Mentorship In Ambulance Service

I am a Paramedic working for a local Ambulance Service which I have been for thirteen years. During that time I have been regularly required to assist new members of staff, and also support and act as an advisor to lesser qualified colleagues such as Emergency Care Assistants and Student Paramedics.

I have chosen to reflect in particular on a situation I had with a student which I was co-mentoring. Her behaviour was problematic and unprofessional at times. I shall discuss how I dealt with it and will go on to reflect on what I have learned and how I would do things differently, with reference to the literature available on the subject. My research and reflection conclude that faced with the same situation again, I would deal with it promptly, with greater preparation and more confidently by adhering closely to the Health and Care Professions Council (HCPC) - Standards of proficiency (Health and Care Professionals Council, 2015); Standards of education and training (Health and Care Professions Council, 2014) and Standards of conduct, performance, and ethics (Health and Care Professions Council, 2008). I will also ensure that there is documentation at meetings. I further discuss the importance of preparation to receive a leaner from a mentor. Finally, I will recommend that it is essential for all would-be mentors to attend a training course prior to mentoring and that the training course includes the importance of preparation for the first meeting with the student, and contains expectations of their conduct, attitude, and behaviour. I feel that this ties in with module learning outcomes number 2 – ‘analyse factors likely to enhance and impede the provision of learner support in practice settings’ and also module outcome number 4 – ‘evaluating the contextual issues in healthcare and education that influence the development and implementation of practice-based education.

Being this student’s co-mentor was my first dalliance in the mentorship role. I felt quite under-prepared for this. I gather that this is a common feeling amongst mentors supporting pre-registration students (Mead, Hopkins, & Wilson, 2011), but at the same time, thought it would be an opportunity to challenge my existing knowledge. At this point in my career, I had been working frontline for over 8 years and was confident in my abilities as a clinician and felt I could pass on the knowledge gained in that time. Ali & Panther (2008) agree, and say that confidence in practice, experience, and competence are the first milestones on the progression to mentorship.

The student was allocated to us via a ‘contract mentoring’ approach (Downie & Basford, 2003), where students are assigned a mentor from a pool. She was a bright 18-year-old, and was keen and confident. However, as time went on, her behavior gave us cause for concern. She did not adhere to the dress code, frequently turned up for shifts with her long hair not tied up, wore facial piercings, numerous earrings, and turned up the short sleeves on her shirt. She would also turn up just on time for shifts or was late. In addition, she did not accept advice or criticism from my co-mentor well. At first, informal requests were made by both mentors for her to adjust her dress code, be more accurate with her time-keeping, and to accept advice and criticism when given. The student listened but did not alter her behavior. At this point, both myself and the co-mentor felt like terminating the relationship but we felt sorry for her, she was young, studying at university for the first time, and living on her own, a long way from home, so we

thought we would persevere. I thought it might be soul-destroying for her to have no mentor within her first year and might cause her to leave the course. Duffy (2003) agrees that others have felt this way when faced with the prospect of ending a student's career, and that is the reason that they 'failed to fail' a student. Furthermore, Duffy (2003) goes on to say that novice clinical teachers, unsure of their role, are reluctant to fail students in clinical practice because they are unsure of the legitimacy of their judgments. Throughout my time working with the student, I made repeated requests for her to tie her hair up, remove nail varnish and become more punctual. At no point did I address this more formally. However, I knew I had to take action. I was unsure of how to proceed and felt quite helpless. My Operations Officer at work suggested speaking to the university. The contacts I had at the university did not return my calls or emails. I eventually took matters into my own hands and arranged for the student and me to have an informal meeting. Chin (2008) says that poor behavior can occur for a variety of reasons such as being overwhelmed by home and family crises, volume of work, and feeling underappreciated. Chin (2008) goes on to say that often in health care environments, the culture of silence results in behavioral problems going unchallenged and that Nurse Managers only implement strategies to improve behavior once a significant incident has occurred. On reflection and further reading, I now understand that when a student is not reaching relevant competencies, including their attitude or conduct, it is essential that a mentor acts promptly before the behaviour of the individual concerned becomes dangerous or significant events occur. (Stevens, 2013; Price 2006). Chin (2008) and Price (2006) cite some pointers for future reference for dealing with problematic behavior. These include:

- Establishing facts first because a complaint might not be objective;
- Inviting the learner to evaluate the relevant episode;
- Asking the right questions;
- Reserving the right to consider your response to any arguments made by the learner;
- Directing focus on the solutions rather than the problems.

Stevens (2013) also says that documentation as well as good communication skills,, are essential when conducting placement interviews.

If such an incident happened again, I would be more confident in supporting and stating my case by using not only my employer code of conduct but by referring to the explicit guidance by the HCPC on conduct and ethics for students (HCPC 2016), in particular, section 3 which states 'high standards of personal conduct must be adhered to. Furthermore, as a Paramedic mentor, I must also not lose sight of the fact that I am accountable to the HCPC and the following standards: Standards of proficiency – Paramedics (Health and Care Professionals Council, 2015); Standards of education and training (Health and Care Professions Council, 2014) particularly standards 5.7-5.9 and 5.1 which are specific to practice placement education, and the Standards of conduct, performance and ethics (Health and Care Professions Council, 2008) particularly in this instance, standards 1-3 which relate to personal and professional conduct.

A further study goes on to says that group supervision can help the inexperienced co-worker more rapidly to develop expertise within his/her working area, which can be seen as an important tool in today's financially focused and time-pressurised healthcare service (Brink, Back-Petterson, & Sernert, 2012). In the situation that I was faced with, I feel that that as a sign-off mentor, group supervision needs to be approached carefully. I did not find it easy to follow who my student was working with and when, and what competencies she had and had not reached when it came to signing her portfolio. I am currently co-mentoring a student with just

one Paramedic colleague and find coordinating communication about the student and their competencies much more simple.

I said earlier, I felt under-prepared to receive my first university student, and am sure that if I was more adequately prepared for the role of being a mentor, perhaps by attending a course such as the one that I am completing at Plymouth University (Mentorship Module HEAB370), I would have been able to deal with the situation in a more timely and competent manner. I gather that I am not unique in this situation and that the preparation of mentors, particularly in nursing is widely discussed.

There are increasing numbers of students and new graduates in the workplace and it is expected that all paramedics are able to facilitate others' learning. However, the literature reports a number of constraints for nurses when facilitating the learning of others, namely, inadequate preparation about how to foster learning in this context, poor planning, lack of reward or recognition for the role, and lack of understanding about the specific learning needs of students and new graduates (Henderson & Eaton, 2013). Therefore, mentors must be provided with information on the principles of adult education as well as techniques for developing learning objectives, using effective teaching and learning styles, and giving feedback and evaluation (Madhavanpraphakavan, Shukri, and Balachandran 2013). Looking forward, I think that preparation to receive a learner is key, and in this instance, a prepared and formal approach to the initial meeting, might have got us off to a better start. Many sources of literature discuss plans for the first meeting, such as sharing details about careers past and present, experience, and anxieties that the student may have (Craig & Smith, 2014; Cassedy, 2017; Gopee, 2008). I feel that this initial meeting or ‘intake session’ would also set boundaries and expectations (Claridge & Lewis, 2005), and include etiquette, for example arriving punctually, correctly dressed, and treating others with respect (Price, 2005).

At present, there is no minimum standard expected of a paramedic mentor, despite there being clear standards of proficiency and conduct for paramedics determined by the HCPC (Armitage, 2010). This is in contrast to nursing were all sign off mentors have to meet certain criteria which have been decided by the NMC (Nursing and Midwifery Council, 2008).

There is no doubt that paramedic mentors are a necessity to assist students with transitioning to the pre-hospital environment, where 50% of learning takes place ‘in practice’ (Jones, 2012). However, the lack of a nationally recognised course for paramedic preceptors is not something that is unique to the United Kingdom but is reflected internationally. Gurchiek (2014) states that in America, regardless of their pre-hospital experience, paramedic preceptors may not have had a proper education in the teaching-learning process and may not have been provided a quality preceptor training program.

With the phasing out of the vocational paramedic qualification, and the rising number of paramedic students, there is increasing demand on paramedic mentors, This increase in demand raises questions about the ability of paramedics to perform the teaching role and their ‘work readiness’ (Edwards, 2011), which I agree with, and feel liked I could have performed much better had I been adequately prepared for the role, and supported within it.

Therefore, I recommend that it is a minimum requirement for paramedic mentors to attend a course such as the one I am currently undertaking and that this incorporates the importance of an initial first meeting. This meeting would cover not only practical matters such as orientation

and introduction to the workplace, learning goals and outcomes but also workplace etiquette, a professional approach, and matters such as arriving punctually, alerting for sickness, uniform, standards of grooming, and respect of colleagues (Price, 2005). This is something I have since incorporated into my practice.

In conclusion, if faced with problematic behaviour again, I would know to deal with it very quickly to ensure that a student's behaviour does not continue and does not escalate. I also know how to prepare for the difficult meeting to broach this subject and would ensure that I cover the following points:

- Establishing facts first because a complaint might not be objective;
- Inviting the learner to evaluate the relevant episode;
- Asking the right questions;
- Reserving the right to consider my response to any arguments made by the learner;
- Directing focus on the solutions rather than the problems;
- Documenting the meeting.

If I needed support to state a case I would consult the HCPC codes of conduct, standards of proficiency and standards of education and training which state clearly the requirements and expectations of not only the student, but myself as well.

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