2009 Program Review by Residents

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

- The staff is engaged in and enthusiastic about teaching. - Critical Care heaviness. - The people (resident, faculty, nurses and PA's) are a wonderful group of people to work with. It doesn't feel like work when you're enjoying what you do.

Education, Procedures and independence; Acuity of patients/ICU experiences

Flexibility; Educational caliber; Nice, easy to work with colleagues

Good relationships with colleagues (other ED residents, ED attendings, nurses in the ED and other departments, and for the most part attendings and residents on off-service rotations); Challenging but encouraging and supportive learning environment; Awareness of the need to treat patients as people and allowance of residents to be people outside of work

Great training for a future as an emergency medicine physician; Very resident friendly;Excellent patient care opportunities and experience

1. Critical Care Experience 2. Learning Environment; Evidence Based Practice is Emphasized 3. Graduated Responsibility

1. Education 2. Education 3. Education

1. Progressive responsibility 2. SICU 3. responsiveness of residency directors to our needs

Acuity of pts ICU experience Great variety of staff to learn from

Amazing staff Procedure heavy Good curriculum

autonomy patient number contacts procedures

Camaraderie Dedicated staff Excellent ICU training

Colleges, patient mix, staff

Excellent Teaching staff Great Support and involvement of staff in our learning Wide array and variety of patient population friendly people (staff, residents, pa's, rn's, ancillary staff) large volume of patients flexibility

Great patients Great teachers Great support from the residency administration

ICU experience procedures great staff and residents

Independence, faculty support, family oriented

People Pt population Diversity

Procedures Teaching seeing sick patients

Progressive responsibility, unrivaled ICU experience, excellent attending physician staff.

Supportive faculty and program leadership who prioritize resident education. Patient population that is diverse in many ways. Ability to learn procedures and team leadership skills in a step-wise fashion.

The independence that individual residents have in managing patients. The severity of illness/injury of the patients we see and the evidence based approach to patients (i.e. trying new things if they are evidenced based)

List the strengths of the residency program.

- The staff is engaged in and enthusiastic about teaching. - Critical Care heaviness. - The people (resident, faculty, nurses and PA's) are a wonderful group of people to work with. It doesn't feel like work when you're enjoying what you do.

great responsiveness of residency leadership to suggestions for change;dedication and enthusiasm of residency leadership

The people--everyone works together to try to facilitate a great learning environment. Our program is very responsive to changing things when they aren't working with constant attempts to make the program better than it already is. The residency works hard to facilitate opportunities for residents in which to prepare us for future careers and leadership positions in EM and is remarkable in this area when compared to other programs.

As in noted in important aspects

conferences willingness to change something when it appears broken knowledge/enthusiasm of staff

Diversity People (staff, etc) number of pts support of admin procedures training ICU time

Excellent staff physicians, high patient volume, critical care experience, opportunity for procedures

good autonomy, transparency, positive attitudes

Good faculty, excellent residents. There is a firm hospital commitment to the residency. There are good off service rotations especially CRITICAL CARE. The critical care experience here rocks!

Great patients Great teachers Great support from the residency administration Great rotations Awesome SICU rotations.

ICU experience. Autonomy. Great staff in the ED!

ICU experiences Reputation in the hospital - prior performance of residents Good, smart people

Opportunities to get involved with areas of interest Again, excellent people, support and teaching! Involvement right away in areas such as intubations, code reds, grays, etc.

Procedure opportunities (mainly ICU months), SICU experience, peds experience at children's, attending staff, , patient volume and acuity, progressive responsibility in the ED, optional HCMC trade.

Responsive to resident feedback. Quality improvement/M&M done in educational, not judgmental, fashion. Outstanding critical care experience, both medical and surgical. Simulation program is helpful for additional experience with rarer conditions and procedures.

See above. Other strengths include great ICU experience, good progressive responsibility, responsive residency leadership, flexilibility and willingness to adapt and try new ideas to improve learning, feel well taken care of (nice to have residency room as place to get work done, nice to have parking at east ramp, very nice meal allowance, etc), great variety of patients, good support from staff in the ED, great procedure opportunities.

staff that still sees patient in real world community ER's

The strengths are the aspects described above.

2009 Program Review by Residents

List the weaknesses of the residency program.

more than ideal emphasis on hospital duties vs education not enough procedures

1. Overnight coverage in the ED is sparse and can lead to compromised quality of patient care if the department is busy. 2. The program's focus on being "family-friendly" is nice in theory, but ends up putting an extra burden on residents who don't have children. 3. The backup system is occasionally abused, leading to resentment among residents.

Amount of time spent on note-writing. Some of the off-service rotations.

At times, there appears to be a service oriented drive in the department with patient volume/patient's seen.

back up scheduling bedside teaching

Cardiology and ECG teaching (except of course for Dr. Knopp's reviews!). Radiology teaching.

Disconnect between residents and leadership on certain issues.

Every weakness I can think of has already been addressed...I can't think of a single thing...sorry.

exposure to sick pediatric cases

Less opportunity for pediatric experience.

Ortho and plastics rotations are valuable learning but the time spent with them could be more efficiently used to improve learning.

peds anesthesia

Schedule - seems to be feast or famine. Meaning too many on at one time and/or too few (days loaded with people and less pts, eves and nights just the opposite).

Some of the older faculty seem to have lost their patience for teaching residents. They do not seem to want to teach or to use new evidenced based approaches to problems. They are set in their ways and are not ground breaking in their day to day management of patients.

Some off-service rotations (ortho, hand/plastics), ultrasound access/availability, GME of HealthPartners, abundance of admin/logging of hours and procedures.

some weak off service rotations - cardiology, ultrasthesia is improved staff attendance at conference

the B side rotations in the summer have too little resident/staff coverage. Some staff are not willing to pick up patients on their own during these busy times, most are though. We could encourage more IM residents to come here.

There is a concern for patient safety and care during night shifts in the department where there is only a minimal number of providers on. However, I believe this concern is scheduled to change with the opening of the new ER.

Ultrasound

Ultrasound.

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

1. Enact a way to bring in extra staff during busy night shifts. 2. Keep an eye on how often residents without children end up filling in for those with children. 3. Make the backup system into a point-based system where after a certain number of backup calls, the resident has to begin paying back days worked to the colleague who came in.

add IM residents, push the staff to pick up their own patients on those busy overnight shifts.

Adding one to two more residents or PA's in the department during evening and overnight shifts would allow for more educational consideration in patient care rather than "getting-things-done."

already underway to incorporate peds into our anesthesia rotation

Drop the $ and buy some new ultrasound machines

encourage more staff attendance at conference, there is a lot to learn from staff-staff discussions! I like the interdisciplinary discussions at some conferences. I think we are taking appropriate steps to address weak rotations.

feel there should be some reward for the person that gets called in on back up. either less time on back up or some sort of payment. no punishment for calling in, just a reward or kick back to the person that does get called in. encourage more bedside teaching.

Hire new faculty and get the older few who are no longer meaningfully contributing moving along or working in a fast track setting.

I think that is being addressed with the new schedules.

I think we are already trying to do that.

Keep allowing for dictations in the department. And, there is already work in progress for changing the SICU notes.

like idea of pediatric anesthesia. would be great to create Peds ICU elective

Possible night shifts instead of day shifts on ortho (could stay for am x-ray rounds so this valuable learning opportunity doesn't get missed).

Resident focused changes to the program need to have resident buy-in.

Structured ECG teaching and radiology teaching throughout intern year. Radiology basics would be helpful, esp. when it comes to reading CTs.

This is being addressed by the purchase of new US machines.

2009 Program Review by Residents

Where should the residency focus its energy in the next year?

Change evaluation software! I wrote a long evaluation in this section to get a repeated HTML error, meaning that I could not submit the evaluation with my text. This evaluation process is very tedious, and again, I think a) a face-to-face evaluation or a moderately free-text word evaluation would be better.

Encourage the SICU/trauma staff to allow interns to carry the phone when on overnight call, adjusting to the new ED.

Establishment of a observation unit in the ED.

Figuring out the transition to the new ED.

Flow in the new department

getting the kinks worked out in the new ed

I would like more guidance on how to study during residency. The assigned chapters in Tintinalli are not really feasible in one month's time and neither is reading through all of the journals each month. Small groups, similar to those organized for board review, might be a good idea.

Improving off-service rotations.

increasing the number of providers on a night shift

Learning to adapt to the new department - provides opportunities for experimenting with new ways of doing things, but will also add some stressors as everyone figures out how to make things work. Providing support for residents and encouraging us in how to support staff and nurses will be important over the next year.

Making that new ED run smoothly.

Narrowing down it's role in the scheme of the new department.

On smoothly transitioning into the new ED.

Resident wellness

Scheduling - appropriate shift times and mid level coverage

see above

the new ER transition and planning for the difficulties associated with this

transition to new department and adjustments as needed.

Transitioning to the new ED without losing focus on teaching.

	Score 1-3 Below Expectations 4-6 Meets Expectations 7-9 Exceeds Expectations
Accessibility and responsiveness of program coordinator and program assistant (Lori & Pat)	**8.5**
Lori and Pat are amazing! I cannot say enough about how essential they are to the functioning of the program, and what a pleasure they make it to work here. They make sure we get done what has to get done, but they are kind as they give us many reminders. They always know who to talk to find out the information too.	
They are great and they greatly enhance the program.	
Vital.	
We are so lucky to have an amazing program coordinator and assistant!!	
Overall rating of the Toxicology rotation (within last 12 months)	**8.1**
Excellent bang for the buck.	
Excellent rotation! Dr. Harris is definitely an asset to the program.	
Your support of the residency. Are you content here? Would you recommend this program to others?	**8.1**
absolutely	
I would and do recommend this program to others. I haven't been disappointed yet.	
This is the best program for me personally. I would also feel very comfortable knowing that ANY graduate of Regions was caring for one of my family members.	
We have an excellent residency program!!	
Overall direction and leadership of residency provided by director and assistant directors (Ankel, Dahms, Hegarty, Morgan, Taft)	**8.1**
Again, one of our greatest strengths!	
I am very grateful for the direction that the residency leadership provides. The idea that we are there to relieve suffering and not just treat disease is something I agree with, and it's been a pleasure to work with people who also think this.	
Independence allowed/encouraged by faculty in the ED.	**8.0**
Staff dependent	
Opportunities for progressive resident responsibility in patient care	**8.0**
I think it is great that we triage the sick patients to the G1's (with G3 and faculty back up of course) as this really gets our residents grounded in EM from day 1.	
Quality and responsiveness of social work staff in the ED.	**7.8**
Amazing work!	
Overall rating of the Regions Emergency Department rotation	**7.7**

2009 Program Review by Residents

Overall quality of EM faculty - academic competence, clinical competence, teaching ability.	**7.7**
Our GREATEST strength are our EM faculty. NO question!	
Overall program rating.	**7.7**
Number of procedures	**7.7**
I have yet to do a chest tube or subclavian line. Hmmm...	
I would like to get more experience placing subclavian central lines.	
We are way above the number of procedures of friends of mine at other EM residency programs.	
Opportunities to run resuscitations.	**7.7**
******** is too involved in trauma resuscitations	
One of the biggest strengths of our residency is the ability for interns to run (or play an active role in) resuscitations.	
Opportunities for involvement in the EMS system.	**7.6**
Good, if you take the initiative and are interested in EMS	
It sure would be nice if we offered an EMS fellowship!	
Our program is unique in our ability to get involved in so many aspects of EMS, and we have great leadership in this area.	
we should develop an optional flight program.	
Competence and responsiveness of Clerk staff in the ED	**7.6**
Amazing work!	
At times helpful, at times slow to respond. Overall, they do a good job.	
Availability and quality of resident involvement in Simulation activities.	**7.6**
Lots of opportunity, but not always a lot of involvement.	
Sim is fantastic!! We should do even more of it as its a great learning tool!	
Quality of resident involvement in teaching of EM residents, rotators and medical students	**7.6**
Haven't done much of this yet, but from watching upper level residents it seems we have good involvement in this.	
Overall rating of the SICU rotation	**7.6**
Daily progress notes are very tedious. Otherwise, excellent experience with managing critically ill patients and doing procedures. I wish the schedule didn't change.	
great sick patients to learn from huge amount of procedures	
Does the program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?	**7.6**
yes	
Patient volume and quality of medical, surgical, pediatric, gynecological and behavioral emergency cases seen in the ED	**7.5**
Behavioral health cases in ED are not helpful as the only management option is sedation. Hopefully this will change when we have a psychiatrist working in the ED.	
Being able to see more peds would be nice. I think the shifts at St Paul Children's will fill this need pretty well. The time at Minneapolis Children's helped somewhat but it will be nice to have more experience over the next couple years.	
lack of pediatrics	
One of the strengths of our program is the diversity of patients that we as well	
Sometimes there is an excess of crisis patients.	
We don't see as many peds patients at Regions. However, it is great we have the opportunity to rotate through the children's hospital, and this helps a lot!!	
Faculty supervision of EM residents	**7.5**
Can be sparse on busy night shifts.	
I would appreciate more visual presence of attendings. Many times, I have found attendings in the provider room checking emails, making personal calls, following sporting scores when the department is busy.	
Most staff are exceptional!! with the exception of 1 or 2.	
Departmental direction and leadership by department head and associate department head.	**7.5**
Overall quality of format and content of ED conferences - critical case, core content, journal club, QI, small groups.	**7.5**
Enjoy adding in simulation sessions and would encourage continued creative changes to the schedule and learning	
I really appreciate the interactive nature of conferences.	
It would be nice to have these on video to review or to view missed conferences.	
love the sim days....great focused learning.	
Your impression of the EM-2 support of the residency as a group.	**7.5**
Great class	
Opportunities for involvement in recruitment and selection of future residents.	**7.5**
Overall rating of the Anesthesia rotation (within last 12 months).	**7.4**
The switches we make in the upcoming schedule will be very interesting.	

2009 Program Review by Residents

The ultrasound part of this rotation was great as well!

Your impression of the EM-1 support of the residency as a group.	**7.4**
A availability and accessibility of activities promoting general resident well being (scheduling and leave policies, access to advisors, access to resident support services).	**7.4**
A call room would be great for wellness/sleep.	
Would be nice to get together with residents more often informally, nothing the program can do to facilitate this.	
Quality and quantity of community selectives	**7.3**
Great to see a new style and meet new people.	
Availability and accessibility to resources for academic development (memberships to specialty societies, attendance at national conferences, inservice and oral board preparation, mentorship opportunities).	**7.3**
This program really goes above and beyond to make resources for academic development readily accessible. The oral board prep at Dr. Hernandez's house was the perfect example of staff going out of their way to get involved with resident education. It	
Your impression of the EM-3 support of the residency a group.	**7.3**
Quality and responsiveness of ED Nursing staff	**7.3**
Fantastic and supportive and friendly nurses! I learn a lot from them and am so grateful for all their help.	
Most are exceptional! There are 1 or 2 Nursing staff that I have seen that have not been very respectful with their patients. (For example, *****)	
Nursing staff are well-educated and generally helpful.	
There is a wide variability from excellent, helpful nurses to those who are clearly burnt out and are slow to respond, need multiple follow-ups to get things done.	
Overall direction/assistance/support provided by IME.	**7.3**
If they provide more services than we realize, then their lack of visibility leads me to my assessment.	
Availability and quality of resident involvement in CQI (chart audits, QI conference involvement)	**7.2**
Very clumsy system.	
Quality and team attitude of Physician Assistant staff in the ED.	**7.1**
PAs should not always strictly follow the EDNET schedule; there have been occasions when it's erroneous. The PA should know that on a busy evening shift, if there's only one PA on, they should be with the 2nd year, not with the 1st and 3rd year.	
This has been falling off dramatically lately. Many very vocally upset about the new schedule changes. Also, some do a great job while others rarely see more than 2-3 pts at a time. Can really help or hurt a G2 on the eve shift depending on the PA.	
Overall rating of the Emergency Medical Services rotation (within last 12 months)	**7.1**
There was great opportunities to see a wide range of EMS services.	
Overall rating of the MICU rotation (within last 12 months)	**7.1**
Critical experience in critical patients	
Some of the staff do not give residents much autonomy, nor are they willing to engage in academic discussions about different ways to manage critically ill patients or discussing differential diagnoses. I felt like I was there to write notes and "do what the attending tells me to."	
Quality and quantity of electives	**7.1**
Overall rating of the St. Paul Children's ED rotation	**7.1**
depends on the night, they have a hard time handling critically ill patients and frequently lean on us for support. good basic peds education.	
great faculty. sick kids. great pathology. learned a lot from them an asset to our program.	
Most staff are excellent to work with. However, I feel that some staff prefer not to let residents participate in resuscitations/intubations. Since this is a teaching institution, they should be willing to allow residents to learn how to manage critically ill patients and how to do potentially difficult airways in a high stress situation.	
Competence and responsiveness of ERT staff in the ED	**7.0**
During times of high volume, I have had many requested tasks pushed off or ignored.	
ERT priorities should be determined by MDs, not ERTs. That being said, we have no idea what they are working on, so if an ERT says "I can't right now" one has two choices -- have a conversation regarding the ERT's current responsibilities or find another ERT. There is no accepted way to STAT an ERT response, i.e. I have a very sick person that needs to go to the CT scanner now or I need a splint now for discharge. Often, the ERTs are hard to find, and they are very territorial -- i.e. if you ask someone in the East/West corridor to help you with room 25, they may say "I'm working on the East side" even though they are only 5 steps away. In my opinion, this goes squarely against the teamwork ethic that we should expect and encourage in the ED and solving these issues would be very helpful. Here is a suggestion regarding communication -- since Vocera is universally understood to be severely defective, and has trouble with name recognition, why not change that to dual-name recognition, i.e. Call "Mary Carr" OR Call "1945" --if there were a central board decoding names, this would allow a back-up strategy for the 60% of the time that Vocera does not recognize names, or the 100% of the time that Vocera does not recognize specific names.	

There is some push back about getting ultrasounds in the rooms.

Competence and responsiveness of ancillary care providers, x-ray, lab, respiratory, blood bank, transportation.	**7.0**

RT's are very helpful. Lab needs to be continuously called on why they are not running our labs. this is a persistent problem.

Quality of US program in the ED quality of ultrasound education and teaching. Opportunities to perform ultrasound examinations in the ED.	**6.9**

Both Dr. Zwank and Dr. Kumasaka are excellent US teaching staff!!
Getting there!
Great improvements have been made. Would like to see expansion of indications for ultrasound use and a dedicated machine for the B side.
Great overall experience.
teaching has markedly improved. The machines STILL need to be update and increased in numbers
This continues to improve. We are very competent in U/S by the time we graduate. It would be nice to do more right upper quadrant U/S's.

Overall rating of the Minneapolis Children's ED rotation (within last 12 months)	**6.9**
Overall rating of the OB rotation (within last 12 months)	**6.9**

slow month for me. not a lot of babies to catch.
The teaching was wonderful, but I was always second in line to the OB-Gyn intern or even occasionally the med student in deliveries. It was strongly encouraged that the OB intern get deliveries to increase the UofM numbers given reports of decreased deliveries on their re-accreditation. While they encouraged me to get my deliveries with the midwives, I feel that deliveries with the OB service are also important. As the OB service are our colleagues that we will be discussing our ER findings with in the future, it is good to know what they expect in deliveries.

Quality/responsiveness of specialty back-up to the ED	**6.8**

Department dependent. Podiatry great, urology terrible, others in between.
For the most part the consultants are helpful and responsive. Relationship with TACS, OB, most triage hospitalists especially good.
GI and neurosurgery continue to be the most challenging services to work with. Otherwise, consulting services are generally helpful and professional.
sometimes a lot of push back trying to get consults. Almost never do they not come down, but often seem to try to make you feel like their evaluation is not needed before doing so.
The urology department can be difficult to work with and is sometimes belittling.
There are some problems with certain subspecialists that everyone is aware of.

Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?	**6.7**

Most of the time education happens with patient care and there is a good balance between the two. On plastics, education was less emphasized.
Some extraneous work in the SICU that can be streamlined to provide more time for pt care. Are working on it.

Overall rating of the Orthopedics rotation (last 12 months)	**6.6**

I think the amount of patient care would greatly be increased by altering the schedule.

Opportunities for involvement in ED research. Faculty encouragement, departmental support and sufficient time during residency to participate in research.	**6.6**

More guidance would be appreciated.
Need to develop better research support systems

Overall rating of the Plastics/Hand rotation (within last 12 months)	**6.3**

This turned out to be much more helpful that I anticipated.

Overall rating of the HCMC ED rotation (within last 12 months)	**6.3**

Good time to gain experience with ultrasound. Good experience to see a different system and work with different staff. Lacked autonomy, ability to see sick patients (they would get transferred to the stab room and be managed by the G, and lack of procedures. Interesting to see another approach to core content in conference.
This is a good rotation because it teaches you how much we learn at such an early stage at Regions.

Accessibility and maintenance of equipment in ED exam rooms.	**5.9**

It would be helpful to have airway carts in all rooms where resuscitations are done as it prolongs the ability to get airway control when you are waiting for carts to arrive from other rooms and greatly disturbs flow as you try to get an airway cart into an already crowded room. In addition, while we are waiting for a battery for the ultrasound machine, an extension cord of some type on the ultrasound machine would greatly enhance the ability to perform FAST exams as the machine's cord is repeatedly pulled out in resuscitations, prolonging time to the CT scan/OR. Also, I feel that all rooms should have baskets with basic supplies of 2x2's, bacitracin, etc.
It's sometimes difficult to find things just because I don't yet know where to look. But ERTs are fabulous for finding equipment for us - they make our job so much easier!
Lighting sources have been removed in many of the B-side rooms. Otoscopes missing. Difficulties with U/S machine function and timely transfer to rooms.

more ultrasound machines
Often times, ophthalmoscopes and otoscopes are not working or missing
Often, the otoscopes and/or ophthalmoscopes 1) are broken, are missing
Ok, the new ultra-sound machines are coming so the issue, in my mind, is already resolved.
Rooms missing masks, no otoscopes in rooms. Burnt out lights. Taking out all the exam room lights on the "b" side was a poor choice.
there are numerous otoscopes in rooms that don't work, this is not always fixed even after asking. I frequently have to go to other rooms for lube, alcohol swabs etc.

Accessibility and condition of ED conference rooms	**5.6**

Conference rooms are nice. Don't know much about accessibility because I don't have to use them much.
do not like having to drive all over the metro for conference.
Not as great during construction.
This residency needs dedicated conference space. The fact that there is a new hospital without space for us is pathetic.
Used to be better before the EMS office conferences.
We are constantly shuttled between sites. We have no permanent home. Hopefully this will change with the new ED.

Overall rating of the Administration rotation (within last 12 months)	**5.5**

Overall rating of the Cardiology rotation (within last 12 months).	**5.0**

How many times in the previous three months were you scheduled fewer than 10 hours off between duty shifts (including conferences)?

0, 0, 0 I think, 2, 2, 3?, 3-5, often we have conference after a SICU shift, or evening or night ED shift; 4, 4-6, 6, 8, about once every 2 months; I think none, many, most weeks, NA, none, none, NONE, once; technically zero, although we frequently have Wed/Thurs evening shift or Wed/Thurs night shift, which makes 100% conference attendance practically impossible; twice--both were off service rotations

How many times in the previous three months were you scheduled fewer than 10 hours off between duty shifts (excluding conferences)?

0, 0, 0, 0, 0, 0, 0 I think, 1, 1-in a backup situation, 2, I think none, NA, never in my residency, none, None, none, NONE, once, twice--both were off service ortations, Zero

2009 Program Review by Residents

General Comments

Continues to be a great program. Great teaching. Great patients. Our rotations are what we need to become competent great practitioners. Minimal scut work. Despite the great program and residency staff, I feel a disconnect has developed between the administration/Healthpartners GME and the residents. We have heard of tough economic times, cutbacks, etc and Healthpartners has been relatively spared from most of this due likely to smart management decisions, smart money management and targeted expansion. However, we have meetings talking about residency cutbacks, food issues, etc and then we get time off to go to a Healthpartners quality summit and receive ridiculous expensive "parting-gifts" including a book that no one will ever use (costing more than $30 a piece by the way), color-printouts of slides that were presented (those color ink cartriges are expensive!)and a USB storage device in the shape of a doctor. There are alot of other priorities I would personally spend this money on.

Enjoy going to work. Good learning environment. Enjoy colleges.
Enjoying the program. Delay in getting some schedules makes family planning (vacations, day care) in advance difficult.
Appreciate the responsiveness and willingness to try alterations in curriculum.
Good Residency
Great program with wonderful mentors-realistic goals that are all met
I enjoy being a resident at Regions Hospital. We are awarded a multitude of critically and ill patients to learn and train in our specialty.
I have really enjoyed my three years at regions. its a wonderful program run by outstanding doctors.
I think it's fantastic!
I think this is an excellent program. We should always work to make things better but overall it is excellent.
I was very excited to be able to come to this residency program, and the longer I'm here the more it's been confirmed that this is the right place for me to be. I am enjoying residency and am very grateful for the collegial and encouraging learning environment.

I'm happy with my residency choice.
Overall the program is good. Feel like there is too much pressure on 2nd years to see a lot of patients
Overall, I am satisfied with the program.
Relatively happy with the way things are. I feel that the program graduates are competent physicians. Regions grads have a good reputation in the community.
This is a great program, as I finish, I could not have imagined going elsewhere. Very well supported, feel as though our opinion makes a difference. Feel empowered. Excellent relationship with supervising staff as well as the ancillary staff
This is a wonderful program--I'm very happy to be here.

Please give feedback on annual program survey (e.g., questions to add or delete for future surveys).

61) 1. too many questions -- fewer questions, with perhaps less emphasis on structured responses. Why? With so many questions, a thoughtful response to all or even many is difficult or impossible, given one's schedule. Further, although the 1-9 scale may allow tabulation of data, the data is not particularly meaningful -- the sample size is small and everyone's calibration is slightly different. Adequate may be a good evalauation from one person, and a terrible evaluation from another. It is very good that we get an opportunity to evaluate the program anonymously. However, it may be equally or more helpful to have a dialogue. I realize that in an anonymous format this is not possible, but I suspect that many residents would welcome the opportunity to have a face-to-face evaluation of this sort, too. This would serve be helpful in a few ways: 1) it is faster to talk than to type, 2. the opportunity for immedediate clarification would exist, 3. further exploration of related topics of particular interest to the program direction would be possible. The fact that I am suggesting a non-anonymous in person evaluation speaks very highly of the progra

2009 Program Review by Faculty

List the strengths of the residency program.

Faculty. excellent residents. Wonderful knowledgeable support/admin. Sim Center

ED training, ICU time/training, procedural training, conference time, simulation teaching.

Flexibility. Tailored to residents' needs and education. Strong leadership. Concern about well-roundedness of residents and residents' well-being. Always trying to improve.

as always, it is "the people" that count the most

residency leadership, residents, faculty, clinical practice, creative, innovative, ethical

Residents are a cohesive group and in general seem to be very committed. Problems are usually identified and remedies taken

ICU and critical care experience Great residents! Flexibility and innovation

the residents. the patient variety and level of acuity early involvement in critical patients in their first year autonomy for the residents the emphasis on patient flow, which is probably the most useful thing they'll learn that will help them in the real world

List the weaknesses of the residency program.

Follow-up of patients. Administrative knowledge. Better conference room. Work on basics (ordering tests, workup on symptom=based presentations, cost-conscious ordering, radiation ordering, how to handle difficult interactions with consultants, balancing work and personal life).

Residents don't discharge patients.

Lack of faculty discussion at conferences.

could be more emphasis on differential dx. I think that there could be less stress built into the program. Maybe some rearrangement of shifts to increase time off. To much emphasis on pushing volume of patients.

No inpatient peds

Residents are overwhelmed in the ED, particularly night shifts as a G2 where they are responsible for a side on their own. This has never made sense to me and it often leads to dangerous understaffing in the ED. A single Senior staff physician can barely lay eyes on the 35-40 patients that are seen by residents on a typical night shift, let alone pick up the slack and see a lot of patients on their own. The ED needs to have a MINIMUM of two midlevels on each side 24 hours a day. I believe there are only a few G2s that are able to adequately handle a side on their own, especially early on in the year, and this year of residency is unbelievably stressful for them.

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

Set some standards around follow-up of DISCHARGED patients and about admin experiences.

Align departmental vision with hospital, incorporate residency as an asset

go to a 10 resident/year program hire more midlevel providers, such as PAs cover evenings and nights better. instead of having 5-7 midlevels on a day shift (which is generally easier and slower), but them on evenings and nights

Where should the residency focus its energy next year?

I think the clinical side of our residency is strong--I think resident wellness is always something we should look at to see how we can take something going ok and make it even better.

integration of education and quality

Health and wellness

Continue with strong recruitment. Faculty development in education.

decreasing documentation requirements for both residents and staff so they (and we) can concentrate on seeing the patients and doing what brought us in the Emergency medicine in the first place.

	Score
	1-3 Below Expectations
	4-6 Meets Expectations
	7-9 Exceeds Expectations
Accessibility and responsiveness of program coordinator and program assistant (Lori & Pat)	**8.1**

Lori and Pat are great.

They're awesome. They're the glue of this residency.

Phenomenal!!!

Quality and responsiveness of social work staff in the ED.	**7.9**

Incredible dedication to enhancing the lives/quality of care to Regions ED population.

Appear to be less resentful to psychiatrists than in the past, this is appreciated

varies from person to person

2009 Program Review by Faculty

Rate the overall quality of the residency program.	**7.8**
The EM program has demonstrated consistent continued selection of strong, intelligent, and compassionate EM residents. The program itself is dynamic and adaptive - similar to "bone remodeling" the program is continually evaluating and "resorbing" its components (rotations/requirements/ancillary workshops-teachings) in order to provide a comprehensive educational experience that exceeds ever changing program requirements while continuing to provide an essential framework on which to build a career in EM that is patient centered, evidence based, safe, efficient, and rewarding.	
Strong program, great residents.	
Solid education.	
Quality and team attitude of Physician Assistant staff in the ED.	**7.6**
Greatly appreciated, intelligent, efficient, and patient centered.	
great group that have shown themselves to be real "team players" I really appreciate our PA staff	
Outstanding group of practitioners	
in general	
Appreciate their hard work and willingness to work alongside residents.	
most are great and really help with patient flow	
Overall clinical competence of EM-3 residents.	**7.6**
they're terrific	
Opportunities for progressive resident responsibility in patient care	**7.5**
To few J fac shifts.	
Yes--make sure this remains with the changes in staffing happening with the expansion	
early intubation, involvement in code reds very helpful in learning	
Your impression of the EM-2 support of the residency as a group. Do the residents promote the residency to others and work to improve the residency?	**7.5**
Outstanding group	
Absolute superstars! I'd like every class to be like this one.	
Competence and responsiveness of Clerk staff in the ED	**7.4**
Patient volume and quality of medical, surgical, pediatric, gynecological and behavioral emergency cases seen in the ED	**7.4**
Residents and Staff need more peds encounters on a shift to shift basis - the door may be swinging wide open with the hospitals new peds trauma designation which may be a step in the right direction.	
Probably too much BH, lighter on sick peds population	
too much psych--very poor learning for all of us. clogs up the ED with patients who seem to stay forever and for whom we do very little	
Peds - always an issue, but the residency is coping well with hospital limitations (which are improving).	
Overall direction and leadership of residency provided by director and assistant directors (Ankel, Dahms, Hegarty, Morgan, Taft)	**7.4**
Simply outstanding in every fashion. The dedication to enhancing and maintaining the programs structure and strategic position in the hospital is unparalleled.	
Outstanding leadership and mentorship of asst PDs	
Ankel is extremely hard-working and dedicated to a successful residency, but is hard to approach regarding concerns about the residents	
Overall clinical competence of EM-2 residents	**7.3**
most are terrific, a couple are still pretty slow in seeing patients and having a lot of red on the board	
Overall quality of format and content of ED conferences - critical case, core content, journal club, QI, small groups.	**7.2**
Journal club at faculty houses was fun.	
Need more faculty discussion.	
critical case is usually excellent I wish Journal club would come just before or after CC so more faculty would be able to attend	
Quality of resident involvement in teaching of EM residents, rotators and medical students	**7.2**
G3's doing a very good job in teaching MS workshop at sim lab	
Your impression of the EM-3 support of the residency a group. Do the residents promote the residency to others and work to improve the residency?	**7.1**

2009 Program Review by Faculty

Good.

Faculty support for residency activities.	**7.1**

Need more faculty attendance at conferences.

Competence and responsiveness of ancillary care providers, x-ray, lab, respiratory, blood bank, transportation.	**7.1**

lab is variable -- seems to be improving x-ray is typically excellent and very responsive x-ray: it would be helpful to have an easier way to ORDER the x-rays. sometimes there are so many options for what, to me, seems like the same study (just different techniques) and I then have to do research to figure out which one of those seemingly similar studies that I need to actually order. I wish we could just tell them what WE NEED to know and they select the test that will get us the answer we need.

Turnaround time too slow for labs, x-rays. Sometimes this is an ED issue (transport, RNs to draw labs) and sometimes an issue in the other depts.

generally excellent, but recent issue with CT delays. MRI was pretty resistant the other day in getting one of our patients over there, resulting is such a long wait that the patient elected to leave rather than wait

A availability and accessibility of activities promoting general resident well being (scheduling and leave policies, access to advisors, access to resident support services).	**7.1**

Healthy overall, as far as residencies go.

Your impression of faculty support of the residency. Do the faculty promote the residency to others and work to improve the residency?	**7.0**

Departmental direction and leadership by department head and associate department head.	**6.9**

Would love to see a 'core' Regions only staffing group, and split off the Western WI group.

Excellent start with Kurt, has all the skills needed

in flux at this time

Your impression of the Toxicology rotation and overall performance by EM residents on Tox.	**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).	**6.8**

Your impression of the EM-1 support of the residency as a group. Do the residents promote the residency to others and work to improve the residency?	**6.8**

A few individuals a little more negative than in past years but this has improved

A motivated group overall.

Quality and responsiveness of ED Nursing staff	**6.7**

outstanding, appreciate the improvement in intra-nurse professionalism

occasionally viewing web pages

Sometimes it seems like things are done at their convenience - even when not busy.

Solid.

Opportunities for involvement in recruitment and selection of future residents.	**6.7**

Overall performance of HCMC residents and success of Regions-HCMC "swap"	**6.7**

the training apparently is very different that though they are very intelligent residents there is a little "fish out of water" feel (I don't know if it is just getting used to different place/computers etc but they don't seem as prepared to do "critical care" as our residents at the same level)

a few of them consider this a break and don't really produce on the same level as out residents.

Some take longer than others to adjust. Overall positive.

some are noticeably behind in skills such as managing critical patients and airway

Sometimes the HCMC resident seem a little surprised by the pt volume but adjust well.

Quality of US program in the ED quality of ultrasound education and teaching. Opportunities for residents to perform ultrasound examinations in the ED.	**6.6**

Need to have consistent printer capability. A brief cheat sheet on each machine would help as I forget special needs of each machine.

Could use more involvement of the staff.

Improving steadily.
it's paying off. residents much more comfortable

Quality/responsiveness of specialty back-up to the ED	**6.5**

Hospitalist level of professionalism has improved. I would like to see a stroke team.
I have never seen a neurologist in the ED.
adversarial hospitalist group - frequently questioning need for admission
some services are problematic - surgery seems to take for ever to come up with a disposition.
various. Podiatry is especially great Hospitalists have too much push-back, something usually not found at other hospitals

Competence and responsiveness of ERT staff in the ED	**6.5**

Need more ERT's or need a transport crew so ERT's are available for other things that actually require the training they have.
competent but sometimes so busy they are difficult to find when you need one
Somewhat variable in knowledge re: preoxygenation for RSI patients. One held the mask a foot away from patient's face, others try to get mask seal and actually bag a spontaneously breathing patient.
not enough of them
Could use more.
some are great

Overall clinical competence of EM-1 residents	**6.3**

Appropriate for level of training
some are great, but this year especially we have a few who are quite behind in knowledge and ability to see patients

Overall direction/assistance/support provided by IME.	**6.3**

Need better conference space.

Resident performance in handling EMS radio calls.	**6.2**

Responsiveness to MRCC calls has improved recently but the year is almost over.
I haven't seen many handle radio calls recently; I am doing most of them on my own
They aren't showing up as much as the used to.

Accessibility and maintenance of equipment in ED exam rooms.	**5.9**

No one really checks or reports problems with otoscope/ophthalmoscopes, etc. Lack of hemoccult developer. Ultrasound printer problems. Lack of clear direction by Operations on issues.
room set up makes it inconvenient to get to tongue blades, scopes, etc accessibility to both sides of bed is difficult in some rooms hopefully this is fixed in new ED
many of the otoscopes, etc don't function. The spot lights in the room drift when your trying to sew. Doesn't seem to be anyone person who is responsible for stocking rooms with tongue blades etc.

Resident coverage for patient volume	**5.6**

Not consistent. Would be great to have PA coverage on nights to pair with a G2.
Adequate for the most part, except when census is high (especially unexpectedly high) and only a second year on 1 side.
ED is chronically understaffed.
especially at night especially as a G2 we NEED more midlevel coverage!!!!

Resident performance in handling transfer calls.	**5.4**

Improving - some are more willing to take calls than others - For most, I feel this to be an invaluable experience as they (the 3rd years) are very likely to be on the other end of the transfer in a very short while.

Relatively poor responsiveness. Staff still taking most calls.
appreciated med exec behavior in relooking at decision making process in this area
seldom viewed this happening
don't know. most seem not to take them at all or ignore them
Glad they can do it again.

Accessibility and condition of ED conference rooms	**5.1**

Condition - excellent Accessibility - Poor but situational. Anticipate improvement/consistency with completion of construction.
Like amphitheater and occasional EMS.
Appreciate the creativity in going off site for conferences

The Amphitheater is too big and has low-quality AV. North-anything is too small. Sim man lives in the Tox office. HP should provide appropriate educational space. IME should support this.

auditorium needs updating

Amphitheater needs replacement or updating. Often large enough room is not available. Traveling conference (on or off campus) is highly annoying and doesn't look good to applicants

Opportunities for involvement in ED research. Faculty encouragement, departmental support and sufficient time during residency to participate in research.	**4.9**

Need more available and helpful statistical assistance

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

I strongly feel we should go to at least 10 residents a year. please cover evenings and nights with adequate midlevel coverage--if we weren't all so stressed and frantically busy, we would have more time to teach and to learn on individual cases

General Comments

Great residents, great leadership for the residency, staff interesting in teaching and giving feedback, and excellent support both in our department and throughout Regions and the HP IME.

Outstanding residency

Great job!

I love this residency!

terrific residency program. I love working with the residents. We have good patient variety and pathology. a positive place to work

Please provide feedback on the annual program survey (e.g., questions to add or delete for future surveys).

Resident / Fellow Survey Data Summary
Program: **[1102621144] HealthPartners Institute for Medical Education Program**
Specialty: **Emergency Medicine**
Residents / fellows responded to this Survey: **February 2009 - March 2009**

Total Residents / Fellows on Duty: **27**
Total Responses to Survey: **25**
Response Rate: **92.59%**

Common Program Requirement	#	Question	Yes	No	Not Applicable / Not Sure
II.B.1.a	Q1	Do the faculty spend sufficient time TEACHING residents/fellows in your program?	88.0	12.0	
II.B.1.a	Q2	Do the faculty spend sufficient time SUPERVISING the residents/fellows in your program?	100.0	0.0	
II.B.5.a	Q3	Do your faculty members regularly participate in organized clinical discussions?	100.0	0.0	0.0
II.B.5.a	Q4	Do your faculty members regularly participate in rounds?	40.0	8.0	52.0
II.B.5.a	Q5	Do your faculty members regularly participate in journal clubs?	84.0	16.0	0.0
II.B.5.a	Q6	Do your faculty members regularly participate in conferences?	100.0	0.0	0.0
V.B.3	Q7	Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?	100.0	0.0	
V.C.1.d.1	Q8	Do you have the opportunity to confidentially evaluate your overall PROGRAM, in writing or electronically, at least once a year?	100.0	0.0	
IV.A.1	Q9	Has your program provided you access to, either by hard copy or electronically, written goals and objectives for the program overall?	100.0	0.0	
IV.A.2	Q10	Has your program provided you access to, either by hard copy or electronically, written goals and objectives for each rotation and major assignment?	100.0	0.0	
V.A.1.a	Q11	Do you receive written or electronic feedback on your performance for each rotation and major assignment?	96.0	4.0	
V.A.1.c	Q12	Are you able to review your current and previous performance evaluations upon request?	100.0	0.0	
VI.C	Q13	Have you had sufficient education (from your program, your hospital(s), your institution, or your faculty) to recognize and counteract the signs of fatigue and sleep deprivation?	96.0	4.0	
IV.B.2	Q14	Does your program offer you the opportunity to participate in research or scholarly activities?	100.0	0.0	
V.C.1.d.2	Q15	Have residents / fellows had the opportunity to assess the program for the purposes of program improvement?	100.0	0.0	

			A great extent	Some extent	Not at all
III.D	Q16	To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, Ph.D. students and nurse practitioners) interfere, in a negative way, with your education?	8.0	4.0	88.0

			All times	Some of the time	None of the time
InstReq II.F.1	Q17	Does your program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?	76.0	24.0	0.0
II.E	Q18	How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?	92.0	8.0	0.0
VI.A.2-3	Q19	Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?	32.0	68.0	0.0

Have you met the following ACGME duty hour requirements?			Always	Frequently	Sometimes	Rarely	Never	Not Applicable
VI.D.1	Q20	Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.	88.0	12.0	0.0	0.0	0.0	0.0
VI.D.2	Q21	Residents and fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.	96.0	4.0	0.0	0.0	0.0	0.0
VI.D.3	Q22	There should be a 10-hour time period provided between all daily duty periods and after in-house call.	72.0	24.0	4.0	0.0	0.0	0.0
VI.E.1	Q23	In-house call must occur no more frequently than every third night, averaged over a four-week period.	76.0	20.0	4.0	0.0	0.0	0.0
VI.E.2	Q24	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents / fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.	96.0	4.0	0.0	0.0	0.0	0.0
VI.E.3	Q25	No new patients may be accepted after 24 hours of continuous duty.	100.0	0.0	0.0	0.0	0.0	0.0
VI.E.4.a	Q26	At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident / fellow.	88.0	8.0	0.0	0.0	0.0	4.0
VI.E.4.b	Q27	Residents / fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a four-week period.	96.0	0.0	0.0	0.0	0.0	4.0
VI.E.4.c	Q28	When residents and fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80-hour limit.	100.0	0.0	0.0	0.0	0.0	0.0

			Other services	Within my specialty	Both	Not Applicable
--	Q29	If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty?	44.0	0.0	4.0	52.0

			Standard	Non-compliant values	% Non-compliant
VI.D.1	Q30	Averaged over your last 4-week rotation, excluding call from home, how many hours per week were you on duty?	80	>80	0.0
VI.E.2	Q31	How many times in the previous 3 months did you work more than 30 continuous hours?	30	>0	0.0
VI.D.3	Q32	How many times in the previous 3 months did you get fewer than 10 hours off duty between duty shifts?	10	>0	20.0

= shaded areas contain non-compliant responses.

View Emergency Medicine Results

The Residency Review Committee for Emergency Medicine
Resident Questionnaire
Program: **[1102621144] HealthPartners Institute for Medical Education Program**
Residents responded to this Survey: **February 2009 - December 2008**

Total Residents on Duty: **27**
Total Responses to Survey: **25**
Response Rate: **92.6%**

	None	Few	Some	Most	All
How many faculty attend and meaningfully participate in scheduled weekly conferences?	0	3	18	4	0

	No, not this year	Once this year	2-3 times this year	4 or more times this year
Has your program director (or designee) met with you and conducted a formal review of your overall progress and performance in this program?	0	10	15	0

Does your program provide you the opportunity to:	No	Yes
perform an appropriate number of procedures to be competent?	0	25
direct an appropriate number of major resuscitations to be competent?	0	25
become a competent Emergency Medicine physician?	0	25

Resident Survey Data 2008-2009 Institutional Responses

HealthPartners Institute for Medical Education **Residents Surveyed: 29**

Noncompliance for this Institution compared to National Normative Data