

SIU SCHOOL OF MEDICINE LINCOLN SCHOLARS PROGRAM
Year Two Core Clerkship Appraisal, Class of XXXX

• Number of Records:

1. This clerkship was well-structured and organized. I knew what to do and where to be most of the time.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

2. I saw an adequate number of patients to meet my learning needs.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

3. The workload in this clerkship was appropriate for my learning needs.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

4. As a student I actively participated in patient care.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

5. My opinions were listened to and discussed.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

6. My assigned responsibilities were commensurate with my training.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

7. Overall, by the end of this core clerkship my history and physical exam skills had improved.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

8. Core educational opportunities in this core clerkship met my individual learning needs.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

• Comments

9. Faculty / Community Preceptor contact in this core clerkship was adequate (for example, faculty members were available, and observed my presentations and exams).

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

- Comments

10. Faculty / Community Preceptor members provided constructive feedback throughout the core clerkship to help me improve my clinical skills.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

- Comments

11. Faculty / Community Preceptor members were professional role models in this core clerkship

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

- Comments

12. The clerkship helped me to find my specialty

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|
| N | N | N | N | N | N | N | N |
| Y | Y | Y | Y | Y | Y | Y | Y |

- Comments

13. Has an attending physician, resident or staff member ever belittled or denigrated a specific specialty in your presence?

| | |
|-----|--|
| no | |
| yes | |

| | |
|---------------------------------------|--|
| SIU Faculty member | |
| Resident | |
| Non-SIU community attending physician | |
| Staff member | |

If yes, please elaborate:

- Comments

14. Has an attending physician or resident ever made negative comments to you personally about your choice of specialty?

| | |
|-----|--|
| no | |
| yes | |

| | |
|---------------------------------------|--|
| SIU Faculty member | |
| Resident | |
| Non-SIU community attending physician | |
| Staff member | |

If yes, please elaborate:

- Comments

15. Has an attending physician, resident or staff member ever belittled or denigrated non-physician members of the healthcare team in your presence?

| | |
|-----|--------------------------|
| no | <input type="checkbox"/> |
| yes | <input type="checkbox"/> |

| | |
|---------------------------------------|--------------------------|
| SIU Faculty member | <input type="checkbox"/> |
| Resident | <input type="checkbox"/> |
| Non-SIU community attending physician | <input type="checkbox"/> |
| Staff member | <input type="checkbox"/> |

If yes, please elaborate:

- Comments

16. Have you ever witnessed or experienced bias in the clinical environment?

| | |
|-----|--------------------------|
| no | <input type="checkbox"/> |
| yes | <input type="checkbox"/> |

a. Describe the circumstance.

- Comments

b. How did you handle this experience?

- Comments

c. Have you found strategies that help mitigate the bias? Describe.

- Comments

d. If you have experienced bias, what impact did that have on you?

- Comments

17. The learning climate in this core clerkship enhanced my learning and made me feel accepted and supported.

| Emergency Medicine | FCM | Internal Medicine | Neurology | OB/GYN | Pediatrics | Psychiatry | Surgery | |
|--------------------|-----|-------------------|-----------|--------|------------|------------|---------|--|
| N | N | N | N | N | N | N | N | |
| Y | Y | Y | Y | Y | Y | Y | Y | |

- Comments

18. Have you personally witnessed or experienced student abuse during this clerkship?

| | |
|-----|--------------------------|
| no | <input type="checkbox"/> |
| yes | <input type="checkbox"/> |

Comments – (Description of any student abuse you witnessed or experienced.)

19. What is your overall rating of this clerkship?

| | |
|--------------------|----------------------|
| Emergency Medicine | <input type="text"/> |
| FCM | <input type="text"/> |
| Internal Medicine | <input type="text"/> |
| Med Hum | <input type="text"/> |
| Neurology | <input type="text"/> |
| OB/GYN | <input type="text"/> |
| Pediatrics | <input type="text"/> |
| Psychiatry | <input type="text"/> |
| Surgery | <input type="text"/> |

20. What was the most valuable educational experience in the Year 2 Core Clerkships?

Comments

21. What about the Year 2 Core Clerkships would you change to improve for future years?

- Comments

END OF REPORT