Education Exit Questionnaire

October 2021

Contents

Background

A key component of the Pacesetter project was half a day protected time for education each week. The sessions were delivered every Wednesday morning by GP Educators for the first 12 months of the Advanced Paramedic Practitioner (APP) rotation into Primary Care. Cohort II received additional sessions delivered by a GP and Consultant Nurse. This questionnaire sought to gain APP opinions on the education provision having finished the taught Pacesetter sessions.

Methods

The questionnaire was distributed to Advanced Paramedic Practitioners (APPs) in October 2021, following completion of the 12 month programme.

It was undertaken as part of the APP 'Am I learning?' element of the evaluation framework, and was approved by BCUHB Information Governance department and translated into Welsh before being circulated. The methods and reporting have been completed within the remit of a service evaluation.

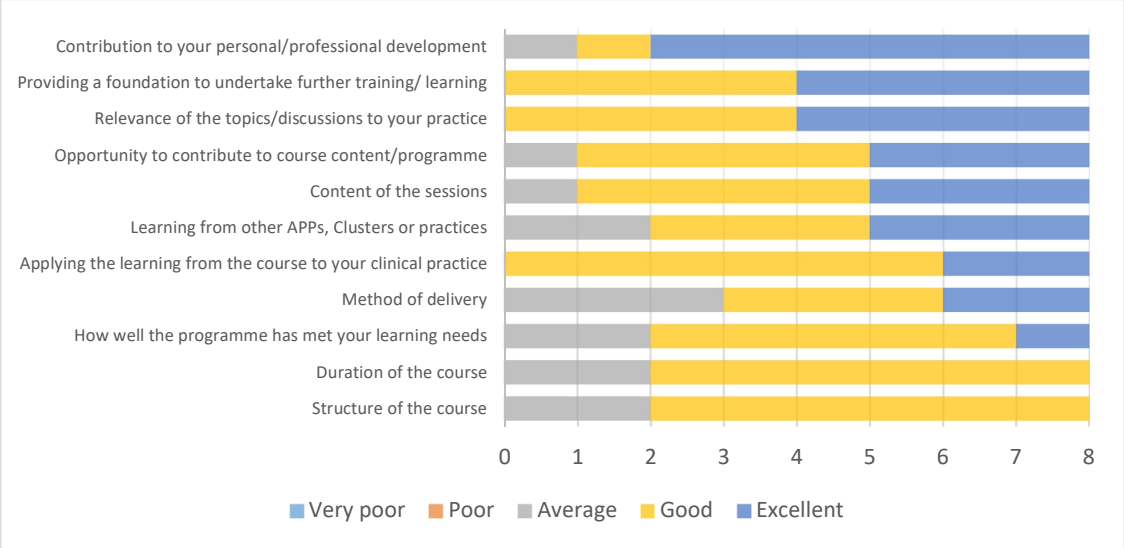
Eight APPs completed the questionnaire, five from Cohort I, and three from Cohort II. The questionnaire was offered bilingually, however all APPs responded in English. The results have been reported in this document around the structure of the questionnaire.

Results

Part I

The first part of the questionnaire asked the APPs to rate the course and its relevance to their practice. Responses were arranged in a Likert scale from very poor to excellent. All APPs scored each item. The responses are documented below.

In total, 28 of the responses scored excellent, 46 good and 14 average. There were no poor or very poor. The higher scoring items related to contribution to APP development, providing a foundation for further learning and relevance of the education. The lowest scoring items were structure and duration of the course, method of delivery was also a lower scoring item.

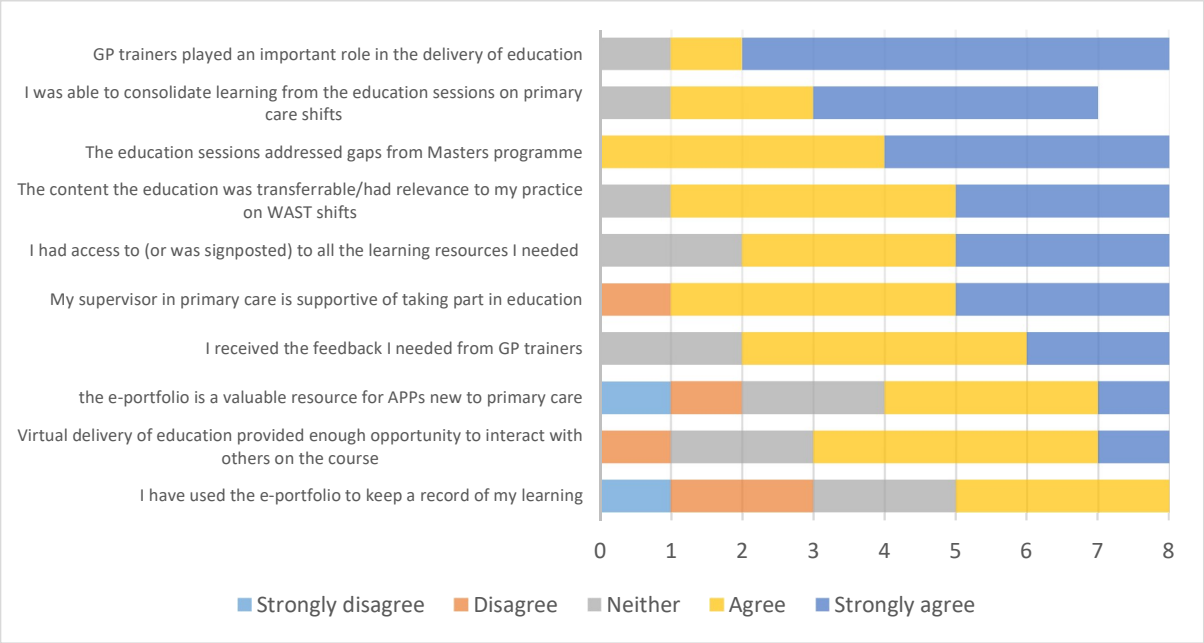


The second section of the questionnaire was arranged as statements scored on a Likert scale ranging from strongly disagree to strongly agree. APPs all scored each item except "I was able to consolidate

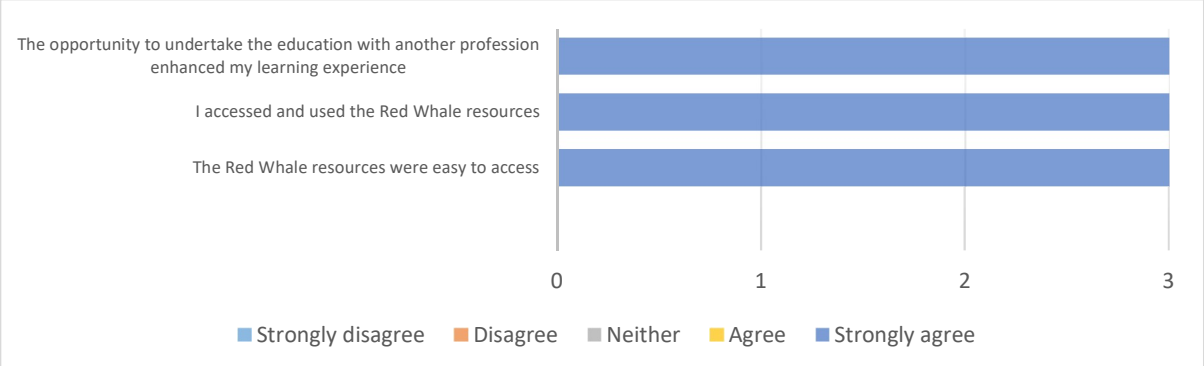
learning from the education sessions on Primary Care shifts" which was omitted by one respondent. A breakdown of scoring is displayed below.

The ratings were slightly lower compared to the scores from Part I. Overall, APPs strongly agreed with items 27 times, agreed 32, 13 neither, 5 disagree and 2 strongly disagree. Notably, three of the disagree responses and both strongly disagree related to dissatisfaction with the e-portfolio. The other two disagree related to GP support for APP attending education, and virtual delivery affecting the opportunity for interaction with APP peers.

The best scoring statement related to the role of GP trainers in the delivery of education, followed by consolidating learning from the sessions in Primary Care, and addressing gaps from the Masters programme.



All three respondents from Cohort II strongly agreed with the items indicating satisfaction with a multi professional approach to education, and experience using the Red Whale resources.



Part II

Part II of the questionnaire asked seven questions covering all aspects of the programme.

The most valuable item APPs took away from the education was the input from GP educators, described as a "*supportive learning forum"* and "*invaluable"*. Sessions supplemented Masters content and GPs provided tips to apply knowledge in practice, as well a Primary Care perspective enhancing skills like management of risk.

The peer support during Phase I had been an important aspect of the education sessions, and the need to deliver education via Teams was recognised but this style of learning did not suit all.

"The face to face contact sessions were so important. Went beyond clinical learning. Increased the team bond and the peer social support. Provided a level of mentoring that I now feel is missing in my role."

The free text responses highlighted topics to be prioritised for future Cohorts of APPs, or a focus for APP development.

Suggestions from several APPs included interpreting blood results, musculoskeletal, dermatology, men/women's health, Care of the elderly and paediatrics. Others included GU, PR and neurological examinations, hypertension, chronic pain, mental health and wound care. These represent common presentations to Primary Care which hadn't always been included in the Masters curriculum and may not be frequently encountered on WAST APP shifts.

More broadly, there were suggestions such as portfolio work and other pillars of advanced clinical practice.

The Red Whale materials were popular with the APPs, who followed self-directed learning followed by structured discussion. These sessions were described as "*far more productive*" and Red Whale resources "*very helpful*".

"*this meant we came to the session with a similar base level of knowledge that could then be expanded and built upon*."

There was some disappointment that access to Red Whale had been withdrawn.

Had the structured GP education not been in place, not all APPs were sure how they would have achieved the same level of learning and the experience was anticipated to be "*much harder" "extremely difficult and much slower"*. Alternative suggestions included peer and clinician discussions, Red Whale, ACP forum and clinical exposure. This indicates that the education was an effective means to accelerate their development as new to Primary Care practitioners.

Looking ahead, APPs had identified resources such as NICE CKS (Clinical Knowledge Summaries), CPDme and self-directed learning or study to further their knowledge. There was also a suggestion to spend some time in ED/MAU/SAU to get a better understanding of pathways in secondary care.

There was a broad range of responses about how the education had impacted on their practice in WAST as APPs, and included improved clinical knowledge and examination skills, better understanding of illness and disease, improved risk management. As well as 'softer' professional skills such as improved communication, working relationships with GP staff, and a holistic approach to care.

Some APPs related how their experience in Primary Care had the potential to improve the patient experience, resulting in increase in 'treat and discharge', managing more patients in the community, following up appropriately, and referring into Primary Care rather than conveying to hospital.

One APP also suggested that the education was key contributor to the patient experience, and that Red Whale learning had taught them about non-medical treatment such as a diet and lifestyle approach to control conditions such as diabetes without the need for medication.

"*I believe patients wouldn't have been provided with such a high standard of care. I wouldn't have known as much, so wouldn't have been able to treat as many patients and I also think I would have had to ask a lot more questions to senior clinicians in Primary Care. The education sessions are vital for progression and clinical excellence*."

The feedback was honest about some of the shortcomings from the education sessions. There was an appetite for further GP delivered sessions on a less frequent basis.

Discussion

Education for new to primary care APPs was a core component of the Pacesetter model. Cohort I received a year of education delivered by GP Educators, followed by additional sessions with a GP and Consultant Nurse, while Cohort II only completed the first 12 months. This represents significant investment in learning in terms of financial costs, and APP time. The questionnaire aimed to evaluate the experience at the end of the formally delivered sessions for both Cohorts.

In Part I of the questionnaire, 84% of responses scored the statements good or excellent, there were none classified as poor or very poor. There was highest satisfaction with the learning contributing to personal and professional development and least with some of the practicalities such as duration and structure of the course, and how it met learning needs. Part II indicated slightly lower satisfaction (74% agree and strongly agree). APPs scored GP trainers highest, and statements around the e-portfolio and virtual delivery lowest. Responses from Cohort II also indicated a high level of satisfaction with Red Whale Resource.

This was reiterated in the qualitative element of the questionnaire. APPs valued the sessions to supplement and consolidate their Masters learning, and gained as much from the peer support as the formal curriculum. Several APPs identified the same topics they would seek to review in future such as interpreting blood results and dermatology. These items could be an earlier topic focus for future Cohorts of APPs in the education sessions. Positively, APPs could also relate how the education sessions impacts on the patient experience and appropriate community care.

This data collection was undertaken towards the end of the Pacesetter project, therefore there was no opportunity to follow-up the findings in more detail using qualitative methods. However, this would help guide implementation of education sessions, and define the curriculum for future Cohorts of new to Primary Care professionals. Fewer than half the APPs completed the questionnaire, indicating these findings may not be representative of all Pacesetter APPs.

Verbatim responses

APP	What have you found most useful from the programme?	What would you recommend as a priority in the education sessions for a future Cohort of APPs entering Primary Care e.g. specific examinations/investigations, clinical topics.	Following completion of the education sessions, can you identify any gaps or items missing from the sessions you would like to address in future?	What further learning or education do you plan to undertake having completed the education sessions?	Had the education sessions/curriculum not been available, how might you have achieved the same level of learning?	How have you applied the learning from the education sessions to your shifts with WAST?	Please suggest any areas for improvement.
1	Education sessions, by having the red whale video followed by a group discussion with the GPs it meant we all went into the session with a similar level of knowledge and by discussing and asking questions this knowledge was [consolidated].	• Physical examinations eyes, PR, GU. • Hypertension management • Dermatology • T2DM management • Chronic pain management • Headaches and Migraines	GU examination and women's health, I get a lot of queries for this and the red whale session didn't really touch on women's health, could be further in depth.	I still regularly use NICE CKS for presentations I'm not sure of.	I believe patients wouldn't have been provided with such a high standard of care. The red whale videos highlighted the importance of the holistic approach for a lot of conditions which I would have likely started medication management instead of lifestyle, its resulted in positive feedback from patients who have resolved the hypertension and T2DM through exercise and diet not medication, only with the information from the videos did I have the information to inform the patients resulting in this change. I wouldn't have known as much, so wouldn't have been able to treat as many patients and I also think I would have had to ask a lot more questions to senior clinicians in Primary Care. The education sessions are vital for progression and clinical excellence.	Again, its resulted in a more holistic approach, lots of lifestyle advice. It has meant able to manage conditions which I wouldn't have previously and which I would have usually advised the patient to see their GP about. My clinical knowledge has increased so I can treat more patients with the right level of care.	The portfolio – it didn't happen, I couldn't understand the website, I wasn't there for the shift explaining what to do (working on shift) then when trying to catch up no one else knew what to do. By not having the portfolio there isn't a physical copy of my progression. It would have been great to have an easier to use platform for the portfolio, and maybe a guide of how to set it up and what needs to be done. Also, we were advised we were going to come out with a formal Primary Care based qualification, like the 3 year RCEM ACP training, this didn't happen, but would be great to do in the future, like a standardisation for ACPs in Primary Care.
2	Learning from GP trainers from NewMedEd was great. Discussion of relevant clinical conditions but with their experience for top tips in how to apply our knowledge in practice. When this became distance learning, the Red Whale resources were very helpful	• Knowledge of blood tests • Dermatology • Muscular skeletal examination	Neurological exam- it was covered but is a large subject to cover Continued access to red whale handbook or annual update	Study and researching specific areas that I find most challenging. General CPD including sessions from CPDme	Study of guidelines and discussion with clinicians in practice and other APPs. But the whole experience it would have been much harder!	Greater awareness of which patients are suitable for referral to GP practices. Identifying those with underlying conditions which would benefit from GP review- such as unrecognised high blood pressure, new AF etc. Increased confidence in recognising conditions that can be treated and discharged by an APP	(None)
3	The input from the GP trainers has been invaluable	The obvious one is blood investigations; although I personally do very little on the evaluating blood results (GP's have specific times within the templates to do this) you have to know which blood investigations to request and why you are requesting them. On a personal note, care of the elderly is an important topic, as it's the over 65 age group who I regularly attend and they bring their own challenges due to multiple co-morbidities and ailments.	Elderly/Geriatric Care Palliative and EoL Care	Further enhance my knowledge of blood investigation panels. Wound Care and wound management – especially pressure sore management Dermatology – something we have never, or rarely seen in WAST, but seen very frequent in Primary Care – can be very debilitating for the patient if not treated right.	I probably wouldn't have	In general my communication skills, especially when communicating with GP's has improved greatly. My examination skills and history gathering has also greatly improved meaning I'm more confident to treat people at home in collaboration with the patient's own GP practice.	Basically more education. I was disappointed when the education sessions came to an end and we no longer had access to Red Whale. Could we perhaps arrange monthly education sessions/CPD sessions from now on with GP Trainers?

4	Teams proved useful due to the pandemic.	(None)	Further understanding of blood results and dermatology.	(none)	(none)	Better understanding of illnesses and diseases.	(Phase II, CI) Seemed a little unstructured, made up as we went along. Learnt a little but not a great deal compared to the last education sessions.
5	Time in Primary Care.	The sessions were far more productive when they started with a red whale pre learning element i.e the first part of the session was spent learning information individually, and the second part of the session spent analysing, discussing and expanding on the information. I felt this meant we came to the session with a similar base level of knowledge that could then be expanded and built upon.	The education sessions were comprehensive in relation to an phased introduction to common Primary Care presentations.	I feel that I have a reasonable working knowledge or Primary Care and emergency prehospital care. As an Advanced Clinical Practitioner, I feel that I lack secondary care understanding compared colleagues from other professions particularly nursing and medicine. I aim to further my knowledge of secondary care, particular within the Emergency Department, Surgical Assessment and Medical Assessment. I suspect this would help my understanding when to admit/transport a patient to hospital.	I think this would have been extremely difficult and far slower. I would have tried to get to grips with Primary Care national guidance such as NICE and CKS guidelines. Peer discussing sessions could help this.	I am far more confident recognising and knowing when to manage presentations such as infections in the community.	The GP's were invaluable in expanding and providing depth to the sessions. GP's provided a Primary Care perspective, clinicians from other areas of healthcare would likely provide a more rounded clinical perspective, clinicians (ACP's or Dr's) from ED, MAU, SAU.
6	Year 1 education as a lot of it was based on how certain conditions are managed base upon guidelines – the GP trainers are all very experienced and were able to bring in related cases with an emphasis on managing risk within these conditions.	Musculoskeletal examinations, ENT examinations these are not a core subject on the masters programmes but a common presentation in Primary Care. PR exam is now part of uni education in Wrexham – however the opportunity to have hospital placement would ensure enough supervised exams could be undertaken to achieve competence more quickly.	Year two was supposed to be focused on the other pillars but gravitated back to clinical. A programme to address the other areas that APP's such be undertaking such improving service delivery etc.	Something to do with paediatrics – I found that I have seen a lot of children from new-born upwards.	The use of Red Whale as they provide education specific to Primary Care.	The management of patients with high blood pressure – prior to the education programme I would discharge patients with no follow-up. Now I am aware of the thresholds for treatment I refer more patient back to their GP for management. My risk management has improved; I now have a greater understanding of those patients who can safely wait a few days for follow-up. So on weekends I don't send as many patients into ED as a just in case I am happy to wait for their GP to follow-up.	(none)
7	Supportive learning forum. One of the GP trainers in particular really understood our level and was able to provide excellent sessions that enhances and supplements the MSc training. Education sessions gave me the chance to revise some areas and give confidence to what I already knew. They provided a structured	Clinical topics relevant to core APP presentations. Interpreting investigations. Specific examination techniques. Self-evaluation and support with portfolio building. Mentoring and supporting others.	Mental Health. Women's Health. Paediatric examination. Men's Health.	Peads in Primary Care.	Use of the Red Whale packages. Primary Care Advanced Practice Forum. Not sure I would have achieved the same level of learning.	Yes. Everyday. Too much to give specifics.	(Phase II, CI) The face to face contact sessions were so important. Went beyond clinical learning. Increased the team bond and the peer social support. Provided a level of mentoring that I now feel is missing in my role. If I attend a case that I want to reflect on I do not have an appropriate mentor to discuss this case with. Sometimes a group forum does not feel supportive for me.

	approach to topics and the forum to ask those “silly” questions. Sometimes medical students would shadow our sessions which brought a different perspective.						
8	Case base discussion	Following a defined program such as Red Whale	More emphasis on portfolio work	Applying learning in practice with mentor support Undertaking further research PhD	Clinical exposure , SDL	Transferability on a patient bases	(none)