Acute Internal Medicine Trainee Survey 2016

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Abstract

Objectives: *To ascertain the views of current Acute Internal Medicine (AIM) trainees on the strengths and weakness of the specialty, their training programmes, practical procedures and the provision of training days.*

Methods: *Online electronic survey circulated to all Higher Specialty Trainees (HST) in AIM. Participation was voluntary and all answers confidential. A total of 108 trainees responded.*

Results: *There were respondents from across the United Kingdom. The majority of respondents are happy or quite happy with their training (61%), with 11% unhappy or very unhappy. The variety of workload (68%), specialty exposure (69%) and practical procedures (67%) were strengths while lack of respect from other specialties (55%) and rota gaps (59%) remain significant problems. 53% of respondents feel they are expected to cover more rota gaps than their GIM colleagues, and 54% trainees feel they do not get a session a week allocated to them for specialist skill training/admin. Only 33% of trainees expect to get dedicated leadership and/or management training during their programme, and a large proportion of trainees (78%) feel that some form of ultrasound training should be a core part of the curriculum. Despite the difficulties, 85% of respondents would recommend AIM as a specialty.*

Conclusions: *This survey highlights some of the positives and negatives of training in AIM, and highlights areas where potential improvements to programmes could be made. Comparison of the data with 2015 shows small improvements in a number of areas, but still some significant concerns remain. The findings were fed back to the Training Committee in March.*

Keywords

Acute Internal Medicine, training, trainee survey

Key Points

- 61% of trainees are happy or quite happy with their training
- The majority of respondents feel they are asked to cover more GIM rota gaps than their specialty colleagues, and cite lack of respect from other specialties as an ongoing problem
- The variety of workload, variety of specialty exposure and practical procedures are seen as strengths of the training programme
- Only a third of trainees feel they will get dedicated leadership or management training within their programme
- 85% respondents would recommend AIM as a specialty

Introduction

In 2015, a survey of trainees in acute internal medicine (AIM) was undertaken,[1] separate to the national GMC training survey, in order to gather relevant data around the strengths and weaknesses of training programmes. This was fed back to the Specialty Advisory Committee (SAC) and used to help improve programmes across the country. Some important issues were highlighted around the perception that AIM trainees are asked to cover GIM rota gaps more than their colleagues, the difficulties gaining experience in some practical procedures and getting time to dedicate to specialist skill training.

To this end, it was agreed that undertaking a regular trainee survey would allow these and other issues to be monitored, and potential improvements (or otherwise) in the perception of training programmes to be assessed. This year a more detailed survey was undertaken and the option for free text answers given, with the view that these results should be fed back once again to the training committee and publicised widely amongst AMU clinicians to stimulate debate.

Methods

A 13 question online survey was created using SurveyMonkey® software (www.surveymonkey.com) and distributed to all Higher Specialist Trainees registered on the SAM database. In addition, Trainee Programme Directors (TPDs) were encouraged

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to circulate the survey to their trainees and it was advertised via social media platforms. Participation was voluntary and no question was 'forced answer'.

Results

A total of 108 people completed the survey, which represents 22.5% of the 479 people registered as HSTs on the SAM database. There were respondents from across the trainee grades and from all Deaneries/LETBs in the United Kingdom (see Tables 1 and 2).

Table 1. Geographic distribution of respondents.

Deanery/LETB	No of respondents (%age of total)
East of England	2 (1.9)
East Midlands	3 (2.9)
Kent, Surrey and Sussex	8 (7.7)
North East	2 (1.9)
North West	14 (13.5)
North West London	9 (8.7)
South London	6 (5.8)
Yorkshire and the Humber	11 (10.6)
Wessex	8 (7.7)
Thames Valley	3 (2.9)
West Midlands	8 (7.7)
South West	16 (15.4)
Wales	5 (4.8)
NHS Education for Scotland	4 (3.9)
Northern Ireland	3 (2.9)

Table 2. Grade of respondents

Grade	No of respondents (%age of total)
St3	12 (11.2)
St4	22 (20.6)
St5	28 (26.1)
St6	22 (20.6)
St7	23 (21.5)

Question 1: How happy with your AIM training are you at the moment?

	2016	2015
Very happy	14.7%	8.0%
Quite happy	46.0%	47.5%
Neutral	27.5%	23.2%
Quite unhappy	8.8%	13.1%
Very unhappy	2.9%	6.0%

There has been an increase in the number of trainees overall happy with their training (60.7% vs 55.5%), and a subsequent reduction in those unhappy with their training (11.7% vs 19.1%).

Question 2: What do you enjoy about AIM training?

Variety of workload	68.0%
Variety of specialty exposure	69.0%
Managing patients of all ages	53.6%
Being 'On call'	26.8%
Ambulatory care	43.3%
Practical procedures	67.0%
Specialist skills	34.0%
Flexibility of LTFT training/LTFT job prospects	13.4%
Job prospects	42.3%

The variety of the workload, specialty exposure and opportunity for practical procedures remain strong positives about AIM training, as last year (see figure 1). In addition, the job prospects are seen as a positive aspect. Being 'on call' is considered a less appealing part of training compared to 2015.

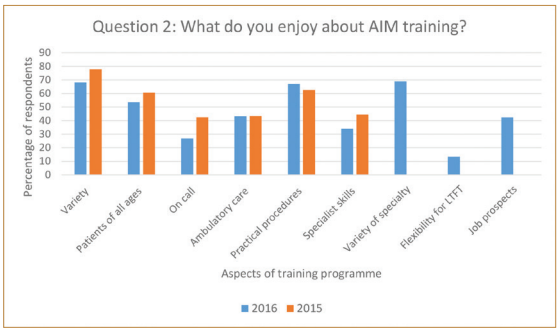

Figure 1. Comparison of positive training aspects. NOTE: the last three options were not present in 2015

Question 3: What do you not enjoy about your AIM training?

Heavy work load	37.5%
Too many gaps on the rota	59.4%
Patient flow difficulties	54.2%
Lack of respect from other specialties	55.2%
Difficulty achieving specialist skills	40.6%
Difficulty achieving specialty exposure as determined by the curriculum	22.9%

There being too many gaps on the rota and patient flow difficulties were the primary concerns of trainees, and it could be argued that both these aspects are out of the control of the training programmes and more a product of the overall hospital environments. There is a perception both anecdotally and through this survey that rota gaps are increasing compared to last year (see figure 2). Lack of respect from other specialties remains a common concern of AIM trainees, as well as difficulty achieving specialist skills. Overall, these figures are remarkably similar to 2015.

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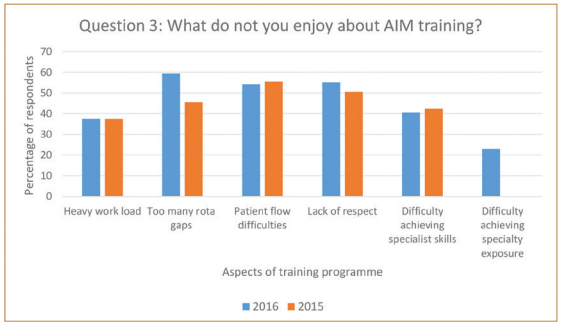

Figure 2. Comparison of negative training aspects. NOTE: the final question was not asked in 2015

Question 4: As an AIM trainee are you expected to cover more gaps on the GIM rota than non-AIM trainees?

	2016	2015
Yes	52.5%	55%
No	47.5%	45%

The majority of trainees continue to feel they are asked to cover more GIM rota gaps than their colleagues.

Question 5: Are you struggling to get any of the following procedures signed off on your AIM curriculum?

Abdominal paracentesis	7.4%
Knee aspiration	34.7%
Chest drain for effusion	17.9%
Chest drain for pneumothorax	21.0%
Central venous line	11.6%
DC Cardioversion	15.7%
Arterial line	10.5%
Temporary pacing wire	80.0%
Sengstaken-Blakemore tube	85.3%

As in 2015, there remains difficulty in achieving sign off for a number of the practical procedures as determined in the curriculum. Temporary pacing wire and Sengstaken-Blakemore tube are the most difficult, followed by knee aspiration (a third of trainees), and chest drain for pneumothorax (approximately a fifth of trainees). These numbers are broadly similar to 2015.

Question 6: Do you have a half day a week to undertake your specialist skill, where you have requested it?

Yes	54.2%
No	45.8%

This answer options were slightly altered from last year so not directly comparable, but the number of trainees answering 'yes' remained static at only just over half.

Question 7: Do you think some form of ultrasound training should be a mandatory part of the curriculum?

Yes	78.4%
No	21.6%

Again, the answer options were slightly altered from 2015 but approximately 80% of responders continue to support the introduction of some form of ultrasound training within the curriculum.

Question 8: Have you had access to regular AIM training days this year as part of your programme?

Yes	72.2%
No	27.8%

Although the definition of 'regular' was not specified, the majority of respondents felt they had AIM specific training days within their programmes. This figure is slightly lower than the 83% of dual-GIM trainees who felt they had access to GIM training days within their programme.

Question 9: Have you received/do you expect to receive dedicated management training within your training programme?

Yes	33.0%
No	67.0%

Only a third of trainees feel they will get dedicated management training within their training programmes, despite the Management and Leadership of the Acute Medical Unit being embedded within the curriculum.

Question 10: Would you recommend AIM as a career choice?

Yes	85.6%
No	14.4%

The number of trainees who would recommend AIM as a career choice remains high. The answer options have been slightly altered from 2015 so are not directly comparable.

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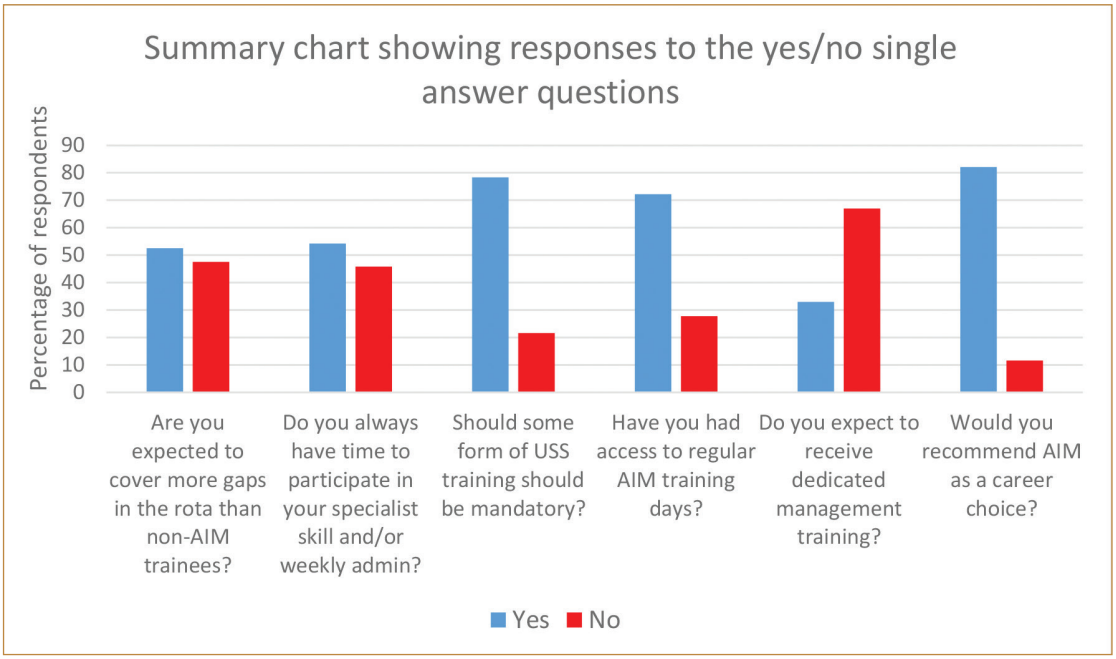

Discussion

This survey builds on the data provided by the 2015 survey to gain an understanding of trainees' views on the AIM training programme. The number of respondents has slightly increased from 101 to 108; it is hoped as this becomes a regular feature of training that the response rate will continue to improve.

There have been slight improvements in the numbers of trainees happy or very happy with their training and, subsequently, a reduction in those unhappy with the training programme. A common theme in the comments of those who were not happy was the difficulty achieving specialty skills/time away from the wards and the feeling of often providing service provision. This is reflected by the figure of 40% of trainees saying they are having difficulty achieving their specialist skills; a figure very similar to last year. Alongside this, there remains concern that patient flow difficulties, lack of respect from other specialties and rota gaps are causing difficulties with training. These latter concerns of course are outside the remit of the Specialty Advisory Committee (SAC) but are worth noting as potential barriers to trainees taking up AIM training posts.

One of the concerning figures from 2015 was that around half of trainees felt they were expected to cover more GIM rota gaps then their non-AIM trainee colleagues; unfortunately this figure has not improved significantly this year with 52.5% trainees feeling this remains the case. This has been raised at the SAC as an issue, and it is agreed that it is unacceptable practice and should be discouraged. It is imperative that if trainees feel they are being asked to hold the on call bleep more than their colleagues to cover gaps in the GIM rota, they should raise it with their Educational Supervisor who should be able to help locally. If this fails to resolve the problem, it can be escalated to the TPD. However, in the absence of trainees raising specific examples where this practice is occurring it will be very difficult to change things. In a similar vein, the 54% of respondents who have difficulty getting their dedicated session for specialist skill training within their programme is a concerning statistic, given that it is mandated within the curriculum. However, in the absence of Educational Supervisors being made aware at a local level of the examples where this is happening, it will be very difficult for them to effect change. The onus must therefore be on the trainee to raise this practice as an issue where it is occurring.

Practical procedures continue to cause some difficulty for trainees, with over 80% continuing to report difficulty in achieving sign of for temporary pacing wires and Sengstaken-Blakemore tubes. Partly in response to the 2015 survey, and partly due to the realisation that these procedures are considered specialist-only procedures in some centres, the SAC have agreed to remove them from the curriculum. Temporary pacing will still be mandatory via the external route, but no longer via pacing wire.

Knee aspiration is the most difficult to achieve procedure otherwise, with 34.7% of trainees not being signed off (which should occur by the end of ST3). Even if those ST3 trainees are removed from the analysis, 32.5% are still not achieving the standard. Chest drains continue to also cause some

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difficulty with approximately 1 in 5 trainees having difficulty being signed off as competent (both for pneumothorax and pleural effusion). Anecdotally, there is ongoing difficulty and frustration with pleural procedures as many units are moving toward a Respiratory- or Radiology-only intervention service, which can limit the opportunity for AIM trainees. In addition, there has been difficulty for both AMU clinicians[2] and even respiratory trainees[3] to achieve level 1 thoracic ultrasound accreditation, limiting the chances further for undertaking pleural procedures. Despite this, they remain common on the AMU and therefore the importance of training in these procedures remains paramount. As with many of the issues raised here, specific difficulties in training should in the first instance be raised with the Educational Supervisor who should be able to support the trainee to seek out training opportunities.

As in 2015, there is strong support for the introduction of some form of mandatory ultrasound training within the curriculum, with approximately four-fifths of respondents in both surveys in favour. The SAC recognise this, but there is a realisation that there is not currently enough equipment or trained supervisors[2] to be able to deliver consistent training. A new ultrasound curriculum and training pathway called Focused Acute Medicine Ultrasound (FAMUS) has been developed, and it is hoped that this will improve training opportunities in ultrasound on the AMU.

The last area of focus of the survey was around training days and leadership/management training. Within the AIM curriculum there is a section dedicated to Leadership and Management on the AMU, and so we sought trainees' views on whether they receive dedicated training in this. It is of concern that only a third of trainees felt that they would. It should not be the case that a core part of the AIM curriculum is not being delivered in the majority of cases. There are early plans for the development of an AIM specific management course that will cover all the curriculum requirements and more, which it is hoped will provide some of this teaching. The final point of note is that there are just over a quarter of trainees who feel they did not have access to regular AIM training days this year. There may be a number of reasons why this may be the case (including being out of programme or on parental leave), but clearly the aspiration should be that all AIM trainees have access to regular AIM training days throughout their training programme. As some of the newer programmes start to develop, it is hoped this number will increase.

Overall, the number of trainees who would recommend AIM as a specialty is a little higher than last year at 85%. This is reassuring, as it suggests that despite the difficulties highlighted, enthusiasm for the specialty remains high.

Conclusion

This survey highlights both positive and negative aspects of training in AIM, and allows comparison with 2015. Overall trainee satisfaction is improving slightly, and the enthusiasm for AIM as a career remains high. However, the issue that AIM trainees feel they are asked to cover GIM rota gaps more frequently than their colleagues, and the paucity of dedicated leadership and management training are significant issues that need to be addressed by the SAC. These results were fed back to the SAC in March and will be used to drive further improvements in the training programme.

Conflict of interest

Nothing to declare.

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