

Creating a Prehospital Care Programme

Some tips from the Barts & The London School of Medicine PCP Team

1. Foreword

This document has arisen from the many requests that we have had over the past few years regarding how to set up 'Prehospital Care Programmes' in medical schools. We hope that the following will give you the information and insight to assist you with this process. One point we would like to make from the outset is that you will best know your local provision and it is this which will largely determine not only your planning, but also how your programme will be populated and function.

Our Prehospital Care Programme (PCP), established in 2007, was the first of such programmes to be implemented in the UK and is a unique educational opportunity for medical students at Barts and the London School of Medicine to work in collaboration with the London Ambulance Service (LAS) and London's Air Ambulance (LAA). It offers an opportunity for selected students to become part of a structured programme, allowing them to gain early clinical exposure in the prehospital environment. We currently have our maximum capacity of students on the PCP, a total of 48 students, and a further 30 undergraduates on our sister course the LAS SSC.

We are happy to discuss everything to help assist you in setting up your programme successfully. However, and whilst we actively encourage the development of other PCPs, by sharing our knowledge and wealth of information with you, *we do ask for some acknowledgment and recognition - in your documentation - of this support from the Barts and The London School of Medicine PCP Team.*

2. Our Course Philosophy

Although we don't expect other courses to follow our programme outline more closely than is relevant, we think it is worth teams having an overview philosophy so that as your programme is passed on from one group to the next its core principles will remain.

For our PCP we aim to provide teaching and support for medical students whilst engaging them in an integrated, multi-agency, educational process focussing on experiential learning. We believe that such learning should be holistic and process-based - with students both actively and cognitively engaged – thus the whole experience includes: thinking, perceiving, feeling, and behaving.

Our team philosophies are expressed through all aspects of the programme including: team work, mentoring, teaching and learning, safety, leading by example, and its non-hierarchical structure.

The broad aims and objectives of the programme involve:

- Providing undergraduate medical students with an understanding of, and experiences in, prehospital care.
- Introducing appropriate clinical skills for students at this level and in this context.

- Assisting students to acquire a set of appropriate communication skills for this context.
- Instructing medical students on issues relating to personal and team safety in the prehospital environment.
- Encouraging learning in an interprofessional and interagency context.

3. The Team and Roles and Responsibilities of the team members

The Prehospital Care Programme was founded by a team representative of the different stakeholder groups involved (including the student who instigated it) and are all people who share the same vision and are committed to the success and development of the PCP. These individuals remain at the centre of the programme as the 'Development Team' and as a result have significant contributory roles to its running. In addition, most of the day to day management of the programme is undertaken by students who are annually elected from the PCP cohort.

The Development Team

Lead Clinician	Lead Paramedic	Academic Lead	Lead Medical Student
<ul style="list-style-type: none"> • Organises mentoring of senior PCP students by London's Air Ambulance Registrars • Manages doctor mentors • Responsible for the practical training given to PCP students • Responsible for delivery of London's Air Ambulance Presentation at monthly academic forum • Shortlists and Interviews PCP applicants 	<ul style="list-style-type: none"> • Organises mentoring of PCP students by LAS paramedics • Manages paramedic mentors • Secures additional paramedics to be future mentors • Responsible for delivery of LAS Presentation at monthly academic forum • Shortlists and Interviews PCP applicants 	<ul style="list-style-type: none"> • Point of contact with the medical school • Oversees the whole programme including its development and existence as part of the SSC curriculum • Publishes all paperwork • Responsible for monitoring student progress • Provides student support and welfare • Shortlists and Interviews PCP applicants 	<ul style="list-style-type: none"> • Acts as a point of contact for all • Responsible for the day to day organisation and running of the programme • Liases between students, the development team and stakeholders • Responsible for recruitment of the new intake of PCP Students • Shortlists and Interviews PCP applicants

As described earlier, the development team is supported by a further committee comprised of students who are key to the day to day running of the programme. These roles vary slightly year on year as they are dictated by the requirements of the programme. For example we have now developed a 'Conferences Officer' role due to the growth of our annual conference/symposium. The committee works as a whole with everyone helping with each aspect of running the PCP, however each role is responsible for and leads their particular area.

Currently these committee roles are:

- **PCP Lead Medical Student** - as described above, the lead student runs the day to day activities and is responsible for coordination of the other committee members;
- **Academic Forum Officer** - organises the monthly academic forums, sets themes and learning objectives, recruits speakers to give the talks, and is responsible for establishing the venue
- **Communications Officer** - responsible for managing the programme's social media accounts, monitoring back-channel discussions on Twitter during academic forums, maintaining mailing list/website, and audio-visual support during academic forums
- **Agency Liaison Officer** - the agency liaison officer plays a vital role in coordinating the paramedic and air ambulance mentors for the PCP students by maintaining regular contact with mentors, working to organise further agency outreach (for instance our PCP has links to London Fire Brigade and RNLI), and helping with advertisement and promotion of the programme within the medical school and agencies
- **Practicals Officer** - Once a semester we organise training sessions lead by London's Air Ambulance; the practical officer is responsible for developing the training programme for the year and planning the events themselves (such as securing doctors to teach and sourcing equipment). The practicals officer also acts to find new opportunities for teaching and skills practice with PCP students.
- **Conferences Officer** - Our PCP hosts the national Prehospital Care Conference every two years, and in the year inbetween we run a symposium in prehospital medicine. The conferences officer is responsible for planning and organising these events, from deciding on the topics to booking the speakers to advertising the event itself. We have also recommended setting up a conference sub-committee lead by the Conferences Officer due to the effort involved with running a conference/symposium
- **Social Officer** - Responsible for the team-bonding exercises and social events throughout the year. A good team mentality is important in the PCP and so organizing social events where the different years of students can meet one another and mix is a key role in the programme.

(NB the roles and responsibilities of each of these positions are reviewed annually)

4. What makes a good PCP Student

Given the nature of the work and the issues this raises for recruitment we offer the following information for your consideration. Students involved in the PCP will need to take a great deal of responsibility for their learning and the PCP leadership team aims to select students who are organised, enthusiastic, committed and dedicated individuals with excellent interpersonal skills, team working abilities, and a strong

desire to learn. They must also possess good time management skills as they will be required to put in the hours that the programme requires on top of the commitments of medical school and any other extracurricular activities. Furthermore, they must maintain a professional approach to all their interactions as they are part of a multi-agency educational opportunity and will take on a role of ambassador for the medical school. To that end, we include in our student handbook a 'code of conduct', to which we expect all students to adhere, derived from both the GMC 'Good Medical Practice; Duties of a doctor' and the Health and Care Professionals Council's (HPC) 'standards of conduct'.

5. The format of our programme (NB the programme commences in 2nd year of the MBBS programme)



PCP Year 1 (Year 2 MBBS)

- . Minimum of 6 shifts with an ambulance crew and report form signed by mentor for each patient seen
- . Sign off medical knowledge and clinical skills based on cases seen and skills demonstrated/learned
- . One 500 word case report
- . Attend academic forms and one Air Ambulance clinical governance or death and disability day

PCP Year 2 (Year 3 MBBS)

- . Minimum of 8 shifts in a fast response unit with a paramedic mentor and report form signed by mentor for each patient seen
- . Sign off medical knowledge and clinical skills as above.
- . Complete 2 handovers to ambulance crews while on shift.
- . Two 500 word case reports
- . Attend academic forms and two Air Ambulance clinical governance or death and disability days



PCP Year 3 (Year 4 MBBS)

- . Minimum of 3 each of FRU, HEMS, and A&E shifts (plus report forms for each patient seen)
- . Sign off medical knowledge and clinical skills as above.
- . Attend one death and disability and one clinical governance day
- . Present a case/teach at an academic forum
- . Two 800 word case presentations

PCP Year 4 (Year 5 MBBS)

- . 1,500 word prehospital medicine essay and self-organised shifts

6. Progress

The PCP is made up of a series of Student Selected Components (SSCs), and each year an assessment of achievement form must be completed and signed by each student's mentor.

All PCP Students are provided with a handbook, which contains all essential information relating to the programme and what is expected of them. The programme syllabus and learning objects are also found here.

Throughout the entirety of the Prehospital Care Programme students are required to keep a full record of activities - to be shared with tutors and mentors. To aid this

they are provided with Student Report Forms, which are completed for each case, and echo the structure of the London Ambulance Service/London's Air Ambulance Patient Report Forms - with the addition of a section for identifying areas for development. These forms are to encourage reflection and support any debriefing and/or further learning. Mentors sign each form as they are completed.

The programme also involves both a mid-year and an end of year review for all students with the Academic Lead; in these meetings completed shifts, cases seen, student report forms, attendance, learning object completion, and written work is reviewed and discussed.

7. Academic Forums

The Academic Forum (AF) is an open meeting held monthly to provide an opportunity for the PCP team to give case-based presentations, discuss the specialty in depth and review journal articles. Although the AF is primarily aimed at people involved in prehospital care, the forums are open meetings and other interested healthcare professionals and students are welcome. The process has proved to be an excellent opportunity to foster public relations and provide an insight for those considering becoming involved with the programme – including those from other medical schools.

8. Piloting PCP in your institution

We strongly recommend that initially you start with a development team, i.e. people who are fully committed to the idea, who will ultimately oversee and coordinate your programme. Alongside this, and probably within this group, you will need to develop your own local connections – which to a degree will dictate provision. With this all in place you should then be able to easily proceed to the development of a pilot PCP.

9. Indemnity for students on placements

Students are covered by their usual clinical indemnity from their university whilst they are under the supervision of a qualified healthcare professional. HCPs also have cover through their professional bodies – but we suggest they should check this before they take students out on shift. Students are not permitted to undertake any work without their supervisor's permission, nor whilst unsupervised. All students must be members of their appropriate unions i.e. MDU etc.

10. Mentors

The role of the mentor is central, and critical, to our programme's success. Each mentor must possess a set of key attributes – these are; a positive attitude towards their work, demonstrate high clinical standards, possess excellent interpersonal skills and must have a desire to both teach and learn. Our paramedic mentors are selected, managed and supported by our lead paramedic, Craig Cassidy. They are welcomed into the PCP team and treasured by our students as we realise without them our programme would not be the great success it is.

11. Afterword

You might find the need for some extra advice in developing your own Prehospital Care Programme, so please feel free to get in touch with us should you have any further questions. Contact details:

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With very best wishes for your endeavours from the PCP Development Team

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