Summary key words: role, work, question, professional, practitioner, junior doctors, feel, team, knowledge, specialty, further explanation, patients, consultants, physios, physicians, challenge, barriers, advanced practitioner, acp.

Interviewer: Here we go, let's start.

Participant: Hello, my name is … I am the advanced clinical practitioner in major trauma.

Interviewer: Thank you very much. Thank you. Professionally speaking how do you identify yourself?

Participant: Ideally I'd like to identify as a nurse, because that is my underpinning registration that I professionally the global term is called advanced clinical practitioner.

Interviewer: 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: ehmm, (pause) To that question, what you actually mean in the sense of do I question myself? And say or do I question my role within the bigger...

Interviewer: Professionally speaking, do you question yourself? Who am I? Or what else can I do?

Participant: I, no, actually not in this role, I have done in other roles, but not in this this one here.

Interviewer: Okay, thank you very much. Do you encounter inter professional barriers in either way, please provide further explanation of your answer.

Participant: Yes, I do. I think we, within a group of advanced clinical practitioners, we because we're not standardised are governed by a central body, I think it makes it all a bit vague. in a term, which is a long-standing problem is very loosely used. And our job roles vary so much, which is what they should do. But yeah, I think it's some people have a height, maybe they have a different set and how involved their job is because of the speciality other than other people. So yeah, i came accross that.

Interviewer: Okay. Thank you. Do you encounter intra professional barriers. And I mean, between ACPs. In either way, please provide further explanation of your answeer.

Participant: That's probably what I just done. Yeah. But from other professionals, it's mainly from junior doctors. So sorry, I'm not sure.

Interviewer: No, no, it's okay.

Participant: So the first question, it's mainly junior doctors, that you get the hesitancy as a very junior qualified ACP, we've got lots of resistance from consultants as that service develops in different CSUs. But I think as they get to know, you, when they realise your skill set, they it's just developing that trust and that, you know, confidence which comes with tag because they're not familiar with it. But junior doctors are very threatened, I find so then clients, just they often don't want to work with you or work well alongside you, because they have a lot to prove themselves. I think that's what it is. It's not necessarily us, per se as a profession, but I think they're trying to earn their own street cred. Then the intra professional barriers is, is more speciality led some speciality that a little bit more important than other speciality is but

actually, it should be underpinning knowledge, experience, education that brings us all together not particularly what speciality because we are all different attributes.

Interviewer: Absolutely. Okay, thank you very much. What are the defining features of advanced practice? And bear in mind, I'm not meaning the four pillars. In your professional experience, what do you think defines an advanced practice?

Participant: Ehm, Again, I think it's experience I think the degree is of the mind the term Advanced Practice quite a lot. I think, afterall and having that umbrella that you've done this qualification, it fits that criteria. So then we have advanced partitioner. Because actually, there are people who have a lot more qualifications but don't have the experience or the knowledge or skills to back it up. I think the that's what you need to become an advanced practitioner, it should be the degree should just be something that underpins it and not the next the rule. Yeah, I definetly say experience and knowledge.

Interviewer: Thank you very 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: I do, again, I do in this role. I there's lots of things that I want to do. And I feel that they really embrace it. And they're not putting their limitations on what I could do and they're very keen to keep me with this CSU and make things work for me which is nice, I enjoy doing a bit of teaching. So there is part of that, I think it's good.

Interviewer: Thank you very much describe a change, you noticed during the transition from your former role to the ACP role.

Participant: The challenge, I would say this prior to becoming a trainee, advanced practitioner. Is that what you mean from a professional change? To another practice?

Interviewer: Yes

Participant: So I went from being very good at what I did, because it was super specialist. And I think this is where it all gets a bit murky, to actually not having very much knowledge about medicine. And I think we all assume everything's really easy, but actually, it's just not. And I think that's as an older person as well doing this, I think that's quite a big transition, because to me all the confidence that you've developed over the years is just polite.

Interviewer: Okay, thank you very much. What psychological challenges is someone likely to face when taking on a new role, specifically the ACP one,

Participant: Ehm (big sight) I think it's workload, I think is very, is something that people undermind, I think they a lot of.. (pause) professionalism, I think is a big challenge as well, because I think they.. you don't even tho you still want the team yet. A very senior member on the team. And I think that's, this is my experience as a team leader now that I'm seeing in my trainees is professionalism is a big challenge. That sense of accountability. I think it's a real big challenge. And I think again, if that comes with experience and knowledge and time.

Interviewer: Okay, thank you very much. Next topic. Do you feel being recognised as a clinician by the medical team? in either way, please explain further.

Participant: Yeah, because I'm actually I'm very trusted to look after our patients, I am trusted to do the ward round. And obviously, they're really adjusted to escalate appropriately. where needed. I don't feel like I baby-sit that in that way, I feel like I'm even though probably a little bit more autonomy in terms of medical cover, maybe some of the SHOs are given. And I don't know if that's because that relationships been built over a prolonged period of time. So I think that huge, that helps.

Interviewer: Okay, thank you very much. How do you feel in questioning physicians' decision?

Participant: This is very interesting question. It's one that we've just asked on our interviews. I think it's, you've got to do it, but it's how you do it. And actually the best ways to say, it doesn't bother me. Because I've always worked in previous roles very closely with consultants. So if you just learned to Oh, you tell me why you do X, Y, and Zed. And it's a lot to do with how you phrase that questioning. And I think if you do it in a way that you seek knowledge, rather than actually questioning their knowledge, it's in a lot easier.

Interviewer: Thank you very much. How do you describe your relationship with physicians.

Participant: I think very good. I mean, I work alongside the junior doctors, SHOs and the STs. And I work directly with the consultants aligned next line up is a consultant. I don't have registrars and I think that works really well. I feel like if I could contact anything when I need to, there's no barriers. It's.. in this CSU it works really well.

Interviewer: Thank you very much. And how would you feel in suggesting care options to physicians?

Participant: It's a it's an experience thing. I think if you would have asked me when I first became a trainee, I then said, Absolutely, I really don't feel very comfortable doing this. I am seven, eight years down the line as a qualified. So I'm happy. it is it's not an issue really.

Interviewer: Okay. Grand, thank you very much. Last topic. How do you describe your role to others?

Participant: Ehm, how do I describe my role to patients or?

Interviewer: To patients or to people.

Participant: Initially, patients I'll say, I am a nurse, fundamentally, I'm a nurse because that's where my registration lies. But I've done an extra degree which enhances my role that and makes me, allow me to prescriber and, you know, I've got the skill set to do other things. So because patients don't often understand it, I think that's a hurdle to the most people. To others I know a lot of my generation get it now. So. So like, there have been a lot of GPS, we're a bit more popular now than we were when I first started. So they get it. But yeah, I kind of just a "glorified junior doctor". No, but I'm not a doctor. I very rarely put emphasis on that I am not a doctor.

Interviewer: Yeah. Okay. Thank you very much. Next question. Do you ever question yourself if you aren't seen as credible by people? If so, what made you think so?

Participant: Yes, I do all the time. And I think there's something wrong with you not because as a clinician you have to question yourself, I think it's, maybe I'm relaxing a little bit

again with time because I'm getting much, much more confident. And when you change, like I've worked in GP and I've worked in general surgery, when you first start any new role, you question, but it's just building those relationships with the team? Get their trust and vice versa. So yeah.

Interviewer: Okay. Thank you very much. And how would you feel in questioning other allied health practitioners' decision?

Participant: It doesn't really bother me to say my team, I've got physios and I've got paramedic. And we work very closely with the ward physios and the OT's. And actually we work really collaboratively, I don't kind of work. I don't see my role as a status thing. I just see it as I'm an advanced practitioner because of the skills and knowledge I've got not because I'm a certain band. And I think that makes a massive difference. And that's what I'm trying to push my team to think because no matter if you are a cleaner or whatever, you just have to...

Interviewer: Absolutely. How would you feel in suggesting care options to them to other alield health practitioners?

Participant: Yeah, again, after I genuinely don't mind that I'm quite receptive to the feedback as well, if they don't think it's a good idea, because obviously, they're professionals in their own right. I'm not a physiotherapist. The, for example, my AP knowledge, ANP knowledge isn't as good as physiotherapist. And I have some in my team when we start sharing skills and knowledge and so fast enough each other to come to a mutual agreement of what's the best way forward. Sometimes we have to agree to disagree, if you think, you know, it will be whatever it is in the best interest of the patient, but it's not really Yeah, I said this. So that happens.

Interviewer: Thanks so much. Last question. And perhaps you replied to this already. How do you describe your relationship with other Allied Health Practitioners?

Participant: Okay, actually, I think it's certainly we try and there's always going to be that tiny bit where somebody doesn't like what you said, not always but, you know, there's going to be an occasion in everybody's career where somebody doesn't know what you said, Are you going to have a chance and then that's bits about being an adult and just wanting to know, it's not about again, it's not going to shouldn't come down to I'm a senior in this role, or I've been senior in that role. So I simply do this. It's about what, what what you discuss and what's the goal and then just working together on this team to do it, and I think we on tariffs do that really well.