



IEMTA Survey 2020

CSTEM Survey Responses – Processed

Table of Contents

Demographics.....	3
Mentorship.....	3
Departmental Teaching.....	4
CSTEM Training Days.....	6
Expenses & Leave.....	8
Rostering.....	9
Overall Experience of CSTEM & Future Career Objectives	11
Post-Specific Comments.....	12
Further comments on CSTEM Experience.....	13

Demographics

Stage	No of responses	Response Rate
CSTEM 1	13	50%
CSTEM 2	12	26%
CSTEM 3	20	77%
CSTEM (Total)	45	58%

25-29 42.2%
30-34 51.1%
35-39 6.7%

Mentorship

CSTEM 1 – EM Posts

Do you have a mentor?

Yes & we have met – 7/11 – 64%

Yes but we have not met – 2/11 – 18%

No – 2/11 – 18%

CSTEM 1 – Non EM Posts

Do you have a mentor?

Yes & we have met – ½ - 50% - Plastic Surgery

No – ½ - 50% - Orthopaedic Surgery

CSTEM 2

In your CSTEM Posts to date did you have a designated mentor?

Yes in EM only – 8/12 – 66%

Yes in EM and Non EM Posts – 2/12 – 17%

I did not have a designated mentor in any post – 2/12 – 17%

CSTEM 3

In your CSTEM Posts to date did you have a designated mentor?

Yes in EM only – 10/20 – 50%

Yes in EM and Non- EM Posts – 9/20 – 45%

Yes in non-EM Posts only – 1/20 – 5%

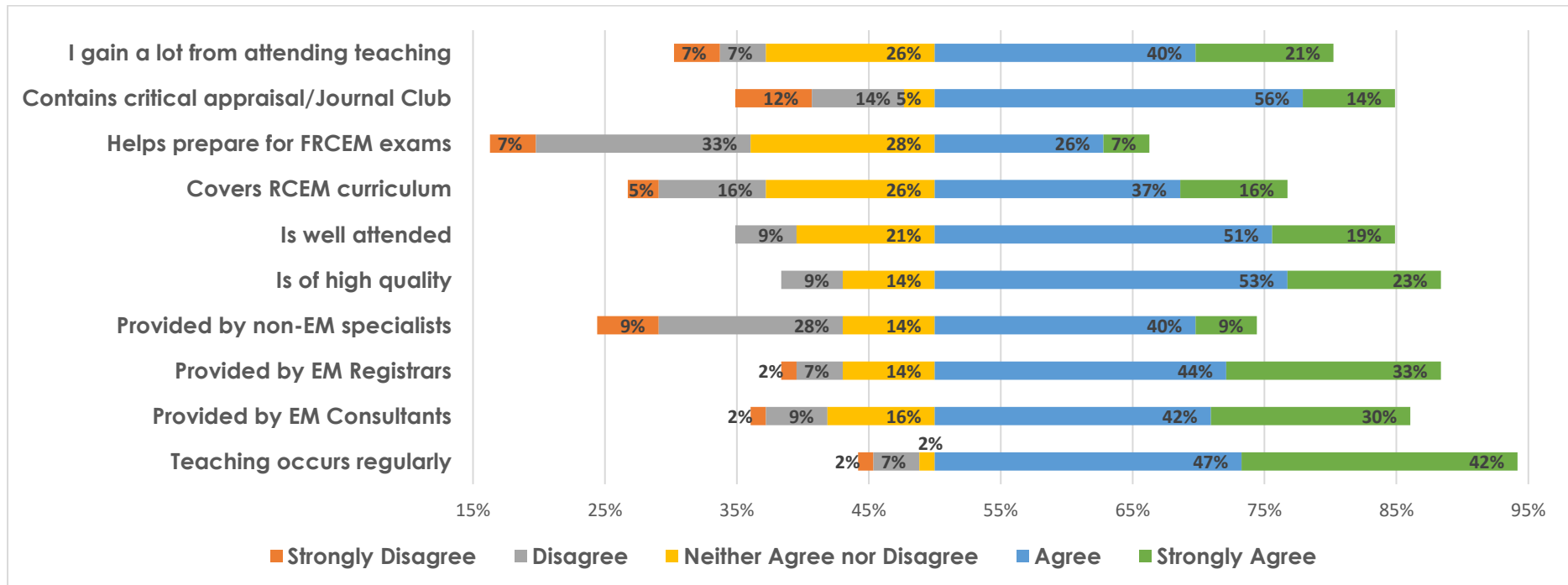
Yes in EM Posts only – 27/45 (60%)

Yes in EM & Non EM Posts – 11/45 (24.4%)

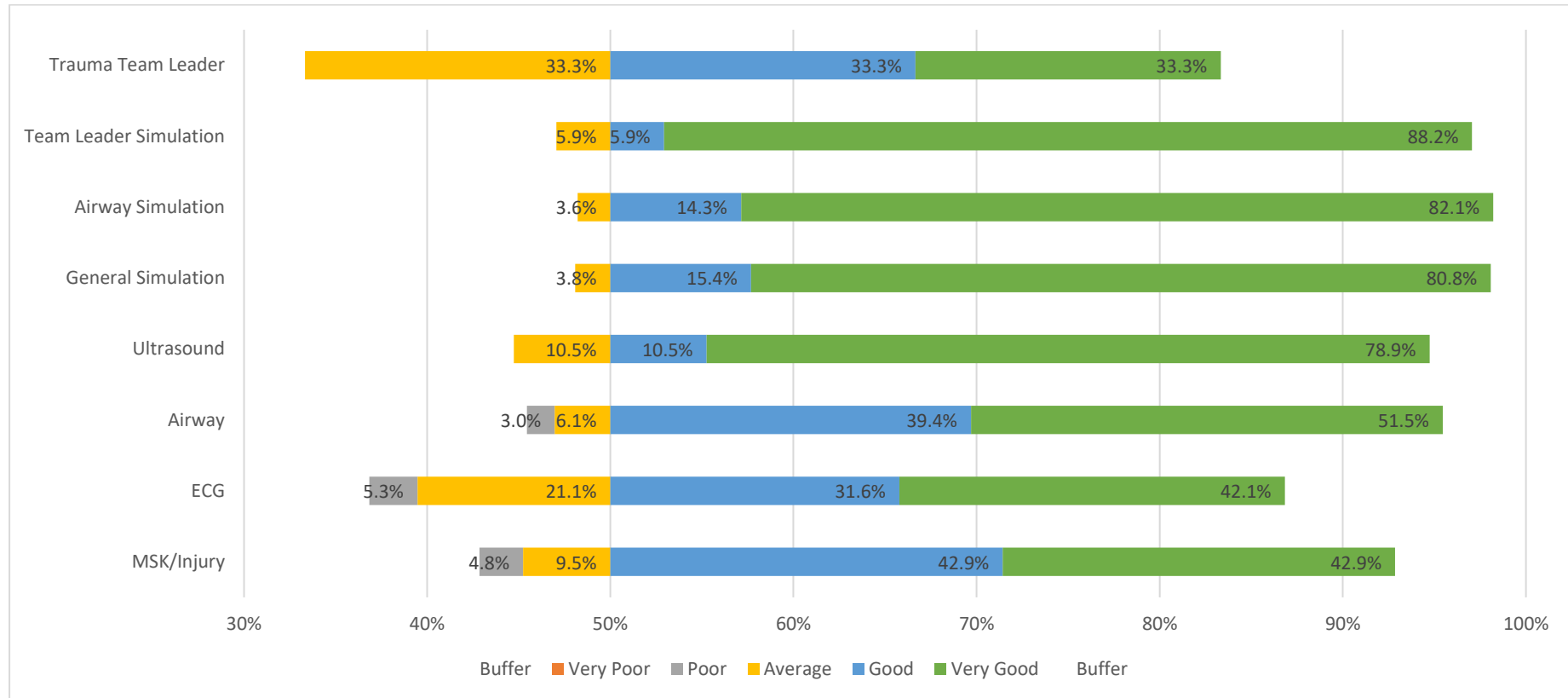
Yes in Non EM Posts only -1/45 (2.2%)

No mentor in any post – 2/45 (4.4%)

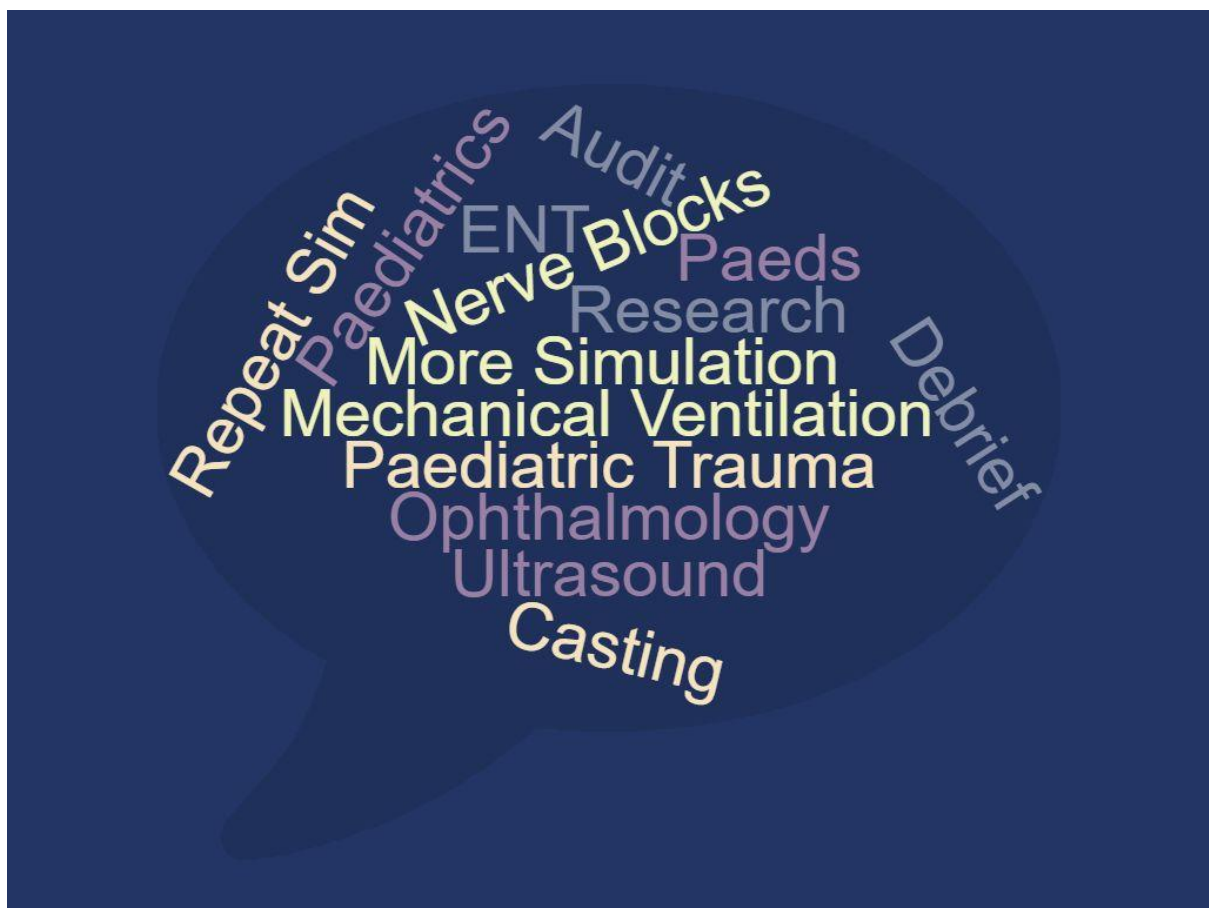
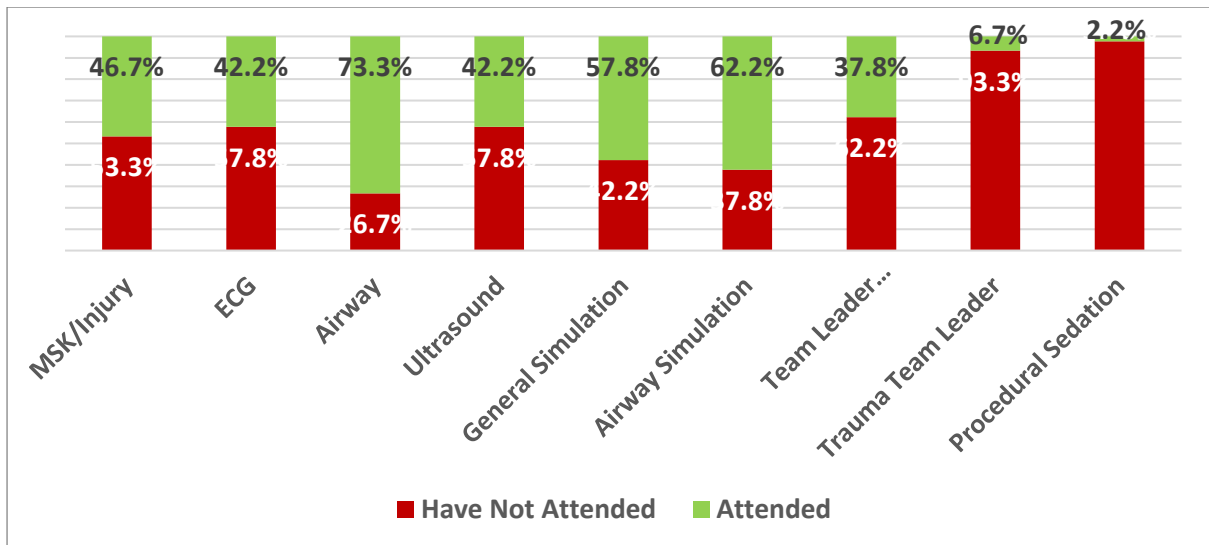
Departmental Teaching



CSTEM Training Days



Just 1 respondent had completed the procedural sedation workshop and had rated the course as Average.



51% of respondents indicated that they had difficulty accessing the mandatory CSTEM Training Days due to availability of places.

38% of respondents indicated that they had difficulty accessing the mandatory CSTEM Training Days due to difficulty getting educational leave granted. Many commented that course dates were announced later than those of other schemes (e.g Medical/Surgical/GP) making it more difficult for EM trainees to get educational leave.

Expenses & Leave

Approximately how much do you spend per year on training/conferences/courses?

<€500	4.4%
€500-1000	15.6%
€1000-1500	42.2%
€1500-2000	20.0%
>€2000	17.8%

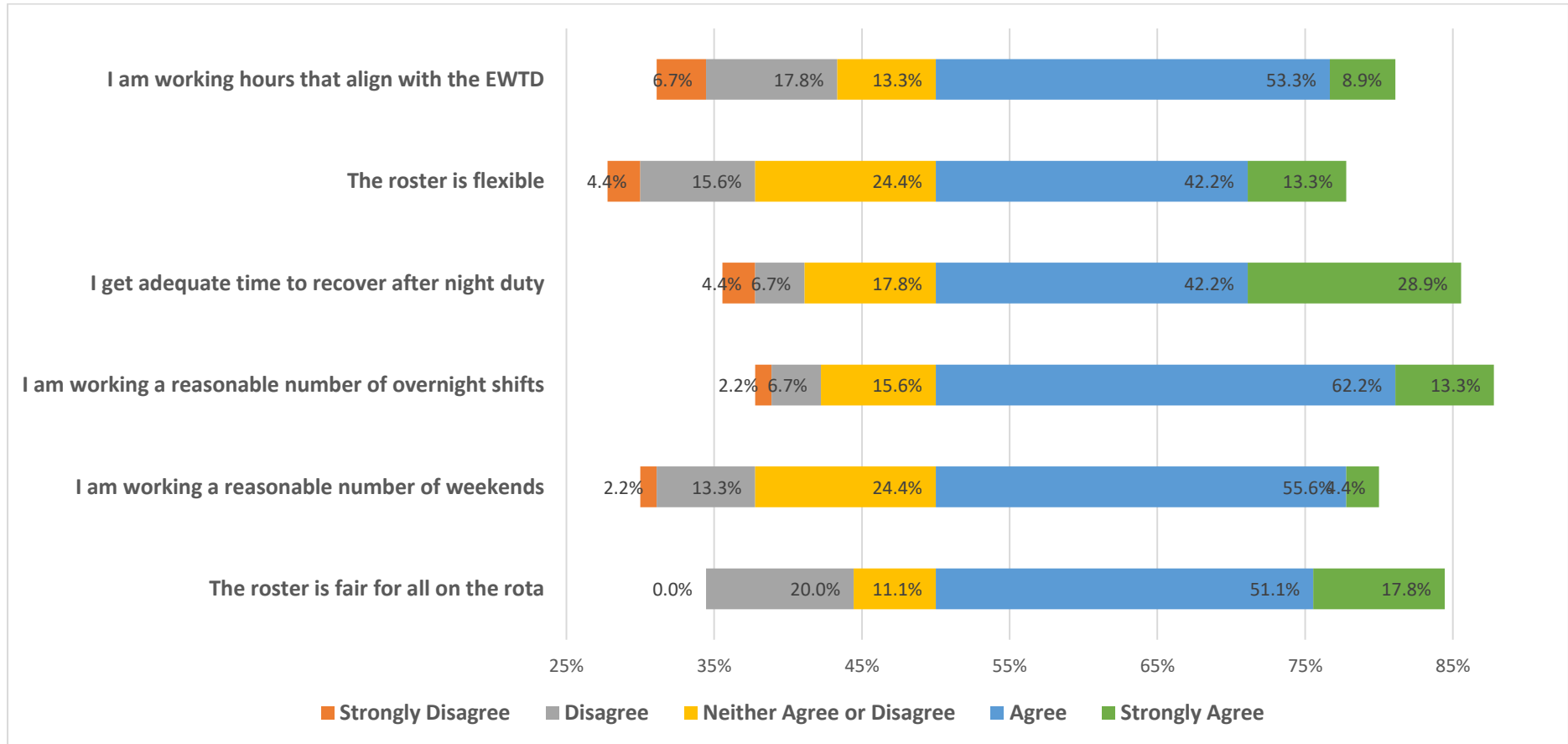
How much of your annual leave entitlement have you received/are scheduled to receive in this rotation?

50-74%	15.6%
>75%	28.9%
All	55.6%

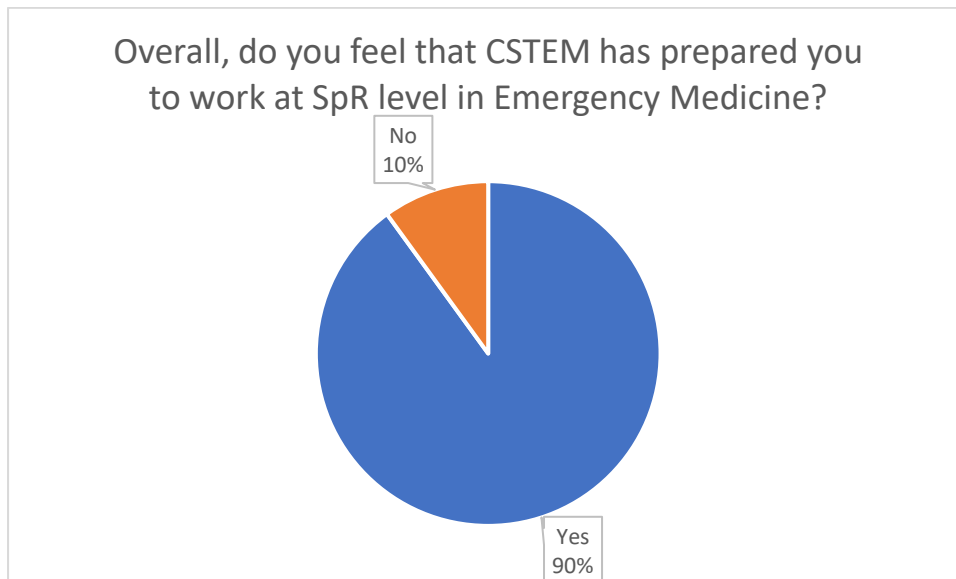
How much of your educational leave entitlement have you received/are scheduled to receive in this rotation?

<50%	26.7%
50-74%	17.8%
>75%	28.9%
All	26.7%

Rostering



Overall Experience of CSTEM & Future Career Objectives



Responses of CSTEM 3 Trainees

- 82.2% Apply for ASAT/ASTEM
- 2.2% Leave CSTEM & Work in EM in Ireland
- 6.7% Leave EM and work in another specialty in Ireland
- 4.4% Leave CSTEM and work in EM outside of Ireland
- 2.2% Leave Medicine Entirely
- 2.2% Work for a year with medicine sans frontiere and apply astem after

How likely are you to recommend CSTEM to a colleague considering a career in Emergency Medicine?

Mean 4.133333
Median 4
Mode 4

If you plan on leaving CSTEM, please outline your reasons why

“Unwilling to move location and continue shift work due to family commitments, lifestyle issues“

“Failed exam”

“Lack of flexibility in the training scheme; pursuing my interest in humanitarian medicine.”

“Poor work life balance, little praise for commitment to speciality”

“Family are in another country.”

“Hours, training, lack of respect. All too arduous”

Post-Specific Comments

“Good post to work in but would like if there was more teaching sessions rather than just one day a week” [CSTEM 1 working in EM]

“good informal teaching” [CSTEM 1 working in Plastic Surgery]

“Medical rotation. Always an issue to get educational leaves when in department other than ED” [CSTEM 2 working in Medicine]

“My department is well supported by our consultants and we've got the supervision to work hard.

Staffing wise has been an issue and thus our rota has been for shos quite heavy. It's made for awkward weeks, late evenings and a few runs of poor sleep. Understandably, locums are short on the ground, it just means we have to work longer hrs.

Research wise is a tricky one, audits etc are supported but hospital wide support for large observational studies is less so. I've completed one recently on covid and had conference attendance from it. It is however disappointing to not have backing to show good quality research from our ED and reflect our practices

Above all, I know I'll have to move on for career progression etc but I've enjoyed this department. The majority of staff are incredibly supportive, friendly and it means whilst the job can be a slog, we've got a good support system [CSTEM 2]

“I am a CSTEM2 Trainee in Galway currently, I have been both valued and treated with dignity and respect by the Inpatient Paediatrics team, especially the consultants and their SPR's. As for the ED in Galway, I have worked here before beginning my training, and I must say, I do feel very supported by my

consultants. Mr. O'Donnell (mr.OD) and Mr. Binchy(Mr.B) in particular has been supporting me behind my back and pushing me to do well and better (even made me pass my exams-one way or another!)

No qualms and complaint here from me, thats for sure!" [CSTEM 2 working in Paediatrics]

"No call for EM trainees on anaesthetics, which limits learning opportunities" [CSTEM 3 working in Anaesthesia]

"I feel like I have been used to fill rota gaps, I spend a large volume of time 1st on for theatre when I might benefit more from ICU experience. I also feel like there is a limited appreciation for the trainees in my current post outside of EM. There is also very little consultant oversight." [CSTEM 3 working in Anaesthesia]

"Placements without EM SpR's shouldn't be part of CSTEM Training ex Cavan Hospital or Drogheda AMAU" [CSTEM 3]

Further comments on CSTEM Experience

I would only not recommend CSTEM due to the difficulty of progressing (few spots on ASTEM), otherwise a brilliant scheme

There need to be more ASTEM positions available. This years trainees are all excellent yet half will not be offered ASTEM positions even if they are eligible. Some excellent doctors will slip out of the system as getting in the following year is even more difficult.

It should also be recognised the effort made by all ED staff (including trainees) to step up and adapt to the new Covid working conditions.

Really enjoyed the scheme. Great variety of posts meaning you finish year 3 with a great set of skills. Its called a run-through scheme but realistically it isn't. In our year, there are some excellent candidates for ASTEM that will unfortunately lose out as there are not enough places on ASTEM.

It would be nice to incorporate an Non clinical day at least once a month for CSTEM trainees as part of their entitlement. Even once every 2 weeks, otherwise it can be very challenging to stay on top of audit work and get involved in research while also trying to provide cover for huge rota gaps that exist across the country.

Trainees should be given the opportunity to take a year out of training during CSTEM or ASTEM without being punished for it. It would combat burnout, help with retention and develop more diverse and rounded doctors

More flexible career training options should be encouraged in order to retain trainees. I have associates/colleagues leaving EM which negatively influences my impression of the ASTEM. However, if I felt that an alternative career path (e.g. part-time/occasional work in humanitarian/trauma medicine outside of Ireland) could be supported by the EM training scheme, I would be more likely to continue training in Ireland and it would be of mutual benefit to me as a trainee and to EM in Ireland.

Poor to no training on site, more human factors (which are great) training days than other vast EM topics that would be great to cover in training days, lack of direction and feedback, CAPA is such a brief tick box meeting that it's hard to see what can be gained from the evaluation

Almost no difference between CSTEM and standalone EM post

Overall good experience so far