1. ABOUT YOU

(a) Please confirm that you are an intern: ______________
(b) What was your year of graduation from medical school? ______________
(c) What is the Hospital of your ED rotation? ______________
(d) What was your medical school? ______________

2. YOUR OPINION ON YOUR CURRENT STAFFING LEVEL

Please rate your agreement to the following statements according to whether you strongly disagree, disagree, feel neutral, agree, strongly agree, feel it is not applicable to you or you don’t know.

In general the ED is adequately staffed.
There are enough Fellows of the Australasian College of Emergency Medicine (FACEM)/consultants for your ED.
There are enough Emergency Trainees/Registrars for your ED.
There are enough PGY 2, 3 or later for your ED.
There are enough Career Medical Officers (CMO) for your ED.
There are enough interns for your ED.
There are enough nurses for your ED.

Do you have any comments you wish to make on your existing staffing levels?

Do you have any comments regarding your existing staffing mix? (e.g. one staffing group overrepresented or underrepresented on your roster)

3. YOUR OPINION ON CURRENT SUPERVISION, EDUCATION AND FEEDBACK OF MEDICAL STAFF

Please rate your agreement to the following statements according to whether you strongly disagree, disagree, feel neutral, agree, strongly agree, feel it is not applicable to you or you don’t know.

In general the ED is adequately supervised.
In general the medical staff in ED are adequately supervised.
In general interns in the ED are adequately supervised.
My medical degree prepared me adequately for the ED rotation.
I felt I was/feel I am adequately supervised clinically during my ED rotation.
I received/receive/expect to receive formal feedback on my ED rotation.
I had/have/expect to have formal education sessions in the ED.
I did/do more than my fair share of unsocial hours in the ED (e.g. nights and weekends).
Interns are used as service providers with little attention to their learning needs.
The ED rotation should remain compulsory for full general medical registration.
An ED rotation is not necessary for my training needs.
I play/will play an active role in teaching medical students in the ED.
I feel I have/will have enough time to teach medical students in the ED.

In general, who provides most of the intern supervision in your ED? (Emergency registrars, consultants, other junior medical staff or other-please specify)

During the day-time shifts, who provides most of the intern supervision? (Emergency registrars, consultants, other junior medical staff or other-please specify)
During the night shifts, who provides most of the intern supervision? (Emergency registrars, consultants, other junior medical staff or other -please specify)

During the evening shifts, who provides most of the intern supervision? (Emergency registrars, consultants, other junior medical staff or other -please specify)

Do you have any comments you’d like to make about:
(a) supervision during your ED rotation?
(b) education during your ED rotation?
(c) feedback during your ED rotation?
(d) the working environment during your ED rotation?

Please rate the following services at your hospital for junior medical staff (other than ED trainees) in terms of whether they are poor, fair, good, very good or excellent.

Hospital educators such as Medical Education Officers.
ED clinical medical educators.
Administration, Human Resources, pastoral and other supports.

4. YOUR OPINION ON HAVING 70% MORE INTERNS IN YOUR ED WITHOUT OTHER CHANGES

Please rate your agreement to the following statements according to whether you strongly disagree, disagree, feel neutral, agree, strongly agree, feel it is not applicable to you or you don’t know.

Having 70% more interns on the roster would not affect my ED experience.
Having 70% more interns will decrease the time patients wait to be seen by a doctor in ED.
Having 70% more interns will decrease the total time patients spend in ED.
Having 70% more interns will improve the standard of care.
70% more interns will solve medical resource problems.
70% more interns will slow down the ED due to supervisory and orientation requirements.
Having 70% more interns will significantly decrease my exposure to clinical cases.
Having 70% more interns will significantly decrease my exposure to procedures.
It will be difficult for the existing number of consultants to supervise 70% more interns.
It will be difficult for the existing number of registrars to supervise 70% more interns.
With 70% more interns, medical student teaching will be adversely affected.
It will be difficult to cope with the increase of 70% more interns with existing support staff (e.g. Administration, Human Resources and pastoral care etc.).
It will be difficult to cope with the increase of 70% more interns with existing educational staff.
The high turnover of interns will impact negatively on team building.

Do you have any comments on having 70% more interns in your department?

5. YOUR OPINION ON REQUIREMENTS FOR ACCEPTING 70% MORE INTERNS.

Please rate each item as to whether you consider it unimportant, somewhat important, important, very important, or essential.

More space for staff facilities (e.g. lockers and tearooms)
More desk space.
More telephones.
More computers.
More Emergency Consultants to provide adequate supervision.
Questions for Prevocational Doctors

More Emergency Registrars to provide adequate supervision.
More nursing staff to provide adequate support for interns.
More non-clinical time allocated for staff that are required to assess interns.
A specific clinical intern supervisor/ educator.

From your perspective, what percentage increase of interns would the ED be able to accept without making any changes? (25%, 50%, 70% or other- please specify)

Any other comments on adjustments that may be needed for the ED to accommodate 70% more interns?

Do you have any other comments about increasing the number of ED interns in your department?

6. UNDERGRADUATE MEDICAL TEACHING.
Looking back at your time as a medical student, please rate your agreement to the following items using the scale: strongly disagree, disagree, neither disagree or agree, agree, strongly agree, feel it is not applicable to you or you don’t know.

There was a designated area or facility allocated to medical students in the ED.
I felt welcomed in the ED by doctors as a medical student.
I felt welcomed in the ED by nurses as a medical student.
I felt in the way as a medical student in the ED.
I felt as if I detracted from patient care as a medical student in the ED.
As a medical student I enjoyed the ED rotation.
We could have increased the number of students per rotation in the ED by 70% without affecting my learning experience.
There was little time for the ED doctors to attend to the learning needs of medical students in the ED.
The ED rotations for medical students are too short.
At the completion of the ED rotation, as a medical student I felt ready for an internship in the ED.
I received feedback at the end of my ED rotation as a medical student.

Regarding your experience in ED at the moment, please rate your agreement to the following items using the scale: strongly disagree, disagree, feel neutral, agree, strongly agree, feel it is not applicable to you or you don’t know.

With the current ED resources, I would welcome increasing the number of medical students by 70%.
With specific resources allocated, I would welcome increasing the number of medical students by 70%.
A specific educator in the ED for medical students is required.
Unless ED are specifically resourced to teach and supervise them, medical students shouldn’t do an ED rotation.

Do you have any comments you wish to make about supervision of Medical Students in the ED?

Do you have any comments you wish to make about learning opportunities of Medical Students in the ED?

7. THE AUSTRALIAN CURRICULUM FRAMEWORK (ACF) FOR JUNIOR DOCTORS
Please rate your agreement to the following items using the scale: strongly disagree, disagree, feel neutral, agree, strongly agree, not applicable or you don’t know.

I am familiar with the Australian Curriculum Framework (ACF) for Junior Doctors.

If yes to the above question; answer the following:
I have a good understanding of the structure of the ACF.  
I have a good understanding of the aspects of the ACF that relate to ED rotations.  
The ACF helps clarify what competencies I am expected to attain in my prevocational years.  
I have utilised the ACF for self-assessment.  
I compare my current rotation with competencies listed in the ACF.  
The ACF accurately reflects the requirements of ED rotations.  
The ACF is linked with the education/training sessions provided in the hospital where you are currently an intern.  
Clinical educators and supervisors and/or Medical education support staff constantly refer to the ACF.  
Junior doctors are expected to have knowledge of the ACF and how it relates to their rotations.  
The ACF is linked to assessment being undertaken at the hospital.  
The ACF has changed the way prevocational doctors approach their ED rotations.  
Most prevocational doctors in the ED will have experience to meet the ACF competencies.  
The ACF has no relevance to prevocational ED doctors.  
I have utilised the ACF in other ways (please specify).