A cultural historical activity theory (CHAT) analysis of prehospital emergency medical care clinical mentorship to enable learning

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Background. Clinical mentorship in health sciences education is a nurtured venture where mentees are guided through practice by their more experienced mentors. However, recent research suggests that there are problems with clinical mentorship.

Objective. To explore problems in work-integrated learning within the mentor/mentee relationship.

Methods. The cultural historical activity theory (CHAT) was used to interpret data gathered from diaries and focus group interviews.

Results. Difficulties identified were poor communication between the university and the mentors at clinical platform sites. The unclear roles and responsibilities of mentees and mentors led to a breakdown of trust.

Conclusions. Better university training and development of mentors would aid in the holistic development of mentors and mentees.

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Results and discussion

The object of the activity system was understood to be mentee preparation for the world of work, but what was identified and actually happened during clinical mentorship was not necessarily conducive to working on this object. For example, the clinical placement of students during the academic term often set up a conflict within the object, as students focused on preparation for academic assessments rather than on clinical work.

During clinical work, mentors allowed mentees only to observe rather than practice clinical care. A lack of trust between mentor and mentee (informal rule) was conflicted with and constrained by ‘who does what’ while working on a task (DoL). This created difficulties within the DoL.
element (Fig. 1) and constrained mentees’ learning, which was the object of the activity system.

A contradiction adding to the constraint of learning was a lack of clear mentorship policy and processes (formal rules) to guide the mentor in the role of working on the object of the activity. Therefore, communication between mentor and mentee was hindered, e.g. mentors were not informed of mentees being assigned to them, or what the expected learning outcomes were for the mentees.

The mentors’ knowledge and practice (tools for the mentees) were sometimes outdated and not based on current best practice; therefore, the mentee, using best practice to work on the object of learning, was potentially constrained. Furthermore, a lack of foundational knowledge of mentees (tools) added to problems for both mentors and mentees working on the object of activity.

To resolve the difficulties identified in the clinical mentorship activity system, suggestions are made for improvement and development. Where trust was lacking, mentors could work with students in the university skills laboratories to obtain an understanding of what the students are capable of doing. In this way mentors could observe students performing complex procedures competently. Stronger mutual participation could also be improved by engagement between students, academics and mentors, perhaps through shared online sites where problems can be discussed. This would serve to improve communication. A manual on teaching/mentoring, and a short course, could be developed for mentors. This could be part of the continuing professional development of mentors, as well as help to improve mentees’ experiences.\(^1\)\(^,\)\(^2\) To improve students’ tools during clinical mentorship, the curriculum should aid in bridging the theory-practice gap.\(^3\)\(^,\)\(^4\) Students could, for example, do more problem-based work, during which they are specifically expected to challenge what they have learnt, and to adapt and apply knowledge to real-life problems.\(^3\)\(^,\)\(^4\)

**Conclusions**

If the object of the activity system of learning is to become a paramedic, then changes need to be made to the clinical mentoring activity system to realise this object more effectively. This article highlights how changes to tools, rules and DoL elements can enhance learning. The key difficulties identified in the social clinical mentorship activity system were poor communication and understanding of the roles and responsibilities of mentee and mentor, both often leading to a breakdown of trust. A better integration of mentors in the university system would improve the development of mentees.

**Declaration.** This article is based on a study done by NL in partial fulfilment of her Master’s degree in Emergency Medical Care.

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**Author contributions.** NL: conceived the idea, identified the theory and performed the analysis in consultation with and with guidance from JG and LC. Analytical methods were verified by JG and LC and both encouraged and supervised the findings of this work. All authors discussed the results and contributed to the final manuscript.

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![Fig. 1. Cultural historical activity theory (CHAT) illustration of contradictions in the clinical mentorship activity system (adapted from Engeström\(^2\)).](image-url)

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