



I'm a Medic, Get me out of here

Summative Evaluation Report

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Executive Summary

I'm a Medic, supported by Health Education England (HEE) set out to address a gap in outreach provision. The pilot programme in January 2019 was aimed at Year 8 students in schools that get below average outreach from medical schools.

The aim was to show students the breadth of career opportunities in the NHS and help them feel that some of those careers could be for them. This evaluation finds that *I'm a Medic* helps students see the breadth of jobs and routes available to them, and that they could find a career in the NHS.

Using qualitative methods such as analysis of questions asked, focus groups, interviews and open-ended survey questions, the evaluation also highlighted that *I'm a Medic* has some rare qualities that make it particularly effective.

Engaging

Students and teachers found the activity to be:

- Personal
 - Students had *their* specific questions answered
 - They were on first-name terms with the healthcare workers
 - Students were often more open and direct because it was online, rather than face-to-face, supporting their asking questions of personal concern to them
- Authentic
 - Stories and facts from current healthcare workers have more impact on students than information passed on by teachers or careers advisors
 - Students saw the healthcare workers as approachable and 'down to earth' – people they could identify with
- Conversational
 - Real-time live chats gave students opportunities to develop rapport with follow up conversations. They have the time and space to think about what to ask.
- Meaningful
 - Students felt listened to
 - The voting aspect gave purpose to the activity from the outset

Careers Advice Framework

The Gatsby Benchmarks for Good Career Guidance are used in schools and colleges to assess the quality of their Career Guidance provision. We found that teachers recognised how *I'm a Medic* supported the benchmarks:

- 'Addressing the needs of each pupil' through student-led inquiry about NHS Careers
- 'Linking curriculum learning to careers' through use in science lessons
- Providing 'Encounters with employers and employees' through the profiles, chats and questions
- Providing 'Encounters with further and higher education' through the large number of questions about education routes to careers in the NHS

Healthcare workers

An anticipated challenge this stage of *I'm a Medic* was the team's ability to recruit the right healthcare workers for the zones. There were 111 applications to take part and with only 14 spaces available many were turned away. A mixture of 7 individuals and 7 teams participated. The team leaders were encouraged to involve support staff as much as possible and they did. We had receptionists, apprentice administrators and business managers engaging alongside pharmacists, dentists, doctors, nurses and HCA's.

We interviewed 4 team leaders to learn about the experience for their teams and they reported:

- Positive impact on staff
 - Leaders told us the students' questioning helped them reflect on their careers in a positive way
 - It brought their teams together
- Helped them think about further engagement because they needed to plan how they would spend the prize money if they won
- Easy to participate in and simple to organise
- More personal and effective when compared to traditional schools engagement activities.

Challenges

Overall the evaluation has been very positive. A small number of improvements were identified:

- Clearer identification of team members especially in live chats.
 - Students were sometimes unsure of with whom they were chatting
- Raise the profile of the ASK section.

Introduction

I'm a Medic, Get me out of here (IAM, imamedic.uk) is an online, student-led outreach programme designed to provide equality of opportunity for all schools and students to engage with the NHS workforce. It aims to help students see people working in the NHS as people a bit like them, to see science and healthcare as relevant to their lives and future careers, and to feel as though their opinion is valued.

Between June 2017 and March 2018, *I'm a Medic* was piloted in the East Midlands and evaluation of this pilot suggested that it could be successful on a wider scale. The main findings from that pilot were:

- Healthcare workers were interested in participating but time pressure restricted their commitment.
- Students' aspirations towards healthcare careers were being widened.

Based on the experience of the pilot, a further pilot was funded by Health Education England that looked to widen the reach and test out a further zone. 20 schools participated in 2 themed zones: Primary Care and Mental Health being a new zone in the pilot.

The purpose of the current evaluation was to investigate students' attitudes to healthcare careers before and after participation, and to explore how participation might have impacted those. The evaluation also considered how the project works within the Gatsby Careers Advice Benchmarks.

Methods

The evaluation took a mixed-methods approach, bringing together a range of data sources to gain a deeper picture of potential impacts and how they were achieved. These included broad data about participating students and their schools (i.e. numbers of participants and their year groups), surveys and interviews.

Surveys were used with the intention of gathering information about students' attitudes to healthcare careers before and after participation in *I'm a Medic*. The pre-activity survey included 11 Likert-scale questions, focussing on students' interest in and awareness of healthcare careers, including what kinds of qualifications were perceived to be required for such careers. The post-activity survey contained 14 questions, which included a final open-ended question about what students felt they had learned. Pre and post-surveys were included on students' log-in pages and the full set of questions can be found in the appendix to this report.

Three focus groups were also conducted with students, allowing us to explore similar topics to the surveys but in more detail. The focus groups engaged students in discussion about their views of jobs in healthcare and the NHS, exploring whether these seemed to have been impacted by *I'm a Medic* and trying to gain insight into what may have contributed to that impact. Students were also asked about what they enjoyed about *I'm a Medic*, as well as what could be improved. Further questions focused on specific elements of the experience, including the name (*I'm a Medic*), team profiles, live CHATs and ASK. The focus groups were conducted with students in Years 8 and 9, with five to seven students in each group.

Interviews were also conducted with three teachers from two of the participating schools. (An interview with a teacher from a third school was scheduled but she had to leave the school early that day and we were unable to schedule a replacement telephone interview.) These interviews explored the teachers' and students' experience of *I'm a Medic*, teachers' impressions of student outcomes and, importantly, how the activity might support careers provision and fit with the Gatsby framework.

In addition, online CHATs and the ASK section were analysed to identify the kinds of questions students were asking and the responses they received. This analysis will help increase our understanding about the manner in which potential impacts could be achieved (e.g. by exploring whether information about teamwork was visible in the chats, or whether the wide range of jobs available in the NHS seemed to be apparent).

Finally, seven of the participating practitioners participated in brief follow-up email surveys (five) and/or telephone interviews (four) about their experience of *I'm a Medic*.

Findings

Taken together, the data reflect that *I'm a Medic* 2019 was largely successful. It was engaging for students as well as teachers and practitioners and did an excellent job of providing students with insight into the breadth and variety of careers within the NHS. The evaluation also flagged up potential improvements which could increase the success of the activity even further.

Audience

Reach

As reflected in the individual zone reports, 10 schools participated in each of the 2 zones (20 schools altogether), of which 7 were more than 30 minutes drive from their nearest research intensive university and 5 had an above average proportion of students eligible for Free School Meals. Over 1,000 students logged in across the two zones, with approximately 85% participating in live CHATs, ASK and/or leaving comments.

Schools were invited to participate with Year 8 classes and Year 8 classes were prioritised. However other year groups were included to ensure a wider mix of target schools. A total of 47 classes participated from the 20 schools, in 40 live chats. Students were mostly in Y8, but some were Y7 and others from older year groups. Schools were from most areas of England.

Attitudes

213 students responded to the pre-activity survey (with all responding to all 11 questions). Of the 11 questions, responses to the nine with the same response options (a 5-point scale from strongly agree to strongly disagree) are summarised below.

Item	Strongly agree / agree	Neither	Disagree / strongly disagree
I have a good understanding of what it would be like to work in healthcare.	71.8%	19.7%	8.5%
Studying science at college or university is essential to get a job in healthcare.	81.7%	13.6%	4.7%
A university degree is essential to get a job in healthcare.	79.8%	14.1%	6.1%

I would like to find out more about jobs in healthcare.	74.6%	20.7%	4.7%
After I finish my education, I could get a job in healthcare.	42.7%	35.7%	21.6%
You have to be a doctor or nurse to work in mental health. OR You have to be a doctor or nurse to work in primary care.	18.8%	31.0%	50.3%
After I finish my education, I would enjoy working in healthcare.	44.6%	36.2%	19.2%
There are many kinds of jobs in the NHS.	96.7%	2.8%	0.5%
People who come from backgrounds like mine work in healthcare.	38.5%	44.1%	17.4%

Although only about 20% of participating students completed the pre-activity survey, it seems likely that students are starting the experience with generally positive attitudes towards careers in healthcare. They seem to have a reasonable degree of confidence that they know what is involved in working in healthcare, but would also like to find out more. They also seem to be aware that doctors and nurses are not the only roles available in healthcare and, indeed, nearly all respondents agreed (or strongly agreed) that there are many kinds of jobs in the NHS.

Students also felt that a university degree and/or science qualifications are essential for jobs in healthcare and this perception may be at least partly responsible for students' lower levels of agreement with items about whether they could get a job in healthcare or would enjoy such a job, or even whether people with backgrounds similar to their own work in healthcare. However, the proportion of students responding 'neither' to these items (rather than disagreeing; as well as the 40% of students saying they 'weren't sure' whether they would look for a job in healthcare when they finished their education) also suggests that the issue may be at least partly related to a lack of awareness or detailed information about healthcare jobs and who works in them, a gap that *I'm a Medic* is well-positioned to address. The potential for *I'm a Medic* to provide needed careers information is also reflected in that fewer than half (41.3%) of respondents claimed they had received careers information about healthcare in the previous 12 months, a figure that could be even lower if students were thinking about one-to-one advice (or even had not potentially mis-read the question as 'careers advice' generally). Broadly, our pre-activity survey results suggested that more specific, detailed information about those jobs and what they involve is what might be helpful to these students and, indeed, this does seem to have been the emphasis of *I'm a Medic*.

Activity

Data from the ASK section (summarised in the zone reports) and the CHATs alike suggest a busy activity with substantial involvement from students and health care workers. That the experience was engaging is reflected in the sheer volume of questions asked (and by a high proportion of students in the classes involved). It is also reflected in student comments during the focus groups.

Both ASK and CHATs were strongly focused on healthcare workers' jobs – in both the Mental Health and Primary Care zones, including questions ranging from pay and hours, the numbers of patients they interact with, and what types of activities their jobs involve, to how they manage work-related stress and the educational and career paths they had taken into their current roles. The healthcare workers' responses also provided considerable detail about the nature of their work, which likely contributed to students gaining a much clearer picture of what their roles are like:

If I'm based within a special school I can see lots of children, if I have a half day clinic that would be 3–4 children and their families but I often have to squeeze in a few home and school visits too, so it depends.

In the Mental Health zone CHATs in particular, the 'unconventional' nature of the routes of some of the health care workers was apparent. In addition, the way in which they were motivated to pursue their work due to personal experiences (their own or within their families) and that these experiences were an asset in their current roles was remarkably salient. For instance:

Emma here :-) I did some voluntary work at a hostel for people with MH difficulties - they were so kind, creative and intelligent - the opposite of what I expected given media portrayal etc. So I decided on psychiatry :-)

Steven here, I have received great care from mental health services myself and following a long recovery I decided to put something back and help others.

It is really important that we have staff that understand what it is like to have a mental illness, and people who have recovered have loads of valuable insights to add.

Taken together, these kinds of statements highlight that *I'm a Medic* is providing the kind of information that can give important insight into NHS careers – into the range of careers available (which was often highlighted in the CHATs) and where to find out more about them, as well as the corresponding variety of routes into NHS (e.g. "it depends on which job you want to do. For some jobs you have to go to uni and go on to do more studying like a doctorate, for other jobs you may need GCSE's"). That this is the case is

further suggested by data collected from students and teachers, which is discussed further in the Impact section below.

On the whole, students enjoyed the experience and found it interesting. In focus groups, they reported on things they enjoyed, such as directly interacting with healthcare workers, in real time, which seems to have made it more conversational:

It was quite good that it was live, you could get your question and then you could think of other ones and ask them, that was quite good.

They also appreciated getting to know the workers and their job paths:

It was just, like, mainly about what got them there, what made them interesting, not just with their jobs. So, that's what, kind of, made it interesting. It didn't make it all about their job. They, kind of, involved their personal life as well.

That the experience was engaging, even for some who were not normally engaged in science lessons, was reinforced by teacher feedback as well:

A few of them that aren't so engaged with science, were quite engaged in the chat.

Being able to vote also contributed to the engaging nature of the experience:

So, I think the vote definitely gave them a little bit more to think about, so it wasn't just, you're just talking to these people for no reason. I think that, kind of, added a little bit extra that they enjoyed, they really got behind their people and they wanted them to win.

The teacher also felt that the authenticity of the experience was impactful, that being able to have direct interactions with individuals in particular jobs, rather than being told about those jobs by teachers or careers advisors made a difference:

I think having somebody who has been through it, who's in the job now ... I think that, kind of, boosted their engagement and it wasn't just a teacher saying, 'Well, you can do this, and you can do that,' and you know?

Additionally, being online provided some distinct advantages that in-person interactions might not. In addition to reaching some schools which struggle to attract visitors due to their geographical locations, students often appreciated the opportunity to ask questions anonymously, where they would not risk being judged by their peers:

It was better because you're not actually speaking to them. It's, like, all the questions that you ask online you might feel embarrassed to ask them to their face. Then they just find out, because it's easier to type it than to actually say it.

I said some stuff that I would not have said in real life, online. So, it's just easier to, like, speak anonymously.

That this was an advantage was also reinforced by their teachers:

Some of the quieter girls and boys definitely asked a few questions that flagged them up on my radar.

There are, of course, areas for improvement but these seem primarily to do with logistical issues, rather than the nature of the experience itself. For instance, students' primary area of dissatisfaction concerned not being able to get their questions answered, particularly in the live CHATs:

I don't know, I just felt like there wasn't enough people answering the questions, so it was a bit slow. I think, how many questions were answered? About probably ten, fifteen at most?

That's because there weren't many people there. It was a bit annoying because we looked at all the people who could've been there, but there were only two groups. Two out of seven, yes. That was annoying, like, if they all came, that would be good because everyone had different questions for them.

Like, there were so many of us for them to get around, so that's why they didn't answer most of our questions.

This issue was also mentioned by teachers:

Some, if their answers hadn't been, if their questions hadn't been answered, were, kind of, discouraged a little bit, and we had to keep prompting them to maybe try tagging a different person in, asking your question. Just to, kind of, not give up...

Although this situation was certainly frustrating for students, that many questions were answered is suggested by the post-activity surveys, in which 77.6% of respondents agreed (or strongly agreed) that they were able to get their questions answered. In addition 80.0% strongly/agreed that the health care workers were interested in their questions and comments in the focus groups highlighted that the level of detail of responses was what gave students this impression:

Some people wrote, like, four lines!

He (Neel) actually answered the questions and he answered in more detail than the others did.

They gave quite a lot of detail, which was good. They didn't just do a couple of words, they did a sentence or two to explain.

In addition, students appreciated that if their questions were not answered in the live CHAT, that they could go online and use the ASK function:

Yes, I've asked quite a few questions and already got answered on the next day. Which was really good.

However, not all students were aware of ASK or of how to check whether questions had been answered (“I don't know, I didn't-, I wasn't sure how to check”), and when their CHATs occurred close to or at the end of the event, there is a risk of their questions not being answered even in ASK.

Students' suggestions for ways to improve the experience also revolved around the issue of getting questions answered and increasing the proportion of their questions that were answered. They suggested having more healthcare workers in the chats, or fewer students, or technologically enabling more direct interactions (e.g. three workers chatting with three students). While clearly some of this is not feasible, it does reflect the importance of being mindful of the ratios of students to healthcare workers. Relatedly, the experience could likely also be improved by enhancing the clarity of which questions were being answered by whom. In addition, how the role of the moderator could perhaps be made clearer to the students, as some students were confused by who the moderator was (e.g. “There was this guy who was saying, like, how many minutes we had left, I mean, and we all thought it was one of the class people.”)

Impact

Data collected from students and teachers also suggests that participating in *I'm a Medic* did make a difference, particularly to students' awareness of careers in the NHS. Students gained understanding of what these roles involved, of the range of roles available, of pathways to those roles and of the kinds of people working in those roles. Such understanding, for many students, likely made it easier for them to picture themselves in health care careers and to consider such roles as being ‘for them’.

Although a relatively small number of follow-up surveys were completed (n=50)¹, the responses paint quite a positive picture of potential outcomes for students. The data from the post-survey are summarised below. (N.B. Although convention would be not to

¹ There were only 30 students for whom we had matched pre and post-survey data. This small sample size makes direct comparisons potentially misleading so they are not included.

use percentages with a sample size of fewer than 100, we have elected to do so here for simplicity.)

Item	Strongly agree / agree	Neither	Disagree / strongly disagree
I learnt more about jobs in healthcare.	96%	4%	0%
I learnt more about people who work in healthcare.	92%	6%	2%
I learnt more about what it's like to work in mental health/primary care.	82%	16%	2%
I felt the healthcare team members in the discussions were normal and down-to-earth.	96%	4%	0%
The healthcare team members I 'met' online were interested in my questions.	80%	16%	4%
I was able to get my questions answered.	78%	14%	8%
I can see how what we discussed and found out in <i>I'm a Medic</i> is related to what we're studying in school.	72%	22%	6%
After <i>I'm a Medic</i> , I now know more about what I need to study to get my ideal NHS job. ²	90%	5%	5%
Studying science at college or university is essential to get a job in healthcare.	86%	12%	2%
After I finish my education, I could get a job in healthcare.	66%	24%	10%
You have to be a doctor or nurse to work in mental health/primary care.	34%	22%	44%
After I finish my education, I would enjoy working in healthcare.	60%	24%	16%

As with the pre-survey, there was a final Likert-scale question about how likely students were to look for a job in health care finishing their education. 54% of students claimed they were 'very likely' or 'probably' would look for such a job (compared with 33% on the pre-survey), with 26% not being sure (pre survey = 40%).

The survey responses suggest that *I'm a Medic* likely achieved its aims of helping students learn more about work in healthcare – the jobs and people involved, the pathway to those jobs and what it's like to work in particular areas. For instance, over 90% of students agreed or strongly agreed that they had learnt more about jobs in healthcare, about people who work in healthcare and that the healthcare workers they

² Note: Due to a technical error, this question was only seen by a subset of students (n=21) responding to the post-activity survey.

had 'met' were normal and down-to-earth. Additionally, at least 80% agreed/strongly agreed that they learnt more about what it's like to work in healthcare (mental health/primary care) and now know more about what they would need to study to get their ideal job. Student comments in open-ended survey questions suggest similar outcomes as well:

They are just like you or me (Survey)

Thad there is many jobs and all need different grades (Survey)

That not all jobs in the NHS include nursery or medicine (Survey)

I have learnt that there are so many amazing jobs. To do and u do not need a degree to do any of them (Survey)

Not everything in movies is correct. I know now what is like now to be a psychiatrist. I have a better understanding of mental illnesses. (Survey)

The focus groups also provided further detail about what students were learning about jobs and individuals in healthcare, such as the degree of specialism:

Certain jobs more in depth, we wouldn't know particularly specifics of what certain jobs did, so it helped us.

About how teams function:

I thought that the psychiatry team and the actual psychiatrist were different things but when I actually asked the question, the team actually help out with the psychiatrist.

About how the work is structured and what their day-to-day jobs are like:

You find out what they actually do during their daily basis, and how many people they, because they get through a lot of people considering they only have, considering the amount of shifts that they have.

Boy 1: Yes, one of the questions was 'what's their typical day like?' and certainly with Tariq, he does a lot of varied stuff during his day. It's like, 'Oh yes, I do cavities and then I'll do root canal stuff, and then I'll clean teeth and I'll apply a brace.' Being a dentist isn't just one aspect of teeth.

Boy 2: It shows how complex their jobs can be, it's not just doing one thing.

And what healthcare workers are like as individuals:

They said that a lot of them go over their shift to help their patients-, make sure the patients are okay. It, yes, shows you that they care about your patients.

Learning about individuals who work in healthcare not only was an outcome in and of itself but also seems to have contributed to students' enjoyment of the experience:

I enjoyed it because of why they were interested in it, and they also helped their families if they have problems, not just people who are clients or patients

In addition, some students mentioned specifically learning things about the NHS:

I had to ask them twice, like, roughly, around how many people are in the community, and they said, 'Millions,' and I was like, 'Oh.' I thought it was just, like, one building.

There is a massive sort of range of jobs within the NHS, which I kind of knew before but it's a lot wider than just a doctor or nurse or something that you see in the hospital, something like that

You don't realise about, I know it sounds silly, but all the paramedics and stuff, they work for the NHS, but if you get picked up by an ambulance you don't think about that. The therapists, even though it doesn't look like a hospital, they still work for the NHS or the care home, the carers in a care home as well.

That their are over 350 jobs at the NHS as there could be a job for all kinds of people which increases the chance of me working there when I'm older as well as how important what we learn in school today can affect our future and working in NHS
(Survey response)

Whilst this data is self-report, and it is possible that students did not learn as much as they thought they had, it is important to recall that it is students' perceptions in this case that are critical. That is, students' perceptions — e.g. of what working in healthcare would be like — that drive their decisions, whether or not these perceptions are accurate. Related to this, however, are students' responses to questions about qualifications. That 86% of students on the post-survey responded that a science qualification is essential for a job in healthcare — and that 1/3 seem to believe that only doctors and nurses work in healthcare (although some of the excerpts above reflect that others do not share this belief) — suggests that clarification around what qualifications are necessary (compared with, perhaps, which are helpful) for which jobs might be an area for improvement. In contrast, however, students participating in the focus groups seemed to express more awareness that some roles do not require science qualifications:

I found out that even if you're bad at science, you could still get a job, like, helping people.

Neel told me that you don't always need a science qualification for psychiatry.

On the other hand, students in the Primary Care zone seem to have arrived at a somewhat different conclusion:

Even people who weren't doctors and stuff, I think they also had degrees in science, or good grades and stuff as well. It shows you that even if you're not a doctor, you still need good grades and stuff to work in medical.

The importance of the outcome of students' increased awareness of the range of routes that individuals have taken into healthcare – and the way in which this path can draw upon workers' personal, lived experience – should not be underestimated. It is this kind of understanding which can play a critical role in helping young people visualise themselves in a career and see it as 'for me'. Such connections came through particularly powerfully in the Mental Health zone, and it would be worth considering how this might be brought forward more in other zones:

Girl: I found out that, like, most of the people that work in mental health care, because, like, have gone through something in their life to make them do that. So, most of them have, like, suffered from, and then, they're ...it's actually better if you have, and then you have more experience.

Moderator: Yes, so that was quite, was that surprising then?

Girl: Well, it wasn't too surprising, but, like, it was just reassuring.

A smaller but not inconsequential proportion of students (around 2/3) also agreed that they could get a job working in healthcare (66%) or would enjoy working in healthcare (60%). It is noteworthy that this is an increase from the pre-survey, where responses to those questions were 43% and 45%, respectively. It is also important to bear in mind that it would be an unrealistic aim to expect that all students would want to work in healthcare, no matter how diverse the field. In addition, one possible outcome of participating in *I'm a Medic* and finding out more about the field is that some students may come to realise that working in healthcare would not be a job 'for them'. As one teacher put it:

So, I think, yes, for me, it's not about saying, 'They now know what they want to do,' but actually, they have more information to then make that choice.

In addition, in some cases, students may have reached this conclusion because of a realisation about the challenges involved in working in healthcare.

I think it showed us how hard it is and how long you had to work, so it isn't very persuasive because it doesn't show as many of the good aspects as the bad aspects. It kind of dissuades you from doing it.

As with any career, for some individuals, the challenges would likely seem to be 'worth it', while others will decide that they are not. It does seem, however, that at least some of the participating students now do aspire to careers in healthcare and/or have had their aspirations confirmed:

That people working in healthcare have to be patient and hardworking as they have to work long hours and sometimes they're not planned. I have realised that I really want to work in the healthcare department whether its a midwife or a physiatrist
(Survey)

Finally, although it might be preferable if a greater proportion of students felt that they could get a job in healthcare (should they so choose), it is important to recall that differentiating between aspirations (what individuals would like to do) and expectations (what they feel is likely or that they could do) is very difficult with survey items and is better suited to qualitative methods. As such, it is encouraging that students in focus groups did seem to feel that they could get such jobs, should they be interested:

It's just how I could get as far as I want to with the job. (Focus group)

I think it's more achievable because I know how to get there. (Focus group)

That there are many different jobs in the NHS and there is a job for everyone.
(Survey)

Others also felt that they are more likely to consider work in healthcare following *I'm a Medic*:

Boy 1: *I was just saying, I guess there's quite a shortage in NHS things, so it's promoting it in some ways, but yes, and it also tells you about the good things about it, because you normally just hear bad things about it I guess, how they overwork and stuff.*

Boy 2: *It makes you look a bit more enthusiastic about it as well, because you know more about it so you might have more interest in it.*

Teachers also agreed that participating in *I'm a Medic* seemed to influence students' aspirations, encouraging more of them to consider going into healthcare and opening such careers up as possibilities:

I think it's made some of them think more carefully about what careers they might want to go into. It's maybe made some realise that it's not completely unobtainable for them to go into those careers, because they don't need science, or they could go down a different route, or they don't have to go to university for it if they don't want to. So, I think that's given them a little bit more to think about, and I think it has made it more accessible for some of them.

The above quotes also reflect the way in which information about careers and pathways into them, as well as information about job availability (or labour market needs) may influence aspirations.

In addition, the data also suggest that the impacts of *I'm a Medic* are likely to have been achieved at least in part due to the personal, direct nature of the experience – to the way in which students were able to interact directly with healthcare workers and get their own questions answered. Unlike accessing a website or even listening to a live talk, in *I'm a Medic*, students can be confident that it is their question that has been heard and answered. Survey responses highlight that healthcare workers seemed approachable/accessible — 'normal and down-to-earth' and that a majority of students (78%) felt that they were able to get their questions answered. Although not being able to get all their questions answered was inevitably frustrating and an area for improvement, it is important that many students likely felt they were able to connect with the healthcare workers. The importance of these direct connections, and their possible influence on aspirations, was also apparent in the focus groups:

I think (I connected most with) Neel because of the job that I wanted to be, and he, kind of, helped me, because I'm bad at science, he helped me how to get through it and what qualifications I need. So, that, kind of, helped.

Neel again, because he was the same, he had the same job as I wanted to do...

Such sentiments are also echoed by the teachers, who felt that it was the direct interactions with individuals working in healthcare that were vital in impacting students' healthcare-related aspirations:

Having it with some, with the actual professionals who are, have been through it and are, you know, doing that profession right now. Having the range of professionals as well meant that it wasn't just somebody from arts therapy answering questions about psychology and psychiatry and stuff like that.

While the CHATs were engaging and exciting, this teacher also felt that it was the ASK function that may have been even more valuable:

I think it was probably the ASK function that was probably the, where they got the bulk of their information from, because they could, the professionals had time to answer those questions, it wasn't, kind of, as chaotic as in the live chat where quite a few questions got missed I think. So, I think that ask function allowed them to, go away, and at home think about some of the questions they wanted to ask and then put them forward.

Indeed, it was the way in which their questions were answered and the level of detail that suggested to students that their questions were valued and this, in turn, influenced who they felt they connected with the most and who they voted for:

The guy who mostly answered my questions was called Neel... yes that was cool, to have, like, someone who actually listened.

Neel because he actually answered the questions and he answered in more detail than the others did

Due to the small sample size, caution is warranted in interpreting the evaluation findings. However, there is no reason to believe that the students completing the follow-up survey differed in a systematic way from those not completing the survey. If they did differ, it is likely that they were more engaged than students who did not reply. As such, the responses could be considered as indicative of the possibilities of *I'm a Medic*. That is, while it might not be equally impactful for all students, any sort of enrichment activity (regarding science, medicine, careers or anything else) will have different impacts on different students. Consequently, it is important to highlight the possibilities of *I'm a Medic* and to consider whether it has the potential to achieve its aims for at least some students.

Careers information, advice, and guidance context

One of the key aims of *I'm a Medic* was to introduce students to careers in the NHS, particularly across the two aforementioned zones of primary care and mental health – to increase awareness and encourage young people to see that careers in healthcare could be 'for them'. In understanding the potential influence of *I'm a Medic*, it is important to situate it in the wider careers provision context. It seems that teachers did generally regard *I'm a Medic* more as a careers-focused activity (rather than an activity for learning about health/medicine/human biology and so forth) and their motivations

for signing up were broadly around exposing students to healthcare careers. Related to this, teachers did make use of the pre-chat lessons, which were also careers-focussed.

In some schools, students were selected to participate in *I'm a Medic* based on an expectation that they were already interested in careers related to healthcare and medicine, while in others all students in a class (or year group) participated. Regardless of how they were selected, teachers did feel that students who were already at least partly interested in careers related to healthcare engaged more in the activity and tended to get more out of it. At the same time, they could also see that this was not always the case and there was value in inviting all students in a class or year group to participate:

90 kids did it or something, three classes, not all kids are going to come out of it saying they want to be a medic but if only a handful do out of it then it was worth it and it's because, even if they don't decide they want to be a medic, it just gives them another opening, another window on something.

Moreover, some students who were not necessarily engaged in science were engaged in the chat:

A few of them that aren't so engaged with science, were quite engaged in the chat.

Despite research highlighting that students start to form some career aspirations (or at least rule out certain career paths as 'not for me') early in secondary school, if not earlier, many schools do not begin careers education (e.g. interviews with careers officers and so forth) until Years 10 and 11. Some schools do provide some guidance in Year 9, but this is primarily centred around GCSE options choices. The information provided by *I'm a Medic* around paths taken into healthcare careers could be useful in informing such choices, and indeed, Year 9 students from one school commented on this:

Yes, I think so because at the moment we're choosing our GCSE options soon and we're having lots of stuff about jobs we could do in the future, and so opening up all the possibilities for NHS jobs, I think that was well timed.

By focusing on students early in secondary school, *I'm a Medic* is positioned to fill a valuable niche. Moreover, due to the very limited staffing in careers provision – with many schools having at best only a single, often part-time, careers person, anything that helps subject teachers support career development is valuable.

Related to the limited resources schools often have available for careers advice, that *I'm a Medic* can reach many students – without their needing to be taken out of school, disrupt the timetable and so forth – is a further advantage:

I think having it as an online meant that it was also accessible for a lot more students. For us, kind of, getting a larger group like that out of the school is quite tricky... So it made it a lot more accessible to be able to do it here in school, and therefore bring in a lot more students. So that was definitely a huge positive for us.

I'm a Medic also seems to fit well with the Gatsby Career Benchmarks. This framework has been taken up by many secondary schools, but schools vary in terms of how embedded it is in their careers provision. For example, teachers in one school had not really heard of it, while one in a different school was very familiar with it. Overall, though, it seems that *I'm a Medic* can support schools in their efforts to implement the framework, particularly benchmarks 3, 4, 5 and 7. *I'm a Medic* supports Benchmark 3 in the opportunities it offers for students to ask their own career-related questions, which reflect their individual interests, and in turn, receive advice related to them. In addition, in being relatively specific (focused on healthcare, rather than a wider range of 'STEM careers'), one teacher perceived it to be related to the needs and interests of particular children ("actually it is quite specific. So, therefore it is tailored to the needs of each pupil"). Benchmark 4 is slightly less relevant in that *I'm a Medic* is more focused on careers than on STEM (or medical) content. However, students and teachers could see potential links with topics in biology and, moreover, it helps them appreciate the way that certain subjects in the curriculum do link to careers in healthcare.

I'm a Medic is likely strongest in its alignment with Benchmark 5, Encounters with Employers and Employees. As one teacher put it, "they actually got to speak with them". In addition, although it does not directly address Benchmark 6 (Experience of Workplaces), in that students do not actually visit a workplace, it would seem to support the intended outcome of such an experience – of giving students insight into what it's like to work in the NHS. *I'm a Medic* can also support Benchmark 7, Encounters with Further and Higher Education, in that the varied routes some individuals have taken into the NHS highlights the range of learning opportunities and routes that are available to them. Overall, then, it seems that *I'm a Medic* is well positioned to contribute to and support a school's careers programme.

The game-changer

The tremendous potential for *I'm a Medic* to truly make a difference is illustrated by the experience of a student in the Mental Health zone. (There may have been others — this is the one who happened to participate in a focus group.) This Year 8 girl came to *I'm a Medic* with some interest in a career related to medicine. However, she also seems to have some personal experience of eating disorders, and bulimia in particular, though it is (appropriately) unclear whether it was her own experience, that of someone she

knows or perhaps both. In the course of the chat, she seems to have had several questions answered by Neel about eating disorders/bulimia, which are likely to have been quite personal in nature. It seems unlikely that she would have asked such questions outside of the anonymity of the online chat (“I said some stuff that I would not have said in real life, online. So, it's just easier to, like, speak anonymously.”) Not only was she able to pose such questions, but she received direct, personal responses from Neel, which contributed to feeling connected (“Neel again, because he was the same, he had the same job as I wanted to do, and he also gave me a website of help for bulimia, which was also good... it was like a genuine website to help me. I think it was called, like, 'Eat' or something”). In addition to finding out about a particular sensitive topic, she also learned that it was possible to build on this personal concern and have a career directly related to it (“I found out that I could specialise in eating disorders and not just a whole mental health thing”). By the end of the experience, she had refined her aspiration to focus on a career in mental health, and in eating disorders specifically.

Whilst it is impossible to predict with any certainty what this individual will be doing for her career in 10 or 15 years, this example reflects how influential *I'm a Medic* can be at this point in time — an impact that seems far less likely from other kinds of enrichment experiences.

Practitioner experience

On the whole, practitioners who participated found the experience engaging and even inspiring. The 30 minute chat length made it possible to fit into their days, even though this was challenging at times. There was also some frustration with school timetables changing and consequent last-minute rescheduling of chats, as well as some confusion around why students were asking questions related to practitioners' lives and interests outside of work.

In terms of impact on practitioners, many appreciated the opportunity to reflect on their work, which seemed to make them appreciate their work even more:

It made me reflect on my practice and what I liked about my job. It made me hopeful about the next generation. It was exhilarating.

I reflect everyday and the interaction and questions made be reflect and get even more satisfied from my job.

We don't often look back on life so positively. Reflection is often tinged with regret, but you didn't get that regret through the event.

Team leaders enjoyed the team aspect of participation:

It was a cathartic experience that helped bring the team together.

One staff member came in on their day off to do a chat.

And there was a sense of the activity being worthwhile:

It feels like you're helping with the recruitment crisis and thinking forward.

And it compared favourably with traditional forms of schools outreach:

I'm a Medic provided greater flexibility ...[better than] a presentation where 80% of aren't interested in your subject followed by 5 minutes Q&A for those who are interested.

It also encouraged some to consider how they could work more closely with their local schools:

It made the practice think about events we could do in the future to promote education/NHS job roles through the £500 prize money. As a result the practice is

discussing with local secondary schools the holding of an open afternoon/careers fair at the practice.

Overall, then, it was an inspiring, positive experience for participating healthcare workers and they would be eager to participate again and recruit colleagues to participate as well.

Summary

The evaluation reflects that *I'm a Medic* was successful in its aims of helping students to see people working in the NHS as people a bit like them, to see science and healthcare as relevant to their lives and future careers, and to feel as though their opinion is valued. It was engaging for students as well as teachers and practitioners and did an excellent job of providing students with insight into the breadth and variety of careers within the NHS.

Evaluation data suggests that *I'm a Medic* was engaging for students due to the personal, authentic, direct and conversational nature of the experience, both in the live chats and the asynchronous ASK section. The way in which students were able to interact directly with healthcare workers and get their *own* questions answered – about careers and pathways into them, about job availability and about the healthcare workers themselves – seems to have tremendous potential to influence aspirations by helping students to see that careers in healthcare could be ‘for them’.

This potential to impact aspirations – to broaden the possibilities that young people can imagine for themselves – is particularly important in the wider context of careers advice and guidance in schools. Although the Gatsby Careers Advice Benchmarks are widely disseminated and gaining traction, careers advice is an area in which many schools still struggle to provide students with adequate provision, particularly those in Key Stage 3. In this, *I'm a Medic* provides valuable support – in terms of the number and location of students it can reach, in being easy to implement for teachers and in fitting well with the Gatsby Benchmarks.

Finally, *I'm a Medic* was a valuable experience for participating healthcare workers as well, encouraging them to reflect in a positive way on their careers, fostering team spirit, and promoting further community engagement.

Recommendations

While the evaluation highlights the success of *I'm a Medic*, it also found some aspects which could be improved, in order to further strengthen the experience for students and healthcare workers and potentially increase its impact.

- Healthcare workers' profiles could be made clearer and more consistent from team to team (in terms of how they are structured and the types of information provided for each person and team). It may also be helpful to reduce the overall length, particularly for teams, and clarify the types of roles involved. It may also be worth considering whether profiles could be organised by type of role (e.g. clinical, non-clinical, administrative).
- It should be made clearer which individuals are participating from the teams in chats.
- As *I'm a Medic* is a careers activity, it would be useful to consider how the range of roles involved could be continued and, whenever possible, widened.
- Preparation for practitioners could be strengthened to include doing more to manage their expectations about chats (e.g. that the reality of students/schools means that some students simply won't be prepared, may not have read the profiles and even if they have, they may not remember the content; or that students may not recognise questions that have been answered earlier in the chat as identical to their own). Information for practitioners could highlight how to handle repetitive questions, descriptions of the importance of students hearing information 'direct from the source' (e.g. a direct response about salary is more trusted/authentic than looking up the information online, even if it's available there) and of the value of learning about practitioners as people – about their lives and interests outside of work.
- Other recommendations include:
 - Leave the chat visible after it has ended (and/or make it clearer to teachers how to download it. At times, a student had a question answered at the very end and the response was not visible long enough for them to read it.
 - Improve signposting to other sections such as ASK at the end of chats.
 - In the pre-activity lessons, teachers should specifically encourage students to choose careers that are not already familiar to them.
 - Keep the name *I'm a Medic, Get me out of here*. It is recognisable to students and teachers and immediately suggests elements of authenticity and voting with power handed over to the students.

- Raise the profile of ASK – and encourage healthcare workers to respond to those questions for a set period even after the event has ended
- Keep the voting function (“I think it gave it a bit of importance to them. Obviously, at their age £500 is quite a lot of money. . . So, for them I think it meant that there was a significance to the voting”)

Appendix

Pre-survey questions

Question	Response choices
1 I have a good understanding of what it would be like to work in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
2 Studying science at college or university is essential to get a job in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
3 A university degree is essential to get a job in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
4 I would like to find out more about jobs in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
5 After I finish my education, I could get a job in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
6 You have to be a doctor or nurse to work in mental health. OR You have to be a doctor or nurse to work in primary care.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
7 After I finish my education, I would enjoy working in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
8 There are many kinds of jobs in the NHS.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
9 People who come from backgrounds like mine work in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
10 When you finish your education, how likely are you to look for a job in healthcare?	Very likely!; I probably will; Hmmm not sure; I probably won't; No thanks
11 Have you been provided with any careers information, advice or guidance about healthcare careers from school/college/career services in the last 12 months?	Yes, No, Don't know

Post-survey questions

Question	Response choices
<i>In I'm a Medic...</i>	
1 I learnt more about jobs in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
2 I learnt more about people who work in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
3 I learnt more about what it's like to work in mental health/primary health care.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
4 I felt the healthcare team members in the discussions were normal and down-to-earth.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
5 The healthcare team members I 'met' online were interested in my questions.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
6 I was able to get my questions answered.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
<i>How much do you agree or disagree with the following?</i>	
7 I can see how what we discussed and found out in <i>I'm a Medic</i> is related to what we're studying in school.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
8 After <i>I'm a Medic</i> , I now know more about what I need to study to get my ideal NHS job.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
9 Studying science at college or university is essential to get a job in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
10 After I finish my education, I could get a job in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
11 You have to be a doctor or nurse to work in mental health. OR You have to be a doctor or nurse to work in primary care.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
12 After I finish my education, I would enjoy working in healthcare.	Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree
13 When you finish your education, how likely are you to look for a job in healthcare?	Very likely!; I probably will; Hmmm not sure; I probably won't; No thanks

14 What have you learnt in *I'm a Medic* (about jobs in healthcare, people who work in healthcare, or anything else)? [Open text response]

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