

2006 Program Review Scores

Question	Avg Scale 1-9
Accessibility and responsiveness of program coordinator and program assistant (Lori & Pat)	8.4
Opportunities for progressive resident responsibility in patient care	8.1
Opportunities for resident responsibility for patient care	8.1
Patient volume and quality of medical, surgical, pediatric, gynecological and behavioral emergency cases seen in the ED	7.8
Independence allowed/encouraged by faculty in the ED.	7.7
Quality and responsiveness of social work staff in the ED.	7.7
Overall direction and leadership of residency provided by director, associate and assistant directors (Ankel, Colletti, Gunnarson, Knopp & Hegarty).	7.7
Overall rating of the Regions Emergency Department rotation	7.7
Overall program rating.	7.7
Opportunities to run resuscitations.	7.7
Overall quality of EM faculty - academic competence, clinical competence, teaching ability.	7.6
Your support of the residency. Are you content here? Would you recommend this program to others? Are you willing to participate in residency-related activities beyond residency requirements?	7.6
Quality and team attitude of Physician Assistant staff in the ED.	7.6
Overall rating of the Toxicology rotation (within last 12 months)	7.5
Opportunities for involvement in recruitment and selection of future residents.	7.4
Adequate number of procedures	7.4
Competence and responsiveness of ERT staff in the ED	7.3
Your impression of the PGY-2 support of the residency as a group	7.3
Quality and quantity of selectives	7.3
Faculty supervision of EM residents	7.3
Competence and responsiveness of Clerk staff in the ED	7.3
Overall rating of the North Memorial ED rotation (within last 12 months)	7.3
Your impression of the PGY-3 support of the residency a group.	7.3
Overall rating of the St. Paul Children's ED rotation	7.3
Overall rating of the Emergency Medical Services rotation (within last 12 months)	7.3
Quality and responsiveness of ED Nursing staff	7.2
Overall quality of format and content of ED conferences - critical case, core content, journal club, QI.	7.2
Your impression of the PGY-1 support of the residency as a group.	7.2
Departmental direction and leadership by department head and associate department head (Asplin & Chung)	7.1
Overall rating of the SICU rotation	7.1

2006 Program Review Scores

Question	Avg Scale 1-9
Availability and accessibility to resources for academic development (memberships to specialty societies, attendance at national conferences, inservice and oral board preparation, mentorship opportunities).	7.1
Accessibility and condition of ED conference rooms	7.0
Overall rating of the MICU rotation (within last 12 months)	6.9
A availability and accessibility of activities promoting general resident well being (scheduling and leave policies, access to advisors, access to resident support services).	6.9
Adequate resident involvement in teaching of EM residents, rotators and medical students	6.9
Overall rating of the Plastics/Hand rotation (within last 12 months)	6.8
Competence and responsiveness of ancillary care providers, x-ray, lab, respiratory, blood bank, transportation.	6.6
Overall rating of the Anesthesia rotation (within last 12 months).	6.4
Accessibility and maintenance of equipment in ED exam rooms.	6.4
Opportunities for involvement in the EMS system.	6.4
Overall rating of the Minneapolis Children's ED rotation (within last 12 months)	6.4
Quality/responsiveness of specialty back-up to the ED	6.3
Availability and quality of resident involvement in CQI (chart audits, QI conference involvement)	6.3
Quality and quantity of electives	6.0
Accessibility and condition of ED call room and resident quarters	5.9
Overall direction/assistance/support provided by IME.	5.9
Overall rating of the Orthopedics rotation (last 12 months)	5.9
Quality of US program in the ED quality of ultrasound education and teaching. Opportunities to perform ultrasound examinations in the ED.	5.7
Overall rating of the OB rotation (within last 12 months)	4.8
Opportunities for involvement in ED research. Faculty encouragement, departmental support and sufficient time during residency to participate in research.	4.7
Overall rating of the Administration rotation (within last 12 months)	4.3

2006 Program Review Comments

List the three most important aspects of this program for you.

Progressive and comprehensive responsibility for patient care. Diverse faculty background and patient care approach provides excellent direct/indirect teaching and training. Progressive big picture approach.

Graduated responsibility Staff commitment to the Residency Ability of program and program director to discuss changes and implement change

The faculty teaching The direct faculty interaction the team approach

diverse, high acuity patient population good residency support from department and good residency leadership and vision well balanced training experience which prepares you well for almost any type of EM job

Procedures. Fellow residents. Nursing staff. Teaching staff. Residency staff.

1) great pts 2) consistent quality teaching by invested faculty clinicians 3) many procedural opportunities

Great environment for learning and great teaching staff. Critical cases are really good learning cases with good take home points. Staff are friendly and for the most part, realistic with goals.

Supportive environment Positive role models Availability of ancillary staff

flexibility, focus on teaching, interested and motivated staff (for the most part)

1. Caring and nurturing atmosphere 2. Strong leadership and direction 3. Fosters competency which allows for a great job at conclusion

1-Supportive/friendly environment 2-Quality education 3-Early autonomy

Lots of opportunity for critical care experience In general, there is a friendly, supportive atmosphere between staff and residents

strong clinical faculty, great patient population, Camaraderie among residents/faculty/other staff

1. graduated responsibility 2. personable attendings 3. Respect

1) Staff teaching 2) pt pathology/acuity 3) Educational curriculum/fundamentals teaching

Lori Barrett, the residents, resident friendly

1. Active teaching while working in the department 2. Developing my skills and thought processes for independent practice 3. Learning to manage my in-hospital and out-of-hospital life.

Broad patient exposure and broad attending experience and approaches. Approachable attendings willing to openly discuss evaluation and management in a collegial manner. Attempt at transparent management of residency with accepting, open-door residency director policy.

1. Autonomy in patient care 2. Interdependence 3. Faculty-Resident relationships

List the strengths of the residency program.

In addition to the above, I think the diverse patient population provides a wealth of training experience. The care team downstairs is awesome and I can only hope to have such teamwork and teamplay where I am going now.

Critical care exposure Hands on learning throughout all three years Staff variances

The accessibility of all faculty and the team building attitude

acuity, good balance of autonomy and supervision, ED staff who are good clinicians and teachers, practical informative and well prepared conferences, good residency and departmental leadership, great critical care training, generally good off-service rotational experiences, good relationship with surgery/sicu/tacs, good sicu autonomy, selective was a nice rotation addition

Critical care experience. Procedures. Non-malignant atmosphere.

1) excellent critical care opportunity 2) faculty staffing and teaching of residents g1-g3 3) great pt population

As above plus great critical care experience, despite less critical care teaching on the unit lately, the experience is good. Plenty of procedural experience.

supportive environment positive role models availability of ancillary staff good relationship with surgery dept diversity of pt population acuity of pts time in the ICUs Program director that cares about residents' opinions

diverse training background of staff, incredible support staff, good position in the hospital for the residency, very good patient population mix, incredible classmates

1. Strong and active leadership 2. Very good lecture and board review series fostering great test scores and most importantly clinical learning. 3. Diverse patient population; economically, ethnically, and disease process.

Strong leadership, friendly/supportive environment, quality education, involved staff, early autonomy

as above: critical care experience

Strong clinical teaching, great faculty, great pediatric experience at St. Paul Kids, good board review for inservice

1. Lots of responsibility 2. Diversity of attendings and styles/training 3. Good patient diversity

1) Pt pathology/acuity 2) Educational curriculum 3) Value/quality of off-service rotations 4) Procedural experience 5)

Breadth of experience we receive (related to combination of #1,2,3, above)

2006 Program Review Comments

Early exposure to sick patients. Variety and acuity of patients.

good group of residents that generally work well together. staff with different approaches. its ability to change with resident input.

Staff very kind and willing to teach.

1. Great staff doctors and support in the ED 2. Excellent comraderie and cooperative learning in the residency classes 3 Focus on both current skills and ltraining for future skills/independence

Great patients, evidence based practice, decent didactic program, good technology in dept, great nursing, ERT, HUC support

1. committment to quality, continuing education and support of staff in teaching 2. open door policy for questions, concerns, insights 3. appreciation of residency feedback

List the weaknesses of the residency program.

I think the addition of MS3 students to supervise in addition to dividing the resident coverage so the G3 is left alone is too much. As the rotation is now required I think a solution would be to add PA coverage to this team unless it is an overnight with intern coverage. Also, I feel the intensity of the shifts to be quite high and that seven days in a row in addition to the number of shifts worked is quite stressful. Taken together I think this precludes adequate decompression. Perhaps, during the third year the number of monthly shifts worked could be decreased. I appreciate the way ultrasound training has been addressed and am envious of the residents who received this more. Too much ICU time and overloaded with hours during third year Decreasing interaction with interns and teaching from resident to resident Department psychiatric care

Dedicated teaching time incorporated into shifts, at times perhaps too much dependence on the residents for flow. too much SICU, could use a PICU or Peds Anesthesia experience, no dedicated teaching time in ED (am rounds), the loss of offservice rotations (tox and SPC) during 3rd year has really made 3rd year a grind - a valid argument could be made to have decreasing levels of shifts/hours per month as you go from G-1 to G-3 year (as some programs do), elective time doesn't seem too elective-seems difficult to do international, rural, or other "unpaid/unreimbursed" electives, another concern would be the recent tone from Healthpartners which is sometimes perceived as being behind the EM residency program and residency training so long as it assists them in staying in the black and out of the red also - meal allowance has went down in past two years without even On shift teaching. Staff support. Flexibility.

1) problem in department occasionally with psych "bog down" of ext stay pts 2) ob rotation during g1 year

Not enough bedside teaching, especially early in the residency. The OB rotation is almost not worth doing at all peds experience OB experience We work a lot of shifts

Sometimes it felt as though the answer to crowding or more work to do was to add another resident shift. I would have enjoyed more time (especially as a third year) to focus on other areas of learning instead of working another 11/7 shift. If this is going to be a residency that promotes future leaders, researchers etc then I think the time and freedom to explore more in depth these areas is necessary. Additionally the backup policy stinks. I am happy that our residents have families and don't feel they need to work when they are sick. But speaking as someone who worked a lot of backup (on days when I had already put in my hours on an off service rotation) it is unfair. I worked an extra month worth of shifts. I did not get compensated for this. In the real world picking up a shift means \$\$\$. I must say I continue to be a little angry about this.

1. There are very few things I would change, however I think a better mentorship of people who want to do research and time dedicated for research would be beneficial. 2. Administration rotation 3. Lack of follow up and feedback on

Overall, I don't see any major weaknesses. Occasionally I think that there is a sense of mixed messages/lack of communication. For example, residents need to have 75% conference attendance, but it is extremely difficult to do this and keep within the requirements for having 8 hours off before returning to work. Also, people are encouraged to do research and present at national conventions, but to actually find someone to switch shifts with to do this is practically very difficult.

It would be nice to have some flexibility with the schedule - for example, work 12 hour shifts on the weekends and then work fewer days overall. The program needs to try to provide feedback to its residents in a timely manner.

not enough time for reading

1. Too much focus on moving patients 2. Paranoia about documentation 3. Too many on extended stay

2006 Program Review Comments

1) Volume of ancillary responsibilities that pull us from our primary objectives of learning EM (surveys, evaluations, mandatory training/health partners requirements, forms, logs, EPIC, etc.). Each individually is no big deal (except EPIC) but in combination it all adds up to a significant amount of time. 2) Vastly different expectations by different staff during ED shifts. This includes both differences in expectations of resident autonomy/responsibility and treatment modalities. 3) Lack of staff time for teaching during ED shifts.

Not unique to our program... but, lack of teaching in the department due to patient volume and/or paperwork that needs to be done.

little opportunity and support for developed research projects, ideas. US curriculum. no time for personal projects, research.

Too many patients with not enough time to learn while on shift. Feels like constant pressure to move pts.

Expectations for documentation high, but time spent on computer to do this extends shifts by 2 hrs. Poor ultrasound training with only opportunities for increased learning on 'off' time.

1. Sometimes feel isolated as only Regions based residency program now 2. Some antagonistic/troubled relationships with medicine and even occ. surgery.

Ultrasound didactic/hands-on programs, journal club/article analysis

resident salary

Lists ways to improve or address areas of weakness in the program.

as above

Turn psych over to staff except on overnights Drop third year ICU rotation

Extra PA staff

More openness to resident ideas.

psych problems being addressed. nothing to do about ob rotation other than emphasize deliveries and seeing pts in triage.

Set aside more time for bedside teaching - perhaps sometime in the first year. Do OB somewhere else where there are more deliveries and more OB emergencies.

start admitting kids again decrease shifts

#1 allow more time for research etc. #2 pay for backup or just change to a 3 year PTO policy. If you have 5 kids you still only get x number of days.

1. Have dedicated research advisor for project help. 2. Sit with coders and billers to see what they are looking for in dictations etc.

Recognition to residents when these issues come up and expression of understanding that it is tough for them.

Consider alteration of policies.

as above - change the schedule so that we work 12 hour shifts on the weekends and fewer days overall Focus on providing timely feedback to residents - including having six month evaluations closer to the six month mark.

More mid-levels, bigger department

1) Minimize ancillary time commitments. I realize an effort is made to do this already, and maybe it can't be cut back any more, but if it could that would be helpful. 2) Maybe a staff retreat or something where these issues are discussed so that a somewhat unified/standardized approach is presented to the residents. It would facilitate both ease/comfort of ED shifts for residents, as well as an understanding of some of the basic fundamentals of EM. 3) I dunno on this one...more staff?, fewer pts?, less of an emphasis on moving pts? -- probably none of which can be Find a way to decrease paperwork.

scheduled time for research. more staff involved in research.

OK for staff to see pts alone, too. Too late to change this country's misguided view that computerized hospital systems will save lives. Ultrasound training days as set aside time - perhaps more staff need to be better trained.

1. As far as being an isolated program perhaps closer relationship with the U of Mn or even HCMC 2. I don't know how to fix the relationship issue; hard problem, and can only be professional on our end and hope for the same.

Scheduled G1 US tutorials following a schedule and standardized book or CD's, more fundamentals of statistics

Please provide any comments about the ED patient volume and case mix that you feel would be helpful.

It is a very sick patient population and there seems a high burden of socioeconomic problems. This can be a very good thing but without time for decompression I think the stress can at times be pathologic. A great and intense training ground.

Heavy on vaginal bleeding and psychiatry otherwise a wonderful patient diversity

2006 Program Review Comments

less psych, more kids and not having to transfer kids would be great, more ob/gyn triage time during intern year would be helpful

At times the volume seems overwhelming especially when working with staff that won't help by seeing any pts on their own. When it gets so busy the learning and educational benefit gets sacrificed for speed and efficiency.

i've always been happy with both

Not much AIDS patients. Hardly any sickle cell anemia. Don't know how to change this. I also think that we might see more pediatrics in the ED if we had inpatient peds here.

few peds cases -- possibly because we don't admit kids here

fantastic pt mix - real world and county feel.

Less psychiatry!

A few more peds at regions would be great, but nothing we can do. The Children's experience is good

Kind of a weird question because those are all very different volumes: Medical - 9 Surgical - 9 pediatric - 3 gyn - 7 behavioral 7

Case mix is adequate for learning. Pt volume per resident is too high - may contribute to more errors.

Our psych volume continues to be problematic; it will be interesting to see how EC north affects this and how our apparent reputation as the place that will sleep pts affects Regions in the future.

Great population at Regions with NMMC and both children's hospitals enhancing certain areas.

nice mix of patient population in the ED, but great off-service rotations as well.

Please provide any comments about the clinical procedures that you feel would be helpful.

Short on cric and thorcotomy otherwise wonderful

procedural competency of the program is outstanding.

I think that the ED residents should always get the trauma procedures over a TACs intern but should share with the TACs juniors during the designated times.

The only procedures that residents have trouble getting are deliveries which is not something that can really be changed - it's all a function of what happens during the resident's OB rotation (number of C sections, etc...)

Great opportunity to do a lot of different procedures with subspecialty back up if necessary

We get a lot of procedures, but I expected a lot of procedures out of this program...so it "meets" my expectations, which were high. The procedural experience here is very good....despite '5' not being a very high number.

Procedures are dependent of which pts present to which residents.

I think I'm on pace with procedures; certainly the opportunities appear to be there.

More high level procedures (thoracotomy, cricothyrotomy, pericardiocentesis, peds intubations, etc.) would be great but are obviously limited.

An automated clinical log book that keeps track via computerized documents (i.e patient procedure notes and

Please provide any comments about the ED ultrasound program that you feel would be helpful.

Hard to rate as I think the training was poor initially but has been ramped out significantly.

Increase US exposure as interns

There are good opportunities to perform the exams, there are still a minority of faculty that feel comfortable in assisting with US examinations with the exception of the FAST exam.

come a long way, still a long way to go

Need more staff properly trained to help teach and most of the time we don't have enough time to practice on some pts because we're just too busy.

has improved over the last 3 years

It's hard to find time...if the people working the short shift on Wed after conference could be the designated U/S people it could possibly be worked into the curriculum.

A more formalized ultrasound program would be valuable. I know that they are trying to do this - perhaps if more staff were involved with Peter and Kurt, it would be easier to schedule one on one time for ultrasound experience.

Request a special "ultrasound shift" where it is hands on teaching. Currently offered, but difficult to take free time to get this done.

More should be mandated

Again, a very variable question: Quality of US program - 6 Quality of US education - 6 Opportunities in ED - 9

More formal US lectures on Wednesday's. Formal faculty training on US so that during the shift they would be available to teach at the bedside during shifts.

more staff encouragement early on, supervision.

2006 Program Review Comments

More staff trained to educate in US. Time set aside to learn US.

I like the idea of more one on one training as well as improved lectures on US use; but I wonder if doing these from 1-3 on what is already the longest day of the week for those working from 3-11 on Wednesday is asking too much? perhaps on thurs or fri 1-3 instead for those ppl....

I'd like to see a more formalized course when starting out on US. Opportunities in the ED are adequate although sometimes difficult to spend time on (GB, OB, renal) when you're busy and already planning for a formal study. Wed pm program may be beneficial for one on one training

Please provide any comments about the specialty back-up that you feel would be helpful.

Orthopedics still needs improvement

Most specialty response is good, of course at times the response from surgery is less than impressive, but with their schedule this is understandable. I particularly feel that the relationship with ortho seems to be improving and more easily accessible consults.

At times its hard to get specialty residents in but I think that is probably just a common theme due to residents overall being overworked.

overall good

This is variable. For instance, podiatry is always more than willing to come into the ED at any time for a consult - this is greatly appreciated. Some of the other specialties routinely take much longer to respond to ED consults, including OB/GYN, TACS, and sometimes plastics/ max face.

reat subspecialists who like to teach!

I have never had any problems

Obviously the quality of some of our specialists is very, very good. But the responsiveness/willingness of our frequently consulted services is really a low point for me (i.e. - TACS (residents), hospitalists)

Generally not a problem other than with the trauma and acute care service. It seems as though they are a busy service and it's difficult for them to break away to do timely consults in the ED.

As always, depends on the specialty and how busy they are. I think the hospitalists are great and there is much ado about nothing with regards to walls they may put up.

Some services are very responsive and easy to work with and others more challenging as you would expect.

Very case dependent; more specialty involvement at our Wed critical cases.

Please provide any comments about the faculty supervision of EM residents that you feel would be helpful.

Some are better than others.

No complaints

Depends on the specific staff.

Staff are awesome!

They are wonderful!

Always there if you need them

I always feel that faculty supervision is available if I need it or feel uncomfortable.

Every pt encounter does not need to be educational, but teaching points are always appreciated.

Unclear when/how to take physician transfer calls; perhaps a short "here's what to do" for the second years or just relaying expectations.

Faculty generally available in the ED with good feedback/discussion regarding the plan.

feels like about the right amt of supervision

Please provide any comments about resident responsibility that you feel would be helpful.

Can be overwhelming during the intern and early second year. I think a risk is taken that a baseline/foundation approach is never clearly developed due to pressure to manage the patient expeditiously and to take on further. Keeping moral high in department through transition to EPIC is important

Resident responsibility is very good and I expect to have more opportunities for running resuscitations, etc., as I progress. Only concern would be the variable expectations of our responsibilities from different staff.

Some faculty are very good about standing in the background and letting the 3rd year run the resuscitations. Others dominate. It's a personal style. Probably not much can be done about this.

Nice progression during residency. Some staff tend to be too involved in resuscitations but generally adequate.

Please provide any comments about equipment in ED exam rooms that you feel would be helpful.

2006 Program Review Comments

Too many GYN exams in unsuitable rooms.

Sometimes small things are not stocked, like tongue depressors, surgilube. Also, would suggest that the cleanup of the US machines be the responsibility of the room cleanup person rather than take up the expensive time of the Minor issue, but I'm surprised at how frequently I won't have access to some minor thing I need in a room, or on a cart. For example, 500 KY's in a drawer when you need a bacitracin, or a drawer full of size 6 gloves and nothing else, 100 swabs and no tongue depressors, etc. It's mainly worth mentioning because I otherwise think our ERT's are outstanding and I wonder if this is something they are just not aware of...rather than an intentional oversight. If something is broken, it would be nice to know that it is in line to be fixed or if anyone has put in a work order, etc. Have had lots of trouble with burnt out/broken otoscopes recently, not sure why. Sometimes simple maintenance such as ceiling lights and rooms supplies can be frustrating.

Please provide any comments about ED call room and resident room that you feel would be helpful.

more computer access; larger resident room needed; office for chiefs would be nice;

Call room is pretty dingy, and smells but at least we have one especially used during first year and on days that you might work and evening then conference and then an evening shift again.

SICU call rooms are good. Haven't used the ED call room in a couple of years because it seemed like it was never cleaned. That may have changed recently, I wouldn't know.

not always clean

The ED call room is consistently gross

Can't say that I use a call room often but certainly nice to have desks in resident room!

more computers, we have 2 for 27 residents.

Rare to have sheets changed. Resident room is a sty.

More computers would always be better....I just don't know where they'd go.

Generally good although resident room and Lindell are tight on Wednesdays. It would be nice to have a resident lounge with TV, couch, area to relax.

Please provide any comments about the ED conference rooms that you feel would be helpful.

Switich more conferances to Lindell

Would rather have critical case in Lindell so as to facilitate discussion. The Ampitheater is too big and audience is too far away from speaker and it is sometimes hard to hear audience comments.

usually too hot or too cold

Nice to have moved conferences to ampitheatre since Lindell is not quite big enough for us anymore.

no one seems to know how to use the projector.

Library and computers monopolized by Tox...

Lindell is often tight for conference but Amphitheater is so large it's easy for the mind to wander. It would be nice to have a facility with an option between those two. Also, need an AV tech available to help with conference so residents and staff are not distracted to help out.

Please provide any comments about the nursing staff that you feel would be helpful, Include specific examples.

Wonderful

Many nurses are appropriately responsive, however, there are times when certain nurses feel free to take out their frustrations on the residents.

Certain nurses are fabulous and others are OK.

A lot of knowledge overall, but some bad attitudes towards pts at MDs at times.

With some notable exceptions the nurses are fantastic here, they have taught me as much as staff.

Nurses great to work with and good about notifying staff on patients that need urgent evaluations.

Please provide any comments about the ERT staff that you feel would be helpful. Include specific

Better than wonderful Only suggestion is more LAC set-up and prepping would ease workload

The majority of the ERT staff are a great help and courteous. There are a few exceptions in which the ERT staff are less than professional.

Again, certain ERTs are exceedingly helpful and others are no so good.

2006 Program Review Comments

This has been a problem in the past, but I think that this was more a reflection of the fact that there were often not enough ERTs to go around, and now that more have been hired, as they are trained in, hopefully this will not be a problem.

Assign female to West at all time for GYN.

Sometimes difficult to locate available ERT but great help when you find one.

Please provide any comments about the clerk staff that you feel would be helpful, Include specific

Will miss them greatly, always helpful and upbeat

very clerk dependent

Days with clerks who work hard and care are great; and conversely on days with a clerk who isn't trying you really notice, as pt's aren't registered or phone calls don't get made...it makes a long shift some days.

Occasionally too busy to answer questions but very knowledgeable and helpful otherwise. It would be great to have 1 person dedicated to directing phone calls and coordinating calls to hospitalist/teams to minimize their anger d/t repeat pages!

Please provide any comments about the PA staff that you feel would be helpful, Include specific examples.

Several are amazing and much appreciated.

I think we have a wonderful team of PAs. Great attitudes in general, friendly, smart, I will miss them.

Mary and Stephanie are extremely competent and valuable in particular.

Most PAs are great to work with

In general, very good PA's in department. I enjoy working with all of them and all are very helpful.

I love the PAs. They are so knowledgeable and having them to work with takes a great deal of pressure off a shift.

Thanks god for PAs.

Helpful and willing to take some signout patients. Good attitude and helpful with patient flow.

Please provide any comments about the social work staff that you feel would be helpful, Include specific examples.

Great support services

Obviously, a huge plus having them available, and greatly appreciated.

They tend to get overwhelmed on some shifts, but they are great.

Always friendly despite extremem business at many times. Very helpful in disposition and coordinating psychiatric

Please provide any comments about the program coordinator and/or program assistant that you feel would be helpful.

The keys to the residency, they deserve a raise

They are the residency

Lori and Pat are fantastic!

thanks!

Can't say enough good things about these two. Can't imagine what I would do without them

Program would collapse without them.

Usually available and great at letting us know when things are due (including this eval! ;)). Helpful and knowledgeable in most situations. Good at monitoring and encouraging resident wellness.

Please provide any comments about the program directors and assistant director that you feel would be helpful.

I appreciate the progressive thought and attention to the bigger picture. The laissez-faire approach has allowed for great development of individuality and focus on the items I feel are important. At times however, I think I have been too naive to understand underlying tenets and in trying to solve problems could have used some more direct leadership to institute changes and explain the concepts more clearly.

Outstanding group, enough said.

Dr. Knopp is wonderful - always available and he even offers/requests that residents call him at home if there are immediate problems on off-service rotations (SICU).

program and decisions are not as transparent as I envisioned.

Generally helpful and available but not always aware of resident issues. At times, it feels like discussions/plans for residency are withheld from residents and we feel out of the loop.

2006 Program Review Comments

Please provide any comments about the department administration that you feel would be helpful.

The changes during residency have been a great experience but sometimes it has felt like more and more responsibility was added on.

Communication between the department and the residency has been weak in my opinion over the last year. There has been no discussion that I know of regarding the new ED and resident input or concerns. While the department is run solidly, it would be nice to have more discussion between the 2 entities.

Please provide any comments about the ancillary care providers that you feel would be helpful. Include specific examples.

Great radiology department

lab is slow, don't call with problems sometimes.

Reliably available at most times. No specific complaints.

Please provide any comments about ED conferences. Include suggestions for changes in the current

I think the conference experience has been great.

J club outside of Wednesdays with offservice break for attendance

Change to Lindell room for all except trauma where larger room is needed.

Critical case is almost always interesting and informative. I do think that it would be beneficial to go to the 90 minute critical case format.

Conferences have really improved in both content and quality, especially board review!

I very much enjoy our conferences and think they are a huge plus of this program. I would like to see more time devoted to QI at conference, which I find both interesting and very educational. Frequently, there is good discussion that is generated but is routinely cut short because we always run out of time for QI.

I think Conferences continue to improve and grow; I have really appreciated the focus on core and current knowledge topics

Conferences are solid but the limited formats become repetitive. I would like to see more use of innovative formats such as those Dr. Colletti has used this year.

Please provide any comments about resident teaching & supervision that you feel would be helpful.

The third year gets a little tedious with teaching nearly every shift, I could have used some more breaks.

There are always plenty of ways to get involved

Limited in the 2nd year.

Please provide any comments about EMS involvement that you feel would be helpful.

RJ's always helpful and excited about EMS care

The new second year residents need an orientation on taking radio room/EMS calls (maybe this is already planned and we just haven't done it yet).

Would like to be more involved in EMS but this has not been as well advertised, (plus maybe not enough spare we need more involvement, or at least opportunities. EMS is doing several research projects, few to none involve residents.

Pretty much only during first year.

Good opportunities to take MRCC calls but not much direct involvement with ambulance services. It would be nice to have some ongoing involvement (occasional ride-alongs, etc) after 1st year.

Please provide any comments about research that you feel would be helpful.

Some ongoing dedicated time for research throughout would be quite helpful.

Improving with non-clinical shifts but the one area that this residency lacks is set aside time for research and projects, specifically during a busy third year.

no protected time to do this makes it difficult to perform.

This was a sore spot. I could have used more time and support.

Very difficult to find time

No time for research...either to get a project going, or for data collection in ED. Seems to be a lot of negative push-back from some residents about being involved with anything in the ED that would slow them down or prevent them from moving pts.

2006 Program Review Comments

Need more time administrative time as residents. This is probably an issue for any program... there are not enough hours in the day. It's not lack of encouragement. Nor is it lack of mentorship for research. It's lack of time. few faculty involved or with projects available to residents. this leaves us to come up with our own funding, proposals which is difficult in 3 yrs with no dedicated time for this. Time and excitement about research is limited. Faculty does not discuss what they are working with often enough to get residents involved. Schedule is also quite busy to devote lots of time to research.

2006 Program Review Comments

Please provide any comments about the Orthopedics rotation that you feel would be helpful.

Has changed for better

The ED frequently forgets to call the ED ortho intern for reductions or other ortho cases that don't necessarily need a formal ortho consult. Even though the residents made a point to remind people downstairs about their availability, this still seems to happen quite frequently.

I enjoyed my month and thought I learned a lot; I hope it continues to improve for others.

Please provide any comments about the Plastics/Hand rotation that you feel would be helpful.

Good experience and teaching

Best rotation of the year.

Lots of learning to be done here, and plenty of opportunity.

Please provide any comments about the OB rotation that you feel would be helpful.

it would be helpful to deliver more babies and a labor and delivery triage made ED resident's responsibility

There were problems with the OB residents forgetting to call the ED resident for deliveries (even if the ED resident had been around and available all day long).

Exceeded my expectations because I had heard negative things about it and I thought it was a very beneficial month. I was treated well and staff, residents, etc., were all very welcoming and helpful.

Did not get many chances to deliver, but that is hard to fix; lots of work but comfort with OB was a good skill for me to develop.

Please provide any comments about the Minneapolis Children's ED rotation that you feel would be helpful.

I did not get any written feedback/evaluations from anyone at Mpls Children's.

I thought this was a very beneficial month. Good experience and I was very well received by ED staff. Very good teaching.

Fewer procedures than I thought, but probably due to my time of rotation, with fewer ill children.

Please provide any comments about the Anesthesia rotation that you feel would be helpful.

I think that it might be beneficial if we were assigned to a specific anesthesiologist and followed him/her around rather than trying to catch the MDA and CRNA at just the right time prior to the intubation (it seems like I would go in to do one intubation and come out to find that I'd missed 3 more).

I got a fair number of tubes. It was just miserable spending my days trying to hunt down which rooms had a CRNA that would let me do the procedure, a staff that would likely be receptive to me being in there, no other students/residents/fellows of any kind, etc., etc. I just felt like I spent a month grovelling for tubes. Seems like it could be better organized so that it is more efficient for us, which I think would make our presence there less annoying for the anesthesia staff and CRNA's.

Had a lot of CRNA students while I was there, making tube collection more difficult; lots of learning to be had here

Please provide any comments about the cardiology ED rotation that you feel would be helpful.

Cardiology was useful for me as I had ~10 one hour one on one sessions reading ECGs, which was the highlight; otherwise the consults were less satisfying.

Please provide any comments about the MICU rotation that you feel would be helpful.

The medicine department needs to change its schedule so that they can guarantee that every ED intern will have a medicine resident assigned to their team. I did not have a medicine senior resident on my team for three weeks - to be fair, they reassigned their pulmonary/critical care fellow to my team and he was essentially the senior resident, but this should not be the norm. The schedules are laid out months in advance, so it should not be difficult for the medicine department to schedule appropriately.

Can be very busy with few bodies to help, but staff has shown a concerted effort to be available and teach-really great pulmonary staff!

I thought this was a great rotation. Almost all the staff are exceptional. Good pathology and very good teaching. Great staff, sic/interesting patients; a good rotation.

Good experience with sick medical patients but more procedures being done by interventional radiology. Staff generally quite good about teaching on rounds and discussing topics.

2006 Program Review Comments

Please provide any comments about the EMS rotation that you feel would be helpful.

We appreciate the opportunities to teach - thank you!

It's just a great month. Good proof that a rotation doesn't have to be brutal to be valuable and educational.

I wonder if I might have been able to get more from this rotation other than first year, once I knew more of what is important to me from an Emergency Dept perspective.

Please provide any comments about the St. Paul Children's ED rotation that you feel would be helpful

I think that our ongoing presence is a huge bonus. I feel I had great diversity of cases.

Great exposure to children with various illnesses and "sick kids", staff is very supportive of our Residency.

Good teaching staff there.

Overall a valuable experience.

Great rotation-people like Henry Ortega, Jeff Peterson, Sam Reid and Pablo Avendano (plus many others who I am forgetting to name) make this rotation a lot of fun and very educational

Much more educational and busy than Minneapolis experience. Decent exposure to sick children and staff interested in getting you involved in those.

Please provide any comments about the SICU rotation that you feel would be helpful.

I think the critical care exposure is awesome albeit sometimes overwhelming. I appreciate the responsiveness to address problems and work towards improvement. Formal teaching and development of withdrawal of care in cases of medical futility would be excellent.

I think the benefit of my third year was negligible.

TACS responsibilities need to be more clearly defined (ie two TACS "juniors" showing up at every TTA", not sure that it is beneficial to my education as a third year (but may have been worthwhile to do these consults as a G1)

Hard 6 weeks, but great pathology, great procedures, and good-to-great staff.

Again, like MICU, sick patients and procedures; I liked it.

Great experience and independence. Great opportunities for procedures and care of sick trauma patients. Schedule continues to be quite rigorous and draining over that 6 weeks but great intensive experience.

Please provide any comments about the North Memorial ED rotation that you feel would be helpful

Loved it, although a very long drive. 10 hour shifts are a little too long.

Good experience in a different setting. Trauma exposure is variable but good to see another system.

Please provide any comments about the Toxicology rotation that you feel would be helpful.

Great teaching but limited diversity of cases.

Tox has become much busier than rest of residency acknowledges. Various lectures and experiences make pulling residents from tox impractical and seriously takes away from that experience.

Please provide any comments about the Administration rotation that you feel would be helpful

I don't even feel there is a formal rotation. From an indirect/observational standpoint however there are great administrative role models.

What admin rotation?

More structure or guidance. I had two meetings and one was cancelled.

Very minimal departmental support especially in light of my comments about the busy schedule already with all of tox components.

Please provide any comments about electives that you feel would be helpful.

Great selectives Elective being split in to four 1 week blocks was difficult

It would be beneficial to have the chance to do 2 different electives rather than only 1, it would make it more possible to fashion our learning to our perceived weaknesses or interests.

See above

Elective time is great.

Would be nice to have more elective time

2006 Program Review Comments

Please provide any comments about selectives that you feel would be helpful.

Excellent addition to training.
Really great opportunity to experience community ED.
Great to have added United this year
United is great.

Please provide any comments about the EM faculty that you feel would be helpful. Include specific

Helping out with patient load can be difficult especially when managing the residents and department. However, the help provides not only more time to firm our foundation approach to patient care but observing staff manage patient directly and resolve problems and manage time/throughput can be very helpful.
There are specific EM faculty that are consistently fantastic and very tuned into teaching residents at all times. Staff who deserve special mention include Jeahan Hanna, Jim Colletti, Rachel Dahms, Rob LeFevere and Brad

Please provide any comments about resident wellness that you feel would be helpful.

Thanks for all the support with paternity responsibilities.
Chief's did a great job

Please provide comments about resident development that you feel would be helpful.

Love the memberships and connection to societies. G1 SAEM is great experience and class building.

Please provide any additional comments about resident recruitment that you feel would be helpful.

Great to be involved with interviews and resident selection from the 1st year.

Please provide any comments about PGY-1 residents' support fo the residency. Include specific examples.

A very dedicated and energetic group. They are a great addition.
Class as a whole could be more constructive with their criticisms. Individually these are very dedicated and intelligent residents.

Please provide any comments about PGY-2 residents' support of the residency. Include specific examples.

There are many great physicians in this group.
Some good leaders but must learn to balance their ideals with reality
very cohesive class, willing to support each other and help each other out.

Please provide any comments about PGY-3 residents' support of the residency. Include specific examples.

My co residents have been very helpful/supportive. I wish I could have spent more time working side by side with them as I am sure to have learned much.
We'll miss their advice and wisdom
Our PGY-3's who just graduated were excellent and gave me a something to aspire to.

Other comments

love it here
a hard but fun and rewarding 3 years.