

Residency Class Size

Residency Class Size		
Indicate your position		
Answer Options	Response Percent	Response Count
Resident	31.6%	12
Faculty	34.2%	13
Alumni	34.2%	13
Other	0.0%	0
<i>answered question</i>		38
<i>skipped question</i>		0
Residency Class Size		
What is your preference for class size.		
Answer Options	Response Percent	Response Count
9 per year	18.9%	7
10 per year	81.1%	30
<i>answered question</i>		37
<i>skipped question</i>		1

Residency Class Size

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Rationale for remaining at 9 per year	
Answer Options	Response Count
	38
<i>answered question</i>	38
<i>skipped question</i>	0
Response Text	
if it aint broke...	
Funding? Theoretically higher level of residents but I think most residents choose Regions rather than end up here so I dont think this would actually decrease level of resident quality.	
Don't want to have to go farther down the rank list to fill our class thereby potentially accepting sub-standard residents. Don't want the off-service roatations to have to be cut short to accomodate another resident.	
I think there are too many residency programs and graduates in EM. I'm not sure what is the rationale for graduating more EM docs. People are nuts if they think all ED's, specifically small rural ED's are going to be staffed by EM docs. In addition, increasing class sizes will dilute further educational opportunities.	
Save money??? I don't think it would detract from education to increase to 10.	
Maintaining the status quo is easy.	
same amount of patients/procedures divided by larger denominator = theoretical concern about diluting the experience of each resident (just theoretical and i don't think it holds much h20)	
I think we are in a great spot right now and change is always a gamble. That being said, I think that it is a gamble right now that is low risk and worth pursuing.	
farming families used to have lots of kids to help with the work until they realized they couldnt afford to educate the children	
often the bottle neck of moving pt through the ED is not provider dependnt it is the number of rooms. If we did add a 10th resident we should decrease the number of PA's accordingly. Overall, during the days I fell like I am fighting for patients currently as there Perhaps more intimate residency. I like the number nine; three squared and three is a prime number but can't think of much else.	
I feel the residency is ready to expand	
Potential dilution of a close-knit feeling residency program (but I don't think this will happen)	
things are going well as they are. we have the rotation blocks all set up for 9.	
Seems to be working well as is.	
stability	
quality decrease??	
Keeping status quo is comfortable, involves no growing pains.	
Things have been going well with current class size. Do not want to lose SICU time per resident. It's already crowded in the resident room.	
Too many residents-it will deplete residence experience with the rationale for service; why do it unless service is the rationale	
smaller size equals more of everything for residents: procedures, rotations, patients that need to be seen, selection for offsite rotations. We have large pool of applicants and by staying at 9 we can be more selective for talent.	

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Rationale for increasing to 10 per year.	
Answer Options	Response Count
	38
<i>answered question</i>	38
<i>skipped question</i>	0
Response Text	
new ED, bigger, more volume hopefully, might be nice to have extra hands	
New and bigger ED with expanding pt visits provide more patient care opportunities.	
Easier to switch shifts; more overnight staffing.	
More coverage in ED, similar to RNC shifts, which I felt went very well. More learning opportunities (U/S, bedside teaching, etc) as less "burn" to see new pts. Opens door to more non-clinical/admin shifts, as well as, elective time with radiology or research month.	
1. Allows increased opportunities for elective and selective rotations in the community. 2. More Regions grads means greater footprint on the Twin Cities emergency medicine scene.	
More backup if someone frequently calls in sick.	
Better able to safely staff the ER--especially with the increased size of the new ER.	
If the capability and support is there, the program should always strive to become bigger and better. Although some candidates prefer a smaller program, I think larger programs are looked at more favorably by more candidates.	
we have sufficient patient diversity and numbers to handle 10 residents per year. we are expanding our ED and need more coverage. if we had another resident, the 2nd year resident wouldn't have so many shifts to handle on his/her own and it wouldn't be so overwhelming for him/her. they would have more time to think about the patients they are seeing. there are enough procedures to be divided among 10 residents.	
allows more flexibility of scheduling and allows more flexibility for vacation, sick leave, ma/pa ternity leave, and electives	
We need more EM trained MD's in the U.S. Acuity and volume at Regions can support 10 residents.	
The timing feels right. We currently have plenty of critical care, procedures and patient exposures to support 10 residents. With our anticipated growth and the growth and aging of the area in general, it is reasonable to think that the resident experience will only become better.	
we seem to be increasing residency size to aid with help of patient volume. this is not the answer to that problem	
Increasing volumes to support this; Educational value of more Junior Faculty shifts, possibly new elective type rotations	
great training at a great program; the ED is busy enough to support one more and this may permit more flexibility within the residency.	
If the extra student was added to evening or night shifts that could be helpful. once the new rooms are open in the ED my statements in #3 above might change.	
Decreased stress load on back up , pull lists. There should still be plenty of procedures	
I think given increasing ED volumes predictably in given years this would make sense. If local volumes are remaining stable I think this would be a benefit severalfold; more people more presence, more shift coverage more mobility in placement/experience, every person matters; coming from this program I am biased but still think the more Regions residents out there the better.	

Residency Class Size

With the expansion of the department, the thought has to be that the overall patient census will continue to grow. With that growth and my experience as a resident two years ago, I think the numbers are definitely there to increase the residency size. The additional resident also provides more flexibility in scheduling.
Stable program, timing right for expansion, people at helm who will embrace creative ways to use increased flexibility of small incremental increase in numbers to foster better learning experience for all residents.
Could have used 10 residents a few years ago-more than enough patients, procedures, etc and would give greater flexibility in scheduling, electives, and will be especially important with ED expansion if the ED is to remain resident run/driven.
increasing need for more residents in the ED when the new ED is open and with the increasing amount of patients we see per year
I don't see a detriment to having 10 and it can only help.
One person would not dramatically affect your training. Would allow you more flexibility for back up and other issues.
A proven, outstanding training program. The regional practice area could use more residency trained emergency physicians.
Might be able to increase overnight coverage.
probably the volume will allow educational excellence to more people.
The ED census seems large enough to handle another resident without causing a detriment to education of the others.
Increased ed exposure, more options, increased flexibility within the department. More than enough procedures to go around.
easier to switch shifts, calendaring.its so TIGHT right now, so HARD to do any switching: someone is always post nights, prenights, in the SICU, on vacation, already has plans. 10 is far from an outrageous number, many programs have more. Grady has 19/year. There are still plenty of pts, procedures to go around. Really, why not 11/year?
None. I don't think we should increase to 10/year.
Increasing volumes, need to increase residency and faculty to match the size of the new department. We need to, as a nation, train more qualified EM physicians.
Increasing ED volumes support this.
Regions has great patient exposure and plenty of volume to support the training of an additional resident. As with anything, an increase in volume should enable extra funds and staff to improve resident education and allow new ventures.
There is enough of an experience available for 10 residents per year. Actually there is enough for up to 12 per year.

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Other comments supporting your preference.	
Answer Options	Response Count
	10
<i>answered question</i>	10
<i>skipped question</i>	28
Response Text	
As this will not fully transpire during my time at Regions I feel confident that the leadership will make the right decision and adjust/grow as needed to make either choice work. Nevertheless, I feel that an extra resident per class would be appropriate for our ED census and hospital volume.	
just because we might theoretically go down the list on the match list does not mean we won't get excellent residents and doctors	
In general will defer to what FKA thinks is best for the residency as I do not feel that strongly either way. The key is not doing this only because we have a new ED and need staffing, but rather because the time is right and we have the infrastructure to do this. I think that it is a good time right now, based on the quality and competence of our graduates. I feel that the quality of MD product from our program is second to none.	
I think the residents should be in all areas of the ED--with the slight increase in ED coverage we could gain from going to 10, we could continue to keep residents in all sides/pods and possibly other areas like triage.	
honestly, I'm not sure I'm close enough to be able to tell the difference between a 9 and 10 resident class. over 3 years, getting to 30 total residents puts more strain on things like the resident room, or the office staff, but improves flex on sick call. I think if there is patient volume room to maintain the educational excellence, then we should consider doing it.	
I would NOT make the move to 10 residents if you at think our residency would be compromised in quality.	
I am split, leaning more toward expanding. As we grow into the new department, we will need more bodies, the question is when. We will also need to expand staff positions, so this will eliminate the "more residents, not enough teaching time." We should also see an increase in the number of pt visits and this will increase the number of opportunities for procedures, etc.	
We put out excellent residents. Why not add another one out there each year.	
Increasing the amount of residency space (conference room, resident room, etc) as well as support staff are also likely necessary to accommodate an increase in residents.	