

LLUH Department of Anesthesiology Graduate Survey

The Loma Linda University Department of Anesthesiology is interested in receiving feedback regarding your residency experience and how prepared you felt upon graduation. Please take a few minutes to complete the following brief survey. Your responses will remain confidential and your input will help us evaluate and improve our training program. Thank you in advance for your assistance. We hope you are thriving in your current position/program. Should you have any questions or concerns related to this survey, please do not hesitate to contact Leyla Embree at (909) 558-4015 or lembree@llu.edu.

1. I am currently

- | | |
|---|--|
| <input type="checkbox"/> completing a fellowship. | <input type="checkbox"/> working in an academic setting. |
| <input type="checkbox"/> working in private practice. | <input type="checkbox"/> not practicing. |

2. Please mark your level of preparedness for each of the patient care competencies below.

	Well Prepared	Prepared	Unprepared
Preoperative Assessment and Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraoperative Mgmt - General Anesthetic Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraoperative Mgmt - Cardiovascular Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraoperative Mgmt - Pediatric Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraoperative Mgmt - Regional Anesthesia Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postoperative Management and Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please mark your level of proficiency in the competency areas below as compared to your current colleagues.

	Above Average	Average	Below Average
Practice Efficiency (including room set up/turnover)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-based Learning & Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems-based Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please rate the quality of the following during your residency training.

	Excellent	Adequate	Improvement Needed
Research/Scholarly Activity Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Feedback/Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you feel that your schedule/work hours during residency training adequately prepared you for your current work environment?

- Yes
 No

6. Please provide comments (positive feedback or areas for improvement).