



Sample Clinician

Paramedic (Advanced Practitioner)

Registration: PA000000 | United Kingdom | Demonstration account

Reporting Period	01 Jan 2026 to 31 Mar 2026
Date of Export	31 March 2026
Export Reference	CAC-2026-MP-SAMPLE
Export Type	Main Portfolio Export: Full Clinical Data with Analytics

12

Clinical Logs

50:30

CPD Hours

1

Audits

2

Reflections

11

Practice Breadth

This Main Portfolio Export provides a comprehensive record of clinical activity, CPD engagement, reflective practice, and audit cycles for the reporting period. It includes rich analytics summarising practice breadth, acuity, and development patterns. No KSF mapping or regulatory revalidation frameworks are included in this export. See the Appraisal or Revalidation exports for those.

Export Contents

1	Cover / Profile
2	Activity Analytics Dashboard: summary stats, charts, and practice profile radar
3	Clinical Log Entries: List View
4	CPD Log Summary: List View
5	Audit & Quality Improvement
6	Reflective Practice

Sample export. This document was generated from a demonstration account using fictional data. It shows the layout and content of a Main Portfolio Export. It does not describe a real clinician or real patients.

Activity Analytics Dashboard

Most Frequent Presentation

General - Falls

2 of 12 logs

Top Intervention

**Safety Netting
Advice**

5 episodes

Most Administered Med

Paracetamol

3 episodes

Reflection Rate

17%

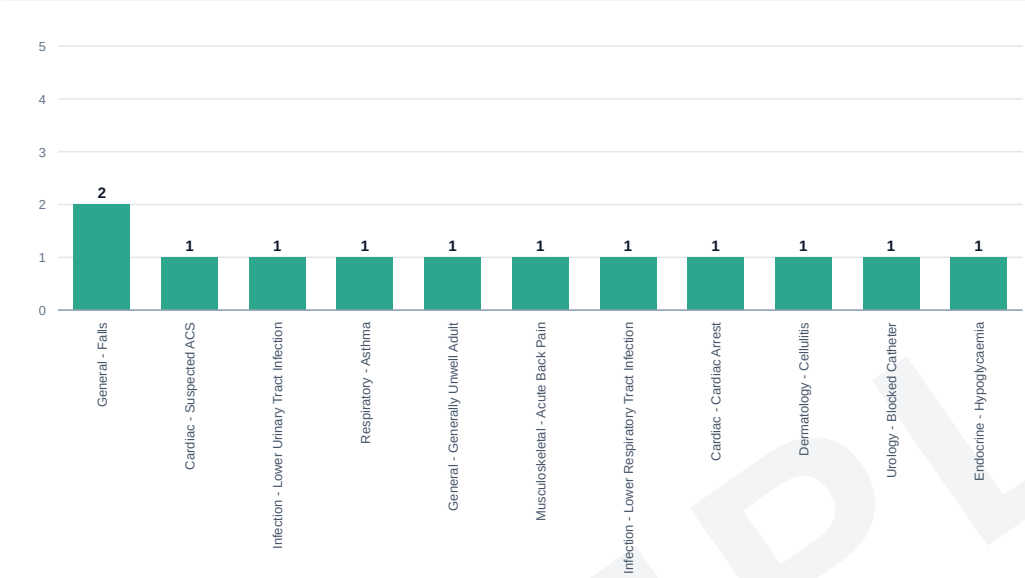
2 of 12 logs

Most Frequent Outcome

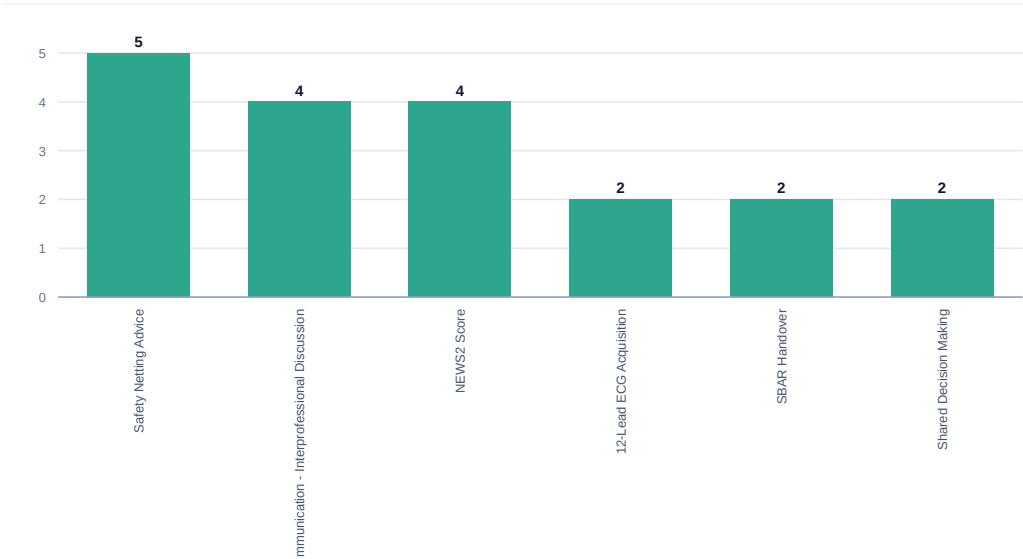
**Disposition -
Discharged with
Self Care Advice**

5 log(s)

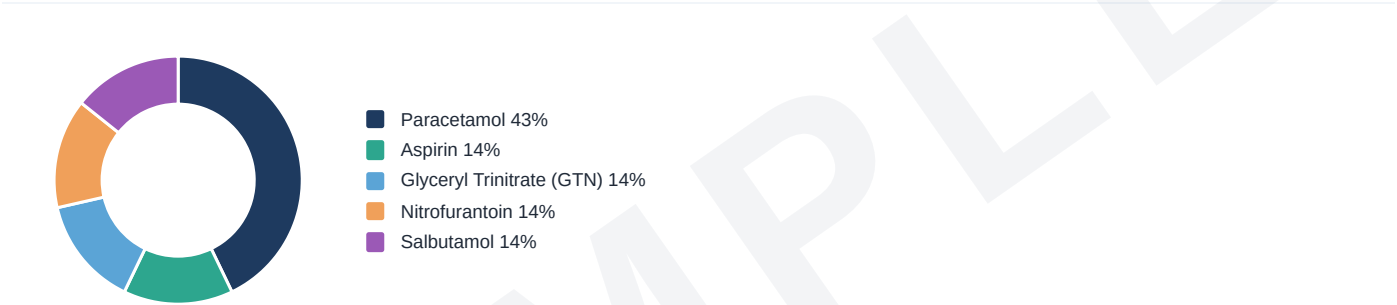
Presentations by Category



Top Interventions



Top Medications by Frequency



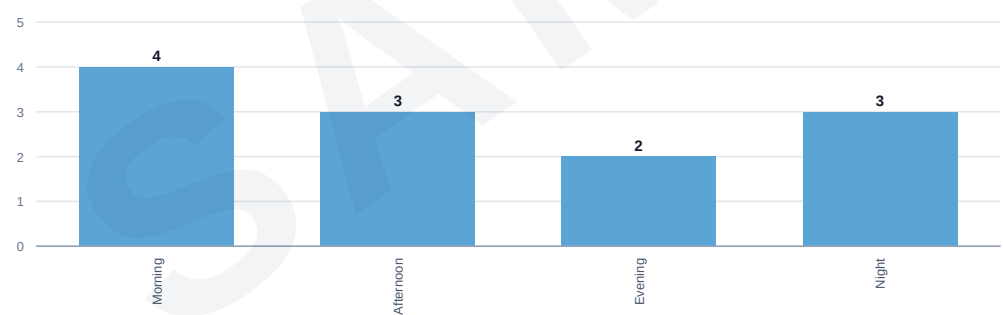
Outcome Distribution



Environment Distribution

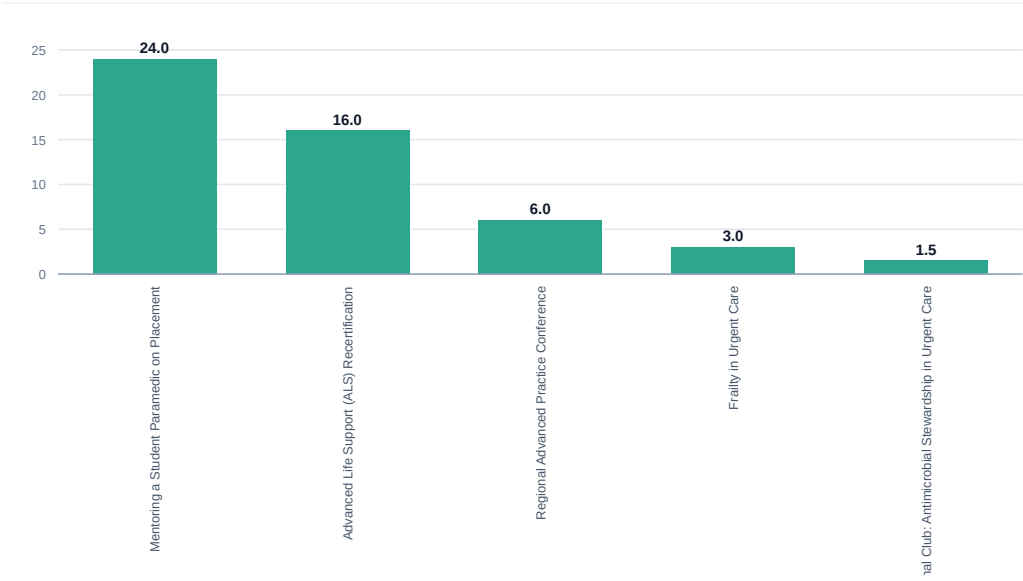


Activity by Time Band

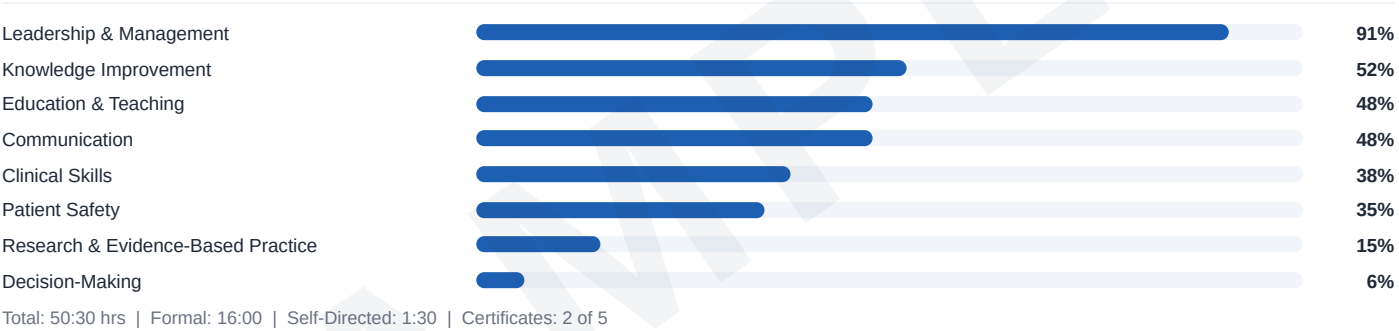


CPD & Reflection Analytics

CPD Hours by Activity



CPD Category Breakdown



Reflective Practice Analytics

17%

Reflection Rate
2 of 12 logs

2

Total Reflections

Driscoll's Model

Most Used Model

Clinical Log Entries (List View)

January/1

06 Jan 2026 | Morning (06:00 to 11:59)

Environment	Call - Emergency	Age Range	70-89
Presentation	Cardiac - Suspected ACS		
Outcome	Disposition - Transported to A+E		

Interventions: 12-Lead ECG Acquisition, 12-Lead ECG Interpretation, Cardiac Assessment, Intravenous Access (Peripheral), SBAR Handover

Medications:

Aspirin - Type: administered, Dose: 300mg, Route: Oral (PO)
Glyceryl Trinitrate (GTN) - Type: administered, Dose: 400mcg, Route: Sublingual (SL)

Comments: Pre-alert to receiving ED, handover completed at triage

January/2

11 Jan 2026 | Afternoon (12:00 to 16:59)

Environment	Remote Consultation (Telephone/Video)	Age Range	70-89
Presentation	General - Falls		
Outcome	Ambulance Requested - Green Response		

Interventions: Remote Assessment, Communication - Interprofessional Discussion, Shared Decision Making

Reflection: Driscoll's Model

January/3

18 Jan 2026 | Evening (17:00 to 21:59)

Environment	Out-of-Hours	Age Range	30-54
Presentation	Infection - Lower Urinary Tract Infection		
Outcome	Disposition - Discharged with Self Care Advice		

Interventions: Abdominal Assessment, Urinalysis, NEWS2 Score, Safety Netting Advice

Medications:

Paracetamol - Type: administered, Dose: 1g, Route: Oral (PO)
Nitrofurantoin - Type: prescribed, Dose: 100mg, Route: Oral (PO), Frequency: BD, Duration: 3 days

January/4

24 Jan 2026 | Night (22:00 to 05:59)

Environment	Call - Emergency	Age Range	18-29
Presentation	Respiratory - Asthma		
Outcome	Disposition - Transported to A+E		

Interventions: Respiratory Assessment, Peak Flow Measurement, Nebulisation, NEWS2 Score, SBAR Handover

Medications:

Salbutamol - Type: administered, Dose: 5mg, Route: Nebulised (NEB)
Ipratropium Bromide - Type: administered, Dose: 500mcg, Route: Nebulised (NEB)
Prednisolone - Type: administered, Dose: 40mg, Route: Oral (PO)

Clinical Log Entries (List View)

February/1

03 Feb 2026 | Morning (06:00 to 11:59)

Environment	Call - Emergency	Age Range	90+
Presentation	General - Generally Unwell Adult		
Outcome	Disposition - Referred Destination: Hospital at Home		

Interventions: Frailty Assessment (Clinical Frailty Scale), NEWS2 Score, Capacity Assessment, Communication - Interprofessional Discussion, Family Discussion

February/2

07 Feb 2026 | Afternoon (12:00 to 16:59)

Environment	Call - Urgent	Age Range	55-69
Presentation	Musculoskeletal - Acute Back Pain		
Outcome	Disposition - Discharged with Self Care Advice		

Interventions: Neurological Assessment, Red Flag Screening, Musculoskeletal Assessment, Safety Netting Advice

Medications:

Paracetamol - Type: administered, Dose: 1g, Route: Oral (PO)
Naproxen - Type: prescribed, Dose: 500mg, Route: Oral (PO), Frequency: BD, Duration: 5 days
Omeprazole - Type: prescribed, Dose: 20mg, Route: Oral (PO), Frequency: OD, Duration: 5 days

February/3

12 Feb 2026 | Evening (17:00 to 21:59)

Environment	Care Home Assessment	Age Range	70-89
Presentation	Infection - Lower Respiratory Tract Infection		
Outcome	Disposition - Referred Destination: GP / Primary Care		

Interventions: Respiratory Assessment, NEWS2 Score, Anticipatory Care Plan Review, Communication - Interprofessional Discussion

Medications:

Paracetamol - Type: administered, Dose: 1g, Route: Oral (PO)
Amoxicillin - Type: prescribed, Dose: 500mg, Route: Oral (PO), Frequency: TDS, Duration: 5 days

February/4

19 Feb 2026 | Night (22:00 to 05:59)

Environment	Call - Emergency	Age Range	55-69
Presentation	Cardiac - Cardiac Arrest		
Outcome	Clinical - ROSC + Transported To A&E		

Interventions: CPR, Defibrillation, Supraglottic Airway Insertion, Intraosseous Access, Post-ROSC Care, 12-Lead ECG Acquisition, Team Leadership

Medications:

Adrenaline - Type: administered, Dose: 1mg, Route: Intraosseous (IO)
Amiodarone - Type: administered, Dose: 300mg, Route: Intraosseous (IO)

Comments: Attended as 3RU. Hot debrief held with crew

Clinical Log Entries (List View)

March/1

02 Mar 2026 | Morning (06:00 to 11:59)

Environment	Remote Consultation (Telephone/Video)	Age Range	30-54
Presentation	Dermatology - Cellulitis		
Outcome	Disposition - Discharged with Self Care Advice		

Interventions: Video Consultation, Skin Assessment, Safety Netting Advice

Medications:

Flucloxacillin - Type: prescribed, Dose: 500mg, Route: Oral (PO), Frequency: QDS, Duration: 7 days

March/2

09 Mar 2026 | Afternoon (12:00 to 16:59)

Environment	Out-of-Hours	Age Range	70-89
Presentation	Urology - Blocked Catheter		
Outcome	Disposition - Discharged with Self Care Advice		

Interventions: Abdominal Assessment, Urinary Catheter Change, Safety Netting Advice

Comments: District nursing informed for follow-up

March/3

15 Mar 2026 | Morning (06:00 to 11:59)

Environment	Call - Emergency	Age Range	70-89
Presentation	General - Falls		
Outcome	Disposition - Referred Destination: Community Falls Team		

Interventions: Primary Survey, Musculoskeletal Assessment, Lying and Standing Blood Pressure, Shared Decision Making, Communication - Interprofessional Discussion

March/4

22 Mar 2026 | Night (22:00 to 05:59)

Environment	Call - Emergency	Age Range	30-54
Presentation	Endocrine - Hypoglycaemia		
Outcome	Disposition - Discharged with Self Care Advice		

Interventions: Blood Glucose Measurement, Airway Assessment, Intramuscular Injection, Safety Netting Advice

Medications:

Glucagon - Type: administered, Dose: 1mg, Route: Intramuscular (IM)

Reflection: Gibbs' Reflective Cycle

CPD Log Summary (List View)

Advanced Life Support (ALS) Recertification

14 Jan 2026 → 15 Jan 2026

Activity Type	Formal Education or Course	Hours	16.0
Categories	Clinical Skills, Patient Safety, Leadership & Management, Knowledge Improvement		

Key Learning: Recertified in advanced life support, with an update on the current resuscitation guidelines. Key learning included the emphasis on minimally interrupted chest compressions, early defibrillation, structured team communication and the use of waveform capnography to guide resuscitation and confirm airway placement.

Impact on Practice: I feel more confident leading resuscitation as the most senior clinician on scene. I now brief the team at the start of every arrest, allocate clear roles and use a structured pause at each rhythm check, which has improved the flow of recent resuscitation attempts.

Frailty in Urgent Care

05 Feb 2026 → 05 Feb 2026

Activity Type	E-Learning or Online Module	Hours	3.0
Categories	Clinical Skills, Decision-Making, Knowledge Improvement		

Key Learning: Covered the recognition of frailty using the Clinical Frailty Scale, atypical presentations of acute illness in older adults, and the role of community pathways such as Hospital at Home in avoiding unnecessary admission.

Impact on Practice: I now record a frailty score for older patients and consider community alternatives earlier in my decision-making, including direct referral to Hospital at Home where appropriate.

Journal Club: Antimicrobial Stewardship in Urgent Care

20 Feb 2026 → 20 Feb 2026

Activity Type	Reading or Self-Directed Learning	Hours	1.5
Categories	Research & Evidence-Based Practice, Patient Safety, Knowledge Improvement		

Key Learning: Reviewed recent evidence on antibiotic prescribing for common infections in urgent care, including delayed prescribing and the value of clear safety-netting advice.

Impact on Practice: I review each antibiotic prescription against local guidance and document my rationale. This fed directly into my audit on antimicrobial prescribing.

Mentoring a Student Paramedic on Placement

02 Mar 2026 → 27 Mar 2026

Activity Type	Teaching or Mentoring	Hours	24.0
Categories	Education & Teaching, Leadership & Management, Communication		

Key Learning: Supported a final-year student across a four-week placement, using structured feedback and case-based discussion after each shift.

Impact on Practice: Teaching has sharpened my own clinical reasoning, as I now explain decisions more explicitly. I have adopted a short structured debrief after challenging jobs.

Regional Advanced Practice Conference

28 Mar 2026 → 28 Mar 2026

Activity Type	Conference	Hours	6.0
Categories	Leadership & Management, Research & Evidence-Based Practice, Knowledge Improvement		

Key Learning: Sessions on the four pillars of advanced practice, remote consultation safety and developing advanced practice roles across urgent and primary care.

Impact on Practice: I have set personal goals across all four pillars for the coming year, including a quality improvement project on remote consultation documentation.

Reflective Practice

Reflection 1 of 2

Linked Log	January/2 Falls 11 Jan 2026
Reflection Type	Driscoll's Model
What?	I completed a remote telephone consultation with an older patient who had fallen at home. They were uninjured but could not get up without help, and an ambulance was requested with a green response.
So What?	Remote assessment of falls is difficult because physical examination is not possible and the history relies on the patient and those with them. I recognised that a long lie brings its own risks, including pressure injury and dehydration, even when there is no obvious injury.
Now What?	I will use a structured remote falls screen for every call of this type, ask specifically about time on the floor, and escalate earlier when a patient cannot get up independently. I will also consider referral to community falls services as part of the plan.

Reflection 2 of 2

Linked Log	March/4 Hypoglycaemia 22 Mar 2026
Reflection Type	Gibbs' Reflective Cycle
Description	I attended a patient with insulin-treated diabetes who was drowsy with a low blood glucose. Oral glucose was not safe, so I gave intramuscular glucagon. The patient recovered fully, ate a meal and was left at home with a responsible adult.
Feelings	I felt confident with the immediate treatment but less certain about the decision to leave the patient at home, particularly as it was late at night.
Evaluation	The treatment was effective and followed guidance. The decision to discharge was well supported: a full recovery, a clear cause, a responsible adult present and a documented plan.
Analysis	Non-conveyance after hypoglycaemia is safe when specific criteria are met. Being explicit about those criteria, and recording each one, makes the decision defensible and supports the patient's own understanding of the plan.
Conclusion	The episode reinforced that good documentation of the decision is as important as the clinical treatment itself.
Action Plan	I will use a structured checklist when considering non-conveyance after hypoglycaemia and make sure a referral is made to the diabetes team when an episode needs glucagon.

Section 5: Audit & Quality Improvement

Audit Title	Status	Date	Description	Stages	Outcome
Antimicrobial Stewardship	Completed	20 Feb 2026	Antibiotic prescribing against local guidance	Stage 4 of 4 100% Complete	10/10 prescriptions compliant on re-audit (7/10 at baseline)

SAMPLE

Section 7: Governance & Revalidation Alignment

- ✓ Contemporaneous documentation of clinical activity
- ✓ Evidence of reflective practice and learning
- ✓ Recorded CPD hours demonstrating professional development
- ✓ Structured audit trail supporting appraisal and revalidation
- ✓ Alignment with regulatory and organisational governance standards

Section 8: Clinician Declaration

I confirm that this portfolio accurately represents my clinical practice, learning, and professional development for the stated period. All entries are my own contemporaneous records. No patient-identifiable information has been included.

Clinician Name:	Sample Clinician
Date:	31 March 2026
Signature:	