

RGHP-Emergency Medicine				
Anonymous EM Program Evaluation by Residents - Revised				
5/1/2010 - 6/30/2011				
Included Status Types: RL1,RL2,RL3				
Question:	Answers:		%	Total
Q1. List the three most important aspects of this program for you.				
1) good balance between pushing residents out of their comfort zone to help them grow and supporting/encouraging them as they are pushed; 2) collegiality and comraderie amongst the people working in the ED; 3) acknowledging that residents are people outside of work too and providing support to help them grow as doctors and as people outside of work				
- training - experience (not the same as training) - quality of life				
people family friendly attitude progressive thinking				
Open to change, and continued improvement Continued focus on teaching Respect among staff & residents				
Autonomy Developing excellent, competent physicians Being surrounded by enthusiastic residents and staff				
Education Preparation Comradre				
Critical care focus, progressive responsibility, autonomy				
1. Critical Care Experience 2. Graduated Autonomy 3. Early exposure to intubations.				
Progressive REsponsibility Ability to participate in the care of critically ill patients early on. Forward thinking residency leadership				
Commitment to high-quality educational experiences, supportive personalities of staff and residency administration, and quality of off-service rotations.				
Comraderie, education, staff				
1- All around quality of the people here 2- Relatively large amount of critical care rotations 3- Constant self-evaluation to improve the program				
People - staff, residents, nurses, techs Patients Location				
Time in the ER, time in the MICU/SICU				
ED experience opportunity to get procedures Off service rotations are great with no scut work (except for plastics)				
Q2. List the strengths of the residency program				
critical care, changing environment to grow flexibility, chances to be in leadership roles within the residency/department, large number of patient contacts, diversity of experience amongst faculty, supportive faculty that do excellent teaching, amazing administrative staff, good leadership of the residency, good support of the residency from the hospital				
- experience - uniformly excellent colleagues				
progressive PD broad experience strong coordinator (LB and PA)				
See above				
Critical care training Graduated responsibility Teaching				
Comradre Education				
Critical care focus, progressive responsibility, autonomy, awesome people, focus on education				
1. Critical Care 2. Toxicology program in-house. 3. Early exposure to procedures.				
Ahead of our time in terms of thinking about preparing residents in all aspects of healthcare, not just medical knowledge. Excellent staff and leadership.				
Open to feedback, excellent facilities and ancillary support, for the most part good relationships with other hospital departments, off-service rotations are generally focused towards ED-specific objectives, commitment to wellness.				
Quality of residents, Simulation, Commitment of program to residents				

Family friendly Dedicated staff and residents

People Mission Felix, Cullen, Rachel, Stephanie, Lori and Pat

Procedures available to residents

Q3.

List areas of focus for the residency program.

scheduling (to make it less of a burden to make the schedule and to make it more "fair" in terms of evening/night shifts before/after conference and to make vacations more flexible, etc); building a sense of cohesiveness despite the pod system

- more focus on training. less on experience (i.e. pushing patient throughput less at the expense of experience, but focusing more on training -- i.e. in room supervision, regular simulation, regular management drills)

find balance between being appropriately and overly responsive to feedback preparation for community EM

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QI was a great addition this year, but needs some tweaking.

Preparation

Resident confidentiality. Respecting feedback from residents.

1. Ultrasound 2. Getting higher faculty attendance at conference.

Continue adding staff support to quality projects to help residents navigate what can be a complicated system of implementing change. Continue encouraging the use of US in the evaluation of critically ill patients.

Maximize core content and limit amount of extraneous conference presentations.

Improving consistency US education, increasing staff/resident shift times to improved amount bedside teaching, better commitment to shift evals

Better/ more core content during conference (and fewer ancillary topics)

ROD Core competency

beefing up conference - more bread/butter, core content.

1. Feedback on notes from staff. 2. Better involvement of mentors. Although staff are supposed to give feedback on our documentation, the only time I get feedback is from the Coding staff. I'm yet to have a staff give me feedback on how to make my documentation better. I know Dr. Lefevere reviews notes and talks about better documentation during conference but it will be nice to have some sort of feedback from staff especially early in first year when we're still learning how to document correctly. I'm not sure how other residents mentors are but I felt mine was too busy to meet with me. We only met my first 2 months of residency when I had questions and I requested to meet. it will be nice if the mentors take the initiative too in scheduling meetings.

Q4.

What should the residency CONTINUE DOING to improve?

-- continue attention to feedback

expanding academic opportunities being progressive and working to stay ahead of the curve

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Incorporating sim into conference and teaching

Move away from busy work and focus on core stuff

Being flexible and responsive to residents needs, adjusting rotations as needed

Continue sim conferences, they are a favorite amongst the residents.

Continue to listen to all stakeholders, continue to be in tune with morale and mental health of residents.

being receptive to internal feedback

continue being open to suggestion for change staff: continue great teaching

Continue to be resident-friendly Great staff

It is nice to have the rotation evals pushed through to us by email. continue having more small group conference time and simulation and procedure labs.

Q5.

What should the residency STOP DOING to improve the residency?

-- more emphasis on quality improvement as a departmental goal rather than an individual goal; QI will likely be difficult to achieve without nurse and ERT buy-in -- less emphasis on "REDS" and more emphasis on slowing down in appropriate situations (i.e. slow down when you have a sick patient, even if there are a number of chronic / subacute / not sick people getting angry while waiting)

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adding more steps to anything

C pod shifts. Poor experience by graduating class. Does not seem to be working. Less "wellness" and "quality" and focus more on core content.

Having so many lectures about quality and wellness

1. Less extraneous surveys!

Streamline the amount of surveys and feedback processes.

be careful of push administration and ED operations vs resident needs/education on issues such as scheduling

taking time from conference for group projects/QI. these should be done outside as nothing was ever really accomplished during conference anyway

Stop having PAs take away sick patients from residents. Several times, code red has been called and if PA gets there before the resident, they refuse to let the resident take on the patient primarily. I've had this experience mainly with one PA. This residency is for residents to learn to take care of sick patients.

Q6.

What should the residency START DOING to improve the residency?

I think it's a great idea for the interns to have the time away at the end of first year at SAEM - provides a good release from the stress of residency, celebrates the end of intern year, provides good bonding,... I think it would be helpful to have something similar at the end of 2nd year. Second year is in some ways more stressful than intern year and it would be good to have another scheduled time away to reconnect with the class, celebrate being done with 2nd year and prepare for 3rd year. I think it needs to be 2-3 days of time away. It could be in June after the interns get back from SAEM so they could start practicing stepping up to the 2nd year roles.

Changing the staffing overnight and evening shifts. However, I believe this is already in transition for next year

keep working on the administrative rotation

Respecting resident input. Allow for feedback from residents which is anonymous.

More education about contracts, jobs, malpractice (practical things that we will face once done with residency)

More core content in conferences.

Nothing

Conference should focus more on the bread & butter core content of EM.

Q7.

List any specific rotation comments.

Hudson was a fantastic experience (already put more on that specific rotation evaluation but I think anyone who wants to do it would benefit from it!). The SICU is fantastic learning - hard work but exhausting but totally worth it. Really valuable to have the elective time 3rd year - nice to get to choose what we want to do with that.

-- continue thinking about SICU hours -- these do get in the way of optimal learning and patient care

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none

We have an excellent tox rotation, with excellent talks given during the tox rotation. It would be great if those talks could be captured in video format and posted somewhere for review at any time by residents.

None

SICU - would like better commitment by SICU staff to informal talks/teaching ED - more bedside/post pt presentation teaching, more shift feedback

plastics in 2nd year is not a good idea. If by any chance, the rotation is cancelled, it should be replaced with another month in Children's ED

Q8.

Other comments

I will miss Regions more than I can say. I'm incredibly grateful for the training I've recieved here and the friends I've made. I will be back to visit for sure and maybe someday for longer and will be sure to stay in touch wherever I am! If any residents want to do an elective in Anchorage I'd be happy to help with that (at least for the next 3 years!).

Overall excellent residents, great reputation nationwide. Excellent teaching staff and opportunities for residents

none

I am very pleased with the residency and would choose it again!

None