Acute Internal Medicine Trainee Survey: 2017

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Abstract

Introduction: *Survey to ascertain views of Acute Internal Medicine trainees regarding their training programme.*
Methods: *Online survey circulated to higher specialty trainees (HSTs) via the Society of Acute Medicine (SAM), Training programme Directors (TPDs) and social media platforms.*
Results: *A total of 57 trainees participated in the survey; 43.86% trainees are either 'happy' or 'very happy' with their training, 10.53% are 'quite unhappy' with their training.*
Trainees enjoy the variety of workload and the variety of specialist exposure.
Discussion: *The number of trainees who responded to this years survey was significantly lower than the previous two years. Perhaps this is because trainees feel that there is a lack of change/improvement over time and hence do not feel the need to participate in such a survey.*

Keywords

Acute medicine, Annual survey, Training, Procedural competencies, Leadership and management

Introduction

An annual trainee survey was initiated in 2015 and continued in 2016 for Acute Internal Medicine Higher Speciality Trainees (HSTs).[1,2] The purpose of these surveys has been to highlight the strengths and weaknesses of the training programme. The results are fed back to the Acute Internal Medicine Specialist Advisory Committee (SAC) via the Society of Acute Medicine (SAM) trainee representatives.

The trainee survey for 2017 was kept open for five months instead of the initial two months as planned, due to a poor response rate and trainee engagement with the survey. The themes and summary from the trainee survey were fed back to training programme directors (TPDs) at the quarterly SAC meeting in June 2018.

Methods

A 13 item questionnaire was formulated using the same methodology as the 2016 trainee survey on the Survey Monkey® website.[3] The survey was advertised via the SAM administrator using the SAM newsletter in December 2017, with a reminder sent out 1 month later. Not all TPDs and Acute Internal Medicine Trainees are members of SAM, therefore, a link to the survey was sent to Acute Internal Medicine Trainees via their Regional TPDs. Reminder emails were sent to TPDs during the 5-month data collection period. The survey was also circulated using various social media platforms for example Twitter®, WhatsApp® and SLACK® by the two SAM trainee representatives.

Results

A total of 57 trainees responded over a 5-month period (Dec 2017 – April 2018 inclusive). According to Joint Royal Colleges of Physicians Training Board (JRCPBT) there are 362 Acute Internal Medicine (AIM) trainees, therefore this is a 15.7% response rate. Below are the questions that were asked in the survey and their responses.

Question 1: Which region are you training in? (Table 1)

Table 1. The regions to which the survey was circulated in 2016[2] and 2017 and the numbers of respondents. Note North Central and East London response rate increased from zero trainees to nine respondents. No numbers are available for 2015 survey. Those in red are the five regions where the response rate has reduced by more than 70% from the 2016 to 2017 surveys.

Region	No. Responses 2016	No. Responses 2017
East of England	2	1
East Midlands	3	4
KSS	8	4
North East	2	4
North West	14	4
North Central and East London	0	9
North West London	9	2
South London	6	3
Yorkshire and the Humber	11	8
Wessex	8	1
Thames Valley	3	3
West Midlands	8	4
South West	16	4
Wales	5	4
NHS Education for Scotland	4	2
Northern Ireland	3	0
Other	6	0
TOTAL	108	57

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Acute Internal Medicine Trainee Survey: 2017

Question 2: What is your current grade? (Figure 1)

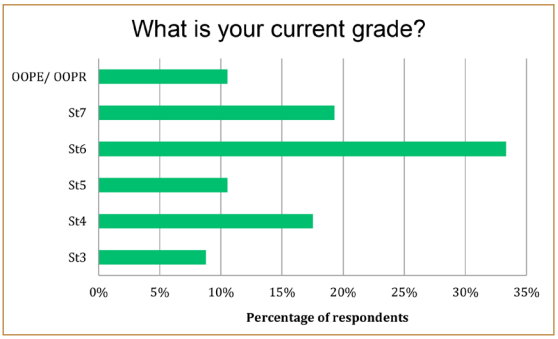

Figure 1. The proportion of respondents based on their ST training grade.

Question 3: How happy are you with your training at present? (Figure 2)

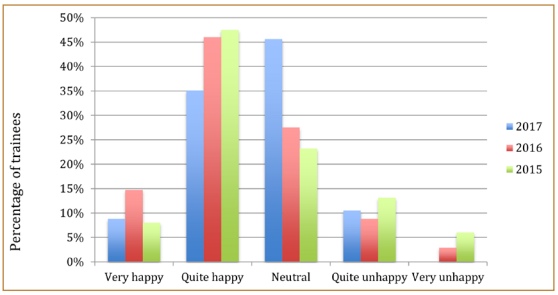

Figure 2. The chart compares the answers of our respondents compared to the respondents of the 2016 and 2015 surveys.

Question 4: What do you enjoy most about AIM training? (Figure 3)

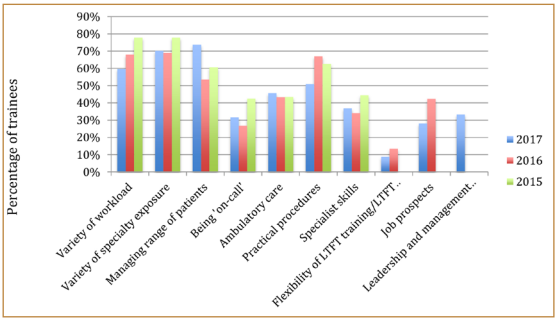

Figure 3. The aspects of the training programme that are perceived to be the most enjoyable, and this is compared to the responses from the previous two surveys. Note that the leadership and management question was new compared to the previous two surveys.

Question 5: What do you enjoy least about AIM training? (Figure 4)

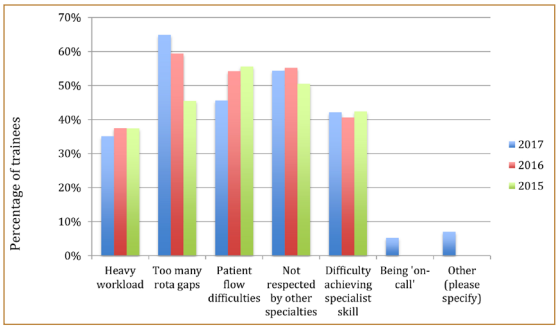

Figure 4. The aspects of the training that are least enjoyed by the respondents and this is compared to the previous two surveys. The four respondents who answered "other" were: 1. Lack of consultant cover and poor supervision (2 trainees) 2. Experiencing identity issues with the speciality and not knowing where the speciality was headed 3. Not knowing where they will be placed year on year during their training programme. Note: the question regarding "being on call" is new to the survey this year.

Question 6: As an AIM trainee, are you expected to cover more gaps on GIM rota than non-AIM trainees? (Table 2)

Table 2. Illustrates the proportion of trainees who are expected to cover more rota gaps as an acute medicine trainee over the last three years.

	2015	2016	2017
Yes	55%	52.5%	50.88%
No	45%	47.5%	49.12%

Question 7: Are you struggling to achieve sign off for any of the following procedural competencies? (Figure 5)

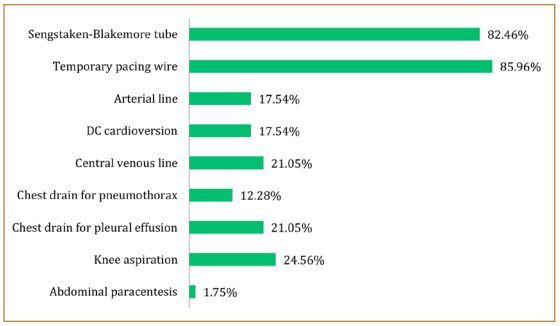

Figure 5. The proportion of respondents who are struggling to get their competencies as defined by the AIM curriculum signed off during their training programme.

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Question 8: Are you able to take your half-day per week to undertake your specialist skill? (Table 3)

Table 3. Illustrates the proportion of trainees who are able to take their half day per week to undertake their specialist skill over the last three years.

	2015	2016	2017
Yes	12.5%	54.2%	47.37%
No	54.2%	45.8%	52.63%

Question 9: Do you think ultrasound should be a mandatory part of the curriculum? (Table 4)

Table 4. The proportion of trainees who would like ultrasound training to be part of the training programme. Since this question was initially asked in the 2015 survey, the Focused Acute Medicine Ultrasound (FAMUS) course has been introduced.[4]

Yes	94.74%
No	5.26%

Question 10: Have you had access to regular AIM training days this year as part of your programme? (Table 5)

Table 5. The proportion of respondents who are able to access regular training days compared to last years survey respondents.

	2016	2017
Yes	72.2%	89.47%
No	27.8%	10.53%

Question 11: Do you think there should be a compulsory chief registrar role for AIM trainees? (Table 5)

Table 6. The RCP has recently introduced the Chief Registrar role whereby a trainee can spend a year focusing on their leadership and management development. The table illustrates that a significant number of respondents were not aware of this role.

Yes	35.09%
No	45.61%
I am not aware of this role	19.30%

Question 12: How do you think we should develop leadership and management skills for AIM trainees? (Figure 6)

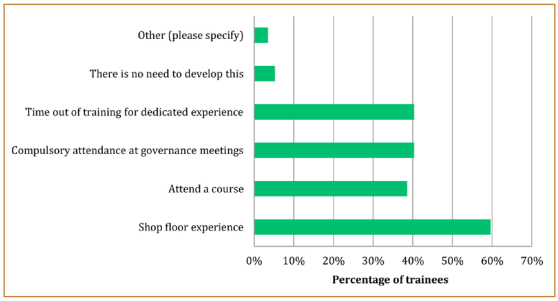

Figure 6. The majority of trainees feel that shop floor experience is the most valuable in gaining leadership and management experience. Three respondents felt that this training was not necessary and the two that answered "other" thought that shadowing a consultant would be beneficial in developing leadership and management experience.

Question 13: Would you recommend AIM as a career choice? (Table 7)

Table 7. The proportion of respondents who would recommend AIM as a career choice has steadily increased over the last three years, with the percentage who would not has halved between 2016 and 2017.

	2015	2016	2017
Yes	82.1%	85.6%	92.98%
No	12.5%	14.4%	7.02%

Discussion

57 out of 362 (15.7%) trainees responded to the trainee survey. This is half the number of respondents from the trainee surveys of 2015 and 2016, despite optimism from the 2015 and 2016 trainee surveys that the number of responses would increase with the establishment of Acute Internal Medicine as a specialty. Significant effort was made to increase the number of respondents by keeping the survey open for 5 months with multiple reminders via regional trainee representatives and social media. The five regions mentioned previously; Northern Ireland, Wessex, North West, South West and North West London, the respondent rate has significantly reduced compared to last year. The majority of respondents were at ST6 and ST7 level trainees with the lowest number of responses from ST3 level trainees. Despite the lower number of responses, the data from our survey did reflect trends from the previous trainee surveys.

There a number of potential explanations for disengagement with the trainee survey from lack of a significant change in training nationally since 2015 to general dissatisfaction with workforce management, for example, rota gaps.[5] Further analysis of these issues using qualitative approaches would be useful

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in identifying possible solutions. There were several free text comments on "identity" of the Acute Internal Medicine within the hospital. The issue of identity of Acute Internal Medicine in the hospital and lack of respect from other specialities has been highlighted in a qualitative study by Lovell[6] and also in the previous trainee surveys.[1,2]

In comparison to the previous two years, it appears that slightly more trainees are 'quite unhappy' or feel 'neutral' about AIM training. Although no one is 'very unhappy' with their AIM training as they were in the previous two years. There appears to be a shift towards a decrease in satisfaction with AIM Training between 2015 and 2016. The number of trainees who are 'quite happy' has fallen, whilst there has been an increase in trainees who are ambivalent towards their training, rating their training as 'neutral'.

Lack of adequate supervision was also cited in free text comments and this may be due a limited number of Acute Internal Medicine CCT medical consultants compared to General Internal Medicine (GIM) specialists that have gravitated towards an Acute Internal Medicine consultant role within a hospital, resulting in a lack of exposure to consultants that can offer guidance or mentoring and this further adds to the issue of professional identity. Steps have been made to improve professional identity by the Acute Medicine Awareness Days and increased media coverage by Society of Acute Medicine presidents. This has also been aided by the introduction of WhatsApp® and SLACK® social media platforms for AIM trainees to provide informal support via a national community of practice,[7] the impact of these groups will be evaluated next year. We would encourage direct feedback to issues raised from this year's trainee feedback from the SAC to demonstrate that feedback is valued and potential solutions implemented.

More than 50% respondents are not getting a half a day off per week to focus on their specialist skill, this is more than last year (45.8%). This may be a result of the workforce challenges mentioned above, where trainees are expected to cover rota gaps and hence compromising their training. This seems to be more of an issue with AIM trainees compared to other trainees e.g. gastroenterology trainees would not need to compromise their endoscopy sessions, and cardiology trainees would not compromise their echocardiography or catheter laboratory sessions. We need to ensure when Acute Internal Medicine trainees are placed at a hospital, they understand the importance of the specialist skill and that it is compulsory for the sign off of trainees in their Penultimate Year Assessment (PYA).

Although there has steadily been an increase in the number of trainees having access to training days, there are still 10.53% of trainees who have not had regular access to these training days. A separate survey undertaken in 2017 highlighted the fact that only some regions in the UK organise training days mapped to the AIM curriculum and 14 out of 142 respondents said their region did not provide AIM training days.[8] Attendance at 70% of AIM Training days is compulsory in order to successfully navigate their Annual Review of Competency Progression (ARCP), so those trainees who have no access to training programmes may not successfully achieve sign off at their ARCP. Lack of training days also adds to the issue of professional identity, collaboration, and support between AIM trainees and consultants in these regions. AIM trainees can become isolated from each other as they rotate through different hospitals.

A number of respondents are still struggling to achieve central venous catheter insertion (21.05%) and arterial line insertion (17.54%) sign off, despite the fact that a minimum of 4 months in ICU is part of the AIM training. Almost a quarter of our respondents (21.05%) find it challenging to undertake chest drains for pleural effusions. This may be because those performing the procedure have to be ultrasound accredited hence it is either respiratory or radiology departments who are now undertaking these procedures, thus shifting these procedures from 'core procedures' to 'expert only' procedures. Trainees may find it challenging to attain sign off for these procedures due to lack of exposure to the procedures as well as difficulty in accessing appropriate supervision for certain procedures e.g. pleural procedures. This is something that is not limited to Acute Internal Medicine trainees and can affect trainees of other specialities also e.g. trainees who undertake on-call blocks as part of their training, reduce the time they have to attend outpatient clinics and specialist procedure time.[9] Trainees may also have difficulty obtaining study leave to attend relevant courses during this on-call block and this reduces their opportunity to attend such courses.[9] Some of these procedures are undertaken in an emergency setting, for example DC cardioversion, arterial line and central venous access, when little supervision is available for the procedures to be signed off. Rimmer[6] showed that fewer trainees are independently performing procedures during their Core Medical Training (CMT) years hence when these trainees become junior registrars, they may not be able to perform some of these procedures independently, competently and confidently.

Trainees no longer have to physically undertake Sengstaken-Blakemore insertion or transvenous cardiac pacing. As of late 2017, trainees can demonstrate that they have understood the

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indications for these procedures on their e-portfolio, and they can be signed off for these competencies.[10]

Trainees, who were happy with their AIM training, were so, due to the range of exposure and the range of patients they saw as well as ambulatory care work. There were a significant proportion of trainees who enjoyed the leadership and management opportunities in AIM training. Leadership and management training is part of the curriculum and the majority of respondents do not feel the need to take time out of training to undertake this. Instead, they feel that shop floor experience and attendance at governance meetings is sufficient to develop this skill. However, due to the low response rate to this trainee survey this view will need to be investigated and/or compared to responses in subsequent surveys.

The number respondents who recommend the specialty to others still remains high consistent with previous training surveys which suggests that AIM trainees are happy with a career in Acute Internal Medicine more than how they are trained.

Limitations of the study

The small number of respondents to the survey is a major limitation to the study. The numbers that have responded may not be a true representation of the view of AIM trainees. However, they do mirror views expressed in previous trainee surveys. Further work in this area to understand why the response rate has been so low in this year's survey would be useful to fully explore this finding.

Conclusion

The Acute Internal Medicine trainees who have taken part in this survey are generally not unhappy with their training programme, however, the issues they have reflect the current climate of a short-staffed National Health Service and the lack of professional identity within the hospital framework. The survey highlights that we need more exposure to training opportunities like our specialist skills, mandatory training days and procedural competencies required for the sign off of the curriculum. More trainees would recommend Acute Internal Medicine as a career choice than they would have last year or the year before that and this is a testament to the variability of the specialty, the range of conditions we see, the ambulatory care services we deliver and the leadership and management opportunities the specialty offers.

Poor response to the survey may reflect the national decline in junior doctor medical engagement, professional identity issues, and a lack of explicit feedback to trainees from the SAC addressing raised in the previous surveys.

To improve response rate the next national training survey needs:

1. To be promoted and distributed by regional TPDs and trainee representatives regularly.
2. Feedback and solutions to issues identified in this training survey need to be explicitly fed back to trainees from the SAC and the SAM Education Committee
3. Promote professional identity by establishing a community of practice for Acute Internal Medicine via the national WhatsApp® and SLACK® group & Acute Medicine Awareness Days

Conflicts of interest

The authors declare no conflicts of interest.

References

1. Smallwood N and Conway N. Acute Internal Medicine Trainee Survey 2015. *Acute Medicine* 2015; **14(2)**: 73-77.
2. Smallwood N and Krishnamoorthy S. Acute Internal Medicine Trainee Survey 2016. *Acute Medicine* 2016; **15(2)**: 93-97.
3. SurveyMonkey Inc. San Mateo, California, USA. www.surveymonkey.com (last accessed 7th May 2018).
4. Focused Acute Medicine Ultrasound. FAMUS. www.famus.org.uk (accessed 7th May 2018)
5. Rimmer A. A third of junior doctors say rota gaps have worsened their training, GMC finds. *BMJ* 2017; 358:j3226. DOI: https://doi.org/10.1136/bmj.j3226
6. Lovell B. What is an acute medicine registrar? A qualitative investigation into trainee self-perception and identity. *Acute Medicine* 2015;**14(1)**:14-20
7. Wenger E, McDermott R and Snyder W. 2002. Cultivating communities of practice: A guide to managing knowledge. Harvard Business School Publishing. USA. ISBN 1-57851-330-8
8. Cooper N, Farrington C and Barrows G. Survey of AIM training days in the UK. Poster at Society of Acute Medicine Birmingham Conference, 2017
9. Gordon F. Shift work for specialist registrars in acute medicine: more questions than solutions. *Clin Med JRCPL* 2002;**2**:41-42. DOI: 10.7861/clinmedicine.2-1-41
10. Khan T and Patel N. Trainee Update, Winter 2017. *Acute Medicine* 2017; **16(4)**: 205

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