Queensland University of Technology
Brisbane Australia

This is the author's version of a work that was submitted/accepted for publication in the following source:

Rolley, Adam & Bartle, Emma
(2014)
A reflective practice model for paramedic students to self-direct their learning during ambulance clinical placements. In
16th Ottawa Conference on the Assessment of Competence in Medicine and the Healthcare Professions, 25-29 April 2014, Ottawa, ON Canada.

This file was downloaded from: https://eprints.qut.edu.au/110089/

© 2014 The Authors and The Publisher (if applicable)

This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.

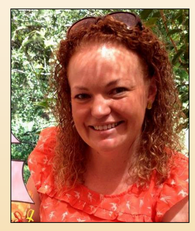
License: Creative Commons: Attribution-Noncommercial-Share Alike 4.0

Notice: *Changes introduced as a result of publishing processes such as copy-editing and formatting may not be reflected in this document. For a definitive version of this work, please refer to the published source:*

https://www.eposters.net/poster/a-reflective-practice-model-for-paramedic-students-to-self-direct-their-learning-during-ambulance

A reflective practice model for paramedic students to self-direct their learning during ambulance clinical placements

Adam Rolley, Emma Bartle
School of Medicine, The University of Queensland, Brisbane, Australia



INTRODUCTION:

Since 1997 paramedic education in Australia has gradually transitioned from a vocational post-employment model, to a pre-employment tertiary model. Currently 15 universities offer entry-level degree programs. Great variation exists in the clinical placement models used, increasing pressure on preceptors to assist students to achieve each institutions' requirements.

Anecdotal evidence suggests the student to patient exposure on placements is highly variable. Compounding this, students have differing learning needs on placement. Requiring students to direct their own learning enables them to tailor and maximise their placement experience.

A new reflective practice model for ambulance clinical placements was piloted with year two UQ paramedic students. This study explored the ability of students to self-direct and measure their learning using this approach.

THE INTERVENTION:

Students attended a pre-clinical placement workshop and completed an online tutorial, during which they were guided through the process of developing a learning plan utilising a structured framework (figure 1).

Prior to the placement, students set learning goals based on their capability assessment and course requirements. At the end of the placement they collated evidence into a portfolio demonstrating how each goal had been met.

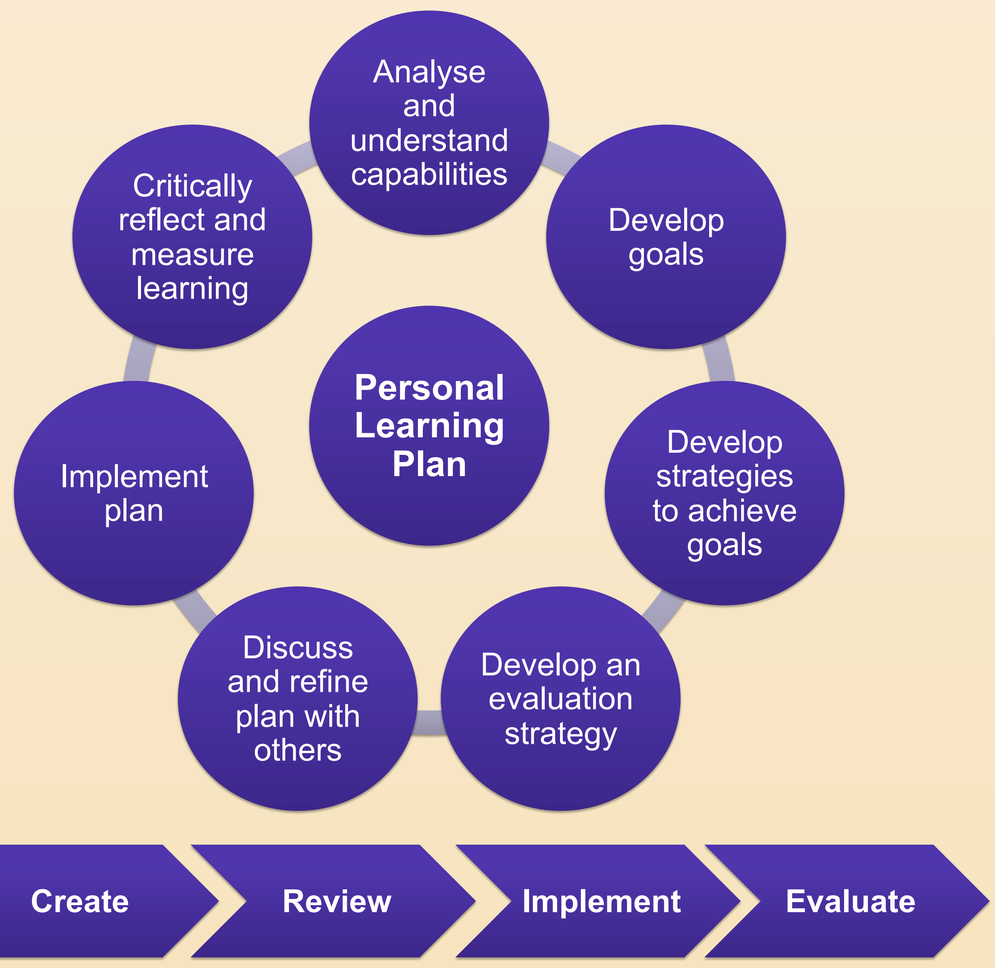


Figure 1: Personal learning plan framework

The UQ Bachelor of Paramedic Science Program

- Three year undergraduate degree program.
- Program commenced in 2012.
- Annual intake of 100-130 students (majority school leavers).
- Utilises a spiral, student-centred curriculum with courses covering biological sciences, paramedic practice, clinical management, procedural skills, evidence-based medicine and public health.
- Students complete four clinical placements (18 weeks total).
- Graduates eligible for employment with an Australian or New Zealand ambulance service as a graduate paramedic.

SUMMARY OF WORK:

- 28 students (93.3%) consented to having their learning plans analysed to establish:
  - the range of learning goals set by students; and
  - strategies utilised to achieve each goal.
- Self-regulated learning theory was used as the theoretical framework for coding.

SUMMARY OF RESULTS:

- A total of 212 learning goals from the participant group, with an average of 8 (range 3 – 12) per student.
- All goals were mapped against Bloom's Taxonomy: knowledge 15.6%; comprehension 5.7%; application 54.7%; analysis 4.7%; synthesis 4.7%; evaluation 14.6%.
- Goals were categorised into 26 themes (figure 2): procedural skills, medical knowledge, communication skills and critical reflection occurred most frequently.

Figure 2: Tag cloud indicating relative occurrence of themes

- A total of 19 different learning strategies were reported.
- The most common strategies were critical reflection, work-based assessments, supervisor feedback, reviewing learning resources and industry experience.
- Students' portfolios contained up to 22.8% more evidence supporting achievement of goals than they specifically recognised.
- Students most often failed to recognise supervisor feedback, industry experience, critical reflection and work-based assessments as types of evidence.

PRACTICE POINTS:

- Personal learning plans allow students to address specific areas of need within their clinical practice by providing a framework that assists them to direct their own learning.
- Students need scaffolding to recognise and understand what evidence is available in the clinical environment to measure learning. This should be embedded into the curriculum prior to their clinical placements.

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Further information
Adam Rolley, a.rolley1@uq.edu.au
School of Medicine, 288 Herston Road,
Herston, Brisbane, Australia, 4006