

End of Clerkship Combined Report

Academic Year 2020-2022
Class of 2022(Y3 Core Clerkships)

Departments Of:
Emergency Medicine
Family and Community Medicine
Internal Medicine
Neurology
Obstetrics and Gynecology
Pediatrics
Psychiatry
Surgery

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.

Emergency Medicine - Class of 2022

What is your overall rating of this clerkship and why?

20 - Excellent

10 - Very Good

3 - Good

4.52 AVG

Comments regarding the overall clerkship

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-- The clerkship felt like the right amount of hours to get a good amount of learning in. Many of the preceptors were great educators While some preceptors were too busy or didn't seem like they wanted us there, the residents often saved the day by being patient enough to take us on while also handling their responsibilities. I liked getting to rotate through the various hospitals in the Memorial Health System to get a feel for EM in different settings (such as the more rural area of Decatur).

-- All the preceptors were great educators and allowed me to follow residents, follow them, see and present present patients, practice differentials and plans, and gain much EM relevant information.

-- Given the circumstances, the clerkship was set up in a way that still allowed us to get an idea of what EM is

-- Good attending physicians and residents provided a supportive learning environment.

-- Good clerkship, broad range of experiences, valuable teaching from residents.

-- good exposure to EM

-- Great experience overall. Faculty was interactive and helpful. Good exposure to patients- however I felt that COVID limited the amount of patients I could see.

-- Great experience

-- great time, one of my favs

-- I enjoyed the work of this clerkship very much overall. However, only getting to do two shifts per week made the experience seem a little more limited than I had hoped for in terms of the number of patients seen. In addition, not being able to see COVID/ suspected COVID patients also made it challenging, as some shifts I would be able to see very few patients. This wasn't a fault of the clerkship itself, moreso of the current situation, but did make the experience a little less than I had hoped for as a student interested in EM. I did enjoy the added simulation sessions once per week as well as the didactic lectures. I thought they were very valuable. The decreased shifts made it difficult to complete the passport as well as become more comfortable with the work in the rotation.

End of Core Clerkship Evaluation | Y3

-- I enjoyed working in th ER, learning as much as I did about plans and management for patients. Got to see a variety of patient presentations and feel a lot better about case presentation skills. It was just tough knowing I had Step 1 to still study for.

-- I had a great time during my rotation. Everyone I encountered was extremely nice and worked towards making my learning experience fun and educational. Both the physicians and residents that I worked with were great and very educational. I was fortunate to have many great experiences on my rotation and see quite a bit.

-- I really enjoyed this clerkship, I felt that I was still able to do a lot and see a lot of new things and put my knowledge from the past two years into action.

-- I think the clerkship went very well despite COVID's best efforts to ruin it

-- I thoroughly enjoyed the 4 weeks of Emergency clerkship. The attendings and the residents were all very approachable and knowledgeable.

-- It is well organized, and the inclusion of the passport makes it very easy to understand what is expected of students, which would otherwise be much more confusing as you change attendings and residents every shift. Additionally, Eric Woods sending out the template for the on-the-fly was extraordinarily helpful.

-- Overall I had a really good time. I did not expect to enjoy EM as much as I did but the combination of the fast-paced, procedure-driven, always moving on to the next thing is exciting. The attendings, residents, and staff were all very professional and pleasant to be around. I felt like a member of the team from day one and that greatly helped my learning experience.

-- Overall the clerkship catered to student learning very well as we were generally allowed to see patients on our own, work closely with attendings and residents, and go through learning issues/treatment plans for each of the patients.

-- Overall, I greatly enjoyed my emergency medicine clerskip. I thought it was very well-organized throughout the rotation, and I thought the staff made me feel like a part of the team at all the hospitals through which I rotated.

-- Overall, I learned a lot during this clerkship and felt like I was able to work on utilizing all the clinical skills I have learned to this point. The residents were a strong point of this clerkship.

-- The EM Clerkship is very well setup and it is clear that great care has been taken to ensure that each student gets a full experience of working in the ED. The staff and faculty were all friendly.

-- The faculty did an excellent job ensuring that students were involved patient care and made it a point to give positive and constructive feedback when necessary. The simulation cases were a great way to expose us to EM medicine.

-- There were a significant amount of patients that I was not able to see due to them having possible COVID-like symptoms (i.e. anyone with shortness of breath), but I understand that this was for our own safety and is still better than sitting at home not seeing real patients. It was a good

End of Core Clerkship Evaluation | Y3

experience for me.

-- This clerkship was very enjoyable. It was well organized and full of good experiences and learning opportunities.

-- This clerkship was very well organized, and made a large effort to adjust the clerkship to fit COVID. For example, the number of shifts was reduced but we had replacement SIM sessions. Depending on how many COVID/respiratory patients were there, it could be difficult to see many patients during a shift. The SIM sessions were very educational and fun.

Additionally, both the residents and attending physicians in this clerkship were wonderful. Almost all were welcoming to students, excited to teach, and had great attitudes when teaching. It made what could be a very intimidating and difficult clerkship exciting, exciting and full of learning opportunities.

-- This clerkship went well. I felt that I was able to experience a good variety of chief complaints.

-- This was my favorite clerkship of the year thus far. I enjoyed working with the staff at all locations and felt like the physicians, residents, and nurses went above and beyond to better facilitate my learning experience. I enjoyed the week shift at distant location (Decatur) and also my experience during the night shifts.

-- very busy during shifts, got to see many patients

residents and attendings eager to teach, helped identify non-covid patients for me to see and took time to teach me about the lab values and imaging for patients with covid that I could not see

well organized clerkship, clear expectations

-- Well organized and lots of hands on opportunities

-- While understandable, it was really frustrating to not be able to see COVID patients, especially on shifts where most of the patients were PUIs. Other than that, I did feel like I learned a lot, even with the reduced hours.

What were the strengths of this clerkship?

-- It was really nice to have a simulation day for ACLS.

-- Differentials, management, learning what to do for emergencies like trauma or medical resuscitation

-- The sheer amount of patients you see or learn about in a day means everyday is a new opportunity to learn something new and practice things like taking histories/performing physical exams, presenting OCPs, etc multiple times a day.

-- It is great for learning how to manage patients quickly and learning to take focused history and physical exams. It's also a good environment to be able to watch and participate in procedures

End of Core Clerkship Evaluation | Y3

and patient resuscitations.

-- The clerkship had great preceptors, a variety of shift hours, a variety of locations (St. Johns, MMC, offsite locations), and tons of opportunities to learn.

-- Being exposed to a variety of locations, preceptors, shift times, and patient presentations.

-- Working at one of the outlying hospitals allowed for more 1-on-1 work with the attending as well as more tasks available for the student to carry out.

-- Good lifestyle schedule, good pace, good integration of teaching

-- The expectations were clear from the beginning. The attendings all seemed to do their best teach when time allowed.

-- Seeing the effects of the COVID-19 pandemic firsthand - learning about these patients even if we couldn't see them directly, learning about hospital admissions and how to manage patient care when facilities are at capacity, utilizing resources appropriately

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-- The strengths of this clerkship are numerous: strong faculty at a wide variety of clinical sites, helpful clerkship director and coordinator, and excellent nurses and techs to teach alongside residents and attendings. I really enjoyed my EM clerkship across the board. I also really enjoyed my nursing shift and learned a lot about EM nursing.

-- The attendings and residents. They make the clerkship enjoyable, and fostered a great collaborative learning environment, where I felt I was able to learn on the fly, while also actively participating in patient care. It was an experience I thoroughly enjoyed due to the attendings and residents making medical students feel like vital team members.

-- Very clinically based, and I enjoyed getting to practice procedures as part of the nursing shift.

-- See above regarding organization, enjoyable attendings and residents, SIM sessions etc.

-- The learning opportunities and feedback were big strengths for this rotation.

-- Great faculty, staff, and residents

Organized

Clear expectations (Passports)

-- Every provider I worked with was excited about working with students. I got good exposure to taking focused history and physicals and providing differentials. I think the undifferentiated patient was helpful for me as a medical student to work through my history taking/Physical.

End of Core Clerkship Evaluation | Y3

-- I think the organization of the clerkship and the ED staff as a whole were huge assets to this clerkship. I never felt lost and I was really impressed by how I was welcomed in by the teams.

-- Strengths included quality of the faculty members, the residents, the SIM cases, and the energy of the EM department.

-- time off to study

-- Lots of hands on experience for medical students.

-- Good exposure to the ED environment, also helpful to get a wide variety of preceptors to learn different styles of patient management

-- It gave us a lot of practice coming up with differentials, workup plan, and treatments. Also, allowed us to see a variety of complaints and patients.

-- The residents, the clerkship director.

The simulation was excellent and I highly recommend they continue this for future classes.

-- Lots of opportunities to see patients alone and lots of opportunity to work with residents and ask them questions about life as an EM resident

-- great preceptors and pleasant working environment

-- It was great practice for forming differentials

-- Got to see a lot of patients with many diverse differentials and problems. Got to see a lot of traumas and procedures done.

-- This was a great learning environment as we were able to see a multitude of illnesses and pathologies in one setting.

What would you do to change this learning experience for future years?

-- N/A

-- Circumstances were pretty unique due to COVID so I don't know what I would change

-- Hopefully in the future there isn't a pandemic occurring in the backdrop of the rotation and students can actually see fevers/chills and SOB cases. I know there wasn't much we could do about it but it would have been nice if we could have seen more patients and practiced donning and doffing PPE correctly. I feel like I missed out on a lot of learning opportunities because of our (very understandable) abundance of caution.

End of Core Clerkship Evaluation | Y3

-- I know this year was different because we weren't able to attend the weekly conferences in person due to COVID restrictions, but I would have preferred to have more skills labs as it is great to watch procedures in the ED, but it is hard sometimes to know what all is going on and get hands on experience.

-- Nothing I can think of in particular comes to mind.

-- No change to current curriculum.

-- I think having the nursing shift in the first week of the clerkship would benefit students. It could make students more comfortable carrying out tasks throughout the clerkship.

-- Change the ACLS simulation at the end to be at the very beginning. That would have been massively helpful for when we saw codes being run in the ED

-- I think it would definitely be beneficial if students could be more involved in the care for patients with COVID.

-- I am interested in pediatrics, and I think it would be interesting to offer the opportunity to work with pediatric doctors in St. John's ED South.

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-- I think as a student I at times struggled with the balance between picking up patients and waiting to be sure they had no covid signs, but I wanted to seem engaged and eager as a learner. This will hopefully eventually become a moot point.

-- If possible, it could help to know the resident schedule when given our schedule at the beginning of the clerkship, just because we spend so much time working with the residents (who are a huge asset to the clerkship)

-- I would return to the full 12 shift schedule. Obviously that was a change due to COVID, but it felt like 8 shifts wasn't sufficient to get appropriate exposure to EM. I would keep the SIM sessions and lectures though!

-- Overall excellent clerkship! They may consider having us do a nursing shift split with a PA shift. I had a shift with a PA because the attending physician had all COVID patients. I found I saw and did many more procedures this shift.

I am glad we did a nursing shift. It showed us some of the many difficult tasks that nurses have, and gave us a chance to do some of those tasks. However, it was very difficult for myself and several other students to actually participate the whole time. I tried to be very enthusiastic and involved, but often found myself sitting around. It seemed having a student is seen as a burden, which I understand but it made learning difficult as we were not allowed to do much depending on the nurse. Another idea might be to combine the nursing shift with a normal shift. For example, I would be assigned to an attending as usual but would do any appropriate nursing duties for those patients. It would help make sure we were involved, instead of floating around the ER with no assigned base/duties.

End of Core Clerkship Evaluation | Y3

-- Not be in a pandemic.

-- I would not do much to change it. However I am sure it would have been a little better minus the covid restrictions! It was well done for the circumstances we were in.

-- With COVID it was tough to see a lot of the patients coming in but in the future if it isn't already the case, I would add more rural rotations to the clerkship.

-- make sure all the faculty is aware of students seeing patients throughout the ER/switching pods to have more exposure. Indicate significance of OTF evaluations to the faculty- I have a majority of my feedback evaluations pending.

-- 2 days a week is a little light I think. I would have liked to spend at least 3 days a week in the hospital for sure, but I know things had to change with COVID. Everything else was good.

-- The SIM cases were awesome. Including even just one more of those would make the clerkship even more educational.

-- I would have liked the opportunity to work more with one specific preceptor rather than jumping around.

-- I would have more shifts for the students, and to have the same preceptor for most of the rotation. I know it had to be decreased due to covid.

-- Email the students further in advance for the required didactic session and simulation.

-- Maybe more sim time would be nice, but I understand the logistics of getting us into the MCLI can be quite difficult in covid times

-- give more advanced notice of the clerkship activities. Sending an email the day before a sim session is not acceptable

-- I thought that it was great

-- St. John's was not as conducive of a learning environment compared to Memorial, simply because we had to work closer with residents rather than attendings so I know there were a few occasions where I was being pulled in a couple of different directions by working with multiple residents at once and presenting to both attendings.

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

33 Yes | 0 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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End of Core Clerkship Evaluation | Y3

-- Working alongside attending physicians, residents, nurses, and other staff and interacting with patients regularly helps to create a social environment that we can learn from. I set out wanting to see for myself what working in the ED was like from many angles while also learning about myself and continuing self-study in my free time as the month went on. I feel like I got to do these things in this rotation.

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-- a lot of practice interviewing patients and going through the history and differential diagnosis process

-- Everyone was very friendly and sociable

-- Felt included in every aspect of the team

-- Fun, enthusiastic, and encouraging residents and attendings. I enjoyed my shifts and learning about each physicians style

Several opportunities to talk with physicians and discuss balancing family life and work. I felt comfortable asking questions and diving into conversations beyond medicine

-- got to interact with lots of doctors, nurses, and other professionals. got to make referrals and call physicians

-- I felt part of the treatment team during these 4 weeks.

-- I had a different perspective of EM from my time as a medical scribe and working as a doctor in training was so much more eye opening and interesting.

-- I think this clerkship allowed me to continue to learn about different hospital environments and how best to function in each of them.

-- I thought it was useful to work with all levels of providers in the ED and enjoyed the nursing shift!

-- It allowed me to see how medicine in the ED was done and the teamwork that it involved.

-- It helped me realize very quickly whether EM was for me or not by having me work with so many different attendings and residents. Gave a very good idea of the overall EM culture instead of one attending's portrayal of it

-- It introduced me to the ER culture

-- N/A

-- None

-- See above.

-- Yes - gave us a good look at EM and attendings were very willing to discuss EM and other specialtis.

End of Core Clerkship Evaluation | Y3

-- Yes the rotation being my first allowed me to socialize into medicine a lot more and learn more about the hospital and medicine in general.

Did the clerkship accomplish your goals by helping you find your specialty?

29 Yes | 4 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

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-- It was only my first rotation but it really piqued my interest in emergency medicine. I had been considering EM lightly before the rotation and more seriously now.

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-- EM is a specialty that I am considering now as a potential career option.

-- Emergency has been one of my favorite specialties, and after these 4 weeks, I know I would be happy as an emergency physician. I still have not decided it as my specialty though.

-- I already had experience working in the ER and knew that I did not want to pursue this specialty; it still gave me a chance to view the specialty from a physician's perspective/primary patient care role, however.

-- I already knew I wanted to go into psych. The rotation was great, but did not change that.

-- I am still leaning towards primary care (family med, peds) but I enjoyed the emergency room experience and the opportunity to work in a rural area.

-- I continue to be interested in emergency medicine after this clerkship! I did really enjoy the work and wish I could have done more shifts to learn more.

-- I much more strongly considered Emergency Medicine after this clerkship.

-- I still am very undecided.

-- n/a

-- One of the first clerkships I had that I can honestly say I really enjoyed and could see my self doing in the future. I still need to investigate other specialty choices, but EM is currently at the top of my list.

-- Same as above

-- Still unsure

End of Core Clerkship Evaluation | Y3

-- This clerkship has pushed me further towards my goal of becoming an emergency medicine physician in the future.

-- While I enjoyed the experience and the people, I likely am not going into EM, and this clerkship did not convince me otherwise.

-- Yes - gave us a good look at EM and attendings were very willing to discuss EM and other specialtis.

-- Yes, out of all my classmates I typically have no clue as to what I want to do, and EM was a great learning experience and now is a speciality I am considering greatly.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

27 Yes | 5 No

Comments regarding receiving narrative feedback weekly

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-- I was able to get about 4 timely responses over the course of 4 weeks so I feel that this ideal was met.

-- Attendings provided good written feedback and residents gave great constructive feedback that I feel helped me grow as a student

-- feedback was timely

-- For the most part I did but two attending preceptors took longer.

-- Good feedback overall.

-- I did receive feedback verbally, but I'm still missing several on the fly forms at this date.

-- I had trouble getting written feedback during the clerkship. I will likely only end up with one OTF.

-- i realize i could not pursue it do to the revolving door patients but it affirmed my love for ortho

-- I received 7 feedback forms but still have 7 left to be received (14 evaluations sent for 13 preceptors). Mr. Woods has helped me to get some forms in.

-- I received constructive On-the-Flys from both faculty and residents that were very helpful.

-- I received most of the feedback I had sent out (not all). I received plenty of oral feedback and made it a point to ask for it. Written feedback reponse time has been a little delayed.

End of Core Clerkship Evaluation | Y3

- It was more difficult to get on-the-fly feedback from residents and attendings at other institutions (not SIU faculty).
- Lots of feedback during my shifts and through on-the-fly forms
- n/a
- None
- Physicians responded to on the flys when they could
- Recieved about 1 completed on the fly per week (1/3 of shifts)
- Responses to OTF forms were few and far between.
- Sent out weekly but did not necessarily receive it weekly, depending on the physician.
- some doctors gave me helpful comments than others. I really don't mind as all the physicians were helpful and generous with their time.
- The emergency medical faculty were very efficient in returning my requested on the flys.

Was the workload appropriate for your learning needs?

32 Yes | 1 No

Comments regarding the workload

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- I feel like the workload was appropriate. I worked a lot of 12 hr days in the beginning and had my night shift the 2nd week so I noticed the toll on my body by the end. However, I never felt like it was too much and I felt like I was doing the appropriate amount for my level.
- Absolutely, the learning is based on the work you put in and the questions you ask the residents/attendings which is a great way to actively learn.
- Again, tough to comment on in the covid-era because they were days I felt like I couldn't ve seen another patient or two but that was only because of covid and my limited role on the team. (ie not being able to help with those patients even if I wanted to)
- Appropriate workload.
- appropriate
- Expected workload for the shifts

End of Core Clerkship Evaluation | Y3

-- Good amount of hours considering the issues with COVID.

-- I felt as though I could have even done more in terms of writing notes.

-- I felt that the workload was appropriate. I would have liked more shifts to gain more learning from the shift.

-- I think the workload was appropriate. I had lots of patient encounters and I had lots of time to study as well. This clerkship was the ideal balance of clinic time and study time in my opinion.

-- I think this can be attributed to COVID, but there was quite a lot of downtime. The team did work hard to look into alternative strategies to fill time and increase workload. Online modules were helpful. I enjoyed the simulation exercise.

-- It was appropriate.

-- N/A

-- The passport was helpful for tracking activity and recording patients, procedures

Clear expectations

I enjoyed having time to read about patient presentations as I encountered them

-- This was a very appropriate work load.

-- Workload was appropriate

Did you actively participate in patient care?

31 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

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-- Felt as if I was an active participant in the patient's care

-- I felt I was able to be very active in patient care throughout the rotation.

-- I felt like part of the team.

-- I got many chances to see patients first before residents and faculty and hone my oral case presentations. I want to continue to work on reconfiguring my OCPs to match the most worrisome symptoms or findings for the provider and not necessarily the patient. (ie foot pain but new onset dyspnea)

End of Core Clerkship Evaluation | Y3

-- I was able to see many patients on my own and come up with a plan before discussing with the resident or attending.

-- I was hands on during my patient care experience.

-- It was good to finally put to practice some of the things we have been studying about for months/years in the setting of real patient care

-- N/A

-- None

-- Overall, I felt like my participation was appropriate for my level of training.

-- perfect work load

-- Some days I was allowed to be more involved than others.

-- Tons of hands-on experiences. I truly enjoyed this

-- Was given many chances constantly to engage in patient care

-- Within the responsibilities of being a student, I was able to see and evaluate patients, outline a plan, read their labs, and discuss them with the residents and attendings.

Were your assigned responsibilities commensurate with your training?

33 Yes | 0 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

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-- N/A

-- I never felt like I was being asked to do more than what I was trained for

-- Yes, year 1 and 2 prepare you well to get into EM and be able to learn so much more.

-- None

-- Physicians encouraged me to practice my skills and develop new ones.

Appropriate responsibilities, always somebody to help when I needed it

-- I thought my responsibilities were at the appropriate level with my training.

End of Core Clerkship Evaluation | Y3

-- Felt challenged, and that I could ask for more responsibilities when needed, but never felt afraid to ask for help if needed.

-- It was in line with my training.

-- No comments.

-- yes, got to see lots of patients alone and participate in procedures and codes

-- My responsibilities were different depending on the doctor I was working with

-- Was prepared for everything that I was asked to do

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- Wikiem.org; Life in the Fast Lane; UptoDate

-- FirstAid, Dubin's Rapid Interpretation of EKG's, WikEM, UpToDate

-- EM Clerkship podcast, WikEM, Radiopaedia, CDEM Curriculum and EM Basic

-- I used WikiEm, EM podcasts, UptoDate, audiobooks, peers, and frequently took notes on cases I knew I needed practice in during my shifts with input from my residents and attendings (ie stroke pts- HINTS exam usefulness)

-- The department had a webpage that helped as well as a list of resources (WikiEm, LITFL, etc.) in addition to some lectures that helped us learn about EKGs.

-- UptoDate, primary literature - PubMed, UMichigan/UWisconsin Health pages

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-- UpToDate, Google, Wikipedia, EMJ

-- UpToDate, MedScape, peer discussion, physician discussion, WikEM

-- peers, pubmed, uptodate

-- I used Up to Date as a primary resource as well as Life in the Fast Lane.

-- CCCs, UWorld, UpToDate, Life in the Fast Lane, MDCalc

-- UWorld

EM clerkship

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M3 curriculum

-- WikEM, Life in the Fast Lane, simulation sessions, CPR website

-- UpToDate

-- I used online med ed and uptodate.

-- Amboss

Flashcards

UpToDate

CORE Em

-- CCC, up to date, WikiEM, Online med Ed

-- WIKIEM, UP to date, MD Calc

-- WikiEM is a fantastic source for EM clerkship. I also utilized the EM basic podcast, Uworld, OnlineMedEd videos and the CPR resource from the EM website.

-- uptodate.com, wikem.org

-- Online Med Ed

Up to Date

MedScape

-- UWorld and WikiEM

-- online med ed, uptodate

-- OnlineMedEd, UWorld, Anki flash cards, uptodate

-- CCC videos, Uworld, UptoDate, YouTube, Online med ed, life in the fast lane

-- none

-- UWorld, Uptodate

-- CCC videos, anki, online med ed, uptodate, em wiki

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-- EM Clerkship podcast, WikEM, UpToDate

Which of those learning resources was most helpful to you?

-- All of the above

-- Wikiem.org; Life in the Fast Lane; UptoDate

-- I would say the podcasts and note taking were the most helpful, but if I had to rank them:

1) EM podcasts + note taking

2) WikiEm

3) UptoDate

4) others

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-- WikEM, I probably used it multiple times in each of my shifts as well as on my own time to learn more about the procedures and conditions that I saw during my shift.

-- The EM rotation webpage that a video and some resources that were helpful. Also having a tab of Uptodate and Wikiem was always very helpful to learn about management.

-- UptoDate

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-- uptodate and peers

-- UpToDate/WikEM

-- Up to Date/Life in the Fast Lane

-- Life in the Fast Lane, MDCalc, UWorld

-- WikEM

-- EM Clerkship and M3 Curriculum

-- Both were helpful

-- Core and UpToDate

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-- WikiEM

-- WikiEM was the most practical and straight forward. The CPR resource and UWORLD were a little more in depth.

-- UWorld

-- online med ed

-- Online MedEd

-- OnlineMedEd

-- CCC videos and UptoDate

-- na

-- em wiki

-- EM Clerkship podcast and WikEM

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

0 Yes | 33 No

Description of any student abuse you witnessed or experienced

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-- I did not witness abuse during my clerkship.

-- N/A

-- No abuse witnessed.

-- No, all the preceptors and residents were great educators.

-- none

Family Medicine - Class of 2022

What is your overall rating of this clerkship and why?

25 - Excellent

26 - Very Good

4 - Good

1 - Fair

4.34 AVG

Comments regarding the overall clerkship

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-- - Highly individualized experience

- A lot of time seeing patients

- Good mix of time spent in clinic and time aside to learn

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<div>Also, I think requesting students get atleast 4 On-The-Fly evaluations is excessive. I feel like it leads to On-The-Fly Fatigue where our preceptors start writing short, redudant entries. Lastly, I (and most of the students I talked to) don't feel like the individual assignments are a good use of time. I like the idea in theory, but overall, I think my time would be better spent else where. </div>

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Challenged me to develop concise differentials list in short periods of time

Exposure to a wide variety of chief complaints

Great opportunity to learn about management in an outpatient setting

Great opportunity to expand on my communication skills with patients

Faculty was enthusiastic about teaching

-- Although the work load outside of the clinical experience seemed daunting, I appreciate the other perspectives given for understanding family medicine. I learned a lot about community care, how each family member makes their way into the small office, and the applications of rural health.

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-- Covid-19 got in the way of seeing more patients, but that's no one's fault!

-- Everything about the clerkship was great except for having to leave Springfield for a month. We were given roughly one week's notice of where we would be located for the rotation. This just isn't enough time to make feasible housing arrangements if your parents no longer live in that area. Please consider having us just stay in Springfield.

-- Excellent experience working in a rural community. I enjoyed getting to see patients multiple times for follow-up appointments. There were several situations where I would see a grandparent or parent for their annual appointment and then also get to see children/grandchildren for school physicals and well-child checks.

Expectations from the clerkship director and staff were very clear. Good discussion during Wednesday meetings.

-- Family medicine was a great rotation for me because I feel like I got to see a variety of patients, with many conditions to manage, acute concerns, and a variety in backgrounds. I felt like I was able to keep up with the requirements of the rotation, and I feel like I learned a lot.

However, I do feel like orientation is too long the first day, and I didn't like having to drive to my site that same night and start the next morning. I think this is something I heard my peers complain about too. It's nothing that ruins the rotation, but it seems to add unnecessary extra stress. I heard my peers say they felt like orientation day was propaganda, that it made them feel like this was SIU pushing students to go into family med, and that family medicine doesn't need a full day of orientation. I am interested in family medicine and still felt that while the workshops of injection practice and skin scrapings was helpful, maybe the whole day isn't necessary either.

-- Good educational experience. Working at an academic practice made for a diverse experience within FCM

-- good experience

-- Great experience

-- I am not sure if it was the timing or just an inherent quality of the clerkship but I felt most able to integrate the things I had learned over the course of the past 3 years of medical school which was reassuring to the quality of the education I have had so far.

-- I enjoyed my time on family med. I think it really helped me develop my skills of forming differentials and also my skills on working up patients and thinking about orders, tests, and meds I would want to get.

-- I enjoyed the clerkship overall, and I thought it was well organized. I felt that the pace of the clerkship was very appropriate, and I appreciated the weekly feedback emails and calls.

End of Core Clerkship Evaluation | Y3

-- I enjoyed this rotation, I got a variety of experiences and my preceptor was really helpful and was an excellent teacher.

-- I felt overall, this is a great clerkship. The only down side, is the experience can vary so significantly among students, because each family medicine physician and practice operates so differently. I was lucky and enjoyed my experience, but could see how it could be challenging for some students.

-- I felt the clerkship was well organized, with clear directions and good contact throughout the clerkship.

-- I had a great time in the clerkship

-- I had a very well-rounded experience during this clerkship. I was able to see a wide range of ages and patients from many different socioeconomic statuses. I was involved in procedure clinics and was highly involved in patient care throughout the rotation.

-- I had a wide variety of experiences at my clerkship location in Fairfield, including in office procedures (biopsies, suturing, suture removal, cryotherapy, shoulder/knee injections), management of chronic conditions, and acute therapies. I worked with different physicians and PAs.

-- I had an awesome time with my preceptor

-- I learned a lot and got to experience a clinical setting outside of the medical school.

-- I really enjoyed my time working in the clinic and appreciated that I was able to see so many patients

-- I really enjoyed myself and learned a lot in the past month.

-- I really loved the opportunity to experience rural family medicine, especially near my home with a population I really hope to serve one day. I think its great that students have the opportunity to experience such a diverse range of family medicine and get lots of hands on experiece being nearly one on one with their assigned preceptor.

-- I think I learned exactly what I needed to know to improve myself as a student.

-- I think that this clerkship showed me the day to day activities of what a day in the life looks like for a family medicine doctor.

-- I thought my family medicine in clerkship at Decatur family medicine residency was excellent. The faculty, residents, and other staff were eager to teach and help me to improve specific skills, such as my oral case presentations. They also made feel like a part of the team, easing my transition to the rotation and increasing my confidence as a learner.

-- I thought overall the clerkship was pretty great all things (COVID) considered. The beginning was a bit stressful finding the locations but after that, it has been smooth sailing.

End of Core Clerkship Evaluation | Y3

-- I thought that although by accident, my experience in both academic and community settings gave me a holistic view of what family medicine looks like.

-- I thought the clerkship was very well run because it was easy to contact people

-- I thought the clerkship was well ran and I had a great experience with my preceptor.

-- it was a good set up. I liked the weekly meetings on wednesdays to discuss how the week is going.

-- It was a great clerkship and ran smoothly. I enjoyed going back to my hometown for it.

-- It was nice to see family medicine in the setting of a community private practice. My preceptor was a pleasure to work with and give me adequate autonomy in the clinic. He helped me improve in patient encounters, procedures, and notes. Clerkship leaders were easy to work with and were invested in my learning.

-- My overall clerkship experience was very enjoyable. I got the opprotunity to experience an aspect of rural medicine that I otherwise would not have the chance to do. I enjoyed my time with Dr. Long and his wonderful staff.

-- N/a

-- overall my experience was very rewarding. I worked on my oral presentation and differential diagnoses.

-- Preceptor and experience was great. Very interesting type of practice and I enjoyed learning about it.

-- The clerkship overall was good.

-- The clerkship was very organized. As a student knew what was expected of we as well as where I needed to go. The clerkship coordinator remained in constant contact while me during the whole clerkship. The physcians that I worked with were very open and helpful. I enjoyed the rotation a lot.

-- The clerkship was well organized and I had a great experience with my preceptor.

-- The family medicine clerkship gave a good experience of practicing medicine in my home town.

-- This lerkship went well and I am grateful for the accommodations made for me at the end when leaving Pana.

-- This was a great way to apply what we have learned int he first two years of school

-- Very good clinical experience. I appreciated the oppotunity my preceptor gave me to function autonomously under his supervision.

End of Core Clerkship Evaluation | Y3

-- Very much enjoyed my experiencing in Lincoln - My preceptors were awesome, and I loved getting an opportunity to see what direct patient care was like!

What were the strengths of this clerkship?

-- well organized

-- I saw how primary care functioned and played its part in the medical field.

-- weekly meetings to discuss interesting cases in clinic and practice case/questions

-- community engagement

-- Good contact throughout the rotation, appropriate amount of work that helped to keep students on track without being overwhelming. Good orientation and wrap up.

-- The strength was definitely the organization and communication.

-- I find the strengths of this clerkship is having to do this clerkship away at a rural office. I think it is a valuable experience.

-- Immersion in the clinic environment, working closely with one preceptor for the duration, weekly interaction with those in your rotation group.

-- Seeing a practice outside of Springfield, working with a unopposed family medicine residency program, and working with a variety of faculty members.

-- Did their best to get us into our location preferences with the added stress of a pandemic

-- Enjoyed being back home and feeling comfortable in the area.

-- The ability to work with a hometown doctor and immerse yourself in the practice. The physicians who want to have a student are great for letting students work, and be involved in the treatment process.

-- rural setting, 4 weeks working with the same preceptor, opportunities to work hands-on, able to strengthen communication skills with patients, became more confident in management of patients's conditions

--

-- Getting to see how a physician in the community practices vs someone at an academic institution like we are used to learning from.

-- The strengths of this clerkship are numerous. For me, the education provided by Dr. Tenegra, other attendings, residents, and the entire team was absolutely fantastic. I was able to improve tools in my medical student toolbox such as oral case presentations and patient management. I was also given ample time to listen to patients, allowing me to build a rapport. Linda Moss is also an integral

End of Core Clerkship Evaluation | Y3

member of this clerkship, allowing students to be placed into spots that work well for them.

-- Weekly meetings, clerkship directors being active in the student learning experience

-- working with a specific preceptor or a group, the distance learning activities

-- immersion into a family med practice allows us to experience what a month is like in their shoes.

-- experiencing medicine in community base clinic.

-- I had a diverse experience and got to work with several attendings.

--

Challenged me to develop concise differentials list in short periods of time

Exposure to a wide variety of chief complaints

Great opportunity to learn about management in an outpatient setting

Great opportunity to expand on my communication skills with patients

Faculty was organized and enthusiastic about teaching

-- Community medicine experience, hands-on learning

-- The autonomy my preceptor allowed me

The chance to experience primary care outside of a large medical center

-- I think the clerkship is set up well to help provide a good feeling about what rural healthcare is really like. At least in my case, the minimal required material during the clerkship was a great way to emphasize the practice of medicine which I feel should always be paramount.

-- Best clerkship orientation of any clerkship so far. Dr. Gleason and Dr. Howard are fantastic. I in particular liked Dr. Gleason's statements on not putting certain specialties down.

-- The clerkship faculty are extremely helpful and go the extra mile to make this clerkship an enjoyable and pleasant experience.

-- I liked that we were able to go back to near our hometowns during this clerkship.

-- N/a

-- One on one time with a preceptor, getting to experience medicine outside of Springfield. The ability to be hands on.

-- organization

requirement of motivated preceptors

End of Core Clerkship Evaluation | Y3

orientation had a lot of meaningful and practical information

-- The vast differential diagnosis you get to see.

-- It was great to go see practicing medicine in another town and system.

-- I got to see a wide variety of patients. I learned about vital signs and proper physical examinations for all ages.

-- Illustrated the daily life of a family physician

-- Laid back learning experience that allowed me to accumulate a lot of great experiences

-- It was nice to get out of Springfield for a little while to see a different type of practice. Getting to see a practice with direct patient care allowed for longer appointments with patients, which gave me a better opportunity to form a relationship with those patients and more time to learn without stressing about getting behind schedule. I was able to do several different procedures throughout the clerkship that I had never done before.

-- - Clinical time

- Getting to see many different patients and patient populations

- Seeing a variety of acute complaints

- More 1 to 1 interaction between student and physician

-- The amount of patients we were able to see

-- The wrap-up was really nice to hear about my classmates other experiences and see the diverse forms of practicing family medicine that are out there.

-- The weekly phone calls were helpful for learning and also communicating with others

-- Great communication and understanding from the clerkship directors, coordinator, and preceptors make this clerkship manageable and worthwhile for most people I think.

-- Seeing patients independently and dealing with whatever complaint comes in through the door whether it is acute or chronic complaint.

-- Seeing medicine outside of the academic setting. Clerkship directors and nurse educators clearly invested in our learning.

-- Overall well organized, responsive, communicative, and helpful.

End of Core Clerkship Evaluation | Y3

-- I think the breadth of patients seen in family medicine is a great benefit to 3rd year medical students

-- Loved everything about it.

-- There was a variety of moments between the chat groups, the assignments, the patient load.

-- the autonomy that my preceptor gave me during the rotation was great!

-- autonomy, freedom to follow the preceptor's schedule

-- The faculty are very student-focused. The Doctor I worked while allowed me to see patients, work on my presentation skills, and refine my clinical reasoning skills. With each encounter with a teaching physician, that same ideal was definitely at the forefront.

-- Ability to practice in a setting where I hope to practice one day.

What would you do to change this learning experience for future years?

-- i would just say be more open to the changes in the clinic and what the students are able to do with covid

--

-- No changes

-- giving goal suggestions or examples. I had no idea what was an appropriate SMART goal for this clerkship.

-- I think that some in depth evaluations need to be made of how locations are assigned. I myself had no problems with my location or the assignment process. However, several other students had issues with scheduling their location. For example, within a rotation Student 1 desired Location A, Student 2 desired Location B. However, Student 1 was assigned to B, and Student 2 to A without any opportunity to switch. This seems illogical, and results in a frustrating start to the rotation for students. Additionally, though certain locations were approved, students were told that that a specific approved (rural) location was not available but if they insisted it suddenly became available at the last minute. Many students have reported to each other/the class that they feel certain individuals are treated differently ("playing favorites"). This did not happen to me, but I wanted to bring it up since it was told to us by previous classes and now our class is indeed reporting experiencing problems. I think if this is true it causes students to enjoy family medicine less, which is SIU's main focus (to encourage primary care physicians) so it is important that this rotation is not causing bias against family medicine.

-- I would not change anything.

End of Core Clerkship Evaluation | Y3

-- Even though on the fly's are suppose to be an efficient way to evaluate my performance every week, I found that requiring my preceptor to write one every week began to not be as useful because he would not write down everything we verbally discussed about my performance. In the future, it may be more efficient if the on the fly's were only required for the mid week then the end of the clerkship; this way the evaultions will be of better quality.

-- I would have no particular changes. I really enjoyed the clerkship overall!

-- not had COVID so I could have been closer to home. I also think the orientation was long considering we had to drive to our hubsites that same evening.

-- I think the process was about as good as it gets for an opportunity to learn somewhere not in the SIU system.

-- In the future, offering students the ability to spend the first week in Springfield, with SIU faculty and residents, could be a beneficial experience. I do not think this would detract from the time with each preceptor, but rather would allow students to develop a baseline family medicine experience within SIU, and see how SIU practices family medicine. This could standardize the experience and ensure students can honestly answer Dr. Gleason at the midclerkship review, about whether they are getting enough out of the experience. Because otherwise, it's hard to know if you are doing enough in your time with your (likely) private practice physician, since their work is tailored for them.

-- N/A

-- It was great I would not change.

-- Keep the students in Springfield

-- I think the grading rubric for all assignments should be posted explicitly and clearly to allow students to more effectively complete their assignments.

-- None

-- none i think it was great that we have the educational activities with distance learning

-- nothing.

-- More procedure clinics

-- Nothing

-- Linda was quite overbearing about submitting patient logs. Let us fill them at our own pace.

-- I think the most stressful part was finding a preceptor. I know this is an odd year in general, but I think the idea of being open to preceptors outside of the current group would be beneficial. For example, I have several good family medicine doctors in my hometown that I would like to think

End of Core Clerkship Evaluation | Y3

would have accepted me. Instead, I drove an hour each way nearly every day for 4 weeks which was not ideal. If the whole point is to stay in or near your small rural town I think having some avenue to add preceptors should be available.

-- I would recommend doing something different with logbook patient entries. I think it takes too long. A single form could be used to ask: mentor name, location, number of patients seen, list of diagnoses/ chief complaints. It would take 2-3 minutes to fill out instead of 20-30 minutes to fill out 8-12 entries.

<div>Also, I think requesting students get at least 4 On-The-Fly evaluations is excessive. I feel like it leads On-The-Fly Fatigue where our preceptors start writing short, redundant entries. </div>

-- I very much enjoyed the initial orientation day, and was glad that most of the orientation material was put into lectures that I could view on my own time. It helped condense the material down. I would not change anything.

-- I would do the weekly phone calls via a video conferencing service because it is hard to tell who is talking and if people are listening because you cannot see their faces.

-- N/a

-- I really liked this clerkship overall. I think a little more clarity in the directions for the randomized assignments would be helpful. I wasn't very clear based on the instructions given. Even just going over them a little more during orientation or in the Wednesday phone conference would help.

-- nothing in particular

-- Nothing

-- My experience at my site was great but it would also be nice to see how the clinic in Springfield is, specifically procedure clinic.

-- I would hope to ensure that students are not called at inappropriate times, including the weekend or after 8pm on weeknights. I received calls nearly daily from Linda Moss at times that were outside of business hours.

-- I had a great experience. The only downside was the time it took to travel to and from Jacksonville everyday. But aside from that it was great.

-- I don't think there is anything that I would change.

-- - Unsure at this time. Nothing specific comes to mind.

-- I don't think the special assignments were very helpful since we were all doing something different and some of the topics like reading level adjustments were covered in Y2 doctoring

End of Core Clerkship Evaluation | Y3

-- I would change the length of orientation, taking off an hour or 2 to add to travel time for the students.

-- I would provide further opportunity to discuss a learning issue type topic for one student to cover during one week of the clerkship.

-- Nothing!

-- For those that do not have family in the state of Illinois, they should be granted the option to stay in Springfield. I did not have an objection to going to Carbondale, but my expectations for transitioning into the city were not met. On the day of arrival, there was no water, forcing me to stay, fortunately, with a friend that was also in town. This is not always an option for students with no family in the state. It's not always to predict such circumstance but because of this, alternate plans should be in place (e.g. reporting to clinic on the Wednesday to allow travelling students to settle in, confirm all needs are met for the month's stay).

-- no suggestions - my preceptor allowed me to see nearly every single patient on my own and formulate my own plan and treatment, she encouraged me to discuss lab findings and follow-up with patients and complete all procedures in her office. I would encourage every preceptor to do this

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

56 Yes | 0 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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-- Absolutely the independence and off-site locations allows students to feel more like an individual

-- Associating with a clinic outside the springfield area.

-- By the end of the clerkship, I felt well integrated into the clinic and had a good understanding of how different members of the health care team played a role in patient care.

-- Confirmed I do enjoy longitudinal care.

-- Everyone at the clinic in Jacksonville was very nice and approachable and I met a lot of great people.

-- first month of daily patient interaction

-- I could see myself going into family medicine after this clerkship. I very much enjoyed the aspect of continuity of care.

-- I feel like my preceptor really helped with this. Could vary for others by preceptor.

End of Core Clerkship Evaluation | Y3

-- I felt like I learned a lot about what it would feel like to have a regular 8-5 work week with seeing a high patient volume per day. I got to work with and integrate into a regular team which was different from some of my other rotations where the attendings/residents I work with change from day to day.

-- I got to see almost all patients on my own.

-- I got to spend some time with residents during educational activities.

-- I had ample opportunity to understand the private practice landscape and to discuss medical topics with my preceptor. He was excellent about discussing the non-medicine topics that are essential to surviving medical careers.

-- I learned a lot about family medicine from not only my preceptor but also other physicians, nurse practitioners, and nursing staff that worked in the clinic. They were an excellent group of people, and they were very welcoming. I got to know everyone well, and they invited me to come back and offered to give recommendations and help me in the future.

-- I loved family medicine but I realized that I desire a more focused approach to patient care.

-- I really liked clinic, also I am wanting more experience with private practice physicians

-- I think I worked well and developed great relationships with my preceptor and his nurses and colleagues.

-- I think it helped me socialize well.

-- I was able to be involved in the administrative side of medicine and meetings, which I appreciated. This is something students don't often get any experience with, so I was lucky to have this experience with my preceptor.

-- I was able to form connections with local doctors

-- It allowed me to see how family med physicians and clinics worked, including how they helped the community and the individuals.

-- N/a

-- n/a

-- none

-- This clerkship did a great job familiarizing me with clinic medicine

-- This clerkship further my socialization into medicine by allowing me to see patients first and interact with a team of providers to provide the best care for the patient.

-- This clerkship taught me a lot about outpatient care of patients. Most medical visits will be outpatient visits so this was important for me to see!

-- Yes, I felt like a regular member of the team by the end of the four weeks. I became more confident and got a very unique view of medical practice.

Did the clerkship accomplish your goals by helping you find your specialty?

50 Yes | 6 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

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-- -

-- Dr Gleason mentioned possibility of family med plus EM fellowship, which I am now considering

-- Family medicine is the specialty that I truly enjoy and could see myself working in. It was such a great fit for me. I truly enjoyed working with children and adults, and in this clinic, I was able to see a great mix of both. Dr. Williams has a large pediatric population, and that was something I hope to have for myself. I have always thought family medicine would be the specialty for me, but it was fantastic to have this experience to confirm that.

-- I am still set on going into Ob/Gyn, but I've really enjoyed primary care and would consider it as an alternative option.

-- I am still torn between FM and Psych. But it did give me a lot to reflect on

-- I emphasized that primary care is not for me.

-- I enjoyed this clerkship and will consider family medicine for my future profession.

-- I got to talk more about cardiology and became even more solidified in that being what I want to do.

-- I just still have no idea what I want to do. There was nothing wrong with the clerkship

-- I kinda already knew that FCM wasn't really my passion. The clerkship didn't change my mind

-- I learned I did not want to specialize in such a broad area of medicine.

-- I liked looking at the hospital follow up CT's and I enjoyed evaluating the rashes.

-- I still am unsure about what I want to do.

-- I think that I am still not quite settled on a specialty, but I did enjoy this clerkship more than I thought that I would and am now considering family medicine more than before.

-- I was very much undecided before starting this rotation. After completing the rotation and having some time to think, I feel much more confident in choosing family medicine as my career path.

-- I'm now much more likely to choose to go into family medicine

End of Core Clerkship Evaluation | Y3

- It confirmed to me that this is far and away the leading specialty for me. That's what I thought when I began and those feelings are stronger now after this clerkship.
- It helped me rule up/down certain specialties, and see what I liked about family medicine and what I did not.
- It solidified family medicine as one of my top two choices.
- N/a
- N/a
- No, I was not interested in family medicine going into the clerkship.
- Since this is my first clerkship I am keeping my options open for my "specialty."
- Still considering all of my options. It helped that I liked my family medicine experience.
- This clerkship helped me rule out primary care. While I certainly enjoyed my time, I think the complaints patients have are not the ones I prefer to deal with. I also miss the OR.
- This clerkship showed me how important family medicine is to not only the patient but also the community.
- this is my first clerkship i have no idea what i want to do yet
- While family medicine is a wonderful specialty and I enjoyed it thoroughly, I am unsure if there is enough inpatient opportunity which leads me towards Internal Medicine
- While I'm more interested in other specialties, my family medicine preceptor offered me advice on those specialties and provided encouragement. Also, while the clerkship showed me family medicine may not be the best career choice for me, I had an outstanding experience.
- Would enjoy a PCP care.
- Yes, I think this clerkship gave me a look at another ambulatory specialty while allowing a small look into hospital medicine as well.
- Yes, my family medicine experience changed my prior perceptions of the specialty.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

50 Yes | 6 No

Comments regarding receiving narrative feedback weekly

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End of Core Clerkship Evaluation | Y3

- - OTF feedback was very timely
- -
- Always prompt feedback, written and in person.
- Always received feedback from my preceptor and we discussed my performance daily
- Dr. Mahoney was great at getting the written feedback filled out
- Dr. Zimmermann was excellent about providing timely feedback
- Every week I got written feedback
- Every week I received feedback.
- good feedback and it was always done on time
- good feedback, timely
- Got it all weeks.
- I did not receive the on the fly weekly although I did send them out every week. Dr. Lebeau did provide oral feedback often throughout the day.
- I have sent requests to at least two people per week. Only one attending I worked with was able to complete all 3 that I sent to him. It is a shame because along with him, there were plenty of other residents and preceptors that would be perfect to give me a great evaluation but I believe if people really want to evaluate you, they will. Begging and pestering doesn't always bring good things into a relationship.
- I received at least one one-the-fly each week.
- I received my feedback at the end of the clerkship.
- I received feedback mainly from the attendings I worked with day to day.
- I think because I worked with just one preceptor, it was a little challenging to get on the fly forms. I wasn't sure she would always have new feedback for me that required such a long form, especially in the first week. I feel like I might have gotten more meaningful feedback with a "midunit" on the fly and an "end of unit" rather than one each week.
- I think this was a good pace for this clerkship some others I think one a week is too frequent.
- It was difficult to get the feedback weekly, but it was sent weekly and I received 4 forms.

End of Core Clerkship Evaluation | Y3

- It was well timed.
- n/a
- No comments
- none
- Sent out on the fly forms but only received two back
- Some feedback was better than others but for the most part gave good advice on what to do to improve each week.
- The feedback was strong.
- This took a lot of prompting and reminding on my part, but it did get done
- Timly and informative
- Yes, I did.

Was the workload appropriate for your learning needs?

55 Yes | 1 No

Comments regarding the workload

-
- - workload highly dependant on location. I wrote many notes compared to others who wrote none. Appropriate overall
- -
- Appropriate for my learning needs
- Appropriate patient interaction in clinic and inpatient
- Busy practice schedule meant that I got to see very many patients each day
- Could have done more learning issues throughout the week.
- Covid forced some adjustments but over all good
- Good amount.
- Good balance

End of Core Clerkship Evaluation | Y3

-- I felt it was appropriate for my level of knowledge at this point. I liked that the cases taught me a lot without being over complicated. Discussing with the group over conference calls solidified the information for me as well.

-- I had an appropriate amount of work and free time in this rotation.

-- I had plenty of time to study and plenty of learning issues came up over the course of the clerkship

-- It was appropriate

-- It was the ideal amount of work

-- N/a

-- n/a

-- No specific comments, appropriate.

-- The paper write up wasn't necessary and didn't add any benefit in my opinion, but otherwise I felt the discussions and orientation were helpful and appropriate.

-- The workload was appropriate.

-- The workload was sufficient.

-- Very appropriate. Any more would be overkill for sure.

-- we have seen 15 - 20 patient a day with differet complaints and acuty.

-- Workload was appropriate

-- Workload was appropriate.

Did you actively participate in patient care?

56 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

--

-- - Partaked in many clinical procedures (shoulder injection, cutting off skin lesions, draining pilonidal cyst)

-- -

-- Daily oppourtunities work hands-on

End of Core Clerkship Evaluation | Y3

- Dr. Long gave me my own set of patients that I would see alone then I would give an oral presentation to him and we would then see the patient together.
- Dr. Martinek always let me see patients by myself
- Good.
- I enjoyed coming up with a plan for treatment/patient care.
- I enjoyed getting to assist with procedures in clinic, including pelvic exams, cyst removals, and skin tag removals.
- I had plenty of opportunity to see patients on my own and was able to participate in encounters led by the attendings.
- I saw about 6-10 patients per day on my own.
- I took histories and did physical exams on many patients
- I was able to see many patients on my own.
- I was able to see over 100 patients on my own. I would develop a management plan for the patient problem(s) and then give an OCP which Dr. Zimmermann would critique. I was performing many procedures under his guidance as well. I was involved in patient care with every patient I saw.
- I was able to see patients first consistently and report them back to either attendings or residents.
- I was actively encouraged to participate in patient care
- I was always allowed to actively participate in patient care
- I was fortunate to be able to participate in procedure clinic and be an active participant in skin tag removals, cryotherapy, ingrown toenail removals, etc.
- I was involved in history and physical, provided OCPs, differential justifications, and worked on developing management plans.
- I was very autonomous in the clinic which I greatly appreciated, and was
- Most of the time. Some residents had me in a more "shadowing" role. It depended on the provider how much personal interaction I had with the patients.
- My preceptor frequently asked me how I would manage the patient.
- N/a
- N/a

End of Core Clerkship Evaluation | Y3

-- Not all attendings allowed me to see my own patients, especially one that were mainly follow-ups (it was assumed there was nothing to learn more about than just the labs, screenings, and medication refills, which I cannot do).

-- Once I took on more responsibility by volunteering myself to see more patients on my own I found myself seeing a high volume of patients and writing lots of notes on my own.

-- Saw patients independently and thought through management plans.

-- Saw patients, presented them, suggested management

-- usually i see the patient by myself, stablsh my differentials and diagnosis and then present to my precetor and then go together to the patient.

-- We had a lot of virutal visits due to COVID so that did impact my involvement to some degree but I stll saw quite a few patients on my own.

-- Worked up my way to being more confident with patients. Did some procedures.

Were your assigned responsibilities commensurate with your training?

56 Yes | 0 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

-- Worked out well.

--

-- My responsibilities were limited to my skill set (history and physical taking)

-- Yes

-- n/a

-- I felt my assigned responsibilites were appropriate.

-- I was able to practice skills I have been taught and become more confident in my abilities with Dr. Williams guidance. She encouraged me to practice skills but was always right there when I needed her.

-- Felt appropriate for my level, was allowed to do tasks I felt comfortable with or that challenged me.

-- I was assigned responsibilities that matched my training well and encouraged me to operate at the level of an M4.

End of Core Clerkship Evaluation | Y3

- My responsibilities were in line with my training.

- I was not asked to do anything beyond my abilities and I had plenty of opportunity to exercise my history and physical skills

- I actually felt like I was applying my knowledge. For the first time i felt like i was actively performing medicine and felt like a doctor

- I was comfortable with the tasks given to me.

- N/a
- There were a few days that I felt like I was given busy work when I could have benefit more from discussion or studying. These were times when my preceptor was busy with phone visits.

- My assigned responsibilities were clearly communicated with me during my training

- They were appropriate

- - Yes, wrote notes, HPs, OCPs, guided procedures

- I was able to do injections, freezings, removals and more with some training and supervision. I felt appropriately challenged, never like I was doing more than what I should.

- I felt like my responsibilities adequately mirrored my confidence level in patient care.

- -

- Did a lot of procedures during the rotation

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

- Case studies book for some specific things, the required FM videos from faculty and OnlineMed, Anking Step 2 Family Med subdeck on Anki

- Most youtube videos on procedures and MedEd

- Family medicine case files text, uptodate

- The FCM required videos, Clincial Cases book

- CCC, Online med ed, Department videos, UWorld, Up to Date

- I used the family med book provided as well as online med ed videos

- Online med ed and up to date

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- case files- family medicine, up to date, the online resources provided, onlineMedEd
 - Case study books, Online Med Ed videos, Aquifer cases, required videos.
 - department videos, UpToDate, case studies
 - Videos provided by the clerkship, OnlineMedEd, UWorld, CCCs, UptoDate, USPTF, MDCalc.
 - Peers, uptodate,
 - online videos, first aid
 - I used up to date and the provided textbook
 - amboss, family medicine case files textbook
 -
 - UpToDate, USPSTF Preventive Service database
 - uptodate, AFP articles
 - Journal articles, UWorld, Uptodate, family medicine book, flash cards, preceptor
 - Anki, Uworld, CCC videos, preventative med app, Umed videos
 - Case studies, uptodate, usps prevention task force
 - FCM case study book, online med ed, uptodate, epocrates, Uworld
 - I used Uworld question bank, Amboss Library and uptodate.
 - google
 - OnlineMedEd
 - Case studies book, OME
 - UpTo Date, Google searches, USPSTF website
 - OnlineMedEd, UWORLD, Mastering the boards, US preventative task force website
 - CCC, Umed, etc
 - Case studies book
- Online meded videos

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Anki

CCC videos

-- UWorld

-- CCC, online med ed, videos provided by family medicine clerkship

-- Online Med and First Aid book

-- Uptodate, UWorld, book provided by the department

-- I used the Case Studies textbook as well as CPR videos on the SIUMED website.

-- Uptodate, Family medicine case book, required videos

-- online med ed. case studies book

-- uptodate

-- Case Files book. Online MedEd videos, Departmentally created videos, CCC videos

-- Online med ed, flashcards, uptodate, internet, uspstf

-- Uptodate, UWorld questions, Anki flashcards, OnlineMedEd lectures.

-- OnlineMed Ed, Iptodate, AMBOSS

-- Online med Ed. AMBOSS. Prevention taskforce app. Uworld.

-- Uworld

-- USPTF app, Amboss articles, Amboss questions

-- Anki, Amboss

-- OME, Anki, Uworld

-- Mostly UpToDate

-- Anki, UWorld, office books

-- anki, uworld, boards and beyond

-- Online Med

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UWorld

-- Uworld

USPSTF

-- AAFP

UpToDate

Which of those learning resources was most helpful to you?

-- both

-- Anking Step 2 pounded in all of the screening ages and reasons why for me

-- UpToDate

-- Clinical Cases book

-- Up To Date, UWorld, Online Med Ed

-- online med ed

-- I found the weekly group chats the most helpful actually!

-- I likes the case files book that was provided to us.

-- up to date

-- UWorld, UpToDate, USPTF

-- amboss

--

-- Journal articles

-- AFP articles

-- Preventative med app

-- all of them.

-- Uptodate or epocrates

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-- All three resources were equally helpful.

-- Case studies book

-- google

-- Up to Date and the USPSTF website provided good information and were useful during the rotation

-- Umed

-- Mastering the Boards, Uworld, OnlineMedEd

-- case studies book

-- UWorld

-- CCC, online med ed

-- Both were very helpful

-- I thought the CPR videos were the most helpful.

-- UWorld

-- All of the resources I used were helpful in different ways

-- Unsure, not one stood out too much

-- AMBOSS

-- Amboss articles for treatment was most helpful for preparing a plan for patients to present to my preceptor

USPTF was most helpful for phone conference

-- Anki

-- Anki, Amboss

-- UpToDate and aafp and USPSTF

-- Uworld

USPSTF

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-- uworld, anki

-- AAFP

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

3 Yes | 53 No

Description of any student abuse you witnessed or experienced

--

--

-- I had a great time in my clinic with my preceptor and the nursing staff.

However, I did not feel safe in Pana. I drove home every weekend because the town was not as inviting or accepting of me. I had remarks while going to the grocery store and gas station asking me "What am I doing here?" I was watched when going into stores and even had remarks from strangers telling me where I live because "they saw my car at the hospital and on the resort". A patient also informed me to be careful because this area was a "sundown town and most people are still not progressive". I think the training that I received with Dr. Cunningham was amazing but I don't know if the trade off of feeling uncomfortable was worth it.

This is just a thought for minority students in the future that may want to go to Pana. I believe that letting them know the environment is necessary.

-- N/a

-- n/a

-- No abuse witnessed

-- none

-- There were many issues with Linda Moss throughout the clerkship. First I was placed in Carbondale under the pretense that I didn't turn in my paperwork listing my top 4 locations; however, this was resolved when I found the email from May to Dr. Howard turning in my paperwork. Then there were several issues involving paperwork and logistics with Carle clinic in Champaign. Finally, throughout the clerkship there were many issues with Linda calling me at inappropriate times, sending the wrong feedback to me (confidential information belonging to Ryan Dembosky), and claiming that my On-The-Fly forms were submitting as blank forms (however I was able to open them and read them clearly on my computer). I also received an email stating that Dr. Gleason was unable to grade my COPC assignment on 1/24/21 and that my assignment would not be considered late if I resent it; however, when I received my feedback from Dr. Gleason on the 25th

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of January, it was dated from 1/22/21, so he had clearly graded it and entered my feedback before Linda's email was sent.

Internal Medicine - Class of 2022

What is your overall rating of this clerkship and why?

23 - Excellent

24 - Very Good

21 - Good

1 - Fair

1 - Poor

3.96 AVG

Comments regarding the overall clerkship

--

-- I wish that the residents would have learning issues every day. I think having learning issues would really make the day go by faster. In other clerkships like pediatrics, we had learning issues every day. There were no questions if learning issues would happen because they always happened. Instead, most of the seniors were all talking to one another in the room that I was trying to study in. I got the feeling that they viewed learning and teaching as a chore instead of something that could be helpful to students. One senior resident did lead learning issues and was really great at explaining difficult topics.

One other issue is that some of the staff did not care about medical students. I say this because some staff didn't know the medical students' names and because I received a copy and paste on-the-fly form identical to the other medical student on service. It was disheartening to know no matter how hard I prepared and or studied, that I might receive the same feedback. Also, the feedback was not constructive because it was just copied and pasted. How am I supposed to improve if they don't know who I am, and don't spend the time to personalize the feedback?

-- *most of this feedback will be for in patient setting

Positive feedback: I liked working in a team, for the most part teams got along well, people knew their roles and helped each other out. All the attendings I worked with provided a safe and professional learning environment for their teams. Residents were understanding of our lack of knowledge/experience and were willing to give us patients to learn with and help us out when we struggled. Some residents took it upon themselves to do teaching as well. Seeing the workday of a resident was instructional in helping me pick a career path and clarified many questions I didn't even know I had.

Constructive criticism: The last 4-5 hours of the day were typically not used well for myself or my classmates that I spoke with. After rounds there wouldn't be much left for us to do, even if we had several patients to follow the last several hours of the day were spent observing how others worked. Residents would be entering orders, making phone calls, generally doing busy work that kept us from wanting to ask any questions/interrupt workflow. We could study during this

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time but it was difficult with the distracting environment to get much done. The work rooms were cramped and difficult to maintain social distancing in. The extra hours of all of us just sitting in a room to say that we were involved in the work day/“worked resident hours” seems wasteful and dangerous during a pandemic. I understand we need on site experience and a lot happens in the afternoons of the workday but 5 days a week of very little learning for the last 4-5 hrs of the day + 2 hrs or so on weekends = ~ 22-27 hrs a week I could have spent studying/reviewing material. This was not always the case, some attendings and chief residents would take it upon themselves to assign learning issues and have teaching time in the afternoon. This kept us busy and helped us learn from experts, and was greatly appreciated. But some workdays are too busy for that to happen. Some groups don’t feel comfortable dismissing students early, having them stay through signout, while other groups would let students leave a few hours early. I think all groups should be given permission to let students leave if the workflow doesn’t seem conducive to learning in the afternoon. If not allowed to leave to go home, at least to the library staying nearby on campus where a quick halo could notify us to come back if needed.

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- Great opportunity to expand on communication skills with patients
 - Plenty of learning opportunities through patient interactions
 - Plenty of opportunities to develop differentials “on-the-spot”
 - Residents and faculty are very welcoming, enthusiastic about teaching and great about providing constructive feedback
 - Great opportunity to learn about management in outpatient settings
-

-- A good, in-depth rotation in internal medicine working with various residents and attendings. Students were required to see a reasonable amount of patients each day and encouraged to participate in all aspects of care. Students were allowed to follow patients throughout the course of their stay or take on new patients whenever they wished for learning purposes.

-- Appropriate introduction to hospital medicine. I was given plenty of opportunity to practice my ocp’s and clinical thinking.

-- Attending physicians were invested in student learning. Residents/interns also made sure students had ample learning opportunities.

-- Clerkship has a good balance of active patient care time and independent study time. All the preceptors and residents are well receptive of students and are happy to teach and give students the opportunity to be involved and actively participate in patient care and management.

-- Good exposure to a variety of patients and conditions.

-- Great rotation. I was not particularly interested in IM before the clerkship started. However, the application of knowledge combined with great attending/residents made this rotation not only enjoyable, but also has made me consider IM as a career.

-- I appreciated getting to see both the inpatient and outpatient setting for internal medicine.

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-- I believe that the rotations showed me the values and skills needed to be an internal medicine physician.

-- I enjoyed the clerkship very much

-- I felt this clerkship was as expected, but did not pass expectations. I felt it could have offered more opportunities to ensure students get the full coverage of discussions, geared toward medical students.

-- I had an overall extremely positive experience throughout my IM Wards clerkship.

-- I learned a lot and my preceptors were very helpful and supportive of my learning.

-- I learned a lot during this clerkship that I will take with me to my future career. I enjoyed the attendings and residents.

-- I learned a lot during the clerkship and have been able to apply those skills and knowledge to other clerkships. The residents were very helpful throughout and often provided teaching.

-- I liked being able to work with one preceptor for most of the two weeks. I thought it was run well and the assignments were appropriate in length for the two weeks.

-- I liked that this clerkship was 6 weeks - this was plenty of time to get the full experience of internal medicine and the continuity of care it provides. This is the first clerkship I feel I had enough time to get the full experience. I loved the continuity of both outpatient and inpatient settings. I loved the challenge and variety of complaints. I enjoyed the preventive health portion of outpatient care. I felt I had plenty of time to follow up on learning issues with this clerkship, especially with going home after rounds. I think without COVID, I would still want to have one afternoon off per week just to be able to fully dive into learning issues without the distraction of the team room.

-- I loved working with the residents and learning along side them

-- I really enjoyed inpatient wards, but general IM clinic was not the greatest experience. This was mainly because of patient no shows and cancellations, so there was a lot of sitting around. I'm not really sure how this could be improved on though

-- I really enjoyed my internal medicine experience, and I feel that I learned a great deal about inpatient medicine. I had great residents and attendings throughout, and they were very helpful and encouraging.

-- I think we had a great amount of independence throughout this clerkship in both inpatient and outpatient settings. The attendings and residents in this speciality were fantastic role models and really cared about our professional development.

-- I thoroughly enjoyed my time with the IM wards team. The residents and attendings with whom I worked were incredible across the board. I learned a lot from all of them and developed great rapport with each. I think the IM wards rotation was my most beneficial yet in regard to developing as a medical student as well as gathering insight into what to expect going forward in my career in

End of Core Clerkship Evaluation | Y3

medicine.

-- I thought the clerkship was interesting and provided an excellent space for learning clinical information.

-- I thought this clerkship went well overall. Good mix of inpatient and outpatient experiences. The CSE is a good way to bring everything together at the end.

-- I was able to learn a lot and felt like most of residents were nice and very helpful

-- I'll start by saying that the faculty in charge of the clerkship (Dr. Hlafka, Tina White, etc) were wonderful! There are some major problems with this clerkship that I am not sure they have a great deal of control over, so that being said:

I was extremely excited for this clerkship. Regardless of the specialty one chooses, IM will be a critical backbone. As such, I expected to learn and grow a great deal in these 4 weeks. However this was definitely not the case. Despite being repeatedly eager and capable, I found myself struggling throughout the clerkship and perhaps even declining in skills and confidence. I dreaded going to work daily, but showed up early anyway to try to make that day go better. Our first attending completely ignored us, or during a case presentation would look annoyed, wave his hand and tell us to get to the update for the day (sometimes even with new patients because he had already looked at the chart). He wouldn't say anything after, nothing we did good or bad, just stare at us blankly then talk directly to the resident about the patient and the plan. The next attending was at least engaged with us by asking a lot of questions, some simple and some difficult. I found this trial by fire method somewhat effective and at least we were learning more. However, it was harsh on the confidence level. As budding physicians I think some "tough-love" is good for us. However it was impossible to do well in his eyes, no matter what we did. I worked hard, hoping that at the end at least I would get some good feedback on how to improve. However, he never filled out the form that was sent. Other students told me he just wrote "yes" in the feedback forms, which is not helpful for learning how to do better. The last two attendings were much better, and I felt we learned better from there. Still, our group felt two weeks behind. For such an important clerkship I think it is important it is the best clerkship possible. I think improvements could be made by the following:

1. Have students spend at least one day/half a day the first week with Dr. Hlafka or someone similar. This half-full day will be to 1) evaluate the student 2) Provide as much feedback as possible going forward. This will allow students to get one good feedback session on how they're doing and tips for the rest of the clerkship. This would have helped me immensely to have the first week to 1) Know what I should be doing 2) Know approximately where I stand on skill 3) Have some things to work on for the rest of the clerkship. That way even if students have preceptors who are not interacting with them well, they will have that one day's information to fall back on.

2. Give OFFICIAL feedback on the day of the test. Our entire group had a collective zero feedback forms on test day. I think having an evaluator fill out an on the fly will provide everyone with at least 1-2 standard, fair on the flys that will help them improve.

-- IM is really not for me. I have a lot of respect for IM physicians but it was just not my cup of tea. I learned a lot and enjoyed my time more than I was expecting. As a whole I think the clerkship was

End of Core Clerkship Evaluation | Y3

good, well run, and well organized.

-- Informative

Great residents, faculty, staff

-- Inpatient setting was good. Residents were kind and willing to teach. Attendings were also willing to teach and give feedback.

Outpatient experience was not great. Felt that I was with newer attendings who were still learning the clinic and how to use students. Would have liked to have been paired with other attendings.

-- It certainly helped that I had interest in IM coming into the year, but the good news is that my interests were reaffirmed rather than making me question it as a career choice.

-- It was a good clerkship. No major concerns.

-- Learned how to apply studied knowledge. Learned how to analyze key lab values and correlate with clinical picture. Expanded my note writing abilities.

-- N/A

-- Outpatient experience wasn't great. Basically a shadowing experience. Didn't give case presentations, see patients by myself, or even ask patient's questions in clinic. Inpatient was better, as I saw my own patients and was encouraged to create my own plans/write notes.

-- Overall the clerkship is good. I think the outpatient IM experience is an extremely important skill set and knowledge base for physicians regardless of what future specialty we choose.

-- Overall this clerkship did contribute to my learning through a broad range of experiences and through practicing physical exam, history taking, OCP and note writing skills.

-- Overall, I enjoyed this clerkship and learned a lot about hospital medicine.

-- Overall, I had a great experience on the internal medicine clerkship. The attendings and residents that I worked with were all very supportive and pushed me to learn and helped me fill in knowledge gaps. I enjoyed working with the adult patient population.

-- Overall, I think the clerkship was good. I think incorporating half days was a great idea to maximize learning. There are great learning experiences before and during rounds. However, I didn't feel like I learned very much on the afternoons that I stayed unless the residents did learning issues. Learning issues typically occurred 1-2 days a week and lasted for 20-30 minutes.

-- Overall, I thought I learned a tremendous amount on this clerkship and took strides forward in my learning as a medical student.

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-- Overall, it was well-organized, the assignments for preceptors were fair. There were many opportunities for students to do self-learning during rounds in addition to after rounds, such as the IM student room

-- Saw inpatient and outpatient medicine, involved a lot in the team on both inpatient and outpatient.

-- Solid clerkship that helped me gain an understanding of hospital medicine.

-- The clerkship had good structure, and it allowed for many opportunities to improve clinical skills and knowledge.

-- The clerkship was very well organized and provided great learning experiences.

-- The clerkship was well run and I knew what my expectations were.

-- The IM clerkship shows a great commitment to keeping students involved and part of the healthcare team.

-- There was a lot of learning to experience, but the time demand was rather overwhelming.

-- This clerkship had a nice split of outpatient and inpatient to give a good idea of what IM-bound students have to look forward to in residency, as well as enough exposure to give you an idea of what IM docs do and if you'd want to specialize in it. The residents and attendings were all very welcoming and took medical student education seriously, as they would consistently teach us new things very often.

-- This clerkship provided a broad exposure to common chief complaints and helped me to refine my management plans for common diagnoses.

-- This clerkship was a very good learning experience. It was really cool to see and feel what it is like to part of a medical team and take part in the conversations that surround a patient's care.

-- Very well organized with great residents and attending willing to help you learn.

-- Well organized

What were the strengths of this clerkship?

-- The attendings and residents are where this clerkship shine. Everyone was very nice and willing to engage the students. Every patient problem became a learning opportunity.

-- Attendings and residents more than willing to teach and help students.

-- Good experience seeing how both the inpatient and outpatient settings work.

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-- Learning opportunities, individual learning issues, patient population.

-- Inpatient wards, learn a lot of medicine, even when the patients I was following were stable.

-- Strengths: Helpful attendings who involve students, helpful residents who involve students, clear expectations, resources (Sessions, EKG card, Handbook)

-- Getting more experience managing patients over several days and becoming more familiar with the hospital system in general.

-- It challenged students to critically think and go through the process of seeing patients, preparing an OCP, and presenting.

-- Per comments above:

- team work
- learning about the job of residents in IM
- work experience
- applying knoweldge

-- Many and diverse areas of learning.

-- Lots of patients, lots of exposure, lots of complex patients to learn from.

Interesting learning about quickly changing protocols for Covid as the situation evolves

-- The strengths were the great personalities across the board as well as the teaching styles of the residents and attendings and how welcoming they all were.

-- Good experience in hospital medicine. Attending physicians and residents/interns that were invested in teaching and supportive of students.

-- Practicing patient care across a wide spectrum of problems and acuity between inpatient and outpatient settings.

-- The autonomy given to me by my team to develop treatment plans for my patients. The amount of learning issues we learned during rounds. The diversity of patients seen during wards.

-- Set up in a way to get enough experience in internal medicine. All the preceptors are aware of what is expected of students. All members of the team are happy to teach and make our time a good learning experience.

-- Residents and attendings were excellent. The outpatient attendings made me feel like a resident and pushed me to perfect assessment and plans

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-- This clerkship strengths include that IM is vital to any doctors future. As a very important clerkship I think it should be given whatever it needs to be one of the best clerkships.

-- working with an assortment of residents and learning issues in the afternoons.

-- Saw complex patients and had plenty of opportunities to write notes

-- I enjoyed working with other students and residents in a team. I felt that it was a good learning experience for step 2 information.

--

-- Seeing a large volume of patients with common complaints.

-- Organization, schedules, preceptors willing to teach

-- The clerkship was organized. I appreciated the schedules that told us which attendings and residents we were assigned and when.

-- It was nice to follow a patient for the duration of their stay in the hospital. I liked seeing patients improve a little (or a lot!) each day to the point that they were medically safe to go home.

I also feel like I learned so much about the EHR, consulting other services, and significantly improved my note writing abilities.

-- IM knowledge and skills are super important

-- n/a

-- Strong residents and faculty

-- Dr. Hlafka, and the residents. Most of the residents were very excited to teach, and involve students.

-- A lot of opportunities to be involved with patient care. The residents I worked with really helped give me a good experience.

-- Well organized, expectations were laid out easily, engaged residents that teach and attendings.

-- Student were integrated well into the field of IM. There were a diverse set of patients that were in the hospital at the time and was able to get a diverse set of exposure to management of conditions.

-- Diagnosis

-- I improved immensely on my organizational skills, both in the context of balancing 3 patients at a time and in giving my oral case presentations.

End of Core Clerkship Evaluation | Y3

- exposure to and learning about clinical medicine
- The organization of the clerkship. I was never lost or unsure of where I needed to be.
- Great residents and attendings, ample learning opportunities, strong clinic exposure.
- The strengths were the residents and the attendings who loved to teach and made the rotation incredible. I also think this rotation allowed more autonomy than others, and as a late third year that was much appreciated.
- I felt that rounding was actually a strength of internal medicine. It's the post rounds time that was not beneficial. I felt that I learned a lot on rounds, but after rounds, I felt like I was just sitting around waiting till sign out.
- I like that we do outpatient and inpatient because you get to see different aspects of IM
- - How many patients we got to see.
 - I got a lot of constructive feedback in the inpatient internal medicine
 - I got a lot of feedback writing notes in inpatient internal medicine
 - We had learning lectures from Dr. Hlafka that were very helpful
 -
- Diverse learning experiences
- Large exposure to medicine
- Independence and working 1-on-1 with attendings to articulate our thought processes when it came to differentials or treatment plans.
- Increasing medical knowledge and management
- Strong attendings and residents. All of them were exceedingly helpful and supportive to my learning. I can't think of a single faculty I encountered that I wouldn't describe like this
- Diversity of care.
- The inpatient service.
- I think the vast majority of the staff, attendings, and residents are really good and enthusiastic about teaching and getting us involved. I had a pretty good shake with my attendings and residents over these four weeks. I think it is more structured than some other rotations which is good knowing what you will be doing in a given day ahead of time.

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-- Good clinical experience with students having the ability to act as a resident (with close oversight by actual residents)

-- Attendings and residents are interested in teaching.

-- The clerkship director, the preceptors.

-- Immersive experience on the inpatient rotation. Students are very involved in patient care and have a unique opportunity to spend lots of time with patients and really get to know them. We are able to advocate for our patients and being very involved in their care.

-- I learned a lot about hospital medicine during this clerkship.

-- Working close with residents to develop plans. I felt as though I was part of the team.

-- ORGANIZED

--

Great opportunity to expand on communication skills with patients

Plenty of learning opportunities through patient interactions

Plenty of opportunities to develop differentials "on-the-spot"

Residents and faculty are very welcoming, enthusiastic about teaching and great about providing constructive feedback

Great opportunity to learn about management in outpatient settings

Clerkship director, nurse educator and clerkship coordinator are very organized and easily accessible

-- I thought the faculty and residents were the strengths of the clerkship. It is clear that they care about teaching and enjoy it.

-- I believe the strengths of the clerkship are the faculty and residents and how willing they are to help students learn.

What would you do to change this learning experience for future years?

-- nothing

-- If attendings are new, tell them how to use students in the clinic.

-- I don't think I would change anything, although it would be nice to have the full weekend off to have a mental break from the clerkship. I would also make the instructions for the on-call day a little more clear; I wasn't entirely sure where to go or who I was working with throughout the day.

-- None

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-- Possibly integrating more time for self-directed learning. It was sometimes hard to be productive in the team rooms in terms of self-directed learning and then students felt they had little time afterwards to study after the long days.

-- I feel like during the internal medicine wards rotation, we frequently had afternoons that we were not actively engaged in learning. Getting practice writing notes is definitely helpful, but not nearly as important as seeing patients or learning topics. I would have appreciated having less pressure to write notes and more emphasis on learning material or seeing new patients as they would be admitted in the afternoon (this often times was hindered by the pressure to complete notes). Also, having more educational resources for med students on our level would be really helpful. I learned a lot from the EKG, CXR and ABG lectures, and while the grand rounds and noon conference was sometimes helpful, it was often at a much higher level than for med students and was at times difficult to follow or retain any of the information. I would love to see more med-student specific learning opportunities in the future.

-- Possibly getting time in sub-specialties.

--

allow students to do self-learning on or nearby campus after rounds 2-3 days a week instead of doing full days 5 days a week (keep the weekend half-day)

if worried about students wasting time require so many aquifier or CCC cases instead, alternatively have cheif residents or attendings assign LIs

residents were unaware of our ability to enter orders/meds/alter notes. Once they found out some were excited. Make them aware show them how to have us do it so they can use us more efficiently

-- Daily lecture or some high yield didactic experience in the afternoon.

-- I hope the future classes do not have to deal with Covid in their IM rotation

-- I don't think much needs to change. The only thing I think would have made it better is to be challenged even more and for the residents and attendings to test our knowledge more each day.

-- Give M3s more responsibility such as carrying the team pager.

-- Submitting a progress note or two to the clerkship for some formal feedback would be nice.

-- I really liked the format of having students alternate their evening shifts. It was times that absolutely no admissions or consults needed to be completed and sitting in the room was

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unproductive.

-- Some of the preceptors in outpatient clinics seemed less interested in having the student lead patient interviews. My outpatient experience would have been made better by allowing me to

-- I had a couple experiences with outpatient clinic where I visited a specialty clinic in the morning and had regular internal medicine clinic in the afternoon. If I remember correctly, my specialty clinics ran late and through lunch to the point that I was almost late for the afternoon clinic. I think the specialty clinics were unaware I was going to another clinic after theirs. Looking back, I would have simply announced I had another clinic to attend so that I could have all notes and visits completed with enough time to travel to the afternoon clinic and grab a granola bar.

-- I think improvements could be made by the following:

1. Have students spend at least one day/half a day the first week with Dr. Hlafka or someone similar. This half-full day will be to 1) evaluate the student 2) Provide as much feedback as possible going forward. This will allow students to get one good feedback session on how their doing and tips for the rest of the clerkship. This would have helped me immensely to have the first week to 1) Know what I should be doing 2) Know approximately where I stand on skill 3) Have some things to work on for the rest of the clerkship. That way even if students have preceptors who are not interacting with them well, they will have that one day's information to fall back on.

2. Give OFFICIAL feedback on the day of the test. Our entire group had a collective zero feedback forms on test day. I think having an evaluator fill out an on the fly will provide everyone with at least 1-2 standard, fair on the flys that will help them improve.

-- There is a poor procedure in place for rooming and doing intake for all patients, new or established. Say a patient's appointment is at 9:00 and the patient arrives at 8:50. They would be marked as "Arrived" in the system. At 9:00 they would be roomed. By 9:15, or sometimes even later, they would be "Provider Ready." The patients we saw in clinic were complex, and 15 minutes is not enough to address all concerns, do an exam, and get labs/prescription forms ready. I think it would make much more sense, and be far less stressful for physicians and students, if the patient slots were adjusted accordingly. Schedule the patient's appointment for 8:45 but list it as 8:45/9:00 on the physician's schedule.

We are scheduled an hour for lunch, but with the process the way it currently is, I rarely ever finished morning clinic before 12:30 and had to report to afternoon activities by 1:00. Now of course, not all days are booked full, but on days with later morning appointments, the above issues were a real challenge.

-- I felt that the schedule was pretty exhausting. I'm not sure I gained much from working a weekend day each week. It would have been nice to have time not on wards to study more and learn more for the rotation.

-- I think all students should get to experience a specialty clinic! I really enjoyed my time in GI clinic.

-- n/a

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-- I would require the attendings and residents we work with to evaluate us as well. If we work with someone every day for 2 or 3 weeks, we should not have to send 3 MyProgress reminders and still not get an On the Fly filled out from them.

-- Continue alternating half days for students. I feel that I was able to work better hands on when I was the only student with my team in the afternoons.

-- I think it would be extremely helpful to have more standardized learning experiences if possible, perhaps by changing preceptors. It was frustrating at times when my preceptor was not teaching much and other students were seeing patients on their own and receiving detailed feedback on how to improve themselves.

-- Keep the every other day schedule for students. It really was helpful for studying and mental health.

-- I would consider keeping the alternating student for staying late in the future. While I appreciated the experience, having multiple students and the residents all stay made it difficult get things done. It was also nice to be the only medical student there when new patients came in. It was easier to practice our H&P skills that way. I also felt I was able to put more effort into learning issues when I was able to leave early.

I would also consider only having two students in every team. On days when we had three students, plus three residents, we ran out of room very quickly in the team rooms.

-- Adding in more discussions that are focused on student level information. While the noon conference and afternoon LIs are beneficial, some of the topics are two or three steps ahead of where we are as students. Comparatively, the Acid-Base discussion by Dr. Hlafka was the best learning experience of the clerkship. This was extremely useful, and gave us a great opportunity to learn acid base in the clinical setting. It would be very beneficial if there could be discussions on main complaints seen in IM, and the treatment and management. For example, pediatrics does a weekly brown bag lunch, where they have the most common chief complaints, and then go through the workup and management. Doing this for chest pain, abdominal pain, AMS, etc. would be very beneficial for students.

-- I would keep the students staying every other day late beyond Covid.

-- Nothing at this time

-- I would only change the timing of the teaching sessions so that they didn't occur when some students were on neuro.

-- Nothing I would change currently.

-- Keep the "2 days off 1 day on" for the afternoon. Keeping three medical students for 4 hours for 1-2 admits (usually) could be seen as wasteful of time and computers, both of which are limited resources in the hospital setting. Being the lone medical student after morning rounds was

End of Core Clerkship Evaluation | Y3

great as I got to learn a lot more from the residents and patients which we would see, instead of merely shadowing while somebody else did the H&P. It also helped build a closer relationship with the residents and took pressure off them to keep 3 medical students busy and engaged, as it is much easier for 3 residents to share the load of teaching 1 student when their days are already incredibly busy

I would also consider allowing students to spend 2 weeks general inpatient IM and 2 weeks with a specialist service for inpatient. Or even 1 week. I was bummed that we didn't get to see some of the more specialized patients in the inpatient setting

-- I would keep the rotation as every other day, as I think it allowed time for students to work on didactic topics.

-- Nothing really. Things were already different then usual because of covid

--

Schedule more formal learning activities for medical students in the afternoon.

Have residents make med students more involved in patient care. Often they would get calls about a mutual patient and they just never told me about what had happened with the patient until I was presenting on rounds

I tried so hard to listen to noon lecture online, but the audio was so bad most days I couldn't understand anything the speaker was saying

-- I thought it was well done

-- For the specialty clinics, only spent one half day with a different one, would be able to gain more from extended time in one specialty

I think a longer time in internal medicine would be very helpful because there is so much to know and its all very useful.

-- Since wards was our first rotation, residents were still learning the hospital too, and it made it a little harder to integrate. For example, us students did not know for the most part what was important for the residents to know about patients overnight, and we had to present this at pm sign-out.

-- More variety would be nice. I understand that inpatient wards and ambulatory clinic are important, but I felt like there weren't many opportunities to see the specialty fields that involve a fellowship after doing internal medicine.

-- More readily accessible developmental resources. I think they existed but I did not utilize them as I was unaware which is probably a fault of my own.

-- No comments at this time.

End of Core Clerkship Evaluation | Y3

-- Have medical students see their own patients/write notes.

-- I personally am not interested in hospital medicine. I much prefer the clinic setting. I enjoyed my time on the wards when I was engaged and busy. I felt that I learned a lot during those times. With that being said there is a whole lot of downtime after morning rounds. I also struggle because I don't study well in all environments and the hospital is not a place where I can be effective. So, for this reason, I think it actually is more conducive to learning with the students only staying every other day. I felt that it gave me more time to study and research things and I actually learned much more than I would have just hanging out with the residents in the team room waiting on a consult all afternoon.

-- None.

-- I would consider keeping the alternating days for when students have to stay in the afternoon. I felt like by staying you get to gain a better understanding of how hospital medicine flows, but by leaving early it also gives you the opportunity to get some studying done outside of the hospital.

-- One thing Dr. Graves mentioned regarding OTF's... He said if students don't email him the OTF then it is nearly impossible to find the student. He said if they could organize the student lists on MyProgress better for attendings such as in alphabetical order then it would be much better. I had him show me and it looks like they organize the students by clerkship group which would make it tough for attendings to find students. This could be changed to help increase the number of OTF's that students receive.

-- I think continuing sending students home early would be very beneficial. I think most of the learning takes place during rounds. Some afternoons there are opportunities to see new patients, discuss learning issues with residents, or call consults. These are great learning opportunities. However, there are often afternoons when residents are busy or there are no new admissions and students are forced to sit in the team room for hours that could be used for more productive activities such as studying. For this reason, I don't feel that there should be a hard rule of one student leaving immediately after rounds and one staying all the way until signout. Students would be better served if residents/attendings were able to make day by day decisions based on available learning opportunities for students about when they should be dismissed. Since COVID restrictions will likely no longer be an issue, both students can stay or go based on what is going on that day.

-- Unsure.

-- I think being flexible about what time students can leave following rounds is ideal. On some days, there are new patients or residents who want to teach. On those days, it makes sense to stay later as there are great learning experiences. However, some days this isn't the case, and it makes more sense to leave early and study on your own at home. I stayed late a lot and got to do the "hand-offs" to the night team. I don't really feel like doing the hand-off is a great learning experience, and it most certainly doesn't justify staying an extra 2-3 hours.

-- Continue having alternating days of leaving early, even after COVID restrictions end

-- I think that the 1/2 days should continue. Often times when it was my turn to stay I would not have too much to do. It was pretty variable and depended on the day. I think students should stay

End of Core Clerkship Evaluation | Y3

until the learning experiences for the day are over but do not necessarily need to be there until sign out.

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

69 Yes | 1 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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-- <hr />
n/a

--
I got to see many patients

-- Apart from the medicine aspect, I was able to see good and not so great patient rapport. As well as how to interpersonal relationship b/w colleagues.

-- Experienced a lot of different personalities between attendings and residents, learned to simply ask expectations, saw a lot of different cases and different "types" of medicine

-- Felt like a team member.

-- For the most part, I was given the expectations of a resident with less patients: See patients, present, attempt a plan, write notes.

-- Helped to teach me better management fundamentals

-- I believe I was able to develop a good rapport with the residents and attendings. I think I made significant connections that will help me even more as I progress as a medical student and eventually a medical provider.

-- I can't say enough about the independence this clerkship afforded us.

-- I feel like I was always included as part of the team. I learned how to put in orders with a co-signature, attended new patient consults, and improved my oral case presentations. I genuinely enjoyed working with my teams each week.

I am still leaning towards outpatient family medicine, but spending time in the inpatient internal medicine setting was incredibly helpful.

-- I feel much more comfortable discussing treatments and using medical terminology.

-- I felt like I was truly part of the team. I was able to see patients on my own, discuss findings with my preceptor, develop plans, and write notes.

I was also able to have multiple conversations with my preceptor about his experience in the field.

End of Core Clerkship Evaluation | Y3

-- I felt like part of the team and that my voice was heard when discussion management/treatment plans.

-- I fill like my attendings and residents did a great job making all the students on the team feel welcome and included.

-- I got to work alongside residents and attendings. Learned a lot in the process

-- I had the opportunity to work with numerous attending physicians and residents throuhout my internal medicine rotation and it allowed me to get involved in coordination of care with physicians in multiple other specialties.

-- I learned more about working effectively with a team of students, residents, and attendings.

-- I think I learned more about how to interact with patients as a provider.

-- I was able to work closely with my team.

-- In addition to the IM staff, the nature of in-patient work required a lot of consulting. This allowed me to practice communication with other specialties.

-- It allowed us to see a variety of issues both clinical and nonclinical and we were able to learn from these.

-- It did, and I learned much more about internal medicine. I have a great appreciation for the work they do.

-- It helped to make me feel like a more active member of a health care team.

-- Learned to work with a team, became comfortable with rounds.

-- Many great friendly physicians

-- N/A

-- No comments at this time.

-- No, I felt ostracized on a daily basis until the second two weeks.

-- none

-- Patient care access

consulting with physicians

speaking and breaking news to family

-- Residents were phenomenal during rounds and discussions afterwards in the team room. Willing to answer any and all questions which was especially important and I plan on going into IM.

End of Core Clerkship Evaluation | Y3

-- Rounding every day definitely helped me adjust myself to the hospital

-- This clerkship is arguably the best at socializing us students into medicine by actively involving us in patient care and setting clear expectations.

-- Yes, I was able to talk to many different residents and attendings about the ins and outs of medicine, not just IM as a field.

-- Yes. The clerkship helped improve my patient interview skills and discussing more difficult topics with patients.

Did the clerkship accomplish your goals by helping you find your specialty?

55 Yes | 15 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

--

-- During the first two weeks, both the doctors and residents seemed miserable. I was highly considering IM but decided against it because I didn't want to be in this environment.

-- Found I preferred inpatient medicine vs. outpatient clinic.

-- I am interested in choosing internal medicine as a specialty and the clerkship definitely helped me weigh out the different specialties of internal medicine, and think about what I need to do to start thinking about a career in internal medicine.

-- I did not enjoy this clerkship in terms of the work as much as I had other rotations, which helped me narrow down my specialty options.

-- I do not wish to pursue IM as a career, but will likely need to do a year in IM for my specialty of choice. I felt like I had a much better idea and handle on the requirements after my month on this rotation.

-- I enjoyed the inpatient setting more than I thought I would, but I am still interested in outpatient family medicine. This clerkship was fantastic, but personally I enjoy the outpatient setting.

-- I feel ready to lock in IM as my choice after the 6 weeks in the rotation.

-- I have been interested in a particular specialty for a while now

-- I have been interested in EM/IM combined residency for quite some time. I did not have much experience with IM so I was hoping this clerkship would help me determine if EM/IM would still be a good fit for me. I found this to be true - I most definitely enjoyed this rotation and could see myself going into IM, even if I am not successful obtaining an EM/IM position

-- I have enjoyed all of my clerkships so far, and internal medicine is no exception! It is so hard to choose when you enjoy everything.

End of Core Clerkship Evaluation | Y3

-- I knew I wasn't going into IM, and this confirmed that I do not want to do hospital medicine.

-- I know I will do at least 1 year of internal medicine as either my residency or a transitional year, so I was very lucky to have such a good experience on wards and in the clinics.

-- I liked Internal Medicine but I do not believe that it is the specialty for me. I do plan to explore it again during PEP

-- I still prefer the inpatient setting, as the pace of outpatient was very slow for me.

-- I think it helped give me a better idea of my likes/dislikes about hospital medicine vs other types of medicine.

-- I wanted to do IM prior to starting the clerkship, this confirmed that choice.

-- I was not considering IM before the clerkship. However, the experience was so positive, now I am strongly considering exploring this specialty more during PEP/M4.

-- Internal medicine is not my area of interest.

-- Internal medicine isn't what I want to do, so it did not help me find my specialty.

-- It did, and I learned much more about internal medicine. I have a great appreciation for the work they do even if I think I wouldn't want to do that specialty.

-- It helped sort things out for me

-- It showed me all of the strengths of IM.

-- n/a

-- No comments at this time.

-- No interest in going into this specialty.

-- No, if anything this made me consider IM more strongly making my decision more difficult. Luckily I have the rest of the year to decide.

-- none

-- not sure yet.

-- Plan on going into IM.

-- Still unsure

End of Core Clerkship Evaluation | Y3

-- Still unsure.

-- The clerkship made it very clear what IM is and if it is or is not the field one wants to go into

-- This clerkship gave me a better perspective of hospitalist work, and will help inform my decision for my specialty.

-- This clerkship helped me quantify how much I like medicine and then after the surgery rotation, I feel I will have a clear indication as to what specialties are my interest.

-- This rotation solidified my passion to become a cardiologist. I worked with several residents who also shared this passion and the discussions and learning points throughout the month were very beneficial in building upon my knowledge.

-- While I do prefer outpatient clinics, I am still interested in family medicine.

-- Yes! I think IM is for me!

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

42 Yes | 28 No

Comments regarding receiving narrative feedback weekly

--

-- Attendings gave great feedback in person and were receptive to filling out OTF forms. Although I suppose it was not quite weekly, I have not felt like I was in the dark at all during the clerkship.

-- Did not have issues getting feedback.

-- Dr. Graves gave me feedback multiple times per week.

-- Dr. Robinson and Dr. Al-Johany provided frequent, daily feedback that I thought was very useful. However, currently I only have one on the fly form filled out from Dr. Al-Johany.

-- Each of my preceptors was fantastic about giving feedback, including areas where I excelled and places where I can improve.

-- Efficient and helpful feedback from all of my attendings

-- great feedback

-- Great feedback.

-- Honestly not sure. Myprogress doesn't show me On The Fly's from forms not provided by me. I can see the forms I send to people though.

End of Core Clerkship Evaluation | Y3

-- I believe I did receive feedback weekly for most weeks however there were a couple of weeks with the same attending that I have yet to receive feedback on. He did give me oral feedback throughout those two weeks, though. The residents were also great at giving me on the spot feedback.

-- I did not receive it weekly, however the attendings I worked with had reiterated that they preferred to do a lump eval at the end. I did receive verbal feedback regularly.

-- I have only received 2/8 requested on the fly.

-- I received beneficial feedback on my notes, OCPs, and overall time on rounds on a timely basis.

-- I received daily verbal feedback, but have not been sending out weekly OTF. They have been sent out as of the end of the clerkship.

-- I received good resident feedback but it was difficult to get the written feedback from attendings.

-- I received an adequate number of OTF for my internal medicine clerkship.

-- I received great oral feedback but not many OTFs completed. Dr. Al-Johani gave good structured feedback to everyone on the team which I thought was great.

-- I sent out on-the-fly evaluations forms but only received a form from one attending.

-- I sent several forms. After receiving none back repeatedly I gave up and stopped sending them.

-- I still have not received feedback from the attending I worked with the first week. He encouraged us to send us reminders, which I have, yet I still have not received the written feedback.

-- I still have yet to receive written feedback from several of my preceptors and a few of them only wrote one-word responses on the feedback form.

-- It was really hard to get the residents to give on the fly information. But they did give feedback verbally sometimes.

-- Most attendings kept up with this. Some residents did.

-- N/A

-- No surprises, which is what is important.

-- received oral feedback often. rarely received OTFs until the end of the clerkship.

-- Some attending physicians were very good at giving written and verbal feedback. however some of the preceptors I have worked with both inpatient and in outpatient clinics have not provided me with written feedback yet.

End of Core Clerkship Evaluation | Y3

- Still waiting for a couple forms to be filled out that I sent right after my very first week on this rotation.
- Still waiting on any written feedback from attendings.
- The preceptors gave oral feedback and were happy to fill out on-the-fly forms if requested by the students, exactly like we were told in the beginning. Not getting weekly written narrative feedback is on me, not my preceptors
- This is one of the few clerkships that I received timely feedback on! I appreciated that very much!
- This varied greatly between attendings. Dr. Al-Johany was absolutely wonderful about giving great, constructive feedback. He gave verbal and written feedback multiple times during my time working with him. However, I didn't find this to be consistent between attendings. I felt Dr. McCartney was not as consistent about providing either written or verbal feedback. I actually have not gotten any feedback at this point (end of clerkship). I think in retrospect, I should have been more pro-active about getting feedback.
- This was not for lack of asking or sending them (and reminders) out.
- Through orientation I had a certain expectation that OTFs would be completed relatively often and without needing to send a form. To the contrary, I don't think any OTFs were submitted without my asking and without my sending the evaluator a form.

Was the workload appropriate for your learning needs?

67 Yes | 2 No

Comments regarding the workload

-
- Appropriate
- Appropriate for a M3
- Appropriate work load. Note writing and noon conferences did not facilitate beneficial learning experiences, but they were important for learning how busy the day can get.
- Appropriate workload. At any given day, I would have anywhere between 2-4 patients, with 2 being more common than 4.
- Appropriate
- Appropriate.
- Awesome experience. Practiced old skills and developed new ones

End of Core Clerkship Evaluation | Y3

- Big team so we each didnt cover a lot of patients

- Could have been heavier on outpatient. I was there for a lot of the day, just did nothing the whole time.

- Fair workload

- Having 2 patients to take care of was an appropriate amount.

- I actually wanted more workload from attendings in the outpatient setting. There was one physician (Dr. Graves) who did not let me see patients on my own, which I enjoy getting the opportunity to do.

- I felt a nice balance with workload. I once felt overwhelmed taking two complicated patients in addition a patient I was already following and the residents worked with me well to adjust better to my needs for that day.

- I felt good about balancing multiple patients each day and feel as though my time-management skills improved.

- I have no comments in particular. The workload is sort of dependant on the student, in my opinion sometimes it was hard for myself to set learning issues for myself to research.

- I think the workload might have been too heavy, but the necessity for the current schedule was discussed during a mid-clerkship meeting and I understand the perspective of the clerkship organizers.

- I think writing notes on a couple patients per day as well as the preparation for the following day were very manageable.

- It would be nice to have some standard cases to fall back on for learning since the preceptors, residents and students learning experiences vary so significantly. The CXR session was great, and Dr. Hlafka's EKG presentation was incredibly helpful for learning EKGs, which is something I have struggled with in the past.

- It would have been nice to have either one morning or afternoon off during the 2 weeks of outpatient so we could catch up on studying or do things outside of clerkship responsibilities.

- Leaving after rounds every other day during the inpatient clerkship was extremely helpful. IM is a grueling month, but that gave us time to study and schedule appointments without having to miss required clerkship activities. We still wrote notes every day and attended the Webex lectures and LI sessions, so I do not believe that our education was harmed in any way.

- N/A

- Not so much in the outpatient setting. Felt my preceptor treated me more like a MS2.

End of Core Clerkship Evaluation | Y3

-- Occasionally the workload was more than necessary for my learning needs to the point where it felt like we often were doing busy-work and doing less learning.

-- The workload was appropriate for the learning needs as each day in the inpatient wards I had at least 2 patients that I was following, which involved seeing the patient, coordinating their care with other teams and following up about their care throughout the day. Some days in the outpatient clinic the workload was too small to be educational as I was only assigned one patient per afternoon with an attending physician that I worked with.

-- The workload was appropriate for the outpatient clinic setting.

-- The workload was appropriate, but I felt that I would have gained more from having both weekend days off to study and catch up on learning issues I had from the week.

-- Workload and time appropriate.

-- Workload was appropriate and could be adjusted by taking on more or less patients.

-- workload was appropriate. residents helped to choose good learning patients for the students and would often suggest moving to a different patient if they thought there was a better learning opportunity.

-- Workload was definitely appropriate for my needs.

Did you actively participate in patient care?

70 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

--

-- All of the attendings and residents very clearly valued my input and I felt like I was really an essential part of the team.

-- Appropriate for my training

-- daily

-- Felt like a valued team member, and my thoughts were considered.

-- Had many opportunities.

-- I enjoyed getting to see patients on my own and develop a plan for them. I felt very involved in the patient care process throughout the rotation.

-- I felt as though I was a valued member of the team.

End of Core Clerkship Evaluation | Y3

- I felt I was able to participate in patient care throughout my time in clinic.
- I felt like I did participate in patient care
- I had a chance to participate in patient care during rounds such as relaying plans to the patient and assisting residents with other duties.
- I was able to formulate my own assessment and plan each day and then discuss it with those who were also on the treatment team for those patients. I also got to make phone calls to other providers and family members when necessary.
- I was able to participate in patient care as much as any rotation, including calling consults and breaking news to family members. That was a turning point for me as a learner.
- I was able to see patients on my own, help write notes, discharge summary, signout and coordinate consults
- I was allowed a great deal of autonomy and saw several patients on my own on a daily basis. I also participated actively in documentation in the EHR and helped with orders/management whenever possible.
- I was always encouraged to perform interviews and to formulate an A/P
- I was an active member in patient care.
- I was very involved with patient care each day.
- My residents involved me in absolutely everything. It was great. All star residents
- N/A
- On the inpatient service. Not much on the outpatient service.
- Plenty of opportunities to take on a few patients of my own and work with the team.
- Residents and attendings did a good job involving me.
- Saw patients, attempted to make plans, made notes, discussed care with residents and attendings.
- Was always asked what I wanted to do for the patient.
- Was given many opportunities to participate in patient care
- Whenever allowed or possible. The occasional attending would not let me see the patient on my own but otherwise I was able to.

End of Core Clerkship Evaluation | Y3

-- Yes I saw my assigned patients, presented them to the team, lead the patient discussion a few times, and helped manage their problems as well.

-- Yes

-- Yes, I always saw the patient on my own. I also completed consults and attending a family meeting for patients.

Were your assigned responsibilities commensurate with your training?

69 Yes | 1 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

-- Consulting, presenting LIs, and discussion with nurses

-- Never asked to do something I was not adequately prepared for.

-- N/A

--

-- Yes they were commensurate with our training.

-- I felt my responsibilities were appropriate

-- I was able to pick up any patients I wanted and follow them. I believe this responsibility helped me build upon my management skills that will be necessary as my education progresses.

-- I was consulting with specialties, updating families via telephone about their loved ones status, calling nursing stations, discussing social issues with PCF, etc. I also wrote discharge summaries and placed orders for patients.

-- I was allowed to interview and see patients on my own, and I was frequently encouraged to come up with my own assessment and plan for each patient

-- Yes, I never felt I was being pushed to work outside my realm.

-- The responsibilities were appropriate, and I even gained new skills such as calling consults and telemetry for patients.

-- Yes they did

-- I felt the responsibilities were appropriate.

-- Got to develop my history taking, physical exam routine, and note writing skills. As I said before, practiced old skills and developed new ones

End of Core Clerkship Evaluation | Y3

-- I would have liked more responsibility. Often I was just observing visits or asking the ROS. Unless I was with a resident I did not see patients on my own or get to take a history.

-- Felt challenged appropriately

-- I felt as though my responsibilities were appropriate and the residents were very happy when I offered to help out with responsibilities not specifically outlined in the clerkship requirements.

-- Felt prepared for everything asked

-- I never felt like I was not trained to do what was asked of me.

-- I assigned responsibilities were adequate towards my level of training.

-- I thought that I was given responsibilities that were appropriate for my current level of training.

-- None

-- Was appropriate for my skill level.

-- Yes, I believe we were given responsibilities equivalent to our level of training.

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- Uptodate/google

-- UpToDate

-- UpToDate, Online MedEd videos, weekly COWs, EKG/CXR PPTs

-- OnlineMedEd notes

-- Online MedEd, CCCs, Uptodate, AMBOSS

-- MedEd books, videos, flashcards, UpToDate

-- Amboss, OnlineMedEd videos and uptodate.

-- Up-to-date, Some Online Meded, Guidelines, Peers, The IM handbook given to use, and Various sites.

-- Aquifer, Uptodate, UWORLD, Amboss, The Google Drive offered to us from IM

-- UpToDate, peers, NCBI articles

End of Core Clerkship Evaluation | Y3

-- I used Anki, UWorld, CCCs and the cases give into us during my rotation to build upon my medical knowledge.

-- step 2 books, uptodate

-- Anki, OnlineMedEd, UpToDate

-- Anki, Uworld, looking up specific topics relevant to our patient load

-- Online Med ED

-- Online medEd videos

Uworld question bank

Step 2 review books

-- Step up to step 2 CK, anki, boards and beyond, u world, uptodate

-- OME

Uworld

SIU CPR website

Anki

-- Online MedEd, Up to Date, UWorld

-- UpToDate, research articles, discussions with preceptor

-- Anki, online Med ed, Up to Date

--

-- online med ed, up to date

-- Department paper cases, Online med ed videos

-- Online Med Ed videos

UpToDate

-- UpToDate, Medscape, UWorld, First Aid, CCCs, CPR website

-- amboss, uptodate, step up to medicine book

-- Online med ed

End of Core Clerkship Evaluation | Y3

Uworld

-- Uptodate, peers, uworld, anki

-- Online MedEd, UpToDate

-- UWorld, UptoDate, OnlineMedEd

-- Uptodare, online meded. AMBOSS, and the residents

-- I mostly used epocrates, the videos on the CPR page, uptodate.com, and Boards and Beyond videos.

-- provided resources, onlinemeded, uworld, uptodate

-- I mostly used online MedEd videos as well as UpToDate articles regarding specifics about chief complaints I was seeing.

-- Anki

Uworld

CCC videos

-- Online MedED, UW questions, UptoDate

-- UWorld, UpToDate, Wikipedia

-- online med ed, anki, uworld, uptodate

-- UWORLD, anki, online med ed, Sketchy step 2

-- uptodate, CCC, Uworld, Amboss, department video and study session

-- Online MedEd

-- up to date

-- UME, UWorld, medicine pocket guide, anki

-- CCC's, internal med case studies text, peers, hands on experience

-- Uworld, AMBOSS, Anki

-- Uptodate, online meded, firstaid

End of Core Clerkship Evaluation | Y3

-- UWorld questions and Step 2 study resources

-- CCC's, Lectures, and handouts from sessions throughout the clerkship and my usual resources like up to date and other online resources.

-- Online med ed, CCC videos, UWORLD, IM clerkship google drive,

-- Online Med Ed, CCC videos, Boards and Beyond, Anki, UWorld

-- residents, uptodate, step up to medicine book

-- Online Med Ed

CCCs

UWORLD

-- online med ed, uworld

-- UWorld, Anki flash cards, uptodate, journal articles, Online med ed

-- CCCs, Umed videos, department resources and videos.

-- Uptodate and Medscape

-- uptodate

uworld

anki

-- Spaced repetition flashcards, boards and beyond videos, up-to-date for my specific patients, uworld, amboss

-- up to date

-- UWorld

-- I used OME and Uworld. Uptodate was also used heavily while on the wards to look up information.

-- UpToDate, Brochure information, other online sources

Which of those learning resources was most helpful to you?

End of Core Clerkship Evaluation | Y3

- uptodate
- All of the above
- AMBOSS
- OnlineMedEd notes
- Up-to-date, the handbook, peers, and guidelines
- UpToDate in terms of patient care but MedEd and FirstAid in terms of learning issues
- Uptodate, AMBOSS, Google drive
- Peers and UpToDate were both very helpful.
- uptodate is a great clinical resource, step 2 books for more big picture ideas.
- Anki and Uworld, but the cases were very intellectually stimulating as well.
- Anki
- Good baseline from ANKI and Uworld and then supplementing as needed.
- online Med ED
- Online medEd videos and uworld question bank
- ANKI and uptodate
- Online med ed (OME)
-
- research articles and discussions with preceptor
- Up to Date
- Online med ed videos
- UpToDate and First Aid
- Uworld
- UWorld, UptoDate

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- Online MedEd, UpToDate
- uptodate and peers
- Online Med Ed video series.
- All of the aboved mentioned resources.
- Online MedED/UptoDate
- Online MedEd
- Uworld- the questions really made me think and its more of an active learning technique
- UWorld, AMBOSS, Anki
- the CCC's and learning by doing were particularly helpful throughout this experience. Residents were also particularly helpful for this clerkship
- UWorld questions
- Up to date and Dr. Hlafka's Acid base lesson
- Anki, Uworld, Boards and Beyond
- Online med ed, CCC videos, UWORLD, IM clerkship google drive,
- residents
- onlinemeded
- Spaced repitition flashcards
- uworld
- Umed
- Uworld was most helpful for my own learning for Step 2 and Uptodate was most useful for clinical knowledge while on the wards.

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

4 Yes | 66 No

Description of any student abuse you witnessed or experienced

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-- Did not experience.

-- Discussed already with Dr. Hlafka and Dr. Gurnsey regarding Dr. Moonat.

-- Dr. Moonat made it clear that the medical students were a burden and he would rather not have us there. He didn't approve of our oral case presentations, but rather than give constructive feedback and tell us how we could improve he would belittle and degrade us. On one occasion he said "if this is how you're going to do it you should join a different team, because I'd rather sleep than listen to you talk."

-- Dr. Moonat was very condescending when working with him. He made the students feel very uncomfortable, and it was not a good learning environment to be in. He made inappropriate and rude comments. He was very unprofessional when interacting with patients as well.

-- I did not witness any student abuse.

-- I didn't experience student abuse, I experienced resident abuse. There was a situation in which one of the residents passed his difficult patient onto another resident after being the initial provider since admission. In rounds we were discussing the new patient and its complicated course and the senior wrote a note on the paper praising the resident for passing his patient along. The note said, "I know you are glad that you no longer have to follow this patient". I thought that was extremely rude and not being a team player.

-- I don't think this was explicitly student abuse, however Dr. Moonat was at times very harsh with his style of questioning and teaching. It very much colored my experience on this rotation, as I felt that he would often "pick" on a student and repeatedly question them. I became very upset over the week and lost a lot of the confidence I had built over the year in regards to my clinical knowledge and presentation skills. Coming to rounds and wards made me very anxious for the week that I worked with him, and I felt I enjoyed the clerkship less overall because of that week and being questioned and pushed so heavily even when compared to the other students in my group.

-- I personally did not witness any student abuse.

-- n/a

-- None

Neurology - Class of 2022

What is your overall rating of this clerkship and why?

22 - Excellent

21 - Very Good

7 - Good

2 - Fair

4.21 AVG

Comments regarding the overall clerkship

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- Challenged me to develop concise differential list in short periods of time
 - Exposure to a wide variety of neurological chief complaints
 - Great opportunity to learn about management of neurological conditions in an outpatient setting
 - Great opportunity to expand on my communication skills with patients
 - Great opportunity to practice the neuro exam
 - Preceptor was very enthusiastic about teaching
-

-- All of the providers I worked with (Dr. El Kouzi, Dr. Kulacz, and Dr. Alsawaf) were all excited to teach and very knowledgeable.

-- Generally well organized. Difficult to assess clinical experience in inpatient team due to circumstances with COVID. Few patients seen due to low numbers especially during the last week.

-- Goals were mostly clear and reasonable. There was confusion related to the cases and how they would work. It seems excessive to have us discuss cases and then type out our discussions that we just had.

-- Great staff and attendings.

-- I did not realize I would enjoy this rotation as much as I did. I really really liked working with the residents and attendings in neurology. Everyone took the time to teach me, and I felt very comfortable asking questions even if they were dumb and basic. I enjoyed working with 2 specialists - El Kouzi for movement and felt like I learned a ton about Parkinson's and Dr. Al Sawaf for seizures and learned a ton about seizures.

-- I enjoyed the clerkship overall and felt that I had an excellent learning experience. I learned quite a bit while on ICU service and felt I improved my exam skills during the clerkship.

-- I enjoyed the Neurology clerkship and certainly wish there was more than two weeks to spend rotating through during the core clerkship time.

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-- I feel like one place of improvement would be in the inpatient setting there is not much structure. It goes by the normal rounding platform similar to IM, but the residents are always all over the place so theres not much communication with the team until actual rounds.

-- I felt like the neurology clerkship was well organized and the expectations were fair for our level of training. Six months off from clinical skill work and performing histories and physicals definitely made this clerkship difficult for the first few days, as I felt like I was hitting the ground at a sprint and was not prepared for the amount of work starting off. I also was unsure of the expectations of our abilities, as we were given a checklist of required "homework" items, but there were never any expectations about what we should feel confident with doing by the end of the two weeks. This was understandable as I can imagine everyone was having difficulty navigating student clerkships and expectations after returning, and everyone was trying to get back into a normal routine of things, albeit with restrictions.

-- I found the faculty of the neurology department very helpful. All the attendings I worked with directly were outgoing and willing to teach. However, the general atmosphere from residents and other attendings somewhat negative, especially compared to my other clerkships. It was never directed towards myself, but there were offhand comments about patients, consults, and nursing staff that were unnecessary.

-- I got to see a good variety of clinical settings and neuro services.

-- I had a really good experience in the Neuro ICU. The whole team was really helpful and allowed me to see patients on my own, present during rounds and write notes. I feel that I have learned a lot from the rotation as a whole.

-- I had a wonderful time working with Dr. Gelber. He was an excellent preceptor and my experience with him could not be more positive

-- I had an outstanding experience

-- I had an overall good experience with the clerkship and was able to learn a lot. I think some past students had bad experiences given that they were on one team for almost whole inpatient/outpatient week which they did not enjoy while others had more variable experiences. I had a variable experience with a strong schedule in the epilepsy clinics. I enjoyed them, but other students in the past have stated otherwise before I started the rotation.

-- I know that with scheduling there is not much that can be done, but I wish we could have more than 2 weeks in neurology. Its so broad and there are many aspects to it.

-- I learned a fair bit during this clerkship. There were a few days that patients did not show up so that was unfortunate. I think in the future it would be nice to have a back up preceptor for students. For example, I was with Dr. Al Sawaf and one day he had only 1 patient show up. I think it would have been nice for students to be easily directed to a nurse or other provider during such days. I mean I don't think this is regular problem. But it would be nice to have a back up for "alternate" provider when these situations do arise.

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-- I learned a lot in 2 weeks and all the neuro residents were extremely welcoming and helpful.

-- I learned a lot. I do think the department as a whole need to work on how they interact with students. Sometimes it is abrasive and probably does not help recruit people into wanting to do Neuro.

-- I observed a lot of amazing surgeries. I felt I finally understood the magnitude of what surgery offers for patients and the required effort that goes into keeping each patient safe leading up to, during, and after surgery.

-- I really enjoyed my time on my SIU Neurology clerkship. I unfortunately had some personal/family issues arise during the clerkship; however, the overwhelming support and kind words I received from faculty and my peers was incredible. It is clear that the goal of this clerkship is to provide a positive educational experience for all students in a relatively short period of time, and I felt as though that goal was achieved through the hard work of the clerkship coordinators and nurse educator. I enjoyed having one week in the neurology clinic and one week with stroke team - both had their benefits. In the clinic I was able to see several different areas within the field (memory clinic, pain clinic, general neurology), so I had to adjust my history and examination techniques each day to fit the patient population. I didn't go in depth on my learning issues but was able to gain a refresher of many different neuro topics, which I appreciated. Stroke team, on the other hand, was much more focused. I enjoyed learning about the different stroke syndromes and refining my history and physical exam over the course of the week. I was able to study my learning issues in more depth and get comfortable with the rounding and note-writing style of my preceptor and residents. I thought that this was a very educational and helpful clerkship overall, and I wish I had more time!

-- I really enjoyed the clerkship overall. We had 1-4 patients each day total so I felt like I was able to get a good grip on "my" patient while also able to be familiar enough with the other patients to ask pertinent question and keep up to date on their workup. The residents did a great job of grabbing stroke pagers so I could see star 45s after rounding and have integral experience with the stroke team. The residents spent ample time teaching lectures in the afternoon discussing pertinent information, useful for me to take to other rotations and onward with EM.

-- I really enjoyed the neurology clerkship.

-- I saw a good variety of patients in both the inpatient and outpatient setting. Attending physicians were very motivated to allow me to see patients by myself.

-- I think my frustrations with this rotation may be unique to my situation. I was placed in Decatur for my second week and had no access to the electronic medical record, this inhibited my ability to learn and I often felt like I was a burden to the attendings. They did a great job teaching and accommodating but nonetheless I felt as though I was creating more work for them. Also a couple days I only saw 2-3 patients in the clinic and this honestly felt like a waste of my time considering it is a 50 minute drive from my apartment in Springfield to the clinic in Decatur.

-- I think the clerkship was set up and run very well overall. There were a few things that could have gone differently or smoother but considering the circumstances I was pleased.

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-- I think the value of the clerkship is directly related to the mentor you spend the majority of the time working with. I spent the vast majority of my time with Dr. Caga-Anan, and it was a great rotation. She is incredible. However, it could have been a very different experience if I was with other mentors for the majority of the time.

-- I thoroughly enjoyed my Neurology clerkship and everything it had to offer. It was extremely organized and there was always a clear direction for students. Nyasha was extremely helpful in reminders for Webex meetings and conferences to attend.

-- I worked with Dr. Gelber, and I had a fantastic experience. I am most interested in working in the outpatient setting, so this was a great fit for me.

-- It was very well organized, and offered an opportunity to experience more than most clerkships, and only in half the time.

-- N/A

-- Organized, appreciate that the opportunity to be involved in multiple subspecialized clinics.

-- Overall I enjoyed this Rotation. It was well organized with plenty of resources to choose from (CPR, books) as well as helpful faculty that continuously made themselves available when necessary.

-- Overall I had a very good experience for this clerkship. I loved the preceptor I was able to work with. However, I did not spend any clerkship time in the hospital, so I feel as if I didn't get an entire view of what neurology looks like because I only had an outpatient experience. That being said, I really enjoyed my outpatient experience with Dr. Gelber. He was wonderful to work with and let me do a lot of stuff on my own. He gave me feedback that was very helpful and helped me with anything I had questions on. Overall it was a great experience for me.

-- Overall the neurology clerkship was a good experience. I feel I learned a fair amount of practical knowledge that could help me in pretty much any specialty.

-- Overall, I think this clerkship is very good for only being a 2 week clerkship. It is much more organized than other clerkships and gives students a broad overview of neurology.

-- Overall, my time during the clerkships went smooth. I learned a lot during my two weeks. Unfortunately it is repetitive and fast paced but it provided a different perspective for those that required neuro consult.

-- Overall, the clerkship is very good. Dr. Gelber was absolutely incredible. I learned so much in just a short time. I also thought the nurse educators were great.

-- Really enjoyed the Neuro ICU. Cases were interesting. Physical exam is very important and relevant in this field (all fields but this one especially) and I enjoyed being able to search for deficits. Preceptors were open to questions, helpful, and invested in student education.

-- The attending I spent my two weeks of neuro with was fantastic. He was easy to work with, very good at teaching, and made sure I was prepared to see each patient and learned what I needed

End of Core Clerkship Evaluation | Y3

to from each. I felt each visit allowed me to learn something valuable in the field of neurology.

-- The clerkship was well organized and effective for being only 2 weeks.

-- The clerkship was well-organized, and I always knew what was expected of me.

-- The neurology clerkship was very informative and interesting over the two weeks.

-- The neurology clerkship was very informative. The physicians and residents explained different pathologies in depth.

-- The neurology clerkship was well structured and managed by Carolyn, Nysha, and Dr. Butt. I could tell that they cared a lot about us as students and how we were learning in the clerkship. I also had a good experience working with Dr. Gelber, and learned a lot about neurology and how to focus my history taking/exam skills.

-- The overall clerkship was good, the main issue that I have with it is that we were very limited in our exposure to neurology. For example, I repeatedly saw the same kind of patients, whereas another classmate of mine got exposure to surgery.

-- The overall clerkship went very well. I certainly learned a lot and was exposed to a wide variety of topics. There were ample learning opportunities, it was just pretty short being only 2 weeks

-- went great. got involved with patient care and learned a lot from the attending, fellow, and residents

-- While I had a great experience overall in my rotation I felt like there was a lot of miscommunication or lack of communication. Some things to add in writing to the first day orientation are:

1 That the required cases were to be done by Thursday (not Friday) of the last week of the rotation.

2 That the required cases are to be done in a word doc and turned in or emailed to Nysha or Carolyn at the end of the rotation

Also it's no ones fault in particular but the links for the webex meetings were often not sent out till last minute if at all

The Webex meetings were often scheduled for directly before our days started (7-8:50, clinic starts at 9) which works out fine since everybody typically attends those meetings but communicating to the students ahead of time that they should plan around that to make it to clinic on time would be helpful (for instance if a student is rotating away from Memorial)

What were the strengths of this clerkship?

-- Very brief and in-depth look at neurology. The residents and physicians I worked with were all very helpful and wanted the students to learn and gain experience from this clerkship, and from

End of Core Clerkship Evaluation | Y3

what I've heard of other clerkships, that is not always the case.

-- The clerkship allowed us to see things that we mostly read about in textbooks, but don't see a lot of in the actual clinic because neurology is so specialized. It was cool to be able to talk about the pathology that we learned last year and actually be able to apply it in a clinical setting this year.

-- It was good to give us an understanding of both a clinic setting and hospital setting and how the two differ in the field of neurology.

-- In my experience the leaders were available and ready to help in any way possible and my preceptor was great.

-- I enjoyed getting to form a relationship with one overarching preceptor while also getting to know a couple of other providers along the way - especially since this specialty has a lot of areas of subspecialty.

-- The variety of patients and attendings and residents I got to work with

-- It was well organized and the communication was good between the faculty and us as students (for the most part). Everyone that I worked with in this clerkship (Carolyn, Nysha, Dr. Butt, Dr. Gelber) were very friendly and helpful. I felt welcomed into the clerkship, and I felt supported by everyone.

-- Nysha Polk, Carolyn Holmes, and Dr. Bilal Butt all made themselves very easy to communicate with and had a strong orientation to set the stage for the two weeks. The schedule was very organized and so I was always where I needed to be.

-- Just the exposure and the learning opportunities, especially working inpatient stroke service and being able to attend Star 45

-- I feel that the ability to work in the neuro ICU allowed me to see many acute neuro cases that I otherwise would not have been able to see and getting to see those patients helped me develop my neuro exam skills and history taking skills.

-- Great learning issues. Every day felt productive.

-- I love the diversity within the field of neurology. I was able to see so many different presentations and diagnoses within a short period of time. I enjoyed having time both in clinic and in the inpatient setting. It made for a well-rounded and diverse experience that I enjoyed immensely.

-- The clerkship is strong in terms on having clear expectations and goals for students to reach.

-- Focus on the neurologic exam, which is more difficult to become proficient in

-- The calendar except the day that they forgot to send out the Webex link.

-- The attendings, in my opinion

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- The organization and interesting diseases of neurology.
- It sounds obvious but the focus on the neuro physical exam. It is frequently looked over and I had not practiced it very often but feel much more confident in it after these 2 weeks.
- Well organized overall. Expectations were laid out well during orientation.
- Working mostly with one preceptor for a consistent experience.
- It is organized and active. Nysha not only communicates when changes are made but also updates the google calendar.
- My schedule was great - rounding in the morning, lectures in the afternoon, possibly present a topic myself, and time to study learning issues. The two H&Ps did not seem to be too much work for the rotation though I was worried they would be
- With only having 4 people on the clerkship and no one else on general inpatient i felt like i had a ton of people teaching me things and i could ask all the questions i wanted which was awesome
-
- My preceptor was great.
- Wide mix of neuro presentations due to split of preceptors, inpatient and outpatient.
- Close-knit and compassionate staff and department
- I got to see a lot of patients with diseases that I had never heard of. Residents and attendings were eager to teach and happy to help
- involvement in patient care. I really enjoyed my time in the neuro ICU
- Great opportunity to focus on neruology, great outpatient experience, saw many patients
- The people. From attendings, to nurses, to residents, and clerkship leaders, everyone in the department is excited to have students involved. This was a welcome suprise compared to other departments, and made it a great learning environment.
- Well organized
- Working with the stroke team and neurocritical care team allowed for great learning issues and great clinical experience.
- Residents are great

I thought we got a lot done in 2 weeks

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-- Residents were approachable and freindly. Faculty did a good job involving students.

-- The organizations and staff/faculty running it make sure the clerkship runs well while also promoting learning and prioritizing the students at every appropriate oportunity.

-- Overall, it was very well organized.

-- Google Calendars!!

-- I enjoyed the opportunity to work in the inpatient and outpatient setting. I enjoyed all of the preceptors. I enjoyed working in multiple outpatient clinics because I got to work with movement disorders, stroke, and epilepsy. I was interesting to see many areas of medicine.

-- Organization and efficiency

-- I felt fully submerged in surgery. I finally felt I understood all that surgery entails, which I had not before. I observed and scrubbed in for many amazing surgeries and appreciated the teaching of the residents, attendings, and PAs. I never felt like a bother

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Challenged me to develop concise differential list in short periods of time

Exposure to a wide variety of neurological chief complaints

Great oppourtunity to learn about management of neurological conditions in an outpatient setting

Great opportunity to expand on my communication skills with patients

Great opportunity to practice the neuro exam

Preceptor was very enthusiastic about teaching

-- Dr. Mueed, my preceptor, was a definite strength of this clerkship. He was an excellent teacher.

Inpatient stroke

-- organized

-- Inpatient component was great. Outpatient component was very educational in mornings with EMG/NCS with Dr. Mueed. Afternoon clinics (memory clinic) was less interesting but still a component of neurology field to experience.

-- excellent preceptors

-- Great teachers and friendly residents

-- I enjoyed getting to do inpatient for 2 weeks as well as going to DBS surgeries with Dr. El Kouzi. I think the inpatient component is a great part of the clerkship.

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-- Dr. Butt and Dr. Gelber were fantastic. Carolyn and Nysha are also great. Overall, I think the faculty and staff make that clerkship excellent.

-- The wonderful mentors (Dr. Varyney, Dr. Rull, Dr. Caga-Anan).

What would you do to change this learning experience for future years?

-- I would suggest providing those on stroke with the opportunity to see other areas of neurology during their clinical week. From what I understand, the other students in our clerkship will be rotating with different physicians in the clinic setting, and I may have just been a student that couldn't be accommodated during this time. I thoroughly enjoyed my time with the stroke team and in the stroke clinic, I do not want this interpreted as though I didn't learn a lot or didn't enjoy my time with Dr. Kulacz.

-- Obviously it has been different with covid going on, but I would make sure that all students have the opportunity to see neurology in an outpatient setting and in the hospital because it is very different.

-- I think the best way to ensure that we're getting a more well-rounded exposure to neurology would be having us rotate between attendings so that we each get an equal exposure to the different aspects of the field of neurology.

-- I think some more clear communication about things like morning round attendance and the bootcamp lectures would be good. I realize these are new circumstances but these items organization felt a little disconnected. Also the webex invites for meetings we were supposed to attend could have been sent earlier. That would have helped me. I would also reconsider the necessity of logbooks. I don't think they really serve much of a purpose and could be replaced by a question on this survey or a little section asking about most common chief complaints and how many patients were seen.

-- A big thing I would change is to make some things a little more clear at orientation. For example, I was a little confused about the expectations for the H&P's - where they needed to be completed, who needed to review them, and whether we had to turn it one or both. It was also unclear that the meeting on September 10th with Dr. Butt was to review the assigned cases, so they were technically supposed to be done that day rather than the last day of clerkship, which was a surprise to most of us. Additionally, there were a couple of times that my schedule said "Clinic B" when I was actually supposed to be in "Clinic A" (wasn't a big deal though - I still ended up where I needed to be). There were 2-3 occasions where the morning WebEx meeting link was not sent out in time for us to attend.

-- More direction/ written communication about requirements. I feel like I forgot everything that was said about dates and requirements after our orientation meeting.

-- I don't think that anything major needs to be changed for future years. There were a few miscommunications with scheduling that could be easily resolved for future students. For example, we (the students) weren't sure when the mini cases were due until the day before, and we also weren't provided with the WebEx link for a few of the mandatory sessions.

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-- I learned a lot and saw many presentations; however many students have variable specific experiences and so there is a variable nature for the rotation to go. For example, I did not really write any notes other than the required H+Ps plus one or two on the side on my own time. Another student saw many more patients on their own and wrote many more notes despite similar clerkship goals. Thus, the experience is highly dependant on the attendings and their preferences, which is totally respectable to each attending and their patients/practice. However, I wonder if students would get a broader experience of neurology if they saw maybe 2-3 attendings for a couple days each rather than their main attending most days and the occasional one day with another.

This idea presents some issues for in-patient since then student's cannot follow patients they wished to for as long for their care, but I think it is something to consider. I got to be with around 4 attendings and got a broad view of each; however before this rotation I have heard some negative feedback from students or past MS3 students who had only one or two experiences. Unfortunately the short two weeks lends itself to being a tight schedule as is I could imagine.

-- I don't think there's anything I would change

-- n/a

-- Ensure that the residents are clear on their role as mentors for medical students. Otherwise, I thought my overall experience was positive and highly educational.

-- Stated above.

-- I think that my experience was wonderful because I had a great preceptor and was mainly with him for the two weeks (w/o any residents)

-- Just ask your attending and residents to be more approachable to students.

-- I would have liked at least a couple days of inpatient/stroke team experience.

-- I cannot think of changes at this moment.

-- I think effort should be made to have all students inpatient for some time. I was lucky enough to experience the inpatient setting with the stroke team and think everyone should be able to see some inpatient time.

-- I think students should be able to see multiple areas of neurology. I was only present on the general neuro floor in the hospital. It would have been nice to see outpatient, neuro critical care, and stroke team.

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-- If only we could exposed to at least one day or morning/afternoon of the different sub-specialties of neuro to truly gazed an appreciation of the specialty.

-- No suggestions

End of Core Clerkship Evaluation | Y3

-- Specifically in the general inpatient neurology i felt like there needed to be more communication between the team. I felt like I never knew which resident had which patient and not all of the residents were in the resident room, they were scattered throughout the hospital in different computer rooms. I feel like it would be beneficial for students to attend morning reports at 730am whenever they have them to really know what is going on.

-- The main thing I would change is for future students to have access to the electronic health record in Decatur or not sending students to Decatur if access is not given.

-- Nothing comes to mind.

-- Help foster discussion between med students and residents

-- Possibly have other out-reach type activities for the students to attend such as LP observations and EMG studies.

-- One week on inpatient, one week on outpatient

-- Nothing, I had a great experience.

-- The cases are more time consuming, and while helpful, could be revisited and revised, as they do not feel necessary.

-- I appreciate that it is only two weeks since, so I would keep it that way.

-- Lowering the requirement to 1 H&P would be beneficial as there is already a lot of work to do in the clerkship with having the cases to complete as well over the short two week period.

-- Inpatient neurology:

- Rounding all day is not conducive to learning. I think a better approach would be rounding on your patients or some of the patients then having learning issues or time to go through neurology questions or books etc. I spent a lot of time trying very hard to be engaged but ended up standing around a lot of the time because rounds went until 5 pm daily.

-- Allow students a preference on which inpatient service they would like to be on, first come first serve.

-- The one thing I would change is that I would make Neurology a 4 week program instead of 2 weeks. I did not feel like 2 weeks was enough time to get acclimated to this clerkship.

-- I think students should do both inpatient and outpatient neurology while on rotation. I feel that I missed out on seeing a larger variety of presentations because I was only in the ICU/inpatient. I also felt that having two H&Ps and the 5 multipart cases was quite a bit of work outside the rotation for such a short period. It was more outside work than some 4 week rotations required.

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-- I would reduce the number of questions for each case or the number of cases. That was a lot of extra work outside of our regular clerkship requirements, especially for a 2 week rotation. They also did not enhance my learning much.

I also would have liked to have done a week of inpatient and a week of outpatient. I did 2 weeks of outpatient, and while it was enjoyable, I feel that I would have learned even more if I had both experiences.

-- I would have only one H/P to write. It was difficult because I was with a resident in the outpatient setting and there were only a few new patients on the schedule to begin with. This left few opportunities for me as the student to interview patients alone and complete an entire H/P on a new patient.

Also, in the inpatient setting the residents were very busy and had limited time to answer questions let alone teach learning issues.

-- nothing

-- The four week model of the same specialty certainly pushes one to become fully emerged in that specialty but I feel maybe two weeks of general surgery then switching to two weeks of a surgical subspecialty would offer an even better experience. I have heard general surgery helps with solidifying anatomy, more practice on suturing, and getting an idea of what a general surgery residency would look like, especially since most surgical paths require a residency in general surgery first.

-- I would decrease the number of questions for the neurology cases. There are quite a few questions to complete in a 2 week period.

-- Not much. Maybe offer students chance to personalize experience with more inpatient vs. outpatient if this is what they are interested in. I did not really gain too much from the afternoon clinics. Maybe others would prefer more clinic and less inpatient. Not sure if this is feasible and also understand that students need to be exposed to all components but just a suggestion.

-- Shorten the neuro case questions. It's not worth the time it takes to write down answers when we will discuss them later anyway

-- Make it longer. This was one of my more enjoyable clerkships so far and it would have been nice to spend more time with certain services.

-- This clerkship is the most demanding on time outside the hospital/clinic of all the other clerkships, and it is only 2 weeks in length. The neuro cases take a long time to complete (they are helpful and very educational), the mandatory morning lectures, and the 2 H&P requirements also take additional time. I would recommend reducing the amount of required things; specifically, I recommend eliminating the 2 H&P requirement and morning report/other lectures. Writing a H&P doesn't provide that much educational benefit, but it is quite time consuming. The lectures seemed to be above my level of training and were difficult to follow at times. I don't feel like I learned very much from them.

End of Core Clerkship Evaluation | Y3

-- Nothing. I think the Examsoft assignment was a reasonable requirement. I like that we weren't assigned a bunch of assignments. That allows us to focus on working in the clinic and learning.

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

51 Yes | 1 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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-- Because I got to work with a variety of attendings and residents and different levels of work throughout the 2 weeks I got to interact with many people and build my confidence in my skills in different settings (ie rounding vs clinic setting)

-- Everyone made me feel as if I was a valued member of the team.

-- Getting clinic exposure is just as important as inpatient service exposure, and I feel I got to understand the different ways office staff can work.

-- Helped me discuss practice of neurology

-- I appreciate the opportunity to work in a high-stress environment. It was good practice to remain positive and productive.

-- I believe this helped me socialize into medicine with both colleagues (doctors and nurses) as well as the patients.

-- I feel I understand medicine more completely now after talking about business structure and how the clinic works and different models for running a practice.

-- I feel much more confident during discussions with patients regarding neurologic conditions. Dr. Gelber offered great insight into his experience in training and working as a physician.

-- I felt like I was able to socialize and become more of a team member throughout my clerkship experience. I was included and incorporated into discussions, and felt much more socialized compared to the second year daily IM sessions we had to do throughout the year.

-- I felt most with this rotation the need for increasing the amount of patients I see and not limiting my learning issues to just one patient. I followed one patient for several days and found I started to feel comfortable with his conditions and complaints and was ready to move on to a different patient simply for the learning issues.

-- I got to interact with all members of the medical team

-- I got to spend plenty of time with my residents, the nurse practitioner, and the attendings and had opportunities to engage with members of other inpatient teams as well.

-- I had too much change in my schedule to get comfortable in the clinic

End of Core Clerkship Evaluation | Y3

-- I saw almost every patient in Dr. Gelber office and took their blood pressure. I think I have learned about how to speak to patients and do it very timely.

-- I think I got a good feel for the day to day business of a neurologist and it helped me decide if it is something that I would like to pursue or not

-- Interacted well with all members of the team, asked questions and learned a lot.

-- learned a lot about neurology which was always my most difficult topic

-- N/A

-- No comment at this time.

-- none

-- One of my weaknesses as a student is lack of confidence at times, especially in more stressful situations. This clerkship helped me adapt to stressful situations and boosted my confidence as a medical student. I was lucky to have the opportunity to respond to Star 45 calls and participate actively in acute events. This was extremely helpful and made me feel like more of a "doctor" than ever before!

-- Per comments above, the neuro exam is important but often underappreciated. Taking time to focus on it and evaluate neuro specific complaints are important across many professions and I am thankful for the focused practice.

-- The clerkship indicated to me that patients with neurological disease do not always have solutions for their conditions. This was a sad realization at times. I learned that treating these patients with dignity is even more important. I found that it is especially important to build trust in light of neurodegenerative diseases where patients will visit the same provider for multiple encounters over the course of many decades.

-- This clerkship allowed me to become more comfortable and confident in myself when talking to patients, taking a history, doing a physical exam, coming up with differentials, and discussing patients with my preceptor. Overall, it has shown me that this is something that I can do. There's no reason to feel like I can't do this or I won't be good at it.

-- Yes and No.

Sometimes I felt engaged and was able to actively participate and learn. Other times, when I was only present for rounds given the schedule and so I had never personally seen the patients other than their chart, it felt a bit less integrating. Both learning experiences for me.

-- Yes in that it helped if you had an inpatient aspect to it. I think it would be hard to answer yes to this question if you solely had an outpatient or clinic setting.

-- Yes it did. I know more about how I am as a medical student and am more framed on determining which questions to ask based on differentials or common symptoms

-- Yes, I felt like a vital member of the team. I had a lot of patients to follow up with.

End of Core Clerkship Evaluation | Y3

-- Yes, understanding what surgeons do, when to utilize them, and the scope of their practice is essential for me who is interested in working the ER

Did the clerkship accomplish your goals by helping you find your specialty?

38 Yes | 14 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

--

-- allowed me to see neurology and if it would interest me

-- Confirmed I enjoy inpatient, acute complaints. This has been the case for nearly every rotation.

-- Dr. Gelber works very closely with orthopedic surgery and was consulted by them many times. It helped me understand the people I will be working with if I go into orthopedic surgery.

-- Honestly it has made me question EM as a second choice for specialty. If I end up not liking my Surgery clerkship, I will have difficulty deciding between the two.

-- I am still looking into which field of medicine I would like to end up in, although I was unsure of neurology prior to this experience, it is not off my list as possible specialty options.

-- I am still unsure of what specialty I would like to go into, but I do have a better understanding of what the field of Neurology entails and the vast array of subspecialties within the field.

-- I don't think I will be striving for neurology but I think I gained an appreciation for their scope and treatment of simpler diagnosis that I can use in any primary care setting.

-- I enjoyed neurology but I already knew which career path I wanted to pursue.

-- I enjoyed the clerkship and learned quite a bit, but was reassured that I did not want to do neurology as a specialty.

-- I enjoyed working the inpatient stroke service a lot. It certainly did have me thinking about neurology as a specialty if I don't go into internal medicine.

-- I had never seen surgery before and was very interested from the start. It was the first time I started to consider a specialty outside of my original plans of EM/IM

-- I have always been leaning towards ophthalmology but i really am now - neuro ophtho specifically

-- I learned that I am not really interested in the types of pathologies that are seen in neurology.

-- I realized the neuro is just too narrow for me. I usually enjoy talking patients, knowing more about them than medicine, but clinical times, particularly when focused does not allot time or such

End of Core Clerkship Evaluation | Y3

interactions.

-- I really enjoyed neurology, but don't think I could do it as a career.

-- I respect Neurology very much after having worked with their doctors for the 2-week course.

-- I think I got a good feel for the day to day business of a neurologist and it helped me decide if it is something that I would like to pursue or not

-- I think neurology is very interesting and there were multiple tie-ins to psychiatry that supported my desire to pursue psych for residency.

-- I think that rotating through neurology gave me a good idea into what it is like to practice neurology. Although I found out that I do not want to practice in neurology in the future, this rotation still helped me come to that decision.

-- I think this clerkship helped me realize I might like outpatient clinic more. I only have 2 weeks of experience to go off of but now I have something to pay attention to.

-- I think this clerkship taught me that I appreciate being able to use the neurological exam to localize lesions. I appreciated the team work involved in taking care of patients who came in with strokes in the ER, watching the neuroradiologists, ED physicians, residents, and nurses work as a team, quickly, and accurately diagnose and treat was great.

-- I think this helped me narrow down a little bit more what I want to do. I do not think it is Neuro but I did like outpatient clinics better than inpatient.

-- I was never very interested in neurology, but this clerkship did give me a different appreciation for it.

-- I was not considering neurology before going into the clerkship.

-- It helped open my eyes to Neurology, and reconsider whether this is a specialty I should be considering, which is a good thing, not bad.

-- It was good to get an understanding of both the clinic and inpatient setting to give me an idea of how the two differ in the field of Neurology.

-- made me enjoy clinic a bit more

-- n/a

-- Neuro did not do any harm to my prospects of future specialty and it will remain on my short list at this time.

End of Core Clerkship Evaluation | Y3

-- Neurology was never on my radar to begin with, and it probably never will be. But I did really enjoy this clerkship, however I still do not want to be a neurologist.

-- Neurology was one of the speciality I am considering, doing this clerkship shined the light on what the speciality look like and help me to find my future speciality.

-- none

-- still deciding

-- This clerkship helped me realize what aspects of medicine I am not fond of.

-- This did not help because I already knew before this clerkship that I want to do EM

-- This is the most time I've spent learning neurology and for the first time I started to consider a speciality. I am not so sure that neuro is a particular interest of mine, but it did show me the benefits of specializing. If I continue with EM, I will still see some of the acute neuro complaints I enjoyed on this rotation

-- While I enjoy neurology, I am still most interested in family medicine. That being said, I feel that the knowledge I gained in this clerkship will apply to my work as a primary care physician. I was able to discuss with Dr. Gelber his thoughts on referrals vs. when to manage patients in the primary care setting.

-- Yes I learned a lot about neurology including the scope of inpatient neurology care and outpatient neurology clinics to effectively help me figure out what interests me within the specialty.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

22 Yes | 30 No

Comments regarding receiving narrative feedback weekly

--

-- Dr. Gelber is going to compile all of his feedback into one on the fly form at the end of my two weeks since I was with him every single day and did not work with any other physicians.

-- Feedback was informative, direct and very helpful.

-- Forms have been sent via email but have yet to hear any feedback.

-- Got OTFs

-- He filled out one eval out at the end of the two weeks which I feel is appropriate

-- He told me this up front.

End of Core Clerkship Evaluation | Y3

-- I did not realize that was a requirement

-- I had simply asked for an on-the-fly feedback at the end of the two weeks instead of once a week, but that was at no fault to my preceptor. I had asked for informal verbal feedback frequently throughout the clerkship and was given points of improvement during my two weeks.

-- I have received one on-the-fly form from an attending so far, but I expect to receive another after the end of this week.

-- I have sent out three forms within the past week so I am sure they will come back within the week. So the only reason I said NO was due to my own timing with the forms.

-- I haven't received any OTF forms yet but have spoken to Carolyn about this.

-- I received one piece of feedback from Dr. Ala who I worked with in clinic. It was my understanding Dr. Kulacz would write one summative OTF after the 2 weeks since I was with him the whole time. We discussed his feedback in person on my last day but as of this writing he has not published it on MyProgress yet.

-- I received plenty of in-person feedback but no OTF forms yet. I have sent out several to be completed. I could have done a better job of asking for feedback and asking for the forms to be filled out earlier in the rotation

-- I received prompt feedback from Dr. Butt.

-- I received verbal feedback on a couple of occasions.

-- I recieved verbal feedback

-- I sent a total of three OTF forms by the last day of clerkship, although I have not gotten any back yet (just sent two of them out today).

-- I sent the on the fly to my preceptor at the end of the first week

-- I think I did? I definitely sent out on-the-fly forms throughout the expereince I haven't checked in a bit to see if I've gotten responses

-- I was given plenty of verbal feedback and pointers on my H&P's but he will only be completing one of the on the fly forms I believe. He was very busy as most all people are, and I feel that a summative end of rotation feedback form is a bit more accessible and simpler for the preceptors.

-- I worked mostly with residents the first week of the stroke rotation, and received feedback from them for the inpatient week. I will be getting feedback from Dr. Kulacz from the second week where I worked with him individually and more collaboratively.

End of Core Clerkship Evaluation | Y3

- I worked with Dr. Gelber continuously for 2 weeks, and we decided it would be best to write one thorough evaluation instead of one each week.
- I worked with the same preceptor for both weeks, so I will receive a larger on the fly
- I worked with the same preceptor for both weeks. He is writing an OTF at the end of the clerkship.
- It was my understanding that if I was working with one physician, that I should only get one OTF form filled out, so I will be receiving one evaluation from my preceptor in the 2 weeks.
- It was really hard to get feedback on this clerkship.
- My first week was only two and a half days, and I got verbal feedback consistently, so I am not concerned that I didn't get written feedback for one of the two weeks.
- No I should be receiving one this week.
- No specific comments, wrote one review at the end of two weeks, which was helpful. No need to have it twice when we discussed verbally after one week.
- None
- Received appropriate feedback
- Staff and Preceptor were open to completing OTF's
- Yes! The residents gave me feedback daily on OCPs, physical exams, workup discussions, but I also have at least one on-the-fly and likely another one from the residents

Was the workload appropriate for your learning needs?

49 Yes | 3 No

Comments regarding the workload

-
- Acceptable workload for the 2 weeks.
- Appropriate hours and workload for 2 week rotation
- Dr. Gelber has a very efficient clinic and gives you enough work to keep you busy, but nothing outside of our capabilities.
- good balance
- Great opportunities to practice history taking and physical exam. I really tried to become efficient with my time as to maintain Dr. Gelber's schedule during the day.

End of Core Clerkship Evaluation | Y3

-- I felt as though the workload was appropriate. I was able to meet requirements without stressing, and I still had time to do some independent learning outside of my clinic and inpatient hours.

-- I felt like the H&P requirements were appropriate.

-- I felt that I had too light of a workload and not enough responsibility

-- I know I saw many many more patients on average than some of my colleagues. I don't think it was too much, I actually enjoyed the pace and the clinic, but it was not even across the board. Especially when I was doing so many more logbooks.

-- I liked that there were less patients than on IM bc i really knew all the patients on the service

-- I saw patients in clinic a lot, which helped me with my history taking and physical exam skills. I also got to practice oral case presentation skills. I think that I saw an appropriate amount of patients per day, and was never given an overwhelming amount of work in clinic.

-- I think the amount of time required for tasks outside of clinic/hospital was too demanding.

-- I thought I would be overwhelmed seeing every patient on the schedule but Dr. Gelber made this very easy and was very easy-going about my pace.

-- I thought so, had an opportunity to spend more time with patients in clinic but saw more interesting cases in the hospital

-- I thought the day to day workload was appropriate. The outside cases and H&P seemed like a bit much for such a short period.

-- I thought the workload was appropriate for the two weeks. The cases helped a lot because I was able to think through the pathology of the disease processes and then apply it when I went to the office with Dr. Gelber.

-- It was a little overwhelming for only having two weeks to complete everything

-- It was actually pretty difficult to get two NEW PATIENT notes done. I wrote a bunch of notes, but they were progress notes or follow up visits in clinic. It was really difficult to get two NEW H&Ps. I think the clerkship should change the note requirements to not be new patients.

-- It was appropriate, however it was very different compared to what other students received. I had days where I worked from 7:30-5:30 whereas I know a few students worked only about an hour, so the experience overall was very variable.

-- My preceptor didn't demand much outside of office hours but definitely expected full investment while I was in the office.

-- N/A

End of Core Clerkship Evaluation | Y3

- No extra comments, appropriate.
- No problems with the workload.
- None
- Reasonable amount.
- The cases almost felt like too much but once I sat down and did them they weren't too bad.
- The days were certainly long. It may have been beneficial to have a couple of hours at the end of the day to devote to studying, even if still at the hospital. Most days I did have time to do this, but it was other days when I was observing (not scrubbed in for) a case I had already seen multiple times and wasn't able to get a great view.
- The requirements were appropriate for the time spent.
- The workload is appropriate for the short two weeks I feel.
- The workload was appropriate, although I bit off more than I could chew the first couple of days as I was unsure of the expectations while seeing patients at the hospital with the stroke team. I tried to see one or two patients a day, one follow up and one new, and present an oral case presentation if time allowed or the circumstances allowed. I felt like it was a reasonable amount of work for the first rotation back after six months off, as well as for the first clerkship I have had to complete.
- There is not much homework required from the rotation thus far. The required H&Ps are helpful in understanding pertinent information for neuro cases.
- Very appropriate workload for students
- Very balanced workload. The expectations were reasonable and I had time within the work day to complete the given tasks.
- Work load was appropriate. As stated earlier, one H&P would be adequate though
- Workload was appropriate.
- Yeah I think the work load was fine. At first i was overwhelmed, but I think you get adjusted.
- Yes, I had time to look through patients thoroughly, address my own learning issues, and document several notes

Did you actively participate in patient care?

52 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

End of Core Clerkship Evaluation | Y3

--

-- did well

-- Dr. Gelber allowed me to see every patient on my own and then present the case and plan. He always gave me adequate time to do a good job

-- Especially on inpatient, I felt like I was able to play a larger role in patient care.

-- Felt involved in every patient I saw.

-- Followed patients when on inpatient and saw patients alone in clinic

-- From the standpoint of doing history and physical exam and reporting those findings with an assessment and plan. Yes .

-- I actively participated in histories, physicals, note writing and discussing patient care with residents. I also asked questions when appropriate to better understand why we were treating patients the way that we were.

-- I felt as though all of my attending physicians gave me the opportunity to participate in patient care by giving my plan. I enjoy giving a plan on my own and discussing why my plan is correct or incorrect. It makes me feel as though I am directly part of patient care and that the physicians I am working with value my opinion.

-- I got to see patients on my own a decent amount, but also did a fair amount of shadowing. I would have liked to see more on my own.

-- I had my own patients during my week with stroke and saw patients alone with Drs. Ala, Kulacz, and Gilchrist.

-- I helped explained plan and assessments.

-- I pre-rounded on patients, I suggested management plans and treatment, I completed patient notes, I scrubbed in to surgery and assisted in holding retractors, suctioning, and even closed a PFO onces. I sutured and assisted in closing often.

-- I saw almost every patient prior to Dr. Gelber

-- I saw my own patients and then presented them to Dr. Gelber in clinic. I felt like I participated in our patient's care.

-- I very often participated in direct patient care.

-- I was able to do a couple H+Ps on some patients.

End of Core Clerkship Evaluation | Y3

-- I was able to see my own patients and perform interview and physical exams frequently enough. Unfortunately due to COVID I may have gotten to see less patients than expected.

-- I was able to take history, perform physical exam, make recommendations for alternate forms of management and also offer insight on dealing new information

-- I was seeing most all patients alone then presenting to Dr. Gelber. I did physical exams as well. I felt like I had a lot of experience in patient care here.

-- I went and saw a patient, presented the patient, came up with a plan, and actively participated in rounds.

-- I would see the patient first and obtain a history and do a physical exam. I'd then meet with my preceptor and discuss the patient before going back in and talking to the patient about a plan of care.

-- I would see the patient first. I interviewed them, did a physical, and then reported back to Dr. Gelber. He would ask me what I thought and then we would discuss the patients together. Then we would both go into the room and he would discuss history, assessment, plan and do a physical of the patient as well.

-- included as a team member, felt valued.

-- More than any other clerkship.

-- N/A

-- prep before every clinic, see patients, presented and wrote notes.

-- Saw all patients initially on my own then returned with Dr. Gelber after giving him a brief presentation of my findings and developing treatment plans.

-- Was an active member of the team

-- Yes - removed an epidural drain, interviewed patients, completed physical exams, documented notes and findings

-- Yes,

I followed many patients. I was given autonomy to enter the rooms first and collect patient information. I was always presenting oral cases to my attending.

Were your assigned responsibilities commensurate with your training?

52 Yes | 0 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

End of Core Clerkship Evaluation | Y3

-- The duties I had throughout the rotation all fell within my capabilities, although I admittedly was rusty at first.

-- I think my responsibilities were appropriate for where I am in my training.

-- I was expected to go see a patient and perform a physical exam, along with get acclimated to writing notes in the chart.

-- I was doing history taking and physical exams as well as presenting and coming up with some differentials and plans when I could.

-- See above.

-- I never felt like I was doing more than what I could do

-- N/A

-- Yes. Due to some days being only one day with an attending, I was assigned mostly to follow residents or the attending. Other days where I was with the team for longer or depending on the attending, I was able to see patients and participate more.

-- Yes, I felt so. My responsibilities increased as I progressed through the rotation and demonstrated more understanding.

--

-- I was allowed to see and examine patients on my own and write progress notes for patients that I followed for more than one day. I was grateful for the sense of autonomy I had, but I never felt overwhelmed with the tasks I was assigned. I believe my responsibilities were appropriate for my level of training and amount of time on the rotation.

-- Seeing every patient on the schedule was very helpful and helped me build my confidence in patient care.

-- Dr. Gilchrist and Dr. Ala actively encouraged me to participate in note writing which is a skill I have not had the opportunity to practice much yet so I was thankful for that opportunity.

-- Yes - encouraged to participate in care, never felt like I was being asked to do too much

-- While the neuro cases did correlate, they did feel somewhat like busy work and repetition of second year material. I think something more directed toward medical management or workup of cases on the spot with the clerkship director would be more helpful than an assignment where I felt like all I had to do was look something up at home.

-- They were very commensurate with my training.

-- Yes

End of Core Clerkship Evaluation | Y3

-- Great practice of neuro exam

-- Appropriate expectations clear, appreciate the letter at the beginning of the clerkship from my preceptor stating goals.

-- none

-- good balance

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- I used flashcards, Online Med Ed videos, Up To Date and other various articles and videos to supplement the learning issues I found through taking care of patients or seeing concepts in notes I was unfamiliar with.

-- UMed Videos

Department Created Videos

Blumenfeld Neuroanatomy book from first year

MedScape

Classmates

-- Cases that were assigned to us at the beginning of the rotation, Online Med Ed

-- I learned almost exclusively from Dr. Gelber directly and UpToDate while working in the office.

-- UpToDate, Medscape, Blueprints book provided by the clerkship

-- Case studies and Blueprints books were helpful, also required self studies

-- Case Studies book, Blueprints book, some departmentally created videos and other resource videos, UpToDate

-- Case Studies, Up-to-date, Peers, The blueprint book, online videos and articles.

-- Online MedEd, UptoDate, self-study modules provided

-- Online MedEd videos, Uptodate, and some primary literature sent to me from my team

-- First Aid and Anki

-- Case Files Neurology

End of Core Clerkship Evaluation | Y3

- I used the SIU C.P.R. training videos.
 - I read the Raven Neurology Case Study book and found it extremely helpful.
 - Uptodate
 - none
 - Anki Flashcards, UWorld practice questions, UMed videos
 - I used online Med.
 - UpToDate, boards and beyond, medscape, Anki, step-up to medicine
 - CRP heavily. Additionally, I used UTD, the neurology textbook given at the beginning of the clerkship.
 - Anki, OME, UWorld
 - Online Med Ed, youtube.
 - Mostly department videos and online meded videos
 - online med ed and uptodate
 - UpToDate, Youtube videos, peers, PubMed primary literature
 - Anki, Onlinemeded
 - UpToDate, Neuro CPR site, neuro cases, discussions with preceptor
 - UWorld, UpToDate
 - Resident created powerpoint, neuro rotation book assigned by Dr. Mueed
 - Online MedEd videos and First Aid
 - amboss
 - UWorld, UpToDate, OnlineMedEd, Neuro Cases
 - Step 2 CK book, uptodate
 - Uworld
- Online Med Ed

End of Core Clerkship Evaluation | Y3

Up to Date

-- Online MedEd

Amboss

UpToDate

-- Up-to-date and Dr. Google.

-- Cases, uworld, anki, online medEd

-- Online Med Ed

UpToDate

-- Case studies book, up to date, online med ed videos

-- online med ed

-- Anki, U world, lectures from attendings and residents, OME, boards and beyond

-- Uworld,. anki, and online meded

-- Online med ed videos, UWorld, Anki flash cards, journal articles, case study books

-- uptodate, presentations from residents

-- Neuro cases, Up to date, online med ed, NIH stroke scale book, Anki, Literature provided by attendings.

--

-- CCC, UMED, articles

-- CCC, Umed, anki

Which of those learning resources was most helpful to you?

-- Flashcards, Online Med Ed and online questions for quizzing myself seemed most helpful.

-- UMed Videos

Blumenfeld Neuroanatomy

-- Both were equally as helpful

End of Core Clerkship Evaluation | Y3

-- Physician teaching and UpToDate were both very helpful in learning new things or more specifics on certain topics.

-- Blueprints book and videos posted on the resources website

-- Case Studies and Blueprints

-- UpToDate

-- I have always found Up-to-date to be a great clinical resource whenever I question pops into mind or whenever an attending asks me to look something up as a learning point.

-- Online MedEd and UptoDate

-- Raven Neurology was incredibly helpful yet manageable. It was easy to read most of that book within a two-week period. I will definitely be buying my own copy!

-- The C.P.R videos were useful.

-- Case Files Neurology

-- First Aid

-- n/a

-- Online Med.

-- Anki and UWorld are my main resources

-- Online Med ed

-- Anki

-- The neuro textbook and completing the cases helped orient my patient care for neuro specific conditions

-- both

-- online meded

-- Both of them

-- Neuro cases/neuro CPR site

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End of Core Clerkship Evaluation | Y3

- UptoDate, OnlineMedEd
- All three
- Up-to-Date
- Up to date
- cases and online meded
- ANKI and UWorld
- Online med ed videos
- all the above.
- none
- Uptodate, Anki, and verbal teaching from attendings/NPs/residents
- Umed.
- Anki, Umed

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

0 Yes | 52 No

Description of any student abuse you witnessed or experienced

-
- Everyone was great.
- I didn't experience or witness any student abuse
- I have not seen any student abuse on this rotation.
- I would not classify my experience as "abuse"; however, I would say that a certain resident made me feel ignored and like I was not welcome on the team. I believe this issue has been resolved and I am grateful for the positive, swift response I received from faculty.
- N/A
- n/a
- No abuse witnessed.

End of Core Clerkship Evaluation | Y3

-- No

-- None

Obstetrics/Gynecology - Class of 2022

What is your overall rating of this clerkship and why?

27 - Excellent

31 - Very Good

7 - Good

4 - Fair

4.17 AVG

Comments regarding the overall clerkship

--

-- - Stands out as feeling more of an immersive clinical experience

- Great Nurse Educator and Clerkship Director

- Good mixed experience and variety of experiences

--

Plenty of learning opportunities

Residents and faculty were very welcoming and enthusiastic about teaching

Material covered and exposure was very interesting

-- A very organized and well thought out clerkship!

Every person associated with the clerkship (Dr. Zeino, Cheryl, Dr. Raw, and all the residents) that I worked with were very enthusiastic in teaching me.

-- Enjoyed it very much & felt like I learned as much/more than I had hoped for

-- Favorite clerkship of third year. The preceptors, residents and staff were helpful, friendly. The exposure to many different facets of OB/GYN was fun and interesting.

-- Great learning experience overall

-- I do not believe I will be pursuing OB/GYN, but I enjoyed this rotation, and it has made me consider it as a specialty. It is well structured and expectations are clear.

-- I enjoyed the mix of inpatient L&D/surgery and outpatient clinic opportunities offered during the clerkship! I thought the clerkship was well organized and scheduled.

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End of Core Clerkship Evaluation | Y3

-- I felt that this clerkship did a good job getting medical students involved, whether that was in stork clinic or assisting with surgeries or deliveries on L&D.

-- I got a lot of experience in OR and outpatient settings.

-- I had a great experience with the OB/Gyn clerkship. I initially was not looking forward to the clerkship, as it was something I could never see myself doing as a career, but by the end of the clerkship I am open to this specialty and definitely would rank it above the other two clerkships I've completed so far. It had a great amount of variability in the schedule, so I was happy to not be spending the entire time in clinic or in the hospital or OR, but had a nice balance of all three.

-- I had an overall positive experience with my OB-GYN rotation. It was incredibly organized (perhaps the most amongst all the rotations this year) and Cheryl did an incredibly job making sure students had no question that went unanswered.

-- I heard a lot of horror stories about OB/GYN rotations around the country, but this rotation was extremely enjoyable. Expectations were clear, activities were streamlined and made sense, and there was a lot of flexibility offered to maximize learning potential.

-- I learned a lot and enjoyed working with everyone

-- I loved learning the material in this clerkship, and I think that both Cheryl and Dr. Zeino did a good job of integrating a lot of different clinical experiences for each of us so that we got to see different aspects of the field. Overall, my experience was positive. I learned a lot in Stork clinic, on my L&D week through self-study, and in clinic from my preceptor. However, I do feel that there were negative aspects to this clerkship as well. The residents were mostly friendly and at times helpful, but most of the time I felt like I was bothering them if I had a question or needed something. I did not receive much teaching or feedback from the residents in 4 weeks, and I think getting some insight and experience with them would have been valuable. In the OR, I found that besides a few notable individuals that I worked with (specifically Dr. Stehling, Dr. Nelson, Dr. Bennett and Dr. Zeino), many of the faculty and residents did not seem willing to involve me in any form during the procedure. Sometimes, I would introduce myself to the room and scrub in, and the attending physician would not even acknowledge that I was present for the entire procedure or afterwards. In these experiences, I did not learn anything, and frankly, I felt that they were a waste of time. With that being said, some of the faculty are fantastic in this curriculum. I only worked with Dr. Stehling once, but he was an amazing teacher, and I would have enjoyed more time with him. I think that adjusting our schedules so that we are with educators like that more would lead to a better OR experience, and therefore a better clerkship experience.

-- I really enjoyed my time in resident and student stork clinic. I loved spending time in clinic with Dr. McCoy and surgery was awesome. Dr. Lore De Mola was a great teacher!

-- I really enjoyed the clerkship. I think this is the best run clerkship that I have been in so far. Thank you Cheryl for making things run smoothly, and thank you Dr. Zeino for pushing medical student education.

End of Core Clerkship Evaluation | Y3

-- I really enjoyed this clerkship overall. Personally I thought there was some difficulty following the schedule when going between clinic with our preceptor and surgeries with other physicians. Despite that, I feel that I saw some of everything this clerkship.

-- I really enjoyed the experiences that this clerkship provided. From Labor and Delivery to the student and resident run stork clinics, I thought that this rotation was very student centered and gave us a lot of autonomy which I thought was really cool.

-- I think this clerkship was incredibly well run. I never found myself lost or stressed due to the curriculum and schedule. I think it was overwhelming at first but once a few days had passed I had a great appreciation for all of the hard work of scheduling and all the materials and directions that had been provided. The schedules were crazy but always flowed so well. I was very impressed by the seemingly huge task and how well everything fit together. Cheryl and the rest of the team are magicians as far as I am concerned.

-- I thought that the clerkship was oriented very well and gave me significant exposure to the different aspects of OB/GYN care.

-- I thought the clerkship was fine overall. I had some good experiences with my Springfield Clinic attendings and the surgeries I attended were valuable.

As a student that had a very open mind about OB/Gyn as a possible future specialty, I would have to say that the time I spent on L&D and with residents in clinic was a big turn off. Most residents were unkind to students and to each other.

-- I thought the clerkship was very well-managed and organized. The residents do seem to have quite a toxic relationship amongst themselves and a lot of drama involved with the people they work with. There seemed to be a lot of gossip and negative talk about other residents and even nurses and other medical students that the residents had worked with in the past. I know there are specific examples of students being turned off to OBGYN as a possible career due to the negativity and overall poor showing given off by the OBGYN residents.

-- I thought this clerkship was excellent from start to finish. Dr. Zeino and Cheryl were extremely well-organized, allowing students to hit the ground running. This strong organization also meant students knew exactly where to be each day and when to be there. Cheryl was very accessible both via email and phone to answer any questions a student may have.

-- I was more involved in this clerkship than any other clerkship so far. This was extremely beneficial to my learning.

-- I was really looking forward to this clerkship because I am interested in family medicine and was considering incorporating a good amount of women's health and low risk Ob patients into my future practice. However, this ended up being one of my least enjoyable experiences.

Cheryl was OUTSTANDING, and I was very thankful for her help throughout the month. She was kind and encouraging. I was very disappointed that this attitude was not reflected in the Ob/Gyn attendings and residents with the selection of a select few (Zeino, Garza, Hild-Mosley and Eide)

End of Core Clerkship Evaluation | Y3

The residents during my L&D week were very pessimistic, and they constantly talked poorly of one another. I tried to follow my residents as much as possible, but there were so many times that they would get up and leave without telling me if I was supposed to join them or not. We had a handful of patients who requested no students in the room, and I felt like an annoyance to constantly ask who they were going to see. In all of my other clerkship experiences I felt like I was able to integrate well into the teams, and I felt comfortable. In Ob/Gyn I felt horribly uncomfortable, unwelcome, and completely out of place. I had wonderful patient encounters, but the teams I worked with were what ruined it. I dreaded working with various teams, and I found myself feeling overwhelmed just getting out of bed in the morning. I tried to find the silver linings and take as many good things away as I could, but frankly there were very few things to enjoy. We had the chance to be part of one of the most exciting events in life, bringing babies into the world, and some people took all of the joy out of that. I feel that the SIU Ob/Gyn department is the most toxic group I have worked with all year. It is sad that medical students get such a bad impression of the field. Again, I say this to summarize my general experience. Of course there were some attendings and residents that were better than the rest, and I appreciate those individuals.

-- I was unclear about the expectations at the beginning of the rotation regarding having to write a post-op note on every surgery we attend (if the patient stays overnight). I thought it was like the H&Ps when we just do one. I'm glad this was corrected during the mid-clerkship meeting and I was able to keep up with charting after that.

Scheduling things outside the clerkship was difficult since we didn't get the schedule until the Friday afternoon for the following week. I had a problem with this when I had to get my windshield replaced and oil changed - had to reschedule after seeing there was a time conflict when the schedule came out Friday afternoon for my car appointment the following week, then was bumped to 2 weeks and had to hope it worked out since I didn't know the schedule that far ahead. The schedule itself was always great and I don't want to sound like I don't appreciate the hard work Cheryl puts into it, I just wanted to mention that dealing with life outside the clerkship was difficult at times due to the late arrival of the schedule. I figured that the surgery schedule probably isn't finalized until late in the week and that's why it has to be that way.

Also, I appreciate that a textbook is offered!

-- It was a fair clerkship. It was extremely busy but as to be expected with the information given about the residents getting COVID.

-- It was fairly balanced. I managed to get a sample of at least one clinic, one week of L&D, and multiple variety of surgeries. I was also able to work with different preceptors and residents, allowing me to explore different techniques and approach to patient care.

-- It was great experience. To be honest was not looking forward to Ob/Gyn as it is not something I am interested in but I was consistently and pleasantly surprised at how much I enjoyed the clerkship and how good of a clinical experience it was. It was a great variety of surgery and clinic. The clerkship Director and Clerkship nurse educator both made this a great experience.

-- L&D was an interesting, different experience. The clerkship gave good structure to learn the core fundamentals.

End of Core Clerkship Evaluation | Y3

-- lots of things to do so you are focused more on that than actually full putting yourself into the rotation. I also did not like switching every week. I wish I would've gotten 3 weeks with dignan moore instead of the 2

-- N/A

-- NA

-- OB was a lot more fun than I initially thought it would be. I was incredibly intimidated initially and did not know what to expect but had a great experience in clinic and the OR. My only issue is that L&D on nightshifts was very long hours. The 4 shifts I worked totalled to around 65 hours and I felt this to be excessive.

-- OB/GYN was a busy rotation but very structured such that I felt I was not wasting any time and was able to participate in a wide range of experiences in one short month.

-- Organized, structured. Clear goals and expectations. Great preceptor and I felt Dr. Zeino was excellent in how he approaches learning. He challenges students to think for themselves and allows them to grow through that process.

-- Overall clerkship was set up in a way to give enough clinic exposure and surgical exposure.

-- Overall felt involved and a good learning experience.

-- Overall good learning experience.

-- Overall I enjoyed the clerkship. The highlight was the diversity of patients I have the opportunity to see. The overall the residents and physicians were very student focused as well as patient focus, which I thought was very impressive considering the specialty itself. I was always included in surgeries, whether it be suturing, uterine maneuvering, or reviewing anatomy in real time during a case. There was always time made available for teaching and reviewing patients as well as topics that were related to patients.

-- Overall it was a good experience. Surgery was nerve wracking because I didn't know what I was supposed to be doing, and some of the surgical nurses were not the nicest to the medical students. I understand that they don't want us to mess anything up, but we have to learn somehow. And being rude towards us makes us more nervous and more likely to mess something up.

-- Overall, I enjoyed the structure of the rotation. It felt a lot more organized than other rotations and had learning in the morning once a week which I learned a lot from, especially since it was discussion based.

-- Overall, I thought this clerkship was excellent. It is overwhelming for students in the beginning due to the complexity of scheduling but Cheryl and Dr. Zeino do a terrific job of helping students get where they need to be. I think this clerkship had a great combination of clinical experience and specific teaching time. I was able to see many different procedures and have many patient

End of Core Clerkship Evaluation | Y3

interactions.

-- Overall, this clerkship was managed very well. Cheryl and Dr. Zeino did an excellent job and the amount of clinical immersion for students in this clerkship is outstanding. I was able to significantly improve my clinical skills this month.

-- Probably the most thoroughly organized well coordinated clerkship. It was one of my most enjoyable clerkships because of the competency and friendliness of the program leadership. I felt they had a genuine interest in my development as a physician. I received a lot of hands on training. My suturing skills improved. I regularly practiced presentations. I think I was exposed to all the major elements of ObGyn practice.

-- The clerkship is set up in a way that we all get a well-rounded experience which was overall a good way of learning.

-- The clerkship strives for excellence. The clerkship coordinator and nurse educator facilitate a student friendly teaching environment where each student is exposed to similar experience with the opportunity to see more if interested.

-- The clerkship was a great introduction to third year. It provides a great taste of the year, and is well balanced on experiences.

-- The clerkship was structured well and had a variety of clinic, surgery and labor and delivery. I truly experienced the specialty of OB/GYN and was exposed to surgeries.

-- The clerkship was well organized and I always knew where I was supposed to be.

-- The clerkship was well-organized. I always knew where to be and what was expected of me. I appreciated the Google calendars. Everyone filled out On the Flys quickly. The only thing I would suggest is that the residents inform us when a surgery is cancelled or moved. They have our names based on the weekly calendar, so they could quickly Halo us when a surgery is changed so we're not running around the OR looking for people or an hour late to a surgery that started early.

-- The expectations of this clerkship were clearly set from the first day. I found it very helpful to know what to expect so I could prepare accordingly and focus my self studies in an efficient and useful manner. I enjoyed working in a variety of settings (clinic, OR, L&D, OB Emergency) and experiencing varying degrees of stress in these circumstances. In a short amount of time I feel as though I have improved my time management skills and adapted to working under pressure and making swift decisions.

-- The overall clerkship was well organized and I felt I had all the appropriate information. I especially appreciated my time in the student stork clinic; it gave me the experience of having the responsibility of my own patient's management.

-- There were a lot of elements to the clerkship and we got exposed to a lot.

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-- This clerkship is very well planned and organized. There is a lot of variety in the rotation so students get to see different aspects of clinic, procedures/surgeries, and the L&D floor.

-- This clerkship is:

1. Very well organized

2. Challenges medical students and holds them to a high standard. One major way this is accomplished is through student stork clinic. It gives us the opportunity to act as a resident, and rise to the challenge of this more hands-on approach. I really enjoyed that opportunity and appreciated that this clerkship pushed us to take more responsibility as health care providers.

3. Has great faculty. I felt that the faculty were on board with students, and took opportunities to teach us and challenge us. This was especially true of Dr. Zeino, Dr. Hild-Mosley, and Dr. Garza (These 3 are who I worked with most)

-- This was my best clerkship experience so far. I was involved in patient care nonstop whether it be in the clinic, in the OR, or on L&D. Attendings were constantly invested in keeping me involved and teaching me. Residents also took the time to make sure I was involved.

-- Very organized with clear expectations. Made it very easy to succeed performing clinical duties

-- Very smoothly ran and very well organized. I enjoyed the mix of clinic and surgery.

-- well organized. good mix of clinic, surgery, and L&D

-- Well structured, appropriate amount of time working in clinic or L&D but also enough time to do some independent studying

-- Well-organized clerkship. Even though I am not interested in OBGYN, this clerkship by far exceeded my expectations and was much more enjoyable than I originally anticipated.

What were the strengths of this clerkship?

-- This clerkship is well organized with clear expectations.

-- This clerkship was very organized and provided a good learning environment.

-- Good mix of surgery and clinic. I also enjoyed the educational sessions with attendings on fridays.

-- Dr. Zeino and Cheryl may be the two biggest strengths of the clerkship, because they are responsible for everything great about the month. They organized it well, they provided a thorough and useful orientation, and and weekly schedules. The schedule provides exposure to clinic with one physician, but helps you see many different aspects of the department by doing surgeries with a vareity of physicians. Labor and delivery is a hard week, and the exposure they provided at the beginning with the simulation was very insightful and helpful. Being able to use the simulation again would be a way to make it even better. Overall, it is a great clerkship that I would not make many

End of Core Clerkship Evaluation | Y3

changes to!

-- Well-organized, clear expectations, professional and friendly staff, very enjoyable clerkship all around

-- Great mix of surgery and clinic and was extremely organized and clear expectations were set from day 1.

-- I thought the strengths were the teaching done by both professors and residents as well as the organization provided by Cheryl. I also thought the schedule was well-balanced, allowing students to see many different aspects of OBGYN.

-- The organization of the schedules and meetings, the balance of work outside of the day to day and the education on Fridays were in perfect balance in my opinion. I never felt overwhelmed by the clerkship but I did feel challenged throughout which is what I had hoped for. The Physicians and residents I worked with were all great and I feel like I was able to integrate well into the system. They were all very helpful and knowledgeable. They were quick to teach and field questions when they arose. The two sets of 50 questions and the videos were a great resource and were sufficient without being too strenuous and dry. I think having less "busy work" allowed me to really focus on absorbing the day to day knowledge and use it as my study tool instead of having to constantly do cases outside of work.

-- Plent of exposure to the different aspects of OB/GYN care.

-- The variability of the schedule helped to keep things interesting, as well as working with different faculty and area physicians to socialize into medicine.

-- Dr. Zeino and the other great mentors (Dr. Younkin) are the strength of the clerkship. There is a great balance of clinical activities and educational activities.

-- Lots of experience, chances to see many different aspects of the specialty, opportunity to work with different residents/attendings and see different styles and approaches to patient care.

-- The clerkship gave us good exposure to may different areas of OBGYN.

-- Very well organized with clear expectations.

-- This clerkship had a tremendous amount of variety. From L&D to general clinic to oncology surgeries, I had a wonderful time getting exposure to tons of different fields. As well, the attendings were all incredibly kind and helpful. I worked with many attendings in L&D and stork clinic along with my preceptor and all of them were excellent.

-- Very organized

-- Very well organized, good residents to work with.

End of Core Clerkship Evaluation | Y3

-- Student stork clinic was a great learning experience and allowed us to be in charge of patient care. I felt a greater sense of responsibility which I enjoyed taking on with guidance. Procedures were fun and I was able to participate in a few.

-- Clinical immersion

Teaching/educational activities

-- L & D.

-- large exposure to a variety of things, like surgery, clinic, and labor and delivery

-- It is definitely an immersive experience. I feel like I had the most responsibilities on this rotation (documentation), which I appreciated since it helped us learn how to navigate the med documents.

--

Many opportunities for hands-on experience

Faculty and residents were enthusiastic about teaching

Exposure to different facets of the field (clinic, surgery, L&D)

Student-stork clinic (a great learning opportunity and experience)

-- Good mix of surgery, clinic, and L&D; very much enjoyed the option to work in Jacksonville with Dr. Olejnik, as it gave me an opportunity to see differences between a larger city with more resources vs a smaller community with less.

-- Clinical and surgical opportunities for learning

-- - Immersive clinical experience

- Great Nurse Educator

- Variety of activity

-- Variety of clinical/procedural experiences. Continuity with clinic preceptor + variety of residents/attendings on L+D and surgery gave exposure to different teaching + patient communication styles.

-- The educators (Dr. Zeino and Dr. Holland) and the nurse educator made this clerkship amazing. I like how we had learning issues on Friday.

-- -As I've said multiple times, there was amazing organization. Cheryl and Dr. Zeino have done a great job with this aspect.

-Broad variety of experiences throughout 4 weeks. Really gave me a sense of what OB-GYN is like as a field.

End of Core Clerkship Evaluation | Y3

-Some outstanding educators (Dr. Stehling, Dr. Nelson, Dr. Bennett, Dr. Zeino)

-- The med student Stork clinic was a great experience to be able to stretch ourselves and learn how to think like a physician in a clinical environment.

-- The variety of the work experiences we got to have was great. Educational mornings on Friday fulfilled their purpose. It is impossible to go through this rotation without learning a lot.

-- Opportunities to be highly involved in patient care, great resources to learn the fundamentals of OBGYN (textbooks, faculty, residents).

-- The organization and active teaching from everyone associated with the clerkship

-- None

-- The immersion into the field was one of the strong points of the rotation.

-- I appreciated the organization of this clerkship. The schedule sent out at the beginning of the week was clear and thorough. I also enjoyed working in a variety of different settings and experiencing the entire scope of the OBGYN field.

-- Early clinical immersion. Hands on experience, rather than a lot of passive experience I had in other clerkships.

-- often student centered

labor and delivery

--

-- The diversity of the experience.

-- There is a great deal of time of working one on one as a student with the attendings which I enjoyed. The student stork clinic as I previously mentioned was a wonderful experience. L&D nights was a very enjoyable experience as well and a good preparation for likely night shifts moving forward with training.

-- I had a great exposure to L&D, clinic, and surgeries. I enjoyed each of them

-- Attendings made sure that students were involved. They were invested in my learning. Student's were given real responsibility within their scope of practice,

-- I felt very involved in patient care

-- Good balance between clinic and surgery.

End of Core Clerkship Evaluation | Y3

Great structure and good communication

-- Well organized and student-focused with emphasis on their learning experience!

-- The variety of information and experiences a student obtains

-- I appreciated the amount of time I was able to spend in the OR. It was more than I anticipated.

-- n/a

-- All of the exposure to all areas of women's health: L&D (vaginal/C-sections/overnight), annual visits at clinic, OB visits during pregnancy, stork clinic (resident and student run), gyn surgeries

There was just so much I was exposed to that kept me learning and interested.

-- Students can be very involved in high stakes situations.

-- Strong structure.

-- Organization

-- Organization and leadership

-- the exposure to labor and delivery and how to manage pregnant women

-- Dr. Zeino, Stone, Garza, Siddique and Bennett were are wonderful to work with and very helpful.

-- The diverse number of experiences offered. I

-- 1. Freindly Preceptors/Residents

2. Schedule is well balanced

-- Clear scheduling, weekly case sessions, mix of experiences.

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-- See above.

This clerkship challenges students and is well organized.

End of Core Clerkship Evaluation | Y3

- Many learning experiences in different settings.
- Very well organized
- Student and resident Stork Clinic - best opportunities for hands on experience
- Friday meetings were really helpful
- Working with one preceptor for the majority of the clerkship to help monitor the students development

What would you do to change this learning experience for future years?

- None.
- I felt like it would be beneficial to extend labor and delivery to two weeks instead of one.
- Include more Stork clinic days.
- More time on labor and delivery would be ideal. I know there isn't likely time for students to do a full 2 weeks, but if it were possible to do 6-7 shifts, I think it would be beneficial. Additionally, providing more specific guidance of expectations of labor and delivery would be useful, either in the video format Dr. Zeino mentioned, or through a 5 minute sit down with OB chief to start the week at the end of sign out to go over what they want. This would help provide more guidance, and could speed up the adjustment period.
- I would offer more chances for the students to attend specialized clinics such as colposcopy and REI. I would also offer more options to work with specialists such as UROGYN, GYNONC, etc.
- L&D week was a little hectic at times and it was hard to feel comfortable until the end of the week. I realize this is hard to change with the nature of L&D but each students' experience was heavily dependent on who you work with and some residents made it more difficult to become involved. A vast majority of the residents I worked with were extremely helpful and great teachers and helped integrate me into patient care but there was one or two exceptions to this.
- N/A
- If I could have all of the clerkships I have for the rest of this year run as smoothly and efficiently as this one I would be very happy. With my limited experience in clerkships so far I do not have any suggestions for improvement.
- I would trim the L&D week in order emphasize exposure over time spent. That being said, I think that the experience helped to give me an idea of how it works and really exposed me to different levels of care.
- I do not have any recommendations, I think my schedule was very fair and gave an appropriate exposure to all areas of Ob/Gyn

End of Core Clerkship Evaluation | Y3

-- I don't think the two mandatory 50 questions quizzes were necessary. Most students have other qbanks like Amboss or Uworld. These are vastly superior to the uWise questions/explanations, and I think our time would be better spent doing those questions.

Also, I had many great learning experiences with our SIU faculty (Dr. Zeino, Dr. Younkin, Dr. Pollard); however, some of the faculty seemed indifferent about working with students. I would try to place as many students with faculty that like to have medical students and minimize the number of students placed with faculty that may not want medical students.

-- I think this clerkship is run well overall. I was on labor and delivery the last week of clerkship and was required to go in that morning. For future students, if they are not required to go back after the morning educational activities, I don't think they should be required to L&D in the morning. I arrived and was present for signout, but all of the residents leave at 8 am in anyway, and I had to go upstairs for grand rounds, so I was only present for morning sign out. I think it might be better to just excuse the student from L&D on the last day of clerkship.

-- I would do a simulation with a mannequin of catching a baby. We didn't have this opportunity, and it was difficult going into L&D with no idea what was going on.

-- Maybe having more surgical experiences for students that have preceptors that are primarily in clinic, and more clinic experience for those who have primarily surgical experiences.

-- I would make L&D on night shift less hours and try to incorporate more surgeries.

--

-- I have no complaints and therefore no suggestions for improvement

-- none

-- Nothing.

-- I believe an additional week on labor and delivery would have been beneficial (for me). I felt the week ended as I was beginning to grasp the routine of the floor.

-- Nothing, thought it was very well done

-- Unsure at this time, but nothing in particular stands out.

-- Knot tying is hard to learn on our own by watching videos (vs suturing). It would be nice to have a second chance at instruction/feedback partway through the clerkship after we have seen it done in procedures. Additional L+D shifts or Stork clinics, maybe on a volunteer basis. A triage nursing shift. The nurses in triage have a lot of experience and give good teaching points. EM has students do a nursing shift and it is useful to learn a different set of skills.

End of Core Clerkship Evaluation | Y3

-- -Give students more time with better educators (Dr. Stehling, Dr. Nelson, Dr. Bennett, Dr. Zeino), and less time with others if possible.

-Give us the experience of a call shift with our preceptor. Not a full 24 hours, but maybe a 12 hour call shift or two with them.

-Having available suturing kits or knot tying kits for the students on the clerkship to be able to take home and practice with would be very useful. These kits are between 25 to 50 dollars, and for those of us who are not going into a surgical field, buying them for 2 months seems silly (especially when I was only given the opportunity to suture 2 times and knot tie once in the entire clerkship).

-Give the residents motivation to teach. They do not seem interested right now, at all, and a lot of this experience (especially on L&D) relies on them to teach and give the students opportunities!

-- Add more baby delivery training, possibly lead by residents, either in the MCLI with the simulation or elsewhere. I remember that one morning on the 1st day of the rotation being very rushed. There was not enough time to go over improvements for everybody.

Add food/coffee to Friday morning education sessions (budget allowing)

-- Nothing.

-- I would maybe know the attending preferences for students. I was specifically told by Dr. Brown that she does not let students do anything in a delivery if they do not introduce themselves to her first and ask to participate in the delivery, whereas it felt as though we were told to enter a room and scrub into a delivery because the attendings know that we are going to be there.

-- It may be worthwhile to ensure that all of the residents and faculty understand that they should fill out on-the-fly forms on a weekly basis if possible. I understand that this is a responsibility of the students and that residents are very busy! I sent several OTFs out in the first two weeks.

-- I would keep uWise and the textbook. Both were very useful, and I plan to continue using uWise throughout the year.

-- L&D.

-- There is not much change I suggest.

-- If the schedule allows, potentially offering elective surgeries for anyone to go to after the schedule has been set up. I had four OR half days during the rotation which was plenty but I did not get the chance to see a robotic case or hysterectomy. This is a suggestion on the margins though because overall this is among the best rotations of third year.

-- I think it was run very well.

-- Nothing, keep it up.

End of Core Clerkship Evaluation | Y3

-- No suggestions - I enjoyed my experience here

-- L&D week could have been structured better. Some of the attending physicians and residents did not put effort into getting the students involved.

-- Overall this rotation was very good. I would create a video for labor and delivery, which give students a foundation of what to be expected.

-- Nothing comes to mind.

-- less switching from week to week. Plus the residents were not pleasant to work with. I always felt like they did not want me around and that they did not want to take the time to talk over things with me.

-- More clear goals during L&D.

-- Can't think of anything.

-- More preparation in surviving and L&D week

-- Longer skills lab orientation

-- I am not sure the issues I encountered can be changed unless the environment and residents can be changed to a better learning and friendly/more inclusive environment.

-- I actually enjoy the format currently. I feel it provide the most balanced emersion you could ask for within a 4 week's time.

-- Nothing. The setup of 3 weeks clinic/procedure and 1 week L&D is perfect.

-- I feel like residents on L&D weren't sure how to manage students often. My resident/intern had never worked with a student on L&D this year, and I felt that I wasn't able to be as involved in the process as I would have liked. In addition, I felt that I didn't receive as much teaching or guidance from the residents on service during my week there, and then received a poor OTF for not being as involved. I was confused because I was often asking how I could help and what I could do to be more involved, but I felt like the presence of an EM resident during my week as well limited by involvement in triage and in vaginal deliveries.

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-- Nothing, it was good.

-- I feel that there are foundational issues that need to be addressed within the department. The residents are cutthroat and catty. They <u>constantly</u> talk poorly of others and then turn around and act like best friends when that person walks into the room. So many residents and attendings were condescending and unpleasant to work with. So often the residents reflected the attitudes of the attendings, so I think there needs to be changes made at all levels. I honestly

End of Core Clerkship Evaluation | Y3

don't know how to fix this.

In the OR, there was rarely constructive criticism. In my experiences there was so much of yelling, snapping, and hand pushing. I had ZERO experience working in Ob/Gyn before this clerkship, but it was as if they expected me to know every minute detail, even when I explained that this was a new surgery or stitch or maneuver, etc to me. I had several incidents where the residents and attendings were rude to OR team members, and that is not okay, either.

-- n/a

I think students should have a set number of surgeries they need to see during the rotation but then can pick and choose which ones they want to go to, regardless of who their attending is. I mainly saw hysterectomys and while I definitely learning alot and got to help during the procedures, I would have liked to see other operations as well. While I did get to see other procedures and surgeries during the rotation, I would have liked more flexibility in what surgeries I could attend.

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

66 Yes | 1 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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-- Discussed this with preceptor. He provided a good example of how to handle the social elemnts involved in practice

-- Everyone was very welcoming and aproachable

-- I believe I developed good relationships with nurses, residents, and attendings alike.

-- I feel like experiencing OBGYN is an important part of medical education development, especially for those who don't plan to go into the field. It made me feel like I became more well rounded.

-- I feel this goal was accomplished.

-- I felt as if I got to know the residents I worked with and understood more about the "tribe" of attendings and residents of OBGYN.

-- I felt horribly unwelcome. They always say to "find your tribe" in medicine, and these people were not the kind of people I want to be surrounded by in my educational and career experiences.

-- I felt I was able to establish good rapport with the night residents during L&D as well as the attendings during the whole clerkship.

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-- I felt integrated and autonomous in patient care. I enjoyed seeing patients on my own, performing sensitive exams in a safe and supervised setting, and going out of my comfort zone in more stressful situations.

-- I felt like I had plenty of opportunity to get to know the residents I worked with.

-- I have become more comfortable with womans health and how to approach Ob/Gyn history and physical and exams.

-- I saw many many patients, more than any previous clerkship

-- I think it did this adequately. We had a lot of experiences with a lot of different physicians, residents, and medical staff.

-- I think this clerkship touched on finer points of professionalism, including body language and how to be a learner in front of patients. I consider those important to socialization into medicine.

-- I was able to see how to work well with a large number of healthcare providers from a teamwork aspect.

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-- I was more involved with patient care in this clerkship than prior clerkships. Made me feel useful and helped expand my education.

-- It helped me deal with many personalities. Being in L and D and interacting with not so friendly nurses (maybe because my week was very busy and they were stressed out) helped me learn how to just avoid those interactions. I learned just not to interact or participate in gossip that involved patients, attending, and residents or vic versa. Just lots of gossip which was not professional.

-- It was a great exposure as a member of the healthcare team, and made me excited to be a member of the team for the rest of my career.

-- n/a

-- NA

-- none

-- There was a good balance between surgery and clinic.

-- This clerkship allowed me the opportunity to work with many attendings in a variety of fields and specialities that helped me see the roles OB plays in many aspects of patient care. Being able to interact with so many physicians was an excellent experience.

-- This clerkship has a variety of experience with varying hours that help students get a feel into the specialty and how it actually works.

-- Yes it accomplished this goal.

End of Core Clerkship Evaluation | Y3

-- yes

-- Yes, I finally understand all that OB/Gyns do. I had no idea they did such a variety of things like traige (similar to ER), surgery, inpatient, and outpatient. I feel much more comfortable understanding their roles now

-- Yes, no comment

-- Yes. This clerkship helped to better understand the OB/GYN profession.

Did the clerkship accomplish your goals by helping you find your specialty?

57 Yes | 11 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

--

-- Absolutely not. Ob/Gyn was the most toxic environment I have worked in.

I am going into family medicine, and I was previously considering incorporating some Ob/Gyn into my future practice. I worked with some of the most wonderful patients this past month, but the majority of Ob/Gyn residents and attendings I worked with tainted my experience to the point that I am no longer interested in care beyond routine women's health examinations and in-office procedures.

-- As stated above, it helped me to rule down this as a possible specialty.

-- Helped confirm that I enjoy being in the OR.

-- I appreciate the field but I know it's not for me! I feel like the clerkship is handled in a way that you get a real sample of what the field is like, which is great

-- I enjoyed my exposure during OBGYN rotation but don't believe I will be pursuing it as a career.

-- I enjoyed the rotation and it changed my mind from completely avoiding this specialty, but it is early in the year and I'll want to experience other clerkships and specialties before considering this as my final career choice.

-- I got a solid picture of OBGYN through this clerkship and am able to see the Pros and Cons for me personally.

-- I had a specific specialty in mind prior to the clerkship

-- I learned during this rotation that I enjoyed surgery. I am considering surgery as a specialty now.

-- I learned I didn't want to do surgery

End of Core Clerkship Evaluation | Y3

-- I liked it more than I expected - I would add obgyn as an option now, which makes my specialty decision less clear.

-- I realized I really like clinical medicine and interacting with patients on a regular basis.

-- I really enjoyed OBGYN, actually made it more difficult in selecting a specialty because of how much I enjoyed this rotation.

-- I think it really opened my eyes to the whole spectrum of what OBGYN practice can be like which is great information going forward and it is something I am very interested in at this point in my medical career.

-- I think this clerkship helped me understand what OB-GYN is. It may not be for me, but I still learned a lot.

-- I was not leaning toward OB/Gyn as a specialty when I started this clerkship, but I very much enjoyed my time in clinic and on L&D. I was sad to receive such a poor OTF from my chief resident from my L&D week because I actually very much enjoyed the week and felt like I learned quite a bit. However, that experience made me consider Ob/gyn less.

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-- I was very interested throughout the rotation, however, when the baby came out my focus wanted to be on the baby. So maybe more pediatrics for me.

-- I wasn't considering OBGYN before but now I feel that it is something I could see myself doing, although it's still not my top pick so I am almost more uncertain what I want to do than before.

-- I went into this clerkship knowing that this was my #1 specialty of choice at the time and hoped to be as involved as possible to help solidify this; I feel as though this clerkship has helped to confirm that this is my specialty of choice.

-- I would not say that this clerkship helped me find my specialty, but it did offer me many experiences that I appreciated because I am unlikely to get them elsewhere

-- I would say this clerkship helped confirm my likes and dislikes for me. I was glad to be able to experience surgery, inpatient, and clinic to see what I was interested in.

-- I'm not interested in OB/Gyn as a specialty but it helped me realize that.

-- Introduced me to the specialty of OB/GYN with all the different components including L&D, clinic, and wide array of surgeries. I feel this specialty has a nice mix of all these things and is very balanced in what you do on a day-to-day/week-to-week basis.

-- It further enforced my interest in pursuing a surgical sub specialty.

End of Core Clerkship Evaluation | Y3

-- It helped me clarify what I like about medicine and what I am capable of doing. I was nervous before going into this rotation about nearly all of the aspects of it but found myself being more competent and capable than I expected as time went on.

-- It helped point me in a direction. Although I still don't know what I want to do, I think it helped give me a better appreciation for OB-GYN as a field and what a career in OB-GYN could look like.

-- It made me understand the work-life of an OBGYN and the variety that comes with the specialty.

-- N/A

-- Not interested as of right now.

-- OB/GYN was not my preferred specialty going into this clerkship.

-- Overall, it helped me realize that OB is a specialty that I may be interested in.

-- This clerkship made me realize that I do need more variety in my career than just surgery or just clinic. I don't particularly have a desire to pursue OB but this clerkship reinforced the value of variety in the day to day.

-- This exposure helped open my eyes to the OB-Gyn field and the possibilities within it, that I was not considering before.

-- This is the first time I started to question my specialty choice. I have for years considered an EM/IM combined program to eventually work in rural ERs but after seeing surgeries, I am starting to consider a surgical subspecialty

-- Was surprised by how much I enjoyed this clerkship.

-- While I am still not sure what specialty I would like to pursue, I now have a better understanding of the broad scope of OBGYN. I have an appreciation of the mix of surgical and clinical skills required to pursue this specialty.

-- While I enjoyed OB/GYN, I feel more affirmed that invasive procedures are not exactly my cup of tea.

-- Yes! I am definitely considering OB/GYN as a specialty. It was a nice blend of clinic and OR time and I even started to like L&D after getting acclimated to the change in hours.

-- Yes, as mentioned above I think it helped me realize I do not want to be in a specialty that has to deal with a ton of work environment personalities and constantly having to adjust to them. I liked the smaller aspect of a clinic with one or two nurses than a ward with multiple people to interact with. It also helped me confirm I do like the surgery aspect of things more like c-sections than like vaginal delivery.

End of Core Clerkship Evaluation | Y3

-- Yes, it sparked an interest for me that I may add OB/GYN to my list of specialties to explore during PEP.

-- Yes. It also allowed me to build skills I can take forward to my specialty.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

40 Yes | 29 No

Comments regarding receiving narrative feedback weekly

--

-- Asked for feedback at the end of the second week and final week, received verbal feedback throughout the rotation. Two resident evals at the end of L&D.

-- At first I did not send out weekly evals. But after the midclerkship meeting I began sending out weekly on the fly forms.

-- Dr. Garza spoke with me about this and said he will complete an end of clerkship OTF for me.

-- Dr. Zeino gave timely feedback and it helped me learn what I needed to work on.

-- Every 2 weeks

-- Every other week

-- Except for L+D week I got feedback weekly

-- For some reason, I am not able to see the feedback provided by my mentor (Dr. Younkin) and Dr. Zeino. I only know I have feedback from them because of my mid-clerkship meeting.

-- I am currently still waiting on some on the fly forms at this time.

-- I did however get feedback every week

-- I did not get weekly feedback, but I did receive frequent verbal feedback from him.

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-- I didn't ask. I'm sure he would've.

-- I didn't realize this was an expectation so I didn't ask

End of Core Clerkship Evaluation | Y3

-- I got feedback from her every two weeks because the first week I was on L&D, and another week she was gone at a conference. So I was given written feedback two weeks out of the four.

-- I got plenty of verbal feedback as well as some written feedback. I do not feel like I was lacking feedback just because it wasn't written weekly.

-- I have not yet received any responses.

-- I have received some feedback from my preceptor, although it wasn't weekly. I have received more in person feedback than written feedback, which is fine with me.

-- I received 1 OTF from Dr. Raw, and another from Dr. Zeino.

-- I received a good amount of feedback from the residents, i'm unsure if Dr. Zeino was updating them weekly but I feel good about my verbal and written feedback.

-- I received feedback very frequently, though sometimes not via on-the-fly due to technical issues or simply not time to stop and fill one out during busy times.

-- I received one on-the-fly form from my preceptor.

-- I received one review.

-- I received on-the-fly feedback from different team members throughout the month, not specifically my preceptor.

-- I received verbal feedback, not written feedback, weekly.

-- I received frequent feedback from my preceptor but some of it was verbal. The mid-clerkship and end of rotation evaluation was very thorough also.

-- I sent on the fly reports.

-- I still need a couple of on-the-fly forms but I did receive a lot of verbal feedback

-- I think I received biweekly feedback but still better than other rotations.

-- I understand that residents and faculty are quite busy!

-- I waited until the end so this is on me.

-- It didn't happen, though I could have pushed for it more. We were also short on residents for about half the rotation.

-- My preceptor gave great feedback even unprompted feedback. Some residents made it unnecessarily difficult to receive feedback but most provided great feedback in a timely manner.

End of Core Clerkship Evaluation | Y3

-- My preceptor used informal feedback often during clinic.

-- N/A

-- On L&D and in stork clinic I received fairly prompt feedback but my preceptor tends to be a bit slow in on-the-fly feedback.

-- received a few, not sure if they were every week though

-- Yes just about weekly from attendings.

Was the workload appropriate for your learning needs?

66 Yes | 3 No

Comments regarding the workload

--

-- appropriate

-- Appropriate.

-- Clinic and surgery was fine but L/D was so busy I don't think I was able to learn. I just ran around and watched my intern do things. She was too busy to really teach. I am not complaining because it is not her fault that everyone decided to give birth this week, she can only do so much.

-- good work load.

-- I felt as though I was appropriately challenged but never overwhelmed. Expectations were clearly set at the beginning of the clerkship.

-- I felt the workload was fair.

-- I personally found the first two weeks challenging as I was mentally exhausted from studying for and taking my Step exam shortly before the start of rotations. However, I found that the workload was appropriate.

-- I think it was a decently high amount of work but it seemed like all the work I did taught me something so it was worth it.

-- I think that overall, it is appropriate. It was very busy some days, but more relaxed on others. I would definitely recommend keeping weekends free during this clerkship, though, because that was the only time that I found to read and self study most weeks.

-- I think that the workload was appropriate during clinic weeks, however I felt

-- I think there was a good mix of OB and GYN, procedures and clinic, and L&D.

End of Core Clerkship Evaluation | Y3

-- It was expected that I prepared for all clinic patients for the day which sometimes meant I was preparing for 3+ hours prior to clinic which left limited time for me to review LI's and really think through assessment and plans for patients. I think that it would have been more beneficial to prepare for a specific number of patients (as outlined in the syllabus) to get a better grasp of LI's and understanding of OB/GYN material.

-- L&D is very time intensive, but managable. The rest of the clerkship felt like I had plenty of time to reflect and study.

-- L&D was too much work

-- maybe less required notes

-- n/a

-- NA

-- NO changes need to made in terms of the workload.

-- no comment.

-- none

-- Sometimes learning felt directionless when L&D hours are long, but the weekends allowed students to have some personal time and some time to look up stuff and read as needed to learn.

-- Spot on in my opinion.

-- The amount of written notes were appropriate.

-- The workload is difficult to balance with non-clerkship activities, but the weekends are free so there is opportunity to work on extra item then.

-- The workload is more than other rotations, but it is doable.

-- The workload was appropriate for myself as a learner. The half-days allowed me to be more focused during the time I was seeing patients.

-- The workload was appropriate overall.

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-- The workload was as expected.

End of Core Clerkship Evaluation | Y3

- The workload was hard, but this is an unconventional year.
- Workload just fine.
- Yes, but I think the 50 question quizzes are unnecessary.
- Yes, I thought the workload was appropriate, because I still needed to study/read up on patients when I was done with clinic

Did you actively participate in patient care?

69 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

-
- All residents and attendings expected us to be able to see patients, present, and be willing to take part in exams/deliveries/procedures. I tried to be enthusiastic in all cases.
- Did not get to deliver baby but was pushed to participate in just about everything else
- Dr. Martin allowed me to see as many patients on my own as I could and encouraged me to develop my own plans.
- Especially during student stork.
- Great amount of participation in clinical care
- had an opportunity to see and present many patients.
- I definitely contributed to patient care, and felt like I did. Mostly in the clinic setting, particularly stork clinic.
- I felt a part of the patient's care, especially during student stork clinic
- I felt like I got enough practice in examining patients, and helping in labor and delivery.
- I felt very involved and was able to participate more than I had expected.
- I got to see patients by myself and assist with minor tasks during surgeries. I did a lot of speculum exams with supervision and became somewhat proficient by the end thanks to feedback from my preceptor.
- I got to see patients on my own, address their issues, perform supervised pelvic exams, and delivered a baby - I felt fairly involved in patient care this rotation.
- I saw lots of patients and presented on all of them. I feel this was very helpful.

End of Core Clerkship Evaluation | Y3

-- I saw many patients in clinic prior to my attending and was able to give an OCP for each.

-- I saw patients and measured fundal height and FHTs on my own. I was able to perform sensitive exams under supervision. I enjoyed getting to know the patients and helping to manage their treatment plans.

-- I took patient histories and did physical exams including pap smears and swabs. I wrote notes. And I had the opportunity to catch a baby on labor and delivery.

-- I was able to assist in surgeries, see patients in clinic, and help out in small ways on L&D.

-- I was able to engage as an active team member in clinic, surgeries, and labor and delivery. I was able to actively engage with patients on my own, and felt like my feedback from patient interactions was useful for the treating team members.

-- I was as involved in patient care as I was allowed to be. I wish I had more opportunities to practice physical exam skills through the clerkship.

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-- I was extremely active in patient care, seeing many patients by myself first. I also performed 25-30 speculum exams in clinic. I also participated in 9 vaginal deliveries, one of which I delivered the baby. I was also participated in 2 C sections.

-- I was involved in surgeries, clinic experience and L&D, and felt like I got plenty of participation.

-- In clinic, I was able to get very involved in patient care.

-- n/a

-- none

-- Primarily during clinic.

-- This rotation is the most involved with patient care I've ever experienced. I truly felt responsible and I loved it.

-- This was a great strength of this clerkship.

-- very much so- catching babies, helping deliver during c-sections, retracting during surgery, suturing during surgeries

-- Was able to see almost every patient first.

End of Core Clerkship Evaluation | Y3

-- Yeah

-- Yes, but only sometimes. Dr. Nelson limited which patients I was allowed to see. In previous clerkships I would talk with a select few patients on my own and then go with my resident and/or attending to see all others. I feel like I gained much more knowledge even working in these passive roles. You don't learn much sitting at the desk waiting for your patients to arrive.

-- Yes, I helped with pelvic exams, pap tests, cervical swabs, and collecting histories.

-- Yes,

I was able to help deliver babies, collect blood gases from the placentas, help in C-sections, and assist in surgeries.

Were your assigned responsibilities commensurate with your training?

68 Yes | 0 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

--

-- I did not feel that I was ever expected to do more than I felt comfortable with.

-- I was assigned tasks that aligned with my abilities, and got more challenging as I became more comfortable. I felt appropriately challenged throughout the clerkship.

-- My instructors in all areas increased my responsibility as the rotation continued, which allowed me to expand my knowledge and skills over time.

-- I was assigned to see patients, develop an assessment and plan, and these patients had problems that fell in line with the learning objectives.

-- no comment

-- n/a

-- none

-- The things I was asked to do taught me skills that will be applicable to my future career even if I don't go OBGYN.

-- yes

-- I would overall say yes.

-- NA

End of Core Clerkship Evaluation | Y3

-- Overall yes, although sometimes I felt pressure as I want to practice these physical exam skills to get better and more proficient; however these are sensitive manovers and I did not want to disrespect patients. However, the best way to learn is ultimately to simply do the exams.

-- I felt we recieved enough training to do what we did.

-- Yeah

-- I felt as though my responsibilities and workload were appropriate. I attempted to manage patients on my own to the best of my ability but was guided by my preceptor if I got off track. I presented the plan to patients and practiced my patient communication skills daily.

-- See above.

-- Helped manage patient care and form differentials for patients in clinic. Was able to practice some surgical/procedural techniques such as suturing.

-- Appropriate for training level

-- These assignments helped solidify my knowledge and get me more involved since I had a general understanding.

-- N/A

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-- Wish I had been given more opportunity for hands on experience during clinic and especially during L&D week.

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- Zanki, Online MedEd, ACOG guidelines, AMBOSS

-- I used my peers, ACOG videos, and the provided textbook.

-- Mainly YouTube and the clerkship textbook

-- the provided texbook, video links, as well as uptodate were all good resources

-- Mostly the textbook we were given, also UpToDate and YouTube

-- ACOG, APGO, textbooks, UptoDate, departmental videos

-- I used UpToDate, attached OBGYN videos, and the OBGYN provided textbook.

End of Core Clerkship Evaluation | Y3

-- Most of the videos from the syllabus, some ACOG articles, review or "quick reference" pocket guide books, youtube, up to date, and working with the residents.

-- I used OnlineMedEd and the OBGYN book, as well as uptodate.

-- OB textbook provided by the clerkship, APGO videos

-- OnlineMeded

Practice Bulletins

Clerkship textbook

-- online meded

provided text book

-- UMed, department videos, case study books

-- Online Med Ed videos, ACOG videos, YouTube videos (for procedures), some Case Studies, flashcards, practice questions

-- textbook, peers

-- UWORLD

MEDICAL SKETCHY

-- OB/Gyn book, uptodate, uworld, onlinemeded, journal articles

-- UMed videos, OB/GYN textbook, small red OB/GYN book.

-- Case studies app

Online Med Ed websit

APGO practice bullitins

APGO book and youtube videos

UpToDate

Misc Youtube videos besides APGO videos

-- ACOG book, UWorld

-- The textbook they gave was quite helpful. I didn't study much outside of the clerkship

End of Core Clerkship Evaluation | Y3

- The provided textbook and OBGYN First Aid Clerkship textbook
- APGO textbook and videos, UptoDate, Medscape
- OB/GYN clerkship book (provided to us), Online MedEd videos, other videos/links provided to us in syllabus
- Loaned textbook, APGO Youtube videos and practice bulletins
- Amboss question bank, Uworld question bank, Qbank supplied by siu, textbook from siu, onlinemed ed,
- The assigned textbook, Uptodate, Amboss, Residency youtube videos.
- Provided textbook, Online Med Ed, Old resources, ACOG guidelines, Uptodate, peers
- OnlineMed Ed, AMBOSS, Up-to-date, the OBGYN book they gave us
- Amboss- I studied with peers
- Uptodate- for pharm and clinical questions during the day
- UWISE- self study
- UWORLD- minimal study on my own
- Online MedEd, APGO youtube videos, the textbook provided by the clerkship directors, ACOG practice bulletins, Amboss and Uptodate.
- OBGYN book, ACOG articles/guidelines, UpToDate
- First aid, up to date, online med videos
- UpToDate
- Online Med Ed
- The textbook that was provided
- OBGYN textbook provided at orientation
- Anki
- uWise, textbook, uptodate

End of Core Clerkship Evaluation | Y3

-- Beckmann and Ling Obstetrics and Gynecology was my favorite resource. I also used APGO and MedEd videos.

-- online med ed videos

book provided

uptodate

-- Clerkship book you provided and Uptodate

-- ACOG Book loaned to the students

Anki

UWorld

-- UWORLD, OnlineMedEd

-- Online Med Ed, ACOG Book!

-- ACOG videos

Uworld questions

-- Anki, Boards and beyond, Uworld, OBGYN clerkship book

-- Anki, Amboss, textbook given out at beginning of clerkship

-- Anki, UW, and the textbook provided by OBGYN department.

-- Anki, UWorld, Textbook, OME

-- Provided textbook, Youtube, Uptodate

--

-- ObGyn book, Amboss question bank, Uptodate, deparment videos and booklets, Anki

-- Clerkship book , youtube videos, STEP 2 prep material

-- Anki, online med ed, the borrowed book

End of Core Clerkship Evaluation | Y3

-- Book given for rotation

YouTube

First Aid

Boards and Beyond

Up To Date

-- zanki, med ed, the loaned text book

-- uptodate and online Med

-- Boards and Beyond, up to date website, and textbook provided.

-- uworld, online med ed

-- CCCs, the OBGYN textbook, youtube

-- APGO videos

text book

uworld

OME

up to date

-- OBGyn textbook, ACOG practice bulletins

-- Provided textbook, up to date

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-- 1. Practice Bulletins

2. Uptodate

-- ACOG, clerkship provided textbook, online videos, surgical device demonstration videos

-- Uworld

provided textbook

End of Core Clerkship Evaluation | Y3

Online MedEd

AMBOSS

-- OB/gyn book provided by the clerkship, uptodate, residents, ACOG practice bulletins

Which of those learning resources was most helpful to you?

-- AMBOSS, Zanki, and ACOG guidelines

-- The provided textbook.

-- Both

-- The APGO video series Cheryl told us about on youtube, the provided textbook, and uptodate were the most useful resources.

-- YouTube

-- the provided texbook was nice to have.

-- I liked UptoDate, but it was also the resource I was most using heading into the clerkship.

-- I think the videos linked in the syllabus were the most helpful especially because they were guided to specific portions of the clerkship.

-- Online med ed

-- Flashcards and Online Med ed for learning the information and retaining it.

-- Book provided by the clerkship

-- OnlineMeded

-- APGO videos, OB textbook

-- The textbook and google

-- ACOG obgyn book

-- Online Med ed is the most to the point and boards oriented. The APGO book is probably the most thorough but difficult to work through (I enjoyed the videos much more although I sometimes felt like I wasnt taking much away from them). The APGO practice bullitins were the best for learning how to actually practice OBGYN medicine.

-- small red OB/GYN book.

End of Core Clerkship Evaluation | Y3

- OB/Gyn book
- UWORLD
-
- I personally preferred the First Aid book in my downtime, but the provided textbook was the most helpful during educational activities.
- APGO textbook and videos
- All of the above
- OBGYN textbook
- Not one resource stood out as particularly more useful than others.
- Uptodate.
- Amboss Q bank, Online med ed
- APGO Youtube videos
- APGO youtube videos and ACOG practice bulletins.
- Uptodate and Amboss
- UpToDate and the textbook that was provided to us.
- First aid
- The book provided at the beginning of the rotation.
- The OBGYN textbook provided at the beginning of the clerkship was immensely helpful. I was able to work through important differentials, justify my workup, and review relevant guidelines using that textbook.
- uWise
- ACOG Book
- Anki and the textbook
- The textbook provided.
- Anki, textbook

End of Core Clerkship Evaluation | Y3

- Anki, boards and beyond
- Uworld questions and ACOG videos
- Both were great!
- All equally useful for different reasons.
- all of them
- Up To Date and the book
- Anki
- Clerkship book
- ObGyn book
- Online med
- med ed
- All were equally useful/
- Practice Bulletin
- Both were very helpful!

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- up to date, text book, apgo vieos
- the textbook
- Clerkship textbook
- residents
- All of them.

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

1 Yes | 67 No

Description of any student abuse you witnessed or experienced

--

--

<div>N/A</div>

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-- It was not great, but I dont want to call it abuse.

-- n/a

-- NA

-- No abuse, just not very friendly environment in terms of being around certain residents.

-- No student abuse.

-- No, just wish people were less abrasive and more approachable but I guess it comes with the territory or stereotype.

-- none

-- Resident yelling at student

Pediatrics - Class of 2022

What is your overall rating of this clerkship and why?

32 - Excellent

30 - Very Good

2 - Good

4.47 AVG

Comments regarding the overall clerkship

-- - Excellent Clerkship director

- Excellent Nurse Educator

- Good variety of experiences

- Attendings almost all very willing to teach and involve students

- Great residents

-- This clerkship was a great experience both personally and professionally. The NICU was very informative and provided a great way to start the clerkship. My outpatient experience was also very good and beneficial to my education and understanding of medicine in the pediatric population. The clerkship was very well organized. Kelly, Jackie, and Dr Unal were great administrators of the clerkship. I was impressed with the dedication and care put in from everyone to ensure this clerkship is the best for each student.

--

Great opportunity to expand on my communication skills with patients

Great opportunity to learn about management in an outpatient setting

Faculty was enthusiastic about teaching

Challenged me to learn about developmental milestones, vaccination schedules and common chief complaints in pediatric settings

-- Awesome experience, lots of opportunities for learning

-- Clerkship was well organized and gave me opportunities to see many different kinds of pediatric clinics

-- Dr. Unal, Kelly, and Jackie do a great job with the design of this clerkship, and they are all very helpful. I thought it went smoothly, and I enjoyed the experience. Pediatrics is not the specialty I plan to pursue, but it was a good learning experience over the 4 weeks.

End of Core Clerkship Evaluation | Y3

-- Excellent attendings who were all excited to teach. I really enjoyed having the specialist clinic perspectives

-- Gave us a wide exposure to pediatrics

-- Generally enjoyable experience with a good exposure to a variety of pediatric specialties.

-- Good variety of experiences: inpatient and outpatient, general and specialty. Some opportunity to write notes but patient interaction was more the focus than paperwork, which is good for developing practical skills.

-- Got to see a wide variety of subspecialties, gaining a broad overview of peds while getting the chance to dive into specialized work

-- Great opportunities to interact with patients.

-- Great residents, attendings, and staff. I learned a lot and was encouraged to participate in patient care.

-- I am very interested in pediatrics, and this clerkship allowed me to see multiple areas. Things were well organized, and the Google calendar with Webex links, locations, and expectations all included was incredibly helpful.

-- I enjoyed it much more than I thought I would. I appreciated the explicit schedule on Google calendar and how exact the schedule was. Very organized clerkship. I had only positive experiences with all the residents and attendings.

-- I enjoyed the clerkship very much and thought it went well

-- I enjoyed this clerkship so much. It was well organized and everyone I worked with was fantastic. It was clear that everyone wanted the students to get the most out of their experiences.

-- I enjoyed this clerkship very much. My time on general peds inpatient and outpatient were both very education experiences and I think it was good to see both inpatient and outpatient because they are very different, but both important to experience.

I really enjoyed my clinics with Dr. Volle. She gave constructive feedback throughout my clinics with her and allowed me see patients first and enter in documentation material. She gave me some good learning topics and we discussed some presentations that she had previously prepared.

Dr. Torky was very educational. Although I only spent a small amount of time in his clinic, he went through a lot of in depth learning issues with the resident and I. He is very knowledgeable and would be an excellent resource for any student that works with him.

-- I felt like the faculty and experiences were great for students getting their first glimpse of pediatrics in medical school. The PICU hospital time, however, was not the greatest experience for those without trauma or critical care experience, as there was too much to learn and knowledge

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gaps that made it hard to keep up without getting resident help every step of the way.

-- I found pediatrics to be much more challenging and engaging than anticipated. It was enjoyable while still being intellectually stimulating. I particularly enjoyed my time in Genetics and Behavioral Health clinic, as these are two areas I would have probably never gotten exposure to.

-- I had an overall positive experience during my pediatric clerkship

-- I really enjoyed the clerkship. I think the medical student education was superb. I felt like I learned new things every day.

-- I really enjoyed the peds rotation. I wish I could have experienced more general peds outpatient during my time since that is what I'm particularly interested in, but I guess that is what PEP is for.

-- I really enjoyed this clerkship. Good mix of inpatient and outpatient experiences. The optional learning sessions at lunch were very helpful.

-- I really enjoyed this clerkship. I got to see a wide variety of subspecialties as well as general practice and learned a lot throughout the month.

-- I think it run very smoothly.

-- I though this clerkship was well organized and did a good job of giving students weekly lectures (Ddx, brown bag, etc)

-- I thought the clerkship was excellent and well-organized. I thought the faculty, residents, and nurses all contributed to a strong learning enviroment.

-- I thought this clerkship was very very well organized which was greatly appreciated. I thought all of the preceptors and residents were very welcoming and helpful. I was never confused about what I was to be doing and knew that if I was I could contact someone right away to get it figured out. I liked the split of the inpatient and outpatient weeks and that the outpatient weeks included a specialist.

-- I thought this was the most organized clerkship I have had so far! I really appreciated the scheduling and work put into making sure students had an excellent experience. The mix of inpatient and outpatient experiences was excellent and did a nice job of showing the breadth of pediatrics within the short time frame of the clerkship.

-- I was in NICU for 2 weeks and outpatient for 2 weeks. I enjoyed seeing both inpatient and outpatient pediatric settings.

-- I was very happy with my pediatric rotation clerkship experience. The faculty I worked with were great teachers and very supportive.

-- It was clear and concise. Everyone was prepared to receive me as a student and ready to teach.

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-- It was good mix of outpatient and inpatient medicine. I enjoyed my time on peds and learned alot.

-- n/a

-- Overall I thought the structure and flow of the clerkship went well. I was in clinic everyday and I appreciated the patient interactions in spite of Covid-19. I really enjoyed the brown lunch bag sessions with Dr. Miller.

-- Overall, felt very well organized and thought out. Most of the attendings and residents were really engaged with us as students.

-- Overall, I enjoyed the clerkship, especially the bagged lunch lectures.

-- Overall, it was a phenomenal clerkship. I do not have many comments, beyond the people being amazing, and making it a great experience. I was able to learn as much as I wanted, and any time I asked a question, for assistance, or if I could participate in a task, I was allowed to. Very cool to see attendings and residents so excited to teach.

-- Overall, the clerkship offered a wide variety of experiences and a wealth of knowledge that I feel will stay with me throughout the rest of my medical career. I think the variety helped me appreciate how much I enjoy evaluating children and being a liason between parents/caregivers and children.

-- Overall, the pediatric clerkship is very good. The residents and attendings are more than willing to teach, to get students involved, and to give feedback.

-- Overall, this was a very good clerkship. It had a good mixture of education and patient care. It also allowed us to have time for independent study to learn and read about things we have questions on.

-- Pediatrics is a well-organized clerkship. I knew what was going on and where we were supposed to be at all times, and each of the preceptors took time to offer real feedback.

-- Peds clerkship was an excellent introduction to the pediatric speciality.

-- The clerkship did a good job of giving learning opportunities to its students. I liked that we got to experience both the clinic side and hospital side of peds. All of the attendings I worked with were wonderful. I like how much this rotation values group learning.

-- The clerkship overall was great! It felt organized and well thought out. I felt that I was able to have a broad set of experiences in various pediatric medicine settings.

-- The easiest way to put this is that I enjoyed my pediatrics rotation much more than I expected to previously. Preceptors were all ready and willing to have students and give us the opportunity to learn hands on and answer our questions. I especially enjoyed my inpatient weeks as I do not think those will be experiences I could replicate elsewhere throughout the year.

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-- The general outpatient clinic was awesome and I enjoyed it more than the specialty clinic. The inpatient experience was also very educational but it would have been nice to have some more guidance and tasks to do in the afternoons.

-- The overall clerkship was very helpful in giving us the opportunity to learn a wide variety of topics in pediatrics. It was structured in an intuitive way. The clerkship director, the nurse educator and all other staff and faculty were very pleasant to work with. Overall, great experience.

-- This clerkship was the most positive clerkship experience I've had thus far. It is clear that all of the faculty love to teach and value students' time and educational experience. Everyone I worked with strove to create a positive and constructive environment for medical students. Expectations were clear, organized, and described thoroughly at the clerkship orientation, so there were no surprises along the way. I felt supported, encouraged, and appreciated by all of the peds faculty and residents, and I can't adequately express how much I enjoyed this rotation!

-- Very good. I enjoy the diversity of experience during the rotation. I also appreciated the organization of the schedule as that made the transition from each area smoother as well as the entire experience as a whole.

-- Was very well organized by Kelly and Dr. Unal. Overall, was a very good experience.

-- Well organized and structured in a way to maximize our exposure to pediatrics

-- Well organized, good variety of clinical exposure, attending and residents very friendly, clerkship coordinator and nurse were very accommodating and took interest in our education

-- well organized. felt that all faculty and residents that I interacted with really wanted to help me learn.

-- Well organized. Help me achieve my goals of the clerkship (learn physical exam of the little kids).

-- Well-organized, friendly staff. Plenty of opportunity to learn.

What were the strengths of this clerkship?

-- Great residents, great staff, and great administrators

-- Everyone was very helpful and friendly and wanted the best for us.

-- Clear schedule expectations and it was very evident that faculty were all on the same page. I never felt like I was a burden when seeing patients alone or following patients in the inpatient setting. Feedback and teaching throughout was also very good. Dr. Miller's sessions also deserve to be recognized because they were great.

-- Very organized.

Clear instructions for the students.

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Extremely nice and welcoming physicians, nurses and staff.

-- Faculty that loves to teach, small teams, student support.

-- Offered a wide variety of experiences. I evaluated patients from birth to 18. I saw a wide variety of complaints, particularly in the acute clinic and general peds clinic with Dr. Miner. I also loved watching deliveries and being able to help with the newborns. Another strength was the schedule of basically 7a-5pm, not so much later or earlier than that, and no weekends. This was the first time in years I felt I had time to enjoy weekends

-- Well organized and set up to help students whenever needed

Faculty and staff were some of the most helpful I've ever worked with

Resident rounds and lectures by Dr. Miller were very helpful

Aquifer cases were very educational

-- Organization, communication, and great educators.

-- The cases, Dr. Miller's sessions, Jeopardy game, the organization skills between Jackie and Kelly.

-- Got me much more comfortable with kids and newborns.

-- It was a good mix of inpatient and outpatient medicine

-- Google calendar, got to experience multiple fields of pediatrics, all leaders were easy to communicate with, answered all questions quickly

-- Clerkship improved clinical reasoning and overall knowledge.

-- The people, and communication. The people made this clerkship special. From Dr. Unal and Kelly at the top, through the nurses and support staff, and all the residents and physicians in between, they all made it a memorable experience. As a student, I felt comfortable approaching anyone to ask to for help, and communication and feedback was always clear. Thank you for having such a great team. It made it easy to learn, and to get the most out of the experience.

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-- Good organization, well planned, friendly residents and attending who excelled at teaching

-- I thought the faculty and resident teaching was simply fantastic. They made you feel as though you were a welcome, contributing member of the team while also allowing you to learn and grow through the clerkship.

-- Having access to both inpatient and outpatient.

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-- -organization - the Google calendars were so useful!

-faculty involvement- everyone offered to write OTFs without my asking, and they all gave real feedback

-- Organized, clerkship preceptors who are both friendly and excited about teaching

-- I think the mix of two weeks inpatient/two weeks outpatient was perfect for helping students learn but also have some breaks. It was nice to have a couple of scheduled half days to take care of personal business during the month as well. Administratively, this was the best clerkship I have had so far! I always knew where to be and when, and if I had a question or something changed, Kelly and Jackie were so helpful and responsive!

-- Having great preceptors

Having great admin

-- The strengths of the clerkships are the exposures to the different aspects of pediatrics, giving us the resources we needed to stay knowledgeable, and hosting the lunch time lectures which gave us the opportunity to come together and learn.

-- The organization and great communication between faculty and students.

-- The organization of the entire clerkship made things much smoother. Also enjoyed the vast array of sub-specialty experiences as well.

-- The organization and the attendings/residents in general. I really appreciate the work that went into planning this clerkship and selecting good attendings for us to work with.

-- Kind doctors who wanted to teach and are invested in the students. Ex: Dr. Unal, Dr. Miller, Dr. Siebenauler

-- Helpful director, nurse educator, and coordinator. Clear expectations. Friendly preceptors who enjoy teaching.

-- Emphasis on seeing patients and learning how to do appropriate histories, physicals and workups.

-- It shows both inpatient and outpatient side of peds.

-- Residents teaching students is always a great thing. They have the closest relationship to the students as some of them have recently just come out of medical school themselves.

The attendings were all motivated to teach, taking time to explain different concepts, diagnosis, and

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management of different diseases.

-- Faculty are all very helpful, kind and really want students to learn.

-- Well structured, well rounded to give everyone an experience both in the general peds, hospital, and specialty clinic settings

-- The many different fields we could see, such as general peds, specialty clinics, and inpatient

-- very organized

-- Specialty clinics, weekly learning sessions with Dr. Unal and Dr. Miller, residents and attendings being willing to teach.

-- Got to see a wide variety of patients

-- This clerkship had a great amount of variety of inpatient vs outpatient experience that still allowed for immersion. The residents and faculty were all amazing.

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Great opportunity to expand on my communication skills with patients

Great opportunity to learn about management in an outpatient setting

Faculty was enthusiastic about teaching

Challenged me to learn about developmental milestones, vaccination schedules and common chief complaints in pediatric settings

-- the variety of outpatient clinics - i was in cardio, infectious disease, and just regular outpatient

-- I liked having the CCX at the end and thought expectations were reasonable.

-- The faculty are fantastic at teaching and we frequently had opporutnities to learn about specific topics from a number of faculty members throughout. I really appreciated this part of the clerkship as I feel this is one of the clerkships I have learned the most in.

-- Good mix of inpatient and outpatient experience.

-- Medical student learnin, doing specialty clinics.

-- - Great attendings who are willing to teach students and provide resources (Unal, Miller, Saleh, Johnson, Idrizi, Siebenaler)

- Variety of experiences for both inpatient and outpatient

-- Lunch learning sessions- these were great because we got to learn memorable cases in a low stakes setting. I think all of us found these fun and useful. I learned way more than I would sitting by myself at my computer for an hour

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Resident learning sessions- In the hospital the general floor team would pick a topic that they had seen on the floor and send out an informational article for us to go over individually, and then we would cover them as a group and do a quiz together

-- -Loved all the educational lunchtime experiences. Could tell that the physicians teaching the sessions cared about our learning and teaching.

-Very nice faculty/staff in the pediatrics department. Everyone was very welcoming and friendly.

-- Clinical experiences

-- The focus on pediatrics was very applicable to UWorld questions. It was nice to have diversity from adult-aged problems

-- Great preceptors! Friendly and approachable and willing to teaching.

-- Jackie was an asset to this clerkship in terms of scheduling and organization. Her hard work for the students did not go unnoticed! The biggest strength of this clerkship was the positive work environment fostered by all of the faculty and residents. This created a wonderful experience for everyone, even those not interested in pursuing pediatrics, and for that I am incredibly grateful. I woke up each day excited to go to work!

-- Learning was a huge strength whether it was a brown bag from Dr. Unal or Dr. Miller, there were many learning opportunities that I found very beneficial.

-- Organizations and broad set of experiences.

-- Plenty of opportunity to get more comfortable seeing/examining pediatric population

-- Patient exposure, hands on learning,

-- Diversity of care options

-- Variety of experiences and patient population.

-- Wide variety of practice and did not stay with one attending the whole time.

-- Friendly leadership. Good exposure to bread and butter of pediatrics.

What would you do to change this learning experience for future years?

-- I think having clinic first and then PICU second was more helpful to me than others who had PICU first and were more overwhelmed by this.

-- 1 week of inpatient experience and 3 of various clinics. Or if 2 weeks of inpatient is required, then do one on general floor and one in NICU.

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-- Not even sure if this is true, but I believe I heard that students can submit preferences for what kind of specialty clinic and inpatient service they would like. I was very happy with what was assigned to me, but if that is the case maybe just communicating that with incoming students.

-- Only assign students with physicians who have open availability on their schedule for that rotation. I only had the opportunity to spend 3 days in the Pediatric Cardiology clinic. I know this was because the physician works additional days at other locations but I would have enjoyed at least 5 half day clinics.

-- No virtual learning.

-- For some reason my class did not want to start with this rotation. I think only 1-2 people from my group had this track listed as one of their top three, myself being one of those who did not. Personally, I am very pleased with this starting point. Information from Step one studying was still fresh in my mind which helped me better understand some of the more complicated processes I saw in the NICU and nursery. I didn't have too much experience taking histories or physicals of children so this was a great help in allowing me to feel comfortable evaluating all ages. I feel I can use these skills in future rotations including EM, OB, family medicine, and possibly surgery. I wouldn't change anything about this learning experience for future years but I would encourage students to consider this track as one of their top choices. I also would recommend students complete the preceptor feedback forms as they work with different preceptors - jot down a few notes on the forms to remind yourself how the day went and while the experience is still fresh in your mind. This will make it easier to complete at a later time. Maybe this was mentioned to us and I did not remember it :)

-- 2 weeks of my rotation was in the PICU, and I personally felt like it wasn't as educational as I wanted it to be. Especially since there was no basic knowledge to build upon since this was the first two weeks of the first rotation. It might have been more helpful to have begun the rotation with outpatient clinic and then transition into the PICU.

-- Nothing specific.

-- The Aquifer cases were very useful for learning the pediatric rotation. The cases were great, however, they were long and contained a lot of text, making it hard for me to maintain focus. Therefore, special circumstance should have been taken for those who had STEP 1 to complete. Instead of 16, I think 12 was sufficient, especially since those on the floor was required to complete the 8. This unfortunate situation may or may not happen, however, it would be great to take consideration for the students that are affected by unforeseen circumstances.

-- Less time with pulmonology. Pretty much every case was asthma, and only so many are helpful.

-- My only change would be to give students options or at least preferences or ranking to what inpatient service they are on and what specialist they work with but I do realize this probably creates conflicts and scheduling difficulties but just a thought.

The students should be provided with some sort of small pocket reference book with pediatrics vitals common meds and dosing and developmental milestones

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-- I would of like to have seen some endoscopies with Dr. Porayette.

-- In the future, it would be helpful to ask students if they have a preference between NICU, PICU, and General inpatient for their two weeks on inpatient. I know it would be hard to meet all requests (which could be told to students), but it would be helpful to ask, to see if students do have a preference. Additionally, supplementing with additional specialty clinics could be beneficial, as the general peds clinic is interesting, but can be repetitive while more could be learned about pediatric disease from a specialty standpoint.

-- Ask students their preference for specialist clinics in advance

-- N/A

-- I wish that I had had some more say in my schedule. Although I really enjoyed general inpatient pediatrics, I would have enjoyed/benefited from a few different afternoons in a different area of hospital peds (nursery/NICU/PICU).

-- I would love to have 1 week in NICU, 1 week in PICU, and then the 2 weeks of general.

I felt very disappointed I did not get to see the PICU, and often felt that I was missing out on a lot of information that other students knew due to their exposure.

-- I wish I had spent maybe a week in a different inpatient unit rather than two weeks in a single inpatient unit just to get more variety in the experience.

-- Nothing.

-- Nothing at all

-- There is nothing I would change currently.

-- I liked the inpatient time as it was, but in my opinion, I think the outpatient weeks would be better with only 2 mentors to split time between. I think I would have enjoyed my time more had I just done Gen peds and cardiology and left out the nutrition Clinic with nurse Davis. She was good but I think I was just stretched too thin between them.

-- Overall, I think the clerkship is very good. However, I would change two things: longer/more days with one mentor and letting students leave clinic/inpatient is there are no new patients/nothing to do.

I felt like it was difficult to understand how a specific doctor wanted case presentations, patient information, etc given we would only work with him/her for one or two days. One of the strengths of OB-GYN and surgery is that we worked with the same doctor for a month. They were able to see our progression over that time frame.

Also, I felt like there were several wasted afternoons on inpatient peds. We would typically have a learning session around 1 or 2 but then sit and wait until 4-5 to be released. One a few days there

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were some admits, but on most, we just waited and didn't learn or get to see any more patients. It felt like our time could be better used doing something else.

-- I didn't like being put in multiple subspecialty clinics. It was very hard to get an overall feel for how general peds worked as I spent a lot of my time in very specialized clinics. The specialty clinics also were not very busy and I was not able to see many patients during my time in those clinics. I think it would be more beneficial to students to spend all of their outpatient time in general pediatrics with the opportunity to experience specialty clinics in PEP or Y4. If specialty clinics must be done during core clerkship, students should be given the opportunity to choose which specialties they are interested in.

-- All students should have to rotate with general pediatrics for at least a week if not for both weeks to gain a better understanding of common pediatric hospitalizations and diagnoses. The PICU had very odd cases that did not suit the pediatric clerkship and learning directives I found.

-- During the orientation, it would be beneficial to have a session reviewing the newborn exam as well as teaching how to hold and swaddle a baby.

-- I would allow for students to pick what sub specialty they would like to do because I very much disliked the one I was in and felt uncomfortable being there.

-- Have the residents show their learners how to access the patient list on the first day (especially for inpatient)

If there are any templates that are used for progress notes or formatting preferences to be shown/given to the students on the first day.

(Inpatient) How to start a progress note / H&P note.

It wasn't so much the content that was needed, rather just finding the right buttons to click to get to the note/page we needed. It was a confusing first day. Other than that, it was great!

-- I think students should be able to select which outpatient areas they would like to work with instead of being randomly assigned to different departments. I personally wanted to work with the pediatric heme onc team during my outpatient weeks but did not get that chance. I think students should be able to rank which areas they are interested in and then placed based on availability and interest.

I think everyone on the clerkship should have to do general peds (atleast 1-2 times or so) as this would be helpful for students interested in peds to experience.

-- Nothing. I found my experience to be valuable even during Covid when the patient volume was down.

-- I would see if we could preference the subspecialty so we can further direct our learning. Also, while I loved NICU, it was a highly specialized setting of care and I don't think I got a broad enough look at peds inpatient care. This would be better as a PEP/senior elective experience, not so much as a component of core clerkships.

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-- Perhaps allow students to choose or rank which inpatient experience they would prefer.

-- Nothing comes to mind

-- I would have liked the chance to choose my inpatient experience or subspecialty clinics that we were assigned to. I still had a good experience with mine, but I was really hoping to get more ICU experience and see a few of the other subspecialty clinics and was unable to do so.

-- Maybe having a choice between inpatient experiences instead of randomly assigned

-- - Not sure at this moment.

-- I have nothing to change

-- NA

-- -Try to put us on a team with a peds resident on our inpatient service. I was in the NICU, and was on a team with a family medicine resident, nurse practitioners, and my attending. My attending wasn't always around, and the nurse practitioners changed on our team daily. I would try to ask the family medicine resident questions about my patients, but she was learning at the same time as me, so it was difficult to get clear answers and learn. It would have been very helpful to have a pediatrics resident available on the same team as me so that they were familiar with my patients and could help me with any questions I had.

-Maybe split the inpatient services to 1 week of a specialized service (NICU, PICU) and 1 week of a general service (general peds floor). That way, everyone gets experience with the ventilators/critical care management that you get in the NICU/PICU as well as getting a general pediatrics floor experience.

-Offer us choices in what outpatient specialty clinics we would like to see. I know we have time to go back to this during PEP if we choose, but this could be helpful to tailor our experiences to things we would like to see.

-- Nothing

-- Nothing

-- I wish this clerkship was longer! Ha!

-- More structure in the afternoons in the inpatient setting. Ensuring the schedules between students are consistent with days off.

-- I wonder if there's a way to have students work with pediatric physicians in the community. I think that the amount of private practice pediatricians is far greater than the academic pediatricians.

-- I thought it was great

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-- No changes

-- Maybe a signup or preference list for inpatient services.

-- I was told that it was odd that I had a NICU experience before a general peds experience. Maybe it can be arranged that students see general peds before NICU.

-- No reason to change anything.

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

64 Yes | 0 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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-- - Students feel encouraged to get involved which helps us socialize better into medicine.

-- Everybody I worked with treated me with respect and treated me like a member of the care team in both inpatient and outpatient settings. I received lots of feedback on how to work as a team member. Most residents and attending physicians offered help with anything that may come up in the future at the end of the rotation. Overall, I felt like it was a great experience.

-- Everyone was easy to talk to.

-- Felt a part of the team on PICU, from attendings to residents to nurses, felt we were accomplishing goals together, and helping patients together. A very cool feelings.

-- Helped give me a better understanding of inpatient pediatrics.

-- I am interested in pediatrics, and I feel that this clerkship helped me establish a relationship with clerkship directors and attending physicians who will be able to help me during 3rd year PEP and 4th year. I was able to talk with several residents and attendings about why they chose pediatrics and how they manage a career/life balance.

-- I felt better socialized into medicine after this clerkship.

-- I felt part of the healthcare team. I was no longer shadowing physicians. My opinion finally felt to have a little bit of weight to and my assessment meant something. I made several connections and learned about more than just basic science medicine. I discussion socioeconomic issues, moral dilemmas, and healthcare as a whole.

-- I felt that my abilities to examine and interact with children in a natural yet clinically effective manner improved significantly and that was very exciting

-- I knew I was feeling more confident during the first week. The first few days in clinic I would still feel some heart flutters right before knocking to enter a patient's room, likely due to nerves. By the end of that first week I felt much more confident and maintained that through the rest of the rotation.

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- I made connections that I believe will last through at least my time as a medical student.
 - I saw a lot of patients on my own and was in charge of learning to care for the patients
 - I saw multiple patients, got feedback on notes and patient encounter.
 - I think this clerkship helped me get a better understanding of the inpatient vs outpatient experience very well.
 - I was able to see different parts of the pediatric department and interact with multiple attendings and residents.
 - I was lucky to be able to see most patients on my own and actively participate in their care/management.
 - I was treated with respect throughout the entire clerkship. Asked for my input regarding patients diagnosis and treatment. All supporting staff were welcoming and kind.
 - It did help me.
 - It gave me a good idea of how a critical care unit works as a team
 - It helped
 - it helped socialize me into medicine
 - It helped to demonstrate the workflow of a physician in the pediatric world. It also highlighted the relationships that can form between a PCP and a patient (especially in general peds).
 - Many very friendly physicians
 - n/a
 - none
 - On outpatient, I had great opportunities to discuss cases with various faculty and they were all great at providing resources and tips to medicine.
- On inpatient, the residents gave me increasing responsibility as I progressed and actually felt like part of the team.
- Pediatric clerkship was a good experience.
 - The experiences I had on this clerkship allowed me to see so many aspects of medicine that I did not expect to see. I saw interplay between different specialties, teamwork and multiple other things that allowed me to socialize into medicine.
 - There were attendings and residents willing to teach the medical students in a clear and concise way. I also witnessed physicians being themselves and not fitting in this mold I had perceived. It made me comfortable being myself.

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-- Working on the inpatient general pediatrics floor was a great experience. I got to spend lots of time with residents and had good social interactions.

-- Yes it provided good exposure to medicine both inpatient and outpatient

-- Yes, I was challenged by each of physician to develop a plan for each of my patients (medications, consults, labs, imaging). I felt like I was the physician for that patient and all questions from nurses were directed towards me. I really felt like an integral part of the team.

-- YES. The rotation in both outpatient and inpatient allowed me to work with patients, their families, and other members of the peds team, increasing my socialization into medicine.

Did the clerkship accomplish your goals by helping you find your specialty?

47 Yes | 17 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

--

-- - I felt like I got a good basic picture about the scope and practice of some of the various types of pediatricians in the inpatient and outpatient settings.

-- For the last couple of years I've been particularly interested in combination residency programs for EM and IM. The NICU rotation taught me that actually I really enjoy marathoning some of the time with sprints throughout - like spending extra time with some patients, making small adjustments, and slow progression with occasional adrenaline rushes like being in the delivery room or having to intubate a baby. This helped me understand the overall structure of lifestyle I may enjoy in the future. I also really enjoyed evaluating children in general and feel more comfortable examining and interacting with them after this rotation

-- Had already decided on a different specialty and didn't have too much interest in pediatrics

-- I am interested in pediatrics, and I could see myself working in this field.

-- I am still open in regards to a specific specialty. I did not have Pediatrics as an option but now it is on my radar. I truly enjoyed my experience.

-- I am still open

-- I am still undecided. I really enjoyed peds and am still considering it as a specialty. But, I still need to narrow my preferences.

-- I am sure that this is the specialty for me. The wonderful faculty and staff I met along the way only solidified this notion!

-- I feel like I was exposed to enough pediatrics to be comfortable ruling it in or out as a potential career specialty.

Also, I had mentioned at orientation that I was probably favoring EM before clerkships, and Dr. Unal

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went out of his way to tie pediatric cases to EM relevance. I really appreciated that!

-- I found that children are the population I want to work with.

-- I had already decided on my desired specialty prior to this clerkship

-- I have an interest in infectious disease and became familiar with how infectious disease is contributes to the care of children. I learned a lot while in Endo and GI and hope to do a bit more in those specialties as well. Asking the other physicians, I came to understand why certain people choose pediatrics. Therefore this is a consideration.

-- I learned that I like clinic medicine a lot and that I would want to specialize instead of doing a general practioner route

-- i learned that i really enjoy an inpatient pediatrics environment and that i might be interested in a pediatric surgery

-- I really enjoyed this clerkship but I will probably stay more broad in FM or IM.

-- I really enjoyed pediatrics and had a great experience but am currently still on the fence between pediatrics or IM.

-- I really enjoyed this clerkship and am more interested in peds because of it!

-- I still do not know what specialty I want to do, but I do know that I would miss children if I choose something without them.

-- I still have a peaked interest in cardiology.

-- I think I want to be a part of a specialty where I will be able to work with pediatric patients frequently!

-- I think that the fact that I cried after finishing my last day in the NICU might be a sign that I possibly found a specialty I could see myself going into..

-- I was able to experience ICU care, which was fantastic. The attendings, NPs, residents, nursing, and RTs all played a role in teaching me during rounds, which was an excellent experience for me.

-- I'm very interested in peds and this further supported my passion to treat kids.

-- It confirmed my desire to work with kids as a child/adolescent psychiatrist

-- It definitely added pediatrics back into my possible future speciality.

-- it has helped me narrow down a bit.

-- It helped me realize pediatrics is a fun speciality.

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- It made me realize the depth of the pediatric specialty and all of the avenues that can be taken.

- It was a great experience but did not convince me either way that I do or do not want to be a pediatrician. I do not fault the clerkship for that I just need to do my other rotations before I am ready to make a decision about what I want to do.

- Knew before clerkship

- Made me realize I want to go peds

- My interests are in adult medicine. However, I was surprised by how much I enjoyed the peds rotation.

- n/a

- No comments

- none

- Pediatrics just is not the specialty I plan to pursue.

- Still unsure of what I want to do

- The clerkship did help me find my preferred specialty.

- To some extent, but I am interested in pediatrics and would have liked more exposure to general pediatrics rather than very specialized fields. I also felt that due to COVID, students missed out on seeing acute peds visits for any respiratory complaint so I saw mostly well child visits in the general clinic and not much else.

- While I enjoyed pediatrics much more than I expected to, I am not sure it has surged all the way to the front of my list. That being said, it has definitely given me more to consider heading forward.

- While I never really had a desire to do pediatrics, this rotation exposed the possibility of pursuing a surgical subspecialty in pediatrics. I was lucky enough to be taking care of pediatric orthopedic surgery patients and this was a great opportunity.

- Yes and no. I found that I do enjoy working with children quite a lot, though I don't want to do pediatrics exclusively.

- Yes, provided clarity on whether I could see myself in pediatrics, and if I choose it, where and where not.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

49 Yes | 15 No

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Comments regarding receiving narrative feedback weekly

--

-- All faculty were willing and successfully provided written feedback at least once a week.

-- Delayed, but did receive feedback from each week.

-- Dr. Unal and the other pediatric doctors were quite good at providing feedback.

-- During my inpatient, my time with my preceptor was when we rounded but even then I presented my oral presentation to the chief resident.

-- Each of my preceptors were wonderful about giving me constructive and valuable feedback on the spot and in the context of patient encounters. There were no surprises on my OTF forms, and I am so grateful for all of the positive feedback I received.

-- Feedback a bit sparse

-- I did receive some form of feedback weekly but not always on the fly from the main preceptors I worked with

-- I didn't get written feedback weekly. I did get verbal feedback frequently during my outpatient experiences, but not all of those faculty ended up filling out an on-the-fly form. I did not get written feedback from my NICU preceptor.

-- I emailed the forms, but they haven't been filled out yet.

-- I had both attending physicians and residents give me feedback about my performance. They were constructive and helpful.

-- I only received one OTF from my NICU preceptor when I was with her for 2 weeks. Received 2 from my outpatient preceptor (with her for 2 weeks)

-- I received at least one each week from different preceptors.

-- I received feedback from both Dr. Unal and Dr. Miller on a weekly basis.

-- I received feedback

-- I received adequate OTF feedback during my pediatrics clerkship.

-- I think weekly feedback helps with improving throughout the clerkship. I would strongly encourage this to continue to be the case for future clerkships.

-- I was able to receive feedback weekly from my specialty clinic preceptor, but was only able to receive feedback from the residents on the general peds floor once as well as the general peds clinic

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preceptor

-- I was able to receive on the fly feedback from my attendings. Appreciate their advice.

-- ICU attendings switched every couple of days, none of whom wrote me OTF feedback or interacted with me at all outside of daily rounding. This alone is a big issue if students are trying to get evaluated and there's no way for them to have a longitudinal relationship with one attending during this part of the rotation.

-- It should add up to weekly in the end, but still waiting on some on the fly.

-- It was hard to get these weekly since we hopped around between preceptors and I often forget to send them out in the middle of rotations

-- It was very helpful to see ways in which I could improve.

-- It was very very difficult to get some of the attendings to write an on-the-fly. Dr. Miner did a great job getting one to me weekly, but Dr. Mziray-Andrew did not write me one at all thus far and I ended up doing a lot of work for her. I also have yet to receive one for my entire inpatient service from an attending (but I did get one from my chief resident).

-- Most of the preceptors were great about giving feedback

-- My preceptors frequently gave me verbal feedback however, I did not receive written feedback from them weekly.

-- My preceptors stated they preferred to just do an on the fly at the end of my two weeks with them. However, I am still waiting on several feedback forms at this date. I did receive plenty of verbal feedback from all preceptors, however.

-- my preceptors were more than willing to provide feedback when I asked for it.

-- N/A

-- Not weekly, at the most I received it every other week

-- Not weekly; difficult to get them filled out by preceptors

-- One of the most consistent clerkships for obtaining written feedback.

-- The preceptors I worked with were awesome about submitting feedback before I even had to ask them. In fact, I don't believe I had to prompt a single preceptor to submit an On-The-Fly; each asked for me to send it to them directly or commented early on in the shift/week that they would fill one out for me.

-- They were helpful. I understood where improvement was needed.

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-- Yes, Dr. Unal, Miller, and Saleh were great about sending in feedback. Some attendings on the in-patient service I felt I did not interact with enough to send an OTF.

Was the workload appropriate for your learning needs?

63 Yes | 1 No

Comments regarding the workload

--

-- Appropriate for what I expected, thought it was helpful work to be doing. Appreciated the aquifer cases, extremely helpful and relevant to the clerkship and actual clinical experience.

-- As my confidence and skills increased on inpatient, the residents gave me more responsibility and thus my workload increased accordingly and appropriately.

-- I felt a bit overwhelmed during my first week on inpatient but I was able to adjust and get acclimated quickly.

-- I felt as though I had time for independent study as well as active patient care. The workload was appropriate.

-- I felt it was appropriate

-- I felt like having 16 aquifer cases due at the end of the clerkship was a heavy workload. I will say that I was still studying for my USMLE exam during my clerkship so the additional work outside of clinic felt like a burden.

-- I found the workload to be appropriate. Some weeks were slower while others were filled with more busywork. At least one preceptor gave me homework each night. Another preceptor gave me notes and H&Ps to write frequently which kept me busy as well.

-- I had the opportunity to see patients on my own and do presentations. I was allowed to do appropriate physical exams on patients. I had the opportunity to take part in writing notes and also get involved in whatever procedures that took place.

-- I think the workload was appropriate. It wasn't as heavy as in some other experiences, but I really liked this because I had time to read about my patients and study outside of time spent in clinic or in the hospital. This really enhanced my experience.

-- I thought the workload was well-suited to my learning needs.

-- I thought this clerkship had an excellent workload balance!

-- It was a good amount of work and outside study time

-- It was appropriate

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- It was appropriate.
- n/a
- none
- outpatient clinic workload was a bit less but understandable due to covid
- The aquifer cases were really dense. They were helpful but because I was balancing a 8-12 rotation day with studying for step, I had no time to really understand the information I was getting each day. However, I pulled through.
- The built in free study days are very helpful.
- The workload for the most part was appropriate. Outpatient clinics had a lot of downtime though due to COVID-related appointment cancellations.
- the workload was appropriate for the clerkship
- The workload was manageable!
- Very much self-motivated and appropriate on the inpatient side during the free-time in the afternoon other than the afternoon teaching sessions by attendings and residents which were all great. Outpatient was appropriate as well with LIs generated by patients and articles provided by attendings.
- While the workload was appropriate, on inpatient there were times where there was downtime. It would be beneficial if the residents/attendings were encouraged to help the students choose learning issues that fall into what was seen/discussed today.
- Workload and hours were appropriate.
- Workload was definitely adequate.
- Workload was fair
- Workload was good. I would have liked fewer half days during the outpatient time so I could spend more time in clinic.
- Workload was sufficient.
- Workload was very manageable, if anything I would have preferred more time in clinic as I had 4 half days without much else to do, but understand there are limitations given current schedules.

Did you actively participate in patient care?

64 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

--

-- - Saw patients on the inpatient/outpatient setting, wrote some notes, and was able to do a good amount of OCPs

-- A great environment to explore. Felt I could always ask to do something, or to try something, and was rarely told no (patient safety and any lines were not ever crossed). Was a nice change, because residents wanted to help you learn, rather than being focused solely on their learning.

-- Able to do a lot of things for patient care. Dr. Unal would actively try to find things for me to do in regards to learning experiences

-- As explained above; I was able to assist in arterial lines, observed surgeries, diagnosed and managed patients, etc. I was pushed beyond a medical student learner and expected work/assist as a physician.

-- Especially in outpatient clinic.

-- Especially in the clinic setting I got to help in the planning of care for patients and worked with the team to provide care. In the hospital setting I felt much more disconnected from the team, but I did go see patients on my own and lead rounds on my patients

-- Had a chance to see patients first and present

-- I actively participated in patient care on a regular basis.

-- I felt as though I was a part of the team.

-- I felt like I was able to see many patients and be significantly involved in both inpatient and outpatient care.

-- I had the opportunity to see patients on my own and do presentations. I was allowed to do appropriate physical exams on patients. I had the opportunity to take part in writing notes and also get involved in whatever procedures that took place.

-- I participated in patient care

-- I saw many patients at clinic and I felt like a true part of the team in the PICU

-- I saw patients on my own, performed physical examinations on a variety of age ranges (from newborn to adolescence), actively helped with documentation, and contributed to management plans.

-- I was able to be a very active member in care, seeing many patients before the attendings or residents and giving an OCP before seeing the patient again to finish the encounter. In the NICU, I

End of Core Clerkship Evaluation | Y3

had two patients of my own, which allowed for even further growth.

-- I was able to interview patients on my own and report back to my resident and attending!

-- I was able to see my own patients in each situation (clinics and NICU) and be a part of their care team.

-- I was able to see patients, write notes, and participate in the plan when caring for the patients.

-- I was allowed to assist during a pediatric lumbar puncture. I was assigned the role to feed the baby with sucrose to calm him down for the procedure. Additionally, I conducted patient history and reported back to my preceptor.

-- I was given opportunities to interview and present on patients and perform consults. I was also given opportunities to voice questions and concerns about learning issues related to care and management.

-- I was involved in assessing patients, coordinating care with specialties, and getting updates throughout the day on all my patients (2-3) per day. I was very involved overall.

-- I was very involved in patient care.

-- I wrote several progress notes during inpatient and saw several patients one on one during outpatient clinic.

-- n/a

-- No comments

-- none

-- Residents can sometimes be a bit reluctant to accept help but I suppose they see involving a med student as something that makes their job more difficult when they are already very busy

-- Saw patients on my own and was encouraged to come up with a management plan for each patient I had seen

-- Yes, actively did.

-- Yes, every preceptor had me very involved in patient care from being in the delivery room and helping clean/stimulate/suction a newborn to rounding on patients each morning, to seeing patients completely on my own in outpatient clinic. I definitely felt incorporated into the healthcare team, not just shadowing. I also completed several progress notes and H&Ps in Touchworks/EPIC

-- Yes, I believe I saw around 25 patients on my own in clinic and followed 4 patients during my inpatient weeks.

Were your assigned responsibilities commensurate with your training?

64 Yes | 0 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

--

-- I got to interview many patients.

-- I was assigned to read radiology reports and echos, explains lab findings, calculate intake and output for neonates, adjust feeding for neonates, etc.

-- I never felt underprepared for anything that was expected of me during the rotation.

-- I was never asked to do anything outside of my level of training.

-- I felt I took the step from shadowing to actually evaluating and assessing patients. At times I felt challenged to do better but never too much or too far.

-- I had the responsibility of taking fully focused histories of the patients I saw and coming up with differentials to discuss with the attending physician. I also had to come up with assessment and plan for each patient that was then discussed between attending physician and the residents taking care of the patients I saw.

-- No specific comments !

-- I was assigned my own patients to follow, write up progress notes, and present to the team during rounds.

-- Appropriate for the clerkship. felt comfortable with my tasks and asking for more if I felt I needed it.

-- N/A

-- I felt comfortable with all assigned responsibilities.

-- I was assigned notes and patients to follow and help manage.

-- I felt our responsibilities were good.

-- I agree

-- I worked with Kinnera Are for most of inpatient, and she gave me more responsibility as I progressed. She was excellent at assessing where I was in terms of skills and confidence and could provide advice and growth accordingly.

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-- none

-- I wasn't asked to do anything I wasn't comfortable doing and I got opportunities to practice many different skills.

-- - Yes they were

-- I felt they were in line with my training

-- Sometimes in the NICU, I felt like I had to learn on the go, and didn't have a lot of feedback on my calculations. It would have been helpful to have some feedback on these responsibilities so that I knew I was performing them appropriately. I ended up taking easy patients because I was nervous to have to teach myself more calculations, etc. from the Powerpoint we were given because I felt that I may not learn them appropriately.

-- My assigned responsibilities commensurated my training

-- My responsibilities were appropriate.

-- Felt well prepared

-- My assigned responsibilities were very commensurate with my current level of training.

-- Correlated well.

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- MedED online and Aquifer

-- Aquifer cases.

-- Acquifier, uptodate,

-- Peers, UpToDate, Online MedEd, Aquifer Cases

-- OnlineMedEd, UpToDate

-- Online Med Ed, Aquifer cases, Anki, uptodate, journal articles sent by preceptors

-- Online MedEd pediatrics lectures

Aquifer cases

UpToDate

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-- I used mostly AMBOSS and aquifer clinical cases.

-- Aquifer Cases for the most part. Due to time constraint and studying for step, I was limited on time to utilized other resources.

-- aquifer cases, uptodate, online videos, case studies

-- I used the cases they provided on aquifer. I do think it would be helpful to provide students with a pediatric textbook to use doing the clerkship like some other clerkships do

-- UpToDate, journal articles, Illinois guidelines (ex. lead screening), peers

-- Uptodate, Aquifer cases

-- peds in review

aquifer cases

uptodate

online meded videos

-- Aquifer, UpToDate, MDCalc, OnlineMedEd, USPSTF, Epocrates

-- Aquifer, UpToDate

-- UpToDate, resident lectures

-- #1 - up to date

Online Med Ed

UWorld

-- Aquifer cases (before we lost them), peers, CCCs

-- CCC videos, Online med Ed, peers, Up to Date

-- Amboss, UpToDate, AAP Website, and Flashcards

-- Online med ed videos, CPR site, up to date, weekly optional lectures, resident rounds and grand rounds. The aquifer cases I was able to complete were excellent though, and I think losing that resource is a huge loss for students!

-- uptodate.com and onlineMed

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-- I used online MedEd and journal articles.

-- Up to date, med calc, residents

-- Up to date, peds in review, and other online sources. Of course the attendings and residents as well.

-- CCC, Umed, case study

-- Online med ed, articles provided by preceptors and residents, uptodate

-- uptodate, department powerpoints, peers

-- online med ed, anki, youtube, boards and beyond, up to date

-- uptodate, uworld, online med ed ,aap articles

-- Primary resources included

OnlineMedEd and UpToDate

-- online med ed

uptodate

brown bag lunches

-- UWorld

-- CCC videos, uptodate, Peds in review

--

-- U. world, Amboss Library, peds booklet, and uptodate

-- anki

-- CCC, OME, UWorld, peds handbook

-- Uptodate, journal articles, anki, Online MedEd, UWorld

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Medscape and uptodate

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End of Core Clerkship Evaluation | Y3

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-- online med ed

-- Online med ed, Uworld, CCCs, Anki, Epocrates, UpToDate

-- Online MedEd, Anki flashcards, Amboss articles and question banks, pedscases podcast, and Uptodate, lectures from faculty

-- UMed videos, UpToDate, articles given to me by preceptors

-- Flash cards, Uptodate, Articles from attendings, peers, teaching sessions

-- Mainly Amboss, but also resident and attending led lectures

-- Amboss, Journal articles provided by residents, department activities

-- UWORLD, AMBOSS, OnlineMedEd, UptoDate

-- UWorld Pediatrics Questions, Online MedEd

-- UWorld, Uptodate, the purple NICU book

-- First aid, online med, and up to date

-- I used the pocket book provided at orientation multiple times a day. I also enjoyed online MedEd videos for pediatrics.

-- UpToDate, MedEd, pediatric clerkship guide, etc.

-- ONline MedEd videos

-- Online med-ed, uptodate

-- Online med ed, anki, uptodate,

-- UWorld, STEP 2 resources.

-- CCC videos, peers, UpToDate, Online Med journals

-- Uworld, Anki, question banks, Online Med-ed, department lectures, papers provided by attendings and residents

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-- Spaced repetition note cards, uworld, amboss, boards and beyond, up-to-date for my specific encounters

Which of those learning resources was most helpful to you?

-- MED ED

-- Aquifer cases.

-- Aquifer Cases were most useful for differentials of common complaints, and UpToDate for my patient specific questions.

-- Being in clinic and uptodate.

-- UpToDate

-- The journal articles sent by preceptors help me follow their thought processes. OnlineMedEd was quick and easy to review. The Aquifer helped solidify concepts and apply them in clinic. Often times I found myself thinking back to a case and trying to remember what the next step or treatment was.

-- Online MedEd and Aquifer were the most helpful

-- Both were helpful on rotation!

-- Aquifer cases.

-- aquifer cases

-- aquifer and online med ed

-- UpToDate, journal articles, peers

-- Aquifer and UpToDate

--

-- Aquifer

-- Up to Date

-- Online med ed videos.

-- UpToDate and Amboss

-- both

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- Both were helpful.
- Up to Date and Residents
- Peds in review articles and up to date
- Umed
- online med ed and uptodate
- online med ed, boards and beyond
- uptodate, department powerpoints, peers
- up to date and brown bag lunches
- UpToDate for management/treatments
- OnlineMedEd for basic overview of common diagnosis for STEP 2 CK
- uworld
- UWorld (since that's the only one I used)
- Peds in review
- all the above
- Uptodate and journal articles were the most useful in the management of my patients
- OME
- anki
- Online med ed, anki, and UpToDate
- Online MedEd videos and faculty lectures
- All of the above
- Teaching Sessions on the inpatient side by attendings and residents were great during this rotation. As well as the DDX/Jeopardy from Dr. Miller and Dr. Unal
- Amboss and lunch lectures
- department activities

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-- AMBOSS and OnlineMedEd

-- Online med and first aid

-- Definitely the pocket book.

-- Online meded

-- UWORLD pediatric questions.

-- Peers/residents

-- Spaced repetition notecards

-- Question banks, lectures, and papers provided by other physicians

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

0 Yes | 64 No

Description of any student abuse you witnessed or experienced

--

-- Did not experience.

-- n/a

-- No abuse witnessed

-- No. All the pediatric staff was very supportive during my clerkship

-- None

-- None.

Psychiatry - Class of 2022

What is your overall rating of this clerkship and why?

17 - Excellent

32 - Very Good

10 - Good

4.12 AVG

Comments regarding the overall clerkship

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Great opportunity to expand on interviewing patients with psychiatric diagnoses

Great opportunity to learn about management of different psychiatric conditions

Challenged me to explore criteria for diagnosing different psychiatric diseases

-- Enjoyable clerkship with plenty of opportunity to learn. Very nice residents, faculty, and staff.

-- Generally, organization was fairly solid. Most of the residents and faculty were receptive and open to teaching. If we had an intro lecture about psychiatric medications and the nuances between them it would be helpful. I think the orientation MMS exam is helpful for framing future patient encounters. I think the medical liaison service can be helpful but I felt like I didn't get the whole psychiatry experience since I did not get to see the patient psychiatric ward.

-- Good introduction to psychiatry and the different environments in which psychiatrists practice. Students were allowed early on to see patients and evaluate a variety of chief complaints in the realm of psychiatry. Rarely was allowed to give assessments or plans unless working with certain attendings and residents. Busy services also did not allow much time for teaching to occur unless if done at home as part of self directed learning.

-- good overall experience and appropriate time commitment. Residents were all very kind and helpful

-- Good representation of different practice areas: child, inpatient, CL, outpatient

-- Great mix of inpatient and outpatient. I had a heavier emphasis on outpatient and did not have CL.

-- Great teaching moments from both the residents and the attendings.

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-- Great variety of both inpatient and outpatient experiences.

-- Had a lot of fun, great exposure to patients I haven't previously had

-- I appreciated the variety offered with this clerkship - inpatient, outpatient adult, outpatient child, substance abuse/rehab. I felt the AA meeting, Saturday rounds, and on-call evenings allowed us to fully experience the clerkship and see what a residency in psychiatry is like. I interacted with many patients. I was able to interview via Webex and telephone, both of which I am not very experienced in. This allowed me to try out different options for reaching patients. I felt like at the beginning of the clerkship psychiatry was a foreign language that I was not fluent in. Now, I am starting to see patterns during interviews and starting to at least see the puzzle pieces come together. I found myself starting to consider differentials while in patient rooms and considering what treatment options would be best for them.

-- I can't think of a better way to begin my 3rd year clerkship experience. The willingness of the faculty to answer questions, accommodate to our individual schedules, and enhance our learning experience was greatly appreciated by all of the members of my group. Staci and Michelle were especially welcoming and helpful. They set the stage on the very first orientation day for a meaningful and enjoyable psychiatry clerkship. Their words of encouragement and receptiveness to feedback helped to alleviate our stress and make our experience both highly educational and incredibly rewarding. The residents and attendings, likewise, were clearly open to helping students and outwardly showed interest in our wellbeing. I had no doubt that SIU School of Medicine would set us up for a fantastic clerkship experience, but the Department of Psychiatry blew my expectations out of the water. Thank you for a wonderful first rotation!

-- I felt I made significant growth during this clerkship, particularly with interviewing skills, building rapport with patients, and showing empathy. This clerkship has some excellent faculty who interacted with patients very well. I felt that I learned quite a lot simply by listening to how they phrase things.

-- I felt that this clerkship was really well run and I was able to learn a lot from it.

-- I really enjoyed my time on Inpatient 5A. The patients had very interesting pathologies and it was a great learning experience. I also appreciated the amount of patient advocacy that is accomplished.

-- I spoke with Dr. O about this already, but I felt the child psych portion of the clerkship that I participated in could be reworked from a logistics standpoint. While the doctors were great to work with, the system of being bounced around between different doctors in the office within the same day did not feel conducive to an ideal learning experience.

-- I think that it was an awesome experience getting to see different sides of psychiatry - I spent 2 weeks each on the inpatient floor, half-day clinic, and consult service for St. John's. I learned a lot from each individual exposure and definitely have a better understanding now of psychiatry and how I would treat psychiatric disorders that I know I will see in my future profession.

-- I think this is a crucial clerkship for sure. Psych issues touch all parts of medicine, and I feel that I learned a great deal. The clerkship as a whole I feel was good, but there were definitely some things

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I would change to make the experience better.

-- I thought the clerkship provided an excellent overview of psychiatry as a specialty. I enjoyed the variety of experiences I got on the rotation as well as the mix of inpatient and outpatient clinical activities.

-- I thought the guidance and commitment of the residents was the largest driving force towards my enjoyment of the clerkship. They went above and beyond to ensure all of my needs were met.

-- I thought this was a overall good clerkship experience.

I felt that there was ample amount of patient contact.

The pathology was also very interesting because as med student we do not often talk about psychiatric illness and it's acute/chronic management (for example, we talk about MI management and nausea).

The only thing i would change is Saturday rounding. I don't really see the benefit of Saturday inpatient or consult liaison rounding.

-- I truly enjoyed the learning experience of the inpatient Psychiatry department. I would have provided excellent but I believe that my outpatient experience was very disorganized. I continued to be switched with different residents after pre-rounding and the continuous schedule changes was confusing. I didn't like the organization of receiving a schedule change on Sunday. Overall the clerkship was a great experience.

-- I very much enjoyed this clerkship. I had 2 weeks of outpatient with a mix of adult and child psych, followed by 2 wks of C/L. I feel like I learned a lot about doing the psychiatric interview, diagnosing and managing common conditions, as well as gained confidence in my interview skills.

-- I would have liked to have had some time in inpatient. I felt like I saw a lot of the same things in CL that I did on outpatient.

I did learn a lot and accomplished my goal of being more comfortable talking to patients with mental illnesses.

The midunit standardized patient encounter was great. It definitely was a beneficial experience.

-- Inpatient and consult services were very educational. outpatient experience could have been organized a little better.

-- It was a good rotation that showed me a lot of different parts of psychiatry

-- It was a well rounded clerkship that allowed me to get an idea of the scope of psychiatry.

-- it was good clerkship was exposed to all common psych complaints that are applicable to all specialties

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-- learned of the expectations for the rotation very early on, with the orientation and midway repeat of video case.

-- Learned so much. Lots of hand on experience. Great residents and program directors. Great first start to year 3.

-- Many times, my half days of clinic that I was scheduled for after my mornings on 5A were cancelled and I would not be made aware of this until the morning of or I would have been switched to a different resident without being made aware.

-- My inpatient experience was very positive and educational: very good. I would have liked the freedom to see more patients independently. My outpatient experience was more limited. I spent most of my time in child psych in the video room observing patients. This was not as instructional as it could have been. I liked that Dr. Onwuameze allowed us to talk to patients. My brief experiences with Dr. Takahashi, Dr. Bennett, and Dr. Shrestha were also very positive.

-- My overall experience was very enlightening. This was my first time ever being on the psych floor. It gave me a new perspective of this aspect of medicine.

-- Nurse Educator Staci and Michelle were awesome all rotation long. They were very helpful and patient with the students and accommodating for anything we needed. The clerkship itself was interesting, especially the inpatient weeks.

-- Outpatient child/adolescent psychiatry was fantastic. I truly enjoyed working with the residents (Trammel), fellows (Dalvi, Borkenhagen, and Grover), and attendings (Campbell, Shrestha, and Orellana.) It was a great experience and fantastic learning environment.

Inpatient psychiatry on 5A/5G was a very frustrating experience for me. See "What would you do to change this learning experience for future years?" Overall, my experience was a poor use of time compared to the experiences of my fellow medical students.

-- Overall good, was glad to experience different settings, especially consult liaison. Would beneficial to do inpatient as well though.

-- Overall this clerkship went relatively well. My biggest complaint would be the inconsistencies when it comes to scheduling. My schedule was frequently unclear about where I need to be or who I was supposed to be working with. Times were often wrong as well. Specifically in child clinic, I was always assigned to an attending when they don't actually see any patients themselves. They expected that I would have chart-prepped for my assigned fellow, however I was not ever assigned to a specific fellow. I also had a couple of occasions where my assigned resident was either off of work that day, or was the backup resident and had no patients. For this reason I was often unable to adequately prepare for clinic or prepared for the wrong clinic. I had to text with the clerkship coordinator multiples times per week to get my schedule cleared up or fixed. I was also made aware that some students were assigned 2 weeks of consult service that did not have afternoon clinic requirements. I personally had 2 weeks of inpatient with afternoons in clinic until 5/5:30 as well as 2 weeks of clinic that went from 8-5/5:30. The students on consult often had extended amounts of

End of Core Clerkship Evaluation | Y3

free time they could use to study and were released 1-2 hours earlier than those in clinic. I feel that there was a significant difference in the number of hours worked between students on this clerkship that could be made more equal in the future. A potential option could be assigning every student 2 weeks of inpatient/clinic, 1 week of all day clinics, and 1 week of consult service.

-- Overall, clerkship was enjoyable and helpful

-- Overall, I think the clerkship was good. However, I think there are some requirements that are time-consuming and don't provide much educational benefit.

-- Overall, I thought the clerkship was excellent. I thought the clinical experiences were fantastic opportunities to learn from attendings, residents, nurses, and techs. The psych rotation made an effort to make me feel a part of the team in every aspect of the clerkship, from inpatient rounds to outpatient clinics. By allowing me to lead interviews, the rotation enabled me to take great steps as a learner and become more confident in my ability to take a good history from a patient-for that I am very thankful.

-- Overall, I thought the psychiatry clerkship was very good. I was able to get a broad overview of what psychiatry is and learned how to interact with the patients. I felt like I was a part of the team and the residents made me feel included and got me involved. They did a great job of teaching. The attendings I worked with were also excellent. I feel like I improved my clinical skills significantly after completing this clerkship.

-- Overall, the clerkship was good. I spent a lot of time in child psych clinic which ended up being a lot more shadowing than I anticipated/would have liked. I really enjoyed inpatient service, and felt like a valuable member of the team there.

-- Psychiatry exceeded my expectations and was a very enjoyable rotation. I really enjoyed having some form of inpatient interaction for the entire month while also having some time to experience outpatient clinic. The environment was very stress free which paved the way to a successful learning experience. All of the faculty and residents that I worked with were more than willing to help and expand on teachable moments.

-- The clerkship experience was enjoyable. Everyone was nice and approachable. The work demand was appropriate.

-- The faculty and staff were accommodating, set clear expectations, and responded to questions in a timely manner. The patients were interesting and the residents/attendings were patient in letting the M3s perform interviews and oral presentations.

-- The outpatient setting was not as organized as the inpatient setting. There were also very different expectations between residents assigned with medical students. Some groups had to write more notes and see more patients within the inpatient setting than others, making afternoons difficult to not only get notes in by 5 but also see patients in outpatient.

-- The residents were all very open and willing to teach whenever the chance arose. The resources (especially the pharm chart) were very helpful which made the time spent with the residents more

End of Core Clerkship Evaluation | Y3

meaningful.

-- The scheduling for outpatient clinic was difficult to follow. Often times my resident would not be there or I would not have an assigned resident, so I would have to ask around to see who I was supposed to be with. Then I would not be prepared because I would not have looked at the right person's schedule for the day.

-- This clerkship was great for learning how to address sensitive topics with patients. Being able to screen for mental health will be important in all fields.

-- This clerkship was one of my favorites so far. Going into the clerkship I had little to no interest in pursuing psychiatry as a specialty but by the end of the clerkship I am considering it more as a profession. The mixture of inpatient, community, and inpatient rotations was beneficial to my overall understanding of the field as well as my approach going forward in diagnostic heuristics. The residents, attendings, and staff demonstrated a deep passion for patients (and learners) that pushed me to work harder and do better with each encounter.

-- Thought the clerkship director, nurse educators, and staff gave us the opportunity and resources to be successful.

-- Well organized except that I was disappointed. I did not have inpatient experience where there is some students have two weeks of inpatient.

-- Well run and well organized

What were the strengths of this clerkship?

-- Learned a lot and lots of hands on experience.

-- The department faculty/staff. Everyone was very friendly and relaxed

-- Interesting cases with plenty of opportunity to learn. Very friendly residents, faculty, and staff.

-- The welcoming faculty and relaxed learning environment made my psychiatry rotation a very strong starting point for my entire third year clerkship experience. I was challenged to learn and grow as a student in a setting that was laid-back and encouraging. This balance helped to optimize my learning without overwhelming my schedule or causing undue stress. I was able to take on responsibilities that I will be taking on as a resident, but in a learning environment where I could make mistakes and learn from them.

-- All of the residents, fellows, attendings, nurses, and staff were all very kind and welcoming. They were approachable and receptive.

-- Gave resources to succeed. Residents that were willing to teach and have good discussions. I talked with one resident for an hour about borderline personality disorder, and it became a great learning discussion on the subject.

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- The variety of patients and seeing unique, memorable presentations.
-
- I felt that inpatient psychiatry was the best environment to learn psychiatry
- Unique patient encounters
- Ability to start every encounter.
- My first two weeks of the clerkship felt very busy, even if I had downtime, I was reviewing or typing notes and prepping for afternoon clinic. It was very helpful to have a couple of afternoons off during those weeks (especially if also doing Saturday rounds) to work on learning issues and study on how to improve the following day. I enjoyed the variety, as mentioned. Having the resident mentor was helpful.
- >Attendings and residents that wanted to teach.
- Psych benefits from interesting medical and social complexities but the rotation does a good job of emphasizing that and not making it seem like a chore.
- Writing notes, Inpatient experience, on-call duties and most of all the AA meetings.
- Good residents, attendings, and overall atmosphere is good.
- Lots of exposure and learning psychiatry from a "dive right in" mentality. Immediately interviewing and interacting with the patients help me learn a lot.
- Organization and consistency of the child psych schedule to inpatient.
- The attendings are all very informative and enjoy teaching (in my experience). They all love getting the students involved.
- Inpatient experience was well organized. consult liason service was a very helpful and an enjoyable experience.
- - The clerkship team in charge is excellent (Dr. O, Dr. Blanshan, and Nurse Educator Ms Becker were all great resources and great teachers)
- Interviewing skills are a big focus for this clerkship, and I felt that not having a physical exam many times helped me focus on the interview and this was a great skill to build going forward.
- The organization and supportive staff
- Inpatient was a strength. I really enjoyed that experience and felt like I experienced a lot.

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-- The variety of experiences given throughout the clerkship

-- Rotating through the various clinics/services was really helpful and insightful. I enjoyed seeing the different approaches to treatment as well as overlap between the different services.

-- The resources given at the beginning of the rotation and the variety of clinical experiences.

-- Residents are absolute sweet hearts and so helpful. All of the attendings were great to interact with

-- Working with Dr. Bennett, the specialty clinics, such as the geriatric clinic and special needs clinic. This provided a lot of more specific exposures than doing general outpatient clinic. I also strongly believe students should be required to go to gateway and attend group session there. It was an amazing experience that was the highlight of the clerkship for me.

-- The outpatient child/adolescent psychiatry clinic was my favorite part of this clerkship. I felt like the clinic was efficient and effective. I was able to lead the interview with both new and established patients on multiple occasions. I was able to discuss differentials often, and I feel that the residents and fellows did more teaching in the outpatient setting.

This clerkship had excellent leadership. The schedules were clear, and leaders were always available if questions arose.

Great diversity of experiences - outpatient clinic, inpatient, Gateway

-- I had a good mix of consult service and inpatient psychiatry. I felt that it gave a good picture of the career of a psychiatrist.

-- The strengths were numerous: Dr. O, Michelle and Staci, and the child psych attendings and fellows to name a few. This rotation so clearly wanted to help students get better as medical students even if they did not want to pursue psych, and that showed through each piece. Regardless of what a student wants to pursue, every student was able to learn about psychology and its intersection with so many other fields of medicine. Students were given the opportunity to really understand patients, their struggles, and the role that medicine plays in helping them get better. On top of all these strengths, the rotation gave tremendous exposure to a wide variety of patients from inpatient to outpatient to peds to rehabilitation. These experiences paired with the excellent teachers allowed students to learn so much about psychology in just 4 short weeks.

-- learning how to do a psych exam and the mix of inpatient and clinics was good

-- Good residents, good attendings. Variety of patient presentations.

-- Attendings and residents

Alcoholics Anonymous

Midclerkship SP encounter

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- n/a
- AA meeting and the Gateway substance use center experience
- Saw a lot of different parts of psychiatry
- Good diversity of clinical experiences
- good all around experience with lots of different forms of psych seen in practice
- inpatient experience and attendings are awesome. Dr. Chakrabarty was a great mentor to learn from. I thoroughly enjoyed this part of the rotation.
- The residents, staff, and clerkship staff were all great. I had a good time working and talking with them. I think the AA meeting requirement was strong as well.
- Faculty mentors that cared about teaching and were patient about teaching. I really thought Dr. Houston, Dr. O, Dr. Bennett, and Dr. Shea were excellent at teaching and incorporating students into the discussion.
- It taught me a lot about how to interact with those who have mental illness and how to become comfortable with asking difficult questions.
- Lots of hands-on experience working with patients.
- The first practice SP encounter, and the staff and faculty.
- Strong focus on being hands on and seeing patients.
- Good variability of exposure (inpatient, consult, clinic) with lots of different ancillary experiences (ECT, court cases, AA meeting, etc.)
- Opportunities to see a variety of patients
- All of the residents and attendings seem to be great teachers. The program is well organized, I never felt confused about expectations. I felt supported throughout the program. Residents were willing to let me lead and help me out with feedback (this was not everyone's experience, but it was mine).
- -The residents were very helpful and nice.
- I really enjoyed the on-call shifts. These could be further improved by scheduling both of them on weekdays when the student is on inpatient service.
- The midunit SP and the end of unit exam were helpful experiences that made me feel more confident in my own skills, especially since most of my outpatient experience felt more like

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shadowing than anything.

-- - Good mix of experiences

- Very interesting patient cases

- Helpful attendings and residents

-- I really enjoyed all the clinical experiences that I got.

I really enjoyed clinics like the developmental disabilities clinic because The medical student was expected to run the interview.

-- Getting to see a wide variety of cases and clinical experiences between liason service, on call, and outpatient/community experiences.

-- variety

-- Good patient exposure and expectations were very clear

What would you do to change this learning experience for future years?

-- I think maybe a more coherent grading system amongst residents. They a;; expected something different and graded so differently.

-- n/a

-- I do not have anything I would like to change at this time. I do want to mention that I am very glad our school implemented Halo as a means of communication for students and physicians. I was able to contact residents directly if I had a question or if there were no patients listed on the schedule, as opposed to sitting in the student room without work to do. The Halo app helped me to be proactive and take control of my learning experience. I hope in future years students are encouraged to contact residents and fulfill their time wisely, especially in the outpatient clinic setting.

-- Try to make the experience expectations for medical students known to the residents that we are working with to ensure we are having similar experiences.

-- Nothing

-- As stated above, reevaluate logistics of the child psych portion of the clerkship.

--

-- Schedule time for students to observe ECT.

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-- I would make sure everyone has time on 5A/G. I'm assuming COVID was a complication here.

-- Unfortunately a fellow was out sick one week which I did not know, so each night before clinic I had chart reviewed for a specific provider only to find out they were absent the following day. Another time a fellow was out on maternity leave.

--

-- The rotating residents in the afternoon was occasionally hit or miss. I know it was new and it did work a couple of times such that I saw consistent afternoons of patients. Occasionally however, no shows would complicate matters. No shows are clearly beyond the control of any schedule maker but it would be strange coordinating with a resident to be with him or her for 2 patients and them having neither of them show up.

-- Only change the outpatient student's schedules twice within the clerkship. At least change them on Friday evenings so students are well aware of the upcoming week.

I would recommend that each student go through all the phases of the psychiatric clerkship. Every student should experience inpatient, outpatient and consulting services.

-- Make sure students get to see inpatient psychiatric ward.

-- Nothing. I enjoyed the rotation.

-- I believe every student should have an opportunity to explore all aspect of psych. I was fortunate to select child psych for 2 weeks of outpatient. However, I did not have an opportunity to consult. Child psych should not be an option but at least a one day commitment.

-- Just more organization with clinic days.

-- Outpatient experience felt a little disorganized at times as the schedules changed often and the preceptors weren't aware that they were supposed to be working with students on certain days.

-- Some housekeeping/tech things:

-The schedule was very confusing. It would have been helpful to have a Google calendar made with our schedule that we could upload into our own calendars. The Pediatrics rotation did that, and it was incredibly helpful, especially with the changing clinics due to COVID.

-On the Psych resident evaluation form in MyProgress, it would be really helpful to have a dropdown box of all of the resident's names. It is frustrating to have to look for each person's email address to evaluate them, especially on a department-specific form.

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-- 1. I think students would benefit from one week of CL and 1 week of inpatient. Or at least one day of each would be nice just to see how things work.

2. I found it very difficult to find a patient to write an H&P at times. I felt I learned more from the progress notes, and would much rather do 4-5 progress notes than 2 H&Ps

-- For the future, it would be nice to be given more options of the choices of our outpatient experience. For example, I was not aware of the other psych fields available like forensics which I thought would have been very interesting.

-- Make more structured lectures in the afternoons of consult. Also, medical students are not allowed into therapy sessions, which is very understandable, but often left me with an entire hour to sit and wait for the next patient. It may be helpful to schedule therapy in morning with resident so that in the afternoon when student and resident are together it is just medical management (that is just an idea).

-- I think scheduling could be improved a bit. When I was on child psychiatry, I was often double (and once triple) scheduled with one fellow and another fourth year medical student on an elective, which made interviews a little awkward because the rooms are quite small. It felt kind of intrusive to have three "doctors" to one patient in that situation, so it might be nice to be able to spread students out a little more!

-- I would add a SP (not as "difficult" of a patient as the first SP encounter) on the orientation day. After going through the psych interview with Dr O and doing the MSE, having a feedback SP encounter would have been very helpful for starting the next day in the clinic. It was in no way difficult to get acclimated to seeing patients, but getting my feet wet so to speak would definitely have helped make the most of the first few days in the clinic.

Also, I would try to keep the Saturday round to the first three weekends of the shift. Having been one to work on the Saturday after the Friday CCx, I can say that I would have much preferred to either have had worked the previous two Saturdays/Sundays or one of each. I still did my best on the last Saturday but it would have been better and more enjoyable to have been officially done on that Friday after the CCx.

-- There is nothing I would change.

-- I would recommend every student be given the opportunity to do inpatient. Additionally, it would be beneficial to hold orientation in the morning the first day, and let people attend clinic in the afternoon. I did not gain anything from my morning session before orientation.

-- I had a frustrating 5A/5G inpatient experience. I felt that the mornings were redundant and not an effective use of my time. Each morning we were asked to arrive for signout at 7 AM. I would arrive ~6:55 AM, and most of the time signout was already finished. My attending usually did not arrive until ~8:30, and in the gap between signout and rounds there was very little for us students to review. The residents were busy chart reviewing patients, and there was little to no time for discussion. On the first day, my senior resident told me to ask all questions to the intern, stating "I don't deal with students," but then proceeded to interrupt and speak over other

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residents when I asked them questions over the course of the next 2 weeks. Once I pre-rounded on my patient(s) and the attending arrived, we would have table rounds in the resident room, next we had a "team meeting" with the social work and inpatient leadership team, then we would visit our patients for an extensive amount of time (~20-40 minutes per patient) on physical rounds, and then we would have table rounds again in the resident room to review all of the adjustments and findings yet again. Other than presenting my patient(s), I played no role in patient care. While I understand that this structure allowed me to get to know the patients well through passive observation, it felt like an extreme amount of idle time that could have been better utilized. There was hardly any chance to ask questions or learn about the conditions we were seeing. Perhaps this was related to my specific attending, because the other attending/residents/med students were usually finished in half the time.

My issue is not with the time spent, it is with the quality of the experience. I am most interested in family medicine, and coming off of 2 weeks in child/adolescent psychiatry, I was seriously considering a psychiatry component for my residency. However, I was extremely burnt out during my inpatient experience. I feel that this structure should be revised and appropriate adjustments should be made so that future students get the most out of their experience.

-- I would not require the nights of being on call. I did not receive any calls, and some of my classmates did not either. Also, I think every student should have some exposure to inpatient because I felt it was the most beneficial experience in the clerkship.

-- Remind residents that if a med student is on week 4 of a rotation/eager to learn to let them take part in the interview. Sitting in telehealth without being able to participate can be hard on students.

-- nothing.

-- The clerkship seemed disorganized at times. I was occasionally unsure of where I needed to be going and there were some mistakes in the schedule. If there were mistakes then the staff was quick in responding to correct those, though.

-- Maybe 1 week of inpatient and 1 week of CL to make sure everyone gets a chance at those.

-- there were quite a few people on inpatient at one time

-- Make sure everyone gets some time on the inpatient floor as well as with consult liason

-- none

-- I honestly believe that inpatient psych on 5a was the greatest part by far. I feel strongly that everyone should get a chance to participate in that facet of the rotation. CL is also interesting but is not nearly as in-depth and teachable in my opinion as 5a was. The clinics were somewhat of a disaster in my opinion. The residents I worked with were great and I liked them all, but the patient load, the no-shows, and scheduling headaches made it very tortuous. My issue comes with idle time which I have become keener to this year. There were days I would go to the clinic and there were only 4 patients on the schedule. 2 may no-show, one would be a therapy appointment, and then maybe the last one of the day would show up. I understand this is out of our control, but it leaves me sitting in an environment that isn't conducive to my studying or learning for hours in an

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afternoon only to see one patient and go home is a very poor use of my time. This or some form of it happened all too frequently in my opinion. All this is to say that if anything should be less prioritized it would be clinic. Also, the mid clerkship meeting could be done by phone or zoom quite easily, I made a trip in to the centrum building for less than a 3-minute conversation, again not the biggest deal, but felt like a poor use of time.

-- There are a few activities that are stressful/time-consuming and don't provide much educational benefit. 1) Our Psych Resident Mentors: it is difficult for students to find time in our schedules that also fit the residents' schedules. Furthermore, the residents seem to have little to no interest in doing this. One resident said, "I like to teach and meet with medical students, but I have to do it out of my own time. The program doesn't provide protected time for these meetings." Additionally, my mentor still has not provided me with any feedback for any of my notes or H&Ps (clerkship has ended for time reference). It's awkward for me (student) to keep having to email the mentor.

2) The Psych Grand rounds can be interesting, but the material is not delivered in a way students can adequately understand. I think it's nice to know about these in case a student is interested, but they should NOT be required. Our time would be much better spent learning in the clinic or reading more level-appropriate material.

3) I think taking calls is not a good use of students' time. On both my call days, I sat there for 4 hours and only saw 1 patient. Again, our time would be better spent elsewhere.

-- I would make the schedule more consistent, so you are working with the same people more. This would allow you to do more and to get better feedback.

-- Make schedules more consistent among students so that hours are more equal and everyone gets to equally experience inpatient, consult, and clinic.

-- I would continue to have the practice SP encounter in the first week of the clerkship in order to get immediate feedback.

-- This was by far the most time intensive clerkship in terms of total hours spent in the clinic and hospital. This made it difficult to find time for self-directed learning outside of the clerkship activities in addition to the required notes and other assignments that were required. I would suggest possibly cutting down the number of required notes due as part of the clerkship requirements for future years. I submitted two sets and haven't heard back from the resident regarding these notes so there was no real way to know whether or not I needed to improve certain parts of the notes, which made it hard for me to find the value in them. My case may be unique as I know other residents have given feedback to their students. Students also had varying experiences in the time required for this clerkship, so I would suggest a hard end time at the end of the day to allow for all students to have a somewhat comparable experiences.

-- I know that some of the students in my group didn't get to experience the inpatient floor during the core clerkship - the time I had on the inpatient floor was very valuable, as I was able to see a lot of acute psychiatric conditions and how those patients were managed. The inpatient floor also allows you to observe ECT and court cases. I think all students should be able to spend some time on the inpatient floor if possible during the rotation.

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Additionally, there were days that I was scheduled in clinic where half of the patients were there for psychotherapy appointments. The residents did not allow me to sit in on psychotherapy with them. I think it would be more beneficial if we could either only be scheduled for clinic days with appointments that we are allowed to participate in or see if there is another way (through video or in the room) to observe psychotherapy appointments. I was hoping to get some exposure to psychotherapy.

-- The weekend rounds weren't the most educational, I still think they're good to do but I would only require 1 instead of 2. If possible. Otherwise everything else was good

-- Some students said they only did shadowing during their outpatient days. I don't think that is very helpful and it would be great if students got to lead more interviews on their own. Often the problem is we are not ready/prepared as M3s to do a full psych interview. When residents give us a chance to lead for the 1st time it might not go well as a result, then they don't feel comfortable letting students lead again. Maybe giving students a handout with psych focused HPI at the start of the rotation would be helpful.

-- If Saturday rounds are absolutely necessary, I think that 1 Saturday round is more than sufficient. This experience wasn't very educational to me, to be honest, because weekend rounds are rushed and not many changes are made. Also, I didn't even get the chance to present my patients on the weekends. I think that the on-call shifts were way better experiences than the Saturday rounds, and I would recommend keeping 2 of these shifts. The on-calls are most helpful during the 2 weeks of the inpatient rotation, so it would be best if both of the on-call shifts were able to be scheduled during those 2 weeks.

-- Nothing comes to mind right now.

-- I think the Saturday rounds days were not as informative as the on-call nights. I only once got to present patients on the Saturday rounds. There are just too many patients to see for it to be a good learning experience for medical students.

-- At times it was difficult to build autonomy especially during clinic as I was not given the chance to see patients on my own. I was able to start the interview, but there was little opportunity to discuss my clinical reasoning or management plans with the residents/attendings. The ability to see patients on my own would have been really helpful in that regard and if possible in the future, I would recommend making that a possibility for future students.

-- NA

-- I thought it was great

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

56 Yes | 1 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

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-- As with many other specialities, the lingo/jargon as well as the learning curve for interviews can be quite steep with psych. This particular clerkship helped with understanding the phrases and analyses used to diagnose/treat psychiatric problems/illnesses. Moreover, working with many different residents/attendings helped formulate an idea of how I like to approach patient interviews and interactions.

-- Everyone was very welcoming

-- Felt included in the decision making.

-- Felt like a team member

-- Felt they did a good job slowly integrating us as it was our first rotation. Felt that I was part of the team with rounding, seeing my patients, and writing notes for my patients.

-- got to interact with many psych residents and attendings

-- I believe my interview skills and clinical reasoning skills have improved greatly during this rotation. I was exposed to patients of various backgrounds and of various ages, and I was able to explore the art of getting to know different kinds of people and treat them accordingly. I believe these skills will be useful for the remainder of third year and beyond.

-- I felt like my opinion had weight to it. The residents discussed cases with me like I was part of the team and encouraged questions. The attendings often quizzed me. The questions I asked were thought about in a thoughtful way with detailed answer or response. I felt like I started to better understand psychiatric conditions and their treatments. I also started to view certain psychiatric illnesses in a different light and have a new respect for those treating them - many are often complicated and challenging to manage.

-- I greatly improved my interview skills this clerkship

-- I learned how to more effectively interview patients and deliver more pertinent oral case presentations.

-- I liked seeing the point of view from psychiatry consults.

-- I Think it helped to Learn how to interact with everyone on the care team.

-- I thought the clerkship highlighted the "team" aspect of medicine, as the inpatient floor called for interactions with multiple residents and attendings.

-- I was able to establish a good rapport with the patients as well as the residents to make this a very enjoyable rotation overall.

-- I worked with many different physicians and other medical staff during my 4 weeks of psychiatry. I also got to work in multiple different settings such as inpatient psych unit, the emergency department and inpatient medical wards. This gave me the opportunity to understand different perspectives and network with tons of new people in the medical profession.

-- It was easy for me to build rapport with the patients and learn about their experiences. Psychiatry was NEVER on my list of career choices and after leaving this clerkship, it has become top 2.

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- Met many great residents and physicians throughout the rotation
- Most of the staff was friendly and helpful, residents treated us as peers, attendings gave generally helpful feedback.
- n/a
- NA
- See above.
- Spending time on the inpatient floor is a good opportunity to socialize with residents
- The attendings and residents really incorporated the medical students into the group with open discussions and encouraging participation.
- This clerkship almost forces you to create a relationship with residents more (specifically with inpatient) because in order to get anywhere on the floor, a resident was needed to open doors. Psychiatry is in every specialty so it will help talk to attendings, residents, and fellows about different psychiatric problems that a patient may have. By understanding more with psychiatry, it helps open conversations in every other specialty.
- This clerkship provided a significant amount of time for me to talk with residents, fellows, and attendings about their careers. While most of the residents and attendings I encountered were great to work with, I do not see myself working in this field.
- This clerkship provided me with skills to be able to help manage patients with psychiatric conditions.
- Yes because it helped me see myself more as a professional as I learned about how to do psych focused care.
- Yes, I was able to discuss with residents and attendings, discuss plans, and interact with patients and patient families.
- Yes.

Did the clerkship accomplish your goals by helping you find your specialty?

45 Yes | 13 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

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- Although I am not interested in psychiatry as a specialty, I found the skills I learned to be very useful and applicable to my interest in emergency medicine!
- As I mentioned before, I am most interested in family medicine, especially in a rural setting. Managing psychiatric conditions and medications will be an important component of my patient care. I do wish to pursue proper training in this field; however, I could not see myself going into a

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psychiatric residency, especially after my inpatient experience.

-- As stated earlier, I enjoyed my time rotating through psych and have considered it as a career path now. This said, I do know for sure that I would like to find a speciality that in some aspect deals with behavior and preceptions.

-- Have already found it.

-- Helped me realize I do like clinic, but would rather be more hands on than just listening.

-- I am very interested in child psychiatry. Having such a positive experience reinforced my desire to pursue this speciality.

-- I do not think psychiatry and the work fit my personality and interests.

-- I found more confidence in wanting to do family medicine or psych

-- I had already found my specialty in ob/gyn, but my exposure to psychiatry will still help me in that field.

-- I improved my documentation and interview skills by asking following questions.

-- i knew i did not want to do psych before i did the clerkship but it was a good experience and helped me to understand psychiatry's role in medicine

-- I learned some very important skills during this rotation including interviewing skills, mental status evaluations, and many psychiatric conditions. I also learned about advocacy for patients and what that looks like as a clinician. I do not believe I want to be a psychiatrist, but this rotation did teach me many skills that I would like to one day incorporate into how I practice medicine.

-- I still am not 100% sure about what speciality to pick. But it gave me a good understanding of psych as a speciality.

-- I thoroughly enjoyed the psych rotation do not get me wrong, but I unfortunately do not believe it aligns with my career goals at this time. There is clearly a spectrum of presentations with various medical and social factors contributing to every individual psych case, but there are not unlimited pathologies which makes the diagnosis process fairly clear.

-- I was able to cross off Psych from my list of possible specialties. (Not in a bad way, just not my preferred patient population)

-- I was not considering psychiatry as a potential specialty.

-- I'm planning on going into dermatology, and there is a definite crossover of patients with comorbid skin and psychiatric illness. I think this clerkship has helped me become more well-rounded in my career!

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- I'm still not sure what I want to do.
- It gave me a better insight in narrowing down what I'd like to do for a specialty.
- It gave me a much better idea of it I wanted to do psychiatry.
- n/a
- Never knew what psychiatry inpatient or outpatient was like. Made me consider psychiatry more than before. I did like the inpatient setting more than I had considered in the past.
- Not really considering psych as a specialty
- People were able to discuss with me how psych applies to my field of choice.
- planning to switch to this specialty
- Psychiatry is in every specialty so this rotation was a nice start to the rest of the year.
- Refer to above.
- Ruled down psychiatry
- See above.
- Still unsure
- While I am still not 100% sure of the specialty I would like to pursue, I am sure that I want to be part of a specialty with continuity of patient care and plenty of follow-up. Primary care and similar specialties are able to follow patients over an extended period of time and experience how patients grow and change throughout their lives. I enjoyed seeing patients on multiple occasions in the psychiatry department, so I am sure I want to choose a specialty with continuity of care.
- Will have to see other rotations
- Yes - I found psychiatry interesting and there were many perks I saw appealing, however, I do not feel I would handle this specialty well if I saw it every day. Some encounters were very heavy for me. I am interested in EM and IM combined and feel that would allow me to get as much psych as I'd like, not too much but not none at all. I found the substance abuse clinic at Gateway very cool - This is a population I could see myself working with in the future, particularly if I end up following an EM and IM path.
- Yes, while not my top pick Psychiatry was definitely considered for some time during the clerkship.
- Yes.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

43 Yes | 14 No

Comments regarding receiving narrative feedback weekly

--

-- - Dr. O was great at sending feedback via the OTF

- Dr. Javadzadeh was great at sending feedback via the OTF form

- Outpatient is mostly interactions with residents so it is a bit harder to get OTF feedback

-- Feedback was appropriate and timely.

-- Feedback was timely and appropriate

-- Frequent oral feedback

-- I don't think so, but attendings/residents were generally OK about getting feedback to me in a reasonable time frame.

-- I don't think I received it quite weekly but I think I received an appropriate amount of written feedback and always received verbal feedback. In this regard it really wasn't different than any other clerkship. It is always kind of hard to get a lot of written feedback but the oral feedback was always beneficial

-- I got 1 OTF form in all of 4 wks despite sending several out.

-- I have not received many of my requested on-the-fly.

-- I only received one OTF from an attending physician which was a little disappointing. I enjoyed working with all of the attending docs but getting the written feedback was difficult.

-- I received many On the Flys that were very good feedback, and I want to say thank you again to the attendings and residents for taking the time-I know they are very busy.

-- I received verbal feedback every week, but many on-the-fly forms were filled out during the last week.

-- I sent 10+ OTF forms and only 1 was filled out...

-- I sent out several OTF, and received some feedback, but had some difficulty getting written feedback.

-- I was a little uncertain who to ask for on the fly forms from in this rotation because I worked with so many different people between residents, fellows, and attendings. On child psychiatry, I worked

End of Core Clerkship Evaluation | Y3

largely with the fellows, so I wasn't sure how to have the attendings evaluate me. In addition, on inpatient service, my interaction with the attendings was limited to doing rounds, and so I felt the residents could provide me with better feedback.

-- I was fortunate to receive feedback from multiple sources during my psychiatry clerkship. Attendings and residents alike provided me with tips and constructive feedback as well as positive comments regarding my performance. I received at least one on-the-fly form weekly from multiple sources.

-- n/a

-- NA

-- None

-- Prompt feedback

-- Residents were more than willing to provide feedback.

-- Some evaluators filled out OTF forms in a delayed fashion.

-- Some residents did not complete the OTF forms

-- Struggled to get on the flys completed by residents, and didn't feel as comfortable asking attendings as I worked with them much less directly.

-- The feedback was timely and detailed. It helped direct my goals for improvement and I thought (I hope) it helped me improve throughout the rotation.

-- There were times when I would have to send reminders, but overall the On-The-Flys came in regularly when asked.

-- This still needs to be more consistent in general. But overall they did a good job.

-- Took awhile for people to get back to me sometimes. Others were incredibly helpful.

-- Unsure. I received plenty of verbal feedback and also a few on the flys from the residents that I asked.

-- With the variety of residents that I was paired with, it was hard to find evaluations the first two weeks.

-- Yes

-- Yes!

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-- Yes, Dr. O sent me two on-the flys, one for each week. I also received one from Dr. Campbell with Child Psych. I completed several interviews with child psych and am still hoping to get an On-The-Fly from Dr. Dalvi, Dr. Borkenhagen, and Dr. Takahashi.

Was the workload appropriate for your learning needs?

56 Yes | 2 No

Comments regarding the workload

--

-- Although this rotation had more requirements than the others I have been on, I found them all to be easy to complete and beneficial to the rotation.

-- Appropriate for myself. At inpatient, I had two patients for a majority of the time. Outpatient I was able to conduct at least part of the interview, time permitting.

-- Appropriate workload.

-- Appropriate

-- Appropriate.

-- As I mentioned early, I liked the variety and different requirements with the AA meeting, Saturday rounds, and on-call experienced. I felt having at least one afternoon off during the week while on inpatient was helpful to go through learning issues. I did have some downtime with child psych clinics but I think that is to be expected right now with COVID. On the days I was able to interview, I felt accomplished and like I had put in a solid day's work.

-- As mentioned before, I think the workload should be lightened, specifically, the things that are not providing many educational benefits: call shifts, mandatory grand rounds, and mentor-meetings.

-- I believe my workload was appropriate for my learning needs. I was appropriately challenged but never overwhelmed.

-- I felt the workload was appropriate.

-- I think it could be evened out a little better. I noticed few people had more off days or early end days than others.

-- I think it was appropriate.

-- I think that if anything, the workload could be reduced for more individualized study time. I rarely had any half days, and with the extra Saturday rounds/on call shifts/notes/etc. for this rotation, I felt like I had no extra time to study or look up information on my patients besides looking up clinic to chart prep. I am interested in psychiatry, so I would have loved to have the experience of having more half-days (especially on inpatient service) so that I could focus all of my attention to that service and to my patients on that service and really look into the

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pathologies/treatment plans for these patients.

-Also, people on consult liaison service regularly were out by 11-12, where those of us weren't on this service never got out that early unless we had an afternoon off while on inpatient service. Just something to look into, because it felt super unbalanced as far as work load goes on our end.

-- It seemed like a lot at first but it is well spaced and doable.

-- n/a

-- NA

-- None

-- Originally, I felt the amount of writing assignments was unnecessary, but it was an ok amount. In the future, it may be more beneficial to have students focus on more MSEs than full notes.

-- Outpatient workload - very appropriate for learning. Plenty of opportunities to lead interviews, ask questions, and learn diagnostic measures and treatment plans.

Inpatient workload - poor, not appropriate for learning. Questions felt discouraged. That being said, being assigned to patients and having consistent follow-up was a great experience. Great to see patients improve over the course of their stay. However, we had to initiate patient assignments as there was little motivation for the residents to assign them to us.

-- The schedule was very busy when on inpatient with clinic in afternoon. This left little time for writing notes and outside studying.

-- The workload was appropriate. During CL, there was time in the afternoon to get some studying accomplished and go over the day's learning issues.

-- The workload was ideal in that it allowed me to lead multiple interviews, which I really enjoyed.

-- The workload was well integrated with the rotations. I never felt overwhelmed or bored with the learning topics either assigned to me or for self directed learning.

-- There was a decent amount of workload. However, there was also a decent amount of downtime in outpatient clinic. I rarely had to take home more than 15 minutes of work.

-- There were times when we were expected to have our progress notes in by 5 but we would have outpatient clinic in the afternoon until 5.

-- time commitment was reasonable and appropriate

-- Workload appropriate

End of Core Clerkship Evaluation | Y3

-- Workload was fair and appropriate

-- Workload was mentioned above. Should be lightened to allow more time for self directed learning related to patients on the clerkship.

Did you actively participate in patient care?

58 Yes | 0 No

Comments regarding participation in patient care (If no, why not?)

--

-- Especially on inpatient. This is where most of my learning was.

-- Especially on the inpatient service.

-- Felt very involved in patient care

-- I actively participated in patient care.

-- I am almost interview most of patient in outpatient clinic and provided differentials and initial plan for management.

-- I feel like I got lucky and all my residents and attendings let me do this a lot.

-- I felt I was able to see a good number of patients.

-- I felt that my role in patient care was very active on the inpatient floor, where I was assigned a patient and was able to write notes. However, I felt that I spent much of my time on child psychiatry just shadowing fellows and occasionally getting to ask questions. I would have liked space to be a more active participant in that setting.

-- I had 2 patients almost every day.

-- I had at least one patient for almost the entire rotation and was actively involved in discussion on most patients of the respective team.

-- I had many opportunities to actively participate in patient care

-- I had the opportunity to see patients by myself, come up with treatment plans to discuss with the attending physicians and also do things such as mental status exams on patients that played a part in how the patient was treated.

-- I led interviews, made treatment plans, and communicated plans to the attending

-- I pre-rounded on patients on the psych floor and presented them on rounds. I also got to lead most of the interviews in the child and adolescent outpatient clinic.

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-- I pretty much started every encounter.

-- I was able to conduct multiple full H&Ps on patients and be a part of their treatment plan. I was even allowed to write billable H&Ps and progress notes in the EHR (signed by a resident or attending, of course!).

-- I was given opportunities to interview patients, present patients, express my thought process and develop my differentials, and try developing and defending a management plan.

-- N/A

-- NA

-- No comments.

-- Outpatient- fantastic opportunities to participate

Inpatient- aside from working with assigned patients, there was little opportunity to participate, and I feel like my time was wasted.

-- Presented patients and the plan of action for them.

-- See above

-- Some residents were more likely than others to have me participate in patient care

-- The patients were interesting and the residents/attendings were patient in letting the M3s perform interviews and oral presentations.

-- The residents made sure I got involved in patient care.

-- Yes, I had at least three of my own patients on inpatient psych with at least 1-2 every day. I interviewed up to 4 patients per outpatient clinic, some follow ups and some H&Ps. I performed several SLUMS exams on my own. I participated in telehealth medicine when speaking with both children and parents. I started to think about treatment and management of patients

-- Yes, most residents and attendings encourage student involvement

-- Yes.

-- Yes. Interviewed patients. Attempted to make plans. Reported to the attending.

Were your assigned responsibilities commensurate with your training?

58 Yes | 0 No

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Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

-- We were encouraged to write progress notes, see patients on our own, give oral presentations, and have discussions regarding diagnosis and treatment. All of this seemed appropriate and we were helped along the way.

--

-- n/a

-- My assigned responsibilities were appropriate. I was challenged but also comfortable with my work load.

-- Got me out of my comfort zone, which is necessary to improve.

-- No comment.

-- I was assigned progress notes every day with inpatient rounds. I completed at least one but sometimes two per day. I saw patients on my own on inpatient and did MSEs and SLUMS when necessary. I interviewed patients with attendings and residents watching several times, particularly in outpatient. I was never criticized for not asking more specific questions or not asking questions the way the attending/resident would - they let me figure out my own way of getting the information out of the patient

-- I had 2 patients each day.

-- Assigned responsibilities were all appropriate.

-- I always felt that I had a good handle on the interviews and treatment plans for each patient. The few times on occasion where I had some uneasiness with a patient, the resident was quick to aid me in the interviews.

-- Felt appropriate

-- Appropriate responsibilities for level of training. Numerous opportunities to learn and develop interviewing techniques in child/adolescent setting.

-- Yes, my responsibilities were commensurate with my training.

-- Yes, the residents also provided frequent feedback so I could learn and improve.

-- Appropriate

-- as i became more confident and competent the residents allowed me to take a larger role in patient care

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-- Yes.

-- I thought that the patients that we saw were appropriate for our level of training.

-- If anything, I feel like I could have done more. I was able to lead some interviews and participate in some interviews, but overall, I felt like I spent most of my time shadowing.

-- At first I felt I wasn't prepared but I got good feedback from residents and resources helped too.

-- Responsibilities appropriate

-- ample opportunity for interviews, OCPs, note writing

-- Responsibilities were all appropriate

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- Literature given by faculty (e.g. Dr. Bennett allowed me to photo copy from his personal collection, Nana linked us pubmed articles), on-line resources provided by the faculty, and evaluation rubrics.

-- First Aid and Sketchy and Pharm chart from last year

-- Peers mostly, but occasionally the books provided at the beginning of the clerkship. Boards review material as well. I didn't study as much as I'd like for this clerkship due to me needing to take step 1 still

-- I read quite a bit of primary literature during my psychiatry clerkship, including scientific papers and case studies pertaining to cases I was seeing on the floor or in the clinic. I also used the DSM-5 on many occasions, as well as the other textbooks provided on the first day of the rotation.

--

-- Case reports, online med ed for quick overviews.

-- Online journals, DSM 5, and uptodate

-- Anking deck, umed.

-- Up to date, Youtube Videos, and Case Study Books.

-- >Anki, UWorld, Amboss

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- Step-up to USMLE Step 2, First Aid for step one, boards and beyond, online medEd videos, ANKI flash cards
- Anki, UWorld, peers, and looking up case specific questions during down time
- Mainly peers; I referred to the DSM-5 a lot and the generic versus brand name drug handout
- I used some of the psych books they gave us. I used up to date to look things up including medications. I used the medication card they gave us if I didn't know the brand names.
- ONline Med Ed
- OnlineMedEd, Pocket cards. pocket dsm5
- Mostly peers and up to date.
- Uptodate, case studies books provided by clerkship
- Online Med Ed videos
- Online Med Ed
- UWorld
- Up To Date
- up to date and DSM5
- Provided psychiatry resources, up to date, online med ed
- Case files book, uptodate, online med ed., ANKI
- Mostly Amboss, UWorld, and OME for self directed learning, For psych specific information, I used either UpToDate and/or the DSM. Papers and articles were also utilized when needed.
- The resources provided by the rotation.
- anki
- amboss
- Books provided by clerkship, UWorld, UpToDate
- UpToDate, clerkship provided textbooks, peers

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- The books provided by the clerkship.
- I used the provided textbook and uptodate, and the provided DSM
- Psych pocket guide from rotation and UptoDate
- Med Ed videos and the CPR page. AMBOSS
- Anki, uworld questions, and the handouts provided by the clerkship.
- UWorld, anki, uptodate, onlinemeded, boards and beyond, first aid, journal articles, DSM5
- ccc cases, online med ed, the provided textbooks

-- Case studies, UWorld, youtube

-- didnt

-- Online med ed, ANKI, Uptodate, materials clerkship provided

-- Medscape, uptodate and departmentally created list of medications

-- First Aid, google scholar searches for articles, up to date,

-- online med ed and uworld psychiatry questions

-- Online Med Ed

UWORLD

CCC videos

-- Umed videos, department books

-- CCC videos, Online Med Ed, UWORLD

-- Online Med Ed, Up to date, Boards and Beyond, YouTube videos, CCC videos

-- DSM, uptodate, residents

-- Online MedEd videos and most of the resources provided to us by psych faculty (particularly the ones that fit in my pocket - the medication cheat sheet, ringed booklet, and DSM-5)

-- OnlineMedEd, CCC, AMBOSS, UWORLD

-- Online MedEd, UWorld

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- Amboss, residents, CCCs, Psych focused HPI sheet given to me by a resident
- Flash cards, Omed, Epocrates, uptodate, peers, provided material
- Online MedEd videos, Anki flashcards, UWorld, Amboss, Uptodate
- uworld, podcast called psyched
- AMBOSS, Onlinemeded, case study books
- Online med ed. CCC. anki

Which of those learning resources was most helpful to you?

- First Aid
- The literature provided by the attendings/residents
- Peers
- The medication chart was the most useful resource/pocket guide I had - it came in handy multiple times daily!
-
- uptodate and DSM 5
- Youtube videos
- Anking
- Anki has always been helpful for me as it is flashcards. I also watched the boards and beyond videos while taking notes in Step Up to USMLE Step 2
- >Anki
- Anki/UWorld
- Directly learning from Peers
- Up to date is my favorite resource overall for all clerkships.
- All of the ones mentioned above.
- Case studies books

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- UWorld (Extremely useful for this clerkship with definitions of conditions/timeframes)
- DSM5
- online med ed
- The provided psychiatry materials were so helpful! I found the "cheat sheet" that listed the name brand/generic of medications very helpful as well as the kind of pocket interview guide that was provided.
- The pocket DSM was a lifesaver as well as good learning resource.
- The pharm chart.
- amboss
- Clerkship books, UWorld
- UpToDate
- The dsm pocketbook.
- Psych in-house guide
- DSM and uptodate
- all three
- UWorld, onlinemeded
- Case studies, UWorld
- Anki, Online med ed, Drug name card
- not Dr. klamens book
- Up to date and article reviews
- Umed videos
- Online Med Ed
- uworld
- Mastering the boards, UWORLD

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-- Online Med Ed and Boards and Beyond videos

-- residents

-- All of the above

-- AMBOSS, OnlineMedEd

-- Both

-- All useful, not one stood out.

-- UWorld Questions

-- onlinemeded

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

0 Yes | 58 No

Description of any student abuse you witnessed or experienced

--

-- n/a

-- NA

-- No abuse witnessed.

-- No abuse.

-- None

-- None.

Surgery - Class of 2022

What is your overall rating of this clerkship and why?

29 - Excellent

16 - Very Good

3 - Good

4.54 AVG

Comments regarding the overall clerkship

--

-- Overall, my rotation went really well! Faculty was open and inviting to students. Was always willing to engage with questions and open to having students help with patient care!

-- clerkship went very smooth. Allowed me to experience substantial OR time in the specialty I chose. There were not any required events which allowed me to really immerse myself in the orthopedics field.

-- Clerkship went well

-- Excellent faculty and residents

-- Good clerkship. Appreciates the opportunity to attend additional practical skills sessions.

-- Had a great time, and there was early emphasis put on spending time studying the various different specialties, not just orthopedics. Residents were eager to teach students, and this was common of all residents during the month of rotations.

-- I enjoyed every day of this clerkship. Working with the orthopedic residents and attendings was truly amazing.

-- I feel I was able to develop an appropriate understanding of concepts related to CT surgery throughout the month.

-- I felt this clerkship was really well run. I was able to see a wide variety of cases and experiences while rotating with ENT.

-- I got the opportunity to scrub in for numerous surgeries and that was a great privilege.

-- I got to see a wide variety of cases not only related to CT, but general surgery as well. Expectations were a bit unclear at the beginning from preceptors and residents despite explicitly asking.

End of Core Clerkship Evaluation | Y3

-- I had a great experience

-- I had a positive experience in this clerkship. I felt like I was able to experience a surgical specialty, and was given time to learn about different procedures and practice my surgical skills. I also enjoyed that I was able to have some continuity of care, being able to see some patients early in the rotation for a surgery/follow up and then seeing them again the last week. Overall, I would say that I learned a lot through this clerkship and will be able to apply what I've learned in future clerkships/fields.

-- I had a wonderful surgery clerkship. Dr. Ettema is awesome to work with. She enjoys teaching, and I feel that I learned a wealth of information this past month. I was able to practice procedural skills in the clinic and assist in cases in the OR.

-- I learned a fair bit this rotation. I think this rotation more than any other rotation help me understand disease process and medicine itself by seeing pathology up close in the OR. I saw a lot of operations. The conferences and M and Ms were very educational. Still, a lot of the learning was self-directed. I would have liked more opportunities to be on service with residents and round on patients with them. I think my days would have had more structure if I had. It would be clear where I should direct my efforts on a day to day basis i.e. on learning my chosen patients and charting/presenting them.

-- I learned a lot during clerkship. I had enough experience in the OR, clinic, trauma/ICU and skills labs.

-- I like the preceptor based schedule of this clerkship to ensure we get immersed in the field. Overall, it was a great learning experiencing.

-- I really enjoyed my time with the ENT team. They were all wonderful and really helpful while I was trying to learn.

-- I really enjoyed this clerkship and learned a lot throughout the past month. The structure worked well with getting to know a specific team.

-- I really enjoyed this clerkship. I think that the residents and attendings were willing to teach me and help me with anything. They answered my questions and helped me get involved.

-- I really like the urology clerkship. I got to meet most of the urologists and I also thought the residents were great teachers.

-- I think the clerkship for me went well. I could however easily see how it could have gone poorly given alternative circumstances. I was very autonomous in a way that was great because I was able to see many surgeries of all different types but had I only stuck to my assigned mentor's schedule I would have struggled to see 10 surgeries I would guess. I was lucky to have a mentor that was so proactive about sending me to other teams and surgeons when he had slower days.

-- I think this clerkship went well. For me I liked that I was still able to do plenty of clinical work, as I am not interested in surgery as career.

End of Core Clerkship Evaluation | Y3

-- I very much enjoyed my time on the surgery clerkship. I was able to scrub in and see a wide variety of surgeries that were not just limited to CT surgeries but many general surgeries as well. I thought that the residents and physicians did a great job at assisting me to get into many surgeries and were great teachers both during surgeries and downtime between and after. I really do feel like I learned a lot during this rotation and feel like I will probably try to schedule some time during my PEP period to come back and see even more.

-- I was able to get a clear understanding of what a surgery subspecialty entails. Was given responsibility commensurate with my experience.

-- I wish we were able to see more than one surgical specialty.

-- It was a very good experience getting more involved with surgical cases after getting a taste of it in OB/GYN. It would have been even cooler to see a little bit of different surgical specialties instead of just one, but I understand that may not be entirely feasible over the course of just 4 weeks.

-- My experience in Neurosurgery was excellent. Variable time commitments made the long days more bearable. The residents are all willing and eager teachers and genuinely excited to have medical students on the service. The procedures were all very interesting and I had plenty of opportunity to be involved in aspects of the procedures beyond positioning and wound closure.

-- n/a

-- Orthopedic Surgery

Preceptor: Dr. Norman Otsuka

I had a great experience and had an excellent preceptor. Dr. Otsuka clearly cares about the students' experience and is an enthusiastic teacher. I got to see pediatric orthopedics, trauma with Dr. Gardner, and joints with Dr. Allan. The residents were all very welcoming, friendly, and allowed me to be involved and taught by them. Overall, great experience with a lot of knowledge about surgery gained.

-- Overall I thought the clerkship went well. I was able to get a diverse number of cases throughout my time on this service.

-- Overall this clerkship was a great experience. I learned more than I could have ever imagined during these short 4 weeks.

-- Overall, I enjoyed my surgical clerkship with orthopedics very much. I thought the clerkship provided me with a broad overview of surgery and orthopedics as I was able to see pediatrics, upper extremity, and lower extremity procedures.

-- Overall, I thought the clerkship was very strong in exposing me to all areas of general surgery.

-- Overall, it was a very good clerkship and I was excited about the opportunity to work with Dr. Garfinkel. It was very intense, and time consuming, but I was very involved, much more so than I expected. This meant I feel as if I was fully immersed into general surgery life, got to write multiple

End of Core Clerkship Evaluation | Y3

notes daily, close cases, and perform numerous other roles during procedures, which I did not think I would. This made it a fun and interesting month.

-- Overall, the clerkship was good and educational. It provided many opportunities for hands-on learning and allowed for growth.

-- The clerkship nurses did a good job in setting clear expectations of what we were supposed to complete in terms of requirements. They were accessible and were able to answer any questions we had.

-- The overall clerkship was a great learning experience. Through the rigors of normal practice, the whole Urology team still made a point to be student focused, allowing me to participate in patient care and answering my questions when I needed clarification.

-- They were always helpful, got me involved, taught me, engaged me, answered my questions, made me feel like a part of the team! They are excellent teachers!

-- This clerkship has clear goals and expectations and all the attendings, residents, and nurse educators are excellent.

-- This clerkship was a great learning experience! I do wish we were given more direction by the school on how to study within clerkships (without shelf exams, we just showed up to clerkship a bit lost and confused on what we should be doing)

-- This clerkship was ran very well. There wasn't a lot of extra tasks that we had to complete like doing questions from a question bank, assigned readings, etc. This allowed us (students) to focus on our surgery rotations.

-- This clerkship was very individualized in nature and helped me to grow as a student. This clerkship was special in that you get out of it what you put into it. I tried to enter this clerkship with a positive attitude and a willingness to accept feedback, and that created a very positive experience for me. The faculty were accommodating and happy to let me participate in procedures. It was possible to tailor this experience to your particular needs and actively participate in patient care. I appreciated all of the positive feedback and constructive advice I received from faculty.

-- This was one of my favorite rotations of the year thus far. The clerkship was extremely organized compared to many others and the expectations and schedules of the students were very straightforward. Operating Room staff at both hospitals were helpful and mindful of students, and I never had a poor interaction during my time in the OR.

-- Urology was a great opportunity. The residents and attendings were all very welcoming. They took advantage of learning opportunities to share their knowledge and incorporate me into conversations. The team was very friendly and relaxed which is different than what I have heard about other surgery departments. The cases were interesting and clinic was busy and informative. I would absolutely choose Urology again and plan on recommending it to other medical students.

-- Urology. This has an excellent clerkship experience. I really felt like I was involved in patient care. I felt like I learned a lot that was not a core part of my Y1 and Y2 curriculum and this was a fun

End of Core Clerkship Evaluation | Y3

experience. The residents and attendings took an interest in my learning and enabled me to perform simple procedures and see patients on my own.

-- Working with Dr. Wall for the month was an excellent experience! He was a great teacher and spent much time with me each day going over surgery related topics.

What were the strengths of this clerkship?

-- Organization

Freedom to seek learning opportunities

Hands on learning

-- The opportunity to see many surgeries and practice suturing

-- Organization, nurse educators

-- The organization and communication were two strengths.

-- Learning physical skills (suturing, knot tying, etc.) that will be applicable in many specialties

-Assessing the severity of a patient's condition and the necessity for treatment/surgery

-- As this is the surgical rotation, I did learn surgical skills well (scrubbing in, maintaining a sterile field, suturing)

-- One on one time with preceptor

Learning sessions with attendings

-- Only one student with the preceptor. Allowed for a lot of learning

-- not many requirements

-- Lots of time spent in the OR

-- I think this clerkship does really give you a good taste of what life as a surgeon looks like. I have a much better understanding now than I did in the past.

-- Hands-on learning in the OR and being allowed to function more like an intern in clinic.

-- We were giving the opportunity to pick what we were interested in and what kind of lifestyle we wanted to work with over the few weeks we were on the rotation.

End of Core Clerkship Evaluation | Y3

- Emphasis on student involvement in surgery, without the mountain of busy work and other various assignments and requirements that often take away from time studying and learning.

- We were not burdened with trivial assignments. We only had to do one H&P.

- Orthopedics involved a lot of musculoskeletal exam maneuvers, and the procedures were not overly long. This kept it interesting and allowed me to practice more of my more practical exam skills.

- Students do not have to focus on writing notes, and have more time to learn about the surgeries.

- Giving us a chance to become fully immersed in the clerkship and giving us the opportunity to determine if surgery is a specialty we are interested in.

- Getting in to see a wide variety of surgeries that were not restricted to the specialty that we were assigned.

- Great environment, great residents, a lot of learning opportunities and chances to write notes in clinic.

- Can explore a specific surgical subspecialty that is interesting

- The individualized nature of this clerkship made it possible to tailor it to your needs. If there was something you wished to see (even if it was outside your particular surgical specialty) you were welcome to join in on other procedures. I appreciated the ability to personalize your experience and see things that are interesting or intriguing to you. The faculty were not only accommodating to my presence in the OR, but happy to teach and allow me to try new things.

- There were a lot of hand-on experiences as well as other learning opportunities (such as M&M and learning with the residents). I also had learning issues with the residents every day and with my preceptor.

- Allowed plenty of time in the OR (even in the midst of COVID) and still got to see all sides of surgery (clinic, consults, surgeries, outpatient procedures)

- The attendings and residents. I felt as though the attendings let me do a lot including in clinic. The residents were really great teachers. I will miss the high quality residents that I had during this rotation.

- Getting to see a wide variety of cases and practice basic surgical skills

- Ability to name preferred specialty and attend a variety of procedures as well as see post surgical patients in clinic

- - Large variety of experiences for students

- Welcoming and very helpful residents who are willing to instruct and teach (Orthopedics)

End of Core Clerkship Evaluation | Y3

- Excellent preceptor who is enthusiastic at teaching/instructing medical students (Dr. Otsuka)
- Great student involvement - suturing, stapling, reduced a fracture, do some injections, insert a couple screws, etc. (Orthopedics)
- Diversity of surgical options offered.
- This clerkship made me really feel like I affected patient care and was not just a shadow for other physicians.
-
- Lots of in depth hands on experience!
- The amount of time I got to spend in the OR was perfect. I was in the operating room for likely 30+ hours per week.
- Procedures and clinical skill training. Specific to neurosurgery was further refinement of the physical exam as well as an excellent crop of residents.
- I think the attendings and residents helped me develop my knowledge and understanding of all necessary concepts.
- Small teams. I was given responsibility in the OR.
- the amount of hands on experience
- The nurse educators, and attendings. They did a great job making students feel warm and welcome. Some of the residents, such as Dr. Shah and Dr. Shackleton, accomplish this goal, while many others including Dr. Fedeli unfortunately did not, and made students feel as if we were a nuisance and burden.
- Clinical immersion and ability to improve procedural skills. Not a lot of extra requirements to distract from the clerkship.
- Lots of time to practice clinic procedures (flexible laryngoscopies, ear wax removal under microscope) and develop a thorough head and neck exam
- Great preceptors
- The strengths of this clerkship were multifaceted, but centered on my attending being ready and willing to teach and discuss topics nearly everyday of the clerkship. These didactic sessions augmented my learning relating to a large breadth of topics, and I really enjoyed them.
- Great Staff, faculty, and residents

-- The open and student focused mindset apparent throughout the urology department.

-- Lots of opportunity to jump in on surgeries in the afternoons most days, lots of great attendings that made the OR enjoyable and did a great job teaching.

What would you do to change this learning experience for future years?

-- I think experiencing general surgery OR cases should be encouraged regardless of the service you are on because those are important to see and understand for board exams and as future clinicians.

-- Instead of only following the attending, I would suggest a balance of following both the attending and residents in order to see both worlds.

-- I think it would be nice to see other types of surgery. Although I enjoyed my time with orthopedics, I have a limited view of surgical procedures at this point.

-- I wouldn't necessarily change anything, although it would be nice to not only have 4 weeks of a surgical specialty but also a couple weeks of general surgery added on. I feel that this would benefit most students as general surgery comes up a lot and will be important when studying for step 2.

-- N/A

-- I think there should be meetings with nurse educators weekly to go over what is being learned in the clerkship and to learn skills. Sometimes it is hard to get busy attendings and residents to teach the basics.

-- Nothing

-- Instruct preceptors how to make the learning process engaging and active. Rather than having them ask to identify structures during surgery, ask them to discuss clinical correlations and management plans for patients.

-- I know it has been considered in the past and that immersion in a certain surgical specialty is the goal of the clerkship, but in my case I know I have seen more and done more as I have floated within the surgical specialties and different surgeons than I would have if I had adhered directly to my assigned mentor's calendar. I don't have a great solution to fix this issue but I think the one mentor system has its drawbacks and I think we as students could benefit from a more broad picture of the practices of multiple surgeons.

-- I enjoyed working with the same people frequently because it gave me the opportunity to really get to know my residents and attendings. However, I do think it is unusual to spend all of my time in surgery with a very specific subspecialty and would have appreciated the opportunity to experience other surgical specialties, even if it was just for a limited time. I think this would be especially beneficial to a student who is potentially interested in going into surgery as a career

End of Core Clerkship Evaluation | Y3

choice but is not sure which specialty.

-- I would do more than one type of surgery because its hard to know if you like surgery when you are only exposed to one surgical specialty.

-- Nothing.

-- None

-- I had an experience where as the medical student, i was not able to scrub into a few surgeries. This resulted in a lot of standing around for the majority of the day. While I understand that this might be unavoidable at times, I think that if an OR is going to be full or there won't be enough room for a student, they should either be reassigned or given another task to complete during the time.

-- I think it would be beneficial if we were not paired with just one surgical specialty. The whole point of a surgery rotation is to get an understanding of if we like the OR setting and also what types of surgeries we like best. The clerkship would serve all of us well if we saw a variety of cases and not just the same types of surgeries over and over again.

-- I thought that the overall learnign experience was great. I felt well prepared for the most part and very much enjoyed the clerkship.

-- Although subspecialties are great, I believe the core surgery rotation should emphasize important general surgery concepts more e.g. working up post-op fever

-- Perhaps ensure that the residents are aware that On-The-Fly feedback is a requirement for students.

-- I would try and not put as many 4th year students on the trauma rotation at the same time as the 3rd year students. There were missed opportunities that I would have otherwise gotten to do if I was not sharing my time with two other medical students. It made even answering questions difficult as well since I am a full year behind them, requiring more time to think about answers or work through problems. I would also try and get more OR time rather than ICU. At times it felt more like an ICU rotation instead of a surgery rotation.

-- Potentially getting to experience more than one surgical specialty during the rotation

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-- At times, it is hard for a medical student to feel like a part of the team while on surgery. Especially when some cases have a small field to work in, as a med student, it can be difficult to see what the attending/resident are doing and stay engaged throughout. I would have much appreciated more chances to use the MCLI or have some kind of skills lab to practice surgical skills in a low-risk enviroment.

-- NA

End of Core Clerkship Evaluation | Y3

-- Possibly have the specialties give students a more structured schedule for the 4 four weeks or at least an idea of what the schedule is like. However a couple days after we all get pretty well adjusted.

-- No changes that I can think of at this time.

-- -

-- No direct preceptor assignments. Assign to a service and put them in a team with residents.

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-- I wouldn't change anything.

-- Encouraging non-required documentation. I don't want to interject too much into the daily life of a resident but having the opportunity to round on more patients and write some notes could be helpful when working up surgical patients.

-- I think it would be helpful to get a broader exposure to different types of surgeries.

-- I think everyone should experience some portion of general surgery, even for just one week. I think experiencing "Standard" procedures of cholecystectomies, appendectomies, even once, would be beneficial for students, as these are such common procedures and we will all have patients who undergo them.

-- Nothing, I had a great experience.

-- Allow is to see more than one type of surgical specialty. Perhaps 2 weeks with one and 2 weeks with another if the student wishes.

-- I thought the learning experience was very strong and tailored to fit my needs.

-- Nothing

-- Dont make students present ICU patients on trauma rounds, or alternatively, give them learning issues in the afternoon and let them study them so that they have the opportunity to learn about the complex patients they might be working with. I felt like when I had a complex patient, I didnt get good explanations of the plan for the patient and I didnt have time in the afternoon to study up on their problems. It went much better when I would just round with the team and develop LI's based on what was on the patient list, go study that, and then talk about it later with Dr. Wall.

Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?

46 Yes | 2 No

Comments regarding the clerkship helping you socialize into medicine (If no, why not?)

End of Core Clerkship Evaluation | Y3

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-- Although I got to scrub into every surgery we wanted to, it often felt like I was in the way in my rotation and that I did not feel like part of the medical care team. This was primarily outside the OR I just felt like my expectations were not very clear.

-- Helped improve my clinical and surgical skills.

-- How the OR works

-- I am much more comfortable talking with physicians and knowing my role than I was at the beginning of the rotation.

-- I didn't feel like I meshed well with many of the surgical residents

-- I felt that the structure allowed me to better understand how to work with all levels of staff, from attendings to surgical staff.

-- I felt very welcomed by the attendings and the residents. Surgeons are sometimes stereotyped as difficult to interact with if you are not also a surgeon but I never experienced that feeling this month.

-- I thought that the clerkship went well.

-- I was able to develop good rapport with my attendings and residents.

-- I was able to experience many different opportunities that helped me socialize into medicine including dealing with critical care patients as well as the other medical teams involved in their care (nurses, other specialties working with the patient/being consulted, PT and OT, etc). Also, seeing how the process of surgery works helped me to socialize into medicine as well. This includes pre and post op situations, intraoperative situations, and working with other teams like those individuals in the OR (RNs, anesthesia, etc).

-- I was able to interact with another set of physicians and learn how they view the world.

-- I was able to work with multiple attendings, a fellow, senior residents, and interns which allowed me to see all different levels and work with them. They allowed me to participate in patient encounters and in operations which made me feel part of the team.

-- Interacted with many attending and residents so got to see different expectations and styles of practice and subspecialties within ENT

-- It allowed me to get experience in the ICU, trauma bay, and OR. I now feel comfortable in those scenarios. There were also various residents that were on the services from other departments, giving me a variety of people to help socialize.

-- It helped to give me an idea of what the day-to-day activities of a surgeon are like.

-- Made me feel included and part of the team, by the attendings.

End of Core Clerkship Evaluation | Y3

-- n/a

-- No comments at this time

-- No

-- The ENT residents, attendings, and staff were all very welcoming. I felt like part of the team

-- The residents made me feel very welcome and involved. I felt like I was introduced to a side of medicine that you don't learn much about in the first two years of medical school.

-- This clerkship helped to boost my confidence and practice autonomy as a student. I am generally not a very assertive person, but this clerkship helped me foster proactivity and strengthen my time-management skills. I was able to insert myself into situations and practice asking for feedback.

-- This will likely be my only surgical experience. I now know the process behind referrals, clinic, surgery, and follow-up.

-- Yes the residents and attendings had me involved appropriately for a medical student and allowed me to be a member of the team as such which helped me socialize into medicine.

-- Yes, but I wish there was more guided learning in terms of the basics (pre op, post op etc). It seems the clerkship's goal is for us to learn basics such as pre-op, post-op, H&Ps etc, but the residents and attendings' goals are to learn specifics of surgery (steps of surgery). I think this should be clarified with each surgical specialty.

-- Yes, I got multiple days of scrubbing into surgery also got a lot of time in clinic interacting with patients.

-- Yes, I had autonomy over my patients and had enough suturing experience in the OR

Did the clerkship accomplish your goals by helping you find your specialty?

41 Yes | 7 No

Comments regarding the clerkship helping you find your specialty (If no, why not?)

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-- Because it is our first clerkship, I am still interested in exploring all fields.

-- Confirmed my interest in neurosurgery

-- Definitely confirmed for me that surgery is not in my future.

-- Despite my appreciation for everything this month, it helped me confirm that a primarily surgical specialty is not for me.

-- I already knew I did not want to pursue plastic surgery, but I still enjoyed getting to see what plastics was really like.

End of Core Clerkship Evaluation | Y3

-- I already knew I didn't want to be a surgeon

-- I already knew my desired specialty

-- I am still interested in family medicine, but I found myself really enjoying working with my hands. There was a great mix of clinic and OR time with ENT. I got great feedback, and several people encouraged me to consider a surgical specialty.

-- I am still unsure about what I want to specialize in. However, since this is my very first rotation, I feel ok about not knowing.

-- I deepened my love for critical care.

-- I enjoyed it so much, I decided to go into orthopedic surgery.

-- I really appreciated that the clerkship allowed me to see many surgeries outside of the specialty that I was assigned (CT). I am interested in surgery and was glad that I was able to see as many surgeries as I wanted especially many general surgeries. I think that the clerkship gave me a good experience at looking into what it would be like to be a surgeon in the future and gave me a decent idea of if I would enjoy the specialty.

-- I really enjoyed surgery and it makes me realize that I do like procedures.

-- I was somewhat interested in surgery but had no experience. After this rotation, I got a great experience and am much more interested in surgery specialties. Great experience.

-- It confirmed that I want to be an orthopedic surgeon.

-- It definitely solidified my interest in neurology, and non surgical specialties.

-- It made me realize that I like the trauma bay more than I like the OR. I would get excited to get a page and to help out down in the ED. Not that the OR was not educational and interesting, it just made me realize where I felt comfortable.

-- It may be in the sense that I will probably not do surgery as a specialty but it is progress.

-- Loved orthopedics and will likely apply to this specialty next year.

-- Made me realize I do like being in the operating room, and can see myself pursuing a field that includes OR time.

-- My preferred specialty is unchanged after this experience, but Urology is now in high consideration among my alternate choices.

-- n/a

End of Core Clerkship Evaluation | Y3

-- No comments at this time

-- No comments

-- No, but it did give me the knowledge of the career and I now know I may not be interested in this particular path in medicine.

-- none

-- not sure yet!

-- Surgery is very interesting, but I realized I don't love it enough to choose it as a career.

-- While I am sure I am not destined for the OR ultimately, I appreciate this experience immensely for opening my eyes to the lifestyle of a surgeon and the amount of incredible work they do.

-- While I really enjoy surgery and was heavily considering it for quite a while during this month, I think I just enjoy practicing medicine and seeing patients in specialty clinic too much to give that up.

-- While I still do not know what I want to do, this clerkship helped me narrow down a few options and learn different aspects that I enjoy.

-- Yes, I realized that surgery is not for me which helped me lock in EM as my specialty of choice.

-- Yes, somewhat.

Did you receive written narrative feedback (use of the on-the-fly form) from your preceptor AT LEAST weekly?

18 Yes | 30 No

Comments regarding receiving narrative feedback weekly

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-- Did not receive written narrative feedback that often, just verbal feedback

-- Dr. Garfinkel filled out numerous on the flys

-- Dr. Wall is very busy so I only asked for feedback from him at the middle of the clerkship

-- I did not receive one weekly. However, I did get written feedback every other week, which I felt was appropriate.

-- I did not receive weekly feedback, although I'm sure if I had asked I would have received it. Because I was rotated through three different attendings, my preceptor could not really comment

End of Core Clerkship Evaluation | Y3

on my work weekly.

-- I did not request it weekly

-- I did not request weekly feedback.

-- I didn't get a lot of official feedback. However, I did get in-person feedback when I requested.

-- I got a lot of verbal feedback from Dr. Wall and met with him almost daily but did not receive written feedback.

-- I opted for a mid-clerkship and end of clerkship type of distribution. I feel that weekly especially when I was not working with him exclusively was a bit too often to ask for feedback. I like the feedback I received at the midpoint and will be asking for more as we near the end. I also plan to get feedback from various residents I have been working with over the past 2 weeks.

-- I received informal feedback from the residents frequently and will be receiving end of clerkship feedback from my preceptor.

-- I received verbal feedback constantly and did not feel the need for written feedback on a weekly basis.

-- I received it at the end of the clerkship.

-- I was able to receive verbal feedback often, but have yet to receive written feedback

-- I was not aware that these needed to be done weekly. However, I worked with the same few individuals throughout the entire 4 weeks, so I sent them all on the fly forms during this last week so they can evaluate my performance from throughout the entire clerkship.

-- I was not usually with my assigned preceptor, and therefore did not get feedback from them weekly.

-- I was told it is ok to get detailed feedback at the end of clerkship. I got verbal feedback from my preceptor weekly but requested written feedback at the end.

-- I was with the same preceptor for all 4 weeks, so weekly written feedback seems excessive. I feel that one on-the-fly at the end of the rotation would suffice.

-- Made more sense to get feedback at the end of the clerkship because I was with the same people all month

-- n.a

-- N/A

End of Core Clerkship Evaluation | Y3

- No, but I did receive verbal feedback regularly.
- OTF were completed in a timely fashion of requests sent
- The feedback I received helped me to improve on skills and knowledge base of concepts pertaining to CT surgery.
- Verbal feedback was given frequently, with summative written feedback at the end of the clerkship.
- Verbal feedback was used and on-the-fly forms were used at the end of the clerkship.
- We decided to do a quality on-the-fly form for the end of my clerkship
- We discussed that summative evaluations would be submitted after the clerkship which was fine with me.
- Yes all the residents and the attendings were great at submitting OTC feedback. (Orthopedics)

Was the workload appropriate for your learning needs?

46 Yes | 2 No

Comments regarding the workload

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-- --

-- appropriate

-- For most of the clerkship, the workload was appropriate, but my last week on Trauma, I felt like I was there from 0600-1700 and really only learned how to read a scripted plan from the resident.

-- Good balance of required work and required hours.

-- Good work hours with time to reflect on experiences and prepare for operations.

-- Great practice writing notes

-- I felt as though the work was appropriately challenging but never distressing. I felt sufficiently busy but never completely overwhelmed.

-- I think there were several days where we stayed well into the late afternoon which wasn't completely necessary given that consults were rare throughout the month.

-- I thought that the workload was appropriate. At times I did not feel like we needed to be there in the afternoons when there were no longer any surgeries to see or patients that needed to be

End of Core Clerkship Evaluation | Y3

attended to, but overall I thought that it was appropriate.

-- I worked about as much as I expected for this rotation, and I felt my time spent in clinic/OR was made to be meaningful overall.

-- If anything further work could have been expected.

-- It was a very intense workload with Dr. Garfinkel, but it was well worth the experience. I do feel some students may not be up for the challenge or time commitment working with him may require.

-- It was certainly a time-intensive rotation, but that allowed me to be fully involved in the care of the patients that were assigned to me.

-- n/a

-- NA

-- No comments

-- None. I thought the workload was fine.

-- The workload was appropriate.

-- The workload was definitely pretty heavy between the long days in the OR, studying learning issues once I got home, and also making sure I was adequately prepared for the next day. It might have even been a little too much, as I did not always have time to adequately prepare for all of the surgical cases. I needed some time during my day to take a break.

-- Too much time spent in the OR and not enough time allotted to research learning issues and practice surgical skills. Typically I worked from 5:30a-3p at least just on rounding/surgeries. I then worked 3-5 PM rounding. If I had a meeting that day, I wouldn't get home until after 7. This left a very small portion of time to study or research topics or do anything else that helps us be well-rounded in medicine. Although I think it was important to spend time in the OR during a surgery rotation, there were often surgeries where there was little to no learning and frankly felt like my time was better used elsewhere.

-- Workload is mostly independent and so is appropriately based on students' goals.

-- Workload was appropriate

Did you actively participate in patient care?

47 Yes | 1 No

Comments regarding participation in patient care (If no, why not?)

--

End of Core Clerkship Evaluation | Y3

-- I definitely actively participated in patient care.

-- I got to suture, reduce a fracture, do some injections, do some staples, insert some screws, and learn and practice other procedural skills such as positioning the patient all under the supervision and teachings of the residents, attendings, nurses, and PAs.

-- I had great experiences in the OR and working with the Trauma/Burn ICU nurses. I also had good opportunities to work with patients in clinic.

-- I participated actively in patient care and felt as though I was truly part of the surgical team. I was trusted to see patients on my own, write progress notes in clinic, and even suture during procedures.

-- I rounded on ICU every day as well as helped with traumas in the trauma bay.

-- I saw inpatients, consults, and participated in many procedures both at the bedside and the OR.

-- I was able to assist in surgeries as well as rounds and consults.

-- I was able to go to clinics and practice history taking skills and physical exams, as well as participate in surgeries. I also was able to see many inpatient patients and was involved in their care as well.

-- I was ALWAYS involved in patient care directly. I really liked that!

-- I was essentially a shadow for a large portion of the clerkship.

-- I was happy with how much I was able to participate in patient care. I was able to see most of the patients in the hospital both before and after I participated in surgery and follow them throughout their stay in the hospital. I was very happy with how I was able to feel responsible for multiple patients at the same time throughout the clerkship.

-- I was involved in clinic and felt like I often played an important role in the OR. I was able to practice suturing and became quite confident in assessing someone's osteoarthritis very quickly.

-- I was involved in seeing patients as well as helping during surgical procedures.

-- In the first two weeks, I got a significant amount of patient care responsibility as I was able to see patients on my own. However, in the last two weeks, the structure of my attendings's clinics was not set up for me to assist as one had a chief resident and the other had a fellow.

-- In the most meaningful way, I typically followed a patient for each week, giving me a chance to see pre-op care, surgery, and post-op care.

-- n/a

End of Core Clerkship Evaluation | Y3

-- none

-- Really enjoyed seeing patients in clinic on my own and working with an attending to come up with a treatment plan. It felt as though I was an integral part of their care.

-- Residents showed me how to write surgical progress notes, pull chest tubes, and suture.

-- Saw patients solo and with residents/attendings. Wrote notes in the EHR. assisted in bedside procedures and surgeries

-- The residents and attendings were generous in letting me see and write notes for patient's in clinic. This was a valuable learning experiences. I appreciate their extra work in checking over my notes and giving me in-person feedback.

-- Very good at having me participate in patient care. I got to see the patients sometimes up to 6-8 per day, write notes, and put in orders. the clinics were so busy that felt like I was part of the team.

-- Was significantly more involved in cases than I expected to be, felt as if I was actively contributing to patient care in the form of notes, during cases, on a daily basis.

Were your assigned responsibilities commensurate with your training?

47 Yes | 1 No

Comments regarding assigned responsibilities being commensurate with your training (If no, why not?)

--

-- Yes, I was assigned a patient that I had to follow and present on during our morning rounds.

-- I felt that I was never given more responsibilities than I could handle, and was often given more responsibility if I asked for it, such as getting to see patients on my own rather than shadowing a resident.

-- They commensurated just fine.

-- I could have had more responsibility/direction in learning to gain more responsibility

-- In the operating room, I felt like the tasks I was being assigned to do were the perfect level for my current skills. In the clinic, I would have liked to see more patients on my own. Overall, my responsibilities were in line with my training though.

-- n/a

-- I agree. I felt like the tasks given to me were in line with my level of training.

-- appropriate

End of Core Clerkship Evaluation | Y3

-- I felt very prepared and that the responsibilities given to me throughout the rotation were appropriate for my training and that I was able to complete most of them satisfactorily.

-- There were a lot of times where I felt as if I was in over my head when it came to taking care of my ICU patients as there was a lot of information I did not know, but after two weeks I began feeling more comfortable.

-- I felt that my assigned responsibilities were appropriate for my training. I was encouraged to try new things and foster new skills, but was never expected to do anything that made me (or a patient) uncomfortable.

-- NA

-- Yes all my responsibilities were appropriate for a medical student (MS3).

-- No comments at this time

-- --

-- I felt like I was pushed out of my comfort zone without being left on my own.

-- I never felt overwhelmed during the rotation and the residents in particular were very good at coaching up surgical skills.

-- I was able to drive the camera for the first week and a half or so which I really enjoyed and I think helped me in the learning process.

-- Felt appropriate level.

-- I was assigned responsibilities that made me feel like part of the team.

-- I was able to help the team by talking to the nurses and assisting residents with procedures, which made me feel like a member of the team.

-- Most of the time they were commensurate, but on my last week of trauma I felt like I was expected to operate like an intern with the education level of a M3; like I was expected to know things about patients with problems I hadn't seen before

What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

-- CCC

MedEd

uworld

End of Core Clerkship Evaluation | Y3

anki

-- Online med, up to date, and google

-- Online Med Ed videos, OrthoBullets, Up to Date

-- sinusvideos.com

<https://medicine.uiowa.edu/iowaprotocols/>

peers, residents, attending physicians

-- I used online medEd and a couple neurology books as well as one neurosurgery pocketbook.

-- online med ed, boards and beyond, up to date

-- Uptodate, online meded

--

-- Surgical recall, OME

-- Essential of plastic surgery

web site microsurgeon.org

-- I learned a ton from observation and direct questioning of the residents and attendings. I supplemented with youtube videos and some other review type materials,

-- Online Med Ed, Boards and Beyond, uWorld question bank, handbook of fractures, Anki, Netter's anatomy for orthopedics

-- OnlineMedEd and UptoDate

-- Online med ed, residents, uptodate, articles provided by the department for Wednesday conference, articles recommended by residents

-- Umed videos, department videos, peers

-- Online Med Ed, Youtube, Orthobullets

-- uptodate, residents and their notes

-- none

End of Core Clerkship Evaluation | Y3

-- UWorld, uptodate

-- Online med ed

Uptodate

department videos

-- Operative Neurosurgery for Medical Students

-- MedEd videos, UpToDate, ACLS book, videos given to us, my preceptor and students

-- I used Michigan Essentials of Plastic Surgery, OrthoBullets, and a variety of other textbook resources provided by Dr. Eryn Neumeister.

-- Pubmed database for relevant articles, UpToDate, microsurgeon.org

-- University of Iowa Head and Neck Protocols

Amboss

Uptodate

Headmirror's ENT in a nutshell podcast

-- online med ed videos, uwold, sketchy step 2 videos, Dr. Pestanas book, surgical recall

-- Textbook suggested by rotation, Amboss, UpToDate

-- Orthobullets, uptodate, some Online Meded, flashcards, peers

-- American Urological Association, case studies, peers

-- UpToDate website , Youtube Videos of Surgeries, STEP 1/2 study books

-- Devirgillio's Surgery book. UWorld. Uptodate

-- uptodate, online videos, AUA app for urology

-- Youtube, Vumedi, Uptodate

-- UWorld, Anki, Online Med Ed, Thursday didactic sessions with the residents

-- Anki, uptodate, and UWorld.

-- Anki, Amboss, Orthobullets, Rang's Children's Fractures

End of Core Clerkship Evaluation | Y3

-- online med, UWORLD

-- Sabiston Textbook of Surgery, UpToDate

-- Dr. Ettema frequently reviewed topics with me. I also used UpToDate, Medscape, department suggested articles, peers

-- uptodate, anki, uworld, residents

-- I used alot of UpToDate and primary literature.

-- Online MedEd, Up To Date

-- Up to date

Uworld

-- MedEd and Boards and Beyond videos as well as UpToDate.

-- UpToDate, OnlineMedEd, various youtube videos, UWorld, Anki flash cards, personal suturing kit

Which of those learning resources was most helpful to you?

-- anki

uworld

meded

-- Online med

-- OrthoBullets

-- They were all helpful.

-- peers, residents, and attending physicians

-- up to date

-- both were helpful

--

-- yes

-- Surgical recall

End of Core Clerkship Evaluation | Y3

- Peer and mentor interactions by far.
- Online med ed
- UptoDate
- Anki and Netters Anatomy
- Department articles and videos
- OnlineMedEd, Orthobullets
- residents
- n/a
- Operative Neurosurgery for Medical Students
- Michigan Essentials of Plastic Surgery was incredibly helpful to learn about different procedures.
- UptoDate in terms of learning about clinical scenarios and treatment. Otherwise I enjoyed looking up LIs to go over with my preceptor and students.
- Pubmed articles, UpToDate
- online med ed, anki, and uworld
- Headmirror's ENT in a nutshell podcast
- UpToDate
- Orthobullets and peers
- Videos of surgeries performed
- AUA resources
- Devirgillio's Surgery book. UWorld. Uptodate
- AUA app was great!
- Equally helpful for different reasons.
- Anki

End of Core Clerkship Evaluation | Y3

-- Anki, Amboss, Orthobullets

-- Sabiston Textbook of Surgery

-- Dr. Ettema was the best resource. She thoroughly enjoys teaching and made it a point to always discuss the diagnoses we encountered

-- Up to Date

-- UpToDate.com

-- Anki, Uworld, online med ed

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

1 Yes | 46 No

Description of any student abuse you witnessed or experienced

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-- - None

-- I was called the "N" word by a patient. I felt extremely defeated when it first happened but my team supported me.

-- I wouldn't call it abuse, just derision/contempt from a few of the residents, and this was really only on my last week.

-- N/A

-- NA

-- No abuse witnessed or experienced.

-- No abuse witnessed.

-- No student abuse witnessed.

-- None seen

-- none

End of Report