

## 2007 Program Review Scores

Category/Question	Average 7-9 Exceeds Expectations 4-6 Meets Expectations 1-3 Below Expectations
Accessibility and responsiveness of program coordinator and program assistant (Lori & Pat)	8.1
Quality and responsiveness of social work staff in the ED.	7.7
Opportunities for resident responsibility for patient care	7.7
Opportunities for progressive resident responsibility in patient care	7.6
Overall direction and leadership of residency provided by director, associate and assistant directors (Ankel, Colletti, Gunnarson, Knopp & Hegarty).	7.5
Overall rating of the St. Paul Children's ED rotation	7.5
Departmental direction and leadership by department head and associate department head (Asplin & Chung)	7.4
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?	7.4
Independence allowed/encouraged by faculty in the ED.	7.4
Opportunities for involvement in recruitment and selection of future residents.	7.4
Overall program rating.	7.4
Overall quality of format and content of ED conferences - critical case, core content, journal club, QI.	7.3
Quality and team attitude of Physician Assistant staff in the ED.	7.2
Overall rating of the Toxicology rotation (within last 12 months)	7.2
Patient volume and quality of medical, surgical, pediatric, gynecological and behavioral emergency cases seen in the ED	7.2
Opportunities to run resuscitations.	7.2
Your impression of the PGY-2 support of the residency as a group	7.2
Adequate number of procedures	7.1
Overall rating of the Regions Emergency Department rotation	7.1
Overall rating of the North Memorial ED rotation (within last 12 months)	7.1
Your impression of the PGY-1 support of the residency as a group.	7.1
Overall rating of the MICU rotation (within last 12 months)	7.0
Overall rating of the Emergency Medical Services rotation (within last 12 months)	7.0
Quality and quantity of selectives	7.0
Overall quality of EM faculty - academic competence, clinical competence, teaching ability.	7.0
Competence and responsiveness of ERT staff in the ED	6.9
Availability and accessibility to resources for academic development (memberships to specialty societies, attendance at national conferences, inservice and oral board preparation, mentorship opportunities).	6.9
Overall rating of the SICU rotation	6.9
A availability and accessibility of activities promoting resident well being (scheduling and leave policies, access to advisors, access to resident support services).	6.8
Quality and responsiveness of ED Nursing staff	6.8
Competence and responsiveness of ancillary care providers, x-ray, lab, respiratory, blood bank, transportation.	6.8
Competence and responsiveness of Clerk staff in the ED	6.8
Quality and quantity of electives	6.7

## 2007 Program Review Scores

Category/Question	Average 7-9 Exceeds Expectations 4-6 Meets Expectations 1-3 Below Expectations
Adequate resident involvement in teaching of EM residents, rotators and medical students	6.7
Quality/responsiveness of specialty back-up to the ED	6.6
Your impression of the PGY-3 support of the residency a group.	6.6
Overall rating of the OB rotation (within last 12 months)	6.6
Faculty supervision of EM residents	6.6
Overall rating of the Anesthesia rotation (within last 12 months).	6.6
Accessibility and condition of ED conference rooms	6.5
Overall direction/assistance/support provided by IME.	6.5
Overall rating of the Minneapolis Children's ED rotation (within last 12 months)	6.3
Overall rating of the Orthopedics rotation (last 12 months)	6.3
Availability and quality of resident involvement in CQI (chart audits, QI conference involvement)	6.2
Opportunities for involvement in the EMS system.	6.2
Overall rating of the Plastics/Hand rotation (within last 12 months)	6.1
Opportunities for involvement in ED research. Faculty encouragement, departmental support and sufficient time during residency to participate in research.	6.1
Quality of US program in the ED quality of ultrasound education and teaching. Opportunities to perform ultrasound examinations in the ED.	5.9
Accessibility and maintenance of equipment in ED exam rooms.	5.9
Accessibility and condition of ED call room and resident quarters	5.5
Overall rating of the Administration rotation (within last 12 months)	5.4

## 2007 Program Review Comments

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

- 1) Great bedside teaching and autonomy with procedures
- 1) graded responsibility great off-service rotations opportunity to learn independently processes At level I trauma
- 1) Flexibility, procedural training, early critical pt care responsibility and subsequent graduated responsibility
- 1) Great exposure/diversity. Autonomy. Ideal working environment--staff/nurses/PAs/techs have all been great to
- 1) interest in its residents, no eating our young here. schedule: not that its perfect, its just an important aspect of a program. minimal amount of politics eg. i'm generally doing offservice rotations b/c they are useful to my learning not
- 1) -Lots of procedures. -SICU rotation. - my fellow residents.
- 1) SICU experience quality of teaching in ED support from residency program
- 1) Progressive responsibility Lots of critical care experience
- 1) Patient care, autonomy, and perspective.
- 1) 1) Patient contacts 2) Learning from knowledgeable staff 3) Broad based education
- 1) Camaraderie, good patient population, great faculty
- 1) availability of staff friendly environment for open dialogue about cases, therapies, etc. time during shift for
- 1) Resident-focused Comprehensive
- 1) Staff who love to teach, are approachable, and caring.
- 1) family feel and strong support variety of staff interests and specialties within emed close to my family in wisconsin
- 1) Amazing fellow residents, great staff and the ancillary support in the ED. Variety of patients. Appreciate the focus this residency places on teaching subjects about being a successful future physician beyond medical knowledge (ie
- 1) Autonomy Procedural Experience Staff -- relationship, teaching, interaction
- 1) Diverse patient population, faculty concern for welfare of residents, support of ancillary staff
- 1) Graduated responsibility in the ED Good staff dynamic with residents appropriate patient flow and population
- 1) Good patients Good teaching (for the most part) humane schedule

### List the strengths of the residency program.

- 2) Fantastic at integrating G1's into all aspects in the ED
- 2) quality staff diversity of fellow residents teamwork
- 2) Strong relationships with specialists Excellent camaraderie both between residents and with staff Busy urban setting Seems to draw dedicated, intelligent residents with broad interests Increasing use of Sim
- 2) See above.
- 2) Willingness to adapt/listen to resident ideas and make appropriate changes. Opportunity to perform many procedures. Great ICU experience.
- 2) responsive to suggestions/comments. no ward medicine or pediatric months. mentorship reminds what i need to finish, helps to plan, encourages when its tough.
- 2) - procedures - lots of patient encounters
- 2) great patients and pathology great teachers
- 2) SICU experience with ED residents running the SICU More than plenty of procedures Gradual transition from lots of supervision first year to less supervision but more responsibility by third year
- 2) patient centered care. Autonomy, and graduated learning.
- 2) 1) Abundant patient contacts 2) Good pathology 3) Procedural training 4) ICU training.
- 2) Camaraderie, good patient population, great faculty, strong didactics (board review)
- 2) great staff from multiple training centers great ancillary staff great "family" atmosphere good mutual respect
- 2) People Early exposure to sick patients
- 2) A wide variety of patients. Lots of support from all staff--physicians, nurses, techs, departmental office.
- 2) Staff, fellow residents. SICU and MICU. Interactive conferences.
- 2) Autonomy Procedural experience Preparation for future careers Interaction/relationship with staff ICU vs floor
- 2) our program sticks up for its residents on offservice rotations so we are not just bodies on their services.
- 2) Caring residency Tight group of residents Responsive to resident concerns
- 2) Good conferences good experience in the ED

### List the weaknesses of the residency program.

- 3) ED scheduling SICU coverage
- 3) Not all staff are dedicated to teaching Little diversity of residents(ethnicity, nationality)
- 3) Pediatric critical care.
- 3) More teaching/input during ED shifts.

## 2007 Program Review Comments

- 3) 1. more PA coverage needed--residents spread to thin in ED. 2. more organized social events needed. especially for those who are new to the area and don't have a network of friends already, going into 70h/wk lock down without any support system is pretty tough. residents are generally too busy to organize. 3. some staff more supportive than others--this is a good place to work so it attracts all kinds. 4. too much paperwork/administrative stuff on top of work duties. 5. what i wouldn't do to get rid of all the healthpartners emails that don't really apply to me. about 80%+ of
- 3) -lots of patient encounters -not enough clinical teaching -decreased autonomy
- 3) we are too overworked in ED...not enough teaching time.
- 3) More teaching during the shifts would be helpful - just one or two pearls of wisdom from every patient would be appreciated Staff can sometimes be somewhat passive aggressive with regard to evaluations, writing down comments that they are not verbally sharing with the resident Occasionally off service rotations have some problems and it sometimes feels like faculty are less than responsive to resident concerns about off service rotations
- 3) Day to day evidence based discussion. scientific basic discussion.
- 3) 1) Bedside teaching 2) Focus on volume 3) Epic (which is bad for both teaching and learning)
- 3) Sometimes too much volume
- 3) At times there "seems" to be a discordance between resources available compared to expectations of as residents to be efficient. I don't think there is alot that can be done about this before the new department is ready,
- 3) Lack of pediatric patients (maybe this perspective will change with more rotations at the childrens ER).
- 3) Ultrasound -- definitely improving Department workload (esp with impact on staff teaching)
- 3) could use more bedside teaching, less concentration on pt flow at times
- 3) mediocre peds experience not enough teaching time/focus in department
- 3) At times there is very little teaching and feedback in the ED.

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

- 4) Change the hours and amount of overlap
- 4) Recruit residents from outside the state Continue to encourage staff to teach (many do an excellent job) Discourage staff from typing resident presentations verbatim
- 4) Time in PICU. This is a difficult area to address though, because there aren't as many sick kids as adults, and that time would have to be taken from something else which might make it not worth it.
- 4) Maybe if staff could spend just 5-10 minutes after a shift for some teaching if none could be performed during the
- 4) 1. more PA coverage--hire some more/\$\$. always the answer, right? 2. more gatherings--(probably most important to intern class) an assistant residency director in charge, setting up place/time and emailing/advertising every month. doesn't run the show or host. just looks at schedules and puts together time. 3. staff-some resident input in attending selection process? (do attending's really care or have other motivation to care what resident evals say about them?) 4. paperwork/logs/signing dictations, etc-probably amount not unique to our program? one suggestion, give epic ability to run query for all 'procedure notes' written by an author, so the author can log
- 4) improve staffing levels in ED in terms of PA's, nurses, techs
- 4) Emphasize the importance of teaching at all levels of training with all patients More direct feedback/evaluations, more timely formal evaluations
- 4) Faculty development in such things as US.
- 4) 1) Increase bedside teaching 2) Add more midlevels
- 4) Conferences should have more cases in them, possibly organ based. Or maybe just 4-5 or these per year, like the "eye" crit case day several weeks ago.
- 4) Hard to say at this point in the residency program. Perhaps I will find sufficient exposure to kids after starting my 2nd year St. Paul Peds rotation?
- 4) I think we're really working on and addressing most of these -- Ultrasound's getting better, we're trying the 10 hour
- 4) see above
- 4) Increased PA/staff time
- 4) Emphasize teaching moments to the staff, just as the speaker discussed during last year's retreat

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

- 6) could we get less behavioral cases? we are not learning very much from them in comparison to others. same story, same decision tree, often same management... or is there a way to split up exposure? but maybe that's what
- 6) increase PA coverage round the clock.
- 6) Having the PAs (one on each side during both the evening and day shifts) is extremely helpful and appropriate, allowing for better flow and better quality patient care (as I believe that patient care suffers when there is only one midlevel provider on a side). We are a little low on seeking truly sick pediatric patients (but that's what the Children's
- 6) Varied mix of patients, gives good base. The amount of psychiatric patient load is getting to the point where it is sacrificing education on a daily basis as this is not the type of setting the majority of us are going on to practice
- 6) There's plenty of volume and pathology

## 2007 Program Review Comments

- 6) Lots of volume-sometimes too much
- 6) I think everyone knows there is a plethora of psych pts. What can ya do???
- 6) Little low on pediatric
- 6) staff are normally good about taking cases that may not be great teaching cases.
- 6) seems to be a pretty good mix -- not just "county patients"

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

- 8) SICU and MICU are most helpful for racking up required procedures, but chest tubes are infrequent as TACS seems to get these in the TTAs. Perhaps we could share?
- 8) procedure lab is useful, especially for procedures i may never see before asked to do one. i'm pretty proactive about procedures and really don't have that many--not sure how to remedy. the procedure log is EXTREMELY difficult to find/keep up with. much of this is my own fault, but i haven't logged one. i don't know where to log them, and i can't remember the ones that weren't on the little piece of paper that i lost. i've already documented the ones i've done on epic in 'procedure notes'. it sure would be nice to be able to retrieve those notes for type, MR#, actual
- 8) PLENTY of opportunity for procedures, this is extremely helpful
- 8) Procedural training here is excellent. It would be nice to see staff more open to, or push more for, working on variety of procedures (trying a new approach for central lines, trying different RSI drugs, try a fiberoptic intubation,
- 8) I feel apprehensive that I will not get enough chest tubes.
- 8) more formal u/s teaching, eye workshop with an ophthalmologist

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

- 10) Zwank and Kumasaka are doing a fantastic job promoting this, lots of opportunities to practice
- 10) weak. voluntary efforts of staff are noble. but it ends up being just one more thing to add to a busy week. option to also have an US elective? (maybe we already do) lots of programs do.
- 10) There is more than ample opportunity to do ultrasounds in the ED, although there needs to be a more formal ultrasound curriculum developed so that all residents get opportunities with the "ultrasound experts" (Kumasaka, Zwank, Isenberger). I also see quite a bit of variation in staff comfort with ultrasound. I think that it is not resident lack of interest which is stalling the formal ultrasound curriculum, but rather lack of time. Perhaps we could do something similar to what we did with peds sim and have one day a quarter where we take residents out of conference to focus on ultrasound. Also, with the new schedule, it may turn out that we might be able to participate
- 10) need greater number of staff comfortable with more advanced US imaging such as it's use in undifferentiated hypotension, imaging GB and AAA, etc.
- 10) More formalized training.
- 10) Multiple opportunities for one on one teaching, Peter, Michael and Kurt have made themselves very available and are very good teachers.
- 10) I think that it is the responsibility of us as residents to get this training. Best way is to firmly lay down the expectations and have us residents meet them. Maybe have to demonstrate our skill
- 10) Kumasaka, Isenberger, Zwank have been great. very active. think we should add required u/s during anesthesia
- 10) ultrasound staff are great and try hard to provide teaching opportunities, but I find it hard to make the voluntary ultrasound didactics. It would be nice if the didactics were scheduled into the OB-Gyn or anesthesia rotation a few
- 10) see above -- I think it's definitely improving
- 10) need formal US training in anesthesia and EMS during 1st year
- 10) more formal teaching. us that is easier to boot up and use quickly. if it takes extra time, we won't do the u/s that is not absolutely indicated

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

- 12) We generally do not have a problem getting specialists/consultants in the ED, although there are times when we
- 12) neurology backup is weak.
- 12) We have excellent backup here
- 12) very service dependent
- 12) none

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

- 14) especially for interns, it would be great if attendings let them know their supervision expectations before they sew up a lac or perform a procedure or have five pts or whatever. early on its hard to know how independent they would
- 14) I have never felt left alone on a procedure or a sick patient, either in the ED or on the floor.
- 14) Better night shift coverage would be great. Personally, I feel that it is borderline unsafe during some night shifts with only one staff, but that is my opinion.
- 14) more feedback and more bedside teaching is needed.

## 2007 Program Review Comments

- 14) Dependent on how busy staff are.
- 14) Most are very good about teaching points -- even small ones -- and even when it's busy.
- 14) For the most part excellent, some teach lots and some don't

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

- 19) Progressive responsibility is a strength of the program. We don't get much of an opportunity to run resuscitations prior to third year in the ED, although that is generally appropriate. I am a little confused about the formal evaluation of "resuscitation performance" for first and second years since they do not do much in the way of running resuscitations and what they are responsible for is covered under other evaluations (airway, etc...)
- 19) We have excellent responsibility/autonomy here with the majority of staff.

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

- 21) many rooms lack working wall outlets and oto/ophthalmoscopes
- 21) I wish I would be here when the new ED opens - we are overdue for renovation :)
- 21) i've never seen an ear air insufflator in any room.
- 21) I often find that the exam lights are burned out or that the otoscope/ophthalmoscope setup is missing, especially from the B side when the techs remove the equipment for crisis patients. A system needs to be put in place so that ALL of the equipment (otoscopes, suction, telephones) is replaced after a crisis patient vacates the room and prior to
- 21) some things -- ie woods lamp, ent, eye stuff -- can be VERY hard to track down. Also it's very helpful to avoid rooming young women with abdominal pain who could need a pelvic in the curtained rooms. . .

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

- 23) terrible, stinky, bedding infrequently changed
- 23) its fine. we don't generally need one. it is however nice to have one available when on off service or post nights
- 23) not cleaned on a regular basis. no computer in call room.
- 23) The contribution of the mini fridge in the res room was greatly appreciated. The call room is generally not cleaned unless we actually call housekeeping ourselves.
- 23) more computer access would be helpful
- 23) It's hardly ever used, so it's fine
- 23) I like having a beverage supply in the resident room. The rest of the food was unnecessary.
- 23) would be nice to have a computer with access to epic in our call room.
- 23) need more CPUs and phone accessible to those CPUs for charting, etc.

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

- 25) i've never really needed one though.

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

- 27) (Snip) - Doug, Larry are (snip), wonderful to work with.
- 27) i learned early to ask them what they think/suggest. some of the best/only wisdom i've got so far. i wonder if they feel spread pretty thin too.
- 27) Our nurses are wonderful!
- 27) Nursing staff overall are great.
- 27) Generally great -- especially the night staff -- very helpful, efficient
- 27) They are as a group, awesome.

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

- 29) Some techs are excellent (Tim is one example), however, others are less responsive. I typically set up my own lac trays, do VA, get lidocaine etc because I have seen the "eye-roll" when asking for help with these things.
- 29) wish there were more of them.
- 29) - we need more our department has been disabled by the cut of these very needed people.
- 29) I frequently find that I am unable to locate an ERT when I need one, usually because we are understaffed with ERTs. I also think that female ERTs on the A side should be willing to help with pelvics on the B side if we don't have a female tech on the B side (which happens quite frequently). Most, but not all of the female ERTs are willing to help
- 29) The ERT's are great!
- 29) Always know where everything is.
- 29) ERTs ROCK
- 29) GREAT
- 29) Couldn't be easier to work with

## 2007 Program Review Comments

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

- 31) Most of the time the clerks are very good. I do think that it is quite inappropriate for them to make personal phone calls while they are working and sitting at the desk. If they have phone calls to make they can make them on their breaks. I sometimes find that I'm unable to communicate with them (asking them to call a team, page a 31) at times clerks let their personal issues broil over into uncomfortable working environment, (snip).
- 31) Can get a bit old when the clerks repetitively ask "are you ready to talk to the hospitalist". No big deal though. Clerks are overall helpful.
- 31) great group

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

- 33) Angie and Mary Roy are wonderful, supportive, take their share of pt's to keep good flow in the department
- 33) we need more of them. period. they are really great, definitely committed to a team attitude. they must tire of taking the psych rooms and north, but i am sure grateful i don't have to. they are quite thorough, yet as a whole it does seem like they don't see very many pts. sometimes, it feels like they could share the load a little more.
- 33) The PAs have been fantastic about picking up with day crisis patients, almost always without complaint.
- 33) Our PA's are outstanding.
- 33) Excellent PAs. Great resource, and fun to hang out with.
- 33) they are under appreciated

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

- 35) I feel so fortunate that we have 24 hour SW coverage
- 35) they are too are fabulous, thorough, but overworked. i'm so grateful when i find them and they can actually see my pt (within the next hour or 2).
- 35) Most of the time the ED SW are tremendous. However, I do recall a specific instance where I notified the social worker of a child abuse situation at midnight and she didn't see the patient until almost 6:00 AM due to the number of crisis patients. I believe that child abuse cases need to come before the crisis patients. In this particular case I had to get the police involved before the SW had even seen the patient, and I don't believe that this should happen. Maybe this could be discussed at a systems level to see if a policy can be developed with regard to this issue.
- 35) WONDERFUL!

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

- 37) really great. with everything else going on, it is nice really to have all the reminders and behind the scenes legwork so we can actually graduate.
- 37) Lori and Pat are FANTASTIC! THANK YOU FOR EVERYTHING THAT YOU DO FOR THE RESIDENTS!!!
- 37) We couldn't function for a day without them. They each deserve a big raise.
- 37) residency doesn't run without them
- 37) Lori and Pat are more than helpful.
- 37) Couldn't get through residency without them.

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

- 39) ankel-very enigmatic one on one, never quite know what he means by things. overall very sensitive and kind, interested in our welfare career and otherwise. colletti-a joy to work with. clearly interested in on the spot teaching.
- gunnarson-very good at correcting, refocusing without making feel like an idiot. a true skill. she will really be missed, not really a someone like her to fill her shoes here. knopp-very cautious about letting residents experience. needs more control over situations than some in a very concerned for his grandchildren kind of way. hegarty-very interested in students and residents, clearly here for that part of the job. motivated to help learners improve in a very motivating
- 39) I'm looking forward to seeing how things are going to change with Dr. Dahms, Dr. Morgan and Dr. Witt.
- 39) Supportive and approachable.

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

- 41) clearly involved.
- 41) They are both very approachable and personable. It would be helpful if they would consistently answer their
- 41) I would be excited to see education emphasized a little more by department head than is current.
- 41) I always feel like we are well led and well represented in the hospital administration.
- 41) Always wanting to make things better.
- 41) Approachable and good leaders.

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

## 2007 Program Review Comments

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

- 46) most of my learning happens in critical case and the least happens during lecture shared with surgery (so rarely related to what i feel like i need to know). core content are harder to stay awake for but i don't know a better way than lecture. if possible, i would simply omit that surgery combined lecture and increase time in critical case or
- 46) I am really in favor of a 90 minute critical case conference - too often it seems like we are just starting to get into the good discussion when time runs out.
- 46) Conference has been, and remains, one of my favorite parts of residency.
- 46) Do journal club more often.
- 46) critical case always good -- we seem to have had a better variety recently. QI very helpful

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

- 49) Do more QI conferences. You often learn best from your mistakes.
- 49) Hard to say at this point in residency.

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

- 51) I appreciate the opportunity to be involved in EMS throughout all of residency and not just during the EMS

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

- 53) it feels like one more thing i have to do on my own in my own time. it would be nice to have some dedicated time for it, to know what our resource and support could be. more electives please?
- 53) I feel that there could be more direction/help in this department. Lots of enthusiasm and less on follow through

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

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

- 57) improving.
- 57) A few days during the ortho rotation had too much down time. Might be helpful to switch the hours to include a later shift (i.e. 10AM to 10 PM) because all the cases tend to come during the later afternoon early evening.
- 57) more formal teaching

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

- 59) Overall good, but sometimes I felt like a secretary.
- 59) more formal teaching

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

- 61) Overall fun and positive experience. Some built in formal teaching would be appreciated.
- 61) just fine, very few opportunities for male residents. low volume, at times there was no one laboring.

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

- 63) great, cautious staff. sure, there are overall not many sick kids, but staff at childrens are really cautious about interns taking/seeing any of the sick kids. no intubations, procedures here. alot of 'watch me do this one'.
- 63) great teaching

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

- 65) I think incorporating more ultrasound training during the Anesthesia rotation would be make the month more
- 65) feel we could add u/s to our duties this month.
- 65) great teaching

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

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

- 69) minimize daily notes, i spent most of the rotation doing really long notes of decreasing marginal utility.
- 69) I really enjoyed the MICU, there was plenty of opportunity to care for critically ill patients, and Dr. Korbach is a
- 69) I wish we could rotate through the MICU all three years. I found the MICU much more educational than the SICU

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

- 71) limited exposure, if a resident is motivated to see more/do more--even in other EMS systems--it seems to everyone's benefit to let them do it, even help make it possible.
- 71) feel we could add u/s to this rotation as well

## 2007 Program Review Comments

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

73) We see a higher acuity at St. Paul Children's, and it is very helpful to see the sicker kids. I really appreciate this pediatrics experience.

73) We are very well received there and the staff are generally all very positive and interested in teaching.

73) start today. wish i would have gotten my schedule/information earlier than 2 days prior to my start date. started on a sunday eve and didn't get the information until friday afternoon on the week i was on vacation.

73) great teaching, opportunity to do some procedures, they seem to appreciate us and value our contribution as

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

75) good learning at least initially: acuity, procedures, skills. the most sick pts i've seen have been there. however, i'm pretty burned out when done with it and am not anxious to go back. we really spend alot of time there both on the rotation itself and overall throughout our 3 years, arguably much more than other programs. one of those political

75) I enjoy the SICU, and the critical care experience is great. I think that with the changes made to the schedule for next year (going back to the same type of schedule we had two years ago) it will be even better.

75) more time in the rotation than necessary.

75) Dr. Dries and Dr. Lambert do a great job and work harder than anybody (especially Dr. Dries), however, with the shortage of staff and abundance of patients, there was a noticeable change in the quality of the SICU rotation this year (in terms of value to us as EM residents).

75) Great balance of responsibility and teaching.

75) more formal teaching

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

77) It is helpful for us to see how things truly work in a community setting, as this is much different than the Regions

77) Very valuable rotation for adding breadth to our understanding of how ED's function.

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

79) I really liked learning about toxicology, and Kristin is, as always, fantastic. She truly loves teaching and is always, always excited to talk to you (even at 3:00 AM...)

79) Great rotation. I wish we could have more of it.

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

81) glad we have one

81) I think that a more structured curriculum would be helpful. I know that changes are in the work are Dr. Chung is trying to make this a better rotation. Sitting in on a few meetings is actually helpful because it gives us an idea of what truly goes on with physicians doing non-clinical work.

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

83) i haven't had any yet but would really like to have at least 2 in the 2nd and 3rd year. our ed time here and after here is only as good as the specialty exposure outside of the ed. ultrasound, research, administration could each be

83) Very nice opportunity to focus on those aspects of EM that you personally are interested in.

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

85) I would be nice to have the opportunity to rotate at a more moderate sized community ED, like Hudson or St.

85) A great addition to our Regions EM experience

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

87) see multiple individual evaluations. generally good teachers, really important that learners feel safe to

87) In general, the EM faculty are great. I would continue to encourage them to try to do a little teaching during every shift and with every patient - even if it is just one or two pearls of knowledge, that would be very helpful.

87) I have serious concerns about some of the overnight staffing. (snip)

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

## 2007 Program Review Comments

89) we need to not minimize the importance of well being. 1. who are the support services? i know other residents in the hospital have RAP-the residents assistance program psychiatric and counseling services. do we have anything like that and how can we make sure residents know about them? 2. vacations--why do we make them so hard to take? why r there so many months i can't take them in? we don't need a break from the more tame rotations we're allowed to take one on. we need a break from the SICU, MICU, ED. i couldn't get 1 of the 3 vacations i wanted for this upcoming year. my husband and i will have to take 2 of our 3 vacations at different times. is coverage that hard to get? please support the chiefs with PA coverage or whatever they need. 3. social gatherings are good for creating a support system. again, a nonresident would be better at coordinating. 4. keep the mentors, encourage them to meet at least quarterly if not for a wellness check then for future planning, research project planning/finishing, etc. residents/advisors. The PAs have been great about occasionally covering the entire ED for resident social occasions (Christmas party, graduation party). This is appreciated!

89) backup should be paid. The resident workload this year was too much and contributed to poor morale. Very good leave policy on the plus side for both paternity and maternity leave.

89) leave seemed to be easy with very few glitches -- thanks to all!

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

91) dedicated time needed to do/finish scholarly project. research elective?

91) I really hope that someone continues Jim's Boards prep lecture series - this was incredibly helpful.

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

93) We have more than ample opportunity to assist in interviews, tours, and dinners with candidates. I also appreciate Felix letting all of us voice an opinion and at least say yes or no to all of the candidates on the list (with the understanding that when it comes to the Match it is a dictatorship, not a democracy). We do appreciate the

93) I think the annual applicant review meeting needs to be re-vamped. This past year there seemed to be too much attention to personal traits, characteristics of each of the applicants (snip).

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

96) I was encouraging to see them, as a class, sort of "self regulate" when the call-in/backup stuff started to get out

96) Adina has been incredibly involved in planning/coordinating resident events.

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

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

### **Please provide any additional comments about the program that you feel would be helpful.**