

A green rectangular button with rounded corners and a slight 3D effect, containing the text "PAINT-2 Study" in white, bold, sans-serif font.

Participant Information Sheet – Hospital Departments

Dear Colleague,

We would like to invite your department to participate in a multi-centre prospective observational study of procedures performed by learners and associated levels of supervision.

Introduction

The Procedural Access IN Training (PAINT-2) study is a follow-up to the PAINT-1 study published in 2020 ([Pearce, Sidhu, et al. BJA 2020; 124\(3\):e70-6](#)).

The PAINT-2 study requires no change to daily practice with supervisors, learners, or patients. It will involve collecting information from both supervisors and learners on procedures performed and levels of supervision, at the end of each list where a supervisor is paired with a learner.

The study period is two weeks and excludes after-hours or weekend work. Our ultimate goal is to evaluate access to procedures in training and, if required, make recommendations to improve teaching and learning.

Purpose of Study

We are conducting a multi-centre study to evaluate access to procedures in training for different groups of learners. The PAINT-1 study had previously identified self-reported discrepancies between trainees in the number of procedures performed. This study aims to empirically identify any discrepancies in levels of supervision while performing procedures and further quantify this.

Pilot Study

A pilot study was performed in June 2021 in a single department and was deemed to be feasible, with no concerns raised by participants.

Eligibility

The study is open to any Australian or New Zealand hospital department of anaesthesia that is accredited for vocational training.

Ethics Consideration

The study has been granted Locality Authorisation by Waitematā District Health Board (Ref: RM14908). A formal ethics application has been submitted to HDEC.

Confidentiality

All individual personal information and dates is kept confidential. The Lead Principal Investigator is the only individual with access to raw survey results. The IP address collection function is disabled in the survey settings. Survey respondents are required to list their names and date of interaction – this is to enable matching of supervisor/learner responses for analysis and to monitor compliance. The local Site Investigator (SI) will not have access to responses apart from any instances where they assist in completing the survey on behalf of participants. The SI will be provided with feedback on survey completion to monitor compliance. Participant names will be anonymised during statistical analysis. Data will not be attributed to individual hospital sites in the final multi-centre analysis.

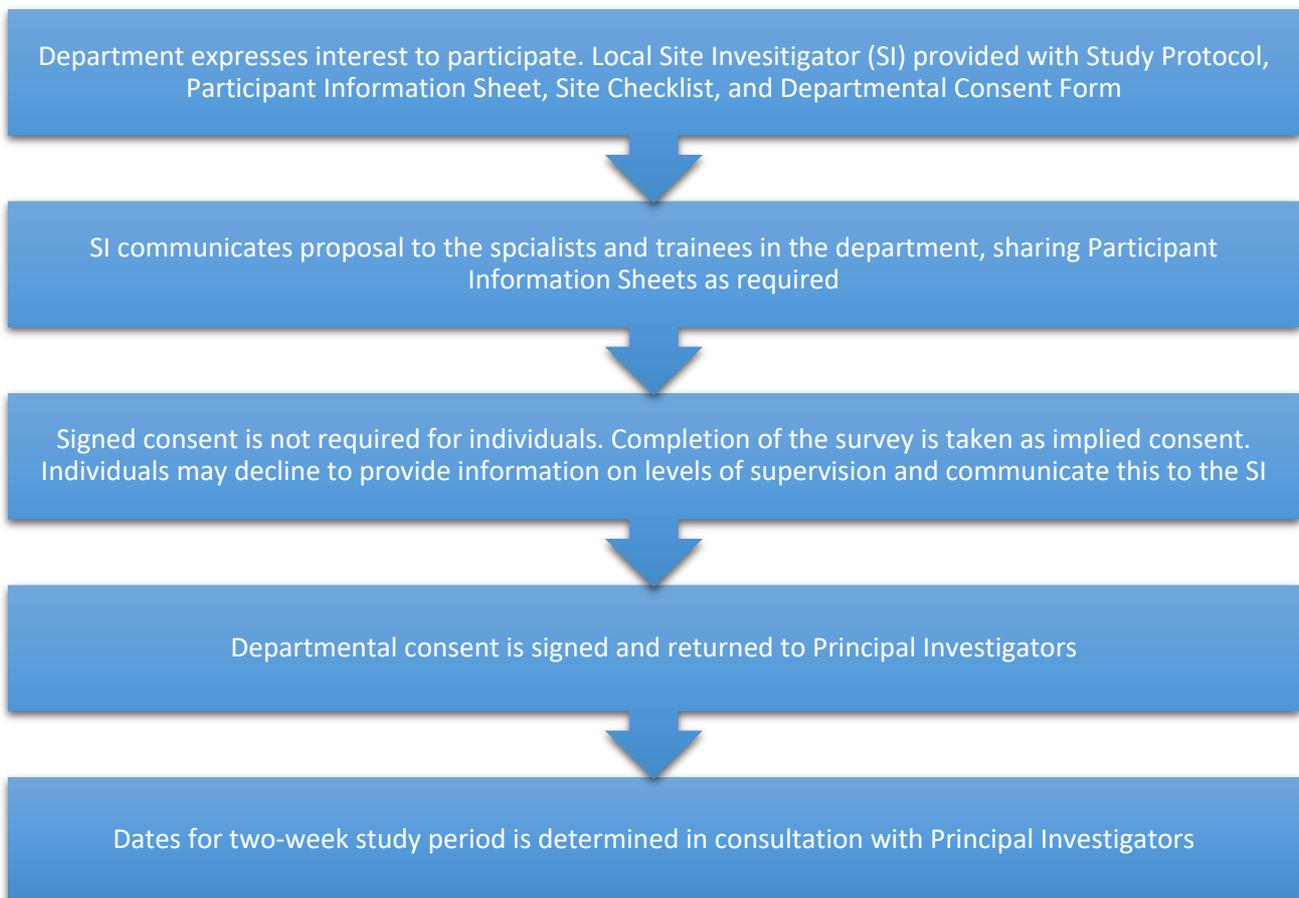


Figure 1: Process for enrollment

Staff Requirements

Trainees and specialists will be required to:

- Complete a short (1-2 min) survey each following any lists with a named supervisor and learner where specific procedures are performed during the study period.
- If the survey is not completed, the trainee or consultant will receive a reminder in the form of an email or text message, followed by a phone call.

In order to prepare for the intervention, specialists and learners will be provided with a brief information sheet outlining study details, definitions for level of supervision and procedure complexity, and FAQs.

Departmental Requirements

Participating institutions will be required to nominate a Site Investigator (SI) for the study. Larger departments may nominate up to two individuals for this role. The SI will be responsible for the following:

- Maintain communication with Principal Investigators during the study period, as required.
- Electronically distribute Participant Information Sheets to all specialists and trainees in their department.
- Identify lists with a named supervisor and learner where procedures may be performed.
- Distribute survey links to identified participants daily during the study period.
- Review number of eligible supervision encounters and monitor response rate to the survey.
- Provide reminders to study participants via email or phonecall to complete surveys, if required.

Possible Benefits and Risks

Benefits:

- Being involved in a pioneering study on supervision in Anaesthesia.
- Identifying how we can improve the supervision process during training.

Risks:

- No obvious risks to learning, supervision, or patient care were identified in the pilot study.

If the department agrees to participate, please return the signed consent form to nav.sidhu@waitematadhb.govt.nz

Agreement is required from the Clinical Director / Head of Department, who would have discussed the study with the Supervisor of Training and nominated a Site Investigator(s). Documents scanned using a smartphone camera are acceptable, as are electronic signatures.

Please keep this letter for your records. Thank you for your participation.

Kind regards,

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Consent Form – Hospital Departments

Please tick to indicate you consent to the following

I have read and understood the <i>Participant Information Sheet – Hospital Departments</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been given sufficient time to consider my department's participation in this study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Supervisor of Training is aware of my department's participation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A Site Investigator (SI) has been appointed, who will communicate with the Principal Investigators regarding all aspects of the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Site Investigator: _____		
I am satisfied with the information I have been given regarding the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that participation is voluntary for the department, as well as staff within the department.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that individual staff or the department may withdraw from the study at any time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If I withdraw my department from the study, I agree that the information collected up to that point may be processed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I know who to contact if I have questions about the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand the requirements of staff and departments enrolled in the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I wish to receive a summary of the results from the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration by head of department:

On behalf of my department, I hereby consent to participation in this study.

Hospital/Institution: _____

Name of Clinical Director / Head of Department: _____

Signature: _____

Date: _____