

# CGP 151

## National Ambulance Mentoring Policy

[LINK TO POLICY](#)

[LINK TO PROCEDURES & FORMS](#)



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## 1. INTRODUCTION

National Ambulance has developed the mentoring policy to support operational staff as well as improve the level of emergency services delivered to the communities it serves. Through the process of monitoring and evaluation, gaps of skills and knowledge is identified and remediated to maintain a superior level of care. Therefore, highly skilled and clinically strong mentors have been deployed to areas of service by National Ambulance to assess, develop and mentor clinical staff in the UAE. The mentoring policy must be viewed as a positive initiative to help the organization develop in the immediate areas of operations and require the support of all staff, mentors, supervisors, managers, and allied partners. All staff will be assessed reported on regularly but with the best intent to achieve on the overall objectives of the organization. This policy is related to the Management component of 'Continuous Improvement and Quality Care.' Therefore, audits and regular reviews will be conducted to assess the effectiveness of the mentoring policy and review processes as required.

## 2. SCOPE

Mentors are deployed as operation department however; they serve a dual role in assisting with operational requirements of the organization. Mentors may be expected to be involved in patient care while also simultaneously carrying out mentorship activities. If afforded the opportunity of standing back and observing and/or assessing patient care of staff for development purposes, it would be considered ideal, provided that there is sufficient resources on scene. However, if there are any unsafe practices or situations that are encountered, the mentor in the scenario must intervene to make safe or rectify the situation.

The Mentorship Policy does not involve the assessment or evaluation of partner organization staff that may assist in certain settings. However if there are any unsafe practice that is encountered, these should be brought to the attention of the NA Supervisor / Manager that may be able to address the situation through the appropriate channels.

## 3. ROLES AND RESPONSIBILITIES

**Program Medical Director (MD) or delegate** is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators and should be available for advice and support for a Duty Manager. MD is responsible for the implementation and monitoring of this Policy and Procedure

**All Managers** are responsible for ensuring that staff have induction in alignment with this Policy and Procedure, for monitoring the applicability and ongoing implementation as well as raising any issues with the MD and reporting any incidents through the QHSE system. Direct liaison with the Mentorship Coordinator posted in the due-restriction is also encouraged.

**Clinical Education Manager** duties include but not limited to the following: Reports to the Program Medical Director;

Reviews reports and information forwarded from the mentorship Coordinator. The Education Manager is also responsible for developing training to support this Policy and Procedure.

**Mentorship Coordinator**, Reports to the Duty Manager and the Director of Operations (in area concerned); Coordinates all aspects of the mentorship programme; Keeps relevant data and records; Record trend analysis; Responsible for the grading of DOR's into risk categories; Provide Support and advice to all mentors.

**Mentor** are responsible for acting according to this policy and procedure in accordance with their scope of practice. They are also responsible for ensuring that they attend or pursue any relevant training to ensure compliance with this policy. Duties also include the following: Report to the Mentorship Coordinator, Liaise and work with the Mentorship Coordinator; Conduct in field evaluations and remediation; Completion of Daily Observational Reports; Submission of DOR's in the agreed formats and time-frames; Fosters a positive learning environment; Comply with the 'Rules of Engagement' when mentoring staff.

**Mentees** meet routinely with mentors, actively participate in mentoring activities, and goal accomplishment and provide feedback and recommendations for program improvement.

## 4. POLICY

All National Ambulance clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care.

All relevant information should be recorded using the NA approved Patient Care Records and other relevant documents.

National Ambulance clinical staff must have knowledge and understanding of National Ambulance approved and published documents including but not limited to:

- CGP 147 Clinical Quality Assurance Policy, Processes and Procedures
- CGP 128 Education Remediation Policy and Procedures
- CGP 203 Fitness to Practice Policy and Procedure
- CGP 136 EMS Education Development
- CGP 146 Continuing Medical Education (CME) / Continuing Professional Development (CPD)
- CGP 134 Patient Care Protocols

## 5. PURPOSE OF MENTORING

5.1. The purpose of this policy is to:

- Position mentoring as a key activity within the NA overall approach to staff learning and development.

- Differentiate mentoring from other developmental activities such as coaching and training.
- Provide information on an individual's progress and development within the company that is additional to that given within the performance review process.
- Establish what skills and experiences are needed to develop an individual's career.
- Provide opportunities to learn from someone with a greater or different understanding of the company
- Provide the individual with an objective and alternative source of advice and information.
- Enable both managers and staff to understand the different roles within the mentoring relationship and how each should be undertaken; and
- Provide opportunities for the development of all staff through the mentoring relationship, either as mentor or mentee.

5.2 Decisions on the suitability of staff to be mentored and the applicability of mentoring programmes will generally be determined through outcomes from the performance review process, in which individual training and development needs are identified within a personal development plan.

## 6. 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

## 7. PROCEDURE

### 7.1. REFERRALS TO MENTORSHIP PROGRAMME

Referrals may be obtained from one of many sources and may include referral from the following:

- Program Medical Director
- Clinical Educational Manger
- Clinical Educators
- Mentors and Mentees
- Operational managers
- Education due CME compliance
- Sub-standard DOR's
- Clinical Investigations
- Clinical Audit
- Station Team Leaders

## 7.2. RULES OF ENGAGEMENT

Staff deployed to the mentorship programme (mentors & mentees) must be developed and supported for their roles in mentorship and are considered an extension of the Clinical Education Department. Therefore, Clinical Education Policies, Rules and Regulations will apply to the Mentor and Mentee when interacting with learners or supporting and evaluating staff on the field. Routine evaluations and performance appraisal tools will be used to re-evaluate suitability of mentors carrying out the required tasks and acknowledged accordingly.

### How Mentors and Mentees will be Matched

1. The decision as to who will be eligible for the mentoring scheme will rest with the line manager and Clinical Education Manager and will be based on outputs from the performance review process and individuals' personal development plans.
2. The line manager, Clinical Education Manager and mentee will discuss the choice of mentor, who will undertake his/her responsibilities subject to the availability of time and other resources. The match will be based on the perceived "best fit" of both parties, in terms of overall attitude, approach, experience, etc. In the event of a "mismatch" occurring between the mentor and mentee, a substitute will be found. In most cases the mentor will come from within National Ambulance operational staff and will receive training prior to commencing the role

### Responsibilities of the Mentor

The mentor will have responsibilities to:

- establish and agree a mentoring contract between the parties in terms of regular meetings, feedback, timescales, action plan and resources required.
- encourage regular meetings with the mentee and oversee their progress against the agreed timetable.
- liaise with the line manager over the mentee's personal development plan and find ways of helping to take this forward.
- help to evaluate the overall mentoring process and its outcomes; and
- take responsibility for the mentor/mentee relationship and its success within the scheme.

### Responsibilities of the Mentee

The mentee will have responsibilities to:

- initiate regular meetings with the mentor within an agreed time frame.
- evaluate their current and future contribution and agree relevant courses of action to ensure the continuation of progress.
- liaise with the mentor about any alterations required to the personal development plan.
- monitor the progress of their personal development plan and deal with any problems or issues arising from it; and
- take responsibility for the mentor/mentee relationship and its success within the scheme

### 7.3. TRAINING

All employees selected as either mentors or mentees will receive training in their new role to ensure the success of the scheme. This training will be mandatory and will require staff to understand fully the differences between training and development, coaching, and mentoring as they are undertaken within the company.

Clinical Education Department will be the last resort in case the above process does not comply according to the mentoring flowchart.

### 7.4. LENGTH OF MENTORING PROGRAMME

Decisions on the length of the mentoring programme will be determined by the individual needs. However, as a guideline, a scheme will normally last for a period of up to six months, and not less than three months

### 7.5. PUBLICIZING THE SCHEME

The scheme will be publicized through normal internal communication channels. Details will, also, be provided on the LMS.

### 7.6. CONFIDENTIALITY

All meetings held between mentor and mentee will be confidential to those individuals. Where the line manager and/or Clinical Education Manager are involved in any issue, there may be a requirement to include these individuals in the discussion.

### 7.7. MONITORING AND EVALUATION

Information will be collected and monitored for equality purposes. The nature of the issue will be recorded, but the parties will not be recorded. Where there is an outcome, this will, also, be recorded.

### 7.8. ENQUIRIES AND CHANGE CONTROL

- All enquiries relating to this document should be directed to Operation and Clinical Education
- Copies of this document can be found on our Library under OPs policies or can be obtained by contacting Education Department.

## 7.9. DAILY OBSERVATION REPORTS (DOR's)

DOR's are designed as objective assessment tools that have been approved for use by National Ambulance. DOR's are specific to the Clinical Group Category of the staff being assessed although the template used is generic. These assessments are risk assessed (based on Priority for mentorship) by the Operation Mentorship Coordinator. DOR's based on risk are classified into categories of color:

- i.Red: High risk score greater 8
- ii.Orange: Moderate risk
- iii.Green: Low risk

Priority for mentorship	
Referred by mentor/DOR audit team (high risk staff)	<div style="text-align: center;"> <p>Highest priority</p> <p>↑</p> <p>↓</p> <p>Lowest priority</p> </div>
Concerns highlighted from OM's/AL's/ALS/Dr's/Education	
New staff members OR staff returning to frontline service after > 6 months secondment	
> = 2 'moderate' rated DOR's in 12 months	
No DOR completed in previous 12 months	

If present, the EMT cannot achieve a 'green' DOR rating and case must be raised to DOR audit team for review/advice.

Auto-flag issues
Inadequate airway management
Inadequate breathing / ventilation management
Inadequate circulatory management
Unsafe practices
Actions that place themselves / partners / patients / public in danger
Any "urgent intervention" categories identified on DOR
Poor patient interaction skills / lack of effective communication
Poor driving skills
Overall performance not up to standard

The Daily Observation Reports (DOR's) are Clinical Quality Tools that mentors must complete and sign after assessment of staff as an official record.

### Assessment Criteria

There are four ascending levels against which the EMT should be assessed. Each element of practice has a target level to be achieved by the end of each year.



Criteria level	Level of performance
Dependent	<ul style="list-style-type: none"> <li>- Lack of accuracy &amp; confidence</li> <li>- Needs continuous guidance &amp; Supervision</li> <li>- Poor organization</li> <li>- No awareness of priorities</li> </ul>



Assisted	<ul style="list-style-type: none"> <li>- Accurate performance but some lack of confidence &amp; efficiency</li> <li>- Requires frequent direction / supervision</li> <li>- Some awareness of priorities / requiring</li> </ul>
Minimal supervision	<ul style="list-style-type: none"> <li>- Safe and accurate, confident / efficient</li> <li>- Needs occasional direction or support</li> <li>- Identifies priorities with minimal prompting</li> </ul>
Independent	<ul style="list-style-type: none"> <li>- Confident / safe / efficient</li> <li>- Works independently without direction / supervision</li> <li>- Able to priorities</li> <li>- Able to adapt to unpredictable situations</li> </ul>

### Assessing the elements of practice

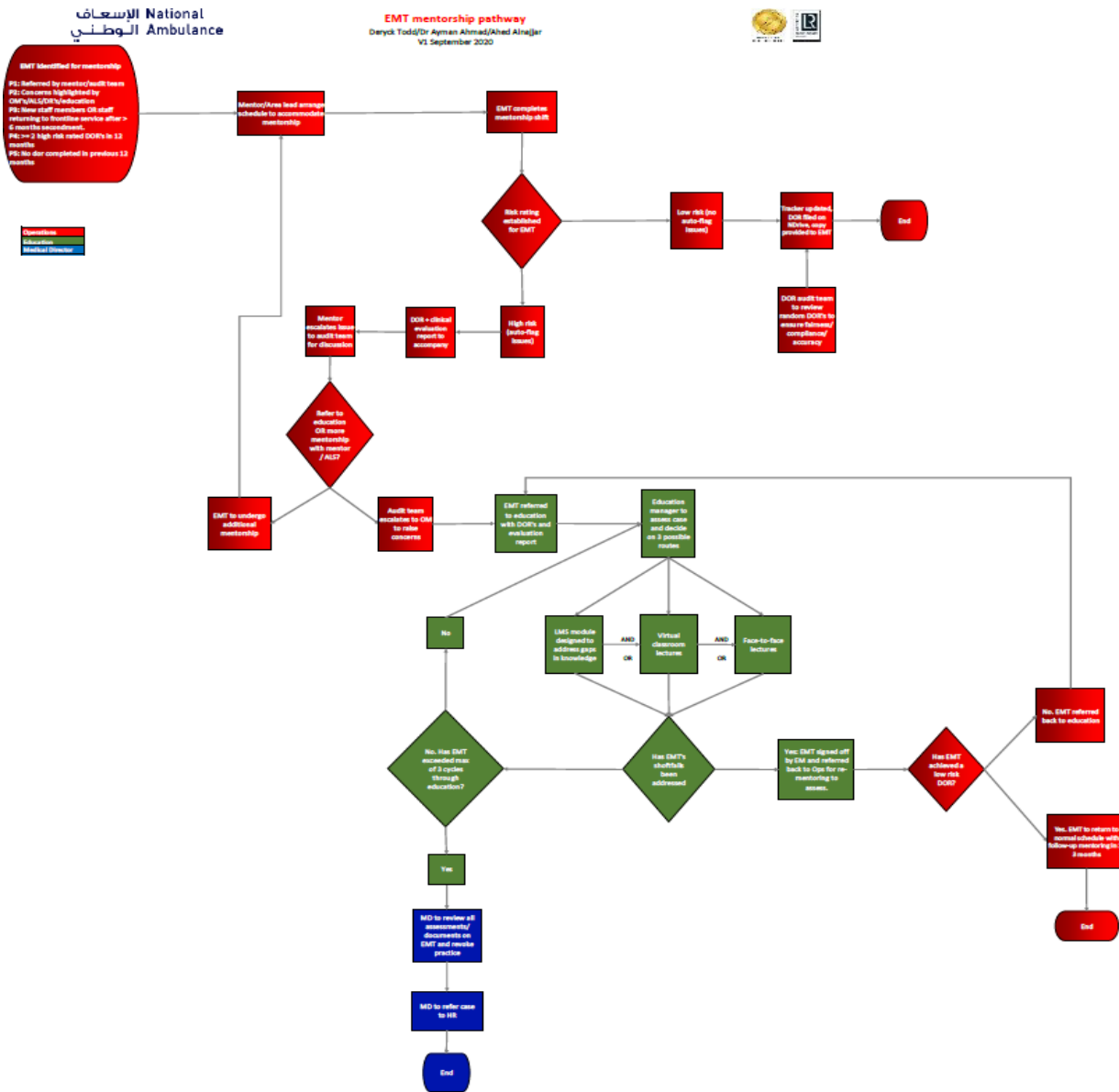
- Each element of practice has a required level of competency. (based on NREMT)
- In order to pass, the mentee must have achieved all the criteria within that particular required level of practice for each element
- The mentee must have achieved the level of 'Independent' by the end of the programme to be accepted as EMT.

KNOWLEDGE	PERFORMANCE	UNDERSTANDING
<ul style="list-style-type: none"> <li>- Applies evidence-based knowledge</li> <li>- Demonstrates awareness of alternatives</li> <li>- Sound rationale for actions</li> <li>- Makes judgements / decisions based on contemporary evidence</li> </ul>	<ul style="list-style-type: none"> <li>- Confident / safe / efficient</li> <li>- Works without direction / supervision</li> <li>- Able to prioritize</li> <li>- Able to adapt to the situation</li> </ul>	<ul style="list-style-type: none"> <li>- Conscious / deliberate planning</li> <li>- Actions/ interventions/ behavior are appropriate to the client &amp; situation</li> <li>- Gives coherent / appropriate information</li> <li>- Identifies &amp; makes appropriate referrals</li> </ul>

Criteria against which the EMT will be assessed

### 7.10. EMT MENTORSHIP PATHWAY

EMT staff prior to being cut loose from any training in the company they could have two things: a precepting time with a formal field training officer and if the flag issues didn't solve then formal classroom education (based on the below pathway). A mentor can help the staff learn what's not in the books, such as how to get around office politics, where to go for information, best practice, and how to navigate the local area. Mentors with experience can share their wealth of knowledge, thereby improving patient outcomes.



## 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 /Program Medical Director

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

### Change Brief

Version No.	Date	Changes
1	19 October 2016	Second Draft
2	06 December 2018	Expired Document was due for revision Minor grammar corrections DOR's now making use of a generic template.
3	02 September 2019	Document due for review. Change the title of Medical Director. Flow Diagrams redrafted. Standardized according to NA Document Policy Minor typo changes.
4	October 2021	Document updated Changing title from Mentorship to Mentoring policy Modifying role & responsibility

		<p>Adding mentor &amp; mentee responsibilities Adding new EMT mentorship pathway Adding new terms Adding flag issues and priorities Adding Assessment Criteria and elements of practice</p> <p><b>After Policy Review Committee</b></p> <p>To change Medical Director to Program Medical Director</p>
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Review & Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Ahmad Ayman  
Program Medical Director

Official Stamp: