|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Session | |  | | Station |  | Shift Time | |  | | |
| EMT Name *(Mentee)* | |  | | Staff No. |  | Signature | |  | | |
| Mentor/Educator | |  | | Staff No. |  | Signature | |  | | |
| *Please indicate the type (✓) & Number (1) of cases you have completed on the shift, below:* | | | | | | | | | | |
| Trauma | Medical | Psych | O&G | Resus | MCI | Other | | | No Runs | |
|  |  |  |  |  |  |  | | |  | |
| *Clinical Category of Staff Mentored* | | | | | | | | | | |
| Driver | EMT-B | EMT-B(ES) | EMT- I | EMT-A | Physician | Mentor | Driver | | | Other |
| Post Shift  Self-Reflection:  Positive Points | |  | | | | | | | | |
| Post Shift Self-Reflection: Clinical/Other Gaps | |  | | | | | | | | |
| Learning Points: | |  | | | | | | | | |
| Mentee Action Plan with agreed date of completion | |  | | | | | | | | |
| Skills Reviewed during the Shift | |  | | | | | | | | |
| Mentors Comments | |  | | | | | | | | |
| Mentor Coordinator Recommendations | |  | | | | | | | | |
| For Admin Purpose | | Document Complete  Captured on LMS  Feedback Submitted (Survey)  Sentinel / QHSE Events Reported  Mentorship Coordinator Reviewed  Performance Trend Annotated    YES / NO / DATE | | | | | | | | |

**Mentorship Programme**

**OPF273 Daily Observation Report (DOR)**

This Observation is aligned to National Ambulance Standards in Policy & Procedure

(Please annotate the selected response with Reference Codes included.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Categories** | **Support / Safety Requirements need** | | | | |
|  | **Urgent Intervention** | **Non-Urgent**  **Intervention** | **Adequate** | **Good** | **Not**  **Evaluated** |
| Knowledge of Polices/ Procedures/Protocols |  |  |  |  |  |
| Clinical Skills (assessed for level of qualification) |  |  |  |  |  |
| Patient Management |  |  |  |  |  |
| Scene Management |  |  |  |  |  |
| Stress Management |  |  |  |  |  |
| Decision Making |  |  |  |  |  |
| Communication Skills *(incl. Patient Handover)* |  |  |  |  |  |
| Mass Casualty / Major Incident Management Performance |  |  |  |  |  |
| Time Management |  |  |  |  |  |
| Safety Considerations |  |  |  |  |  |
| Infection Control |  |  |  |  |  |
| Administration Skills  *(incl. PCR completion)* |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mentees Experience of the DOR Process** (Please select the score below with a tick) | | | | | |
| Rating | Very Poor | Poor | Average | Good | Excellent |
| Score | 1 | 2 | 3 | 4 | 5 |

General Comments (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFICATION STATUS AND REFERENCE CODES:**

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| --- |
| **URGENT INTERVENTION REQ** Demonstrates difficulty in determining and performing basic job component and/or the actions necessary to accomplish required tasks. Requires substantial supervisory/preceptor assistance and review. Quality and quantity of work is usually below acceptable levels. Requires prompting to start tasks. |
| **NON URGENT INTERVENTION REQ** Determines and performs the essential job components and the actions necessary to accomplish required tasks however intervention is required as knowledge base or skill set is borderline in acceptability. Requires an acceptable amount of supervisory direction or review. Quality and quantity of work is within acceptable levels. Demonstrates initiative. |
| **ADEQUATE** Determines and performs the essential job components and the actions necessary to accomplish required tasks. Requires an acceptable amount of supervisory direction or review. Quality and quantity of work is within acceptable levels. Demonstrates initiative. |
| **GOOD** Determines and preforms the essential job components and actions necessary to accomplish to a high standard. Requires no amount of supervisory direction or review. Quality of work is above acceptable standards. Demonstrates high levels of self-motivated initiative |

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|  | Medication Admin & Knowledge | **11.** | IMISTAMBO (+) ASHICE |
|  | Patient Assessment treatment & transport | **12.** | Driving concerns |
|  | Pediatric Assessment treatment & transport | **13.** | Difficulty using ambulance equipment: Suction/Glucometer/Stretcher etc. |
|  | Assessment and management of Pain | **14.** | ECG application & Interpretation |
|  | Leadership / Confidence | **15.** | ETCO2 |
|  | Infection Control | **16.** | Technology Radio / MDT/ OPIQ |
|  | EMT B Extended Scope | **17.** | MCI / Scene management |
|  | PCR / EPCR Completion | **18.** | Vehicle Safety (Driving and Infection excluded) Safety belts / stretcher etc. / shift checks |
|  | BLS - CPR/Vent | **19.** | Arabic/ Other Language Skills  and Cultural Knowledge or Sensitivity |
|  | Trauma skills / Application of splints, C Collars etc. | **20.** | Other |