

IPULS - Kalkylmall för utvärdering, deltagarsvar

Version 2

HJÄLP

Deltagare		Fråga										
Nr	Kommentar	1	2	3	4	5	6	7	8	Fråga 9a	Fråga 9b	Fråga 10a
1		5	5	4	5	5	5	5	5	All presentations were not on the CD.		Good speechers.
2		6	6	6	5	6	6	6	6		Scaphoideum fracture.	Lecture on CD. Very good
3		6	5	5	5	6	6	6	6	The course covered radiologic		Good lectures and sufficient
4		5	5	4	4	5	4	5	6		A good lecture was the lecture about scaphoist	Good lectures.
5		5	4	4	4	4	3	4	4			Stroke presentation was
6		5	5	4	4	5	4	5	5	More chest X-ray.	EVAR.	Vasicty. Cases. Arrangements
7		5	5	4	4	5	5	4	4		Scaphoid fractures.	HIGH Factual level in lectures.
8		6	6	5	6	5	5	5	5			Good lectures. Good level.
9		5	5	e	5	5	e	5	5		Scaphoid fracture.	
10		6	6	6	6	6	6	6	6			Lots of practical knowledge can
11		4	4	4	3	3	3	3	2		Unfortunately some lectures did not present their material in a good way even though I don't doubt they were very compentent in their field.	Day 4 Thursdayvery good. Dynamic and more spontaneous lecture.
12		5	5	4	4	4	5	5	5	More chest x-ray.	Vascular intervention - too specialized, maybe just less to me on this subject.	Very good speakers in general. International speakers. Cases. Well organized. CD.
13		5	5	4	4	4	5	4	5	More cases. More practifally info what's on duty.		
14		6	6	6	6	6	6	6	6			Casedemonstration interactiv.
15		4	4	4	4	4	e	5	5			
16		3	4	4	4	4	e	5	4		MSK took a lot of time on the course.	
17		5	5	4		5	5	5	5			

Nr	Kommentar	1	2	3	4	5	6	7	8	Fråga 9a	Fråga 9b	Fråga 10a
18		6	5	6	5	6	6	5	6	More CT protocols.		
19		6	6	6	6	6	6	6	6	Practical tips on sonographic imaging.	Scaphoid does not have to be removed, but inclusion in a more general discussion of fractures even just band would be helpful.	Knowledge base of presenters, good speaking ability to open to questions.
20		5	5	5	5	5	4	5	6		Pulmonary embolism? Scaphoid fracture?	
21		6	6	4	5	6	6	6	6			
22		5	5	4	5	5	4	5	5			
23		5	5	5	4	4	5	5	5	More detailed information.	Very basic information from lectures.	Focus. Knowledge.
24		4	4	4	4	4	3	4	4			Lectures on CD: Soto, Taljanovic, Sivik.
25		6	6	6	5	6	6	6	6			
26		5	5	5	4	5	4	5	5	Good.		Case studies relevant.
27		5	5	5	5	6	e	3	5			
28		5	4	5	4	5	4	4	4			
29		5	5	4	5	5	4	4	5			
30		5	4	4	5	5	4	4	5		Too much skeletal information.	Pediatrics lecture, gastrointestinal, thoracic + cases. Clear and good lectures.
31		5	5	4	3	4	e	4	4			Theory is well explained. A lot of pictures to look at.
32		6	6	6	6	6	6	6	6			
33		5	5	4	4	5	4	4	5		Scafoïd fractures.	
34		5	4	3	4	6	5	5	5	Chest x-ray.	Treatment of aortic conditions.	

35		6	6	6	6	6	6	6	6	6	More MR technique of examination - which seqwew sies when.		
Nr	Kommentar	1	2	3	4	5	6	7	8	Fråga 9a	Fråga 9b	Fråga 10a	
36		6	6	5	5	5	5	6	6				
37		6	5	5	5	6	5	5	4	Acute trauma.		Target is the general radiologist. Broad coverage of topics quality of presentations were very good	
38		6	6	5	5	6	6	5	6	Internal herniation post bypass operations. Ultrasound in appendicitis.	Scaphoid fractures (not removed, but shorter - seems a trauma topic.	Case discussions. Lectures on CD.	
39		6	5	4	5	6	5	5	6				
40		4	4	4	4	3	2	2	1		Scaphoid fractures.	Time table. Basic covered. Wide area covered.	
41		4	5	3	5	6	5	5	6		Treatment of the most cases I mean stroke, fractures.	Neonatal and radiologi of children as well as brain radiology.	
42		6	6	k	5	5	k	5	4		Scaphoid fracture - too specific (although very high quality lecture).	Dr E Nielsson Sofo, Sivit.	
43		6	5	5	5	5	5	5	5				
44		5	5	5	5	5	5	6	6	"everything" on CD even the cases better. I would liked paper handouts too have.		Very godd lectures cover the field well (for example Friday lectures were brilliant)	
45		5	5	5	6	5	5	5	6		Scaphoid fx.	Fantastic lecturers.	
46		6	6	6	6	6	6	6	6	The acute scrotum.	Scaphoid fx is not for this section. Vascular intervention.	Well organized. Good speakers. Nice program.	
47		5	5	4	5	5	5	5	4				
48		5	5	4	4	4	6	5	6		Scaphoideum was very good but is this on emergency?	Very good doctors telling. Good lunch. Good teknich.	

49		5	5	5	5	4	5	5	5			Good speakers. CD.
50		5	5	5	5	6	6	6	6		Scaphead repair not really emergency radiology.	Lots of information, good coverage of field. Interesting case studies.
51		5	5	5	5	5	5	5	5			Klinik föreläsning. Fallen.
Nr	Kommentar	1	2	3	4	5	6	7	8	Fråga 9a	Fråga 9b	Fråga 10a
53		5	4	5	5	5	5	5	6	Little more about ultrasound.		It was very good to have (engelsktalande föreläsare). It was very good to show cases. It was well organized.
54		4	4	4	4	5	5	4	4			
55		5	5	5	5	6	6	5	5			
56		5	5	5	5	6	4	4	6		KUB.	Cases.
57		4	4	e	4	4	4	4	4			
58		5	5	5	5	5	4	5	6		Prof M Taljanovic's lecture about scaphoid fractures was good but didn't quite fit under the emergency radiology topic.	
59		6	6	5	5	5	5	5	6			
60		5	5	k	5	5	6	6	6		Some of the lectures (stenting of porta) do not become to the job of radiologists.	
61		5	5	5	5	4	4	4	5	Diafragmal hernias in infants.	Scaphoid-lecture. Reduced crup and epiglottal pathology.	Well organized. Course dinner. Generally good lectures.
62		5	5	5	5	4	4	4	4		Scaphoid fx. Very good lecture and content but definitely not the aim of this course.	Well organized. Good facilities. Very nice course dinner. Generally good lectures.
63		5	5	6	6	6	6	5	5			
64		5	5	4	e	5	4	6	6		We need not more theory, very good if more (bilder) than theory.	Stroke. Infant emergency. Bowel onst.

Nr	Kommentar	1	2	3	4	5	6	7	8	Fråga 9a	Fråga 9b	Fråga 10a
65		5	6	k	5	6	5	6	6			
67		5	e	k	5	5	3	5	5			Great mixture of relevant topics. Excellent CNS lectures.
68		5	5	4	4	4	4	5	5			Very well presumtid topics of relevance with lot of practical
69		5	5	5	5	6	6	5	6		Lecture on late therapy of scaph.fractures.	Great lecturers. Good image matherial. Good lecture hall.
70		4	4	5	5	5	5	5	5	Practical session		
71		6	5	5	5	6	5	6	6			Lecton time with good "margin" so the presentation was well debated. Good "state of the art".
72		4	2	3	e	2	2	2	1	Post-operative abdomen.	Scaphoid fracture is not a non-traumatic emergency.	Neuro lectures. Time schedule was good. The lecturers english pretty well.
73		4	4	e	6	4	4	5	5		Methods (KVB, ppyelographi/urography) which are not used anymore.	Broad subjects.
74		6	6	6	6	6	k	6	6	Evaluation of liver.		Good speakers. Time-table was good. Balanced program between lectures and cases.

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Fråga 10b	Fråga 11	Fråga 12
		Very good course.
There could be even more cases.	The course was overall well organized and serveal	
	Instead of 45 min´s for each topic I would have	
Few chest X-ray. EVAR (too		
Correlation with clinicians view.	More pictures.	
		Have not seen the syllabus yet. Maybe that will answer point 6.
	Case-studien in smaller groups. - possible?! Karta till Auditoriet bör mailas ut. Inte helt självklart att hitta dit - PNL-auditoriet heter inte så på sjukhusets tavlor. Mer detaljerad utvärdring - föreläsningarna bedöms separat. Börjar man 8 bör kaffepaus vara 9.30-10.00. Tilhandahålla mer anteckningspapper (blanka). Fallundervisning i mindre grupper ger mycket mer.	
Maybe more interactive learning sessions. Shorter lunch to make the day shorter.		
Dr M Jaljanovik reading her text very boring. Probably good lessions but bad performance.		

Fråga 10b	Fråga 11	Fråga 12
	Internet acces.	
Case reviews don't appeal to registrants and sometimes there is a bit more material than should fit into 45 min.	Aside from moving it to a topical setting - nothing.	Carotid sonography for radiologists would be useful.
Some basic information.	Skip the basics.	
Presentations: Flinek, Beckman, Nielsen.		
Long hours.		
	Fewer skeletal lectures, maybe less intervention.	
Kidney lecture was not helpful for emergency setting. Too much MRI.	Hard to apply some knowled to a smaller hospital because we don't have as easy access to trauma MRI machines. More emphasis on CT would be usefull.	
		Dr E Nielsen är en mycket engagerande föreläsare. Mkt väl framfört. Byggnaden var står att hitta eftersom DNC auditorium ej stod på anslagstavlor. Vid frågor har föreläsaren givit svar men auditoriet har inte halltid hört frågan. Bättre om föreläsaren upprepar frågan innan svaret ges. På "kallelsebrevet" stod att det var registrering och kaffe 8-8.45. Men i verkligheten var det bara registrering. Spelar ingen roll men bättre om info stämmer. Moderatorerna har varit svåra att höra.
Too intensive.		
	More focus on cases and perhaps more active involvement from all participants - as in group work.	

		Excellent course dinner.
Fråga 10b	Fråga 11	Fråga 12
Could have been more academic. Pe-heaps should have included lectet, chedee, methods etc	Possibly included active truma. Course mainly involving trauma related emergencies.	Every lectures commond of hte english language (non USA) was excellent. Delivery of lectures was excellent. Organization was excellent.
Maybe too few pauses between the lectures, esp in the morning.	Manometer evaluation of cases.	Good lunch. Overall very good language skills in english by the speakers. Very good course dinner.
	More case presentation and discussion, in smaler group sessions.	Well arranged course.
Only basics covered. Wide area covered.	I would have expected more focused sessions to some subjects going in to deep. Not the basics of everything in the area.	
In some of them was there a monotonous speech with more	More radiological findings and pictures.	Thank you for the great course, it was very usefull and scientific.
		Prof Taljanovic saknar pedagogisk förmåga, tröttar enbart ut auditoriet.
Some lectures were very fast.		
		Go on like this in the next lecture.
	More short cases.	More toilets.
For little time for imagine of spinal infection. Sofo talked to fast or "otydlig". Gärna fler cases.		

		More short breaks, please!
Maybe too much information density. Some repetition, case connected like on last day, would improve learning.	One lecturer read from very detailed pictures with too much text, shown too shortly to understand everything. The others were better, with few words/sentences per slide and longer oral discussion.	
En av föreläsarna var lite för teoretisk för min smak.		
Fråga 10b	Fråga 11	Fråga 12
	To hold the course in Copenhagen instead for Aarhus?	It was good and great opportunity for me to see a lot of subjects in this course.
		The evaluation should be for every day instead! Large diff in the speakers.
		5-10 min break between lectures would have been needed.
		Nice meeting. Will be back next time.
		Every radiologist dealing with emergencies should go this course.
To tough schedule.	Short pauses between lectures.	
Too compact schedule.		
		Very well informative course.
Muskuloskeletal infektions and spinal infektions.		

	Just 2 sektioner, not 3, in a row to keep concentrations and focus - More small breaks.	Prof Taljanovic and E Nielsen are very well - structured in their presentations. Thanks!
Fråga 10b	Fråga 11	Fråga 12
		Extremely well organized course - nice auditorium. Good coffee, lunch, very nice course dinner. Nice town.
Maybe a little more of trauma radiology could be better.		Very nice course.
Somewhat long series of lectures without intermission.		Very nice course dinner.
3 succession 45 min sessions is too much		
The course was pretty basic, there wasn't much new for specialists.	Interactive solving of diagnostic challenges/cases is very educational. (ECR!)	Methods in USA seem to be different from ours in Scandinavia. I can't agree on the things we were taught in "USA-lectures". No US? CT is the best guidance method in interventions? Really!? You may consider
	Cases in groups.	
	More interaction.	Very good.