FEN Clinical Programme Evaluation: From Learning to Safer, Sooner Care – Key Findings and Highlights

Introduction

The Faculty of Emergency Nursing (FEN) Clinical Programme delivers short, two-hour, practice-focused webinars designed for frontline emergency clinicians. To understand its impact, we audited learner evaluations across the full programme.

This evaluation covers:

- **94 individual webinars**
- **1,084 evaluations** completed
- A mix of **quantitative ratings** (content quality and applicability) and **qualitative free-text feedback**

The aim was to assess **satisfaction, applicability, and reported practice change**, as well as links to professional standards.

Quantitative Results

Overall satisfaction

- **Content (quality)**: Average 4.6/5; median and mode 5.
  - 67.1% rated 5/5.
- **Applicability (relevance to role)**: Average 4.7/5; median and mode 5.
  - 74.2% rated 5/5.
- Combined satisfaction and applicability: 70.6% scored 5/5 across both measures.

"The vast majority of participants scored 4 or 5, reflecting that the webinars are meeting both content quality and applicability needs effectively."

Distribution

- Over **90**% of learners rated 4 or 5.
- Very few rated 1–2 (<1.5%).
- Applicability slightly outperformed content, suggesting **clear relevance to bedside practice**.

Participation profile

- Broad professional representation, with staff nurses in Emergency Departments the largest group.
- Strongest geographical uptake in England (63.2%), followed by Northern Ireland (28.8%) and Wales (7.2%).

Qualitative Results: Themes and Practice Changes

Learners' written reflections paint a vivid picture of **behaviour change at the bedside**.

1. Structured assessment under pressure

Adoption of frameworks was a dominant theme across webinars.

- ABCDE assessment: 86.2% reported increased confidence and competence.
  - *"The stepwise approach stops me missing things when it's busy."*
- ECG interpretation: 100% reported adopting a consistent stepwise sequence.
  - *"I follow the same ECG checklist each time so I don't skip steps."*

2. Earlier recognition and escalation

Time-critical conditions prompted faster, protocol-aligned responses.

- ACS: 69.2% reported improved recognition; 34.6% immediate pathway activation.
- Sepsis: 68.4–73.7% reported earlier recognition and escalation.
- Shock: 50–55.6% cited improved recognition and resuscitation.
  - *"If it points to ACS, I activate the pathway straight away."*
  - *"I'll identify sepsis earlier with scoring and escalate to the pathway."*

3. Embedding reliability behaviours

Routine practices were reinforced through multiple sessions.

- Pain scoring and reassessment: 75–83.3%.
  - *"We're scoring pain on time and acting if relief isn't working."*
- Falls and frailty prevention: 75%.
- Neurovascular checks in limb injuries: 80%.
  - *"I'll check circulation, sensation and movement before and after any intervention."*

4. Alignment with professional standards

Many participants explicitly linked their learning to the **NMC Code**.

- *"This aligns with practising effectively and keeping people safe."*
- *"I can explain how my decisions meet the Code."*

5. Team-level impact and cultural shift

Learning often cascaded to colleagues.

- *"Same headings, same terms—handover's tighter and quicker."*
- *"I'm taking this back to the ward and teaching it."*

ABCDE Assessment

- **Key learning**: 86.2% cited improved systematic assessment.

- **Practice application**: 61.8% committed to routine use.

- **Impact**: Safer care, earlier escalation, improved handovers.

Chest Injuries

- 40.5% reported better recognition of high-risk injuries.

- 45.2% described systematic bedside application.

- Emphasis on escalation and close monitoring.

ECG and Arrhythmias

- 100% adopted the structured ECG method.

- 85.7% planned to apply it routinely.

- Improved recognition of arrhythmias and clearer handovers.

Pain Management

- 75% reported standardising pain assessment frameworks.

- 83.3% committed to timely reassessment and escalation.

- *"Consistent pain management is fundamental to safe, person-centred care."*

Falls and Frailty

- 75% highlighted earlier recognition and prevention.

- Many committed to using validated risk tools and training colleagues.

Synthesis of Findings

The evaluation reveals a **clear progression in learning and behaviour**:

1. **Framework adoption** (ABCDE, ECG, AFEN foundations).

2. **Condition-specific competence** (ACS, sepsis, shock, trauma, respiratory).

3. **Reliability behaviours** (pain scoring, frailty prevention, documentation, handover).

This sequence reflects not just knowledge acquisition but **habitual practice change**, directly linked to safer care and professional standards.

Conclusion

The FEN Clinical Programme is strongly endorsed by learners for both **content quality** and **clinical applicability**. More importantly, it is **linked to measurable behaviour change** at the bedside:

- Structured assessment and clearer decision-making under pressure.

- Earlier recognition of deterioration and swifter escalation via pathways.

- Routine adoption of reliability behaviours (scoring tools, reassessment, documentation).

- Stronger alignment with the **NMC Code** and clinical governance requirements.

- Team-wide benefits through shared language, standardised methods, and peer coaching.

As one participant summed up:

"I know what to do first, why it matters, and how to show I've done it."

This evaluation shows that short, practice-focused webinars can drive **real-world improvements in patient safety, reliability, and governance**. The FEN Clinical Programme is delivering **safer, sooner care**—not just in theory, but in daily clinical reality.