

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).
No glaring areas.
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

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

Rate the overall quality of the residency program.

7.8

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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.

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| Quality and team attitude of Physician Assistant staff in the ED. | 7.6 |
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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

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|---|------------|
| Overall clinical competence of EM-3 residents. | 7.6 |
|---|------------|

they're terrific

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| Opportunities for progressive resident responsibility in patient care | 7.5 |
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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

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|---|------------|
| 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.

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| Competence and responsiveness of Clerk staff in the ED | 7.4 |
|---|------------|

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| Patient volume and quality of medical, surgical, pediatric, gynecological and behavioral emergency cases seen in the ED | 7.4 |
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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).

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| 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

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| Overall clinical competence of EM-2 residents | 7.3 |
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most are terrific, a couple are still pretty slow in seeing patients and having a lot of red on the board

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| Overall quality of format and content of ED conferences - critical case, core content, journal club, QI, small groups. | 7.2 |
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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

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|---|------------|
| 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

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| Your impression of the EM-3 support of the residency as a group. Do the residents promote the residency to others and work to improve the residency? | 7.1 |
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Good.

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| Faculty support for residency activities. | 7.1 |
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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 in 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

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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 hemocult 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

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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).