

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

## 2017 ED Trainee Placement Survey

### Report

November 2018



# 2017 ED Trainee Placement Survey

## Executive Summary

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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 that they are providing training and a training environment, which are appropriate, safe and supportive of FACEM trainees.

The summary of the findings from the 2017 survey are presented below and can be summarised into three major domains:

### Health, Welfare and Interests of Trainees

- 94% of trainees agreed that their needs were being met, with 3% disagreeing and 4% neutral.
- Rostering was viewed positively by the trainees, with the majority agreeing that rosters were provided in a timely manner (78%), were equitable (83%) and considered trainee workload (82%). Slightly higher proportions agreed that rosters supported the service needs of the site (89%), ensured safe working hours and considered staff leave requests (87%, respectively).
- 95% reported knowing whom to get assistance from if experiencing difficulty, but only 77% agreed that their ED placement had processes in place to identify/assist trainees in difficulty.
- 88% reported knowing whom to get assistance from if they had a grievance.
- The majority of trainees agreed that personal safety (90%) and workplace safety (86%) were provided in their ED placement.
- Just over half (51%) agreed that they could participate in decision making regarding governance at their ED placement, and a larger proportion (73%) agreed that they were able to participate in quality improvement activities.

### Supervision and Training Experience

- 92% of trainees were satisfied with the quality and availability of DEMENT support.
- 91% agreed that the clinical supervision received from FACEMs met their needs.
- Three-quarters (73%) of advanced trainees agreed that they were satisfied with the level of support received from their Local WBA Coordinator, with 8% disagreeing.
- Overall, trainees agreed that the ED casemix at their placement was appropriate with respect to the number (98%), breadth (91%), acuity (87%), and complexity of cases (91%).

### Education and Training Opportunities

- 89% agreed that the clinical teaching at their placement optimised learning opportunities.
- 90% agreed that they had access to educational resources needed at their placement to meet the requirements of the FACEM Training program.
- Similar proportions of trainees agreed that the structured education program met their needs, and was aligned to the content and learning outcomes of the ACEM Curriculum Framework (83%, respectively).
- 83% agreed that structured education sessions were provided for, on average, a minimum of four hours/week.

## Purpose and scope

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The Emergency Department (ED) Trainee Placement Survey was reintroduced in 2016 and is distributed annually to advanced and provisional 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 staff from the Education and Training Department, with survey questions aligned with the Accreditation Guidelines implemented in 2017. The survey focuses on three key domains that map to the Accreditation Guidelines, including:

1. Health, Welfare and Interests of Trainees
2. Supervision and Training Experience
3. Education and Training Opportunities

This report details the findings from the 2017 survey conducted at the end of the 2017 FACEM training year.

## Methodology

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The ED Trainee Placement Survey was distributed to ACEM advanced and provisional trainees undertaking an ED placement in New Zealand (NZ) in November 2017, and to trainees in Australia in January 2018. The survey was distributed at different time points due to the 2017 ACEM training year ending on a different date in NZ and Australia. Trainees in both regions were contacted via email and invited to participate in the online survey. Three follow-up emails were distributed to trainees who had not responded, with a final reminder email sent from the ACEM training team to non-responding individuals to encourage participation. Information about the survey was also included as a news item in the Trainee Newsletter and in a message posted on the trainee portal.

Participation in the Trainee Placement Survey was mandatory, as per item B1.5 in Regulation B of the FACEM Training Program. All collected information was treated confidentially, with data reported only in the aggregate as a percentage of total responses, or by gender or training status of trainee, or region or accreditation level of the ED.

## Results

Although the survey was promoted as being mandatory, 1622 surveys were received from a total pool of 1664 trainees undertaking an ED placement, a response rate of 97%. All NZ trainees (100%, 166) responded to the survey, whilst a 97% survey response rate was recorded for Australian trainees (1456/1498). Nine responding advanced trainees were undertaking two ED placements at different hospitals and completed a survey for each placement. The demographic characteristics are presented for the 1613 responding trainees, while subsequent sections present findings based on the total number of trainee responses (N=1622).

### Demographic Characteristics of Respondents

Of the total 1613 respondents, 47% (756) were female, with 63% (1013) in advanced training and 37% (600) in provisional training (Table 1). Provisional trainees had an average age of 32 years whilst the average age for advanced trainees was 36 years. Table 1 presents the distribution of trainees by region, gender, and training status. 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 status

Region	Female	Male	Total		Female	Advanced trainees (N=1013)	Provisional trainees (N=600)
	N	N	*N	%			
<b>Australia</b>	<b>673</b>	<b>773</b>	<b>1446</b>	<b>89.7%</b>	<b>46.5%</b>	<b>63.0%</b>	<b>37.0%</b>
ACT	9	12	21	1.3%	42.9%	61.9%	38.1%
NSW	209	227	436	27.0%	47.9%	64.9%	35.1%
NT	22	12	34	2.1%	64.7%	82.4%	17.6%
QLD	192	215	407	25.2%	47.2%	58.1%	41.9%
SA	27	43	70	4.3%	38.6%	67.1%	32.9%
TAS	16	13	29	1.8%	55.2%	58.6%	41.4%
VIC	136	172	308	19.1%	44.2%	64.0%	36.0%
WA	62	79	141	8.7%	44.0%	63.1%	36.9%
<b>New Zealand</b>	<b>83</b>	<b>83</b>	<b>166</b>	<b>10.3%</b>	<b>50.0%</b>	<b>61.4%</b>	<b>38.6%</b>
<b>Total no. of trainees</b>	<b>756</b>	<b>856</b>	<b>1612</b>	<b>100%</b>	<b>46.9%</b>	<b>62.8%</b>	<b>37.2%</b>

NB: \*Excludes one trainee with no gender specified

Table 2 presents the proportion of trainees undertaking their ED placement, by 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 accreditation level and training status

ED accreditation level (month)	Provisional		Advanced		Total	
	N	%	*N	%	N	%
<b>6</b>	59	9.8%	63	6.2%	122	7.5%
<b>12</b>	142	23.7%	179	17.5%	321	19.8%
<b>18</b>	81	13.5%	166	16.2%	247	15.2%
<b>24</b>	318	53.0%	614	60.1%	932	57.5%
<b>Total no. of responses</b>	<b>600</b>	<b>100%</b>	<b>1022</b>	<b>100%</b>	<b>1622</b>	<b>100%</b>

NB: \*Nine advanced trainees reported two placement sites

## **Health, Welfare and Interests of Trainees**

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

### ***Trainee needs***

Nearly all (94%, 1524) trainees strongly agreed or agreed that their training needs were being met at their ED placement, with 3% (42) disagreeing that their needs were being met and 4% (56) neutral. Those (98) 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 doing so. Key reasons trainees reported that their needs were not being met at their placement were understaffing and rostering issues (27%), inadequate teaching and training sessions (18%), and lack of senior supervision and feedback (18%). Other reasons provided included: a lack of opportunities to complete Workplace-based Assessments (WBAs, 11%); insufficient casemix, particularly acute complex patients (10%); a lack of support for exams (7%); and limited clinical support time (5%).

### ***Mentoring program***

Sixty-five percent (1055) of trainees reported that there was a formal mentoring program available at their ED placement, 9% (149) reported that there wasn't one available and 26% (418) did not know whether a mentoring program was available. Of those who reported there was a formal mentoring program in place, 730 (69%) had utilised the program. A slightly higher proportion of provisional trainees (72%, 276) than advanced trainees (68%, 454) reported that they had utilised the formal mentoring program at their placement.

Around three quarters (72%, 1167) of responding trainees reported that there was an ACEM Mentoring Program Coordinator at their ED placement, 5% reported that there wasn't one and 23% reported that they did not know. Similarly, a slightly higher proportion of provisional trainees (74%) than advanced trainees (71%) reported that there was an ACEM Mentoring Coordinator at their ED placement.

### ***Rostering***

Trainees were asked to state their level of agreement with six statements (Table 3) regarding rostering at their placement. 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 (82%). Higher proportions agreed that rosters at their placement supported the service needs of the site (89%), ensured safe working hours and took into account staff leave requests (87%, respectively). No differences were observed between responses provided by female or male trainees, or between advanced and provisional trainees.

The proportion of trainees who agreed or strongly agreed to the six statements regarding rostering at their ED placement are presented in Table 3 (overpage), 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
Rosters are provided in a timely manner	85.8%	70.6%	91.2%	79.2%	<b>64.8%</b>	89.7%	77.0%	93.5%	80.7%	77.7%
Rosters give equitable exposure to shift types	85.8%	<b>78.1%</b>	91.2%	84.9%	87.3%	96.5%	<b>78.3%</b>	95.7%	81.3%	82.8%
Rosters consider workload as a trainee	80.9%	<b>74.9%</b>	91.1%	82.4%	80.3%	89.7%	89.1%	93.6%	77.1%	82.3%
Rosters support the needs of the site	85.8%	<b>84.9%</b>	94.1%	88.7%	91.5%	86.2%	91.4%	97.9%	88.6%	89.1%
Rosters ensure safe working hours	95.2%	82.0%	91.2%	90.0%	90.1%	93.1%	85.3%	95.7%	<b>80.1%</b>	86.6%
Rosters take into account leave requests	95.2%	87.2%	97.1%	89.5%	90.1%	100%	88.5%	84.8%	<b>75.3%</b>	87.3%
<b>Total no. of responses</b>	<b>21</b>	<b>438</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>	<b>1620</b>

NB: Two trainees did not complete this section

Table 4 shows the proportions of trainees who were in agreement 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 rostering statements, 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
Rosters are provided in a timely manner	77.8%	75.1%	<b>73.2%</b>	79.8%
Rosters give equitable exposure to shift types	77.9%	80.1%	<b>75.6%</b>	86.2%
Rosters consider workload as a trainee	<b>68.8%</b>	80.7%	78.0%	85.7%
Rosters support the needs of the site	<b>85.3%</b>	90.4%	86.6%	89.9%
Rosters ensure safe working hours	<b>81.1%</b>	83.1%	84.6%	88.9%
Rosters take into account leave requests	85.3%	87.8%	<b>84.2%</b>	88.1%
<b>Total no. of responses</b>	<b>122</b>	<b>321</b>	<b>246</b>	<b>931</b>

Trainees were given the opportunity to comment on the rostering available at their placement, with Table 5 (overpage) presenting the key themes from the responses (n=456).

Table 5. Themes of trainees' responses regarding rostering

Theme	Frequency
Fair/ flexible rostering	127
Understaffed	63
Late issuing of roster	42
Disproportionate amount of evening/night shifts/weekend shifts	42
Lack of non-clinical time/difficulty attending education sessions	39
Difficulty accessing leave/study leave/time off	35
Erratic shifts	30
Insufficient break between shifts	24
Changes at short notice	20
Improving	20
Unfair/inequitable rotation	19
Limited access to specific clinical area(s)	15
Other	18

#### Assistance for trainees

Nearly all trainees (95%) reported knowing whom to get assistance from at their placement if experiencing difficulty in meeting the requirements of training, with comparable proportions of provisional and advanced trainees reporting this (Table 6). However, a much lower percentage (77%) were in agreement with the statement 'my current placement has processes in place to identify and assist trainees encountering difficulty in the FACEM Training Program'. Provisional trainees were more likely to strongly agree or agree with this statement (81%), compared with advanced trainees (75%).

Regarding trainee grievances, 88% of trainees reported knowing whom to get assistance from if they had a grievance at their ED placement, with a further 7% neither agreeing nor disagreeing and 3% disagreeing with this. Similar percentages were reported for both provisional and advanced trainees. A much smaller percentage of trainees (67%) 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 assistance for trainees	% Strongly agreed / agreed		
	Provisional Trainees	Advanced Trainees	Total
Know who to get assistance from if falling into difficulty meeting training requirements	96.0%	95.0%	95.4%
ED placement has processes in place to identify and assist trainees in difficulty	80.7%	74.7%	77.0%
Know who to get assistance from if experiencing a grievance at ED placement	87.7%	87.5%	87.5%
ED placement has processes in place to manage grievances	68.2%	66.4%	67.1%
<b>Total responses</b>	<b>600</b>	<b>1020</b>	<b>1620</b>

NB: Two trainees did not complete this section

Table 7 presents the proportions of trainees who were in agreement with the four statements, by region.

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	100%	<b>93.9%</b>	94.1%	95.9%	94.4%	100%	<b>93.9%</b>	96.4%	99.4%
ED placement has processes in place to identify and assist trainees in difficulty	76.2%	72.0%	<b>70.6%</b>	82.9%	73.2%	86.2%	75.8%	83.5%	73.5%
Know who to get assistance from if experiencing a grievance at ED placement	95.3%	85.3%	91.2%	89.2%	<b>81.7%</b>	86.2%	86.9%	90.6%	88.5%
ED placement has processes in place to manage grievances	76.2%	66.7%	61.8%	68.9%	<b>59.2%</b>	62.0%	67.4%	69.8%	64.5%
<b>Total no. of responses</b>	<b>21</b>	<b>438</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>

When this was compared by ED accreditation level, little variation was seen in proportions of trainees who agreed with the four statements (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	<b>94.2%</b>	95.3%	95.5%	95.5%
ED placement has processes in place to identify and assist trainees in difficulty	75.4%	76.3%	<b>73.6%</b>	78.1%
Know who to get assistance from if experiencing a grievance at ED placement	<b>83.6%</b>	88.5%	87.4%	87.8%
ED placement has processes in place to manage grievances	68.8%	67.9%	<b>62.6%</b>	67.7%
<b>Total no. of responses</b>	<b>122</b>	<b>321</b>	<b>246</b>	<b>931</b>

Trainees were provided opportunities to comment about the assistance or processes available for trainees in difficulty or with respect to handling grievances, with 102 responses received. More than half (61%, 62) were positive comments regarding supportive DEMTs/ supervisors, difficulties were resolved professionally, and/or a good system was in place to assist trainees. Fourteen (14%) trainees commented that they did not know whom to get assistance from, while 5% mentioned that they did not require assistance. The remainder (21%, 21) were negative comments, which were classified into themes such as grievances were not well-addressed or were ignored (10%), a hesitation to speak with senior staff due to the fear of repercussions or confidentiality issues (7%), and an unsupportive DEMENT (4%).

### 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 seven aspects (Table 9). The majority of trainees strongly agreed or agreed that personal safety (90%), clinical protocols (91%) and supervision arrangements (90%) were provided in their ED placement. Slightly smaller proportions were in agreement that their placement provided a safe and supportive workplace with respect to workplace safety (86%), sustaining their wellbeing (79%), mentoring and support processes (84%), and in the provision of a comprehensive orientation program at commencement (80%). Provisional trainees were generally more likely to agree that each of the aspects relating to a safe and supportive workplace were provided, compared with advanced trainees (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
Personal safety (e.g. aggression directed by patients and/or carers)	91.8%	89.0%	90.0%
Workplace safety (e.g. bullying and harassment, OH&S compliance etc.)	87.5%	85.4%	86.2%
Sustaining my wellbeing	82.3%	76.7%	78.8%
Mentoring and support processes	86.3%	81.8%	83.5%
Clinical protocols	91.7%	90.2%	90.7%
Supervision arrangements	92.0%	88.9%	90.0%
Comprehensive orientation program at commencement	80.3%	79.7%	79.9%
<b>Total no. of responses</b>	<b>600</b>	<b>1020</b>	<b>1620</b>

NB: Two trainees did not complete this section

Females were slightly less likely than males to agree that their ED placement provided a safe and supportive workplace with respect to sustaining their wellbeing (77% vs. 80%) and in providing a comprehensive orientation program at commencement (77% vs. 82%), with these differences significant.

The proportion of trainees who strongly agreed or agreed that various aspects with respect to a safe and supportive workplace were provided in their ED placement are displayed in Table 10 by region and in Table 11 by ED accreditation level. It is noteworthy that trainees with ED placements in South Australia were generally less likely to agree that most of the aspects relating to a safe and supportive workplace were provided, in comparison to trainees working 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 & supportive workplace with respect to:	% Strongly agreed / agreed								
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ
Personal safety	85.8%	88.4%	94.1%	94.1%	<b>84.5%</b>	89.7%	86.9%	92.8%	89.7%
Workplace safety	95.2%	84.7%	97.1%	88.3%	<b>76.1%</b>	86.2%	84.4%	90.7%	85.5%
Sustaining my wellbeing	90.4%	72.6%	85.3%	85.3%	<b>70.4%</b>	86.2%	75.1%	91.4%	75.3%
Mentoring and support processes	81.0%	77.8%	91.2%	90.5%	<b>76.1%</b>	89.7%	77.3%	92.1%	86.2%
Clinical protocols	80.9%	91.5%	91.1%	90.7%	84.5%	<b>72.4%</b>	93.3%	92.8%	89.2%
Supervision arrangements	90.4%	87.5%	97.0%	91.2%	<b>85.9%</b>	96.5%	86.9%	94.9%	95.2%
Comprehensive orientation	71.5%	75.6%	85.3%	82.2%	<b>69.0%</b>	75.8%	82.7%	88.5%	78.9%
<b>Total no. of responses</b>	<b>21</b>	<b>438</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>

Trainees undertaking a placement in an ED accredited for 6 months were slightly less likely than trainees in EDs accredited for longer placement periods to agree that their placement provided them a safe and supportive workplace with respect to personal safety, mentoring and support processes, clinical protocols, supervision arrangements, and a comprehensive orientation program at commencement of their training (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 & supportive workplace with respect to:	% Strongly agreed / agreed			
	6	12	18	24
Personal safety	<b>86.1%</b>	90.7%	89.8%	90.4%
Workplace safety	91.0%	<b>84.4%</b>	87.0%	85.9%
Sustaining my wellbeing	81.2%	78.2%	<b>74.0%</b>	80.0%
Mentoring and support processes	<b>75.4%</b>	79.5%	81.7%	86.4%
Clinical protocols	<b>82.8%</b>	86.9%	91.1%	93.0%
Supervision arrangements	<b>80.4%</b>	89.4%	90.6%	91.4%
Comprehensive orientation	<b>71.3%</b>	76.9%	82.9%	81.3%
<b>Total no. of responses</b>	<b>122</b>	<b>321</b>	<b>246</b>	<b>931</b>

Those who disagreed that their ED placement provided a safe and supportive workplace were given the opportunity to provide a reason(s) for their response, with 202 trainees providing a comment (Table 12).

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

Theme	Frequency
<b>Orientation</b> <i>Minimal or no orientation at commencement</i>	58
<b>Sustaining wellbeing</b> <i>Burnout, night shifts, stress</i>	37
<b>Personal safety</b> <i>Aggressive mental health patients</i>	36
<b>Workplace safety</b> <i>Bullying and harassment</i>	34
<b>Limited mentoring and support processes</b>	30
<b>Limited clinical protocols</b>	17
<b>Lack of supervision and teaching</b>	7

### Opportunities to participate

Just over half (51%) 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 30% neither agreed nor disagreed, 11% disagreed or strongly disagreed, and 8% reported not knowing.

A larger proportion (73%) agreed that they were able to participate in quality improvement activities at their placement, with 18% neither agreeing nor disagreeing, and 5% disagreeing. Interestingly, slightly more provisional trainees than advanced trainees were in agreement that they were able to participate in quality improvement activities, at 75% and 71% respectively.

Tables 13 and 14 (overpage) 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. Trainees undertaking a placement in South Australia and the Northern Territory were less likely than trainees in other regions to agree with statements regarding opportunities to participate.

Table 13. Proportion of trainees who strongly agreed or agreed to statements relating to participation in quality improvement activities and governance decision making, 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	81.0%	67.1%	67.7%	78.8%	<b>57.8%</b>	72.4%	69.0%	84.9%	74.1%	72.5%
Able to participate in decision making regarding governance (e.g. workplace committees)	66.7%	48.9%	<b>32.4%</b>	54.2%	39.5%	58.6%	54.4%	59.0%	42.7%	51.2%
<b>Total no. of responses</b>	<b>21</b>	<b>438</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>	<b>1620</b>

NB: Two trainees did not complete this section

Trainees undertaking a placement in an ED accredited for 6 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 at EDs accredited for longer placement durations.

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

Access and participation	% Strongly agreed / agreed			
	6	12	18	24
Able to participate in quality improvement activities	77.1%	<b>67.6%</b>	74.4%	73.2%
Able to participate in decision making regarding governance (e.g. workplace committees)	55.7%	<b>46.1%</b>	49.2%	52.9%
<b>Total no. of responses</b>	<b>122</b>	<b>321</b>	<b>246</b>	<b>931</b>

Trainees were given the opportunity to comment on the opportunities to participate in quality improvement activities or governance decision making, with 82 providing a response. A total of 29 (35%) of the responses were positive in that trainees reported that they were actively encouraged or that it was mandatory for trainees to participate in quality improvement activities at their placement. 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 (38%), feedback was not sought from trainees (9%), or that participation in quality improvement or other governance activities was not an option for trainees due to no non-clinical time allocated for this purpose (18%).

## Supervision and Training Experience

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

### Supervision and feedback

Trainees were asked about supervision, support and feedback provided by senior staff at their ED placement. The majority (92%) were satisfied with the quality of the DEMENT support and agreed or strongly agreed that the availability of their DEMENT for guidance and supervision met their needs at their stage and phase of training (Table 15).

With respect to clinical supervision from FACEMs at their placement, 91% 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 regarding clinical supervision. However, there was a slightly higher proportion of provisional trainees (93%) than advanced trainees (90%) who were in agreement that clinical supervision from FACEMs met their needs at their stage and phase of training.

A smaller proportion (73%) of trainees agreed or strongly agreed that they received regular, informal feedback on their performance and progress, with a higher percentage of provisional trainees (78%) than advanced trainees (71%) reporting this. Male trainees (75%) were also slightly more likely than female trainees (71%) to agree with this statement.

Table 15 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 a New South Wales ED were less likely to be satisfied with the quality and availability of DEMENT support and feedback on performance, compared with trainees in other regions.

Table 15. 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
Satisfied with quality of DEMENT support	90.5%	<b>87.9%</b>	97.0%	93.9%	88.8%	89.6%	90.7%	96.4%	93.4%	91.5%
Availability of DEMENT for guidance and supervision meets trainee needs	95.2%	<b>89.0%</b>	94.1%	92.7%	<b>88.8%</b>	96.6%	92.0%	97.1%	96.4%	92.3%
Clinical supervision received from FACEMs meets trainee needs	100%	90.9%	<b>88.3%</b>	91.7%	90.2%	96.5%	<b>88.5%</b>	94.9%	91.6%	91.1%
Receive regular, informal feedback on performance and progress	85.7%	<b>67.6%</b>	70.6%	80.0%	71.8%	68.9%	69.3%	80.6%	75.3%	73.4%
<b>Total no. of responses</b>	<b>21</b>	<b>438</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>	<b>1620</b>

NB: Two trainees did not complete this section

The proportion of trainees in agreement with statements relating to supervision, support and feedback at their ED placement are presented in Table 16 by accreditation level. Trainees in a 6-month or 12-month accredited placement were less likely to agree that they were satisfied with the support, quality and availability of their DEMENT, or that clinical supervision from FACEMs met their needs at their stage and phase of training.

Table 16. 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
Satisfied with quality of DEMENT support	<b>88.5%</b>	91.3%	89.1%	92.7%
Availability of DEMENT for guidance and supervision meets needs	90.2%	<b>89.7%</b>	91.5%	93.7%
Clinical supervision from FACEMs meets trainee needs	<b>81.2%</b>	90.0%	92.2%	92.6%
Receive regular, informal feedback on performance and progress	73.8%	74.8%	<b>71.6%</b>	73.5%
<b>Total no. of responses</b>	<b>122</b>	<b>321</b>	<b>246</b>	<b>931</b>

Advanced trainees were asked to rate the support and feedback provided by their Local WBA Coordinators and WBA assessors at their ED placement, with provisional trainees not required to undertake WBAs. Three-quarters (73%) of advanced trainees strongly agreed or agreed that they were satisfied with the level of support received from their Local WBA Coordinator, with 19% neither agreeing nor disagreeing and 8% disagreeing. A higher proportion (82%) agreed that WBA assessors were available to provide useful feedback to guide their training, while 13% neither agreed nor disagreed with this statement and 5% disagreed.

The proportion of advanced trainees who agreed that they were satisfied with the support from their Local WBA Coordinator and with the availability of WBA assessors is provided in Table 17 by region, and in Table 18 by ED accreditation level.

Table 17. Proportion of advanced trainees who agreed that they were satisfied with support from their local WBA Coordinator and with the availability of 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	<b>69.3%</b>	70.9%	85.7%	77.3%	70.9%	70.6%	<b>69.4%</b>	77.0%	71.5%	73.1%
WBA assessors are available to provide useful feedback	76.9%	82.4%	89.3%	86.6%	<b>68.7%</b>	94.2%	79.7%	81.6%	78.4%	82.0%
<b>Total no. of responses</b>	<b>13</b>	<b>285</b>	<b>28</b>	<b>238</b>	<b>48</b>	<b>17</b>	<b>202</b>	<b>87</b>	<b>102</b>	<b>1020</b>

NB: Two trainees did not complete this section

Trainees undertaking a placement in an ED accredited for 6 months were less likely to agree that they were satisfied with the support and feedback from their Local WBA Coordinator and WBA assessors.

Table 18. Proportion of advanced trainees who agreed that they were satisfied with support from their local WBA Coordinator and with the availability of 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	<b>63.5%</b>	71.5%	74.6%	74.0%
WBA assessors are available and provide useful feedback	<b>71.4%</b>	80.4%	86.1%	82.5%
<b>Total no. of responses</b>	<b>63</b>	<b>179</b>	<b>165</b>	<b>613</b>

### 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 (98%), breadth (91%), acuity (87%), and complexity of cases (91%) (Table 19). There were no differences in responses provided by advanced and provisional trainees. Similarly, no major differences were observed when this was compared across different regions.

Table 19. 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	<b>95.2%</b>	98.0%	100%	97.1%	98.5%	100%	97.4%	100%	97.0%	97.8%
Breadth of cases	90.4%	91.6%	91.2%	90.0%	<b>87.3%</b>	100%	89.8%	95.7%	91.5%	91.1%
Acuity of cases	95.3%	<b>84.7%</b>	91.2%	85.6%	87.3%	93.1%	85.9%	88.5%	90.9%	86.7%
Complexity of cases	90.5%	90.9%	97.1%	<b>89.5%</b>	90.2%	96.5%	<b>89.4%</b>	92.1%	91.6%	90.6%
<b>Total no. of responses</b>	<b>21</b>	<b>438</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>	<b>1620</b>

NB: Two trainees did not complete this section

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 those undertaking a placement in an ED accredited for 18 or 24 months (Table 20).

Table 20. 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	<b>95.9%</b>	96.5%	98.4%	98.3%
Breadth of cases	87.7%	<b>85.4%</b>	93.5%	92.9%
Acuity of cases	82.0%	<b>77.3%</b>	86.6%	90.5%
Complexity of cases	85.2%	<b>81.6%</b>	90.2%	94.5%
<b>Total no. of responses</b>	<b>63</b>	<b>179</b>	<b>165</b>	<b>613</b>

### Supervision and training experience – further comments

Further comments relating to supervision or training experience at their training placement were sought, with 221 responses received and the major themes from these responses presented in Table 21.

Table 21. Themes of trainees' comments regarding their supervision and training experience at their ED placement.

Theme	Frequency
<b>Inadequate casemix</b> <i>Nature of hospital, inequality of case allocations</i>	74
<b>Excellent exposure to casemix</b>	38
<b>Difficulty in completing WBAs</b> <i>Lack of time or consultant availability</i>	37
<b>Supportive DEMENTs or supervisors</b>	23
<b>Lack of support from WBA assessors or DEMENTs</b>	20
<b>Insufficient feedback on progress</b>	17

## 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, access to educational resources, the structured education program, and leadership and research opportunities.

### *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, and that they received training for, and were provided with opportunities to use relevant clinical equipment (at 89%, respectively). A similar proportion (90%) were in agreement that they had access to the educational resources that they needed to meet the requirements of the FACEM training program.

Eighty-three percent of trainees strongly agreed or agreed that the structured education program met their needs at their stage and phase of training, and that it was aligned to the content and learning outcomes of the ACEM Curriculum Framework (Table 22). Six percent and 4% respectively, disagreed to these statements. 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 83% agreeing with this statement. A smaller proportion (73%) strongly agreed or agreed that the rostering at their placement enabled them to attend the structured education sessions. There were no differences in agreement levels between advanced and provisional trainees.

Table 22 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 ED placements in New South Wales or NZ EDs were less likely to agree with each of the four statements, compared with trainees in other regions.

Table 22. 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 my needs	85.8%	<b>74.8%</b>	94.1%	87.5%	84.5%	89.7%	80.2%	92.8%	81.3%	82.5%
Structured education sessions are provided for a minimum of four hours per week	76.2%	75.8%	100%	87.5%	84.6%	86.2%	92.0%	87.8%	<b>66.9%</b>	83.0%
The structured education program aligns to content and learning outcomes of the ACEM Curriculum Framework	100%	<b>75.5%</b>	97.1%	89.7%	83.1%	79.3%	81.5%	92.1%	77.1%	83.0%
Rostering enables me to attend structured education sessions	71.4%	62.4%	94.1%	72.6%	74.6%	69.0%	85.6%	85.6%	<b>60.8%</b>	72.7%
<b>Total no. of responses</b>	<b>21</b>	<b>437</b>	<b>34</b>	<b>409</b>	<b>71</b>	<b>29</b>	<b>313</b>	<b>139</b>	<b>166</b>	<b>1619</b>

NB: Three trainees did not complete this section

The proportion of trainees who were in agreement with the statements relating to the structured education program at their ED placement increased as the accreditation level of the placement increased from 6 to 24 months (Table 23).

Table 23. 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
<b>The structured education program meets my needs</b>	<b>67.2%</b>	76.7%	84.5%	86.0%
<b>Structured education sessions are provided for a minimum of four hours per week</b>	<b>59.0%</b>	72.0%	86.6%	89.2%
<b>The structured education program aligns to content and learning outcomes of the ACEM Curriculum Framework</b>	<b>66.4%</b>	76.9%	85.3%	86.7%
<b>Rostering enables me to attend structured education sessions</b>	<b>58.2%</b>	69.1%	68.1%	77.2%
<b>Total no. of responses</b>	<b>122</b>	<b>321</b>	<b>245</b>	<b>931</b>

Trainees who disagreed with any of the statements relating to the structured education program available at their placement, were provided with the opportunity to comment on the reason(s) for their response. Table 24 provides the key themes from 292 responses.

Table 24. Themes of trainees' comments regarding the learning opportunities and the structured education program at their ED placement

Theme	Frequency
<b>Teaching not protected</b> <i>Not rostered when teaching occurs, busy department</i>	64
<b>Rostering unsupportive of teaching program</b>	53
<b>Less than 4 hours per week</b>	41
<b>Not tailored to trainee level</b> <i>Limited exam preparation</i>	37
<b>Good support for education and training</b>	31
<b>Absence of structured education program</b> <i>Not onsite</i>	21
<b>Inadequate educational resources and teaching</b>	16
<b>Not aligned with ACEM curriculum</b>	15
<b>Need more support from FACEMs</b>	10

### Simulated learning experiences

Trainees were asked whether simulated learning experiences were utilised at their ED placement. The majority (68%) reported that both low and high fidelity simulations were utilised, with similar proportions reporting that only high fidelity simulations or only low fidelity simulations were utilised, at 11%, respectively. Three percent reported that no simulation learning experiences were available at their ED placement and a further 7% reported that they didn't know. Trainees undertaking placements in EDs accredited for 18 or 24-month placements (70% and 72%) were more likely than those undertaking placements in EDs accredited for six or 12-month placements (50% and 60%) to report the utilisation of both low and high fidelity simulations at their placement.



### Leadership opportunities

A higher percentage of trainees strongly agreed or agreed that they were provided with opportunities to teach and supervise junior trainees (90%), compared with the statement that they were provided with leadership and management opportunities that were appropriate to their stage and phase of training (85%). Unsurprisingly, a higher proportion of advanced trainees (92%) than provisional trainees (87%) were in agreement that they were provided with opportunities to teach and supervise junior medical staff. However, there were no differences in responses provided by advanced and provisional trainees with respect to leadership and management opportunities.

### Research opportunities

Table 25 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 24 months of training (39%) were more likely to respond that there was a designated staff member to advise on the research component, compared with six, 12 and 18 month accredited sites. A considerable proportion of trainees (34%) 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 25. 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
<b>Yes</b>	19.0%	23.5%	30.9%	39.2%	33.8%
<b>No</b>	15.9%	10.1%	6.7%	4.9%	6.8%
<b>Don’t know</b>	33.3%	35.8%	32.7%	34.6%	34.4%
<b>Not applicable (have previously completed research requirement)</b>	31.7%	30.7%	29.7%	21.4%	25.0%
<b>Total no. of responses</b>	<b>63</b>	<b>179</b>	<b>165</b>	<b>613</b>	<b>1020*</b>

\* The question only applied to advanced trainees

### Education and training opportunities – further comments

Further comments (102) were sought from trainees relating to the education and training opportunities available at their ED placement. Table 26 presents the main themes identified from their responses.

Table 26. Themes of trainees’ comments relating to education and training opportunities available at their ED placement

Theme	Frequency
<b>Limited opportunities for junior supervision</b> <i>Mainly limited to night shift</i>	19
<b>Good opportunity to supervise or teach junior doctors</b>	17
<b>Simulated teaching and learning</b> <i>Mixed positive and negative comments</i>	13
<b>Research activity and support</b>	12
<b>Excellent teaching and training</b>	13
<b>Leadership and management opportunities</b>	11
<b>No protected teaching time</b>	6
<b>Exam teaching needs improvement</b>	5

## Highlights and Improvements

Trainees were asked to detail any highlights of their ED placement, as well as any areas for improvement. A total of 1154 trainees provided placement highlights, with themes presented in Table 27. Key highlights identified were the casemix (436, 38%), the supportive senior staff and/or DEMTs (333, 29%), the supportive team environment (234, 20%), and the teaching and education program (137, 12%).

Table 27. Themes relating to ED placement highlights.

Theme	Frequency
Good casemix and learning opportunities	436
Supportive consultants and/or DEMTs	333
Supportive colleagues and team environment	234
Good teaching and education program (incl. exam prep)	137
Leadership opportunities	64
Supportive rostering <i>Protected teaching time, flexible leave arrangements</i>	62
Busy, challenging department	36
Mentoring and supervision	34
Access to WBAs	27
Excellent placement	26
Good workload and staffing	19
Location and ED setting	7

When asked to comment on any areas for improvement that could be made at their ED placement, 774 trainees provided a response (Table 28). Improvements to the rostering (230, 30%), teaching/education program (222 29%), and staffing and workload arrangements (128, 17%) were among the main themes identified by respondents.

Table 28. Themes for suggested areas for improvement to the ED placements.

Theme	Frequency
<b>Rostering</b> <i>Protected teaching time, less night shift, fairness in rotation</i>	230
<b>Teaching/education program</b> <i>More exam prep, simulation learning, procedural teaching</i>	222
<b>Staffing and workload arrangements</b>	128
<b>Better coordination and support for WBAs</b>	62
<b>Mentoring and supervision</b>	31
<b>Trainee needs and welfare</b> <i>Bullying, staff safety, assistance during difficulty</i>	28
<b>Casemix</b> <i>including opportunities to manage higher acuity patients</i>	28
<b>Level/availability of clinical supervision</b>	27
<b>Feedback on progress</b>	26
<b>Leadership and teaching opportunities</b>	23
<b>Resourcing</b> <i>Space, equipment, IT systems, etc.</i>	22
<b>Nothing-Great placement</b>	11
<b>Opportunities to contribute to governance, Quality Assurance activities etc.</b>	9
<b>Orientation</b>	7
<b>Handover</b>	6
<b>Staff relationships</b>	5
<b>Research</b>	3
<b>Other</b>	16

## Conclusion

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This report provides the findings of the 2017 Trainee Placement Survey for FACEM trainees undertaking ED placements at the end of the 2017 training year. Overall, the majority of trainees felt positive about their ED placement, agreeing that their training needs were being met, 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 agreed that there was a formal mentoring program available at their ED placement, and that they were able to participate in decision making with respect to governance and quality improvement activities.

Regarding supervision and training experiences at their ED placement, most trainees strongly agreed or agreed that they were satisfied with the quality and availability of DMT support, and clinical supervision received. Smaller proportions, however, agreed that they received regular informal feedback and that they were satisfied with the support received from WBA Coordinators.

The majority of trainees were in agreement 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.

Highlights of trainees' ED placements included the casemix, a supportive ED environment, including supportive senior staff and the teaching/ education program. The teaching/ education program was named as an area for improvement by others, alongside with rostering and staffing arrangements.

These findings will be used to assist in the process of ensuring ACEM accredited EDs continue to provide training and a training environment, which are appropriate, safe and supportive of FACEM trainees.

## Suggested citation

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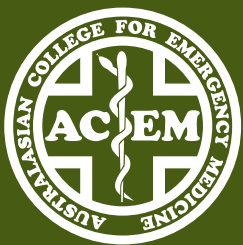
Australasian College for Emergency Medicine. (2018). *2017 ED Trainee Placement Survey Report - ED*. ACEM Report: Melbourne.

## Contact for further information

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