

## **Evidence-Based Rationale for the Follow-Up Questionnaire**

### **Purpose of the Questionnaire**

This follow-up survey, distributed one month after delivery of The Moment That Matters workshop, has been designed to evaluate longitudinal learning transfer and real-world behavioural change. It provides evidence at Kirkpatrick Level 4 (Results), measuring whether increased confidence within the session translates into actual speaking-up behaviours on clinical placement (Kirkpatrick & Kirkpatrick, 2009).

The questionnaire is explicitly aligned with validated evaluation frameworks, current patient safety literature, and inclusive education research, ensuring both rigour and accessibility.

### **Evidence Base for Questionnaire Design**

#### *Confidence and Self-Efficacy*

- Confidence ratings are grounded in self-efficacy theory, which demonstrates that perceived competence predicts future action (Bandura, 1997).
- Pre- and post-training confidence comparisons are established indicators of training effectiveness at Kirkpatrick Level 2 (learning) (Kirkpatrick & Kirkpatrick, 2009).

#### *Behavioural Frequency and Narratives*

- Healthcare trainees frequently identify safety issues but withhold voice due to hierarchical and cultural barriers (Schwappach & Richard, 2018).
- Behavioural frequency items (“Have you spoken up since the session?”) combined with open-text narratives allow mixed-methods evaluation, capturing both measurable trends and context-rich insights (Creswell & Plano Clark, 2017).

#### *Barriers and Enablers*

- Documented barriers to speaking up include fear of negative consequences, hierarchy, and lack of confidence (Okuyama, Wagner & Bijnen, 2014).
- Capturing enablers supports continuous quality improvement and aligns with NHS Freedom to Speak Up guidance (NHS England, 2022).

#### *Longitudinal Programme Impact*

- Multimodal speaking-up programmes have demonstrated sustained improvements in safety culture and behaviour over time (Walther et al., 2022).
- A one-month follow-up survey aligns with evidence on reinforcement and behaviour change, ensuring evaluation extends beyond immediate reactions (Gollwitzer & Sheeran, 2006).

### *Psychological Safety*

- Psychological safety is a critical predictor of voice behaviour in healthcare teams (Edmondson, 1999).
- Including questions on barriers/enablers indirectly assesses psychological safety, providing insight into placement culture (Bahadurzada et al., 2024).

### *Accessibility and Dyslexia-Friendly Design*

- The British Dyslexia Association (2023) recommends clear sans-serif fonts, uncluttered layouts, and reduced text density.
- Recent open-access research confirms that letter and word spacing significantly improves reading performance for dyslexic learners, more so than specialised font shapes (Prado et al., 2025).
- The survey has therefore been designed using Universal Design for Learning (UDL) principles to ensure inclusivity for all learners (Meyer, Rose & Gordon, 2014).

## **Conclusion**

This questionnaire is a research-informed evaluation instrument, not a generic feedback form. Its design is:

**Valid** – based on established theories of self-efficacy, psychological safety, and training evaluation.

**Relevant** – aligned with HCPC standards, NHS Freedom to Speak Up, and current safety culture literature.

**Inclusive** – formatted in accordance with dyslexia-accessible design research and UDL principles.

**Impact-focused** – capturing behavioural transfer (Level 3) and longitudinal results (Level 4).

By embedding this questionnaire and rationale within the submission, the programme demonstrates a commitment to robust evaluation, inclusivity, and measurable patient safety outcomes.

## References

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## Confidence and Behaviour

Since attending the session, how confident do you feel about speaking up if you observe unsafe practice on placement?

1      2      3      4      5

Not at all confident

Extremely confident

Since the workshop, have you had an opportunity to raise a concern in practice?

Yes

No

If yes, please describe (briefly) the situation and how you approached it.

Your answer

## Barrier and Enablers

What barriers (if any) did you encounter when speaking up?

- Fear of negative consequences
- Hierarchy / seniority
- Lack of confidence
- Time pressure
- Unclear processes
- Other: \_\_\_\_\_

What factors helped you to speak up effectively?

Your answer

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## Impact of the workshop

Which elements of the workshop have you found most useful in practice?

- SBAR framework
- Escalation ladder
- CUS
- Pocket cue card
- Other: \_\_\_\_\_

Have you shared any of the tools with peers or colleagues?

- Yes
- No

## Ongoing Support

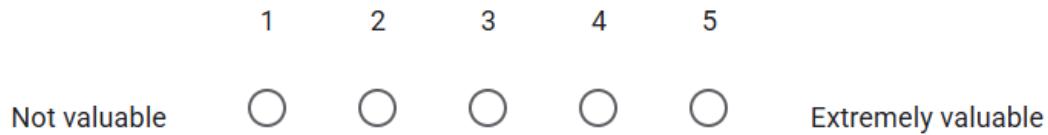
What further training, resources, or support would help you to continue developing this skill?

Your answer

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## Overall Impact

Overall, how valuable has this workshop been to your professional development?



Since the session, have you changed your approach to unsafe practice?

Your answer

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