1. ABOUT YOU

(a) Are you an ED Director, Director of Emergency Medicine Training (DEMT) or both? __________

2. ABOUT YOUR ED

(a) How many ED attendances were there in the year 2007? __________

(b) What is the average no of Emergency Physicians (EFT) on weekly roster that are:
   a. Australian Medical graduates____________
   b. UK, Irish, NZ or North American Graduates__________
   c. Other international graduates
   d. How many ED physicians in EFT terms in total__________

(c) What is the average no of Registrars/Emergency Trainees (EFT) on weekly roster that are:
   a. Australian Medical graduates____________
   b. UK, Irish, NZ or North American Graduates__________
   c. Other international graduates
   d. How many Registrars/Emergency Trainees in EFT terms in total__________

(d) What is the average no of Post Graduate Year (PGY)2, 3 or later rotating to the ED, not emergency trainees, on your weekly roster, again in EFT terms that are:
   a. Australian Medical graduates____________
   b. UK, Irish, NZ or North American Graduates__________
   c. Other international graduates
   d. How many PGY 2, 3 or later in EFT terms in total__________

(e) Average no of Career Medical Officers (CMOs), service positions (EFT) (including unclassified permanent or part time staff)
   a. Australian Medical graduates____________
   b. UK, Irish, NZ or North American Graduates__________
   c. Other international graduates
   d. How many CMOs in EFT terms in total__________

(f) What is the average number of ED interns in EFT terms on a weekly roster that are:
   a. Australian Medical graduates____________
   b. UK, Irish, NZ or North American Graduates__________
   c. Other international graduates
   d. How many ED interns in EFT terms in total__________

(g) Any other medical officers on the weekly roster?

[if yes] How many are:
   a. Australian Medical graduates____________
   b. UK, Irish, NZ or North American Graduates__________
   c. Other international graduates
d. And how many other medical officers in EFT terms in total

(h) Any nurse practitioners?__________
(i) [If “yes”] How many?________

3. YOUR OPINION ON YOUR CURRENT STAFFING LEVELS

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 for 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 (CMOs) 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)

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

Please rate your agreement to the following statements using the same scale which is 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.
Interns arrive adequately prepared by their medical course to work in ED.
Interns are adequately supervised clinically.
Interns all receive formal feedback.
Interns have ED formal education sessions.
The ED rotation should remain compulsory for full general medical registration.
Interns do more than their fair share of unsocial hours (e.g. nights and weekends).
Interns are used as service providers with little attention to their learning needs.

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)

PGY 2, 3 or later are adequately supervised clinically.
PGY 2, 3 or later all receive formal feedback.
PGY 2, 3 or later have ED formal education sessions.
PGY 2, 3 or later do more than their fair share of unsocial hours.
PGY 2, 3 or later are used as service providers with little attention to their learning needs.
Emergency Trainees are adequately supervised clinically. 
Emergency Trainees all receive formal feedback. 
Emergency Trainees have formal ED education sessions. 
Emergency Trainees do more than their fair share of unsocial hours. 
Emergency Trainees are used as service providers with little attention to their learning needs.

CMOs are adequately supervised clinically. 
CMOs all receive formal feedback. 
CMOs have ED formal education sessions. 
CMOs do more than their fair share of unsocial hours. 
CMOs are used as service providers with little attention to their learning needs.

Pre- registration International Medical Graduates are adequately supervised clinically. 
Pre- registration International Medical Graduates all receive formal feedback. 
Pre- registration International Medical Graduates have ED formal education sessions. 
Pre- registration International Medical Graduates do more than their fair share of unsocial hours. 
Pre- registration International Medical Graduates are used as service providers with little attention to their learning needs.

Do you have any comments you’d like to make about:
(a) supervision of medical staff in the ED?
(b) education in the ED?
(c) the ability to provide feedback to junior medical staff in the ED?
(d) the working environment in your ED?

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.

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

Rate your agreement to the following statements using the scale strongly disagree, disagree, feel neutral, agree, strongly agree, feel it is not applicable to you or you don’t know.

70% more interns could be absorbed without a problem.
I would like to have 70% more interns in the ED.
Having 70% more interns will decrease the time patients wait to be seen by a doctor.
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 interns exposure to clinical cases.
Having 70% more interns will significantly decrease interns 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. for provision of administration, Human Resources, pastoral care and support 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 in the ED.

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

6. 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.
- More Emergency Registrars to provide adequate supervision.
- More nursing staff to provide adequate support for interns.
- More non-clinical time allocated for staff who are required to assess interns.
- A specific ED clinical intern supervisor/educator.

Now, returning to the agreement scale, of strongly disagree, disagree, feel neutral, agree, strongly agree, feel it is not applicable to you or you don’t know, please rate your agreement to the following statements:

- Career Medical Officers maybe replaced by interns if there are 70% more interns
- We may have to decrease the number of non ED trainees rotating through our department if we take 70% more interns.
- No changes will be required to other junior staff for us to take 70% more interns.
- More patients will be required to maintain the learning experience for medical staff at current levels.
- Nurse practitioners can replace the interns in the ED.
- Nurse practitioners can replace the PGY 2, 3 or later (who are not emergency trainees) in the ED.

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?

Do you have any comments on the role of nurse practitioners in the ED?

7. UNDERGRADUATE MEDICAL TEACHING.

For how many weeks in their medical course are medical students formally attached to your ED? _______________

How many students are allocated per rotation? _______________

How many students are likely to be rostered on the floor at any one time? _______________

Is there a structured University curriculum shared between hospital campuses in emergency medicine? _______________

Do medical students appear in the ED when they are not doing their formal ED rotation? _______________

Who is principally responsible for clinical supervision of medical students in ED? (interns, registrars, consultants, CMOs, academics or other- please specify) _______________

Who is principally responsible for giving tutorials to medical students in ED? (interns, registrars, consultants, CMOs, academics or other- please specify) _______________
Do any ED staff specifically get paid for the time they spend with medical students?

Who receives payment for having medical students? (ED staff, hospital, university, academic unit or other- please specify)

Continuing with the theme of undergraduate medical training, 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.

Medical students in the ED detract from patient care.
In general, medical students seem to enjoy the ED rotation.
There is little time to attend to the learning needs of medical students in the ED.
The existing ED rotations for medical students are too short.
Medical Students all receive feedback at the end of their ED rotation.
At the completion of their ED rotation, our medical students are ready for internship in the ED.
We get regular feedback and contact from the University about medical students’ ED rotation.
We would be able to increase the number of students per rotation in emergency medicine by 70% without difficulty.
We would be able to increase the number of rotations per year of medical students by 70% without difficulty.
With current ED resources, I would welcome increasing the number of medical students by 70%.
With specific resource allocation, 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.
The increase in 70% of medical graduates will affect the ability to take medical elective students.
The increase in 70% of medical graduates will affect the ability to take Australian Medical Council (AMC) Observers.

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?

8. 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 not then complete interview)

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 junior doctors are expected to attain in their prevocational years.
The ACF accurately reflects the requirements of ED rotations.
The ACF is linked with the education/training sessions provided in your hospital.
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.
Supervisors are aware of the ACF and it changes their focus or what they teach.
The ACF has no relevance to prevocational ED doctors.
Limitations on teaching resources have obstructed the implementation of the ACF.
Lack of support by more senior staff has been an obstacle in the implementation of the ACF.
Unclear methods of self-assessment have been an obstacle in the implementation of the ACF.
Unclear methods of objective assessment have been an obstacle in the implementation of the ACF.
Protected teaching time has been an obstacle in the implementation of the ACF.
Limited Knowledge/understanding of the ACF has been an obstacle in the implementation of the ACF.
There have been other obstacles to the implementation of the ACF (please specify).
I have utilised the ACF in other ways (please specify)