

**Australasian College for Emergency Medicine**  
Department of Policy, Research & Advocacy

## 2017 DEMA Survey

### Report

November 2018



# 2017 DEMENT Survey

## Executive Summary

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The Director of Emergency Medicine Training (DEMT) Survey is administered annually at the end of the training year to all DEMTs. The purpose of the survey is to identify areas where ACEM can better support the DEMTs' role and understand how their sites are meeting the training needs of FACEM Trainees. The 2017 survey was distributed to a pool of 285 DEMTs, with an overall response rate of 79% (n=226), with 135 of the 142 ACEM accredited EDs represented in the sample. The summary of the findings from the 2017 survey is presented below and can be summarised into three major domains:

### Support for Role as a DEMT

- 91% of DEMTs agreed that the role is rewarding; however, only 63% agreed that they had sufficient time to complete all requirements of the role.
- 73% of DEMTs agreed that their ED had a governance structure in place that supported their role in managing the FACEM Training Program.
- 92% agreed that the DEM in their ED understood their DEMT role, in comparison to the Hospital Executive (25%) and hospital HR/ administration (22%).
- 55% agreed that the FACEM Training Program is linked with the quality processes within their hospital's quality framework.

### Supervision and Trainee Educational Opportunities

- The majority of DEMTs agreed that they were routinely rostered on clinical shifts (90%), but only 54% agreed that they were routinely rostered on non-clinical shifts with trainees.
- Over 90% of DEMTs were in agreement that the number (98%), breadth (94%), acuity (93%), and complexity of cases (97%) in their ED provided an appropriate training experience.
- More than three quarters (79%) 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 (89%), and was provided for a minimum of 4 hours/ week (83%).

### Health, Welfare and Interests of Trainees

- 97% of DEMTs agreed that trainee needs were being met, and 3% did not agree.
- Most DEMTs agreed that there are processes in place for identifying and assisting trainees experiencing difficulties (92%), and to manage trainee grievances (87%) at their ED.
- The majority agreed that rosters were: provided in a timely manner (80%), equitable (88%), considered trainee workload (88%), supported the service needs (93%), provided safe working hours (92%), and considered staff leave requests (91%).
- The majority of DEMTs agreed that their ED provides a safe and supportive workplace with respect to: personal safety (92%), workplace safety (90%), supervision arrangements (94%), clinical protocols (95%), mentoring and support processes (87%), and sustaining trainee wellbeing (82%).
- 81% of DEMTs agreed that trainees could participate in quality improvement activities at their ED, but only 53% agreed that trainees were able to participate in decision making regarding governance.

## Purpose and scope

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The Director of Emergency Medicine Training (DEMT) Survey was reintroduced in 2016, and the 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, and asks them to reflect on how their ED supports the Fellowship of the Australasian College for Emergency Medicine (FACEM) training experience. The survey also sought inputs relating to supervision and educational opportunities for FACEM trainees at their EDs. With respect to the 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 2017 DEMT Survey conducted at the end of the 2017 ACEM training year.

## Methodology

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The DEMT Survey was distributed to DEMTs in New Zealand (NZ) in December 2017, and to DEMTs in Australia in January 2018. The survey was distributed at different time points due to the 2017 ACEM 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 NZ DEMTs who had not responded, and three follow-up emails were sent to non-responding DEMTs in Australia, 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 general themes based on frequency distribution.

## Results

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Of a total pool of 285 surveys, 226 completed surveys were received from DEMTs, a response rate of 79%. Eight responding DEMTs were working in the role at two EDs and completed a survey for each ED. A total of 135 of the 142 ACEM accredited EDs at the time of the survey were represented by the 226 DEMT survey responses.

Of all survey responses, forty percent (n=90) were from urban district hospitals whilst 32% (n=72) were from major referral hospitals and 28% (n=64) were from rural/regional based hospitals. The majority of these hospital EDs were accredited for 24 months (36%) and 12 months (30%), followed by 6 months (20%) and 18 months (15%).

### Characteristics of DEMTs

The majority (65%, 147) of DEMTs were working at their current ED for more than five years, with 24% (55) in their current ED for 2-5 years and 11% (24) in their ED for less than 2 years. Most (43%) reported being in the role of DEMT for less than 2 years, followed by 2-5 years (33%), with 24% in the role for more than five years. Of the 226 respondents, 100 (44%) reported holding other ACEM roles in addition to their DEMT role at their current workplace. Other roles more commonly reported were Supervisor of the Emergency Medicine Diploma and/ Certificate (64), Mentoring Coordinator (25) and Workplace-Based Assessments (WBA) Coordinator (23). A relatively small number of them reported holding positions of Deputy DEM (8), DEM (5), ACEM Director of Research (2) and EMET lead (1).

Sharing of the DEMT role was common, with 88% of DEMTs reporting that they were a 'co-DEMT' in the ED(s) they were working at. Similar proportions of DEMTs reported that as part of the co-DEMT role, trainees were either allocated to individual co-DEMTs (50%), or a shared responsibility between the co-DEMTs (48%). A further 2% reported a mixed co-DEMT model, where trainees were allocated to co-DEMT(s), but they shared supervision responsibility and feedback was provided for all.

## Support for Role as a DEMENT

This section details the perspectives of DEMENTs on their role, how supported they felt and resources they may require in their role. It covers the following areas: the ability to meet the requirements of the DEMENT role, governance structures in the ED, support from the hospital, quality processes, and resources and support from the College.

### Requirements of the DEMENT role

Overall, 91% (201) of responding DEMENTs were in agreement that their role as DEMENT was rewarding.

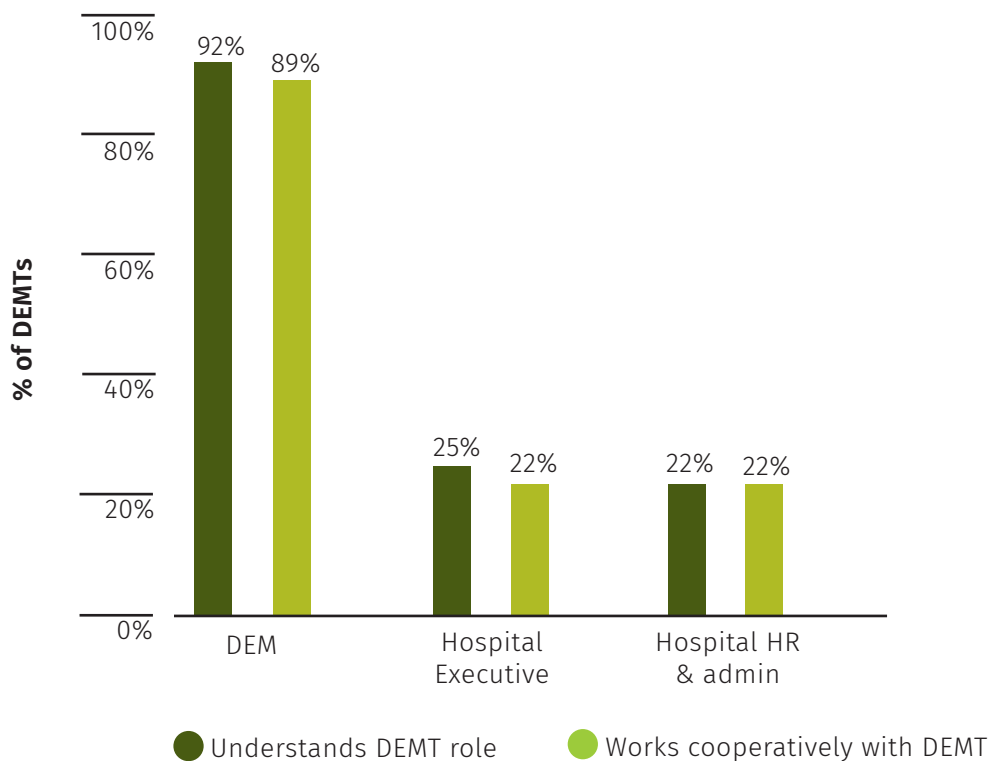
Regarding the requirements of the DEMENT role, 73% of DEMENTs were in agreement that the roster ensured sufficient time to complete the clinical support requirements of the DEMENT role, while a slightly smaller proportion (63%) were in agreement that they had sufficient time to complete all requirements of the DEMENT role. A total of 85% of respondents strongly agreed or agreed that they were able to meet ACEM's requirements of the DEMENT role, with 82% in agreement that they were able to meet their hospital's requirements of the role.

### Governance structures and support from the hospital

Regarding the governance structures, 73% of responding DEMENTs strongly agreed or agreed that their ED had a governance structure (administration processes, committees etc.) in place that supported their role in managing the FACEM Training Program.

DEMENTs were asked whether the Director of Emergency Medicine (DEM), Hospital Executive, and hospital human resources (HR) and administration understood the DEMENT role, and whether they worked cooperatively with them in their DEMENT role. A much larger proportion of DEMENTs strongly agreed or agreed that the DEM in their ED understood the DEMENT role (92%) when compared with the Hospital Executive (25%) and hospital HR and administration (22%) (Figure 1). Similarly, a larger proportion of DEMENTs were in agreement that DEMs worked cooperatively with them in their role (89%) when compared to the Hospital Executive and hospital HR and administration at 22%, respectively.

Figure 1. Proportion of DEMENTs in agreement that DEMs, Hospital Executive and hospital HR/administration understand and work cooperatively with them in their role (n=226)



## Quality processes

Just over half of responding DEMTs were in agreement that the FACEM Training Program was linked with the quality processes contained within the hospital's quality framework (55%), and that they were able to implement these quality processes (62%).

Regarding trainee participation in quality processes, the majority of DEMTs strongly agreed or agreed that they were able to ensure trainees actively participated in ED quality processes (64%), with a much smaller proportion of them (32%) agreeing that they were able to ensure trainees participated in hospital-wide quality processes.

## Resources and support

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, 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 related to the Fellowship Exam (62%) and In-Training Assessments (50%).

For the resources and support that were nominated as an area of need/ interest, there was a preference for online delivery. DEMTs reported preferring that College updates (64%), the Curriculum Framework (41%), and resources relating to Learning Needs Analysis (44%), ITAs (42%), EM-WBAs (40%), and the Primary (48%) and Fellowship Exams (40%) be provided online through the DEMT network and/or via online modules. For DEMTs who nominated orientation for the DEMT role and role delineation between DEMTs, WBA-Coordinators and Mentors etc, as areas of need/ interest, preference was for face-to-face delivery rather than other modes of delivery. Preference for a 'how-to-guide' was the second preferred delivery mode for Learning Needs Analysis (33%) and ITAs (34%) for DEMTs who nominated this as an area of need/ interest. Table 1 displays DEMT response rates to resources and support nominated as an area of need and/or interest, and the preferred delivery mode(s).

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 & Support	DEMTs who nominated as area of need/interest		*PREFERRED DELIVERY MODE				
			Face-to-face	Online modules	Video podcasts	Online DEMT Network	How-to-guide
	N	% of total	%	%	%	%	%
College updates	106	46.9%	17.0%	23.6%	15.1%	<b>64.2%</b>	12.3%
Curriculum Framework	108	47.8%	28.7%	35.2%	13.9%	<b>40.7%</b>	25.0%
Learning Needs Analysis	92	40.7%	19.6%	<b>43.5%</b>	21.7%	27.2%	32.6%
In-Training Assessment (ITA)	112	49.6%	30.4%	<b>42.0%</b>	22.3%	31.3%	33.9%
EM-WBAs	87	38.5%	33.3%	<b>40.2%</b>	21.8%	28.7%	29.9%
DEMT role orientation: scope/responsibilities	107	47.3%	<b>57.0%</b>	29.0%	16.8%	23.4%	28.0%
Role delineation between DEMTs, WBA Coordinators and Mentors etc.	84	37.2%	<b>35.7%</b>	33.3%	16.7%	32.1%	23.8%
Primary Exam	99	43.8%	27.3%	39.4%	13.1%	<b>47.5%</b>	26.3%
Fellowship Exam	140	61.9%	38.6%	<b>40.0%</b>	13.6%	<b>40.0%</b>	25.7%

\* 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 role, with around one-third (30%, 68) responding. Themes are presented in Table 2 under the headings of resource, training, ACEM support and specific areas for improvement. The most common areas DEMTs nominated that ACEM could assist them in their role were: resources on examinations, trainee management training and DEMT orientation, timely updates on changes, DEMT Network Meetings, and streamlining In-Training Assessments.

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

Theme	Frequency
<b>Resource</b>	<b>19</b>
Resources on examinations	11
Improve IT platform	3
Trainee assessment/management	3
Educational resources	2
<b>Training</b>	<b>16</b>
Trainee management training	7
DEMT orientation/ training	6
Face-to-face training	3
<b>ACEM support</b>	<b>19</b>
Timely updates on changes	7
DEMT Network Meetings	5
Improving DEMT forum/communication	4
ACEM engagement	3
<b>Specific area for improvement</b>	<b>9</b>
Streamline In-Training Assessment	5
Workplace-based Assessment	2
College examiners	2
<b>Other</b>	<b>5</b>

## 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 DEMENTs with trainees and meetings with the WBA Coordinator; educational resources, clinical teaching and their sites structured education program; and the ability of the ED to provide an appropriate training experience when considering casemix.

### Rostering and WBA Coordinator meetings

While a large proportion (90%) of DEMENTs strongly agreed or agreed that they were routinely rostered on clinical shifts with trainees, only 54% were in agreement that they were routinely rostered on non-clinical shifts with their trainees.

DEMENTs were asked about their level of agreement with the statement that they 'were satisfied with the frequency of meetings with the local WBA Coordinator to monitor Emergency Medicine-WBAs at their ED'. Just over half (55%) of them strongly agreed or agreed, while a further 34% of DEMENTs neither agreed nor disagreed, and the rest (10%) either strongly disagreed or disagreed with this statement.

### Educational resources, clinical teaching and the structured education program

More than three quarters (79%) of the DEMENTs strongly agreed or agreed that their ED provided educational and learning resources that met the needs of trainees at all stages and phases of their training. A slightly lower proportion (70%) of DEMENTs were in agreement that their ED had processes in place which facilitated clinical teaching by supervisors to maximise learning opportunities for trainees.

When surveyed about the structured education program, a total of 89% of DEMENTs were in agreement that the program at their ED was aligned to the content and learning outcomes of the ACEM Curriculum Framework. Furthermore, 83% of the DEMENTs strongly agreed or agreed that structured education sessions at their site were provided for, on average, a minimum of 4 hours per week for trainees. A smaller proportion of DEMENTs at EDs accredited for 6 months (75%) and 12 months (70%) of advanced training were in agreement with this statement on the frequency of the structured education sessions, in comparison to those at EDs accredited for 18 (91%) and 24 (96%) months of advanced training.

### Casemix

DEMENTs were asked to reflect on their site's ability to provide an appropriate training experience with respect to casemix. Overall, the majority of DEMENTs were in agreement that the number (98%), breadth (94%), acuity (93%) and complexity of cases (97%) in their ED provided an appropriate training experience (Table 3).

A slightly smaller percentage of DEMENTs working at EDs accredited for 6 months of advanced training agreed that their ED provides an appropriate training experience when considering the above aspects of casemix compared with EDs accredited for a longer period of advanced training – 12, 18 and 24 months.

Table 3. Proportion of DEMENTs 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=223)

Aspects of casemix	Accreditation level				Total
	6	12	18	24	% (n)
Number of cases	95.5%	98.5%	100.0%	98.8%	98.2% (219)
Breadth of cases	84.1%	95.5%	100.0%	95.1%	93.7% (209)
Acuity of cases	81.8%	92.4%	96.9%	97.5%	92.8% (207)
Complexity of cases	93.2%	96.9%	96.9%	100.0%	97.3% (216)

## 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, assistance, rostering, orientation, and opportunities for trainees to participate.

### Meeting trainee needs

Almost all (97%, 216) of the DEMTs strongly agreed or agreed that trainee needs were being met according to their stage and phase of training during placement at their ED. Three percent (7) did not agree that trainees' needs were being met, with reasons for their response including understaffing with a lack of time for supervision, trainee burnout, insufficient information regarding examinations and WBAs, and difficulty tailoring training to trainees at different levels.

### Mentoring program

Three-quarters (76%) of responding DEMTs reported that there was a formal mentoring program available at their ED, and a similar proportion (77%) reported that their ED had an ACEM Mentoring Program Coordinator. Of the 168 DEMTs who reported a formal mentoring program at their ED, 86% 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 the format of the mentoring program, with all 168 responding. The more common format of the mentoring program was that trainees nominated their preferred mentor (60%, n=101) rather than mentors being allocated to trainees (39%, n=65). An opt-in model (49%, n=83) was also more commonly reported than an opt-out model (13%, n=22). Half (50%) reported a combination of the aforementioned formats, for instances, trainees would nominate their preferred mentors and mentors were then allocated based on their preferences.

### Workplace safety and support

DEMTs were asked to state their level of agreement with statements relating to their ED being a safe and supportive workplace. Over 90% of DEMTs were in agreement that their ED provided a safe and supportive workplace with respect to: personal safety (92%), workplace safety (90%), clinical protocols (95%), and supervision arrangements (94%). Slightly smaller proportions of DEMTs strongly agreed or agreed that their ED provided a safe and supportive workplace when considering mentoring and support processes (87%) and sustaining trainee wellbeing (82%).

There were no specific patterns regarding agreement level of DEMTs towards workplace safety and support across EDs with different accreditation levels. A slightly larger 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 with respect to mentoring and support processes. However, such differences were not observed in other safety and support areas (Table 4).

Table 4. 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=223)

Safety/support areas	Accreditation Level				Total
	6	12	18	24	% (n)
Personal safety	95.5%	92.4%	90.6%	95.5%	91.5% (204)
Workplace safety	95.5%	95.5%	87.5%	84.0%	90.1% (201)
Sustaining trainee wellbeing	86.4%	81.8%	87.5%	77.8%	82.1% (183)
Mentoring and support processes	81.8%	80.3%	90.6%	95.1%	87.4% (195)
Clinical protocols	90.9%	95.5%	96.9%	95.1%	94.6% (211)
Supervision arrangements	88.6%	97.0%	93.8%	95.1%	94.2% (210)



### Governance structure and trainee assistance

Seventy-three percent of DEMTs reported that their ED has a governance structure that supports them in their role, with a higher proportion of DEMTs (87%) in agreeance that the governance structure in place, supports trainees in completing the FACEM Training Program.

Most DEMTs (92%) 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 87% were in agreeance that there were processes in place to manage trainee grievances at their ED.

### Rostering

DEMTs were asked to state their level of agreement with six statements regarding rostering at their site. The majority strongly agreed or agreed that rosters were: provided in a timely manner (80%); gave equitable exposure to shift types (88%); considered trainee workload (88%); supported the service needs of the site (93%); ensured safe working hours (92%); and took into account staff leave requests (91%).

The proportions of DEMTs who agreed or strongly agreed to the six statements regarding rostering at their ED are presented in Table 5, by accreditation level. Overall, a larger proportion of DEMTs working in EDs accredited for 24 months of advanced training, compared to those working in EDs accredited for 6, 12 and 18 months, were in agreeance to all but one (i.e. rosters considered trainee workloads) of the six statements.

Table 5. Proportion of DEMTs who strongly agreed or agreed with statements regarding rostering at their ED, by accreditation level (N=223)

Statements re. rostering	Accreditation level				Total % (n)
	6	12	18	24	
<b>Rosters are provided in a timely manner for trainees</b>	81.8%	75.8%	77.4%	82.5%	79.8% (178)
<b>Rosters give equitable exposure to shift types</b>	81.8%	89.4%	75.0%	95.1%	87.9% (196)
<b>Rosters consider trainee workload, including educational programs</b>	88.6%	89.4%	90.6%	86.4%	88.3% (197)
<b>Rosters support the needs of the site</b>	88.6%	90.9%	96.9%	96.3%	93.3% (208)
<b>Rosters ensure safe working hours</b>	93.2%	90.9%	87.5%	95.1%	92.4% (206)
<b>Rosters take into account staff leave requests</b>	93.2%	86.4%	84.4%	95.1%	90.6% (202)

DEMTs were asked to comment on rostering at their ED, with 35 (16%) providing a response. A mixture of positive and negative comments on rostering were received. Around half of the comments described rostering at their ED as flexible/accommodating or improving, while the other half focused on an imbalance of shift types and that they encountered understaffing issues. Table 6 provides a list of general themes relating to ED rostering.

Table 6. Themes of DEMA responses regarding rostering

Theme	Frequency
Flexible and accommodating roster	8
Imbalance in shift types	8
Understaffing	8
Improving	4
Compromised teaching time	2
Roster not provided in timely manner	2
Other	3

### Orientation and opportunities for trainees to participate

Regarding orientation at their ED, 94% of DEMTs strongly agreed or agreed that trainees were provided with a comprehensive orientation program when they commenced training, while 5% neither agreed nor disagreed with this.

While over three-quarters (81%) of DEMTs were in agreement that trainees were able to participate in quality improvement activities at their ED, only 53% of them strongly agreed or agreed that trainees were able to participate in decision making regarding governance (e.g. workplace committees).

The small number of comments provided with respect to opportunities for trainees, focused on the difficulty in involving trainees in quality improvement activities, the lack of allocated administration time and the absence of a structured approach to encourage or mandate trainee involvement.

## Final Comments

DEMTs were asked to provide any final comments at the conclusion of the survey, with 40 providing a response. Although ten (25%) DEMTs commented that their DEMA role was rewarding and satisfying, multiple comments (n=11) were provided with respect to the overwhelming workload of the DEMA role, particularly with respect to insufficient non-clinical time and increasing trainee needs. Some commented with further suggestions for the College, which included the need for additional support, better delineation of DEMA roles, ACEM action on workforce issues, and on the examiner selection process. Issues about In-Training Assessments were also consistently raised (n=7). Several DEMTs (n=6) outlined the importance in improving trainee support, whilst seven DEMTs provided comments relating to other areas.

## Conclusion

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This report provides the results of the 2017 DMT Survey conducted at the end of the ACEM training year. Over ninety-percent of responding DMTs strongly agreed or agreed that their role as a DMT was rewarding. Most of them agreed that their roster ensured sufficient time to meet the clinical support requirements of their role, however less agreed that they had sufficient time to complete all requirements of the role. The majority of DMTs were in agreeance that their ED had governance structures that supported both trainees and their role in managing the FACEM Training Program. DMTs reported that DEMs were supportive of their role, with significantly lower proportions agreeing that the Hospital Executive, HR and administration were supportive.

With respect to trainee supervision and educational opportunities, a larger proportion of DMTs agreed that they were routinely rostered on clinical shifts with trainees, compared to the smaller proportion reporting being rostered on with trainees during non-clinical shifts. The majority of DMTs 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 DMTs thought that trainee needs were being met. 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, a large proportion of DMTs 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 DMTs and ensuring ACEM accredited EDs continue to provide appropriate training in a safe and supportive environment.

## Suggested citation

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Australasian College for Emergency Medicine. (2018) *2017 DMT Survey Report*. ACEM Report: Melbourne.

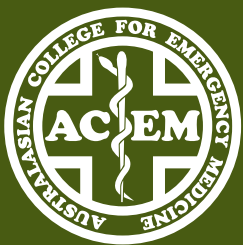
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