

2012 Fellowship Program – Evaluation Summary

Summary Results from the Stage 1 and Stage 2 Surveys



Tuesday, 26 July 2016

Introduction and Background

In November 2015, the College sent out surveys to all trainees and supervisors involved in Stage 1 and Stage 2 of the 2012 Fellowship program. The surveys built on the evaluation of Stage 1 completed by the Education Committee (EC) in 2013-14. The results from the 2013-14 evaluation were used to develop key areas and questions for the 2015 evaluation. The aim was to gather feedback on key areas such as Entrustable Professional Activities (EPAs), Workplace-based Assessments (WBAs), assessments, examinations, regulations, supervision arrangements and the overall impact of the new program.

The surveys were sent out online to all active trainees and accredited supervisors. Two reminder emails were sent out to boost response rates. Promotions through branches, newsletters, Psyche and Directors of Training (DOTs) were also used to communicate the survey details. The surveys were sent out first on November 6 2015 with two reminder emails complete one on November 19 2015 and another on December 3 2015. The surveys were closed at the end of December 2015.

A total of 636 surveys were sent to trainees with 248 or 39% being completed. All supervisors were given the opportunity to complete the survey, however, only 900 were directly involved in supervision with the 2012 Fellowship program at the time of the data collection. A total of 347 were completed giving a response rate of 38%. A response rate of 40% or over¹ would provide the College with a solid platform to interpret the results and generalise the findings. An analysis of the response rate by location showed that a substantial number of responses were received from each health jurisdiction. The even distribution of responses reduces the potential for any non-response bias that may have occurred². The length of the surveys resulted in a large drop off rate so the response rates represent the total candidates starting the surveys. The College considered the collation of information via additional questions to take precedence over survey length. This paper represents a summary of the results from the trainee and supervisor surveys. For complete details of the evaluations and results from all questions and all survey questions, please refer to the full reports.

Key Findings

A summary of the results from both the trainee and supervisor surveys are presented here. The percentages represent the total number of respondents who answered a question and who agreed or strongly agreed with a survey item.

Trainees

Key findings from the trainee survey are highlighted below.

- Trainees' overall satisfaction was lower in Stage 2 than in Stage 1. Further assessment of this item is required as trainees progress through the entirety of Stage 2 and Stage 3.
 - 63% of trainees were satisfied with Stage 1
 - 34% were satisfied with Stage 2
- Trainees were largely satisfied with the feedback, regular assessment, supervision/support provided through the program.
- Trainees stated that they liked the clarity of program requirements and the structure of the program.
- Balancing clinical and training workloads was viewed as one of the challenges of completing the training program.
- Trainees also indicated that the training workload was more than they had expected; this was especially true for Stage 2.
- Trainees suggested that further information and resources regarding the standards required for assessments and examinations would help planning and progression through training.

¹ It is noted that the College contacts the entire population of trainees and supervisors and not just a sample.

² Please see PHILLIPS, A. W., REDDY, S. & DURNING, S. J. 2015. Improving response rates and evaluating nonresponse bias in surveys: AMEE Guide No. 102. Medical Teacher, 1-12.

- The uncertainty of the assessment standards and the low pass rates were deemed to be having a significant effect on training and progression through to Fellowship.
- The change in the role of a supervisor from a mentor to an assessor was viewed as a challenge for trainees. Trainees indicated that gaining access to mentoring/supervision/peer support was now difficult as most supervision sessions focused on the assessment of training progression through EPAs, WBAs or In Training Assessments (ITAs).
- The volume of paperwork and forms was seen as a key concern. Trainees indicated that paperwork took up a lot of supervision time. It was noted that new online forms have been introduced in 2016, however, further monitoring of this item is suggested.
- The number of EPAs in Stage 2 was seen as a burden. Trainees indicated that it was difficult to complete all EPA requirements and associated WBAs in Stage 2. When coupled with the written examinations, the Scholarly Project and the Psychotherapy Written Case the volume of requirements was seen as being too much and affecting trainee workload and trainee welfare.

Other findings:

- 88% of trainees were satisfied with the lines of clinical responsibility
- 63% of trainees thought the workload in Stage 1 was what they expected
- 50% of trainees thought the workload in Stage 2 was what they expected
- 43% of trainees said they were able to achieve a balance between service delivery and training in Stage 1
- 42% of trainees said they were able to achieve a balance between service delivery and training in Stage 2
- 68% were able to access supervision when required
- 73% of trainees said that the feedback from the OCA was valuable

Supervisors

- Supervisors were satisfied with the structure of the program and the ability to provide regular feedback.
- Supervisors liked the incorporation of the EPAs and WBAs into the program but not the volume of them and the associated paperwork. The number of EPAs in Stage 2 was seen as a concern.
- Supervisors stated that additional support and resources were required to assist in the provision of supervision in the 2012 Fellowship program. Further information, webinars and online material were seen as being helpful for supervisors delivering the new program. The provision of online modules and further supervisor training were seen as essential in the continued implementation of the program.
- The volume of paperwork and administration required in the new program was seen as a burden by supervisors. Indeed the majority of supervision was taken up with paperwork and conducting assessments of trainees. It was suggested that revising the forms and the requirements would assist, as would an online submission process.
- An improvement in the communication and dissemination of information regarding the program was suggested. Further supervisor training and resources were viewed as key items requiring attention.
- Supervisors were not happy with the change in role from mentoring to assessing. This change was seen as altering the relationship between trainee and supervisor and the nature of supervision.
- The volume of requirements and assessments were viewed as excessive by supervisors.
- Supervisors highlighted that they received limited feedback from their DOT and health jurisdiction regarding supervision.
- Supervisors stated that the 2012 Fellowship program required additional supervision time when compared to previous programs. The additional time was attributed to the completion of WBAs and EPAs. Ongoing monitoring of this item is required as further familiarity with the program requirements may have an impact on the time to complete the WBAs and EPAs.
- Supervisor knowledge of College examination and assessment regulations was poor with up to 76% not being aware of regulations or the available resources.
- The preferred medium of communication was personalised emails from the DOT or Branch Training Committee (BTC) Chair or from the College.

Other findings:

- 36% of supervisors were satisfied with Stage 1
- 37% of supervisors were satisfied with Stage 2
- 52% of supervisors were satisfied with the resources provided for the 2012 Fellowship program
- 55% of supervisors thought the supervision workload in Stage 1 was what they expected
- 56% of supervisors thought the supervision workload in Stage 2 was what they expected
- 73% of supervisors had sufficient access to supervisor training
- 55% of supervisors said that they had enough information on how to complete an EPA
- 65% of supervisors said that they had enough information on how to complete a WBA

- 55% of supervisors said that the WBAs helped trainees to improve their skills
- 69% of supervisors said that the OCAs allowed them to provide valuable feedback to trainees
- 51% supervisors had not read the requirements for the Multiple Choice Question (MCQ) or Essay Style examinations
- 55% supervisors stated that they had not read the requirements for the MCQ examination
- 41% supervisors were not familiar with the timelines for trainees submission/completion of assessments

Comparisons Between Trainees and Supervisors

Overall, the results from trainees and supervisors were comparable with minimal differences across most survey items. Trainees and supervisors did however, differ on the time taken to prepare for and complete the WBA activities (see Table 1) and on supervision arrangements (see Table 2). This could reflect the level of experience and the differing role between the two groups.

The comparison of perceptions of supervision arrangements are shown in Table 2. Trainees and supervisors were found to differ in their perceptions of supervision, especially on the negotiation of learning goals and the provision of feedback.

Table 1 Comparison of the time taken for WBAs

		Time to Prepare		Time to Complete Activity		Time to Complete Form	
	Time taken	Trainee	Supervisor	Trainee	Supervisor	Trainee	Supervisor
CBD	Less than 15 minutes	22%	66%	2%	2%	71%	67%
	Between 15 and 30 minutes	23%	21%	27%	23%	19%	22%
	Between 30 and 45 minutes	18%	6%	28%	36%	7%	4%
	Between 45 and 60 minutes	16%	5%	34%	27%	1%	1%
	Greater than 60 minutes	21%	1%	9%	8%	1%	0%
OCA	Less than 15 minutes	32%	54%	1%	0%	45%	45%
	Between 15 and 30 minutes	20%	30%	3%	8%	32%	36%
	Between 30 and 45 minutes	12%	5%	6%	13%	13%	7%
	Between 45 and 60 minutes	11%	4%	28%	29%	6%	2%
	Greater than 60 minutes	25%	7%	63%	42%	3%	1%
Professional Presentation	Less than 15 minutes	1%	52%	1%	2%	61%	50%
	Between 15 and 30 minutes	3%	16%	10%	4%	19%	23%
	Between 30 and 45 minutes	2%	11%	12%	20%	7%	3%
	Between 45 and 60 minutes	3%	7%	53%	41%	1%	1%
	Greater than 60 minutes	91%	14%	15%	12%	1%	0%
Mini-Clinical Evaluation Exercise	Less than 15 minutes	42%	66%	1%	2%	65%	51%
	Between 15 and 30 minutes	25%	21%	25%	28%	23%	23%
	Between 30 and 45 minutes	15%	8%	39%	26%	5%	5%
	Between 45 and 60 minutes	12%	4%	24%	21%	2%	1%
	Greater than 60 minutes	6%	1%	5%	3%	1%	0%
Mid-term ITA form	Less than 15 minutes	64%	68%	19%	13%	36%	42%
	Between 15 and 30 minutes	18%	23%	32%	34%	39%	35%
	Between 30 and 45 minutes	10%	6%	24%	25%	16%	8%
	Between 45 and 60 minutes	5%	1%	16%	17%	8%	5%
	Greater than 60 minutes	2%	2%	8%	3%	3%	2%
End-of-rotation ITA Report	Less than 15 minutes	60%	61%	17%	11%	33%	35%
	Between 15 and 30 minutes	23%	28%	28%	29%	32%	37%
	Between 30 and 45 minutes	6%	5%	23%	25%	18%	12%
	Between 45 and 60 minutes	8%	4%	18%	20%	8%	4%
	Greater than 60 minutes	3%	2%	10%	6%	7%	3%

Table 2 Comparison of perceptions of supervision arrangements

	% Trainees (Agreed and Strongly Agreed) n=164	% Supervisors (Agreed and Strongly Agreed) n=211
I meet for individual supervision for at least 2 hours per week (Stage 1 trainees)/1 hour per week (trainees beyond first year).	70%	82%
Including individual supervision, I receive at least 4 hours supervision each week by attending ward reviews and other meetings with supervisor(s) or working alongside supervisor(s).	77%	82%
I am clear about the line of clinical responsibility for patients in my current placement even when my supervisor is on leave and during after-hour duties.	88%	90%
At the commencement of the rotation, my supervisor and I discuss the individual learning goals and rotation objectives.	66%	87%
My supervisor provides feedback on my performance on a regular basis.	74%	88%

Further analysis of the differences between trainees and supervisors will be conducted in 2016.

Recommendations

1. Communications and the College website

Trainees and supervisors suggested that an improvement in communications from the College and the College website was required. In particular, accessing information was viewed as difficult and time consuming. This was in part attributed to the volume of communications (both College and other), a limited timeframe and access to appropriate devices such as a computer or a Wi Fi link. A review of the methods of communication may assist in streamlining the dissemination of training requirements and enhancing the accessibility of information.

Trainees and supervisors preferred personalised emails from the College, branch and or DOT. Direct personal communication from the College to supervisors is suggested to enhance the direct transmission of important training related materials/details. It is possible to use the training newsletter to supplement direct communications. In addition, a review of the newsletter format may also assist in encouraging supervisors to access key training information.

2. Assess Stage 2 workload – including the EPAs and the number of WBAs required

Trainees and supervisors noted the workload in Stage 2 as a concern. In particular, the volume of summative assessments and EPAs was seen as a burden for trainees. It is suggested, that a review of the total number of EPAs and or the training trajectory may assist in providing a better balance for trainees and supervisors. In addition, further communication and dissemination of the training trajectory and regulations may assist in enhancing the understanding of the training requirements and the related timelines.

3. Concerns about trainee welfare and workload

The combined trainee workload including clinical work, training requirements and completion of a Formal Education Course (FEC) was viewed as having a potential negative effect on trainee welfare. The College is implementing a range of initiatives focused on trainee welfare throughout 2016, which will assist in increasing peer support and assistance for trainees. In addition, the review of the FEC's during 2016, by the CEQR will assist in highlighting any areas requiring change. It is recommended that ongoing monitoring of trainee welfare and trainee workload occurs.

4. Examination and assessment standards

Feedback from trainees and supervisors showed that there was a degree of uncertainty regarding the examination and assessment standards. Further training resources to assist supervisors may also need to be considered.

The provision of online e-learning material and additional resources regarding examinations may also assist trainees and supervisors with examination preparation and training progression.

Following a review in late 2015 and early 2016, the EC has already progressed a number of actions related to communicating the standard of assessments and developing support materials. As a result, ongoing monitoring of the College examinations and related EC actions items should be considered.

5. Change in supervision – mentor to assessor

The introduction of structured assessments such as a WBAs, OCAs and EPAs has seen a shift in the nature of supervision. Both trainees and supervisors highlighted that supervision sessions were now focused on assessing trainee progression against competencies rather than mentoring or reflective practice. Further familiarity with the new

requirements may address the concerns about the balance between assessor and mentor. This could occur through further supervisor training and or additional online material.

An alternative option is the expansion of existing mentoring programs. In 2015, the College piloted a mentoring program that was funded by the Specialist Training Program (STP). The program was found to be a success and the College has committed to the further piloting and development during 2016. The FECs are also viewed as options for the delivery of peer support, mentoring and reflective practice. Further assessment of mentoring options to assist trainees may be required as the 2012 program is implemented.

6. Review the paperwork required and an online delivery system

The volume of paperwork was seen as being a drain on time for both trainees and supervisors. This finding was noted as a concern in the 2013-14 evaluation of the 2012 Fellowship program implementation. Based on this evaluation, the EC has implemented a number of actions to improve the paperwork including revised forms and an online submission process. As this is an ongoing concern by trainees and supervisors, further assessment of the paperwork and forms may be required.

It is suggested, that the College may need to progress the development of an online e-portfolio or training management system to assist in the delivery of forms and training assessments. This may also assist the monitoring of trainees' trajectory to Fellowship and streamlining related administrative processes.

7. Increase support, training and resources for supervisors

The provision of further training and resources to support supervisors in the delivery of the new and revised training requirements is required. The expansion of online supervisor training materials is one suggestion to assist in the delivery of the training program. Online supervisor training materials could supplement local supervisor workshops and assist in providing updated information that is readily available. Furthermore, increased access to supervision resources to assist in the delivery of the program should be considered.

8. Variability in time completing assessments and forms

It was evident that trainees and supervisors differed in terms of the time taken to complete assessments and forms. The time difference was found to range from less than 15 mins to 45-60 minutes plus. It is possible that further supervisor training and resourcing could assist in reducing the time to complete forms and assessments.

9. Monitoring the actual time taken and recording of goals

Comparisons of trainee and supervisors showed that there were discrepancies in the perceived time taken to prepare for WBAs, complete activities and complete the related forms. In addition, differences emerged between trainees and supervisors in relation to supervision arrangements, in particular, the negotiation of learning goals. It is recommended that further monitoring of the time taken to complete WBAs and the related forms may need to be completed. In addition, the possibility of recording learning goals may need to be assessed as this may help to formalise expectations for both trainees and supervisors during rotations.