**Appendix 2: Resident and Faculty Overall Comments on Rookie Campa**

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| **Prompt** | **Participants** | **Faculty** |
| What should be added to future programs? | - Longer course – 3-4 days (5)- Systematic interpretation of MRI/CT (3)- Clearance of C-spine in comatose patient, common spinal procedures (3)- More lectures. Reading sessions. (2)- Correlate the activities with reference pages in the manual.- Anatomical courses.- Physiology concepts related to the drainage process (eg. electrolyte relating to SAH).- Position the patient for different types of craniotomy.- Review the classification of tumors.- More suturing.- A session to guide PGY, how to manage time, and how to use spare time for reading and building knowledge.- Differential for various presentations.- Have a relevant camp for the PGY1, R2, R3, etc.- More access to labs to practice individually.- The readings sent out 1-2 weeks ahead of time. | - Split over 3 days, shorten cases (6)- Midas rex drilling (3)- Structured Neuro exam both comatose and awake with SPs (3)- Microscope basics (3)- Lectures before communication session (e.g. how to mange trauma before being thrown into situation) (3)- Strategies to learn during residency (2)- Work/life strategies beyond learner (2)- Separate station re: medical imaging (2)- Common admitting orders (2)- Posterior cervical/lumbar spine exposure (midline)- Allow structured time for residents and faculty for open discussion. More time for mayfield, suturing, patient positioning- Free time to return to stations.- Add another simulated patient scenario- Keep the course to 2 days only- More on-line materials before course |
| What should be removed or changed for future Rookie Camps? | - Neuro-touch simulation (2)- Lumbar puncture session could be shorter (2)- Endonasal transphenoidal approach (1)- V-P shunt (1)- Session on sterility/draping – important, but most people already know that (1)- Stitching - most PGY are familiar (1)- Longer stations (eg. SAH) – shorten/ divide (1)- Breaking bad news (1) | - Neuro touch less useful at this stage (3)- Concentrate on drains (2)- Move any content possible on-line to make room rather not removing anything.- Transsphenoidal may be too advanced for this group- Less time on LP. |
| What do you need in order to apply information and practices taught at this rookie camp in your context/ work? | - The course manual will be a useful refresher (3)- Repetition/exposure on the floor with real patients and supervision (2)- More time to practice alone after teaching (2)- Process of knowledge translation will be very easy given the case based/hands on education- A brief summary of key points from the cases. | **-** |
| What was your favorite aspect of this rookie camp? | - Simulations of common cases (e.g. trauma, ICP management), working under pressure to see what it is like before it happens on the floor (15)- Rotating in small groups for various stations and having opportunities to practice hands on tasks using instruments that will be used on service (7)- EVD/LP (7)- Interactive cases (2)- Vascular, SAH – Management (3)- Tumor, Post Fossa (2)- Consent discussion (2) | **-** |

a Number of respondents associated with each comment is indicated in brackets