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PROFESSIONAL

Dip(ping) into Foreign Waters: Irish Paramedics' Royal College Experience.

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Abstract

The Diploma in Immediate Medical Care (Dip IMC) awarded by the Royal College of Surgeons of Edinburgh (RCSEd) is an internationally recognised award specifically aimed at the area of pre-hospital emergency medical care. The study syllabus is based on phase 1 of the UK Pre-Hospital Emergency Medicine curriculum. Award examinations are inter-professional with a set standard regardless of candidates' clinical level or back-round. The Dip IMC has a reputation for being difficult to pass and, equally, for attracting medical professionals of the highest standard at all grades.

To date in Ireland, it has mostly been doctors specialising in emergency medicine that have attempted the award. With the introduction of advanced paramedic practice, the range of practitioners eligible to attempt it has increased. At the time of writing, three Irish advanced paramedics have successfully achieved the award.

While it is a difficult award to achieve, and much content is outside current Irish paramedic scope of practice, a motivated, well prepared advanced paramedic can be successful. This article outlines the processes and preparations that two such paramedics followed to successfully achieve the Dip IMC RCSEd.

Keywords: *Dip IMC; education; paramedic; pre-hospital; RCSEd*

Introduction

The last fifteen years has seen a generational change in Irish pre-hospital emergency care. There is now an emerging paramedic profession with national accreditation, clinical progression, professional development and most importantly, delivery of internationally accepted (and expected) advanced interventions pre-hospital. In 2015, the authors, both advanced paramedics that had completed various academic and clinical professional development courses, considered what direction to go in next. They sought a course that would challenge them as practitioners but also be professionally credible. After much researching, one course seemed to demand equal levels of respect and fear from previous participants, as a pre-hospital qualification across both medical and paramedic professions, the Diploma in Immediate Medical Care (Dip IMC) awarded by the Royal College of Surgeons in Edinburgh (RCSEd)

The Dip IMC is awarded by the RCSEd through the Faculty of Pre-Hospital Care (FPHC). It is an internationally recognised, prestigious award specifically aimed at the area of pre-hospital emergency medical care. It is open to doctors, nurses, paramedics, military medics and other practitioners that demonstrate they meet the entry criteria. Award examinations are inter-professional with a set standard regardless of a candidates' clinical level or back-round. Average failure rates are between 15-20 per cent.

Application

Potential candidates must first be approved by a FPHC regional advisor before applying to sit an examination (diet). This involves submitting a detailed CV specifying academic and professional qualifications among other criteria. Emphasis is placed on the amount of actual pre-hospital emergency care experience the candidate has and that they can practice to Level 5 or above in the UK Skills for Health Career Framework for Health.(1) The syllabus for the DipIMC is based on phase 1 of the UK Pre-Hospital Emergency Medicine (PHEM) curriculum.(2) This is a broad syllabus covering a vast range of legal, managerial, medical theory, pharmacological and clinical skills. The FPHC provides a recommended reading list, however study for a diet is entirely self-directed by candidates.

Preparation

Once approved, the authors applied for a diet and study began in earnest. The first challenge was to design a study schedule over a nine-month period that would cover enough topics and progressively build up to the exam dates, all without any guidance or detailed information as to exam content or scope. It was exceedingly difficult to source past exam questions, sample papers or any definitive context as to the level of difficulty expected in the exams. Indeed, speaking to past candidates about exams elicited responses ranging from "It would be no problem at all" to involuntary shudders at the thoughts of repeating a traumatic ordeal! The

self-directed study proved to be one of the biggest challenges of the Dip IMC. While distance learning was not an issue, not having a framework to judge progress against meant there was a huge level of uncertainty about whether enough topics were covered, level of detail was sufficient or preparation enough.

The study process proved equally rewarding and frustrating at various times throughout. The authors quickly realised one text was not authoritative or sufficient to address the scope of knowledge needed to pass the exam. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical practice guidelines provided the basis for clinical pathways to be learned.(3) CPG:CPD was a useful online tool by which to self-examine against the JRCALC guidelines and assess knowledge.(4) A wide variety of texts (e.g. Oxford Handbook of Pre-Hospital Care), guidelines (UK Resuscitation Council, British Thoracic Society, National Institute for Health and Care Excellence [NICE], etc.), journals (British Medical Journal, Emergency Medicine Journal, etc.) and databases were cross referenced for information on each area studied.

Clinical skills and medications outside Irish paramedic scope of practice at the time had to be thoroughly studied also, including but not limited to Rapid Sequence Induction, surgical cricothyroidotomy, central venous access, nerve blocks, shoulder dislocation reductions, anaesthetic medications, ketamine, chlorphenamine, dexamethasone and others. Theoretical and practical competency in these skills was necessary as any could equally have been part of a written paper or Objective Structured Practical Exam (OSPE). In the month prior to sitting the diet several days were added to the schedule of constant reading and referencing to practice simulated OSPEs under exam conditions.

The Exam

Examinations take place over two days. To be awarded the Dip IMC candidates must pass both days' exams independently. The FPHC does not publish a minimum pass mark and actual pass marks vary for each diet depending on the difficulty and weighting of questions set. In January 2016, the first day consisted of two written papers. The combined score for both papers was taken as the overall score for this day. The first paper was 2 ½ hours duration with 140 questions to be answered. These were a combination of single best answer type and extending matching answer type questions. The second exam was a projected material paper of 30 minutes' duration. Images are projected as a slideshow for 90 seconds each before changing. Candidates must answer 40 questions relating to the projected images. Half were 12 lead ECGs while the remainder were a mixture of injuries, equipment, medications, etc.

The second day consists of 14 OSPEs. Twelve each of seven minutes' duration and two extended each lasting 16 minutes. The extended OSPEs covered multi-system trauma and resuscitation scenarios. There is a break of one minute between each OSPE to read the briefing and prepare for the next station. OSPE's can consist of any clinical procedure or scenario within the PHEM curriculum. Many stations have a live patient with moulage and some have paramedics or technicians to assist. The cumulative score from all OSPEs is considered as the final score for the second day.

Finally, the day arrived to sit the examinations in Edinburgh, and standing before the impressive façade of the Royal College there was an equal mixture of preparedness and of uncertainty as to what lay ahead. In the first written paper, careful reading of both questions and answer options was required, as nuances as to what was being asked were quite subtle and most answers on the initial reading seemed equally right. The projected material paper increased the pressure, as the time constraints with slide changes made for a high-pressure thirty minutes taking information from the screen, interpreting options and answering multiple questions simultaneously.

Day two consisted of OSPEs which turned out to be a whirlwind of scenarios, brief rests to recompose and gather information before further scenarios. This was a very fast paced day, and with only one minute between stations it was critically important to put the previous performance out of one's mind and focus on what was being tested in the next station. Adding to this, a seemingly random mixture of stations covering a large scope of pre-hospital scenarios, and assessors that were resolutely neutral in offering clarifications or interactions, meant it was very difficult to have any sense of how well a candidate was performing. At the end of the two days, the exam process left the authors with a conflicting impression of how they had performed. There was confidence that parts had been done well and apprehension as mistakes and omissions in other areas reduced the possibility of a pass. Overall, it was impossible to feel confident about achieving a pass. All that remained was the wait for results.

Challenges

Sitting the Dip IMC was a challenging, and at times frustrating process, not without stress or difficulties. The usual pressures of studying for a third level award while working full time and balancing professional and personal life applied throughout. Attempting to adapt Irish practice to United Kingdom pre-hospital care practice, guidelines and medications was a significant challenge. A constant difficulty was the lack of information about the examination itself. Lack of past papers, sample questions or a guide to areas of study of greatest importance meant very little structure was easily accessible. Study had to be carefully planned to ensure cover of a sufficient range of areas of what is a broad curriculum. This made it very difficult to judge whether sufficient weight was given to specific areas and if an adequate depth of knowledge had been achieved. The result was sitting the diet extremely well prepared but unsure as to whether all the preparation was in the appropriate areas

required.

Conclusion

The Dip IMC is a prestigious internationally recognised award. It has a reputation for being difficult to pass and, equally, for attracting medical professionals of the highest standard at all grades. To date, in Ireland, it has mostly been doctors specialising in emergency medicine that have attempted it. Having passed the Dip IMC there are, at time of writing, three Irish Advanced Paramedics that have successfully achieved the award.

While it is a difficult award to achieve, and much content is outside current Irish paramedic scope of practice, a well-motivated and prepared Advanced Paramedic can be successful. The process has broadened and deepened the authors' core knowledge and expanded their clinical skills, which have directly influenced their professional and clinical practice. However, undoubtedly the most satisfying aspect of being awarded the Dip IMC RCSEd is demonstrating that Irish paramedics have a standard of training and experience that is the equal of other countries and that they can perform to the highest standards of their peers internationally.

Author contributions

KK and SOR were joint principal authors of the manuscript, and both contributed to the final editing.

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