

Report Notes

	2019 AAMC Medical School Graduation Questionnaire Student Comments: Strengths and Areas for Improvement, and Comments Regarding Negative Behaviors Experienced or Witnessed During Medical School
Overview	This report provides verbatim comments from the 2019 Medical School Graduation Questionnaire (GQ) regarding the strengths of the medical school's programs and areas that may need improvement, and comments regarding negative behaviors personally experienced or witnessed during medical school.
Data Worksheets	The data worksheets in this report correspond to open-text questions presented in the GQ, detailed below. To maximize confidentiality, each respondent has been assigned a random record identifier, which remains the same for the respondent across each "Strength and Areas for Improvement" worksheet/question; however, the comments in the "Behaviors" worksheet have separate identifiers that are not linked to identifiers in the prior worksheets. Each worksheet also displays the respondent's campus or special program assignment in cases where the school provided such information to the AAMC. Comments for each worksheet/question have been sorted by campus, where applicable.
Printing	To print responses, open a worksheet and choose the print option. Note that some longer responses may not be captured completely by the print option. To meet the purposes of program evaluation and improvement, school officials should feel free to reformat the response data in this report while maintaining the integrity of the responses.
Text of Questions	The full text of each question is provided below. Alongside each question were these instructions: <i>"Any comments you write below about your school's programs will be provided to your medical school verbatim. The verbatim responses will not be linked to your identity and will not be linked to GQ data other than your campus location. In responding to these essay-type questions, you should not provide self-identifying information unless it is your intention that your identity be known."</i>
Worksheet: BS_STR	<i>"Please comment on what you perceive to be the strengths of your basic science education during medical school."</i>
Worksheet: BS_IMP	<i>"Please comment on any areas where you believe your medical school could improve basic science education."</i>
Worksheet: CL_STR	<i>"Please comment on what you perceive to be the strengths of your clinical education during medical school."</i>
Worksheet: CL_IMP	<i>"Please comment on any areas where you believe your medical school could improve clinical education."</i>
Worksheet: AD_STR	<i>"Please comment on what you perceive to be the strengths of the administration, services, and student affairs programs of the medical school from which you are graduating."</i>
Worksheet: AD_IMP	<i>"Please comment on any areas where you believe your medical school's administration, student services, and student affairs programs could be improved."</i>
Worksheet: Behaviors	<i>"Is there anything you would like to share directly with your medical school about the behaviors that you have indicated you (a) experienced personally, or (b) witnessed happening to other students? To help your medical school understand and improve the learning environment, your response below will be given to the staff at your medical school who receive your school's GQ report, but not until after the annual GQ reports have been issued in July."</i>

2019 AAMC Medical School Graduation Questionnaire Student Comments		
Florida International University Herbert Wertheim College of Medicine		
Record	Campus	Administration, Services, and Student Affairs: Strengths
		Accessibility and willingness to meet with students
		- Receptiveness to feedback from students
		Accessibility
		Accessible.
		Acknowledgement and effective response to student concerns.
		Administration: open and receptive to medical students. They are easily accessible. deans meet with all students periodically to assess our experience, both good and bad.
		All the faculties and staff were very accessible and they were genuinely interested in helping students out.
		Always available to students
		Always very accessible and willing to help. Quick response to student questions.
		Approachable, transparent and honest.
		Student-centered model
		Aware and responsive to what is going on with the student body class
		Below are my comments about administration and faculty. However, the staff in student affairs is amazing and deserves more recognition than what they get. Scarlett, Brittany, Jackie, Jessica, Alejandro, Alex, Sofia, etc are all incredible and have made our experience better.
		Career and financial aid services are solid and usually responded to my questions in a timely manner.
		Dean Sackstein, Break it down, and start again. Areas of improvement continued- The veil of professionalism. The threat of professionalism is real for everything and every student (except the chosen ones) at this school. Professionalism does not apply to the faculty. It is like having a choke chain around students' neck to ensure they fall into compliance. Why didn't this work for the crackheads, cheaters, or the ones having coitus with faculty for grades? The professionalism is a complete fraud - very subjective with a bunch of inexperienced, opinionated uncultured administration with the power and will to wreck students. Get rid of the professionalism standards, and give students their freedom and ability to hold the faculty/staff/administration accountable for their actions.
		Dr. Robert Hernandez cared a lot about students' well-being and is missed by virtually all the students. Dr. Desmarais of the Student Wellness and Counseling Center has been nothing short of amazing. I would not have graduated medical school without her. I know other students who highly value her as well.
		I appreciate that the school fought hard to have just one graduation ceremony for us and that they gave us the option of opening our match letters before going onstage. It's this part of them that showed that they cared.
		I am optimistic that Dr. Sackstein will listen to students and change some of the culture of the school. He at least seems very interested in improving research opportunities at the school, which were lacking for a lot of us.
		Excellent wellness programs, responsiveness to student concerns, Tutoring Program, Peer Mentoring Program, Peer Academic Advising Program, and student health services. I'm also glad that the structure of match day was changed and that technology fees were reduced. Excellent Financial Aid services, lectures, exit counseling, and responsiveness from the Financial Aid office overall.

2019 AAMC Medical School Graduation Questionnaire Student Comments

Florida International University Herbert Wertheim College of Medicine

Record	Campus	Administration, Services, and Student Affairs: Areas for Improvement
		<p>Connections to other schools</p> <ul style="list-style-type: none"> - Power in national medical education - reputation - Support in determining specialties - Connections to different specialties, especially competitive ones - Tutoring needs to be fair for everyone. Mario plays favorites and invites only select student to tutoring sessions. Why is this appropriate? He would select students that are top of the class to attend tutoring session, instead of the ones that were failing. He needs to be evaluated.
		<p>Continue to become more aware of student concerns and actively make these changes</p> <ul style="list-style-type: none"> - Continue to increase research opportunities for students, especially in clinical research
		<p>Academic affairs is a mess. Dean Runowicz is gratuitously unkind to students, and does not seem to have any interest in supportive or advocating for students below the top quintile. The 'ombudsman' position is a joke: it is an obvious conflict of interest for the dean of academic affairs (Runowicz) to be married to the ombudsman (Cherry). I know of specific instances in which a student chose not to bring an issue to the ombudsman because he's married to Runowicz. Not to mention that he is ineffectual.</p> <p>The MSEPC system is unnecessarily stressful for students, especially those facing academic difficulties. There is no support for students to help them advocate for themselves, or even to understand the documentation and regulations written by lawyers to defend the school rather than support students. It is an awful experience that the school should be ashamed of, even if most students have a generally not-unfavorable outcome. (This refers more to academic issues than professional, although the unequal application of professionalism rules on students versus faculty is stark.)</p> <p>Student health is very difficult to get a reasonable appointment, especially in M3/M4, when we're only rarely on campus.</p> <p>The credentialing for all the clinical sites is a ridiculously labor intensive process. There needs to be more coordination/organization within/through FIU regarding credentialing.</p>
		<p>Administration has changed so much in all but 1 year. At least 10-15 core faculty members have left, including people in admin who usually help 4th years with ERAS and applications. We felt we did not have strong support in applying for residencies, and that we had no one in admin or any connections who would be able to contact residency programs and vouch for us.</p> <p>New administration now is very rude, will send out professionalism violations to students for things that shouldn't be professionalism violation.</p> <p>We were not consulted about changes to the student handbook, was forced to sign the handbook to say we are okay with the changes, and if we did not sign it it was a professionalism violation.</p> <p>We had basically no career counseling through that service, the only good thing was mock interviews.</p> <p>We were told AFTER we took step 2cs that a new stipulation effective immediately was that if you did not pass step 2cs before rank list certification, we would be decertified for the match. We were not given enough time to rearrange 2cs dates in case we needed to take the test again, so we.</p>
		<p>Approachable but unsure if they are willing to make tangible changes in favor of students. I don't feel as if our concerns were addressed as much as I would have liked to see.</p>
		<p>At times there is a LOT of bureaucracy and change can be extremely slow (or non-existent) despite admin professing their willingness to change.</p>
		<p>Better wellness activities that are more applicable.</p>
		<p>Career planning, CV workshops, EM-specific advising exists, but is not adequate.</p>
		<p>Consider having students on decision boards</p>
		<p>Continue working with student leaders to build support/resources for students going into small fields. I felt that my advising was not effective for my career choices. Faculty should have better insight into the realities of applying and working in residency programs today.</p>

I am unhappy with the way the administration has handled a lot of the concerns students go through.

When students admit they feel overwhelmed they are highly encouraged (i.e. forced) to take a leave of absence, often disrupting students' schedules and creating more stress. Rather than addressing the concerns, it seems like the school doesn't want to deal with what is perceived to be mental health baggage and be liable for it.

I had a friend who was accused of [REDACTED]

There was another incident in which some people from the [REDACTED] were completely called out for certain behavior during their [REDACTED]. They went out of their way to overly punish the students even though no answers were given to a quiz at all and that even the professor of the course explained to the administration that there was no ill intention. Marking them down on their professionalism out in the open was also demoralizing to the rest of the student body as it told us that this zero-tolerance policy made it very clear that the administration would always threaten us and have a guilty to proven innocent stand on issues. I know for a fact those students were very professional to their colleagues and patients otherwise.

The incident where they [REDACTED] was unnecessary and demoralizing. I did not need to read that or know who it was from.

Overall they could have done a much better job at maintaining the morale of the student body. They even held a raffle for this very survey so as to have us take the survey in a more positive environment (and incentivize us to complete the survey). Instead they made everyone distrust each other. So many of us couldn't wait to get out of the school.

I have heard many of my classmates say that it is difficult to talk to deans/advisors/administrators. Although this was not my personal experience, I think one way to change this misconception is to have a closer communication loop with students. Perhaps I had a different experience because I actively sought support from our deans, and learned that they were more than willing to go to bat for me. However, it may be possible that other students don't feel this way because they never had to be in that position and therefore don't know how receptive our administrators/deans are to this.

I never felt like the school supported my future career efforts. There seemed to be very little direction offered to help us decide on a choice of specialty and tailor our schedules toward that. This was probably due to mandatory annual meetings with advisors being too short and far apart as to truly be helpful. Increasing faculty advisor involvement and presence would be helpful. Also, please try to support (force) student research efforts outside of the research course, and at an earlier time in medical school, as these opportunities are difficult to find. I can't truly comment otherwise on the current staff and administrative faculty, as there has been significant turnover recently.

I think everything is ok. I just wish that they should not have had students who took time off for medical leave make up their time with more weeks than they originally requested. For example, [REDACTED]. This is not fair and it made my 4th year scheduling stressful. I have heard of the same thing happening to other students.

I was told by my colleagues, who were experiencing these situations, about instances of inconsistent application of disciplinary action. One that stood out was relating to excused/unexcused absences and resulting in an excused absence being reversed causing the student to have to repeat a rotation during our dedication step 1 studying time and eventually hampered their ability to participate in away rotations and thus apply to a specific specialty causing them to have to change their intended specialty.

I wish there was more financial aid support for nontraditional students especially those with families (wife, children, new additions within the academic year.)

Its perfect

	Less university fees to decrease our tuition.
	Library Services: Our library is far removed from the medical school building. It is located within the undergraduate library. It is only one small area of the 3rd floor of that library. It would make more sense to create a space like this closer to the medical school. With the growing size of our medical school and the allowance of PA students into the library it is clear that this space needs to be enlarged.
	Major complaints about improving basic sciences education were not fully addressed
	More information and support should have been provided for us as we were applying for residency, particularly as far as specialty-specific information is concerned. More faculty representatives should be available for mentorship and advice. A service informing students on available offers and discounts for consumer products and services would also be appreciated.
	No areas of improvement.
	Not very responsive to student requests and complaints.
	OSA no longer advocates for the best interests of the students, and students often feel like their concerns go unheard or are not taken seriously. I hope that this will change with the recent change in leadership through Dean Sackstein.
	Often write off complaints that they feel might not be necessary to change
	<p>On the interview trail, I learned that many medical students met with their home program director or chair of their department and those individuals would make phone calls to their top residency choices on their behalf. I matched into my desired specialty but it was my 12th choice and I was both surprised and disappointed on Match Day. While I did take time to examine how I could have personally improved my application and interview skills, I strongly believe that part of the reason I did not match well is because I had extremely limited guidance from mentors in my specialty in the application process. Our clerkship director retired in the middle of interview season and was replaced by someone not even in my desired specialty. We were also told we had a new chair of the department who would be willing to make phone calls to programs on our behalf but when I contacted his office, I never received a response. Many of my fellow classmates who also applied to the same specialty as me also reported feeling abandoned and were also unsuccessful in hearing back from the new chair of the department.</p> <p>If FIU wants to be taken seriously as a medical school on the national level, we need faculty and administration who are willing to go to bat for them and help their students meet their goals because clearly, residency is more about "who you know" than "what you know." I hope future classes applying for my specialty will have better support and mentorship in the future.</p>

Overall, I have been disappointed with the level of support provided by the school. This is especially true during the last year of medical school, where 4th year students were often neglected. Communication to students from OSA has been abysmal. We were not aware when certain key faculty left, for example, or we would just get forwarded an email announcing something important as an afterthought. I especially was disappointed by the lack of appropriate mentors to help with residency applications. I largely had to find information by seeking out upperclassmen or people I knew personally in the medical field. There was close to ZERO mentorship in my specialty (and others of my friends as well). The faculty who are department chairs have NO connection or concept of reality about applying to residency. They don't even know the type or how many number of recommendation letters we need! This is UNACCEPTABLE. Recommendation letters are, unfortunately, very important for residency, but faculty here don't seem to care. People had letters written that were 3 sentences long, or stated a student was going into the incorrect specialty (how is this acceptable??), or straight refusal for letters. In addition, we do not have a teaching hospital affiliated with our school, so it is very difficult to establish relationships with faculty to write appropriate letters. My own department chair forgot that he had already met me a few months ago. He also had no idea how many letters I needed, or where I should apply. He then told me something completely out of my control was my fault. There is such an emphasis on step scores, but no guidance on how to apply to a residency, what areas of the country or specific programs to look into, etc. For example, ERAS was something we had to figure out on our own. We had to actually find guides provided by OTHER medical schools to see how to apply to residency. This is actually absurd. The only strength about going through this difficult time was that I felt very responsible for my own residency match, and felt like it was something I achieved without much help. In addition, feedback provided to student affairs and administration is often scoffed at or ignored. The deans lunches are just a way for the faculty and deans to spew back at us and tell us that things we want to be changed are our fault. When the class was concerned about the fact that exam proctors were completely chaotic and unhelpful when our NBME exam was disconnected from the internet, the students were blamed for not acting better. This has happened repeatedly, where concerns are brought up and students are just blamed. There is no morale here. And from what I have heard from classes below mine, it sounds like morale is continuing to worsen. I have no desire to donate money in the future if this attitude of student blaming and kicking students out continues.

Put more effort when it comes to changing 'traditional' ways especially if it is possible.

Reactions/changes in response to student concerns

Recent changes in administration and services within the past year have been discouraging. We started medical school feeling very supported and encouraged, but we are leaving with contradictory feelings. A majority of us feel like we have been on our own. Previous student affairs were people we could count on, who related to us on a personal level and reached out to us frequently, and who we knew would have our backs regardless of anything that happens. I strongly do not feel the same with the changes administration. In addition, student voices aren't being heard any longer because we are being forced out. We have Dean Lunch talks which now just consist of us stating a concern and getting a snarky remark back refuting our concern. This isn't constructive and doesn't convey to students that you care or are taking concerns seriously. I have not been one of the student's in the class who complains a lot, or ever for that matter. I'm writing this in hopes that administration truly takes this seriously. Morale is low right now among both students, faculty, and staff. Students do not feel supported or like we have anyone in our corner. When someone talks about faculty mentoring to me, I can't think of anyone who was a true "mentor" to me (also since majority of faculty have left the school within the 4 years we have been here-- there appears to be an issue with high faculty turnover here). This school is making a significant turn in the wrong direction. Classes below us have nothing but very negative remarks to say about the school and taking it very far and posting it all over the internet on public forums. You need to make a change.

Student affairs leadership

Students are targeted if they speak out about mistreatment. Deans are often unaware of policies and give conflicting information. Deans are eager to destroy students to use as a platform for promotion. One dean was having an intimate relationship with someone under his authority and this was ignored while the other dean in a similar relationship was forced out. Students are left completely unprotected. A licensed psychologist is in student affairs but never explicitly tells students what they say to her is confidential. She then shares that information with faculty. Until recently, the ombudsman was a grading faculty member married to the dean of medical education and would share confidential information.

Suggested improvement for having standardized disciplinary action. e.g. some students appear to receive preferential treatment or discipline.

The OSA person in charge of proofreading CV and personal statements was very hard to get in touch with and sometimes he never even responded. Also, we feel morale is low because we don't feel like OSA is supporting us. It has turned into a weird environment of student vs. OSA in the last year.

The administration does NOT care about the students and has no regard for our sanity. They don't care about students who are struggling academically and do not take out feedback into consideration. It almost feels like a waste to fill out this survey because of every survey we fill out, it does not seem like anyone reads them/acts on them.

The school has high turnover of faculty and staff. Most of the good people that students relied heavily on (Dr. Hernandez, Dr. Graham, Dr. Rodriguez, etc) have left to go to other programs. The people remaining are not picking up the slack and students are suffering. Many students in this match felt that they didn't have enough guidance.

The student affairs office switched leadership during our 3rd year and the new dean never introduced herself or made herself known, besides through negative email interactions.

The weaknesses of the administration is not the individual itself, however, this year there was a lot of turnover within the administration.

There should be protocols in place for extenuating circumstances when family members are on the brink of death. As of now I think my school lacks compassion and protocol in this area and falls short on supporting students when they are having a difficult time outside of medical school.

Tutoring services can be difficult to obtain some times. Additionally, it was almost impossible to get an appointment with learning specialist.

We need more transparency. Period. There is no reason students shouldn't know major events going on within their own leadership, especially when it affects them directly. In the department of surgery, there have been many, many changes in the last few months that some classmates may argue negatively impacted their interview season. Some classmates held an informal meeting today with students interested in applying surgery this cycle and were shocked they didn't know who was leading them, who to ask for advice, who should be writing their letters, etc. This is a shame, especially since we all know we have so much potential, but mentor-ship is key no matter what and could affect our outcomes (Match). This is not true only of the surgery department, as I have colleagues from various specialties (IM and peds off the top of my head) who have multiple, specific instances where they have either been misguided, ignored, or not helped at all. Part of this seems to be that the faculty we have in place in some of the departments are "out of touch" with the academic world, and by that we mean the process of applying to residency specifically. We can bring all the changes we want to the school, and I understand this takes time and more than one individual, but we also need to realize that we need to offer FULL SUPPORT for our students at ALL times because it affects their professional careers as well as HWCOR's reputation. I truly believe in the potential the school has and am hopeful for the positive changes we are starting to see, but we can't forget those who are living through this transition.

Where to start? This place is a toxic wasteland that needs to be drained. Look closely, and you'll see the stories of the students who were destroyed by the institutionalization. I'll get right to some of it:

1. Runowicz is incompetent, insulting, and has too much power. She is immune to complaints. Look at her husband - Sheldon Cherry as the lead Ombudsman. No complaint about his wife will go anywhere.

2. [REDACTED] and I saw the lives of students get completely wrecked. Some days I would go home and cry for them. Runowicz hand picks the faculty to sit on these committees and knows exactly what the "deliberation" of the committee will be before any "deliberation". It was slightly changed later on, but the rules hold true. During these meeting, there is a transcriptionist taking short hand notes (not verbatim) of what is said. After the meeting, these notes are sent to Jodi Lehman and Runowicz for editing for the MSPEC letter. These letters are never fair, or free of bias. They are always edited in favor of the institution and make the student look like a convict. The students who go to the MSPEC need real help, and in my experience once they get there - they are on their way out. Dean Jones - listens to students as a "helping hand" only to get their truths so he can report back to the committee so that he and his "colleagues" can create arguments to negate the student.

3. The faculty and administration audio record conversations with students. I have proof, my classmates have proof. It is illegal to do this without permission. People have proof of Runowicz, Obeso, Toonkel, and Adrian Jones, and Fortun doing this. They also set up ipads and keep their phones on speaker mode with people in other offices who text them questions to ask while meeting with students. Ask if the students are so "stupid" to not know this - it is insulting.

4. Minority serving institution? What a joke. Community serving? Another joke. NHELP was designed to improve community health - no such luck. It really should be a legal-HELP, because >90% of the families need legal/immigration help. Yes, it did reduce the admission to the ER at Baptist health systems only, but it did not by any means improve the health of the community. Minorities and underserved medical students? What a joke - show me a poor kid who is any racial minority from South Florida in this school. All the Hispanics and African-Americans(incl. Haitians) are from the wealthiest families really using their "race" as a discount. Tragic.

5. Student affairs - is the second biggest hole in this institution next to the academic affairs. Jones, Esposito, and Havas are not good at their jobs. Not good people to be honest. The students despise them. They are dishonest, crooked, not trustworthy, and don't facilitate the needs of future physicians. Havas is probably the best one. I hope the new dean will be able to make significant changes. The cure for these people is a MIRROR.

improve wellness efforts to integrate more into each class, especially the basic science classes

more library seats and relaxation space since it is shared with other health profession students.

sometimes they cater to certain issues and not others, and it seems arbitrary. for example, students with certain religious/cultural beliefs are given free reign to take off any time they need for their holidays or prayer time, and the administration works with them happily. in contrast, students with medical or psychosocial needs are not given this same freedom with regards to scheduling, missing days, etc. it often led to me handling the issues outside of administration because it was easier and more beneficial than going through the appropriate channels. should not be the case.

2019 AAMC Medical School Graduation Questionnaire Student Comments

Florida International University Herbert Wertheim College of Medicine

Record	Campus	Negative Behaviors Personally Experienced or Witnessed: Comments
		<p>I hated my medical school experience. The administration is a fraud without any formal training in leadership. There is no balance, or student rights. You unilaterally act in your own interest and actively oppress the rights of students. You keep Adrian Jones and Jodi Lehman on staff to protect yourself from litigation. You created a student handbook that is not followed and you pick and choose who to enforce rules upon. How is it that students who are known [REDACTED] are still going to graduate and become physicians? How can a student caught [REDACTED] They get inside scoop about how to navigate the corruption from people like Toonkel and Obeso - the epitome of corruption. The level of corruption is sickening. Let's see, who can donate the most money? Their child will not only get in to the school, they will get VIP treatment. Look at the Tano center, the endowment of the chair for Dean Rock. These are the two most glaringly apparent forms of corruption. There is nobody to send complaints to, and when concerns are raised, nothing is addressed. Ombudsman? Its HIGHLY unethical to have the husband (Sheldon Cherry) of the academic dean as the Ombudsman, especially when most of the complaints are about his wife (Carolyn Runowicz). Student affairs dean (Adrian Jones)? What is a lawyer doing in a medical school? No science training, no personal training, no career advising - other than the legal protection of the institution to make sure they don't get sued. No problem solving, no student compassion, empathy, respect or confidentiality. He did not actual practice of law, otherwise medical law would be useful to know. He was part of the corruption with the former Dean of Student Affairs, why was he not investigated as well? The new Dean of Student Affairs, Dr. Esposito is so aloof. She has no idea what's going on - distant, incapable of human interaction. When student talk to her or she is giving townhall meeting, she treat students like a psych case. She guesses through what she should know. Students just can't relate to her. Get someone better. Dean of academic affairs (Carolyn Runowicz) - probably the most spiteful/hateful person I have ever met. Very insulting - except for her favored people. Cold, calculative and transparent. She cannot tend to students needs for academic concerns - she will mark them for deletion. Obeso and Toonkel are the most mafia style faculty I have ever seen in my life. I have seen them eliminate their own peer faculty to ascend to power in their current positions. Dr. Obeso thinks she does such a great job with clinical skills. Wrong! It was Dr. Elizabeth Gray who created the functional curriculum that most resembled USMLE step 2CS. She left....Toonkel uses all her powerful networking with her husband being the attorney for Miami Beach, father as a physician, and her prominent connections like Dr. Kaufmann to encircle the faculty and administration. These people seriously have way too much power. The sad part is they lack the responsibility, impartiality, free of bias, arrogance, racial prejudice to do their job properly. The institution truly has like 4 people running the entire program.</p> <p>na</p> <p>There was an incident with another student that was handled very poorly. It was regarding [REDACTED]. The school made [REDACTED]. It was very disturbing and felt like [REDACTED]. I did not need to hear about this and it ruined my morale, as well as a lot of other classmates'. It felt like the school was out to get us and that we would always be presumed guilty. I did not trust anybody after this.</p> <p>I had another incident which happened [REDACTED]. Instead he continued to prioritize his class over my imminent cloud of not matching or graduating, even though I had effectively completed 99% of the course, AND it would have been so easy to make up course work. It caused me so much anxiety receiving his emails, and somehow so many faculty members got CC'd on the email enough to embarrass me. It felt hurt being accused that I was not being a good person even though I just wanted to pass. It was so bad I had to get one of the deans involved who then gave me permission to do what I needed to do. I did not need that on my plate and it effectively made me distrust the faculty's motives.</p> <p>In general, the attending faculty have been nice. Some were rude to other healthcare providers (i.e. would scream at OR nursing staff). Some made sexist or racist comments, or would switch to Spanish to talk crap about people (sometimes talking shit about other students). One time I was physically grabbed by an attending as a sign to shut up, which was something I chose not to report.</p>

	N/A
	I feel that there are certain faculty that make comments that are inappropriate whether about race or gender, and the general consensus is "we have no one else to teach this course" or "they are just old-school/come from a different time". It is hard to talk to OSA about some of these issues because I feel like nothing would be done and it would just mark me as someone who is "prone to conflict" or someone "faculty needs to be careful around". I have heard comments from other faculty members regarding classmates and how "unreasonable" they were for standing up for what they believed was right, which is very disheartening and in my opinion, worsens burnout, because we don't feel that we are being backed up by the faculty.
	One preclinical instructor has been reported previously with no repercussions, and became aware of students who had reported them. They then spread that knowledge to other physicians and students were retaliated against and treated differently. Disclosing the name of the faculty would likely lead to personal identification. I would encourage a thorough review of PARS reports against faculty especially for academic years 2015-17.
	Physicians in Miami that I have encountered during medical school can be sometimes callous and insensitive with their comments. Hopefully nobody is affected by it.
	NA
	Students mirror faculty's disturbing and unprofessional behavior. Publicly shaming specific students via email or manipulating students as pawns in failed attempts to use students as leverage for positions is disgusting. Students, including trans students, have withdrawn due to mistreatment by deans.
	Racial assumptions made about my strength, interests, and background as a [REDACTED]. This has been going on all my life, so didn't think to report it.
	Public humiliation when a student who [REDACTED] I understand that [REDACTED] had to be kicked out because of violating the student handbook [REDACTED]
	The lack of a peer/student advocate on the MSEPC has repeatedly resulted in severe and adverse actions for medical students who come before it. Well intentioned faculty advise that defense of your position will be viewed unfavorable by the MSEPC. Decisions by the board can be motivated by issues other than the best-interest of the student, and not in compliance with the pre-existing procedures and bylaws. Little to no explanation of the rationale behind outcomes/recommendations is provided and students are left with little means of effective recourse.
	I experienced indirect sexist comments from a resident. I don't believe he had malicious intent, but instead thought he was being funny and lightening the mood. I did not report this because I spoke directly to the resident about it, and I did not feel like he purposefully meant to offend or hurt me. He sincerely apologized.

I believe HWCOT has the proper avenues available for students to take action and report inappropriate behavior. However, those avenues could be improved. For example, for the students that report misconduct during the clerkships, I believe it is important to provide closure to those students. I would recommend to notify students if/when/after an action has been taken to address the misconduct they experienced.

Secondly, HWCOT indeed has an ombudsman. However, for the duration of my medical school experience, I have not become aware of how an ombudsman is chosen, for how long their term is, or if students have any involvement in that decision. And this is incredibly alarming. An ombudsman is supposed to be a confidant for the students and provide a safe environment to speak freely without fear of retribution. These parameters for the position should be available knowledge for students. Students also should have the right to nominate and select their ombudsman - this person is supposed to be a support person for them, after all. To my knowledge, Dr. Sheldon Cherry is our ombudsman. Firstly, it is highly unethical that the ombudsman, a supposed confidant for STUDENTS, is married to the Dean of Academic Affairs. This is a conflict of interest if I have ever seen one. Ignoring the (un)ethics of his appointment to this position, he has time and again demonstrated that he has gravely biased perspectives that are not welcoming to all "walks of life" and has knowingly undermined teachings/instructions in different settings (eg: P2 clinical skills as a group facilitator of the breast and pelvic exams, he purposefully contradicted the need for patient-centeredness/sensitivity that was demonstrated in the large-group setting). An ombudsman is supposed to serve as a trustworthy individual, however this trust must be from the students' perspective. I do not trust him. Nor do I trust his position has ombudsman while he is married to our Dean of Academic Affairs. I also do not trust this position in its entirety because there is no limit to the ombudsman's term and no involvement of students in the selection of the ombudsman.

My recommendation would be to create policies for: (1) the length of term of ombudsman to be 1 academic year; (2) candidates for ombudsman may be nominated by both students and faculty; (3) the nominated faculty members must be willing to accept ombudsman responsibilities; (4) students ONLY may cast a vote for their top choice(s) for the ombudsman position; (5) nominee with the absolute majority vote is selected as ombudsman; (6) unlimited number of terms as long as that faculty has been selected by the students' majority vote. This has been unchanged for far too long and is highly unethical and inappropriate as it stands. The fact that there is no sense of urgency regarding this matter is truly alarming, questioning the true interest in the students' well-being and safety.

There were several occasions where clinical faculty at rotation sites made assumptions of my ethnicity and made remarks that were not related to patient care at all.

I also did not appreciate how the school handled the [REDACTED] I feel that this student should not [REDACTED]

Anti-gay joking. Additionally many (most?) attendings don't know how to deal with LGBT patients and/or are uncomfortable or awkward working with them.

No, I feel that the instance was adequately addressed by my medical school

In my clerkships, I experienced horrible treatment from nurses and scrub technicians and I felt like it was solely because I was a woman.

At one point during my general surgery experience, one attending addressed my classmate and I as [REDACTED]. I was told by a scrub nurse this was a "term of endearment" in Miami; however, I still found and do find the term somewhat offensive. Additionally, neither my classmate nor I identify as [REDACTED] so this also made the comment disappointing. I did not report it because the attending surgeon was not a primary faculty member of the Surgery clerkship but appeared to be a ancillary faculty. After this comment, I did not interact with the surgeon afterwards.

	<p>I liked that the nature of our finals helped prepare us for board exams.</p> <p>Dr. Athauda was amazing and a wonderful educator. I am so happy she provided explanations for incorrect answers on examinations.</p> <p>I liked the NBME tests incorporated into each course.</p>
	<p>I really enjoyed going to class and watching the lectures in-person. I think a classic lecture style is how I learn best. Pathology, Microbiology, and Pharmacology were very strong.</p> <p>I seek to understand the mechanisms and rationale behind scientific concepts rather than memorize them. This allows me to retain concepts longer and understand the theory of medicine more deeply.</p>
	<p>I think having NBME exams throughout the first two years prepared me well for Step 1.</p>
	<p>I think that the organization of the basic science curriculum was well-planned. Overall, good education.</p>
	<p>I think the recommended textbooks and powerpoint were sufficient for succeeding on the in house exams and related NBME tests.</p>
	<p>I thought one of our program's biggest strengths was providing early exposure to NBME content via examinations. This prompted us to utilize USMLE Step 1 resources from the very first month of medical school.</p> <p>Tutoring services and supplemental academic assistance was available at all levels.</p> <p>Medical jurisprudence: excellent course that exposed us to the realities of medicolegal issues.</p> <p>Ethics: exposed early on to medical ethics and how to properly move through ethical cases.</p> <p>Professional behavior course: a unique course that gave students the opportunity to discuss professionalism in healthcare. We discussed both pre entrustable and entrustable activities.</p>
	<p>It was rigorous. Forced me to learn time management and new kind of discipline very quickly, adjust my lifestyle (no more partying or going out).</p>
	<p>Material lined up well with USMLE materials. I felt I had a good base for clinical practice as a result of it.</p>
	<p>More preclinical areas for improvement:</p> <p>Get a learning specialist who is an MD. Someone who actually took a science class, studied for MCAT, did USMLE exams and did well at it. Having someone who has a PhD in Education with no relation to any science course is one of the dumbest things I have ever seen. Its also a just enforced by the administration to students who are struggling so that they can say "we did all we could to help you" right before they kick students out. The failure is not the students, its for the institution. Also, stop having >40% of the class as tutors. If you need to tutor that many students, then it speaks as a systemic problem with the didactic of the curriculum - not the student having a "learning problem."</p>
	<p>Most of the educators/lecturers are extremely knowledgeable within their field. They are interactive and attempt to stimulate/engage the students whenever they can. Every required topic is discussed and covered either within lecture or during the in-house/NBME exams.</p>
	<p>NBME examination; preparation for board exams</p>
	<p>NBME testing</p>

2019 AAMC Medical School Graduation Questionnaire Student Comments

Florida International University Herbert Wertheim College of Medicine

Record	Campus	Basic Science: Areas for Improvement
		<p>Teaching anatomy in clinically relevant setting (i.e. what the anatomy actually looks like in an OR setting)</p> <ul style="list-style-type: none"> - Teaching more about translational research in the first and second years. - Teaching students how to orally present a patient in a succinct but thorough manner prior to attending clerkship. <p>Integrating this into the Clinical Skills curriculum in 1st and 2nd year.</p>
		<p>1. Get better faculty - people with a PhD in the trained subject should be teaching. Not IMG, or volunteer clinical faculty who have no clue. NOT just any PhD, one with extensive research and a proven academic record for heightened discussion. For example - don't have a PhD Neuroscience (Jenny Fortun) teach GMC, when there are other PhD Genetics and Biochemists looking for work. DON'T have a guy with a Master's Degree from someplace teach at a medical school - Anatomist Mr. Gomez. Get a PhD Anatomist with enthusiasm who can do more than point and label.</p> <p>2. Faculty need to stop giving information to selected students about what will be on the exams.</p> <p>3. Be better organized with deadlines, and grading. Have a standardized rubric for assignments with justification.</p> <p>4. Speak better English and write questions in English to the level at which they will be tested on national exams.</p> <p>5. Stop the in-house exams - they make no sense. Most of that information will be learned in the clinical years. There is no point in presenting it in year 1&2.</p> <p>6. Use 1 teacher for the entire course - not 15-20. Allows continuity for adapting to teaching style so students focus on learning-not guessing what the teacher is trying to say.</p> <p>7. STOP being defensive when students ask questions - its literally because we don't know.</p> <p>8. STOP being racist - not everything is "I'm Hispanic." "Cubanista" Its not an excuse. If you want a Hispanic only medical school, then tell that to prospective students - save them the trouble of attending your institution.</p> <p>9. Remember - teaching is a talent/skill. Take some time to learn different strategies.</p> <p>10. Get an Anatomy lab!!!! How can a medical school not one of the foundations of medical education. Anatomy is so vital to being a physician. The idea of not having a lab is ridiculous.</p> <p>11. Get faculty who have actually used an MD, and have studied for USMLE, and passed Licensing exams. It sucks when faculty think they are doctors just because they have an MD - but have no clue of the actual process. It is worse when the PhD's think they know so much about USMLE style questions, when they have never even sat for a 40 question block exam or the clinical shelf exams. Get real.</p> <p>12. Cut out all the extra classes. They are an unnecessary burden and don't add value to being a physician.</p> <p>13. Get a better Epidemiology group - not the Columbian mafia. The research requirement is a Ponzi scheme. All student must publish and then the epidemiologist add like 5 authors to the students paper. The two lead guys Dr. Lozano and Dr. Acuna are the worst. Slow, arrogant, verbally insulting, vindictive. Its amazing to me how after 2 years of epidemiology, students are still confused about the topic; its due to the teaching - which is very poor and confusing. \$170k/yr for 6mo of work. Amazing. YouTube does a better job at preparing students for the USMLE exam. Scored well above my peers on the USMLE and do NOT attribute it to anything learned at FIU.</p> <p>Almost all. Extremely poor lecture quality.</p> <p>Anatomy</p> <p>Anatomy and Immunology were not well taught.</p> <p>Anatomy and histology</p> <p>Anatomy course was particularly weak</p> <p>Anatomy curriculum could be improved</p> <p>Anatomy knowledge could be stronger.</p> <p>Anatomy was very weak when we had it. I understand the multiple passes approach, however we never learned veins or lymphatics which are important seeing as many of us will be putting in IVs/central lines or drawing blood at some point in our training.</p> <p>At times the information presented within the exams was not necessarily presented within lecture. In addition, some clinicians (guest lecturers) were not adequately prepared to give lectures or are not properly educated on teaching skills/techniques. A physician is not necessarily a teacher and, unfortunately, this showed during some lectures.</p> <p>Basic science education could be improved by having a larger bank of questions to draw from for tests to make academic dishonesty less likely. In addition, for in-house exams questions should be better-worded, reviewed, and more concise.</p> <p>Better anatomy during 1st year. I still think a cadaver lab is necessary to really learn anatomy well like other programs.</p> <p>Better anatomy instruction. Use of prosection.</p> <p>Better and more qualified lecturers</p> <p>Cadaver dissection. Real labs, especially for physiology. Pass/fail grading.</p>

I feel that the immunology content was not sufficient during our basic science education. The professor hired to teach this material was on maternity leave. The professor was not appropriately replaced. I truly believe that this affected my opportunity to learn this information early on in my medical school career. Our school supplemented with recorded lectures from the previous years and with multiple professors who were not equipped to teach the material.

Physiology: the information was provided, however the form which it was provided was very poor. The professor read off of the slides and did not engage the students throughout the lecture. This course needs to be more interactive!!!

Renal Course: designed as a form of a flipped course in which students met in small groups to answer questions provided by the professor. Never did we have a lecture. While this provided more exposure to problem solving, this severely lacked guidance by the professor who only popped in for minutes at a time to check for understanding. I feel that there should be a better balance between lectures and problem solving sessions.

Reproductive Course: Needs improvement. This was a flipped course style as well. I feel that we would have benefited more from a formal lecture discussing important topics need for examinations and for clinical medicine.

Specialty presentations: Specialists from the community came to our classroom to teach about their respective specialties. At times they provided an overabundance of information that overwhelmed students. This can be better approached by streamlining their presentations and being better at gauging or level of knowledge and ability to understand.

I think basic sciences is good.

I think more appropriately trained lecturers would be helpful

I think they can strengthen their gross anatomy course.

Immunology and Renal systems

Immunology was haphazardly taught. Some lectures by Dr. Fortun were high quality, other lecturers were highly confusing and ineffective.

In house exams

In-house exam questions are often irrelevant and oddly specific to what a professor cares about rather than what is useful to practice medicine especially in anatomy. Also, we have a large number of people repeating their first year. There needs to be a way to get these students help in a way that doesn't require another year of tuition and the anxiety of being labeled as a "repeater".

Its perfect

Lecturers did not do a good job explaining basic medical concepts

Less lectures, reduce the amount of material that is non-pertinent to our general medical education and that would be more pertinent for subspecialty fellowship

Make the learning more practical. Eliminate work that truly doesn't enhance the education at all and literally only takes up time (group assignments, flipped classroom, pedigree assignments). Focus more on material tested on USMLE as well as the format (in-house exams do NOT prepare us for the bigger picture). Obviously our school does amazing on the USMLE, however I'd say that's because of the integration of the material learned from years 1&2 during the 3rd year and NOT because it was taught so perfectly during first and second year.

On a different note, several of the faculty members during the preclinical years, specifically in the first year courses, had somewhat of an unhelpful attitude. My classmates and I oftentimes felt that certain faculty were always at battle with us, trying to make things more complicated unnecessarily. We as students give feedback but it seems things never change. One of the major issues we had was old exams being re-used each and every year, questions that should have been thrown out of exams appearing on exams anyway; these may seem minor, but it truly can affect our grades and frankly makes it seem like faculty simply do not bother reviewing exams, coming up with new questions, etc.

More focus on applicable knowledge

	<p>More opportunity for elective gross anatomy learning closer to the surgical clerkship. I am not a believer in the amount of time spent on some topics I would consider non-academic, but I do realize this is likely a result of national medical school requirements and leanings, rather than a school-specific concern. There were often concerns about recycled exam material and poorly-written in-house questions, but I have heard that there are ongoing efforts to make improvements. One specific complaint is regarding a professor providing the entire class a "study guide" for a second year class that directly reflected the NBME questions on the final exam, which seemed to be extremely unethical and a poor reflection on the overall teaching quality.</p> <p>More practice questions</p> <p>No areas of improvement.</p> <p>Nothing</p>
	<p>Our anatomy, immunology, and histology course was not adequate.</p> <p>The faculty members, specifically Dr. Tempest and Dr. Fortun were constantly fighting us. They were not supportive at all. For example, we would receive examinations that were nearly identical from the prior years, and questions that were deemed unfair statistically were still included in our exams. They seem to always want to create opportunities to punish students, for example instituting policy that if a student was late to an exam they would automatically get a zero. When the entire class had a class average in the 40's for an essay, Dr. Tempest refused to answer questions or explain the correct answer that they were looking for. How is it the class's fault and not the faculty's fault when the class average is in the 40's??? The blame put on us and shame placed on us by them was apparent. Dr. Tempest continued this poor attitude in the repro course. She and Dr. Ory stated that students were cheating when we asked basic questions about the exam (i.e. what format will the exam be in? how many differential diagnoses should we list?) We just wanted to some basic information, and were accused instead of trying to cheat. This kind of attitude left an extremely sour note amongst the classmates.</p>
	<p>Our immunology module in M1 year was poorly organized and too dense in lecture with minimal clinical relevance.</p> <p>Pharmacology</p>
	<p>Poor immunology education.</p> <p>For whatever reason I had a difficult time learning anatomy and for the life of me could not correlate anything clinically. It felt like it was just somebody pointing at the PPT and saying what something was and expecting students just to know it.</p> <p>There were several incidents in which they kept changing the syllabus halfway through the course.</p>
	<p>Remove sessions that do not provide much benefit for our learning and can be perceived as a waste of time.</p>
	<p>Some of the lecturers did not do a great job at delivering the information. Students relied heavily on textbooks, the powerpoint slides alone, and online videos to learn the information.</p> <p>Some professors need to be changed, such as the Anatomy professor.</p>
	<p>Test question were many times not written well even after passing through the Test committee. Pre clinical slides varied depending on professor in content and quality. Sometimes they were confusing and not easy to follow</p>
	<p>Testing was very detail oriented on the faculty's research interest and not relevant to NBME style finals, which were also administered. This forced us to study two different bodies of knowledge for each course, one for in house exams and another for the finals.</p>
	<p>The Anatomy portion is adequate, but it was a huge learning curve when entering the surgery clerkship in the 3rd year. I believe we need more strategic time in the lab with instructors providing more time to explain structures and to test us then and there. We need more guidance as first and second years on anatomical structures with the help of the faculty showing us different anatomical structures. This would help us feel more prepared on our surgery clerkship.</p>

The anatomy, embryology and histology curriculum needs to be completely reimaged. The administration of the medical school keeps putting band-aids on the curriculum in an attempt to improve it without truly changing it. Our curriculum is designed as a spiral but it is not a true spiral system because the amount of detail we cover of anatomy in the second year is oftentimes even less than the first year and is truly inadequate. We never truly learn head and neck anatomy. They have attempted to rectify this with programs such as BodyViz, which are unlabeled reconstructed CT scans of patients with significant pathologies such as end-stage cancer and unusual anatomical variants.

I would suggest the following changes to the anatomy curriculum for future students:

- The spiral system (or "three touch" as it is colloquially called by our school) should be maintained.
- The anatomy course should be expanded from four weeks in the first year of medical school to eight weeks in length, with cadavers provided for dissections after morning lectures. These dissections can be led by fourth years who are in the anatomy elective course in October.
- In the second year students should return for at least a full day of anatomy lecture going into greater detail regarding the vasculature, innervation and important anatomical landmarks during each organ system course. There should always be a dedicated lab session (which in my time here has not been the case).
- In the third year of medical school, particularly for more procedurally heavy clerkships, anatomy should again be revisited as it relates to procedures and surgical anatomy.
- The fourth year elective should be kept as it is, but students should have more elective blocks to choose from rather than just one that limits to only 10-12 students.

There needs to be more review of materials and accessibility to faculty.

There should not be an exam every other week on a monday. There are no weekends off so it is not good for wellness.

There was persistent ambiguity regarding grounds for remediation of the preclinical years. It felt like certain students with the same end of year GPA were asked/recommended to repeat while others were allowed to continue. The Medical Student Promotional Evaluation Committee processes are not transparent adding to this sentiment. It might be worth considering having an alumni on the committee to act as a "student representative".

I also felt that my experience lacked longitudinal exposure to academic medicine

There were gaps in material delivery, some professors clearly just read from slides. Same test questions showed up every year.

We have very poor anatomy teaching, with hardly any sufficient gross anatomy lab. Preceptors constantly tell us we have poor anatomy knowledge. The school says it is not a problem because we score well on anatomy in Step 1 but this is truly only because we study so much harder for step 1 anatomy portions because we know that our anatomy teaching is so bad.

Epidemiology is not taught well at our school either, concepts are not explained well, tests are not created well. Year after year there are incorrect questions added to tests that get flagged, and admin states they will remove the question, but appears in the next years test when corroborating with upperclassmen. Tests went basically unchanged year after year which allowed for a lot of cheating.

anatomy course, taking the students needs seriously. being able to take "mental/personal days" without having to lie about being sick. the cost of medical school

anatomy needs a cadaever lab and a real anatomy course

better lecture slides

better library

immunology

improve the quality of the in house exams.

less in-house exams with questions on minutiae. some professors are simply not great teachers. hundreds upon hundreds of slides for one day of lecture, and rarely a way to know what's important. additionally, I was not impressed with the anatomy curriculum.

more question banks

need a longer anatomy course

slides overall can be improved and in-house examinations need significantly more vetting and revision before use on in-house tests.

	There is no consistency among clinical sites; some are very easy while some are very challenging. also driving distance can be an issue
	There were so many rotation sites that a lot of the preceptors were not on the same page about how to assess and teach students. For example, Nicklaus Children's Hospital was great because they were used to students and evaluating them, but places like Aventura Hospital barely prioritized students and were unaware of what was expected of us. Very often preceptors graded completely differently throughout different hospital sites and preceptors. It was hard enough to keep up with when and where students were supposed to meet, let alone whether it was a rotation where we were supposed to keep to ourselves or be completely engaged.
	Step 2 CS teaching was non-existent.
	<p>This place sucked badly. There are only a handful of good clinical sites, and all the "favorite" students get the good sites. It sucks traveling for >1hr/day to get to clinical sites only to get a trash experience. The paperwork is redundant, and disorganized. I hated working many hours per day, to get home and study while being exhausted....meanwhile my peers at other "good" sites got out very early with extra study time. This adds up - especially come shelf exam performance. Speaking of which - the shelf exams are total bs. They are NOT nationally standardized exams. The institution reuses the exams they created over the course of time. Friends from each rotations wrote down questions and make an old question list. This is NO different than clinical years 1&2. It is extremely unfortunate for those who work honestly. Something has to be said when clinically knowledgeable students with mediocre/low shelf scores outperform those students with no clinical skills but high board scores. God forbid you raise this as a concern - you will be marked for deletion.</p> <p>I also hated the OSCEs! The clinical experience for me was great, but the cheating is absolutely ridiculous and the faculty know it - Obeso and Toonkel. Here, sign this piece of paper for your honesty that you won't speak of what the cases were. Even the honors council kids were a bunch of cheaters. The honors council! Is it really that hard to change the cases each day over the course of a week? No, its not. It just speaks to the laziness, lack of insight, care, or effort. Once "their people" get a break and do well, screw the honest guy/gal. Why do they believe their people need a discount on everything? You think our step scores are that great? Wrong! Look at the schools who do STEP 1/2 at the end of the 3rd year - FIU is the lowest amongst them. There are also schools with a traditional curriculum - Step 1 after year 2 - who outperform FIU.</p>
	Try to coordinate with students about clinical site preferences so that they do not have to drive so far.
	Try to enforce a more uniform experience for all students amongst the different clinical sites.
	Unorganized rotation sites
	Variability within sites
	Very diverse ways of rating student performances.
	We have limited clinical rotations in academic settings working directly with residents.
	We often have to travel to Broward county for clinical rotations which can mean 3 hours in traffic a day in addition to our clinical duty hours.
	When selecting rotation sites perhaps considering where students live in order to help avoid long travel delays when requested.
	With the numerous different attendings we have, we do struggle in trying to form a good longitudinal relationship with certain physicians. Granted I don't think this is a bad thing, but felt it was worth mentioning.
	Would like more opportunities to work on resident teams rather than with private attendings. I think it is important to learn how a resident run team operates and I also believe residents are more interested in teaching than lots of private attendings who are very busy.

		ensuring that all preceptors/residents are educated about how to deal with medical students so that time is not wasted
		lectures/readings were often wastes of time
		less traveling
		long drives to hospitals
		respecting the students wish to be placed at certain hospitals due to driving/location restraints.
		some sites are entirely spanish-speaking, so clinical interactions are performed in Spanish. when I was put into these sites, I did not learn much and rarely did anyone translate for me. it'd make sense to better vet some sites or not put English-only students into them. not doing so compromises the learning experience.
		standardize the evaluation process a bit more. Encourage preceptors to give more detailed feedback.