

## Post-grad surveys help improve quality of program, director says

What better way to determine the quality of your program than to see how residents fare after they leave? That's what one program in Detroit is doing, with a strong emphasis on assessing residents' success by surveying the residents and their new employers.

Surveying residents after they leave a program isn't unusual, but surveying employers and fellowship directors isn't as common, says **Eric Scher, MD**, vice chair and RPD in internal medicine at Henry Ford Hospital in Detroit. Scher was one of 10 RPDs awarded the ACGME's Parker J. Palmer Courage to Teach Award.

"We survey the residents post-grad and also whoever they are working for at that point, and then we compare the results," he says. "The resident may think he's doing great but the employer doesn't agree, or vice versa, but actually we've found a strong correlation between the results."

Scher's program has just finished its third year of the post-grad surveys, accumulating enough data for meaningful results.

### Get informed consent

The effort begins before the residents leave the program, when the hospital gives residents a copy of the survey and asks them to sign informed consent. Scher lets them know that around the middle of their first post-grad year, no matter where they are, they will receive a survey in the mail. So will their immediate supervisor.

"These surveys are aligned along the ACGME's six general competencies," he says. "So we ask about interpersonal skills, their knowledge, how they work with others, whether they work well in an interdisciplinary team, and so on."

Much of the language is lifted from the ACGME competencies, but it is fashioned in a way to address practical aspects of how well the resident is doing in the real world. Questions determine whether the resident searches medical literature as part of finding the proper course of care and whether the resident has a good understanding of managed care.

The program graduates 36 residents a year, and the survey participation level is over 80%.

"There is a lot of correlation between the two sets of

results, so we think that is a validation of the survey instrument and tells us that we're getting useful information," he says. "When the resident reports that he or she is lacking in some area, the employers usually agree. And when the residents report that they're doing fine in another area, we don't usually see the employer with a different opinion."

### Collect multiple addresses

To facilitate sending the surveys, the program collects multiple addresses for each resident before he or she leaves the program—work and home addresses, e-mail, and any other contact information the resident volunteers. Once the surveys are sent around January of the following year, it takes about two months to get the completed forms back. In the meantime, the program sends a few reminders to make sure the survey isn't overlooked.

Scher notes that the informed consent is necessary to send the surveys to employers.

The goal of the project, he says, is fairly simple: to find out whether the residency program is adequately preparing doctors for the real world.

"We want to know if we prepared them well," he says. "And even if, overall, we prepared them well, we want to know if there are specific areas in which we could have done better. For instance, we found out early on that we didn't do as well in the business of medicine that we had hoped, particularly for those who went out into practice. So we altered our curriculum accordingly."

### Room for improvement

The business of medicine—issues such as billing and the intricacies of starting a practice—gets more attention in Scher's program now, as a direct result of the post-grad surveys. Those issues can easily get lost in a residency program, Scher says, as you concentrate on the clinical training and other "must do" topics. But the post-grad survey found out that the business issues became a real hurdle once the doctors left the program.

The employer side of the survey acts as sort of check and balance system. The resident may think he's doing okay, but what does the employer think? In addition to asking for an assessment of the resident, the program asks employers to make broad suggestions for improving the program. Is

> p. 10

there any aspect of medicine that we should be teaching more or teaching differently?

"That's useful because sometimes the employer has valuable input that doesn't apply to that resident necessarily," Scher says. "They may say this resident is okay with the business aspects, but he just seems skilled in that area and they've seen plenty of other young doctors who aren't. That tells us that that topic is something we have to emphasize."

### Didactic month reinforces basic skills

Scher's program also uses the following techniques to improve program quality:

- **A didactic month**—At the beginning of the first resident year, the program devotes a month to teaching evidence-based medicine, research design, biostatistics, and clinical epidemiology. The residents spend one day a month in continuity clinic and the rest is spent in didactics. Scher's program spends much of this time in team-building exercises and reinforcing basic skills such as EKGs, x-ray interpretation, lab tests, and even physical diagnosis.

The residents spend a couple of months on the floors before the didactic month begins because Scher thinks it is important to have clinical background before tackling some didactics.

"We want to make sure some core principles are reinforced before we teach them new stuff," he says. "For some of them, it's the first time they're getting good clinical epidemiology and lessons in how to design a research project. A lot of the applicants who interview all over tell us they haven't seen a didactic month before, and it's fairly well received by the residents."

- **Three days in a health maintenance organization (HMO)**—To look at some common clinical issues from the HMO side of things, all residents spend three days working with an HMO that is closely aligned with the program. The time is spent doing classroom activities, but Scher says the interns respond favorably to seeing how they will be evaluated by HMOs later in their careers, as well as some of the innovative work in disease management. ■

## NRMP news: Second match, board expansion, and fee reduction

The idea of a second Match is still alive but you'll have to wait a few months to see if this idea throws your whole schedule into a tizzy.

During its October, 25, 2004 meeting, the National Resident Matching Program's (NRMP) board of directors reviewed preliminary data from a Web survey completed by applicants, program directors, medical school officials, and institutional officials registering for the 2005 Main Residency Match. The NRMP reports that three-quarters of all respondents endorsed a two-phased Match, but those numbers don't tell the whole story of what the NRMP calls "sharp differences among participant groups."

Residents and students seem to like the idea a lot more than most RPDs do. In fact, the NRMP reports that about 70% of U.S. senior students and 85% of independent applicants favor a second Match, compared with only 44% of RPDs, medical school officials, and institutional officials.

"A majority of all groups support a phase-one rank-order list deadline that would be two weeks earlier, but only independent applicants endorse a later Match day," according to an NRMP report. "No group favors making phase one matched applicants wait until after phase two to receive their Match results. Finally, a majority of all groups believe unmatched applicants should be required to participate in phase two, but 53% of program directors oppose requiring unfilled programs to participate in phase two."

The NRMP says a decision about whether to implement the second Match will be made during its May 2005 meeting, when board members will review final survey data as well as comments from medical education organizations.

### Board to include program directors

The NRMP board also voted to expand its membership, and, for the first time, designated slots will be made available for RPDs and resident physicians.

The board currently has 14 members and will expand to 19. The American Board of Medical Specialties, American Hospital Association, American Medical Association (AMA), Association of American Medical Colleges, (AAMC) and Council of Medical



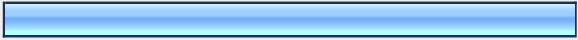


EM Graduate Survey 2008

1. How many years since your graduation?				
			Response Percent	Response Count
1-3	<div><div></div></div>		34.2%	13
4-6	<div><div></div></div>		28.9%	11
>6	<div><div></div></div>		36.8%	14
			answered question	38
			skipped question	1

2. How would you describe your current main practice site? (check all that apply)				
			Response Percent	Response Count
Urban	<div><div></div></div>		60.5%	23
Suburban	<div><div></div></div>		28.9%	11
Rural	<div><div></div></div>		13.2%	5
Teaching hospital with EM residents	<div><div></div></div>		15.8%	6
Teaching hospital with non-EM residents	<div><div></div></div>		50.0%	19
Non-teaching hospital	<div><div></div></div>		15.8%	6
Multiple hospitals	<div><div></div></div>		15.8%	6
Urgent Care/Fast Track	<div><div></div></div>		7.9%	3
Fellowship			0.0%	0
Currently not clinically practicing	<div><div></div></div>		2.6%	1
			Comments	2
			answered question	38
			skipped question	1

3. What is the annual ED census at your main practice site?			
		Response Percent	Response Count
0 - 10,000		0.0%	0
10,000 - 30,000	<div><div></div></div>	21.6%	8
30,000 - 50,000	<div><div></div></div>	35.1%	13
50,000 - 100,000	<div><div></div></div>	40.5%	15
>100,000	<div><div></div></div>	2.7%	1
		<b>answered question</b>	<b>37</b>
		<b>skipped question</b>	<b>2</b>

4. How many staff physicians are in your main practice group?			
		Response Percent	Response Count
1 - 10	<div><div></div></div>	21.6%	8
11 - 20	<div><div></div></div>	40.5%	15
21 - 30	<div><div></div></div>	24.3%	9
31 - 40	<div><div></div></div>	8.1%	3
41 - 50		0.0%	0
>50	<div><div></div></div>	5.4%	2
		<b>answered question</b>	<b>37</b>
		<b>skipped question</b>	<b>2</b>

5. In the last 6 months, what are the average number of hours worked per week (include non-clinical)?			
		Response Percent	Response Count
> 50		2.6%	1
41 - 50		21.1%	8
<b>31 - 40</b>		<b>63.2%</b>	24
21 - 30		10.5%	4
< 21		0.0%	0
Not working in EM		2.6%	1
<b>answered question</b>			<b>38</b>
<b>skipped question</b>			<b>1</b>

6. How would you rate the quality of the following groups during your residency?							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
ED Faculty	<b>53.8% (21)</b>	43.6% (17)	2.6% (1)	0.0% (0)	0.0% (0)	4.51	39
Off-service Faculty	17.9% (7)	<b>53.8% (21)</b>	28.2% (11)	0.0% (0)	0.0% (0)	3.90	39
Nurses	23.1% (9)	<b>51.3% (20)</b>	20.5% (8)	2.6% (1)	2.6% (1)	3.90	39
Physician Assistants	26.3% (10)	<b>47.4% (18)</b>	23.7% (9)	2.6% (1)	0.0% (0)	3.97	38
ED Clerks	17.9% (7)	<b>53.8% (21)</b>	23.1% (9)	5.1% (2)	0.0% (0)	3.85	39
Social Workers	<b>55.3% (21)</b>	31.6% (12)	10.5% (4)	0.0% (0)	2.6% (1)	4.37	38
Department Administration	20.5% (8)	<b>59.0% (23)</b>	17.9% (7)	2.6% (1)	0.0% (0)	3.97	39
Residency Administration	<b>59.0% (23)</b>	30.8% (12)	10.3% (4)	0.0% (0)	0.0% (0)	4.49	39
Comments							7
<b>answered question</b>							<b>39</b>

7. Please rate your overall experience in the following areas during residency (includes clinical, didactics, reading and other exposure.)							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
Administration	5.4% (2)	16.2% (6)	35.1% (13)	21.6% (8)	21.6% (8)	2.62	37
Anesthesiology	7.9% (3)	31.6% (12)	34.2% (13)	21.1% (8)	5.3% (2)	3.16	38
Cardiology	7.9% (3)	23.7% (9)	42.1% (16)	21.1% (8)	5.3% (2)	3.08	38
Critical Care	73.7% (28)	21.1% (8)	5.3% (2)	0.0% (0)	0.0% (0)	4.68	38
Dental	2.6% (1)	5.3% (2)	42.1% (16)	36.8% (14)	13.2% (5)	2.47	38
Dermatology	0.0% (0)	2.7% (1)	21.6% (8)	62.2% (23)	13.5% (5)	2.14	37
EMS	27.0% (10)	37.8% (14)	35.1% (13)	0.0% (0)	0.0% (0)	3.92	37
Endocrinology	0.0% (0)	13.2% (5)	63.2% (24)	23.7% (9)	0.0% (0)	2.89	38
ENT	0.0% (0)	26.3% (10)	63.2% (24)	10.5% (4)	0.0% (0)	3.16	38
General Medicine	37.8% (14)	45.9% (17)	16.2% (6)	0.0% (0)	0.0% (0)	4.22	37
General Surgery	37.8% (14)	37.8% (14)	24.3% (9)	0.0% (0)	0.0% (0)	4.14	37
Comments							4
	<i>answered question</i>						37
	<i>skipped question</i>						2

8. Overall experience (continued)							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
Geriatrics	5.6% (2)	<b>58.3% (21)</b>	27.8% (10)	8.3% (3)	0.0% (0)	3.61	36
Gastroenterology	5.6% (2)	41.7% (15)	<b>44.4% (16)</b>	8.3% (3)	0.0% (0)	3.44	36
Gynecology	25.0% (9)	<b>41.7% (15)</b>	27.8% (10)	2.8% (1)	2.8% (1)	3.83	36
Hematology/Oncology	2.9% (1)	28.6% (10)	<b>57.1% (20)</b>	11.4% (4)	0.0% (0)	3.23	35
Infectious Disease	11.1% (4)	33.3% (12)	<b>50.0% (18)</b>	5.6% (2)	0.0% (0)	3.50	36
Neonatology	0.0% (0)	0.0% (0)	<b>36.1% (13)</b>	30.6% (11)	33.3% (12)	2.03	36
Nephrology	2.8% (1)	27.8% (10)	<b>61.1% (22)</b>	8.3% (3)	0.0% (0)	3.25	36
Neurology	5.6% (2)	<b>47.2% (17)</b>	38.9% (14)	8.3% (3)	0.0% (0)	3.50	36
Neurosurgery	16.2% (6)	<b>62.2% (23)</b>	18.9% (7)	2.7% (1)	0.0% (0)	3.92	37
Obstetrics	10.8% (4)	<b>35.1% (13)</b>	<b>35.1% (13)</b>	13.5% (5)	5.4% (2)	3.32	37
Ophthalmology	2.7% (1)	32.4% (12)	<b>48.6% (18)</b>	13.5% (5)	2.7% (1)	3.19	37
Comments							0
	<b>answered question</b>						<b>37</b>
	<b>skipped question</b>						<b>2</b>

9. Overall experience (continued)							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
Orthopedics	23.7% (9)	50.0% (19)	21.1% (8)	5.3% (2)	0.0% (0)	3.92	38
Pediatrics	23.7% (9)	52.6% (20)	18.4% (7)	5.3% (2)	0.0% (0)	3.95	38
Plastics/Hand	27.0% (10)	45.9% (17)	24.3% (9)	2.7% (1)	0.0% (0)	3.97	37
Psychiatry	5.6% (2)	50.0% (18)	36.1% (13)	8.3% (3)	0.0% (0)	3.53	36
Pulmonology	26.3% (10)	55.3% (21)	18.4% (7)	0.0% (0)	0.0% (0)	4.08	38
Radiology	15.8% (6)	60.5% (23)	18.4% (7)	5.3% (2)	0.0% (0)	3.87	38
Rheumatology	0.0% (0)	11.1% (4)	36.1% (13)	44.4% (16)	8.3% (3)	2.50	36
Toxicology	78.9% (30)	18.4% (7)	2.6% (1)	0.0% (0)	0.0% (0)	4.76	38
Trauma	76.3% (29)	23.7% (9)	0.0% (0)	0.0% (0)	0.0% (0)	4.76	38
Urology	0.0% (0)	37.1% (13)	57.1% (20)	2.9% (1)	2.9% (1)	3.29	35
Comments							4
	answered question						37
	skipped question						2



10. Please rate the following aspects of our didactic program.							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
Overall conference quality	48.6% (18)	45.9% (17)	5.4% (2)	0.0% (0)	0.0% (0)	4.43	37
Bedside/clinical	33.3% (12)	52.8% (19)	13.9% (5)	0.0% (0)	0.0% (0)	4.19	36
Ultrasound curriculum	8.1% (3)	45.9% (17)	32.4% (12)	10.8% (4)	2.7% (1)	3.46	37
Simulation	16.7% (5)	36.7% (11)	40.0% (12)	3.3% (1)	3.3% (1)	3.60	30
Procedure labs	50.0% (18)	38.9% (14)	11.1% (4)	0.0% (0)	0.0% (0)	4.39	36
Comments							3
	answered question						37
	skipped question						2

11. How well prepared were you for boards?							
	Extremely well prepared	Well prepared	Somewhat prepared	Inadequately prepared	Didn't take	Rating Average	Response Count
Written board exam	54.1% (20)	43.2% (16)	0.0% (0)	2.7% (1)	0.0% (0)	3.49	37
Oral board exam	44.7% (17)	36.8% (14)	2.6% (1)	0.0% (0)	15.8% (6)	3.50	38
	answered question						38
	skipped question						1

12. If you took a board review course, please indicate type.			
		Response Percent	Response Count
Written board review	<div><div></div></div>	23.7%	9
Oral board review	<div><div></div></div>	13.2%	5
Both	<div><div></div></div>	36.8%	14
Neither	<div><div></div></div>	26.3%	10
		<b>answered question</b>	<b>38</b>
		<b>skipped question</b>	<b>1</b>

13. How well prepared were you to care for the following patient types?						
	Extremely well prepared	Well prepared	Somewhat prepared	Inadequately prepared	Rating Average	Response Count
Critically Ill	81.6% (31)	18.4% (7)	0.0% (0)	0.0% (0)	3.82	38
Emergent (moderately ill)	78.9% (30)	21.1% (8)	0.0% (0)	0.0% (0)	3.79	38
Low acuity (fast-track)	31.6% (12)	50.0% (19)	18.4% (7)	0.0% (0)	3.13	38
Pediatrics	18.4% (7)	71.1% (27)	10.5% (4)	0.0% (0)	3.08	38
Special populations*	12.9% (4)	51.6% (16)	32.3% (10)	3.2% (1)	2.74	31
*Please describe patient populations you are seeing now that were not well-represented at Regions (e.g., HIV, sickle cell, etc.)						11
	answered question					38
	skipped question					1

14. Other comments regarding preparation for clinical practice.		
		Response Count
		4
	<i>answered question</i>	4
	<i>skipped question</i>	35

15. After completing residency, how comfortable were you in performing the following:						
	Very comfortable	Comfortable	Somewhat uncomfortable	Very uncomfortable	Rating Average	Response Count
Pre-hospital care	55.6% (20)	44.4% (16)	0.0% (0)	0.0% (0)	3.56	36
Resuscitation & stabilization	97.2% (35)	2.8% (1)	0.0% (0)	0.0% (0)	3.97	36
Performance of focused H&P	94.4% (34)	5.6% (2)	0.0% (0)	0.0% (0)	3.94	36
Professional & legal issues	22.2% (8)	52.8% (19)	22.2% (8)	2.8% (1)	2.94	36
Use of diagnostic studies	63.9% (23)	36.1% (13)	0.0% (0)	0.0% (0)	3.64	36
Development of DDX	80.6% (29)	19.4% (7)	0.0% (0)	0.0% (0)	3.81	36
Use of therapeutic interventions	80.6% (29)	19.4% (7)	0.0% (0)	0.0% (0)	3.81	36
Observation/reassessment	55.6% (20)	44.4% (16)	0.0% (0)	0.0% (0)	3.56	36
Consultation/disposition	63.9% (23)	33.3% (12)	2.8% (1)	0.0% (0)	3.61	36
Prevention & patient education	33.3% (12)	61.1% (22)	5.6% (2)	0.0% (0)	3.28	36
Documentation	44.4% (16)	41.7% (15)	13.9% (5)	0.0% (0)	3.31	36
Multi-tasking & team management	68.6% (24)	31.4% (11)	0.0% (0)	0.0% (0)	3.69	35
Comments						4
	answered question					36
	skipped question					3

16. Please rate the following aspects of your clinical exposure during residency.					
	Too many	Sufficient	Not enough	Rating Average	Response Count
# of patients seen per ED shift	8.3% (3)	91.7% (33)	0.0% (0)	3.17	36
# of patients seen on off-services	2.8% (1)	91.7% (33)	5.6% (2)	2.94	36
# of procedures	0.0% (0)	97.2% (35)	2.8% (1)	2.94	36
# of adult medical resuscitations	0.0% (0)	100.0% (36)	0.0% (0)	3.00	36
# of pediatric medical resuscitations	0.0% (0)	44.4% (16)	55.6% (20)	1.89	36
# of adult trauma resuscitations	0.0% (0)	97.2% (35)	2.8% (1)	2.94	36
# of pediatric trauma resuscitations	0.0% (0)	66.7% (24)	33.3% (12)	2.33	36
# of bedside ultrasounds	0.0% (0)	88.9% (32)	11.1% (4)	2.78	36
Comments					0
	answered question				36
	skipped question				3

17. Please rate the following aspects of resident teaching and research.							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
Clinical teaching opportunities	52.8% (19)	22.2% (8)	25.0% (9)	0.0% (0)	0.0% (0)	4.28	36
Non-clinical teaching opportunities	40.0% (14)	20.0% (7)	37.1% (13)	2.9% (1)	0.0% (0)	3.97	35
Research opportunities	13.9% (5)	11.1% (4)	52.8% (19)	19.4% (7)	2.8% (1)	3.14	36
Research support	8.6% (3)	14.3% (5)	45.7% (16)	25.7% (9)	5.7% (2)	2.94	35
Mentorship	25.0% (9)	36.1% (13)	30.6% (11)	8.3% (3)	0.0% (0)	3.78	36
Utility of scholarly project	20.0% (7)	11.4% (4)	42.9% (15)	20.0% (7)	5.7% (2)	3.20	35
Comments							0
	answered question						36
	skipped question						3

18. Please rate the usefulness of the evaluation/feedback given to you during residency.							
	Outstanding	Excellent	Good	Fair	Poor	Rating Average	Response Count
Daily shift cards (written)	6.3% (2)	18.8% (6)	<b>46.9% (15)</b>	21.9% (7)	6.3% (2)	2.97	32
Daily shift feedback (verbal)	5.9% (2)	<b>47.1% (16)</b>	29.4% (10)	11.8% (4)	5.9% (2)	3.35	34
End of rotation eval (off-service)	11.8% (4)	26.5% (9)	<b>32.4% (11)</b>	20.6% (7)	8.8% (3)	3.12	34
6-month evals	22.9% (8)	25.7% (9)	<b>40.0% (14)</b>	11.4% (4)	0.0% (0)	3.60	35
Other feedback	30.0% (6)	5.0% (1)	<b>50.0% (10)</b>	10.0% (2)	5.0% (1)	3.45	20
Comments							8
	<b>answered question</b>						<b>35</b>
	<b>skipped question</b>						<b>4</b>

19. Please rate the opportunities you had to provide evaluation/feedback during residency.								
	Outstanding	Excellent	Good	Fair	Poor	No opportunity	Rating Average	Response Count
Shift feedback to faculty (written)	5.7% (2)	14.3% (5)	<b>37.1% (13)</b>	8.6% (3)	8.6% (3)	25.7% (9)	3.00	35
Shift feedback to faculty (verbal)	2.9% (1)	8.6% (3)	<b>60.0% (21)</b>	11.4% (4)	11.4% (4)	5.7% (2)	2.79	35
Yearly evals of faculty	20.6% (7)	29.4% (10)	<b>41.2% (14)</b>	8.8% (3)	0.0% (0)	0.0% (0)	3.62	34
Conference evals	20.0% (7)	31.4% (11)	<b>40.0% (14)</b>	8.6% (3)	0.0% (0)	0.0% (0)	3.63	35
Program eval	28.6% (10)	<b>31.4% (11)</b>	<b>31.4% (11)</b>	8.6% (3)	0.0% (0)	0.0% (0)	3.80	35
Feedback you provided during 6-month eval	17.6% (6)	<b>35.3% (12)</b>	29.4% (10)	14.7% (5)	0.0% (0)	2.9% (1)	3.58	34
Did you feel that your feedback was well received?								7
	<b>answered question</b>							<b>35</b>

## 20. Please rate your exposure to the following aspects of emergency medicine administration.

	Outstanding	Excellent	Good	Fair	Poor	No exposure	Rating Average	Response Count
Contract principles	0.0% (0)	19.4% (7)	<b>30.6% (11)</b>	22.2% (8)	16.7% (6)	11.1% (4)	2.59	36
Financial issues	2.8% (1)	13.9% (5)	<b>36.1% (13)</b>	19.4% (7)	19.4% (7)	8.3% (3)	2.58	36
Departmental operations	5.6% (2)	11.1% (4)	<b>33.3% (12)</b>	27.8% (10)	11.1% (4)	11.1% (4)	2.69	36
Crowding management	8.3% (3)	19.4% (7)	19.4% (7)	<b>27.8% (10)</b>	11.1% (4)	13.9% (5)	2.84	36
Performance improvement	5.6% (2)	19.4% (7)	<b>44.4% (16)</b>	16.7% (6)	5.6% (2)	8.3% (3)	3.03	36
Prehospital medical direction	25.0% (9)	25.0% (9)	<b>30.6% (11)</b>	16.7% (6)	2.8% (1)	0.0% (0)	3.53	36
Managed care	5.6% (2)	5.6% (2)	<b>47.2% (17)</b>	25.0% (9)	8.3% (3)	8.3% (3)	2.73	36
Communication & interpersonal issues	16.7% (6)	25.0% (9)	<b>41.7% (15)</b>	16.7% (6)	0.0% (0)	0.0% (0)	3.42	36
Risk management & legal issues	5.6% (2)	<b>27.8% (10)</b>	<b>27.8% (10)</b>	25.0% (9)	11.1% (4)	2.8% (1)	2.91	36
EMTALA	13.9% (5)	27.8% (10)	<b>44.4% (16)</b>	11.1% (4)	2.8% (1)	0.0% (0)	3.39	36
Documentation	22.2% (8)	<b>30.6% (11)</b>	27.8% (10)	11.1% (4)	5.6% (2)	2.8% (1)	3.54	36
Coding/billing	5.6% (2)	16.7% (6)	<b>25.0% (9)</b>	<b>25.0% (9)</b>	16.7% (6)	11.1% (4)	2.66	36
Comments								2
<b>answered question</b>								<b>36</b>
<b>skipped question</b>								<b>3</b>

21. Please provide ideas on ways to streamline other residency requirements. These MAY include: Follow-ups Procedure logs Core content reading Core content exams Duty hour logging Conference attendance Rotation evaluations Faculty evaluations Program evaluation Residency Retreat		
		Response Count
		9
	<i>answered question</i>	9
	<i>skipped question</i>	30

22. Please comment on how you felt the residency was managed.		
		Response Count
		25
	<i>answered question</i>	25
	<i>skipped question</i>	14

23. Looking back, what was most positive experience/aspect of residency?		
		Response Count
		30
	<i>answered question</i>	30
	<i>skipped question</i>	9

24. Looking back, what experience/aspect of residency would you change if you could?		
		Response Count
		24
	<i>answered question</i>	24
	<i>skipped question</i>	15



25. Looking back, what advice would you give to current residents to help maximize their residency experience?		
		Response Count
		24
	<i>answered question</i>	24
	<i>skipped question</i>	15

Question #2 : How would you describe your current main practice site?

Displaying 1 - 2 of 2 responses



<< Prev

Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. It is between a suburban and a rural ED so I didn't know what to check. We see appx 24,000 pt/yr and have 1 ED trained doc x 24 hr and an urgent care (FP trained) doc 10 hr/day.	Sun, 7/20/08 9:06 PM
 Find	2. Work at Regions and Hudson.	Wed, 7/9/08 7:27 PM
		10 responses per page ▼

Question 6: How would you rate the quality of the following groups?

Displaying 1 - 7 of 7 responses








<< Prev

Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. please note: ratings are DURING MY RESIDENCY 10-12 years ago.	Mon, 7/21/08 5:08 AM
 Find	2. They are all wonderful!!! It was a great experience and a pleasure to work with all of them.	Sun, 7/20/08 9:07 PM
 Find	3. Wonderful all around	Fri, 7/18/08 12:43 PM
 Find	4. ED faculty were consistantly engaged in high levels of bedside teaching, close supervision when needed, and extremely supportive. Administration was simply outstanding.	Fri, 7/18/08 9:07 AM
 Find	5. Now that I am in a different location I am very much appreciating the more team oriented approach (ie the nurses are much more willing to help, discuss, etc).	Thu, 7/17/08 8:33 PM
 Find	6. What a great place to train! Fantastic faculty and staff.	Thu, 7/17/08 6:29 PM
 Find	7. Lori and Pat are the best, and Brent is doing a great job leading the department.	Wed, 7/9/08 7:27 PM
		10 responses per page ▼

Question 7: Please rate your overall experience in the following areas during residency (includes clinical, didactics, reading and other exposure.)

Displaying 1 - 4 of 4 responses





&lt;&lt; Prev

Next &gt;&gt;

Jump To:

1

Go &gt;&gt;

Comment Text		Response Date
 Find	1. More dermatology and ENT would have been helpful. Less critical care would have been OK, the residency was very heavy on SICU, which although great procedurally, could have given us more time with derm, ENT, ophtho, urology, and radiology	Thu, 7/17/08 8:37 PM
 Find	2. You must find a way to do more peds intubations.	Wed, 7/16/08 8:53 AM
 Find	3. I feel very lacking in derm	Sat, 7/12/08 12:28 AM
 Find	4. I didn't have general medicine or general surgery.	Wed, 7/9/08 7:30 PM
		10 responses per page ▼

## Question 9: Overall Experience

Displaying 1 - 4 of 4 responses





&lt;&lt; Prev

Next &gt;&gt;

Jump To:

1

Go &gt;&gt;

Comment Text		Response Date
 Find	1. I could have used some additional radiology. The didactics were very good, but I could have used some additional time reading chest xrays, plain films and head CTs with the radiologist.	Thu, 7/17/08 8:37 PM
 Find	2. I have to read my own x-rays now and I felt very unprepared starting out. It's getting better as time goes on. We relied way too much on the green sheets at Regions.	Sat, 7/12/08 12:28 AM
 Find	3. Carson rocks!	Fri, 7/11/08 12:51 PM
 Find	4. Plastics is great, ortho was solid, radiology with Dr Lee is great, Tox is solid, and trauma with Dr McGonigal is great.	Wed, 7/9/08 7:30 PM
		10 responses per page ▼

Question 10: Please rate the following aspects of our didactic program.

Displaying 1 - 3 of 3 responses




<< Prev

Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. Ultrasound was becoming more formalized as I was leaving and with the dedicated teachers for ultrasound, I am sure that it has improved. Bedside/clinical teaching was variable-some attendings were OUTSTANDING and some were just so-so when it came to teaching.	Thu, 7/17/08 8:42 PM
 Find	2. No simulation when I was a resident	Fri, 7/11/08 3:11 PM
 Find	3. Sim just getting started, as was ultrasound	Wed, 7/9/08 7:39 PM
		10 responses per page ▼

Question 13: How well prepared were you to care for the following patient types?

Displaying 1 - 11 of 11 responses












&lt;&lt; Prev

Next &gt;&gt;

Jump To:

1

Go &gt;&gt;

Comment Text		Response Date
 Find	1. Sickle cell, HIV, oncology, transplant.	Fri, 7/18/08 12:48 PM
 Find	2. none	Fri, 7/18/08 5:39 AM
 Find	3. HIV, sickle cell, transplant, neonates, neutropenics (I don't see many of these at my current job either)	Thu, 7/17/08 8:42 PM
 Find	4. sickle cell	Thu, 7/17/08 6:32 PM
 Find	5. transplant; dialysis; eye; ENT; neurosurgical	Thu, 7/17/08 2:40 PM
 Find	6. Elderly	Sat, 7/12/08 12:29 AM
 Find	7. psychiatric, tox	Fri, 7/11/08 12:52 PM
 Find	8. Although I'm not seeing a lot of these patients now, I think our exposure and teaching regarding AIDS patients was a little weak.	Wed, 7/9/08 8:05 PM
 Find	9. Cancer patients, vasculitis, immunosuppression.	Wed, 7/9/08 5:29 PM
 Find	10. Chronic pain, psychiatric patients	Wed, 7/9/08 4:19 PM
 Find	11. Transplant, gastric bypass	Wed, 7/9/08 3:57 PM
		25 responses per page ▼

Question 14: Other comments regarding preparation for clinical practice.

Displaying 1 - 4 of 4 responses





<< Prev

Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. I took an oral board review course that was horrible, a complete waste of time and money. It was in Fort Lauderdale, FL. The doctor's name was Coleman. He was horrible! I felt very well prepared for clinical practice. I don't see major trauma as much now in much 2nd ED job, but I still feel prepared for it because of my training experience. In my current job I see very critically ill patients and do lots of procedures (lines, intubations, chest tubes, I've even done an emergency cricothyrotomy where the patient did well>. I feel strongly that my training prepared me very well for all of this and I'm very grateful to the program for thier training!	Sun, 7/20/08 9:14 PM
 Find	2. excellent clinical exposure	Fri, 7/18/08 5:39 AM
 Find	3. peds airway practice needed	Wed, 7/16/08 8:54 AM
 Find	4. I think we get great clinical training--especially with sick/critical care/trauma patients, but also with bread and butter med/surg/peds cases. I felt VERY well prepared to go out and work clinically.	Wed, 7/9/08 7:32 PM
		10 responses per page ▼



Question 15: After completing residency, how comfortable were you in performing the following:

Displaying 1 - 4 of 4 responses





&lt;&lt; Prev

Next &gt;&gt;

Jump To:

1

Go &gt;&gt;

Comment Text		Response Date
 Find	1. Appropriate consultation and disposition discussions would be valuable.	Sat, 7/19/08 7:37 PM
 Find	2. Learning to dictate at Regions saved my life and my billing (and our coders say that they can always tell the Regions residents because their dictations always support the level of billing!) Dictating is a skill you should not let the residents get away from.	Thu, 7/17/08 8:44 PM
 Find	3. I don't think the residents at Regions are encouraged to call PMDs enough	Thu, 7/10/08 6:57 AM
 Find	4. Resuscitation and stabilization were strengths of the program.	Wed, 7/9/08 7:33 PM
		10 responses per page ▼

Question 18: Please rate the usefulness of the evaluation/feedback given to you during residency.

Displaying 1 - 8 of 8 responses









<< Prev

Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. I would go for 6 months not hearing anything that required work (like the info/complaint on shift cards) and then sit in my 6 mo eval feeling like I was being punched. I thought this very unfair. The staff on my shifts did me a disservice by acting this way. Being told to "read more" is not helpful. I would ask where I seemed weak and what I should focus on. I was told to just read more, so I went home and read 2 novels.	Mon, 7/21/08 5:30 AM
 Find	2. Daily shift cards when discussed with you (making them also verbal) were excellent. If they were just dropped into the bin without any discussion they were not useful, especially if they had ways that you could make your shift easier/better/more smooth.	Thu, 7/17/08 8:47 PM
 Find	3. Nothing else was available but the 6 month evals. Often were not helpful in attaining growth, just seemed like criticism.	Fri, 7/11/08 3:14 PM
 Find	4. written honest feedback from staff and nurses would be nice. Personality criticisms are unhelpful. Specific areas and ways to improve would be invaluable.	Fri, 7/11/08 12:55 PM
 Find	5. am probably a better md than I would have been if I had gone to a less feedback oriented residency. in hindsight was what I needed but was painful at the time	Thu, 7/10/08 7:57 PM
 Find	6. can't remember	Wed, 7/9/08 8:46 PM
 Find	7. Written cards generally are not shown to residents, but verbal feedback was solid and 6m evals are great.	Wed, 7/9/08 7:36 PM
 Find	8. the shift cards only worked when faculty were filling it out and willing to provide constructive critique.	Wed, 7/9/08 5:33 PM
		10 responses per page ▼

Question 19: Please rate the opportunities you had to provide evaluation/feedback during residency.

Displaying 1 - 7 of 7 responses








&lt;&lt; Prev

Next &gt;&gt;

Jump To:

1

Go &gt;&gt;

Comment Text		Response Date
 Find	1. I was usually too shocked during my 6 month eval to provide any feedback. Thed yearly evals of faculty were so cumbersome. Have you ever considered breaking this up - like 5 now, 5 more in a month, etc.	Mon, 7/21/08 5:30 AM
 Find	2. It really depended on who the feedback was going to...	Thu, 7/17/08 8:47 PM
 Find	3. yes!	Fri, 7/11/08 8:26 AM
 Find	4. can't remember	Wed, 7/9/08 8:46 PM
 Find	5. Residency leadership could at times be defensive while asking for feedback, making it harder at times to give honest feedback.	Wed, 7/9/08 7:36 PM
 Find	6. NO	Wed, 7/9/08 6:19 PM
 Find	7. I really felt like the program listened to my concerns and wishes for improvement. The residency leadership was engaged and sincere in my development...	Wed, 7/9/08 5:33 PM
		10 responses per page ▼

Question 20: Please rate your exposure to the following aspects of emergency medicine administration.

Displaying 1 - 2 of 2 responses



&lt;&lt; Prev

Next &gt;&gt;

Jump To:

1

Go &gt;&gt;

Comment Text		Response Date
 Find	1. We can always use more coding/billing-although it seems not important in residency, it is SO important in practice, and learning how to document in order to support your coding was very helpful to me (Dahms lectures/MMA conference)	Thu, 7/17/08 8:48 PM
 Find	2. I think it would be very useful to provide financial guidance on contracts and especially personal finance. Graduates from the residency program should have the knowlege to enter their first job with a sound financial plan for wealth management (disability insurance, life insurance, tax-deferred and after-tax investments, etc.) I taught myself about personal finance and now serve as my own financial advisor. I have seen many high-income colleagues fall pray to unscrupulous financial advisors who sell them investments that are inappropriate and expensive. A simple seminar about asset allocation and low-cost investing via index funds and ETFs would be helpful for high-income graduates of the program to be able to have the knowledge to formulate and execute their own financial plan.	Wed, 7/9/08 7:08 PM

10 responses per page ▼

Question 21: Please provide ideas on ways to streamline other residency requirements.

Displaying 1 - 9 of 9 responses










<< Prev

Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. If procedure logs could be automatically drawn from procedure documentation on epic that would be very helpful	Mon, 7/21/08 7:20 AM
 Find	2. I didn't think any of these areas had major issues.	Fri, 7/18/08 12:53 PM
 Find	3. not sure	Thu, 7/17/08 6:40 PM
 Find	4. Skip the core content exams. They didn't help anything. Have faculty write some informational handouts and quizzes for their content areas. Have the procedure log tied in to Epic to minimize the time needed to log procedures.	Sat, 7/12/08 12:35 AM
 Find	5. hand held devices for logs would be easily maintained. Surveys online are easy	Fri, 7/11/08 12:57 PM
 Find	6. Be aware that this survey is subject to significant recall bias as the participant's length of time from graduation increases.	Thu, 7/10/08 11:56 AM
 Find	7. 6 month or yearly faculty evaluations always seemed such a daunting project - especially given the number of faculty. It was a challenge to get them all done as well as to give some specific examples. The evals may be more informational if each resident was assigned 1/3 or some percentage of the faculty to help encourage more specific comments and reduce the volume. Another idea may be to use shift card to evaluate faculty. Not necessarily for every shift, but if you worked a few in a row with a faculty member, you would be expected to fill a card out on them (much like the resident evals). That way, the comments could be more specific than trying to remember interactions you may have had weeks or months ago and would also eliminate the end of the year pile of evals.	Wed, 7/9/08 8:14 PM
 Find	8. Would be nice to have a more automated system to track cases/procedures.	Wed, 7/9/08 7:36 PM
 Find	9. Need to improve administrative curriculum SIGNIFICANTLY.	Wed, 7/9/08 3:38 PM
		10 responses per page ▼

Question 22: Please comment on how you felt the residency was managed.

Displaying 1 - 25 of 25 responses



















<< Prev








Next >>

Jump To:

1

Go >>

	Comment Text	Response Date
 Find	1. Please see previous answers	Mon, 7/21/08 5:31 AM
 Find	2. I felt the residency program was managed very well. I believe the resident feedback was considered seriously and this is important. I have no negative feedback on the management of the program.	Sun, 7/20/08 9:18 PM
 Find	3. felt it was managed well	Sun, 7/20/08 2:29 AM
 Find	4. Very well overall. I felt like decisions were made with our best interests at heart, and that our opinions mattered.	Fri, 7/18/08 12:54 PM
 Find	5. Outstanding management - this certainly removes many of the barriers that halt/slow the learning process.	Fri, 7/18/08 9:12 AM
 Find	6. extremely well!	Fri, 7/18/08 5:44 AM
 Find	7. very good	Fri, 7/18/08 12:55 AM
 Find	8. For the most part my residency experience was great. I do think that we saw a few too many patients per shift, and could have used some increased bedside teaching, however I do believe that these issues are being addressed. I was also somewhat dismayed that we were sometimes made to feel that we had a voice/opinion on matters/ circumstances that we did not. (ie, it would have been better to have been told "this is the way it is going to be"). however, overall, I got a fantastic education from Regions and would choose it again.	Thu, 7/17/08 8:52 PM
 Find	9. Residency administration was excellent. Well run, always knew what was expected of me.	Thu, 7/17/08 6:40 PM
 Find	10. top level management. Extremely well organized compared to programs I'm currently affiliated with.	Wed, 7/16/08 8:58 AM
 Find	11. Thoughtful and conscientious leadership and support staff. Sometimes I felt like I was in camp, what with all of the action plans and hoops to jump through.	Sat, 7/12/08 12:36 AM
 Find	12. Well managed. Often felt a bit like politics were more important than my education	Fri, 7/11/08 3:15 PM
 Find	13. Learned a ton. Interpersonal quirks between staff and residents was sometimes stressful and unnecessary.	Fri, 7/11/08 12:58 PM
 Find	14. Excellent!!!	Fri, 7/11/08 8:27 AM
 Find	15. Chief Residency Selection Very Political at times. Chief Residents rarely if ever do much more work than the others and SHOULD NOT be paid more.	Thu, 7/10/08 9:02 PM
 Find	16. Excellent	Thu, 7/10/08 7:05 AM
 Find	17. excellent	Wed, 7/9/08 8:47 PM
 Find	18. Although there were occasionally tensions, I think the residency was run very well with staff available to discuss concerns or get assistance. At times,	Wed, 7/9/08 8:15 PM

	it would have been nice to have extra support staff available to residents (multimedia, senior project, research, etc. assistance).	
 Find	19. quite well and genuine. i truly felt as if the leadership was looking out for me best interest in prep for the future.	Wed, 7/9/08 8:13 PM
 Find	20. Managed very well. Expectations were clear. Residency leadership and support staff were always available for any issues that arose. The residency management is one of the strongest parts of the program.	Wed, 7/9/08 7:43 PM
 Find	21. Lori and Pat are outstanding!	Wed, 7/9/08 7:37 PM
 Find	22. The residency program during my time there was well-managed from top to bottom, was efficient, and a wonderful place of learning. Felix was the reason I went to Regions, and along with Bob the reason why it is a success. Without hesitation I would go back and do it all over again.	Wed, 7/9/08 7:11 PM
 Find	23. well	Wed, 7/9/08 7:11 PM
 Find	24. Outstanding	Wed, 7/9/08 4:02 PM
 Find	25. FELIX, LORI AND PAT DO AN OUTSTANDING JOB.	Wed, 7/9/08 3:39 PM
25 responses per page ▼		

Question 23: Looking back, what was most positive experience/aspect of residency?

Displaying 1 - 30 of 30 responses






















<< Prev

Next >>










Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. Going to quito was very positive, that and some of the resuscitations, individual moments in which I really felt the depth of my responsibility and growing comfortable with the accountability of the process.	Mon, 7/21/08 7:22 AM
 Find	2. My classmates.	Mon, 7/21/08 5:41 AM
 Find	3. It was a great clinical experience, lots of exposure to ED patients.	Sun, 7/20/08 9:21 PM
 Find	4. teaching staff was great always looking for ways to improve	Sun, 7/20/08 2:30 AM
 Find	5. It was a very positive environment. Residency is stressful no matter where you go or what you do, but the faculty really seemed to care. This really made everything a little easier. They also always took the opportunity to teach whenever possible. It was a very positive experience overall.	Fri, 7/18/08 1:00 PM
 Find	6. Numbers of shifts - exposure was critical (even if the shift numbers were kind of a drag!), exposure to critical care, exposure to trauma.	Fri, 7/18/08 9:16 AM
 Find	7. Finishing with the right amount of confidence.	Fri, 7/18/08 5:55 AM
 Find	8. working in the ed	Fri, 7/18/08 12:57 AM
 Find	9. Camraderie, variety of patient/conditions/procedures, excellent critical care experience/trauma experience, great preparation for my current job (which I love)	Thu, 7/17/08 8:57 PM
 Find	10. Positive learning environment, felt ownership of ED, well respected on off service rotations	Thu, 7/17/08 6:42 PM
 Find	11. Diverse staff with many unique managements of similar patients.	Thu, 7/17/08 4:59 PM
 Find	12. critical care and trauma experience in face of diverse patient population	Wed, 7/16/08 9:00 AM
 Find	13. Getting to see a lot of interesting, sick patients. Staff was easily approachable.	Sat, 7/12/08 12:38 AM
 Find	14. My relationship with the staff physicians.	Fri, 7/11/08 3:15 PM
 Find	15. The supportive environment	Fri, 7/11/08 1:55 PM
 Find	16. bedside teaching when staff really took the time to show you how to do something. Also felt like a big family.	Fri, 7/11/08 1:00 PM
 Find	17. Meeting lifelong friends!!!	Fri, 7/11/08 8:28 AM
 Find	18. Joel Holger	Thu, 7/10/08 11:56 AM
 Find	19. Great critical care experience and overall teaching quality in ED	Thu, 7/10/08 7:06 AM
 Find	20. good pt pop and path mix	Wed, 7/9/08 8:52 PM
 Find	21. The quality of teaching particularly in dealing with critically ill patients was outstanding. Although quite stressful at times, the patient volume seemed appropriate for educational experiences as well as preparing for clinical practice.	Wed, 7/9/08 8:23 PM



 Find	<b>22.</b> The autonomy and leadership role we played in the resident run ED.	Wed, 7/9/08 8:15 PM
 Find	<b>23.</b> Great education. I know how to handle sick patients.	Wed, 7/9/08 7:45 PM
 Find	<b>24.</b> The people, the clinical training, and the procedural training.	Wed, 7/9/08 7:38 PM
 Find	<b>25.</b> The quality of the faculty...Bob, Felix, Carson, Bob Dahms, Carr, Haller, Frascone, Quaday, Holger, Kaye, Kilgore, Kumasaka, Lamon, Asplin, and others who have left... What an amazing group of physician to look up to and learn from. I have the absolute utmost respect for these people, and am honored and priviledged to have been able to learn so much from them.	Wed, 7/9/08 7:26 PM
 Find	<b>26.</b> the interaction with my peers and faculty	Wed, 7/9/08 7:13 PM
 Find	<b>27.</b> Fellow residents	Wed, 7/9/08 6:20 PM
 Find	<b>28.</b> Development of professional relationships and friendships with fellow residents	Wed, 7/9/08 4:26 PM
 Find	<b>29.</b> The physician staff were excellent and committed to making our experience one that would prepare us for independent practice.	Wed, 7/9/08 4:09 PM
 Find	<b>30.</b> TRAUMA AND CRITICAL PATIENT. ICU EXPOSURE IS UNPARALLELED	Wed, 7/9/08 3:39 PM

50 responses per page ▼

Question 24: Looking back, what experience/aspect of residency would you change if you could?

Displaying 1 - 24 of 24 responses

















<< Prev









Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. I think that it might actually be helpful, as suggested by Felix in the past, to have some sort of a hospitalist rotation as a third year, during which there is direct learning from the hospitalist taking ED calls.	Mon, 7/21/08 7:22 AM
 Find	2. The way the faculty handled the blue cards. Also, the way faculty quickly decides on a "golden child" and a "dumb one." As a senior resident, I had golden children missing acute MIs. Also, I thought it ridiculous to hear faculty say that someone was just too smart to do the job. That is absurd. I think it more likely that they just haven't managed to learn the job yet.	Mon, 7/21/08 5:41 AM
 Find	3. Based on my first work experience I didn't know how to critically evaluate my contract and total job proposal.	Sun, 7/20/08 9:21 PM
 Find	4. Nothing in particular really stands out as a major negative or a waste of time.	Fri, 7/18/08 1:00 PM
 Find	5. I think that the idea/concept of efficiency is not emphasized early enough in the first year - and as a result, many of the first years finish their intern year not having paid much attention or given the concept much thought. In practice quality, safe, and efficient care is paramount. I feel that quality and safety are highly emphasized which is great - efficient care, not so much.	Fri, 7/18/08 9:16 AM
 Find	6. The off-site location should have been more rural.	Fri, 7/18/08 5:55 AM
 Find	7. ob exposure wasn't enough admin rotation really wasn't	Fri, 7/18/08 12:57 AM
 Find	8. Get rid of SICU third year and fill that time with radiology/urology/ENT/dermatology/etc. I would also have liked a few more peds intubations.	Thu, 7/17/08 8:57 PM
 Find	9. Increased teaching on administrative issues	Thu, 7/17/08 6:42 PM
 Find	10. more peds, more fast-track,	Wed, 7/16/08 9:00 AM
 Find	11. Journal club was painful	Fri, 7/11/08 1:55 PM
 Find	12. I wish I were more receptive to criticism and ways to improve	Fri, 7/11/08 1:00 PM
 Find	13. I would read even more!!!	Fri, 7/11/08 8:28 AM
 Find	14. More exposure to the administrative aspects, billing, coding, documenting	Thu, 7/10/08 7:06 AM
 Find	15. more ortho, optho	Wed, 7/9/08 8:52 PM
 Find	16. A more intense ultrasound curriculum especially with more hands-on experience practicing on one another would have been helpful. Also the support for resident research could be increased. There is lots of discussion about research but little formal support when you get to working on a project. If you happened to get involved with certain faculty projects, I think the experience was good, but if you were doing something on your own, the same level of support was not there. I think the financial constraints on Thom's time could be particularly frustrating when you needed help with something and it would have only taken a few minutes for him to help out.	Wed, 7/9/08 8:23 PM

 Find	<b>17.</b> I would have eliminated the North experience. An improved EMS experience would have been valued.	Wed, 7/9/08 8:15 PM
 Find	<b>18.</b> The paperwork (procedure logs, followups, etc.)	Wed, 7/9/08 7:45 PM
 Find	<b>19.</b> Little. I enjoyed residency!	Wed, 7/9/08 7:38 PM
 Find	<b>20.</b> I missed all of the golf outings...If I could go back I would do something to make sure that I could attend.	Wed, 7/9/08 7:26 PM
 Find	<b>21.</b> more time off	Wed, 7/9/08 7:13 PM
 Find	<b>22.</b> Less work hours	Wed, 7/9/08 6:20 PM
 Find	<b>23.</b> I should have pushed myself to see more pt's while in the E.D. There are many providers in your Dept., therefore less need for one MD to see many Pt's. This is not the real-world	Wed, 7/9/08 4:09 PM
 Find	<b>24.</b> ADMINISTRATION	Wed, 7/9/08 3:39 PM
25 responses per page ▼		

Question 25: Looking back, what advice would you give to current residents to help maximize their residency experience?

Displaying 1 - 24 of 24 responses

















<< Prev








Next >>

Jump To:

1

Go >>

Comment Text		Response Date
 Find	1. Stretch yourself.	Mon, 7/21/08 7:22 AM
 Find	2. Make staff tell you what is on the blue card so that you have real time feedback and don't continue to do something wrong for 6 months. (You can take it, really.) Figure out what you need to know cold and what you have time to look up.	Mon, 7/21/08 5:41 AM
 Find	3. Do any procedure that is possible, even if you think you'll never do it again.	Sun, 7/20/08 9:21 PM
 Find	4. Look at all your own x-rays before you check the radiology sheet. Really work on your "skills of lifelong learning."	Fri, 7/18/08 1:00 PM
 Find	5. Take advantage of your non-emergency medicine staff. It will be the last good opportunity to learn a specialty from someone in that field.	Fri, 7/18/08 5:55 AM
 Find	6. force er residents to read xrays and make a decision b4 reading rads report	Fri, 7/18/08 12:57 AM
 Find	7. Do everything that you can. See as many patients as you can, do as many procedures as you can, read as much as you can, learn everything that you can from the karen quadays of the residency because they know their stuff in a way that I someday hope to! Learn good time management skills both at work as well as outside of work so that you can maximize your family/personal time	Thu, 7/17/08 8:57 PM
 Find	8. See as many patients as possible, read your own X-rays	Thu, 7/17/08 6:42 PM
 Find	9. ask questions during shifts, don't just see patients to keep the department moving	Wed, 7/16/08 9:00 AM
 Find	10. Don't look at the green radiology sheets!!! Ask yourself what you would do based on your own read of the films.	Sat, 7/12/08 12:38 AM
 Find	11. Your ED months are the most valuable. See and do as much as possible	Fri, 7/11/08 1:55 PM
 Find	12. Listen and be receptive to feedback. Get out of your comfort zone and try different approaches. Look at all x-rays yourself before rad read.	Fri, 7/11/08 1:00 PM
 Find	13. Read, Read,Read!!!!	Fri, 7/11/08 8:28 AM
 Find	14. Gotta see a TON of patients and do as many procedures as possible. Learn about billing/coding/malpractice/contract groups in residency.	Thu, 7/10/08 9:03 PM
 Find	15. get as many procedures as possible, learn how to do closed reductions with flouro, master moderate sedation, make sure you can read your own XR, CT	Wed, 7/9/08 8:52 PM
 Find	16. It would be difficult to graduate from Regions without an excellent experience all around. In retrospect, I would have tried to become more involved with national organizations and have focused a little more on research, however. That said I have no regrets about coming to Regions for training and feel my preparation was excellent. I feel my training was superior to most of my colleagues in terms of management, evidence-based practice, and appropriate consultations (in a private community practice setting).	Wed, 7/9/08 8:23 PM

	<b>17.</b> Read as much as you can about your patients. Develop habits of life long learning now.	Wed, 7/9/08 8:15 PM
 Find	<b>18.</b> See as many patients as possible. Ask as many questions as you can before you get out on your own.	Wed, 7/9/08 7:45 PM
 Find	<b>19.</b> Don't sweat the small details (ex: procedure logs)--do what you are asked to do to meet requirements and really focus on learning and your training to become the best emergency physician you can!	Wed, 7/9/08 7:38 PM
 Find	<b>20.</b> Early on, get a hold of a syllabus from one of the better written review courses, perhaps from a recent graduate who took one of the courses. The course directors do an excellent job of keeping the review courses focused on the material that is consistently on the written board exam. Use it as a study guide, along with the PEER exam questions. Make an effort to find time to do more focused reading.	Wed, 7/9/08 7:26 PM
 Find	<b>21.</b> stay current with paperwork ie procedure log, reading lists. you dont need to know everything until you graduate, so ask stupid questions often, push your staff.	Wed, 7/9/08 7:13 PM
 Find	<b>22.</b> Work hard, take advantage of every possible learning opportunity, don't be afraid to ask questions.	Wed, 7/9/08 4:26 PM
 Find	<b>23.</b> Juggle as many pt's as possible while on-service to simulate what you will soon encounter.	Wed, 7/9/08 4:09 PM
 Find	<b>24.</b> ADMINISTRATION EXPOSURE.	Wed, 7/9/08 3:39 PM
25 responses per page 