

Appendix 1:

Communication Competence Questionnaire *[adapted from Monge et al [18]*

In the following series of questions rate how the observed ECP communicates. Think about his/her behaviour in general, rather than about specific situations. The questionnaire should be used as a global rating of ECPs' performance at the end of a period of observation.

Use the following rating scale for each question;

6 = Very strong agreement

5 = Strong agreement

4 = Mild agreement

3 = Neutral feelings or don't know

2 = Mild disagreement

1 = Strong disagreement

0 = very strong disagreement

1. The ECP has good command of the language
2. The ECP medicalises language appropriately
3. The ECP is sensitive to others' needs
4. The ECP typically gets right to the point
5. The ECP pays attention to what other people say to him/her
6. The ECP deals with others effectively
7. The ECP is a good listener
8. The ECP's writing is understandable
9. The ECP expresses his/her ideas clearly
10. The ECP is understandable when he/she speaks
11. The ECP generally says the right thing at the right time
12. The ECP is easy to talk to
13. The ECP usually responds to messages quickly (phone calls, emails etc)

Emergency Team Dynamics (ETD) rating scale: an observational rating scale for emergency teams. (*Adapted from Cooper & Wakelam [19], Stogdill [20] and Cooper [21]*)

Note: each item should be based on a holistic judgement of the leader/teams contribution to each factor:

Use the following rating scale for each question;

4 = Always

3 = Very often

2 = About as often as not

1 = Seldom

0 = Never

Item 1a below should only be used if the full Leadership Behaviour Description Questionnaire [19,20,21] is not in use.

- 1a. The leader let the team know what was expected of them (*through direction and command*)

- 1b. The team transferred information (*communication skills*)
2. The team were adaptable (*within the roles of their profession*)
3. The team were co-ordinated
4. The team co-operated
5. The team used initiative
6. The team put effort into its work
7. The team had a positive spirit and morale

Leadership Behaviour Description Questionnaire (FormX11) [Adapted from Cooper & Wakelam [19], Stogdill [20] and Cooper [21]]

In the following series of questions rate how the observed ECP has led his/her team (>2 individuals i.e. another ambulance crew). Think about the teams' behaviour in general, rather than about specific situations. The questionnaire should be used as a global rating of ECP performance at the end of a period of observation.

The questionnaire generates two global factors of leadership, 'consideration' and 'initiating structure'. The following questions are grouped in this format, but should be 'mixed' in the final version.

Use the following rating scale for each question;
4 = Always
3 = Very often
2 = About as often as not
1 = Seldom
0 = Never

Or (for reverse items®)
4 = Never
3 = Seldom
2 = About as often as not
1 = Very often
0 = Always

LBDQ 'Consideration'

1. The team leader was friendly and approachable
2. The team leader did little things to encourage team members
3. The team leader put suggestions made by the team into operation
4. The team leader treated all team members with respect
5. The team leader gave advanced notice of changes
6. The team leader kept to himself/herself ®
7. The team leader assisted team members as required
8. The team leader was willing to make changes
9. The team leader explained his/her actions
10. The team leader consulted the group

LBDQ 'Initiating Structure'

11. The leader let the team know what was expected of them (*through direction and command*)
12. The leader encouraged/demonstrated the use of uniform procedures/guidelines.
13. The leader tried out his/her ideas in the team
14. The leader displayed a positive attitude
15. The leader decided what should be done
16. The leader decided how things should be done
17. The leader assigned group members to particular tasks
18. The leader made sure that his part in the team was understood by the team members
19. The team leader planned the work to be done
20. The team leader maintained definite standards of performance

**Appendix 2: Emergency Care Practitioner
Impact Measures
National Audit Data Sheet**

Form No.
(Last 4 digits of PRF)

Site ID:

Patient Age <input type="checkbox"/> 0-11 <i>⇒ Please specify</i> <input type="text"/> <input type="checkbox"/> 12-16 <input type="checkbox"/> 17-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ Patient Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient accessed system via: <input type="checkbox"/> 999 Call <input type="checkbox"/> A&E <input type="checkbox"/> Treatment Centre (MIU/PCC/WiC etc) <input type="checkbox"/> GP Surgery <input type="checkbox"/> Home Visit <input type="checkbox"/> Ambulance Referral <input type="checkbox"/> Other (please state) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">In Hrs</div> <div style="border: 1px solid black; padding: 2px;">Out of Hrs (18:30 – 08:00hrs)</div> </div>	Times: First Contact by Patient <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ECP contact with patient / arrival on scene <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Patient discharge/referral <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---

Patient Condition (Code or Text)

Call given as (if appropriate.): _____

Provisional Diagnosis: _____

Diagnosis after 24hr (if poss.): _____

Patient Transport:

	No Ambulance / Transport	In your opinion, what would have been the most suitable INITIAL resource for this patient?
	Transported by Emerg Amb	Ambulance
	Emerg Amb stood down	RRV
	Emerg Amb downgraded (IC/Urgent/STV)	ECP
	ECP transported Patient	GP
Y/N	Was another resource sent?	Other (specify)
	If YES what e.g. Amb. RRV. GP (Please specify)	Please state why?
	N/A	

Patient Outcome:

Patient Outcome unsatisfactory due to (where appropriate)?

<input type="checkbox"/> See & Treat (ECP Discharge) <input type="checkbox"/> Hear & Treat <input type="checkbox"/> See & Treat with assistance from other clinician (eg GP) <input type="checkbox"/> Other clinician attended / discharged <input type="checkbox"/> Refer <input type="checkbox"/> A&E <input type="checkbox"/> Other Drugs Administered: Notes:	<input type="checkbox"/> Lack of Equipment <input type="checkbox"/> Lack of PGD <input type="checkbox"/> Social Reasons <input type="checkbox"/> Pain Control <input type="checkbox"/> Access to Services <input type="checkbox"/> Unable to refer appropriately <input type="checkbox"/> Pathway refused patient <input type="checkbox"/> Patient refusal <input type="checkbox"/> Other
Was anyone else on scene? NO Paramedic GP Other(specify)	

Referral Pathways:

Who made referral decision?				
	Yourself	Paramedic	GP	Other(specify)
	Pathway Successful	Pathway tried but failed	Outcome unknown	
	A&E	Treatment Centre (MIU/PCC/WiC etc)	Elderly Care Team	
	Medical Admissions (MAU)	GP Surgery Appointment	Falls Team	
	Surgical Admissions (SAU)	GP home visit In-Hrs Urgent	Home Assessment Team	
	Outpatients Clinic	GP home visit In-Hrs Non-Urgent	Intermediate Care Team	
	Fracture Clinic	GP home visit OoHs	Mental Health Team	
	Gynaecology	District Nurse	Social Services	

	Orthopaedics		Nurse Specialist	Other Care Pathway: Other Speciality:
	Paediatrics		Practice Nurse	
	Physiotherapy		ECP Follow-up	
	X-Ray			
Notes / Referral Reason:				

Did you perform an ECP-specific intervention, which avoided Acute Trust involvement?		Yes		No
---	--	------------	--	-----------

Details: **Trust Avoided:**

Guidance on completing the ECP impact measures form

The following guidelines are designed to clarify any queries you may have on the completion of the form overleaf. Please contact if you have any questions;

ECP ID

This section is **essential** for you to identify your personal CPD records and for us to identify your role and place of work.

Site ID

This section is **essential** for the in-depth analysis to identify local and national trends.

Form No.

Please enter the first 4 digits of the Patient Report Form (PRF)

Patient Age

Please specify the age for any children in the first age group (0-11) in decimals (e.g.1.5). It is not necessary to record the exact age of any other patients.

Patient accessed system via?:

This information is essential for local and national analysis. Please identify the way in which the patient accessed the emergency system e.g., were you as an ECP the first responder to a 999 call, did you see the patient whilst working out of A&E or MIU, did the GP surgery call the ambulance service, were you making a repeat home visit, or was the patient referred via another ambulance crew?

Times

Please use four-digit 24-hr clock. ‘Time of patient referral’ is the time that the patient was first referred to you. This may be the same time as the box below if you were returning for a home visit.

Patient Condition

Please use appropriate keywords to describe your provisional diagnosis. If you can get the diagnosis after 24hrs this would be very helpful.

Patient Transport

Please identify the response to each incident and transfer process where applicable. This section should be completed no matter how the patient accessed the ECP.

‘Emerg Amb downgraded’ – refers to the use of a non-blue light IC/Urgent/STV-type vehicle instead of a traditional blue-light ambulance. It should also be ticked if this form of transfer has been booked for a patient not necessarily via the 999 system.

Patient Outcome

More than one box may be ticked as applicable. ‘Other clinician attended/discharged’ should be ticked where you (as the ECP) did not play a major role in the treatment / discharge of the patient. Drugs administered are those administered by you or any other professional. Please

also specify 'who else was on scene' and 'who made the referral decision' by ticking the applicable boxes.

Unsatisfactory Patient Outcome

Please tick more than one box where applicable. 'Lack of PGD' - Please specify the PGD you would have required on the line provided.

Referral Pathways

Please tick more than one box where applicable, indicating the pathway success, route of referral and in the open ended box the reason for referral.

ECP –Specific Interventions

Please tick 'Yes' if you feel that you avoided Acute Trust involvement (A&E or hospital admission) due to an ECP-specific intervention (i.e. an action/treatment that you could not have carried out prior to your training as an ECP). NOTE: 'Acute Trust involvement' does not include calls to Trusts for advice.

Please return this form in the SAE provided by Many thanks.