

June 2023 – May 2024 Clerkship Evaluation Report - Internal Medicine CC
Responses/Expected: 74/74 (100%)

Your answer to this question is very important for reporting purposes. Please correctly identify the site of your clerkship.

1. Identify the site of this clerkship

#	Answer	%	Count
1	Cleveland Clinic and affiliated sites	100.0%	74
	Total	100%	74

2. Rate the overall quality of your educational experience during this clerkship.

#	Answer	%	Count
1	Poor	0.0%	0
2	Fair	4.1%	3
3	Good	32.4%	24
4	Excellent	63.5%	47
	Total	100%	74

3. Please rate your opinion of the following statements.

#	Question	Strongly Disagree		Disagree		Agree		Strongly Agree		Total
1	The clerkship was well organized.	0.0%	0	1.4%	1	47.3%	35	51.4%	38	74
2	The clerkship director clearly explained the expectations for medical students.	0.0%	0	1.4%	1	36.5%	27	62.2%	46	74
3	The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.	0.0%	0	4.1%	3	44.6%	33	51.4%	38	74
4	I was satisfied with the clinical skills instruction I received during the clerkship.	1.4%	1	5.4%	4	41.9%	31	51.4%	38	74
5	Grading procedures were clear.	0.0%	0	6.8%	5	51.4%	38	41.9%	31	74
6	I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.	2.7%	2	12.2%	9	39.2%	29	45.9%	34	74
7	I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.	2.7%	2	10.8%	8	40.5%	30	45.9%	34	74
8	Faculty provided effective teaching.	1.4%	1	2.7%	2	40.5%	30	55.4%	41	74
9	Residents and Fellows provided effective teaching.	0.0%	0	2.7%	2	36.5%	27	60.8%	45	74
10	Faculty in this clerkship treated me with respect.	0.0%	0	1.4%	1	37.8%	28	60.8%	45	74
11	Residents/Fellows in this clerkship treated me with respect.	0.0%	0	1.4%	1	28.4%	21	70.3%	52	74
12	I was satisfied with the available study space.	8.1%	6	8.1%	6	44.6%	33	39.2%	29	74
13	I was satisfied with the available relaxation space.	8.1%	6	14.9%	11	39.2%	29	37.8%	28	74
14	I was satisfied with the available secured storage.	13.5%	10	14.9%	11	35.1%	26	36.5%	27	74

4. I was observed taking a partial or complete patient history by a faculty member, resident, or fellow.

#	Answer	%	Count
1	Yes	98.6%	73
2	No	1.4%	1
	Total	100%	74

5. I was observed performing a partial or complete physical or mental status exam by a faculty member, resident, or fellow.

#	Answer	%	Count
1	Yes	98.6%	73
2	No	1.4%	1
	Total	100%	74

6. Student participation in basic core clinical settings should not exceed intern work hour policies (80 hours/week averaged over 4 weeks, average 1 day off/week). Was the duty hour policy adhered to during this clerkship?

#	Answer	%	Count
1	Yes	98.6%	73
2	No	1.4%	1
	Total	100%	74

7. Is there anyone you would like to recognize as an exemplary teacher and/or role model?

#	Answer	%	Count
1	Yes	48.6%	36
2	No	51.4%	38
	Total	100%	74

7a. Please identify the individual (s) by name and describe how they supported your learning.

John Hanna, MD - Fantastic mentor willing to get medical students involved in the clinical sphere. Provided great oversight to allow a balance between independence and supervision

Dr. Chaya Abelow was a fantastic mentor and role model during my time with her in internal medicine. She was very respectful of all trainees and of our time. She did a fantastic job of asking probing questions regarding the management of patients and their differentials during rounds in a way that was thought-provoking and encouraging. She also provided very actionable feedback that demonstrated that she paid attention to and valued our growth as trainees. Furthermore, she provided excellent insight regarding her experience in medicine as a parent and how we as students might want to consider navigating career choices in the future with these things in mind in a very open and honest way.

Christina Hermanns (resident): She immediately welcomed me and always took the time to teach me even on busy days. Ali Mushtaq (resident): He was welcoming and explained key concepts that allowed me to better understand how I can take care of patients.

Dr. Isaac was extremely supportive and helpful in my learning by offering one-on-one lessons for a variety of patient care including physical exam and tips for the electronic medical record.

Dr. Charbel Noujaim - amazing resident with a great work ethic who leads by example but also makes time to teach his students and mentor them. He shares his enthusiasm for cardiology with the team and is great at teaching. Dr. Max Volk - he's an amazing mentor and teaches his students how to become effective members of the team quickly. He is also excellent at providing constructive feedback and cares about his student's development.

Kevin Allen - Outstanding teacher and wonderful person who took the time to teach me the keys to success on internal medicine, strengthened my abilities to create an assessment and plan for each patient, and treated every team member and patient with respect and kindness. A true role model for who I want to be as a resident. Stavros Stefanopoulos - Great teacher and leader who showed clear devotion to student learning, granting me ample opportunity to take on patients and demonstrate/improve my clinical skills. Knowing that I intend to pursue internal medicine, he challenged my critical thinking, gave instructive and thoughtful feedback, and continues to be a wonderful role model.

Dr. Annick Haouzi, MD was a fantastic teacher and mentor in cardiology. Dr. Saloni Sachar, MD was a wonderful preceptor and role model as an intern in general internal medicine.

Luke Detloff was an incredible resident to work with during my time on Kimball C. He went above and beyond in exploring pathophysiology of diseases, discussing differential diagnoses, and discussing various treatment modalities. His teaching greatly broadened my clinical skills and basic scientific knowledge.

'- robert mayock

Dr. Mayock - made an effort to discuss the plan directly with me instead of primarily talking with the resident. Also asked me targeted questions about management that helped develop my clinical reasoning. Furthermore, took time during the afternoons to give us chalk talks about pertinent patient management topics. Also had a separate talk with me at the beginning and end of my time with him to discuss my goals and progress. Dr. Laffin - made an effort to teach during rounds and taught us a systematic way to review EKGs. Not only this, but he also had us go through each patient's EKG one day during rounds even though this likely made things quite inefficient for him. Could tell that he was invested in our learning and actually cared if we learned which is harder to come by in an attending than one might think. Also took the time to meet with me individually at the end of my time with him to discuss my performance and future goals.

Garrett Santini - Amazing teacher, very patient, taught me ECGs.

1. Roshan Patel 2. Lidiya Sul Both my seniors for IM went out of their way to teach, include me as a member of the team, give me responsibilities while being available to help and open to questions. Made sure I felt safe and respected.

Dr. Richard Cartabuke - provided constructive feedback and tangible ways to take my learning to the next step as a medical student Dr. Eric. Yudelevich - routinely provided primary literature support for clinical care; and provided

me with an example of how to integrate the most up-to-date research into clinical practice

Dr. VJ Velez

Dr. Robert Mayock - spent plenty of time teaching and set aside 20 minutes at the end of the week to give me focused and useful feedback

Brandon Francis

Saloni Sachar - unquestioned student advocate, went above and beyond so I would succeed and stand out, generous with her time, as empathetic to me as she was her patients

Dr. Trunzo - incredible teacher and mentor

N/A

Asad Rauf - Gave tons of opportunity to learn by opportunity and presented academic exercises to help increase my fund of knowledge Purnadeo Persaud - Taught me how to do orders and think about if something will change management or not. Gave me lots of responsibility which helped me learn Garrett Santini - Would always take time on rounds to provide teaching points for each patient on list and always took the time to go over my notes with me and how to improve. Also, always showed us the patients with good physical exam findings so that I could learn

Lydia Sul MD

Dr. Giselle Velez took the time to set clear expectations at the beginning of the week, met with everyone on the team individually to establish goals and give feedback. She gave plenty of feedback for each oral presentation. She also made sure she supervised me doing a full physical exam and H&P on my own. She made sure to find teaching points for each patients and also spent a few days teaching the team on various topics with printed handouts. She also made sure to get to know everyone on the team and made me feel included as part of the team. I also had great experiences with two of the senior residents, Arjun Chatterjee and Joe Sipko. They also made time for any questions I had about my patients and cleared out some time during the day for teaching. They gave me great feedback and made me feel supported throughout my first rotation.

Christina Hermanns was an excellent senior resident. She gave excellent clinical advice and recommendations and also taught me a lot of things about navigating the hospital system and the EHR

Ramanpreet Bajwa was an incredible senior and was extremely communicative and eager to teach me! She was so welcoming and gave me a ton of autonomy from day one.

Dr. Spiko was a great teacher and set a great example. He actively advocates for his patients. Further the way in which he brought literature into his practice set a great standard that I aspire to work towards.

Dr. Fadi Toro (PGY-3), Dr. Pradeep Kandula (PGY-2). Dr. Arjun Chatterjee (PGY-3), Dr. Joanna Ghobrial (Attending); an extremely wonderful educator who truly inspired me and created a positive learning environment.

Paul Nurse. He went above and beyond to include me and the other med student in bedside team rounds. He would ask us to lead the encounter so the team could provide helpful feedback. He would explain physical exam findings and techniques to the patient/team He brought primary literature that was relevant for treatment guidelines to share with the team on say 1 He taught me and the fellow med student how to communicate with the greater team, specifically call consults and vocera nursing. How to communicate professionally

Dr. Ruthmann in Cardiology - excellent with students, patient, good with teaching, created an encouraging learning environment

Dr. Yudelevich took time every day during rounds to discuss teaching points and actively engage me and other students/residents with patients and patient care!

Dr. Tony Joudi. He spent an afternoon teaching me inpatient diabetes management. This helped me immensely through my IM rotation.

Dr. Anthony Kerbage was an amazing resident and teacher. He regularly engaged me in teaching, found opportunities for me to contribute more to the team, and most importantly created a welcoming and conducive learning environment. Dr. Zaw was an excellent teacher and attending. She had vast medical knowledge and was genuinely interested in teaching medical students and residents. She engaged us in chalk talks with level appropriate

questions. She was extremely respectful of our time, and taught us a lot about the systems side of hospital medicine.

Dr. Baila Elkin possesses a rare talent for teaching, employing a methodology that seamlessly integrates guided questioning with opportunities for independent decision-making. This approach proved invaluable as I navigated the complexities of patient care, allowing me to actively engage in critical thinking while benefiting from her wealth of knowledge and experience. What truly set Dr. Elkin apart was her ability to strike a delicate balance between offering support and granting autonomy. She encouraged me to take ownership of patient cases, providing guidance when needed while empowering me to make informed decisions independently. This balance instilled a sense of confidence in my abilities and fostered a deep sense of responsibility towards my patients. Moreover, Dr. Elkin exhibited exceptional communication skills, effectively articulating complex medical concepts and treatment plans in a clear and concise manner. She actively solicited my input, creating a collaborative atmosphere where ideas were exchanged freely and mutual respect was paramount.

Samuel Olson, PGY-2, IM Residency Program: By far the very best senior resident I have interacted with during my entire MS3 clerkship year. The level of confidence and dedication that he has to his team is remarkable. He truly treated me like a valued member of the team on rounds, would teach me so much clinical pearls that were beyond valuable, and would give me an excellent amount of autonomy such that I felt very well prepared and boosted my confidence. He provided very excellent feedback and I could just tell that he is invested in the care of the patients as well as educating medical students. He was the most professional resident I have worked with this year and is truly an exemplar of how residents (esp senior residents) should manage their teams on IM teaching service. I was with him on Tucker service around March and we truly were a very successful high functioning team which was largely due to his leadership.

Dr. Mohammad Alamer was the senior resident for 2 weeks I was on general IM. Not only is he an extremely knowledgeable and skilled internist, but he is also an incredible teacher. He challenged me to take on very complex patients and really invest time to understand what was going on with them so I could craft thoughtful assessments and plans for each patient. He also regularly taught us about high-yield topics that were relevant to the patients we were managing. As the senior resident on the team, Dr. Alamer was actively involved in the care of every single patient and made it a point to do his own pre-rounding on all patients before our team rounds. I aspire to be as gifted a clinician as Dr. Alamer. My weeks working with him were some of the most challenging, but fulfilling weeks during my entire IM rotation.

Tess Calcagno - She was the resident on two of the teams I worked with during my internal medicine rotation. Tess has great bedside manner with patients and models exemplary communication skills. She tries to include teaching points throughout the day and taught me to improve my EPIC usage, note writing, and presentations. She was intentional about involving students in the team and always treated me with respect.

Dr. Keshinro was a wonderful colorectal surgeon at FV. I got to work with her during clinic days and in the OR. She was very willing to teach and allowed me to assist wherever possible. She asked me questions and taught throughout the procedure. She created a safe environment for learning.

8. Describe the strengths of this clerkship.

Really got ownership of the patients I was following. I appreciated how much teaching both faculty and residents provided me. Really great rotation experience.

'- one medical student per team - individualized time with attendings/residents to maximize learning - participation in noon conferences

Internal medicine gave me many great opportunities to get involved in the care of simple and complex patients. I had the opportunity to learn to work up and think about differentials and management for patients presenting in the ED as well as those being transferred in from the MICU. I have the opportunity to be involved in calling, consults, as well as discharge planning and navigating family dynamics and plans of care for a variety of patients from simple to complex family and social situations. Overall, I believe this time and internal medicine allowed me to gain a great appreciation for both of the science and art of medicine

I appreciated how I felt welcomed by everyone I worked with on this clerkship. I also like how med students were integrated into the team. For ex, I liked how I got to have "my own patients" to follow on, which allowed me not only to learn but also made me feel like a valued member on the team.

Daily resident lectures, opportunity to follow patients, ability to present to entire team including the attending and develop and present assessment and plan, seeing resident presentations

This clerkship was very organized and made for a nice learning environment as far as diversity of clinical teams, patients, and inpatient experiences.

Outstanding clinical exposure to variety of different patient cases. Good clinical teaching from staff and residents. Good integration of new in conferences for students.

'- well-organized and provided good opportunities for me to see and learn about a wide variety of conditions - residents and interns were wonderful at teaching

This clerkship introduced the foundations of medicine. I appreciated the opportunity to learn about the bread and butter of medicine, taking care of patients inside the hospital, and working up patients through admissions.

'- Opportunity to independently manage patients (with proper oversight) and really apply our medical knowledge - Fantastic attendings and residents who welcome and treat students with respect and kindness - Devoted teaching time

Well-organized, supportive teams, great preceptors.

Extremely kind, supportive, and knowledgeable staff/residents to work with

'- lots of good learning opportunities, residents were for the most part respectful and good role models

I was able to gain a variety of experiences by rotating through 3 different teams which I think gave me a very well rounded IM experience overall.

I enjoyed the breadth of services I was able to experience.

The breadth and depth of cases while on the internal medicine teaching team

residents and staff were incredibly willing to teach and help, good exposure to broad range of IM specialties

The clerkship did an outstanding job giving me an opportunity to carry my own patients and function in the most independent capacity I was able, with obvious oversight from the rest of the team. I enjoyed learning from my patients, and the teaching that the residents and attendings provided during my experience.

Good organization.

lots of autonomy and opportunities to learn

Great hands-on experience

Good teaching with good residents and attendings who took time to get to know and interact with students.

Wide array of pts with complex presentations that required interventions from multiple teams.

The internal medicine clerkship as extremely well-organized, and I really appreciated the orientation with clear expectations set forth from the onset of the clerkship. I also got to work extremely close with faculty and residents, which made the clerkship extremely meaningful for my life experience.

Good variety of exposure to cases, lots of chances to do admissions, resident/faculty were very helpful with teaching and providing feedback for improvement

'- variety of patients and diagnostic experiences - learned to place orders - autonomy with team, felt like a valued member

I got to see a variety of patients and cases, got a lot of practice writing notes and presenting, and got a lot of face time with residents and faculty.

Well organized, kind and instructive faculty, warm and welcoming learning environment. Very consistently provided a good educational experience.

The faculty and residents I worked with made me feel safe and comfortable to ask questions, make mistakes, and contribute to the care we provided our patients. I was respected and received helpful feedback that will make me a better provider in the future.

I was provided diverse opportunities to learn from great faculty and residents.

There were plenty of opportunities to learn about many different medical conditions and all of the residents and staff I worked with were so kind and more than happy to teach and answer questions.

Really think night call is a great learning opportunity. Wish that we could have had an entire week on nights rather than have calls sprinkled in through our day call experience.

'-exposure to a variety of illnesses -chance to prround and build rapport with patients -chance to be involved in note writing and team work

I felt really supported in my learning by the residents and faculty who took opportunities to teach me.

Dedicated faculty

Good balance of supervision and autonomy. Great resident and attending teaching

Experience presenting

'- saw a good variety of cases and enjoyed having a few weeks on general IM and a few on cardiology - all of the faculty and residents I worked with were excellent

I felt this clerkship adequately gave me the experience and educaiton in inpatient medicine i was looking for from medical school!

Strong teaching from preceptors. Excellent breadth of clinical exposure.

'- Excellent teaching by residents/attendings. - Great balance of autonomy and supervision. - Really enjoyed working the night calls because I would do so much like admitting the patient, getting H/P, pending orders, writing notes, etc. which I very valuable skills for intern year.

Felt like a critical part of the team and had the opportunity to take on my own patients and contribute to developing their plans day-to-day.

Adequate didactics time, reasonable workload.

I appreciate the variety of cases in the internal medicine teams. The attendings were involved in teaching and were respectful of my time in running efficient rounds while combining teaching points.

Abundant experience in clinical reasoning supported directly by residents and attendings. Relevant and memorable didactics integrated often (noon conference).

Residents involve medical students in patient care more than in another rotation

9. Make suggestions for improvement for this clerkship.

N/A

N/A

I have heard concerns from multiple residents that the large number of evaluations they receive (sometimes in the upwards of 60+) often discourage them from filling out evaluations in a timely manner. I believe bundling evaluations, rather than sending them individually (while ensuring 2 groups of evaluations are sent to allow for the system to trigger cumulative feedback) would be a great way to decrease resident workload and also decrease barriers to medical students receiving feedback.

There were too many medical students on the service for some of my weeks. My first week on the cardiology service there were 3 medical students which meant that I had less of a change of seeing the new admissions. During 2 of my 3 weeks on the medicine service I was working with a team that including an AI as well which decreased the number of new patients I could see. More opportunities to see patients/more conditions would have been great. Also increasing the variability of what is sent to each team - some of my classmates saw a wider variety of conditions including diagnoses like skin pathologies and perihepatitis which I did not see. After table rounds we did not always round as a team, so I often only saw the 2 patients I had been following.

I would love clearer expectations as far as the number of patients to see per week. The patient lists often varied which would affect the number of patients seen by students, especially if there are 3-4 students on a team.

If you want to have a comprehensive summary of students' feedback to help evaluate them - gather them and put it into ChatGPT to help summarize- individual reviewers just cut and paste instead of synthesizing feedback which is susceptible to laziness and bias. This happened particularly in the Pediatric Clerkship at CCF. Not sure if clinical cardiology is a great internal medicine service for clerkship students to be on since it is hyper-focused on cardiology problems. Some cardiology attendings neglect to put importance on discussion and management of other internal medicine issues so students may not get an opportunity to learn how to manage other important medical concerns as well during rounds. I guess one thing it revealed was how myopic sub-specialty way of thinking could be.

As of the time of this feedback in 2024, the internal medicine clerkship is only five weeks long. I think this should be significantly longer. Most medical schools across the country have 6 to 10 weeks of internal medicine in their 3rd year clerkships. Five weeks of clinical exposure to internal medicine is not enough time to fully gain skills in the breath of internal medicine in learning principles of history taking an admission. Unfortunately some hospital medicine staff are much less involved in teaching than others, rounds are no longer teaching Rounds design for education of residence in students, but rather a time to complete work tasks and discuss disposition to SNFs.

N/A

The night call schedule felt a little strenuous and could be considered to a once per week occurrence.

'- Have a secure space for student and resident personal belongings, such that they are not at risk of being stolen

N/A

I wish students had the choice between rotating with Cardiology or Nephrology in addition to the general services

NA

Certain attendings made zero effort to interact with me at all. This needs to change.

I feel the clinical cardiology rotation could be better tailored to students' interests. Possible suggestions would be to allow students to rotate in the EP/cath lab, cardiovascular ICU, or imaging suites. Overall, the two weeks on service were repetitive, having seen primarily patients with heart failure who needed diuresis. Having had the opportunity to see cardiac surgery while on my surgery rotation, I was excited to start clinical cardiology; however, I was ultimately let down by the lack of case diversity and opportunity on service.

Bedside rounding was a poor learning environment for a medical student. The conversations not involving our patients were hard to learn from as they did not meet us at our level of training. There was not much attention to

pathologies in teaching during bedside rounds (understandably so), but the rotation could be improved by allowing students to study or finding alternative activities for students during this time.

Noen

NA

Ensuring 1 student per team!! No M3 or AI in addition to the learner, if possible

none

More guidance for specific day-to-day expectations regarding roles in the team

More education on how to use epic and work as part of the team would be helpful.

I spent 4 weeks on same team which made it less effective to see more diversity in chief complaints since many patients remained on the internal medicine service for over 2-3 weeks.

I don't have any suggestions.

Better call schedule

'- there were not always tasks or things in the afternoons, I often felt like I was sitting around - no space for medical students, H15 is crowded and there are never enough computers

Administrators can work to ensure that there is no more than one or two med students per team. I was on a team where the med students (me, AI, observing international students) outnumbered the actual team (residents & attending).

I do not have suggestions.

none

Felt like there were way too many people on each of the teams. Some of the teams had two interns, two to three med students, and an observer. I was personally very lucky to have not had this experience, but I heard from my peers that they felt that the larger number of people on a team diluted their responsibilities/learning opportunities.

'-would like more exposure to commone hospital medicine procedures.

More flexibility in selecting rotations

na

3+ weeks same team for continuity

Please try to find a way to make these core rotations (IM and surgery) longer than one month each. They are truly the basis of our clinical knowledge and experience moving forward, and more time devoted to these would be extremely helpful and valuable.

Implementing time in the ICU would be helpful.

On Cardiology, there was a lack of storage space and working areas.

'- N/A

Remove call schedule for med students. Big waste of time considering the shelf exams and material are very intense. No added benefit of call compared to admissions throughout the day.

Faculty could be more engaging

10. Neglect is a situation in which a student is openly ignored, is excluded from important discussion, or made to feel ‘invisible’. Neglect is different from overt mistreatment but can still interfere with the learning process. Did you experience neglect on this clerkship?

#	Answer	%	Count
1	Yes	5.4%	4
2	No	94.6%	70
	Total	100%	74

10a. Describe the neglect that you experienced and be as specific as possible.

On my cardiology service, I had an attending who barely acknowledged me at all. It might have just been his personality, but I didn't even get a "hi" during my 2 weeks on the service. Nevertheless, it was not a great feeling.

While on my neurosurgery rotation, I asked the intern in charge of medical students, Justin Bingaman, if I could follow patients. He said that was more of an AI role, and subsequently told me to just observe, those two weeks on neurosurgery, nobody spoke to me, nobody gave me access to the epic list, I wasn't even assigned to an OR - I had to pick the cases I found interesting and spend the entire case unscrubbed in the corner watching. Entirely dissuaded me for neurosurgery, awful experience, very few welcoming people

During the cardiology portion residents did not take the time to teach me how to use templates and write progress notes nor did they take the time to teach me. They were preoccupied with writing up abstracts for conferences or they were busy with the large number of patients in the cardiology service. Also most of the time there were two medical students and one AI making it difficult to get opportunities to admit patients.

11. We expect that all students will be treated with respect during their clinical experiences. Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Did you either witness or personally experience mistreatment?

#	Answer	%	Count
1	Yes - personally experienced.	1.4%	1
2	Yes – witnessed but did not personally experience mistreatment.	5.4%	4
3	Both - personally experienced and witnessed mistreatment.	0.0%	0
4	No	93.2%	69
	Total	100%	74