



# Health improvement practitioner

Training programme evaluation report, July  
to December 2025

February 2026

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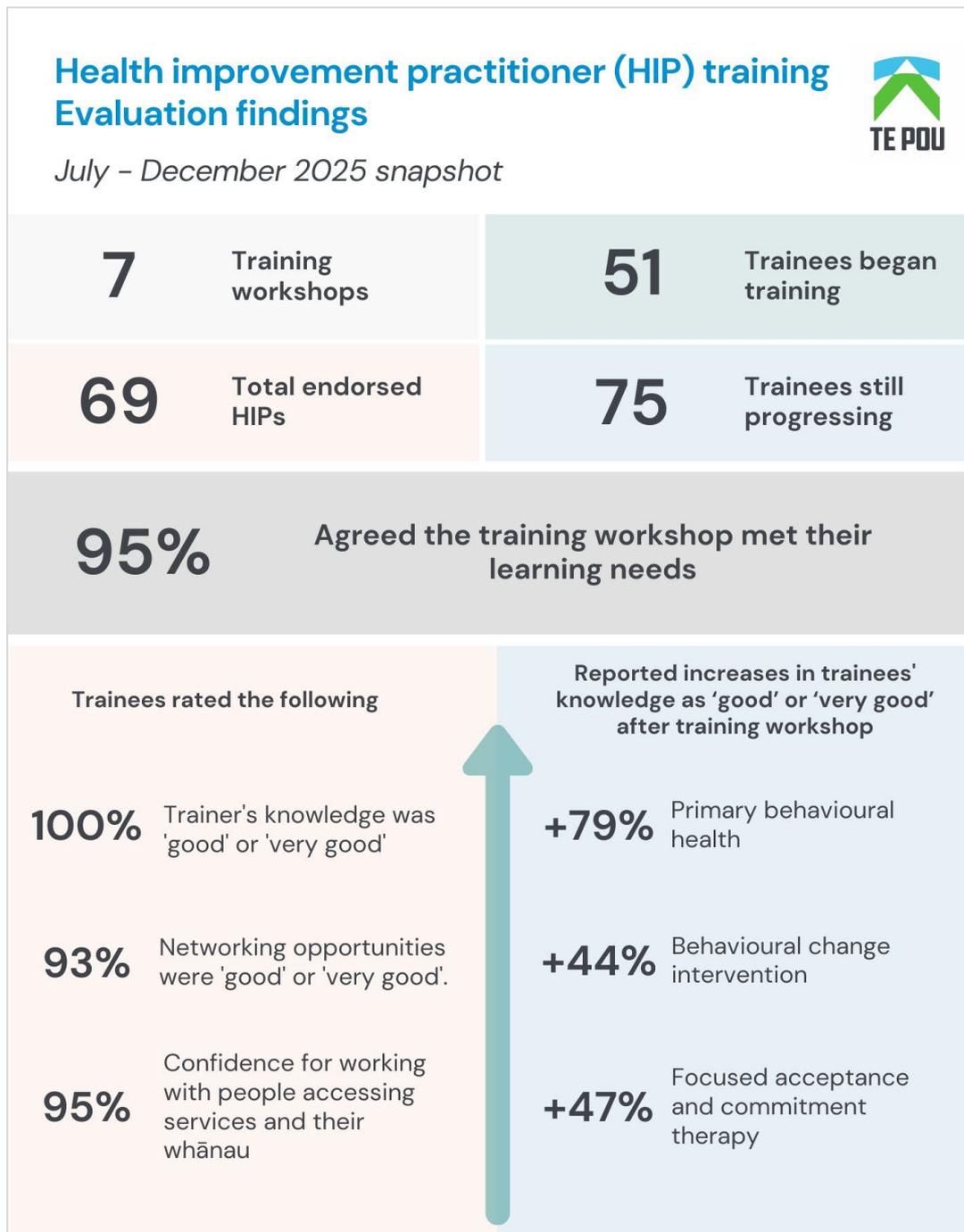
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## Summary of results

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 31 December 2025. Trainees reported increased knowledge and understanding in primary behavioural health (+79 percent), behavioural change intervention (+44 percent) and focused acceptance and commitment therapy (+47 percent) after the training workshop.



## 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.

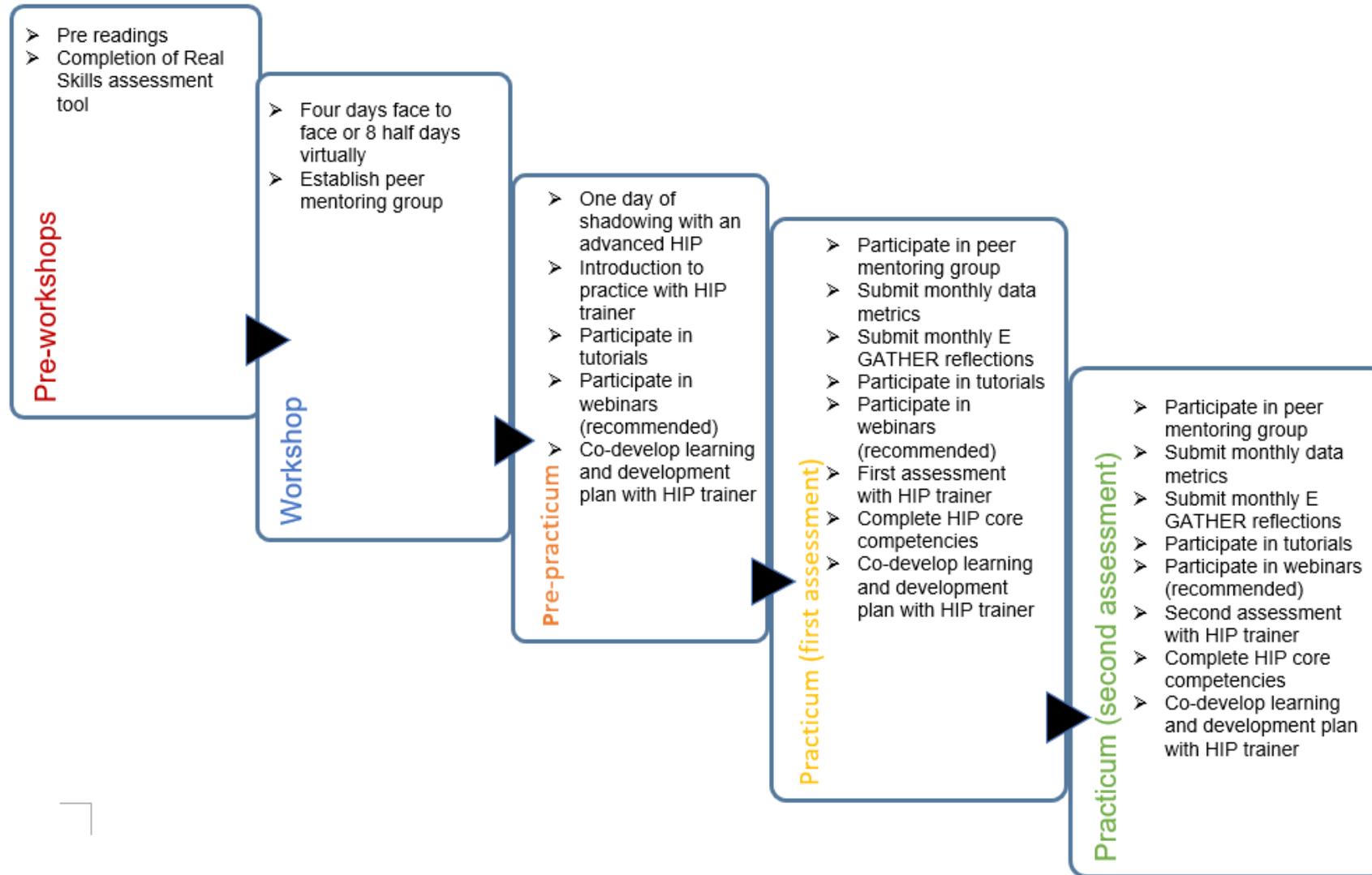
Te Pou began delivering the training programme, initially developed by Mountainview Consulting in the USA, in 2020. As a result of trainee feedback and a thorough programme review, the training structure and content were adapted and updated, and the revised programme delivery began in January 2021. From 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. Procure Freshminds is contracted for the Northern region spoke which become operational in November 2025. Te Pou continues to be responsible as the spoke 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 2025 are available on the Te Pou website

Figure 1: HIP programme structure



## Updates from past reporting period

In 2024, Health New Zealand | Te Whatu Ora confirmed a shift to a hub-and-spoke model for HIP programme delivery. In this model, Te Pou has the role of national hub, supporting regional spokes to coordinate and deliver training within each region.

Te Pou continues to coordinate HIP training programme delivery for the Te Manawa Taki and Central regions while regional spokes are being established.

## Purpose of the evaluation

This report shares and discusses the evaluation findings for the HIP training programme from July to December 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 July to 31 December 2025. Four different data sources were used in this report:

- post-training evaluation workshop survey (July to December 2025)
- evaluation after pre-practicum

- first assessment
- and second assessment (final evaluation) (July to December 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 July to December 2025

Seven virtual and in-person training workshops were delivered. Four were delivered nationally (by Te Pou, the hub) and three by the Te Waipounamu spoke. A total of 51 people completed the workshop training.

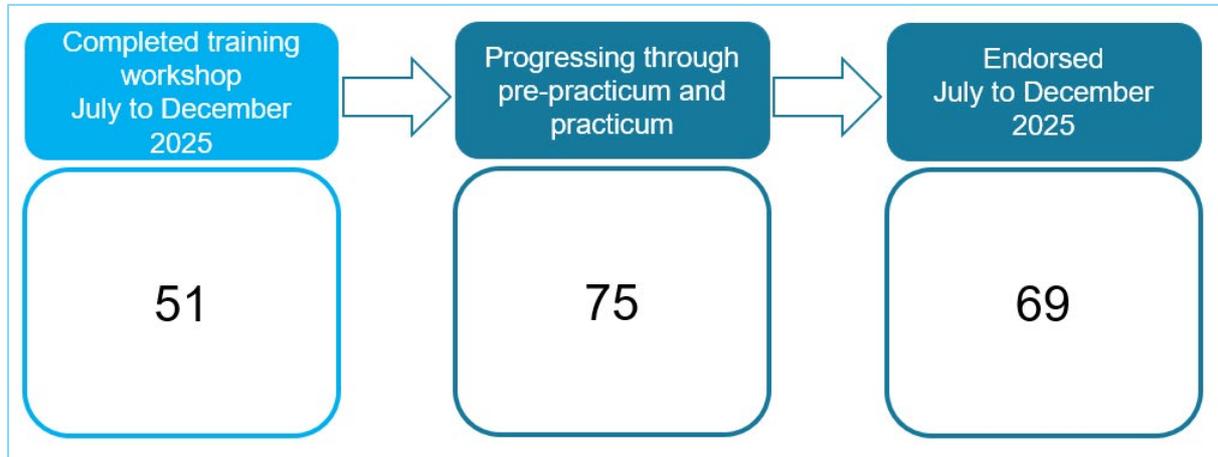
See Table 1. Two of the three Te Waipounamu workshops were facilitated by a master trainer and trainer candidate.

Table 1: Trainees by date and location

Start date	Region	Location	Number of attendees
14 July	National	Virtual	9
4 August	Te Waipounamu	Dunedin	4
11 August	National	Virtual	7
15 September	National – Te Waipounamu	Virtual	9 (5 National, 4 Te Waipounamu)
13 October	National	Virtual	10
17 November	National	Virtual	9
1 December	Te Waipounamu	Dunedin	3 (1 National, 2 Te Waipounamu)
			<b>51</b> (41 National, 10 Te Waipounamu)

A total of 51 people commenced the HIP training programme and completed the training workshop; 75 were progressing through pre-practicum; and practicum and 69 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, **875** 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.

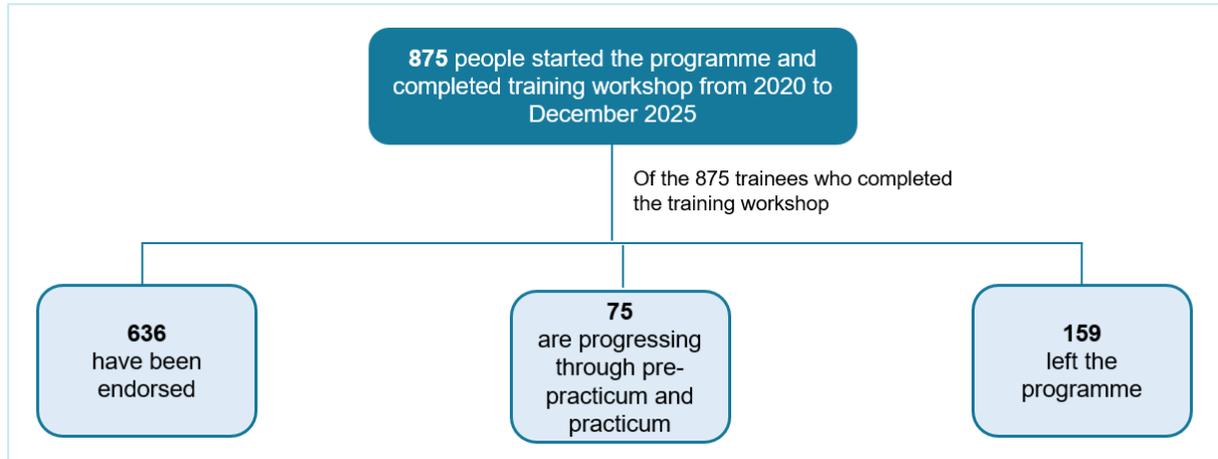
Table 2: Training workshop completion to date and by reporting period

Timeline	2020	2021	2022	2023	2024	2025		Total
	Jan - Dec	Jan - Jun	Jul - Dec					
Completed training workshop	110	179	158	169	139	69	51	<b>875</b>

## Trainee progress to date

Out of these **875** HIPs, **636** have been endorsed, **75** are still progressing through pre-practicum and practicum, and **159**<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>2</sup>



<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.

<sup>2</sup> Variation of cumulative totals can occur due to status change between end of period and report run date, retrospective data entry, enrolments on hold, or when endorsed students later leave the programme. Three people who have been endorsed, are also included in the count of those who later left the programme. Nine people completed training under two separate, concurrent enrolments (or 9 withdrawn enrolments have not been previously recorded and have been adjusted for above)

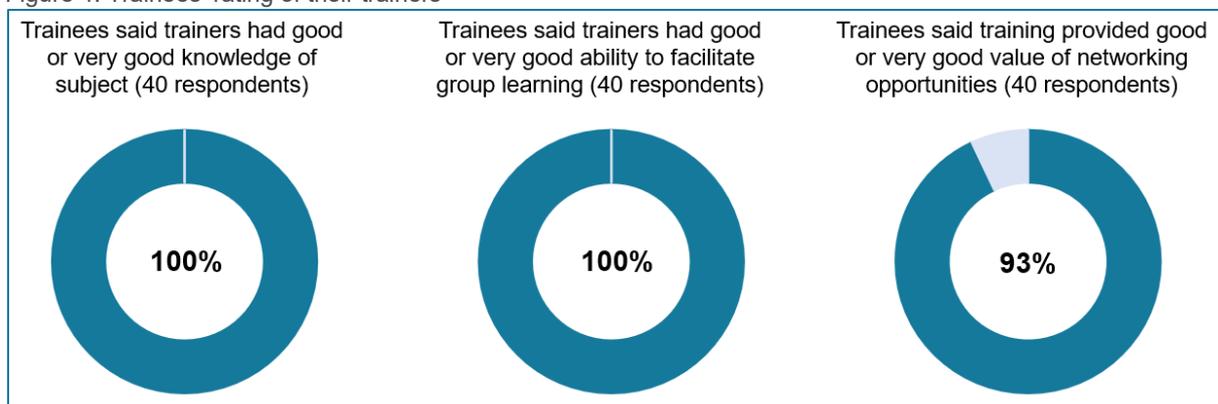
## How well was it done?

### Evaluation of training workshop

Everyone who responded (100 percent) to the training workshop evaluation said the trainers had good or very good knowledge of the subject, and ability to facilitate group learning, up three and two percent, respectively from the immediate past [training evaluation report for January to June 2025](#). They also reported that the training provided good or very good networking opportunities (93 percent - no change from the last report). See Figure 4.

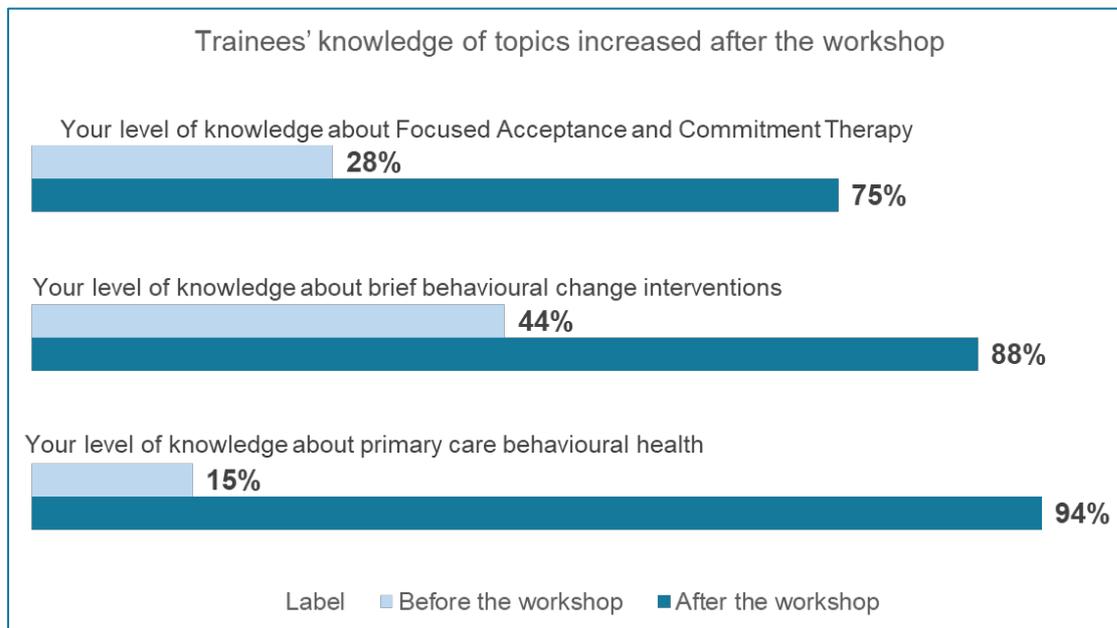
Of the 51 people who commenced the HIP training programme during July to December 2025 and completed their training workshop, 40 filled in a post workshop evaluation. This gives a 78 percent response rate indicating a very good level of confidence that the feedback is representative of those who completed the workshops.

Figure 4: Trainees' rating of their trainers



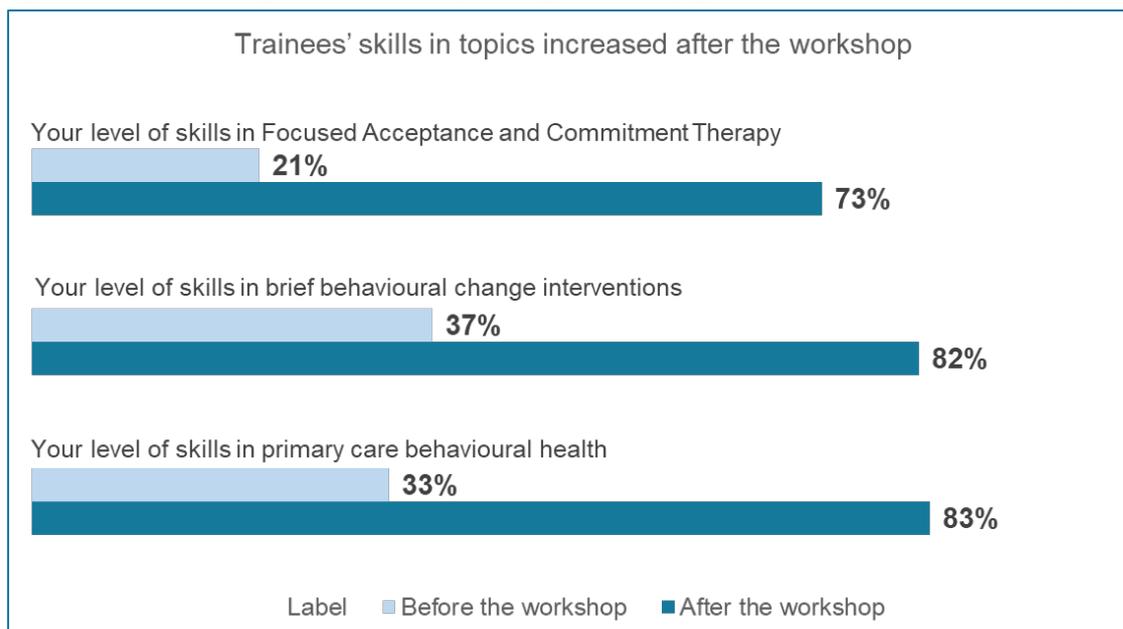
Trainees reported significant increases in their level of knowledge in primary care behavioural health (6.3 times), brief behavioural change intervention (twice – 2.0) and Focus Acceptance and Commitment Therapy (2.7 times) after the training workshop ( $p < .001$ ). See Figure 5.

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



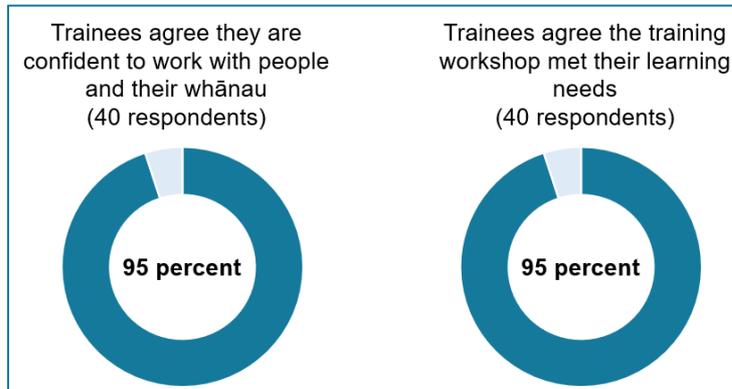
Similarly, trainees reported significant increases in their level of skill in primary care behavioural health (2.5 times), brief behavioural change intervention (2.2 times) and Focus Acceptance and Commitment Therapy (3.5 times) after the training workshop ( $p < .001$ ). See Figure 6.

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



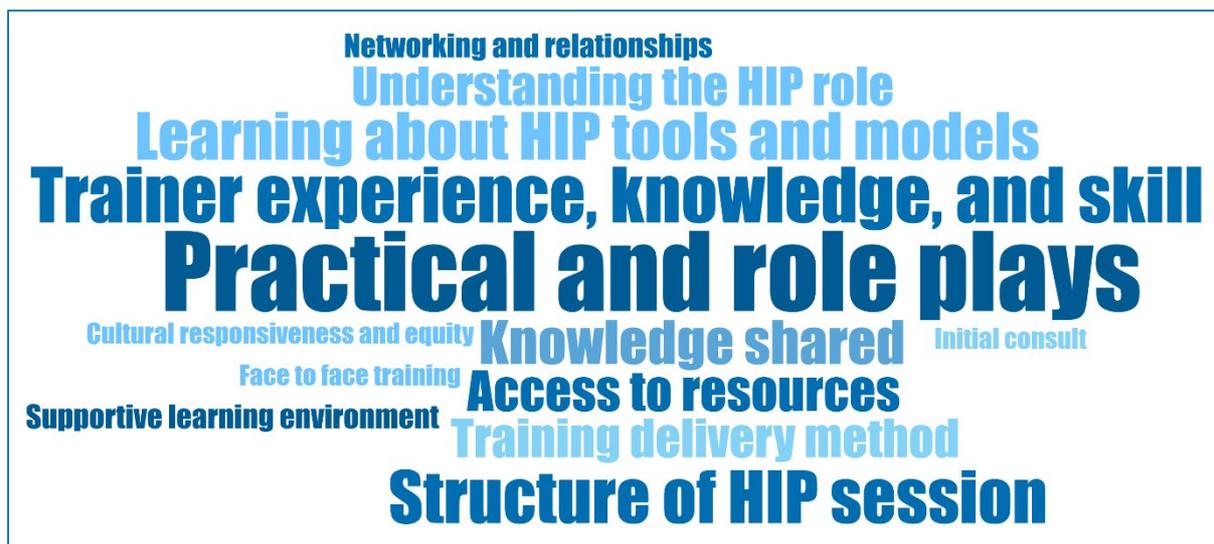
Nine out of 10 trainees agreed they are more confident to work with people and their whānau who access their services (95 percent), same as last reporting period. A slight decrease was reported in the proportion of trainees who agreed that the training met their learning needs (95 percent compared to 97 percent in the last report). See Figure 7.

Figure 7: Trainees rating of their confidence to support people (40 respondents)



Trainees provided feedback on the three most useful aspects of the HIP training workshop. Learning about the practical nature of the workshop and role plays (25 times), trainer experience, knowledge and skills (15 times); and learning about the structure of the HIP session (14 times), were listed as the top three. Access to tools and models, understanding the HIP role, 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 HIP structure is clear. I understand exactly how to start in the role”

“The trainer was wonderful at engaging us all online it actually felt very connecting which I didn’t think would happen”

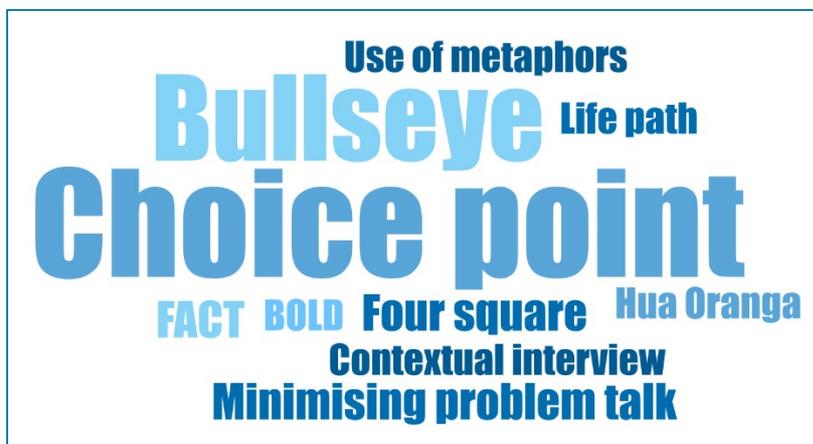
“Practicing the sessions were useful”

“Practicing the HIP session with others learning as well as with experienced HIPs”

“The workshop was incredibly interactive and engaging. I felt comfortable and know there is people outside of my trainer that I can engage with for peer support that will understand”.

Trainees were asked about a tool, strategy or idea that they intend to use in their work. Choice point (16 citations) and bullseye (12 citations) were mostly mentioned. Other tools mentioned include FACT, four square, and ‘minimising problem talk’. See Figure 9 below.

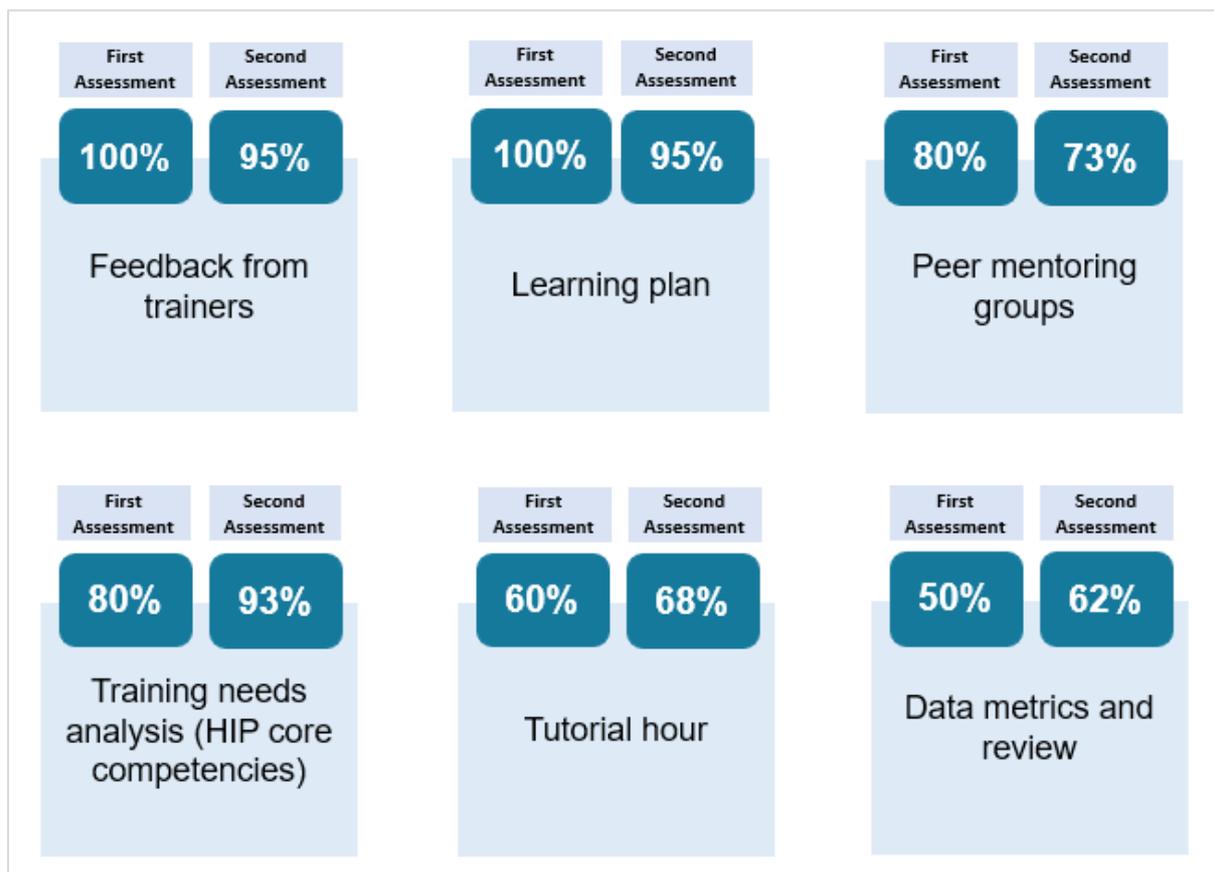
Figure 9: Tools and strategies trainees plan to use



## 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' (five people after the first assessment; 44 after the second). Overall, trainees found most practicum aspects useful following both first and second assessments. Usefulness ratings for data metrics and tutorial hour were lower when compared to other practicum components. The significantly lower sample size of the feedback from the first assessment should be considered when making comparisons from both assessment periods as feedback from the second represents a more variable perspective. See Figure 10.

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



Trainees generally rated trainer support during practicum as good or very good, with slightly higher ratings after the first assessment for most indicators. This variation is likely due to the smaller sample size in the first assessment, which limits the reliability of the comparison. 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	100%	100%	
Engagement	100%	95%	-5%
Approachability	100%	100%	
Ability to identify trainees' learning needs	100%	98%	-2%
Responsiveness to trainees' learning needs	100%	91%	-9%
Ability to give adequate and timely feedback	100%	91%	-9%
Skills as they model the HIP role	100%	98%	-2%
One-to-one coaching	100%	95%	-5%
Facilitation of assessment and professional conversations	100%	98%	-2%
Cultural sensitivity	Data not collected	93%	Not applicable

Trainees shared feedback about their experience and engagement with their trainer after the first assessment. Selected comments from trainees are presented below in quotes.

“Great experience, love working alongside my trainer”

“My trainer has been absolutely great! They have a wealth of knowledge and experience which has been very valuable for my own learning. Their feedback is very strength-based and has been reassuring and helpful to grow my confidence as a HIP”

“Very approachable for any questions, concerns. Professional in all communication”

“Provided good guidance and was motivating and positive. Very helpful”

In addition, trainees shared their experience with their trainers during coaching before their second assessment. Those who responded to the evaluation described their trainers as supportive, approachable, and encouraging. They appreciated the confidence-building, kindness, and empathy shown during coaching. Trainees also feedback that their trainers were professional, resourceful, and knowledgeable, and that they offered clear guidance on what to expect during assessments and practical steps for improvement. Words trainees used to describe their experience with their trainers are summarised in the word cloud below.

Figure 11: Trainees description of support received from trainers



Some comments are shared in the quotes below.

“My trainer was outstanding during all coaching sessions. They encouraged me to be more reflective, and thankful to myself for wins/gains. Explained the importance of various aspects of appointments eg focusing on individual issues and teasing them out. As I had had no experience in CBT/FACT or similar - they respectfully and knowledgably led me through understanding this more - as I felt it wasn't touched-on enough during the initial HIP training workshop”

“I found my trainer was very professional and helped me understand what was expected and what was important for me to demonstrate during the assessment, while also being very encouraging and empowering”

“Demonstrated genuine enthusiasm for the model and HIP role within primary care. Maintained an encouraging and supportive demeanour; was always approachable, willing to assist, share knowledge, provide tips, and update on latest developments within the HIP role and organisation”

Mana enhancing, thorough, clear & welcoming

I found my trainer very approachable and had the ability to openly share any concerns/areas for further development. I appreciated their mentoring and them sharing their knowledge as well as tips on how I can further improve my practice as a HIP.

While trainees' experiences were mostly positive, three people noted minimal engagement due to time constraints or trainer availability. Comments are shared in the quotes below.

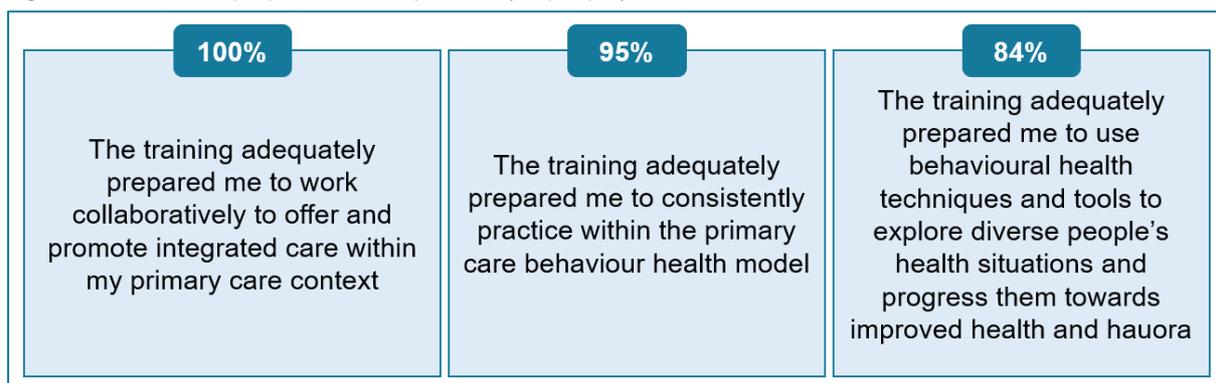
"I only had one session due to time constraints and that was over zoom, I prefer face-to-face"

"Not sure we did coaching as such but connected via emails to set up assessment. I did find having pre- assessment session helpful to ensure my system was all go for the online second assessment. Hence this option worked well. My trainer was not available for some time (on leave), and I waited a couple of months to confirm and set my second assessment date"

"Engagement was minimal as trainer often away. Any interactions with my trainer were good though"

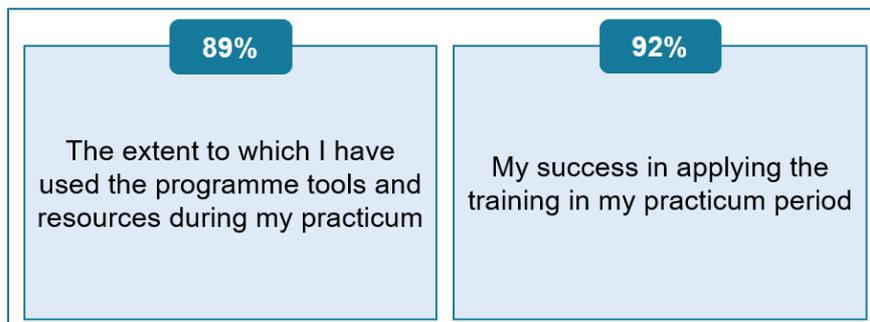
All trainees reported that the training prepared them to offer and promote integrated care (100 percent). Almost everyone said the training prepared them to consistently practice within the primary care behaviour health model (95 percent) and use behavioural health techniques and tools to support people who access their services (84 percent). See Figure 12.

Figure 12: Trainees' preparedness to practice (38 people)



Around nine out of 10 trainees rated the extent to which they have used the tools and resources during practicum (89 percent), and success in applying their training during practicum (92 percent) as 'good' or 'very good'. See Figure 13.

Figure 13: Trainees' success in using tools and applying learning during practicum (38 people)



## Trainers

During this period, a total of 15 trainers were actively involved in delivering training. This included three trainer candidates who were delivering training under supervision. Two of these three trainer candidates were endorsed as HIP trainers in December 2025.

## 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, coaching sessions, one-on-one mentoring, and learning plans. Trainees also cited peer support, shadowing and trainer visits as valuable. FACT, choice point, and bullseye tools were also highlighted.

“The coaching sessions with my trainer were extremely valuable and I could not emphasise enough how great of a trainer my trainer is. The learning plans established with them were great guides forward in all parts of my training”

“Interaction with the excellent trainer, and discussions with one advanced HIP who is also Māori. The online workshops also were enjoyable as they emphasised the model and trainers very transparent. My initial training in Auckland set us on a track of flexibility as well which I enjoyed”

“Shadowing HIPs/Peer support groups”

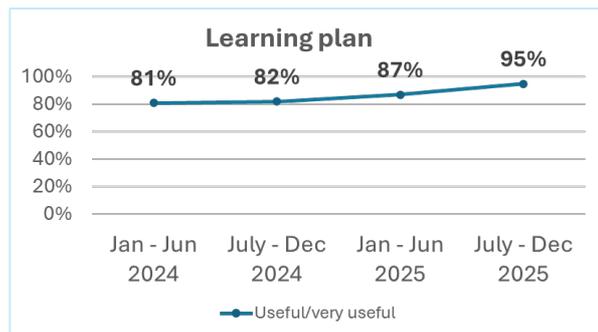
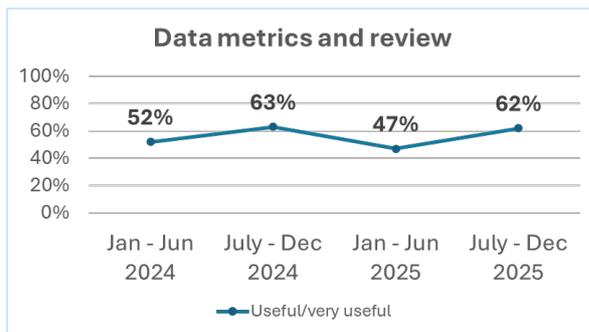
“Understanding FACT therapy, knowledge and skills gained from working in primary care, and in applying brief behavioural interventions”.

## Trend analysis from 2024 to date

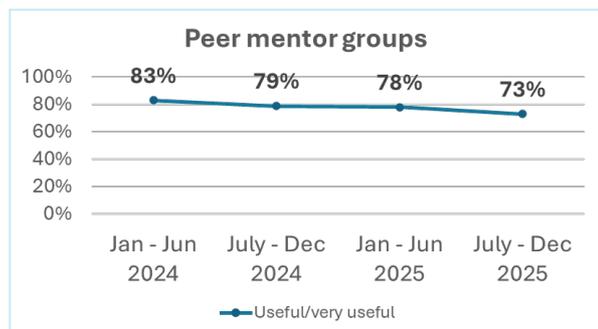
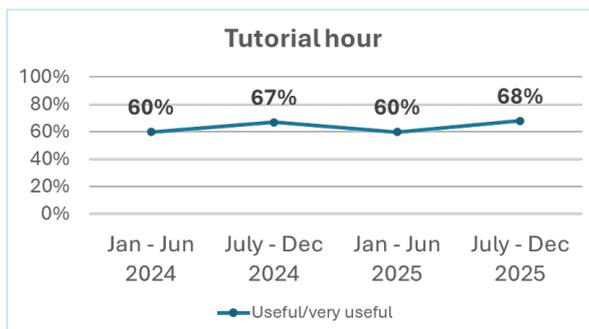
This section presents data on how aspects of the practicum supported trainees’ development and learning after their second assessment. Data represents people who responded that aspects of the following practicum activities were either ‘useful’ or ‘very useful’.

These trend results only reflect trainees self-rating of the usefulness of practicum activities over time. No statistical significance testing was carried out, so the patterns should be interpreted as indicative rather than conclusive.

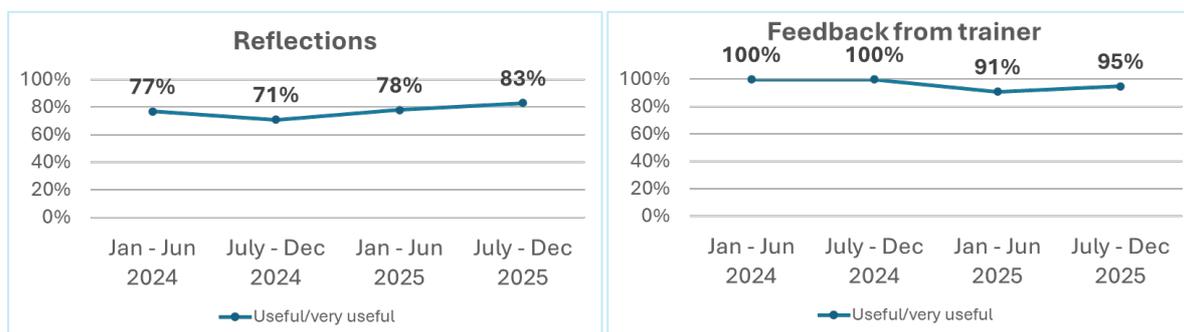
Usefulness of ‘data metrics’ (left) trended lower across reporting periods, with the lowest (47 percent) recorded during January to June 2025, with a lift to 62 percent in the current reporting period. The usefulness of ‘learning plan’ (right) steadily increased over time.



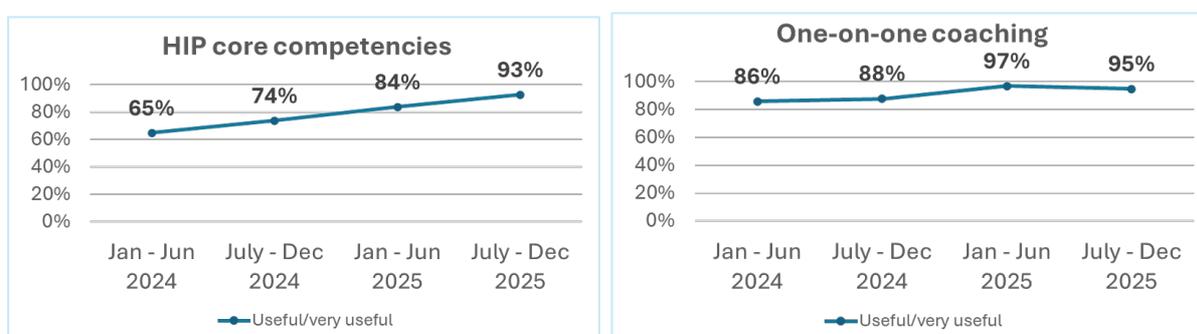
Usefulness of ‘tutorial hour’ (left) trended positively but relatively less highly when compared to other practicum activities. ‘Peer mentor groups’ (right) trended downwards across periods, although relatively high when compared to data metrics and review.



Usefulness of 'reflections' (left) has grown steadily since July 2024. The usefulness of 'feedback from the trainer' (right) remained stably high across periods.



Usefulness of 'HIP core competencies' (left) rises steadily from 65 percent (Jan–Jun 2024) to 93 percent (Jul–Dec 2025). Across reporting periods, the usefulness of one-on-one coaching remained consistently high with a strong shift from 86 percent as of June 2024 to 95 percent in December 2025.



## Discussion

Trainees showed strong improvements in their knowledge across all topics. Knowledge of brief behavioural interventions increased two-fold, slightly lower than the 2.1-fold increase in the previous report. Their knowledge of primary care behavioural health increased 6.3 times, up from 5.1 times previously. Knowledge of Focused Acceptance and Commitment Therapy increased 2.7 times, a small change from 2.8 last period.

Feedback about trainers remained very positive. All trainees (100 percent) rated trainers' subject knowledge as good or very good, an improvement from 97 percent last period. Networking opportunities were also rated highly at 93 percent, the same as the January to June reporting period.

Most trainees were motivated to use what they learned in practice. Eighty-nine percent said they used programme tools and resources well during practicum, and 92 percent felt they applied their learning successfully.

Across four reporting periods from January 2024 to December 2025, the usefulness of practicum activities in supporting trainees' development and learning stayed stable. Trainer

support remained consistently high, while data metrics and review were rated the least useful.

## Conclusion

Te Pou continues to provide the HIP training programme as part of the workforce development programme for the Integrated Primary Mental Health and Addiction Programme. Between July and December 2025, 51 people commenced their HIP training programme and attended the training workshop. A total of seven workshops were delivered, four nationally and three by the Te Waipounamu spoke.

Trainee feedback continues to show that the programme is effectively preparing them to deliver integrated care and confidently apply behavioural health techniques in primary care setting.

The training workshop improved trainees' knowledge and skills in primary behavioural health, brief behavioural change interventions, and Focused Acceptance and Commitment Therapy. These improvements were statistically significant and contributed to increased confidence in practice. Ninety-five percent of trainees said they felt more prepared to support people and their whānau, and that the workshop met their learning needs.

Trainees found learning about HIP tools and models, understanding the HIP role, and practising the structure of sessions especially useful. Almost all (89 percent) trainees said they used the tools and resources during practicum, and 92 percent successfully applied their learning, a small decrease from 97 percent in the previous report.

Since the programme began in January 2020, 875 people have started and completed the training workshop. Of these, 636 trainees (73 percent) went on to finish the full programme and gain endorsement. Another 75 trainees are still working through their practicum. A total of 159 people have left the programme, mostly due to job changes or other personal 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					
<b>Now</b>					
<b>Before</b> the training workshop					
Your level of skills in primary care behavioural health					
<b>Now</b>					
<b>Before</b> the training workshop					
Your level of knowledge about brief behavioural change interventions					
<b>Now</b>					
<b>Before</b> the training workshop					
Your level of skills in brief behavioural change interventions					
<b>Now</b>					
<b>Before</b> the training workshop					
Your level of knowledge about Focused Acceptance and Commitment Therapy					

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

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 tāngata 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.**

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 pre-practicum					
You received <b>timely</b> administrative support from Te Pou during pre-practicum					
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 [katie.Palmerdupreez@tepou.co.nz](mailto:katie.Palmerdupreez@tepou.co.nz)

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 [katie.Palmerdupreez@tepou.co.nz](mailto:katie.Palmerdupreez@tepou.co.nz)

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					

9. Please describe your experience with your trainer during coaching before your six months assessment?

10. Please comment on your trainer's availability and professional engagement before your six months assessment.

11. Which practicum activities have supported your understanding of learning and development needs to practice as a HIP? Please select all that apply.

- Data metrics
- The training manual
- The online resources
- Learning plan
- 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 you do not want 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 not want to)					

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
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- Tāne, Man
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- Other (please specify)

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## 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)

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**Work history**

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- 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.**