

Background to Assessment

The BSc (Hons) Paramedic Science programme is a mix of theoretical and clinical modules. The programme leads to eligibility to apply for registration with the Health and Care Professions Council (HCPC) as a paramedic and thus it is essential that students are well prepared for this role.

Paramedics have an extremely wide scope of practice compared with many other health professions. Day to day they deal with patients across the entire lifespan ranging from newborn to elderly palliative care patients. Conditions routinely include cardiac arrest, trauma, medical, minor injuries and illnesses, mental health and social care situations and major incidents.

They work autonomously and must have a sound theoretical basis upon which to base their clinical knowledge and skills. They possess robust clinical decision-making skills and routinely work inter-professionally in both the pre-hospital and hospital environment.

It is essential then, that assessments on the BSc (Hons) Paramedic Science are fit for purpose, suit all learning styles and robustly assess competence to ensure first class graduates at the end of the three-year programme. With this in mind some innovative approaches have been taken, some examples of which are discussed below.

Observed Structured Clinical Examination (OSCE) Assessments

In the health professions whose role has a major clinical component Objective Structured Clinical Examination (OSCE) assessments are routinely employed. Historically these have been summative assessments with students being allowed two attempts to pass. OSCE assessments have their own particular set of stresses with students saying that they would far rather undertake a skill in a clinical setting, finding it far less stressful in the real world of practice. Many otherwise able students find them so stressful that they fail to perform to the appropriate level in OSCE assessments, resulting in failure and ultimate withdrawal from the paramedic professions.

On the University of Lincoln Paramedic Programme a different approach is taken. OSCE assessments are formative rather than summative in nature and form part of the Clinical Assessment Portfolio (CAP), the equivalent of the Nurse's Practice Assessment Document (PAD). Clinical skills are honed by repetition – the more someone undertakes a skill, the better at that skill they become. Thus, whilst the OSCEs must be passed in order to prove competence that will allow students to practise the skills in placement, students are allowed

unlimited attempts. Final summative sign off is undertaken in placement by their Practice Educator (PEd).

Additionally, the OSCEs that involve stand-alone clinical skills only (e.g. Intra Muscular injection, the correct insertion of airway adjuncts, ECG lead placement etc.), are undertaken by video submission. This method is now employed in several UK Universities, as clinical decision-making does not form part of the assessment. Student feedback has been excellent and this format is far less resource heavy and far less stressful for students than face-to face OSCE assessments. Videos are subject to peer review before submission, allowing students to begin their journey as the PEds of the future.

Level 6 Leadership and Practice Education Module

The Keogh Report leading to the Urgent and Emergency Care Review (2016) specified that in order to be eligible for band six pay grading, all paramedics must be practice educator trained. With this in mind, preparation for the assessment for the Leadership and Practice Education module in year three of the programme begins in the first year. Students begin a reflective journal around the opportunities they undertake for peer education, coaching and mentorship across the whole programme. This journal is completed during the programme then submitted in year three as a summative assessment.

In addition to the peer review opportunities outlined in the previous section, existing students 'buddy' those from new intakes and mentor them through the programme. They have the opportunity to facilitate OSCE practice for newer cohorts and, on the large simulation events, are given their own clinical group and work with the programme tutors in the capacity of advisor/assessor. This benefits all cohorts: newer students learn from the experience and advice of existing ones and often feel more comfortable with their peers; existing students learn how to mentor and coach and gain invaluable experience and preparation throughout the programme in order to pass the year three module assessment.

Student feedback regarding this innovation has been excellent and students are really excited to be able to mentor newer intakes. They also commented that this is an added incentive to make sure they personally "know their stuff" in order that they can answer questions and help others, which has given them an extra drive to study hard.