

Evaluation of Resident/Faculty Retreat October 26, 2005

1. Did the retreat meet your expectations?

Yes = 9. Some of it. We discussed staff pushing residents to move patients without regard for education. Exceeded. Good discussion, open listening, etc.

2. What did you like about the residency retreat?

Open discussion, camaraderie. Good facility. Good ideas from both residents and faculty. Open forum. Nice of you to introduce Richelle to the residents. Interactive small groups. Problems/solution focus. Great discussions. Meals. Able to talk about some frustrating issues. Allow to voice opinions. Opportunity to really think about how the problems are solved, not just voice the problems. As stated above. Open. Relaxed, open atmosphere. Lots of good discussion. Good food. Better food. Good space. Small group format works well. Post-its good for discussion. Interactive discussion with all residency levels (G1-G3, faculty).

3. What did you dislike about the retreat?

I know I am solo, but please food options without dairy or meat. No soda for breakfast (coke = breakfast). Difficult location to find. Long discussions. Questions were very vague. Definitely could feel opposition to suggestions/concerns by leadership. Few concrete solutions. No beer. Nothing. Less depth than I expected. The four questions were a little vague and open ended, so it was hard to get started. Once we got down to details it was easier (so in the end we did ok with open ended questions). Questions for discussion didn't generate as good a discussion. Less alumni/non residency involvement compared to last year. Difficult to make synopsis list/keep up in front of room. Solution? Possibly computer voting/lists? Would like to have more interactive discussion at the end.

4. What suggestions do you have for next year's retreat?

Project/discussion outline before retreat. Alumni. More time on concrete (areas of focus). Focus more on implementation methods. Whole day instead of just regular conference. Less editorializing, more solutions. Alumni and beer. Relay the expectation that we see more patients than we feel we can. Increase expectations of residents to change the issues we have. More of same. More of the discussion at the end. Continue at 8011. More discussion questions with smaller scope. Possible shuffling of groups. Focus on what resident education means; apprenticeship vs other and what this entails from a time (clinical and non-clinical standpoint.)