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## Disclaimer

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In line with the agreed specification for this work, this document provides the key findings and conclusions from this evaluation as a short report, in the format of an extended executive summary.

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## 1. Executive summary

**Training** on pelvic floor muscle training for clinicians working in primary care who have an interest in women's health **resulted in:**



**Knowledge attainment:** improvement in knowledge and understanding of pelvic floor muscle training found immediately after attending the training in all participants who completed the self-assessment



**Knowledge retention:** improved knowledge and understanding of pelvic floor muscle training maintained in all participants who completed the one-month post-training self-assessment



**Knowledge application:** increased confidence in initiating conversations, conducting assessments, and directing women to self-management tools concerning pelvic health dysfunction symptoms reported by all participants who completed the surveys



**Shared learning and opportunity to engage** with peers



## 2. Background

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One in three women suffer from urinary incontinence at some point in their life<sup>1</sup>. Pelvic floor muscle training is the gold standard conservative management that is effective in about 80% of cases. Women with stress urinary incontinence who carry out their pelvic floor muscle training are eight times more likely to report a cure than those who do not exercise<sup>2</sup>. Importantly the exercises need to be carried out regularly.

The Women's Health Hub - a collaboration between Bournemouth University, Dorset County Hospital NHS Foundation Trust, University Hospital Dorset NHS Foundation Trust, Dorset Healthcare University NHS Foundation Trust, and NHS Dorset - committed to improve how their services manage women presenting with urinary incontinence.

As part of this objective, they have introduced a train-the-trainer programme to prevent and improve pelvic floor dysfunction across Dorset.

The staff who were offered the opportunity to attend the training on pelvic floor muscle training were those who already carry out vaginal examination, such as sexual health nurses, and clinicians working in general practice. This did not include midwives as they had previously been offered different training.

The intention of University Hospitals Dorset NHS Foundation Trust was to train approximately 30 members of staff.

The trainer worked within the pelvic health physiotherapy team at Dorset County Hospital. The trainer was the same for both the training sessions.

The training provided was approximately 1.5 hours, on two dates:

- Friday 8 November 2024, virtually.
- Friday 22 November 2024, face to face.

The Trust was awarded real world evaluation support by Health Innovation Wessex as part of the Health Innovation Wessex Real World Evaluation Programme 2024.

## 3. Evaluation questions and methodology

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This mixed methods project aimed to evaluate the training provided to staff. This evaluation was underpinned by the Kirkpatrick theoretical model (<https://www.kirkpatrickpartners.com/the-kirkpatrick-model/>). This model provides a framework to consider levels of impact, from reaction to the training (level 1), through to the results or organisational targets achieved (level 4).



### 3.1. Overarching evaluation questions

The overarching evaluation questions included:

1. What were the experiences of the staff attending the training [to allow for refinement of the training model in the future]?
2. What was the impact of the training on the staff attending the training [to determine the value of the training provided]?
3. What was the fidelity of the two training sessions provided [defined as whether the training delivered included the content as intended]?
4. What was the experience of the trainer delivering the training [to allow for refinement of the training model in the future]?

### 3.2. Methods, data analysis, and data collected

#### 3.2.1. Methods

Health Innovation Wessex co-designed a survey, a self-assessment, a fidelity checklist and topic guides to address the evaluation questions.

The survey and self-assessment included asking staff about their views of the training, the format and content of training, alongside questions to assess knowledge.

The fidelity checklist included an assessment of whether the trainer verbally taught participants the content in the slide deck that related to the questions expected to answer within the self-assessment.

For the face-to-face session, the survey and self-assessment were completed on iPads via MS Forms. For the online session, the MS Forms links were placed in the chat on MS Teams for staff to open on their personal devices.

Time was allocated within the training sessions for staff attending the training to complete the survey and self-assessment. The MS Forms links for the one-month post-training survey and self-assessment were distributed via email.

The trainer and all participants were invited to an interview via email. Three follow-up invites were sent to participants, one via a clinical lead.

#### 3.2.2. Data analysis

The survey and self-assessment data were analysed using descriptive statistics of quantitative responses, and content analysis of open answer responses.

The audio recorded qualitative interview with the trainer was transcribed and analysed using thematic analysis. There were no interviews conducted with the



staff who attended the training, due to none took up the opportunity to verbally feedback their experiences to the evaluation team.

The transcripts of the training sessions were analysed by two evaluators using a fidelity assessment checklist (Appendix 1) to determine the proportion of content items delivered as intended. The fidelity assessments were analysed using descriptive statistics to determine the agreement between the evaluators' scoring.

### 3.2.3. Data collected

Table 1 provides a summary of the anticipated and actual data collected.

**Table 1. Summary of the data collected**

Data source	Anticipated data collection (n)	Actual data collected (n)	Data limitations
Surveys and self-assessment: a) Pre-training b) Immediately post-training c) One-month post-training	a) 16 b) 16 c) 16	a) 14 b) 14 c) 4	<ul style="list-style-type: none"> <li>Limited responses to the one-month post-training survey and self-assessment.</li> </ul>
Interviews a) Staff b) Trainer	a) 10 b) 1	a) 0 b) 1	<ul style="list-style-type: none"> <li>No staff interviews conducted as offer declined by participants.</li> </ul>
Fidelity assessment of the training delivered (via co-produced fidelity checklist)	a) 2	a) 2	<ul style="list-style-type: none"> <li>Both training sessions were delivered by same subject matter expert who also developed the training material.</li> </ul>

## 4. Findings

The key findings are reported below.

### 4.1. Training attendance rates

The opportunity to attend the training was organised for up to 30 members of staff. However, despite the efforts of the project delivery team, only 16 (67%)



of the 24 staff who signed up attended the training across both training sessions (detailed in figure 1).

All the staff who cancelled attendance ahead of the training provided the explanation of competing clinical priorities that meant they were unable to attend.

Of the four staff who did not attend without notifying the trainer, three of those were signed up to the virtual training. This may be important when considering the most appropriate training format going forward.



**Figure 1. Training attendance rates**

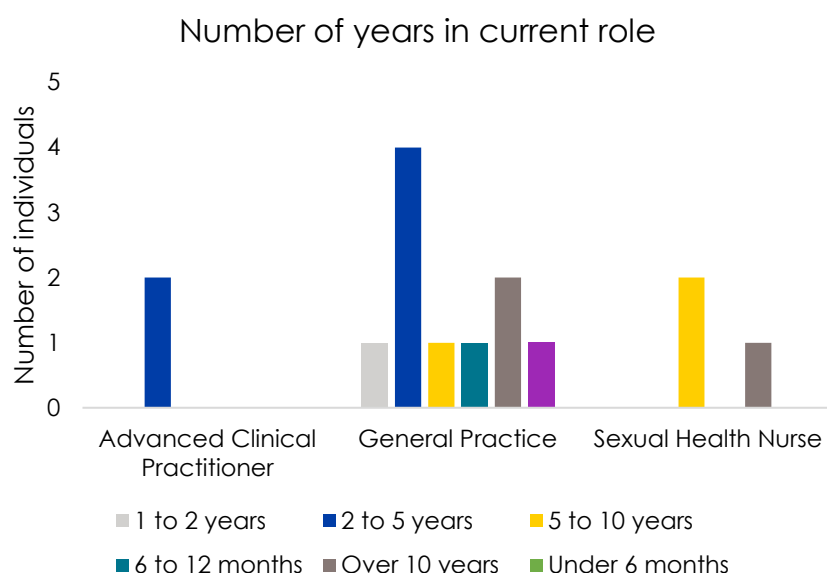
## 4.2. Characteristics of the participants

15 (94%) of the 16 participants completed the pre- and immediately post-training survey and self-assessment. The only respondent who did not complete these surveys attended the training that was delivered virtually.

Four (25%) of the 16 participants completed the one-month post-training survey and self-assessment.

All 15 participants who completed the survey and self-assessment were female. Among them, 67% (n=10) were employed in general practice, 20% (n=3) were sexual health nurses, and 13% (n=2) were advanced clinical practitioners.

The highest percentage of staff who attended the training reported they had been in their roles for 2 to 5 years (n=6, 40%), with four of these individuals working in general practice (Figure 2).



**Figure 2. Number of years in current role**

### 4.3. Experiences and views of the training provided

There were five themes derived from the data collected.

#### 4.3.1. Extend of engagement with the training

The trainer felt face-to-face training enabled more involvement in the interactive discussion element of the training.

*“It was very different actually between doing it online and doing it face-to-face – the involvement was different”*

The trainer felt that a factor influencing staff investment in the training was their specialist interest in the topic. Another factor was voluntary participation.

*“They were willing volunteers”*

All respondents to the immediate post-course survey either agreed or strongly agreed the content was both engaging and relevant to their job roles.

#### 4.3.2. Opportunities realised for participants

In addition to acquiring new knowledge, participants cited the opportunity for shared learning as a benefit of the training.

*"It was almost like peer learning. There was an opportunity to ask around the topic as opposed to just on the topic that lent itself well from them being altogether [...], just lots of questions about general service provision across the county. And if I've got this patient, what would I do?"*

Attending the training also provided an opportunity for wider discussion beyond the content taught within the training.

*"There were very focused questions on the training, but that sparked off lots of branches of different conversations"*

#### 4.3.3. Perceived success of the training

The trainer felt overall the training had been a success, and perceived the training to have been received positively by the participants.

*"My feeling was that the training was well received"*

Participants' immediate feedback following the training corroborated the trainer's view:

*"Excellent training, great to be able to ask questions about resources"*

*"Great delivery and good size of group for this"*

Additionally, all respondents described the applicability of the training to their role, either agreed or strongly agreed that the training length was appropriate and felt that the venue was suitable for those who attended the face-to-face training. 43% (n=6) of participants stated no improvements were needed to the training.

The participants felt they could apply the training by confidently integrating pelvic floor assessment and education into their consultations, including sexual health exams, contraception, menopause, and postnatal visits. Some planned to provide better guidance on pelvic floor exercises, refer patients to appropriate resources, and ensure exercises were performed correctly. Other staff intended to incorporate this knowledge into their general examinations and patient education, and in opportunistic discussions. Others aimed to teach colleagues through sessions and training, with the view to enhancing overall women's healthcare.



#### 4.3.4. Considerations for future training

The trainer recognised some considerations to be more aware of when delivering the training in future.

First, the trainer highlighted that as a trainer, it was important not to assume the baseline level of knowledge or skills of participants:

*“What I found interesting was that several of the doctors said they had never been shown how to check a pelvic floor contraction [...], and I found that quite surprising”*

This was corroborated by the survey findings, as although participants had a specific interest in the topic, previous training of staff varied. 36% (n=5) reported formal medical training including obstetrics and gynaecology, while others had limited or no training. 21% (n=3) reported to have had no specialist training, 29% (n=4) relied on continuous professional development modules or in-house training, one had experience with examinations for pelvic inflammatory disease screening and pre-coil fits, and another was self-taught out of personal interest.

Secondly, the trainer felt they would continue to ensure that the purpose of the training is explicit at the start of the training to help manage the expectations of participants.

*“The purpose of the training is very clear up front. This is the expectation at the end of the training that you'll be able to do this not we're expecting you to become a specialist Women's Health physio”*

#### 4.3.5. Required activities to enhance the training offer in future

The trainer identified additional activities to complement or enhance future training.

1. Access to online resources and digital technologies in development and/or already commissioned.

*“To know where the online resource would be, and they really were really keen to know about Squeezy [<https://squeezyapp.com/clinicians/>], so they could give patients tools”*

2. Iterating the content and reviewing the delivery method based on participant feedback.



*"If you were thinking about improvements for training, obviously looking at the feedback and iterating the slide decks and thinking about how we deliver it will be key."*

Participants who completed the survey immediately after training expressed satisfaction, providing only a few suggestions for future improvements. These included:

1. allocating additional time for anatomy (n=1)
2. practical assessments (n=1)
3. time for further questions (n=1)

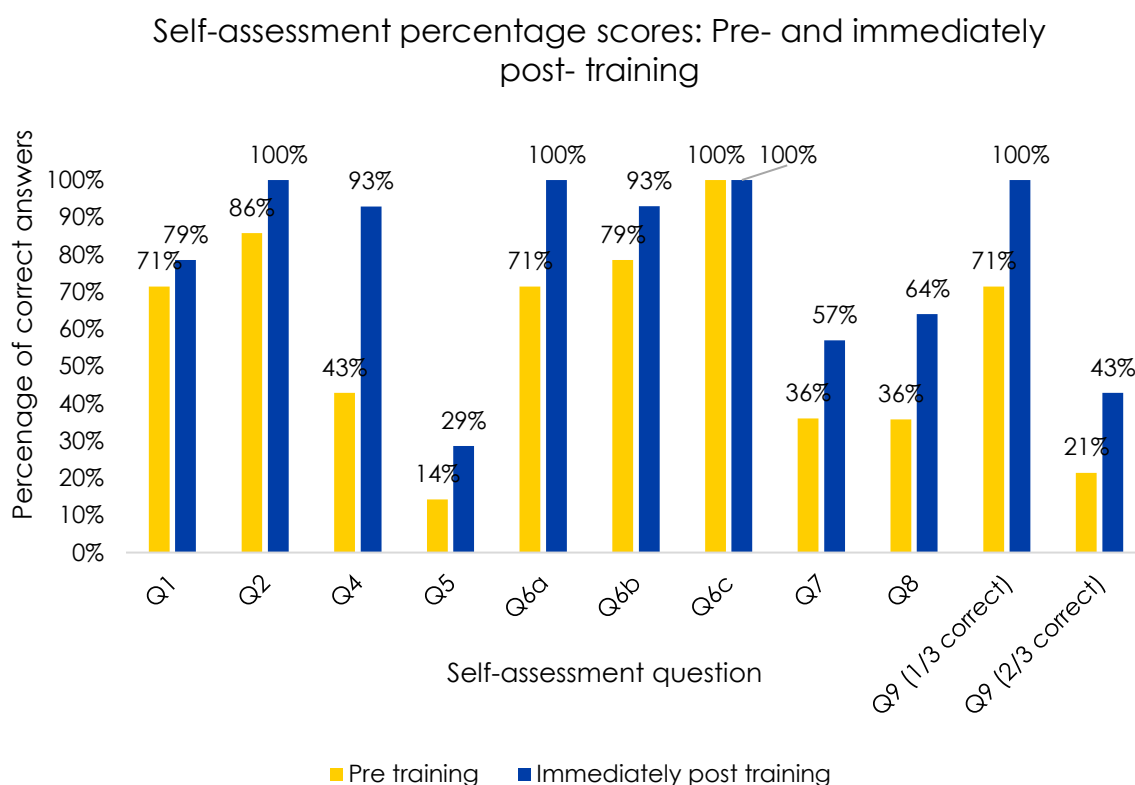
#### **4.4. Attainment, retention, and application of knowledge**

The following section explains the self-assessment results from pre-, immediately post- and one-month post- training. The total number of responses pre- and immediately post- training was from 14 participants. The one-month post-training survey and self-assessment only received four responses. For this reason, the one-month post-training was not added to the Figure 3. However, it was analysed separately to gather insights relating to retention of knowledge.

##### **4.4.1. Attainment of knowledge**

Overall, the attainment of knowledge from the training was clear from the self-assessment results.





**Figure 3. Self-assessment percentage scores: Pre- and immediately post- training**

To note: the questions included in this figure are the self-assessment questions that could be collated quantitatively as a number and percentage. Question 6 is divided into the three parts to the questions. Question 9 is divided in to multiple responses: correct response out of three and two correct responses out of three.

A comparison of pre- and immediately post-training scores shows a clear increase in knowledge, with improved scores across all questions. Question Q6C, a true-or-false question, which assessed knowledge on verbal instructions to activate pelvic floor muscles, was answered correctly by all attendees both before and after training.

The most significant improvement was seen in Q4, which tested knowledge of the initial instructions given to a woman before contracting her pelvic floor muscles. 93% of the respondents answered this question correctly after the training compared to 43% before the training.

The lowest percentage of correct answers remained in Q5, which focused on the instructions given to support women in contracting their pelvic floor muscles. Scores improved from 14% to 29%, though many responses included general terms like "*squeezing*" or "*clenching*" without specifying the body area. Therefore, clarification, prompting, or reformatting of the question as a multiple-choice question could be considered.

#### 4.4.2. Retention of knowledge

Comparing the one-month post-training self-assessment results to the pre- and immediately post- training self-assessments is challenging due to the limited number of responses (4 out of 16). Nonetheless, the available data appears to show that staff retained all the knowledge assessed aside from the information they were taught in relation to the two questions below:

- What would be your first instructions to a woman before contracting her pelvic floor muscles?
- What instructions might you give to support women trying to contract their pelvic floor?

#### 4.4.3. Application of knowledge

Following the one-month post-training survey and self-assessment, all four participants reported increased confidence in initiating conversations, conducting assessments, and directing women to self-management tools concerning pelvic health dysfunction symptoms. These findings indicate that staff had not only retained the knowledge but were also more confident in applying the knowledge in their practice.

When asked to state as an open-answer response when to raise the topic of pelvic floor awareness, similar answers were given at all time points. It was suggested that various female health consultations could be considered, including sexual health, gynaecology, prenatal and postnatal care, cervical screening, HRT discussions, and urinary concerns. Some recommended incorporating it while taking medical or sexual history, while others suggested addressing it in any patient consultation. These findings indicate that there were many opportunities to take advantage of when to raise the topic of pelvic floor awareness within routine practice without necessitating additional capacity to be found.

#### 4.5. Fidelity assessment findings

The delivery of the content within the training was as intended, with 100% fidelity scored for both the training sessions delivered. In addition, there was 100% agreement between the two evaluators who independently assessed fidelity against the fidelity assessment criteria (Appendix 1).

### 5. Conclusions

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Overall, the training was considered a success from the perspectives of the trainer as well as the participants.



- **Knowledge attainment:** the available data shows improved scores across all but one self-assessment question immediately post-training.
- **Knowledge retention:** Limited data was available to address this outcome with only 4 of the 16 participants completing the survey and self-assessment one-month post-training. Of the responses received, there was maintenance of the improved scores across all but two self-assessment questions one-month post-training.
- **Knowledge application:** Limited data was available to address this outcome with only 4 of the 16 participants completing the survey and self-assessment one-month post-training. However, all four participants reported increased confidence in initiating conversations, conducting assessments, and directing women to self-management tools concerning pelvic health dysfunction symptoms one-month post-training.

In addition, it was felt the training provided opportunities beyond simply acquiring new knowledge, such as providing **the opportunity for shared learning with peers.**

## 6. Evidence of short-term impact

The findings from this pilot have provided initial evidence to support the wider roll-out. The training is currently being developed into a 'package' which will be submitted for CPD accreditation. This includes a learning schedule, as well as event details. Further testing with a larger cohort of the train-the-trainer model is required to robustly understand this model.

Direct feedback was received from two clinicians who work in the region's pelvic health or sexual health services that provide real world examples of the impact of the training. This was observed in the quality of a referral:

*"Can you imagine my joy when I received this amazing referral from a GP who attended the TT session? It was so easy to triage, and the patient has clearly received some excellent first line advice. I was so delighted I emailed the GP to thank her! I think everyone should be really proud of this proof of concept. WELL DONE [TRAINER]!!!"*

Another clinician fed back that staff had been sharing new knowledge from the training, and were keen to formally deliver training themselves to further disseminate their learning:

*"The nurses from sexual health who attended the training have been very proactive and are spreading their newfound*





*skills. One of our leads would like to present to the whole clinical team (sexual health only)”*

An abstract has been submitted to a conference to disseminate the findings from this evaluation, with the intention of creating further interest in the training and future impacts.

In addition, ongoing evaluations are being considered to the signposting, uptake and effectiveness of the Squeezy app, and how to expand its impact.

## 7. Future considerations

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There are five important considerations for the future. Two are contextual considerations, and three related to the delivery itself.

### 7.1. Contextual considerations

The findings reported in this evaluation are done so within the context that there was high fidelity of the training delivered. Therefore, it is recommended that the fidelity of any training delivered in future is maintained to facilitate the outcomes reported here to be experienced by others.

The evaluation findings acknowledge that the staff invited to attend the training already had a specialist interest and were invested in the topic. It is likely that if this training was to be offered as a CPD-accredited workshop in the future, those staff who attended would also have a specialist interest in this topic area. However, if rolled out to staff with different baseline interest, the outcomes reported here may not be generalised.

### 7.2. Delivery considerations

A virtual and face-to-face training format were offered during this evaluation. The format of training appears to be an important contributor to differing engagement levels of the staff who attended the training, as well as what additional opportunities that could be realised. Face-to-face training had fewer non-attendees. The findings also suggest that face-to-face may be a better format to achieve engagement during training, conserve commitment to attend, and ensure that wider opportunities from the training can be realised. However, as a virtual format does not appear to affect knowledge acquisition or retention, it may be a viable alternative if required.

There were a variety of question responses required in the self-assessment. Some of the questions were multiple choice, whereas others relied upon open answer responses. This was considered useful to reduce the risk of a ceiling



effect of the self-assessment during the planning of the evaluation. A ceiling effect occurs when a large percentage of respondents choose the highest possible response option. As a result, the self-assessment appears to be sensitive to capture changes in attainment and retention of knowledge. Therefore, despite the extra burden on the staff attending the training to answer open answer question as part of the self-assessment, it would seem sensible to continue to use this format going forward.

Due to the low response rate to the one-month post-training survey, it would be prudent to review the data collection method and determine alternative strategies to optimise the volume of data collected in the future.



## 8. Appendices

### 8.1. Appendix 1. Fidelity assessment checklist

#### Fidelity assessment checklist

1. Evaluator name completing fidelity assessment \*

Enter your answer

2. Date of training session completing fidelity assessment for \*

☐ 08/11/2024

☐ 22/11/2024

3. Confirm whether the following items of information were provided verbally by the trainer: \*

	Yes	No
The number of women who experience urinary leaking	<input type="radio"/>	<input type="radio"/>
The number of women who experience vaginal prolapse	<input type="radio"/>	<input type="radio"/>
Pelvic floor dysfunction can be reduced and improved with correct and regular pelvic floor activity	<input type="radio"/>	<input type="radio"/>
Most pelvic floor dysfunction can be prevented by correct and regular use of the pelvic floor	<input type="radio"/>	<input type="radio"/>
Times when the topic of pelvic floor awareness could be raised	<input type="radio"/>	<input type="radio"/>
The first instruction that should be given to a woman before contracting her pelvic floor muscles	<input type="radio"/>	<input type="radio"/>
The instructions that might be given to support women trying to contract their pelvic floor	<input type="radio"/>	<input type="radio"/>
The frequency women should be encouraged to undertake their pelvic floor exercises	<input type="radio"/>	<input type="radio"/>

4. Confirm whether the following items of information were provided verbally by the trainer: Three tips that may help to teach Pelvic floor muscle activation: \*

	Yes	No
Using your cupped hands to demonstrate the squeeze and lift	<input type="radio"/>	<input type="radio"/>
Be able to do the exercises yourself	<input type="radio"/>	<input type="radio"/>
Provide the correct verbal instruction	<input type="radio"/>	<input type="radio"/>

5. Confirm whether the following items of information were provided verbally by the trainer: Strategies that can be employed to help prompt and remind women to do pelvic floor muscle exercises at each appointment: \*

	Yes	No
Invite women to show/tell you how they are doing their pelvic floor muscle exercises	<input type="radio"/>	<input type="radio"/>
Tell women when to do their exercises	<input type="radio"/>	<input type="radio"/>
Offer support from resources such as Squeezy	<input type="radio"/>	<input type="radio"/>

6. Confirm whether the following items of information were provided verbally by the trainer: Lifestyle modifications women make to help reduce pelvic floor dysfunction: \*

	Yes	No
weight reduction	<input type="radio"/>	<input type="radio"/>
avoid strain such as lifting	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>

## 8.2. Appendix 2. Surveys and self-assessments

### 8.2.1. Pre-training

#### Demographic questions

1. Please read the introduction statement and answer the following. Are you happy to complete the survey and for your data to contribute to evaluation outputs and be held/destroyed in this way? \*

☐ Yes

☐ No

2. What date did you attend the training? \*

Please input date (dd/MM/yyyy)



3. What gender do you identify with? \*

☐ Male

☐ Female

☐ Non-binary

☐ Transgender

☐ Prefer not to say

☐ Other

4. Which profession do you belong to? \*



☐ General Practice

☐ Practice Nurse

☐ Sexual Health Nurse

☐ Physiotherapist

☐ Other

5. How long have you been in your current role? \*

☐ Under 6 months

☐ 6 to 12 months

☐ 1 to 2 years

☐ 2 to 5 years

☐ 5 to 10 years

☐ Over 10 years



6. What education or training have you completed related to pelvic health/pelvic floor dysfunction within your current job? \*

Enter your answer

7. What ID number have you been assigned? (the project manager will give you a number. If not, please ask) \*

Enter your answer

### Self-assessment quiz

8. Which of the following statements are correct (please select all that apply)? \*

- ☐ 1 in 3 women experience urinary leaking
- ☐ 1 in 10 women experience vaginal prolapse
- ☐ Pelvic floor dysfunction can be reduced and improved with correct and regular pelvic floor activity.

9. Most pelvic floor dysfunction can be prevented by correct and regular use of the pelvic floor (please select true or false) \*

- ☐ True
- ☐ False

10. When could you raise the topic of pelvic floor awareness? \*

Enter your answer

11. What would be your first instructions to a woman before contracting her pelvic floor muscles? \*

Enter your answer

12. What instructions might you give to support women trying to contract their pelvic floor? (please give three) \*

Enter your answer

13. What tips may help you to teach Pelvic floor muscle activation. Please select true or false for the following statements: \*

	True	False
Using your cupped hands to demonstrate the squeeze and lift	<input type="radio"/>	<input type="radio"/>
Be able to do the exercises yourself	<input type="radio"/>	<input type="radio"/>
Provide the correct verbal instruction	<input type="radio"/>	<input type="radio"/>



...

14. How often are women encouraged to undertake their pelvic floor exercises? \*

Enter your answer

15. What can you do to help prompt and remind women to do pelvic floor muscle exercises at each appointment? (please select all that apply) \*

☐ Ask women if they are doing their pelvic floor muscle exercises so they only answer yes or no?

☐ Invite women to show/tell you how they are doing their pelvic floor muscle exercises

☐ Tell women when to do their exercises

☐ Ask women how they are managing to fit pelvic floor exercises into their day

☐ Offer support from resources such as Squeezy

16. What lifestyle modifications can help reduce pelvic floor dysfunction? (please give three) \*

Enter your answer

## 8.2.2. Immediately post-training

### Assessment level 1: Reaction

1. Please read the introduction statement and answer the following. Are you happy to complete the survey and for your data to contribute to evaluation outputs and be held/destroyed in this way? \*
- ☐ Yes
- ☐ No

2. What ID number have you been assigned? (the project manager should have given you one during the training session) \*

Enter your answer



3. Please select an option for the following statements: \*



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not applicable
I found the length of the training session was suitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I found the format of the training session was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I found the training content was engaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I found the content delivered in the training relevant to my job role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I found the venue suitable for training (face to face only, if virtual please select 'Not Applicable')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4. Is there anything that could have been improved about the way the training was delivered? \*

Enter your answer

### Assessment level 3: Behaviour

5. Do you feel you will be able to apply the content of the training in your role? \*

☐ Yes

☐ No

6. If so, how confident do you feel to apply the content of the training in your role? \*

Extremely not confident	Somewhat not confident	Somewhat confident	Confident	Very confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. If you feel confident to apply the content of the training within your role, please provide examples of how you might do this. \*

Enter your answer

8. How confident would you feel to train someone else now you have received training today? \*



Extremely not confident	Somewhat not confident	Somewhat confident	Confident	Very confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## Self-assessment quiz

9. Which of the following statements are correct (please select all that apply)? \*

- ☐ 1 in 3 women experience urinary leaking
- ☐ 1 in 10 women experience vaginal prolapse
- ☐ Pelvic floor dysfunction can be reduced and improved with correct and regular pelvic floor activity.

10. Most pelvic floor dysfunction can be prevented by correct and regular use of the pelvic floor (please select true or false) \*

- ☐ True
- ☐ False

11. When could you raise the topic of pelvic floor awareness? \*

Enter your answer

12. What would be your first instructions to a woman before contracting her pelvic floor muscles? \*

Enter your answer

13. What instructions might you give to support women trying to contract their pelvic floor? (please give three) \*

Enter your answer

14. What tips may help you to teach Pelvic floor muscle activation. Please select true or false for the following statements: \*

	True	False
Using your cupped hands to demonstrate the squeeze and lift	<input type="radio"/>	<input type="radio"/>
Be able to do the exercises yourself	<input type="radio"/>	<input type="radio"/>
Provide the correct verbal instruction	<input type="radio"/>	<input type="radio"/>



15. How often are women encouraged to undertake their pelvic floor exercises? \*

Enter your answer

16. What can you do to help prompt and remind women to do pelvic floor muscle exercises at each appointment? (please select all that apply) \*

- ☐ Ask women if they are doing their pelvic floor muscle exercises so they only answer yes or no?
- ☐ Invite women to show/tell you how they are doing their pelvic floor muscle exercises
- ☐ Tell women when to do their exercises
- ☐ Ask women how they are managing to fit pelvic floor exercises into their day
- ☐ Offer support from resources such as Squeezy

17. What lifestyle modifications can help reduce pelvic floor dysfunction? (please give three) \*

Enter your answer

### 8.2.3. One-month post-training

#### Consent form and ID number

1. Please read the introduction statement and answer the following. Are you happy to complete the survey and for your data to contribute to evaluation outputs and be held/destroyed in this way? \*

- ☐ Yes
- ☐ No

2. What ID number have you been assigned? (the project manager should have given you one during the training session) \*

Enter your answer



### Assessment level 3: Behaviour

3. In the last month, do you feel you have been able to apply the content of the training in your role? \*

- ☐ Yes
- ☐ No

4. If so, how confident did you feel applying the content of the training in your role? \*

Extremely not confident	Somewhat not confident	Somewhat confident	Confident	Very confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Are there other way(s) in which you think you could apply the content of the training within your role but you have not had the opportunity to in the last month? \*

- ☐ Yes
- ☐ No

6. If so, please provide examples of these \*

⋮

Enter your answer

### Assessment level 4: Results

7. In the last month, have you felt more confident to initiate conversations with women related to the presence of pelvic health dysfunction symptoms? \*

- ☐ Yes
- ☐ No

8. In the last month, have you felt more confident to reassure women earlier in relation to the prevalence and presentation of pelvic health dysfunction symptoms? \*

- ☐ Yes
- ☐ No

9. In the last month, have you felt more confident to carry out an assessment of a women's pelvic floor muscle contraction earlier than you would have before you received training? \*

- ☐ Yes
- ☐ No



☐ Yes

☐ No

- ☐ 1 in 3 women experience urinary leaking
- ☐ 1 in 10 women experience vaginal prolapse
- ☐ Pelvic floor dysfunction can be reduced and improved with correct and regular pelvic floor activity.

☐ True

☐ False

Enter your answer

Enter your answer

Enter your answer

	True	False
Using your cupped hands to demonstrate the squeeze and lift	<input type="radio"/>	<input type="radio"/>
Be able to do the exercises yourself	<input type="radio"/>	<input type="radio"/>
Provide the correct verbal instruction	<input type="radio"/>	<input type="radio"/>



17. How often are women encouraged to undertake their pelvic floor exercises? \*

Enter your answer

18. What can you do to help prompt and remind women to do pelvic floor muscle exercises at each appointment? (please select all that apply) \*

- ☐ Ask women if they are doing their pelvic floor muscle exercises so they only answer yes or no?
- ☐ Invite women to show/tell you how they are doing their pelvic floor muscle exercises
- ☐ Tell women when to do their exercises
- ☐ Ask women how they are managing to fit pelvic floor exercises into their day
- ☐ Offer support from resources such as Squeezy

19. What lifestyle modifications can help reduce pelvic floor dysfunction? (please give three) \*

Enter your answer



## 9. References

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1. Milsom I, Gyhagen M. The prevalence of urinary incontinence. *Climacteric*. 2019;22(3):217-222. doi:10.1080/13697137.2018.1543263
2. Dumoulin C, Cacciari LP, Hay-Smith EJC. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database Syst Rev*. 2018 ;10(10):CD005654. doi: 10.1002/14651858.CD005654.

Version Control

Version	Status	Key Changes	Authorised by
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