Regions Emergency Medicine Residency

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History

- Accreditation 1995, 1999, 2003, 2009
- 81 graduates 1999-present
- 108 residents 1996-present

Mission: PAPEEMCE

Provide and promote excellence in emergency medicine care and education

- Patient centered
- Resident focused
- Team oriented
- Transparency
- Professionalism
- Knowledge
- Skills
- Attitudes
- Core competencies
- Contribution to specialty

81 graduates 1999-present

- 50 Minnesota: 11 Regions, 7 Fairview-U, 6 North, 5 EPPA, 5 Abbott, 4 Duluth, 4 United, 3 HealthEast, 2 Waconia, Shakopee, Brainerd, Mayo
- 26 out of state (15): SD 4, NE 3, IA 3, CO 2, IN 2, WI 2 ND 2, MS, OR, NH, MT, WA, UT, VA, NY
- 12 Academic: 10 Regions, Wishard, Mayo
- 15 Hybrid: 7 Fairview-U, 7 North, Mercy-Iowa City
- 50 Community
- 7 Fellows (2 toxicology, faculty development, critical care, simulation, informatics, ultrasound)

108 residents (1996 - present) 25 medical schools

- 37 U of M,
- 8 UND
- 6 USD, Mayo, MCW, Iowa
- 4 Creighton, UW
- 2 Nebraska, Loyola, Indiana, Kansas, Chicago Med School, Colorado
- SUNY-Buffalo, SLU, Des Moines, Nevada, Vermont, Penn, Hawaii, East Carolina, Arizona, Utah, Michigan State, Albany, VA-COM, UCSF, Dartmouth, Yale, Tufts, Cincinnati

26 Faculty (13 Different EM Residencies)

- Regions x 10
- Henry Ford x 2
- Harvard Affiliated x 2
- Illinois x 2
- HCMC
- Brooke Army
- St Vincent's
- UCSF/Fresno
- Christ
- New Mexico
- Indiana
- Boston Medical Center
- Grand Rapids
- Michigan

Rotations (4 weeks blocks)

- Year 1: ED 3.7, SICU 1.3, Ortho 1, MICU 1, Cards 1, OB 1, Mpls Kids 1, Anesthesia 1, Plastics 1, EMS 1
- Year 2: ED 7.3, SICU 1.3, Community ED 1, MICU 1, St Paul Kids 1.3, Tox/Adm 1
- Year 3: ED/ St Paul kids 9.7, SICU 1.3, Elective 1, Community ED 1

Residency Strategic Plan 2005-2010

4/28/05

- SWOT analysis
- Conferences
- Simulation
- Mentorship
- Administrative curriculum
- Scholarly activity
- Individualization of educational experience
- Integration with U of M
- Integration with twin city hospitals
- National presence

2007-2008

- Conference changes
  - Move to Thursdays
  - Increase critical case to 90 minutes
  - Increase simulation time during conf
  - Pre-conference sim sessions
- Structured ultrasound workshops
- Schedule change from teams to sides, 10-hr shifts
- Doctors Dahms, Morgan and Taft assume roles as Asst. PDs
- Incorporation of Peds-EM faculty (Ortega & Reid) into Residency
- Hosting of Ecuadorian EM residents
- EM/FM combined residency discussions
- E-portfolio application submission to ACGME
- Specialized interview days
- Resident self-eval on shift cards
- Nurse mentorship program

2008-2009

- Community ED rotations EM-2 & EM-3
- Clarification of back-up & pull residents
- Ultrasound afternoons during anesthesia rotation
- Melding of cardiology & hospitalist rotation

Program review 2009

- Residency coordination
- Toxicology rotation
- Resident support
- Residency leadership
- Independence
- Progressive responsibility
- Cardiology rotation
- Admin rotation
- ED Conference rooms
- ED Exam rooms
- HCMC rotation
- Plastics rotation

2009-2010

- ED-Integrated rotation for EM-1
- Peds Anesthesia week during EM-3 Selective
- New ED
- Fellowship development (Peds-EM, EMS, International)

Future Directions

- Less resources for GME
- More resources for quality movement
- Quality movement based on sustained change in behavior
- Education = sustained change in behavior
- Change residency from knowledge-based residency to quality residency
- More resources for residency
- Quality matrix (Bingham, Quinn)

The Matrix

Patient Healthcare Matrix: Care of Patient with pneumonia

AIMS / Competencies	SAFE[1] (Harmless, Undertuse, excuse)	TIMELY[2] (Delay in Rx, days unnec)	EFFECTIVE[3] (Outcomes, Evidence-based care)	EFFICIENT[4] (Waste of resources)	EQUITABLE[5] (Gender, ethnicity, race, SES)	PATIENT-CENTERED[6] (Preferences, needs, values)
Assessment of Care						
PATIENT CARE[7] (Overall Assessment) Yes/No	No	No	Yes	No	Yes	No
MEDICAL KNOWLEDGE and SKILLS[8] (What must we know?)	Pt could have become septic because of the delay in starting antibiotics. He went home before films were read. Did not get proper care at OSH and came to us.		Once proper diagnosis was made, treatment was appropriate. Outcomes were good.			
INTERPERSONAL AND COMMUNICATION SKILLS[9] (What must we say?)	Spent a lot of time with pt getting history, care, etc. Pt had many other care problems.	Needed to get x-rays first and discuss healthcare issues later.		Should have waited until results of X-ray to make plan of care. Wasted a lot of time going down wrong path.		Team was very good at talking to him but we did not get to his chief complaint fast enough.
PROFESSIONALISM[10] (How must we behave?)	Team was very eager to help and no one acted unprofessional.	What is our role in letting an OHS know that radiology was not available?				
SYSTEM-BASED PRACTICE (What is the process? On whom do we depend? Who depends on us?)	Multiple doctors in multiple systems caused dangerous delay. There were many players: MD, radiology admissions, insurance, and social worker. This actually caused the problem of getting a fast diagnosis.			Patient needed to go outside of his usual system because he could not get x-rays read at night.		Patient had to navigate the complex system of care at OSH and finally get to Vanderbilt for help.
Improvement						
PRACTICE-BASED LEARNING AND IMPROVEMENT[11]	Getting records from other hospitals is critical when pt	We need a faster system to identify "pneumonia" so they can get ABX		Because we could not get films, they had to be repeated. This patient also needed to		We need to be sure pts with pneumonia are informed of what is happening and

SAEM Annual Meeting
May 22, 2005
New York City, NY

LUNCH SESSION: Closing the Quality Chasm: Research and Educational Initiatives for Academic EM (12:00-1:30 pm), *Sutton North*

Arthur L. Kellermann, MD, MPH, Emory University
Felix K. Ankel, MD, Regions Hospital

The speakers will highlight the implications of the IOM report for education and research in EM. Using examples from their department, the speakers will provide specific ideas for incorporating the IOM's recommendations in EM training programs. Particular attention will be paid to the relationship between the IOM's goals and the ACGME's core competencies. The speakers also will discuss the specific steps academic EM must take to develop a translational research agenda for achieving the IOM's Quality Chasm goals. Extramural funding opportunities, research training programs, and opportunities for collaboration will be identified. At the end of the session, participants will: 1. Identify how the recommendations from the IOM's Quality Chasm Report apply to EM; 2. Acquire specific ideas for incorporating the IOM's Quality Chasm recommendations in their educational programs, including an explanation of how the IOM goals can be used to address the ACGME core competencies; 3. Identify specific steps for developing a translational research agenda in EM to achieve the IOM's Quality Chasm goals, including recommendations for research training, opportunities for collaboration, and funding sources.

Thoughts

- Caring for patients vs. treating patients
- Complex vs. complicated system
- Wisdom of Crowds, James Surowiecki
- The Culture Code, Clotaire Rapaille
- The Foucault Reader, Paul Rabinow (Ed.)
  - Enlightenment vs. obedience
  - Knowledge, power, ethics

Our residency efforts are guided by the Baldridge core values for educational criteria for performance excellence which include:

- Visionary leadership
- Learning centered education
- Organizational and personal learning
- Valuing faculty staff and partners
- Agility
- Focus on the future
- Managing for innovation
- Managing by fact
- Social responsibility
- Focus on results and creating value
- Systems perspective

Additionally, we strive to incorporate the Institute of Medicine's *Report on Health Professions Education: A Bridge to Quality* which suggests five core areas where students and working professionals should develop and maintain proficiency. They include:

- Delivering patient-centered care
- Working as part of interdisciplinary teams
- Practicing evidence-based medicine
- Focusing on quality improvement
- Using information technology

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

April 30, 2009 Corrected Letter

Accreditation Council for Graduate Medical Education

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Felix K. Ankel, MD
Residency Director, Asst Dept Head for Education
Regions Hospital
640 Jackson St
Mail Stop 11102F
St Paul, MN 55101

Dear Dr. Ankel,

The Residency Review Committee for Emergency Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Emergency Medicine

HealthPartners Institute for Medical Education Program
HealthPartners Institute for Medical Education
St Paul, MN

Program 1102621144

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Length of Training: 3
Maximum Number of Residents: 30
Residents Per Level: 10.00 - 10.00 - 10.00
Effective Date: 02/13/2009
Approximate Date of Next Survey: 02/2014 FS
Cycle Length: 5.0 Year(s)
Approximate Date For Internal Review: 08/2011

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education.

However, the Committee cited the following areas as not in compliance:

Citation #1

Internal Review: Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. (Institutional Requirement IV.A.2)

The Internal Review was reviewed by the Graduate Medical Education Committee approximately two months prior to the site visit.

Citation #2

Program Letters of Agreement: There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. The PLA should: identify the faculty who will assume both educational and supervisory responsibilities for residents; specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document; specify the duration and content of the educational experience; and, state the policies and procedures that will govern resident education during the assignment. (Program Requirement I.B.1 √ I.B.1.d)

The PLA's do not include references to the policies and procedures that govern resident education during the rotation.

Citation #3

Faculty Qualifications: The physician faculty must have current certification in the specialty by the American Board of Emergency Medicine, or possess qualifications acceptable to the Review Committee. (Program Requirement II.B.2)

Citation #4

Resources: In every hospital in which the emergency department is used as a training site, the following must be provided: . . . laboratory and diagnostic imaging results returned on a timely basis (especially those required on a STAT basis) (Program Requirement II.D.1.c).

Children's Hospital Minneapolis reports O negative or type specific blood availability as 45 minutes versus Children's Hospital of St. Paul as 15 minutes. These must be available on a timely basis.

Citation #5

Faculty to Resident Ratio: There must be a minimum of one core physician faculty member for every three residents in the program. When the total resident complement exceeds 30, the faculty-resident ratio of one core faculty member for every three residents may be altered with appropriate educational justification. (Program Requirement II.B.2.b)

According to the information in the PIF, the program lists nine core faculty members. This number is below the requirement for the current approved resident complement of 30.

Other comments:
The site visitor confirmed at the time of the site visit, that areas of noncompliance identified on the 2007 survey (e.g., sufficient teaching time by faculty, feedback to residents after each rotation, imbalance of education and service, and availability of mechanisms for residents to speak freely) have been resolved. The Committee will continue to closely monitor the results of future resident surveys.

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and

number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Lynne Meyer, Ph.D.
Executive Director
Residency Review Committee for Emergency Medicine
(312)755-5006
lmeyer@acgme.org

CC: Carl A. Patow, MD MPH
Andrew Topliff, MD

Participating Site(s):

HealthEast St John's Hospital
Regions Hospital
University of Minnesota Medical Center, Division of Fairview
United Hospital
Abbott-Northwestern Hospital/Allina Health System
Hennepin County Medical Center
Children's Hospitals and Clinics of Minnesota - St Paul
North Memorial Health Care
Children's Hospitals and Clinics of Minnesota - Minneapolis

June 9, 2009

Lynne Meyer, PhD
Executive Director
Residency Review Committee for Emergency Medicine
ACGME
515 N. State St., Suite 2000
Chicago, IL 60610

Re: Emergency Medicine Program 1102621144

Dear Dr. Meyer:

In response to program concerns of the RRC as outlined in your letter of April 17, 2009:

Internal Review Internal Review: Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. (Institutional Requirement IV.A.2) The Internal Review was reviewed by the Graduate Medical Education Committee approximately two months prior to the site visit.

The GME office has instituted a new process that actively tracks all our internal review dates, so that they all are performed at or before the halfway point through the accreditation cycle (August, 2011).

Program Letters of Agreement: There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. The PLA should: identify the faculty who will assume both educational and supervisory responsibilities for residents; specify their responsibilities for teaching,supervision, and formal evaluation of residents, as specified later in this document; specify the duration and content of the educational experience; and, state the policies and procedures that will govern resident education during the assignment. (Program Requirement I.B.1 % I.B.1.d) The PLA's do not include references to the policies and procedures that govern resident education during the rotation.

PLAs for the current year are currently being renewed and include policies and procedures that govern resident education while on rotation.

Faculty Qualifications: The physician faculty must have current certification in the specialty by the American Board of Emergency Medicine, or possess qualifications acceptable to the Review Committee. (Program Requirement II.B.2) Dr. Paul Haller is not certified by the American Board of Emergency Medicine.

Dr. Haller is ABPS, BCEM boarded and Internal Medicine boarded. Dr. Haller does not work single covered shifts in the emergency department where emergency medicine residents are supervised.

Children's Hospital Minneapolis Resources: In every hospital in which the emergency department is used as a training site, the following must be provided: . . . laboratory and diagnostic imaging results returned on a timely basis (especially those required on a STAT basis) (Program Requirement II.D.1.c). Children's Hospital Minneapolis reports O negative or type specific blood availability as 45 minutes versus Children's Hospital of St. Paul as 15 minutes. These must be available on a timely basis.

The process obtaining O neg blood at Children's Hospital-Minneapolis has been reviewed. Dr. Patrick Carolan confirms that the time is 15 minutes or less.

Faculty to Resident Ratio: There must be a minimum of one core physician faculty member for every three residents in the program. When the total resident complement exceeds 30, the faculty-resident ratio of one core faculty member for every three residents may be altered with appropriate educational justification. (Program Requirement II.B.2.b) According to the information in the PIF, the program lists nine core faculty members. This number is below the requirement for the current approved resident complement of 30.

There are currently 27 residents enrolled in the program and 9 core physician faculty members identified (3:1 ratio). At the time of the site visit, one resident had extended her residency training due to a leave of absence, increasing our enrollment to 28 residents. This is no longer the case.

Sincerely,

Felix Ankel, MD
Residency Director
Emergency Medicine

EM Graduate Survey 2008

1. How many years since your graduation?

	Response Percent	Response Count
1-3	34.2%	13
4-6	28.9%	11
>6	**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	**60.5%**	23
Suburban	28.9%	11
Rural	13.2%	5
Teaching hospital with EM residents	15.8%	6
Teaching hospital with non-EM residents	50.0%	19
Non-teaching hospital	15.8%	6
Multiple hospitals	15.8%	6
Urgent Care/Fast Track	7.9%	3
Fellowship	0.0%	0
Currently not clinically practicing	2.6%	1
	Comments	2
	answered question	**38**
	skipped question	**1**

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

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	21.6%	8
30,000 - 50,000	35.1%	13
50,000 - 100,000	**40.5%**	15
>100,000	2.7%	1
	answered question	**37**
	skipped question	**2**

4. How many staff physicians are in your main practice group?

	Response Percent	Response Count
1 - 10	21.6%	8
11 - 20	**40.5%**	15
21 - 30	24.3%	9
31 - 40	8.1%	3
41 - 50	0.0%	0
>50	5.4%	2
	answered question	**37**
	skipped question	**2**

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
31 - 40	**63.2%**	24
21 - 30	10.5%	4
< 21	0.0%	0
Not working in EM	2.6%	1
	answered question	**38**
	skipped question	**1**

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	**53.8% (21)**	43.6% (17)	2.6% (1)	0.0% (0)	0.0% (0)	4.51	39
Off-service Faculty	17.9% (7)	**53.8% (21)**	28.2% (11)	0.0% (0)	0.0% (0)	3.90	39
Nurses	23.1% (9)	**51.3% (20)**	20.5% (8)	2.6% (1)	2.6% (1)	3.90	39
Physician Assistants	26.3% (10)	**47.4% (18)**	23.7% (9)	2.6% (1)	0.0% (0)	3.97	38
ED Clerks	17.9% (7)	**53.8% (21)**	23.1% (9)	5.1% (2)	0.0% (0)	3.85	39
Social Workers	**55.3% (21)**	31.6% (12)	10.5% (4)	0.0% (0)	2.6% (1)	4.37	38
Department Administration	20.5% (8)	**59.0% (23)**	17.9% (7)	2.6% (1)	0.0% (0)	3.97	39
Residency Administration	**59.0% (23)**	30.8% (12)	10.3% (4)	0.0% (0)	0.0% (0)	4.49	39
					Comments		7
					answered question		**39**

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

	skipped question	**0**

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
						answered question	**37**
						skipped question	**2**

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 << Prev Next >> **Jump To:** 1 Go >>

	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

8. Overall experience (continued)

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

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**

Question 9: Overall Experience

Displaying 1 - 4 of 4 responses << Prev Next >> **Jump To:** 1 Go >>

	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

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**

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

12. If you took a board review course, please indicate type.

	Response Percent	Response Count
Written board review	23.7%	9
Oral board review	13.2%	5
Both	**36.8%**	14
Neither	26.3%	10
	answered question	**38**
	skipped question	**1**

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
answered question	**4**
skipped question	**35**

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

Displaying 1 - 11 of 11 responses << Prev Next >> **Jump To:** 1 Go >>

		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

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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

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**

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

Displaying 1 - 4 of 4 responses << Prev Next >> **Jump To:** 1 Go >>

	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 strenghs of the program.	Wed, 7/9/08 7:33 PM

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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)	**46.9% (15)**	21.9% (7)	6.3% (2)	2.97	32
Daily shift feedback (verbal)	5.9% (2)	**47.1% (16)**	29.4% (10)	11.8% (4)	5.9% (2)	3.35	34
End of rotation eval (off-service)	11.8% (4)	26.5% (9)	**32.4% (11)**	20.6% (7)	8.8% (3)	3.12	34
6-month evals	22.9% (8)	25.7% (9)	**40.0% (14)**	11.4% (4)	0.0% (0)	3.60	35
Other feedback	30.0% (6)	5.0% (1)	**50.0% (10)**	10.0% (2)	5.0% (1)	3.45	20
						Comments	8
						answered question	**35**
						skipped question	**4**

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)	**37.1% (13)**	8.6% (3)	8.6% (3)	25.7% (9)	3.00	35
Shift feedback to faculty (verbal)	2.9% (1)	8.6% (3)	**60.0% (21)**	11.4% (4)	11.4% (4)	5.7% (2)	2.79	35
Yearly evals of faculty	20.6% (7)	29.4% (10)	**41.2% (14)**	8.8% (3)	0.0% (0)	0.0% (0)	3.62	34
Conference evals	20.0% (7)	31.4% (11)	**40.0% (14)**	8.6% (3)	0.0% (0)	0.0% (0)	3.63	35
Program eval	28.6% (10)	**31.4% (11)**	**31.4% (11)**	8.6% (3)	0.0% (0)	0.0% (0)	3.80	35
Feedback you provided during 6-month eval	17.6% (6)	**35.3% (12)**	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
							answered question	**35**

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

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

Displaying 1 - 7 of 7 responses << Prev Next >> **Jump To:** 1 Go >>

	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

	skipped question	**4**

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 priniciples	0.0% (0)	19.4% (7)	**30.6% (11)**	22.2% (8)	16.7% (6)	11.1% (4)	2.59	36
Financial issues	2.8% (1)	13.9% (5)	**36.1% (13)**	19.4% (7)	19.4% (7)	8.3% (3)	2.58	36
Departmental operations	5.6% (2)	11.1% (4)	**33.3% (12)**	27.8% (10)	11.1% (4)	11.1% (4)	2.69	36
Crowding management	8.3% (3)	19.4% (7)	19.4% (7)	**27.8% (10)**	11.1% (4)	13.9% (5)	2.84	36
Performance improvement	5.6% (2)	19.4% (7)	**44.4% (16)**	16.7% (6)	5.6% (2)	8.3% (3)	3.03	36
Prehospital medical direction	25.0% (9)	25.0% (9)	**30.6% (11)**	16.7% (6)	2.8% (1)	0.0% (0)	3.53	36
Managed care	5.6% (2)	5.6% (2)	**47.2% (17)**	25.0% (9)	8.3% (3)	8.3% (3)	2.73	36
Communication & interpersonal issues	16.7% (6)	25.0% (9)	**41.7% (15)**	16.7% (6)	0.0% (0)	0.0% (0)	3.42	36
Risk management & legal issues	5.6% (2)	**27.8% (10)**	**27.8% (10)**	25.0% (9)	11.1% (4)	2.8% (1)	2.91	36
EMTALA	13.9% (5)	27.8% (10)	**44.4% (16)**	11.1% (4)	2.8% (1)	0.0% (0)	3.39	36
Documentation	22.2% (8)	**30.6% (11)**	27.8% (10)	11.1% (4)	5.6% (2)	2.8% (1)	3.54	36
Coding/billing	5.6% (2)	16.7% (6)	**25.0% (9)**	**25.0% (9)**	16.7% (6)	11.1% (4)	2.66	36
							Comments	2
							answered question	**36**
							skipped question	**3**

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

Displaying 1 - 2 of 2 responses << Prev Next >> **Jump To:** 1 Go >>

	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

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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
answered question	**9**
skipped question	**30**

22. Please comment on how you felt the residency was managed.	
	Response Count
	25
answered question	**25**
skipped question	**14**

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

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

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 survery 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

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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 intersts at heart, and that our opinions mattered.	Fri, 7/18/08 12:54 PM
Find	**5.** Outstanding management - this certainly removes may 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 occasionaly 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

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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 ills 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

	22. The autonomy and leadership role we played in the resident run ED.	Wed, 7/9/08 8:15 PM
Find	**23.** Great education. I know how to handle sick patients.	Wed, 7/9/08 7:45 PM
Find	**24.** The people, the clinical training, and the procedural training.	Wed, 7/9/08 7:38 PM
Find	**25.** 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	**26.** the interaction with my peers and faculty	Wed, 7/9/08 7:13 PM
Find	**27.** Fellow residents	Wed, 7/9/08 6:20 PM
Find	**28.** Development of professional relationships and friendships with fellow residents	Wed, 7/9/08 4:26 PM
Find	**29.** 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	**30.** TRAUMA AND CRITICAL PATIENT. ICU EXPOSURE IS UNPARALLELED	Wed, 7/9/08 3:39 PM

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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	**17.** I would have eliminated the North experience. An improved EMS experience would have been valued.	Wed, 7/9/08 8:15 PM
Find	**18.** The paperwork (procedure logs, followups, etc.)	Wed, 7/9/08 7:45 PM
Find	**19.** Little. I enjoyed residency!	Wed, 7/9/08 7:38 PM
Find	**20.** 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	**21.** more time off	Wed, 7/9/08 7:13 PM
Find	**22.** Less work hours	Wed, 7/9/08 6:20 PM
Find	**23.** 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	**24.** ADMINISTRATION	Wed, 7/9/08 3:39 PM

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

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 collegues in terms of management, evidence-based practice, and appropriate consultations (in a private community practice setting).	Wed, 7/9/08 8:23 PM
Find		

	17. Read as much as you can about your patients. Develop habits of life long learning now.	Wed, 7/9/08 8:15 PM
Find	**18.** 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	**19.** 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	**20.** 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	**21.** 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	**22.** Work hard, take advantage of every possible learning opportunity, don't be afraid to ask questions.	Wed, 7/9/08 4:26 PM
Find	**23.** 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	**24.** ADMINISTRATION EXPOSURE.	Wed, 7/9/08 3:39 PM

25 responses per page

Core Content Area	Staff	Conf Hours - Total/ 18 mos				
Abd/GI		6.75				
	Taft					
	Zinkel					
CV		18				
	Holger					
	Knopp					
	Cards Staff					
Derm		1.5				
	Haller					
Endo/Metab		6				
	Chung					
Environ		3.75				
	Binstadt					
HEENT		9				
	Dahms					
	Kumasaka					
Hem/Onc		3				
	Lamon					
Immuno		3				
	Gordon					
ID		4.5				
	Henry					
MSK		7				
	Ortho Staff					
	Kilgore					
Neuro		8				
	Barringer					
OB/ GYN		6				
	Zwank					
Peds		9				
	Isenberger					
	Taft					
	Reid/Ortega					
Psych	Ankel	3.75				
	LeFevere					
Renal/ Male GU		2.25				
	Hernandez					
Thoracic/ Resp		7.5				
	Morgan					
	Nelson					
Tox/Pharm		9.75				
	Harris					
Trauma	Carr	5				
Admin	Chung	6.75				
EMS		2.25				
	Frascone					
	Kaye					
SANE	Carr	0.75				
Forensics	Carr	0.75				
U/S		15				
	Zwank					
	Kumasaka					
Simulation Day		16.5				
	Nelson					
	Hegarty					
	Binstadt					
QI	Lefevre	6.75				
Res/ Fac	Ankel	6				
G2/3 Curric	Knopp/Isenberge	3				
Sports Med	Hegarty	2.75				
Informatics	Gordon	1.5				
Journal Club	Holger	9				
Leadership	Ankel	2				
Ethics	Knopp/Henry	4				
Wellness	Dahms	4				
Alumni Day	Ankel	5.25				
Retreat	Ankel	7.5				
Guest Speaker		6				
Critical Case	Knopp/Ankel/Asplin/Hernandez/Hegarty/LeFevere/Dahms/Morgan/Taft/Quaday/Zwank/Barringer	112.5				
Trauma Conference	Trauma/EM-3s	18				
Radiology	Lee	18				
EM/IM	Chief residents					
Total Hours		**362**				
Updated 8-20-08						

Conference Speakers/Topics 2008

Speaker	Conference Name	Start Date	Start Time	Duration (hrs)	Content Category
Albrecht, Luke William	ED Resident Trauma Talk	5/22/2008	7:30 AM	1.00	Trauma
Anderson, Owen Adams	Critical Case	8/14/2008	8:30 AM	1.50	Pediatrics
Anderson, Owen Adams	Critical Case	10/16/2008	8:30 AM	1.5	Pediatrics
Anderson, Pat K	QI/MM	2/14/2008	10:00 AM	1.50	QI
Ankel, Felix K	Critical Case	1/17/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	2/7/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	3/6/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	4/3/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	5/1/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	6/5/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	7/10/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	8/7/2008	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	8/14/2008	8:30 AM	1.50	Pediatrics
Ankel, Felix K	Critical Case	9/11/2008	8:30 AM	1.5	Critical Case
Ankel, Felix K	Critical Case	10/9/2008	8:30 AM	1.5	Critical Case
Ankel, Felix K	Critical Case	11/6/2008	8:30 AM	1.5	Critical Case
Ankel, Felix K	Critical Case	12/18/2008	8:30 AM	1.5	Critical Case
Ankel, Felix K	Res/Fac Meeting	3/20/2008	12:00 PM	1.00	Meeting
Ankel, Felix K	Res/Fac Meeting	12/4/2008	12:00 PM	1	Meeting
Ankel, Felix K	Res/Faculty Meeting	1/17/2008	12:00 PM	1.00	Meeting
Ankel, Felix K	Res/Faculty Meeting	1/24/2008	12:00 PM	1.00	Meeting
Ankel, Felix K	Res/Faculty Meeting	7/31/2008	12:00 PM	1.00	Meeting
Ankel, Felix K	Residency Retreat	10/23/2008	8:00 AM	8	Meeting
Ankel, Felix K	Transition to G3 or G1 Q & A	6/26/2008	10:00 AM	0.75	Admin
Asplin, Brent Roger	Critical Case	2/14/2008	8:30 AM	1.50	Critical Case
Asplin, Brent Roger	Critical Case	3/13/2008	8:30 AM	1.50	Critical Case
Asplin, Brent Roger	Critical Case	6/19/2008	8:30 AM	1.50	Critical Case
Barringer, Kelly Walton	Critical Case	6/26/2008	8:30 AM	1.50	Critical Case
Barringer, Kelly Walton	ED Resident Trauma Talk	6/12/2008	7:30 AM	1.00	Trauma
Barringer, Kelly Walton	Ortho Cases	10/16/2008	10:00 AM	1.5	Orthopedics
Beisang, Arthur Allan	Trauma Conference	3/6/2008	7:30 AM	1.00	Trauma Conference
Bennett, Bruce A	Management of War Injuries	5/1/2008	7:30 AM	1.00	Trauma Conference
Binstad, Emily	Temperature Related Illnesses	5/22/2008	12:00 PM	1.00	Environmental
Binstadt, Emily	Small Group Day - Peds Sim Case	11/13/2008	12:10 PM	0.83	Anesthseia/Airway
Biring, Tim	Cardiology	10/9/2008	10:45 AM	1	Cardiology
Boffeli, Troy J.	Look alike Fractures of the Foot and Ankel	8/21/2008	7:30 AM	1.00	Podiatry
Broderick, Kerry	Alcohol Injuries, and the Brief Conversa	9/25/2008	9:30 AM	1	Core Content
Burnett, Aaron Michael	Journal Club	9/11/2008	7:30 AM	1	Journal Club
Carl Patow	Mock Survey	7/10/2008	10:30 AM	1.00	
Carr, Mary E	Forensics	8/7/2008	7:30 AM	1.00	Forensics
Carr, Mary E	SANE/Violence Against Adults	8/28/2008	10:00 AM	0.75	Trauma - Adult
Charles, Joey Lynn	ED Resident Trauma Talk	5/15/2008	7:30 AM	1.00	Trauma
Chung, Won G	Admin	3/20/2008	10:00 AM	0.75	Admin
Chung, Won G	Admin	10/9/2008	12:15 PM	0.75	Admin
Chung, Won G	Admin	12/11/2008	10:00 AM	0.75	Core Content
Chung, Won G	Fluids and Lytics	1/17/2008	10:00 AM	0.75	Endo/Metab
Class of 2008	Resident Research Projects	5/22/2008	10:00 AM	0.75	Core Content
Class of 2008	Senior Projects	5/22/2008	10:45 AM	0.75	Core Content
Class of 2010	SAEM ReCap	6/19/2008	7:30 AM	1.00	
Connelly, Mark David	Critical Case	6/19/2008	8:30 AM	1.50	Critical Case
Connelly, Mark David	ED Resident Trauma Talks	5/8/2008	7:30 AM	1.00	Trauma
Cotruta, Paula M	Coma	2/7/2008	12:00 PM	1.00	Neurology
Dahiya, Anjali	Heart Failure	6/26/2008	12:00 PM	1.00	Cardiology
Dahms, Rachel A	ABC's of Good Z's	3/20/2008	7:30 AM	1.00	Wellness
Dahms, Rachel A	Being Well	7/10/2008	12:00 PM	1.00	Wellness
Dahms, Rachel A	Critical Case	7/17/2008	8:30 AM	1.50	Pediatrics
Dahms, Rachel A	Critical Case	3/20/2008	8:30 AM	1.50	Critical Case

Conference Speakers/Topics 2008

Dahms, Rachel A	Difficult Deliveries	4/10/2008	12:00 PM	1.00	OB/GYN
Dahms, Rachel A	HEENT	5/8/2008	10:45 AM	0.75	HEENT
Dahms, Rachel A	HEENT	12/11/2008	12:00 PM	1	HEENT
Dahms, Rachel A	Res/Fac Meeting	12/4/2008	12:00 PM	1	Meeting
Dahms, Rachel A	Res/Faculty Meeting	7/31/2008	12:00 PM	1.00	Meeting
Dahms, Rachel A	Small Group Day - Epistaxis	8/21/2008	10:45 AM	0.75	
Dahms, Rachel A	Small Group Presentation: Deliveries	4/17/2008	10:00 AM	0.75	OB/GYN
Dahms, Rachel A	Sore Throat	1/10/2008	10:45 AM	0.75	HEENT
Dillon, Christopher Colin	Critical Case	9/11/2008	8:30 AM	1.5	Critical Case
Dolan, Joseph Andrew	Critical Case	9/18/2008	8:30 AM	1.5	Critical Case
Engebretsen, Kristin M.	Toxicology	7/3/2008	10:00 AM	0.75	Toxicology/Pharm
Eric Peterson	Billing Practices	10/30/2008	12:00 PM	1	
Feist, Aaron Anthony	Journal Club	9/11/2008	7:30 AM	1	Journal Club
Frascone, Ralph J	RNC	8/7/2008	12:00 PM	1.00	Admin
Gordon, Bradley Dean	HIV	7/31/2008	7:30 AM	1.00	Immuno
Gordon, Bradley Dean	Hypersensitivity	3/13/2008	10:00 AM	0.75	Immuno
Gordon, Bradley Dean	Informatics	12/11/2008	7:30 AM	1	
Gordon, Bradley Dean	Transplant Related Issues	6/12/2008	10:45 AM	0.75	Immuno
Haller, Paul R	Maculopapular & Vasiculobullous	5/8/2008	12:00 PM	1.00	Derm
Haller, Paul R	Res/Faculty Meeting	5/1/2008	12:00 PM	1.00	Meeting
Harris, Carson R	12:00 Conference	5/29/2008	12:00 PM	1.00	Toxicology/Pharm
Harris, Carson R	Aspirin and Isopropanol Toxicity	5/1/2008	10:00 AM	0.75	Toxicology/Pharm
Harris, Carson R	Pitt Falls in Toxicology	3/6/2008	10:00 AM	0.75	Toxicology/Pharm
Harris, Carson R	Small Group Day - Ventricular Dysrhythmias	7/17/2008	10:00 AM	0.75	Cardiology
Harris, Carson R	Small Group Presentation: Peds Toxicology	4/17/2008	12:00 PM	1.00	Toxicology/Pharm
Harris, Carson R	Toxicology	1/3/2008	10:00 AM	0.75	Toxicology/Pharm
Harris, Carson R	Toxicology	7/3/2008	10:00 AM	0.75	Toxicology/Pharm
Hassan, Cynthia	Child Protection & Mandatory Reporting	4/10/2008	7:30 AM	1.00	Ethics
Hegarty, Cullen Barrett	Critical Case	12/4/2008	8:30 AM	1.5	Critical Case
Hegarty, Cullen Barrett	Res/Fac Meeting	12/4/2008	12:00 PM	1	Meeting
Hegarty, Cullen Barrett	Res/Faculty Meeting	7/31/2008	12:00 PM	1.00	Meeting
Hegarty, Cullen Barrett	Sim Cases	2/21/2008	10:45 AM	0.75	Simulation
Hegarty, Cullen Barrett	Small Group Day - Cardiac Arrest	7/17/2008	10:45 AM	0.75	Cardiology
Hegarty, Cullen Barrett	Small Group Day - Undiff Hypotension	9/4/2008	10:00 AM	0.75	
Hendel Paterson, Brett Reed	IM/EM Case Conference	3/6/2008	12:00 PM	1.00	Neurology
Henry, Keith D	Ethics	10/30/2008	10:00 AM	0.75	Core Content
Henry, Keith D	ID Board Review	10/30/2008	7:30 AM	1	
Henry, Keith D	Influenza	1/24/2008	7:30 AM	1.00	ID
Hernandez, Bradley S	"Great MD"	6/26/2008	10:45 AM	0.75	Admin
Hernandez, Bradley S	Critical Case	7/31/2008	8:30 AM	1.50	Critical Case
Hernandez, Bradley S	Interesting Case	8/28/2008	12:00 PM	1.00	
Hernandez, Bradley S	Interesting Cases	5/29/2008	10:00 AM	0.75	Admin
Hernandez, Bradley S	Male GU Tract	5/15/2008	10:00 AM	0.75	Renal/Male GU
Holger, Joel S	EKG	4/3/2008	10:45 AM	0.75	EKG
Holger, Joel S	EKG	8/14/2008	12:00 PM	1.00	EKG
Holger, Joel S	EKG - G1s & G2s	7/10/2008	10:00 AM	0.50	EKG
Holger, Joel S	Journal Club	1/3/2008	10:45 AM	0.75	Journal Club
Holger, Joel S	Journal Club	2/21/2008	7:30 AM	1.00	Journal Club
Holger, Joel S	Journal Club	4/3/2008	10:00 AM	0.75	Journal Club
Holger, Joel S	Journal Club	6/5/2008	12:00 PM	1.00	Pediatrics
Holger, Joel S	Journal Club	7/17/2008	7:30 AM	1.00	Journal Club
Holger, Joel S	Journal Club	9/11/2008	7:30 AM	1	Journal Club
Holger, Joel S	Journal Club	11/6/2008	10:45 AM	0.75	
Internal Medicine Chiefs	IM/EM	11/6/2008	12:00 PM	1	Critical Care
Isenberger, Kurt M	Job Searching Strategies	9/11/2008	10:00 AM	1	Admin
Isenberger, Kurt M	Pediatric Abdominal Pain	6/5/2008	7:30 AM	1.00	Pediatrics
Isenberger, Kurt M	Pediatric Fractures	2/21/2008	10:00 AM	0.75	MSK
Isenberger, Kurt M	Transfer Call Review - G3s	7/10/2008	10:00 AM	0.50	Core Competencies

Conference Speakers/Topics 2008

Jackson, Danielle M.C.	Critical Case	9/4/2008	8:30 AM	1.5	Critical Case
Johannes Brechtken	Pericardial & Myocardial Disease	3/13/2008	12:00 PM	1.00	Cardiology
Kaye, Koren L	Table Top Disaster	8/14/2008	10:00 AM	1.50	Trauma
Kilgore, Kevin P	Altitude Medicine	1/10/2008	12:00 PM	1.00	Environmental
Kilgore, Kevin P	Back Pain	7/3/2008	10:45 AM	0.75	MSK
Kilgore, Kevin P	Diagnosis from the Door	7/3/2008	12:00 PM	1.00	Core Content
Kilgore, Kevin P	Lower Extremity	2/14/2008	7:30 AM	1.00	MSK
Kilgore, Kevin P	MSK Fracture Dislocation	5/15/2008	12:00 PM	1.00	MSK
Kilgore, Kevin P	MSK Fracture Reduction	5/15/2008	10:45 AM	0.75	MSK
Kilgore, Kevin P	Soft Tissue Disease	10/9/2008	7:30 AM	1	MSK
Kinnan, Michael Richard	Methamphetamines	4/24/2008	7:30 AM	1.00	Toxicology/Pharm
Knopp, Robert K	Airway Talk - G1s	7/10/2008	7:30 AM	1.00	Anesthseia/Airway
Knopp, Robert K	Alumni Cases	9/25/2008	10:30 AM	1	Core Content
Knopp, Robert K	Critical Case	1/10/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	5/22/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	9/4/2008	8:30 AM	1.5	Critical Case
Knopp, Robert K	Critical Case	2/21/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	4/10/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	4/17/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	4/24/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	6/12/2008	8:30 AM	1.50	Critical Case
Knopp, Robert K	EKG	1/24/2008	10:00 AM	0.75	EKG
Knopp, Robert K	EKG	7/31/2008	10:00 AM	0.75	Core Content
Knopp, Robert K	EKG	9/18/2008	10:00 AM	0.75	EKG
Knopp, Robert K	EKG	12/18/2008	7:30 AM	1	EKG
Knopp, Robert K	Ethics	2/7/2008	10:00 AM	0.75	Ethics
Knopp, Robert K	Ethics	10/30/2008	10:00 AM	0.75	Core Content
Knopp, Robert K	Financial Conference for G3	8/14/2008	7:30 AM	1.00	
Knopp, Robert K	Small Group Day: Airway	11/13/2008	10:00 AM	0.83	Core Content
Koepfer, Jim	Adult Mandatory Reporting	4/10/2008	10:00 AM	0.75	Ethics
Kumasaka, Peter G	Small Group Day - U/S for Undiff Hypote	9/4/2008	10:45 AM	0.75	Cardiology
Lamon, Richard P	Oncology Emergencies	4/10/2008	10:45 AM	0.75	Hem/Onc
Lee, David	Chest Radiology	8/28/2008	7:30 AM	1.00	Radiology
Lee, David	Radiology	1/24/2008	10:45 AM	0.75	Radiology
Lee, David	Radiology	4/24/2008	10:45 AM	0.75	Radiology
Lee, David	Radiology	5/29/2008	10:45 AM	0.75	Radiology
Lee, David	Radiology	6/26/2008	7:30 AM	1.00	Radiology
Lee, David	Radiology	7/24/2008	7:30 AM	1.00	Radiology
Lee, David	Radiology	10/30/2008	10:45 AM	0.75	Radiology
Lee, David	Scrotal Images	3/6/2008	10:45 AM	0.75	Radiology
Lee, David	Scrotal Imaging	9/18/2008	10:45 AM	0.75	Radiology
Lee, David	Trauma Conf	11/6/2008	7:30 AM	1	Trauma
Lee, David	Trauma Conference - Peds Spinal Trau	9/4/2008	7:30 AM	1	Trauma
LeFevere, Robert C.	Agitated Patient	4/24/2008	10:00 AM	0.75	Psych/Social
LeFevere, Robert C.	Critical Case	7/24/2008	8:30 AM	1.50	Critical Case
LeFevere, Robert C.	QI	11/6/2008	10:00 AM	0.75	Core Content
LeFevere, Robert C.	QI/MM	2/14/2008	10:00 AM	1.50	QI
LeFevere, Robert C.	QI/MM	5/1/2008	10:45 AM	0.75	QI
LeFevere, Robert C.	QI/MM	8/7/2008	10:00 AM	1.50	QI
LeFevere, Robert C.	QI/MM	10/9/2008	10:00 AM	0.75	QI
LeFevere, Robert C.	QI/MM	12/18/2008	10:00 AM	1.5	QI
Louis Ling	Mock Survey	7/10/2008	10:30 AM	1.00	
Lovell, Elise	The Blink in EM: Preconception and Physicians	2/14/2008	12:00 PM	1.00	Core Competencies
McBean, Alexander Duncan	Critical Case	11/13/2008	8:30 AM	1.5	Critical Case
McBean, Alexander Duncan	Critical Case	12/11/2008	8:30 AM	1.5	Critical Case
Miller, Adina Joy	Critical Case	7/17/2008	8:30 AM	1.50	Pediatrics
Miller, Adina Joy	Journal Club	2/21/2008	7:30 AM	1.00	Journal Club
Morgan, Matthew William	Board Review	1/10/2008	10:00 AM	0.75	Core Content
Morgan, Matthew William	Board Review	2/7/2008	10:45 AM	0.75	Core Content
Morgan, Matthew William	Colorado Compendium	6/5/2008	10:00 AM	1.50	Core Content
Morgan, Matthew William	Critical Case	1/3/2008	8:30 AM	1.50	Critical Case

Conference Speakers/Topics 2008

Morgan, Matthew William	Critical Case	5/29/2008	8:30 AM	1.50	Trauma
Morgan, Matthew William	Critical Case	8/21/2008	8:30 AM	1.50	Critical Case
Morgan, Matthew William	Critical Case	9/18/2008	8:30 AM	1.5	Critical Case
Morgan, Matthew William	Critical Case	10/16/2008	8:30 AM	1.5	Pediatrics
Morgan, Matthew William	Critical Case	12/11/2008	8:30 AM	1.5	Critical Case
Morgan, Matthew William	Critical Case	10/30/2008	8:30 AM	1.5	Critical Case
Morgan, Matthew William	EM Med	3/13/2008	7:30 AM	1.00	
Morgan, Matthew William	Faculty Lecture	6/12/2008	10:00 AM	0.75	Admin
Morgan, Matthew William	Mock Oral Boards	1/10/2008	7:30 AM	1.00	Core Content
Morgan, Matthew William	Peds Board Review	2/21/2008	12:00 PM	1.00	Pediatrics
Morgan, Matthew William	Res/Fac Meeting	12/4/2008	12:00 PM	1	Meeting
Morgan, Matthew William	Res/Faculty Meeting	7/31/2008	12:00 PM	1.00	Meeting
Morgan, Matthew William	Small Group Day - Syncope	9/4/2008	12:00 PM	0.75	
Morgan, Matthew William	Small Group Presentation: Neonatal Resuscitation	4/17/2008	10:45 AM	0.75	Core Content
Morgan, Shanna Michelle	Small Group Day - Bleeding Disorders	8/21/2008	12:00 PM	0.75	
Nelson, Jessie G	Disorder of the Pleura	4/24/2008	12:00 PM	0.75	Thoracic/Resp
Nelson, Jessie G	Small Group Day: Airway	11/13/2008	10:00 AM	0.83	Core Content
Nelson, Jessie G	Ventilator 101	7/31/2008	10:45 AM	0.75	Thoracic/Resp
O'Connell, Tara Anne	Critical Case	11/6/2008	8:30 AM	1.5	Critical Case
Peake, Benjamin James	ED Resident Trauma Talks	5/8/2008	7:30 AM	1.00	Trauma
Peake, Benjamin James	IM/EM	6/19/2008	12:00 PM	1.00	EMS
Peterson, Eric J	Documentation for G1	8/14/2008	7:30 AM	1.00	Admin
Peterson, Eric J	ED Finance for Residents	9/11/2008	11:00 AM	0.5	Admin
Pfannenstein, Ryan P	Acute Compartment Syndrome of the F	9/18/2008	7:30 AM	1	Podiatry
Pikus, Sara	Practical Skills	7/24/2008	10:00 AM	1.50	Core Competencies
Quaday, Karen A	Cost Efficient Medicine	12/18/2008	12:00 PM	1	
Quaday, Karen A	Critical Case	8/28/2008	8:30 AM	1.50	Critical Case
Quaday, Karen A	Fall and Winter Emergencies	9/11/2008	12:00 PM	1	Core Content
Quaday, Karen A	Neuro Exam - Is It Helpful?	3/13/2008	10:45 AM	0.75	Neurology
Quaday, Karen A	Spring & Summer Emergencies	5/8/2008	10:00 AM	0.75	Core Content
Reid, Samuel Richard	Critical Case	10/16/2008	8:30 AM	1.5	Pediatrics
RoeberRice, Heidi	Work Restrictions	1/3/2008	11:30 AM	1.00	Core Content
Sam Reid	Critical Case	7/17/2008	8:30 AM	1.50	Pediatrics
Sam Reid, MD	Small Group Day: Pediatric Fever	11/13/2008	10:50 AM	0.83	Pediatrics
Shultz, Jonathan Foster	Critical Case	6/12/2008	8:30 AM	1.50	Critical Case
Shultz, Jonathan Foster	ED Resident Trauma Talk	5/15/2008	7:30 AM	1.00	Trauma
Sklar, David	ACEP Update	9/25/2008	7:40 AM	0.83	Admin
Sklar, David	Medical Errors & Patient safety in the E	9/25/2008	8:30 AM	1	Core Competencies
Srb, Natasha Lee	ED Resident Trauma Talk	5/29/2008	7:30 AM	1.00	Trauma
Srb, Natasha Lee	Journal Club	2/21/2008	7:30 AM	1.00	Journal Club
Stellpflug, Samuel J	Toxicology Labs	12/11/2008	10:45 AM	0.75	Toxicology/Pharm
Stellpflug, Samuel John	Critical Case	6/5/2008	8:30 AM	1.50	Critical Case
Stellpflug, Samuel John	ED Resident Trauma Talk	6/12/2008	7:30 AM	1.00	Trauma
Switzer, Julie A.	Ortho Cases	10/16/2008	10:00 AM	1.5	Orthopedics
Switzer, Julie A.	Ortho Procedures	10/16/2008	11:30 AM	1.5	Orthopedics
taft, stephanie	Esophageal Disorders	1/17/2008	10:45 AM	0.75	Abd/GI
Taft, Stephanie Anja	Critical Case	5/8/2008	8:30 AM	1.50	Critical Case
Taft, Stephanie Anja	Critical Case	5/15/2008	8:30 AM	1.50	Critical Case
Taft, Stephanie Anja	Critical Case	7/3/2008	8:30 AM	1.50	Critical Case
Taft, Stephanie Anja	Critical Case	11/13/2008	8:30 AM	1.5	Critical Case
Taft, Stephanie Anja	Gastroenteritis	12/4/2008	10:00 AM	0.75	Core Content
Taft, Stephanie Anja	GI Jeopardy	3/20/2008	10:45 AM	0.75	Abd/GI
Taft, Stephanie Anja	Pancreas, GB, Liver	7/24/2008	12:00 PM	1.00	Core Content
Taft, Stephanie Anja	Res/Fac Meeting	12/4/2008	12:00 PM	1	Meeting
Taft, Stephanie Anja	Res/Faculty Meeting	7/31/2008	12:00 PM	1.00	Meeting
Taft, Stephanie Anja	Small Group Day - GI Bleed	8/21/2008	10:00 AM	0.75	
Thatcher, Charis Van Dusen	Critical Case	8/21/2008	8:30 AM	1.50	Critical Case
Thielen, Scott Daniel Forde	Critical Case	8/7/2008	8:30 AM	1.50	Critical Case
Thielen, Scott Daniel Forde	Critical Case	10/9/2008	8:30 AM	1.5	Critical Case

Conference Speakers/Topics 2008

Thielen, Scott Daniel Forde	Critical Case	12/18/2008	8:30 AM	1.5	Critical Case
Topp, Claire	Physician Contracting Issues	7/10/2008	7:30 AM	1.00	Core Competencies
Travnicek, Paul Andrew	ED Resident Trauma Talk	5/22/2008	7:30 AM	1.00	Trauma
Trenten Thorn	From MN to UT: It's More than a Time Z	9/25/2008	12:00 PM	1	Core Content
Zwank, Michael D	Critical Case	3/27/2008	7:30 AM	1.50	Critical Case
Zwank, Michael D	Critical Case	1/24/2008	8:30 AM	1.50	Critical Case
Zwank, Michael D	Critical Case	6/26/2008	8:30 AM	1.50	Critical Case
Zwank, Michael D	OB/Gyn Board Review	10/16/2008	8:00 AM	0.5	
Zwank, Michael D	Pelvic Pain	6/12/2008	12:00 PM	1.00	OB/GYN
Zwank, Michael D	Small Group Day - Cardiac U/S	7/17/2008	12:00 PM	0.75	Ultrasound
Zwank, Michael D	STDs	12/4/2008	10:45 AM	0.75	
Zwank, Michael D	Vaginal Bleeding	8/28/2008	10:45 AM	0.75	
Zwank, Michael D	VTE in Pregnancy	11/13/2008	7:30 AM	1	Core Content

Conference Speakers/Topics 2009

Speaker	Conference Name	Start Date	Start Time	Duration (hrs)	Content Category
2009 Class	Research and Senior Project Presentations	5/28/2009	10:00 AM	1.50	
2011 Resident Class	SAEM Presentations	5/21/2009	10:00 AM	1.50	Meeting
Anderson, Owen Adams	Critical Case	3/5/2009	8:30 AM	1.50	Critical Case
Anderson, Owen Adams	Critical Case	4/9/2009	8:30 AM	1.50	Critical Case
Anderson, Owen Adams	Neck Trauma	3/19/2009	7:30 AM	1.00	Trauma
Ankel, Felix K	Communicating with Consultants	9/10/2009	10:00 AM	0.75	Psych/Social
Ankel, Felix K	Critical Case	1/8/2009	8:30 AM	1.50	Trauma
Ankel, Felix K	Critical Case	2/12/2009	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	3/19/2009	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	4/9/2009	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	5/21/2009	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	7/9/2009	8:30 AM	1.50	
Ankel, Felix K	Critical Case	7/16/2009	8:30 AM	1.50	Critical Case
Ankel, Felix K	Critical Case	8/27/2009	8:30 AM	1.50	
Ankel, Felix K	Res/Fac Meeting	8/6/2009	12:00 PM	1.00	
Barringer, Kelly Walton	Critical Case	8/13/2009	8:30 AM	1.50	
Barringer, Kelly Walton	Weakness	3/26/2009	12:00 PM	1.00	Neurology
Binstadt, Emily	Ethics	7/30/2009	10:30 AM	1.00	
Binstadt, Emily	Small Group Day: Hypothermia	8/20/2009	10:00 AM	0.75	
Burnett, Aaron Michael	Critical Case	7/30/2009	9:00 AM	1.50	
Carlson, Catherine Gogela	7:30 Chief's Conference	3/26/2009	7:30 AM	1.00	Core Content
Carr, Mary E	Domestic Violence/Strangulation	6/18/2009	11:00 AM	0.75	Trauma
Carr, Mary E	SANE	8/13/2009	10:00 AM	0.75	Trauma
Chung, Won G	Admin	4/2/2009	12:00 PM	0.50	Meeting
Class of 2009	Passing the Wisdom	6/25/2009	7:30 AM	1.00	
Cole, Jon	Small Group Day: Bites & Envenomations	8/20/2009	11:30 AM	0.75	Environmental
Cole, Jon B	Toxicology	9/3/2009	12:00 PM	0.75	
Count: 487					
Curl, Nathaniel Dean	Critical Case	7/2/2009	8:30 AM	1.50	Critical Case
Curl, Nathaniel Dean	Critical Case	8/13/2009	8:30 AM	1.50	
Curl, Nathaniel Dean	Critical Case/Peds	9/10/2009	8:30 AM	1.50	
Dahms, Rachel A	Critical Care Conference	7/9/2009	7:30 AM	1.00	
Dahms, Rachel A	Critical Case	1/22/2009	8:30 AM	1.50	Critical Case
Dahms, Rachel A	Critical Case	8/20/2009	8:30 AM	1.50	
Dahms, Rachel A	Critical Case/Peds	9/10/2009	8:30 AM	1.50	
Dahms, Rachel A	C-Section Sim	4/16/2009	9:00 AM	0.75	OB/GYN
Dahms, Rachel A	Small Group	4/16/2009	10:00 AM	0.75	OB/GYN
Davidson, Katharine Elisabeth	7:30 Chief's Conference	3/26/2009	7:30 AM	1.00	Core Content
Dillon, Christopher Colin	Abdominal Trauma	5/21/2009	7:30 AM	0.50	Abd/GI
Dillon, Christopher Colin	Critical Case	1/22/2009	8:30 AM	1.50	Critical Case
Dillon, Christopher Colin	Critical Case	4/16/2009	7:30 AM	1.50	Cardiology
Dillon, Christopher Colin	Critical Case	5/7/2009	8:30 AM	1.50	Trauma
Dillon, Christopher Colin	Critical Case	5/14/2009	8:30 AM	1.50	Critical Case
Dillon, Christopher Colin	Journal Club	5/7/2009	10:00 AM	0.75	Journal Club
Dolan, Joseph Andrew	Critical Case	2/5/2009	8:30 AM	1.50	Critical Case
Dolan, Joseph Andrew	Critical Case	2/12/2009	8:30 AM	1.50	Critical Case
Dolan, Joseph Andrew	Critical Case	6/4/2009	8:30 AM	1.50	Trauma
Dolan, Joseph Andrew	Senior Resident Trauma Talk	4/30/2009	7:30 AM	1.00	Trauma - Adult
Engebretsen, Kristin	Drug Induced Torsades de Pointes	7/30/2009	12:00 PM	1.00	
Engebretsen, Kristin M.	Small Group Day: "Make it Stop" Vertigo	2/12/2009	10:00 AM	0.75	Neurology
Engebretsen, Kristin M.	Small Group Day: Toxic Hyperthermias	7/23/2009	10:45 AM	0.75	
Erwin, Autumn Mara	7:30 Chief's Conference	3/26/2009	7:30 AM	1.00	Core Content
Feeken, Jennifer	Lit Search Strategies	8/6/2009	10:45 AM	0.75	Core Competencies
Fein, Oli	National Health Insurance for the US: Has Its Time Come?	6/18/2009	10:00 AM	1.00	

Conference Speakers/Topics 2009

Feist, Aaron Anthony	Journal Club	5/7/2009	10:00 AM	0.75	Journal Club
Frascone, Ralph J	Critical Case - EMS Cases	5/28/2009	8:30 AM	1.50	Trauma
Frazel, Christina	Neuroleptics in the ED	1/15/2009	10:00 AM	1.50	Toxicology/Pharm
Go, Shani Justine	Critical Case	7/23/2009	8:30 AM	1.50	
Haake, Bret	Stroke	7/30/2009	7:30 AM	1.50	Neurology
Haller, Paul R	Dermatology	7/23/2009	7:30 AM	1.00	
Haller, Paul R	Infectious Diseases	9/17/2009	7:30 AM	1.00	
Harris, Carson R	Evaluation of the Tox Patient	7/2/2009	10:00 AM	0.75	Toxicology/Pharm
Harris, Carson R	Neuroleptics in the ED	1/15/2009	10:00 AM	1.50	Toxicology/Pharm
Harris, Carson R	Odors of Toxicology	7/2/2009	10:45 AM	0.75	Toxicology/Pharm
Harris, Carson R	Toxicology	5/7/2009	10:45 AM	0.75	Toxicology/Pharm
Harris, Suzanne Beth	Borderline Personality Disorder	9/17/2009	12:00 PM	1.00	Psych/Social
Haynes, Christopher	Neuroleptics in the ED	1/15/2009	10:00 AM	1.50	Toxicology/Pharm
Hegarty, Cullen Barrett	2010- Transition to G3	6/25/2009	10:00 AM	0.75	
Hegarty, Cullen Barrett	Abstract Review	4/30/2009	12:00 PM	1.00	Core Content
Hegarty, Cullen Barrett	Abstract Review	9/3/2009	10:45 AM	1.00	
Hegarty, Cullen Barrett	Critical Case	4/2/2009	8:30 AM	1.50	Critical Case
Hegarty, Cullen Barrett	Critical Case	6/4/2009	8:30 AM	1.50	Trauma
Hegarty, Cullen Barrett	Neonatal Resuscitation	4/16/2009	10:45 AM	0.75	OB/GYN
Hegarty, Cullen Barrett	Res/Faculty Meeting	6/4/2009	12:00 PM	1.00	Admin
Hegarty, Cullen Barrett	Small Group Day: Acid/Base	7/23/2009	12:00 PM	1.00	
Henry, Keith D	Critical Case	4/16/2009	7:30 AM	1.50	Cardiology
Henry, Keith D	Critical Case	6/25/2009	8:30 AM	1.50	Critical Case
Henry, Keith D	Ethics	1/22/2009	7:30 AM	1.00	Ethics
Hernandez, Bradley S	Abstract Review	4/30/2009	12:00 PM	1.00	Core Content
Hernandez, Bradley S	Abstract Review	9/3/2009	10:45 AM	1.00	
Hernandez, Bradley S	Acute and Chronic RF	8/13/2009	12:00 PM	1.00	
Hernandez, Bradley S	Critical Case	5/7/2009	8:30 AM	1.50	Trauma
Hernandez, Bradley S	Critical Case	9/17/2009	8:30 AM	1.50	
Hernandez, Bradley S	Interesting Case	7/16/2009	10:00 AM	0.75	Core Content
Holger, Joel S	EKG	2/19/2009	10:00 AM	0.50	EKG
Holger, Joel S	EKG	3/26/2009	10:45 AM	0.75	EKG
Holger, Joel S	EKG	9/17/2009	10:00 AM	0.75	
Holger, Joel S	EKG #6	6/25/2009	12:00 PM	1.00	
Holger, Joel S	Journal Club	1/22/2009	10:00 AM	0.75	Journal Club
Holger, Joel S	Journal Club	3/19/2009	10:00 AM	0.75	Journal Club
Holger, Joel S	Journal Club	5/7/2009	10:00 AM	0.75	Journal Club
Holger, Joel S	Journal Club	9/3/2009	10:00 AM	0.75	
Isenberger, Kurt	G1-Meeting, G2-Transfer Calls, G3-EKG Tests	4/30/2009	10:45 AM	0.75	Meeting
Isenberger, Kurt M	Oral Board Prep	1/8/2009	12:00 PM	1.00	Core Content
Jackson, Danielle M.C.	7:30 Chief's Conference	3/26/2009	7:30 AM	1.00	Core Content
Jackson, Danielle M.C.	Chest Trauma	1/8/2009	10:00 AM	0.75	Trauma
Jackson, Danielle M.C.	Critical Case	3/19/2009	8:30 AM	1.50	Critical Case
Jackson, Danielle M.C.	Critical Case	4/2/2009	8:30 AM	1.50	Critical Case
Jackson, Danielle M.C.	Critical Case	6/25/2009	8:30 AM	1.50	Critical Case
James Madison, MD	Stroke	6/4/2009	10:00 AM	0.75	Neurology
Jon O'Neal	Introduction to Occupational Medicine	5/28/2009	11:30 AM	1.00	
Kalliainen, Loree K	Wrist Injuries	5/21/2009	12:00 PM	1.00	Orthopedics
Kilgore, Kevin P	Dysbarism	8/27/2009	7:30 AM	1.00	
Kilgore, Kevin P	Small Group Day: Regional Anesthesia	6/11/2009	12:00 PM	1.00	
Kilgore, Kevin P	The Joint	7/16/2009	7:30 AM	1.00	Core Content
Knopp, Robert K	Critical Case	3/5/2009	8:30 AM	1.50	Critical Case
Knopp, Robert K	Critical Case	8/6/2009	8:30 AM	1.50	
Knopp, Robert K	EKG	4/9/2009	10:45 AM	0.75	EKG
Knopp, Robert K	EKG	8/27/2009	10:45 AM	0.75	
Knopp, Robert K	Ethics	1/22/2009	7:30 AM	1.00	Ethics

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Knopp, Robert K	Ethics	4/30/2009	10:00 AM	0.75	Ethics
Knopp, Robert K	Ethics	7/30/2009	10:30 AM	1.00	
Knopp, Robert K	G1-Meeting, G2-Transfer Calls, G3-EKG Tests	4/30/2009	10:45 AM	0.75	Meeting
Kumasaka, Peter G	Dental Injuries	3/5/2009	10:45 AM	0.75	HEENT
Kumasaka, Peter G	Small Group Day: Ultrasound	6/11/2009	10:45 AM	0.75	Ultrasound
Layman, Matthew D	Critical Case	7/9/2009	8:30 AM	1.50	
Lee, David	Radiology	1/22/2009	10:45 AM	0.75	Radiology
Lee, David	Radiology	2/19/2009	10:30 AM	0.75	Radiology
Lee, David	Radiology	3/12/2009	10:00 AM	1.50	Radiology
Lee, David	Radiology	6/18/2009	7:30 AM	1.00	
Lee, David	Radiology	7/16/2009	10:45 AM	0.75	Radiology
Lee, David	Radiology	8/27/2009	10:00 AM	0.75	
Lee, David	Radiology	9/17/2009	10:45 AM	0.75	
LeFevere, Robert C.	Agitated Patients	9/10/2009	10:45 AM	0.75	Psych/Social
LeFevere, Robert C.	Critical Case	3/12/2009	8:30 AM	1.50	Critical Case
LeFevere, Robert C.	QI	8/13/2009	10:45 AM	0.75	QI
LeFevere, Robert C.	QI/MM	2/5/2009	10:00 AM	0.75	QI
LeFevere, Robert C.	QI/MM	4/9/2009	10:00 AM	0.75	
LeFevere, Robert C.	QI/MM	6/4/2009	10:45 AM	0.75	QI
LeFevere, Robert C.	QI/MM	8/20/2009	7:30 AM	1.00	QI
LeFevere, Robert C.	Small Group Day: "Make it Stop" Vertigo	2/12/2009	10:00 AM	0.75	Neurology
McBean, Alexander Duncan	Critical Case	6/18/2009	8:30 AM	1.50	Core Content
McBean, Alexander Duncan	Trauma Board Review	2/19/2009	7:30 AM	0.45	Trauma - Adult
Miller, Adina Joy	Critical Case	1/8/2009	8:30 AM	1.50	Trauma
Miller, Adina Joy	Critical Case	1/15/2009	8:30 AM	1.50	Critical Case
Miller, Adina Joy	Critical Case	3/26/2009	8:30 AM	1.50	Critical Case
Miller, Adina Joy	Senior Resident Trauma Talk	4/30/2009	7:30 AM	1.00	Trauma - Adult
Morgan, Matthew William	Critical Case	1/15/2009	8:30 AM	1.50	Critical Case
Morgan, Matthew William	Critical Case	5/14/2009	8:30 AM	1.50	Critical Case
Morgan, Matthew William	Intoxicated Patients	9/10/2009	12:00 PM	1.00	Psych/Social
Morgan, Matthew William	Small Group Day: BioTerrorism	8/20/2009	10:45 AM	0.75	
Morgan, Matthew William	Small Group Day: Lytes	7/23/2009	10:00 AM	0.75	
Morgan, Matthew William	Small Group Day: Procedural Sedation	2/12/2009	10:45 AM	0.75	Anesthseia/Airway
Nelson, Jessie G	Procedure Rodeo OB Sim	4/16/2009	12:00 PM	1.00	OB/GYN
Nelson, Jessie G	Small Group Day: Thrombosis/Core Content	6/11/2009	10:00 AM	0.75	Core Content
Nelson, Jessie G	Thoracic/Resp Board Review	1/22/2009	12:00 PM	1.00	Thoracic/Resp
O'Connell, Tara Anne	7:30 Chief's Conference	3/26/2009	7:30 AM	1.00	Core Content
O'Connell, Tara Anne	Critical Case	2/19/2009	8:30 AM	1.50	Critical Case
O'Connell, Tara Anne	Critical Case	4/30/2009	8:30 AM	1.50	Pediatrics
O'Connell, Tara Anne	IM/EM	2/19/2009	12:00 PM	1.00	Critical Care
O'Connell, Tara Anne	Trauma Talk - GU	3/26/2009	10:00 AM	0.75	GU
Ortega, Henry	Critical Case	4/30/2009	8:30 AM	1.50	Pediatrics
Patten, Lane	Critical Case	7/23/2009	8:30 AM	1.50	
Paul Sufka, MD	IM/EM Conference	5/7/2009	12:00 PM	1.00	Critical Care
Peterson, Eric J	Chief's Conference	5/28/2009	7:30 AM	1.00	Meeting
Quaday, Karen A	Documentation	7/16/2009	12:00 PM	1.00	
Quaday, Karen A	Spring and Summer Emergencies	3/19/2009	10:45 AM	0.75	Environmental
Quaday, Karen A	Spring and Summer Emergencies	3/19/2009	12:00 PM	1.00	Environmental
Reid, Sam	Critical Case	6/11/2009	8:30 AM	1.50	Pediatrics
Reid, Samuel Richard	Critical Case	2/19/2009	8:30 AM	1.50	Critical Case
Risser, James	Palliative Care	7/2/2009	12:00 PM	1.00	
Schubert, Warren Vincen	Evaluation of Maxillofacial Trauma	3/5/2009	12:00 PM	1.00	Maxillofacial
Stoik, Nicole Eve	Critical Case	9/3/2009	8:30 AM	1.50	Core Content
Sutherland, Heather Ellsworth	Critical Case	7/16/2009	8:30 AM	1.50	Critical Case
Sutherland, Heather Ellsworth	Toxicology	3/5/2009	10:00 AM	0.75	Toxicology/Pharm

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Taft, Stephanie	G1-Meeting, G2-Transfer Calls, G3-EKG Tests	4/30/2009	10:45 AM	0.75	Meeting
Taft, Stephanie Anja	Critical Case	9/3/2009	8:30 AM	1.50	Core Content
Taft, Stephanie Anja	GI Board Review	1/15/2009	12:00 PM	1.00	Abd/GI
Taft, Stephanie Anja	Large Bowel	8/27/2009	12:00 PM	1.00	
Taft, Stephanie Anja	Small Bowel	3/12/2009	12:00 PM	1.00	Abd/GI
Thatcher, Charis Van Dusen	Critical Case	5/21/2009	8:30 AM	1.50	Critical Case
Thatcher, Charis Van Dusen	Trauma in Pregnancy	5/21/2009	8:00 AM	0.50	OB/GYN
Thielen, Scott Daniel Forde	Critical Case	3/12/2009	8:30 AM	1.50	Critical Case
Thielen, Scott Daniel Forde	Critical Case	6/11/2009	8:30 AM	1.50	Pediatrics
Thielen, Scott Daniel Forde	Pelvic/Ext Trauma	1/8/2009	10:50 AM	0.75	Trauma
Vigesaa, Gregory Scott	Critical Case	8/27/2009	8:30 AM	1.50	
Walters, Brent Aaron	Interesting Case	7/16/2009	10:00 AM	0.75	Core Content
Wittenbreer, Mary	Lit Search Strategies	8/6/2009	10:45 AM	0.75	Core Competencies
Zinkel, Andrew R	Critical Case	6/18/2009	8:30 AM	1.50	Core Content
Zinkel, Andrew R	Ethics	4/30/2009	10:00 AM	0.75	Ethics
Zwank, Michael D	1st Trimester Problems	8/6/2009	10:00 AM	0.75	
Zwank, Michael D	Abnormal & Ectopic Pregnancy	4/2/2009	10:45 AM	0.75	OB/GYN
Zwank, Michael D	Critical Case	2/5/2009	8:30 AM	1.50	Critical Case
Zwank, Michael D	Critical Case	3/26/2009	8:30 AM	1.50	Critical Case
Zwank, Michael D	Critical Case	6/11/2009	8:30 AM	1.50	Pediatrics
Zwank, Michael D	Critical Case	7/2/2009	8:30 AM	1.50	Critical Case
Zwank, Michael D	Critical Case	7/30/2009	9:00 AM	1.50	
	2011 Class	6/25/2009	10:00 AM	0.75	
	Chief's Conference	4/17/2008	7:30 AM	1.00	Admin
	Chief's Meeting	1/17/2008	7:30 AM	0.50	Meeting
	Class Meeting for G2s	8/14/2008	7:30 AM	1.00	Admin
	Contracts	6/25/2009	10:45 AM	0.75	
	Critical Care Conference	8/13/2009	7:30 AM	1.00	
	Critical Case	9/24/2009	8:30 AM	1.50	
	Deadly Medicine: Creating the Master Race	3/27/2008	10:00 AM	3.00	Wellness
	Detox Tour	5/14/2009	10:30 AM	1.00	Psych/Social
	Dorothy Day Tour	5/14/2009	11:30 AM	1.00	Psych/Social
	EM & Trauma Update	11/20/2008	8:00 AM	8.00	Trauma
	Epic Note Writer	4/2/2009	12:30 PM	0.50	
	Ethics and Health Care Reform	10/3/2008	7:30 AM	5.50	Ethics
	Inservice Exam	2/25/2009	7:30 AM	12.00	
	Mask Fitting	4/3/2008	12:00 PM	1.00	Admin
	Meeting with Carl Patow	6/19/2008	10:45 AM	0.75	Meeting
	Multidiciplinary Critical Care Conference	3/12/2009	7:30 AM	1.00	Critical Care
	Multidiciplinary Trauma Conference	6/4/2009	7:30 AM	1.00	Trauma - Adult
	Multidisciplinary Critical Care Conference	1/15/2009	7:30 AM	1.00	Critical Care
	Multidisciplinary Critical Care Conference	2/12/2009	7:30 AM	1.00	Critical Care
	Multidisciplinary Critical Care Conference	4/9/2009	7:30 AM	1.00	
	Multidisciplinary Critical Care Conference	5/14/2009	7:30 AM	1.00	Critical Care
	Multidisciplinary Critical Care Conference	9/10/2009	7:30 AM	1.00	
	Multidisciplinary Multi Trauma Conference	5/7/2009	7:30 AM	1.00	Trauma
	New ED Orientation	7/9/2009	10:00 AM	3.00	
	Pending	9/24/2009	10:45 AM	0.75	
	Pending- 10:00	9/24/2009	10:00 AM	0.75	

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	Pending- 12:00	9/24/2009	12:00 PM	1.00	
	Pending- 7:30	9/24/2009	7:30 AM	1.00	
	PIF Meeting	6/19/2008	10:00 AM	0.75	Admin
	Res/Fac (Rank Meeting)	2/5/2009	10:45 AM	0.75	Meeting
	Res/Fac (Rank Meeting)	2/5/2009	12:00 PM	1.00	Meeting
	Res/Fac Meeting	9/18/2008	11:30 AM	1.83	
	Res/Fac Meeting	4/2/2009	10:00 AM	0.75	Admin
	Resident Research Presentations	4/23/2009	1:00 PM	1.00	Admin
	Session II- Intro to QI and Relationship to Research	4/23/2009	10:00 AM	1.00	Admin
	Session III-Creating Effective Powerpoint Presentations	4/23/2009	11:00 AM	1.00	Admin
	Session I-Understanding Consumer and Performance Data	4/23/2009	9:00 AM	1.00	Admin
	Small Group Day: Wellness	2/12/2009	12:00 PM	1.00	Wellness
	Storz Airway Scope Inservice	6/18/2009	12:15 PM	0.75	
	Trauma Conf	12/4/2008	7:30 AM	1.00	Trauma
	Trauma Conf	2/5/2009	7:30 AM	1.00	Trauma
	Trauma Conf	3/5/2009	7:30 AM	1.00	Trauma Conference
	Trauma Conf	7/2/2009	7:30 AM	1.00	
	Trauma Conf	8/6/2009	7:30 AM	1.00	
	Trauma Conf	9/3/2009	7:30 AM	1.00	Trauma
	Trauma Conference	2/7/2008	7:30 AM	1.00	Trauma Conference
	Trauma Conference	4/3/2008	7:30 AM	1.00	Trauma Conference
	Trauma Conference	7/3/2008	7:30 AM	1.00	Trauma - Adult
	Trauma Conference	1/8/2009	7:30 AM	1.00	Trauma
	Trauma Conference	4/2/2009	7:30 AM	1.00	Pediatrics
	Trauma Conference	1/3/2008	7:30 AM	1.00	Trauma Conference
	Using Data to Improve Patient Care	4/23/2009	7:45 AM	1.00	Admin