

Australian Paramedic Students' Reports of Clinical Placement Experiences: Implications on Student Experience, Quality Standards & Program Accreditation



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Introduction:

Industry placements are an essential requirement of undergraduate paramedicine degree programs in Australia. Apha professional capabilities of registered paramedics stipulates that paramedics must participate in the teaching and supervision of undergraduate students when they are on a clinical placement. Additionally, universities and paramedic placement providers are required to participate in providing 360-degree feedback as part of ongoing quality assurance.

Aims:

The aim of this study was to explore individual and collective student experiences of their clinical placement time with a Jurisdictional Ambulance Service (JAS).

Methods:

Two cohorts of undergraduate paramedic students were surveyed upon completion of their second (n= 71) or third year (n= 54) clinical placement regarding their perceptions about and experiences on placement.

Results:

Students' comments on their experiences were consolidated into four themes: staffing and supervisor challenges, clinical challenges, occupational hazards and balancing competing demands. Notable subthemes included financial hardship/ placement poverty and the quality and closeness support provided by supervisors. By way of examples, students in both cohorts (39% and 45%) reported treating a patient unsupervised. Also, many students (61% and 73%) attended a case where they felt overwhelmed but supported by their clinical supervisors.

Discussion:

We assume that students look forward to attending clinical placement and experiencing what it's really like to be a paramedic, however, at times student expectations and experiences are vastly different. This study raises some matters of positive disruption; that is, challenges we need to tackle if we are to evolve as a profession. For example, it is concerning that some students report being left in charge of patients unsupervised. Yet we must acknowledge that scaffolded clinical supervision, and gradually decreasing oversight of students may be possible if preceded by rigorous screening and risk stratification. Models of progressively decrementing clinical supervision are already used in allied health professions and medical training ^[1], and may be appropriate for adoption in paramedicine.

We are similarly challenged by themes of financial and emotional impacts of clinical placements in student responses. Placement poverty is a substantive concern across many areas of higher education ^[2], however, paramedicine students at this time remain excluded from government subsidy. Paramedicine students typically have limited choice regarding placement location or duration, and no say in the allocation of shifts or rosters. Most students try to maintain some

"It's exhausting if your mentors expect you to run every job back-to-back..... Students can't do every job, every day for over a month."

Learning how to explain what was wrong to patients....
"Treating people that scared me"



THEMES
Staffing / supervisor challenges
Clinical challenges
Balancing competing demands
Occupational hazards

"Being with a single officer on a Saturday night shift."

"Studying, alongside placement, and trying to keep up with the workload, whilst trying to be 100% present for placement."

outside employment during placements, but this is not always possible. Students who are able to maintain employment may be affected by unsustainable fatigue compromising their placement performance. Further, students who are required to undertake placement remote from their place of abode have ongoing financial commitments as well as the costs of travel and accommodation during placement.

Conclusion:

We encourage universities and jurisdictional ambulance services to consider this feedback in planning future placements.

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References:

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