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EMERGENCY MEDICINE TRAINING IN NSW SURVEY

REPORT AUGUST 2009

1. EXECUTIVE SUMMARY

The Survey of Emergency Medicine Training in NSW was carried out by the Institute of Medical Education and Training (IMET). The Survey has provided information for the Emergency Medicine Training Implementation Group (EMTIG) to assist in the implementation of the Training Networks and the development of State wide educational initiatives for Trainees.

The Survey was sent to:

- 426 NSW Emergency Medicine Trainees,
- 31 Directors of Emergency Medicine Training (DEMTs)
- 12 Directors of Emergency Departments (DEMs) which are not currently accredited by the Australasian College for Emergency Medicine (ACEM) and which have more than 15000 presentations per year, as they have the potential to be accredited in the future.

Responses were received from:

- 114 Trainees at 22 of 31 hospitals accredited for EM Training across NSW
- 31 of 31 DEMTs at the 31 hospitals accredited for EM Training across NSW
- 10 of 12 DEMs at selected non ACEM accredited hospitals

The results provide comprehensive and valuable information on the current status of Emergency Medicine Training in NSW.

The Survey sought information about the Emergency Medicine training environment at NSW Emergency Departments (EDs). Trainees were asked about their level of satisfaction with current Emergency Medicine training and education, and their level of interest in rural and regional training. The DEMTs were asked to describe their teaching program and provide quantitative data on their Trainees. The DEMs were asked to comment on Emergency Medicine Training and whether they had any informal networking arrangements in place with other hospitals.

Trainees: Satisfaction with the quality of training varied considerably among Trainees. 57% of Trainees surveyed were satisfied or highly satisfied. 17% were either dissatisfied, or highly dissatisfied. 26% were neutral. Despite this more than 90% of the Trainees indicated that they were likely to complete their training and work as Emergency Physicians.

The Trainees' response to the questions about rural rotations indicated a considerable openness to working in a rural term. 63% of the Trainees had either worked in a rural rotation or were willing to consider it and 27% were unsure. In their comments Trainees commended the flexibility in their training and were strongly opposed to any perceived enforcement of regional or rural terms.

DEMTs responded to the questions relating to the proposed training networks with generally positive comments about the network model and a readiness to be involved in the implementation. However they expressed some concern about the risks relating to the distribution of Trainees across networked training sites.

There was a variety of responses relating to the stability of workforce with 77% indicating a stable workforce, 16% indicating an unstable workforce. The remainder were unsure.

Asked to approximate the proportion of their Trainees who were International Medical Graduates (IMGs), DEMTs indicated that approximately 46% of EM Trainees across NSW were IMGs, with the highest proportion, 48%, in major referral and urban district hospitals.

DEMs responding to the survey indicated some informal networking arrangements with other hospitals, a few well forged, most tenuous. Their concerns were with having enough FACEMs to enable ACEM accreditation and the need for providing training opportunities, such as the Hospital Skills Program, for the Career Medical Officers (CMOs) in EDs.

The Survey has provided very relevant information from a significant number of stakeholders in this process. In particular it has:

- provided information about Trainees' satisfaction with their education and training
- highlighted Trainee concerns about maintaining protected and paid teaching time
- indicated a openness on the part of Trainees to working in rural terms
- questioned the capacity of hard-worked FACEMs to provide informal teaching
- provided quantitative data about ACEM Trainees and non ACEM Registrars in NSW EDs
- provided an approximation of the proportion of Trainees who are IMGs
- provided an overview of current teaching resources

The responses to the Survey will inform EMTIG in determining the Training Networks and scoping educational initiatives.

1.1 ACKNOWLEDGEMENTS

IMET and the Chair EMTIG, Dr Jon Hayman, thank all the Emergency Medicine Trainees, DEMTs and DEMs who participated in the Survey.

IMET is most grateful to ACEM for facilitating the distribution of the survey. Dr Sally McCarthy, President of ACEM, kindly included a message of encouragement with the Survey. Thank you to Ms Jenny Houlden and the staff at ACEM for their time and effort in sending out the Survey email.

We wish to thank Dr David Murphy, ACEM NSW Trainee Representative, for contacting the Trainees with a message of encouragement to complete the Survey.

We would like to acknowledge the use of the Alphastudy website and the assistance of Mr David Dinh, for providing the Alphastudy website.

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3. BACKGROUND AND GUIDING PRINCIPLES

3.1 AIMS OF THE SURVEY

The aims of the Survey were to elicit information about the Emergency Medicine Training Program in NSW hospitals. In particular the Survey was intended to:

- provide information about levels of Trainee satisfaction with Emergency Medicine education and teaching and the availability of protected teaching time
- elicit the views of Emergency Medicine Trainees in relation to working rural terms
- provide data about the number of Registrars in NSW EDs who are ACEM Trainees, ACEM Trainees who are also IMGs and non-ACEM trainee Registrars
- provide information from DEMENTs about current teaching resources and any informal networking arrangements currently in place between teaching hospitals

The Survey sought information about the Emergency Medicine training environment at NSW EDs. Trainees were asked about their level of satisfaction with current Emergency Medicine training and education, and their level of interest in doing training in regional and rural sites. The DEMENTs were canvassed for their views on issues related to the provision of education and training in Emergency Medicine and their comments on the impending training networks. The DEMs were asked to comment on Emergency Medicine Training and whether they had any informal networking arrangements in place with other hospitals.

3.2 METHODOLOGY

The online Survey was developed by the Chair of the EMTIG, Dr Jon Hayman, assisted by Emergency Medicine Program staff at IMET. The Surveys were different for each group of participants and consisted of a mix of questions and opportunities for comment. Participants were able to access the Survey online and submit it electronically.

Emergency Medicine Trainees, DEMENTs and DEMs from selected non- ACEM accredited hospitals, were asked to complete the Survey. The request from the Chair of EMTIG to participate in the Survey was sent out by email through ACEM and a message from the President of ACEM, Dr Sally McCarthy, accompanied the email.

Surveys were completed by:

114 Trainees at 22 of the 31 hospitals accredited for Emergency Medicine training across NSW

31 DEMENTs at 31 ACEM accredited hospitals

10 DEMs of the 12 DEMS invited to participate

4. RESPONDENTS

TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 426 Emergency Medicine Trainees registered with the College in NSW as at July 2009. A total of 114 Trainees responded to the Survey, an overall response rate of 27%.

DEMTs

The Survey was sent to all the DEMTs at the 31 ACEM accredited training sites in NSW. All 31 DEMTs responded to the Survey.

DEMs

The Survey was also sent to DEMs at Emergency Departments at the following non-ACEM accredited training sites, which have presentations of 15000 or more per year:

Auburn Hospital
Belmont Hospital
Blue Mountains Hospital
Campbelltown
Fairfield Hospital
Goulburn Hospital
Griffith Base Hospital
Mount Druitt Hospital
Orange Base Hospital
Port Macquarie Hospital
Sydney Hospital
Wagga Wagga

10 DEMs responded to the Survey, a response rate of 83%

TABLE 1 : RESPONDENTS

Responses	Trainees	DEMTs	DEMs
	114	31	10
Total	426*	31~	12~
Percentage response	27%	100%	83%

* Total number of ACEM registered Trainees in NSW

~ Total number of ACEM accredited Emergency Departments

^ Selected non ACEM accredited EDs with more than 15,000 presentation a year

5. MAIN FINDINGS

The main findings of the Survey relate to:

- the provision of protected teaching time available in EDs for formal Emergency Medicine teaching (*Table 5.1*)
- data on the number of trainees in Emergency Departments in NSW, the number of Trainees who are international medical graduates (IMGs) and the number of non-ACEM Trainees (*Table 5.1*)
- information on the Trainees' level of satisfaction, or otherwise, with the current training program in NSW (*Table 5.2*)
- views of Trainees in relation to working in rural terms (*Table 5.3*)
- views of Trainees on whether they intended to work as Emergency Physicians in Emergency Medicine Departments (*Table 5.4*)
- views of DEMENTs and DEMs on the stability or otherwise of the workforce
- information about informal networking arrangements currently in place between teaching hospitals

Where comments by Trainees, DEMENTs and DEMs have been quoted, they are followed in brackets by an indication of the ACEM role delineation of the hospital at which the doctor making the comment is based ie. Major referral (MR) Major regional/rural base (RR), Urban district (UD)

5.1 PROTECTED TEACHING TIME IN ACEM ACCREDITED EDs AND DATA ON TRAINEES

DEMENTs and Trainees were asked to quantify the number of hours of protected teaching time available per week and **Table 5.1** shows the responses of DEMENTs and Trainees, by hospital. The hospitals are grouped according to their ACEM role delineation.

DEMENTs were asked to provide the number of ACEM Trainees they supervised and **Table 5.1** shows their response, divided into Provisional and Advanced Trainees. The FTE for these positions is also shown in **Table 5.1**.

Finally DEMENTs were asked to estimate what proportion of these Trainees were International Medical Graduates (IMGs) and their response is also listed in **Table 5.1**.

TABLE 5.1: PROTECTED TEACHING TIME IN ACEM ACCREDITED EDs AND DATA ON TRAINEES

ACEM Role Delineation*	Hospital	DEMT Response Protected Teaching Time p/w	Trainees Response Protected Teaching Time p/w	Provisional Trainees Headcount (FTE)	Advanced Trainees Headcount (FTE)	Number & percentage of IMG's [^]
MR	John Hunter Hospital	2 - 8	2 - 4	13 (13)	10 (10)	60%
MR	Liverpool Hospital			7 (7)	10 (10)	60%
MR	Nepean Hospital			6 (6)	11 (10)	60%
MR	Prince of Wales Hospital			12 (12)	19 (12)	52%
MR	Royal North Shore Hospital			18 (16)	22 (19)	40%
MR	Royal Prince Alfred Hospital			9 (9)	26 (23)	60%
MR	St George Hospital			7 (6)	16 (11)	20%
MR	St Vincent's Hospital			6 (6)	11 (11)	40%
MR	Sydney Children's Hospital			5 (5)	4 (4)	30%
MR	Westmead Hospital			16 (16)	14 (13)	50%
MR	Westmead Children's Hospital				1 (1)	30%
TOTAL				Average = 5	Average = 3	99 (96)
RR	Coffs Harbour	0 - 4	1 - 4	2 (2)	4 (4)	30%
RR	Dubbo Base			3 (3)	1 (1)	0%
RR	Gosford			10 (10)	7 (6)	50%
RR	Lismore Base Hospital			7 (7)	3 (3)	50%
RR	Tamworth Hospital			6 (6)	6 (6)	0%
RR	Tweed Hospital			11 (11)	6 (6)	70%
RR	Wollongong Hospital			12 (10)	1 (1)	40%
RR	Wyong Hospital			0	0	0
TOTAL		Average = 3	Average = 2	51 (49)	28 (27)	41% (32/79)
UD	Bankstown-Lidcombe Hospital	1 - 6	0 - 5	7 (7)	2 (2)	80%
UD	Blacktown Hospital			5 (5)	2 (2)	70%
UD	Cavalry Mater			2 (2)	2 (2)	80%
UD	Canterbury Hospital				1 (1)	100%
UD	Concord Hospital			7 (7)	4 (4)	40%
UD	Hornsby Ku-ring-gai Hospital				1 (1)	100%
UD	Maitland Hospital			7 (7)	1 (1)	No answer
UD	Manly Hospital			3 (2)	1 (1)	20%
UD	Mona Vale Hospital			1 (1)	1 (1)	60%
UD	Ryde Hospital			1 (1)	1 (1)	50%
UD	Sydney Adventist Hospital			1 (1)	1 (1)	50%
UD	Sutherland Hospital			6 (6)	2 (2)	90%
TOTAL		Average = 3	Average = 2	40 (39)	19 (19)	48% (28/59)
NSW TOTAL				190 (184)	191 (170)	46% (176/381)

*MR = Major Referral
 RR = Major Regional/Rural base
 UD = Urban District

[^]Total percentages of IMG's are based on IMG headcount divided by total Trainees

DEMTs reported on the number of ACEM Trainees they were supervising, (not including those seconded from another hospital), divided by Provisional and Advanced Trainees.

IMGs: a range from 0% to 100%. Seven hospitals had between 70% and 100% IMGs. Two hospitals had between 0% and 20%.

Protected Teaching Time: responses varied from a minimum of one hour, reported by Trainees at four hospitals, to maximums of seven or eight hours reported at two hospitals. The estimates of Trainees and DEMENTs at the same hospitals did not always match. The responses of the Trainees have been averaged by hospital.

Many Trainees indicated that protected teaching time was frequently eroded by service requirements:

- ED Trainees are disadvantaged compared to others in attending teaching during working hours as they will be invariably called into see patients during teaching sessions (UD)
- We need to have covers(locums /other staff) for our protected teaching times or need to be rostered off – especially – not straight after night shifts for Trainees (UD)
- Teaching time is never protected! There are times when you are on shift that you are unable to get to teaching as the department is so busy (MR)

Others were concerned that they were not paid for protected teaching time when they were not rostered on:

- ... no protected paid teaching time allocated (UD)
- ...we will not be paid for the protected training time if not rostered (UD)
- Teaching is only paid for registrars actually on shift, others come in unpaid (MR)
- The training is a joke because it is held midweek, not compulsory and you don't get paid if you are not rostered on. So you only get to go if you are rostered on a midweek day shift (RR)

DEMENTs commented on the distribution of Trainees

- Need to ensure smaller EDs have enough Trainees for adequately staffing (UD)
- I would consider the most critical component is for Trainees to spend time away from the major centres - the rural links must be robust (MR)
- Implementation of any networked system must ensure that all networks are equal as the mobile nature of the work force will mean that any network which is seen to be superior will obtain the majority of the Trainees. Any network must not disadvantage the major base hospital which are trying to manage already increased patient loads (MR)
- When it is compulsory for Trainees to do outer metro and rural rotations we'll be getting somewhere (MR - recently RR)

5.2 TRAINEE LEVEL OF SATISFACTION WITH CURRENT EM TRAINING

Trainees were asked to respond on a five point scale of satisfaction with their current Emergency Medicine education and training (Table 5.2). The results are shown below by percentage and by hospital.

TABLE 5.2: HOW SATISFIED ARE YOU WITH YOUR CURRENT EMERGENCY MEDICINE EDUCATION AND TRAINING?

Responses	Basic Trainees	Provisional Trainees	Advanced Trainees	%
Highly Satisfied	2	4	8	13.21%
Satisfied		20	26	43.40%
Neutral	3	8	17	26.42%
Dissatisfied	1	3	10	13.21%
Highly Dissatisfied	1	1	2	3.77%

(Out of 114 trainee responses, only 106 responses were applicable to this question)

MR = Major Referral
 RR = Major Regional/Rural base
 UB = Urban District

- 57% of Trainees surveyed, slightly over half, indicated that they were satisfied or highly satisfied with their current education and training.
- 17% of Trainees were either dissatisfied or highly dissatisfied
- 26% of Trainees gave a neutral response
- 3 of 10 Advanced Trainee respondents at RR hospitals expressed high dissatisfaction
- 1 of the 10 Trainee respondents at a UD hospital expressed high dissatisfaction
- 13 of 75 Trainee respondents at MR hospitals reported dissatisfaction
- No high dissatisfaction was reported at MR hospitals.

Trainees commented that:

- Formal teaching is great – on the floor teaching which would be useful never occurs as staff specialists too busy (MR)
- I think the formal talks/sim training are excellent - however - as with most Trainees I feel that shop floor teaching is very limited due to workload/service provision requirements (MR)
- Teaching sessions are pretty much non-existent (UD)
- I think it is a real shame that on-the-floor consultant teaching is virtually non-existent due to workload demands and inadequate staffing (MR)
- My "golden years" could be better structured with module (MR)

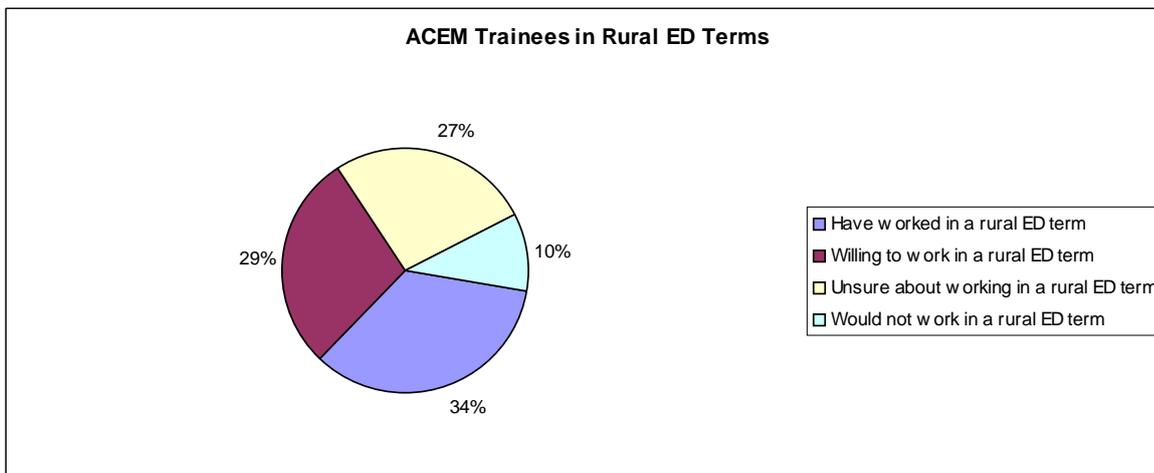
- (MR) Hospital runs a well coordinated, relevant Thursday teaching session. They join forces with (UD) hospital to run clinically relevant sessions. The (UD) rural hospital takes responsibility for some of the primary teaching but leaves Trainees out of the loop for the clinically useful stuff. Hard to complain as an under resourced dedicated team but Trainees tending to miss out at the expense of service provision (MR)
- (MR) hospital places registrar training as a high priority and there is a great deal of consultant supervision and training available (MR)
- The informal teaching at (UD) hospital (bedside and remote supervision/ advice) is excellent - and I think it makes up for a limited formal teaching program (RR)

5.3 TRAINEES AND RURAL TERMS

Trainees were asked if they had completed a rural term and if they had not, whether they would be willing, unsure, or would not work in a rural ACEM accredited ED term (Table 5.3)

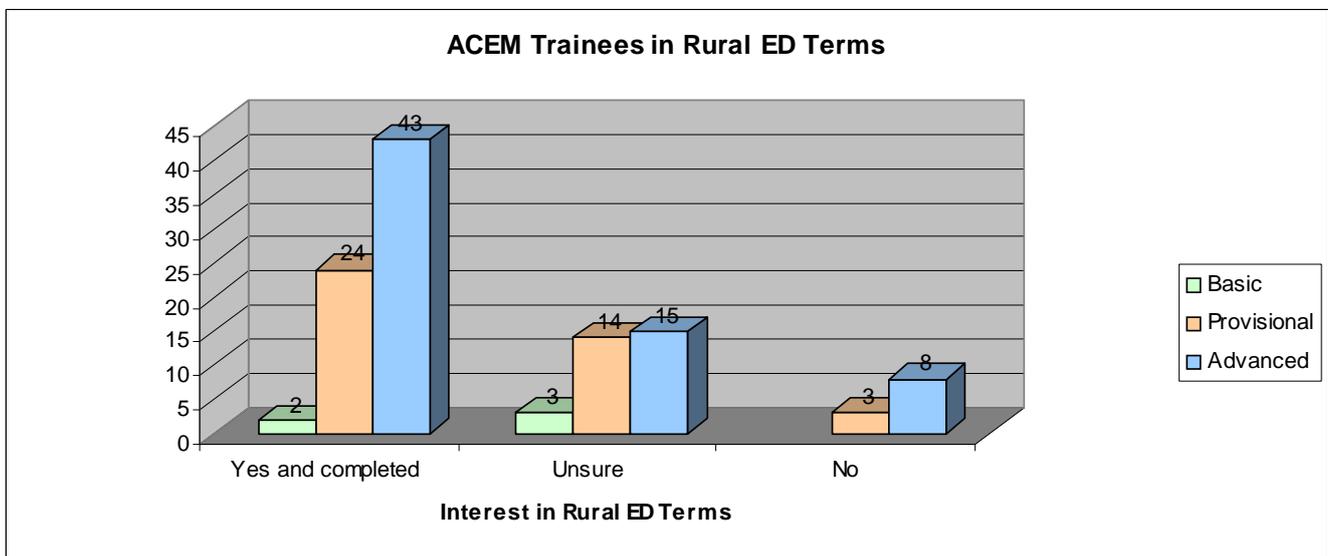
TABLE 5.3: TRAINEES AND RURAL TERMS

Have worked in a rural ED term	Willing to work in a rural ACEM accredited ED term	Unsure about working in a rural ACEM accredited ED term	Would not work in a rural ACEM accredited ED term
38	32	30	11



WOULD YOU BE (OR HAVE YOU BEEN IN THE PAST) INTERESTED IN WORKING IN A RURAL ACEM ACCREDITED ED TERM?

	Basic	Provisional	Advanced
Yes and completed	2	24	43
Unsure	3	14	15
No		3	8



- 34% of Trainees indicated that they had worked in a rural term
- 29% would be willing to work in a rural term.
- 27% were unsure, perhaps needing more information.
- Only 10% of Trainees responded that they would not work in a rural term.
- Several Trainees suggested encouragement, rather than coercion, citing as examples financial incentives for working in rural terms.

Some Trainees indicated an appreciation of the value of working in a rural ED term

- Should not force Trainees to work in rural ED - instead offer financial rewards (MR)
- Though I think the bulk of ED training should be at a tertiary referral centre for best-practice exposure - I consider my semi-rural ED time - in view of its unsupportedness - as great experience - and thoroughly recommend it (MR)
- I would be interested in working in a rural placement if it was a placement from current training hospital. I probably wouldn't be bothered to apply separately though (MR)
- Personally interested to work in rural setting but think it should not be enforced. This is because as a female ED itself is quite attractive and so far has been suitable as a part time job with kids...But I do realise that moving to other hospitals is also important from training and probably a rural setting is important (MR)
- I do believe one of the attractions of Emergency Medicine is the opportunity to do much of your training in your home hospital and less need to travel far for rural terms. In saying that - rural terms are valuable to training (MR)

By contrast there were strong views stated about enforcing rural terms

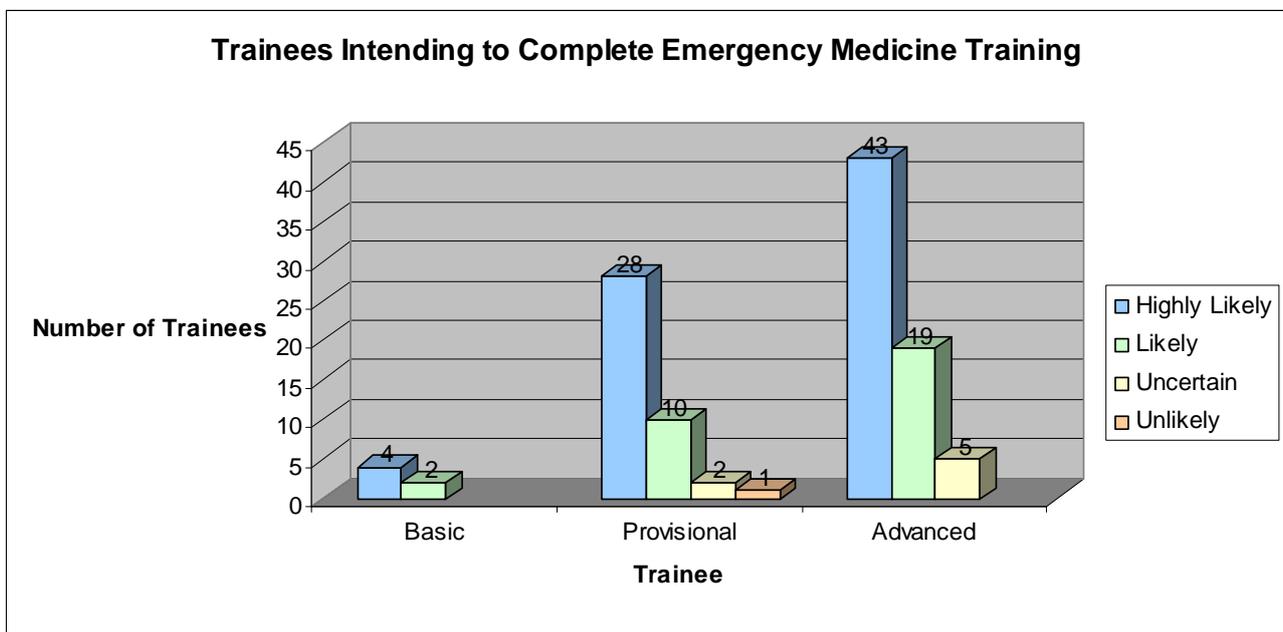
- I would look very dimly on the development of a training network that was used to place me for a certain amount of time in effectively a rural 'service' position each year(MR)
- Forced rotations to other hospitals (urban or rural) adversely affects trainee quality of life for no apparent educational benefit. if rural or urban rotations had some educational advantage over tertiary centres this may make them attractive for Trainees despite the extra travel and disruption to family life (UD)
- Implementing a network where a trainee may be forced to go to distant rural hospitals runs the risk of resulting in Trainees turning away from the specialty (MR)
- Emergency medicine is a relatively unattractive area of medical practice with difficult working conditions. Working 4 days a week with no overtime makes ED attractive to many because of extra time for leisure and family. Forced rotations to other hospitals (urban or rural) adversely affect trainee quality of life for no apparent educational benefit. if rural or urban rotations had some educational advantage over tertiary centres this may make them attractive for Trainees despite the extra travel and disruption to family life (UD)
- Emergency is a difficult – stressful – and highly unsociable training program. The ability to choose our own hospitals vs. being sent somewhere is one of its pluses. Please give us a lot of choice in the networks to allow us not to have to move and relocate regularly (MR)
- The reason I have remained committed to my ED Training through the ACEM is because of the flexibility of the training program...if the training program were to become too highly structured and inflexible – this would dilute the extracurricular activities of the Trainees and homogenise the workforce and ED would be a far less interesting area to work and train in.(MR)

5.4: LIKELIHOOD OF TRAINEE COMPLETING TRAINING & WORKING AS EMERGENCY PHYSICIAN IN ED

Trainees were asked about the likelihood of their completing their training and working as Emergency Physicians in an ED

TABLE 5.4 INTENTION TO COMPLETE EMERGENCY MEDICINE TRAINING

	Basic	Provisional	Advanced	%
Highly Likely	4	28	43	66%
Likely	2	10	19	27%
Uncertain		2	5	6%
Unlikely		1		0.9%



- 93% of Trainees were either likely or highly likely to complete training
- 6% were unsure.
- Trainees were not asked to comment further on this specific question, but despite their concerns about their education and training, and issues relating to perceived erosion of the flexibility of training rotations, the great majority of Trainees surveyed did indicate their intention of working as Emergency Physicians.
- Trainees did not comment further on this question in their general comments to the EMTIG, rather concentrating their comments on issues relating to training.

6. CONCLUSION

There has been a very good participation rate in the Emergency Medicine Training in NSW Survey, perhaps indicating the level of concern Trainees and their supervisors have with how their education and training is provided in NSW. Responses highlighted the problems for Trainees in attending formal teaching sessions, both in terms of conflicting service demands and issues of paid teaching time. The capacity of FACEMs to have time to provide on the floor teaching, in a difficult working environment was also an issue.

The participants were receptive to the proposed Network Training Program, with the expectation that it would increase the accessibility of training and teaching sessions, although some concerns were expressed from both metropolitan and rural participants about Trainees losing the element of flexibility in their training program.

There is clearly a challenge for the EMTIG to engage local graduates in Emergency Medicine training as approximately 42% of trainees are IMGs as reported by DEMTs.

An encouraging outcome of the Survey was the level of willingness on the part of Trainees to work in rural terms and their perception of its value as part of their EM training. It was also significant that more than 90% of the Trainees expected to complete their training and work as Emergency Physicians in an ED.

The Survey will inform the EMTIG in establishing the Emergency Medicine Training Networks. It will provide valuable information for EMTIG in setting its priorities regarding the availability of formal education and training at all accredited training sites and pursuing educational initiatives to enhance training in NSW.

7. APPENDIX

Surveys

7.1 Example of Trainees Survey

NSW ACEM Trainees Study

NSW Training Implementation Group

AlphaStudy.com > Health & Medicine > ACEMTRAINEESSURVEY > Surveys > NSW ACEM Trainees Survey

Login | New user? Register on Alphastudy

▶ NSW ACEM Trainees Survey

You have attempted this survey 0 out of unlimited times. You have unlimited attempts left to fill out this survey.

Alphastudy survey platform is compliant with HIPAA Privacy and Security Acts and is bound by the National Privacy Principles in the Privacy Act 1988 (Cth).

This Survey will assist us in gaining information on Emergency Medicine Training in NSW. The Survey is anonymous.

1.) What do you consider to be your home hospital:

2.) Are you a Basic or Provisional or Advanced trainee:

Basic trainee (PGY1/PGY2 registered with ACEM)

Provisional trainee

Advanced trainee

3.) Which form of training are you undertaking?

Emergency Medicine training only

Joint Emergency/Paediatric training

Joint Emergency/ICU training

4.) Please estimate the total hours of protected teaching time available to you each week when working in the ED:

5.) How satisfied are you with your current Emergency Medicine education and training?

Highly satisfied

Satisfied

Neutral

Dissatisfied

Highly dissatisfied

Any comments?

6.) Have you worked in a rural ED term as a Provisional or Advanced trainee?

Yes

No

7.) If you answered yes to question 6 proceed to question 8. If you answered No to question 6 would you be (or have you been in the past) interested in working in a rural ACEM accredited ED term as a Provisional or Advanced trainee?

Yes

No

Unsure

8.) How likely are you to complete your training and work as an Emergency Physician in an ED?

Highly likely

Likely

Uncertain

Unlikely

Highly unlikely

9.) Do you have any other comments you would like to make to the NSW Emergency Medicine Training Implementation Group (EMTIG)?

Finish

7.2 Example of DEMENT Survey

NSW DEMENT Study NSW Training Implementation Group

AlphaStudy.com > Health & Medicine > DEMENTSTUDY > Surveys > NSW DEMENT Survey

Login | New user? Register on Alphastudy

▶ NSW DEMENT Survey

You have attempted this survey 0 out of unlimited times. You have unlimited attempts left to fill out this survey.

Alphastudy survey platform is compliant with HIPAA Privacy and Security Acts and is bound by the National Privacy Principles in the Privacy Act 1988 (Cth).

This Survey will assist us in gaining information on Emergency Medicine Training in NSW.

For more information on the draft **NSW Emergency Medicine Training Networks**, please [click here](#)

1.) Please state your name and the hospital you are a DEMENT for:

2.) As a DEMENT how many PROVISIONAL ACEM trainees are you supervising (do not include trainees seconded from another hospital) to the nearest whole number?

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Number of trainees	<input type="radio"/>																								
Full Time Equivalent positions	<input type="radio"/>																								

3.) As a DEMENT how many ADVANCED ACEM trainees are you supervising (do not include trainees seconded from another hospital) to the nearest whole number?

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Number of trainees	<input type="radio"/>																								
Full Time Equivalent positions	<input type="radio"/>																								

4.) Please approximate the proportion of your trainees who are International Medical Graduates:

5.) Please advise us of the number of Registrar positions in your ED that are filled with non ACEM trainees:

How stable is this workforce?

Highly stable

Stable

Unsure

Unstable

Highly unstable

6.) Please describe the formal education and training program available to your trainees:

7.) Please estimate the total hours of protected teaching time available to your trainees each week:

8.) Please describe the non ED rotations your hospital or network offers to trainees and number of these rotations:

9.) Do you have any comments on the draft NSW Emergency Medicine Training Networks? (See link at start of survey)

10.) Do you have any other comments you would like to make to the NSW Emergency Medicine Training Implementation Group (EMTIG)?

Finish

7.3 Example of DEM Survey

► Directors of Emergency Medicine at non ACEM accredited EDs

You have attempted this survey 0 out of unlimited times. You have unlimited attempts left to fill out this survey.

Alphastudy survey platform is compliant with HIPAA Privacy and Security Acts and is bound by the National Privacy Principles in the Privacy Act 1988 (Cth).

This Survey will assist us in gaining information on Emergency Medicine Training in NSW

1.) Please state your name and the hospital you are a DEM for:

2.) Can you please estimate the likelihood of your Emergency Department being accredited for ACEM Emergency Medicine training within the next three years?

Highly likely

Likely

Neither likely or unlikely

Unlikely

Highly unlikely

3.) Does your Emergency Department have any informal network arrangements with any other hospitals? If so please describe them

4.) If your department were to be ACEM accredited please estimate the number of ACEM trainees you could train in your Emergency Department:

5.) Do you have any other comments you would like to make to the NSW Emergency Medicine Training Implementation Group (EMTIG)?

Finish

8. ABBREVIATIONS

ACEM	Australasian College for Emergency Medicine
CMO	Career Medical Officer
DEM	Director of Emergency Medicine
DEMT	Director of Emergency Medicine Training
ED	Emergency Department
EM	Emergency Medicine
EMTIG	Emergency Medicine Training Implementation Group
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full time equivalent
ICU	Intensive Care Unit
IMG	International Medical Graduate
JMO	Junior Medical Officer
NSW Health	New South Wales Department of Health
NSW IMET	NSW Institute of Medical Education and Training

ACEM role delineations for accredited hospitals

MR	Major referral hospital (<i>ACEM hospital role delineation</i>)
RR	Major regional/rural base hospital (<i>ACEM hospital role delineation</i>)
UD	Urban district hospital (<i>ACEM hospital role delineation</i>)