidy workplace – washing own dishes, and tidying away textbooks, etc.

District Health Boards (DHB's):

To ensure compliance with the Privacy Act (1993), under no circumstance should students remove any patient care record from the clinical environment. Consent is required from the patient or the patient's family member when information specific to that patient is being used for a case study. All work based on patient case study must ensure that the patient is not identifiable.

In hospital, students are expected to engage with routine duties including but not limited to cleaning and bed preparation. When practicing skills, for example: IV insertion, students will work within clinical placement policy and procedure requirements with the direct supervision of a suitably qualified clinician.

Permission must be given by appropriate unit staff prior to using facilities such as computers. The student must maintain a tidy workplace – for example: washing own dishes and returning items used to its appropriate place.

Resilience Action Plan

“Studies suggest that paramedics are more likely to have higher levels of stress, depression, anxiety and post-traumatic stress disorder (PTSD) than the general community.” (ANZ College of Paramedicine, 2016). As part of your wellness plan it is appropriate to recognise this and have a plan of what you might do in the event of this happening.

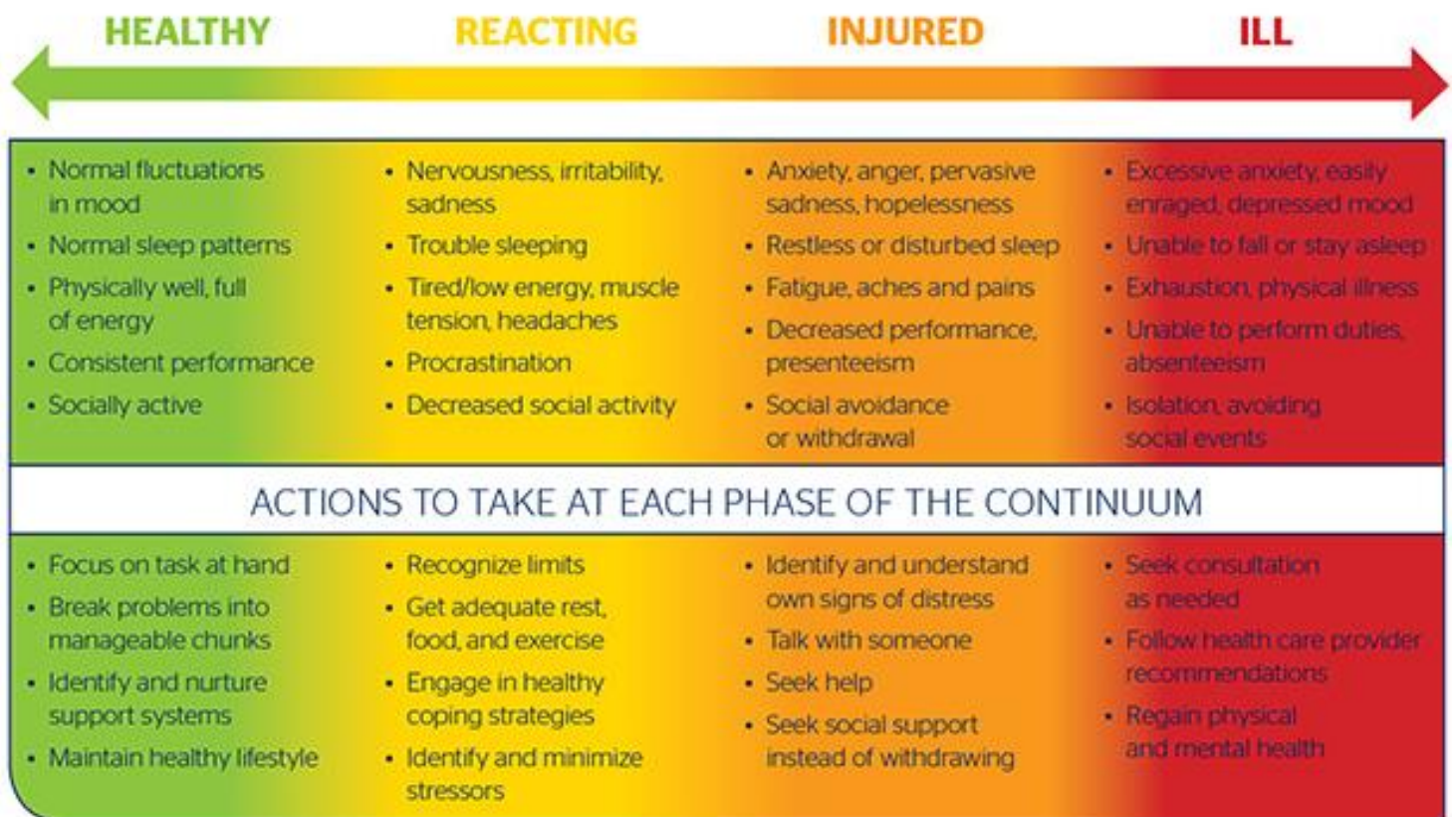
What is Trauma/Stress

Mental Health	State of well-being where you can realize your own potential, cope with normal stresses and work productively. (WHO, 2014)
Resilience	To ability to recover or return to a normal or functional state or ‘power of ready recover from sickness, depression or the like. The ability to maintain an optimistic and balanced outlook that does not dwell unnecessarily on the downsides of the job (ANZ College of Paramedicine, 2016)
Wellness	Described as a state of physical and mental health that is adequate to contend with the multiple stressors associated with the job. (ANZ College of Paramedicine, 2016)
Stress	A state of mental or emotional strain or tension resulting from adverse or demanding circumstances
Trauma	A specific experience(s) that overwhelms an individual’s ability to emotionally rationalise or cope with it



see next page

MENTAL HEALTH CONTINUUM MODEL



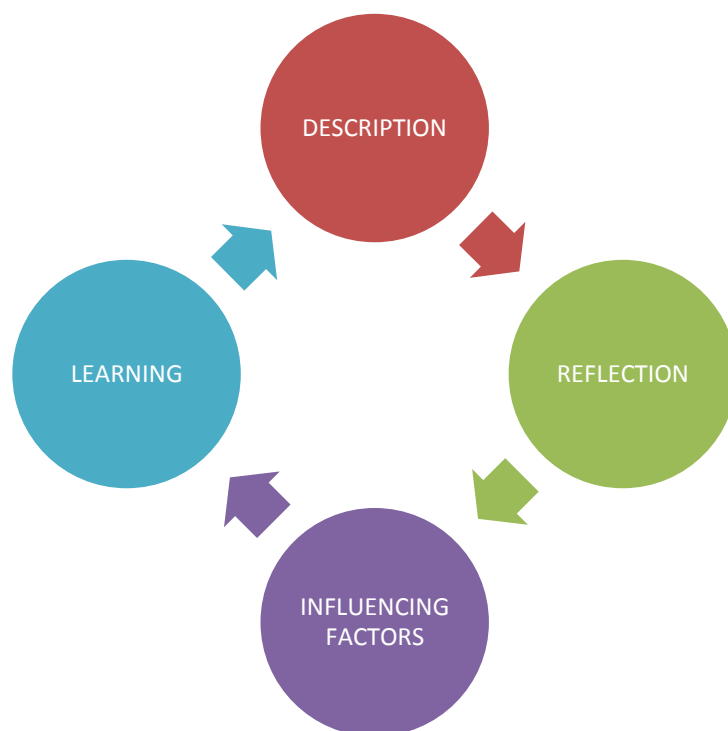
Enact self-care, seek social support
Consider informing tutor

Seek Professional help
Contact your tutor

Who to talk to

Family		
Family		
Friend		
Friend		
Tutor	Callum Thirkell	0800 944 847 extn 5138
Tutor	Renee Sharples	0800 944 847 extn 5182
Tutor	Denny McLeod	0800 944 847 extn 5146
Vitae (Counselling)	ID number required: avail 24 hrs	0508 664 981
WFA Chaplin	Justin	021 474 752

John's Model Of Reflection



DESCRIPTION:

- Write a description of the experience, build context.
- What are the key issues within the description that I need to pay attention to?

REFLECTION:

- What was I trying to achieve?
- Why did I act the way I did?
- What are the consequences of my actions?
- How did I feel about this experience when it was happening?

INFLUENCING FACTORS:

- What internal factors influenced my decision making and actions?
- What external factors influenced my decision making and actions?
- What sources of knowledge did or should have influenced my decision making and actions?
- Alternative strategies?
- Could I have dealt with the situation better?
- What other choices did I have?

LEARNING:

- How can I make sense of this experience in light of past experience and future practice?
- How do I now feel about this experience?
- Have I taken effective action to support myself and others as a result of this experience?
- How has this experience changed my way of knowing in practice?

Central Emergency Communications Centre

Overview

This is the first semester of study for the paramedic student, and the primary purpose of the clinical placements this semester is for the student to gain an overview of the health care system and begin to appreciate how the role of the paramedic integrates with other health care providers and facilities. To this end, the placement within Patient Transport Service (PTS) is primarily observational, although the student should engage with the patients and physical tasks as appropriate under the guidance of the supervisor.

The student requires an overview of the philosophy, methodology and operation of the communications centre to understand the working relationship between the communications centre and the paramedic on-road. The student should have the opportunity to observe the various roles in the communication centre.

No written feedback is required for the Communications Centre placement, but a signature confirming attendance would be appreciated.

Purpose

The communication centre plays a pivotal role in ambulance operations. An understanding of the roles, technology and methodologies that are employed is essential for paramedics to appreciate the interaction between road staff, comms staff, health institutions and patients.

Objectives

- Observe operations in communications centre.
- Identify the roles of paramedics and patient transfer staff.

Student's role

- Follow directions of Team Manager Comms (TMC) and other communications centre personnel.
- Ask questions and seek clarification on the role of the communications centre.
- The student is required to spend eight hours in the communications centre. However, if the student wishes to stay longer, this should be negotiated with the duty Team Manger Communications during the placement shift.
- The student is not expected to complete any PCR's during these placements. However, at the completion of this shift, the student should complete a reflection on the placement.
- Request the supervisor to sign below as evidence of your attendance at placement.

Supervisor Signature: Date:

Aged Residential Care

Overview

This is the first semester of study for the paramedic student, and the primary purpose of the clinical placements this semester is for the student to gain an overview of the health care system and begin to appreciate how the role of the paramedic integrates with other health care providers and facilities. To this end, the placement in an aged care facility is primarily observational, although the student should engage with the residents and physical tasks as appropriate under the guidance of the supervisor.

The paramedic student will be associated with a year three student from the Whitireia Bachelor of Nursing (BN) programme who is familiar with the aged care facility. The paramedic student must respect this relationship by exhibiting professional conduct at all times, and by developing a working relationship in the best interests of the residents and the facility.

Purpose

Paramedics need to be acutely aware of the physical and mental changes associated with the geriatric population. These changes have a direct impact on how people move and prepare themselves for everyday activities and unusual circumstances that may involve them having to be transferred from where they live to a medical facility. Paramedic students also need to practice the art of interaction and communication with a range of people; both as patients and as health care colleagues.

Clinical objectives

- Identify the range of care options available at the facility for residents; from independent to completely dependent/hospital level care.
- Identify the roles of staff at the facility; registered nurse (RN), care assistant, diversional therapist, physical therapist and others.
- Observe physical limitations associated with movement and transfer in the geriatric population; gait, assistance required to stand, sit and walk.
- Engage with the residents and observe the variations in mentation and cognitive processes.
- Become aware of and apply good hygiene/aseptic techniques.
- Observe and participate (where appropriate) in the application of safe manual handling techniques.
- If appropriate, perform vital sign acquisition BP, Temp, HR, RR, BGL on a variety of patients, and record these as directed.

Student's role

Discuss with the supervisor the tasks outlined above, and show them the skills log (back pages of this logbook) that show the skills for which you have been assessed and signed off by the tutor.

Supervisor Signature: Date:

Aged Residential Care Worksheet

What range of care facilities are offered at this facility?

What range of staff is present at this facility?

What did you notice about the residents' mobility?

What activities and aids are available to assist the residents with their mobility?

What did you notice about the residents' mentation and cognitive function?

Patient Transport Service

Overview

This is the first semester of study for the paramedic student, and the primary purpose of the clinical placements this semester is for the student to gain an overview of the health care system and begin to appreciate how the role of the paramedic integrates with other health care providers and facilities. To this end, the placement within Patient Transport Service (PTS) is primarily observational, although the student should engage with the patients and physical tasks as appropriate under the guidance of the supervisor.

The paramedic student will be assigned to a Patient Transport Officer (PTO) who is responsible for the vehicle, equipment, patient care, and any other services provided. The paramedic student must respect this relationship by exhibiting professional conduct at all times, and by developing a working relationship in the best interests of the patient and the health care industry.

Purpose

Patient Transport Service (PTS) personnel transport a wide range of patients. The non-emergency title does not mean that all of these patients are well, or in a stable condition. Inter-hospital transfers in particular can mean that PTS personnel can be involved in complex cases that require varying degrees of intervention during transport.

Objectives

- Familiarisation with station, vehicle and equipment, and dispatch procedures.
- Witness the range of work encountered in this role and develop communication skills that underpin successful paramedic - patient relationships.
- Develop the physical skills and attitudes that will allow you to assist patients with mobility and health issues when being transferred from one setting to another.

Student's Role

Discuss with the supervisor the tasks outlined above, and show them the skills log (back pages of this logbook) that show the skills you have been assessed and signed off on by the tutor.

Request the supervisor to provide feedback on the following placements, and to sign the feedback as evidence of your attendance at placement.

The student is not expected to complete any PCR's during these placements, however; at the completion of the four PTS shifts, the student should complete a reflection on these placements.

PTS FEEDBACK 1

Did I engage the patients/escorts in appropriate conversations?

1	2	3	4	5
Inappropriate conversation			Consistently engaged in an appropriate manner	

Did I seem actively involved in the PTS role?

1	2	3	4	5
Disinterested or unable to engage			Consistently able to assist with role and show development of skills	

Any suggestions for improvement in my practise as a paramedic student?

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Supervisor Signature:

Date:

PTS FEEDBACK 2

Did I engage the patients/escorts in appropriate conversations?

1	2	3	4	5
Inappropriate conversation			Consistently engaged in an appropriate manner	

Did I seem actively involved in the PTS role?

1	2	3	4	5
Disinterested or unable to engage			Consistently able to assist with role and show development of skills	

Any suggestions for improvement in my practise as a paramedic student?

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Supervisor Signature:

Date:

PTS FEEDBACK 3

Did I engage the patients/escorts in appropriate conversations?

1	2	3	4	5
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Inappropriate conversation

Consistently engaged in an appropriate manner

Did I seem actively involved in the PTS role?

1	2	3	4	5
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Disinterested or unable to engage

Consistently able to assist with role and show development of skills

Any suggestions for improvement in my practise as a paramedic student?

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Supervisor Signature:

Date:

PTS FEEDBACK 4

Did I engage the patients/escorts in appropriate conversations?

1	2	3	4	5
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Inappropriate conversation

Consistently engaged in an appropriate manner

Did I seem actively involved in the PTS role?

1	2	3	4	5
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Disinterested or unable to engage

Consistently able to assist with role and show development of skills

Any suggestions for improvement in my practise as a paramedic student?

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Supervisor Signature:

Date:

A series of horizontal dashed lines provided for writing reflections.

Urgent Community Care

Overview

- This is the student's first semester of study, and these placements are their introduction to emergency ambulance services and Urgent Community Care
- The student is essentially in an observer role to start with and as such their knowledge and recognition of situations and responses needs total support from the paramedic crew.
- The student is not expected to demonstrate independent capabilities in patient management or treatment, and the student should not be asked to perform any skill that has not been signed off in this logbook.
- The student has been trained in Basic Life Support - basic airway management/IPPV, CPR and SAED; manual handling, and vital sign acquisition. As the semester progresses, the student will be instructed in the assessment and management of simple trauma.

The paramedic student will be assigned to an extended care paramedic (ECP) who is responsible for the urgent community care (UCC) vehicle, equipment, patient care, and any other services provided. The paramedic student must respect this relationship by exhibiting professional conduct at all times, and by developing a working relationship in the best interests of the patient and the health care industry.

Purpose

The extended care paramedic role encompasses assessment, treatment and referral tasks beyond the scope of emergency ambulance (EAS) paramedics. The focus of the UCC is assess and provide appropriate treatment or referral within the community for those patients that do not need to be transported to hospital. This is an opportunity for the student to experience the scope of practice within this role and identify how UCC works alongside EAS.

Objectives

- Familiarisation with station, vehicle and equipment, and dispatch procedures
- Supervised assistance with physical examination (Primary/Secondary survey)
- Supervised assistance with performing status assessments and acquiring vital signs.
- Supervised assistance with non-invasive assessment / treatment of simple trauma.

Student's role

Discuss with the supervisor the tasks outlined above, and show them the skills log (back pages of this logbook) that show the skills for which you have been assessed and signed off by the tutor.

Request the supervisor to provide feedback, and to sign the feedback as evidence of your attendance at placement.

The student is expected to complete five Patient Care Records (PCR's), including reflection, during these Emergency Ambulance Service and/or UCC placements.

Supervisors Feedback: Urgent Community Care

Do I present myself in a professional manner (is my uniform, personal presentation and behaviour professional?)

1	2	3	4	5
Inappropriate attitude or behaviour -----			Immaculate presentation and consistent professional attitude	

Do I communicate in an appropriate manner and listen to instructions?

1	2	3	4	5
Inappropriate communication and not listening to instructions			Appropriate communication with no misinterpretations	

Do I take initiative with patients and show empathy and respect throughout my clinical shift?

1	2	3	4	5
Inappropriate and rude with minimal respect and empathy			Respectful and appropriate and shows respect for others and situations	

Was I motivated to learn while on clinical placement?

1	2	3	4	5
Did not ask questions or appear interested in learning from the placement			Consistently asking questions and motivated to learn more while on placement	

What suggestions do you have for my development as a paramedic?

Supervisor Signature:

Date:

Emergency Ambulance Service

Overview

- This is the student's first semester of study, and these placements are their introduction to emergency ambulance services.
- The student is essentially in an observer role to start with and, as such, their knowledge and recognition of situations and responses needs total support from the paramedic crew.
- The student is not expected to demonstrate independent capabilities in patient management or treatment, and the student should not be asked to perform any skill that has not been signed off in this logbook.
- The student has been trained in Basic Life Support - basic airway management/IPPV, CPR and SAED; manual handling, and vital sign acquisition. As the semester progresses, the student will be instructed in the assessment and management of simple trauma.

The paramedic student will be assigned to an emergency ambulance crew who is responsible for the vehicle, equipment, patient care, and any other services provided. The paramedic student must respect this relationship by exhibiting professional conduct at all times, and by developing a working relationship in the best interests of the patient and the health care industry.

Purpose

The paramedic role encompasses multifarious tasks, which often seems overwhelming. This is the student's introduction to paramedicine, and provides the opportunity to shape their development as career paramedics.

Objectives

- Familiarisation with station, vehicle and equipment, and dispatch procedures.
- Supervised assistance with physical examination (Primary/Secondary survey).
- Supervised assistance with performing status assessments and acquiring vital signs.
- Supervised assistance with non-invasive assessment / treatment of simple trauma.

Student's role

Discuss with the supervisor the tasks outlined above, and show them the skills log (back pages of this logbook) that show the skills for which you have been assessed and signed off by the tutor.

Request the supervisor to provide feedback **for each day or night on shift**, and to sign the feedback as evidence of your attendance at placement.

The student is expected to complete five Patient Care Records (PCR's), including reflection, during these Emergency Ambulance Service placements.

Supervisors Feedback: Emergency Ambulance Service

Do I present myself in a professional manner (is my uniform, personal presentation and behaviour professional?)

1	2	3	4	5
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Inappropriate attitude or behaviour

Immaculate presentation and consistent professional attitude

Do I communicate in an appropriate manner and listen to instructions?

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Inappropriate communication and not listening to instructions

Appropriate communication with no misinterpretations

Do I take initiative with patients and show empathy and respect throughout my clinical shift?

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Inappropriate and rude with minimal respect and empathy

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Supervisors Feedback: Emergency Ambulance Service

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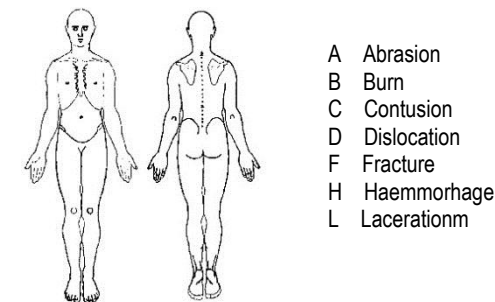
Supervisor Signature:

Date:

Notes for Reflection Assessment: Emergency Ambulance Service

Patient Care Records

Complete five PCRs for patients you have seen and helped manage during emergency ambulance service and/or urgent community care placements

<p>Ambulance / PTO / ED / CCU / Other:.....</p> <p>Patient Age: Gender:</p>	<p>Date: Time of Incident:</p> <p>Status: 1 2 3 4 0 Time Critical: Y N</p> <p>Why?</p>																																																																																					
<p>Provisional Diagnosis:</p>	<p>Chief Complaint:</p>																																																																																					
<p>PMHx: _____</p> <p>_____</p> <p>Hx: _____</p> <p>_____</p> <p>O/A: _____</p> <p>_____</p> <p>O/E (Include Pertinent Negatives): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Differential Diagnosis: _____</p>	<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th colspan="3" style="text-align: left;">Treatment: (All ambulance treatment)</th> <th>Shock</th> <th>Result</th> </tr> <tr> <th style="width: 15%;">Time</th> <th style="width: 15%;">Rhythm</th> <th style="width: 60%;"> </th> <th>Dose</th> <th>Route</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;">  <ul style="list-style-type: none"> A Abrasion B Burn C Contusion D Dislocation F Fracture H Haemorrhage L Lacerationm </div>	Treatment: (All ambulance treatment)			Shock	Result	Time	Rhythm		Dose	Route																																																																											
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Time	Rhythm		Dose	Route																																																																																		

Vital Signs						Pupils				Pain	BGL
Time	Pulse	BP	SpO ₂	Resp	Temp	Size		Reaction		/10	
						L	R	L	R		

GCS Total	Motor						Verbal				Eye Opening				
	Obeys	Purposeful	Withdraws	Flexion	Extension	Nil	Orientated	Confused	Inappropriate	Incoherent	Nil	Spontaneous	To Voice	To Pain	Nil
	6	5	4	3	2	1	5	4	3	2	1	4	3	2	1

Reflection:

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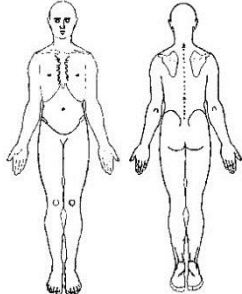
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<p>Ambulance / PTO / ED / CCU / Other:.....</p> <p>Patient Age: Gender:</p>	<p>Date: Time of Incident:</p> <p>Status: 1 2 3 4 0 Time Critical: Y N</p> <p>Why?</p>																																																																																															
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Vital Signs						Pupils				Pain	BGL
Time	Pulse	BP	SpO ₂	Resp	Temp	Size		Reaction		/10	
						L	R	L	R		

GCS Total	Motor						Verbal				Eye Opening				
	Obeys	Purposeful	Withdraws	Flexion	Extension	Nil	Orientated	Confused	Inappropriate	Incoherent	Nil	Spontaneous	To Voice	To Pain	Nil
	6	5	4	3	2	1	5	4	3	2	1	4	3	2	1

Reflection:

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Status: 1 2 3 4 0

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Why?

Provisional Diagnosis:

Chief Complaint:

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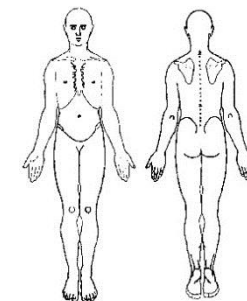
Hx: _____

O/A: _____

O/E (Include Pertinent Negatives): _____

Differential Diagnosis: _____

Treatment: (All ambulance treatment)		Shock	Result
Time	Rhythm	Dose	Route



- A Abrasion
- B Burn
- C Contusion
- D Dislocation
- F Fracture
- H Haemorrhage
- L Lacerationm

Vital Signs						Pupils				Pain	BGL
Time	Pulse	BP	SpO ₂	Resp	Temp	Size		Reaction		/10	
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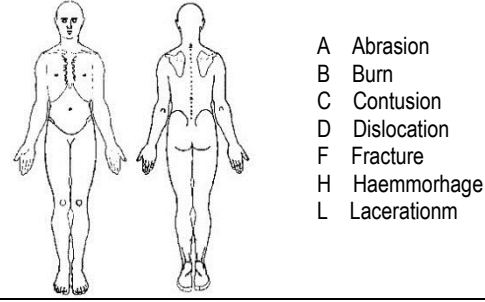
 Hx: _____

 O/A: _____

 O/E (Include Pertinent Negatives): _____

Differential Diagnosis: _____

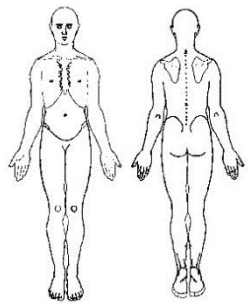
Treatment: (All ambulance treatment)			Shock	Result
Time	Rhythm		Dose	Route



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Reflection:

Affective Domain Evaluation

Student's Name: _____ Date: _____

1. INTEGRITY **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

2. EMPATHY **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanour toward those in need; being supportive and reassuring to others.

3. SELF - MOTIVATION **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behaviour; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities

4. APPEARANCE & PERSONAL HYGIENE **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

5. SELF - CONFIDENCE **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercises good personal judgement.

6. COMMUNICATIONS **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

7. TIME MANAGEMENT **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.

8. TEAMWORK AND DIPLOMACY **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

9. RESPECT **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

10. PATIENT ADVOCACY **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.

11. CAREFUL DELIVERY OF SERVICE **Competent []** **Not yet competent []**

Examples of professional behaviour include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Skills Log

- Each of these skills needs to be signed off by a tutor before you are able to perform them on your clinical placements.
- Each time you complete a skill, have your supervisor date and initial the appropriate boxes.
- This will be included in your portfolio so the more evidence of completion of skills, the better!

Assessment	Tutor signoff/date	Initial and date by supervisor when skill/task performed									
APVU											
GCS ACQUISITION											
PULSE											
BLOOD PRESSURE											
BLOOD SUGAR LEVEL											
FAST TEST											
PERFUSION/SKIN ASSESSMENT											
MANUAL HANDLING											

Treatment	Tutor signoff/date	Initial and date by supervisor when skill/task performed										
HEAD TILT / CHIN LIFT												
JAW THRUST												
IPPV												
OPA/NPA												
LMA												
OXYGEN ADMINISTRATION												
MANUAL AIRWAY CLEARANCE												
SUCTIONING												
CPR												
DEFIBRILLATION (SAED)												