

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors

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Abstract

Introduction: This study sought to begin to define the current understanding of the term mentor within the prehospital/out-of-hospital environment (emergency medical services or EMS) as described by nomination letters written by mentees for a newly launched paramedic mentor award.

Methods: The John Ross Paramedic Mentor Award was created in the fall of 2015 to recognize outstanding mentors in paramedicine. In the spring of 2016, nineteen nomination letters were received from registered paramedics in Alberta detailing why their mentor should receive the mentor award. Written text from the nominations for this peer nominated award were analyzed using thematic and content analysis (n=19) to identify the current understanding of mentorship within emergency medical services, desirable qualities of mentors, and what a successful mentoring relationship looks like in the prehospital/out-of-hospital environment from the perspective of mentees.

Results: Mentees and nominated mentors had varying years of experience, worked in diverse practice areas within paramedicine and represented varying scopes of practice. Three themes were identified from thematic analysis of the nomination letters 1) nominators seek to emulate their mentors, 2) mentors create a safe and nurturing environment, and 3) mentors act as

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advocates. In addition, content analysis was used to identify a number of desirable professional and personal traits of paramedic mentors.

Conclusion: This study describes the qualities of paramedic mentors and identifies a number of common elements in a successful mentoring relationship (from the perspective of the mentee).

These results highlight exceptional mentoring that is already occurring within the prehospital/out-of-hospital care environment. This research has the potential to provide guidance to those who aim to support both formal and informal mentoring in paramedicine.

Key Words: mentors; mentoring; paramedic; qualitative research; emergency medical services; preceptorship; orientation; transition to practice; probation

Introduction

Mentorship has been identified as an important component in a successful career across many health disciplines including medicine and nursing, providing benefits for both mentors and mentees including psychosocial support and career advancement. (1) In academic medicine, faculty members that participate in mentoring relationships are more likely to be promoted, are more likely to gain grant funding, are more productive, and report higher career satisfaction than those that were not mentored. (2) Throughout health care education, mentorship has become a key strategy to transition students from new graduates to working professionals. (3) Significant research has been published on the benefits of mentorship across a variety of professions, thus the focus of most recent study has been on how to effectively support mentorship programs rather than debating if mentorship is effective. (4) In paramedicine, mentorship has been identified as a strategy that could be used to assist graduate paramedics transition into their roles as independent practitioners (5, 6) and provide paramedic graduates with the skills and confidence to fulfil their future role as educators, preceptors and clinicians. (7, 8) None of these studies, however, provide insight into the characteristics of out-of-hospital mentors and successful mentoring relationships in paramedicine.

Despite a lack of literature, many practitioners who provide care in the prehospital or out-of-hospital environment have participated in some kind of mentoring relationship (formal or informal), as a mentee, mentor or both across their careers. This experience offers an opportunity to define what is currently understood about mentorship in paramedicine and provide some insight into the characteristics of mentors and successful mentoring relationships in the out-of-hospital environment. This study sought to describe the current understanding of the term mentor within paramedicine from the perspective of the mentee, and begin to answer the following

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questions: 1) what is the current understanding of mentorship in prehospital/out-of-hospital care? 2) what are some of the characteristics of a good paramedic mentor? and 3) what does a successful mentoring relationship in paramedicine look like?

Methods

Study Population and Procedures

In the spring of 2016, the Paramedic Pay It Forward Award organization launched the inaugural John Ross Paramedic Mentor Award which recognizes outstanding mentors within the paramedic profession (Emergency Medical Responder (EMR), Primary Care Paramedic (PCP) or Advanced Care Paramedic (ACP)). Nomination letters from this new award provided a novel opportunity to conduct a qualitative thematic analysis to gain insight into the characteristics of mentors and describe successful mentoring relationships from the perspective of the mentees.

Nominations were accepted between January 11th and May 30th, 2016 through the Paramedic Pay It Forward Award website using an online nomination form. The award was announced on social media and at the Paramedicine Across Canada Expo (Edmonton, September 2015). A continuous awareness campaign and calls for nominations were supported through social media (posts on the Paramedic Pay It Forward Award website, Facebook page and Twitter account). Calls for nominations were also inserted into a number of professional publications that reach paramedics, circulated mostly by email. Employers, the Alberta Paramedic Association and the Alberta College of Paramedics embedded information about the award into their standard communications to their staff/members (newsletters, social media, email cascades, etc.).

Nominators self-selected to provide a nomination for a deserving colleague. Both the nominee and nominator had to be registered practitioners with the Alberta College of

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Paramedics. There were no other limiting criteria for nominations. In their nomination, nominators were asked to address six questions with a minimum of 300 words (text box 1).

Additional discriminating information was collected from the nominator including their current professional designation, years at current professional designation, years in the profession, how long they have known the nominee, and

Text Box 1: Questions Nominators Were Asked to Address in their Nomination Letter

- 1) Why do you consider them your mentor?
 - 2) What qualities make them an outstanding mentor?
 - 3) How do they support you as you grow within the profession?
 - 4) What does the term mentor mean to you?
 - 5) What defines outstanding mentorship in prehospital care?
 - 6) How does this person epitomize excellence in mentorship within the paramedic profession?
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how their professional relationship with the nominee began (which was used to inform the demographics of the sample after the analysis was complete). All submissions received were included in the analysis and letters were anonymized by a member of the Paramedic Pay It Forward Award committee.

Data Analysis

The principle investigator conducted a preliminary review of the anonymized letters, identifying key sentences and thoughts. A number of common ideas and a group of desirable qualities that were used to describe the mentors began to emerge from the data. By using the constant comparative approach, three themes were identified. The emerging themes were discussed with the co-investigator during the thematic analysis process. Content analysis was conducted to identify and categorize the desirable qualities of mentors (as identified by the nominators). Qualities, such as *experienced* for example, were identified both directly from the data (i.e. “[name] is very experienced”) and derived from the nominator’s description of the nominee (e.g. “[name] has been in EMS for 20 years”).

Ethical Concerns

This study qualified for an exemption by the University of Alberta Research Board (REB 2) and was undertaken as partial fulfillment of requirements for the primary author's Master of Education in Health Sciences Education. The study methodology was based on Cho et al.'s 2011 study where a qualitative analysis was completed on letters submitted by mentees nominating their mentors for a prestigious award in mentoring excellence in academic health sciences. (2) Cho et al.'s study also qualified for an ethics exemption.

Results

Demographics

Nineteen nomination letters (n=19) were received through the Paramedic Pay It Forward Award online nomination form between January 11th and May 30th, 2016. Individuals registered with the Alberta College of Paramedics as PCPs or ACPs were nominated for the award, and nominations were made by PCPs or ACPs (there were no EMR nominators or nominees). Each letter was a unique nomination (there were no duplicate nominations for the same individual) and varied in length. Nominators and nominees had varying years of experience (ranging from 1 to 30 years) in paramedicine and their experience spanned a number of practice areas (fixed wing and rotary air operations, ground ambulance services, emergency response and interfacility transport, integrated fire/EMS systems). How the mentoring relationship began also varied. Some relationships were initially formally arranged (where the mentor and mentee were brought together through a preceptorship or new employee work orientation) while others formed informally. Specific demographics of the nominators (mentees) and nominees (mentors) are detailed in table 1.

Table 1: Demographics of Mentees and Mentors

Mentee's professional designation	Mentee years in profession	Mentee years in current designation	Years mentee has known mentor	Mentor's first relationship to mentee	Mentor's professional designation
ACP	10	8	10	Colleague	ACP
PCP	5	4	4	Supervisor	ACP
PCP	1	1	< 1	Preceptor	ACP
ACP	10	5	7	Colleague	ACP
PCP	20	17	5	Supervisor	ACP
PCP	5	3	3	Colleague	ACP
PCP	3.5	3.5	< 1	Preceptor	ACP
ACP	12	8	8	Supervisor	PCP
ACP	17	3	15	Colleague	ACP
ACP	29	26	29	Friend	ACP
ACP	18	15	16	Preceptor	ACP
ACP	5	3	6	Colleague	ACP
PCP	6	4	6	Colleague	ACP
PCP	7	6	5	Colleague	ACP
ACP	25	15	25	Colleague	ACP
ACP	7	4	7	Supervisor	ACP
ACP	15	5	5	Colleague	ACP
ACP	12	8	7	Supervisor	ACP
ACP	4.5	< 1	1	Preceptor	ACP

Theme 1: Mentees Seek to Emulate Their Mentors

The first, and arguably the most pervasive theme across the letters, was that mentees identified their mentor as someone they strive to emulate professionally and personally. Mentees suggested that their mentors represented the best in the profession in 1) clinical knowledge and skill, 2) how they treated others with compassion and respect, and 3) how they always led by example. Mentees described how they seek to mirror these behaviors in their own practice.

Mentees discussed how they sought to reach their mentor's exceptional level of clinical knowledge and skill, but also focused extensively on how their mentor always treated others with compassion and respect. One mentee vividly recounted a story their mentor told them that changed their whole perspective on patient care and informed the way they subsequently treated others in their own clinical practice: *"This story about [my mentor] always resonates with me . . . while [my mentor was] preparing to start an IV [on a cardiac arrest patient as a new EMT], one of [their] partners asked [them] to go out to the truck and get a waterproof pad to put under [the patient's] arm. Initially [my mentor] thought [their] partner was crazy and that obviously getting the IV was more important. But [their] partner persisted. Afterwards, [my mentor] asked what the point of the waterproof pad was and [their] partner said this: 'Imagine if during that IV start, a drop of blood spilled onto that carpet. Imagine you're his wife and after all was said and done, you looked down and saw that drop of blood. Imagine trying to scrub it out, and imagine how you would feel every time you saw that stain.' [My mentor] is always considerate of the experience and feelings of the people around [them]. [They] shared that story with me when I first met [them] and I continue to use it in the same way."*

Mentees highlighted how their mentor always led by example and “personifies the values of professionalism, pride, teamwork and respect that every EMS worker should aspire to.” Additional examples of how mentees described their aspiration to emulate their mentors are provided in text box 2. One mentee strikingly summarizes

Text Box 2: Examples of Quotes Describing Mentees’ Desire to Emulate Their Mentor

“I strive every day to be the practitioner [name] is”

“I will strive to create the same environment around me as [they] have created”

“I knew [they were] the paramedic I wanted to be when I grew up”

“[name] is the kind of medic that I will only one day hope to take after”

“because of them, I am excited to be in this profession”

“[name] makes people want to be better”

“they are a paramedic’s paramedic”

this theme by describing how they have a desire to continue to “pay it forward” and take on the role of mentor for a colleague in the future: *“I feel grateful to know such a mentor, and it has impacted how I engage with others, and encourages me to keep an eye out for someone else to offer my support to.”*

Theme 2: Mentors Create a Safe & Nurturing Environment

The second theme that emerged from the data was how mentors created a safe and nurturing environment. Many mentees identified trust, friendship and non-judgemental support as foundational to this environment where they could thrive professionally and personally. Mentees highlighted that they had “nothing but support” from their mentor and that “the level of trust [they] have in [their mentor] is a rare find.” Mentors were characterized as accessible (“I know [they are] there and I have confidence [they] would be available whenever I call”) and supportive (“I [felt] they have had my back”). Mentees vividly described how their mentor made them feel that they had someone they could talk to about anything, identifying their mentor as their “sounding board” and “always there to listen to me when I’ve had a bad day.” They

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

further described how the relationship with their mentor transcended a professional relationship, deeply rooted in friendship: *“I quickly learned I am not alone. I am part of a team. [They] made me feel like part of a family. That feeling still remains embedded in my heart.”* A number of mentees described their mentor’s role in supporting their mental health and wellbeing, specifically highlighting the vital importance of this support in light of recent suicides and mental health challenges within EMS. Mentors were identified as playing a significant role in supporting mentees through difficult times in their personal lives, highlighted by one mentee’s comment, *“I can honestly say there has been some hard days in my career and I don't think I could have made it through those days without [them] to turn to.”*

The result of this environment that was built on trust, friendship, and non-judgemental support provided nominees with a safe and nurturing environment to grow as practitioners. Mentees stated they felt supported by their mentors, free to make mistakes and learn from them to grow as practitioners: *“A great mentor is supportive when needed and a critic when you’re not at your best.”* As detailed in text box 3, mentees described how their mentor fostered their confidence as practitioners, which was pivotal in their success as a practitioner.

Text Box 3: Examples of Quotes Creating A Safe & Nurturing Environment

“the level of trust I have in them is a rare find, I trust this person not only with advice, but with my life”

“they trusted my ability to care for patients”

“has a calm and controlled nature with provides confidence and trust in those they mentor”

“had the patience to help me find my footing as a student and the confidence to allow me to discover who I will be as a future paramedic”

“giving me confidence in my career as a practitioner”

“they took a scared [PCP] and turned me into a confident, skilled individual”

“it was a learning experience for both of us, I came out of it more confident and prepared to succeed”

Theme 3: Mentors Act As Advocates

Throughout the letters, a theme of advocacy emerged. Mentees described how their mentor filled a number of roles related to advocacy including: 1) mentors acting as patient advocates, 2) mentors advocating for the profession, and 3) mentors advocating for their peers, specifically around the issue of mental health. Specific quotes from mentees that support this theme are provided in text box 4.

Mentees described how their mentor acted as a patient advocate, “taught many practitioners the value of patient advocacy,” “was always a strong advocate for their patients” and “has always been an advocate for doing the job right . . . respecting all patients.” They continued to describe in detail how their mentor was a true advocate for the paramedic profession as a whole, often highlighting that they had volunteered significant amounts of their own time outside their employment to participate in activities related to advancing the profession.

Text Box 4: Examples of Quotes Describing Mentors As Advocates

“their dedication to better serve the public and to develop the profession has influenced many”

“has been a true leader and pioneered a productive and positive change, guiding a new generation of practitioners”

“long dedicated individual promoting the best in this profession and ensuring the future follows their path”

“their passion and prowess for the profession of paramedicine is inspiring to students and coworkers alike

“they are still incredibly committed after 30 years as a paramedic”

“among their co-workers . . . proved to be an advocate for them and the profession”

“they were a leader and a strong supporter of their peers”

“fierce advocate for mental health, always sacrificing their own time to help a colleague in need”

“have a passion for our mental health that is going to make waves through the profession”

However the most prominent advocacy role that was identified by mentees was the role that their mentor played in advocating for their peers, specifically related to the mental health of

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

their colleagues. A number of mentees specifically highlighted the active role their mentors were taking in supporting a shift in culture within paramedicine to destigmatize mental illness and open up conversations about mental health. Mentees highlighted their mentor’s role as an advocate for mental wellness through their participation in a number of emerging initiatives across the province and country and “*walking the talk*” in their day to day role as a practitioner.

Qualities of Paramedic Mentors

Content analysis of the letters revealed a number of qualities which are listed in text box 5. The qualities identified by the mentees speak both to personal qualities (*patient, understanding and considerate* for example) and professional qualities (such as *dedicated, knowledgeable and skilled*).

Text Box 5: Qualities of Paramedic Mentors

Personal Qualities			
Respectful/Respected*	Approachable	Kind	Caring
Trustworthy*	Compassionate	Patient	Humble
Encouraging	Inspiring	Passionate*	Consistent
Accountable	Considerate	Calm	Supportive*
Positive demeanour	Friendly*	Humorous	Empathetic
Confident	Understanding		
Professional Qualities			
Teacher*	Leader*	Knowledgeable	Skilled
Advisor	Professional*	Dedicated	Advocate*
Effective communicator	Experienced*	Lifelong learner*	Strong practitioner

* qualities mentioned by numerous nominators

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

The most common personal qualities mentioned were *respectful/respected* and *passionate*. Many mentees discussed how their mentor was “*passionate about paramedicine*” and “*respected by their peers*” but also highlighted how they were respectful to others (colleagues, patients, other health care providers, and members of allied services such as fire and police).

In regards to professional qualities, mentees described their mentors as *experienced* practitioners, showcasing their extensive years of service, the multiple roles they filled (educator, supervisor, manager) and various areas of practice they provided prehospital/out-of-hospital care during their careers (ground ambulance, air ambulance, and combined fire/EMS models). The words *teacher*, *leader*, *professional*, and *advocate* were also common among the professional qualities highlighted by the mentees. The term *advocate* was used in relation to advocating for the profession, patients and their peers/colleagues, as previously described. Mentees identified their mentors as lifelong learners, that their mentor “*always approaches everything as a learning opportunity*” and that the mentee-mentor relationship was an opportunity for the mentors to learn as well: “*allows the student to teach the teacher.*” A few of the mentees offered examples of contrasting “poor” experiences to highlight their mentor’s positive qualities and behaviors. One mentee noted that “*historically there has been a mentality of ‘we eat our young’ within paramedicine, which at times is still evident today*” while another mentioned that “*many fellow co-workers lack empathy for new recruits.*”

A quality that transcended across both the professional and personal categories was the idea that mentors were always available to their mentees and dedicated extensive amounts of time to the relationship. For example, one mentee wrote that their mentor “*had no problems meeting with me and fellow students on their personal time and days off to prepare for exams,*” while another highlighted that their mentor “*spends countless hours precepting students.*”

Discussion

The results from this study represent the perspective of the mentee in the mentee-mentor relationship as detailed in nomination letters for the John Ross Paramedic Mentor Award. The content of the nomination letters described rich professional and personal experiences and offered a unique view into the open and honest comments of those mentees who sought to recognize their colleague publicly for the exceptional support they had provided.

Across the literature, the term “mentorship” is not used consistently to represent one type of activity or relationship, even within a specific discipline, and a variety of arrangements between a protégé or mentee and a mentor are coined “mentorship.” Historically, the relationship of mentee (or protégé) and mentor was formed organically, with the protégé and mentee entering into the relationship by choice. These relationships often spanned many years and evolved as the protégé and mentor progressed through their careers. The mentor served as a guide, confidant and friend for the mentee, helping them to develop as a professional and human being. (1) In many contexts, the traditional or informal version of mentorship still exists, however over the last 20 to 30 years, formal mentoring relationships have been arranged by various organizations to support new employees and students as they transition into the workforce. (1) This has complicated the use of the term mentorship. On-the-job training programs that focus on evaluating student competency and readiness for independent practice after graduation or licensure, and formalized partnerships to support recent graduates in their transition to working professionals have often been referred to as “mentorship.” (5, 6, 9) Formalized mentoring programs often begin as an assigned relationship, may have a time limit or prescribed duration, and may also involve a formal summative evaluation component. Of no surprise, varying interpretations of the term “mentorship” were evident in the mentees letters, as some described

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

relationships that were formally arranged, while others described relationships that were formed more naturally or organically. Regardless of how the relationship was formed, mentees described deep personal connections with their mentors, equating the relationship to that of a friendship, which was consistent with previous mentorship literature.

Personal and professional qualities identified by the mentees were consistent with the previous literature from other health disciplines. (2, 4) Although *experienced* was identified as a desirable trait by many paramedic mentees, in contrast to the previous literature (2) mentors with a wide range of experience (including those with less than 5 years of clinical experience) were nominated as outstanding mentors. Despite a lower experience level, these mentors were still recognized as providing outstanding mentorship. Although clinical experience is a desirable quality in a mentor, it may not be as crucial as other qualities in a successful mentoring relationship. Personal qualities (*friendly, trustworthy, respectful, compassionate, supportive*) likely played a large role in the mentor's ability to create a safe and nurturing environment for the mentee, which was identified as a significant theme.

Although defined differently, the theme "mentees seek to emulate their mentors" has been described in previous literature where mentees sought to mirror the qualities of their mentor and "pay it forward" to the next generation of mentees. (2) Consistent with literature (2, 4) from other disciplines, the paramedic mentees highlighted the importance of the mentor's dedication of time to the mentoring relationship.

Despite similarities from the previous mentorship literature, substantial differences are also present. The theme "mentors create a safe and nurturing environment" that was predominant throughout the mentees' nomination letters has not been previously described in this way. Why this theme is unique to mentees in the prehospital/out-of-hospital environment is not

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known, however as one mentee described, “*historically there has been a mentality of ‘we eat our young’*” within paramedicine. Mentees may have seen this as a unique experience in contrast to other relationships within their professional careers. The idea that “*a safe and nurturing environment*” is potentially the “*exception to the rule*” should be concerning to those within the profession.

Unique to this study is how nominators specifically mentioned the important role their mentors play in supporting and advocating for the mental health and wellbeing of their EMS colleagues. To our knowledge, this has not been previously described in the mentorship literature. In this study, the conversation about mental health and wellbeing spanned across two themes 1) mentors create a safe and nurturing environment, and 2) mentors act as advocates. Nominators identified the key role their mentor played in supporting their own personal mental health and wellbeing, and the role they play in advocating for mental health awareness and support for the profession as a whole.

The presence of this content within the letters potentially represents a shift towards destigmatizing mental illness within emergency medical services. In the past, mental illness was not openly discussed within the profession of paramedicine. Similar to other professions with a history rooted in the military, the importance of mental wellbeing was not acknowledged and mental illness/injury was severely stigmatized. The topic is now at the forefront of the profession. In the past few years, a number of advocacy groups have brought a significant amount of awareness to the profession and the public about first responder suicides and mental illness. (13, 14) Mental illnesses and injuries are now recognized by many provinces as occupational illness/injury for first responders, with benefits similar to other occupational illnesses, injuries or diseases. (15) Employers have begun to support their staff with resiliency

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

programs and return to work strategies. This shift towards destigmatizing the conversation around mental health is relatively new which might explain why it did not appear in previous literature across any health professions. However the suggestion that mentors can play a significant role in supporting their mentee's mental health and wellbeing is important, not only for those that seek to design mentoring programs or identify potential mentors within their organization, but also for those who are working to support the wellbeing of all their staff in general. Mentoring relationships can be of benefit to all, not just new practitioners.

As noted in previous literature (5, 6), mentorship in EMS may represent a formalized program that focuses on evaluating student competency and readiness for independent practice after graduation or licensure, or could be a formalized partnership to support recent graduates in their transition to working professionals. Although some of the relationships described by the mentees resulted from formal arrangements (such as a preceptorship or orientation to a new workplace), evaluation of student competency was not seen as a key component of the mentoring relationship in the eyes of the mentee. Mentees described a supportive environment, where evaluation was used in a formative way, to help them to grow as clinicians. As noted in previous literature (3), the creation of a safe and nurturing environment may be incompatible with the expectation that mentors will provide a final judgement, or summative evaluation, of the mentee's clinical competency. Assigned mentors may find themselves attempting to fulfill contradictory roles (that of friend and that of evaluator). Formalizing a mentorship process where the mentor is responsible for a summative assessment (the mentee ultimately "passes or fails" the mentorship), may directly impact the development or success of the mentoring relationship. The extensive value of a developing a successful mentoring relationship will need to be weighed against operational needs to evaluate the clinical competency of new practitioners. This may

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

have implications when formalizing mentoring relationships or mentorship programs, and training mentors on their expected role in the relationship. Significant thought will need to be placed on the scope of a formalized mentorship program (for evaluation of clinical competency) versus fostering successful mentee-mentor relationships through other means.

This research has the potential to provide guidance to those who aim to support mentoring relationships within the prehospital/out-of-hospital care environment (both formal and informal). By identifying the desirable characteristics and qualities of paramedic mentors, this research can provide direction for the development of mentor training and identification of quality mentors within the organization. Paramedics, who have an interest in taking on a mentoring role, can work to model the identified qualities and characteristics and feel empowered to take on the role of mentor outside a formally arranged relationship. By characterizing current effective mentor-mentee relationships within the prehospital/out-of-hospital environment, a framework could be developed to support both informal and formal mentorship relationships.

Limitations

The findings from this study should be interpreted within their context. Nominators self-selected to provide a nomination for an individual they believed exemplified outstanding mentorship in paramedicine. Although the new award was promoted at the Paramedicine Across Canada Expo and featured in a number of industry newsletters/employee communications, nominations for the John Ross Mentor Award were primarily encouraged through an ongoing social media campaign under the Paramedic Pay It Forward Award's Facebook page and Twitter handle which may have limited the awareness of the new award to those that routinely follow the organization over social media.

Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

Some nominators suggested they had experienced negative mentoring relationships in the past when describing their mentor's positive qualities and behaviors. Although not the focus of this study, it may be beneficial in future inquiry to examine the current mentorship experience within EMS more broadly (both positive and negative experiences). Because the letters focused on highlighting positive mentoring experiences, there is a paucity of information to describe the full spectrum of mentoring relationships that may currently be present within paramedicine. In addition, this study focused on the perspective of the mentee in the mentee-mentor relationship. A similar analysis could be undertaken to investigate the perspective of the mentors, which has not yet been described.

Conclusion

Although characteristics of effective mentors have been identified through previous research in other health disciplines, this research adds to the current literature and begins to describe the experience of mentorship in paramedicine. These results highlight the exceptional mentoring that is already occurring within the prehospital/out-of-hospital environment, supporting the clinical development, confidence and mental health of mentees. This research has the potential to provide guidance to those who aim to support both formal and informal mentoring within paramedicine.

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Cameron, Pooler, King. Defining mentorship in out-of-hospital care: a qualitative analysis of the characteristics of paramedic mentors. <https://doi.org/10.32378/ijp.v5i1.167>

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