2008 Program Review- Residents

Question
List the three most important aspects of this program for you.
1) The people (all staff). Diverse pt population (community and county in one). Opportunities to do just about anything and having support to do so. 1) faculty support: staff is always available at sometime for the residents and are willing to change their schedules to assist residents through difficult times, progressive responsibility is the sigle best thing about this program. From day 1 we evolve into increasing levels of responsibility and critical care time in the MICU and SICU. 1) 1) Friendly Staff 2) ICU Experience 3) Opportunity to do procedures 1) 1) Great people to work with 2) Critical care exposure 3) Diversity of patient population/pathology 1) -patient diversity and acuity -diverse faculty -strong ICU experience 1) autonomy, communication with staff, and great conferences 1) teaching staff that are relatable to residents avanced skill learning teaching opportunities directional feedback for the residents and reflective in the program 1) progressive responsibility autonomy great resident and faculty support 1) 1. Patient variety and volume 2. Pediatric and critical care experience 3. Program leadership 1) Critical care experience Excellent faculty and teachers Pediatric experiences 1) I expecially enjoy the critical care months and the ED experience. These are the hilights of this residency (in addition to the excellent collegues that I have the opportunity to learn from)! 1) 1) Patient interactions 2) ICU rotations 3) procedures 1) Patient population/cross section is ideal. Excellent staff/resident chemistry. Forward thinking and flexible. 1) transperancy, good environment, enjoy the graduated responsibility rationing. 1) supportive environment critical care experience good training and preparation for life beyond residency
List the strengths of the residency program.
2) See above. Very resident focused. Change happens in real time as issues arise. 2) Felix's leadership, SICU time, young, involved staff. Staff that spends time doing community shifts and works with us, allowing us a window into what our lives will be like after residency. great position in the hospital, well respected amongst other departments. Our residents feel as though we are a part of the hospital, rather than just a bunch of grunts. 2) Conference Items noted above 2) See above 2) -ICU experience -high patient acuity -very resident friendly -good trauma experience 2) autonomy, communication with staff, and great conferences 2) great residents some very supportive staff good critical care exposure 2) independent learning opporunities ability for leadership and graded responsibility teaching and life-long learning SIM center 2) faculty patient variety resident responsibility 2) Provides a firm foundation in the intern year followed by progressive responsibility in years two and three which transforms medical students into confident and competent emergency physicians. 2) Support from the residency leadership when issues arise in the hospital Excellent leadership team Peds experience Critical care experience Excellent mix of patients from urban/rural/suburban areas with a great sick referral population 2) Residency leadership/support staff. Support for family-oriented residents. Grounding in patient mgmt/flow. 2) excellent staff, plenty of pathology 2) Critical care, procedures, independence of ED, good relationship with TACS, good people in ED, healthy environment to work in 2) ICU rotations Procedural competencies 2) progressive responsibility critical care procedural experience

List the weaknesses of the residency program.

3) Cards (being addressed) US (getting stronger)
3) We are continuing to work on US, we frankly need more WORKING machines. We need a dedicated machine or two for the west side and one for each resusitation room.
3) Ultrasound
3) Some off service rotations need some work. There are a lot of extraneous duties such as logging hours, filling out numerous surveys, etc.
3) -US experience -Cardiology rotation -Orthopedics rotation -excessive amount of nonclinical duties that result in reduced studying time
3) little time for reading/due to RRC junk
3) politics administrative STUFF research projects--no one to staff/supervise. everyone too busy with other things
3) too much paper pushing non-automated procedure logger
3) too much extra paper work/tasks
3) Expectations vary widely between staff physicians. The younger members of the staff are focused on efficiency and flow and sometimes forget to teach critical thinking skills while the older members of the staff seem more dedicated to a thorough approach while forgetting the need to teach efficiency along with clinical knowledge.
3) Lack of automation of the program: swapping badges, entering procedures manually instead of automatically
3) Research seems hard to do initially/resources. More critical care pediatric experience scheduled would be good. Automated schedule/procedure entry?
3) Does not have a huge name nationally
3) 1) Trauma organization and consistent interactions/understanding with TACS on traumas 2) Bedside teaching 3) Ancillary obligations/responsibilites not related to medical education or patient care
3) seems to be alot of regulations and think that residents could be given more autonomy
3) need to focus on more timely evaluations administrative rotation is poorly structured and expectations unclear (they are working on this) somewhat difficult relationship with the hospitalists (at times), although this is not a specific fault of the residency program

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

4) Incorporate US into other rotations (OB, ortho, etc when down time). Much of this has to be resident driven. When I was on OB and I paired up with the resident on anesthesia and we went and did US a few times/week.
4) purchase more machines
4) Incorporate an US experience into the curriculum; e.g., during anesthesia

4) I believe the off service rotations and the extraneous duties are both being addressed currently
4) -US: we do a lot of them, but the process of logging the procedure is too tedius; having another US machine that's on the B side would help, especially during a busy shift; the images would often not print - i don't have the time to track down the images in the middle of a busy shift. -Cardiology: we should be involved in the STEMI's; we should have dedicated time in the echo reading room (I tried doing this during my month, but the PA kept giving me consults so I never had the chance to spend enough time with the cardiologist reading echo's); not much teaching - EKG readings or management of cardiac disease; we should be informed of when cardioversions take place since we don't see a lot of this in the ED. -Ortho: overall a malignant rotation - no teaching from staff and residents were always too busy to teach; there was no education to be had in clinic. - nonclinical duties: procedure logs (there must be a way to log our procedures from our procedure notes), duty hours (our schedule is on amion!), endless surverys.
4) streamlife paperwork and emails/evals
4) see previous attempts.
4) Advance EPIC capabilities
4) eliminate unnecessary duties

4) This is obviously a touchy subject in that you can't mandate how a physician practices. My hope is that during faculty meetings, this divide can be addressed and each side can learn to adapt more toward a middle ground that, while focused on efficiency, is also focused on quality care and teaching. 4) Move 3 critical cases to 2 critical cases during thursday conference Relationship with gillette to get peds airways Admit pediatrics to our hospital 4) Automate schedule/procedure entry. Expose first years to a research intro early/dscribe resources&options. PICU/Peds anesthesia days? 4) Continue to focus on publications and presentations at national meetings. Recruit residents and med students from across the country 4) come up with a residency board for some decisions vote on some matters 4) have more frequent informal checks of how residents are doing, maybe assistant residency directors could go through the feedback cards on a more frequent basis and address any problems well before the delayed six month evaluation, so that the resident can be aware of and try to correct any problems Ultrasound - focus on getting more studies as an intern and having the interns be more comfortable with the ultrasound Streamline the "extra" things the residents have to do - for instance, EPIC should be able to pull in procedures so that a separate procedure log isn't needed; consider another way to log hours rather than entering hours on an individual day basis (maybe EPIC could help with this - if the resident is logged into EPIC then that obviously means they are working in the ED)	

	Rating Scale 1-3 Poor 4-6 Adequate 7-9 Outstanding
Question	**Average**
Accessibility and responsiveness of program coordinator and program assistant (Lori & Pat)	**8.0**
23) the scale doesn't go high enough 23) The major hangup I have is with the med student workshops being required if you didn't rotate at Regions as a student. I don't find this in any of the program materials and the 4-hour resuscitation lab can be quite difficult to fit into one's schedule.	
Overall rating of the St John's ED rotation (within last 12 months)	**8.0**
Overall rating of the MICU rotation (within last 12 months)	**7.9**
41) Excellent. Much more comfortable with sick pts. Lots of procedures. 41) great opportunity to see sick patients, great staff. 41) No problems here.	
Opportunities for progressive resident responsibility in patient care	**7.8**
12) best thing about the program 12) I feel that the progression in responsibility is appropriate and tailored to each individual resident 12) No problems here.	
Opportunities for resident responsibility for patient care	**7.8**
11) No problems here.	
Independence allowed/encouraged by faculty in the ED.	**7.7**
9) with the exception of one staff the faculty allows us our independence and will provide direction as needed 9) Again this is an area of excellence 9) again, variable, but the majority are very good 9) Staff dependent. Dr. Ankel follow residents into rooms... 9) some staff better than others 9) See above comments. It really varies between staff physicians.	
Overall rating of the Emergency Medical Services rotation (within last 12 months)	**7.7**
Overall direction and leadership of residency provided by director and assistant directors (Ankel, Dahms, Hegarty, Morgan, Taft)	**7.6**

24) excellent support and direction, feel well protected from traditional scut work while off service. Our off service rotations are very open to our suggestions for improvement because of our residency leadership involvement. 24) There's been quite a regime change in the program leadership, but things seem to be going well. I would like to see more "nuts and bolts" (i.e. practical info about how to work in the ED) covered in orientation for future residents. I would also like a more uniform response from the leadership when untoward outcomes occur in the ED or off-service rotations. 24) A lot of positive changes have been made this year. Rachel is probably the assistant director who is most accessible and who easily relates to the residents. She is incredibly helpful.	
Opportunities for involvement in the EMS system.	**7.6**
32) No problems here.	
Overall rating of the Plastics/Hand rotation (within last 12 months)	**7.6**
36) A solid rotation for learning the basics of hand injuries. 36) A very good rotation that I believe is valuable.	
Quality of resident involvement in teaching of EM residents, rotators and medical students	**7.5**
31) No problems here.	
Your impression of the EM-1 support of the residency as a group.	**7.5**
59) No problems here. 59) We are all very happy, support each other and the other residents and speak very highly of this program to people outside of it	
Your impression of the EM-3 support of the residency a group.	**7.5**
61) No problems here.	
Overall program rating	**7.5**
Overall rating of the SICU rotation	**7.4**
44) The BEST off service rotation. I would not decrease the time we spend there at all. it not only teaches critical care skills/procedures but it ensures a strong relationship with the TACS service and helps TTA's run smoothly. 44) Best rotation of residency 44) the best off service rotation, what an opportunity 44) great opportunity to see sick patients, great staff. 44) No formal orientation or manual, occasional procedures, and a lot of time spent typing ridiculously complicated notes.	
Overall quality of EM faculty - academic competence, clinical competence, teaching ability.	**7.4**
16) See above for my comments re: the split between old school and new school. All in all, an outstanding group to train under. 16) Certain EM staff members are consistently fantastic in terms of teaching - Rachel, Brad H., Rob, Keith H, Stephanie	
Quality and responsiveness of social work staff in the ED.	**7.4**
21) Very person specific and most are wonderful. There were a couple of times when I spoke with SW about a pt, and that pt was not evaluated for several hours (in one case it was over 8 hours) despite several visits on my part to try and expedite things. 21) A huge asset in dealing with psych patients 21) Generally good, although services can get quite backlogged when the crisis area is busy.	
Overall rating of the Regions Emergency Department rotation	**7.4**
34) Having a G2 running an entire side of the ED seems a bit daunting and certainly doesn't improve the patient experience in terms of waiting time or quality of care delivered. Documentation is a painful process, especially in that we still haven't received feedback as to whether or not we're doing it properly. There has to be an easier and more efficient way.	
Opportunities for involvement in recruitment and selection of future residents.	**7.4**
57) G1's hosting the applicant dinners is great. 57) No problems here.	
Your support of the residency. Are you content here? Would you recommend this program to others?	**7.4**
58) Love it. I know I made the right choice and am proud to be here.	

58) I am very, very happy things worked out as they did. I honestly feel that there is no better residency program for me in the entire country. 58) very content, I highly recommend the program to potential applicants 58) I am content here and am confident that Regioms will have prepared me well for community or academic practice when I am finished. I do recommend the program to others.	
Your impression of the EM-2 support of the residency as a group.	**7.4**
60) No problems here.	
Overall rating of the United ED rotation (within last 12 months)	**7.4**
52) great teaching and overall experience	
Departmental direction and leadership by department head and associate department head (Asplin & Chung)	**7.4**
25) Efficiency is nice as is quality, but sometimes it seems like quality is sacrificed in order to "move the meat" and make money for the department. 25) Always feel very well represented by Asplin and Chung 25) The residents sometimes get the impression that administration is not as responsive to departmental concerns as they should be. When we let them know about a specific issue or problem, it would be helpful if they could give us feedback of what the resolution of the issue was that would be helpful and would give the residents a feeling that their concerns are being listened to and acted upon.	
Overall rating of the Anesthesia rotation (within last 12 months).	**7.3**
39) Will be better with more US. 39) More pediatric anesthesia would be nice 39) There was one anesthesiologist who did not let ED residents intubate his patients. 39) please one week of pediatric intubations on our anes month. Dr. ortega wants to help make it happen. 39) great chance to intubate without pressure 39) The afternoons are self directed which I think is good. I got many procedures in the ED during the afternoons. 39) Ultrasound should be a major focus of the afternoon time on this rotation rather than TCU visits.	
Competence and responsiveness of Clerk staff in the ED	**7.3**
19) The clerks are always willing to help! 19) All ancillary staff/nursing are top notch in the ED. 19) Excellent group. The only issue I sometimes have is when registration is still taking place when I'm seeing a critically ill patient. Getting the right treatments in place should precede registration.	
Availability and quality of resident involvement in Simulation activities.	**7.3**
29) Very helpful and a great resource. 29) No problems here. 29) An area of increasing importance and exposure in the residency. I really enjoy the 7AM sim cases on Thursday with Cullen. I try to attend as often as possible 29) Increased opportunities this year with pre conference sim cases - this is helpful!	
Patient volume and quality of medical, surgical, pediatric, gynecological and behavioral emergency cases seen in the ED	**7.3**
5) great patient population mix between innercity and HMO patients 5) we would learn more if we saw less psych pts. HCMC has their own eval unit. its not going to change. but the quantity distracts from learning. 5) No problems here.	
Quality and team attitude of Physician Assistant staff in the ED.	**7.3**
20) No problems here. 20) (snip) 20) Most of the PAs are fantastic.(snip) Would appreciate having some PAs see more patients.	
Overall rating of the Minneapolis Children's ED rotation (within last 12 months)	**7.2**
38) Great experience.	

38) wish i would have been scheduled for a variety of shifts, am, pm, etc. I was almost always scheduled 7 p - 3 a. 38) Somewhat of a regression to medical student days. Very close monitoring by staff and lack of pediatric procedures.	
Faculty supervision of EM residents	**7.2**
8) I wish staff would be more willing supervise some procedures that I am still uncomfortable doing on my own (instead of "here's how you do it, call me if you need help"). 8) great staff, very helpful and understanding 8) Clear expectations should be established in terms of when staff want to hear about patients, which procedures are OK to do without supervision, etc.	
Overall quality of format and content of ED conferences - critical case, core content, journal club, QI, small groups.	**7.2**
27) Great job, Matt! I really enjoy the revised format and would encourage more interactive/small group formats rather than standard lectures. We've all sat through countless hours of lectures in medical school. 27) Overall, I think its been outstanding, but the recent switch over the past several months, I feel, has made conference less academic/educational, though maybe more pleasant. 27) two critical cases instead of three. more reviews of the literature like morgan just did; going over top papers in EM that will influence our practice.	
Opportunities to run resuscitations.	**7.1**
10) as an intern haven't had a lot of opportunities yet 10) Both in ED and during our critical care months. Again excellent aspect of our program. 10) No problems here. 10) Obviously this is greatly increased third year - getting the second years involved at the end of second year to learn to run resuscitation with the third years there as backup is a great idea	
Competence and responsiveness of ERT staff in the ED	**7.1**
18) ERT's are for the most part always willing to help, however, at times, I've had to ask multiple times before something gets done. 18) Mainly good, although some have been known to sit around and chat for entire shifts or make themselves unavailable. 18) The more senior ERTs are consistently fantastic. (snip) (Occasionally newer ERTs should be counselled on prioritization on potentially unstable patients.)	
Overall rating of the St. Paul Children's ED rotation	**7.1**
43) An asset to our program. I love rotating there. The staff are great and are excellent doctors.	
Number of procedures	**7.1**
6) we give away procedures to younger residents, rotators and PAs 6) everybody needs more thoractomies, whatever. but defibrillations and cardioversion are suprisingly low. non FAST exam ultrasounds are also low, untrained staff, not easy/available machines, its an effort. 6) I have many, many more procedures than my friends at other EM residencies across the country 6) Often seems like big procedures in traumas go to TACS by default regardless of time of day. 6) like to have more procedural sedation 6) Pediatric procedures continue to be a struggle. I'm not sure how to fix this one.	
Overall direction/assistance/support provided by IME.	**7.0**
26) No problems here.	
Quality and quantity of community selectives	**7.0**
Quality/responsiveness of specialty back-up to the ED	**6.8**
7) Very resident and service dependent. 7) Major problems with Ortho at times, otherwise quite good. Excellent relationship with TACS since our SICU experience. 7) very, very variable...from a 1 to a 9, but overall very good. 7) Orthopedics is a little sluggish in their response at times. Otherwise quite good.	

7) Neurosurgery and GI are the most difficult services to work with in my experience. However, it's not nearly as bad as many other hospitals in the country.	
Quality and responsiveness of ED Nursing staff	**6.8**
17) (snip) (Occasional difficulty in nurse responsiveness in unstable patients.) 17) (snip) There are certainly more good nurses than bad. I have the hardest time dealing with those who look down on residents due to their lack of experience rather than trying to help residents grow. 17) Overall excellent.	
Overall rating of the Toxicology rotation (within last 12 months)	**6.8**
Availability and quality of resident involvement in CQI (chart audits, QI conference involvement)	**6.8**
28) I'm still awaiting the results of my chart audit. QI conference is outstanding.	
Quality and quantity of electives	**6.7**
54) I feel that there is support to develop and design any elective that is not currently available. 54) really, 2 is too many? if we know where some of our holes are, lets us fill them before we graduate.	
Overall rating of the OB rotation (within last 12 months)	**6.7**
37) It would be good to try and plug this in with some US. 37) Dr. Das appears to be very interested in maximizing the learning for ED residents. She took the time to introduce me to the midwives and FP docs so that I could get more deliveries. 37) No problems here.	
Overall rating of the North Memorial ED rotation (within last 12 months)	**6.7**
Competence and responsiveness of ancillary care providers, x-ray, lab, respiratory, blood bank, transportation.	**6.6**
22) The lab on overnights does not consistantly process our ED labs as urgent/STAT. Frequently of late, we have to call to get them to pull the samples out of the rack and run them. Other services listed are outstanding. 22) The EKG technicians turn over so often that occasionally forget to hand EKGs to a physician. 22) Continual problems with the lab losing or not running specimens or not seeing specimens when they are sent. I am tired of calling lab after waiting hours for specimens only to hear them say "we never got it" or "we never got that order" or "oh...it's sitting right here". Patients wait and our waiting time increases because of lab problems. It would be great to have triage start more IV's/draw rainbows of tubes and urine specimens to speed things up. Team triage should be expanded because it is great. We should have more preexisting nursing order sets: i.e.: female plus abdominal pain equals get urine in triage and send to lab to await our orders. Epigastric abd pain and not vomiting equals give GI cocktail so that when we see them we are one step ahead of the game.	
Availability and accessibility to resources for academic development (memberships to specialty societies, attendance at national conferences,inservice and oral board preparation, mentorship opportunities).	**6.6**
56) not enough opportunities to go, be involved. we're too busy covering this ED. 56) No problems here. 56) If this could be discussed right away during intern year and if this could be explained to us more, residents may be more likely to be interested in participating in these opportunities (SAEM, ACEP committees, etc...)	
Availability and accessibility of activities promoting general resident well being (scheduling and leave policies, access to advisors, access to resident support services).	**6.6**
55) The program as a whole is conducive to well-being. The one gripe I have with schedules is that G1s only work evenings and nights. I would also recommend looking at the Tangiers ED scheduling software, as it is based on circadian patterns and has been well-accepted elsewhere. 55) workout room for residents should have been done years ago. poor ED resident call room situation. 55) The chiefs this year did a fantastic job of working around multiple maternity/paternity leaves.	

Overall rating of the HCMC ED rotation (within last 12 months)	**6.3**
47) great opportunity to see another way of doing things, but quite a regression in responsibility. Felt like a third year med student again	
Accessibility and maintenance of equipment in ED exam rooms.	**6.2**
13) more US machines 13) There should really be a portable ultrasound machine for the B side. If we want to step up our ultrasound program, we should make it easy for residents to incorporate exams into patient encounters. Having to run to the A side, power down the machine, bring it to the B side, power it up, etc. is a huge waste of time. Beyond that, if a TTA is called, the exam is interrupted and the machine must be returned to room 1 or 2. 13) Many times otoscopes/opthalmoscopes are missing or broken in the rooms, especially on the B side. 13) Not uncommonly, otoscope lights are burned out or otoscope heads are missing, overhead exam lights are sometimes difficult to maneuver	
Accessibility and condition of ED conference rooms	**6.2**
15) Once again, fine for now while construction is underway. 15) Difficult to hear. We need to institute a microphone system (perhaps the chiefs could walk around conference with the microphones). The microphone on the podium should always be on. It is useless to invite radiology to our critical case if people cannot hear what they are saying. The overhead projector in the conference room is very noisy; any way to decrease the noise when it is on? 15) It is often difficult to hear some speakers in the amphitheater, would advise that speakers (esp radiology or other people who aren't there all the time) be reminded that they need to speak up or speak into the microphone because most of the audience can't hear them if they are not specifically cognizant of speaking loudly and directed toward the audience	
Opportunities for involvement in ED research. Faculty encouragement, departmental support and sufficient time during residency to participate in research.	**6.1**
33) There is just not enough time to do a decent project. There is also minimal support or guidance. 33) Drs. Gordon and Holger do great work. The process of a "big picture" meeting has broken down now that Elshaday has left. This needs to be resumed, even if in a different format. 33) Opportunities and encouragement are outstanding but there is insufficient time during residency to effectively pursue research. 33) More time to do real research would be helpful. The reason that most of the residents do other things for their projects (EMS, writing book chapters, etc...) is because of difficulties with assisting residents through the research process (especially with IRB process, etc...). This is obviously quite variable depending on project advisor level of involvement.	
Quality of US program in the ED quality of ultrasound education and teaching. Opportunities to perform ultrasound examinations in the ED.	**5.9**
30) Moving in the right direction! 30) we are working on this 30) Variable depending on which staff is working 30) you need more machines, just buy them. make them easy to use. make the tracking/logging easier. 30) too many complications in printing the US images. I have done many US that I have not gotten credit for because the US machine, for whatever reason, won't print. I don't have enough time in the department to try to troubleshoot. 30) This is our achilles heel. It's not a matter of having ultrasound faculty, it's a matter of having all faculty who are comfortable with and encourage the use of ultrasound. HCMC even has a RDMS in the department during the day who helps with bedside teaching. 30) consider more ultrasound experience during the years outside of ED; cardiac ultrasound with techs, transvaginal ultrasounds with techs, etc. 30) I would like to have mandatory U/S lectures. One hour every other Thursday would be appropriate.	

30) The opportunites are great for U/S use in the ED, however, due to pt volume and resident load issues, the actual opportunites to perform adequate/complete U/S exams in the ED are limited. 30) it's what you make of it....all the resources are there 30) Mike especially is putting a lot of effort into improving the ultrasound experience. Part of the problem is that there are varying levels of staff comfort with ultrasound, making the experience somewhat inconsistent for the residents. I know they are working on staff ultrasound certification.	
Overall rating of the Adminstration rotation (within last 12 months)	**5.5**
Accessibility and condition of ED call room and resident quarters	**5.4**
14) Call room in the library right now will be tough as it is in a higher flow area, even at night. That being said, I have never used it, but know people that have/do. 14) not a problem 14) It's fine for the time being. I wonder about laundry service...is there an actual way to get white coats laundered when they come in contact with blood or other body fluids? 14) Sharing a call room with the library is unacceptable. We are unable to use the call room during the day. There is a disconnect; conference attendance is required, we work shifts prior to conference and the day of conference, there is no place to sleep to catch up on sleep prior to having to work again. 14) The old call room was very inadequate, the plans for the new one sound great	
Overall rating of the Orthopedics rotation (last 12 months)	**5.2**
35) Not a friendy environment. They seem to have some anamosity for ED residents. Some of their staff (Dr. ….) have serious problems relating to others (including residents and patients) in a respectful and professional manner. 35) I learned to splint as well as a few things about dislocation reduction. I think the best place to learn ortho is in the ED and not in the OR, clinic, or doing inpatient consults. What about time at a primary care sports medicine clinic?	
Overall rating of the Cardiology rotation (within last 12 months).	**5.1**
40) Working on the flaws. We are all aware of the issues here (teaching, EKG, etc). 40) We have disussed this. 40) Not much teaching; no involvement with STEMI's; no time set aside for reading echo's; the cardiogy PAs did not do much work (it would be nice if they did a consult each day so that we can go to the echo reading room to learn how to read echos, or go to the OR to watch a cardioversion). 40) more teaching would have been helpful 40) Inpatient consults were rather unhelpful in terms of learning cardiology, although a number of staff did sit down with me and discuss management of serious cardiac disorders.	