Original research

Mentorship within the paramedic profession: a practice educator’s perspective

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Abstract

Background – The rapid ascension of paramedic science within higher education is creating a significant culture change within the profession. Clinicians are now accountable for both their patients as well as the learning of their students. Mentoring practices in the paramedic profession have been adopted from the findings of professions allied to healthcare, including medicine, nursing and midwifery, where mentorship is well established. The insufficiencies of this model need to be tested to account for the idiosyncrasies of the paramedic role.

Methods – A convenience sample of paramedic educators were identified across two ambulance services. Focus groups were conducted to obtain rich data about participants’ opinions on current mentoring practices within the paramedic profession and recommendations for how this can be improved.

Results – Results demonstrated the importance of learning through observation, teaching skills and personal qualities in relation to the paramedic educator role, as previously identified in the literature produced by professions allied to healthcare. Paramedic educators also identified current challenges to practice that included organisational issues such as ‘support’, ‘recognition’ and the ‘mental well-being’ of students.

Conclusions – This is the first primary research to explore mentoring from the paramedic educator perspective. In order to undertake their role more effectively paramedic educators are looking for a greater investment into the culture of mentoring by ambulance services and universities to address the identified organisational issues.

Keywords
paramedic educators (PEds); mentorship; culture change; support; recognition; well-being

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Introduction

The paramedic profession is undergoing a significant internal culture change, characterised by its recent and rapid ascension into higher education (HE). Practice placements are now an integral part of all HE paramedic programmes and are required to be spread throughout the duration of the student’s study (Health and Care Professions Council, 2012), where a minimum of 2250 hours should be spent in placement in order to ‘achieve adequate exposure in practice’ (College of Paramedics, 2014). This move has placed a greater reliance upon paramedic practice educators (PEds) to assist in the development of student paramedics in the clinical environment.

Due to the limited research surrounding the requirements for mentoring paramedic students, ‘mentoring’ practices have been adopted from the findings of professions allied to healthcare, such as medicine, nursing and midwifery, where the role of mentoring is well established. However, it has been suggested that the transferral of findings from other professions may underplay the idiosyncrasies of the paramedic role, potentially leaving students confused and defensive (Lane, 2014). This recent qualitative study of student paramedics’ perception of the PEd role highlighted a lack of congruence between the current PEd model of mentorship and the mentoring requirements of student paramedics. Participants of the study identified that ‘adjustment to new settings’, ‘anxiety’ and ‘barriers to entry to the paramedic culture’ as personal challenges to practice, and that ‘learning through observation’, ‘teaching skills’ and ‘personal qualities’ were key themes in the mentor/mentee relationship.

To date, there has been no primary research that has explored mentorship in the paramedic profession from the PEd perspective. In addition, the lack of paramedic-specific mentorship research has resulted in reliance upon the mentorship models from other healthcare professions when creating the PEd model. The insufficiencies of this model therefore need to be tested to account for the idiosyncrasies of the paramedic role.

In an attempt to answer the question, ‘What do nurses want in a mentor?’ Darling (1984) published the findings from 150 qualitative interviews with nurses, physicians and healthcare executives surrounding their experiences with mentors. She asserted that nurses were similar to other individuals in what they defined as essential in the ‘mentoring’ relationship. Similar to nursing, paramedic education is a competency-based and practice-assessed profession; therefore many of Darling’s (1984) assertions may also be true of the student paramedic–PEd ‘mentoring’ relationship.

Darling (1984) identified three vital components of the mentoring relationship that must all be present for the mentoring process to be a success. She stated that the absolute requirements for a ‘significant mentoring relationship’ are: attraction (the mentor’s influence as role model); action (the mentor’s investment of time and effort); and affect (the mentor’s emotional support and reassurance). These translate into three specific research themes:

1. Learning through observation (mentor as inspirer)
2. Perspectives of teaching skills (mentor as investor)
3. Observations of personal qualities (mentor as supporter)

Guba and Lincoln (1994) argue the ‘credibility’ of research findings are determined from the perspective of the research participants, which in the context of Darling’s (1984) published article it is not possible to comment upon. However, the wide adoption of Darling’s (1984) work by healthcare professions is a clear demonstration of the ‘transferability’ of her results and assertions (Gopee, 2011; Morton-Cooper & Palmer, 2000). Furthermore, Darling’s (1984) commentary that ‘nurses are no different from other people in what they find essential in an important, major mentor relationship’, is perhaps an indicator of the ‘dependability’ of her results and evidence that she has found the same results on more than one occasion when exploring the components of a major mentor relationship. Finally, the ‘confirmability’ of Darling’s (1984) assertions are perhaps best demonstrated by the adoption of her work in 45 peer-reviewed journals, h-index of four and recognition in several influential mentoring texts (Gopee, 2011; Morton-Cooper & Palmer, 2000).

While none of these findings directly relate to PEds, their findings are valuable in referring to healthcare professionals who share broadly similar mentoring experiences. Even so, understanding of the PEd role is currently based on rather superficial foundations that may not recognise the distinctive culture that exists within the paramedic profession.

Aims and objectives

The aim of this research is to explore PEds’ perspective of ‘mentoring’ issues specific to the paramedic profession, as well as ‘mentoring’ issues in relation to learning through observation, teaching skills, and personal qualities of PEds. The research objectives are:

1. To explore mentoring issues in relation to learning through observation
2. To explore mentoring issues in relation to teaching skills of PEds that enable learning in clinical practice
3. To explore mentoring issues in relation to personal qualities of PEds that impact upon the students’ capacity to learn
4. To identify PEds’ perspective on mentoring issues specific to the paramedic profession

Methods

The PEd sample was drawn from two ambulance service trusts; all PEds had more than one year’s experience of
mentoring students from a HE setting. Participants were recruited through established links with ambulance services, and were therefore chosen as a convenience sample. A qualitative approach was chosen to allow us to fully explore the views of participants. Focus groups were conducted to allow us to obtain rich data about participants’ opinions on current mentoring practice within the paramedic profession and recommendations for how this can be improved. Focus group facilitators followed an interview schedule to help guide the discussions; evidence from the initial study of student paramedics’ perspectives of PEds (Lane, 2014) was used to generate a semi-structured schedule of questions and prompts. These started with questions around the experience of mentoring from the participants’ perspectives and their thoughts around what makes a good mentor. Subsequent questions were aimed at how they would deal with students in the mentoring role and how students best learn from that role. Finally, questions were asked around how mentors are supported and what the biggest challenges are – see Table 1 for the topic guide.

The interviews were audio recorded and transcribed verbatim by a university-based transcriptionist. The transcripts were read independently by two researchers who each used thematic content analysis to identify key themes, which were then agreed upon. All data collected were subject to a constant comparison method of analysis, which was used to inform further data collection (Strauss & Corbin, 1998). To further improve the validity of the data analysis a researcher compared the transcripts with the digital recordings for accuracy; these were anonymised to ensure confidentiality.

Prior to each focus group the facilitator explained the purpose of the study which was reinforced with information sheets. Written informed consent was obtained from all participants and they were offered £15 worth of high street vouchers as an incentive to participate; signed forms to confirm receipt of these were collected. Participants were reminded that participation was on a voluntary basis and they could withdraw at any time from the study. They were also given the opportunity to ask any questions before the recording started. Ethical approval was received through the internal University of Greenwich Research Ethics Committee (UREC).

**Results**

**Demographic characteristics of the study sample**

A total of 14 PEds participated in the focus groups across the two ambulance services: six females (43%) and eight males (57%).

**Learning through observation**

Several PEds identified the importance of knowledge and experience in a mentor. Many PEds felt that it was important for mentors to have been through, and understand the University model of paramedic education, in order to be a successful mentor.

PEds also felt that expecting a paramedic to become a mentor immediately after leaving university was asking too much.

> "If you come out of the university, you’re not ready to mentor; you need a few years’ experience on the road first."

"I think you need to find yourself before you then take on a student."

PEds also felt that expecting a paramedic to become a mentor immediately after leaving university was asking too much.

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<th>Table 1. Focus group topic guide.</th>
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<td><strong>Questions</strong></td>
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<td>Do you currently mentor students?</td>
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<td>What qualities and attributes make</td>
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<td>a good mentor?</td>
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<td>Have you ever been mentored?</td>
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<td>How do you teach a skill in practice?</td>
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<td>Have you had to deal with a student who has had a bad experience?</td>
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<td>How do you deal with students who have done something wrong in training?</td>
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<td>How best do you think students learn from the mentoring role?</td>
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<td>How does your organisation support you in undertaking your role as a mentor?</td>
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<td>What are the biggest challenges you face in mentoring students in the clinical environment?</td>
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<td>Any further comments regarding mentoring issues?</td>
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Lane, M, Rouse, J and Docking, RE, British Paramedic Journal 2016, vol. 1(1) 2–8
I quite frankly think it’s utterly wrong to allow mentors within a year post-qualifications … the amount that’s coming at them, it’s so thick and fast.

In some cases, it was identified that it may never be appropriate for an individual to take on a mentoring role.

some people are just not cut out to be a mentor.

it’s used to make people become a mentor where some people don’t have the knowledge, desire or will to be a mentor, or capability to do it … they’re pushing people through, so actually your quality of mentorship is watered down.

**Perspectives of teaching skills**

All participants agreed that the key way to teach a skill in practice was through a problem-based learning approach. In time-critical situations PEds would often have to take over from students who were not yet able to manage the situation. Feedback after these events was essential to discuss the event and how the student felt about it. However, a lack of time, due to the pressure to get to the next job, was identified as one of the biggest challenges in regards to undertaking effective education with students in the clinical environment.

… they want to understand why things were as they were, and if you don’t talk to them about why things were as they were, and the implications for the kind of health problems that that individual was suffering from, and how all those systems are connected together, that student’s not getting value for money … maybe they were too about their turnaround times to really take him through the intricacies of various jobs that he was seeing.

The complex clinical environment paramedics operate within was also identified as a significant challenge while teaching students new skills. In some cases PEds would manage the external environment for the student and then discuss the situation in the feedback afterwards.

the environment is probably the biggest challenge, because there’s so much that you have to take in.

you’ve got a screaming mother, you’ve got … something going on around the corner, you’ve got to talk to the patient at the same time … they’re (the student) not managing the scene how you would … I would attempt to manage everything else which allows them to cocoon themselves … then I’ll explain afterwards.

**Observation of personal qualities**

The personal qualities listed as important for the role of a mentor remained consistent throughout all four focus groups. PEds agreed that a key quality that impacted upon a student’s capacity to learn was being approachable.

inspiring through confidence in them so that they feel able to talk to you, question you, ask you what you’re doing and why, and come to you if they’ve got any problems at all.

The qualities of honesty, trustworthiness, supportive-ness, patience, kindness, enthusiasm, respectfulness and maintaining high standards were all mentioned.

if your standard isn’t completely up to scratch, then you’re teaching them a lower standard.

It was also raised that the PEd should have an understanding of the student’s level of education and their personal level of development.

has an understanding of the expectations on the student and the learning outcomes that they’re hoping to achieve.

understanding where they are in regards to their learning, and aligning your mentorship to there, and that’s not in regards to only their knowledge and skills but where they are as a professional and as a person.

**Organisational issues**

**Recognition**

Some PEds felt that their organisations currently do not do enough to recognise the role of the mentor. They identified recognition could be received in a number of ways, including appropriate pay banding, payments towards further education, changing the understanding of mentoring at a national level, and a general recognition of their extended role.

but it’s a lot of effort and extra work for the person on the road … and it’s something you get zero pay for … and you don’t get any recognition.

for mentorship to work it has to be valued and have value within an organisation.

PEds were particularly interested in receiving feedback from students about their effectiveness as a mentor, identifying that this was an incentive to continue mentoring and formed part of their professional development.

I think the recognition of the role the mentor played in developing up the student and then the registering, so for example if, when we’ve had a couple of times where students have been given letters of thanks, they’ve been mentioned in letters of thanks, there may be an acknowledge-ment of who that student’s mentor was … feeding back that you’re doing a good job … you want to know that you’re getting it right and you want to know that you’re doing a good job.

Some PEds identified positive changes towards a more structured approach to mentoring, including university-led mentorship courses and the provision of additional ‘mentoring’ time in their pay structure.

**Support**

An item that was consistently brought up throughout this research was the support that PEds themselves need while undertaking the mentoring role. PEds identified that they themselves may require a mentor, to ensure they have
someone to go to when they are challenged by the role or require support.

it would be very nice to have a situation where the mentors have a mentor to mentor the mentoring.

Several PEds identified the desire to learn about mentoring from Allied Health Professions who have established systems of education and mentorship.

I think we could learn a lot from GPs from a mentorship perspective, because their educational system is all around the apprenticeship model.

A strong point made was that the long-term benefit of supporting mentors would enable students to have positive placement experiences and therefore, when looking for a primary employer, they would be more likely to return.

if they come out and they have a good time on placement … if they like what they have to offer and they feel supported then they are more likely to look at them as a primary employer and they’re more likely to come to you and feed to you and your workforce in the future.

Mental well-being of students

There was repeated mention of the mental well-being of students and the lack of any additional support surrounding the high cases of post-traumatic stress within the paramedic profession. PEds were concerned that the current infrastructure did not adequately support students to cope with situations they are faced with.

the difficulty with our profession is we’re getting busier and busier, and the pressures get more and more, and things like welfare get put to the back of the pile.

… they put it in that box and push it away to the background.

Discussion

The aim of this research was to explore PEds’ perspective of ‘mentoring’ issues specific to the paramedic profession. The results demonstrated the importance of learning through observation, teaching skills and personal qualities in relation to the PEd role, as previously identified in Darling’s (1984) seminal research as well as in a recent study of paramedic student perspectives of mentorship (Lane, 2014). Similarly to paramedic students, PEds identified challenges in relation to mentorship. While students talked about personal experiences including ‘adjustment to new settings’, ‘anxiety’ and ‘barriers of entry to the paramedic culture’, PEds identified challenges at an organisational level, including ‘support’, ‘recognition’ and the ‘mental well-being’ of students.

Current challenges to practice

Support

When asked about the biggest challenges within the mentoring role, lack of time was raised consistently across all focus groups. PEds attributed the lack of time in the day to the ‘busyness’ of the clinical environment, allowing for limited opportunities for constructive feedback. Teatheredge (2010) identified that this may contribute to reduced academic standards, as mentors do not have the time to adequately assess the required competencies of students in practice. However, Cassidy (2009) argues that it is in fact the unpredictable nature of these learning environments that provides the eclectic learning opportunities required to meet the diverse learning styles, methods and needs of students. Although operational pressures will continue to take precedence over mentoring, arguably ambulance services need to recognise the significant challenges PEds face while educating students so as to ensure an adequate workforce for the future; this requires an investment into the culture of mentoring.

An interesting concept identified within this research was the potential differences between PEds who had been through university paramedic education and those who had not. Some PEds who had not been educated through a university system identified that they may be ill-equipped to fully understand the competing clinical and academic pressures on students. Educating PEds on HE paramedic programmes is currently covered in the Certificate of Practice Education, however this qualification is still in its infancy and often PEds may start the role after only one day’s training. In contrast, mentorship training within nursing has well-established links with HE programmes, including annual updates to notify mentors of any relevant changes that may affect their practice, and link tutors to support students in the clinical environment (Nursing and Midwifery Council, 2008). Further consideration from higher education institutions and ambulance services as to how they will offer support to PEds is required, to ensure they are adequately informed to successfully mentor HE students in practice. Related to this was the concept that mentoring should not be taken on within the first few years of qualifying, and in some cases should not be taken on at all. While it is essential there are sufficient numbers of mentors to support the identified growth in the paramedic profession, it is important that organisations do not force a role on someone who is not ready or not suited, as evidence suggests a clinician’s ‘motivation’ when undertaking the mentor role is indicative of their effectiveness in clinical teaching (Smith, Swain, & Penprase, 2011).

Recognition

It is noted that some organisations are beginning to make positive changes towards a more structured approach in mentoring, including formally recognising the additional time many PEds invest in students over and above their contractual obligations. Another important point of recognition for PEds may come from students. This research suggests that student feedback provides an incentive for PEds to continue mentoring as they recognise the positive
impact they are having on the individual. However, there still remains a lack of sufficient ‘incentive’ for paramedics to take on the PEd role, where recruitment is largely dependent on goodwill. In contrast, the culture of mentoring within nursing is more established, where clinicians actively engage in the process of mentoring for career progression, and where specialist roles such as sign-off mentors exist (Nursing and Midwifery Council, 2008). Greater research into the motivation of those paramedics who undertake the PEd role, as well as how organisations can incentivise effective mentoring attributes, is required. This research could inform the paramedic profession as to how to further embed the culture of mentoring within ambulance services organisations.

Mental well-being of students

In situations where the student has had a bad or stressful experience it is essential that there is reduced operational pressure to allow time to talk through events. The World Health Organization (2015) has demonstrated an association between stressful work conditions and poor mental health. The combination of organisational ‘stressors’ and exposure to significant psychological ‘stressors’, including workplace violence and traumatic events have the potential to place students and paramedics under significant work-related mental stress, creating a vulnerability towards poor mental well-being. Evidence of the former may be demonstrated by the high levels of absenteeism found within the ambulance service (Health and Safety Executive, 2014). A high level of work-related mental stress has also been proven to contribute to poor physical health (Hegg-Deloye et al., 2014), impact negatively upon social and family relationships (Van der Ploeg, & Kleber, 2003), and reduce an individual’s ability to undertake their clinical role effectively (Irving, Dobkin, & Parl, 2009). Nonetheless, dealing with stressful events does become easier with experience. A study of 219 paramedics and student paramedics in Australia identified that student levels of resilience are significantly lower than qualified paramedics, regardless of the number of years an individual had as a qualified paramedic, (Gayton & Lovell, 2012). Although these results were not adjusted for the lower age found in the student paramedic population and the potential impact of this upon resilience, it does suggest that resilience is associated with time ‘on the job’.

While it was not within the remit of this paper to cover this subject area, it is evident that ambulance staff work in a highly stressful environment that has the potential to impact on an individual’s mental well-being. Further research is required to investigate how students and practitioners cope with the complex and challenging environment paramedics operate within. Furthermore, as the resilience levels of students and qualified paramedics differ, we need to consider what interventions can be utilised to improve student mental well-being.

Limitations

While the authors utilised two ambulance services in their recruitment of participants, it is possible that the perspectives identified within this research may not apply to other ambulance services. Therefore, future research should look to include the views of PEds who work across additional ambulance services. Furthermore the use of focus groups can often promote views of participants who are more vocal, however the researchers were experienced in facilitating such events and could confidently manage the situation accordingly, to ensure all participants were equally involved where possible.

Conclusion

This is the first, primary research to explore the role of mentoring in the paramedic profession from the PEd perspective. PEds recognised that there are lessons to be learnt from other professions where mentoring is well established, such as in nursing and medicine. However, while it is important to learn from others, PEds also noted that it is the unique, unpredictable nature of the clinical environment in which they operate that provides a significant challenge when teaching paramedic students. It is also this challenging clinical environment that creates concern among PEds for the welfare of paramedic students’ mental well-being.

In order to undertake their role more effectively PEds are looking for a greater investment into the culture of mentorship within the paramedic profession. This research suggests organisations could support their workforce by providing additional time to PEds who are teaching paramedic students, while universities could provide educational programmes that inform the PEds of the academic challenges faced by their students. PEds are also looking for recognition from students in the form of feedback, as well as from their employers in the form of an ‘incentive’ to undertake the role.

This study has provided new insight into the mentorship model within the paramedic profession. It addresses some of the key organisational challenges identified from the PEd perspective, such as lack of support and recognition as well as concerns over the mental well-being of paramedic students. It also highlights a similarity in perspective between PEds and students in relation to learning through observation, teaching skills and personal attributes. Finally this project does not suggest ambulance services or universities are inadequate, rather it suggests the student–PED relationship is complex and the borrowed model of mentorship has reached the limits of its usefulness for an expanding and stretched profession. For mentoring to successfully embed itself within the paramedic profession, ambulance services, universities, PEds and students alike have a responsibility to reflect upon their experiences and adapt to a changing culture.
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Author contributions

Matt Lane: Completed grant application; established relationships with partner organisations to identify participants; lead on focus group data collection; produced final draft of paper.

James Rouse: Assisted in focus group data collection; commented on draft of paper – including comments on analysis, results and interpretation.

Rachael Docking: Assisted in focus group data collection; conducted data analysis; produced first draft of article.

Conflict of interest

None declared.

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References


