



University Masters Programme Lead - Interview

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Background

A component of the Pacesetter evaluation framework was to evaluate the full time versus part time Masters delivered to Advanced Paramedic Practitioners (APPs) in North Wales. Four of the APPs followed the full-time route comprising 2 days in University, 2 days in practice and a study day per week. The first year of their course was equivalent to the first two years of the part-time Masters programme. The full-time course was run following a request from WAST, and to date the University has run just one full-time course, which several Cohort II Pacesetter APPs were enrolled on. The remaining APPs completed a part-time Masters, which took them between three and five years to complete, two years taught and further year to write their dissertation.

Methods

A one-to-one interview took place on Microsoft Teams with the Programme Lead at one of the Universities in North Wales delivering the Masters course to WAST APPs. Another member of staff was also invited to take part but unable to join due to staffing pressures.

The topic guide was constructed to reflect the focus group which was convened with a select group of APPs, comprising two who completed full time Masters and two part-time. The methods were approved by BCUHB Information Governance department, and undertaken within the remit of a service evaluation. It wasn't included as an item in the original evaluation framework, however, it was decided it may be an interesting perspective to explore alongside APP opinion. Particularly as there has only been one full-time Cohort to date in North Wales.

Key points from the interview discussion have been highlighted below.

Results

Course structure

The Advanced Clinical Practice Masters is usually offered as a part-time three year course but the University were adaptable and responded to the call for a full-time course which was also offered in South Wales. The course content and learning outcomes were the same including the requirement of 600 hours supervised practice, it was only the course length that varied. Part-time is perceived to “fit in with life, more easily”.

The programme lead was an advocate of the full-time course, which comprised one taught year followed by a year to complete the dissertation.

“I think that really is fantastic because you are not, you know, balancing all of those plates spinning with work as well...because you fully immerse yourself in the student experience... it gives you the opportunity to really freely think about what it is and each of the subjects... That is different. And that is a joy if you can do that...And the bonus is then they are back to the frontline working quicker.”

There are a diverse range of professions on the course including dietetics, cardiac and respiratory physiologists, physiotherapists, occupational therapists, podiatrists and nurses. Even from the same profession, individuals are often from a range of backgrounds across primary and secondary care, and mental health.

To date there has only been one full-time course in North Wales, but the University has the written programme available to accommodate future cohorts and is open to the idea.

“it was a very successful full time cohort, they supported each other beautifully as well.”

The importance of student engagement and feedback was seen as key to the success of the course.

“We listen to the students. I think that is what it is. We listened to what the students were saying and we have adapted accordingly and that is really important. There is a big student voice part of you

know running any module where you want to hear their feedback, good and bad so that you can adapt accordingly or celebrate what you do well."

Application and selection

There is a strong emphasis on choosing the right APPs who would be able to cope with the pace of full-time study. It was also thought that those who had undertaken level 7 study recently were better placed to manage the demands of the programme.

"you are immediately are going straight into another module, there is still work hanging on from the one before that has got to be completed, you know and they have got to have done all of that within that year. So, yes that is challenging."

The recruitment process was key to selecting appropriate students for the full-time course. In future, an application prerequisite will be to complete the academic success module; a level 6, six-week online course to prepare individuals for academic success assessed with a short assignment. It covers topics such as how to undertake a literature search, store in a repository, summarise and identify themes, and academic writing skills.

The rationale is that the University wants to prepare students adequately and for them not to struggle any more than they already will with the content. It was thought it might be helpful for University staff to do a presentation to potential students about what is required because they come with a different background from a lot of the other practitioners who are taking part.

For both full and part-time students there was emphasis on the importance of study-life balance and self-care.

"both part time and full time they have got to get really good at scheduling and making sure that they get things in, you know...leave themselves enough time for rest and annual leave."

Clinical Placements

Both full and part-time students are required to undertake 600 hours of clinical placement alongside their studies. The University takes no responsibility to securing clinical placements, it is the responsibility of the student and their employer.

It has proved challenging for some students to find a Designated Supervising Medical Practitioner (DSMP) and in future it will be a requirement for the ACP Masters student to name the DSMP at their interview to ensure it has been secured in advance of starting the course.

The University would be keen to see a register of DSMPs in BCUHB, to record training and understand more about the individuals.

Despite being new to the environment, the APPs particularly enjoyed their Primary Care placements.

"one of their favourite bits was the Primary Care setting. I think they could really see where they fitted. How they could make a difference to that environment."

Blended learning and COVID-19 adaptations

The University have an active learning framework, consequently, during Covid, the course was rewritten and validated to offer blended learning to fit the student, the programme and the University.

As Advanced Clinical Practice students, practical elements such as clinical assessment and diagnostic modules are delivered face-to-face with PPE, but where appropriate, parts of the course can be taught online for example professional practice and the complexities of health care.

In addition, innovative teaching online methods were developed to support kinaesthetic learning such as using a pillow at home with anatomical systems drawn on to simulate a physical examination, to be used alongside recordings.

The modules were frontloaded with theory, and attended in person later for a number of weeks to undertake the practical aspects and ensure the theory to practice gap was filled.

The blended learning approach meant that the ACP students were able to support each other.

“they were extremely good at supporting each other as well you could see a, you know that community of inquiry, was there straight away. And that is really important.”

The community of enquiry placed emphasis on the three interdependent elements of social, cognitive and teaching presence, which helps to embed that critical thinking, evidence based care and research.

Pillars of ACP

There have been discussions around how the pillars of advanced clinical practice may look different going forwards for example research, and education as cross-cutting pillars.

In a novel approach, the University have removed the research module and instead run a “golden thread” of research across the whole course.

“leaving research the second year to present them all of the different things is not right because they should be using evidence based practice from day one...the [course] evaluation is quite often like oh my God the research module oh my head is exploding... the students now have gone immediately into search and summarise from case studies on day one.... Gives them something to hang everything on ...and it will keep being revisited all the way through...the whole thing is a spiral curriculum. Meaning, that we keep revisiting the subjects and deepening the complexity as we go on.”

Because the students on the course are from different backgrounds, this approach also means that they start from an equal starting point.

Outcome for full vs part-time

There was not perceived to be any difference in the practitioners at the end of course other than individual differences, as both had followed the same curriculum.

“I don’t think you can differentiate between the two. It is fair then, it is obviously fair isn’t it because if you think oh no the full time is, produces better clinicians then there is something not right there in terms of the equity across the whole programme.”

Reflecting on the APPs who had been supervised, the growth was evident in their practice.

“It is wonderful. I mean for me, my two dissertation supervisees who were paramedics was [names], so both just saw them grow into the most fantastic clinicians and they all did...But yes those two I was focussed on obviously more because I was their dissertation supervisor.”

Overall, there was praise for the WAST APP students who had enrolled on the course.

“they were a really fine example that group, they were wonderful. Yes really wonderful and I was fortunate to mark two of the dissertations as well, for some of the full timers so yes it was good.”

Discussion

The full-time Masters in Advanced Clinical Practice offered the same curriculum and inter-professional learning opportunities compared with the part-time route, but with the benefit of an immersive

learning experience perceived to fit in with APP lives more easily. It was emphasised that the demands of the course mean that this route is not suitable for all learners and the University planned a pre-course module for future applicants to ensure they are prepared for the rigours of full-time study.

All students are required to complete 600 hours of clinical practice, but the university takes no responsibility to source these placements. For some individuals, this proved challenging, even more so during the COVID-19 pandemic. This was also echoed during the focus group with APPs, who suggested that WAST could support the identification of DSPMs (Designated Supervising Medical Practitioner) to prevent delays starting Primary Care Placements.

The COVID-19 pandemic also impacted on the delivery of the course which was re-written to offer a blended learning approach. Despite some of the challenges, the Cohort were perceived to have integrated well, and provided excellent peer support.

From the interview, the adaptable approach of the Programme Lead, and University stood out as a strength. For example the Programme Lead described how the formal module was replaced with a 'golden thread' of research spanning the whole course. In addition, there was a willingness to engage with student feedback, and implement adaptations as appropriate.

This interview was able to provide a unique insight from the university perspective, and complements the data collected during the APP focus group. Before a future full-time Masters course is commissioned on a wider basis from WAST, it may be beneficial to review the evidence in more detail, and address some of the current challenges such as Primary Care placements for APPs.