

Clinical Education & Development

Policy CGP136

[LINK TO POLICY](#)

[LINK TO PROCEDURES
& FORMS](#)



1. POLICY INTRODUCTION

This policy gives oversight of the numerous elements of clinical education and professional development; that are needed to ensure that National Ambulance staff receive high quality education from the Clinical Education Department. The overall aim is to meet international best practice standards in Education and Professional Development as well as ensure that laws and regulations are met and including staff being fit to practice and prepared for initial and ongoing licensure. The CGP147 Education Quality Assurance Policy governs the quality assurance of the Educational courses and activities. This policy must be read alongside CGP203 Fitness to Practice Policy. This policy is applicable to all staff, including those that manage or are involved in education and training processes. Compliance will be measured through routine quality assurance processes, stakeholder feedback, audit processes, complaints and investigation.

2. SCOPE

This policy applies to all students, prospective students, clients, employers, staff and other stakeholders of NA. This policy will be made available to staff and students regardless of their location. The scope of this policy is linked to CGP 203 Fitness to Practice Policy.

3. ROLES AND RESPONSIBILITIES

Medical Director (MD) is responsible for development, implementation, monitoring and revision of this policy. The MD is responsible for ensuring that the NA Mission, Vision, Values and strategic objectives inform this policy and for compliance with any clinical legal and regulatory requirements. The MD or their delegate is also responsible for approving privileges of all National Ambulance clinical practitioners

The Chief Operations Officer is responsible for ensuring that operational activities that relate to Fitness to Practice support the implementation of this policy and for escalation to the MD of any Fitness to practice related issues that may arise.

Managers are responsible for following this policy including, initiating and participating in Fitness to Practice reviews, raising any Fitness to Practice issues including, but not limited to complaints, incidents and disciplinary matters to the designated senior management. Managers and supervisors should assist in the progression, monitoring and reporting of any 'Remediation' or 'Individual Training Plan' (CGP 128). They must also provide guidance and advice for the staff they are responsible for when required. Management in departments other than Clinical Education that are involved in Education & Training need to also adhere to the processes detailed in this document.

Education Manager

The Education Manager is responsible for oversight of activities involving Education staff, implementation of the education related activity detailed in this policy including any 'Remediation' or 'Individual Training Plan' (CGP 128). The Education Manager is also responsible for raising any serious issues in relation to 'Fitness to Practice' to the Chief Medical Advisor. The Education Manager must

ensure that all activity related to Education is in compliance with the CGP147 Education Quality Assurance Policy.

Education Staff

Educators must follow the assessment process and criteria to ensure that the performance expectations of each clinical level of operational employee is achieved. They should carry out all activity regarding performance in the Education context including the meeting of clinical competencies; field assessment using observation with use of the relevant Daily Observation Report forms and ensures compliance with National Ambulance Patient Care Protocols CGP134. They may be involved initiating and participating in 'Fitness to Practice' reviews in accordance with the CGP 203 Fitness to Practice Policy, raising any Fitness to practice issues including, but not limited to complaints, incidents and disciplinary matters to the designated senior management. They should also lead or assist in the progression of any 'Remediation' or 'Individual Training Plan' (CGP 128).

All staff involved in any Education activity detailed herein must read and understand this policy and any other education related policies and procedures as detailed on the Learning Management System.

4. POLICY CONTENT

4.1 STUDENT CODE OF CONDUCT

The code outlines the way in which students of National Ambulance are expected to conduct themselves during participation in clinical services processes and the rights that they have; the Staff code of conduct COP202 must also be followed.

4.1.1 STUDENTS' RIGHTS

All students have the right to:

- a) Be treated fairly and with respect by all students and staff.
- b) Not be discriminated against on any basis.
- c) Have assessment services provided in a healthy and safe environment where the risks to personal health and safety are managed and minimized to the best efforts of educational staff.
- d) Have their personal details and records kept private and secure
- e) Access the information NA holds in reference to them.
- f) Have any complaints dealt with fairly, promptly, confidentially and without retribution.
- g) Make appeals about procedural and assessment decisions.
- h) Receive assessment and support services that meet their individual needs.
- i) Be given clear and accurate information about their course, the assessment arrangements and their progress.
- j) Access the support they need to effectively participate in their course.

- k) Provide feedback on educational, assessment, observational, and counseling received.

4.1.2 STUDENTS' RESPONSIBILITIES

All students, throughout their involvement with NA, are expected to:

- a) Treat all people with fairness and respect, taking no action that may offend, embarrass or threaten others.
- b) Demonstrate respect for instructional staff during assessment, evaluation, or educational activities
- c) Take no action that may discriminate against other participants.
- d) Take no action that may be construed as disruptive.
- e) Treat others and their property with respect.
- f) Follow all safety policies and procedures as directed by staff.
- g) Report any perceived safety risks, as they become known.
- h) Provide relevant and accurate information in a timely manner.
- i) Complete all assessment tasks without violation of ethical or legal principles (academic misconduct).
- j) Prepare appropriately for all assessments and accept assessment results in a professional and constructive manner.
- k) Notify NA Education Department if unable to attend a scheduled activity for any reason at least twenty-four (24) hours prior to the commencement of the activity.

5. COMPLAINTS AND APPEALS

Despite all efforts of NA to provide satisfactory services to its students, clients, employers and other persons, complaints may occasionally arise which require formal resolution. NA is committed to developing and maintaining an effective, timely, fair and equitable complaints and appeals system which is easily accessible and offered to complainants at no charge.

Complaints and Appeals related to dissatisfaction with Education will be managed in accordance with this policy and **CGP 128 Remediation and ITP policy / CFG 102 Complaints and appeals form**. Any complaint or appeal from clients, students, employers and other stakeholders will be addressed in a fair, efficient and confidential manner, this too may be raised by completion of **CGF102– complaints and appeals form**.

5.1 RESOLVING ISSUES BEFORE THEY BECOME A COMPLAINT

Students and clients are encouraged, wherever possible, to resolve concerns or difficulties directly with the person(s) concerned to deal with the issue before it becomes a formal complaint. NA's Clinical Services Administration and other staff members are available to assist students to resolve their issues at this level.

5.3 NATURE OF COMPLAINTS AND APPEALS

Complaints and appeals may be made in relation to any of NA's services, activities and decisions such as:

- a) The enrolment, induction/orientation process;
- b) The quality of education provided;
- c) Assessment matters, including student progress, assessment, outcomes, curriculum and awards in a course of study;
- d) Access to personal records;
- e) Decisions made by NA; and/or
- f) The way someone has been treated.

5.4 LODGING A COMPLAINT

Formal complaints and appeals may be made in writing to the Education Manager by completion of CGF 102 and/ or consideration of the appeals process detailed in CGP 128. All parties are encouraged to approach matters with an open view and to attempt to resolve problems through discussion and conciliation.

NA acknowledges the need for an appropriate independent party to mediate where an appropriate outcome cannot be reached internally.

5.5 RESOLUTION TIMEFRAME

All formal complaints and appeals will be responded to efficiently to ensure an effective resolution, usually twenty (20) days or as soon as practicable. However in some cases particularly if the matter is complex the resolution may take longer

5.6 COMPLAINTS AND APPEALS REGISTER

All formal complaints and appeals and their outcomes will be recorded with the Clinical Education Manager, and / or Human Resources (HR).

5.7 TIMEFRAME FOR ASSESSMENT APPEALS

Students have the right to make an appeal against the academic decisions made by NA. Appeals against any decisions of a non-academic nature are to be made in writing following the Complaints and Appeals procedure. Appeals against assessment decisions and other academic matters must be made within the time frames specified with CGP 128.

5.8 ENROLMENT STATUS

Where a student chooses to access this policy and procedure, NA will maintain the student's enrolment while the complaints handling process is ongoing.

5.9 RECORD KEEPING & CONFIDENTIALITY

A written record of all complaints and appeals handled under this policy and procedure and their outcomes shall be maintained for a period of at least five (5) years to allow all parties to the complaint or appeal appropriate access to these records. All records relating to complaints and appeals will be treated as confidential and will be covered by NA's Privacy and Personal Information Policy.

6. ASSESSMENT

6.1 COMPETENCY BASED TRAINING & ASSESSMENT

Competency based assessment is a process by which an assessor works with a trainee to collect evidence of competence, using the benchmarks provided by the unit standards that comprise the national, regional, and organizational qualifications.

It is not about passing or failing a candidate, with a key view that evidence collection is more than just establishing a test. Assessing candidates using their knowledge and skills within an on the job situation is the key to competency assessment. Every job requires a specific set of knowledge and skills competencies; this varies depending on the type and complexity of the job.

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 anchored against CGP 203 Fitness to Practice Policy and Procedure delineated competencies, as well as, CGP 134 Patient Care Protocols.

6.2 TYPES OF COMPETENCIES

There are two broad types of competencies:

1. Behavioral
2. Functional

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

6.3 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.

6.4 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 Medical Director 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.

6.5 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.

6.6 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.

6.7 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).

6.8 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.

6.9 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.

6.10 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.

Clinical Services will maintain records of courses and assessments electronically for a period of 7 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) 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 seven (7) years.
- Hard copies of assessments will be shredded
- Results of any programme completed can be accessed on the LMS System by the learner

- Certificates for NA Course is held by the Education Department and is distributed on exit.

NAEMT Records

- The NAEMT Programme that NA conducts but is not limited to, is the Pre-Hospital Trauma Life Support (PHTLS).
- The PHTLS course administration, content and supporting documents can be found on the National Ambulance network drive (N Drive) for tutors and on LMS for learner Accessibility.
- The course Instructor/Lead will manage the Following
 - o Attendance Register (NEAMT + NA Registers)
 - o Official Course Registration Documents
 - o Pre-Test Assessment – (prior commencement of course)
- Assessments Records
 - o Baseline
 - o Skill Sheets (required for skill competence sign-offs)
 - o 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 + NA)
 - o Compilation of Results & Course Pack
 - o Handover to Course Coordinator for further processing
- The Course Coordinator is responsible for:
 - o Quality Control (completeness, accuracy, analysis etc.)
 - o Uploading of Results onto LMS as NA official site (record of results)
 - o Scanning of Documents & Results onto secure NA network site (N Drive)
 - o Purchase Order is Generated
 - o Certificates and Cards Issue (as soon as received)

Hard Copies (Course Material) are then securely stored in Education Department.

Copies of the Certificates & License Cards are stored in Staff File (HR Department)

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 Paediatric Advance Life Support (PALS) Course, and Paediatric Emergency & Resuscitation (PEARS) Course.

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

- The Course Instructor must manage the initial Requirement:
 - Register (AHA + NA)

- Course Enrolment Register & Attendance
- Pre-Course Assessment (pre-requisite to continue)
- Basic Life Support Assessment (pre-requisite to continue)
- Further Instructor Lead Assessments include:
 - In-Class monitoring of learners
 - Practical Scenario Assessments (for each sub-section)
 - Final Practical Scenario Assessment
 - Final Written Examination
- On Completion of the Programme the Instructor is responsible for:
 - o Collection of Learner Assessment Feedback (AHA + NA)
 - o Compilation of the Documents & Results
 - o Uploading the Register of Attendance & Results onto secure LMS
 - o Compilation of the Document Package for submission to a NA Clinical Administrator for Quality Control & further processing to the AHA Faculty Representative (within NA)
- The Faculty Representative
 - o Verifies Results and Compliance
 - o Produces Certificates & License Cards (for successful candidates)

The Course Attendance Register and Learner Feedback Documents (Hard Copy) is retained only. All other documents are securely disposed after soft copies are stored on the NA secured network system (N Drive)

NB. For detailed process of administration of each programme, there are programme guides available for NEAMT (Ppt. presentation on N Drive) and for AHA it is available in the Instructor Manuals.

6.11 INFORMATION ABOUT ASSESSMENT/REASSESSMENT

National ambulance clinical staff must be aware of the potential for assessment of their didactic, practical, and clinical skills at any time, at the direction of the Medical Director.

In current education and training programmes if a clinical staff member is unsuccessful in any formal/informal initial assessment, they may be remediated by the clinical services department once; to identify if improvement has occurred; if the staff member fails to successfully complete the next assessment, the staff member will be placed onto an individual training plan (ITP) and may have their privileges restricted by the Medical Director or delegate. For further clarity on this process CGP 128 Remediation and ITP policy should be consulted.

Clinical personnel should expect assessment/reassessment during all clinical education activities at National Ambulance.

6.12 ASSESSMENT APPEALS

A clinical staff member may appeal their assessment findings and the processes of this must be followed according to CGP 128, and may be directed to the education manager on CGF 102. To ensure the matter

may be effectively investigated this should occur immediately if one to one resolution with the educator / assessor was not possible.

6.13 FEEDBACK

Students will be given structured feedback from their assessor on the outcomes of assessment and opportunities for further development if judged feasible to create a favourable outcome.

Clinical Services collects formal and informal feedback from students about the assessment processes used throughout its qualifications, courses and competencies. The feedback collected via specific feedback forms supplied by external courses that NA is accredited to deliver and through internal feedback forms **QHF 441 Clinical education survey**. These forms are used to bring about improvements to the course delivery methods, tools, and processes used by clinical services.

For further information as to the procedures in place, which ensures quality clinical services are maintained within the education department reference to CGP147 should be made.

6.14 RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning (RPL) is available to clinical staff at National Ambulance, but must be done prior to course enrolment or assessment, at which time the Education Manager will make a determination as to equivalency and direct the staff member(s) to a direct assessment process to ascertain whether the staff member has the required competencies. NA cannot guarantee that any prior learning can be used for the purposes of health professionals licensing.

DOCUMENT CONFIGURATIONS CONTROL DATE

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:

Medical Director

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

Review & Approval:

Dr. Ayman Ahmad
Medical Director

Date