2017 TAE-Survey:

Supervision and Mentorship of Trainees in Europe

An international cross-sectional questionnaire survey by the Trainee Association of ESCMID
Introduction:

To be a trainee means to be dependent:

The necessity of Supervision and Mentorship for the future of our specialties

Background: The TAE´s latest surveys:

“training systems and training adequacy” (2015)
“A large survey among European trainees in clinical microbiology and infectious disease on training systems and training adequacy: identifying the gaps and suggesting improvements” E. Yusuf et al. (04 September 2016)

“Personal life and working conditions of trainees” (2016)
“Personal life and working conditions of trainees and young specialists in clinical microbiology and infectious diseases in Europe: a questionnaire survey” A.E. Marapolo et al. (01 February 2017)

Conclusion from these surveys:

- Mentor/Supervisor should be more involved in helping with future career plans and practical skills
- Mentor/Supervisor should be more involved in daily work
Aim of our TAE survey:

Further and more detailed investigation of the current status of Supervision and Mentorship among European trainees

Core questions of our survey:

- How do young specialists and trainees in CM and ID perceive Supervision and Mentorship in clinical and laboratory settings?

- Are there differences in Supervision and Mentorship habits between European countries?

- Who contributes to the different aspects of Supervision and Mentorship of trainees and young specialists?
Preparation and Distribution of our Survey

- The questionnaire was prepared by the steering committee of TAE
  - It was online between 1st June to 30th September 2017 on SoSci-Survey platform
  - The web link was distributed by e-mail and promoted by ESCMID and TAE newsletters and on the ESCMID and TAE websites, reaching more than 10,000 members
  - Respondents were eligible when they were trainees or young medical specialists within 3 years after training completion in CM or ID
Contents of the survey:

- The questionnaire included 19 demographic questions (gender, country....)
- 18 specific questions on supervision
- 16 specific questions on mentorship

Question characteristics:
- Likert-scale questions
- yes / no questions
- multiple choice questions

The presented data does not include participants from outside Europe!
Participants:

- **For Supervision** 389 finished questionnaires were analyzed:
  - 151 trainees/young specialists from CM
  - 183 trainees/young specialists from ID
  - 49 trainees/young specialists from both CM and ID
  - 6 trainees/young specialists from another medical specialty

- **For Mentorship** 356 finished questionnaires were analyzed (33 incompeled questionnaires were excluded):
  - 139 trainees/young specialists from CM
  - 164 trainees/young specialists from ID
  - 48 trainees/young specialists from both CM and ID
  - 5 trainees/young specialists from another medical specialty
Demographic characteristics:

Gender: mostly female (about 60%)
Southern-Eastern Europe: 75% female
Median age: 32 years
Average age: 35 years

[Map of Europe showing regions colored by demographic characteristics]

- Region:
  - Western Europe
  - Northern Europe
  - Eastern Europe
  - Southwestern Europe
  - Southeastern Europe

[Bar graph showing family status by region:]

- Not married but living with a partner
- Married
- In charge of a child or children
Respondents who indicate that there is a written plan for their specialty training (%)
Demographic characteristics:

Percentage of respondents who indicate that CM / ID are recognized specialties in their country:
Definition of Supervisor and Mentor:

- “Supervisor”:
  - Superior member of staff with same medical specialty as the intended one of the trainee
  - Supervisor is directly concerned with the progress and evaluation of the trainee and has the responsibility for him/her

- “Mentor”:
  - Experienced person who helps to guide a less experienced person who is in a learning process
  - A Mentor may give psychosocial support, career guidance, role modelling, and/or informal communication usually face-to-face and during a sustained period of time
Supervision

Supervision of trainee and evaluation of supervisor (%)

- Supervisors have to report trainees’ training improvements to colleagues
- Possibility to evaluate the supervisor

Supervision of supervisor(s) (%)

- Trainee has a second opinion from a supervisor’s superior
- Trainees can talk with other superiors about their supervisors

Average number of supervisors: 2 per week
- Western and Northern: 1-3
- Eastern, Southern-Western and Southern-Eastern: 1-2
Supervision

- Supervisors offer the possibility to attend extra courses or congresses.
- Offer rotations abroad.
- Support research projects and publishing papers.

Supervisor(s) accompany the trainee’s career (%)
Supervision

Likert-scale:
1: not satisfied at all → 5: completely satisfied

Supervisor’s availability and feedback (likert-scale 1-5)
- Receiving sufficient supervision during workday
- Supervisor schedules individual meetings
- Supervisor gives feedback
- Satisfaction with supervisor’s evaluation

Supervisor’s contribution to the trainee’s education (likert-scale 1-5)
- Supervisor contributes to the education
- Supervisor provides updates
- Learning skills from the supervisor
Mentorship

Official mentor assigned to trainee (%)

- Availability of an official mentor
- Possibility to choose your own mentor

Personal and professional interaction with Mentor (% of satisfied trainees)

- Possibility of talking to mentor when feeling overburdened
- when unfairly treated
- when experiencing problems with main supervisor
- Mentor is involved in daily work of trainee

Graph showing the distribution of official mentors assigned to trainees across different regions in Europe.
Mentorship

Benefit from having a Mentor (%)

- Mentor is a career-model
- Mentor gives information about how to shape the career of the trainee
- Trainee is satisfied about mentor
- Mentors are trusted to be confidential

Relationship characteristics between Trainee and Mentor (%)

- Mentor is from the same medical specialty
- Mentor gives constructive feedback
- Mentor is working for the same boss
Conclusion - demographic characteristics

- Age and gender of respondents:
  - 60% of respondents were female, between 32 and 35 years old, and married
  - In Eastern and Southern-Western Europe only 25% to 30% indicated to have a child/children
  - In Northern Europe 70% indicated to have a child/children

- Differences in specialty:
  - In Western and Northern Europe there were more respondents from CM (45%–50%)
  - In Eastern and Southern-Western Europe the majority of respondents were from ID (80% and 55% respectively)
  - In Southern-Eastern Europe most respondents were from both specialties
Conclusion-Supervision

- Overall 60% of participants can talk to a Supervisor’s superior about their supervisor
  - In Western and Northern Europe 75% of respondents have a superior contact person
  - In Southern-Western Europe only 45% of respondents have a superior contact person

- Overall only 36% of respondents can evaluate their Supervisor

- Overall the participants are undetermined or satisfied with the Supervisor’s contribution to their education

- Overall about 60% of respondents receive support for publishing papers or carrying out research projects
  - In Western Europe 75% of respondents receive support
  - In Eastern Europe only about 45% of respondents receive support
Conclusion-Mentorship

- Overall 70% of participants have a Mentor during their training

- Less than 30% of participants can choose their Mentor by themselves

- About 60% of respondents stated that their Mentor was considered as a career-model

- Overall more than 60% of respondents stated, that their Mentor is involved in daily work
  - In Northern Europe 80% of respondents have a Mentor who is involved in daily work
  - In Southern-Eastern Europe only 55% of respondents have a Mentor who is involved in daily work

- Overall 70% of participants trust their Mentor to be confidential
  - In Western and Northern Europe about 80% of respondents trust their Mentor
  - In Southern-Eastern Europe 60% trust their Mentor
  - In Southern-Western Europe only 35% trust their Mentor
Take Home Message:

- CM and ID are not recognized as stand-alone specialties throughout Europe
- A written plan for specialty training is not mandatory everywhere
- Trainees can rarely evaluate their supervisor
- Trainees can rarely choose his / her Mentor
- Supervisors can contribute more to the trainee’s education
- Mentors can contribute more in shaping the career of the trainee
Supplements

Survey participants supervision

Survey participants mentorship

Region

- Western Europe
- Northern Europe
- Eastern Europe
- Southwestern Europe
- Southeastern Europe
Introduction:

The idea of a Common European Curriculum:

- Diverse training curricula in European countries for Clinical Microbiology (CM) and Infectious Diseases (ID)
- CM and ID are not recognized as medical specialties in all European countries

The UEMS:

The UEMS (Union Européenne des Médecins Spécialistes) developed a “CORE TRAINING PROGRAMME FOR MEDICAL MICROBIOLOGY” (20 October 2017)

A new version of a Common European Curriculum for ID is in development (latest Version April 2018)