Australasian College
for Emergency Medicine

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Report
June 2019

2018 Trainee Placement Survey

ED Placement

Contents

1. Executive summary **Page 1**

2. Purpose and scope **Page 2**

3. Methodology **Page 2**

4. Results **Page 3**

4.1 Demographic Characteristics of Respondents 3
4.2 Health, Welfare and Interests of Trainees 4
4.3 Supervision and Training Experience 12
4.4 Education and Training Opportunities 16
4.5 Further Perspectives on Current Placement 20
4.6 Overall Perspectives on the FACEM Training Program and Support from ACEM 23

5. Conclusion **Page 25**

6. Suggested citation **Page 25**

7. Contact for further information **Page 25**

1. Executive summary

The Emergency Department (ED) Trainee Placement Survey is administered annually at the end of the training year to trainees enrolled in the FACEM Training Program. The survey's purpose is to capture site-specific data to ensure the site is providing training and a training environment, which is appropriate, safe and supportive of FACEM trainees. In addition, trainees' perspectives were sought regarding the FACEM Training Program and support they receive from the College.

The summary of the findings from the 2018 survey are presented below:

Health, Welfare and Interests of Trainees

- 95% of trainees agreed that their needs were being met.
- Rostering was viewed positively overall by 80% of trainees, with the majority agreeing that rosters were provided in a timely manner (78%), were equitable (83%) and considered trainee workload (80%). Slightly higher proportions (87% for each) agreed that rosters supported the service needs of the site, ensured safe working hours and considered staff leave requests.
- 96% reported knowing whom to get assistance from if they experienced difficulty, but only 77% agreed that their ED placement had processes in place to identify/assist trainees in difficulty. 89% reported knowing whom to get assistance from if they had a grievance.
- The majority of trainees (93%) agreed that their placement provides a safe and supportive workplace overall, however only 77% agreed that their placement sustained their wellbeing.
- Just over half (57%) agreed that they could participate in decision making regarding governance at their ED placement, and a larger proportion (77%) agreed that they were able to participate in quality improvement activities.

Supervision and Training Experience

- Over 90% of trainees were satisfied with the quality and availability of DEMT support.
- 90% agreed that the clinical supervision received from FACEMs met their needs.
- Around three-quarters of advanced trainees agreed that they were satisfied with the level of support received from their Local WBA Coordinator (73%) and FACEMs (79%) to undertake WBAs.
- Overall, trainees agreed that the ED casemix at their placement was appropriate with respect to the number (97%), breadth (90%), acuity (86%), and complexity of cases (90%).

Education and Training Opportunities

- 88% agreed that the clinical teaching at their placement optimised learning opportunities. However only 60% agreed that they had access to formal ultrasound training.
- 87% agreed that they had access to educational resources needed to meet their training requirements. A smaller proportion (72%) reported having access to clinical exam preparation courses.
- Comparable proportions of trainees agreed that the structured education program at their placement met their needs (83%), and was provided for, on average, a minimum of four hours per week (85%).

Perspectives on the FACEM Training Program and Support from ACEM

- 89% agreed that the FACEM Training Program is facilitating their preparation for independent practice as an EM specialist.
- 79% agreed that they were well supported in their training by ACEM processes.

2. Purpose and scope

The survey is distributed annually to Provisional and Advanced trainees enrolled in the FACEM Training Program, who are undertaking an ED placement at the time of the survey. An equivalent survey is distributed to FACEM trainees undertaking a placement in a non-ED setting.

The survey tool was developed in conjunction with the College's Education Development Unit. Survey questions focused on three key domains that map to the College's Site Accreditation Guidelines, including Health, Welfare and Interests of Trainees; Supervision and Training Experience; and Education and Training Opportunities. In addition to trainees' perspectives on their current ED placement, this survey also sought their views on the FACEM Training Program and support they received from the College.

This report details the findings from the 2018 ED Trainee Placement Survey conducted at the end of the 2018 FACEM training year.

3. Methodology

In November 2018, the survey was distributed to trainees undertaking a New Zealand-based ED placement. In January 2019, the survey was distributed to trainees undertaking an Australian-based ED placement. The survey was administered at different time points due to the 2018 FACEM training year ending on a different date in NZ and Australia. Trainees in both regions were contacted via email and asked to participate in the online survey.

Participation in the Trainee Placement Survey was mandatory, as per ACEM *Regulation B (FACEM Training Program)*, item B1.5. Information about the survey was also included as a news item in the College's Bulletin and in the Trainee Newsletter. Two reminder emails were distributed to trainees during the survey period. Further follow up emails, SMS and phone calls were undertaken by the ACEM training team to follow-up the remaining non-responding trainees post survey closing date.

Survey data is reported only in the aggregate as a percentage of total responses, or by gender, training level of trainee, region or accreditation level of the ED. All collected information is handled in-confidence and deidentified for reporting.

4. Results

As the survey was promoted as mandatory, 1518 completed surveys were received from a pool of 1524 trainees undertaking an ED placement at the time of the survey; a response rate of 99.6%. All NZ-based trainees (100%, 145) responded to the survey, while six of 1379 Australian-based trainees did not respond to the ED placement survey. Of these six, three completed only the non-ED placement survey, whilst the other three were issued a letter advising them of their possible removal from the training program.

Two trainees were undertaking part-time ED placements at two different hospitals and completed a survey for each placement. The demographic characteristics are presented for the 1516 responding trainees, while subsequent sections present findings based on the total number of trainee responses (N=1518).

4.1 Demographic Characteristics of Respondents

Of the 1516 respondents, 46% (701) were female, with 76% (1158) of the total were in advanced training and 24% (358) in provisional training (Table 1). Provisional trainees had an average age of 32 years, whereas the average age for advanced trainees was 35 years. Table 1 presents the distribution of trainees by region, gender and training level. Ninety percent of trainees were undertaking an ED placement in Australia and the remainder (10%) were undertaking a placement in NZ.

Table 1. Distribution of responding trainees undertaking an ED placement by region, gender and training level

	Female (n)	Male (n)	Total*		Female %	Advanced trainees % (n=1158)	Provisional trainees % (n=358)
			(n)	(%)			
Australia	**631**	**739**	**1370**	**90.4%**	**46.1%**	**76.2%**	**23.8%**
ACT	12	13	25	1.7%	48.0%	68.0%	32.0%
NSW	194	207	401	26.5%	48.4%	75.6%	24.4%
NT	22	11	33	2.2%	66.7%	84.8%	15.2%
QLD	161	230	391	25.8%	41.2%	75.5%	24.5%
SA	24	40	64	4.2%	37.5%	73.4%	26.6%
TAS	13	13	26	1.7%	50.0%	76.9%	23.1%
VIC	136	156	292	19.3%	46.6%	76.7%	23.3%
WA	69	69	138	9.1%	50.0%	79.7%	20.3%
New Zealand	**70**	**75**	**145**	**9.6%**	**48.3%**	**77.9%**	**22.1%**
Total trainees	**701**	**814**	**1515**	**100%**	**46.3%**	**76.4%**	**23.6%**

*Excludes one trainee with no gender specified

Table 2 presents the proportion of trainees undertaking an ED placement, by training level and ED accreditation level. At the time the survey was undertaken, more than half (58%) of the responding trainees were undertaking their placement at EDs accredited for 24 months.

Table 2. Distribution of trainees undertaking an ED placement, by training level and accreditation level

ED accreditation level (month)	Provisional		Advanced		Total	
	*n	%	*n	%	n	%
6	32	8.9%	75	6.5%	107	7.0%
12	78	21.7%	202	17.4%	280	18.4%
18	49	13.6%	199	17.2%	248	16.3%
24	200	55.7%	683	58.9%	883	58.2%
Total responses	**359**	**100%**	**1159**	**100%**	**1518**	**100%**

*One advanced trainee and one provisional trainee, respectively, completed the survey for two placement sites

4.2 Health, Welfare and Interests of Trainees

This section details the perspectives of trainees as to whether their ED placement at the time of the survey was meeting their health, welfare and interests. This included aspects such as mentoring, rostering, trainee assistance, workplace safety and support, and opportunities to participate.

4.2.1 Overall trainee needs

Nearly all (95%, 1435) trainees strongly agreed or agreed that their training needs were being met at their ED placement, with 2% (26) disagreeing that their needs were being met and 4% (57) neutral. Those (82) who did not agree that their needs were being met, were provided with the opportunity to comment on the reasons for their response, with all of them providing feedback.

Key reasons trainees reported that their needs were not being met at their placement were due to inadequate protected teaching time (23%), insufficient casemix (acuity and breadth) for optimum learning (20%), understaffing and high workload (18%), and a lack of support for the Fellowship exam (15%). Other reasons included difficulty in completing Workplace-based Assessments (WBAs, 10%), limited procedural opportunities (9%), and a lack of senior supervision and feedback (9%).

4.2.2 Mentoring program

Eighty-one percent (1236) of trainees reported that there was a formal mentoring program available at their ED placement, with 7% (98) reporting that there wasn't one available and 12% (148) did not know whether a mentoring program was available. Of those who reported there was a formal mentoring program in place, 855 (69%) had utilised the program, with a slightly higher proportion of provisional trainees (73%, 208) than advanced trainees (68%, 647) reporting so.

For 381 trainees who reported not utilising the formal mentoring at their workplace, 29% of them reported they have a mentor already, while another 24% reported they were not required to participate in a mentoring program at their placement. A further 11% reported that the mentoring program did not meet their needs, and 8% reported that it was difficult to access the mentoring program at their placement. Other reasons (28%) provided for not utilising a formal mentoring program primarily related to the time constraint to initiate the process, or that they preferred informal mentorship (especially with approachable consultants). Several other reasons included they had not found a suitable mentor, or they were unsure about its benefits and how to access the program.

Over three quarters (77%, 1173) of responding trainees reported that there was an ACEM Mentoring Program Coordinator at their ED placement, 5% reported that there wasn't one and 18% reported that they did not know. A slightly smaller proportion of provisional trainees (74%) than advanced trainees (78%) reported that there was an ACEM Mentoring Coordinator at their ED placement.

4.2.3 Rostering

Trainees were asked to state their level of agreement with seven statements (Table 3) regarding rostering at their placement. Overall, 80% of trainees were in agreeance that they were satisfied with rostering at their site. The majority of trainees strongly agreed or agreed that rosters were provided in a timely manner (78%), gave equitable exposure to shift types (83%) and considered trainee workload, including allowing them to attend the structured educational sessions (80%). A higher proportion of them agreed that rosters at their placement supported the service needs of the site, ensured safe working hours, and took into account staff leave requests (87%, respectively). No differences were observed among responses provided by either female or male trainees, or between advanced and provisional trainees.

The proportion of trainees who agreed or strongly agreed to the statements regarding rostering at their ED placement are presented in Table 3, by region.

Table 3. Proportion of trainees who strongly agreed or agreed with statements regarding rostering at their ED placement, by region

Statements regarding rostering	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Overall, I am satisfied with rostering at my site	88.0%	79.8%	81.8%	82.2%	**71.9%**	76.9%	77.5%	89.9%	**71.7%**	79.9%
Rosters are provided in a timely manner	76.0%	71.8%	**57.6%**	82.4%	76.6%	69.2%	76.5%	93.5%	76.6%	77.8%
Rosters give equitable exposure to shift types	**76.0%**	80.5%	87.9%	84.2%	89.1%	92.3%	77.5%	93.5%	78.6%	82.5%
Rosters consider workload as a trainee	76.0%	75.8%	78.8%	76.1%	82.8%	**69.2%**	88.4%	94.9%	75.9%	80.3%
Rosters support the needs of the site	92.0%	85.0%	87.9%	86.5%	89.1%	**80.8%**	85.7%	94.9%	84.8%	86.7%
Rosters ensure safe working hours	88.0%	84.5%	93.9%	90.1%	90.6%	**76.9%**	85.7%	92.8%	84.1%	87.3%
Rosters take into account leave requests	96.0%	87.5%	90.9%	88.8%	87.5%	100%	87.4%	87.0%	**71.0%**	86.6%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

Table 4 shows the proportions of trainees who were in agreeance with statements relating to rostering, by ED accreditation level. Trainees undertaking a placement in an ED accredited for 24 months were generally more likely to agree with all of the statements regarding rostering, compared with trainees undertaking placements in EDs accredited for shorter placement durations.

Table 4. Proportion of trainees who strongly agreed or agreed with statements regarding rostering at their ED placement, by ED accreditation level

Statements regarding rostering	Strongly agreed / agreed %			
	6	12	18	24
Overall, I am satisfied with rostering at my site	76.6%	79.3%	**71.4%**	82.9%
Rosters are provided in a timely manner	70.1%	84.3%	**71.4%**	78.5%
Rosters give equitable exposure to shift types	76.6%	81.8%	**74.6%**	85.7%
Rosters consider workload as a trainee	75.7%	**74.3%**	78.6%	83.2%
Rosters support the needs of the site	**81.3%**	86.4%	87.1%	87.3%
Rosters ensure safe working hours	**82.2%**	89.3%	83.5%	88.3%
Rosters take into account leave requests	**77.6%**	90.7%	84.3%	87.1%
Total responses	**107**	**280**	**248**	**883**

Trainees were given the opportunity to comment on the rostering available at their placement, with Table 5 presenting the major themes/ subthemes from the responses (n=435). Of all of the responses, two-thirds (65%) reflected negatively on rostering at their placement, with 26% reflecting positively and 5% mixed feedback. Another 5% of comments related to suggestions for improving the rostering at their placement.

Table 5. Themes of trainee's responses regarding rostering

Theme	Frequency n=435
Positive • Flexible and accommodating rostering • Early notice • Improving	112
Negative • Disproportionate amount of evening/night shifts/ weekend shifts • Insufficient break between shifts • Understaffed • Unsafe staffing level at night • Late issuing of roster or short notice changes • Difficulty accessing leave • Limited protected teaching (for attending teaching sessions and exam preparation) • Unfair/ inequitable rotation • Limited access to specific clinical areas (e.g. paediatric, resuscitation, fast-track etc.)	281
Mixed positive and negative	20
Suggestions for improvement	22

4.2.4 Assistance for trainees

Nearly all trainees (96%) reported knowing whom to get assistance from at their placement if experiencing difficulty in meeting the requirements of training, with the same proportion of provisional and advanced trainees reporting so (Table 6). However, a much smaller percentage (77%) were in agreeance with the statement 'my current placement has processes in place to identify and assist trainees encountering difficulty in the FACEM Training Program'. Provisional trainees (81%) were more likely to agree with this statement, compared with advanced trainees (76%) (Table 6).

In relation to handling trainee grievances, 89% of trainees reported knowing whom to get assistance from if they had a grievance at their ED placement, with a further 8% neither agreeing nor disagreeing and 2% disagreeing with this. Similarly, a much smaller percentage of trainees (69%) strongly agreed or agreed that their placement had processes in place to manage grievances.

Table 6. Proportion of trainees who strongly agreed or agreed with statements regarding assistance for trainees in the ED, by training level

Statements on assitance for trainees	Strongly agreed / agreed %		
	Provisional Trainees	Advanced Trainees	Total
Know who to get assistance from if falling into difficulty meeting training requirements	96.4%	96.4%	96.4%
ED placement has processes in place to identify and assist trainees in difficulty	80.5%	76.1%	77.1%
Know who to get assistance from if experiencing a grievance at ED placement	89.7%	88.4%	88.7%
ED placement has processes in place to manage grievances	70.2%	68.8%	69.1%
Total responses	**359**	**1159**	**1518**

Table 7 presents the proportions of trainees who were in agreeance with the four statements in relation to trainee assistance, by region. Trainees who were undertaking a placement in the Northern Territory (NT) were less likely to agree with most of these statements, in comparison to trainees from other regions.

Table 7. Proportion of trainees who strongly agreed or agreed with statements regarding assistance for trainees in the ED, by region

Statements on assistance for trainees	Strongly agreed / agreed %								
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ
Know who to get assistance from if falling into difficulty meeting training requirements	96.0%	95.8%	97.0%	96.9%	100%	**92.3%**	94.9%	97.8%	97.2%
ED placement has processes in place to identify and assist trainees in difficulty	68.0%	74.8%	**63.6%**	80.7%	85.9%	65.4%	75.4%	85.5%	72.4%
Know who to get assistance from if experiencing a grievance at ED placement	96.0%	88.0%	**66.7%**	88.5%	93.8%	88.5%	89.1%	92.0%	88.3%
ED placement has processes in place to manage grievances	64.0%	67.6%	**45.5%**	71.2%	68.8%	57.7%	70.3%	73.9%	69.0%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**

When this was compared by ED accreditation level, no major differences were seen in the proportion of those who agreed with statements related to assistance for trainees (Table 8).

Table 8. Proportion of trainees who strongly agreed or agreed with statements regarding assistance for trainees in the ED, by ED accreditation level.

Statements on assistance for trainees	Strongly agreed / agreed %			
	6	12	18	24
Know who to get assistance from if falling into difficulty meeting training requirements	**92.5**	97.5	96.0	96.6
ED placement has processes in place to identify and assist trainees in difficulty	72.9	**72.1**	77.4	79.2
Know who to get assistance from if experiencing a grievance at ED placement	89.7	90.4	**87.1**	88.4
ED placement has processes in place to manage grievance	72.9	**66.8**	67.3	69.9
Total responses	**107**	**280**	**248**	**883**

Trainees were asked to comment about the assistance or processes available for trainees in difficulty or with respect to handling grievances, with 98 responses received. More than half (59%, 58) were positive comments regarding approachable and supportive FACEMs (34), supportive ED environment (20), and that the issues raised were resolved professionally (4). Six trainees commented that they did not know whom to get assistance from, and eight others commented about the lack of support for WBAs or for those who failed the exam.

The remainder (28%, 27) were negative comments, which were classified into themes such as grievances or issues raised were ignored or not addressed (14), unsupportive DEMTs (8), and a hesitation to speak with senior staff due to the fear of repercussions or confidentiality issues (5).

4.2.5 Safe and supportive workplace

Trainees were asked to state their level of agreement that their placement provided a safe and supportive workplace with respect to various aspects (Table 9). The majority of trainees (93%) strongly agreed or agreed that their placement provided a safe and supportive workplace overall. A higher proportion of trainees were in agreeance that personal safety (86%), clinical protocols (89%) and supervision arrangements (88%) were provided in their ED placement, compared with other aspects such as sustaining their wellbeing (77%), support processes other than mentoring (78%), and in the provision of a comprehensive orientation program at commencement (79%). There were comparable proportions of both provisional and advanced trainees who were in agreeance with the individual aspects relating to a safe and supportive workplace (Table 9).

Table 9. Proportion of trainees who strongly agreed or agreed that specific aspects relating to a safe and supportive workplace were provided in their ED placement, by training level

Placement provides a safe and supportive workplace with respect to:	Strongly agreed / agreed %		
	Provisional Trainees	Advanced Trainees	Total
Overall safety and support	94.7%	92.1%	92.8%
Personal safety e.g. aggression directed by patients and/or carers	86.4%	86.1%	86.2%
Sustaining my wellbeing	76.3%	77.3%	77.1%
Support processes (other than mentoring)	76.9%	78.4%	78.1%
Clinical protocols	88.9%	88.4%	88.5%
Supervision arrangements	86.9%	88.4%	88.0%
Comprehensive orientation program at commencement	78.3%	78.9%	78.7%
Total responses	**359**	**1159**	**1518**

Female trainees were slightly less likely than male trainees to agree that their ED placement provided a safe and supportive workplace with respect to sustaining their wellbeing (75% vs. 79%) and in the provision of support processes other than mentoring (76% vs. 80%), with these differences significant.

The proportion of trainees who strongly agreed or agreed that various aspects of a safe and supportive workplace were provided in their ED placement, are shown in Table 10 by region and Table 11 by ED accreditation level. Trainees undertaking a placement in the ACT, NT and Tas were among those who reported the lowest agreement level for more than one aspect of a safe and supportive workplace, in comparison to trainees in other regions.

Table 10. Proportion of trainees who strongly agreed or agreed that specific aspects relating to a safe and supportive workplace were provided in their ED placement, by region

Placement provides a safe and supportive workplace with respect to:	Strongly agreed / agreed %								
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ
Overall safety & support	100%	93.0%	93.9%	92.6%	95.3%	92.3%	91.5%	94.2%	91.0%
Personal safety	**80.0%**	81.8%	81.8%	89.1%	90.6%	88.5%	88.7%	87.7%	83.4%
Sustaining my wellbeing	84.0%	74.3%	**63.6%**	82.4%	76.6%	**50.0%**	77.5%	84.1%	69.7%
Support processes (other than mentoring)	76.0%	74.3%	**66.7%**	83.0%	71.9%	73.1%	77.1%	86.2%	75.9%
Clinical protocols	**60.0%**	87.0%	75.8%	91.6%	84.4%	69.2%	90.1%	94.2%	88.3%
Supervision arrangements	88.0%	84.8%	87.9%	90.3%	89.1%	**80.8%**	87.7%	89.9%	90.3%
Comprehensive orientation	**60.0%**	72.3%	72.7%	82.2%	79.7%	**57.7%**	84.3%	88.4%	74.5%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**

Trainees undertaking a placement in an ED accredited for 24 months were more likely than trainees in EDs accredited for shorter durations to agree that their placement provided a safe and supportive workplace, except with respect to personal safety (e.g. aggression directed by patients and/or carers) (Table 11).

Table 11. Proportion of trainees who strongly agreed or agreed that specific aspects relating to a safe and supportive workplace were provided in their ED placement, by accreditation level

Placement provides a safe and supportive workplace with respect to:	Strongly agreed / agreed %			
	6	12	18	24
Overall safety & support	92.5%	95.0%	**88.3%**	93.3%
Personal safety	86.9%	90.4%	**84.3%**	85.3%
Sustaining my wellbeing	73.8%	81.8%	**71.0%**	77.7%
Support processes (other than mentoring)	**76.6%**	79.3%	77.0%	78.1%
Clinical protocols	85.0%	**84.3%**	87.1%	90.6%
Supervision arrangements	**84.1%**	87.1%	84.7%	89.7%
Comprehensive orientation	78.5%	**71.8%**	79.0%	80.9%
Total responses	**107**	**280**	**248**	**883**

Those who disagreed that their ED placement provided a safe and supportive workplace were given the option to provide reason(s) for their response, with 177 trainees providing a comment (Table 12).

Table 12. Themes of trainee responses relating to their placement not meeting aspects of a safe and supportive workplace

Theme	Frequency n=177
Personal safety • Aggressive mental health patients • Increasing violence in ED • More trained security staff	49
Trainee wellbeing • High workload • Burnout • Unsupportive rostering	48
Orientation • Minimal or no orientation at commencement	45
Supervision and mentoring support • Limited feedback or guidance • No mentor assigned	14
Clinical protocols • Outdated • Lack of accessibility	12
Patient safety and quality of care • Bed block • Understaffing esp. at night shift	9

4.2.6 Discrimination, Bullying, Sexual Harassment, Harassment (DBSH)

Trainees were asked if they had experienced DBSH in their placement, with detailed definitions provided for each aspect of DBSH. Eighty-nine (6%) trainees responded 'yes' to this question, with a similar proportion of provisional trainees (6.4%) and advanced trainees (5.7%) reporting so. A further 49 (3%) trainees responded with 'unsure', with no major differences noted between provisional trainees (2.8%) and advanced trainees (3.4%). Table 13 shows the proportion of trainees who responded either 'yes' or 'unsure' to this question, by region.

Table 13. Proportion of trainees who responded 'yes' or 'unsure' when asked if they had experienced any DBSH in their placement, by region

Have you experienced any DBSH in your placement?	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Yes	12.0%	5.7%	9.1%	4.3%	4.7%	**15.4%**	5.8%	4.3%	9.0%	5.9%
Unsure	4.0%	3.7%	**9.1%**	2.0%	1.6%	3.8%	3.1%	5.1%	2.8%	3.2%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

For the 89 trainees who answered 'yes' to experiencing DBSH at their placement, 53 (60%) of them provided further information on their DBSH experience. Whereas 24 (49%) out of 49 trainees who responded being 'unsure' of experiencing DBSH, provided information on their experience. Three major themes emerged from the 77 comments, which are as follows:

- The DBSH behaviour was commonly reported as being exhibited by patients/carers, staff in in-patient teams, ED nursing staff, or ED senior consultants.
- For the trainees who reported experiencing discrimination, this was based on gender (female in particular) or ethnicity (e.g. non-English speaking background).
- For the trainees who reported experiencing bullying, this primarily related to experiences of receiving harsh feedback or criticism on their performance, especially in front of other peers and/ or junior staff.

4.2.7 Opportunities to participate

Just over half (57%) of responding trainees strongly agreed or agreed that they were able to participate in decision making regarding governance (e.g. workplace committees) at their ED placement, while a further 28% neither agreed nor disagreed, 10% disagreed or strongly disagreed, and 6% reported not knowing.

A larger proportion (77%) agreed that they were able to participate in quality improvement activities at their placement, with 16% neither agreeing nor disagreeing, and 4% disagreeing. A total of 77% of both provisional and advanced trainees were in agreeance with this, with slightly more male than female trainees agreeing that they were able to participate in quality improvement activities, at 78% and 75% respectively.

Tables 14 and 15 present the proportions of trainees who agreed with statements relating to their opportunities to participate in quality improvement activities and in decision making regarding governance, by region and by accreditation level.

Table 14. Proportion of trainees who strongly agreed or agreed to statements relating to participation in quality improvement activities and in decision making regarding governance, by region

Access and participation	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Able to participate in quality improvement activities	76.0%	72.1%	75.8%	81.2%	68.8%	**65.4%**	74.7%	95.7%	69.7%	76.7%
Able to participate in decision making regarding governance (e.g. workplace committees)	52.0%	59.6%	**39.4%**	55.5%	57.8%	50.0%	55.3%	73.9%	41.4%	56.5%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

Trainees undertaking a placement in an ED accredited for 24 months were slightly more likely to agree that they were able to participate in quality improvement activities and decision making around governance, compared with trainees in EDs accredited for shorter placement durations.

Table 15. Proportion of trainees who strongly agreed or agreed to statements relating to participation in quality improvement activities and in decision making regarding governance, by accreditation level

Access and participation	Strongly agreed / agreed %			
	6	12	18	24
Able to participate in quality improvement activities	74.8%	**73.6%**	76.6%	78.0%
Able to participate in decision making regarding governance (e.g. workplace committees)	**52.3%**	52.5%	54.4%	58.8%
Total responses	**107**	**280**	**248**	**883**

Sixty trainees provided feedback on the opportunities to participate in quality improvement activities or governance decision making at their placement. Nearly half (47%) were positive comments about trainees being actively encouraged to participate or that their voices or opinions were heard for quality improvement activities. On the contrary, others reflected less positively on the opportunities for participation, commenting that there were limited or no opportunities for participation available to trainees (30%), that participation was not possible for trainees due to no non-clinical time being allocated for this purpose (18%), or that they were not interested in these activities (5%).

4.3 Supervision and Training Experience

This section details responses relating to supervision and feedback, support for WBAs, and whether the ED placements provide an appropriate training experience when considering casemix.

4.3.1 Supervision and feedback

Trainees were asked about supervision, support and feedback provided by senior staff at their ED placement. The majority of them (91%) were satisfied with the supervision they received at their placement overall. Similar proportions of trainees agreed that they were satisfied with the quality of the DEMT support (91%) and that the availability of their DEMT for guidance and supervision met their needs at their stage and phase of training (92%) (Table 16).

With respect to clinical supervision from FACEMs at their placement, 90% of trainees strongly agreed or agreed that it met their needs at their stage and phase of training. No differences were observed between male and female trainees or by trainee level (either provisional or advanced).

A smaller proportion (72%) of trainees were in agreeance that they received regular, informal feedback on their performance and progress, with a slightly higher percentage of provisional trainees (73%) than advanced trainees (71%) reporting this. Male trainees (74%) were also more likely than female trainees (70%) to agree with this statement.

Table 16 presents the proportions of trainees in agreement with statements relating to supervision, support and feedback at their ED placement, by region. Trainees undertaking a placement in Tasmania were less likely to agree that they were satisfied with the quality and availability of DEMT support, compared with trainees in other regions.

Table 16. Proportion of trainees who strongly agreed or agreed with statements about supervision, support and feedback provided at their placement, by region

Statements about supervision, support and feedback	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Overall, satisfied with the supervision received	88.0%	88.8%	97.0%	93.9%	90.6%	**84.6%**	92.2%	96.4%	86.9%	91.4%
Satisfied with quality of DEMT support	92.0%	88.0%	87.9%	94.4%	93.8%	**80.8%**	91.5%	95.7%	89.0%	91.3%
Availability of DEMT for guidance and supervision meets trainee needs	92.0%	89.8%	84.8%	94.4%	92.2%	**76.9%**	93.5%	96.4%	89.7%	92.1%
Clinical supervision received from FACEMs meets trainee needs	88.0%	88.8%	87.9%	91.6%	**84.4%**	88.5%	87.7%	94.9%	90.3%	89.8%
Receive regular, informal feedback on performance and progress	80.0%	**65.3%**	66.7%	77.9%	70.3%	73.1%	71.3%	75.4%	70.3%	71.7%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

The proportion of trainees in agreeance with statements relating to supervision, support and feedback at their ED placement, are presented in Table 17 by accreditation level. Trainees undertaking a placement in 6-month accredited sites were less likely to agree that they were satisfied with the overall supervision received, and the quality of support and availability of their DEMT for guidance/supervision.

Table 17. Proportion of trainees who strongly agreed or agreed with statements about supervision, support and feedback provided at their placement, by accreditation level

Statements about supervision, support and feedback	Strongly agreed / agreed %			
	6	12	18	24
Overall, satisfied with the supervision received	**83.2%**	91.1%	90.7%	92.8%
Satisfied with quality of DEMT support	**86.0%**	91.8%	92.7%	91.4%
Availability of DEMT for guidance/ supervision meets trainee needs	**85.0%**	93.6%	90.7%	92.9%
Clinical supervision received from FACEMs meets trainee needs	91.6%	89.6%	**85.5%**	90.8%
Receive regular, informal feedback on performance and progress	70.1%	77.5%	**69.8%**	70.7%
Total responses	**107**	**280**	**248**	**883**

4.3.2 Workplace-based Assessments

Advanced trainees were asked to rate the support and feedback provided by their Local WBA Coordinators, FACEMs and WBA assessors at their ED placement, with provisional trainees not required to undertake WBAs.

About three-quarters (73%) of advanced trainees strongly agreed or agreed that they were satisfied with the level of support they received from their Local WBA Coordinator, with 17% neither agreeing nor disagreeing and 10% disagreeing. A slightly higher proportion (79%) of trainees agreed that they were satisfied with the level of support they received from FACEMs to complete their EM-WBA requirements. With respect to feedback, 90% of them agreed that WBA assessors/FACEMs provided useful feedback to guide their training.

The proportion of advanced trainees who agreed that they were satisfied with the support from their Local WBA Coordinator, FACEMs and WBA assessors is provided in Table 18 by region, and in Table 19 by ED accreditation level. Trainees undertaking a placement in Tasmania were less likely to agree with the statement about their satisfaction with support from their Local WBA Coordinator and FACEMs.

Table 18. Proportion of advanced trainees who agreed that they were satisfied with support and feedback from their local WBA Coordinator, FACEMs, and/or WBA assessors, by region.

Statements about WBAs	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Satisfied with the level of support from Local WBA Coordinator	64.7%	73.6%	71.4%	73.0%	70.2%	**50.0%**	73.3%	77.3%	69.9%	72.6%
Satisfied with the level of support from FACEMs	76.5%	79.5%	**75.0%**	76.7%	76.6%	**75.0%**	81.3%	83.6%	81.4%	79.4%
WBA assessors/FACEMs provide useful feedback	88.2%	87.8%	**85.7%**	91.6%	87.2%	95.0%	89.3%	93.6%	87.6%	89.6%
Total responses	**17**	**303**	**28**	**296**	**47**	**20**	**225**	**110**	**113**	**1159**

Interestingly, trainees undertaking a placement in an ED accredited for 6-months were more likely to agree that they were satisfied with the support and feedback from their Local WBA Coordinator, FACEMs and WBA assessors (Table 19).

Table 19. Proportion of advanced trainees who agreed that they were satisfied with support and feedback from their local WBA Coordinator, FACEMs, and/or WBA assessors, by accreditation level.

Statements about WBAs	Strongly agreed / agreed %			
	6	12	18	24
Satisfied with the level of support from Local WBA Coordinator	74.7%	**69.3%**	72.9%	73.4%
Satisfied with the level of support from FACEMs	89.3%	82.2%	**75.4%**	78.6%
WBA assessors/FACEMs provide useful feedback	92.0%	91.6%	91.0%	**88.4%**
Total responses	**75**	**202**	**199**	**683**

Advanced trainees were also surveyed about how WBAs were organised at their site (Table 20). The majority of them reported that it was the trainee's responsibility (81%), rather than the DEMT or WBA Coordinator to schedule WBAs (26%). Only a very small percentage of them reported that WBAs at their placement were organised through a rostered WBA Consultant (16%) or WBA session (7%).

Table 20. How WBAs are organised at sites for trainees

How are WBAs organised at your site?	Respondents* *n*	%
It is the trainee's responsibility	938	80.9%
It is scheduled by DEMT or WBA Coordinator	300	25.9%
Through rostered WBA Consultant	183	15.8%
Through rostered WBA session	84	7.2%
On an ad hoc basis	357	30.8%
Other e.g. combination of the above, ad hoc initiated by FACEM on-floor, during teaching schedule, vary according to types of WBA, etc.	32	2.8%
Total respondents	1159	

*Respondents may select more than one way of how the WBAs were organised at their site. 500 (43%) advanced trainees selected more than one way of how WBAs were organised.

4.3.3 Casemix

Trainees were asked to rate their level of agreement that their ED placement provided an appropriate training experience when considering casemix. Overall, the majority of trainees agreed that the ED casemix at their placement was appropriate with respect to the number (97%), breadth (90%), acuity (86%), and complexity of cases (90%) (Table 21). There were no differences in responses provided by advanced and provisional trainees. Trainees with an ED placement in the NT or ACT were less likely to be satisfied with the ability of their placement to provide an appropriate training experience when considering different aspects of casemix, compared with trainees in other regions (Table 21).

Table 21. Proportion of trainees who agreed that their current placement provided an appropriate training experience when considering aspects of casemix, by region

Aspects of casemix	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Number of cases	88.0%	97.8%	**78.8%**	97.5%	100%	100%	96.2%	98.6%	97.2%	97.0%
Breadth of cases	84.0%	90.5%	**75.8%**	90.6%	89.1%	92.3%	89.1%	92.0%	89.7%	89.9%
Acuity of cases	72.0%	88.5%	**57.6%**	86.8%	85.9%	88.5%	84.3%	86.2%	86.9%	85.8%
Complexity of cases	**76.0%**	92.5%	81.8%	90.3%	87.5%	88.5%	89.4%	89.9%	90.3%	90.1%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

The proportion of trainees who agreed that the ED casemix at their placement was appropriate with respect to the number, breadth, acuity, and complexity of cases was higher among trainees who were undertaking a placement in EDs accredited for 24- or 18-months (Table 22).

Table 22. Proportion of trainees who agreed that their current placement provided an appropriate training experience when considering aspects of casemix, by accreditation level

Aspects of casemix	Strongly agreed / agreed %			
	6	12	18	24
Number of cases	**93.5%**	97.1%	96.0%	97.6%
Breadth of cases	**79.4%**	88.2%	88.7%	92.0%
Acuity of cases	**72.0%**	75.0%	81.9%	92.1%
Complexity of cases	84.1%	**83.2%**	89.1%	93.3%
Total responses	**107**	**280**	**248**	**883**

4.3.4 Supervision and training experience – further comments

Further comments relating to supervision or training experience at their placement were sought, with 196 responses received. Nearly half (48%, n=95) of the comments both positively and negatively reflected on various aspects of the casemix available at their placement. Major themes excluding comments on casemix are presented in Table 23. There were more negative comments (34%, n=66) than positive comments (11%, n=21) provided, which were largely focused on the difficulty to complete WBAs and limited support from senior staff or the local WBA Coordinator.

Table 23. Themes of trainee's comments regarding the supervision and training experience at their ED placement.

Theme	Frequency n=101
Negative comments	**66**
Difficulty in completing WBAs • Mostly ad hoc • Limited access to FACEMs • Lack of time due to workload	40
Lack of senior supervision • Especially during night shift • Limited feedback	17
Limited support from local WBA Coordinator	9
Positive comments • Supportive DEMTs or FACEMs	**21**
Suggestions for improvement	**14**

4.4 Education and Training Opportunities

This section details responses to survey items relating to the educational and training opportunities available at trainees' ED placements. It covers clinical teaching, the structured education program, access to educational and examination resources, access to leadership and management opportunities, and support for research.

4.4.1 Clinical teaching and the structured education program

The majority of trainees strongly agreed or agreed that the clinical teaching at their placement optimised their learning opportunities (88%), and that they received training for, and were provided with opportunities to use relevant clinical equipment (89%). However, only 60% of trainees were in agreeance that they had access to formal ultrasound teaching.

Similar proportions of trainees strongly agreed or agreed that the structured education program met their needs at their stage and phase of training (83%), and that it was aligned to the content and learning outcomes of the ACEM Curriculum Framework (82%). Trainees were asked whether the structured education sessions were provided for, on average, a minimum of four hours per week at their current placement, with 85% agreeing with this statement. A smaller proportion (71%) of trainees were in agreeance that the rostering at their placement enabled them to attend the structured education sessions. There were no major differences in agreement levels with statements related to the structured education program between advanced and provisional trainees.

Table 24 displays the proportions of trainees who strongly agreed or agreed with statements about the structured education program at their ED placement, by region. Trainees undertaking a placement in the ACT or NZ were less likely to agree with each of the four statements, compared with trainees in other regions.

Table 24. Proportion of trainees who strongly agreed or agreed with statements about the structured education program available at their ED placement, by region

Structured Education Program	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
The structured education program meets trainee's needs	80.0%	81.5%	**78.8%**	81.9%	85.9%	84.6%	82.6%	92.0%	**79.3%**	82.7%
Structured education sessions are provided for a minimum of four hours per week	**72.0%**	81.8%	97.0%	80.2%	93.8%	88.5%	94.5%	94.2%	**74.5%**	85.0%
The structured education program aligns to the content and learning outcomes of the ACEM Curriculum Framework	84.0%	75.8%	84.8%	85.5%	85.9%	**69.2%**	80.2%	92.8%	78.6%	81.6%
Rostering enables trainees to attend structured education sessions	**48.0%**	63.8%	75.8%	63.1%	89.1%	65.4%	87.7%	87.0%	**60.0%**	71.1%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

A higher proportion of trainees undertaking a placement in 24-month accredited sites were in agreeance with all statements relating to the structured education program available at their placement, compared with trainees in EDs accredited for shorter placement periods (Table 25).

Table 25. Proportion of trainees who strongly agreed or agreed with statements about the structured education program available at their ED placement, by accreditation level

Structured Education Program	Strongly agreed / agreed %			
	6	12	18	24
The structured education program meets my needs	**75.7%**	80.7%	77.8%	85.6%
Structured education sessions are provided for a minimum of four hours per week	77.6%	81.8%	**73.0%**	90.4%
The structured education program aligns to content and learning outcomes of the ACEM Curriculum Framework	79.4%	81.1%	**73.4%**	84.4%
Rostering enables me to attend structured education sessions	**64.5%**	66.8%	66.1%	74.6%
Total responses	**107**	**280**	**248**	**883**

4.4.2 Access to educational and examination resources

A similar proportion (87%) of both provisional and advanced trainees were in agreeance that they had access to the educational resources that they needed to meet the requirements of the FACEM Training Program. With respect to exam courses, there was a comparable proportion of trainees who agreed that they had access to exam revision courses (74% for written exam and 73% for clinical exam), and exam preparation courses (72%).

Table 26 shows the proportion of trainees who agreed with the statements about the availability of educational and examination resources, by region. Trainees undertaking an ED placement in the NT or ACT were generally less likely to agree with the availability of resources, compared with trainees in other regions.

Table 26. Proportion of trainees who strongly agreed or agreed with statements about the educational and examination resources available at their ED placement, by region

I have access to:	Strongly agreed / agreed %									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Educational resources that I need to meet the requirements of the FACEM Training Program	**76.0%**	83.5%	81.8%	88.0%	87.5%	76.9%	88.7%	92.8%	85.5%	86.6%
Written exam revision courses	76.0%	69.6%	**60.6%**	75.6%	68.8%	73.1%	77.1%	87.0%	72.4%	74.4%
Clinical exam revision courses	68.0%	69.3%	**57.6%**	74.6%	67.2%	73.1%	77.5%	83.3%	69.7%	73.3%
Clinical exam preparation courses	**60.0%**	66.8%	**60.6%**	73.3%	70.3%	73.1%	75.4%	84.8%	69.0%	72.0%
Total responses	**25**	**401**	**33**	**393**	**64**	**26**	**293**	**138**	**145**	**1518**

Trainees undertaking a placement in 24-month accredited sites were generally more likely to agree that educational and examination resources were available at their placement, compared with sites accredited for shorter durations. Trainees undertaking a placement at 18-month accredited sites, however were among the least likely to agree with these statements. (Table 27).

Table 27. Proportion of trainees who strongly agreed or agreed with statements about the educational and examination resources available at their ED placement, by accreditation level

I have access to:	Strongly agreed / agreed %			
	6	12	18	24
Educational resources that I need to meet the requirements of the FACEM Training Program	85.0%	82.1%	**81.0%**	89.8%
Written exam revision courses	70.1%	65.4%	**57.3%**	82.6%
Clinical exam revision courses	63.6%	65.4%	**58.1%**	81.2%
Clinical exam preparation courses	64.5%	62.9%	**56.0%**	80.3%
Total responses	**107**	**280**	**248**	**883**

Trainees who disagreed with any of the statements relating to educational and training opportunities available at their placement, were asked to comment on the reason(s) for their response. Table 28 provides the key themes from 314 responses. Three key themes identified were the absence of formal ultrasound teaching onsite (31%), unsupportive rostering which hinders the ability of trainees to attend the teaching sessions (23%), and a lack of support for exam preparation (17%).

Table 28. Themes of trainee's comments regarding the educational and training opportunities at their ED placement

Theme	Frequency n=314
No formal ultrasound teaching	97
Rostering unsupportive of teaching program • Post night shift • Busy rostering • No access to grand round	72
Lack of exam preparation support • Absence of courses or resources	52
Less than 4 hours per week	37
Teaching not protected • Attend teaching on own time	20
Poorly or no structured education program • Only available at external sites	19
Not tailored to trainee needs or ACEM curriculum	17

4.4.3 Simulated learning experiences

Trainees were asked whether simulated learning experiences were utilised at their ED placement. Slightly more than two-thirds (69%) of trainees reported that both low and high fidelity simulations were utilised. A further 13% of trainees reported only low fidelity simulations were utilised, compared with 10% who reported only high fidelity simulations were utilised. Four percent reported that no simulation learning experiences were available at their ED placement and a further 5% reported that they did not know. Trainees undertaking a placement in EDs accredited for 18- or 24-month placements (70%-73%) were more likely than those in EDs accredited for six- or 12-month placements (48%-60%) to report the utilisation of both low and high fidelity simulations at their placement.

4.4.4 Leadership opportunities

A higher percentage of trainees strongly agreed or agreed that they were provided with opportunities to teach and supervise junior trainees (92%), compared with opportunities for leadership and management appropriate to their stage and phase of training (86%). Not surprisingly, a higher proportion of advanced trainees (93%) than provisional trainees (88%) were in agreeance that they were provided with opportunities to teach and supervise junior medical staff. However, there were no differences in responses provided by either advanced or provisional trainees with respect to leadership and management opportunities.

4.4.5 Research opportunities

Table 29 presents responses to the statement 'there is a designated staff member available to provide advice about the research component of the FACEM Training Program at my current placement', by hospital accreditation level. Trainees undertaking their ED placement in hospitals accredited for 18- and 24-months of training (35% & 39%) were more likely to respond that there was a designated staff member to advise on the research component, compared with six- and 12-month accredited sites (23% & 25%). However, a considerable proportion of trainees (32%) did not know if there was a designated staff member available to provide advice about the research component at their current placement – and this was consistently observed across hospitals with different accreditation levels.

Table 29. Trainees' responses to whether there was a staff member available to provide advice about the research component, by hospital accreditation level

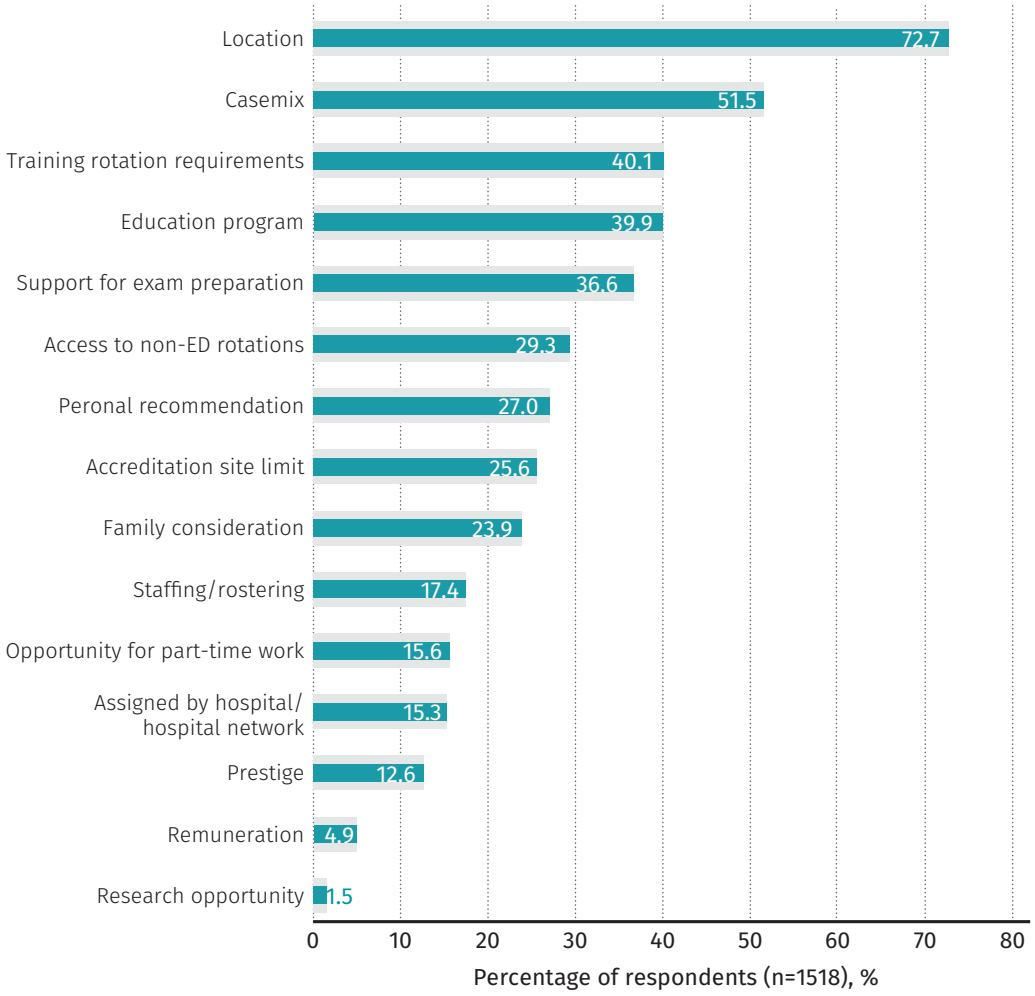
Staff member available to provide advice about research component	6	12	18	24	Total %
Yes	22.7%	25.2%	35.2%	38.5%	34.6%
No	10.7%	10.9%	6.0%	6.7%	7.6%
Don't know	25.3%	38.6%	36.7%	29.6%	32.1%
Not applicable (have previously completed research requirement)	41.3%	25.2%	22.1%	25.2%	25.7%
Total responses	**75**	**202**	**199**	**683**	1159*

*The question only applied to advanced trainees

4.5 Further Perspectives on Current Placement

From a list of potential factors, trainees were asked to select up to five key factors that they considered in arranging their current training placement (Figure 1). ED location and casemix were the two most considered factors when trainees arranged their placement, whilst remuneration and research opportunities were factors least considered by them. It is noteworthy that the availability of an education program (40%) and support for exam preparation (37%) were factors deemed equally important as too the training rotation requirement (40%).

Figure 1. Factors for consideration in arranging training placement, ranked from the most important to the least important factors



Note: Respondents could select up to five factors

Trainees were provided with the opportunity to detail any highlights of their ED placement, as well as any areas for improvement. A total of 973 trainees provided feedback on their placement highlights, with main themes presented in Table 30. Key highlights identified were the casemix (440, 45%), supportive team environment (320, 33%), senior support (209, 21%), and the teaching and education program (163, 17%).

Table 30. Themes relating to ED placement highlights

Theme	Frequency n=1332
Good casemix and learning opportunities	440
Supportive team environment *Team-work, friendly colleagues, inclusive workplace*	320
Supportive consultants and/or DEMTs	209
Good teaching and education program (incl. exam prep)	163
Location and ED setting	49
Accommodating rostering *Flexibility to work part time, easy to access leaves*	45
Access to non-ED rotation	43
Leadership opportunities	37
Trainee wellness and wellbeing	15
Access to WBAs	11

Note: Where applicable, comments from the individual respondents were coded across more than one theme

When asked to comment on any areas for improvement that could be made at their ED placement, 668 trainees provided a response (Table 31). Improvements to the rostering (208, 31%), teaching/education program (185, 28%), staffing and workload arrangements (86, 13%) and support for WBAs (80, 12%) were among the main themes identified by respondents.

Table 31. Themes relating to areas for improvement

Theme	Frequency n=847
Rostering *Protected teaching time, less night shifts, fairness in rotation, non-clinical time*	208
Teaching/ education program *Formal/structured Fellowship teaching, better support for exams, more procedural and ultrasound teaching*	185
Staffing and workload arrangements *Senior staff, less locums, better staffing for night shifts*	86
Better coordination and support for WBAs *Rostered session, more formalised process*	80
Mentoring and supervision *Night shift supervision, more informal feedback*	56
Trainee welfare and wellbeing *Staff safety, burnout, bullying, returned to work assistance*	40
Improve resources *ED space, in-patient beds, equipment, IT systems, etc*	30
More simulation learning	27
Improve clinical supervision *Bed side and on floor teaching*	25
Leadership and teaching opportunities	19
Casemix - Including opportunities to manage higher acuity patients	18
Access to non-ED rotation	12
Handover and referral process *Local protocol, more streamlined process*	10
Orientation	10
Opportunities to contribute to governance, Quality Assurance activities etc.	6
Research	5
Other	17
Nothing-Great placement	13

Note: Where applicable, comments from the individual respondents were coded across more than one theme

The five key areas for improvement identified from trainee responses were compared with trainees' feedback on highlights of their placement (Table 32). Rostering and staffing/workload arrangements remained the key issues for improvement, alongside good casemix and supportive team environment for their ED placement. While there were some positive comments about the availability of the teaching and education program, over a quarter (28%) of trainee feedback identified this as an area for improvement. In addition, better coordination of WBAs was also consistently suggested. Comments about improving mentoring and supervision for trainees were mainly focused on more feedback on trainees' progress (including informal feedback) and better senior supervision during night shift.

Table 32. Highlights vs. areas for improvement of placement, five key themes

Highlights of placement (% of comments)	Areas for improvement (% of comments)
• Good casemix and learning opportunities (45%)	• Improve rostering (31%)
• Supportive team environment (33%)	• Better teaching and education program (28%)
• Supportive consultants/ DEMTs (21%)	• Improve staffing and workload arrangements (13%)
• Good teaching and education program (17%)	• Better coordination and support for WBAs (12%)
• Good location and ED setting (5%)	• Mentoring and supervision (8%)

4.6 Overall Perspectives on the FACEM Training Program and Support from ACEM

4.6.1 Perspectives on FACEM Training Program

The majority (89%) of trainees strongly agreed or agreed with the statement that 'the FACEM Training Program is facilitating my preparation for independent practice as an EM specialist', with a comparable proportion of provisional trainees (90%) and advanced trainees (88%) reporting so. A further 9% neither agreed nor disagreed and 2% disagreed with this statement. However, a smaller proportion (79%) were in agreeance that they were well supported in their training by ACEM processes, with 16% being neutral and 4% disagreeing with this. Provisional trainees (84%) were more likely than advanced trainees (77%) to agree that they were well supported by ACEM processes.

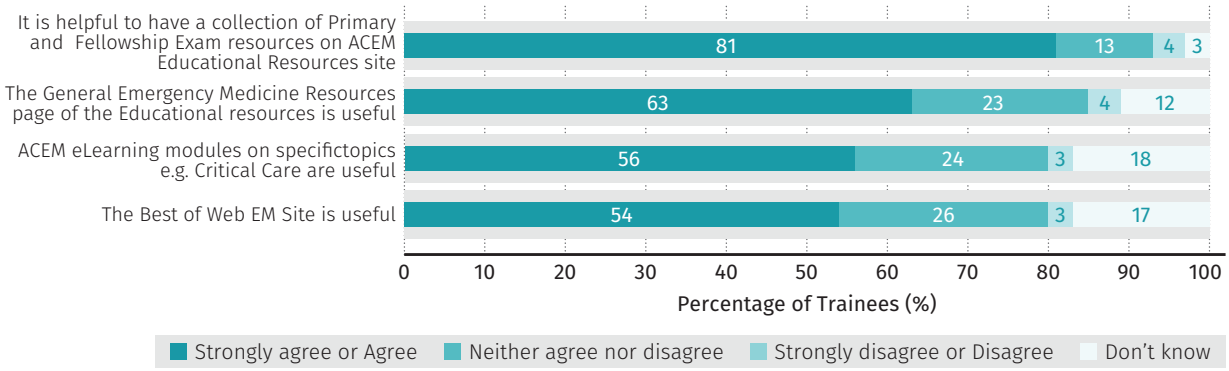
4.6.2 Preferred form of communication

Trainees were asked to select their preferred form(s) of communication for general updates on the FACEM Training Program. The most preferred form of communication was email (98%), followed by dashboard notifications (12%) and lastly via newsletter (4%). Similarly, email (94%) was also the most preferred form of communication, compared with SMS (29%), dashboard notification (15%) or phone call (10%), for notifications regarding their individual training.

4.6.3 Available online resources for FACEM trainees

ACEM currently provides a range of resources to support FACEM trainees, with trainees asked to rate their level of agreement with statements relating to the usefulness of resources (Figure 2). The collection of exam resources was found to be the most useful for trainees (81%), whilst only slightly more than half of them found the Best of Web EM site (54%) and ACEM's eLearning modules on specific topics (56%) useful.

Figure 2 Level of agreement of respondents with statements relating to usefulness of a range of resources to support FACEM trainees



4.6.4 Support and resources – areas of need and interest

Trainees were asked to nominate resources and support in areas of need and/or interest and their preferred delivery mode(s) for each selected area (Table 33), to inform the future development of appropriate resources and support. Resources and support nominated as areas of need/interest by the largest number of respondents were the Fellowship Exam (both written and OSCE) and clinical skills.

For all resources and support that were nominated as an area of need/ interest, there was a preference for face-to-face training and online learning modules. For trainees who nominated ITAs, EM-WBAs, Fellowship exam – OSCE, communications skills, and clinical skills, the preferred delivery mode was for face-to-face training. Whereas delivery through online learning modules was the most preferred mode for the other resources and support. There were also some preferences towards video podcasts for those who nominated examinations (Primary and Fellowship), communication skills and clinical skills resources.

Table 33. Trainee response rates to resources and support nominated as an area of need and/or interest and the preferred delivery mode(s)

Resources & Support	Respondents who nominated as area of need/interest		Preferred delivery mode				
			Face-to-face	Online learning modules	Video podcasts	Weblinks to external resources	How-to-guide
	n	% of total	%	%	%	%	%
College updates	186	12.3%	28.0%	**46.2%**	33.3%	**44.6%**	23.7%
Learning Needs Analysis	229	15.1%	36.2%	**51.1%**	31.4%	25.8%	39.7%
In-Training Assessments (ITAs)	343	22.6%	**56.9%**	45.2%	32.4%	19.5%	31.5%
EM-WBAs	411	27.1%	**56.2%**	42.3%	29.2%	15.8%	32.1%
Primary Exam – written	220	61.3%*	48.5%	**76.5%**	51.2%	46.9%	32.7%
Primary Exam – Viva	230	64.1%*	62.2%	**71.8%**	57.3%	43.5%	29.8%
Fellowship Exam – written	850	56.0%	57.2%	**76.6%**	51.4%	51.3%	35.1%
Fellowship Exam – OSCE	901	59.4%	**74.4%**	68.5%	61.8%	46.3%	35.0%
Communication skills	337	22.2%	**75.1%**	57.3%	60.2%	31.5%	21.7%
Clinical skills	651	42.9%	**75.1%**	63.9%	66.7%	37.8%	32.4%
Clinical governance *HR, rostering, dealing with patient complaints*	439	28.9%	44.0%	**66.3%**	40.1%	38.7%	34.4%
Research	232	15.3%	40.1%	**57.3%**	32.3%	47.8%	41.4%

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

*For primary exam resources, responses from only the provisional trainees were included. The percentages reflect the proportion of 359 provisional trainees.

Trainees were further asked to provide feedback regarding the current online resources provided by ACEM or if they had any suggestions for improvement to the online resources, with 67 providing a response. Two key themes were identified, which included suggestions to improving resources for exams (e.g. more past year examples, regularly updated, more centralised and accessible) (24, 36%), and improving the website to include better search functionality and easier navigation (21, 31%). There were 14 (21%) comments with suggestions for additional educational resources, with topics broadly ranging from leadership/management to cultural competency and wellbeing. Five trainees provided positive comments that they found the online resources useful, and four others commented that the existing resources should be updated regularly.

5. Conclusion

Nearly all trainees agreed that their training needs were being meet at their placement. The majority of trainees felt positive about various aspects of their ED placement, agreeing that they knew whom to get assistance from if experiencing difficulty or a grievance, and that their placement provided a safe and supportive workplace. Smaller proportions of them agreed that they were able to participate in decision making with respect to governance and quality improvement activities.

With respect to supervision and training experiences at their ED placement, most trainees were satisfied with the quality of DEMT support they received and with the availability of their DEMT for guidance, as well as with the clinical supervision received from FACEMs. Smaller proportions, however, agreed that they received regular informal feedback on their performance or were satisfied with the support they received from WBA Coordinators. The majority reported that it was the trainee's responsibility to organise WBAs and these were usually done on an ad hoc basis.

The majority of trainees were in agreeance that clinical teaching at their placement optimised their learning opportunities, and that they had access to the educational resources that they needed. Slightly smaller proportions of trainees agreed that the structured education program met their needs, and that rostering enabled them to attend structured education sessions.

Placement highlights for many trainees included the casemix, a supportive ED team environment, including senior staff, and the teaching/ education program. The teaching/ education program was also identified by other trainees as an area for improvement, alongside the rostering and staffing arrangements.

Findings from this survey will be used to support the process of ensuring ACEM accredited EDs continue to provide training and a training environment, which are appropriate, safe and supportive of FACEM trainees.

6. Suggested citation

Australasian College for Emergency Medicine. 2018 Trainee Placement Survey Report – ED Placement. ACEM Report: Melbourne, 2019.

7. Contact for further information

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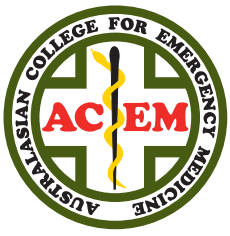

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