08/27/2018 - 10/26/2018 Performance Responses Comments 18-19 MS3/MS4 CLERKSHIP EVALUATION BY STUDENT - REVISED 10/02/2018 Family Medicine Clerkship The faculty are responsive to student concerns.

Grade Scale Standard Deviation 2.00 5.00 0.77 Strongly Disagree 1 - Strongly 4.59 Agree 5 was treated in a professional and respectful manner by faculty.

Average Standard Deviation Minimum Maximum Grade Scale Mode 5.00 5 0.32 Strongly Disagree 1 - Strongly 4.00 I was treated in a professional and respectful manner by residents & staff. Grade Scale Average Minimum Maximum Mode Standard Deviation Strongly Disagree 1 - Strongly 4.76 4.00 5.00 5 0.42 Please indicate how often you personally experienced unprofessional behavior, mistreatment or other forms of degradation of the learning environment. Average Maximum Grade Scale Minimum Standard Deviation Never - Frequently 1.29 1.00 4.00 0.82 If you personally experienced any instances of mistreatment, or disrespectful or unprofessional behavior during this clerkship, please describe so that we may improve the learning environment. Grade Scale Text Response Anonymous sometimes had to find my own resident to work with; some of the residents were happy to have a student with them, but it was very obvious that some of the residents did not want a student. How would you rate the overall quality of the teaching on this clerkship? Standard Deviation Minimum Maximum Mode Grade Scale Average would you rate the quality of your experiences in learning clinical skills (e.g., history taking and physical Standard Deviation Average Extremely Low - Extremely High How would you rate the quality of opportunities to evaluate patients independently? Standard Deviation Minimum **Grade Scale** Average Maximum Mode 4.59 3.00 5 Extremely Low - Extremely High 5.00 0.60 How would you rate the quality of opportunities to participate in direct patient care? Grade Scale Average Minimum Maximum Mode Standard Deviation 4.53 3.00 5.00 0.61 Extremely Low - Extremely High Were components of your history taking skills observed and critiqued? Grade Scale % Affirmed % Not Affirmed 100% Yes / No 0% Were components of your physical examination skills observed and critiqued (or, for psychiatry, a mental status exam)? Grade Scale % Affirmed % Not Affirmed Yes / No 100% 0% How would you rate the amount of time spent on basic science concepts taught during patient care delivery?

Grade Scale Average Minimum Maximum Average Mode Standard Deviation Extremely Low - Extremely High 3.94 2.00 5.00 0.94 How would you rate the amount of time spent in academically unproductive activities (e.g., "scut work")? Maximum Grade Scale Average Minimum Mode Standard Deviation Extremely Low - Extremely High 2.18 1.00 5.00 0.98 l received mid-point feedback during this rotation about my performance (good performance or areas of improvement) from faculty.

Grade Scale % Affirmed % Not Affirmed Yes / No 100% 0% How would you rate the overall quality of feedback on your performance in this clerkship?

Grade Scale Average Minimum Standard Deviation Extremely Low - Extremely High 4.35 2.00 5.00 0.84 How would you rate the opportunities to work within the interdisciplinary team (e.g., social workers, nurses, PAs, nutritic Grade Scale Average Minimum Maximum Mode nists, etc.) during this clerkship? Standard Deviation 3.00 I was introduced to aspects of systems-based practice including cost effective care, effective use of resources (i.e., referrals), and quality improvement. Grade Scale Average Minimum Maximum Mode Standard Deviation 4.59 3.00 5.00 5 0.60 Strongly Disagree 1 - Strongly Agree 5 Please rate the overall quality of this course/clerkship. Standard Deviation Minimum Grade Scale Average Maximum Mode 4.59 4.00 5.00 0.49 Extremely Low - Extremely High What about this clerkship contributed most to your learning? **Grade Scale** Text Response Anonymous kship taught me a lot about real-life management of patients and their complex issues. nonymous My preceptors were the key to making this clerkship worthwhile. I was given the opportunity to see as many patients as I possibly could on my own and niven the opp ortunity to discuss plans with my preceptor for every patient encounte The faculty The case files book and the NBMEs helped prepare for the shelf exam the most. While the lectures where entertaining, they all could have been shortened to one hour. We are used to going a very fast pace the first two years of medical school, and these lectures covered much less material in more time

Anonymous

Opportunities to attempt to function independently and come up with my own plans

The constant patient contact provided the best learning. This is a phenomenal clerkship, I was sad walking away from all the friends that I made

How might this clerkship be improved? Grade Scale

Text Response

Anonymous

Lectures of mainstays of primary care would have gone a long way. Some ideas are hypertension, diabetes (and its related problems), and hyperlipidemia. I saw these issues every day and yet was not given a single lecture on them

I honestly don't know, this is such an organized rotation.

I think many of the lectures could be shortened or cut out of the curriculum. I learned infinitely more actually seeing patients in the clinic and talking with my Trains many or the ecutes sound be strictled or cut out the curriculars. The activation more actually seeing patients in the clinical and saling with preceptor, at this that having required lectures talk about the same topics we had lectures on throughout years one and two are not as beneficial as spending that time in clinic. Additionally, the schedule could be clearer, as the lecture schedule changed multiple times and we often didn't know when/where to be. This made it difficult when dealing with preceptors regarding scheduling.

I did not receive my mid-point eval until week 6. No part of the evaluation focused on subjective information regarding my performance. Everything was very objective as far as to what my preceptor wanted me to be doing. The hospital service week was honestly, boring. Which is disappointing as I was most exited for it. Most of the week consisted of sitting in the call room while the residents put orders on the computer, and rating to get a new admit to write an H&P. Some days, I didn't get to do anything after rounds if we did not get a new admission. I always made the effort to follow the intern or second year whenever I could, but sometimes there wasn't something to be done especially with 2 medical students.

Anonymous

When I took two days off I knew I would have to make up four days, however I didn't realize at the time I would have to dedicate time from eight different when I took wo days on I never would never the activities to get a full make up load days because there are zero opportunities to get a full make up day throughout the rotation. I don't know how this could never or head of that we shouldn't miss days, but I feel maybe 3 half shifts would be enough. Also that if I would have missed a Thursday rather than any other day I wouldn't have to make anything up for it. Other students seemed to take advantage of Thursdays without make up, which discouraged me. I am still grateful for you allowing me to miss the two days but the policy does seem inconsistent.

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