

Do undergraduate students require
pre-hospital placements with
ambulance services prior to
graduation?

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Background

- Clinical placements with ambulance services are limited
- Duration, volume, case-mix, formal teaching and quality of mentors varies greatly
- The majority of students enjoy prehospital placements
- Expectations of graduates varies – most “work ready” within 12 months
- Many ‘new-graduate’ / ‘intern’ models

Start with the end in mind.....

- When I graduate what will be expected of me?
 - Approach to the assessment and management of injury and illness across the spectrum of acuity and pathology
 - Increasing age of patients encountered
 - Increasing chronic disease / increasing complexity of patients
 - Increasing demand for service
 - To manage more patients without the need to transport to an ED
- Unfortunately not all necessary expertise lies within the paramedicine sector / industry
- HES should be providing not only the paramedics needed today but the paramedics needed in the future

How similar is the prehospital setting to the emergency department?

- For all transported patients:
 - Same acuity
 - Same case mix
 - Same demand pressures
 - Opportunity to derive patient outcomes
 - Opportunity for passive learning
 - Opportunity for structured teaching
 - Access to many inter-professional mentors
 - Patient's have plenty of time
- Plus....paramedics spend a lot of time in ED....
opportunity for informal teaching?



Paramedic roles....how different from emergency physician roles?

- **Medical expert** with regard to the knowledge, skills and attitudes required in the specialty for the appropriate assessment (history, examination, investigation), diagnosis and management (supportive care, specific care and disposition) decisions involved in patient care
- **Medical expert** with regard to the procedural and technical skills required in the specialty
- **Communicator**
- **Collaborator**
- **Manager**
- **Health advocate**
- **Scholar**
- **Professional**
- **Medical expert integrating the above competencies in clinical practice**

Learning core competencies

- ED provides opportunities to:
 - establish and maintain clinical knowledge, skills and attitudes appropriate to paramedic practice across all patient acuities
 - establish patient assessment skills
 - Learn procedural skills
 - Learn and practice communication skills
- Perioperative setting for airway and access skills
- Intensive care for critical care skills
- Primary care setting for minor injury, minor illness and health promotion
- Specialist placements for womens' and childrens' health, mental health, palliative care and addiction medicine

But....

- Clinical school (or similar) model required
- Engagement of clinical academics from medicine, nursing, allied health and paramedicine professions
- Mentors and facilitators
- Inter-professional will (and resources)
- Needs of current workforce requires consideration
- Simulation alone is not enough

Life as a medical student

- Allocated to a clinical school
- Group learning in patient assessment and communication skills by specialist doctors or doctors in training from first week
- Access to entire hospital.....rarely did anyone say they were not happy to have a medical student.....keen students were rewarded
- Years 1 and 2 – predominantly campus based but one day per week minimum in clinical school with structured teaching
- Year 3 – full time in hospital – structured teaching and clinical rotations (plus access to areas of interest) + elective
- Year 4 – specialist rotations
- Then PRE-INTERNSHIP to get job ready

The paramedical paradox

- Student paramedics want more prehospital placements
- Industry wants job ready graduates
- Industry controls clinical placements
- Industry limits access to clinical placements
- Industry does not have all of the required expertise to produce job ready graduates to meet future community needs

In an ideal world....

- Paramedic clinical schools integrated with emergency departments / health districts / ambulance branches
- Paramedic clinical academics / hospital based skills educators / facilitators
- Inter-professional learning and early exposure to attitudes and behaviours of other health professionals
- Early exposure to patients in a relevant clinical context
- Access to specialist training opportunities
- Easy access to 'doses' of prehospital setting

Better standards

Better paramedics

Better care

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