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| Title | Apply integrated clinical practice in an ambulance context | | |
| Level | 5 | Credits | 30 |

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| Purpose | <p>People credited with this unit standard are able to, in an ambulance context:</p> <ul style="list-style-type: none"> – manage incidents; – assess patients and develop management plans; – implement management plans; – complete patient care; – communicate effectively with patients and other parties; – demonstrate reflective practice using evidence from own involvement; and – demonstrate effective teamwork. |
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| Classification | Emergency Services > Ambulance |
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| Available grade | Achieved |
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| Prerequisites | <p>Unit 24858, <i>Demonstrate knowledge of the management of patients with acute diabetic emergency symptoms in an ambulance context</i>;</p> <p>Unit 24862, <i>Demonstrate knowledge of management of trauma to the integumentary system, and musculoskeletal injury</i>;</p> <p>Unit 24863, <i>Demonstrate knowledge of the management of patients with symptoms of shock in an ambulance context</i>;</p> <p>Unit 24864, <i>Demonstrate knowledge of management of patients with acute obstetric conditions and the newborn in an ambulance context</i>;</p> <p>Unit 24865, <i>Demonstrate knowledge of the management of patients with acute paediatric conditions in an ambulance context</i>;</p> <p>Unit 24866, <i>Demonstrate knowledge of the management of patients with acute geriatric conditions in an ambulance context</i>;</p> <p>Unit 24867, <i>Demonstrate knowledge of environmental conditions and their effects on patients in an ambulance context</i>;</p> <p>Unit 24868, <i>Demonstrate knowledge of the management of patients with acute mental illness in an ambulance context</i>;</p> <p>Unit 24870, <i>Demonstrate knowledge of pharmacology in an ambulance context</i>;</p> <p>Unit 29325, <i>Adapt strategies to manage complex emergency situations arising in an emergency care first response context</i>;</p> <p>Unit 29415, <i>Demonstrate knowledge of management of</i></p> |
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| | <p><i>patients with acute respiratory & cardiovascular symptoms in an ambulance context;</i></p> <p>Unit 29416, <i>Demonstrate knowledge of the management of patients with acute neurological presentations in an ambulance context;</i></p> <p>Unit 29417, <i>Demonstrate knowledge of the management of patients with acute abdominal symptoms in an ambulance context;</i> and</p> <p>Unit 29418, <i>Demonstrate knowledge of processes to support patient safety and comply with legislation in an ambulance context;</i> or demonstrate equivalent knowledge and skills.</p> |
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Guidance Information

1 Definitions

Ambulance context – situations where emergency care is delivered in a variety of out-of-hospital environments. Out-of-hospital environments refer to any situation in which people require medical assistance outside of a controlled medical environment, such as a medical centre. These out-of-hospital environments include situations both in and away from an ambulance vehicle. For the purposes of this unit standard, the ambulance context also enfoldes the interaction of handover or referral to another healthcare provider.

Best practice – for the purposes of this standard, a clinical technique or methodology that has proven to be most effective at delivering a desired outcome and is actively promoted across the ambulance and/or emergency care sector.

Clinical procedures and guidelines – the written procedures particular to each ambulance service and endorsed by Ambulance New Zealand.

Common conditions – include but are not limited to those commonly encountered in an ambulance context.

Differential diagnosis – the process of weighing the probability of one condition versus that of other conditions possibly being experienced by a patient.

Emergency service personnel – such as Police, Fire, and/or Civil Defence services.

Incident – includes but not limited to events that ambulance attend, respond to, or find, that require intervention from the personnel attending.

METHANE report – a structured situation report used in the management of major incidents and its description and use is mandated in the Ambulance National Major Incident Plan (AMPLANZ).

Reflective practice – an honest and systematic self-analysis of the candidate's performance during an incident, either in the workplace or in simulation.

Standing orders – written instructions issued by a medical practitioner that authorise individuals engaged in the delivery of health services to supply and administer certain medicines without a prescription in circumstances specified in the instruction.

2 References

Children, Young Persons, and Their Families (Vulnerable Children) Amendment Act 2014;

Crimes Act 1961;

Hazardous Substances and New Organisms Act 1996;

Health (Retention of Health Information) Regulations 1996;

Health and Disability Commissioner Act 1994;

Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996;
 Health Information Privacy Code 1994;
 Health Practitioners Competence Assurance Act 2003;
 Health and Safety at Work Act 2015 and relevant related regulations;
 Human Rights Act 1993;
 Medicines Act 1981;
 Medicines Regulations 1984;
 Mental Health (Compulsory Assessment and Treatment) Act 1992;
 Misuse of Drugs Act 1975;
 Misuse of Drugs Regulations 1977;
 Official Information Act 1982;
 Oranga Tamariki Act 1989;
 Privacy Act 1993;
 Te Tiriti o Waitangi/Treaty of Waitangi;
 and all subsequent amendments and replacements.

3 Range

Performance in relation to the outcomes in this unit standard is to comply with current clinical procedures and guidelines and/or standing orders and/or current best practice and be appropriate for the patient's condition.

Evidence used for assessment against this unit standard must meet the following requirements:

- a experiences – minimum of 12 patient contacts with a range of presentations
- b evidence – at least three different types of evidence from the following: interviews, simulations, objective structured clinical examination (OSCE), observed on-road time, discussions, reflective logs, case studies.

Outcomes and performance criteria

Outcome 1

Manage incidents in an ambulance context.

Range ambulance vehicle and/or non-ambulance vehicle events.

Performance criteria

- 1.1 Identify hazards and manage risks at incidents to reduce danger to self, patients, or other people present.
- 1.2 Assess information about the incidents and plan and implement approaches.
 - Range may include but is not limited to – parking of vehicle, type of incident, number of patients, triage, additional assistance required, changing dynamics of incident scenes, egress.
- 1.3 Establish and maintain communication with other emergency service personnel at incidents.
- 1.4 Compile and communicate a METHANE report in accordance with AMPLANZ requirements.

Outcome 2

Assess patients and develop management plans in an ambulance context.

Performance criteria

- 2.1 Assess patients appropriately to form differential diagnoses and to formulate clinical impressions in a culturally safe manner.
- 2.2 Describe options for managing patients.
- Range includes but is not limited to – treatment, transport, positioning, assistance, alternative care pathways.
- 2.3 Describe risks and benefits of the management options.
- 2.4 Develop management plans appropriate to patients' conditions in a culturally safe manner and according to current clinical procedures and guidelines.

Outcome 3

Implement management plans in an ambulance context.

Performance criteria

- 3.1 Initiate the appropriate management plans for the patients in a culturally safe manner.
- Range includes but is not limited to – general management, specific therapy to treat the patient's condition.
- 3.2 Monitor the effectiveness of the management plan continually and identify and describe any changes in the condition of the patients.
- 3.3 Implement changes to management plans as required.

Outcome 4

Complete patient care in an ambulance context.

Performance criteria

- 4.1 Complete patient handover and communicate information on patient condition and management to the receiver.
- Range may include but is not limited to – colleague, other healthcare provider, caregiver, parent, whanau.
- 4.2 Apply knowledge of appropriate patient record keeping and documentation procedures in accordance with relevant privacy, confidentiality, and reporting requirements.

4.3 Prepare ambulance and/or equipment for next call.

Outcome 5

Communicate effectively with patients and other parties in an ambulance context.

Performance criteria

5.1 Use communication techniques that are appropriate to the situation and take account of the needs and emotional states of patients and other parties.

Range techniques include but are not limited to – building rapport, open and closed questions, leading questions, active and passive listening, body language, de-escalation strategies.
Emotional states include but are not limited to – grief, stress.

5.2 Demonstrate appropriate communication for cultural context in terms of language, forms of address, and protocol in an ambulance context.

5.3 Demonstrate appropriate communication to manage situations with factors affecting performance in an ambulance context.

Range may include but is not limited to – fixation, preoccupation, ambiguous situations, complacency, distraction, confusion, conflicting information, mental overload, lack of overview, deviation from standard operating procedures, fatigue.

Outcome 6

Demonstrate reflective practice using evidence from own involvement in an ambulance context.

Performance criteria

6.1 Rationales provided for particular patient care strategies used are in accordance with the patient condition in an ambulance context.

6.2 Identify any problems arising in the implementation of patient care strategies and describe new strategies selected to overcome these problems.

6.3 Analyse own performance to identify effective strategies and less effective strategies and describe the outcomes in an ambulance context.

Range patient care strategies, personal responses.

6.4 Participate in precepting activities used in an ambulance context to identify effective practice and less effective practice.

6.5 Describe areas for own further skill and knowledge development.

Outcome 7

Demonstrate effective teamwork in an ambulance context.

Range may include but is not limited to – physical tasks, emergency situations; evidence is required for two situations – one situation involving one other crew member, one situation involving several crew members.

Performance criteria

7.1 Efficiently and effectively carry out tasks involving more than one crew member in accordance with organisational procedures.

7.2 Undertake an evaluation of the team work to check that communication and decision-making has occurred in accordance with organisational procedures.

Range may include but is not limited to – self-evaluation, peer evaluation, line check evaluation.

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| Planned review date | 31 December 2021 |
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Status information and last date for assessment for superseded versions

| Process | Version | Date | Last Date for Assessment |
|--------------|---------|----------------|--------------------------|
| Registration | 1 | 22 August 2008 | 31 December 2019 |
| Review | 2 | 5 May 2016 | N/A |
| Revision | 3 | 25 July 2019 | N/A |

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| Consent and Moderation Requirements (CMR) reference | 0121 |
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact The Skills Organisation reviewcomments@skills.org.nz if you wish to suggest changes to the content of this unit standard.