**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