Public Health (2006) **120**, 249–255

PUBLIC HEALTH
JOURNAL OF THE ROYAL INSTITUTE OF PUBLIC HEALTH
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ORIGINAL RESEARCH

Insights into training and examination performance from the first UK National Public Health Training Audit

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Received 2 August 2004; received in revised form 11 May 2005; accepted 17 August 2005
Available online 9 December 2005

KEYWORDS
Trainee–trainer relationship;
Examination performance;
Postgraduate training

Summary *Objectives*: To investigate predictors of a supportive training relationship and examination success using data from the first UK Public Health Training Audit.
Study design: Secondary analysis of data from a national cross-sectional survey of UK public health trainees, conducted in April 2003.
Methods: All UK public health trainees were sent a questionnaire including questions on training experience and examination performance. Possible predictive factors of a supportive trainer–trainee relationship and success at Part I and Part II of Membership of Faculty of Public Health examinations were first investigated in univariate analyses, and subsequently using logistic regression.
Results: Two hundred and ninety responses were received (62% response). Supportive trainers gave feedback [odds ratio (OR) = 11.2, 95% confidence interval (CI) 3.7–34.0, $P<0.001$], spent at least 1 h/week with their trainee (OR = 5.2, 95% CI 1.7–15.4, $P=0.003$), held 3-monthly progress meetings (OR = 2.9, 95% CI 1.4–6.1, $P=0.006$), and encouraged wide training experience (OR = 2.5, 95% CI 1.2–5.4, $P=0.016$). Predictors of success in the Part I examination by the end of the second year of training were medical background (OR = 4.4, 95% CI 1.6–12.2, $P=0.004$) and perceived adequacy of examination support (OR = 4.2, 95% CI 1.7–10.0, $P=0.001$). Predictors of success in the Part II examination by the end of the fourth year of training were access to examiners (OR = 4.6, 95% CI 1.3–16.2) and wide experience (OR = 4.1, 95% CI 1.1–14.5).
Conclusion: Trainees feel supported when provided with adequate trainer contact time, feedback and wide experience. Part I examination success appears to be more likely amongst trainees with a medical background and those given examination

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doi:10.1016/j.puhe.2005.08.017

support. Part II success is related to the breadth of a trainee's experience and access to examiner support.
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Introduction

UK Higher Specialist Training in Public Health requires 4 years of training and Membership of the Faculty of Public Health (MFPH) through two examinations. Training involves three key periods: an academic component often involving a Master's course prior to sitting Part I MFPH (referred to as Part I below); a period of up to 3 years in one or two training locations whilst working towards Part II MFPH; and, finally, most trainees have a period of approximately 1 year prior to seeking a consultant post.

In the latter two stages, a key educational component is provided by the relationship between the trainee and their trainer. This relationship involves educational development and supervision, while both provide a service to their employing organization. Despite its central role, little research has been focused on this trainer–trainee relationship. The most recently published study was conducted in the South West Region of England over 10 years ago.[1] This identified the need for protected time for teaching/learning, the development of agreed learning contracts, the importance of information technology training, use of modern educational methods, and developing clear training policies.

The trainer–trainee relationship has been explored in other specialities. In general practice, evidence suggests that competent trainers need good clinical knowledge, understanding of adult learning theories, and open communication with their trainee, and that key personality traits should include enthusiasm and flexibility.[2] Research suggests that general practice trainers can improve by better preparation and improved follow-up of activities and feedback.[3] Within surgical training, trainees identified similar characteristics around communication, need for feedback and flexibility, but also emphasized the importance of appropriate delegation.[4] Finally, research within US academic medicine identified the importance of 'having the right chemistry' to a successful mentoring relationship.[5]

Whilst a constructive trainer–trainee relationship is integral to training, public health trainees must pass the two parts of the MFPH examination to gain specialist status. One previous study identified female sex, being a UK graduate, attendance at a university public health course and having more experience as improving Part I success.[6] A separate study, focused on Part II, found that success in that examination was greater amongst those in possession of an MRCP (Membership of the Royal College of Physicians) or MRCGP (Membership of the Royal College of General Practitioners), those passing Part I at the first attempt, or those who were North London trainees.[7]

This study used the results of the first UK Public Health Training Audit, conducted in 2003, to investigate key predictors of a supportive trainee–trainer relationship and examination success. The findings of this analysis should be useful for improving the quality and success of public health training in the UK.

Methods

The audit questionnaire's development and its distribution are described in detail elsewhere.[8]

Analysis

The questionnaire had one question asking trainees whether they felt their trainer was supportive, using a Likert scale for responses [one (not supportive) to five (trainer is very supportive)]. Results from this question were dichotomized, with values of four or five used to indicate a supportive trainer. Trainees were also asked if, and when, they had passed Part I and Part II examinations. In order to progress successfully through training, it is generally considered that trainees should pass Part I by the end of their second year of training, and Part II by the end of their fourth year of training. Thus, trainees were considered to be 'successful' if they had achieved these examination goals. Possible predictive factors for these three outcome variables (supportive trainer, Part I success and Part II success) are described in Table 1. Where variables were reported on a Likert scale from one to five (e.g. one = work of no relevance to training to five = work of high relevance to training), these were also

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