Summary key words: role, work, acp, supported, feel, question, emergency medicine, physicians, recognised, advanced practitioner, allied practitioner, allied health, patients, team, nursing, clinicians.

Participant: Okay, so it's the fourth of January. I'm … and I work in emergency medicine.

Interviewer: Thank you so much. First question, professionally speaking, how do you identify yourself?

Participant: As an Advanced practitioner,

Interviewer: okay, thank you very much. While at work performing tasks, do you question yourself who am I? Or what else can I do? In either way, please provide further explanation of your answer.

Participant: Ehm.. (pause), yes, I do. So obviously, I'm aware that I'm an advanced practitioner, I've got advanced roles and skills. But there is some times that I question should I be doing this role, i.e. a doctor role and am I working out my practice? Or can I do this role, and also nursing roles as well? And short stuff, obviously, as you're aware? So there is some times that I do do nursing roles, which I'm absolutely happy about to do, but sometimes I do have questions, should I be doing this role?

Interviewer: Okay, perfect. Thank you for so much. Do you encounter inter professional barriers? in either way, please provide further explanation of your answer.

Participant: Ehm.. (pause), initially, I did, obviously, I've been in this role now, five years. So when I first started felt that we were we were quite a misunderstood role. And but as the years have gone by, and they've, I feel that people are more aware of what our role is, and the abilities that we have, for example, requested imaging. And when I first started requesting specialist CT scans, and actually MRIs has been many occasions when I obviously discuss a CT scan, or an MRI the answer I got was has as a doctor seeing this patient. And when we don't really get that much now.

Interviewer: Okay, thank you very much. Do you encounter intra professional barriers? in either way, please provide further explanation of your answer. So intra between ACPs.

Participant: Ah between ACPs, yeah. No, I don't think we do actually. And obviously, we are, we've got four paramedics that work with us now. And actually, I think we use our roles to advantage there will be so there's some things that the paramedics now a lot more than ACPs. And so obviously, they can provide skills, and they've got a lot of knowledge that we are limited to. But on the flip side of it, obviously, we've worked in a hospital setting for over many years, so. And no I don't think I think we work very well as a team. And we're very aware of the skills that we all need.

Interviewer: Perfect. Thank you so much. What are the defining features of advanced practice? Bear in mind I don't mean the four pillars of framework. From your perspective, personal one, what do you think, are the defining feature of advanced practice?

Participant: Oh Wow. And so what are the defining features? You said?

Interviewer: Yeah.

Participant: And I think someone that is experienced, aware of their scope of practice, who can work independently, but in a team? Who? Oh, that's a hard one isn't?

Interviewer: Sorry... (laugh)

Participant: It's definitely kicking my brain today, and yeah, so the features of advanced practice? Yeah, I just think someone that could work independently work as a team has the skills and experience and the knowledge to be able to work within that field of practice, and, but is also willing to learn and further develop.

Interviewer: That's grand, thank you so much. Next topic. Do you feel supported by the trust in reaching your potential and goals? In either way, please provide further explanation of your answer.

Participant: And yes, I do think ED is very, very supported. We're quite fortunate, really, that we also have our Royal College of Emergency medicine portfolio that we have to, we have to complete as well. So actually, maybe probably we are more support that way that we've got an area that we can develop in and we've got, obviously, future developments. We are currently implementing our credential ACP. We are going to start doing sedation so we're going to ICU for about a month and learn to sedate and intubate. So, I do think that we are well supported from the medic and nursing team.

Interviewer: That's grand. Describe a change you noticed during the transition from your former role to the ACP role.

Participant: Ehm.. (pause) I think we're respected more. Yeah, think respected more and.. (pause) obviously that is our decision making has more responsibilities as well.

Interviewer: Okay, thank you so much. What psychological challenges is someone likely to face when taking on a new role?

Participant: What do you mean? as an ACP? Or just in general?

Interviewer: What psychological challenges is someone likely to face when taking on a new role specifically from your former one to the ACP one?

Participant: okay. And self-doubt. Definitely a lot of self-doubt. Ehm.. (pause) questioning whether you can do the role or whether you've got the skills, the knowledge to do the role, and, and feeling very vulnerable. I think you've gone from a experience you've gone from being in quite an experience member, senior member, then jump into becoming very junior and having very limited knowledge and skills, which obviously over time you develop.

Interviewer: Ok. Thank you so much. Next topic. Do you feel being recognised as a clinician by the medical team? In either way, please explain further.

Participant: Sorry. Say that again

Interviewer: So, do you feel being recognised as a clinician by the medical team? in either way, please explain further

Participant: Oh, recognised? Oh, yeah very much so. Yeah. And we are part of the so we are on the medical roter. We're part of I think we're obviously once credentialed with CT3. So we're obviously quite skilled. We are part of the resuscitation team. And every we get allocated, we are quite relied upon really with a view of hoping that in the

near future, we'll be classed as senior decision-makers and be put to do night shifts and support a junior staff.

Interviewer: Thank you so much. How do you feel in questioning physicians' decision.

Participant: Ehm.. (pause) I used to feel uncomfortable, and but obviously, because we're nurses, and they're medics, but I feel that over time, the more skill and the more confidence that I get, I'm able to I feel like I'm able to do that. But I feel that when in ED, we're very much work as a team anyway. And then the clinicians that we the clinicians that I do discuss my patients with it's more of a conversation and more of a brainstorm than actually..(pause) actually approaching them and saying, obviously, I don't agree with you.

Interviewer: Okay, thank you very much. How do you describe your relationship with physicians?

Participant: Ehm..(pause) well, yeah, we all get on very well, we're, the one thing I have noticed in EM is that there's no hierarchy, we all respect each other. And everyone's willing to help each other out very well as a team.

Interviewer: Perfect. Thanks so much. And how would you feel in suggesting care options to physicians?

Participant: I feel comfortable. Because now a lot of the clinicians, physicians that I work with, I probably been in practice longer than they have. And so I am able to nine times out of 10 they actually come and ask me things, especially the run in a BM and discharging patients, especially obviously, the elderly patients that are needing some Social Care input.

Interviewer: Okay, Grand, thank you ever so much. Next topic. How do you describe your role to others?

Participant: (sight, pause..) so I always say, (laugh) I always say that I'm a nurse by trade. But I've gone back to university, do a master's and I've done somen in-house training, which makes me work like a doctor without a title without the doctors 'title.

Interviewer: Okay, thank you so much. Do you ever question yourself if you're seen as credible by people, if so, what made you think so?

Participant: Do I what Sorry?

Interviewer: So, do you ever question yourself if you are seen as credible by people? if so what made you think so?

Participant: Ehm.. (pause). No really, ehm I just (pause) it's my job, isn't it? That's what I think it's my job. And I think the question, I think the thing is because you're around your colleagues, and probably similar to yourself, when you're around your colleagues, and you're all doing the same thing all the time, I don't think you're in like a little bit of a tunnel vision until you step out of it. And you tell people what you do, you don't actually realise how influential you can actually be.

Interviewer: Yeah, that's great. Thank you so much. How would you feel in suggesting care options to other allied health practitioners?

Participant: Oh, fine, yeah, comfortable with that.

Interviewer: Okay. Do you work? Do you work with them? Do you have any allied health practitioners in A&E?

Participant: Ehm.. we have PAs.

Interviewer: Okay

Participant: And then obviously, yeah, we just, we just PAs at the minute and obviously, our ACPs. But I think, how many, think at least six are paramedics. So so they do have some limitations when they come into the hospital setting.

Interviewer: Okay, thank you so much. Next and last question. How do you describe your relationship with other allied health practitioners?

Participant: Ehm... Again, I don't (pause).. Fine (extended laugh) probably not the word is it: fine. Ehm.. yeah, we work very well. And we all respect each other. Like I was saying earlier that we've all got, ehm, our own attributes to to create a good working environment.

Interviewer: Okay, that's grand. So we have finished and 11 minutes and 49 seconds. So let me just stop it.