



BAY OF PLENTY CLINICAL SCHOOL
Creating our future health workforce

Clinical Training and Research Survey Results

March 2009

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1. Executive summary

The Bay of Plenty Clinical School was established by the Bay of Plenty District Health Board (BOPDHB) as a key workforce development initiative for ensuring a future clinical workforce to meet the needs of our growing population. The School seeks to increase student placements in those areas most affected by staff shortages, and to give students such a good placement experience that they will want to work here once qualified. The success of this initiative is largely dependent on the willingness of BOPDHB staff to accept student placements.

In December 2008 fifty-five BOPDHB staff involved in clinical training and/or research responded to a survey designed to establish their level of satisfaction with the resources and support provided to them for clinical training and research activities. Each person answered 27 survey questions and 105 additional comments were submitted.

Survey results confirm that BOPDHB staff enjoy teaching students, agree that providing high quality student placements is an effective recruitment strategy and feel that their students appreciate the time they take to teach them.

Most staff are not satisfied with the facilities, resources or equipment available to them for teaching, and while 49% of staff feel supported in their teaching role, 40% do not. 63% also disagree or strongly disagree that they receive adequate recognition of their teaching role.

The importance staff place on having adequate facilities, resources and time for teaching is emphasised by the number of comments provided on these issues.

The goal of increasing staff participation in teaching and research activities, thereby allowing the School to provide additional student placements, would be facilitated by providing staff with:

- more physical teaching space (in individual departments and in DHB space that can be used by all students and staff)
- additional teaching resources and equipment
- dedicated time for teaching preparation and teaching
- support and recognition for the teaching work they do

Lisa-Jane Dench
Business Leader Clinical School

2. Findings

2.1 There is a need for additional physical teaching space in a number of individual services/departments. The Business, Medical and Nursing Leaders of each service can progress this by:

- consulting with their teams to confirm what additional teaching space is required and could be accommodated within their individual department/s.
- liaising with property services to scope the feasibility and cost of providing/constructing the additional teaching space, and forwarding this information to the CEO for consideration.
- considering student needs when planning and developing future facilities e.g. the need for student office space & IT resources; additional clinic rooms etc

2.2 There is a need for additional DHB physical teaching space that can be used by all students and staff. This can be progressed by:

- a) The CEO considering a business case for a permanent location for the Clinical School on the Tauranga Hospital campus that will provide:
 - easy access for busy clinical staff
 - space for all the School facilities described in the Clinical School's Schedule of Accommodation, including establishment of meeting and tutorial rooms, an 8-bed skills laboratory, and a lecture theatre
 - space for co-location of the medical library
- b) The Clinical School Business Leader scoping design requirements and costings for a purpose-built School facility and identifying potential fundraising and facility development activities (subject to a) above).

2.3 There is a need for additional teaching resources and equipment in some services/departments. This could be progressed by:

- a) The Business, Medical and Nursing Leaders of each service consulting with their teams to confirm what physical teaching resources and equipment are lacking in their department/s, obtaining prices for provision of same, and forwarding business cases to the appropriate budget holding executive.
- b) The Hospital Librarians:
 - establishing what additional resources (books, serials, electronic resources, and full-text electronic journal access) are needed to satisfy the needs of teaching staff and students, obtaining prices for provision, and forwarding business cases to the appropriate budget holding executive.
 - investigating the feasibility of establishing a library journal reading room within the Tauranga Hospital main hospital building for staff to use until Library services in their entirety can be co-located alongside a dedicated School facility.
- c) The Clinical School Business Leader:
 - approaching The University of Auckland and requesting that on-line access to the University's full text journal subscriptions be made available to BOPDHB SMO's who regularly supervise the University's medical students.
 - arranging for the installation of student computers in Jacaranda House and additional student computers in the Clinical School facility.
 - modifying the student computer log-in policy to allow students access to all relevant intranet and internet sites.

2.4 Staff want dedicated time for teaching preparation, teaching and research activities. This would be achieved by the Clinical Leader of each service:

- providing staff assigned responsibility for supervising students with rostered time each week for teaching preparation and student teaching.
- providing staff involved in BOPDHB-approved research projects with rostered time each week to undertake research activities.

2.5 Staff want more support and recognition for the teaching and research they do. This would be achieved by:

- a) The Executive Team, Business, Medical and Nursing Leaders and Managers/Supervisors of staff teaching students and/or undertaking research:
 - actively promoting the BOPDHB/BOP Clinical School as a teaching centre.
 - formally acknowledging staff that accept student placements and undertake research, and discussing teaching and research activities with them on a regular basis.
 - actively supporting staff in their teaching/research roles by ensuring them access to the resources listed in 2.1 – 2.4 above.
- b) The General Manager Human Resources considering:
 - making provision for student supervisors and staff undertaking research to be formally recognised within the DHB's staff recognition and reward programme.
 - reviewing the DHB's postgraduate study funding strategy to confirm that funding distribution is equitable between the medical, nursing and allied-health disciplines.
- c) The Clinical School Business Leader:
 - reviewing student placements booked for 2009 to ensure that placement numbers can be appropriately managed by the assigned services.
 - arranging regular meetings of student supervisors from all disciplines to provide an opportunity for networking and sharing of ideas.
 - investigating the feasibility/appropriateness of providing multi-disciplinary student tutorials.
 - reviewing which DHB staff training courses would benefit students and arranging for students to attend these where this is deemed to be feasible and appropriate.

2.6 A number of findings are also relevant to BOPDHB staff training, and it is recommended that the Director of Clinical Training:

- addresses those findings and comments that can also be applied to BOPDHB staff training e.g. junior medical staff training, which in addition to student teaching is a vital component of staff recruitment and retention.
- considers the report's key issues and findings when developing the BOPDHB's annual clinical training plan.

3. Background

In 2008 the BOPDHB provided clinical placements for 400+ undergraduate students (excluding placements provided in primary care settings). The Bay of Plenty Clinical School is responsible for coordinating undergraduate placements and has ten key performance indicators (KPI's) that include:

- Increasing teaching/learning activities
- Increasing research activity
- Increasing staff and student satisfaction with the resources provided to support clinical training and research activity

Student satisfaction has been surveyed since early 2008 and is reported quarterly. This staff satisfaction survey has been developed to determine how much teaching and research activity is taking place across the DHB, how satisfied staff are with the teaching facilities and resources available to them, and how supported they feel in their teaching/research roles.

Survey results have been used to identify key issues and findings for improving staff satisfaction with the resources and support provided for clinical training and research. The Clinical School will undertake this survey annually to report achievement of the three KPI's listed above.

In December 2008 the survey was sent electronically to all BOPDHB staff members with intranet access, asking those involved in student training and research to respond. Hard copies were also provided to those that requested them.

Detailed survey findings are attached as appendices, and key issues and additional comments are listed below in Section 4. Respondents provided additional comments in answer to the following questions:

- 1) What other resources/support do you require for clinical training/research?
- 2) Are there any other comments that you wish to make?

Some comments have been edited to improve clarity or to remove information that might identify individuals.

4. Survey results

**Findings reported in this section that do not total 100% exclude 'Don't know' responses.*

4.1 Respondents

- 55 staff responded - 31 medical staff, 14 nursing staff and 10 allied health staff.
- 35 responses were from Tauranga and 20 from Whakatane.
- 49% of respondents teach medical students, 31% teach nursing students and 21% teach allied health students. Some teach students from more than one of these groups.
- A number of staff who did not respond to this survey regularly supervise and teach students and are openly critical of the resources and support provided to them for clinical training and research. Because they did not respond to this survey their views are not captured in this report.

4.2 Overall satisfaction

- Most staff are not satisfied with the facilities available to them for teaching. 46% disagree that facilities are satisfactory and 17% strongly disagree.
- Most staff are not satisfied with the resources/equipment available to them for teaching. 43% disagree and 17% strongly disagree.
- 49% of staff feel supported in their teaching role but 40% do not.
- Only 29% of staff feel they are provided with adequate recognition of their teaching role. 63% disagree or strongly disagree that they receive adequate recognition of their teaching role.

4.3 What are staff most satisfied with?

- They enjoy teaching students (98%).
- They feel that students appreciate the time taken to teach them (97%).
- They think that providing high quality student placements is an effective recruitment strategy (97%).
- They think that clinical teaching is a professional responsibility of all health practitioners (89%).

4.4 What are staff least satisfied with?

- 64% don't think that the DHB provides adequate facility space/rooms for teaching.
- 64% don't think that the organisation/DHB recognises the contribution they make to student teaching.
- 62% feel there is inadequate space/rooms for teaching in their own service/department.

4.5 Teaching and research

- BOPDHB staff spend an average of 6.7 hours per week teaching students.
- 28% reduce their clinical workload when teaching students but the majority (70%) do not.
- 19 staff (35%) are actively involved in research projects and spend an average of 1.6 hours per week on research activities.
- 87% would spend more time teaching if they were allocated dedicated teaching time.

Comments

Time

- 1) Need more dedicated teaching time.
- 2) More staff are required. Currently seriously understaffed in senior areas so that teaching of qualified staff is a struggle never mind the students.
- 3) The lack of time available for teaching is profound with universally heavy clinical loads and generally disinterested management in promoting us as a teaching centre. (The exception is my current manager who has been very supportive of me).
- 4) It is difficult to take a proactive and planned approach to teaching students without protected and dedicated time for teaching and preparation. Staff who provide TI supervision should have this recognised in their role descriptions and a suitable period of paid time provided for this.
- 5) Important to have additional non-clinical time for preparation/teaching.
- 6) Main issues are time and space.
- 7) Dedicated teaching time needed.
- 8) Need adequate dedicated teaching time allocation (this is not rocket science).
- 9) The only recognition needed from students = as at present. Others teach and have less recognition e.g. 5th year, community and agency placements, Maori Health staff, TIs on ward. Limiting factor for TIs = time of SMO's.
- 10) There is simply not enough time to give students the teaching they require when attached to our department. We have far too many students at a time and this dilutes their clinical experience and the quality of their time in our service. I understand that they feel similarly about this. I strongly believe we should continue to provide a teaching service to students from NZ universities but I believe we do not have enough staff, time or facilities to provide teaching to the overseas students we currently take in. As well as the medical and nursing students we teach, there is an ongoing need to spend time teaching our junior staff, i.e. our HOs and SHOs who often come to us with no specialty experience and require a lot of additional input, especially when they first start in our department, in order to carry out their clinical duties adequately. Much of my time is spent teaching junior staff and this is ALL done on my own time with no concession to my clinical work load, as is any teaching of medical or

nursing students. Our department's clinical work load is significantly overburdened as it is without these extra demands and we are severely in need of dedicated senior staff time for teaching of both students and junior staff. At present, the arrangement is ad hoc and based solely on good will.

- 11) Junior doctors do not get enough hands-on experience. Senior staff do not have adequate time to supervise junior staff to allow them to get their hands dirty.
- 12) The DHB needs to acknowledge non-clinical time for teaching and provide teaching space. The Medical Council have flagged this as a major concern.
- 13) TIME!!!! During my last role as SNE I was responsible for 4 student nurses for 2 days a week?? with no prep time/ debrief time. The students were allocated from Kati Kati to Te Puke and I was expected to assess their progress in this time (a nightmare).
- 14) The time required to do these things is often not allocated within the busy workday.
- 15) The lack of organisational recognition of the time component required for teaching and preparation is a major issue.
- 16) Unfortunately teaching is only given lip service. The clinical workload is given priority and little or no time is allotted to teaching. It should come under non-clinical time, but few of us get this (30% in contract). It is part of my job but as we are not sufficiently job-sized we can't give it our best. We need to see a change in attitude from the top down.
- 17) My role depends on the use of preceptors in the dept and the workload and staffing often affect the quality of the learning experience for students.
- 18) We should have dedicated teaching time offset against clinical workload/additional FTE.
- 19) I spend 3 hrs plus on dedicated teaching through clinical practice e.g. on ward rounds.
- 20) If the DHB and clinical school want us to do a good job of teaching, we need to be allocated the time and resources to do so. This teaching expectation cannot be merely "squeezed" out of an already busy clinical workday.
- 21) Nursing education needs a more pro-active approach than half-hour slots once a week at lunchtime. The amount of hours spent teaching varies hugely with what role I am in and how many students I have with me.
- 22) I already work more hours than I should in my daily work without teaching students so, unless I am supported in the above and we can get locums when necessary and laptops etc, I will not be volunteering to teach regularly.

Research

- 23) I have just turned down a trial because we are under work pressure such that no time is available.
- 24) My research activities are "informal" and part of my work.
- 25) Minimal involvement in research - one trial at the moment.

4.6 Facilities

- 62% cite a lack of teaching space in their own department & 64% complain of a lack of teaching space in the DHB generally.
- 30% can easily book or access DHB teaching space when they need to but 53% cannot. * 18% *did not know* – possibly indicating that they rely on other people e.g. administration staff, to book space for them?
- 87% do not use teaching space in the Clinical School and only 39% use the medical library facilities for teaching and research (60% do not).

Comments

- 1) There is lack of interest in providing us with adequate teaching facilities such as decent lecture theatres, learning centres for practical training and audiovisual resources.
- 2) I hope to use the school more next year for students as we are really struggling with space! (desks etc).
- 3) Need appropriate teaching facilities.

- 4) We need a proper library within the building, tutorial rooms, lecture rooms. Infrastructure!
- 5) The most pressing issue is learning space, having to go off campus for venues—must cost a fortune over the year. Having a designated space with constant, reliable equipment would be wonderful.
- 6) We need a lecture theatre with audio-visual equipment.
- 7) Physical lecture room space is often hard to come by.
- 8) Need improved room availability.
- 9) A skills lab would be great that had simulators and you could practice procedures. Also an interactive computer site for education.
- 10) We will need to improve on our provision of electronic resources, library and lecture facilities. I have answered your survey with specific reference to medical students, trainee interns and first year house officers, as opposed to those in vocational training.
- 11) No designated area for my teaching requires continuous moving of large amounts of equipment. A designated area would allow for more spontaneous teaching.
- 12) Need on-site library journal reading room i.e. within main hospital.
- 13) Need better room availability and computer access in the dept.
- 14) With the clinical school up and running currently there is enough space for teaching.
- 15) As I have a teaching/coordinating position I book facilities i.e. the Learning Centre a year in advance, therefore gaining access to resources / facilities is available. However if I wish to make closely timed bookings etc rooms are very hard to find. I would support having a dedicated area with appropriate resources to support and enhance teaching capabilities within the DHB.

4.7 Resources and equipment

- 1) 60% say that the resources they need for teaching (desks, computers, whiteboards, overhead projectors etc) are not provided within their own department or service and 66% complain that if not available in their own department or service, they are not readily available elsewhere in the DHB.
- 2) 61% agree that the medical library has the books, serials and electronic resources needed for teaching students but 27% disagree.
- 3) 43% agree that their students have access to all of the resources/equipment they need for learning but 41% disagree.

Comments

- 1) In reference to questions about facilities and resources, there is no space in our office to accommodate a student. It's rather frustrating if they are on a longer placement e.g. 8 weeks and are shifting around from desk to desk several times a day depending on which desk is free at the time.
- 2) The lack of provision of adequate full-text electronic journal access for staff involved in teaching.
- 3) Need designated clinical tutor and secretarial support.
- 4) Clerical backup main limiting factor e.g. handouts.
- 5) When I teach where my students work there are no facilities. For example, today I am doing a teaching session with staff in their own service area. There are no resources for teaching and so like other times we will crowd around a laptop. Is there a way to have mobile equipment? Also printing off lecture notes requires them to be made into slides – another step.
- 6) Students often have their own books for learning rather than there being any section of the library at Whakatane Hospital dedicated to their specialty.
- 7) Just supplying my service with enough human resource and space would improve the teaching opportunities rather than specifically focussing on teaching itself. Doing the PGCertClinEd has been very useful.
- 8) We need models/mannekins of the airway, heart, spine and epidural space, etc.

- 9) It is essential that teaching staff can access up-to-date medical resources. At present, only the lead TI supervisor can get full text access to journals through the University of Auckland, a collection that serves our service much better than is available locally. However, given the role that all Consultant/ Senior Registrar staff play in teaching, it would be appropriate that all senior staff have such access. This was certainly the standard I was used to as a senior lecturer in another area and I am not sure why it is not possible for this to happen locally.
- 10) Having an overhead projector within our department would be beneficial.
- 11) Lots of feedback from students about poor IT access.
- 12) Students require computer access.
- 13) Students need to have their own logon and access to internet if the placement is longer than two weeks, so they can conduct self-directed learning and other placement-related activities.
- 14) Better access to the university curriculum; student internet access for appropriate sites only (AUT homepage, medlab, cinhal etc).
- 15) Need more computers in individual departments.
- 16) There are problems with TI's having access to internet which they require for literature review etc during their attachment. This is a basic requirement and needs to be addressed urgently. It is essential that TI's have suitable access to IT facilities.

4.8 Recognition and reward

- 89% agree that clinical teaching is a professional responsibility of all health professionals and 62% think that clinical teaching is an inherent requirement of their job not 'additional work'.
- 54% believe they should be individually financially rewarded for their teaching activities, 36% disagree.
- 97% feel that their students appreciate the time taken to teach them and 64% feel that their manager/supervisor supports them in their teaching role.
- Only 25% feel that the organisation/DHB recognises the contribution they make to student teaching. 39% disagree and 25% strongly disagree.

Comments

Recognition

- 1) Teaching is a Hippocratic requirement.
- 2) Tauranga Hospital is a growing centre with excellent capacity for teaching but until the appearance of the clinical school there has been poor appreciation of the efforts many of us are making with regards to teaching undergraduate and postgraduate medical (and nursing) staff.
- 3) I did receive an invite to a Wine evening in Auckland and a certificate which had completely incorrect details on it.
- 4) Having a student is a lot of extra work and there is no recognition from the DHB for this!

Support

- 5) I feel that the support should come from the schools and is limited due to geographical distances. Maybe the clinical school could get all allied health people supervising students together for support. Could be particularly useful when you have a challenging student.
- 6) Need to arrange group tutorials. Our students sometimes attend on site training courses but they are often complex so In-Service group tutorials and case study presentations would be geared for their appropriate level and they would gain more support from one another.
- 7) Being the only staff member in my profession working in this service having a student can be a lot of work as unable to share the load with a colleague – this is unavoidable though.
- 8) I place GP students but have no input from the DHB.

- 9) I enjoy teaching. It would be a good idea for the DHB managers to discuss teaching the students (nursing and medical) with us on a regular basis.
- 10) I did not feel well supported by the University when there was an issue with a struggling student. It was the Manager of my own department who supported me.
- 11) Contacts in Medical School Paediatrics at Auckland are excellent but there is less clear curriculum for Otago 5th years from Wellington.
- 12) Support for research and audit activities would be welcome.
- 13) It would be useful if the DHB rewarded teaching with facility and resource including additional time but I will do my best in spite of the lack of support.
- 14) Good teaching attracts good people - the presence of a very enthusiastic clinical school gives us some heart that things will improve as this is such a valuable resource and needs to be fully supported and funded.

Financial reward

- 15) Financial reward is applicable if it entails significant out of hours work but not otherwise.
- 16) I am aware that some people within our department are financially rewarded for taking students – I feel this inequality is perhaps not best practice.
- 17) I believe that the DHB is financially rewarded for taking students on placement. This is not passed on to the practitioners.
- 18) I think that the individual payment should be made to further our learning. The money would be used to buy books etc to further your CPD not just an extra "bob" in your pay packet.
- 19) I don't believe I should be paid separately for teaching but that my contract should identify how many hours I am paid to teach each week.
- 20) Regarding financial rewards, I believe that although it is a professional responsibility consideration needs to be given to financially rewarding or some other form of recognition (apart from a thank you letter) to RN's who preceptor other RN's, as it requires considerable commitment, and can add additional work and stress to already heavy workloads.
- 21) Re postgraduate training – the funding inequity that is visible between allied health and the rest of the hospital greatly reduces participation – as most postgrad radiography papers must be sourced out of the country the cost is significant, no time is allowed by the DHB and there is no fiscal reward at the end. This issue may become more pressing as modalities move towards postgraduate qualifications like the Ultrasound /MRI system – but at least then funding would be up front.

4.9 Additional staff comments

- 1) Tauranga Hospital has a poor all round teaching environment.
- 2) All of these issues are also pertinent when it comes to teaching junior medical staff which is also a vital part of service, recruitment and retention.
- 3) This survey focuses on students but what about the RMOs that we should be teaching more. Some of my responses relate to that activity. Is this questionnaire about clinical teaching or student teaching? You have used both phrases. They are intertwined.
- 4) I give talks to various community groups therefore; I have an informal teaching role.
- 5) Currently only very rarely have 'students' of any type.
- 6) I am not actively involved in teaching here but have been in a former nursing life. I feel under-utilized at this hospital.
- 7) I am extremely sceptical that Registered Nurses from education centres have extremely low level of basic knowledge and unlike the junior house officers who are ready to start the job on the day, this can not be said for nurses. Therefore, before they are registered there should be a one year internship so that they too can be more efficient and safer for patients. The DHBs need to push this concept as they are overpaid and inefficient to be considered as registered nurses in that first year.
- 8) Student teaching is not developed in our department. I enjoy having a student to teach but have not been around the school to see facilities.

- 9) We don't have dedicated students allocated. Some have come for isolated sessions occasionally.
- 10) I do teach students adhoc or in groups but would not be allocated one student. Most of my teaching however is ongoing education for qualified staff.
- 11) There is no feeling of this being a teaching hospital, each area takes students and has no interaction with other areas. It sometimes feels that the hospital is only aware of two types of student – nurses and intern doctors. There is a great deal more going on here e.g. physio, speech therapy, radiography, ultrasound, echocardiology, anaesthetic tech, clinical physiology etc... does the clinical school even know how or who runs the courses for these areas and what components are required?
- 12) Disappointed to hear the Head of School has gone - he was an inspiration and will be difficult to replace.
- 13) Currently only very rarely have 'students' of any type
- 14) Having a combined position - student nurse coordinator/educator, new graduate nurse coordinator and being a nurse educator provides me with a stimulating and diverse role. I have been well supported by a dynamic team.
- 15) I have been impressed by the quality and enthusiasm of the students. There is an opportunity to develop what they do in their time with us, as many seem to be on electives from overseas and would benefit from a record of their objectives etc.
- 16) Outcome from Auckland/Waikato rural visit unknown – they appeared at short notice with their own agenda, little transparency, and we had very limited time to attend. (We know students could be well placed at Whakatane). After visits from Auckland Medical School scoping placements for rural clinical school etc we need adequate feedback lest we waste our time, effort etc.
- 17) The organization does nothing to include students in the greater whole – they have no access to safety courses e.g. Back School which are an important integral part of daily functioning. They should be included in all safety courses to ensure a safe working environment for themselves, other staff and patients.
- 18) Community education is very important. Where does that fit?
- 19) Need to provide multidisciplinary teaching/learning opportunities (remove the barriers).
- 20) Students are often isolated in Allied Health and would benefit from knowing what other students are on site at any time to support one another and socialise together.



Clinical Training and Research Resources Survey

The purpose of this survey is to get feedback from you, as a DHB staff member involved in clinical training, about your level of satisfaction with the resources and support provided to you for clinical training and research activities.

Your feedback will be used by the Clinical School to help us identify how the School and the DHB can support you in your teaching role, improve the facilities and resources available for teaching and improve student placement experiences for future students. Feedback will be reported anonymously. **This survey should only take 5 minutes to complete.**

Name _____

Position _____

Dept/service _____

Location _____

Students taught Medical Nursing Allied Health

Please indicate how strongly you agree or disagree with the following statements by putting an x in the most appropriate box. Please elaborate on your responses (if you wish), at the end of the form.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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Students

1	I enjoy teaching students					
2	I willingly accept student placements					
3	I think that providing high quality student placements is an effective recruitment strategy					
4	I reduce my clinical workload when I am teaching students					
5	I would spend more time teaching if I was allocated dedicated teaching time					
6	During a week when I have a student with me, I spend the following number of hours actively teaching	0-2	2-4	4-6	6-8	8+

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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Research

7	I am actively involved in research projects					
8	On average, I spend the following number of hours per week on research activities	0	1-2	2-4	4-8	8+

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
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Facility

9	There is adequate space/room for teaching provided <u>within my own service/ department</u>					
10	The DHB provides adequate facility space/rooms for teaching					
11	I can easily book or access DHB teaching space when I need to					
12	I use teaching space in the Clinical School					
13	I use the medical library facilities for teaching and research					

Resources/Equipment

14	The resources/equipment I need for teaching (desks, computers, whiteboards, overhead projectors etc) are provided <u>within my own department/service</u>					
15	The resources/equipment I need for teaching if not available in my own department/service are readily available elsewhere in the DHB					
16	The medical library has the books, serials and electronic resources I need for teaching students					
17	My students have access to all of the resources/equipment they need for learning					

Recognition/Reward

18	I think that clinical teaching is a professional responsibility of all health practitioners					
19	I think that clinical teaching is an inherent requirement of my job and not 'additional work'					
20	I think that I should be individually financially rewarded for my teaching activities					
21	I feel that my students appreciate the time I take to teach them					
22	My manager/supervisor supports me in my teaching role					
23	The organisation/DHB recognises the contribution I make to student teaching					

Overall satisfaction

24	I am satisfied with the facilities available to me for teaching					
25	I am satisfied with the resources/equipment available to me for teaching					
26	I feel supported in my teaching role					
27	I am provided with adequate recognition of my teaching role					

Apart from things mentioned in the statements above, what other resources/support do you require for clinical training/research?

Are there any other comments you wish to make?

Please return your completed form electronically or in hard copy to: Clinical School, Maternity Annexe
 Tauranga Hospital, Cameron Road, Private Bag 12024, Tauranga 3143
 Attn: Stephanie Wynne – Student Placement Co-ordinator Ext: 8694 stephanie.wynne@bopdhb.govt.nz

Respondent Profile	Total	Tga	Whk				
Medical	31 56%	19 61%	12 39%				
Nursing	14 25%	12 86%	2 14%				
Allied Health	10 18%	4 40%	6 60%				
	55 100%	35 64%	20 36%				
Students taught							
Medical	35 49%						
Nursing	22 31%						
Allied Health	15 21%						
	72 100%						
Teaching and Research	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know		
I enjoy teaching students	32 58%	22 40%	1 2%	0 0%	0 0%		
I willingly accept student placements	22 42%	25 48%	4 8%	0 0%	1 2%		
I think that providing high quality student placements is an effective recruitment strategy	30 57%	21 40%	0 0%	1 2%	1 2%		
I reduce my clinical workload when I am teaching students	6 12%	8 16%	21 41%	15 29%	1 2%		
I would spend more time teaching if I was allocated dedicated teaching time	31 60%	14 27%	5 10%	0 0%	2 4%		
I am actively involved in research projects	6 12%	13 26%	21 42%	7 14%	3 6%		
Time spent on teaching/research							
Average number of hours per week spent actively teaching	6.7						
Average number of hours per week spent on research activities	1.6						
Facility							
There is adequate space/room for teaching provided within my own service/department	4 8%	14 26%	15 28%	18 34%	2 4%		
The DHB provides adequate facility space/rooms for teaching	2 4%	11 21%	14 26%	20 38%	6 11%		
I can easily book or access DHB teaching space when I need to	3 6%	12 24%	12 24%	15 29%	9 18%		
I use teaching space in the Clinical School	0 0%	2 4%	31 59%	15 28%	5 9%		
I use the medical library facilities for teaching and research	5 9%	16 30%	18 34%	13 26%	1 2%		
Resources/Equipment							
The resources/equipment I need for teaching (desks, computers, whiteboards, overhead projectors etc) are provided within my own department/service	3 6%	18 35%	20 39%	11 21%	0 0%		
The resources/equipment I need for teaching if not available in my own department/service are readily available elsewhere in the DHB	6 12%	14 27%	20 39%	5 10%	7 14%		
The medical library has the books, serials and electronic resources I need for teaching students	8 15%	24 46%	12 23%	2 4%	6 12%		
My students have access to all of the resources/equipment they need for learning	5 10%	17 33%	17 33%	4 8%	8 16%		
Recognition/Reward							
I think that clinical teaching is a professional responsibility of all health practitioners	28 53%	19 36%	6 11%	0 0%	0 0%		
I think that clinical teaching is an inherent requirement of my job and not 'additional work'	15 28%	18 34%	13 25%	7 13%	0 0%		
I think that I should be individually financially rewarded for my teaching activities	8 16%	19 38%	18 36%	0 0%	5 10%		
I feel that my students appreciate the time I take to teach them	21 40%	30 57%	1 2%	0 0%	1 2%		
My manager/supervisor supports me in my teaching role	14 27%	19 37%	10 19%	3 6%	6 12%		
The organisation/DHB recognises the contribution I make to student teaching	3 6%	10 19%	20 39%	13 25%	6 12%		
Overall Satisfaction							
I am satisfied with the facilities available to me for teaching	4 8%	14 27%	24 46%	9 17%	1 2%		
I am satisfied with the resources/equipment available to me for teaching	3 6%	17 32%	23 43%	9 17%	1 2%		
I feel supported in my teaching role	5 10%	20 39%	13 25%	8 15%	6 12%		
I am provided with adequate recognition of my teaching role	2 4%	13 25%	22 42%	11 21%	5 9%		