

National Ambulance Mentorship Policy CGP 151

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1. INTRODUCTION

National Ambulance has developed the Mentorship Programme 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 mentorship programme 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 mentorship programme and review processes as required.

2. SCOPE

Mentors are deployed as an extension of the education 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/educator 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

The 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. The MD is also responsible for developing training to support this Policy and Procedure.

The Medical Director 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.

The Education Manager duties include but not limited to the following: Reports to the Medical Director; Reviews reports and information forwarded from the mentorship Coordinator. This includes staff reports, Coordinator recommendations etc.

The Mentorship Coordinator, Reports to the Education 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. Directs Educators to address below standard practice which cannot be remediated in the field by existing Mentors

All Mentorship Staff 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.

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 Education Quality Assurance Policy
- CGP 128 Remediation or Individual Training Plan
- CGP 203 Fitness to Practice Policy and Procedure
- CGP 136 Education and Development Policy & Procedure
- CGP 146 Continuous Medical Education
- CGP 134 Patient Care Protocols

5. PROCEDURE

5.1. Referrals to Mentorship Programme

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

- Medical Director
- Educational Staff
- Operational managers
- Education due CME compliance
- Sub-standard DOR's
- Clinical Investigations
- Clinical Audit
- Station Team Leaders

5.2 Rules of Engagement

Staff deployed to the mentorship programme (mentors & educators) must be developed and supported for their roles in mentorship and are considered an extension of the Education Department. Therefore, Education Policies, Rules and Regulations will apply to the Mentor 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.

Mentors/Educators should:

5.2.1 DO's

- Always introduce yourself
- Be clear about Objectives of your support
- Remain Objective in your assessments
- Provide support and develop candidate at every opportunity
- Be professional
- Intervene in unsafe practices
- Liaise with Supervisors and Mentorship Coordinator
- Remember AHA Principles
- Maintain confidentiality
- Always follow & enforce NA Protocols
- Complete and submit all DOR's
- Lead by Example
- Remember that it is always about the Patient's best interest

5.2.2 DON'Ts

- Be afraid to seek guidance or assistance
- Overstep your bounds of authority
- Bring the Programme, Department or Organization into disrepute
- Speak negatively about your colleagues
- Be afraid of reporting any Hazard, Risk, Incident or Bad Practice

5.2.3 REVIEW

- Mentors will be reviewed every quarterly by the Education Department representative
- Performance Appraisals will be conducted in collaboration with relevant supervisors
- Besides KPI's in the Job Description feedback from staff, colleagues and internal audits may be used in review of mentors' performance in their delegated tasks
- The first line of contact for all mentorship related matters will be the Mentorship Coordinator.

5.3. 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 Risk Matrix) by the 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 |

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

The content of the DOR's must also be communicated with the staff member assessed and there must be mutual agreement on the report. Acknowledgement by both parties must be annotated on the DOR in some form, if not by signature. If staff members disagree or would like to appeal an assessment made, the Education Complaints & Appeals Form (CGF 102) can be completed and submitted to the Mentorship Coordinator within seven (7) days of the assessment conducted.

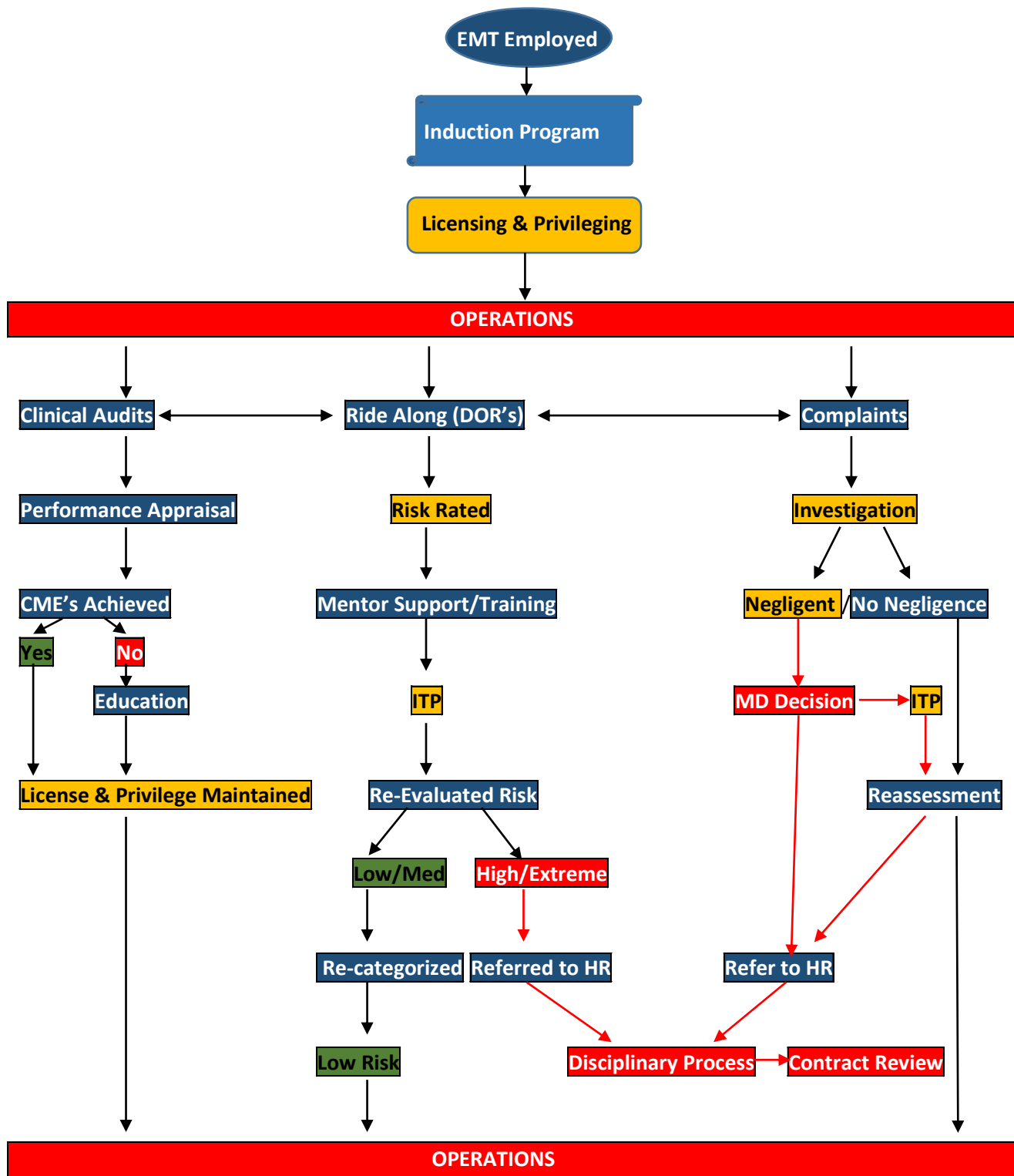
DOR's are required for Supportive, Educational and Developmental processes within National Ambulance. Therefore, the DOR's must be uploaded onto the LMS and is subject to audit. Mentees also have access to their DOR's on record. The Computer Aided Dispatch (CAD) and/or Patient Care Record (PCR) numbers must also be annotated on the DOR as reference, this will aid in tracing records for Audit of the Mentorship Process.

The DOR's once completed needs to be forwarded to the Mentorship Coordinator and also uploaded to the LMS System.

5.4 Clinical Practice Quality Process

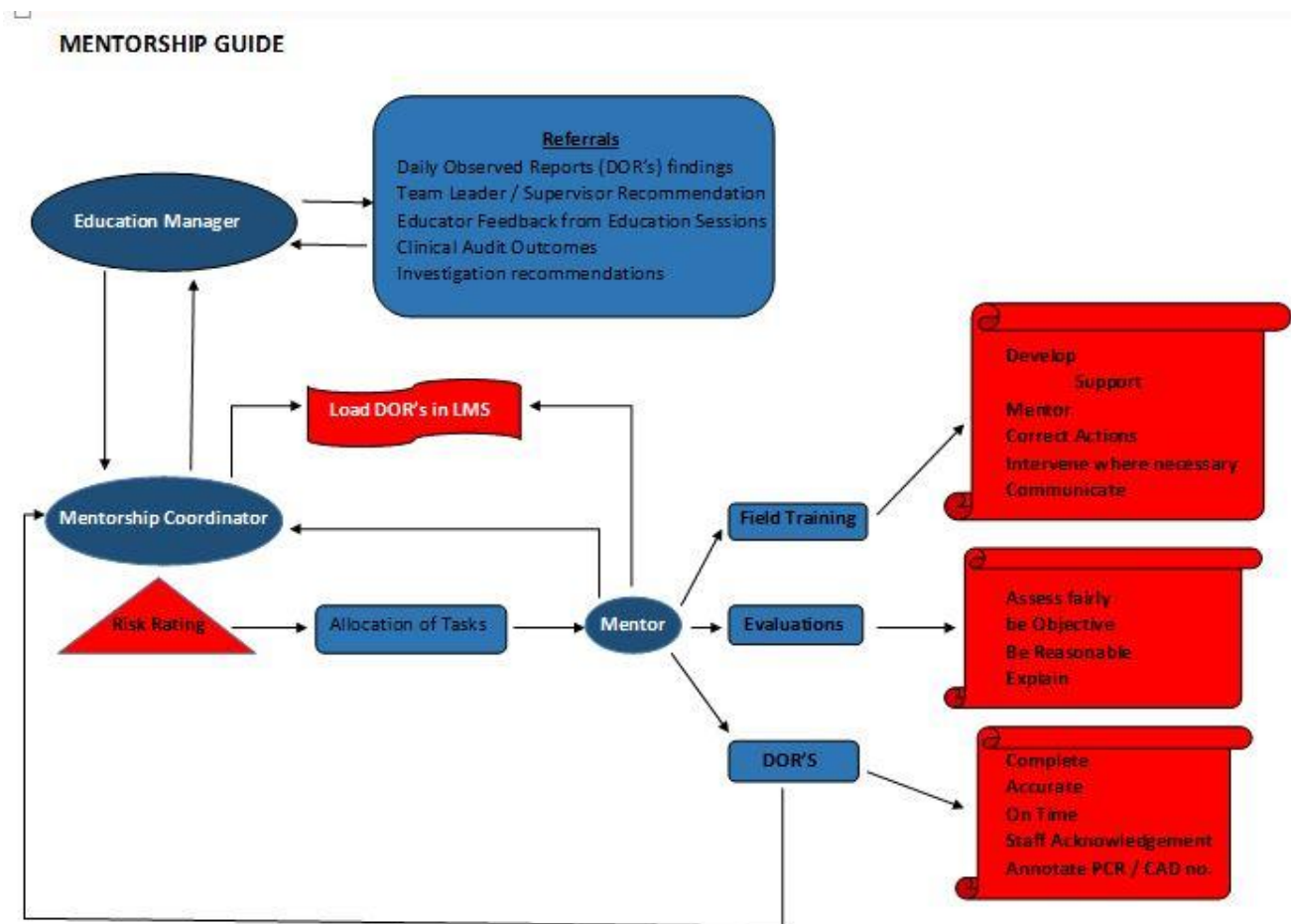
The Clinical Practice Quality template (below) serves to put the roles of the Mentors, Mentorship Coordinator and Education Manager into perspective from a process point of view. The illustration also highlights the information flow and the reintegration of staff into operations after development and/or support.

CLINICAL PRACTICE QUALITY PROCESS



5.5 Mentorship Guide

The Mentorship Guide serves as a simplistic graphic representation of the Mentors working processes and lines of communication. Future endeavors to digitize the DOR's for efficiency will allow Mentors to upload DOR's directly onto the LMS where the Coordinator will be able to access the documents for review.



Investigation cases that may be referred to the Mentors or Education Department may involve intensive physical learning activities accompanied by assessments and other activities to attain the minimum standard required for reintegration into operations. Likewise, in cases where Independent Training Programmes have been implemented for specific staff, a similar process may be embarked on. The role of Mentors, Educators and Supervisors are critical to the remediation and development processes and can be quite stressful. Staff involved in mentorship will always have recourse support through the Education Management structures. If there are any questions, queries or recommendations on the process of mentorship, please liaise with the Mentorship Coordinator (first line) or Education Manager as next option.

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:
The Medical Director

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.

Review & Approval: _____ Date: _____
Dr. Ahmad Ayman
Medical Director

Official Stamp: