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Original Research

Foundation doctor experiences of team-based and ward-based working systems: which is best for training?

A qualitative analysis of working systems on junior doctor training

Babatunde Oremule[1] Oluwafikunayo Orekoya[2] Linda Hacking[1]

[1]Blackpool Teaching Hospitals Trust, Corresponding Author – Oremule B. Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, UK.
[2]Royal Bolton Hospital, Minerva Road Bolton, UK.

Address for correspondence:
Babatunde Oremule,
Blackpool Teaching Hospitals Trust, Corresponding Author – Oremule B. Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, UK.
b.oremule@doctors.org.uk

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ABSTRACT

Objectives: Our hospital in the United Kingdom changed from a team-based Foundation Year 1 doctor (FY1) to a ward-based system on general surgical wards. We undertook a mixed-methods service evaluation to assess the impact the change would have on training for the foundation doctors, team-dynamics and ascertain staff preferences. **Methods:** The team-based system was employed from August to December 2013 and the ward-based system employed from December 2013 to April 2014. Nursing staff and senior members of the surgical team completed a questionnaire on the change. All FY1s completed a standardised end of placement questionnaire. 3 FY1 doctors from each period underwent semi-structured interview. Interviews were transcribed, coded and analysed using NVIVO Version 10.2.0. **Results:** The surgical team felt better able to provide feedback and training on the team-based system. Ward staff preferred the ward-based system, as they were able to have immediate access to the FY1s and perceived that FY1 tasks were completed in a more timely fashion. During interview, FY1s raised issues surrounding relationships, training, teamwork and workload. All junior and senior surgical staff preferred the team-based system. **Conclusions:** Junior doctors and senior surgical team members find team-based a better system for the provision of training and feedback on trainee progress. The ward-based system encourages collaborative team working required of all doctors by Good Medical Practice (2013) however FY1s and senior surgical team believe it has a negative impact on FY1 training.

KEY WORDS: Doctors; Intern/house officer training; clinical education; interdisciplinary education

INTRODUCTION

Foundation Year 1 doctors (FY1) in the United Kingdom, previously known as pre-registration house officers (PRHOs), are trainee doctors in their first year out of medical school. They work in teams or on wards to provide clinical and secretarial services for hospital inpatients whilst being trained toward gaining full registration. The team-based based system involves FY1 doctors attached to one or more consultants and looking after all the patients under their care, wherever they may be in the hospital. The ward-based system involves FY1s stationed to particular wards and looking after all the patients on those wards regardless of which consultant is in charge of their care. Hybrid systems are also employed.

At our teaching hospital in the United Kingdom, we moved from a team-based to a ward-based system for FY1s on surgical firms. There is evidence to suggest that the ward-based system may have positive implications for patient morbidity and mortality during their inpatient stay. A study by Findlay et al 2011 found a reduced mortality rate in patients admitted with hip fractures after change from a team-based to a ward-based system [1]. A Cochrane review found that patients had a reduced length of stay by improving collaboration between doctors and nurses [2]. To date there are no studies looking at the impact of the FY1 working system on their experiences of training.

We undertook a service evaluation project to assess which working system was best for FY1 training. Secondary outcomes were the impact the change had on team-dynamics and to ascertain staff preferences.

METHODS

A team-based approach was employed between August and December 2013. The team structure comprised a consultant, a registrar, a senior house officer (Foundation Year 2 to core trainee 1 or 2) and a FY1. Patients were distributed across three surgical wards, surgical high care and infrequent outliers. The ward-based system was employed between December 2013 and April 2014. The FY1s rotated to a new ward every 6 weeks to experience a different stage of patient care. The remaining team structure remained the same. The number of doctors, on-call commitments, and hours worked and all other aspects of patient care remained unchanged.

Ethical considerations

National Research Ethical approval was deemed not required by our local research and development department and permission was given to perform a service evaluation. Permission was sought from the Head of Foundation School to access anonymous data from the end of placement questionnaire [Appendix 2], the quality assurance function of the online portfolio of the Foundation School.

Participant recruitment

Nursing staff and senior members of the surgical team completed a questionnaire on the change. [Appendix 1] They were asked to rate their opinion of each system on a 5-point Likert scale in domains of patient safety, service delivery, delivery of training and assessment. Twelve FY1s were eligible and invited to interview. Three FY1 doctors from each period attended interview. All participants were completing their first Foundation year out of medical school. Ages ranged from 23 to 24 years, with three females and three males recruited.

Data collection

Only nursing staff and surgical team members that were present for the duration of the implementation of both systems were invited to complete the questionnaire. Twenty-eight nurses and surgical team members completed questionnaires. These included six consultants, five senior house officers/registrars, twelve staff nurses and five ward sisters.

The same interviewer (BO) conducted all the interviews. FY1s were informed that only the interviewer would know their identities and that they could opt out at any time. During the semi-structured interviews, each participant was asked the following open-ended questions –

Age and years post-graduation from medical school

Which system did you work in and can you tell us about it?

What were the things you liked about the system?

What things did you not like about the system?

What did you think of your supervision and training on the firm?

How did you find getting your work-based assessments done?

Conversation was allowed to flow in the direction that the FY1s lead it. When deemed necessary FY1s were encouraged to describe their thoughts in further detail.

Data analysis

Interviews were recorded and transcribed verbatim. BO read transcripts repeatedly until familiar with the interviews, established codes and allocated them to themes. OO reviewed all written abstracts and themes were agreed. NVIVO software, a qualitative data analysis (QDA) computer software package, version 10.2.0 was used to perform coding and analysis. The derived themes were checked with the FY1 doctors to ensure they were representative of their views and perspectives.

RESULTS

Questionnaire results

It was felt that the FY1 presence on the ward was more noticeable on ward-based system [Figure 1].

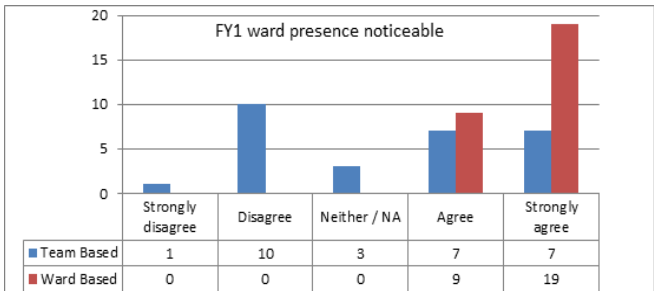

Figure 1. The FY1's presence on the ward was noticeable

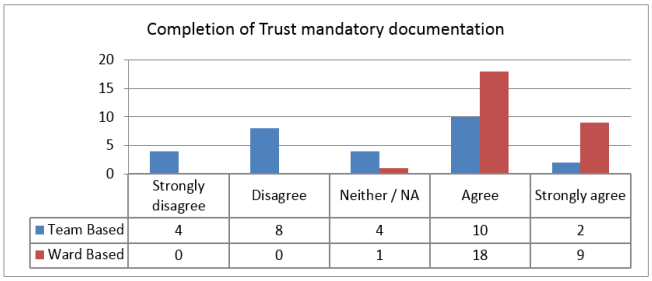

Figure 2. Trust mandatory documentation was completed on time?

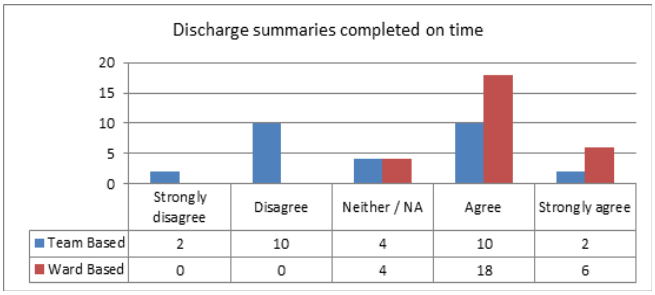

Figure 3. Discharge summaries were completed on time?

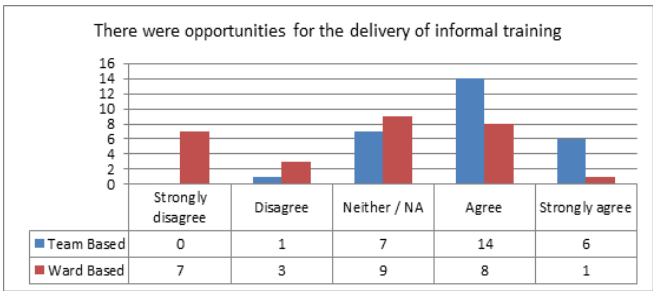

Figure 4. There were opportunities for the delivery of informal training

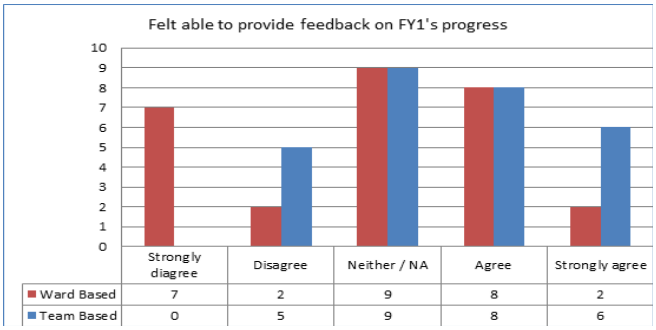

Figure 5. I felt able to give feedback on the FY1's progress

Completion of the local mandatory venous thromboembolism prophylaxis checklist was chosen as a measure of service provision as FY1s typically completed these on the ward rounds, as were discharge summaries. There was a perception that Trust mandatory VTE and discharge summaries were completed in a timely fashion in the ward-based system whilst not so with the ward-based system. [Figures 2 and 3]

The team-based system offered opportunities for informal teaching and the ward-based offered fewer opportunities to deliver informal teaching, such as on ward rounds. The majority of "neither or N/As" fell in the nurses and ward sister's category of respondents. [Figure 4]

People felt better able to provide feedback on the FY1's progress in the team-based system compared to the ward-based system. [Figure 5]

There was a 100% preference for the TB system amongst junior and senior surgical staff and 100% preference for WB amongst nursing staff.

End of placement questionnaire completed by FY1s

This was completed by all 12 FY1s. Free text comments in placement 1, the team-based system, highlighted that that FY1s felt like they were "sometimes left to cover numerous teams on their own" and that there could be "inadequate cover for FY1s."

Free text comments from the ward-based FY1s highlighted little contact with surgical teams and supervisors.

"We were positioned as ward based FY1 and carry nursing hand over rather than doctors hand over. Nursing staff claimed that ward is more organized, but I feel that there is limited opportunity to discuss about each patient further as compared to team based FY1. This has limited the learning opportunity. I also only able to see my supervisor about 4-5 times over the placement.

The surgical job was changed to ward based from team based. There was little contact with seniors as a result and we eventually felt we 'belonged' to the ward. Little opportunity to learn new surgical skills."

Foundation doctor interviews

Four main themes were brought up during the interviews; relationships; training; teamwork and workload.

1. Relationships

The team-based doctors felt that they had a good relationship with their seniors as they saw them daily. They felt supported and appreciated that there was a team structure. They also formed good relationships with their patient as they "saw them through their entire patient journey". The ward-based FY1s felt a lack of team structure. The system did not enable them to forge interpersonal relationships with their seniors. As a result sometimes they did not know who to escalate problems to. However they had built up a good relationship with the staff on their ward, meaning they felt like they got bleeped (called to attend) less often as ward staff knew they would always be returning to the ward. It also helped when they were on call and covering the wards because they knew the ward staff very well.

2. Training

The team-based doctors felt that their consultants took ownership of their training as it was in their interests to develop the FY1 to ensure a functional team. They highlighted ward rounds as an example of a training opportunity that they enjoyed. The good relationships they formed with the surgical team translated into easy access for escalation of problems and when seeking formal feedback for work-based assessments.

The ward-based doctors had less of a relationship with the surgical team and so they felt that they found it difficult completing work-based assessments. Often times there was more than one ward round taking place. They found these occasions stressful, as each consultant would want a junior with them. The felt that there was a lack of ownership from the consultants as they "had less of a vested interest as they (the FY1s) were not part of the core team".

3. Workload

The team-based system involved consultants being on-take, accepting all surgical admissions onto the consultant's workload over a given period. As a result of some takes being larger than, FY1s often found there were peaks and troughs to their workload. On the ward-based system, they were guaranteed not to have more than a maximum number of patients. This meant that their workload was steady.

4. Teamwork

The FY1s in the team-based system "developed empathy with one another" with the differing workloads and found that there was much lateral teamwork amongst them. The ward-based doctors also highlighted teamwork amongst themselves but felt it was not to the extent of their predecessors. They did however form good bonds with nurse and worked closely with them on service tasks. Nurse felt that the FY1 being present on the ward made their tasks easier as they did not spend most of their time bleeping FY1s who may be on other wards or off on annual leave.

DISCUSSION

FY1 doctors or old PRHOs are in the working environment to learn as well as to provide a service. There will always be competing interests when finding the balance between service provision and training for junior doctors. This is the first study of its kind looking at the impact of foundation doctor working systems on their training. This study has involved key stakeholders in FY1 training and used a multi-modal data collection to draw out the relevant issues.

In our study, ward staff and team members felt that the FY1 ward presence was more noticeable and that service tasks were performed in a timely matter with the ward-

based system. However there was a perception that training opportunities were limited and that they were less able to give feedback on the FY1s progress. The respondents felt that the team-based system offered more opportunities for training and feedback at the expense of service tasks and the FY1's presence on the ward. Preferences expressed were distinctly determined by the professional roles, nurses for ward-based and surgical team members for team-based.

So which is better?

The ward-based and team-based systems each have their advantages and disadvantages. The team-based system is the more traditional and probably most commonly used system in general surgery placements. The team-based system fosters a relationship between the foundation doctor and the rest of the surgical team, giving them the confidence to escalate concerns and difficult patients. They know their patients well on a personal level as they care for them through out their stay. The team-based system encourages an understanding of the natural course of disease. Supervisors feel able to give feedback on their progress as they see their foundation trainees regularly. However there are distractions the foundation doctor faces on the team-based system; bleeps from different wards, workload in peaks and troughs with consultant takes and less time to develop relationships with ward staff.

Ward-based system benefits from a manageable workload and fosters good relationships with ward staff. Anecdotally there are less bleeps and interruptions. Ward-based FY1s develop essential collaborative team-working skills required of all doctors [3]. The ward-based system makes it harder for the FY1s to develop a relationship with surgical team having a clear impact on their training and feedback. There is considerable stress when multiple ward rounds are occurring at once. It is concerning that ward rounds, a key opportunity for individualised learning experience, are a hit and miss feature of the ward-based system [4]. Finally, inevitably some wards are busier than others requiring adequate workforce planning to ensure safe staffing levels.

Strengths and Limitations

The limitations of this study include selection bias; 17 ward staff to 11 surgical team members completed the questionnaire. This skewed the results when investigating overall staff preference. All the FY1 doctors completed the end-of-placement questionnaire however not all answered the free text box. All 12 FY1s were contact for interview but due to time constraints or working elsewhere 6 (50%) were interviewed. To reduce the chance of moderator bias, this study employed a semi-structured interview technique. Recollection bias may have occurred in that interviews were conducted in May and June 2014, some 6 months after the team-based group had finished their placements, however only 2 months after the ward-based FY1s had finished theirs.

CONCLUSIONS

This novel study finds that the team-based system for FY1s on general surgical firms provides more opportunities for training and feedback by fostering good relationships between the FY1s and the surgical team. The ward-based system provides and even workload and encourages collaboration with nurses and ward staff. For the purposes of training we recommend the team-based system for FY1s on general surgical firms. Future studies could investigate hybrid systems and should include the patient perspective to assess the impact on patient satisfaction.

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APPENDICES

Appendix 1

FY1 Surgery rotation study – Team-based vs Ward-based

FY1's in general surgery between Aug 2013 and Dec 4th 2013 were team-based i.e. worked with a consultant with patients on different wards. FY1's between Dec 5th 2013 and April 2nd 2014 were ward-based i.e. allocated to a specific ward. We want to identify if there were any effects on patient safety, training opportunities and service delivery.

There are 12 questions. It should take 1-2 minutes to complete.

Thank you.

Grade (please circle):

Consultant SHO/Registrar Staff nurse Ward sister

CHANGE		
I noticed a change in the system during this period.	**YES**	**NO**

Please tick -

TEAM-BASED FY1s

		Strongly disagree	**Disagree**	**Neither**	**Agree**	**Strongly agree**
		1	**2**	**3**	**4**	**5**
1	The FY1 presence on the ward was noticeable.					
Service delivery						
2	Mandatory trust-required documentation was done on time (VTE assessments/dementia forms etc)					
3	Discharge summaries were done on the same day					
Delivery of training						
4	There were opportunities for the delivery of informal teaching					
Assessment						
5	I was able to provide feedback on the progress of the FY1					

WARD-BASED FY1s

		Strongly disagree	Disagree	Neither	Agree	Strongly agree
		1	2	3	4	5
1	The FY1 presence on the ward was noticeable.					
Patient safety						
2	Mandatory trust-required documentation was done on time (VTE assessments/dementia forms etc)					
Service delivery						
3	Discharge summaries were done on the same day					
Delivery of training						
4	There were opportunities for the delivery of informal teaching					
Assessment						
5	I was able to provide feedback on the progress of the FY1					

Appendix 2

General Surgery

2013-14, F1, (Placement: 1)

Comments

1. *Sometimes left to cover numerous teams on own. Inadequate cover for fy1s*

Ratings

Question	A	B	C	D
Premises	0	7	0	0
Records	2	5	0	0
Information Technology	1	6	0	0
Educational Resources	2	5	0	0
Access to Allied Services	1	4	2	0
Workload	1	6	0	0
Work Quality	2	5	0	0
Working Hours	2	4	1	0
Health and Safety	5	2	0	0
Induction	4	3	0	0
Annual Leave	5	2	0	0
Multi-Disciplinary Teams (MDT)	2	4	1	0
Skills Training	2	5	0	0
Supervision and Feedback	1	5	1	0
Varied Training Experience	2	5	0	0
Study Time and Leave	1	2	0	4
Educational Contract	3	3	1	0
Governance and Audit	2	5	0	0
Equality and Diversity	5	2	0	0
Overall Effectiveness	1	6	0	0

General Surgery

2013-14, F1, (Placement: 2)

Comments

1. *We were positioned as ward based FY1 and carry nursing hand over rather than doctors handover. Nursing staff claimed that ward is more organized, but I feel that there is limited opportunity to discuss about each patient further as compared to team based FY1. This has limited the learning opportunity. I also only able to see my supervisor about 4-5 times over the placement.*
2. *The surgical job was changed to ward based from team based. There was little contact with seniors as a result and we eventually felt we 'belonged' to the ward. Little opportunity to learn new surgical skills.*

Ratings

Question	A	B	C	D
Premises	1	6	0	0
Records	1	5	1	0
Information Technology	0	6	1	0
Educational Resources	1	5	1	0
Access to Allied Services	1	5	1	0
Workload	1	6	0	0
Work Quality	0	6	1	0
Working Hours	2	5	0	0
Health and Safety	4	3	0	0
Induction	1	6	0	0
Annual Leave	5	2	0	0
Multi-Disciplinary Teams (MDT)	0	3	3	1
Skills Training	1	3	3	0
Supervision and Feedback	0	4	3	0
Varied Training Experience	1	5	0	1
Study Time and Leave	2	3	1	1
Educational Contract	1	3	2	1
Governance and Audit	1	6	0	0
Equality and Diversity	5	2	0	0
Overall Effectiveness	0	7	0	0

Questions and Answers

- 1: Premises
    - A: Modern facilities, good decor and maintenance / adequate for the number of patients served / very welcoming and comfortable environment for patients / informative and up to date leaflets and posters on display / excellent access for disabled
    - B: Good facilities, reasonable decor and maintenance / adequate for the number of patients served / welcoming and comfortable environment for patients / informative and up to date leaflets and posters on display / suitable access for disabled
    - C: Poor facilities, decor and maintenance / inadequate for the number of patients served / reasonably

welcoming and comfortable environment for patients / out of date leaflets and dated posters on display / suitable access for disabled
    - D: Unacceptable facilities, poor decor and maintenance / inadequate for the number of patients served / unwelcoming environment for patients / no leaflets and posters on display / no access for disabled
- 2: Records
    - A: Medical records are readily available / records are available electronically / clinical notes, letters, investigation results and other correspondence are organised in date order / department engages in regular audits for quality assurance of medical records
    - B: Medical records are readily accessible through medical records department / electronic or paper records are available / clinical notes, letters, investigation results and other correspondence are organised in date order / department occasionally engages in audits for quality assurance of medical records
    - C: Paper medical records are accessible through medical records department / clinical notes, letters, investigation results and other correspondence are poorly organised / department rarely engages in audits for quality assurance of medical records
    - D: Difficult and delayed process of access to medical records / clinical notes, letters, investigation results and other correspondence are disorganised or incomplete / department does not engage in audits for quality assurance of medical records
- 3: Information Technology
    - A: Department provides up to date IT equipment with good access / excellent facilities for IT training / excellent applications for patient computer records, intranet access and other programs relating to patient clinical care, e.g. radiology, pathology
    - B: Department provides reasonably up to date IT equipment with good access / good facilities for IT training / good applications for patient computer records, intranet access and other programs relating to patient clinical care, e.g. radiology, pathology
    - C: Department provides reasonably dated IT equipment with poor access / poor facilities for IT training / out of date applications for patient computer records, intranet access and other programs relating to patient clinical care, e.g. radiology, pathology
    - D: Department provides very dated IT equipment with poor access / inadequate facilities for IT training / slow, out dated applications for patient computer records, intranet access and other programs relating to patient clinical care, e.g. radiology, pathology
- 4: Educational Resources
    - A: Department ensures access and provides an excellent range of educational resources including postgraduate library, online access to web resources and other opportunistic teaching aids, e.g. a skills lab
    - B: Department ensures access and provides a reasonable range of educational resources including postgraduate library, online access to web resources and other opportunistic teaching aids, e.g. a skills lab
    - C: Department provides a poor range of educational resources including postgraduate library, online access to web resources and other opportunistic teaching aids, e.g. a skills lab
    - D: Department provides a limited and unacceptable range of educational resources such as a postgraduate library, online access to web resources and other opportunistic teaching aids, e.g. a skills lab
- 5: Access to Allied Services
    - A: Excellent direct access to allied services e.g. radiology / excellent referral system for specialist advice with response time better than expected (within 2 working days)
    - B: Good access to allied services e.g. radiology / good referral system for specialist advice with response time within reasonable range (within 4 working days)
    - C: Poor access to allied services e.g. radiology / poor referral system for specialist advice with response worse than expected (greater than 4 working days)
    - D: Poor access to allied services e.g. radiology / slow, unreliable referral system for specialist advice with slow or no response
- 6: Workload
    - A: Workload is reasonable and suitable to trainee's level of knowledge, skills and training / workload is conductive to training / workload is in accordance with contractual obligations
    - B: Workload is reasonable and usually correlates to trainee's level of knowledge, skills and training / workload is conductive to training / workload is usually in accordance with contractual obligations
    - C: Workload is unreasonable and usually not suitable to trainee's level of knowledge, skills and training / workload is not conductive to training / workload is usually not in accordance with contractual obligations
    - D: Workload is unreasonable and does not correlate to trainee's level of knowledge, skills and training / workload is not conductive to training / workload in not at all accordance with contractual obligations
- 7: Work Quality
    - A: Work varied and suitable to trainee's level of knowledge, skills and training / work and job roles from day to day are very conductive to training and allow regular application and development of knowledge and skills
    - B: Work varied and usually suitable to trainee's level of knowledge, skills and training / work and job roles

from day to day are conductive to training and usually allow application and development of knowledge and skills
    - C: Work not very varied and usually not suitable to trainee's level of knowledge, skills and training / work and job roles from day to day are not very conductive to training and rarely allow application and development of knowledge and skills
    - D: Work not varied and rarely suitable to trainee's level of knowledge, skills and training / work and job roles from day to day rarely relate to training with very little application and development of knowledge and skills
- 8: Working Hours
    - A: Hours are in accordance with set contractual obligations / in accordance with EWTD (48 hour average working week) / rarely have to work outside of rostered hours / rarely works unsociable hours / appropriate breaks can always be taken
    - B: Hours are usually in accordance with contractual obligations / in accordance with EWTD (48 hour average working week) / sometimes have to work outside of rostered hours / occasionally work unsociable hours / appropriate breaks can usually be taken
    - C: Work hours are usually not in accordance with contractual obligations / not in accordance with EWTD (>48 hour average working week) / usually have to work outside of rostered hours / regularly work unsociable hours / appropriate breaks can not always be taken
    - D: Work hours are not at all in accordance with contractual obligations / not in accordance with EWTD (>48 hour average working week) / regularly have to work outside of rostered hours / mostly work unsociable hours / appropriate breaks can rarely be taken
- 9: Health and Safety
    - A: Trainee explicitly made aware of health and safety policies and undergone appropriate occupational health checks
    - B: Trainee vaguely made aware of health and safety policies and undergone appropriate occupational health checks
    - C: Trainee vaguely made aware of health and safety policies and not undergone appropriate occupational health checks
    - D: Trainee not made aware of health and safety policies and have not undergone appropriate occupational health checks
- 10: Induction
    - A: Induction at beginning of post (within first week) / excellent coverage of information regarding new placement / trainee familiarised with senior staff/supervisors, the department, workplace issues, and deanery educational organisation / written or electronic information on department, timetables, etc given
    - B: Induction at beginning of the post (within 2 weeks) / reasonable coverage of information regarding new placement / trainee reasonably familiarised with senior staff/supervisors, the department, workplace issues, and deanery educational organization / written or electronic information on department, timetables, etc given
    - C: Late induction / poor coverage of information regarding new placement / trainee poorly familiarised with senior staff/supervisors, the department, workplace issues, and deanery educational organization / some written or electronic information on department, timetables, etc given
    - D: No induction given / no written or electronic information on department, timetables, etc given
- 11: Annual Leave
    - A: Straightforward, fair annual leave request system / leave can be taken throughout the placement / leave request process explained
    - B: Reasonably straightforward, fair annual leave request system / leave can be taken throughout the placement with some restrictions / leave request process explained reasonably well
    - C: Complicated annual leave request system / restrictions as to when can be taken, i.e. annual leave slots / leave application process explained poorly
    - D: Allocated annual leave / leave application process not explained
- 12: Multi-Disciplinary Teams (MDT)
    - A: Placement ensures excellent availability of a MDT and offers opportunistic use of skill mix / wider MDT involved in supervision and training and have a good understanding of the importance and relevance of feedback and workplace assessment tools, e.g. trainee expected to attend MDT meetings regularly
    - B: Placement ensures good availability of a MDT and offers reasonable use of skill mix / wider MDT involved in supervision and training and have a reasonable understanding of the importance and relevance of feedback and workplace assessment tools, e.g. trainee expected to attend MDT meetings occasionally
    - C: Placement offers poor availability of a MDT and offers some use of skill mix / wider MDT rarely involved in supervision and training and have a poor understanding of the importance and relevance of feedback and workplace assessment tools, e.g. trainee rarely expected to attend MDT meetings
    - D: Placement offers no availability of a MDT and offers no skill mix / wider MDT have no involvement in supervision and training and have very little or no understanding of the importance and relevance of feedback and workplace assessment tools, e.g. trainee not expected to attend regular MDT meetings

- 13: Skills Training
    - A: Department ensures access and provides an excellent range of educational resources to enhance skills training / regular, direct supervision from senior colleagues to teach new skills and procedures / actively encouraged to attend training courses
    - B: Department ensures access and provides a reasonable range of educational resources to enhance skills training / sometimes offered direct supervision from senior colleagues to teach new skills and procedures / encouraged to attend training courses
    - C: Department ensures access and provides a poor range of educational resources to enhance skills training / rarely offered direct supervision from senior colleagues to teach new skills and procedures / not always encouraged to attend training courses
    - D: Department ensures access and provides a limited and unacceptable range of educational resources to enhance skills training / no direct supervision from senior colleagues to teach new skills and procedures / not encouraged to attend training courses
- 14: Supervision and Feedback
    - A: Trainee offered regular, direct supervision from senior colleagues / regular appraisal and assessment with clinical supervisor / appropriate, specific, supportive feedback given to trainee on a regular basis face-to face and also in work based assessment tools / Never expected to perform tasks or procedures beyond scope of training
    - B: Trainee sometimes offered direct supervision from senior colleagues / regular appraisal and assessment with clinical supervisor / appropriate, specific, supportive feedback given to trainee occasionally face-to face and also in work based assessment tools / Rarely expected to perform tasks or procedures beyond scope of training
    - C: Trainee rarely offered direct supervision from senior colleagues / occasional appraisal and assessment with clinical supervisor / appropriate, specific, supportive feedback given to trainee on a rarely face-to face / Sometimes expected to perform tasks or procedures beyond scope of training
    - D: Trainee does not receive direct supervision from senior colleagues / no appraisal and assessment with clinical supervisor / inappropriate, poorly structured, vague, feedback given to trainee / Often expected to perform tasks or procedures beyond scope of training
- 15: Varied Training Experience
    - A: Placement ensures and offers an excellent variety of learning and training experiences e.g. ward based learning, clinics, practical procedures, acute admissions/ placement offers opportunistic use of skills of the MDT and services
    - B: Placement ensures and offers a good variety of learning and training experiences e.g.: ward based learning, clinics, practical procedures, acute admissions/ placement usually offers opportunistic use of skills of the MDT and services
    - C: Placement ensures and offers a poor variety of learning and training experiences e.g.: ward based learning, clinics, practical procedures, acute admissions/ placement rarely offers opportunistic use of skills of the MDT and services
    - D: Placement offers a very limited range of learning and training experiences e.g.: ward based learning, clinics, practical procedures, acute admissions / placement does not offer opportunistic use of skills of the MDT and services
- 16: Study Time and Leave
    - A: Department recognises the need for study leave and allows enough time for study and exam preparation / study leave application process explained
    - B: Department recognises the need for study leave and usually allows enough time for study and exam preparation / study leave application process explained reasonably well
    - C: Department usually does not allow enough time for study and exam preparation / study leave application process explained poorly
    - D: No study leave allocated / department does not allow enough time for study and exam preparation / study leave application process not explained
- 17: Educational Contract
    - A: Trainee and supervisor discuss, agree and sign an explicit educational contract at the beginning of training year
    - B: Trainee and supervisor discuss and agree an educational contract at the beginning of training year
    - C: Trainee and supervisor vaguely discuss an educational contract at the beginning of training year
    - D: Trainee and supervisor do not discuss or sign an educational contract at the beginning of training year
- 18: Governance and Audit
    - A: Excellent ethos of continuously striving to improve quality of services and care / department regularly complete audit cycles / actively encourage trainees involvement / regular review of services, organisation standards, guidelines
    - B: Good ethos of striving to improve quality of services and care / department occasionally complete audit

cycles / encourage trainees involvement / occasional review of services, organisation standards, guidelines
    - C: Poor ethos of attempting to improve quality of services and care / department rarely complete audit cycles / do not encourage trainees involvement / rare review of services, organisation standards, guidelines
    - D: No attempt to improve quality of services and care / department never complete audit cycles / do not encourage trainees involvement / very rare review of services, organisation standards, guidelines
- 19: Equality and Diversity
    - A: Trainee treated in accordance with acceptable equality and diversity practices / organisation strictly adherent to equality and diversity guidelines
    - B: Trainee treated in accordance with acceptable equality and diversity practices / organisation adherent to equality and diversity guidelines
    - C: Trainee may not be treated in accordance with acceptable equality and diversity practices / organisation loosely adherent to equality and diversity guidelines
    - D: Trainee not treated in accordance with acceptable equality and diversity practices / organisation does not adhere to equality and diversity guidelines
- 20: Overall Effectiveness
    - A: You would agree that clinical training and educational programme of placement would definitely be approved by the Deanery as balanced and effective overall to deliver GER training / placement will definitely prepare trainee for completion of GER training
    - B: You would agree that clinical training and educational programme of placement would likely to be approved by the Deanery as balanced and effective overall to deliver GER training / placement will prepare trainee for completion of GER training
    - C: You would agree that clinical training and educational programme of placement should be considered to be approved by the Deanery as reasonably balanced and effective overall to deliver GER training / placement may not prepare trainee for completion of GER training
    - D: You would agree that clinical training and educational programme of placement should not be approved by the Deanery as it is not balanced and effective overall to deliver GER training / placement will not prepare trainee for completion of GER training

Source of Support: Nil, Conflict of Interest: None declared