



HOSPITAL MEDICAL EDUCATION PROGRAM AT
FRANCISCAN HEALTH LAFAYETTE EAST

INFORMATIONAL PACKET



INTRODUCTION:

Welcome to the HME Program at Franciscan Health Lafayette East, all major files and examples will be included in the gmail account. Please reach out for login info.

BEFORE THE PROGRAM:

PAPERWORK:

Before you begin your rotation, you will be required to complete some basic requirements. Someone from the administration, such as Sherry Oland, will contact you requesting the following information.

- Current proof of insurance, in accordance with IN Medical Malpractice Act
- Proof of valid College/University status, with skills expected at his/her level of training
- Proof of valid license/permit, in accordance with IN medical licensing board regulations
- Proof of criminal background check (If you have a background check on file we will accept that, if not, you will need to complete a HireRight Background check form so I can obtain one)
- Proof of OSHA Blood Borne Pathogens and Universal Precautions Training
- Proof of negative Tuberculosis skin test, QuantiFERON gold test, or recent chest x-ray
- Proof of vaccinations:
 - * MMR (Measles, Mumps, Rubella); Rebella titer
 - * Hepatitis B series or declination
 - * Varicella (Chicken Pox)
- Proof of Drug Screen (we need to have drug screen results on file before a resident/student can start a rotation. If you have one on file we can use that, If not I will provide you with a lab order to get a drug screen completed. If you have the drug screen done at Franciscan Health Lafayette East (it takes three days to get results) or at WorkingWell in Indianapolis (results same day). The locations for Working well are listed below:

DRUG SCREEN LOCATIONS

Franciscan Occupational Health Center – Greenwood

747 E County Line Road

Greenwood, IN 46143

(317) 528-8009

FAX (317) 528-8012

Hours of Operation:

Mon-Fri 7 a.m. to 7 p.m.

Franciscan Occupational Health Center – Mooresville

1001 Hadley Road LL190

(Pavilion)

Mooresville, IN 46158

(317) 834-5220

FAX (317) 834-5229

Hours of Operation:

Mon-Fri. 8 a.m. to 5 p.m.

In addition to this, you will be requested to fill out a security access form. These requirements are listed under the **“Initial Paperwork Files”** folder in the gmail drive.

Fuad’s Experience: The most efficient way is to schedule an apartment tour and a drug screen the same day you turn paperwork in person.

LIVING ARRANGEMENT:

Franciscan Health Lafayette East was built after Home Hospital was closed and opened in February 2010. The Lafayette Central campus is in downtown Lafayette while the East location is located on the East side at 1701 S. Creasy Lane. The Central campus has since become converted to a simulation center and smaller services. However, there remain additional buildings, one of which is a convent which has been renovated for medical student living.

Within the google drive under the **“Housing Information”** folder will be a document called **apartment housing information.doc** which will document what amenities are available and which you should be expected to bring. Directions, images, and maps are included as well.

The apartment address is 1141 N 16th street, Lafayette, Indiana, 47904.

Keys to your apartment will be available a few days before your rotation starts in case you have a long drive and need to get settled before the morning of your first day. You will need to pick up the apartment key from security at Franciscan Health Lafayette East, 1701 S. Creasy Lane. The Security office is located at the Emergency Room entrance.

If you would like to have more information regarding Franciscan Health or maps of the campus or area they can be found at www.ste.org. If you have any questions or need anything you may stop by the Medical Staff Office, Room 1F31, Franciscan Health Lafayette East.

Fuad’s Experience: You won’t need to bring much as they provide a substantial amount including most kitchenware and bathware. Fast WIFI is also included. The beds are twins but if no one is living adjacently to you, you will be able to move two together to make a larger king-sized bed.

I would recommend bringing additional lighting like a large lamp. The bedrooms on the second-floor use desk lamps and no installed overhead lighting. If you are placed in Room 5, I recommend bringing a fan as the temperature can get hot from heat based light bulbs. Other students doing rotations and internships may be there as well. All of the bedrooms have the capability to lock. Contact Dr. Penman should you be interested in taking a tour to have a better interest of the amenities provided.

MAIL

Packages are sent to the main office first, so check in with medical staff office on the first floor if you are expecting a shipment.

REGISTRATION:

Selection of your eight-week program will start with the creation of google sheet. One of the advantages of this program is the flexibility. Discuss with Dr. Penman your interests and timeline. By sharing the file to his email,

which is listed in **Important Contacts**, the two of you will be able to collaborate real time to develop a schedule which is catered to your timeline and interests.

You can find a majority of the service lines Franciscan Health offers at this website:

<https://www.franciscanhealth.org/health-care-services>

Once your interests are solidified, Dr. Penman will begin arranging the additional details such as provider, location, etc. He will provide the type of specialty, the provider (if there is a sole one), and the contact information of that provider.

The one exception to this rule is that you will be required to schedule your Wednesdays with the administration. Dr. Penman will work with business administration and will provide you a full list of who you will be seeing each week.

For an example of how a finished schedule looks like, click under the **“Registration”** folder to find an **HME Registration Example**.

Fuad's Experience: I would recommend skimming the section **Department Experiences** so that you can get a good understand of what to expect before you schedule your rotations.

PAYMENT:

Franciscan Health will send a check to your bursar account. A \$3,200 one lump sum reduction will be evident for your upcoming tuition. Payment usually occurs midway through the internship.

THE PROGRAM:

ORIENTATION:

During your first day, Dr. Penman will take you on a hospital tour; you will pick up your ID badge; and you will take your Epic Training class. Make sure to take time to understand how to review patient charts in Epic, as it will become an integral part of your internship.

EXPECTATIONS:

1. Politeness and Timeliness

This should be a no-brainer, but provider time is incredibly valuable, and your addition restricts the provider from operating at their full capacity. Therefore, as students, we must be respectful of provider's time. This includes being courteous and being punctual.

2. Patient Preparedness and Medical Knowledge

Before your rotation, the expectation is to be knowledgeable about the provider's patients. This would come in the form of reviewing provider patient lists in Epic the day prior.

Fuad's Experience: What I thought worked well is I contacted Nursing Informatics to help me arrange my Epic module to best highlight relevant patient information and learn how to access future schedules.

RESPONSIBILITIES:

1. Article Review

One responsibility that you will be expected to preform is to engage with material outside of the clinical experience. This will come in the form of article and literature review which Dr. Penman will provide. He will provide materials which cater to your interest, usually providing at least one article per week.

Fuad's Experience: I was interested in business administration and healthcare models. Therefore, Dr. Penman prescribed literature which catered to these interests and embellished my experience.

2. Business Project

Another responsibility that you may be expected to complete is a business project. This could be presenting an idea to senior management, assisting with projects from different departments, or developing your own initiative.

Fuad's Experience: The creation of these resources was an idea that I came up with to provide a more streamlined approach to understanding and navigating this program. While this may not be required per say, I would recommend investing in a project outside medical knowledge, especially if you are interested in being a physician leader.

3. Mid Internship Feedback Meeting

Halfway during your internship, you will schedule a meeting with Dr. Penman to review your experiences. This is a great time to offer recommendations on aspects that you enjoy about the programs and points of growth.

Fuad's Experience: The organization of this meeting is up to you but, I recommend creating a google sheet which you can share with Dr. Penman. Discuss the positives of the program and the points of growth.

MEALS:

Lunch and snacks are providing in the Doctor's lounge which you can access using the code **4321#**. Lunch is generally served from 10 a.m. – 2:00 p.m. although I recommend getting lunch around 11:00a.m. They have chips, trail mix, and an assortment of beverages such as juice, milk, water, and coffee as well. Pre-made sandwiches and

BEFORE ROTATING WITH A PROVIDER:

1. Contact Physician (If Possible)

There are many types of rotations that you will complete. Some rotations will be a department such as labor and delivery, where there is no singular point of contact, while the majority are with a sole provider. For a sole provider, use the contact information provided to arrange a time and location to meet. If you are unable to successfully reach your intended provider (as healthcare personnel are busy), use the following steps during the day of your rotation to get a hold of them.

ACTION PLAN FOR CONTACTING PROVIDER:

TEXT PHYSICIAN

- Dr. Penman will provide contact information on google sheet registration.
- Ask about time, location, and preferred contact method.



CONSULT CHARGE NURSE

- Ask someone on the floor, "Where could I find the charge nurse?"
- Introduce yourself and ask where the provider you are rounding with could be found.



VOCERA PHYSICIAN

- Dial 4555 on the hospital phone.
- State name of person of interest verbally through the phone.



TEXT DR. PENMAN

- Explain that you have exhausted the following resources and that you are performing the following step.



GO TO L&D

- If it turns out the physician or point of contact is unavailable for the day, round with labor & delivery or contact a provider you have previously encountered and is willing to accept you.

2. Review Patient List

Discussed previously, have a reference for the patients you are going to see. I recommend printing out the patient list from Epic and embellishing pertinent values and history.

3. Review Medical Knowledge

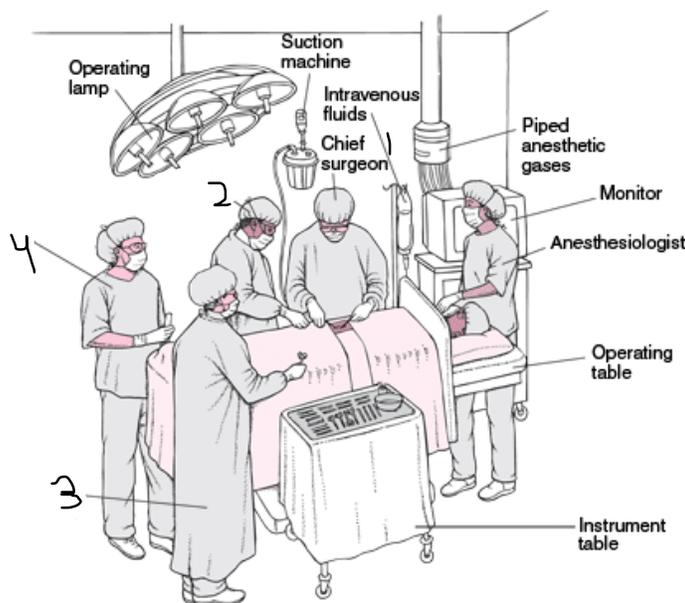
No student wants to look stupid when you're getting pimped by the doctor. Take your patient list and provider's specialty and review what you have learned so that you can answer any questions/issues that come up during the day.

DEPARTMENT EXPERIENCES:

Below are testimonies about my experience within each of the department, and what I would have liked to know before I rounded with them.

SURGERY

Understanding the Team:



1. Surgeon/Anesthesiologist: responsible for patient safety and procedure
2. PA/Scrub Nurse/1st assist: who retracts, suctions, cleans utensils, and sometimes stitches
3. Surgical Tech: cleans and passes utensils as surgeon requires
4. You!
5. Not pictured – Circulating Nurse: will be at computer documenting issues, medications, etc about the case

What to Know Before You Start:

How to Sterile Gown and Glove:

1. Washing your hands with soap or Avagard: <https://www.youtube.com/watch?v=xLIFT9xoWSQ>
2. Entering the room, drying, gowning, and gloving: <https://www.youtube.com/watch?v=QaB7dCIH8bg>

Pro Tips:

1. Talk to the rest of the team other than the surgeon, especially the 1st assist and surgery tech. These people have untapped experience and if addressed will allow you to assist.

2. If you come prepared, there will be a higher chance that the surgeon will request you to help. For instance, during one of my days, I could retract, reposition, and throw a couple stitches because I could apply my anatomy knowledge to their questions.
3. NEVER come between two sterile fields without being scrubbed in. This makes the support staff extremely anxious.
4. When scrubbed in, your navel to your nipple in the center of the ground is the sterile field.
5. If you need to move to the other side of someone in the sterile field, ask to roll by touching backs so that your decontaminated sides come in contact and not your anterior aspects.
6. If something drops on the ground during surgery, DO NOT BEND OVER TO PICK IT UP. Always try to remain as upright as possible.
7. Remember your glove size! Nurses prepping for the next case will ask if you are scrubbing in and what glove size you wear.
8. This may sound stupid, but try to remember names. It's hard to distinguish people in the OR when everyone is garbed up and you'll look like an idiot if you mistake names (like I have).
9. Wear comfortable shoes, wear comfortable shoes, wear comfortable shoes (I cannot say this enough).

What Does the Rotation Look Like?

In the morning, I recommend looking at the OR board, in the surgery department. Record the names of the surgeries that are scheduled and research the procedures in the doctor's lounge. Then, about 15-20 minutes before the first surgery, go into the assigned OR and introduce yourself to the staff.

Attire is incredibly important, you must enter the general OR circuit from the locker room (not to be confused with the OR room) with scrubs from the scrub ex machine, foot covers, and a hair mask. Before entering the OR, put your facemask on. Enter the OR room, introduce yourself, and give the circulating nurse your name, as they will need to chart your presence. The circulating nurse will be the nurse at the computer station, he/she will require your name tag.

Dr. Penman will inform the surgeons that you are able to scrub in. However, when introducing yourself you will find that few surgeons understand your program and your capabilities. This is a chance to choose how much responsibility you want. I felt comfortable scrubbing in, and would tell the surgeon that I have scrubbed with prior surgeons before. Most of them, like all providers on this list, will not know how long you are staying for. I recommend staying until their last surgery but that decision is up to you.

Between cases, ask for the surgeon's number should you two become disconnected. Your day can range from 7:00 a.m. at the earliest to 6:00 p.m. at the latest.

ANESTHESIOLOGY

What Does the Rotation Look Like?

Anesthesiologists perform a multitude of services within the hospital. They can provide general anesthesia, like a classical orientation within the 2N OR floor, epidurals and spinals in labor and delivery, nerve blocks throughout the hospital and in pre-op, and general sedation for procedures like colonoscopies. This makes prepping hard for these types of rotations. I had the chance to witness three.

What I Recommend Asking:

One request I recommend making is asking your anesthesiologist how to perform ultrasounds (granted you have some off time). Dr. Brandley took the time to show me 5/6 different vascular and nerve windows anesthesiologists look at when performing blocks and inserting lines. Their days start often the same time as surgery does, but they may have you leave a little earlier around 2/3 p.m. depending on how busy of a day it is.

What I Would Recommend Bringing:

Wear comfortable shoes and scrubs. Bring reading material in case there is dead time when they dictate. A small tablet that fits into your white coat pocket is a perfect device for this

EMERGENCY DEPARTMENT

The emergency department is a sub culture within the hospital. The attending physicians are not employed by the hospitals and many bounce between many hospitals within the area. All of them have medical scribes, who are individuals which help write their notes, pull up images, and alert physicians of new information. There are also usually one or two physician assistants (PAs) who take less serious patient cases. Out of a scale of 1-5, 1 being worst and 5 being the easiest, PAs usually tend to 4/5 and must report their findings and EKG readings to the attending.

Unlike other rotations, you will not be expected to round with the same attending each emergency department shift. Therefore, I recommend asking one of the staff who the attending is, and introduce yourself. More likely than not they will not remember that Dr. Penman alerted them of a student. Take the time to explain why you are there and ask for their permission to follow. I've never had issues with having a doctor refusing to let me follow them.

There are two main areas to the ER: the main ER and South Zone "SowZo." South Zone is a nearby area by the pharmacy where PAs will see level 4/5 cases. Most patients are referred by the bed they are in. During your shift be expected to perform focused histories and physical exams and present these patients to the attending. This will require you to bring some basic equipment like a stethoscope, reflex hammer, penlight, etc.

What Does the Rotation Look Like?

Shifts are from 11:00 a.m. – 9:00 p.m. and 9:00 p.m. – 6:00 a.m. Change into scrubs before your shift. What I have found in my experience is that the more interesting patients are found during 9-6 shift. This is when most of your stroke and seizure calls will come in. Regardless of which shift, the personnel tell me that *Sundays are busier than Saturdays*, so use that information when deciding when/if you'd like to schedule an ED rotation. There is a nurse's break room in the emergency department where you can get food at, just ask someone what the passcode is.

ADMINISTRATION

What Does the Rotation Look Like?

Business administration rounds will always be on Wednesday and start at 8:00 a.m and end at 5:00 p.m. Attire is business professional. There are two main sets of offices: the hospital administration which is located on the 3rd floor of the hospital above the physician's lounge, and Franciscan Physician Network office, which are located on the other side of the hospital in the 3900 building, 2nd floor.

Introduce yourself to the receptionist who will give you an itinerary of who you will meet and when you will meet. You'll have the opportunity to meet with nearly all the directors within the building and have extensive conversations with senior management. These days easily placed business administration on my shortlist.

To give you an example: one day I would meet with Sister Petra, where we would do an onsite visit to assess the needs of the behavioral health service while another day I would be with Dr. Tanselle to partake in the recruitment process of bringing a prospective candidate into the network. Every week had a different emphasis, but shed another light onto how different positions coexist to produce quality healthcare.

Pro Tip: Bring a small booklet and pen. Record job responsibilities and potential projects that you may assist on.

HOSPITAL MEDICINE

Hospitalist medicine is a subspecialty which I had no understanding prior to this internship. These individuals are Family Practitioners or Internal Medicine physicians who care for the hospital inpatients. They have an interesting lifestyle with 7 days on and 7 days off with shifts either being 7:00 a.m. – 7:00 p.m. or vice versa.

What Does the Rotation Look Like?

You'll begin with interdisciplinary care rounds on the cardiac care floor in which doctors, nurse practitioners (NPs), nurses, nutrition, etc will all discuss floor patients anywhere from 8:00 to 9:00 a.m. Dress business professional with a white coat. I recommend before printing out a list of the patients your provider is going to see. During this discussion, add factors which you believe are important to your notes.

Following these rounds, you will physically round on patients with your hospitalist. They may bounce around the hospital, going to the ICU, surgical care floor, overflow observation, etc. They analyze patients, create orders, and request consults. Often, they will have you interview patients by yourself and report back.

After rounding, they will address any pages on patients and new admissions to the floor. This process is less time intensive and often the physician might not need to be in the hospital always. Therefore, your hospitalist might shorten your day and let you go home, usually around 1 to 2 p.m.

INFECTIOUS DISEASE

Infectious disease is a subspecialty of internal medicine, which deals with the care of patients with problems that have an infectious etiology.

What Does the Rotation Look Like?

If you are rounding with Dr. Lin, your day will begin at 10:30/11:00. Dress business professional with a white coat. I would recommend pulling up his patient list and printing it out. You will meet first with his nurse, Darlene, at the infectious disease outpatient clinic on the 2nd floor of the 3900 building. She will escort you to Dr. Lin where you will begin rounding on his inpatient consults.

Topics to Review:

1. Community vs. hospital acquired MRSA
2. Osteomyelitis - causes, diagnosis, and treatment
3. Pneumonia – causes, diagnosis, and treatment
4. Sepsis clinical presentation
5. ID Pharmacology – antibiotics, antivirals, antifungals

Dr. Lin is a phenomenal educator and will take more time to explain pathogenesis and treatment for infectious disease than the time he will spend with a patient. He is an incredible resource, and I highly recommend asking as

many questions as you can. He usually dismisses you after your morning rounds as he must create orders and see patients in clinic. Your day will finish around 12:00-1:00 p.m. I wished I asked him if I could round with him in clinic.

CARDIOLOGY

If you are rounding with cardiology, you might be rounding with Dr. Yaacoub. Things to research would be how to read an EKG, nuclear medicine studies, stress tests, and coronary artery stent placements. Of course, review your cardiac physiology and anatomy as well.

What Does the Rotation Look Like?

If you are rounding with Dr. Yaacoub, your day could look different depending on what he has scheduled. Start by wearing scrubs. I would recommend meeting him in the outpatient cardiology clinic on the 2nd floor of the 3900 building. He usually begins his day by checking any new consults. He might request you to go take a history from a patient. He and I both recommend not checking the patient file in Epic as to give you more clinical experience. You will then return and present the patient's H&P.

The next aspect could be seeing patients in clinic. He will have you triage and perform a physical exam on patients and present to him before he enters the room. It's a fun experience and you can take as much or as little of a history as possible.

After clinic, he will usually preform a couple of stress tests, EKG and nuclear medicine test analysis, maybe a transesophageal echo, etc. You'll find that there are more procedures than you were anticipating.

Lastly, he usually finishes his day in the catheter lab. The personnel there are very funny. He will anticipate you participating while scrubbed in. This might for instance be localizing the area for the angiogram to be performed. You'll finish your day later around 5/6 p.m.

GI

What Does the Rotation Look Like?

Gastroenterologists spend most of their day performing two operations – endoscopy (placing a camera through the oropharynx down to the duodenum) and colonoscopy (placing a camera through the external anus to the ileocecal valve). These operations are performed in the outpatient center on the first floor.

What I would recommend reviewing:

1. Endoscopy and colonoscopy procedures
2. diverticulitis
3. colorectal cancer and mutation sequence
4. sessile and pedunculated polyps
5. intestinal epithelial organization

Come wearing scrubs and bring reading material about GI as you will have some downtime between cases. When you are thinking about post-residency lifestyles, GI is a heavy procedural specialty which will translate to a larger compensation package.

NICU

NICU, or the neonatal intensive care unit, deals with care of neonatal issues, the most common being premature infantile respiratory distress syndrome.

Neonatologists are classically trained pediatricians who completed a fellowship in neonatology and have nothing to do with the OB/GYN path. My first day, I made the mistake of thinking that.

What Does the Rotation Look Like?

The NICU staff are warm people and are receptive to answering questions. Enter in the morning around 8:00 a.m. with scrubs to the NICU, which is located near the woman's center. Start by washing your hands and underneath your fingernails with soap at the sink to the left of you. There should be a nurse at the main desk. Introduce yourself and let them know that you will be rounding with the attending that day. Usually the morning will start with interdisciplinary critical care rounds (similar to that of the hospital medicine). I recommend printing out a patient list the morning and/or night before and recording important values during this discussion.

Next you will round on the neonates. The other major responsibility is inspecting any new births that occur on the floor. You will enter the operating room for a C section or the patient room for a vaginal birth. After the birth, the NICU team will take the infant and preform a preliminary analysis using APGAR criteria. The neonate will then be shipped to observational area where they will spend some time. After additional analysis they will either return to the mother's room or be admitted to the NICU.

Later that day, your attending will perform a secondary round on the floor. They will probably dismiss you after this at around 5/6 p.m.

Pro Tip: This is a cool opportunity to see some critical period reflexes like Babinski's and Moro's reflex which you can perform yourself.

L&D

Labor and delivery (L&D) consists of being on in the labor and delivery department which is responsible for taking care of expecting mothers. This one of the most unique rotations that you will experience as you will not be assigned to a specific attending physician but rather be bouncing between many different providers.

What Does the Rotation Look Like?

Before your rotation, Dr. Penman may schedule a tour to introduce yourself to some familiar faces and the layout. The day of your rotation which will be Tuesday or Thursday, you will have to be there at 7:00 a.m. the latest as most of the induced labors are scheduled earlier. Enter and introduce yourself to the charge nurse. Usually they have a white board with all the providers' names. You should make an effort of introducing yourself to these providers. The nursing staff will alert you on who is getting ready to deliver.

If the delivery is a C-section, you will follow the physician back into the OR. They may/may not have you scrub in but there is a great view at the head of the OR table if you are not scrubbing in. Review the anatomy and ask proper questions, letting the physician know that you are certified to scrub in. If you show interest, the physician might have you scrub in the next case.

If the delivery is a vaginal birth, I highly recommend going to the patient room and introducing yourself before the birth to ask their permission to observe/participate. This can be a vulnerable experience for many patients and we must respect their comfort. After getting approval, be expected to perform your own gown and glove, unlike

surgery. <https://www.youtube.com/watch?v=CjxAMyvdyf0> is a good review for self-gowning and gloving. While a delivery isn't a perfectly sterile procedure, try to your best to maintain sterility. However, you must work quickly as a delivery can happen within minutes. You might be asked to deliver the placenta, which is a quintessential experience of being in L&D.

As there is no attending, there is no one to dismiss you. However, apart from emergency deliveries, you'll know when most patients have delivered. You can take time after the morning deliveries to round on these patients by yourself with a progress note; however the remaining day will depend on how much you want to do.

ENT

What Does the Rotation Look Like?

One of my favorite rotations was with Dr. Duberstein, an ENT surgeon. What I found interesting about this rotation was how many different environments he would perform in. You might start your day at his off-campus clinic, where you will help with patient history. An ENT practice has a large volume of outpatient clinical examinations. If you know you'll be in clinic, I recommend bringing a stethoscope, reflex hammer, tuning fork, and penlight. If you feel more comfortable using your own panoptic and otoscope, which might be something you might want to bring as well.

If you are in surgery, you won't need to scrub in as a majority of his surgeries are performed by a microscopic camera. Here is a list of some common surgeries I would recommend reading up on:

1. Cholesteatoma
2. Tympanoplasty
3. Pressure Equalization Tube Placement
4. Ossicular Reconstruction
5. Sinus surgery
6. Septoplasty

Be prepared to be asked a decent amount of questions. Dr. Duberstein's an interesting and jovial physician, and is someone I wished I could spend more time with.

RADIOLOGY

Where You Will Go:

There can be two locations Dr. Penman will assign you – the diagnostic radiology room at Franciscan Health Lafayette East or the radiology department at Unity (the surgery center next to the Lafayette East hospital). Usually you'll start your day around 8:00 a.m.

What Will You Be Doing?

This depends on the type of radiologist you will be following. People like Dr. Busch in diagnostic radiology will spend the majority of their day reading and diagnosing CTs, MRIs, X rays, barium studies, etc. Diagnostic radiology furthermore will spend some time bouncing to the imaging rooms to assist. If you are paired with someone like Dr. LeFranc who is a woman's health radiologist specialist, you may spend your day reading mammographic films and performing ultrasound guided or x ray guided biopsies.

What I Would Recommend Asking:

Radiology has a better work-life balance than some sub-specialties. Ask about their work-life balance and the environment that they work in (such as being a part of radiology partners).

What I Would Recommend Bringing:

Wear comfortable shoes and scrubs. Bring reading material in case there is dead time when they dictate.

RECREATIONAL ACTIVITIES:

PARKS:

- Happy Hallows Park
- Celery Bog
- Prophetstown

ATTRACTIONS:

- Aviators Game
- Columbus Zoo (free)
- Tropicanoe Cove (Wednesdays are \$3 Family Night, Great for Kids)
- Wolf Park

RESTAURANTS:

- Nine Irish Brothers
- La Bamba
- Sushi Burrito
- The Pickle

DESSERT:

- Original Frozen Custard
- The Silver Dipper
- Latea Bubble Tea

COFFEE SHOPS:

- Greyhouse
- Sacred Ground

BARS:

- Cactus – Thursday \$3 Specials
- Harry's Chocolate Shop
- 308
- The Pint

GYMS:

- Purdue Student Gym (will have to buy membership)

EXITING THE PROGRAM

On your last day, Dr. Penman will schedule an exit interview to assess your overall impression of the program either in person or through a phone call. After your rotation:

1. Pack your items from the apartment
2. Dispose any trash to the garbage cans outside
3. Drop your ID badge and apartment keys into the black box in the kitchen

Lastly, you'll be expected to create formal feedback for Dr. Penman's performance. If you are interested, please take your experiences and advice, and add your own additions to this packet as well.

IMPORTANT CONTACTS

Please alert Dr. Penman if there are other individuals you believe should be added to this list.

Name	Position	Number	Email
Dr. Jeffrey Penman	Director of Medical Education	(765) 480-0497	Jeffrey.Penman@franciscanalliance.org