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Perspectives of the postgraduate medical education environment within the Faculty of Medicine at Memorial University

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Purpose: The medical environment (ME) is a perceived concept that exists within the context of the medical curriculum and a known determinant of trainee satisfaction, achievement and success. The perception of the ME continually evolves alongside changes within the curriculum and assessment. The aim of this project was to utilize a modified Postgraduate Hospital Educational Environmental Measure (PHEEM) tool to provide a baseline assessment of the ME within postgraduate Faculty of Medicine at Memorial University of Newfoundland that will provide a benchmark comparison for longitudinal assessment. **Methods:** This project was approved by the interdisciplinary ethics committee at Memorial University. The PHEEM survey was adapted to match culture specific terminology and a web-based survey was emailed to participating residents. Survey results were interpreted using SPSS version 21.0 software; reporting means \pm standard deviations. Alpha level significance was set at p values < 0.05 and survey tool reliability was assessed using Cronbach's alpha coefficient. Frequency analyses were reported on item and subscale means and group differences assessed by analysis of variance. **Results:** 32 surveys were completed equating to a 15% response rate. Cronbach's alpha was 0.952 for 40 statements indicating high internal consistency of the survey. The mean total PHEEM score was 101.95 ± 24.89 (range 48-145) with a maximum score of 160. There were no overall differences in subscale and individual scores when analyzed by sex, PGY level and service status. The mean subscale scores for Autonomy was 37.30 ± 8.04 (range 19-53) with a maximum score of 56, for Teaching 38.96 ± 10.21 (range 20-58) with a maximum score of 60, and for Social Support 26.03 ± 6.72 (range 9-37) with a maximum score of 44. **Conclusions:** The modified PHEEM survey is a simple, reliable and accepted tool that effectively highlighted areas of excellence and concern. The survey demonstrated high internal consistency, as seen in previous reports, and indicated a more positive ME than negative. The low response rate is a major limitation which may cause a non-response bias and limits the generalizability. Further efforts will be directed towards increasing the response rate through increased awareness, adjusting distribution methods, and feedback to resident programs.