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Y3 Appraisal Core Clerkship Report

Academic Year 2020-2021

Class of 2022

Prepared by:
Office of Education and Curriculum
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NOTE: Narrative comments included in this report have been reproduced exactly as students entered them into a computerized system

Class of 2022

- **Number of Records: 18**

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

Yes	No
17	1

- Some clerkships such as OBGYN and Surgery took a while to get used to, but once acclimated had some of the best varied experiences.
- Some rotations were more organized than others. The pediatric and OBGYN rotations were the most organized and surgery was the least organized.
- Generally speaking the nurse educator in charge of the core clerkship (if there was one) was great about getting information out to people. I struggled to know where to go or what was expected of me most with my first rotation, surgery.
- Some were better than others. Peds and OB/Gyn had great Google calendars that helped us all stay organized. I often did not know where to be for Psych
- I found that with the exception of a few programs, I was lacking a schedule until a few days before the rotation started, which I felt made the first week a little challenging because I was trying to figure out requirements and scheduling. I often found that preceptors did not know to expect me.

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

Yes	No
18	0

- Yes I think we are able to see many patients.
- Saw enough patients for all clerkships.
- I felt all clerkships provided an adequate number of patients.
- It really depended on the clerkship and the preceptor. Most wanted us to see our own patients and we got to see a lot.
- Very Clerkship dependent. Outpatient IM was far to few to learn much of anything

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

Yes	No
18	0

- Yes the workload is highly independent
- I generally felt the workload was appropriate overall.

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

Yes	No
18	0

- Some clerkships more than others. Would be advantageous to send student's a ranking of how they enjoyed each clerkship. All students give generally good feedback but if forced to rank them I think it would show that some clerkships usually rank poorly compared to others. Student involvement being a large factor.
- dependent on clerkship; in surgery I felt less involved than in other clerkships which were more clinic based

5. My opinions were listened to and discussed.

Yes	No
17	1

- As a student, I feel strongly about limiting sharing my opinions unless specifically asked for them but yes they were listened to.
- Not true of CCX at all. I informed the school anonymously that week 3 students were aware of all the CCX diagnoses and doing writing practice DXJs to prepare. To my knowledge it was never addressed (do not want this addressed with me personally, but school-wide probably need to make some changes). To be very clear.

6. My assigned responsibilities were commensurate with my training.

Yes	No
18	0

- Yes responsibilities felt in-line with training.

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

Yes	No
18	0

- Yes I agree. Much more focused and with more purpose behind each action.

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

Yes	No
18	0

- Yes and no. Most of the learning and educational opportunity still is self directed learning so sometimes after long days I didn't do a lot of that. Therefore learning felt somewhat affected. Overall agree.
- I especially enjoyed clerkships that had an educational/lecture component that was structured into the schedule

9. The Core Clerkship helped me develop my lifelong learning skills / goals.

Yes	No
18	**0**

- Yes helped me develop interests and things I did not enjoy.

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

Yes	No
18	0

- Almost all clerkship directors were very available
- The orthopedics department professors were more than happy to help and meet me to discuss things.

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

Yes	No
16	2

- Sometimes hard to get On-The-Fly forms however.
- Internal medicine I didn't receive any feedback despite sending multiple on the flys (this was the case for other students) Neurology similar; had no completed on the flys despite receiving verbal feedback and sending the forms
- For the most part. Difficult obtaining written feedback from most core clerkship attendings/residents.
- I had difficulty getting formalized written feedback throughout the year.
- My progress was hit or miss for clerkships; sometimes I only got 1 filled out when I had sent out more than 10

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

Yes	No
18	0

- Many great mentors and physicians to mirror yourself after.

13. Residents were effective teachers and contributed positively to my learning.

Yes	No
18	0

- Many residents were great on the various clerkships.
- One thing I realized during clerkships was that having an untrustworthy/poorly trained resident is the Number 1 hindrance to our education. The residents tend to do the most medical student education on the wards, and if we have to question everything the resident says, we are not learning. In addition, the attendings then have to spend more time holding the resident's hand and guiding them on every little task, which also leads to less learning for us. Most of the residents I've worked with this year have been great, so when we have a bad one, it is quite obvious and detrimental.
- For the most part, residents wanted to help students. On occasion, they did not give much teaching or interaction.
- The residents are the best part of some of the clerkships, they gave adequate responsibility and opportunity to me commensurate with my abilities

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

no	12
yes	6

SIU Faculty member	6
Resident	1
Non-SIU community attending physician	0
Staff member	0

If yes, please elaborate:

- All of the above (SIU faculty members, residents, non SIU community attending physicians, and staff members). I would also add that my fellow classmates talk poorly of various specialties. In nearly every clerkship there has been somebody talking poorly of another specialty. I will be applying for family medicine residencies, and it was the specialty most commonly belittled. Psychiatry is another specialty that is frequently belittled. On Match Day, I was in the OR, and I asked a fellow 3rd year student (who is also going into family medicine) what she would do if she didn't match into family medicine. I asked if she would try to scramble into another specialty or sit the year out and re-apply in the following cycle. The surgical residents and attending audibly laughed when I asked the question. My classmate, hearing this, laughed with them and said, "If I don't match into family medicine then I would have to bag groceries at County Market." I was so shocked by these reactions- both the surgeons for laughing at the thought that somebody couldn't match into "the easiest specialty" and my classmate for being so quick to talk poorly of her own intended specialty. If I was working with somebody interested in a different field, I would have posed the same question so that it applied to whatever field the other person was pursuing. I feel that residency is incredibly important because it determines what you will likely be doing for the rest of your life. If somebody is passionate about a specialty, would they be quick to give it up just to say they matched, or would they take a year to build their resume and apply again in the next cycle? The whole event was incredibly frustrating.
- Family Medicine is often talked poorly about that they don't know the intricacies of various treatments which is very annoying. This is especially true for medical students speaking poorly of other specialties.
- I have been around multiple physicians who make jokes about other specialties but I wouldn't necessarily say that they were belittling those specialties.
- There was a time this year when going into medicine was brought up as a waste of my talents. It was meant as a compliment but did not have the intended effect.
- All of the above in some form or another. I don't think I have been on a rotation where there was not at least one comment made about another specialty. This was at all levels attending through resident and staff as well. Some were more frequent and substantial than others some were more jovial but it was not uncommon.
- Not denigrate, but we often discuss each field's pros and cons

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

no	13
yes	5

SIU Faculty member	4
Resident	1
Non-SIU community attending physician	0
Staff member	0

If yes, please elaborate:

- Again, all of the above have made comments in some form of another that I should do something other that "just" family medicine
- Not really negative, but I have gotten a lot of, "Oh, pediatrics. Well I guess we need good pediatricians, too."

- The comments were more so in evaluation that I was not "interested" in that particular resident's specialty because I had stated that I was interested in another specialty. It was less so negative about my chosen specialty, just more so related to being interested in a different specialty.
- just how at different places, the attending and residents of that specialty are horrible and mean
- IM made comments about my interest in EM

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

no	10
yes	8

a. Describe the circumstance.

- We arguably all experience bias and inappropriate circumstances however it is hard to quantify or specifiy specific instances.
- While working in the ED with an all female team (female attending, 2 female residents, and myself) we had a family ask why they were going home when the doctor had not seen them yet.
- An attending physician was seeing a Spanish speaking patient with the resident. The resident is bilingual and able to speak English and Spanish, so she saw the patient but is leaving after this month. The attending physician was trying to tell the patient he would still be here for the patient despite the resident leaving; however, the attending wasn't recognizing that the patient wanted a doctor who spoke Spanish as it was easier for him. He loved the resident as his doctor. The attending was biased in that he felt he would be the best doctor for the patient rather than finding a doctor in the area who spoke Spanish as the patient wanted.
- I cannot recall specific circumstances at this time, but I know that I have witnessed bias at some point during the core clerkships. I'm sure everyone has. It's everywhere.
- Bias against psych patients in the ED.
- I'm sure there were instances where bias was playing a role but I cannot recall any specific circumstances
- It happened frequently in the ED for a variety of reasons and in various circumstances.
- I've had a few circumstances where some patients treat me different because I look quite young. I have not seen any bias in terms of patient care however.

b. How did you handle this experience?

- Simply reflect and make a note to remember
- The patient and family had already left, but we talked about it amongst ourselves and I found that this was a common experience for the women on my team.
- I just listened to the conversation and thought about how I would handle the situation if I was the attending physician and tried to put myself in the patient's shoes.
- I was not surprised to see bias. I was glad that I was able to recognize it, though.
- I saw them happily because I had not yet had my pscyh rotation and needed the practice.
- I made a mental note of this and made sure to think about how I would do things differently in the same situations.
- I explain my position and elaborate on what I know regarding their care. Generally I'm not bothered

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

- Life-long learning and being open to others opinions I suppose
- I try to think about where the patient is coming from and what they think is best for themselves.
- Yes, I try to limit my personal biases on every interaction with a patient and feel comfortable discussing them in closed doors with my peers.
- I do my best to recognize my bias by stepping back when I feel certain things that aren't very logical. From there I make a note of that circumstance and step into the patient's shoes as best I can to help guide my judgment.

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

- It made me recognize that I might not be the best person to care for patients sometimes and that's ok. I will make sure to help the patient find the best person for them though if that is the case.
- It served as a note for how I want to conduct myself as a professional and how I can make sure to avoid similar circumstances in the future.
- The impact was not too severe, I just felt more aware of it.
- It made me more aware of how medicine is influenced in real-time.
- none really

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

Yes	No
18	0

- Yes I felt supported
- Yes and no. The Ob/Gyn clerkship was a horrible experience. Never before have I felt so unimportant to and belittled by a the majority of a clinical team.
- I found the learning environments were overall supportive and educational.
- SIU has a very progressive culture that promotes learning in an open fashion. I thought the attending physicians would be much more intimidating but all were exceedingly kind.

18. My clerkship advisor helped me identify my strengths and weaknesses and develop a useful improvement plan.

- Dr. Tennill was an excellent clerkship advisor. We discussed general plans to get the most out of my experience.
- Dr. Ettema was FANTASTIC. She is incredibly supportive, and I am so thankful for her guidance.
- No. During our meetings, I would often have to reach out multiple times to get a response and set up a meeting. Also during meetings she would only focus on my CCCs and asking me to complete them. We never discussed my specialty choice or how to choose, or my strengths/weaknesss in patient care
- My clerkship advisor was excellent.
- Yes
- Yes, I really appreciated my clerkship advisor
- Yes
- I enjoyed the monthly check ins with my advisor as a way to recap each rotation. However, it was challenging to find time to meet due to the schedule in several rotations
- Absolutely.
- Yes
- I agree completely with this. I was very well supported and they offered great feedback.
- Yes, Dr. Austin and later Dr. Otsuka were excellent about telling me where I needed to improve and how to do it.
- Yes

19. My clerkship advisor helped me reflect upon my experiences in a useful way.

- Dr. Tennill was an excellent clerkship advisor and helped me reflect upon the clerkships to get a good understanding of what I want to do.
- No
- Yes
- Yes
- Definitely.
- Yes. My clerkship advisor was exceptional.
- It was useful to discuss my likes and dislikes of each rotation and how that lead me to different specialty choices.
- Definitely.
- She had me answer thoughtful questions about what I had experienced and that was how I was able to reflect on what I was going through.
- Yes
- We had great reflective conversations that really helped me process my feelings and make decisions.
- Yes
- Yes

20. What is your overall rating of this clerkship?

Clerkship	Rating
Emergency Medicine	4.28
FCM	4.22
Internal Medicine	3.67
Med Hum	3.22
Neurology	3.83
OB/GYN	3.89
Pediatrics	4.33
Psychiatry	3.94
Surgery	4.56

21. What was the most valuable educational experience in the Year 3 core clerkships?

- A day in surgery (orthopedics) - After working hard in the morning clinic and seeing many patients, the orthopedic residents (who were all great mentors) allowed me to do a lot during some operations in the afternoon. That evening we then wrote the notes. Even though it was a long day, I felt most a part of the team that day and got to participate and learn a lot.
- As somebody who plans to go into rural family medicine, my Family Medicine clerkship was outstanding. Dr. Williams in Murphysboro was an excellent mentor, and I truly feel that I grew as a future physician and greatly developed my clinical skills through that experience.
- The OB student stork clinic was the most valuable experience. I was basically acting as the resident and Dr. Zeino was excellent at teaching students in that clinic. He provided great feedback and I learned a lot.
- Just in general getting to experience different specialties first-hand.
- The extra discussions. Peds had brown bag sessions over lunch that were great, and FCM had their Wednesday morning phone calls. It is rejuvenating to see our classmates again after being apart, and the sessions were always informative and pertinent.
- My most valuable educational experience has been the exposure to the variety of professions and specialties within health care.
- I thought the variety of patient encounters was most helpful throughout the year. I felt I got a good grasp on many common patient presentations.
- The varied exposure to many different specialties to reaffirm chosen career paths is the most valuable part of the third year.
- Attendings going the extra mile to teach and clearly taking time out of their day to do so meant so much to me as a learner.
- Seeing patients on our own and coming up with management plans. When attending listened to what we thought of as plans and helped us work through them, that's where I learned the most. Being a part of the team and expected to present on the patient and have the information was a great way to learn and be a better clinician in the future.
- hands-on participation - that is the only way to truly learn
- I think that for me personally, it was the family medicine rotation back home.
- The autonomy given by attending physicians was excellent. By allowing me to see patients on my own, craft a treatment plan, and explain to the patient the plan, I actually felt competent and like a budding doctor
- Responsibility given to students by Dr. Zeino during the OBGYN clerkship.

22. What about the Year 3 Core Clerkships would you change to make it better?

- More structured lectures to learn and guide self-directed learning perhaps. Although this is likely very hard to schedule and organize per clerkship.
- Dr. Todd and Dr. Hopkins frequently did not look at our side of the room during the Medical Humanities then would make comments that our side was quiet or not talking. We were told that honors was taken away from Med Hum because it was not fair for shy people who did not interact well in a large group setting but then our side was ostrasized because we were quiet. There were countless times where a hand would be raised on our side for a long time and disregarded because they maintained the conversation on the other side of the room. Dr. Todd even said at the beginning of the week that "sometimes it takes a minute for people to work up the courage to speak" but then did not follow this the rest of the week.
- Re-work the entire Ob/Gyn clerkship. I feel that it is critical to reflect on the attendings that students are paired with. Most Ob/Gyn attendings were not pleasant to work with - Zeino, Hild-Mosley, and Garcia were the exception. The Ob/Gyn culture here at SIU is toxic, and I truly dreaded going to work each day because of the people I was assigned to work with.
- 1) Shelf Exams. I think we sholud have a shelf exam for every clerkship that we take, but it doens't count as a grade. That way, students won't spend clerkship time intensly studying but also we will have an idea of what we need to learn/what we missed during the clerkship. The clerkships are extremely subjective on what you learn, and having this small amount of standardization could help students stay on track and identify their weak points.
  2) On Th Flys: Are extremely subjective, and it is difficult to get faculty to fill them out. We need to find a better way to evaluate students. I would recommend looking to the Emergency Medicine and OB-GYN faculty for this because they had the best organized clerkships, and the best responses to feedback etc
- The OTF form is too long and residents don't have the time to fill out the form usually. I had a hard time getting feedback especially during my neurology clerkship and emergency medicine clerkship. If there are other ways to provide feedback such as emailing the clerkship directors that would be beneficial. Another way might be having attendings give written feedback as an OTF for students after working with them or circling a specific number 1-5 for student performance in certain areas. Also, an attending physician showed me MyProgress from his viewpoint and he couldn't find students. It looked as if students were organized according to clerkship group but physicians and residents don't know what groups students are in. It would be better if students were organized alphabetically. In fact,

my surgery clerkship preceptor told me he couldn't find my name in MyProgress which is why he wasn't able to fill out the form for me.

- Every clerkship should give us a Google calendar, and it would be helpful to have that ~2 weeks before the clerkship begins.
- Nothing (2)
- I would give students a designated weekday off during each clerkship. That would allow for students to make appointments each month if needed without having to make schedule changes on the part of the program/student. I also think students should get a schedule no later than a full week before the clerkship starts. It can be challenging for students with families to plan with such short notice, particularly if you need help taking children to daycare/school based on schedules.
- Some rotations were more welcoming of students than others, namely Peds, FCM, and OB/GYN, whereas others it felt that to take on a larger role you had to go out of your way to ask rather than it being the expectation for a student.
- I would eliminate the necessity to travel for the FCM med rotation. We have a phenomenal center for learning and a large FM program in Springfield-unclear why students must be "shipped off" rather than work with our awesome staff here. That being said, I had an excellent experience with traveling but I think for certain students it creates an unnecessary burden (miles on a car) for a similar learning experience.
- I know there is a finite amount of time, but I wish internal medicine could have been longer. I feel like that is where we learn the most medicine and once I was comfortable and able to take in the information, it was time to move to the next clerkship.
- I would do one week of outpatient IM and add another week of neurology potentially. Outpatient IM was my least favorite rotation and I think it was the least useful so adding some more neurology which in my opinion would allow for a better learning experience on Neurology.
- Humanities was not worth the time. While the topics they want to cover are important, there was very little discussion and it was more of an echo chamber with everyone stating stories and then agreeing with eachother. I think this has to do with the large group nature of the experience (small groups would be much more beneficial) and the political leaning of academic physicians and medicine in general tend to bias the discussion. The ethics portion could have been much more valuable if framed in a more targeted fashion; we never really talked about ethics so much as students' stories.

  I firmly believe the summative CCX exam is now a waste of time given step 2 CS is defunct and it generally is not a good measure of our clinical knowledge and it makes no sense how it is graded.

  The core clerkships were all valuable. I wish we had more surgery experience than just 4 weeks in one specialty.
- The family medicine clerkship needs to be revamped. I am all for students being sent to rural/hometown mentors. However, the entire mission of the school is to recruit and train primary care physicians. why then do we as students feel unwelcome by the SIU family medicine department, and the beautiful new CFM building on fourth street? The family medicine clerkship is the only clerkship where we do not directly interact with SIU faculty and residents of the department, which is a doing a huge disservice to the department and the schools mission to recruit primary care physicians. I know of numerous students who have chosen other specialties, and would have been amazing family medicine physicians, but had a terrible experience during their clerkship, and have no clue what the field actually offers. This needs to be updated.

  A suggestion I have discussed with classmates and I hope can be considered, is changing the first week of the clerkship. The "introduction to family medicine" selective is an amazing week, that does a wonderful job highlighting the different opportunities available within the field, from sleep medicine to sports medicine to MAT clinic. I would have never known these opportunities exist within family if I hadn't taken that selective, or seen how incredible the SIU family medicine residents or faculty are. Rather than save this experience for PEP, why not alter the clerkship, and make it the first week of the clerkship? then send students to a rural/hometown family physician for 3 weeks. This would open the door for many students to the wonderful family medicine opportunities available at SIU and provide a baseline family medicine experience, instead of the variable nature many students have just going to a rural/hometown physician.

  I am someone considering family medicine, but also considering another specialty because of how amazing they did running their clerkship and highlighting the cool opportunities available. The family medicine department should work on highlight WHY students should choose it, not defending why it's a good specialty.

//End of Report