

Training programme evaluation, January to June 2025

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## **Summary of results**

The infographic summarises the number of people who started on the health improvement practitioner programme, those who completed the training workshops, the total number of people endorsed, and those who were still progressing through the programme during July to 30 June 2025. Trainees reported increased knowledge and understanding in primary behavioural health (+69 percent), behavioural change intervention (+45 percent) and focused acceptance and commitment therapy (+49 percent) after the training workshop.

Evalu	h improvement prac ation findings y - June 2025 snapshot	titioner (HIP) t	raining TE POU		
9	Training workshops	69	Trainees began training		
51	Total endorsed HIPs	107	Trainees still progressing		
97	Agreed the	training worksho learning needs	p met their		
Traine	Trainees rated the following  Reported increases in trainees' knowledge as 'good' or 'very good' after training workshop				
97%	Trainer's knowledge was 'good' or 'very good'				
93%	Networking opportunities were 'good' or 'very good'.	+45% Behinter	avioural change rvention		
95%	Confidence for working with people accessing services and their whānau	+49% and ther			

## **Background to the HIP programme**

The role of the health improvement practitioner (HIP) supports systemic change within primary care using a multidisciplinary approach. HIPs typically collaborate with general practitioners, nurses, health coaches, other primary care staff, and external services to develop treatment plans. They also collaborate to offer brief and evidence-informed interventions, connect people to other support services, monitor people's progress, and flexibly provide care to meet their changing health needs. Most people engage with a HIP when they identify a need with their primary care provider, at which point they are offered a consult with a HIP to address their specific need.

Te Pou began delivering the training programme, initially developed by Mountainview Consulting in the USA, in 2020. As a result of trainee feedback and a thorough programme review, the training structure and content were adapted and updated, and the revised programme delivery began in January 2021. From this point trainees became endorsed by completing all aspects of the programme, including a full six months of practicum. The current programme consists of three main components, as follows:

- A **training workshop**, of four consecutive days (or eight half days if delivered virtually)
- A two-day pre-practicum which includes: a day observing an advanced HIP, being
  introduced to all aspects of HIP practice, and spending a day with a trainer, in their
  own practice setting, being actively mentored and coached in all aspects of the HIP
  work
- A practicum to support and mentor trainees to develop all relevant competencies
  and to achieve endorsement as a qualified HIP. This includes participation in peer
  mentoring groups, submission of monthly data metrics and with E Gather reflections,
  two practice review assessments where a trainer observes the trainee in their
  practice, and recommended attendance of virtual tutorial hours facilitated by a
  trainer, webinars or other development resources during the practicum period.

The intent for the delivery of the HIP training is to be through a hub and spoke approach. Te Pou has the role as the hub (national approach for training programme) and over time there will be four regional spokes. Currently WellSouth is contracted for the coordination and delivery of Te Waipounamu | South Island spoke. Procare Freshminds is contracted for the Northern region spoke which, will become operational in the latter part of 2025. Te Pou continues to be responsible for training coordination and delivery for the Central and Te Manawa Taki regions.

Te Pou has documented periodic evaluation feedback from HIPs from the start of the programme to date. This feedback has been used for programme quality improvement. Evaluation reports from 2020 through to December 2024 are available on the Te Pou website

Figure 1: HIP programme structure > Pre readings Completion of Real Skills online > Practice > Four days face information to face or 8 half shared with days virtually training facilitator > Establish peer One day of mentoring Pre-workshops shadowing with group advanced HIP > Introduction to HIP practice with trainer Create a Partcipate in peer development plan mentoring group for the first few > Submit monthly data months of practice metrics and practice > Partcipate in peer Workshop reflections using E mentoring group GATHER tool Submit monthly data assessment) Participate in trainer Pre-practicum metrics and practice facilitated tutorials reflections using E First assessment **GATHER** tool Create development > Participate in trainer plan to address facilitated tutorials focused areas of Second assessment learning Practicum ( second Create development Participate in plan to address

webinars as

recommended

focused areas of

as recommended

Participate in webinars

learning

Practicum

## Updates from past reporting period

There were no changes to the programme during the reporting period.

### Purpose of the evaluation

This report shares and discusses the evaluation findings for the HIP training programme from January to June 2025. It provides a snapshot on the HIP training programme during the period, as well as compares evaluation data from the immediate past reporting period to the current one. This report is intended for the primary care workforce, IPMHA trainers and programme funders.

## Learning outcomes

The programme learning outcomes are outlined as follows:

- consistently practicing within the primary care behaviour health model
- using behavioural health techniques and tools to explore diverse people's health situations and progress them towards improved health and hauora
- working collaboratively to offer and promote integrated care within a primary care context.

### Key evaluation questions

The aim of the evaluation in this six-month period was to understand how well the HIP programme is working by examining the following key questions.

- How much did the programme do?
- How well did the programme do it?
- Who benefitted (what difference did it make)?
- Is anyone better off?

## **Methods**

Evaluation data includes feedback from trainees who started on the programme and completed the training workshop, and those who were endorsed on completion of the programme as HIPs during 01 January to 30 June 2025. Four different data sources were used in this report:

- post-training evaluation workshop survey (January to June 2025),
- evaluation after pre-practicum,
- first assessment,
- and second assessment (final evaluation) (January to June 2025)

The Wilcoxon matched-pairs signed-ranks test was used to test for significance in trainees' level of knowledge and confidence in primary behavioural health, brief behavioural change intervention and focused acceptance and commitment therapy (fACT).

## **Findings**

This section presents findings from evaluation surveys in relation to each evaluation question.

### How much was done?

## New trainees – training workshops January to June 2025

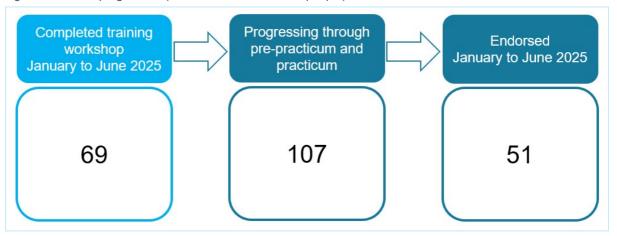
Ten virtual and in-person training workshop sessions were delivered. WellSouth delivered three and Te Pou delivered seven. A total of 69 people completed the workshops. See Table 1. Five of the fourteen Te Waipounamu HIP practicum trainings in this period were facilitated by a master trainer and trainer candidate.

Table 1: Trainees by date and location

Start date	Location	Number of attendees
10 February 2025	Auckland	9
10 February	Dunedin	3 (two from Te Waipounamu)
24 February 2025	Auckland	7
11 March 2025	Virtual	6
17 March 2025	Christchurch	5
25 March 2025	Virtual	9
7 April 2025	Virtual	6
5 May 2025	Virtual	9
9 June 2025	Auckland	8
16 June 2025	Invercargill	7
		69

A total of 69 people commenced the HIP training programme and completed the training workshop; 107 were progressing through pre-practicum; and practicum and 51 HIPs were endorsed. See Figure 2.

Figure 2: Trainee progression (measures and number of people)



### **Completion to date**

Since the programme's inception in 2020, **824** HIPs have started the programme and completed training workshops. The training workshop is the first in a series of activities in the programme. Table 2 shows completion by each reporting period.

Table 2: Training workshop completion to date and by reporting period

Timeline	2020	2021	2022	2023	2024	2025	Total
rimeime	Jan - Jan - Jan - Dec Dec Dec		Jan - Dec	Jan - Dec	Jan - Jun	I Otal	
Completed training workshop	110	179	158	169	139	69	824

### Trainee progress to date

Out of these **824** HIPs, **567** have been endorsed, **107** are still progressing through prepracticum and practicum, and **145**<sup>1</sup> have withdrawn from the programme, see Figure 3. Most people who withdrew from training reported resigning from employment.

Figure 3: Trainee progress to date



<sup>&</sup>lt;sup>1</sup> The total number of people going through stages of the programme differ by five when compared to the number of people who commenced from the start of the programme due to double enrolments. Same with the immediate past report.

### How well was it done?

### **Evaluation of training workshop**

Almost everyone (97 percent) who responded to the training workshop evaluation said the trainers had good or very good knowledge of the subject, down three percent from the immediate past <u>training evaluation report for July to December 2024</u>. Trainees also reported that trainers had good or very good ability to facilitate group learning (98 percent, same as the last report), and that the training provided good or very good networking opportunities (93 percent, down two percent from the last report). See Figure 4.

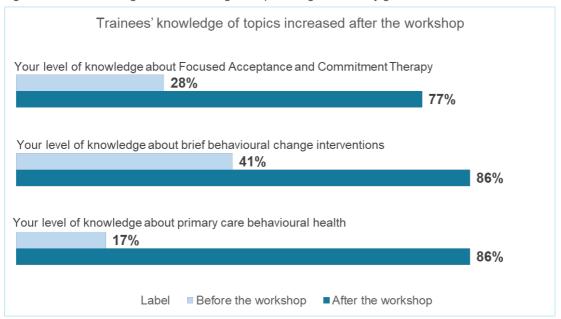
Of the 69 people who commenced the HIP training programme during January to June 2025 and completed their training workshop, 59 filled in a post workshop evaluation. This gives an 86 percent response rate indicating a very good level of confidence that the feedback is representative of those who completed the workshops.



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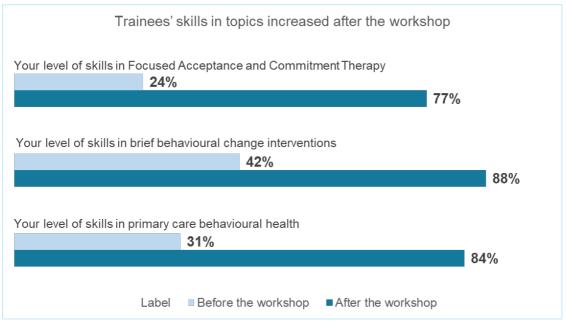
Trainees reported significant increases in their level of knowledge in primary behavioural health (5.1 times), brief behavioural change intervention (twice -2.1) and Focus Acceptance and Commitment Therapy (2.8 times) after the training workshop (p < .001). See Figure 5.

Figure 5: Trainees' rating of their knowledge of topics as 'good' or 'very good' before and after the workshop



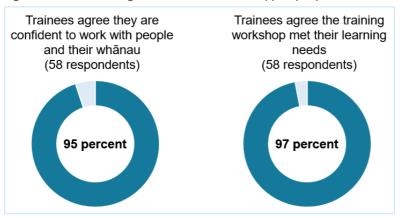
Similarly, trainees reported significant increases in their level of skill in primary behavioural health (2.7 times), brief behavioural change intervention (2.1 times) and Focus Acceptance and Commitment Therapy (3.2 times) after the training workshop (p < .001). See Figure 6.

Figure 6: Trainees' rating of their skill of topics as 'good' or 'very good' before and after the workshop



Nine out of 10 trainees agreed they are more confident to work with people and their whānau who access their services (95 percent), an increase from the last reporting period where 92 of people gave same feedback. Similarly, nine out of 10 trainees also agreed that the training met their learning needs (97 percent), same as the last report. See Figure 7.

Figure 7: Trainees rating of their confidence to support people



Trainees provided feedback on the three most useful aspects of the HIP training workshop. Learning about the HIP tools and models (31 times); the practical nature of the workshop and role plays (29 times); and understanding the HIP role (20 times), were listed as the top three. Learning about the structure of HIP session, access to resources were also mentioned as important. See Figure 8 for other aspects listed.

Figure 8: Most important elements of the HIP training workshop



Comments are shared in quotes below.

"The explanations of the structure of a HIP appointment"

"Learning how the HIP role works in a primary team setting"

"Trainer's teaching style and their passion for and experience in the HIP model"

"Lots of opportunities to practice"

"Understanding the role of HIPs"

Trainees were asked about a tool, strategy or idea that they intend to use in their work. Choice point (17) and bullseye (10) were mostly mentioned. DUKE and four square both got five mentions. Other tools mentioned include FACT, Hua Oranga, Fono Fale, and Te Whare Tapa Whā. See Figure 9 below.

Figure 9: Tools and strategies trainees plan to use



#### Trainees' feedback after first and second assessments

After their first and second assessments, trainees provided feedback on how various aspects of their training supported their development during practicum. Figure 10 presents responses from those who rated the assessed indicators as either 'useful' or 'very useful' (12 people after the first assessment; 32 after the second). Overall, trainees found most practicum aspects more useful following their second assessment. An exception was the 'tutorial hour,' which was rated more useful after the first assessment (67 percent) compared to the second (60 percent). Usefulness ratings for data metrics remained low compared to other practicum components.

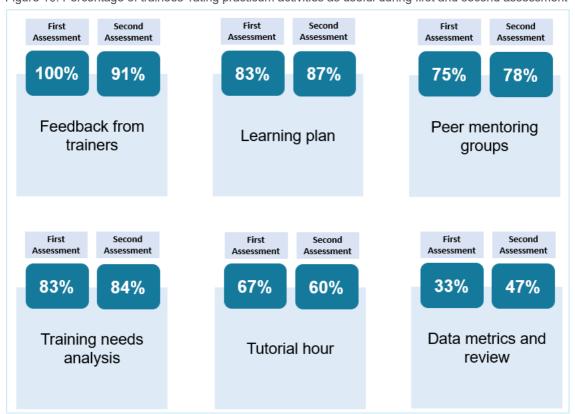


Figure 10: Percentage of trainees' rating practicum activities as useful during first and second assessment

Trainees' rating of their trainers' supports as either good or very good, during practicum were generally higher after the second assessment for five out of the nine indicators. For the remaining four indicators, ratings were higher following the first assessment. See Table 3 for details.

Table 3: Trainees rating of their trainers after their first and second assessment

Indicator	First assessment	Second assessment	Change
Knowledge	92%	94%	+2%
Engagement	83%	91%	+8%
Approachability	83%	91%	+8%
Ability to identify trainees' learning needs	92%	97%	+5%
Responsiveness to trainees' learning needs	92%	91%	-1%
Ability to give adequate and timely feedback	100%	88%	-12%
Skills as they model the HIP role	92%	91%	-1%
One-to-one coaching	92%	91%	-1%
Facilitation of assessment and professional conversations	92%	97%	+5%
Cultural sensitivity	Data not collected	97%	Not applicable

Following their first assessment, trainees shared feedback about their experience and engagement with their trainer. Selected comments are presented below in quotes.

"Welcoming, encouraging, warm, whanaungatanga, manaaki, professional, clear, focussed"

"My trainer was great. Lots of good tips and discussions. She was also positive and encouraging. She shared her knowledge and experience along the way"

"I cannot say enough about my trainer. She was outstanding. I felt supported, she was patient and informative. She gave me good feedback which was useful. My trainer was an excellent tutor and mentor!" "My trainer was in contact with me from the very first weeks. She was always available when I needed her. She was very professional and encouraging which gave me the confidence to begin my role".

In the evaluation after second assessment, trainees shared their experience with their trainers during coaching before their second assessment. Trainees used words like exceptional, positive, amazing, approachable, knowledgeable, supportive, brilliant, warm, excellent, responsive, and encouraging to describe their experience with their trainers. Comments are shared in quotes below.

"My experience with my trainer has been exceptional-deeply reflective, highly informative and filled with valuable learning that has genuinely expanded my perspective skills"

"Trainer was amazing. Very knowledgeable and was encouraging and supportive"

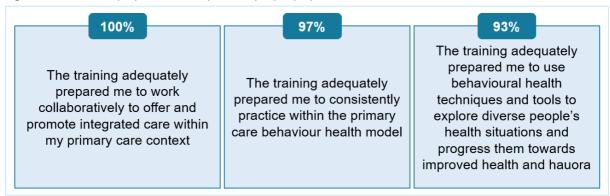
"Approachable, friendly, able to offer me feedback in a way that was kind and concise. Plenty of reflections given. Great communication"

"My trainer created a safe and supportive environment for my learning experience. This enabled me to be open and honest with her while at the same time feeling overwhelmed at times. I experienced her as a competent trainer during the coaching session which in turn built my own confidence"

"My experience with my trainer during coaching before my second assessment was highly positive. She provided structured and tailored guidance, ensuring that I had a clear understanding of key concepts and techniques. The coaching sessions were interactive and engaging, allowing me to practice my skills in a supportive environment. She offered detailed feedback and practical strategies to help me improve, which boosted my confidence and preparedness for the assessment. Overall, the coaching was an invaluable part of my learning process".

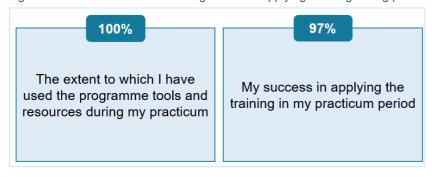
All trainees reported the training prepared them to offer and promote integrated care (100 percent). Almost everyone said the training prepared them to consistently practice within the primary care behaviour health model (97 percent) and use behavioural health techniques and tools to support people who access their services (93 percent). See Figure 11.

Figure 11: Trainees' preparedness to practice (30 people)



Everyone (100 percent) rated the extent to which they have used the tools and resources during practicum as 'good' or 'very good'. Ninety-seven percent rated their success in apply learning from the training in their practicum as 'good' or 'very good'. See Figure 12.

Figure 12: Trainees' success in using tools and applying learning during practicum (30 people)



#### **Trainers**

During this period, a total of 15 trainers were actively involved in delivering training, including three trainer candidates being trained and delivering training with oversight. One of the trainer candidates achieved endorsement as a HIP trainer during this time.

## Is anyone better off?

Trainees commented on aspects of their training programme that they found valuable to their learning towards becoming a HIP. An array of areas was mentioned including initial training workshops, peer support, and shadowing of an advanced HIP. People also mentioned modelling the HIP model, support from trainers during coaching and behavioural health intervention.

"The initial online training, continued peer support meetings, coaching from trainer, reflections, supervision, brief intervention training"

"The most valuable programme activities were the practical application of behavioural health interventions, real-time coaching sessions, and peer discussions. The hands-on experience with assessments and brief interventions reinforced key concepts and allowed for immediate feedback, enhancing skill development. Additionally, case discussions and role-plays provided valuable insights into adapting techniques to diverse patient needs. The opportunity to observe advanced HIPs in action was particularly beneficial, offering a real-world perspective on implementing the training in clinical settings"

"The regular Peer support hui we have had with my fellow HIP trainees and spending time with the advanced HIPs".

### **Discussion**

Trainees reported notable increases in their knowledge across topics. Their knowledge of brief behavioural interventions rose by 2.1 times, up slightly from 2.0 in the previous report. Understanding of primary behavioural health showed a substantial increase of 5.1 times, compared to 3.6 times previously. In contrast, knowledge of Focused Acceptance and Commitment Therapy increased by 2.8 times, a slight decrease from 2.9 in the last report.

Trainees feedback on trainer expertise remained high, with 97 percent of trainees rating trainers' subject knowledge as 'good' or 'very good'—a small decline from 100 percent in the previous report. Similarly, 93 percent of trainees felt the training provided 'good' or 'very good' opportunities for networking, down slightly from 95 percent.

The results indicate that trainees are highly motivated to apply their training in practice. All endorsed HIPs (100 percent) rated their use of programme tools and resources during practicum as either 'good' or 'very good'. Similarly, nearly all trainees (97 percent) reported that their success in apply learning from the training during practicum was 'good' or 'very good'.

### Conclusion

Between January and June 2025, 69 people commenced their HIP training programme and attended the training workshop. A total of nine workshops were delivered—four by Te Pou and five by WellSouth.

Feedback demonstrates that the HIP training workshop significantly enhanced trainees' knowledge and skills in primary behavioural health, brief behavioural change interventions, and Focused Acceptance and Commitment Therapy. These improvements were statistically significant and reflected in increased confidence, with 95 percent of trainees feeling more prepared to support people accessing their services and their whānau.

The training was well-received, with 97 percent of trainees agreeing it met their learning needs. Learning about HIP tools and models, understanding the HIP role, and the structure of sessions were among the most useful aspects. All trainees reported actively using the tools and resources during practicum, with 97 percent successfully applying their learning.

The training is effectively preparing HIPs to deliver integrated care and apply behavioural health techniques when providing support to people within the primary care setting.

Since the start of the programme in January 2020, a total of 824 trainees commenced their training and completed the training workshop. Of these people, over two-third (567, 69 percent) have completed the programme and been endorsed. To date, 107 are still progressing. A total of 145 people is being reported to have left the programme due to resignation or other reasons.

## **Appendix**

## Appendix A – Post training workshop evaluation form Training

### **About this survey**

This workshop training evaluation survey is part of the evaluation of the training programme for Health Improvement Practitioners (HIP). The aim of the evaluation is to help us understand what difference HIP training workshop makes to participants and how to improve it in future. Your responses will be anonymised.

Please circle one rating that best fits your experience of each aspect of this training workshop	Very poor	Poor	Unsure	Good	Very good
Preparation for the training workshop – Te Pou administrative support, including provision of resources to read before the workshop					
The trainers' knowledge of the subject					
The trainers' ability to facilitate group learning					
The value of the networking opportunities					
The helpfulness of the mix of methods used in the training to the way you learn					
The printed resources provided during the training workshop					
The online resources to which access was provided					
The length of the training workshop					

Please rate your knowledge and skills on the following topics now and before the training workshop	Very poor	Poor	Unsure	Good	Very good
Your level of knowledge about primary care behavioural health					
Now					
Before the training workshop					
Your level of skills in primary care behavioural health					
Now					
Before the training workshop					
Your level of knowledge about brief behavioural change interventions					
Now					
Before the training workshop					
Your level of skills in brief behavioural change interventions					
Now					
Before the training workshop					
Your level of knowledge about Focused Acceptance and Commitment Therapy					

Now			
Before the training workshop			
Your level of skills in Focused Acceptance and Commitment Therapy			
Now			
Before the training workshop			
Your confidence to apply knowledge and skills gained from the training workshop			
Now			
Before the training workshop			
	<u> </u>		

Please rate your level of agreement with the following statements	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree	Unsure
You are confident in your knowledge of the tools and techniques covered in this training workshop						
You are confident to support people accessing services and their family/whānau						
You are confident to support underserved tāngata whai ora and whānau accessing services						
The training workshop equipped you to work in the NZ primary care context						
The training workshop has adequately prepared you to work collaboratively with tangata whai ora						
The training workshop met your learning needs						

What were the three most useful element(s) of this training workshop at this stage of your preparation to be a HIP and why?
1.
2.
3.

How could the training course be improved?
Please add other comments or feedback about your experience of the training.

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Now, a bit about you ....

#### **Characteristics**

In what year were you born? (enter your 4-digit birth year, for example 1976)\*

Which of the following ethnic groups do you identify with? (select as many as apply)\*

- Aotearoa New Zealand Māori
- A Pasifika ethnic group eg Samoan, Tongan, Rarotongan Māori, Fijian, Niuean
- An Asian ethnic group eg Chinese, Indian, Fijian Indian, Sri Lankan, Indonesian, Filipino
- A Middle Eastern, Latin American, or African ethnic group
- New Zealand European or other European
- Other (please specify)

Which option best describes your gender identity? (select one only)

- Wahine, Woman
- Tāne, Man
- Gender diverse
- Other (please specify)

In which region do you mainly work? (select one only)

- Northern (Northland, Auckland, Waitematā and Counties Manukau)
- Te Manawa Taki (Bay of Plenty, Waikato, Lakes Tairāwhiti and Taranaki)
- Central (Mid Central, Whanganui, Capital and Coast/Hutt Valley, Hawkes Bay and Wairarapa)
- Te Waipounamu (Canterbury, West Coast, Nelson Marlborough, Southern and South Canterbury)

Current employment
What is your HIP role title?
[deleted hours per week and start date]

#### Professional background

What level is your most relevant tertiary qualification for the HIP role? (select one only)

- Bachelor's degree
- Graduate or post-graduate certificate, diploma, or degree
- Other (please specify)

What professional registration(s) do you hold? (select all that apply)\*

- Counselling Aotearoa: New Zealand Association of Counsellors
- dapaanz
- New Zealand Psychologists Board
- Nursing Council of New Zealand
- · Occupational Therapy Board of New Zealand
- Social Work Registration Board
- Te Whatu Ora accreditation within New Zealand Association of Counsellors (NZAC)
- Other (please specify)

### **Work history**

What role were you previously employed in?

Which option best describes your previous employer? (select one only)

- The same primary healthcare organisation (PHO) as now
- A different PHO
- Te Whatu Ora (former district health board)
- Iwi provider
- Other non-government organisation
- Other (please specify)

What sector was your previous role in? (select one only)\*

- Mental health and addiction
- Other (please specify)

Thank you so much for doing this survey.

## Appendix B – HIP trainee survey after pre-practicum

## **Pre-practicum two days**

The Pre-practicum is designed to prepare you with establishing the practical set up and to experience HIP skills in action.

How well have these elements prepared you to commence your practicum?	Not very well	Not well	Indifferent	Well	Very well
Warm handovers					
Use of practice management sheet					
Initial session					
Follow up session					
Closing the loop					
Pathway					
Group session					
Session structure					
Thorough introduction					
Efficient use of outcome measure					
Strength focus outcome feedback					
Use of FACT metaphors					
Follow up plan					
Recommendation to referrer					
Introduction to practice day					

Please rate your level of agreement with the following statements	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree
You received <b>timely</b> feedback from your trainer during pre-practicum					
You received <b>adequate</b> feedback from your trainer during prepracticum					
You received <b>timely</b> administrative support from Te Pou during prepracticum					
You received <b>adequate</b> administrative support from Te Pou during pre-practicum					

## Appendix C – HIP trainee survey after 3-month assessment

### Introduction

Congratulations on completing your first 3-months into practicum.

Please take about 10 minutes to complete this short survey about the first three months of your practicum. All your answers will be anonymised. Your input is important. It will be used for training quality improvement, for reporting and for informing future development of workforce training.

If you have any questions about this survey, please contact Katie Palmer du Preez (manager – evaluation and monitoring) by email <a href="mailto:katie.Palmerdupreez@tepou.co.nz">katie.Palmerdupreez@tepou.co.nz</a>

1. How effective was each of the following aspects of the webinars overall in supporting your learning?

	Not effective at all	Not effective	Fairly effective	Effective	Very effective	Not applicable
The length of the webinars						
The quality of the content of the webinars						
The delivery						
Cultural relevance of the webinar content						
Role plays						
Breakout rooms						

2. How useful were each of the following activities in focusing your development and learning during the first three months of your practicum?

	Not useful at all	Not useful	Fairly useful	Useful	Very useful
Data metrics and review					
Learning plan					
Tutorial hour					
Peer mentor groups					
Self-reflections					
Feedback from trainer					
Training needs analysis					
The webinars					

3. How would you rate your trainer during the first three months of your practicum period in terms of their

	Very poor	Poor	Fair	Good	Very good
their knowledge					
their engagement					
their approachability					
their ability to identify your learning needs					
their responsiveness to your learning needs					
their ability to give adequate and timely feedback					
their skills as they model the HIP role					
their one-to-one coaching					
Their facilitation of assessment and professional conversations					

·
4. Please describe your experience with your trainer during practicum coaching before your three months assessment?
5. Please comment on your trainer's availability and professional engagement before your three months assessment.
6. Please add any feedback you would like to give about your practicum trainer

# Appendix D – HIP trainee survey after the final assessment (6-months)

## **Final HIP trainee survey**

#### Introduction

Congratulations on completing your HIP training.

We at Te Pou would very much appreciate your time in providing us feedback and insights on your overall HIP training experience. We encourage you to be as descriptive and frank with your answers as possible so we can ensure the training is relevant.

The survey will take approximately 10 - 15 minutes to complete. All your answers will be anonymised. Your input is important. It will be used for training quality improvement, for reporting and for informing future development of workforce training.

If you have any questions about this survey, please contact Katie Palmer du Preez (manager – evaluation and monitoring) by email <a href="mailto:katie.Palmerdupreez@tepou.co.nz">katie.Palmerdupreez@tepou.co.nz</a>

1. What month and year did you complete the programme? MM/YYYY

#### **Webinars**

2. How useful was each of the webinars to you during your HIP practicum?

	Not useful at all	Not useful	Fairly useful	Useful	Very useful	Not applicable
Psychological distress in primary care						
Childhood challenges						
Addiction						
Kernels of behaviour change						
Long term conditions						
Pain						

3. How effective was each of the following aspects of the webinar in supporting your learning?

	Not effective at all	Not effective	Fairly effective	Effective	Very effective
The length of the webinars					
The quality of the content of the webinars					
The delivery					
Cultural relevance of the webinar content					
Role plays					
Breakout rooms					

4.What was most useful about the webinars?
5. What was least useful about the webinars?
6. What could be improved about the webinars?

## **Practicum**

7. How useful were each of the following activities to your focus areas for development and learning during your practicum?

	Not useful at all	Not useful	Fairly useful	Useful	Very useful	Not applicable
Data metrics						
Learning plan						
Tutorial hour						
Peer mentor groups						
Reflections						
Feedback from trainer						
Training needs analysis						
One-on-one coaching						

8. How would you rate your trainer during the practicum period in terms of their...

	Very poor	Poor	Fair	Good	Very good
Knowledge					
engagement					
approachability					
ability to identify your learning needs					
responsiveness to your learning needs					
ability to give adequate and timely feedback					
skills as they model the HIP role					
one-to-one coaching					
facilitation of assessment and professional conversations					
cultural sensitivity					

professional conversations					
cultural sensitivity					
9. Please describe your experience wit months assessment?	h your train	ner during	coaching l	before your	six
10. Please comment on your trainer's	availability	and profe	ssional en	gagement	hefore
your six months assessment.	avallability	and profes	ssional en	gagement	pelole
11. Which practicum activities have su				earning an	d
<ul><li>development needs to practice as a HI</li><li>Data metrics</li></ul>	P? Please s	select all t	nat apply.		
<ul> <li>The training manual</li> <li>The online resources</li> </ul>					

- Tutorial hour
- Peer mentor groups
- Reflections
- Feedback from trainer
- Training needs analysis
- The webinars
- One-on-one coaching
- All the above

12. Please indicate any factor that affected or had potential to affect your engagement with training or trainer during your practicum, eg sickness, employment changes, personal circumstances, etc
13. Please add any feedback you would like to give about your practicum trainer?

## The HIP training programme as a whole

14. Please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree
My experience of the HIP training programme was valuable overall					
Training programme expectations were clear to me (workshop, practicum, and assessment requirements/expectations.)					
My working context was considered and informed my progression through the practicum.					
Please comment on your ratings (it	is okay if y	ou do not wa	ant to)		

15. Looking back on the whole training programme, how well did the following support your learning and development to becoming an endorsed HIP?

	Not at all well	Not well	Fairly well	Well	Very well
Training workshops					
Training needs analysis					
Shadowing of an advanced HIP					
Ready to Practice day					
Peer mentoring group					
Tutorials					
Coaching by the trainers during the					
practicum					
Learning plan					
Self-Reflections					
Data Metrics					
The webinars					
The e-book 'Behavioural Consultation in					
Primary Care'					

The resources (eg printed materials, literature, textbook)				
Please comment on your ratings (it is okay	if you do n	ot want to	<b>)</b>	

16. Please rate your level of agreement with the following statements	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree	Unsure/ Not applicable
The training adequately prepared me to work collaboratively to offer and promote integrated care within my primary care context						
The training adequately prepared me to consistently practice within the primary care behaviour health model.						
The training adequately prepared me to use behavioural health techniques and tools to explore diverse people's health situations and progress them towards improved health and hauora.						

17. Please rate	none	a little	some	a lot	All the time	Unsure/ Not applicable
The extent to which I have used the programme tools and resources during my practicum						
My success in applying the training in my practicum period						

- 18. What factors supported your integration as a HIP into primary care practice and collaboration with colleagues?
- 19. Which programme activities have been most valuable for your learning?
- 20. Which learning activity added the least value to your learning?
- 21. Are there any established networks, engagements, and connections you intend to continue with to keep up to date and reflect on practice going forward?

22. Please add any further comments about your HIP training programme experience.

### **About you**

#### Please tell us a bit about you to help us understand who has provided feedback.

In what year were you born? (enter your 4-digit birth year, for example 1976)\*

Which of the following ethnic groups do you identify with? (select as many as apply)\*

- Aotearoa New Zealand Māori
- A Pasifika ethnic group eg Samoan, Tongan, Rarotongan Māori, Fijian, Niuean
- An Asian ethnic group eg Chinese, Indian, Fijian Indian, Sri Lankan, Indonesian, Filipino
- A Middle Eastern, Latin American, or African ethnic group
- New Zealand European or other European
- Other (please specify)

Which option best describes your gender identity? (select one only)

- Wahine, Woman
- Tāne, Man
- Gender diverse
- Other (please specify)

In which region do you mainly work? (select one only)

- Northern (Northland, Auckland, Waitematā and Counties Manukau)
- Te Manawa Taki (Bay of Plenty, Waikato, Lakes Tairāwhiti and Taranaki)
- Central (Mid Central, Whanganui, Capital and Coast/Hutt Valley, Hawkes Bay and Wairarapa)
- Te Waipounamu (Canterbury, West Coast, Nelson Marlborough, Southern and South Canterbury)

Current employment
What is your HIP role title?
[deleted hours per week and start date]

#### Professional background

What level is your most relevant tertiary qualification for the HIP role? (select one only)

- Bachelor's degree
- Graduate or post-graduate certificate, diploma, or degree
- Other (please specify)

What professional registration(s) do you hold? (select all that apply)\*

- Counselling Aotearoa: New Zealand Association of Counsellors
- dapaanz
- New Zealand Psychologists Board
- Nursing Council of New Zealand
- Occupational Therapy Board of New Zealand
- Social Work Registration Board
- Te Whatu Ora accreditation within New Zealand Association of Counsellors (NZAC)
- Other (please specify)

### **Work history**

What role were you previously employed in? \_\_\_\_\_

Which option best describes your previous employer? (select one only)

- The same primary healthcare organisation (PHO) as now
- A different PHO
- Te Whatu Ora (former district health board)
- Iwi provider
- Other non-government organisation
- Other (please specify)

What sector was your previous role in? (select one only)\*

- Mental health and addiction
- Other (please specify)

Thank you so much for doing this survey.