

	Too much	Just right	Too little	How much is ideal?
AHS internal medicine		x		
AHS family medicine				N/A
AHS OB/prenatal				N/A
Procedures			x	
Pediatrics			x	
AMSHO		x		
Behavioral Health		x		
Mommies-to-be				N/A
Teen Clinic		x		
Diabetes Map Class				N/A
Special Project		x		
Feedback seminars			x	
PLC meetings			x	
Membership		x		
MA Shadowing	x			

Comments about above:

Internal Medicine/Family Med – I really enjoyed this and actually I had no Family Medicine sessions scheduled. I got to see a wide variety of patients through Internal Medicine, and learned a lot about the common areas of complaint there! Sometimes I wish I had even more shadowing time.

OB/Prenatal – Didn't get to see.

Procedure – An additional session will be good, if possible.

AMSHO – For me, the half day at AMSHO was completely like Internal Med here (same types of problems, same kind of patients). The change in scenery might be good but otherwise it didn't feel too different.

Behavioral Health – I ended sitting in on 3 sessions. It was good although sometimes the schedule got hectic (patient canceling, patient doesn't want another person inside). BH definitely provides a completely different side to the regular physician visits and nicely supplements the shadowing aspect. Thanks.

Mommies/Diabetes – Didn't get to see.

Teen Clinic – It was good although it actually begins at 5:00, rather than the 5:30 on the schedule, so I got to see one patient and then teen clinic pretty much ended (haha). One session is good.

Special Project – I don't know if it is just me, but I feel like in the beginning (weeks 1-5) I definitely didn't need 3 or more sessions of it in a week. I felt I can get by with just 2 until week 5. But having special project maybe 3-5 sessions a week at the end of the summer (weeks 7-9) is definitely appreciated.

Feedback Seminars – I really enjoyed talking to all the doctors during our feedback sessions, but often I felt I wanted it to be longer since there was so much to discuss (I personally thought the weekly questions were very interesting and I feel like I can write a short essay about each question, based on my experiences here – those are really good questions! Sometimes I wished we just had a bit more time to talk about it). I don't know whether longer feedback sessions are logistically possible for the MD's, but just a thought. (maybe 2 lunches a week or 3 lunches every 2 weeks?)

PLC Meetings – I really enjoyed them. I would like more but it's probably not logistically possible since it happens once a month?

MA Shadowing – can be substituted with Nutrition or...? I feel like we get a good sense of what the MAs do while following the MDs around the clinic already. The MA “Orientation” with Kimberly is good though.

Membership – Learned so much about insurance!

Should we make sure every intern gets family practice as well as internal medicine?

Maybe. For me, I was content with just internal medicine since I feel like supplemented with Peds + AMSHO you see a broad age spectrum already.

Is it worthwhile to make sure every intern gets AMSHO experience?

For me AMSHO was almost exactly the same as the 818 Webster Internal Medicine visits (for old people), but I felt it was nice to be over there at Hotel Oakland for half a day.

Should we give even more special project time toward the end of the summer (and even less at the beginning of the summer)?

Yes. For me, 1-2 half days a week during Weeks 1-5 was sufficient. 3+ half days a week during Weeks 7- would be greatly appreciated.

Did you have enough supervision in Fundraising? Development? **Yes.**

Did you have enough autonomy in Fundraising? Development? **Yes.**

Asian Network – would you want spiritual counseling visit in addition addition to hospice visits, or as a substitute for hospice?

The spiritual visits came as a complete surprise to us and I really enjoyed it (for me, it was also a very emotional experience). I think in regards to hospice 1-2 visits is good, but if it can be supplemented with the spiritual visits that would definitely be awesome. Although hospice visits were emotional visits in their own right, a lot of the times the patients are nonverbal and the interaction tended to be with the caretakers, rather than directly with the patients. During the spiritual visits, it tended to be with the patients themselves, and for me, it's powerful since it really taught me about how end-of-life patients look at their remaining weeks and days of life. (conveyed through their own words)

Are there any other topics you would have wanted to cover in the lecture series?

Financial aspect of clinic, maybe Dr. Sophy can talk about HIV/AIDS?, infectious chronic diseases (TB, Hep ABC & how it relates to API population)

Which lectures should we definitely keep for next year?

Julia's lecture (maybe we just don't need to go into so much detail during the presentation at Orientation then). Integrative health (with case studies?). UCSF presentation on reproductive rights. Health care debate.

Are there any other seminar topics you would have liked to have covered?

I really enjoyed the weekly questions. Thanks a lot for those thoughtful prompts. I'm probably going to write a short paragraph or two on each prompt and compile them for myself as a summary and “lessons learned” to look back on after this summer.

Other comments:

- **Don't know how feasible and we talked about this, but it would always be cool to look into whether interns can be trained as interpreters prior to internship.**
- **The extra “field trips” (trip to Sacramento, nail forum at Marin County) were really educational and fun! Thanks for letting us go. It provided a “participatory experience” side to our work in clinic.**
- **Divide the intern presentations into 2 lunches (part 1 and part 2 with two interns each for more time for Q/A)?**
- **Shadowing was great – thanks for being so patient and answering all of our questions!**
- **Thanks for everything this summer! 😊**