

## CGP136

# Clinical Education Policy

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## 1. POLICY INTRODUCTION

The process that is outlined by the EMS Education Development Policy must be followed in order for all NA EMS Education, which is over four hours, to be approved and delivered. If the EMS Education Development policy is not followed, then the education will not be approved for delivery within the NA.

The purpose of this policy is to support the delivery of quality EMS education by means of a standardized development process for EMS education development.

## 2. SCOPE

This policy is applicable to all NA internal education providers who are involved with the development and delivery of Emergency Medical Services - EMS education.

## 3. ROLES AND RESPONSIBILITIES

### Program Medical Director

The qualified physician responsible for medical oversight of the program, thus reviewing and approving the curriculum; monitoring, either directly or indirectly, the quality of instruction; and ensuring terminal competency through monitoring, testing, and program evaluation.

### Clinical Education Manager / EMS Education Manager/ Program Director

Overall responsibility for the program. The program director is accountable to the institutional administrators, national health authorities, accreditation bodies, and students. The program director is ultimately responsible for getting the program approved (authorized) by the institution, the health authority, and the accreditation body, when necessary. The program director is responsible for securing the facility, equipment, supplies, instructors, clinical and field training sites, and funding. The program director is also responsible for selecting and evaluating faculty, ensuring the quality of the instruction, and complying with all regulatory and accreditation standards.

### Primary (lead) instructor

A person who possesses the appropriate academic or healthcare credentials, an understanding of the principles and theories of education, and the required teaching experience necessary to provide quality instruction to students. This instructor is often identified as the lead instructor.

### Secondary instructor

A person who possesses the appropriate academic or healthcare credentials and an understanding of the principles and theories of education, and who may have limited teaching experience or a limited teaching role within the program. Secondary instructors are responsible for assisting primary instructors and providing instruction to students. In some situations, they may be responsible for lab sessions in which students practice psychomotor skills. Secondary instructors may even conduct classes on specific topics within their realm of expertise. The teaching skills that secondary instructors possess determine their specific responsibilities within the classroom. In some programs the faculty member in this role is defined as an adjunct or contract instructor.

### Program (course) coordinator

The educator responsible for all program logistics, such as scheduling facilities, ensuring ready and properly staged equipment, ensuring adequate available supplies, scheduling secondary instructors, and seeing that all other routine functions of the program operate smoothly. In many programs, these responsibilities fall within the responsibility of the program director.

### **Lecturer**

A content expert who presents didactic instruction in traditional instructional settings.

### **Practical lab instructor**

An expert field and hospital practitioner—for example, an experienced paramedic, nurse, or other health professional—who teaches in laboratory settings, most often in psychomotor skills labs and practical scenarios.

### **Clinical coordinator**

The person who schedules and tracks hospital and other clinical training rotations, communicates with clinical programs, and monitors student clinical progress.

### **Field coordinator**

The person who schedules and tracks field EMS rotations, communicates with field clinical programs, and monitors student field clinical progress. In many programs, clinical and field coordinating is performed by the same person.

### **Simulation coordinator**

The person who assists in coordination of simulation opportunities for students. The individual who navigates the technology during the simulation exercise

### **Preceptor (field training officer)**

Practicing paramedics or other health professionals who teach EMS students in the hospital or field clinical setting by (1) demonstrating clinical procedures, (2) coaching the performance of clinical procedures through increasing stages of competency, (3) assessing clinical performance, and (4) assisting with determining or recommending terminal competency.

### **License operative staff**

Must read and understand the Policy and maintain the required learning categories as manifest by attaining the specified number of EMS courses required according to their position. Staff require to communicate with their supervisor in a timely manner to find the suitable dates to comply with the required EMS related topics.

## **4. POLICY CONTENT**

### **4.1 CATEGORIES OF LEARNING ACTIVITY**

A learning resource has been developed by NA Clinical Education Department to help EMTs, Paramedics, Ambulance Nurses, and their managers to maximize the learning opportunities available both within the workplace and within more formal educational settings. This has been modified for use within the NA.

#### 4.1.1 CATEGORIES OF LEARNING

1. self-directed learning, achieved through the endeavors of the individual.
2. learning in and through the workplace achieved through working and learning from and with experts and colleagues; and
3. formal learning achieved through structured learning opportunities.

To provide further assistance each of the learning activities briefly summarized below has been allocated to one of the categories although there will be some overlap.

##### **CATEGORY 1: Learning in and Through the Workplace**

Learning in the workplace is part of everyday activity. Some aspects will be subconscious and some more conscious and deliberate. This learning may take place in the individual's own workplace or may take the form of experiencing practice in other work situations such as site visits.

- Role Modelling
- Mentoring
- Professional Supervision
- Induction Programme
- Appraisal
- 360-degree feedback
- Coaching
- Buddying
- Shadowing
- Visits
- Research Groups
- Post incident review
- Audit

##### **CATEGORY 2: Self Directed Learning and Development Activities**

The everyday work environment is recognized as a learning situation and should be maximized to achieve highly positive, rich, and diverse learning experiences directed towards improving NA's performance. The learning from these activities should ideally be recorded in the individual's learning and development portfolio and discussed with their line manager.

- Reflective Practice
- Reflective Diary / Journal
- Critical Thinking
- Portfolio Development
- Journal Clubs for Work or Practice Improvement
- Action Learning
- Problem-Solving / Working Groups
- Undertaking Voluntary Work

### CATEGORY 3: Formal Learning and Development Activities

Formal learning using structured learning activities is a long-standing mode of learning. This type of learning is usually arranged by clinical education department. Formal learning activities are focused on specific aspects of knowledge and work or practice development and are designed to meet company, national, international, and professional needs and are offered full-time and over a variable timescale. Such learning may be by direct face-to-face teaching and learning or by distance learning and may be supplemented by electronic learning (e-learning/ virtual classroom).

- Courses
- Lectures
- Virtual classroom
- Workshop/ seminars
- Study groups
- eLearning
- Role play
- Conferences
- Study day

Table1: NA Internal Learning Activates Resource

Learning in and through the Workplace	Self-Directed Learning	Formal Learning
Role Modelling	Reflective Practice	Lectures
Mentoring	Reflective Diary / Journal	Virtual classroom
Professional Supervision	Critical Thinking	Workshop/ seminars
Induction Programme	Portfolio Development	Study groups
Appraisal	Journal Clubs for Work or Practice Improvement	eLearning
360-degree feedback	Action Learning	Role play
Coaching	Problem-Solving / Working Groups	Conferences
Buddying	Undertaking Voluntary Work	Study day
Shadowing		
Visits		
Research Groups		
Post incident review		
Audit		

## 5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

## 6. LEARNING AND DEVELOPMENT PROCEDURE

NA encourage staff to undertake learning and development which is linked to its overall Mission and Values and is directly related to the achievement of its objectives and through performance management appraisals, is relevant to individuals present or immediately foreseeable work responsibilities. NA is committed to the provision of equality of opportunity in learning and development regardless of religious belief, political opinion, gender or marital status, sexual orientation, race or ethnic origin and disability.

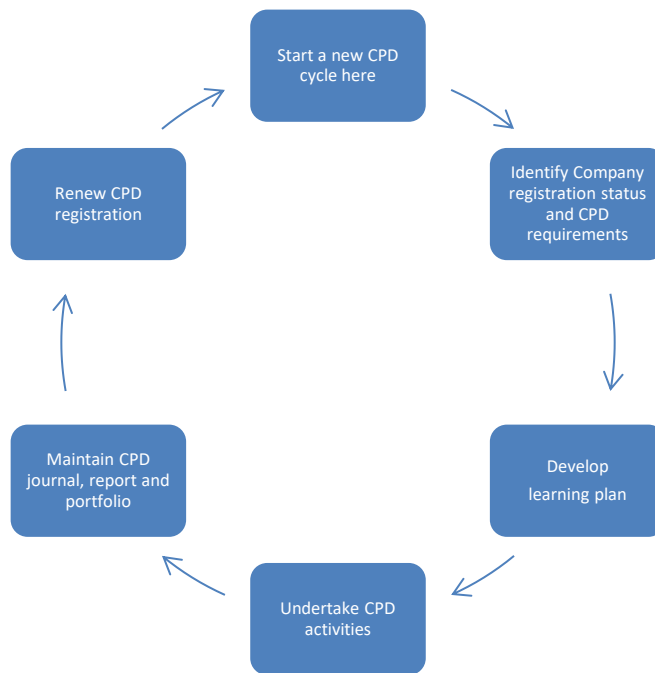
### 6.1. PROCEDURE

A key element of NA's learning and development strategy is the annual objective setting and personal development planning process for each member of staff. The in-house process covers the following areas:

- Education manager and medical director set and agree individual objectives based on the NA's current year's Business Plan.
- Education manager and medical director discuss and agree the individual's learning and development needs for the year ahead.
- A range of learning and development activities will be considered.
- Based on the individuals own learning style and level of competence an appropriate learning activity will be agreed.
- The development plan is reviewed on an ongoing basis and the learning and development activities undertaken are evaluated by the education manager and the medical director.
- All healthcare licensed staff require to have a valid BLS all the time.
- Non healthcare providers require to obtain Heartsaver First Aid CPR AED valid certificate/card.

This Procedure has, therefore, been drawn up to address the following aspects:

- a) NA management will provide the necessary support, within resources, to staff who wish to embark on further learning and development opportunities.
- b) NA management will in discussions with education manager identify learning and development needs in order for the staff member to meet company objectives.
- c) Staff will also have a responsibility to identify, on an ongoing basis learning and development needs which will enhance effectiveness and improve performance.



## 6.2. COURSES/PROGRAMMES CONSIDERED RELEVANT FOR SUPPORT

NA will provide support to applications which meet the criteria required per the company goals and mission. NA recognizes the changing situation in respect of learning and development methods used and courses/programmes offered and will constantly review the relevance and appropriateness of available post entry learning and development.

## 6.3. APPLICATION PROCEDURE

- All courses will be applied through LMS and based on the eligibility as indicated in CGP146 Policy for Continuing Medical Education.
- If the OPs manager looking for a special course/session with EMS related objectives then he must complete the CGF142 LMS course request, indicating whether or not he/she supports the application and forward it together with relevant course or programme literature to the Education Manager.
- Courses cancelation/postponing allowed three (3) times only.
- Courses cancelation/ postponing with legit permission should be made at least 2 weeks prior to commencement of courses.
- Fees will be applied on the 2<sup>nd</sup> remediation with company normal rate.

## 6.4. GENERAL PROVISIONS

- a) Following NA's approval for the approved course of study expenses will be ordered through MSEWG.



- b) If a member of staff leaves NA or for some other reason fails to complete an approved course of study, they will be requested to refund either part or all of the costs of the course of study.

#### 6.5. TIME OFF/SPECIAL LEAVE

Day release shall not normally be granted where confirmed classes are available.

#### 6.6. REMEDIATION

In the event of a member of staff needing to retest an examination then he needs to follow CGP128 plan.

#### 6.7. EVALUATION FEEDBACK

All staff attending courses or programmes funded by NA must complete any course evaluation feedback (Physically/ LMS/ web based). This will provide information regarding the quality of the training and perceived value to the company.

#### 6.8. RECORD KEEPING & CONFIDENTIALITY

Educators/ Instructors maintain a record of all continuing education activities completed including evidence of the continuing education credits earned for each activity. As part of the annual evaluation process, educators are to enter all continuing education activities completed during the prior year. This is entered into LMS, N-Drive and Teams. All the teaching records will be kept for a period of at least five (5) years based on the international accreditations.

The NA clinical Education Department offers a variety of professional development activities for educators/instructors. These include a regular articles series that focus on current issues and methods in quantitative and qualitative research. Continuing education credits are offered for the one who is teaching CPD/CME courses. The Clinical Education Department also offers regular instructor update focusing on teaching. Continuing education credits are also awarded.

The National Ambulance is accredited as a provider of continuing education by Ministry of Health and Prevention Society – MOHAP, American Heart Association – AHA and National Association of EMT - NAEMT. This Department reviews faculty/Instructor development educational activities for conferral of continuing education credits. They also offer live/webinar and online continuing education activities that are available to faculty/Instructors.

## 7. ASSESSING LEARNING

### 7.1. COMPETENCY BASED TRAINING & ASSESSMENT

Unfortunately, there is an expiration date on both the clinical information EMS educators have been taught and the educational theory presented in this text. No one knows the exact expiration date or what parts of the information will become incorrect, but it is inevitable that educators will need continuing education to stay current. This can be challenging for both instructors and students. The paired need to simultaneously learn new information and “un-learn” incorrect knowledge is frustrating, but it represents the complex nature of the EMS profession. Managing this complexity is an important attribute of professionalism. Educators should ask themselves how they will stay current as they step away from their original courses.

Clinical competency is perhaps the easiest of the professional attributes to maintain. Like no other point in history, medical information and learning opportunities are readily available at most anyone’s fingertips. The Internet, social media, and availability of information have revolutionized continuing education. Dedication to professionalism requires discipline, and that discipline is the key to maintaining clinical currency. Excellent practitioners and educators find time each week to spend on improving themselves in their field of specialty. Reading, listening, and practicing are activities that can be integrated into a regular schedule

Competency assessment is about providing a way of building the skills and knowledge people need to perform their current job. It is also the key element of the succession planning process because it provides a way of developing people for their future roles. Competency assessment is an ongoing process of continually building knowledge and skills. All organizations are much more dynamic in today’s world and competency assessment addresses the need to stay ahead of the curve.

The Clinical Services Department is the foundational department for competency-based assessment at National Ambulance. This assessment is carried out under the direction of the Medical Director and Procedure delineated competencies, as well as, CGP 134 Patient Care Protocols.

### 7.2. TYPES OF COMPETENCIES

There are three (3) broad types of competencies:

1. Cognitive domain (knowledge)
2. Affective domain (attitudes)
3. Psychomotor domain

A combination of all is almost always required to be effective.

### 7.3. ENSURING COMPETENCY

Clinical Services ensures that only personnel who hold the requisite skills and knowledge, as set out in CGP203 Fitness to Practice Policy and Procedure, are marked as meeting competency requirements. Clinical Services accomplishes this by:

- a) Ensuring that its assessment processes meet the requirements of the policy or Accredited Course Guidelines.
- b) Ensuring its assessment processes are valid, fair, flexible, and reliable.
- c) Providing comprehensive assessment tools and clear information to assessment staff.
- d) Continually reviewing and improving assessment processes, tools and records.
- e) Having a planned schedule that ensures all competencies are validated at least annually.
- f) Ensuring that assessors follow the direction of the Medical Director.

### 7.4. QUALIFICATIONS OF EDUCATION STAFF AND ASSESSORS

Clinical Services ensures that all education staff and assessors hold the required qualifications and experience to deliver the activities with which they are involved. All education staff and assessors employed by the organization will:

- a) Have the required training and assessment competencies as determined by the Education Manager or designee; and
- b) Demonstrated equivalence to the competencies at least to the level they deliver and/or assess; and
- c) Maintain currency in medical skills directly related to the training and assessment they deliver; and
- d) Continue to develop their knowledge and skills as well as their medical and trainer/assessor competence.

Where the above qualifications and experience requirements cannot be met due to availability of appropriately qualified education staff and/or assessors, Clinical Services will ensure that appropriate supervision procedures are in place.

### 7.5. ROLE OF ASSESSORS

The role of an Assessor/Educator in assessing student work is to objectively assess a student's evidence and performance against the prescribed set of standards. In order to do this effectively, the assessor will be skilled in, and have a sound knowledge of, the medical knowledge and skills they are assessing.

The assessor will be a qualified and skilled assessor and will:

- a) Ensure student work meets the requirements of the competency standards.
- b) Ensure that evidence is valid, reliable, sufficient, authentic, current and consistent.
- c) Use their expertise to make a fair and objective assessment decision.
- d) Provide structured feedback to the student.

## 7.6. MODERATION AND VALIDATION OF ASSESSMENT

Clinical Services ensures its educational staff and assessors participate in regular validation and benchmarking activities to ensure their practices and assessment decisions:

- a) Are consistent between assessors;
- b) Are valid, flexible, reliable and fair;
- c) Are carried out under the direction of the Medical Director; and
- d) Meet the requirements of the program and/or Accredited Course Guidelines.

Thus, validation processes will be used to ensure that:

- a) The organization's Training and Assessment Strategies meet the requirements of the program or Accredited Course Guidelines.
- b) Staff, facilities, equipment, training and assessment materials are consistent with the requirements of the program or Accredited Course Guidelines.
- c) Assessment meets medical environment and regulatory requirements.
- d) Clinical Services has a mentoring program for new assessors to ensure they are supported in understanding the requirements of assessment.
- e) External validation may occur by another external party with oversight of Accredited Course Guidelines.

## 7.7. ASSESSMENT PROCESS

The assessment process used by Clinical Services includes the collection of a broad range of evidence for the assessor to base their decisions. In general terms, assessment tasks may require students to:

- a) Provide written responses to questions, scenarios and case studies;
- b) Gather a portfolio of evidence;
- c) Prepare a presentation, essay, resource folder, research a topic and/or provide a report;
- d) Complete a workplace or practical placement logbook;
- e) Collect, analyze and/or prepare workplace documents;
- f) Complete an online test; and/or
- g) Seek a third party, from the workplace, to verify their skills (where appropriate).

## 7.8. TRAINING AND ASSESSMENT STRATEGIES

Prior to the delivery of any new qualification, accredited course or competency, NA develops a strategy. The strategy outlines the assessment process to be used in the delivery of the qualification, course or competency.

Each strategy will be updated and approved by the Medical Director and Education Manager prior to any change in course structure or delivery is made.

### 7.9. REASONABLE ADJUSTMENT

Wherever possible, educational staff and assessors will make reasonable adjustments to education and assessment processes to ensure that all people are treated equally in the assessment process and that no person is disadvantaged. Assessment processes may be reasonably adjusted to accommodate the following, but not limited to:

- a) Students with English as a second language.
- b) Students with literacy or numeracy difficulties.
- c) Students with sensory impairments.

Reasonable adjustment may mean:

- a) Making training resources and methods more accessible.
- b) Making changes to the assessment arrangements.
- c) Making changes to the way evidence for assessment is gathered.

### 7.10. ASSESSMENT RECORDS

Clinical Services will operate and maintain a consistent, secure, and reliable system for recording and storing all assessment documents.

Students will be advised of all assessment outcomes as they are achieved. Students can obtain a written record of their courses completed through the National Ambulance Learning Management System/web based.

Clinical Education will maintain records of courses and assessments electronically for a period of 5 years.

Internal & Externally accredited courses are conducted through the NA Education Department is dictated by the need of the Service Requirements and maintenance of the practitioners License and privileging. Course Material used is specific to the programme being conducted and may be processed or managed differently according to the authorizing organizations requirements.

#### NA Courses Records

- All Assessment Tools & Records (Theory & Practical) are collected and stored in a secure environment.
- The Facilitator of a Programme will Assess, Compile Results, Capture and Submit Assessment to the Clinical Administrator / Programme Lead Representative, for further processing.
- The Attendance & Results will be captured on the Learning Management System (LMS)/Web based after being verified and quality assured.
- All Records will be treated with confidentiality and shared with relevant supervisors only if required.

- An electronic copy of the results will be maintained on LMS for a minimum period of five (5) years.
- Hard copies of assessments will be shredded
- Results of any programme completed can be accessed on the Accredited educational portal/LMS System by the learner
- Certificates for NA Course can be easily accessed by the learners.

### **National Association of Emergency Medical Technician - NAEMT Records**

- The NAEMT Programme that NA conducts is the Pre-Hospital Trauma Life Support (PHTLS), EMS Vehicle Operator Safety (EVOS), EMS Safety and All Hazards Disaster Response (AHDR).
- The NAEMT courses administration, content and supporting documents can be found on the NAEMT Education Portal, ClassMarker, National Ambulance network drive (N Drive) and TEAMS.
- The course Instructor/Lead will manage the Following
  - o Confirmation letter
  - o Course registration sheet (NEAMT Registers)
  - o Course roster (signed)
  - o Course Pre-Test (prior commencement of course)
- Assessments Records
  - o Baseline
  - o Skill Sheets/ Simulation Assessments (Practical Assessments + Final Assessment) as required.
  - o Final Written Examination
  - o Remediation (if required)
- The Instructor/Lead is also responsible for:
  - o Course Evaluation and Feedback (NAEMT)
  - o Compilation of Results & Course Pack
  - o Handover to Course Coordinator for further processing
- The Course Admin Coordinator is responsible for:
  - o Quality Control (completeness, accuracy, analysis etc.)
  - o Uploading of Results onto N-Drive and TEAMS (record of results)
  - o Scanning of Documents & Results onto NA network site (N Drive) and TEAMS
  - o Purchase Order is Generated
  - o eCertificate and eCards Issue
  - o There is no Hard Copies (Course Material)
  - o All eCertificate & eCards are stored in (N Drive), TEAMS and NAEMT Education Portal.

### **American Heart Association (AHA) Records**



The AHA Courses conducted by NA are the Basic Life Support (BLS) Course, Advanced Cardiac Life Support (ACLS) Course, Advanced Pediatric Advance Life Support (PALS) Course, and Pediatric Emergency & Resuscitation (PEARS) Course.

These packaged programmes are administered according to the Accrediting Accreditation Format and Rules.

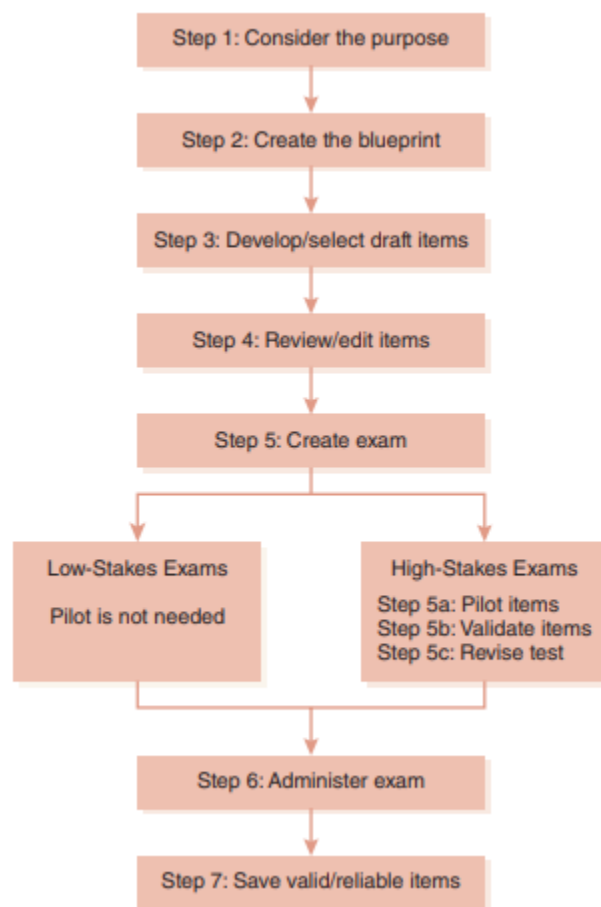
All instructor must be aware the below while preparing and finalizing the course:

- **Sign-in Sheet:** For both participants and instructors handwritten not typed, if electronic then require having electronic signature
- **Course Roster:** All fields must be filled out, see sample, First Page: Course type, ITC information, location of course, Instructors (including guest instructor). Second Page: student Full Name, Email, Mobile, results, etc.
- **ATLAS Course Roster:** "Final Locked" course roster from the system to be included
- **Q CPR course report** report per students.
- **Course Agenda:** Start and end time should always be written
- **Heartcode Part 1:** Copy of the HC Part one certificate needs to be included for all participants as a proof that they have completed Part 1 before enrolling in the Part 2.
- **Pre-Course Self-Assessment for Advanced Course:** Needs to be kept with score >70%
- **Skill Testing Checklists:** All sheets must be kept, passed, remediated and incomplete. Fully completed and signed by the instructor
- **Written Exam:** All sheets must be kept, passed, remediated and incomplete. Need to see how the correction been followed (for regular courses) (not applied for Heartcode courses)
- **Course Evaluation and Summary:** Either to use the AHA standard format, see sample, or the center's own customized form, as long as it incorporates the AHA questions within and the individual instructor evaluation form as part of the TC QA
- **Dispute Resolution** documentation
- There are no hard copies for any course's records (all digital)

### 7.11. WRITTEN ASSESSMENT/REMEDIATION

Constructing well-written examination items from scratch is difficult but can be learned and refined. Entry-level instructors should initially focus their efforts on using and improving existing examination items from their educational institutions and other instructors. Textbook publishers and others are sources of exam items; however, many are low-level recall items and will need to be edited by the instructor. Using existing examination items still presents challenges for the instructor. The instructor must always review and edit examination items for each class.

Construction of a written examination consists of several key steps before the test can be put together. A flowchart of the examination construction process is shown in FIGURE 21.1



For further clarity on this process CGP 128 Remediation.



### 7.12. PRACTICAL ASSESSMENT/REMEDIATION

Practical skills assessment is conducted through the use of two major types of examination: the simple skills examination and the situational assessment.

Assessment of a rote mechanical skill is conducted through a simple task analysis. Simple skills examinations test at middle levels of the psychomotor domain, such as precision, and do not provide significant context for the skills. Situational assessment requires more elaborate simulation and is capable of assessing higher levels within the psychomotor domain, such as articulation, and elements of the cognitive and affective domains.

Steps in the Remediation Process:

The remediation process includes the following five steps:

1. Assess possible reasons for the student's performance deficit.
2. Determine the cause of the performance deficit (attribution).
3. Develop a remediation plan.
4. Implement the plan.
5. Reevaluate.

Once the problem has been identified and retraining is determined to be possible and appropriate, a remediation plan is developed. For the plan to be finalized, the student must agree to the terms and conditions, including the consequences of repeated inappropriate outcome. Once the plan is in place, the retraining can begin. The progress of the student during the retraining process should be closely monitored. Once retraining has occurred, Step 5, reevaluation, can occur.

### 7.13. SKILLS EVALUATION

Checklists available for some skills, such as National Registry Practical Skills Examination sheets, NA LMS skills and commercially available products. Just as written examination materials require review and revision prior to effective use, so do skills checklists. A performance checklist is developed from a task analysis, which provides a list of the steps to be performed. Each step should include objective criteria, so that different examiners can agree on the criteria for successful completion of the step. It is usually best for instructors to keep the number of steps on the checklist to a minimum. The checklist should also provide any information that the examiner would need to give to the candidate.

Checklists should use dichotomous scoring, in which the observable action is either performed or not, to the greatest extent possible.

The use of a standardized patient (programmed patient) is useful in conducting situational assessments. A standardized patient is an actor who plays the part of the patient. Standardized patients are provided

with descriptions of what responses they should give to candidates when patient assessment is conducted. Moulage is the simulation of injuries with the use of makeup and special effects. Additional actors may be used to play the part of family members and bystanders. The environment of the situation should be as realistic as possible. This may require that simulations be conducted in office areas, restrooms, and outdoors rather than in the typical classroom.

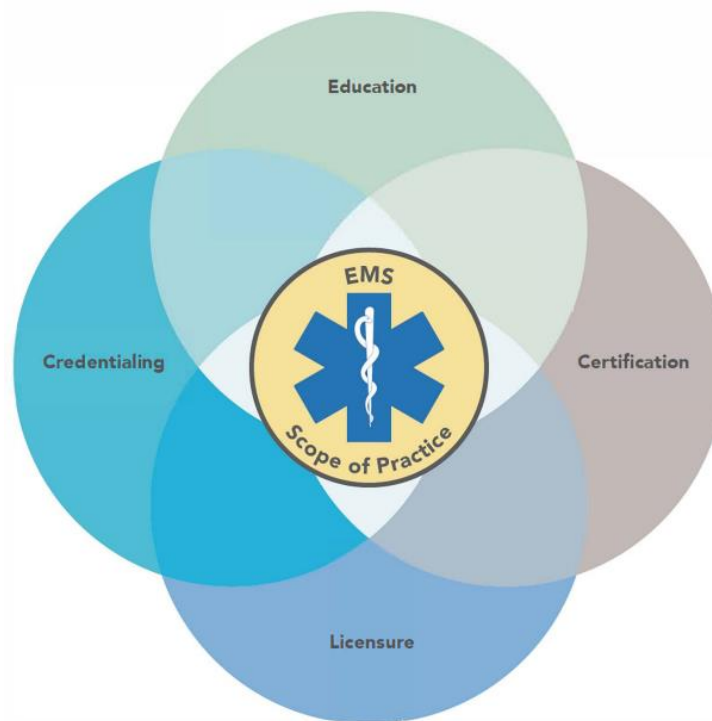
#### 7.14. AFFECTIVE EVALUATIONS

There are several ways to incorporate assessment of the affective domain into classroom assessments. For example, written examinations can incorporate items on therapeutic communications. Situational assessments can include interactions with patients and family members, such as notification of a death. Scenarios can include emergencies with behavioral components, such as psychological presentations. Classroom exercises can include role-play interactions that reinforce professional communications.

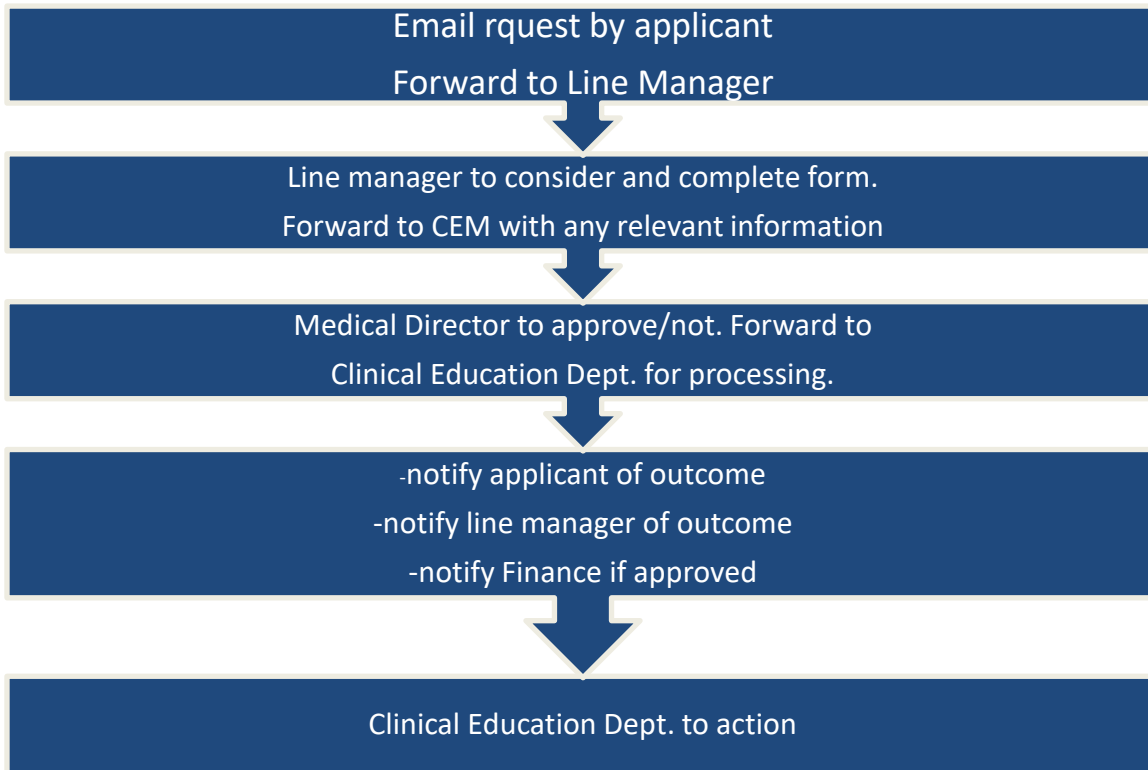
#### 7.15. MONITORING ARRANGEMENTS

Application of the Policy will be monitored to ensure adherence to the principle of Equality of Opportunity.

An annual summary and analysis of the total number of applications received will be carried out by the Clinical Education Manager with feedback to Medical Director prior to November of each year.



## Application Process for Training & Study Support



## 8. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form

## 9. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to [qhse@nationalambulance.ae](mailto:qhse@nationalambulance.ae)

## 10.DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

Chief Administrative Medical Officer

### Change Brief

Version Number	Revision Date	Summary of Changes
1.0	20 July 11	Initial
2.0	28 May 12	Annual Review – title changes; program changes; CME
2.1	31 Oct 12	8.3.12 Reassessment
3.0	23 Feb 14	None
4.0	09 Sept 15	Revisions to bring document into alignment with current regulatory, protocol, and assessment criteria
5.0	28 Sept 16	Revisions to comply with document control and internal processes and requirements
6.0	09-2019	Minor Amendments to Policy due for revision by date. Change in title of Medical Director Change title document from Education & Professional Development Policy to Clinical Education Policy

7.0	09-2021	<p>Revisions whole policy to comply with international accreditations, internal processes, and requirements</p> <p><i>This policy is to provide an interdependent relationship among the EMS Education Standards, EMS Education Program Accreditation, and EMS Certification. Educators/instructors will have greater flexibility for targeting instruction to specific audiences, resulting in enhanced comprehension and improved student competence.</i></p> <p><b>After Policy Review Committee</b></p> <p>To add that all licensed clinical staff are required to have a valid BLS certificate as per DOH and MOH requirements. Non-clinical staff are required to have First Aid certificate.</p>
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Review & Approval:

\_\_\_\_\_  
Dr. Ayman Ahmad  
Chief Administrative Medical Officer

\_\_\_\_\_  
Date