

Mentor Medics

By Greg Schaffer, EMT-P

Many new paramedics and EMTs look at successful prehospital care providers and think they were always successful. The fact is that the "ace medic" was not born an "ace medic." He or she developed over time, through much trial and error, with correction along the way. Much of what makes or breaks novice paramedics/EMTs is the first few months. Who will they ride with? What will they see? What will they hear? What kind of feedback, if any, will they receive? The key to the long-term professional life of the novice paramedic/EMT is a sincere mentoring relationship. Many have been set up for failure by an organization that was unwilling to invest in an adequate mentoring program. Paramedics/EMTs who are not properly mentored and then released to make critical decisions before they are properly prepared to may not remain in the field. Organizations must invest in mentoring if they are to fulfill long-term goals of staffing units and providing excellent service to all customers. Organizations are only as successful as our most important asset—our people.

Mentoring programs for new paramedics/EMTs can help solve the problem. The current shortage of paramedics should provide enough reason to take care of novice paramedics. At the same time, it's vital to the profession to provide professional development for experienced paramedics, and mentoring is one way of doing that.

Too often, paramedics who are asked to mentor a new paramedic/EMT or a paramedic new to the organization have very little training on how to coach and mentor. In order for a novice paramedic to feel successful, and for the mentor to grow professionally, the mentor should possess certain proficiencies.

Proficiency One: Understand the Mentoring Role

Mentors must understand the mentoring role and be committed to acquiring appropriate knowledge and skills. In some organizations, mentor paramedics have access to seminars and training opportunities that also provide mutual support among mentors. These mentors are offered adequate time to plan and support mentoring activities, observe novices and provide feedback. The mentor and the novice may be provided with adequate working time and patient-care encounters to team-treat to demonstrate effective treatment approaches.

In other cases, a new paramedic is simply paired with a more experienced one, as a sort of informal "buddy," and each is left to figure out how to make the most of the mentor relationship. The results of this type of situation can be frustrating to both the mentor and the novice. Craig Stanley, an EMS officer in metropolitan Atlanta, GA, says, "The paramedic's mentoring is just as important as the training he or she receives in the classroom."

Proficiency Two: Initiate the Relationship

Mentors need to take the first step to create a welcoming, colleague-to-colleague learning relationship. An ideal setting for first contact is an informal meeting organized by the organizational leadership to provide an opportunity for the new paramedic to meet his or her mentor. If this does not happen, an informal meeting away from the station at the mentor's invitation will provide an excellent opportunity to lay the groundwork for an effective relationship.

Mentors should encourage their colleagues to talk about their training program and previous EMS experiences, and they should ask what kind of mentoring support the novice would find most helpful. Mentors should also share something about their own experiential backgrounds and establish a context within which the mentoring relationship can grow.

Once the new paramedic/EMT has reviewed basic information, the mentor and novice should meet to discuss specific goals and objectives related to the mentoring relationship and the novice's patient-care performance. Points to cover in this conversation include:

- Which aspects of patient care should the mentor and the novice focus on first?
- What are the goals and desired outcomes of mentoring from the new paramedic's perspective? From the mentor's viewpoint?
- How will feedback sessions be scheduled?
- Which performance criteria and evaluation tools will be used to measure growth?
- How can mentoring strengthen each participant's professional development?

At each of these early stages of the mentor relationship, the mentor should create an atmosphere in which the novice feels supported as a colleague and a full partner in the professional life of the organization.

Proficiency Three: Establish a Climate of Peer Support

In any work environment, newcomers look to more established colleagues to help them learn the ropes. Mentors can help new paramedics/EMTs learn what's expected of them as professionals and as team members, and how to meet those expectations by sharing practical steps to patient assessment, patient treatment, multiple-patient scenes and administrative requirements. Then the new paramedic/EMT is better able to focus on task-level functions.

Often, what is most difficult for mentors is providing constructive feedback to the new paramedic/EMT while maintaining a relationship as a peer and colleague. The primary role of the mentor should be support provider, not formal evaluator. Stanley states, "It's not just a matter of filling out a daily evaluation

form saying, 'Johnny checked out the monitor without any errors, and is nice to all his patients, so he gets a score of seven on a scale of one to seven.' The mentor has to know that what he or she is doing is a large portion of the new paramedic's education."

New paramedics/EMTs need someone to talk to. The novice needs freedom to stretch developmentally by implementing treatment plans, managing the scene and providing patient care; the mentor needs to encourage this freedom while being available to guide, provide helpful feedback and be a sounding board for the novice.

A peer relationship can be beneficial to both the mentor and the novice. Paramedics/EMTs strengthen their skills and professionalism by interacting with each other, by trying new approaches to patient care, by sharing ideas with peers, and by using peer input to evaluate and revise their patient-care strategies. A successful mentoring relationship will make the most of interaction of this nature.

Proficiency Four: Model Reflective Practices

There is no one way to treat patients, nor is there a guarantee that novice paramedics/EMTs will follow and adapt a mentor's techniques according to their style. But mentors can assist novices in translating content knowledge and skills into patient treatment encounters and scene management. One of the most effective ways for a mentor to help a novice develop his or her own skills is to demonstrate a reflective approach to patient care, self-evaluation and implementation of new ideas.

A mentor can provide guidelines for making reflection part of their daily practice. One way to regularly capture thoughts is by creating a "What's Working/What's Not?" journal. In this way, the novice can record notes about such topics as scene management, patient-care activities and delivery of service. Another idea is to create feedback forms similar to the one above, to capture both the novice's self-evaluation and the mentor's input.

Proficiency Five: Apply and Share Effective Patient-Management Strategies.

For many new paramedics/EMTs, patient management presents high levels of anxiety. Mentors can help reduce these feelings by encouraging ongoing dialogue, sharing patient-management strategies and modeling appropriate provider-patient relationships. Peer support is important as well. Novice paramedics need to know that all paramedics/EMTs develop their own approaches to patient management, and that it is natural to try a variety of strategies before deciding which ones are most effective for a particular healthcare provider.

A novice may appreciate a mentor-provided patient-management checklist.

This tool would be useful as a guide while observing a novice, and as a reminder in his or her own planning of patient-management strategies. A checklist of patient-management standards can also be useful as a reflective tool for self-evaluation or for meeting with the mentor. Items on such a list might include the following:

- Communicates clearly with the patient.
- Manages the scene efficiently.
- Completes thorough patient assessment.
- Identifies the patient's chief complaint.
- Formulates appropriate treatment strategies.
- Provides clear direction and leadership for other rescuers on the scene.

Proficiency Six: Embrace Mentoring as an Investment in Professional Development

Mentor medics should be selected because they are leaders in the agency and effective paramedics on the scene. Simply put, the mentor should know the way, go the way and show the way. It is important that the mentor medic has walked in the shoes that the novice now travels in. The mentor medic should have already mastered the skills and abilities that he now facilitates for the novice. Mentors are likely to be dedicated to their profession. Mentors can view mentoring as just another obligation in an already crowded schedule, or they can embrace it as an opportunity to deepen their skills and professionalism. In order for mentors to continue to be successful, they must feel they have support from their organization. "Not only is it important to have qualified mentors, but that the organization value the mentor's opinion," says Stanley. "You cannot have a preceptor say, 'This medic is not ready,' and place that new medic in the system anyway because your department is short on personnel. I guarantee you'll be dealing with the new medic later with remedial training." Mentors need an attitude of being lifelong learners and must understand that mentoring is an opportunity to develop leadership skills in themselves and in those they mentor. The mentor should be selected for displaying a positive attitude. The least successful mentor-novice relationships are those in which mentors convey negative attitudes about their roles as mentors, about their jobs, about their organization or about the mentoring process as a whole.

Conclusion

Just as critical as retaining beginning skills, experienced paramedics need opportunities to keep their fire alive, and mentoring new paramedics/EMTs is one way for experienced paramedics to do that. Mentor medics should be given the support and training to become successful mentors. The time has passed when paramedics volunteer to be a "buddy" to a new paramedic/EMT, or are asked by

administrators simply to "help" the novice. A mentor needs specific characteristics as a paramedic before assuming this very important role in a new paramedic's life. Perhaps with a formal mentoring program established in the organization, a new generation of paramedics will have a more caring and successful rite of passage into the EMS profession.

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