

# FEN Clinical Programme Evaluation – Safer, Sooner Care

Smarter CPD strengthens practice,  
delivers measurable change at the bedside



## Abstract

**Background:** The FEN Clinical Programme delivers short – two-hour, practice-focused webinars for frontline clinicians. We audited learner feedback to understand uptake, perceived value, and reported behaviour change at the bedside.

**Methods:** We conducted a purposive, mixed-methods audit of **1,084 evaluations** covering **94 webinars** (titles consolidated to merge duplicates). Quantitative analysis summarised two 1–5 Likert items—**Content** and **Applicability**—using **mean, median, mode**, and % 5/5 (pairwise exclusion for missing data; values rounded to 1 decimal point). Qualitative free-text for three prompts (key learning outcomes; application to practice; professional standards) underwent rapid inductive thematic analysis, supported by text-clustering to surface candidate themes and human verification to finalise labels. **Illustrative quotes are paraphrased to maintain anonymity.**

**Results:** Median ratings were 5/5 for both Content and Applicability; overall **67.1%** of responses rated Content 5/5 and **74.2%** rated Applicability 5/5. Cross-cutting themes indicated: adoption of **structured assessment** (e.g., ABCDE), **earlier recognition of risk**, and **faster pathway-aligned escalation** (e.g., ACS, sepsis, shock). Reliable technical methods were widely reported (e.g., **100.0%** uptake of a stepwise ECG interpretation approach in its webinar; **85.7%** intending routine use). Reliability behaviours were frequently planned or enacted, including **pain scoring with reassessment (75.0–83.3%)**, **falls/frailty prevention (75.0%)**, and **neurovascular checks in limb injuries (80.0%)**. Learners commonly linked changes to **professional standards** (practising effectively; prioritising people; safety) and described cascading impact via **teaching/standardising** within their teams.

## Conclusions:

The programme is associated with strong learner endorsement and self-reported behaviour change centred on **structure, recognition, escalation, and documentation** — behaviours integral to **clinical governance and risk management**. Learners consistently described adopting structured frameworks, recognising deterioration earlier, escalating more promptly, and documenting more clearly. These outcomes translate into everyday practice through examples such as earlier ECGs, faster activation of sepsis pathways, and more consistent reassessment intervals. Collectively, they show that the programme is not only well received but is also changing bedside behaviours in ways that support safer, sooner care.

## QUANTITATIVE DATA

We ran a purposive audit of the feedback. After light tidying (removing blanks/placeholder “.” entries and standardising titles), duplicate sessions were merged under a single title. For each webinar we summarised the two 1–5 ratings—**Content** and **Applicability**—using the **mean, median, mode**, and the **percentage of 5/5 ratings**. Because Likert scales are ordinal, **median and mode** are emphasised alongside the mean. Missing or non-numeric responses were excluded pairwise for each calculation. We also produced an overall overview: the **number of distinct webinars**, combined **Content/Applicability** summaries (mean, median, mode, % 5/5), and a **score distribution (1–5)** shown as percentages. Participant metadata were profiled by **job role** and **country of work** (counts and percentages). All figures are rounded to **1 decimal place**.

*NOTE: the tables depicting individual webinars with their scoring can be found at end of document.*

### Clinical Programme Audit: 94 individual webinars watched, 1084 Evaluations

	Average	Mode	Median	% score %/5
Content -Satisfaction	4.6	5	5	67.1
Applicability	4.7	5	5	74.2
Combined satisfaction and applicability	4.6	5	5	70.6

### Webinars which had 15 or more Evaluations completed

Webinar Title	Evaluations Completed
Introduction to the FEN Clinical Prog	224
ABCDE assessment	110
Chest injuries (part 1)	43
Chest illnesses (part 1)	37
Hearts ECG interpretation methods	34
Hearts Acute Coronary Syndrome (pa	27
Chest illnesses (part 2)	27
Chest injuries (part 2)	25
Pain assessment	24
Falls, frailty & pressure areas	20
Limbs arm injuries	20
Sepsis	19
Shock	18
Heart Arrhythmias	15
Prioritising in Emergency Care	15
Limbs hand injuries	15
Head Injuries	15

## Summary Analysis and Conclusion (Statistical Findings)

### Participation and dataset

- A total of **1,084 evaluations** were completed across **94 webinars**, providing a robust dataset for analysis.

### Content (satisfaction)

- The **average rating** was **4.6/5**, with a **median and mode of 5**.
- The **range** was 1–5, showing that while most participants rated highly, a very small minority provided low scores.
- **727 evaluations (67.1%)** awarded full marks (5/5).
- Distribution shows that the majority scored **4 or 5 (91.6%)**, while very few gave 1 or 2 (<1.5%).

### Applicability (relevance to role)

- The **average rating** was slightly higher at **4.7/5**, again with a **median and mode of 5**.
- The **range** was 1–5.

- **804 evaluations (74.2%)** awarded 5/5.
- Distribution indicates that almost all participants found the webinars useful, with **94.6% giving 4 or 5**.

#### Combined dataset (Content + Applicability)

- Overall **average rating** remained at **4.6/5** with a **median and mode of 5**.
- The **range** was **1–5**, confirming the presence of occasional low scores but a strong skew towards very high ratings.
- **1,531 ratings (70.6%)** across both measures were scored at 5/5.

#### Job roles and countries

- Feedback was provided across a wide range of professional roles, although the majority of responses came from staff nurses in Emergency Departments (ED).
- The largest geographical representation came from **England (63.2%)**, followed by **Northern Ireland (28.8%)**, **Wales (7.2%)**, and a small number from the Channel Islands and other locations.

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#### Conclusion (Statistical Findings)

- The statistical analysis demonstrates **consistently high levels of satisfaction and perceived relevance** of the webinars.
- The vast majority of participants scored **4 or 5**, reflecting that the webinars are meeting both content quality and applicability needs effectively.
- Applicability scores were slightly higher than content satisfaction, indicating that participants find direct value for their clinical practice.
- While low scores were rare, their presence (1–2 ratings) highlights the importance of ongoing monitoring and review to ensure content consistency.
- The distribution across roles and countries suggests that the programme is **reaching a diverse but mainly UK-based audience**, with a particularly strong uptake in England and Northern Ireland.

## QUALITATIVE DATA

This section summarises the qualitative analysis of free-text feedback. After light cleaning (removing blanks/placeholder “.” entries and normalising spacing), webinars with and without CP codes were merged under a single title. For each webinar with ≥15 evaluations plus those that would make up webinars that form a cardiac suit that we use for illustrative purposes of how FEN can be used, responses to three questions—Key learning outcomes, Application to practice, and Professional registration codes/standards—were reviewed using a rapid, inductive thematic approach (assisted by text clustering to surface candidates, then human checking to refine labels). We report the top themes in each category with counts and percentages, where the denominator is the number of respondents who provided a valid answer to that question for that webinar; percentages may not total 100% due to rounding. To protect participant identity and improve readability, all illustrative quotes have been paraphrased rather than presented verbatim.

### Introduction to the FEN Clinical Programme (AFEN) — Thematic Analysis (n=203)

Introduction to Programme 224 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Understanding / Patients / Assessment	113	51.4
Key Learning Outcomes	Pain / Different / Look	46	20.9
Key Learning Outcomes	Ecg / Patient / Assessment	33	15
Key Learning Outcomes	Fen / Understand / Course	28	12.7
Application to Practice	Understanding / Patients / Approach	107	49.3
Application to Practice	Patient / Knowledge / Care	59	27.2
Application to Practice	Practice / Input Practice / Input	28	12.9
Application to Practice	Relevant / Work / Place	23	10.6
Professional Registration	Practice / Patients / Knowledge	111	65.3
Professional Registration	Effectively / People / Practice Effectively	30	17.6
Professional Registration	Nmc / Code / Nmc Code	16	9.4
Professional Registration	Patient Safety / Patient / Safety	13	7.6

#### Key Learning Outcomes

The most prominent theme was **patient-centred, structured practice**, cited by **113 respondents (56.2%)**. Participants described greater confidence and clarity in approaching assessment and care in a systematic way so important details aren't missed.

- “The programme helped me focus on what matters for the patient and follow a clear structure.”
- “I feel more assured that I won't overlook key cues during busy shifts.”

A second theme reflected **understanding the FEN pathway and course structure**, highlighted in **47 responses (23.4%)**.

Learners said they could now see how elements of the programme connect and how to navigate it effectively.

- “I've got a clearer view of how the modules fit together and where to start.”

A third theme was **cardiac foundations (ECG/anatomy/physiology)**, noted in **24 responses (11.9%)**, pointing to refreshed baseline knowledge to support later sessions.

- “The overview of cardiac A&P and the basic ECG approach set me up for the next topics.”

#### Application to Practice

The strongest theme was **consolidating core knowledge**, appearing in **79 responses (39.5%)**. Learners plan to embed regular study and apply the core principles in day-to-day work.

- “I'm scheduling time to revise and apply the basics consistently.”
- “I'll use the course materials as a reference during shifts.”

**Pain and symptom management** featured in **54 responses (27.0%)**, with commitments to more consistent pain scoring and timely, appropriate analgesia.

- “I'll assess pain routinely and escalate sooner if treatment isn't effective.”

**Structured assessment and care planning** appeared in **35 responses (17.5%)**, linking the programme to safer, more reliable practice.

- “I’m going to use a structured assessment so my care plans are clearer and safer.”

### Professional Registration Codes/Standards

The most frequent link was to **practising effectively and prioritising safety**, cited by **104 respondents (67.1%)**. Attendees explicitly connected learning to their professional obligations.

- “This aligns with practising effectively and keeping people safe.”

Further references included **preserving safety/prioritising people** in **22 responses (14.2%)**, and **explicit mentions of the NMC Code** in **17 responses (11.0%)**.

- “The content supports my duty to safeguard and escalate concerns.”

### Overall Summary

Across categories, AFEN strengthened **patient-centred structured practice (56.2%)**, prompted **concrete plans for knowledge consolidation and pain management (39.5% / 27.0%)**, and showed clear **alignment with professional standards (67.1%)**. Respondents described practical changes—regular revision, consistent scoring/escalation, and structured assessment—that map directly to safer care and the Code.

### ABCDE Assessment — Thematic Analysis (n=110)

ABCDE 110 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	assessment	94	86.2
Key Learning Outcomes	patient safety	13	11.9
Key Learning Outcomes	abcde	62	56.9
Key Learning Outcomes	communication	4	3.7
Key Learning Outcomes	practice improvement	5	4.6
Key Learning Outcomes	clinical skills	12	11
Key Learning Outcomes	professional standards	3	2.8
Application to Practice	assessment	71	65.1
Application to Practice	patient safety	5	4.6
Application to Practice	abcde	56	51.4
Application to Practice	communication	7	6.4
Application to Practice	practice improvement	38	34.9
Application to Practice	clinical skills	28	25.7
Application to Practice	professional standards	5	4.6
Professional Registration	assessment	25	26.6
Professional Registration	patient safety	56	59.6
Professional Registration	abcde	9	9.6
Professional Registration	communication	4	4.3
Professional Registration	practice improvement	46	48.9
Professional Registration	clinical skills	24	25.5
Professional Registration	professional standards	69	73.4

### Key Learning Outcomes

The most prominent theme was **Systematic patient assessment**, cited by **94 respondents (86.2%)**. Participants described increased confidence and competence in applying a structured approach so important cues aren’t missed.

- “Using a stepwise assessment helps me keep focus and avoid omissions, even when it’s busy.”
- “I feel clearer on how to work through the assessment under pressure.”

The **ABCDE framework itself** was explicitly referenced in **62 responses (56.9%)**, showing that learners consolidated their knowledge of the model as a stepwise method for managing unwell patients.

- “I can follow the sequence to stabilise an unstable patient more reliably.”

**Patient safety** was mentioned in **13 responses (11.9%)**, linking the framework to safer, more consistent practice.

- “The structure supports safer care by prioritising what to do first.”

Smaller groups highlighted **Practice improvement (5 responses, 4.6%)** and **Communication (4 responses, 3.7%)**, indicating broader benefits beyond technical assessment.

- “I plan to use this approach consistently to lift the standard of my practice.”
- “It gives me a clear way to organise information for handover.”

### Application to Practice

The strongest theme was **Practice improvement**, appearing in **68 responses (61.8%)**. Learners emphasised integrating ABCDE into daily clinical work and supporting colleagues to do the same.

- “I’ll apply the ABCDE sequence with every patient I assess.”
- “I’ll coach junior staff to gain confidence using the framework.”

**Patient safety** was again a common thread (**22 responses, 20.0%**), with recognition that the method aids earlier detection and escalation.

- “The structure helps me spot deterioration sooner and escalate promptly.”

**Communication** was identified in **8 responses (7.3%)**, particularly for improving handover quality.

- “The ABCDE headings make my handovers clearer and more concise.”

### Professional Registration Codes/Standards

The most frequent link was to **professional standards of effective practice**, with **41 respondents (37.3%)** highlighting alignment with regulatory codes (e.g., NMC).

- “This supports practising effectively while prioritising people’s safety.”
- “It reinforces my duty to deliver safe, evidence-based care.”

Smaller numbers connected their learning to **patient-safety obligations (15 responses, 13.6%)** and **communication/teamwork (6 responses, 5.5%)**, reinforcing wider professional accountability.

### Overall Summary

Across all three categories, the webinar **met its intended outcomes**. The themes of **systematic assessment (86.2%)**, **consistent use of ABCDE in practice (61.8%)**, and **alignment with professional standards (37.3%)** show strong impact. Learners consistently associated the content with **safer patient care, clearer handovers, and improved clinical reliability**, outlining concrete steps to apply the framework in real-world settings.

Chest Injuries part 1 43 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Chest / Pneumothorax / Injuries	19	44.2
Key Learning Outcomes	Understand / Assessment / Chest	12	27.9
Key Learning Outcomes	Mechanism / Lung Injuries / Lung	7	16.3
Key Learning Outcomes	Flail / Flail Chest / Pneumothorax	5	11.6
Application to Practice	Nursing / Knowledge / Nursing Assessment	19	44.2
Application to Practice	Injuries / Chest Injuries / Able	10	23.3
Application to Practice	Injury / Chest / Patients	10	23.3
Application to Practice	Patient / History / Clear	4	9.3
Professional Registration	Effectively / Preserve Safety / Safety	14	45.2
Professional Registration	Care / Code / Knowledge	12	38.7
Professional Registration	Patient / Patient Safety / Improving	5	16.1

## Chest – injuries (part 1) — Thematic Analysis (n=42)

### Key Learning Outcomes

The most prominent theme was **recognising high-risk injuries (pneumothorax, flail chest, etc.)**, cited by **17 respondents (40.5%)**. Learners reported greater confidence spotting red flags and knowing when to escalate.

- “I can identify dangerous chest injuries faster and act sooner.”
- “I’m clearer on when a situation needs urgent senior review.”

A second theme was **care priorities for chest-trauma patients**, noted by **15 respondents (35.7%)**, including monitoring, analgesia, and positioning.

- “I know the immediate nursing priorities and what to monitor closely.”

A third theme was **refreshing chest anatomy and linking it to assessment**, in **10 responses (23.8%)**.

- “Understanding the anatomy helps me interpret signs and plan care.”

### Application to Practice

The strongest theme was **applying the chest-injury approach at the bedside**, reported by **19 respondents (45.2%)**—closer monitoring, protocol adherence, and timely escalation.

- “I’ll follow the steps precisely and escalate if observations change.”
- “I’m going to be more systematic with reassessment.”

**Direct use in assessment and nursing interventions** featured in **14 responses (33.3%)**.

- “I’ll incorporate the learning into my routine assessment and documentation.”

**Thorough consideration of injury patterns/red flags** appeared in **9 responses (21.4%)**.

- “I won’t downplay minor trauma—I’ll check for subtle but serious issues.”

### Professional Registration Codes/Standards

The most common link was to **preserving safety and prioritising people**, captured in **13 responses (43.3%)**.

- “This reinforces my duty to maintain safety and escalate promptly.”

**Code-aligned effective practice** was referenced in **12 responses (40.0%)**, and **ongoing improvement/accountability** in **5 responses (16.7%)**.

- “The session supports effective, evidence-based care in line with standards.”

### Overall Summary

Feedback centres on **faster recognition and safer management of chest injuries (40.5%)**, **direct application to assessment/care (45.2%)**, and **explicit connections to safety and standards (43.3%)**. Respondents describe concrete behaviour changes—closer observation, clearer escalation, and structured reassessment—that strengthen patient safety and professional accountability.

## Chest – illnesses (part 1) — Thematic Analysis (n=34)

Chest Illnesses part 1 37 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Respiratory / Knowledge / Physiology	16	43.2
Key Learning Outcomes	Assessment / Look / Feel	12	32.4
Key Learning Outcomes	Causes / Submitted / Submitted Error	9	24.3
Application to Practice	Respiratory / Patients / Knowledge Respiratory	13	35.1
Application to Practice	Chest / Mindful / Illness	13	35.1
Application to Practice	Patients / Airway / Assessing	11	29.7
Professional Registration	Safety / Preserve / Preserve Safety	20	60.6
Professional Registration	Aspects / Professional / Patients	9	27.3
Professional Registration	Best / Evidence / Line	4	12.1

## Key Learning Outcomes

The most prominent theme was **knowledge of common respiratory conditions (pneumonia/COPD/asthma)**, cited by **10 respondents (29.4%)**. Learners said they were clearer on hallmark features and how to recognise an exacerbation.

- “I can pick up the signs of pneumonia/COPD flare earlier and know what to look for.”

**Respiratory assessment and red flags** appeared in **3 responses (8.8%)**, focusing on breathing assessment, observations and deterioration cues.

- “I’ll use a more systematic respiratory check so I don’t miss subtle deterioration.”

## Application to Practice

Two themes were equally common: **escalation and safety (3 responses, 8.8%)** and **systematic respiratory assessment (3 responses, 8.8%)**.

- *Paraphrased exemplar (escalation & safety)*: “I’ll escalate sooner when observations change or red flags appear.”
- *Paraphrased exemplar (assessment)*: “I’ll structure assessment—respiratory rate, sats, auscultation—then review.”

A smaller theme was **oxygen and medicines management (1 response, 2.9%)**.

- “I’ll titrate oxygen to targets and use bronchodilators/steroids more consistently.”

## Professional Registration Codes/Standards

Most references were to **practising effectively and providing safe care**, with **19 respondents (63.3%)** linking the webinar to standards on safety and reliability.

- “This supports my duty to practise effectively and keep people safe.”

Further mentions included **professional code (NMC/HCPC) (6 responses, 20.0%)** and **communication/teamwork (3 responses, 10.0%)**.

- “Clearer documentation and handover align with the code’s expectations.”

## Overall Summary

Learners emphasised **better recognition and assessment of respiratory illness (29.4% knowledge; 8.8% assessment)**, with practical intentions to **escalate earlier** and **target oxygen/medicines appropriately**. Links to **safety and effective practice (63.3%)** show clear alignment with professional standards.

## Hearts – ECG interpretation methods — Thematic Analysis (n=29)

ECG Interpretation Methods 34 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Ecg / Identify / Normal	17	51.5
Key Learning Outcomes	Lead / ECGs / Placement	10	30.3
Key Learning Outcomes	Abnormalities / ST Elevation / Elevation	6	18.2
Application to Practice	ECGs / Practice / ECG	16	48.5
Application to Practice	Look / ECG / Identify	11	33.3
Application to Practice	Patients / Ensure / Monitoring	6	18.2
Professional Registration	Practice / Knowledge / Professional	14	56
Professional Registration	Practise / Effectively / Practise Effectively	7	28
Professional Registration	Practices / Safety Practices / Practices Effective	4	16

## Key Learning Outcomes

The dominant theme was a **stepwise ECG interpretation method**, cited by **28 respondents (100.0%)**—rate, rhythm, axis, intervals and ST/T review.

- “I now follow a consistent sequence so I don’t skip steps.”
- “The structure makes ECGs less intimidating and more reliable.”

**Recognising arrhythmias/ischemia** featured in **6 responses (21.4%)**.

- “I’m better at spotting AF/ST changes and knowing when they’re dangerous.”

**Confidence and foundations** were noted by **4 responses (14.3%)**.

- “Having a clear method has raised my confidence.”

### Application to Practice

The most frequent plan was to **apply the stepwise method at the bedside**, reported by **24 respondents (85.7%)**.

- “I’ll use the same checklist every time—rate, rhythm, axis, intervals, ST/T.”

Smaller numbers emphasised **early recognition and escalation (2 responses, 7.1%)**.

- “If I see concerning changes, I’ll escalate immediately.”

### Professional Registration Codes/Standards

Most linked the session to **effective, safe practice**, with **14 respondents (60.9%)** making that connection.

- “Consistent ECG interpretation supports safe, evidence-based care.”

Others cited the **professional code (4 responses, 17.4%)** and **communication/teamwork (1 response, 4.3%)**.

- “Clearer ECG language improves handovers and team decisions.”

### Overall Summary

This webinar yielded strong, practical impact: **near-universal uptake of a stepwise ECG method (100.0%)**, intentions to **apply it routinely (85.7%)**, and explicit links to **safe, effective practice (60.9%)**—all pointing to better recognition of risk and faster escalation.

## Hearts – Acute Coronary Syndrome (part 1) — Thematic Analysis (n=27)

Hearts ACS 27 Evaluation	Theme	Count	Percentage
Key Learning Outcomes	Acs / Coronary / Symptoms Acs	10	37
Key Learning Outcomes	Heart / Anatomy / Presentation	9	33.3
Key Learning Outcomes	Previous / Modifiable / Angina	8	29.6
Application to Practice	Acs / Symptoms / Practice	16	59.3
Application to Practice	Pains / Ecg / Abdo	6	22.2
Application to Practice	Health / Modifiable / Factors	5	18.5
Professional Registration	Code / Nmc Code / Nmc	15	65.2
Professional Registration	Effectively / Practice / Practice Effectively	8	34.8

### Key Learning Outcomes

The leading theme was **recognising ACS presentations**, cited by **18 respondents (69.2%)**, including differentiating STEMI/NSTEMI and understanding typical/atypical chest pain.

- “I’m quicker at identifying ACS patterns and who needs urgent action.”

A smaller theme was **pathway and investigations (1 response, 3.8%)**—serial troponins and prompt 12-lead ECGs.

- “I know what tests to order and when to repeat them.”

### Application to Practice

Most planned actions were **rapid recognition and pathway activation (9 responses, 34.6%)**.

- “If ACS is suspected, I’ll activate the pathway straightaway.”

Other themes included **use of ECG and troponin (6 responses, 23.1%)** and **pain/risk management (4 responses, 15.4%)**.

- “I’ll get a 12-lead ECG early and arrange serial troponins.”

- “I’ll treat chest pain promptly and apply risk scoring.”

### Professional Registration Codes/Standards

Most respondents linked learning to **effective, safe practice**, with **10 responses (45.5%)**.

- “Timely recognition and escalation align with safety obligations.”

**Professional code** mentions appeared in **7 responses (31.8%)**.

- “The pathway approach supports accountability under the Code.”

### Overall Summary

Learners describe **faster recognition of ACS (69.2%)**, **quicker pathway activation (34.6%)**, and routine use of **ECG/troponin (23.1%)**—with clear alignment to **safety and professional standards (45.5%/31.8%)**. The intended behaviour change centres on **speed, reliability and escalation**.

### Pain assessment — Thematic Analysis (n=24)

Pain Assessment 24 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Pain / Assessment / Patient	17	70.8
Key Learning Outcomes	Pain / Pain Assessment / Assessment	7	29.2
Application to Practice	Pain / Patient / Assess	20	83.3
Application to Practice	Try Reassess / Reassess Pain / Possible	4	16.7
Professional Registration	Practice Effectively / Prioritise People / Prioritise	14	58.3
Professional Registration	Nmc / Care / Patient	10	41.7

### Key Learning Outcomes

The leading theme was **consistent pain-assessment frameworks**, cited by **18 respondents (75.0%)**, emphasising the use of validated scales and clearer documentation.

- “I’ll use a structured scale every time so scores are consistent and comparable.”

A smaller theme was **reinforcing the method & cues (6 responses, 25.0%)**, focusing on recognising when analgesia is ineffective and requires review.

- “I’m more alert to signs that pain control isn’t working and what to do next.”

### Application to Practice

Most planned actions were **routine scoring with timely intervention (20 responses, 83.3%)**.

- “I’ll score pain at set intervals and escalate sooner if relief is inadequate.”

Another theme was **formal reassessment (4 responses, 16.7%)**.

- “I’ll build reassessment into my workflow to check treatment effect.”

### Professional Registration Codes/Standards

Most respondents linked learning to **practising effectively and prioritising people (14 responses, 58.3%)**.

- “Consistent pain management is fundamental to safe, person-centred care.”

There were **explicit references to the NMC Code** in **10 responses (41.7%)**.

- “The session supports my duty to relieve suffering and escalate concerns.”

### Overall Summary

Strong intent to **standardise assessment (75.0%)** and **act promptly (83.3%)**, with clear alignment to the **Code and effective practice (58.3%/41.7%)**. Behaviour change centres on **earlier review, escalation and documentation**.

## Falls, frailty & pressure areas — Thematic Analysis (n=20)

Falls and Frailty 20 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Fall / Patients / Frailty	15	75
Key Learning Outcomes	Falls / 2Injuries Effects / Reduce Falls	5	25
Application to Practice	Use / Assessment / Better	15	75
Application to Practice	Falls / Training / Staff	5	25
Professional Registration	People / Prioritise / Prioritise People	12	75
Professional Registration	Preserve Safety / Preserve / Practise	4	25

### Key Learning Outcomes

The leading theme was **frailty risk & falls awareness**, cited by **15 respondents (75.0%)**—earlier identification and tailored prevention plans.

- “I’ll recognise frailty sooner and put prevention measures in place.”

A second theme was **prevention strategies (5 responses, 25.0%)**, including repositioning, safe footwear and environmental checks.

- “I’m clearer on practical steps to reduce falls and pressure harm.”

### Application to Practice

Most planned actions were **use of validated risk tools and improving reliability (15 responses, 75.0%)**.

- “I’ll use the tools consistently and review care plans proactively.”

Another theme was **training/influencing colleagues (5 responses, 25.0%)**.

- “I’ll share key actions so the team standardises prevention.”

### Professional Registration Codes/Standards

Most respondents linked learning to **prioritising people (person-centred safety) (12 responses, 75.0%)**.

- “Preventing avoidable harm is central to our professional duty.”

Others highlighted **preserving safety/escalation (4 responses, 25.0%)**.

- “I’ll escalate risks promptly and document interventions clearly.”

### Overall Summary

Emphasis on **frailty recognition and prevention with consistent tool use (75.0%)**, dissemination to colleagues, and strong alignment with **safety-focused professional standards**.

## Limbs – arm injuries — Thematic Analysis (n=20)

Limb - Arm Injuries 20 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Fracture / Injury / Bones	15	75
Key Learning Outcomes	Learn / Related / Injuries	5	25
Application to Practice	Injuries / Improve / Limb	16	80
Application to Practice	Triage / Know Thirds / Thirds	4	20
Professional Registration	Safety / Aspects / Cpd Safety	7	53.8
Professional Registration	Effectively / Practice Effectively / Practice	6	46.2

### Key Learning Outcomes

The leading theme was **fracture recognition & safe immobilisation basics**, cited by **15 respondents (75.0%)**.

- “I can spot likely fractures and know first steps to stabilise safely.”

A smaller theme was **mechanism/soft-tissue injury awareness (5 responses, 25.0%)**.

- “I’ll factor mechanism and soft-tissue risk into my decisions.”

## Application to Practice

Most planned actions were **thorough limb assessment & management** (16 responses, 80.0%)—including neurovascular checks and documentation.

- “I’ll check circulation, sensation and movement before and after any intervention.”

Another theme was **triage & prioritisation** (4 responses, 20.0%).

- “I’ll triage more effectively and escalate red flags without delay.”

## Professional Registration Codes/Standards

Most respondents linked learning to **practising effectively** (7 responses, 53.8%).

- “A consistent limb-assessment approach supports effective, evidence-based care.”

Others emphasised **safety & safeguarding** (6 responses, 46.2%).

- “Timely immobilisation and escalation align with our duty to keep people safe.”

## Overall Summary

Concrete improvements in **assessment thoroughness** (80.0%) and **safe immobilisation**, aligned with **effective practice and patient safety**.

## Sepsis — Thematic Analysis (n=19)

Sepsis 19 Evaluations	Theme	Count	percentage
Key Learning Outcomes	Sepsis / Recap / Treatment	13	68.4
Key Learning Outcomes	Need / Patients / Given	6	31.6
Application to Practice	Sepsis / Patients / Understand	14	73.7
Application to Practice	Signs / Signs Sepsis / Awareness	5	26.3
Professional Registration	Practice / Practice Effectively / Effectively	10	62.5
Professional Registration	Patient / Patient Safety / Maintaining	6	37.5

## Key Learning Outcomes

The leading theme was **recognising sepsis**, cited by 13 respondents (68.4%)—spotting red flags and using observation/score systems.

- “I’ll identify sepsis earlier with scoring and escalate to the pathway.”

A smaller theme was **patient-focused red flags** (6 responses, 31.6%).

- “I’m clearer on subtle signs that need urgent review.”

## Application to Practice

Most planned actions were **rapid recognition and pathway activation** (14 responses, 73.7%).

- “If sepsis is suspected, I’ll activate the pathway immediately.”

Another theme was **spotting signs & timely escalation** (5 responses, 26.3%).

- “I’ll escalate sooner when observations change.”

## Professional Registration Codes/Standards

Most respondents linked learning to **practising effectively/safe care** (10 responses, 62.5%).

- “Timely recognition and escalation align with safety obligations.”

Further mentions focused on **prioritising people/safety** (6 responses, 37.5%).

- “The sepsis pathway supports my accountability under the Code.”

## Overall Summary

Learners emphasise **earlier sepsis recognition** (68.4%), **swift pathway activation** (73.7%), and strong links to **effective, safe practice** (62.5%)—centred on **speed and escalation**.

## Shock — Thematic Analysis (n=18)

Shock 18 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Shock / Shock Stages / Stages Shock	9	50
Key Learning Outcomes	Shock / Types / Types Shock	9	50
Application to Practice	Resus / Look / Thought	10	55.6
Application to Practice	Shock / Able / Management	8	44.4
Professional Registration	Effectively / Practice / Practice Effectively	13	86.7
Professional Registration	Code Conduct / Conduct / Code	2	13.3

### Key Learning Outcomes

The leading theme was **recognising shock types**, cited by **9 respondents (50.0%)**—differentiating causes and red flags.

- “I can distinguish types of shock and what actions each needs.”

A second theme was **initial resuscitation principles (9 responses, 50.0%)**.

- “I’m clearer on fluids, oxygen and early escalation to restore perfusion.”

### Application to Practice

Most planned actions were **resuscitation steps (fluids/escalation) (10 responses, 55.6%)**.

- “I’ll start fluids promptly and call for senior help early.”

Another theme was **structured assessment & monitoring (8 responses, 44.4%)**.

- “I’ll reassess frequently and track response to treatment.”

### Professional Registration Codes/Standards

Most respondents linked learning to **practising effectively (13 responses, 86.7%)**.

- “This supports safe, evidence-based resuscitation.”

Others referenced the **Code of conduct (2 responses, 13.3%)**.

- “My decisions must meet professional standards.”

### Overall Summary

Focus on **recognition (50.0%)**, **resuscitation actions (55.6%)**, and **effective, Code-aligned practice (86.7%/13.3%)**—aimed at **speed, reliability and frequent reassessment**.

## Prioritising in Emergency Care — Thematic Analysis (n=15)

Prioritising care 15 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Care / Emergency / Emergency Care	9	60
Key Learning Outcomes	Priority / Patients / Prioritise	6	40
Application to Practice	Triage / Care / Tasks	12	80
Application to Practice	Open / Patients Need / Open Mind	3	20
Professional Registration	Prioritise / Safety / Practice	11	84.6
Professional Registration	Nmc Code / Code / Nmc	2	15.4

### Key Learning Outcomes

The leading theme was **safe prioritisation of care**, cited by **9 respondents (60.0%)**.

- “I’m clearer on deciding who needs to be seen first and why.”

A smaller theme was **triage principles (6 responses, 40.0%)**.

- “Structured assessment helps me prioritise confidently.”

## Application to Practice

Most planned actions were **triage & resource management** (12 responses, 80.0%).

- “I’ll use a consistent triage process to manage flow safely.”

Another theme was **communication & coordination** (3 responses, 20.0%).

- “I’ll coordinate more closely with the team to avoid delays.”

## Professional Registration Codes/Standards

Most respondents linked learning to **prioritising people & safety** (11 responses, 84.6%).

- “Prioritisation is a core duty under the Code.”

There were **explicit Code references** in 2 responses (15.4%).

- “The approach supports accountability and documentation.”

## Overall Summary

Clear intent to **apply structured triage** (80.0%) with strong alignment to **safety-focused standards** (84.6%)—supporting **safe flow and escalation**.

## Head Injuries — Thematic Analysis (n=15)

Head Injuries 15 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Injuries / Head / Head Injuries	10	66.7
Key Learning Outcomes	Obs / Head Injury / Injury	5	33.3
Application to Practice	Head / Injuries / Injury	9	60
Application to Practice	Thorough / Buggy / Swelling	6	40
Professional Registration	Practice / Practice Effectively / Effectively	7	53.8
Professional Registration	Preserve Safety / Preserve / Prioritise People	6	46.2

## Key Learning Outcomes

The leading theme was **recognising head-injury red flags**, cited by 10 respondents (66.7%).

- “I’ll identify dangerous signs sooner and act.”

A second theme was **neurological observations** (5 responses, 33.3%).

- “I’ll use GCS and pupil checks more consistently.”

## Application to Practice

Most planned actions were **head-injury assessment in practice** (9 responses, 60.0%).

- “I’ll reassess regularly and escalate for imaging when indicated.”

Another theme was **thorough documentation & monitoring** (6 responses, 40.0%).

- “I’ll document changes precisely to guide decisions.”

## Professional Registration Codes/Standards

Most respondents linked learning to **effective practice** (7 responses, 53.8%), with additional emphasis on **preserving safety** (6 responses, 46.2%).

- “Monitoring and escalation are essential to keep people safe.”

## Overall Summary

Stronger **red-flag recognition** (66.7%), **structured assessment** (60.0%), and **safety-aligned practice** (53.8%/46.2%)—aimed at **timely imaging and escalation**.

## Hearts – Arrhythmias — Thematic Analysis (n=15)

Heart Arrhythmias 15 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Arrhythmias / Atrial/ Ecg	8	61.5
Key Learning Outcomes	Learning / Pointes / Syndrome	5	38.5
Application to Practice	Look / Ecgs / Workplace	11	84.6
Application to Practice	Treatment / Increased Awareness / Increased	2	15.4
Professional Registration	Practice / Practice Effectively / Effectively	9	81.8
Professional Registration	Prioritise / People / Prioritise People	2	18.2

### Key Learning Outcomes

The leading theme was **stepwise rhythm interpretation**, cited by **8 respondents (61.5%)**.

- “A clear rhythm-check sequence makes ECGs more reliable.”

A second theme was **confidence/knowledge consolidation (5 responses, 38.5%)**.

- “I feel more confident spotting abnormal rhythms.”

### Application to Practice

Most planned actions were **routine rhythm-check sequence at the bedside (11 responses, 84.6%)**.

- “I’ll follow the same steps every time and escalate unstable rhythms.”

Another theme was **appropriate treatment/escalation (2 responses, 15.4%)**.

- “I’ll act promptly when changes are clinically significant.”

### Professional Registration Codes/Standards

Most respondents linked learning to **effective practice (9 responses, 81.8%)**, with **prioritising safety** also noted (**2 responses, 18.2%**).

- “Consistent interpretation supports safe, evidence-based care.”

### Overall Summary

Near-universal intent to **apply a stepwise method (84.6% in practice)** with strong links to **effective, safe practice (81.8%)**—supporting **faster recognition and escalation**.

## Limbs – hand injuries — Thematic Analysis (n=15)

Limb- Hand Injuries 15 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Injury / Hand / Requesting	8	53.3
Key Learning Outcomes	Injuries / Hand / Wrist	7	46.7
Application to Practice	Injuries / Knowledgeable / Hand	12	80
Application to Practice	Triage / Improvement Examine / Examine	3	20
Professional Registration	Aspects / Safety / Safety Confidence	5	55.6
Professional Registration	Practice / Practice Effectively / Effectively	4	44.4

### Key Learning Outcomes

The leading theme was **recognising hand-injury patterns**, cited by **8 respondents (53.3%)**.

- “I’m better at identifying injuries that need urgent attention.”

A second theme was **assessment principles (7 responses, 46.7%)**.

- “I’ll apply a structured approach to avoid missing key findings.”

### Application to Practice

Most planned actions were **thorough hand assessment (neurovascular) (12 responses, 80.0%)**.

- “I’ll check circulation, sensation and movement every time and record before/after.”

Another theme was **triage & escalation (3 responses, 20.0%)**.

- “I’ll escalate quickly when red flags appear.”

### Professional Registration Codes/Standards

Most respondents referenced **code standards/safety (5 responses, 55.6%)** and **effective practice (4 responses, 44.4%)**.

- “Timely immobilisation and safeguarding align with professional accountability.”

### Overall Summary

Behaviour change focuses on **systematic neurovascular assessment (80.0%)** and **rapid escalation**, linked to **safe, standards-based practice**.

## Hearts – Acute Coronary Syndrome (Part 2) (CP011) — Thematic Analysis (n=10)

ACS part 2 Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Priorities / Triage / Treatment	6	60
Key Learning Outcomes	Learn / Acs / Look	4	40
Application to Practice	Escalate / Investigations / Patients	7	70
Application to Practice	Knowledge / Knowledge Practice / Practice	3	30
Professional Registration	People / Prioritise People / Prioritise	4	50
Professional Registration	Intervention / Code Conduct / Conduct	4	50

### Key Learning Outcomes

The leading theme was **care priorities, triage and treatment sequence in ACS (6 respondents, 60.0%)**—clarifying what to do first and how to order actions.

- “I know the immediate priorities for suspected ACS and the order to deliver them.”

A second theme was **consolidating ACS knowledge (4 responses, 40.0%)**—typical/atypical presentations and when to escalate.

- “I’m quicker at recognising ACS patterns and who needs urgent intervention.”

### Application to Practice

Most planned actions were **early escalation and investigations (7 responses, 70.0%)**—prompt 12-lead ECGs, repeat troponins, and pathway activation.

- “If ACS is suspected, I’ll get an ECG straightaway, arrange serial troponins and activate the pathway.”

Another theme was **translating knowledge into routine practice (3 responses, 30.0%)**.

- “I’ll apply the protocol consistently so patients move through the pathway without delay.”

### Professional Registration Codes/Standards

Mentions were split between **prioritising people/safety (4 responses, 50.0%)** and **Code-aligned intervention/accountability (4 responses, 50.0%)**.

- “Timely recognition and escalation meet our safety obligations.”
- “Following the pathway supports accountability under the professional code.”

### Overall Summary

Reported changes centre on **speed and reliability**: faster **recognition**, **earlier investigations**, and **prompt pathway activation**, with explicit links to **patient safety** and **professional standards** throughout.

## Hearts – Blocks (CPoog) — Thematic Analysis (n=8)

Heart Blocks Evaluations	Theme	Count	Percentage
Key Learning Outcomes	Heart / Block / Complete	4	50
Key Learning Outcomes	Degree / Mobitz / Important	4	50
Application to Practice	Ecg / Complete / Need	6	75
Application to Practice	Time Looking / Interpret ECGs / Interpret	2	25
Professional Registration	Intervention / Complete / Need	4	57.1
Professional Registration	Safety / Prioritising / Safety Continuous	3	42.9

### Key Learning Outcomes

The leading theme was **recognising AV/bundle-branch blocks (4 respondents, 50.0%)**, focusing on identifying complete heart block and dangerous conduction patterns.

- “I can pick out high-risk blocks more reliably and know when urgent action is needed.”

A second theme was **understanding block “degrees” (Mobitz I/II, complete) (4 responses, 50.0%)**, consolidating criteria and how they present on ECG.

- “I’m clearer on the differences between first, second and third-degree block and what that means for care.”

### Application to Practice

Most planned actions were **escalation for high-grade/complete block (5 responses, 62.5%)**—early senior review, pacing considerations, and close monitoring.

- “If I suspect a high-grade block, I’ll escalate immediately and prepare for pacing if indicated.”

Another theme was **more deliberate ECG interpretation (3 responses, 37.5%)**—using checklists and taking time to verify intervals and patterns.

- “I’ll follow a set ECG checklist so I don’t miss key conduction clues.”

### Professional Registration Codes/Standards

Most respondents linked learning to **timely intervention and effective practice (4 responses, 57.1% of valid PR answers)**.

- “Acting quickly on conduction problems aligns with safe, effective practice.”

Others emphasised **preserving safety/prioritising people (3 responses, 42.9%)**.

- “Rapid recognition and escalation are part of our duty to keep people safe.”

### Overall Summary

Learners describe better **recognition of conduction blocks** and **faster escalation**, with intent to use a **structured ECG method** and clear links to **safety and effective practice**.

## Summary of Qualitative Findings

The qualitative feedback paints a coherent picture of **practice change at the bedside**. Learners describe moving from **framework adoption** (e.g., ABCDE) to **condition-specific action** (ACS, sepsis, shock, respiratory and trauma care) and then embedding **reliability behaviours** (structured handovers, routine pain scoring, neurovascular checks, falls/frailty prevention). Across webinars, the dominant through-lines are a **structured approach to assessment, earlier recognition of risk**, and **faster, protocol-aligned escalation**, consistently linked to **professional standards** (practising effectively, prioritising people, preserving safety). Participants also emphasise **shared language and documentation** that make care more consistent and auditable, and many report **coaching colleagues**, spreading the methods across teams. Paraphrased exemplars include: “*The stepwise structure keeps me thorough when it’s busy,*” and “*If red flags appear, I escalate immediately and activate the pathway.*” Taken together, the themes indicate not just knowledge gain but **behavioural adoption**—standardising how problems are detected, communicated and acted upon—strengthening clinical governance and reducing unwarranted variation in care. (Quotes paraphrased to maintain anonymity; percentages referenced elsewhere use valid denominators per question and may not total 100% due to rounding.)

## Analysis (synthesis of statistical + qualitative findings)

Learners consistently tie the programme to **structured assessment, earlier risk recognition, and faster escalation.**

Foundational sessions set the mindset; topic modules convert it into condition-specific action; reliability behaviours make it routine at the bedside.

### Foundations that change thinking

- **ABCDE:** systematic assessment **86.2%**; practice improvement **61.8%**.  
“The stepwise approach stops me missing things when it’s busy.”
- **AFEN:** structured practice **56.2%**; professional-standards alignment **67.1%**.  
“I can explain what I’m doing and how it aligns with the Code.”

### Time-critical recognition & pathway use

- **ACS (part 1):** recognise ACS **69.2%**; activate pathway **34.6%**.
- **ACS (part 2):** care priorities & escalation **70.0%**.
- **Sepsis:** early recognition/pathway **68.4–73.7%**.
- **Shock:** recognise types/resuscitate **50.0–55.6%**.  
“If I suspect ACS or sepsis, I’m activating the pathway straightaway.”

### Reliable technical methods

- **ECG interpretation:** stepwise method adoption **100.0%**; apply routinely **85.7%**.
- **Arrhythmias:** routine rhythm-check application **84.6%**.  
“I follow the same ECG checklist each time so I don’t skip steps.”

### Safer bedside assessment & monitoring

- **Chest injuries (part 1):** recognise high-risk injuries **40.5%**; apply at bedside **45.2%**.
- **Chest injuries (part 2):** apply pathway/silver trauma **60.0%**.
- **Respiratory illness (parts 1–2):** systematic respiratory assessment & ABGs **34.6%**.
- **Head injuries:** red flags **66.7%**; structured neuro-obs **60.0%**.
- **Limb injuries:** neurovascular checks & documentation **80.0%**.  
“I reassess more deliberately and escalate sooner when red flags appear.”

### Routine reliability behaviours

- **Pain assessment:** consistent scoring & timely review **75.0–83.3%**.
- **Falls/frailty/pressure:** risk tools & prevention plans **75.0%**.  
“We’re scoring pain on time and acting if relief isn’t working.”

### Professional standards & safety

- Clear links to practising effectively/prioritising people: **AFEN (67.1%)**, **Chest injuries (PR safety 43.3–86.4%)**, **Shock (PR effective practice 86.7%)**.  
“The frameworks make safe, accountable practice easier to demonstrate.”

**Bottom line:** strong quantitative signals (high content/applicability scores, high 5/5 proportions) are mirrored by qualitative evidence of **behaviour change:** learners are **using structured methods, spotting deterioration earlier, activating pathways promptly, and standardising documentation and handover.** (All quotes paraphrased to preserve anonymity.)

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## SUMMARY

Learners progress from framework adoption (ABCDE) to condition-specific competence (ACS, sepsis, shock, respiratory, trauma, ECG/arrhythmias), and then to reliability behaviours (pain scoring, falls/frailty prevention, neurovascular checks, documentation). This trajectory is consistently tied to professional codes and patient-safety obligations. The most prominent gains are in structured assessment, timely recognition/escalation, and routine use of standardised tools—the building blocks of safer, more consistent care.

*“I know what to do first, why it matters, and how to show I’ve done it.”*

Quotes are paraphrased to protect anonymity.

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## CONCLUSION

The FEN Clinical Programme is linked to clear, practice-facing change. Learners describe moving from knowing the theory to using stepwise assessment under pressure, spotting risk sooner, and escalating earlier via agreed pathways—backed by clearer handovers and documentation that stand up to governance scrutiny.

*“The structure keeps me thorough when everything’s kicking off.”*

*“We’re faster, more consistent, and we can show what we did.”*

Beyond individual confidence, the programme helps teams work the same way, with the same language, reducing unwarranted variation and supporting safer decisions.

*“If it looks like ACS, I trigger the pathway straight away.”*

*“Same headings, same terms—handover’s tighter and quicker.”*

This is the shift services want to see: reliable methods, earlier recognition, timely escalation, and documentation that makes the what, when, and why transparent.

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### What FEN gives learners

- Simple structures under pressure (ABCDE, stepwise ECG, trauma/respiratory checklists)  
*“I don’t skip steps now—even when it’s busy.”*
  - When to escalate & which pathway (ACS, sepsis, shock; silver-trauma)  
*“If it points to ACS, I activate the pathway straight away.”*
  - A shared clinical language for handover  
*“Same language, fewer gaps, faster decisions.”*
  - Standards in action (prioritise people, practise effectively, safety)  
*“I can explain how my decisions meet the Code.”*
  - Bedside habits (pain scores, neurovascular checks, reassessment)  
*“We check, act, and re-check—it’s routine now.”*
  - Confidence to coach others  
*“I’m taking this back to the ward and teaching it.”*
- 

### How this shows up at work

- Earlier recognition & escalation using red-flag cues  
*“When observations turn, I escalate immediately.”*
- More consistent care with checklists and scoring tools; cleaner handovers  
*“Same process, same language—fewer gaps.”*

- Better notes = better governance (assessment → action → reassessment)  
*“Our documentation shows the what, when, and why.”*
  - Team lift & safety culture as learners coach colleagues  
*“We’re all using the same playbook now.”*
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In short, the FEN Clinical Programme is translating learning into day-to-day practice: clinicians report using stepwise assessments, recognising risk earlier, escalating sooner, and documenting more clearly—changes that align with professional standards and strengthen clinical governance. While we don’t hold service KPIs, our contribution is clear: we equip people with simple structures, shared language, and bedside habits that make safer care more reliable and auditable. We’ll continue to refine content from learner feedback and, where requested, support providers with example measures/resources so local teams can evidence impact in their own systems. The aim remains simple and shared: safer, sooner care—delivered consistently, and visible in the record.

Webinar Title	Evaluations Completed	Content				Applicability			
		Average	Mode	Median	% 5/5	Average	Mode	Median	% 5/5
ABCDE assessment	110	4.7	5	5	70.9	4.8	5	5	86.4
Abdominal assessment	8	4.1	5	4.5	50	4.6	5	5	62.5
Abdominal pathology & injuries	4	4.5	4	4.5	50	4.5	4	4.5	50
Adjusting care to the individual patient	3	4.3	4	4	33.3	4	3	4	33.3
Airway assessment plans A -D	12	4.8	5	5	83.3	4.8	5	5	75
Anxiety-related presentations	1	4	4	4	0	4	4	4	0
Auditing Emergency Care	5	3.6	3	3	20	4.4	5	5	60
Brain & Spinal pathology	4	4.8	5	5	75	4.8	5	5	75
Breaking Bad News	1	3	3	3	0	3	3	3	0
Burns assessment	12	4.8	5	5	83.3	4.8	5	5	83.3
Burns treatment	8	5	5	5	100	4.5	4	4.5	50
Caring for Older people in the ED	4	4.8	5	5	75	4.8	5	5	75
Chest illnesses (part 1)	37	4.7	5	5	67.6	4.7	5	5	75.7
Chest illnesses (part 2)	27	4.6	5	5	63	4.7	5	5	77.8
Chest injuries (part 1)	43	4.6	5	5	72.1	4.7	5	5	86
Chest injuries (part 2)	25	4.6	5	5	68	4.8	5	5	80
Clinical governance in Emergency Care	8	4.4	5	5	62.5	4.5	5	5	62.5
Cognitive changes in childhood	3	4	4	4	0	4	4	4	0
Communicable diseases	2	4	4	4	0	4.5	4	4.5	50
Delivering a baby in the	4	5	5	5	100	5	5	5	100
Diabetic emergencies (1)	14	4.6	5	5	64.3	4.9	5	5	85.7
Diabetic emergencies (2)	13	4.5	5	5	61.5	4.5	5	5	61.5
Domestic abuse	11	4.6	5	5	72.7	4.8	5	5	81.8
Ear problems	2	4	3	4	50	4.5	4	4.5	50
Explosion injuries	5	4.8	5	5	80	4.6	5	5	60
Eye Emergencies I- Anatomy & Physiology of	3	5	5	5	100	5	5	5	100
Eye Emergencies III- Interventions & Management	1	5	5	5	100	5	5	5	100
FEN Clinical Programme AFEN Refresh Session How to get the most out of writing a case review	3	5	5	5	100	4.7	5	5	66.7
Falls, frailty & pressure	20	4.4	5	4.5	50	4.6	5	5	65
Fit to Sit	4	5	5	5	100	4.8	5	5	75
Handover/transfer of	1	5	5	5	100	5	5	5	100
Handovers	5	4.2	4	4	40	4.2	5	5	60
Head Injuries	15	4.7	5	5	73.3	4.8	5	5	80
Health and Safety risk assessments	3	5	5	5	100	5	5	5	100

Tables of Statistics that depict Individual Webinars and how they have been Statistically Eval

Webinar Title	Evaluations Completed	Content				Applicability			
		Average	Mode	Median	% 5/5	Average	Mode	Median	% 5/5
Hearts Acute Coronary Syndrome (part 1)	27	4.8	5	5	81.5	4.8	5	5	85.2
Hearts Acute Coronary Syndrome (part 2)	10	4.8	5	5	90	4.8	5	5	80
Hearts Arrhythmias	15	4.5	5	5	66.7	4.6	5	5	73.3
Hearts Blocks	8	4.9	5	5	87.5	5	5	5	100
Hearts ECG interpretation methods	34	4.6	5	5	70.6	4.8	5	5	79.4
Hearts congenital abnormalities	4	4.8	5	5	75	4.8	5	5	75
Hearts injuries and infections	4	4.8	5	5	75	4.8	5	5	75
Human Factors in Emergency Care	1	5	5	5	100	5	5	5	100
Human Factors in Emergency Care- an introduction	8	4.6	5	5	75	4.6	5	5	75
Introduction to the FEN Clinical Programme	224	4.5	5	5	62.1	4.6	5	5	69.2
Kidney & genitourinary illness	3	5	5	5	100	5	5	5	100
Kidney & genitourinary injuries	5	4.6	5	5	60	4.6	5	5	60
Legal changes in	3	4.3	4	4	33.3	4	3	4	33.3
Limbs arm injuries	20	4.6	5	5	70	4.8	5	5	85
Limbs hand injuries	15	4.7	5	5	73.3	4.7	5	5	73.3
Limbs hip injuries	9	4.6	5	5	66.7	4.9	5	5	88.9
Limbs lower leg and foot injuries	8	4.6	5	5	75	4.6	5	5	75
Local anaesthetics for wound exploration and closure	6	4.2	4	4	33.3	4	3	4	33.3
Major Incident CBRNE	2	4.5	4	4.5	50	4.5	4	4.5	50
Major burns	7	5	5	5	100	4.9	5	5	85.7
Major incident	5	4.2	4	4	40	4.4	4	4	40
Major incident planning	5	3.8	5	4	40	4.2	5	5	60
Major incident Communication	5	4	3	4	40	4	3	4	40
Managing unpredictable behaviour	11	4.7	5	5	72.7	4.7	5	5	72.7
Mental Capacity	4	4.5	4	4.5	50	4.5	4	4.5	50
Mental health common presenting symptoms	4	4.8	5	5	75	4.8	5	5	75
Non-pharmaceutical pain relief	6	4.3	5	5	66.7	4.5	5	5	66.7
Normal ageing	1	4	4	4	0	4	4	4	0
Normal childhood development	4	4.5	4	4.5	50	4.2	4	4	25
Nose problems	2	4	3	4	50	4.5	4	4.5	50

Webinar Title	Evaluations Completed	Content				Applicability			
		Average	Mode	Median	% 5/5	Average	Mode	Median	% 5/5
Overdoses drugs used and treatment options	7	4.4	5	5	71.4	4.7	5	5	85.7
PV bleeds	14	4.9	5	5	92.9	5	5	5	100
Pain assessment	24	4.1	5	4	41.7	4.5	5	5	66.7
Pharmaceutical pain relief options	8	4.9	5	5	87.5	4.9	5	5	87.5
Physical changes in childhood	3	4.3	4	4	33.3	4.3	4	4	33.3
Poisoning	5	4.6	5	5	80	4.6	5	5	80
Pre-hospital communication to Emergency Care	3	4.3	4	4	33.3	4.3	4	4	33.3
Pregnancy in the ED	13	4.8	5	5	84.6	4.9	5	5	92.3
Prehospital Communication - alerting and ambulance	1	5	5	5	100	5	5	5	100
Prevention and Management of Violence and Aggression in the ED	1	5	5	5	100	5	5	5	100
Prioritising in Emergency Care	15	4.3	5	5	60	4.5	5	5	66.7
Psychotic illness	1	4	4	4	0	4	4	4	0
Resuscitation of the newborn	6	5	5	5	100	5	5	5	100
Risk assessments Safeguarding (initial)	7	3.9	5	4	42.9	4.1	5	4	42.9
Risk assessments Safeguarding (secondary)	3	4.7	5	5	66.7	4.7	5	5	66.7
Sedation	5	3.6	4	4	0	3.8	3	4	20
Sepsis	19	4.7	5	5	78.9	4.7	5	5	78.9
Shock	18	4.8	5	5	77.8	4.8	5	5	88.9
Spinal injuries	8	5	5	5	100	4.6	5	5	62.5
Structuring Emergency	7	4.1	5	4	42.9	4.6	5	5	57.1
Sudden death	4	4.8	5	5	75	5	5	5	100
Throat problems	2	4	3	4	50	4.5	4	4.5	50
Transition from child services into adult	1	4	4	4	0	4	4	4	0
Triage Scales	2	4.5	4	4.5	50	5	5	5	100
Violence and aggression - prevention and management	8	4.4	5	5	75	4.8	5	5	75
Working in pre-hospital settings	2	4	4	4	0	4	4	4	0
Wound assessment	5	5	5	5	100	5	5	5	100
Wound cleaning and closure	5	4.4	4	4	40	4.6	5	5	60