



Evaluation of specialized training in hospital pharmacy

Evaluación de la formación especializada en farmacia hospitalaria

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Abstract

Objective: To analyze the degree of satisfaction of hospital pharmacy residents and identify areas of improvement in their training.

Method: A survey (5-point Likert scale) was administered among fourthyear hospital pharmacy residents due to complete their residency in 2018. Bivariate and multivariate logistic regression analyses was performed to identify the association of each independent variable with overall satisfaction.

Results: 67.4% (91/135) of residents filled out the questionnaire. The mean overall satisfaction rate was acceptable-good (3.52 ± 0.92); 86.8% of residents had received an individualized training program, with 50% of them considering their individualized training program to be very well attuned to their day-to-day professional practice. The work of the tutor and other staff members involved in resident education was rated as positive by 63.7% and 72.5% of residents, respectively. A total of 15.4% of residents said that their units had a supervision and progressive empowerment protocol in place. With respect to the level of on-call responsibility bestowed on them, 81% of residents considered it to be adequate; 69.2% considered the supervision they received to be adequate. As many as 96.7% of

KEYWORDS

Satisfaction; Pharmacy Residency; Hospital Pharmacy; Training.

PALABRAS CLAVE Satisfacción; Residentes; Farmacia hospitalaria; Formación.

Resumen

Objetivo: Analizar el grado de satisfacción de los residentes de la especialidad de farmacia hospitalaria e identificar áreas de mejora en su formación.

Método: Cuestionario *on line* con 51 preguntas dirigido a residentes de cuarto año en Farmacia Hospitalaria que finalizaban su formación en 2018. Se realizó un análisis bivariante y multivariante para identificar la asociación de cada una de las variables independientes con respecto a la satisfacción global y delimitar en qué medida las asociaciones pudieran explicarse por el efecto del resto de variables recogidas en el estudio.

Resultados: Un total de 91 (67,4%) residentes cumplimentaron el cuestionario. La media de satisfacción global fue aceptable-buena (3,52 \pm 0,92). El 86,8% disponía de un Plan Individualizado de Formación y el 50% valoraron su adaptación al programa de la especialidad como buena o muy buena. El 63,7% valoró positivamente la labor del tutor principal y un 72,5% la del resto de adjuntos. El 15,4% contestó que su servicio disponía de un protocolo de supervisión y responsabilidad progresiva. El 81% consideró adecuado el nivel de responsabilidad en



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residents dedicated less than 10 hours per week to teaching or research activities; 35.2% of residents had produced five or less articles or congress presentations as first authors. Residents that had defended or were in the process of writing their PhD dissertation were 30.8%; 45.1% were involved in an Research project. Finally, 89% of residents rated the training received as positive, with 75.8% of them stating that they would select the same hospital again. In the statistical analysis, an association was found between overall satisfaction and several variables, with the work done by the main tutor being independently related to overall satisfaction.

Conclusions: Overall satisfaction with the training received by fourthyear residents was acceptable. The work of the tutor and other staff members involved in resident education were the variables with the greatest influence on overall satisfaction, albeit only the tutor's work achieved statistical significance. The supervision of residents' progress, the coaching provided by other staff members during clinical rotations, and research were identified as areas for improvement.

Introduction

The evaluation of the training of health science specialists in accredited training units and centers is regulated by Royal Decree 183/2008¹. The development and implementation of the royal decree leeds to a Teaching Quality Management Plan, conceived to ensure that training programs meet the requirements set out by the Hospital Pharmacy Specialty Committee².

The Tutors Working Group of the Spanish Society of Hospital Pharmacists (SEFH), made up of both tutors and residents, was created in 2016 with the aim of assisting instructors in discharging their functions more efficiently. The Group's goals include encouraging the formulation of proposals and development of projects that could improve the quality of training of specialist pharmacists in the future.

Satisfaction surveys of residents provide information regarding residents' opinion about the quality of the training they receive^{3.5}. These surveys are useful in that they help detect potential shortcomings in training programs, identify areas of improvement and establish corrective measures. Such surveys are normally organized at a local level (by teaching units or accredited centers), at a regional level, or at a national level by the Ministry of Health, Consumer Affairs and Social Welfare⁶.

In 2002, a survey was supplied among both specialist hospital pharmacists and residents to gain an in-depth understanding of their perception about the training imparted in pharmacy departments and the possibility to successfully implement the contents of the fourth-year residency program. According to the survey, factors influencing the quality of training included the availability of material and human resources, the motivation of tutors and staff pharmacists, and the importance given to the training programs by the department⁷.

The purpose of the present article is to analyze the satisfaction of fourthyear hospital pharmacy residents with the training they receive and identify potential areas of improvement.

Methods

SEFH's Tutors Working Group designed a survey intended for fourthyear hospital pharmacy residents due to complete their training in 2018. The Working Group thought that the residents about to complete their training were the ones that had a clearer grasp of the training program. An online questionnaire was designed based on Google Docs[®], which comprised 51 questions divided up into several sections: general information, educational structure, tutoring, rotations, on-call shifts, training and research (Appendix 1). There were some questions which participants rated their responses on a five point Likert scale: "very good", "good", "acceptable", "insufficient", and "very insufficient" (1 was the lowest grade and 5 was the highest). There was also a group of closed (yes/no) questions and a group of multiple-choice questions. The final question gave respondents the possibility to include additional comments or suggestions about the training received. The questionnaire, which was anonymous, was distributed las guardias y el 69,2% su supervisión. El 96,7% disponía de menos de 10 horas semanales para actividades docentes o de investigación. Un 35,2% tenía cinco o menos publicaciones o comunicaciones a congresos como primer autor y un 45,1% participaba en algún proyecto de investigación. Un 89% valoró positivamente la formación recibida en su centro y un 75,8% de los residentes volvería a elegir el mismo hospital. El análisis estadístico mostró una asociación respecto a la satisfacción global con significación estadística de varias variables, siendo la labor del tutor principal la que se relacionó de forma independiente con la satisfacción global.

Conclusiones: La satisfacción global con la formación recibida es aceptable, siendo la tutorización del tutor principal y la del resto de farmacéuticos de los servicios de farmacia los factores que afectan a la satisfacción global, si bien sólo la del tutor de un modo estadísticamente significativo. Como áreas de mejora se han detectado la supervisión de la formación, la labor del colaborador docente farmacéutico en las rotaciones clínicas y la investigación.

throughout Spain during the months of February and March 2018 using SEFH's mailing list.

On reception, all questionnaires were reviewed and checked for completeness. A descriptive analysis was carried out of the demographic variables included in the study. The STATA (v12) software was used to conduct the statistical analysis. Central tendency and dispersion measures were calculated for numerical variables, while absolute and relative frequencies were calculated for qualitative variables. Bivariate and multivariate analyses were conducted to identify the association between each independent variable and overall satisfaction by calculating their corresponding crude odds ratios (ORc). A multivariate logistic regression analysis was performed to calculate the adjusted odds ratios (Ora) and determine the extent to which associations could be explained by the effect of the other variables included in the study. A 95% confidence interval (CI) was obtained for both the crude and the adjusted odd ratios.

Results

Ninety-one of the 135 fourth-year residents concluding their training in 2018 filled out the questionnaire (67.4% of the sample). After reviewing the questionnaires, a decision was made to include all of them in the study.

The demographic characteristics of the surveyed population are presented in table 1. All respondents were SEFH members; 70% were female and 91% were aged from 26 to 30 years. Of the 91 questionnaires

Table 1. Demographic characteristics of the surveyed population

Variables	n (%)
Sex	••••••
Male	27 (29.7)
Female	64 (70.3)
Age (years)	
26-30	83 (91.2)
31-35	7 (7.7)
> 35	1 (1.1)
SEFH member?	
Yes	91 (100.0)
No	-
Nr. of residents in the unit	
4 or less	34 (37.4)
5-6	8 (8.8)
7-8	43 (47.3)
> 8	6 (6.6)

SEFH: Spanish Society of Hospital Pharmacists.

returned, 49 corresponded to fourth-year residents from hospitals with ≥ 7 residents in total, and 42 corresponded to residents from hospitals with < 7 residents.

Table 2 shows respondents' satisfaction, both overall and with the different specific aspects of their residency. Mean overall satisfaction was acceptable-good (3.52 ± 0.92) .

A total of 76.9% of residents rated the welcome they received on arrival to the Pharmacy Department on their first year as good-very good. Eighty-nine percent had a good understanding about resident training was organized at their hospital. Satisfaction regarding the usefulness of the hospital's intranet/educational website was acceptable (3.00 ± 1.02). Access to resources was rated as good (4.04 ± 0.89). As many as 86.8% of respondents had an individualized training plan and 50% believed that their training plan was well or very well attuned to the characteristics of the specialty. A total of 83.5% of residents had been assigned a training program and 79.1% had been included in a rotations schedule; 41.8% had received information on on-call shifts, 27.5% on research activities and 73.6% on training activities.

Seventy-two percent of surveyed residents were satisfied with the usefulness of the hospital's intranet and/or educational website and 92% were satisfied with the access they were granted to such resources as libraries, journals, books and databases.

When asked about the tutoring received, 63.7% rated the work of their main tutor positively and 72.5% gave positive marks to the tutoring work of other staff members. A total of 42.8% of respondents had at least three annual meetings with their tutor. Nearly 30% (29.7%) were not informed about the criteria used to evaluate their performance and 35.2% were not given information about the grades obtained every year. Residents who did receive this information obtained it from multiple sources: 38.5% from their

tutor, 18.7% from the teaching committee, 4.4% from the head of studies, and 3.3% from some other staff member.

Most respondents stated that they recorded the different clinical, educational and research activities in their resident's logbook or in an annual report.

As far as rotations were concerned, 61.5% of respondents considered that the degree of fulfilment of their rotations schedule was good or very good, and 75.8% stated that the supervision they received from staff members was acceptable. When asked whether their department had a supervision and progressive empowerment protocol, 15.4% answered in the affirmative, 19.8% knew it existed but nobody had explained it to them, 23.1% answered negatively, and 41.8% was not aware that it existed.

Most clinical rotations were completed in internal medicine (73.6%), oncohematology (70.3%), intensive care (57.1%), antibiotic stewardship (56.0%) and pediatrics (47.3%). As many as 90.1% of residents rated the training received in those clinical areas as positive. Tutors in 35.2% of rotations were pharmacists and participated in the evaluation process 34.1% of the time. A total of 70.3% (63/91) of residents did clinical rotations in other hospitals, including 10 rotations in international centers.

As regards on-call shifts, although significant disparity was observed in the number and type of on-call shifts worked, most of them were worked in the afternoon on weekdays and in the morning or afternoon on weekends. Eighty-one percent of respondents considered the level of responsibility assigned to them during their on-call shifts appropriate and 69.2% believed that they had received adequate supervision. Their supervisor during their on-call shifts could either be physically present (25.3%), working remotely (25.3%) or both (partly on site and partly off-site) (49.4%).

When asked about the time devoted to clinical work (including oncall stints) during their work day, 53.8% of respondents said they devoted 30-35 hours a week and 28.6% said they devoted more than 35 hours a week, which means that 96.7% had less than 10 hours a week for educa-

Variable	n	Mean ± SD
Overall satisfaction	91	3.52 ± 0.92
Sex		
Males	27	3.41 ± 1.01
Females	64	3.56 ± 0.89
Age (years)		
26-30	83	3.45 ± 0.91
31-35	7	4.29 ± 0.76
> 35	1	4.00
Welcome received	91	3.97 ± 0.92
Usefulness of intranet/educational website	91	3.00 ± 1.02
Access to resources	91	4.04 ± 0.89
Individualized training plan	86	3.40 ± 0.96
Main tutor	91	3.12 ± 1.27
Tutoring by other staff members	91	2.97 ± 0.87
Rotations schedule	91	3.63 ± 1.17
Supervision of rotations by staff members	91	3.10 ± 1.03
Training for clinical rotations	91	3.69 ± 0.94
Level of on-call responsibility	91	3.41 ± 0.99
On-call supervision	91	2.90 ± 1.17
Service sessions	91	3.35 ± 0.94
In-hospital cross-specialty training	91	2.93 ± 0.95
SEFH-sponsored training activities	91	3.86 ± 0.75
Information on research activities	91	2.98 ± 0.94
Encouragement to do research or publish	91	2.60 ± 1.28

Grades were as follows: 5 "very satisfied", 4 "satisfied", 3 "acceptably satisfied", 2 "dissatisfied" y 1 "very dissatisfied". SD: standard deviation; SEFH: Spanish Society of Hospital Pharmacists. tional or research activities. A total of 82.4% of respondents participated in at least three sessions a year, with 69.2% considering that an adequate number. The anticipation with which the sessions were convened was thought appropriate by 91.2% of respondents, while 84.6% said they were satisfied with the quality of the sessions organized.

As for the cross-specialty scheme organized by each hospital, 70.3% of respondents were satisfied with the activities organized; and as regards SEFH-sponsored activities for residents, 74.7% considered them good or very good.

When asked about research, 69.2% of respondents claimed that the information received on research activities was adequate, while 52.7% stated that they received the necessary encouragement and support to participate in them. A total of 35.2% of respondents had produced five or less publications or oral communications for congresses as first authors; 30.8% had completed (or were working on) their PhD dissertation during their residency, and 45.1% were involved in a research project.

Lastly, 89% of respondents were positive about the training received in their hospital, and 75.8% of them claimed they would choose the same hospital again.

Tables 3 and 4 present the results of a bivariate and multivariate analysis of demographic, training and satisfaction variables, related with overall satisfaction. The analysis revealed a statistically significant association between overall satisfaction and the following variables: supply of information on-call shifts; supply of information on research activities; availability of a tutor during rotations; on/off-site availability of a staff member during oncall shifts; participation in research projects; welcome received on arrival; usefulness of hospital's intranet/educational website; attunement of the residents' individualized training plan to the characteristics of the specialty; work of the main tutor; tutoring provided by other staff members; frequency of structured interviews; compliance with rotations schedule; supervision by staff members during rotations; training provided during rotations; empowerment during on-call shifts; service sessions; in-hospital cross-specialty training activities; and SEFH-sponsored training activities. The multivariate analysis performed showed that the work done by the main tutor was independently related with overall satisfaction.

Discussion

Garnering feedback from specialist trainees is a prerequisite for improving the quality of any health system^{3,7}. The percentage of responses in our sample (67.4%) is within the range reported in the literature (50-90%)^{3,4,8}. Previous reports have usually related the percentage of responses received with whether questionnaires were self-refilled or not, and with the respondents' motivation level. Such methodologies might introduce a bias and lead to erroneous conclusions.

In the present study, the respondents' overall satisfaction was high, as was their satisfaction with the training they received. Moreover, a high percentage of residents said that they would choose the same hospital if they had to start their residency again.

Individual training plans are prepared by each resident's tutor based on the specialty's official curriculum, taking into consideration each hospital's characteristics and the needs and interests of every resident. This plan makes a huge contribution to the residents' expertise as it allows tutor and resident to jointly define the competencies to be acquired, the mechanisms

Table 3. Bivariate and multivariate and	lvsis of the association between	demographic and training variables	and resident satisfaction factors

Variables	Categories	n (%)	ORc	CI 95%	ORa	CI 95%
Demographic	[•••••	•••••••••••••••••••••••••••••••••••••••	••••••••••••••••••	••••••
Sex	Female	64 (70.30)	0.907	0.367-2.239		
Age (years)	> 30	8 (8.80)	1.477	0.331-6.587		
Nr residents in the unit	> 6	49 (53.90)	0.934	0.408-2.135		
Training-related						
TP includes rotations schedule	Yes	72 (79.10)	5.111	0.963-27.133		
TP includes information on on-call shifts	Yes	38 (41.80)	2.800	1.112-7.052		
TP includes research activities	Yes	25 (27.50)	5.639	1.714-18.551		
TP includes training activities	Yes	67 (73.60)	1.885	0.570-6.226		
Department has a protocol ^a	l am not sure	38 (41.70)	1.000			
	No	21 (23.10)	0.450	0.149-1.363		
	Yes	21 (23.10)	1.980	0.742-5.286		
	Yes, but unexplained	18 (19.80)	2.333	0.476-11.441		
Rotations-specific tutor	Yes	56 (61.54)	3.046	1.267-7.321		
Do you do external rotations?	Yes	64 (70.33)	0.907	0.367-2.239		
Staff member present during on-call shifts?	On-site	23 (25.27)	1.000			
	Off-site	23 (25.27)	2.494	0.745-8.342		
	On/off-site	45 (49.45)	1.043	0.381-2.852		
Attendance at CDP activities	Yes	78 (85.70)	0.693	0.208-2.305		
Publications or oral communications ^b	< 5	32 (35.16)	1.000			
	5-10	29 (31.87)	0.945	0.346-2.586		
	11-15	15 (16.48)	1.324	0.381-4.595		
	16-20	9 (9.89)	0.706	0.160-3.122		
	> 20	6 (6.59)	1.765	0.282-11.044		
Participation in research projects	Yes	41 (45.05)	3.625	1.505-8.731		
PhD dissertation during residency	Yes	28 (30.77)	1.497	0.606-3.701		

^aSupervision and progressive empowerment protocol. ^bAs first author.

CDP: cross-discipline plan; CI: confidence interval; Ora: adjusted odds ratio; ORc: crude odds ratio; TP: training program.

Variable	n (%)	ORc	CI 95%	ORa	CI 95%
Welcome received	91 (100.00)	1.695	1.044-2.753	••••••	•••••••••••••••••••••••••••••••••••••••
Usefulness of intranet/educational website	91 (100.00)	1.560	1.015-2.400		
Access to resources	91 (100.00)	1.241	0.778-1.981		
Individualized training plan	86 (94.51)	4.209	2.102-8.427		
Main tutor	91 (100.00)	5.391	2.843-10.223	3.905	1.972-7.734
Tutoring by other staff members	91 (100.00)	10.598	3.856-29.123	2.232	0.949-5.252
Frequency of structured interviews	91 (100.00)	1.724	1.227-2.423		
Compliance with rotations schedule	91 (100.00)	1.863	1.323-2.817		
Supervision of rotations by staff members	91 (100.00)	4.746	2.396-9.404		
Training for clinical rotations	91 (100.00)	1.618	1.006-1.202		
Level of on-call responsibility	91 (100.00)	2.021	1.247-3.275		
On-call supervision	91 (100.00)	1.726	1.171-2.545		
Service sessions	91 (100.00)	3.739	1.938-7.214		
In-hospital cross-specialty training	91 (100.00)	1.600	1.012-2.530		
SEFH-sponsored training activities	91 (100.00)	1.800	1.117-2.900		

	Table 4. Bivariate and multivariate ana	lysis of the association between	different variables and overall satisfaction
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CI: confidence interval; Ora: adjusted odds ratio; ORc: crude odds ratio; SEFH. Spanish Society of Hospital Pharmacists.

to be used in the evaluation process, and the level of supervision to be enforced. The tutor is a key element in the learning process^{1,9}, a finding that has been borne out by the present paper. Although the tutoring provided by both the main tutor and other staff pharmacists contributed to overall satisfaction, only that provided by the main tutor was found to do so in a statistically significant way.

One of the findings of this study was that 29.7% of residents were not aware of the criteria they were evaluated on. To help tutors with the evaluation process, in May 2018 the SEFH's Tutors Working Group issued a document titled *Herramientas de evaluación para residentes en Farmacia Hospitalaria* (Evaluation tools for hospital pharmacy residents)¹⁰, which discusses all the possible evaluation criteria that may be used.

The study also shows that 35.2% of residents were not informed about the grades they obtained every year. For training to be effective, residents must receive feedback from their tutors on whether the goals established at the different tutor-resident interviews have been achieved¹¹. This allows residents to progress faster in their training program and obtain a favorable evaluation. In this respect, SEFH's Tutors Working Group carried out a Spain-wide survey addressed to resident tutors¹² and detected a need to train tutors on how and when to provide feedback.

Royal Decree 183/2008¹ establishes the need to create a resident supervision system for different specialties, specifying the techniques and practices to be developed and the level of empowerment to be provided at each year of residency. In the survey conducted for the present study, 75.8% of residents considered that the supervision provided by staff members was acceptable; 15.4% had been assigned a supervision protocol and had been progressively empowered to take on more responsibilities. In view of these findings, SEFH's Tutors Working Group published a guide that provided pharmacy units with a model they could use to establish their own resident supervision protocols¹³.

Addition of a fourth year to the Hospital Pharmacy residency program in 1999, heralded a new era in the training of residents. Indeed, pharmacy departments would thereafter be increasingly involved in clinical pharmacy and pharmacists would increasingly become integrated in multidisciplinary clinical teams. These changes have slowly taken hold and nowadays most pharmacy residents do structured rotations in medical units. According to the survey, only 35.2% of residents stated that the staff member in charge of supervising their rotations was a pharmacist. This means that it was normally a staff member from the relevant clinical area that acted as a supervisor in clinical rotations, which indicates that pharmacists are not fisically in a significant number of clinical units. Encouragement to do research or produce publications was the area where residents showed the lowest level of satisfaction (2.60 \pm 1.28) as compared with overall satisfaction (3.52 \pm 0.92). This is a finding confirmed by other authors^{5,14,15}. The causes of this lack of encouragement include the growing clinical workload healthcare providers are required to shoulder, which limits the time they can devote to other activities. This is borne out by our study, where 96.7% of residents stated that they had less than 10 hours a week available for educational or research activities. This is also connected to the fact that only 30.8% of residents had completed (or were working on) their PhD dissertation. Research is an activity contemplated by all official training programs and all hospital departments wishing to be on the cutting edge of their specialty should ensure that research is integrated within their training programs.

Although the questionnaire has not been validated, it does contain questions included in multiple previously published surveys.

The results of this questionnaire can be used to detect areas for improvement in pharmacy departments, and help tutors identify priorities and share results with other centers.

Overall satisfaction with the training received by fourth-year hospital pharmacy specialist trainees is acceptable. The aspects where respondents expressed lower satisfaction levels had to do with the tutoring provided by their main tutor and other staff members, although only the former reached statistical significance. Areas that should be improved in the future include supervision, the role of staff members in clinical rotations and research. SEFH's Tutors Working Group will work on the aspects mentioned with a view to improving the quality of training received by hospital pharmacy residents.

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Conflict of interests

No conflict of interests.

Presentaton at Congresses

An analysis of a national satisfaction survey of hospital pharmacy residents on the specialized training imparted to them during their residency. Organized by: Spanish Society of Specialized Health Training (SEFSE). A Coruña, 3-5 October 2018.

Evaluating specialized training in the area of hospital pharmacy. Organized by: Spanish Society of Hospital Pharmacists. Palma de Mallorca, 8-10 November 2018.

Contribution to the scientific literature

The need to understand the way future specialists in hospital pharmacy were being trained led the Tutors Working Group of the Spanish Society of Hospital Pharmacists to prepare a questionnaire to be filled by the fourth-year residents in 2018.

The literature search conducted in preparation for drafting the questionnaire revealed the absence of publications on the subject. Only one study was identified that shared the results of a satisfaction survey administered among hospital pharmacy residents, hospital pharmacists and managers prior to the implementation of a new hospital pharmacy training program that included the addition of a fourth year to the resi-

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dency program. The publication emphasized the importance of making available suitable instructors and adapting the current infrastructure but made no assessment of the new training program or the residents' satisfaction with its implementation.

This paper seeks to analyze the current situation regarding the training of hospital pharmacy residents, with specific emphasis on their level of satisfaction with the training program they receive and with the instructors imparting it. It also includes an analysis of the available resources and an identification of areas for improvement.

The Tutors Working Group intends to focus their future work on addressing the areas for improvement identified in the study.

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APPENDIX 1

/e would like to ask you to give us our years, and to tell us how satisf uestionnaire below (your answers y	ied you are with your res		
Required field			
1. Date *			
2 Ago *			
2. Age * Please tick one answer only.			
26-30			
31-35			
>35			
3. Sex			
Please tick one answer only.			
Male			
Female			
4. Are you a member of SEFH? *			
Please tick one answer only.			
Yes			
No			
5. Number of residents in your dep	partment during the 2017	-2018 academic year *	
Please tick one answer only.			
4 or less 5-6			
7-8			
More than 8			
6 Pato the way you ware wales	d to the beenitel where w	u first arrived (1 is the worst	occiblo roting
6. Rate the way you were welcome and 5 is the best). <i>Please tick on</i>		ou first arrived (1 is the worst)	oossible rating,
1 2 3 4	5		
1 2 3 4	Э		

7. Do you have a good understanding of the teaching structure of your hospital? (teaching committee,
evaluation committees, head of studies) * Please tick one answer only.
Yes
No
8. How would you rate the usefulness of the hospital's educational intranet/educational website? *
Please tick one answer only.
1 2 3 4 5
$\bigcirc \bigcirc $
9. How would you rate ease of access to resources such as the library, books, journals, databases,
etc. in your hospital? *
Please tick one answer only.
1 2 3 4 5
\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc
10. Were you assigned a personalized education plan? *
Please tick one answer only.
Yes
No
11. Your personalized education plan:
If your answer to the previous question was "Yes", please tick one answer in every row.
Yes No
Were you assigned an individualized training program?
Does it include a rotation schedule?
Does it include information on on-
call shifts?
Does it include research activities?
Does it include training activities?
12. How would you rate your individualized training plan adapted to the realities of your specialty?
Please tick one answer only.
1 2 3 4 5
$\bigcirc \bigcirc $
13. How would you rate the support and tutoring provided by your main tutor? *
Please tick one answer only.
1 2 3 4 5



14. How w Please			ver only.										
	1	2	3	4	5								
(\supset	\bigcirc	\bigcirc	\bigcirc	\bigcirc								
15. How o					intervie	ws with	your n	nain tutor	? *				
Pleas			wer only	/.									
		ies a ye											
		e a yea e a yea											
		nes a ye											
\Box			ear or m	nore									
16. Are y	ou fam	iliar wit	h the cr	iteria ar	oplied to	o evaluat	te the v	vork don	e bv res	idents?	*		
-			wer only						,				
\square	Yes												
\square	No												
17. Are ye					s you ol	otain eve	ery yea	r? *					
Pleas	e tick d	one ans	wer only	/.									
	Yes												
	No												
18. Who i If you							s," You	may sele	ect as m	any ansi	vers as j	/ou wish	1.
	/our tu	itor											
	Head of	of studie	es										
	lospit	al Teac	hing Co	mmitte									
	Other:												
19. When You n			rd all th many a				cationa	l and res	earch a	ctivities	you carr	y out? *	
	Reside	ent's log	book										
	Annua	l report											
		ent's po											
		of the a	bove										
	Other:												
20. How Pleas			e the co swer onl		ce of yo	our rotati	ion sch	edule? *					
	1	2	3	4	5								

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1 2 3 4 5 2 Does your department have a protocol for supervising and progressively empowering residents? * Please lick one answer only.		ne answer only.		10001100	from your tutor d	annig your rou		
Please tick one answer only. Yes Idon't know 3. In which of the following departments have you done rotations during your residency? * You may select as many answers as you wish. Internal medicine Internal medicine Oncohematology Pediatrics Hospital Infection Control Unit Other: 4. Did anyone supervise your work during your rotations in the different clinical areas? * Please tick one answer only. Yes, in all clinical areas Only in some clinical areas Only in some clinical areas Only on training during those rotations? * Please tick one answer only. A pharmacist A physician Both I don't know 6. How would you rate the training received during your rotation in those clinical areas? * Please tick one answer only. 1 don't know 7. Have you done rotations outside your hospital during your residency? * Please tick one answer only. Yes	1	2 3	4	5				
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Please tick one answer only. Yes	\bigcirc	$\bigcirc \bigcirc$	\bigcirc	\bigcirc				
Yes				our hospit	al during your re	sidency? *		
		one answer only						
	Yes No							

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29.	How many on-call shifts do you work a month on average? *
30.	What kind of on-call shifts do you do in your department? * You may select as many answers as you wish.
	24-hour on-call shifts Afternoon on-call shifts on weekdays
	Morning on-call shifts on weekends Morning and afternoon on-call shifts on weekends
	Home call shifts
	Do you consider the level of responsibility given to residents on call to be appropriate? * Please tick one answer only.
	1 2 3 4 5
	Do you consider that residents are appropriately supervised during their on-call shifts? * Please tick one answer only.
	The person in charge of supervising residents during on-call shifts is usually * Please tick one answer only.
	On site Off site
	Both (on site for some time, and off site for some time)
	How many hours a week do you devote to clinical work (excluding on-call shifts)? * Please tick one answer only.
	20 hours or less 21-25 hours 26-30 hours
	Over 35 hours

3	 35. How many hours do you devote to educational or research activities within your weekly work schedule? * Please tick one answer only. Less than 5 hours 5-10 hours 11-15 hours 16-20 hours Over 20 hours
3	36. How many clinical or bibliographic sessions do you teach on average within one year? st
3	 B7. Do you consider this number to be appropriate? * Please tick one answer only. Yes No
3	 B8. Do you think that you are given enough notice of when your sessions will be taking place? * Please tick one answer only. Yes No
3	39. How satisfied are you with the sessions held in your department? * Please tick one answer only.
2	 40. Do you attend any of the training sessions of the Cross-Specialty Resident Training Plan? * Please tick one answer only. Yes No
2	11. How satisfied are you with cross-specialty training activities organized by your hospital? * Please tick one answer only.
2	 Please rate the training activities for residents sponsored or organized by SEFH * Please tick one answer only. 1 2 3 4 5 O O O O

					you on rea				
	Please tick one	answer	only.						
	4	~		_					
	1 2	3	4	5					
	\bigcirc			$) \bigcirc$					
4.4		rata tha	aunnart	and analy	ragament	vou act f	From vour tui	tara ta carmi au	L
44.	How would you research and pi	oduce p	oublicatio	ns? *	lagement	you get i	nom your tu	iors to carry ou	L
	Please tick one								
		-							
	1 2	3	4	5					
	\cap								
	\bigcirc \bigcirc								
45									
45.	How many publ			esentation	s ior conte	rences h	ave you pro	uuced as a first	aumor? *
			onny.						
	5 or less	6							
	5-10								
	11-15								
	16-20								
	Over 20								
46.	Are you current			a research	project?	*			
	Please tick one	answer	only.						
	Yes								
	No								
47.	Have you been	-	-	PhD disse	tation? *				
	Please tick one	answer	only.						
	Yes								
	No								
48.	Do you normally		additiona	al training a	ctivities su	uch as co	ourses, lectu	ires and conferent	ences within
	your working ho You may select		nv answe	ors as vou	wish				
	, 54 may 361861	us mai	iy anowe						
		Co	ourses C	Congresses	Other I	No			
	R1								
	R2								
	R3								
	R4								
49.	How would you	rate the	standard	d of special	ized healtl	hcare tra	ining you ha	ave received in	your hospital? *
	Please tick one								- '
	1 2	3	4	5					
				5					

 50. If you were asked to select a center to do your residency, would you still choose the same hospital? * <i>Please tick one answer only.</i> Yes No 51. Please share with us any other aspect you consider relevant with respect to your specialized education: *
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