

Australasian College for Emergency Medicine

acem.org.au



Report
June 2019

2018 DEMA Survey
Training Site Evaluation

Contents

1. Executive summary	Page 1
2. Purpose and scope of report	Page 2
3. Methodology	Page 2
4. Results	Page 2
4.1 Role and Involvement as a DENT	2
4.2 Support for Role as a DENT.....	3
4.3 Supervision and Trainee Educational Opportunities.....	5
4.4 Health, Welfare and Interests of Trainees.....	7
4.5 Final Comments	9
5. Conclusion	Page 10
6. Suggested citation	Page 10
7. Contact for further information	Page 10

1. Executive summary

The Director of Emergency Medicine Training (DEMT) Survey is administered to all DEMTs annually at the end of the FACEM training year. The purpose of the survey is to identify areas where ACEM can better support DEMTs in their role and gain their perspectives on how their site is meeting the training needs of FACEM trainees. The 2018 survey was distributed to a pool of 297 DEMTs, with an overall response rate of 68% (n=202), and 134 of 144 ACEM accredited EDs represented in the sample. The summary of the findings from the 2018 survey can be summarised into three major domains:

Support for Role as a DEMT

- 90% of DEMTs agreed that the role is rewarding, and a comparable proportion (89%) were in agreeance that they were able to complete all of the requirements of their role as a DEMT.
- 73% of DEMTs agreed that their ED had a governance structure in place that supported their role in managing the FACEM Training Program, however a smaller proportion agreed that they were well supported in managing trainees in difficulty through ACEM regional censors (59%) and by ACEM processes (60%).
- 89% agreed that the DEM in their ED worked cooperatively with them in their role, in comparison to the Hospital Executive (35%) and hospital HR/ administration (42%).

Supervision and Trainee Educational Opportunities

- The majority of DEMTs agreed that they were routinely rostered on clinical shifts (92%), but only 60% agreed that they were regularly rostered on non-clinical shifts with trainees.
- Nearly three-quarters (74%) of DEMTs agreed that they were satisfied with the support they received from the Local WBA Coordinator.
- 83% of DEMTs agreed that their ED provided educational and learning resources that met the needs of trainees at all stages of their training.
- Most DEMTs agreed that the structured education program was aligned with the content and learning outcomes of the ACEM Curriculum Framework (90%), that it was regularly evaluated (87%), and was provided for a minimum of 4 hours/ week (91%).
- Over 90% of DEMTs were in agreeance that the number (100%), breadth (96%), acuity (94%), and complexity of cases (98%) in their ED provided an appropriate training experience.

Health, Welfare and Interests of Trainees

- 96% of DEMTs agreed that trainee needs were being met, and 4% did not agree.
- Over 90% of DEMTs were in agreeance that their ED provided a safe and supportive workplace with respect to personal safety (93%), workplace safety (92%), clinical protocols (94%), supervision arrangements (98%), support processes other than mentoring (89%), and sustaining trainee wellbeing (86%).
- Most DEMTs agreed that there are processes in place for identifying and assisting trainees experiencing difficulties (93%), and to manage trainee grievances (89%) at their ED.
- The majority agreed that rosters were: provided in a timely manner (88%), equitable (93%), considered trainee workload (88%), supported the service needs (92%), provided safe working hours (94%), and considered staff leave requests (92%).
- 81% of DEMTs agreed that trainees could participate in quality improvement activities at their ED, but only 67% agreed that trainees were able to participate in decision making regarding governance.

2. Purpose and scope of report

The Director of Emergency Medicine Training (DEMT) Survey is distributed annually. The survey collects information about the experiences of DEMTs in their role at ACEM's accredited emergency departments (EDs), including how supported they are in their role. The survey also seeks DEMT input on how their ED supports the Fellowship of the Australasian College for Emergency Medicine (FACEM) training experience, and supervision and educational opportunities for FACEM trainees. With respect to the FACEM training experience, the survey focuses on health, welfare, and interests of trainees such as workplace safety and support, mentoring, rostering, hospital orientation and opportunities for trainees to participate. This report details the findings from the 2018 DEMT Survey conducted at the end of the 2018 ACEM training year.

3. Methodology

The DEMT Survey was distributed to DEMTs in New Zealand (NZ) in December 2018, and to DEMTs in Australia in January 2019. The survey was distributed at different time points due to the 2018 FACEM training year ending at different times in NZ and Australia. DEMTs in both regions were contacted via email and invited to participate in the online survey. Two follow-up emails were distributed to DEMTs who had not responded, encouraging them to participate.

Participation was voluntary, and completion of the survey was considered as implied consent. All information collected was treated confidentially, with data reported only in the aggregate as a percentage of total responses, or by accreditation level. Qualitative responses provided by DEMTs were derived from the free-text comment boxes, which were then categorised into major themes based on their frequency distribution.

4. Results

Of a total pool of 297 surveys, 202 completed surveys were received from DEMTs, a response rate of 68%. Five responding DEMTs were working in the role at two EDs and completed a survey for each ED. A total of 134 of the 144 ACEM accredited EDs at the time of the survey were represented by the 202 DEMT survey responses.

Of all survey responses, thirty-nine percent (n=78) were from urban district hospitals whilst one-third (n=67) were from rural/regional based hospitals and 28% (n=57) were from major referral hospitals. These hospital EDs were largely accredited for 24 months (34%) and 12 months (29%), followed by six months (23%) and 18 months (14%).

4.1 Role and Involvement as a DEMT

The majority (62%, 126) of DEMTs were working at their current ED for over five years, with 28% (56) working in their current ED for between two and five years and 10% (20) working in their ED for less than two years. Most (44%) reported being in the DEMT role for less than two years, with 31% working in the role for 2-5 years and 25% working in the role for more than five years. Of the 202 respondents, half (100) reported holding other ACEM roles in addition to their DEMT role at their current workplace. Other roles commonly reported were Supervisor of the Emergency Medicine Diploma and/ Certificate (45), and Workplace-Based Assessments (WBA) Coordinator (14). A small number of DEMTs reported also holding the position of Deputy DEM (6), ACEM Director of Research (5), Mentoring Coordinator (5), DEM (2), and EMET lead (1).

Sharing of the DEMT role was common, with 87% (175) of DEMTs reporting that they were a co-DEMT in their ED(s). Of those who reported being a co-DEMT, a slightly higher proportion reported that trainees were allocated to individual co-DEMTs (51%), compared with trainees being a shared responsibility between the co-DEMTs (46%). A further 3% reported a mixed co-DEMT model, where trainees were allocated to co-DEMT(s), but they still shared supervisory tasks (e.g. feedback to trainees, teaching, etc.) of all trainees.

When asked about the time they last attended a DEMT workshop, about a third (31%) reported that they had attended a workshop within the last year. Another 27% reported having attended a DEMT workshop within the last one to two years, whilst 30% reported last attending a workshop more than two years ago. Importantly, 12% (25) reported that they had never attended a DEMT workshop. The main reasons provided for having not

attended a DEMT workshop were a lack of availability (9) and rostering (7), while four reported that they were still new to the role. One DEMT did not find the workshop necessary and another DEMT commented about the lack of information provided in relation to DEMT workshops.

Of the 202 responding DEMTs, two thirds (134) reported that they had been nominated as a referee by an applicant for Selection into the FACEM Training Program and/or have been asked to complete a Selection Reference for a prospective trainee. All but seven of them reported that they were contacted by the applicant in advance before they were nominated as a referee. Most of them were in agreeance that they understood their role as a referee (93%), and that the instructions for providing the reference were easy to follow (87%).

4.2 Support for Role as a DEMT

This section details the perspectives of DEMTs regarding their role, how supported they feel and resources required to support them in their role. It covers the following areas: the ability to meet the requirements of the DEMT role; support from ACEM processes; governance structures in the ED; quality processes and support from their hospital; and resources and support from the College.

1. Requirements of the DEMT role

Overall, 90% (181) of responding DEMTs were in agreeance that their role as a DEMT was rewarding. Regarding the requirements of the DEMT role, three-quarters (74%) of DEMTs were in agreeance that the roster ensured sufficient time to complete the clinical support requirements of the role. A smaller proportion of DEMTs reported that they were well supported in managing trainees in difficulty through ACEM regional censors (59%) and by ACEM processes (60%).

A total of 89% of respondents strongly agreed or agreed that they were able to complete all requirements of their DEMT role. Seven-percent neither agreed nor disagreed, while 4% disagreed or strongly disagreed that they were able to meet ACEM's requirements for the DEMT role, with 20 outlining barriers to meeting the requirements. Comments were mainly about insufficient non-clinical time and rostering issues (12), with several other comments about not being able to meet teaching requirements (4). Two DEMs commented that they required more guidance to prepare trainees for examinations and another two commented that they were unable to meet increasing College demands.

2. Governance structures, quality improvement processes and support from the hospital

Regarding the governance structures, 79% of responding DEMTs were in agreeance that their ED had a governance structure (administration processes, committees etc.) in place that supported their role in managing the FACEM Training Program.

DEMTs were asked whether the Director of Emergency Medicine (DEM), Hospital Executive, and hospital human resources (HR) and administration worked cooperatively with them in their DEMT role. A significantly larger proportion of DEMTs strongly agreed or agreed that the DEM worked cooperatively with them in their role (89%) when compared with the Hospital Executive (35%) and hospital HR and administration (42%).

Sixty percent of responding DEMTs were in agreeance that they were able to implement the quality improvement processes contained within their hospital's quality framework. The same percentage of DEMTs (60%) strongly agreed or agreed that they were able to ensure trainees actively participated in ED quality processes, however only 35% agreed that they were able to ensure that trainees participated in hospital-wide quality improvement processes.

3. Support and resources – areas of need and interest

DEMTs were asked to nominate resources and support in an area of need and/or interest and their preferred delivery mode(s) for each selected area (Table 1), to inform the future development of appropriate resources and support. Resources and support nominated as areas of need/interest by the largest proportion of DEMTs were Supporting trainees in difficulty (58%) and the Fellowship Exam (54%).

For all resources and support that were nominated as an area of need/ interest, there was a preference for online delivery, either provided through online learning modules or an online DEMT Network. For DEMTs who nominated orientation for the DEMT role and supporting trainees in difficulty, as areas of need/ interest, their preference was for face-to-face delivery rather than other modes of delivery. Preferences for a how-to-guide was the second preferred delivery mode for the Curriculum Framework (34%) and Learning Needs Analysis (35%) for DEMTs who nominated these as an area of need/ interest.

Table 1. DEMT response rates to resources and support nominated as an area of need and/or interest and the preferred delivery mode(s)

Resources and Support	DEMTs who nominated as area of need/interest		* Preferred Delivery Mode					
	N	% of total	Face-to face	Online learning modules	Video podcasts	Weblinks to external resources	Online DEMT network	How-to-guide
			%	%	%	%	%	%
College updates	72	35.6	23.6	40.3	19.4	19.4	47.2	19.4
Curriculum Framework	71	35.1	31.0	53.5	23.9	16.9	25.4	33.8
Learning Needs Analysis	48	23.8	31.3	54.2	25.0	12.5	16.7	35.4
In-Training Assessment	66	32.7	43.9	63.6	28.8	9.1	22.7	40.9
EM-WBAs	49	24.3	51.0	65.3	32.7	6.1	16.3	38.8
DEMT role orientation: scope/responsibilities	75	37.1	61.3	44.0	12.0	10.7	20.0	37.3
Role delineation between DEMTs, WBA Coordinators and Mentors etc.	61	30.2	42.6	47.5	9.8	13.1	11.5	36.1
Primary Exam	78	38.6	25.6	59.0	30.8	33.3	33.3	30.8
Fellowship Exam	109	54.0	41.3	47.7	24.8	28.4	34.9	25.7
College processes: remediation/appeals/special consideration	93	46.0	39.8	51.6	22.6	12.9	29.0	38.7
Supporting trainees in difficulty	118	58.4	59.3	56.8	30.5	20.3	27.1	32.2
Research	18	8.9	44.4	77.8	22.2	55.6	27.8	33.3

* Respondents may select more than one type of preferred delivery mode for each nominated resource/support

DEMTs were asked to comment on any additional support, resources or training ACEM could provide to assist them in their DEMT role, with 20% (40) responding. Common themes are presented in Table 2. The most common areas DEMTs outlined that ACEM could provide to assist them in their role were, resources for examinations and trainee assessment; advocate for the DEMT role; training and regular updates for DEMTs; better support for trainees in difficulty; and improving communication with DEMTs and networking opportunities.

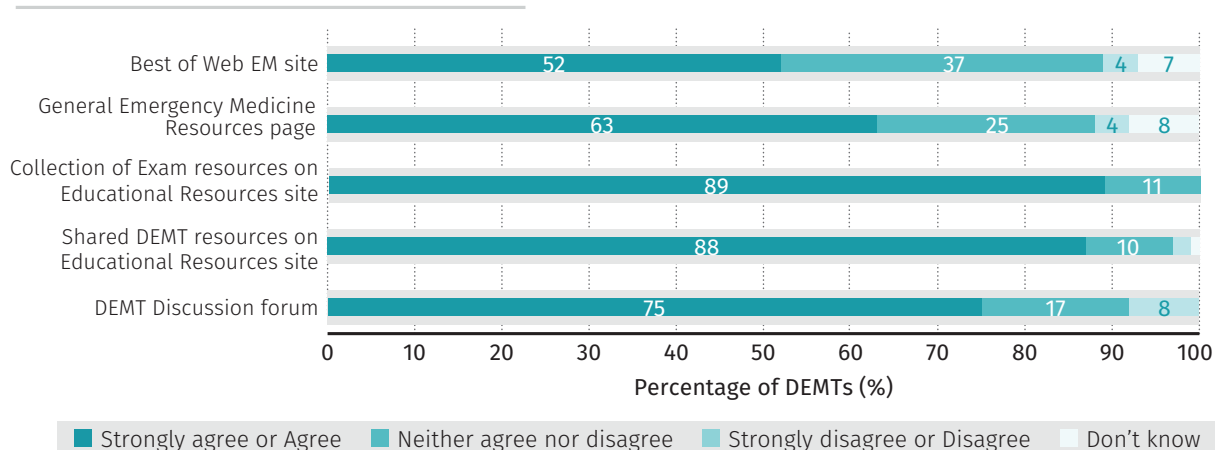
Table 2. Themes of additional support, resources and training the College could provide to assist DEMTs in their role

Theme	Frequency
Additional resources esp. for examinations and trainee assessment	12
Advocate for DEMT role and non-clinical time	6
Training/ updates for DEMTs	6
Support for trainees in difficulty	6
Improving DEMT Network/ communication	5
Other e.g. improved website, regional workforce, better engagement with ACEM	6

4. Available online resources for DEMTs

ACEM currently provides a range of resources to support Fellows, and DEMTs were asked to state their level of agreement if they find each of the resources useful in supporting their role as a DEMT (Figure 1). The collection of exam resources and shared DEMT resources on the ACEM Educational Resources site were found to be useful by most DEMTs, whilst only half of them found the Best of Web EM site useful for their DEMT role.

Figure 1. Level of agreement of respondents with statements relating to usefulness of a range of resources to support their DEMT role



DEMTs were given the opportunity to suggest improvements for the current online resources, and 33 chose to provide a comment. The suggestions were mainly about improving the ACEM website (i.e. with better search functionality and easier navigation) and more examples and resources for examination preparation. There were a few other comments relating to resources being more regularly updated and more resources for EM Certificate/ Diploma trainees.

4.3 Supervision and Trainee Educational Opportunities

This section details responses to the survey items relating to supervision, clinical teaching and educational opportunities for FACEM trainees. It covers, rostering of DEMTs with trainees; educational resources and clinical teaching for trainees; support for EM-WBAs; the structured education program; and the ability of the ED to provide an appropriate training experience when considering casemix.

1. DEMT supervision, learning and education opportunities

While a large proportion (92%) of DEMTs strongly agreed or agreed that they were routinely rostered on clinical shifts with trainees, only 60% were in agreement that they were regularly rostered on non-clinical shifts with trainees.

Eighty-three percent of the DEMTs were in agreement that their ED provided educational and learning resources that met the needs of trainees at all stages and phases of their training. While three-quarters of DEMTs were in agreement that their ED had processes in place that facilitated clinical teaching by supervisors to maximise learning opportunities for trainees, less than two-thirds (65%) reported that trainees at their site have access to formal ultrasound teaching. A larger proportion of DEMTs working at major referral EDs (81%) agreed that trainees at their site had access to formal ultrasound teaching than those working at urban district (62%) or rural regional-based (57%) EDs. Similarly, more DEMTs at EDs accredited for 24- (82%) or 18-months (79%) of advanced training were in agreement with accessibility to formal ultrasound teaching, compared with sites accredited for 6- (47%) or 12-months (54%).

2. Workplace-based Assessments

DEMTs were asked about their level of agreement with the statement that they 'were satisfied with the support they have received from the Local WBA Coordinator to monitor EM-WBAs at their site'. Nearly three-quarters (74%) of them strongly agreed or agreed, while a further 22% of DEMTs neither agreed nor disagreed, and the rest (4%) either strongly disagreed or disagreed with this statement.

They were also surveyed about how WBAs were organised at their site (Table 3). The majority of DEMTs reported that it was the trainee's responsibility (73%) or that WBAs were organised on an ad hoc basis (46%). Fewer sites reported that WBAs were rostered via a WBA Consultant (20%) or WBA session (12%).

Table 3. How are WBAs organised at sites for trainees

How are WBAs organised at your site?	Number of Respondents*	%
It is the trainee's responsibility	147	72.8%
It is scheduled by DEMT or WBA Coordinator	76	37.6%
Through rostered WBA Consultant	40	19.8%
Through rostered WBA session	24	11.9%
On an ad hoc basis	92	45.5%
Other e.g all the above, online sign-up process for session, vary according to types of WBA, etc.	12	5.9%
Total no. of respondents	202	

* Respondents may select more than one way of how the WBAs were organised at their site. Only 81 (40%) selected a single method of organising the WBAs.

3. Structured education sessions and examination resources

When surveyed about the structured education program, a large majority of DEMTs were in agreement that the program at their ED was aligned to the content and learning outcomes of the ACEM Curriculum Framework (90%), and that it was regularly evaluated (87%).

Furthermore, 91% of the DEMTs strongly agreed or agreed that the structured education sessions at their site were provided for, on average, a minimum of 4 hours per week for trainees. The percentage of DEMTs agreeing with this statement on the frequency of structured education sessions was quite consistent when this was compared by ED site accreditation level, ranging between 85% (at EDs accredited for 12 months of advanced training) and 96% (EDs accredited for 24 months). Similarly, little variation was seen across ED delineations when comparing the proportion of DEMTs who agreed that the structured education sessions at their site were provided for, on average, a minimum of 4 hours per week, with 88% of DEMTs from rural regional-based EDs, 92% of DEMTs from urban district EDs and 93% of DEMTs from major referral EDs agreeing with this.

There were similar proportions of DEMTs who were in agreement that trainees at their site had access to written exam revision/preparation courses (92%) and clinical (OSCE) exam revision/preparation courses (91%).

4. Casemix

DEMTs were asked to reflect on their site's ability to provide an appropriate training experience with respect to casemix. Overall, the majority of DEMTs were in agreement that the number (100%), breadth (96%), acuity (94%), and complexity of cases (98%) in their ED provided an appropriate training experience (Table 4). A slightly smaller percentage of DEMTs working at EDs accredited for 6 months of advanced training agreed that their ED provides an appropriate training experience when considering all four aspects of casemix, compared with EDs accredited for a longer period of advanced training – 12, 18 and 24 months.

Table 4. Proportion of DEMTs who strongly agreed or agreed that their ED was able to provide an appropriate training experience when considering various aspects of casemix, by accreditation level (N=202)

Aspects of casemix	Accreditation level				Total % (n)
	6	12	18	24	
Number of cases	97.9%	100%	100%	100%	99.5% (201)
Breadth of cases	87.2%	98.3%	100%	97.1%	95.5% (193)
Acuity of cases	87.2%	89.8%	100%	100%	94.1% (190)
Complexity of cases	93.6%	96.6%	100%	100%	97.5% (197)

4.4 Health, Welfare and Interests of Trainees

This section details the perspectives of DEMTs on whether their ED meets the health, welfare and interests of trainees and includes the following areas, meeting trainee's needs; mentoring program; workplace safety and support; trainee assistance; rostering; orientation; and opportunities for trainees to participate.

1. Meeting trainee needs

Almost all (96%, 194) of the DEMTs strongly agreed or agreed that trainee needs were being met according to their stage and phase of training at their ED. Four-percent (8) did not agree that trainees' needs were being met, with the reasons provided for this largely being due to poor staffing and a lack of DEMA time to provide adequate supervision and teaching.

2. Mentoring program

A large proportion (83%) of responding DEMTs reported that there was a formal mentoring program available at their ED, and a similar proportion (84%) reported that their ED had an ACEM Mentoring Program Coordinator. Of the 168 DEMTs who reported a formal mentoring program at their ED, 92% reported that trainees utilised the mentoring program.

DEMTs who reported that a formal mentoring program was available for trainees at their site were further asked about how the mentoring program was structured, with all 168 responding. For most sites, the mentoring program was structured with trainees nominating their preferred mentor (63%, n=106) rather than mentors being allocated to trainees (38%, n=63). An opt-in model (52%, n=88) was also more commonly reported than an opt-out model (11%, n=19). More than half (57%) reported a combination of the aforementioned formats, where trainees nominate their preferred mentor(s), with mentors then allocated based on trainee preferences.

3. Workplace safety and support

Nearly all (95%) DEMTs strongly agreed or agreed that their ED provided a safe and supportive workplace overall. Over 90% of DEMTs were in agreement that their ED provided a safe and supportive workplace with respect to, personal safety (93%), workplace safety (92%), clinical protocols (94%), and supervision arrangements (98%). Slightly smaller proportions of them agreed that their ED provided a safe and supportive workplace when considering support processes (other than mentoring) (89%) and sustaining trainee wellbeing (86%).

Table 5 presents the level of agreement of DEMTs towards various aspects of workplace safety and support for EDs with different accreditation levels. Interestingly, a smaller proportion of DEMTs working in EDs accredited for 24-months of advanced training, as opposed to those working in EDs accredited for 6-, 12- and 18-months, were in agreement that their site provided a safe and supportive workplace in all aspects, except with respect to supervision arrangements.

Table 5. Proportion of DEMTs who strongly agreed or agreed that their ED provides a safe and supportive workplace in relation to specific areas, by accreditation level (N=202)

Safety/support areas	Accreditation level				Total % (n)
	6	12	18	24	
Overall safety and support	95.7%	98.3%	96.4%	91.2%	95.0% (192)
Personal safety	95.7%	98.3%	92.9%	85.3%	92.6% (187)
Workplace safety	97.9%	98.3%	92.9%	82.4%	92.1% (186)
Sustaining trainee wellbeing	93.6%	89.8%	82.1%	77.9%	85.6% (173)
Support processes (other than mentoring)	91.5%	89.8%	89.3%	86.8%	89.1% (180)
Clinical protocols	93.6%	94.9%	92.9%	92.6%	93.6% (189)
Supervision arrangements	97.9%	96.6%	96.4%	98.5%	97.5% (197)

4. Governance structure and trainee assistance

Seventy-nine percent of DEMTs reported that their ED has a governance structure that supports them in their role, with a larger proportion (89%) agreeing that there was a governance structure in place that supports trainees in completing the FACEM Training Program.

Most DEMTs (93%) strongly agreed or agreed with the statement, 'there are adequate processes in place for identifying and assisting trainees experiencing difficulties meeting the training requirements at this site', while 89% were in agreement that there were processes in place to manage trainee grievances at their ED.

5. Rostering

The majority of DEMTs (81%) strongly agreed or agreed with the statement, 'Overall, I am satisfied with rostering at my site'. They were further asked to state their level of agreement with six statements regarding rostering at their site. A large proportion of them agreed that rosters were provided in a timely manner (88%); considered trainee workload (88%); supported the service needs of the site (92%); took into account staff leave requests (92%); gave equitable exposure to shift types (93%); and ensured safe working hours (94%).

The proportions of DEMTs who agreed or strongly agreed to the six statements regarding rostering at their ED are presented in Table 6, by accreditation level. However, there were no obvious differences in their perceptions of rostering for DEMTs working at EDs with different accreditation levels.

Table 6. Proportion of DEMTs who strongly agreed or agreed with statements regarding rostering at their ED, by accreditation level (N=202)

Statements relating to rostering	Accreditation level				Total % (n)
	6	12	18	24	
Rosters are provided in a timely manner for trainees	95.7%	86.4%	78.6%	88.2%	88.1% (178)
Rosters give equitable exposure to shift types	95.7%	93.2%	89.3%	91.2%	92.6% (187)
Rosters consider trainee workload, including educational programs	87.2%	78.0%	92.9%	94.1%	87.6% (177)
Rosters support the service needs of the site	91.5%	86.4%	96.4%	94.1%	91.6% (185)
Rosters ensure safe working hours	97.9%	89.8%	92.9%	95.6%	94.1% (190)
Rosters take into account staff leave requests	89.4%	89.8%	92.9%	94.1%	91.6% (185)

DEMTs were further asked to comment on rostering at their ED, with 34 (17%) providing a response, with a mix of positive and negative comments received. Around two-thirds (22) of the comments detailed poor rostering due to understaffing issues and limited protected time for education/teaching. The remaining comments were positive (12) and focussed on rostering at their ED being flexible/accommodating or having improved. Table 7 provides a list of general themes relating to ED rostering.

Table 7. Themes of DEMT responses regarding rostering

Theme	Frequency
Understaffing Excessive night shifts, limited leave, fatigue, decreased staff morale	13
Lack of protected teaching time	9
Flexible and accommodating roster	8
Improving	4

6. Orientation and opportunities for trainees to participate

Regarding orientation at their ED, 94% of DEMENTs strongly agreed or agreed that trainees were provided with a comprehensive orientation program when they commenced training, while 6% neither agreed nor disagreed with this.

While over three-quarters (81%) of DEMENTs were in agreement that trainees were able to participate in quality improvement activities at their ED, only 67% of them strongly agreed or agreed that trainees were able to participate in decision making regarding governance (e.g. workplace committees).

A small number of comments (n=16) were provided with respect to opportunities for trainees to participate, which included the lack of availability of opportunities (n=6), low uptake from trainees due to the lack of allocated non-clinical time for this purpose (n=8), and little time for meaningful involvement at sites accredited for 6-months of advanced training (n=2).

4.5 Final Comments

DEMENTs were asked to provide any final comments at the conclusion of the survey, with 25 providing a response. Nine comments reflected on the DEMENT role as being rewarding and fulfilling, although most also mentioned the busy nature of the role. There were four comments that focused on the overwhelming responsibilities and challenges of the DEMENT role, as well as some mixed feedback about support from their workplace, with some commenting that they were well-supported in their role while others commented about understaffing or the lack of trainees at their site. Several DEMENTs (n=5) also commented on the ACEM accreditation and trainee assessment processes. Table 8 summaries the main themes identified.

Table 8. Areas in which DEMENTs provided final comment

Theme	Frequency
Role as DEMENT – busy but rewarding	9
Support from workplace Mixed positive and negative	7
Role as DEMENT – overwhelming responsibility	4
Other E.g. Accreditation processes, trainee assessment	5

5. Conclusion

Overall, ninety-percent of responding DEMTs strongly agreed or agreed that their role as a DEMT was rewarding, with three-quarters agreeing that their roster ensured sufficient time to meet the clinical support requirements of their role. A smaller proportion agreed that they were well supported in managing trainees in difficulty through ACEM regional censors or by ACEM processes. The majority of DEMTs were in agreeance that their ED had governance structures that supported both trainees and their role in managing the FACEM Training Program. They reported that DEMs worked cooperatively with them in their role as a DEMT, but a significantly smaller proportion agreed that the Hospital Executive, HR and administration were supportive.

With respect to trainee supervision and educational opportunities, a larger proportion of DEMTs agreed that they were routinely rostered on clinical shifts with trainees, compared with those who agreed with having regular non-clinical shifts with trainees. The majority of DEMTs also agreed that structured education sessions at their site were provided for a minimum of 4 hours per week on average for trainees. A large majority of them also agreed that their site was able to provide an appropriate training experience when considering various aspects of casemix.

Almost all DEMTs thought that trainee needs were being met at their site. Most of them reported agreement that their ED provided a safe and supportive workplace, and that there were adequate processes in place for assisting trainees experiencing difficulties and to manage trainee grievances. Similarly, the majority of DEMTs agreed that rostering at their ED supported trainees, while a relatively smaller proportion agreed that trainees were able to participate in decision making regarding governance.

These findings will be useful to assist the College in providing ongoing support for the DEMT role and ensuring ACEM accredited EDs continue to provide appropriate training in a safe and supportive environment.

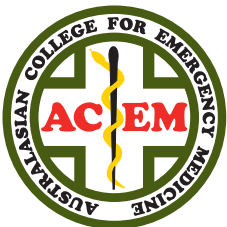
6. Suggested citation

Australasian College for Emergency Medicine. 2018 DEMT Survey Report. ACEM Report: Melbourne, 2019.

7. Contact for further information

ACEM Research Unit, Department of Policy and Strategic Partnerships

Australasian College for Emergency Medicine
34 Jeffcott Street, West Melbourne VIC 3003, Australia
Telephone +61 3 9320 0444



Australasian College for Emergency Medicine

34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au