

SURVIVING AND LOVING THIRD YEAR at ICAHN SCHOOL OF MEDICINE at MOUNT SINAI 2021

INTRODUCTION

Welcome to your third year of medical school! This year will be very exciting, demanding, and rewarding, and we hope to help get you started right with the following student-compiled guide. All advice imparted within is student-generated and, like most advice, should be taken with a grain of salt. And a tequila shot. This is a ton of information and is not meant to be consumed all at once. **Refer back to this guide before you start each clerkship.** We hope you find it helpful. Good luck!

TABLE OF CONTENTS

GENERAL SUGGESTIONS

Your Role as a Third-Year Student	2
Learning Opportunities	4
Behavior	4
Staying Organized	7
Time Management	7
Notes	8
Presentations	8
Write-ups	10
Studying for the Shelf and Orals	11
Evaluations and Grades	12
General Resources	13
Epic Tips and Tricks	14
Smartphrases (aka dot-phrases)	15
Smartphones and Apps	15
Wellness	17

SPECIFIC CLERKSHIPS

Inpatient Medicine	20
Ambulatory Care-Geriatrics	27
Surgery-Anesthesiology	28
OB/Gyn	39
Pediatrics	41
Psychiatry	45
Neurology	48
Online Radiology Course	52
Electives	53

GENERAL SUGGESTIONS

Your Role as a Third-Year Student

Be a sponge. This may be the only time in your career you will have a broad and hands-on opportunity to explore and learn about a wide range of fields within medicine. Depending on where your career takes you, there will be diagnoses you will make and procedures you will see that you may never see again! While third year can be stressful and overwhelming at times, many physicians identify third year as one of the favorite times of their career because of the diversity of experiences they had.

Observe. While each rotation comes with a new collection of knowledge you will be trying hard to learn. Your residents might have neat physical exam tricks, clever ways of eliciting difficult information, or useful ways of organizing their tasks.

Ask questions. Many people will tell you that the key to third year is to be enthusiastic in everything you do. In practice this can be hard (how do you enthusiastically do a rectal exam?). Asking a well thought-out question demonstrates that you are curious and eager to learn, and residents are usually excited to go over a topic with you when you express interest: Win-Win! Consultants are usually quite receptive to discussing their impressions with a student, which can give you an extra insight to share with your team. However, do not ask your team something you could easily look up, and do not ask about basic topics that you'd be expected to know already.

Use your Sub-I. During your first rotations, there will often be a fourth year student on your team doing a sub-internship. They are a great resource. They were in your shoes a year ago, and can give you insider advice on the clerkship, the floor, and your team. They do not evaluate you, so they make a great sounding board and can give you informal feedback on things you could improve.

Take responsibility for your patients. Your residents are responsible for the care of the patients you are following, so at the start of most rotations, especially early in the year, they will often see and examine the patient with you. The more responsibility you take and initiative you show, the more comfortable they will be with giving you more autonomy. Sometimes on busy services you'll be amazed how much you are relied upon. Your residents are generally very busy, and the more you help them out, the more willing they will be to take some time to teach you a topic or procedure. Know as much as you can about your patients - make them your own.

Develop a rapport. With your patients, with your team, and with the nurses. Many patients will actually call you "Doctor" and consider you as their doctor, since you will

spend by far the most time with them. Spend extra time with them when you have a chance. You are being evaluated on how effective you are at caring for your patient, which starts with forming a good relationship - your team will notice when your patients like you. Get to know the nurses by name. They are a great resource for finding your way around the floor, and can definitely make your life easier if they like you.

Acknowledge your limitations. Admit what you don't know. You will learn to say, "I don't know" a lot this year, especially at the beginning of any rotation. Saying "I don't know" can create a learning opportunity, but be proactive and anticipate what you'll be asked and look it up first. When you are unfamiliar with a topic your resident will often ask you to look it up and report back, so look good by volunteering to do so before they ask.

Be respectful. Many students struggle to find the balance between being enthusiastic and being respectful of the hierarchy of medicine. Rules of thumb: don't interrupt residents or attendings. Be very careful about questioning the decision of a physician unless you think a patient's safety will be harmed. Try to ask questions in a way that suggests you are curious to learn about their thought process rather than suggest they were wrong.

Share what you learn. If you were up all night becoming an expert on a topic, don't keep that knowledge to yourself - volunteer to briefly share some of the interesting points you learned with your team. Bring in a relevant article or useful chart you found - they'll really appreciate it. Also, talking with your classmates about the cases you're seeing is a great way to reinforce what you're learning and expose each other to more conditions than each person sees individually.

Seek out mentors. One of the great features of third year is you get exposed to a hospital full of people who want to help you figure out and plan your career. Clerkship directors are excellent go-to people who can help introduce you to members of their department. Some attendings love working with med students, and some just seem too busy; learn to distinguish between these, and seek out those who love to teach. Many students have developed relationships with favorite attendings they worked with on the floors, and this is a great way to get letters of recommendation. There is also a mentor database on Blackboard that is helpful if you are considering a field that isn't part of the core clerkships. Finally, residents were just in your shoes and know how stressful this part of your training is, and are usually happy to talk to you about their experiences from being a medical student through picking a specialty and applying to residency (many will do this spontaneously).

Think about letters early. Rotations go by quickly and you may not always get to spend as much time with an attending as you would like to. Your specialty choice will guide exactly how many letters you will need and who can write your letters, but thinking about letters early and scoping out potential letter writers never hurts.

Think towards the future. Use each opportunity on the wards to explore what life is like both as a resident and as an attending in various specialties. The year flies by! Try to spend time with and meet with attendings as much as possible to see what life is like beyond residency. Time for electives is limited in third year, so use your clerkships to explore as much as you can.

Learning Opportunities

Be proactive. Sometimes you have to create opportunities for learning. For example, try to be present when consultants come evaluate your patient. If you personally call the consult, ask them what time they think they might stop by. Watch their exam and ask them to explain their recommendations to you. You'll learn more (and be able to relay more to your team) than if you just read their note. (Logistically, it is rarely possible to catch them in the act, but it's something to hope for). Other ways to be proactive include requesting to accompany a patient on your service to an imaging study or procedure. Nothing beats that sort of first-hand learning experience, and it's up to you to create those opportunities for yourself.

Learn all you can from your patients. Sometimes you will be following patients for weeks, and as their conditions stabilize it can be difficult to continue to learn from them. A patient with pneumonia, for example, may be on a 10-day course of antibiotics. By day 5, their symptoms and exam may have normalized, and you may notice your team's attention span waning during your morning presentations. Liven things up (and maximize your own learning) by trying to identify new aspects of the case and presenting new info on morning rounds. Describe average lengths of stay and hospital costs for patient with community-associated pneumonia. Look up the most common complications of their antibiotic therapy, most common reasons for readmission after discharge, etc. You shouldn't present something new every day (and when you do, it should take no more than 1 minute max), but occasionally doing independent reading (without being asked to) will impress your residents and increase your learning. And don't worry—it's OK and often suggested by residents that you drop truly stagnant/stable patients.

Ask to do stuff. Do not hesitate to ask to help with things like blood draws, IVs, and blood gases. Just as residents should make their expectations clear, you can also communicate your interests and goals to them, and remind them along the way if they forget. Remember that nurses and sub-I's are excellent teachers.

Be safe. Always. When learning procedures, become familiar with the equipment and protocol first, choose your patient carefully and then proceed. NEVER be pressured to do something that makes you uncomfortable—safety is most important. You can ask to observe and do it the next time.

Behavior

Be pleasant. As a third-year, effort and enthusiasm count as much as what you know. When it comes time to evaluate you, your residents will think about whether you were pleasant to be around and whether you'd be a resident they'd want to work with in the future. They will also observe your interactions with patients, nurses, BAs, and other people on the floor. Be polite and professional with everyone.

Be adaptable. Third year is a time to observe (and try to fit into) the complex hierarchies of medical systems. To do well this year, you need to assess what your residents and attendings want from you. This will vary immensely from team to team, and it's your job to adapt to your ever-changing role. Sometimes (and only sometimes) this may involve the less glamorous aspects of delivering medical care (obtaining records, making calls, doing guaiacs, etc.). You may hear this sort of thing referred to as "being a good team-player"—this is code for doing whatever needs to be done, scut or otherwise, and doing it all with a good attitude.

Make yourself visible. Even if there is nothing left for you to do, hang around near where your residents are working and offer to help. Always bring some sort of shelf-study materials to make the most of your downtime. Remember that printed materials (a few pages at a time) may look better than studying from a book or smartphone.

Attend lectures. Lectures are mandatory, and they take precedence over everything else. Even if you have to scrub out of a case, skip a delivery, or leave clinic early, you are expected to attend every lecture (unless you are post-call).

Don't ask to leave. This might seem obvious, but when you're truly exhausted, it might seem reasonable to ask if you can go. Unless you have a very good reason to be excused (shelf exam is coming up and there is truly nothing left for you to do), don't ask. Also, try not to overuse the "is there anything else I can do to help?" line—it may occasionally help remind your resident to let you go, but may also annoy them if you use it too often.

Don't be a gunner. There is a significant (and obvious) difference between a motivated student and a gunner. Most residents and attendings see right through the

gunners (they were med students once themselves). Additionally, a key principle of being a good resident is being supportive of other residents. Not cool to see competition and one-upping at the med-student level. Gunning for the top will backfire. Do not answer questions posed to other people. Do not withhold information from other students or interns in order to look good when you present it yourself. Do all that you can to keep your ambition in check and respect your fellow students.

Don't lie. This seems obvious, but on rounds when you're being pressed for something, it can get very tempting. If you don't have a lab value or piece of info regarding your patient, better to simply say "I don't know, but I will find out," than to jeopardize the patient's care or your team's trust in you.

Staying Organized

Organize your info. Half the battle of third-year is finding a way to organize your patients' info. You have to try out a few systems and see what works for you. Some people carry a single index card per patient and write only the pertinent changes from day to day. Others use the daily sign-out document and make a to-do list under each patient's name (be sure to shred all papers with patient info when no longer needed). Others carry a clipboard with signout and their most recent SOAP note for reference. If you are having trouble finding a system that works, watch/ask what your interns and residents do to organize their data. Since the information you collect varies with each specialty, it may be useful to ask students who already completed your current rotation if they had any good methods or templates.

Organize your knowledge. It is helpful to carry a pocket-sized notebook for facts learned on rounds, topics for further reading, etc.

Daily 'PxDx Logs' logging. So annoying, but we have to do it. If not every day, at least 2-3x per week. Do NOT try to do it at the end of the clerkship when you are studying for the shelf.

Develop a peripheral brain. See the **Smartphones** section for advice on helpful apps.

Time Management

Be on time. For everything.

Preround early. At the beginning of a rotation, give yourself plenty of time to preround. You'll get more efficient with some practice, but (except your first few days) it's basically NOT OK to say that you didn't have enough time to do something (unless

you are at the mercy of a shuttle) before rounds begin. The interns may say it but typically they are following triple the number of patients that you are following.

Study when you can. Make the most of your downtime. On certain rotations, with certain residents, it's acceptable to leave the floor to study if there is nothing left for you to do. If you can catch an hour in the library, great. Otherwise, try to study on the floor. Bring a question book, read at a computer, stay visible to your team, and check-in with them frequently. If you do leave the floor, give the resident/intern your pager/cell-phone, but don't expect them to call you if something interesting arises.

Notes

Content. Admitting notes (= H+P's) are the notes you're used to writing for ASM. They include: CC, HPI, PMH, PSH, Meds, Allergies, Social Hx, Family Hx, OB-GYN Hx (if relevant), Psych Hx (if relevant), ROS, PE, Labs, Imaging, and Assessment/Plan.

Note: your HPI should make sense. If you are interviewing a patient and still don't understand the chronology of events that led them to the hospital, your residents won't either. Don't accept nonsensical answers—redirect the patient with specific questions until you get a coherent story. SOAP notes (= daily progress notes) are shorter and should trace the patient's progress over time. They include subjective (what has happened since your last note, usually the last 24 hours), objective (including your physical exam, recent labs and imaging), and assessment/plan. In the physical exam, don't forget to comment on things like general appearance, IV lines (location, signs of infection), supplemental oxygen settings, and urine output/appearance/catheters.

Length. You don't need to write a novel, but rule of thumb is that the medical student H&P should be the most comprehensive note of all, longer than the interns notes, definitely longer than any resident or attending note. This is particularly true of the notes you submit for preceptor sessions. People reviewing the chart often look at medical student notes for extra info. Do not skimp. Your SOAP notes should be succinct but complete and significantly shorter than the H&P.

Using EPIC. EPIC has some very useful templates that residents will be sure to show you. Don't allow yourself to get in the habit of relying on these templates without analyzing the data that populates them. Each part of your note should be specific to that patient on that day at that moment. **DO NOT copy old notes or notes others have written (even if you see residents or attendings doing this).** This not only leads to errors that can endanger patients, it dulls your critical thinking and causes you to get less out of the experience. The patients deserve better! And don't forget, there is a very strict policy against plagiarism (if that other stuff wasn't enough to deter you).

Don't abbreviate. You might think everyone knows the abbreviations you're using but you can't be sure. Use only the most universal abbreviations in your notes. When in doubt, don't abbreviate.

Med Info App. There are specialty-specific note templates in the blue book that are helpful to look over before starting a new rotation. medinfo.mssm.edu

Presentations

Morning presentations. Your daily presentations on rounds end up being a substantial part of how residents and attendings evaluate you, so it's important to show as much as you can about yourself. This could include offering a quick teaching point or some evidence based medicine to your assessment and plan. Even if the team says "maybe later" or "there's no time" when you bring it up, it shows initiative and they will recognize that you came prepared. Asking residents for feedback is also extremely important, and try to give more formal presentations until you know their expectations.

One of the most challenging parts of morning presentations is remembering to include all the relevant information while still keeping the presentation organized, so it helps to have information written down in the order you wish to present it. Having a pre-rounding template that you present with is a good strategy, and referring to these notes while speaking is usually not a problem on rounds. Each attending and resident has different styles and expectations for presentations, so it is crucial to ask them for feedback very early on to make sure that your presentations are conveying the information in the way they want.

Preceptor presentations. These are a significant portion of your grade, and you get fewer opportunities to present with preceptors than with house staff. Try to read up on the patient's disease before preceptor sessions. When you present your assessment/plan, it's impressive to step back and give a (short, 30sec-1min) spiel on the pathophysiology of the patient's disease, and then present your plan with respect to this individual. Also, **memorize** the HPI and summary statement (at the very least). Preceptors may not explicitly ask you to memorize anything, but it is definitely noticed when students can discuss the case without reading from their write-up. The write-ups you submit for preceptor sessions should be more detailed than your typical notes, and the assessment and plan should include a full differential with supporting evidence and a rationale for the proposed treatments. It also helps to choose a patient who lends well to an organized write up (e.g. great historian, consistent story and PE findings, good differential)

General appearance. Don't forget to comment on this! It actually matters, especially if you're noting a difference from one day to the next. Also, it has been said that all of residency is about learning the difference between "sick" and "not sick," and general appearance is important in making that distinction.

Vitals. Always say the vital signs. Do not say "AVSS" or "vital signs stable" or "within normal limits" unless your residents specifically say that is ok. Ask your resident on day 1 how they want them (latest values, range over last shift, over 24hr, etc). Residents can be very particular about vital signs: some like you to interpret them ("febrile to 100.9, tachycardic to 105") and others, namely surgeons, may want literally just the numbers, not even preceded by "BP" or "temp" (i.e. "97.8, 120/80, 65, 20"). Just ask. Also keep in mind that pain can elevate HR, RR, and BP, so mention their pain scale with vitals if you think it's pertinent!

Lab values. Do NOT report every single new lab value. State any abnormal values (and be prepared to give your interpretation of them, and if they're trending upward or downward) and any pertinent normals (i.e. normal white count in someone being treated for an infection). Nobody wants to hear about the patient's chloride (unless they have an active metabolic disturbance).

Check the chart. Read consults and attending notes (you'll say, ah-ha! So that's what we're going to do!).

Know the meds. And doses. And indication (what bugs do their antibiotics cover, and what day of antibiotic treatment is it? Is the beta-blocker for HTN or Afib or something else?). You don't have to present all meds in your daily update, but sometimes people will ask and if you know, it shows you're thorough about your patient.

Take a stab at the Assessment/Plan. For the assessment, come up with a strong summary statement. Start off with, "in summary," to get people's attention. Gather your pertinent data and make a short differential to **demonstrate your clinical thinking** (even if it's a classic presentation, verbalize your differential—otherwise they have no way of knowing if you've considered other possibilities). For example: "68y/o male smoker with history of hypertension presents with productive cough x 3 days, decreased breath sounds and dullness to percussion in right lower lobe on physical exam, white count of 18 with left shift, and CXR showing RLL infiltration, *all likely consistent with lobar pneumonia*, but the differential includes TB, lung CA, and pleural effusion." Then, for the plan, go by problem (or, more rarely, by system—ask your resident what they prefer). Always start with the problem that brought them into the hospital. Even if you are completely wrong about the plan (it happens, you get used to it!), you'll look good for trying.

The first few days matter the most. Your team will set expectations for you based on what you show in the beginning. Spend the weekend before each clerkship getting a sense of common diagnoses, tests, and treatment options. The afternoon/evening of the first day, pre-write your presentations for your patients using notes from that service as a reference, look up your patients' conditions, testing, and treatment, and make a treatment plan including medications with doses, diet, consults, and possible disposition. The next day, come in twice as early as you think you'll need to pre-round (at least an hour before rounds of not more) on your patients. If you nail the first few days, you'll feel more confident and the team will be more likely to trust you. It's a lot easier to start by presenting your best self than feeling like you're playing catch-up the whole clerkship.

Be true to yourself. It can feel impossible to impress your team, research everything about your patients, write impeccable notes, do all the clerkship requirements well, and prepare for the shelf. Make sure you make some space for you and your values; take some time every now and then to remind yourself why you came to med school and to learn something for yourself.

Write-ups

Who reads them? The notes you write will be read by your primary team and anyone seeking information on the patient. You will also choose several notes to submit to your preceptor for grading. It is important that they are accurate and reflect only the history you PERSONALLY obtained and the physical exam you PERSONALLY did. You might see interns repeating information from the ED notes without directly verifying it. Don't do it! It can lead to inaccurate diagnoses that can be very hard to erase from the EPIC, not to mention a violation of the policy against plagiarism.

Be thorough. A polished write-up is a great way to let your knowledge shine — especially if you are someone who tends toward the quiet side on the wards. Preceptors will definitely notice the student who puts earnest effort into the write-up and includes a full discussion of the differential. A well thought out discussion of differentials (and what supports and refutes each) in your assessment and plan will always garner positive reviews. Again, don't use too many abbreviations.

Look at the rubric. Most clerkship directors put the grading rubric for write-ups on blackboard. Look at this before you do your write-up. You'll notice that clerkships stress different aspects of the write-up. Ambulatory care, for example, wants a much more extensive social history than inpatient medicine. Peds, similarly, has several categories on the write-up that don't exist in adult medicine. Be meticulous and you will do well!

Evidence Based Medicine (EBM). Some preceptors/clerkship directors really like to see attention to evidence based medicine in the write-ups. They usually make their expectations clear (if they don't, ask!). Some people weave EBM into a narrative "discussion" section of the write-up, others just add footnotes to the plan.

Studying for the Shelf and Orals

Shelf format. The Shelf exams are 110 questions, 2 hours and 45 minutes long, and are taken in one of the lecture halls. The vignettes are long and many people feel pressed for time—be aware of your pace and keep an eye on the time. You are not allowed scratch paper. The NBME publishes a breakdown of the content of the test (i.e. 20% cardiovascular disease, 10% endocrine, 10% genitourinary etc) and a set of 20 practice questions for each shelf (which are much easier than the actual shelf).*

Note: The NBME shelf exams are all taken online. You will take them in Annenberg and you will be provided a laptop and a mouse as well as a writing board and marker for note taking.

Focus on the basics. These exams tend to cover the bread-and-butter of the specialty. Questions commonly ask how to diagnose (what is the best lab or imaging study to order), how to treat, and what are the most common complications of treatment. Questions on pure pathophysiology or mechanism of action are much less common.

When to study. Short rotations go by FAST, so many people start doing questions right from the beginning. It may be helpful to spend the first week or two of each clerkship devoting most of your time to your clinical responsibilities (reading on your patients, prepping for rounds) so that you establish yourself as a conscientious student. Then, toward the end of the rotation, you can spend more time focusing on your shelf studying without feeling like you've neglected your clinical role. Most people that are unhappy with their shelf exam score feel that they did not start studying early enough, so even if you just do a little studying every night early in the rotation, it will likely help come test time.

Evaluations and Grades

Grades. The stress of third year is compounded by suddenly having to worry about grades after two years of pass/fail. If you're feeling stressed about grades, remember that clerkship performance in your specialty of interest is most important to residency program directors. You don't have to be an all-star in every clerkship to get into a great program.

Honors/High Pass/Pass. For each clerkship, there are set scores for earning honors, high pass, or pass. These scores are determined from past years students such that about 60% get honors, 30% get high pass, and 10% pass.

Shelf exams. Starting from last year, shelf exams are now pass/fail! A “pass” is generally anything above the 5th percentile (based on nationwide performances - clerkship specific shelf score percentiles can be found on Blackboard under Milestone Resources → Year 3 Overview → Shelf Exam).

You can get bumped up. Since grades are based on raw scores and not curves, sometimes less than the specified cut-off will get honors or high pass. At the end of each block, clerkships review all their grades and if this has happened, students that were close to the cut off can have their grade raised. Sometimes they have given out too many high passes or honors, but even if they have, grades are never revised downwards, only up!

Learn the breakdown. Each clerkship weighs the different components of the rotation differently. Some clerkships have experiences that aren’t graded. Take a look at the breakdown the clerkship directors give you at orientation so you aren’t surprised at the end to find out how much something contributed to your grade. Each clerkship also posts their “Grade determination” sheet on Blackboard. Refer here for the most up to date information.

Know who evaluates you. Most of your evaluations are from residents and interns, as well as attendings. Make sure you know who is evaluating you and be sure that they have adequate opportunity to observe you. Some rotations let you choose who evaluates you. Time with faculty members is often limited, but students can go out of their way to find out their clinic or surgery schedules if they are being evaluated. Residents are usually accommodating if this means spending some time away from the floors.

Discuss expectations at the start of the rotation. Residents will often be happy to chat with you on day 1 or 2 regarding what they expect of you. This can help you find your role, and inform what you need to do to *exceed* their expectations. Often students feel uncomfortable broaching this subject, especially shortly after meeting your resident, but it is a valuable conversation to have and can help with building the resident-student relationship early on.

Get early feedback. Touch base with your residents early (at the end of the first week) to see how you’re doing. This can help you be a more effective part of the team, and

give you the opportunity to demonstrate to your residents that you take their feedback seriously and can put it into action. It is helpful to give someone a heads-up that you'll be asking for feedback, so that they have time to gather their thoughts.

Talk to the clerkship directors. If you're disappointed with your final grade, the clerkship directors are very willing to sit down with students and go over it. It's unlikely to change anything, but you may get some valuable advice to apply toward your future clerkships. Rarely, something might happen during a clerkship such that you may feel a specific person won't give you a fair evaluation. If that happens, it's best to be proactive and explain your concerns to the clerkship directors before evaluations are turned in. They want to hear about problems students are having on their rotation, and it is wise to voice your concerns as they arise, not when the clerkship is over.

Presentations/Write-ups. Many rotations require a written product of some kind and a presentation. They can be a drag with all the other responsibilities you have, but don't blow them off - they can be a substantial portion of your grade.

Letters of Recommendation. If you have an excellent experience with an attending, consider asking them for a recommendation. Letters can't even be turned in until the beginning of your fourth year, but if they write it while they still remember you it will be a more personal letter. Be considerate - if you're not sure what field you are going into, wait until you're certain you'd actually include that letter with your application.

General Resources

Consider buying a Qbank. Sinai will provide you with a yearly subscription to USMLE World, which has more than enough questions to use as your primary source of questions for shelf preparation. However, many students also purchase a yearly subscription to AMBOSS and use it as an additional study tool. Some students feel that these questions are not as difficult as the shelf questions, and that you're better off using question books designed for 3rd-year students (MKSAP, blueprints, pre-test, etc) than USMLE Qbank. Talk to 4th years if you're not sure what to do. Most students take Step 2CK at the end of July, so if you are going to buy a Qbank you may want to wait until then to purchase it so you don't have to pay for an extension. Also, it is a good idea to take at least one practice NBME (<https://www.mynbme.org/s/login/>) before the shelf.

Limit your books. Textbooks are mainly useful for ensuring you're getting exposure to all the major topics in a clerkship that might be tested on the shelf, but you will find there is not a lot of time for reading during your clerkships and getting through even one textbook can be difficult. Most of your studying will be case-based, for which

books do not have adequate depth. There are usually several good options of books for each clerkship, but limit yourself to one or two rather than skipping around among many.

First Aid. You've spent hours with your copy of First Aid for Step 1, and while you're probably ready to put it behind you, some of what you learned is actually useful for on the floors. Since you know your way around it so well, it can be useful for a refresher on the first couple days of a clerkship before you move on to learning new material.

UpToDate. The most useful resource for the third year student. Thanks to the library you can now access it from off campus and on your phones, which is a great boost to anybody at one of the affiliates.

NEJM reviews. NEJM periodically publishes review articles focusing on the latest understanding of the pathophysiology and current treatment strategies for various diseases. These reviews are more detailed than UpToDate and give a better understanding of the current challenges with respect to the clinical management of that disease process.

Med Info App. The Blue book web app <<https://medinfo.mssm.edu>> is packed with clerkship specific items such as the psych interview, neuro exam, and disease screening guidelines. It also has a template for just about every type of note you will write during third year.

Cochrane Reviews. They publish systematic reviews of the literature aimed at answering a clinical question, usually regarding the efficacy of treatment. An excellent source for evidenced based medicine and for understanding or questioning the standard of care.

Librarians. They are a majorly underused resource at this school. If you ever need help finding good resources or researching something, consider asking for their assistance. They are true search wizards.

Epic Tips and Tricks

General Tips

§ Find out what your team likes in notes and make your own template. A big time-saver in the long run. For some rotations they may want you to use a standard resident template.

§ Make your own patient lists - you can put your favorite patients on and see if they have new lab results or notes, or you can add the team you're on currently.

§ Choose pertinent categories for the columns of your patient lists: age/gender, recent vitals, attending, length of stay, diet, to-do list, etc. If you have to print lists for your team on surgery they'll want specific columns in a specific order.

§ Copy a provider's schedule to your schedule tab so that you can view their schedule. Useful for Coffey clinic, etc.

§ For outpatient rotations/EHHOP, add yourself to the patient's care team - you will get all their outpatient lab results to your inbox. Then you can "result-note" them to add your thoughts on the labs/management plan.

§ If the note you're working on is in a separate window, anchor it to the right side of your screen by clicking the little black and white icon in the upper right of the note window. Now you can work on the note and read the chart at the same time.

§ Addendums: no shame in editing your notes.

§ Shortcut to copy note from previous day - it's one of the buttons above the text box when you write a note.

§ Pended a note and getting back to it hours later? Update vitals etc. by clicking the refresh button in the text box.

§ There is a treasure trove of patient-friendly information (many with Spanish translations!) available by clicking the Epic menu, then tools, then clinical references. Topics include medical problems, drugs, PT exercises, and more. Lots of good illustrations too.

Smartphrases (aka dot-phrases)

- **.vs** - displays most recent vitals

(also **.vitalsM** - displays chart of four most recent vitals and **.vitals24** - displays current vitals with 24-hour range)

- **.thisvisit** - displays all labs for current outpatient visit or admission. Good for H&Ps.

- **.24hrlabs** - displays all labs from last 24 hours

- **.labs** - displays an "F2" menu to select the most common recent labs (CBC, BMP, coags, etc.)

- **.meddetails** - displays table of current medications with dose, route, and frequency

- **.radrcnt[xw]**, where x is the number of weeks - displays radiology reports for most recent x weeks (can also use h for hours)

- **.urineoutput** - displays ins/outs (also try **.io**)

- **.bpfa** - BP percentile base on gender, age and weight - useful in peds

- You can also make your own dot-phrases. Click the Epic button in the top left, then tools, then explore the smartphrase options.

Smartphones and Apps

A smartphone is great to have during third year for keeping track of your schedule, getting notifications on last-minute schedule changes, and quickly looking up information. Unlike your stethoscope, it isn't essential and you can get through third year without one, but it is nice to have. It is important to note that when you are on a team with your residents, the team will often use group texts, GroupMe, or WhatsApp to disseminate information to the whole team regarding the day's schedule, any updates, or any changes.

Be discreet. If your residents see you on your phone all the time, they're much more likely to assume you're on Facebook than doing your Qbank. Don't take your phone out on rounds unless someone asks you to look something up.

EPIC Haiku. An Android and iPhone app you can get this through library website – a great app to check on patients at night, pre-round from bed (you obviously still need to see your patients but this can give you a quick look at labs, recent vitals, and recent notes), and quickly access results while on rounds.

Micromedex. An excellent app for drug information. Faster than Epocrates.

UpToDate. For the Android and iPhone apps, you will need to create an individual account. As long as your account has been logged into UpToDate on the Mount Sinai network within the last 6 months, you will be able to access UpToDate through the app with the hospital's subscription.

MedCalc. This app has useful formulas and is often used by house staff for calculations.

Amion. Carry around the call schedule in your pocket, and send a page in a flash! Requires creating an account on Doximity.

Sinai Specific Apps and Websites: These mobile websites can be saved to your phone's homescreen as an "app."

MedInfo: <http://medinfo.mssm.edu> General academic information with guides and policies for all of the clerkships

Anesthesiology: <http://gas.careteamapp.com> Great resource for the Anesthesiology rotation and also includes useful links to OR schedules for the Surgery Rotation

Inpatient Medicine: <http://inpatient.careteamapp.com> Generally meant for residents but has lots of useful guides, phone numbers, and logistical information that will be useful during any inpatient rotation at Sinai.

CPS: <http://cps.careteamapp.com> Specialty specific information for planning your future career and the residency application process.

GroupMe and WhatsApp: Commonly used by teams to quickly communicate between all of the residents and students on the team.

Other apps. The library maintains a list on Blackboard of apps it recommends, but most people don't use any other general apps except Epocrates and Micromedex. Sometimes a stand-alone app (like a pregnancy wheel for OB/Gyn or USPSTF recs for ACC) is easier to use than digging through menus on Epocrates.

Wellness

The first week of every rotation is hard. Every few weeks you'll be in a new environment, with new people who have different expectations of you than the last setting you were in. This is the most disorienting part of the year and it's always hard settling into a new rotation. After a few days, you'll know where you're supposed to be, what you're supposed to be doing, and will feel more comfortable.

Take a vacation. Take at least one week of vacation during your elective time. You will have more vacation than you know what to do with fourth year, when your schedule is light and you don't need a break as much, so use a little of it to give yourself a break from the stresses of third year.

Don't get trapped in the bubble. Despite the demands on your time, it's important to maintain the relationships and activities that are valuable to you. You can take a night or weekend off from studying to go out to dinner, visit a friend, or attend a concert. It's great to have something to look forward to at the end of a long week. Plus, with so many people evaluating you, it's important to maintain a sense of self outside of your grades.

Reflect. There will be many intense experiences during third year. Most people experience patient death for the first time. Whether it was a difficult operation, a challenging patient encounter, a crazy experience in the ED, or an upsetting event that you witnessed, take time to process what happened. Talk to your classmates

about what you've seen, it's cathartic and most of them will have something to share as well.

Providing humanistic care. In general, you will have more time and less responsibility than any other member on the team. You can use this to your advantage to get to know your patients better and help support their psychosocial needs. Not only will this help alleviate your patients' discomfort and suffering, but it will be rewarding to you personally. We've found that the biggest barrier to this can be shyness or anxiety around not knowing what is appropriate to do for patients. Herein we provide tips and tricks to help you know what you can always safely do for patients in order to make their hospital stays better. In general, if you proceed with respect, humility, and a desire to make your patients feel better, you will succeed.

General Tips:

Direct Patient Interaction

- Always introduce yourself to the patient (first!) and any visitors
- Ask the patients and their families if they have any questions or needs before you leave the room; answer what you can and defer questions you are unsure of (but make sure to ask the clinical team and *come back* with answers)
- Figure out your patients' music/tv show interests; it can help you connect
- Ask your team whether it is okay to defer pre-rounding if a patient is sleeping (this varies by specialty - surgery more likely to wake patients than psych - and attending)
- If you must wake a patient: apologize, use as little light as necessary, and turn off lights as you leave the room

How We Talk About Patients

- Avoid using a patient's diagnosis as an adjective (i.e. do not say "schizophrenic/diabetic/hypertensive/asthmatic/alcoholic patient", but rather "patient with schizophrenia/diabetes/hypertension/asthma/alcohol use disorder")
- Don't trade patient's stories like baseball cards (i.e. use discretion, maintain respect, be thoughtful about why you are sharing - i.e. is it for educational purposes?)
- Recognize that there are legitimate reasons for patients to refuse treatment (side effects, not in line with their goals of care, etc) & that this should not affect our opinion of the patients
- Sometimes you will dislike your patients or feel a closer attachment to them; be mindful of how these feelings are affecting your plan of care
- Be mindful of patients with conditions that are life-long; their frustration towards their illness can sometimes manifest itself as annoyance or hostility toward the medical team

Family Members/Loved Ones

- Keep family members updated on the patient's care
- Ask a patient if he/she has pictures of family (especially kids or grandkids)
- The hospital operator can make courtesy long-distance calls to family members/friends

Supplies

- Know where the warmed blankets are located and distribute liberally
- If a patient's back/butt is exposed, get a second gown to cover them
- Find out where the pantry (for juice, snacks) and extra linens (and pillows, if you are lucky!) are located on each floor
- You are allowed to bring patients outside things (specific foods, newspaper, etc.); check with your team, but you can do this if you feel comfortable with the effort/cost

Specific Clerkships

INPATIENT MEDICINE

The clerkship is 6 weeks of inpatient (3 weeks at Sinai and 3 weeks at another training site):

A Typical Day on Inpatient Medicine:

1. Pre-rounds. You will have a set time for rounds. At MSH, rounds will consist of the two hemi-teams (each hemi team composed of a MS3, MS4 intern, and senior resident) working under the same attending. Prior to that time, you need to come to the hospital and pre-round on your patients. Interns do this as well. Most students give themselves 1hr to complete pre-rounds (at least in the beginning...you need less time as you get more practice). Work-rounds (i.e. running the list quickly with your intern and senior resident) at Sinai tend to start between 7:30 and 8am This may vary by team. At affiliate sites, you'll be told which shuttle to take to get you there in time to pre-round. The point of pre-rounding is to gather pertinent data that the team will need to make decisions for that day. So...what should you do to pre-round? *(Ed note: the following is a list of info that you should get used to quickly checking in the morning. It will feel slow at beginning, but try to make a routine out of it. Also, almost never does an attending want you to read off a list of every single lab value that resulted overnight. You can show off your clinical reasoning a bit by being precise in the labs you choose to report, though it may be good to write all of them down as you pre round in the event they randomly ask for something).*
 - Talk to the overnight resident and nurses to see if there were any events overnight. The patient is not always a reliable source for this info.
 - Go see each of the patients you are following. Wake them up (you'll get used to it), ask how they're doing, do a focused physical exam. Get the vitals from the last 24hr from the computer.
 - Look for any consult notes from the day before. Take note of their recommendations, and mention them in your update on work-rounds. If you don't, your resident will likely ask you about them.
 - Check labs. It is crucial to keep track of your patients' labs from day to day (either on a separate sheet or in whatever system you develop). You will frequently be asked questions like what the WBC count was on admission, what is the trend since then, etc.

- Check imaging. If you're pressed for time, simply read the written impression. If you can, pull up the image and take a look for yourself. Honestly, try to read the imaging on your own first. You may have zero idea of what the chest x-ray is showing, but by trying, failing and then reading the report of dozens of them you'll get better. Also, you may be asked to interpret imaging during rounds, so ask your residents for help too!
 - Start your SOAP note if you have time. Many students find it helpful to have consolidated their info in writing before presenting on rounds. (This may not be possible, and don't fret. There is plenty of time for note writing after rounds).
2. Work Rounds: Next you actually round with your team ("work rounds"). The resident, intern(s) and you will go from patient to patient on your service. Outside of each room, you will give a short oral presentation that follows the SOAP note format (you should NOT present the full H+P on work rounds unless it is a brand-new patient admitted late the night before, and even then it should be abridged, with only the pertinent information). Generally, these presentations are short and sweet (2-3 minutes). NOTE: Your resident may request that you present in a certain way—if they don't, ask early if they have any special preferences. Quick review: S= subjective. What happened overnight. Any new consult recommendations. Anything the patient is complaining of this morning when you saw him/her. O=objective. Vitals first, then general appearance, then your exam. Then any new lab values and/or radiographic findings. AP=summary statement, assessment and plan. This varies from resident to resident but at the very least they like to hear what you think should happen that day (e.g. increase/decrease/stop the IV fluids; any changes in medications; any diagnostic imaging, labs, or consults that you want). When you present your plan, go by problem, starting with the main cause of hospitalization. Note: Your summary statement should evolve over time. If the patient and the story are well known to the team (i.e. by the second to third day of their admission), there is no need to repeat all their symptoms and comorbidities each time you present. Simplify where appropriate with terms like "multiple medical problems" and "clinical picture consistent with (insert working diagnosis here)".
 3. Attending Rounds: After work rounds, you start work for the day. You'll also touch base with the service attending. Some days, you may also have teaching attending rounds, conducted with an attending who is not personally caring for the patients. Teaching attendings tend to ask for a full H+P presentation of a single patient who was recently admitted. If you were on call the night before and took the admitting H+P of a new patient, you will likely be asked to present the case on teaching attending rounds (less so early in the year, when the interns will likely present, but definitely toward the end of the year). You may be asked to present the case from memory, which will force you to think about the relevant details to include. Although

frightening in the beginning, you'll see that most of these sessions are totally benign, with most people interested in learning and practicing the skill of differential diagnosis.

4. After attending rounds, you have some time before noon conference for doing the work of the day. Most of this responsibility falls on the intern, as it will involve writing orders. For med students, this is when you may be asked to "be a team player" by helping out with whatever menial tasks need to be accomplished that morning. Examples include: requesting records from outside institutions, making follow-up appointments in outpatient offices for patients who are being discharged soon, writing discharge summaries, calling consults, blood draws (only at some sites). Once these tasks are finished, you can finish your daily progress note (SOAP note), which most people start before work-rounds (writing out the subjective and objective sections can help guide your oral presentation).
5. In the past, you would have lectures daily at Sinai in the afternoons, and on various days at the outside sites. However, with zoom, didactics are a bit different. For the year of 2020-2021, there would normally be two lectures per week. You would be randomly assigned into one of two groups. One group would "attend" the first lecture live on zoom, while the second was expected to watch it recorded. The reverse would be true for the second lecture later that week. You are not graded during these sessions, but you are sometimes asked questions by the teachers. Try to come to each lecture prepared for the topic - it will also help you when it comes to studying for the shelf. If you're reading this in 2021 or later, Dr. Holzer was likely changing this format so be prepared.
6. Preceptor sessions occur at various times throughout the week. Your preceptor will set the schedule with you at the beginning of the month. These sessions are where you present a formal H+P to the group of med students and turn in a write-up. Many preceptors like to hear the presentation at the bedside of the patient, especially if there are interesting physical exam findings to share with the group. Be sure to get your patient's permission before bringing the whole group into their hospital room, though this was definitely not the case during COVID. Note: while it may be fun to present a patient with a very rare disease, it may be advantageous to choose a bread-and-butter case whose work-up and treatment you understand very well.
7. Afternoon sign-out: usually the team meets up and you and the interns report that day's events to the resident ("running the list"). Then it's time to tell the overnight on-call team about all of your patients and any outstanding issues for the day. It's resident-dependent whether or not you will get to give sign-out on your patients. Early in the year, interns and residents do this. Later in the year, med students may get to practice (use the SIGNOUT mnemonic in the blue book!). Your team may send

you home before afternoon signout to be nice and give you some extra time to study for the shelf, which is awesome.

8. For one of your weeks at main, you will be doing a night float. You will work Sunday night to Friday morning with hours of roughly 9pm to 8am, during which you will help the night float intern do admissions for your team. You will write the note with their help and present the case to the attending and the team in the morning. During the night you will also help with “cross-coverage” events, i.e. helping as things arise for patients on the list. If the list for your team is capped, you may help other teams with admissions if they’re being slammed, but your resident may even let you go early. The experience is dependent on how busy the admissions team is and whether your specific intern cares if you are there or not. (Note: this night float was started in 2020, and as of writing this, the final decision on its future has not been announced).

General Advice

Take ownership of your patients. This is the key to this clerkship. Obviously, you should try to know every aspect of their pathology, medications, and hospitalization course, but it’s also expected that you get to know them on a personal level, which nobody else has time for (but can help guide medical management in-house and at discharge).

- Be an advocate for your patients. Make sure they get that X-ray, family meeting, translator, special dietary request, whatever you can do to help them navigate the bureaucracy and maze that the hospital can be.

- Read articles. Students rate the “In the Clinic” series published in the Annals of Internal Medicine as great places to find succinct, well-written reviews. NEJM clinical review articles are another useful place to get a quick and accurate review on a topic. DynaMed (provided through Levy Library) is an amazing resource that provides the most recent evidence about any topic in bullet format. When your team asks you to bring in an article, it may be more useful to look for something a little less broad, a little more applicable to your patient. Bring in copies for everyone else on your team or (perhaps better) type up a quick summary of the article’s main points and application to your patient. If your team never asks you to bring in an article, you can still take the initiative to do so. Some people may consider this being a gunner or kissing up, but you’ll find that most of the medicine residents are really into articles and almost view it as part of the clerkship. Typically, you’re on a team alone, so it won’t look like you are trying to show up your classmates.

- Use your down time wisely. Sleep is important, so do your reading during the day when possible. However, be careful of the fine line between disappearing for too long versus breathing down the intern's neck. Ultimately, most people understand that you are a student and have a lot of academic responsibility outside of floorwork. However, most of them also believe that you learn a lot by being around and seeing what happens...so use your discretion.
- Be yourself. This is an overwhelming rotation, and you have to maintain your sanity as best you can. Support your friends and classmates when they are on this rotation, and lean on them when you are on it. It is a remarkably transforming experience, and even if you struggle every single day during it, you will be shocked at how much you've learned and how much more competent you feel by the end of it.

Books

There are many books to choose from for medicine. Limit yourself to a few resources. Some people prefer narratives, others like lists/outline format. Do whatever suits you. Generally speaking, everyone uses 1) The MKSAP question book and 2) a textbook-like source (many prefer Step-Up to Medicine). For those of you who want to check out other resources, here is a list with our opinions of each:

- Step Up to Medicine: Outstanding resource. Outline-format. Very thorough. Covers all topics on the shelf, and helpful for reference during other clerkships as well.
- Internal Medicine Essentials (Text and Questions): A new book put out by the ACP (also the makers of MKSAP). The book is written for students going through the clerkship and is concise and clearly written. It also has a website, <http://www.acponline.org/essentials/>, which has useful clinical photographs, tables, screening tools, etc. The book can be purchased at <https://www.acponline.org/atpro/timssnet/catalog/books/ime.htm>. Currently, students are able to get a free one year subscription to the online version of IM Essentials through Levy Library.
- UpToDate Online: The single greatest gift our library has given us. It summarizes the best clinical evidence that dictates the current standard of care for almost anything you can think of. This is highly used by housestaff, and can be a very useful starting point for your EBM assignments (you cannot cite UpToDate articles in EBM assignments, but you can use their citations and link out to the original papers they've cited).

- Pocket Medicine (by M. Sabatine): A little green binder with teeny print. Excellent pocket reference book for quick review of work up, differential diagnosis, treatment. Highly used by housestaff. Almost everyone carries this in his or her pocket while on inpatient.
- Medicine Recall: Question and answer format, typical pimping questions series. Fairly useful for rounds, not so much for the shelf.
- Blueprints: Recommended by some, disliked by others. This is a series that works for some people. It assumes a knowledge base and doesn't always explain things. The questions at the end are decent.
- NMS Medicine: Try before you buy. Like Blueprints, some people swear by it. Bullet-point format. Detailed.
- First Aid for Medicine: May be helpful for orientation to the medicine floors but not detailed enough for the shelf. Don't buy it. If you are addicted to first-aid and must see it, check out the library's copy.
- Harrison's: You will never have time to read it cover to cover, but it's available online for reference. Great for detailed descriptions of all the diseases you will likely encounter and many you never will.
- Cecil's Essentials: The official recommended text. Some like it, some find it lacks detail, others think it has too much pathophysiology and not enough clinical relevance. You do not have time to read it cover to cover. Good as a reference, like Harrison's.

Case-Based Books

- Case Files Medicine and Blueprints Clinical Cases: These are similar books that both offer cases, thought questions, and multiple choice questions. They fit in a white coat pocket and offer a great overview of the most 'high yield' topics in a user-friendly and interactive form.
- Underground Clinical Vignettes (Blackwells or Brocherts, two different series but pretty similar): Very sparse but good for a quick read on the wards

Question Books (U World is almost always sufficient)

- IM Essentials Questions (formerly MKSAP for Students): If you can do these questions you should have no problem with the shelf. Very helpful and high yield questions with excellent explanations. IM Essentials Questions is the most

recent addition. This is the most essential resource for the medicine clerkship; some people suggest you do these questions twice.

- USMLE World: Applies to ALL clerkships. Sometimes not as difficult as shelf questions. There are a ton of medicine questions, try to space them out if you can. The school buys it for you. Can reset the questions right before you study for Step II at the end of July. The internal medicine section is very helpful for the shelf.
- Kaplan Qbook: They have 8 practice tests.
- Blueprints Q&A: Excellent practice questions, at the right level for the shelf, fits in your coat pocket.
- Pre-test: The new editions follow the shelf format but can be too detail oriented and not clinical enough.
- Harrison's Question Book: VERY difficult. Way over our level. Made for the internal medicine boards. Can also be found online (for all the other clerkships, too).
- Appleton and Lange: Difficult. Harder than the shelf, but good practice nonetheless.
- NMS: Both the medicine review book with chapter questions and a comprehensive test, as well as the NMS for Step II.

Other assignments:

- write-ups basically every week. Usually just one per site gets graded, but definitely worth putting some effort into them
- the Clinical Reasoning Assessment. This is a timed, two-part assessment you will take online. There is a short case and a longer one. There's no great way to prepare other than by doing the practice provided for you. Important reminder is to remain wary of time, as completing each section is key. The short case asks you to provide a differential, while the long case requires you to write-out what questions you would ask during history-taking, which physical exam maneuvers you would carry out, labs you would order, etc before asking you to provide a differential and part of a plan.

AMBULATORY CARE-GERIATRICS

The Ambulatory Care-Geriatrics rotation is 6 weeks long. During this time, 1 week will be dedicated to the Palliative care rotation, 1 week will be outpatient geriatrics and 1 week will be inpatient geriatrics. For the other 3 weeks, you will be at your ambulatory site. The details and schedule of this rotation vary greatly with site. Generally, the hours tend to be 8-9am to 4-5pm. Weekends are completely free. Due to COVID, in 2020-2021 Fridays (all day) were reserved for online zoom didactics, though this may change going forward.

Focus

One theme of this clerkship is the importance of psychosocial aspects of disease. You should take extensive social histories and be sure to present a thorough socioeconomic portrait of the patient when you present to the preceptors. Look at the rubric for grading of the write-up: there is an obvious emphasis on social history and social determinants of health.

Geriatrics: Geriatrics is generally very much enjoyed by students. The geriatrics days are a great opportunity to get comfortable working with older adults and end-of-life care. You will generally work with 2 attendings during your geriatrics days, one in the morning and one in the afternoon. The Martha Stewart clinic is one of the best chances all year to work one-on-one with attendings who love to teach. It is smart to email your attending in advance to introduce yourself, and also read up on the patients that you are scheduled to see. Show your enthusiasm by taking thorough H&Ps, asking lots of questions, and when appropriate looking up EBM/articles to help with your differential dx. Become comfortable with the mind and mobility tests outlined in the competency and skills checklist provided- it will serve you well on the geriatrics OSCE, as well as on psychiatry and neurology clerkships. As above, ask for feedback when appropriate from everyone you work with. The notes often take up a fair amount of time at the end of the day – there's no getting around it. You'll present one or two of these patients at your preceptor sessions.

While the patients are less sick than those in the inpatient units, the challenge comes in gathering the relevant information, organizing it into a logical presentation, and coming up with a plan for the attending—all in a limited amount of time. Elderly patients often have multiple medical conditions making organizing and gathering information in a short amount of time even more difficult. Generally, attendings see patients in 10 or 15 minute slots, so you should feel comfortable with doing all the above and performing a focused physical in that time. Another challenge is to get a grip on managing common primary care problems: hypertension, diabetes, high cholesterol, colon cancer screening, and smoking cessation.

Palliative Care: This is an intense week that can be emotionally difficult—be sure to talk with friends or faculty and seek support if you need it. You'll be following a team of attendings, fellows, social workers and/or nurse practitioners as they help patients suffering from terminal or chronic illnesses. Mount Sinai is one of the only medical schools with palliative care built into the third-year curriculum. You'll be mostly observing this week but use it as a chance to learn from the experts tips for using sensitive vocabulary in breaking bad news, running a family meeting (learn the SPIKES protocol), and just generally being a good listener who is attentive to patients' and families' needs in difficult times. You will learn about pain management and patient controlled analgesia (PCA) dosing.

Visiting Docs: (This was on hold in 2020-2021). You will spend two mornings with Visiting Docs where you get a chance to see patients in their home environments and spend a lot of time one on one with attendings and residents. This is also a good time to practice the Mini-Mental and/or Geriatric Depression screen. And make sure to ask for feedback on your H&Ps - you don't get that many opportunities like this to be observed one-on-one.

Humanistic Tips:

- Begin your conversation by asking what most concerns the patient and have a discussion about it (even if you don't have a lot of time and it is non-medical)
- Ask about barriers to receiving medications/making appointments
- Take the time to explain a patient's medical condition to them in lay terms (use drawings, diagrams, etc.) and ask if they have any questions

Social Determinants of Health Assignment: You will be asked to create a 30 minute presentation (in 2020 was over zoom) to your small precepting group as part of Friday didactics. There are usually 8 students in a group with one attending and one social worker. You will choose a case and discuss how the patient's social, economic, educational and environmental factors influenced their health problems or access to medical care. The point of this is definitely NOT to talk about pathophysiology, it should be all about the social determinants affecting your patient and his/her care. It also should be engaging, so people like to use poll everywhere, kahoot, or good ole fashioned cold calling.

Learning Resources

Step Up to Medicine: The Ambulatory Care chapter provides an excellent overview of the most common medical problems treated in the outpatient setting and a health maintenance section detailing screenings and vaccinations. The book also provides 100 questions with helpful explanations to answers. These questions are great to do

after the medicine shelf exam in preparation for the more outpatient-focused family medicine shelf exam.

AAFP CME questions: this is a FREE (for students) enormous question bank of questions helpful in preparing for the shelf. There are more questions than you can/should/need to do before the shelf, but after using up other resources this is a great source of more questions. Sign up (<https://nf.aafp.org/membership-application/application/home>) a week ahead of when you want to start these questions because it takes a few days to process.

UVA Family Medicine Clerkship Website and AAFP CME Center: These are links on blackboard that provide excellent practice questions with in-depth explanation of answers.

Family Medicine Essentials: text is pretty dense, but it comes with a CD/online question bank with questions that are pretty similar to the ones of the exam (not a shelf - made by the Department).

Blueprints Clinical Cases and Case Files for Family Medicine are pretty similar – they cover a lot of the most commons and are very helpful for an overview and questions.

Books from other clerkships: Some people found just using books from other clerkships was fine since none of the material is unique to family medicine (i.e. if you haven't done Peds or OB yet, review the well child and well woman checkup).

SURGERY-ANESTHESIOLOGY

Introduction

Many students worry about the surgery clerkship, but most students enjoy this rotation. The hours are long and it is hard to get enough sleep, but you will have many unique experiences on this rotation that will make it worthwhile. This may be one of the only times in your career that you will be in the OR, so make the most of it.

Structure

The entire clerkship is 8 weeks long (4+2+2). You will spend 4 weeks on a core surgery rotation (5 general and 1 vascular team), 2 weeks on a surgical subspecialty selective, and 2 weeks on Anesthesia. Depending on whether you are assigned to blocks AB or BC, you will have 4 weeks of elective time at the beginning or end of the 12-week module. You will be at the same site for all 4 weeks of the core surgery rotation. Most selective experiences are at MSH. While the sites are similar overall, they do offer slightly different experiences. For example, Elmhurst will be the only site with significant exposure to trauma surgery and 24 hour surgery call. During the

core surgery rotation, you will spend the majority of your time with your general surgery assigned preceptor in either the OR or the office. That attending will be working with several different residents, who will likely be very involved in teaching you in the OR.

Team

Team makeup varies by service and hospital and typically led by a chief resident with one or two senior residents and several interns. This may also be the case with your selective. You are often with more classmates than on other rotations, but this varies. The vascular team at MSH typically has 1 student while surgery at Elmhurst may have >5 students (combined with St. George). The chief and senior residents assist with the major cases, while the interns do the minor ones. The interns also take care of patients on the floor; they are a good resource for you if you have questions. If you are assigned to the Vascular surgery team, you will also work with interns from other specialties who are rotating through (anesthesia, ortho, general etc). Unlike most other rotations, the attendings do not round with you in the morning.

Preceptor

You will be assigned a surgical preceptor for the duration of your core rotation. In general, you will try to scrub into your preceptor's cases at least one day a week (some want to scrub with them more often) and attend your preceptor's clinic one day a week. These longitudinal relationships are among the most time you will get to spend with an attending during all of third year and many students, regardless of whether they choose to pursue surgery, have enjoyed the opportunity to work with a preceptor for an extended period of time. Also remember that your preceptor is assigned to evaluate you.

Schedule – The exact starting time will vary depending on your training site. In general, you can expect to be in the hospital by 5am or 6am. Check in with your team each night to find out exactly when rounds will start the following day as this tends to change slightly day-to-day. The end of the day is highly variable, and can be from 5-8pm, depending on the team's census and which cases are running.

Call - At Elmhurst only, you will take *overnight* and weekend call, but are post-call the following day (you get to go home). At MSH and other training sites, you are required to take part in 4 evening calls (until 9pm). There are no overnights, but you do have to show up the following day. Check the orientation sides for any changes to these requirements.

Weekends – Students at all locations are required to take part in 1 weekend call shift (sat or sun) during their core surgery. There are no weekend requirements during your surgery selective or anesthesia rotation.

Morning Conferences, Grand Rounds, Attending Rounds – Depending on your training site or team, there will be various other events through the course of the week. Your residents will generally keep you apprised of the schedule.

A typical day on Surgery

The day on surgery begins early. The morning is very busy as there is a small amount of time for your team to see all the patients (and for the interns to write all the notes) before the rest of the day starts. Surgical teams usually have a higher census than medical services and much less time to round, so be prepared to walk and talk quickly. During rounds, you are expected to present patients, and to help with dressing changes (this includes having tape, gauze, etc. on your person). After rounds finish, you'll be heading in one of three directions – the OR, clinic, or conference. In the afternoon when you are done, you should check in with the intern covering the floor and see what needs to be done, and go check on your patients before afternoon rounds, which happen whenever clinic or the last case is done. After rounds, you go home!

Pre-rounds – Arrive in time to see any patient whose case you scrubbed in on and be prepared to present them to your team. The vascular team is extremely busy and may not have you present patients in the morning. If you are at Elmhurst, you don't have much time from when the shuttle drops you off until rounds, so work quickly. Do a focused physical exam and always inspect the wound or dressing, noting any discharge from the wound (e.g. serosanguinous or purulent) and other signs of healing or infection. Note the presence of drains and catheters and the quantity and type of fluid they are putting out. (e.g. bile from a JP drain after a cholecystectomy is an ominous sign). The interns often don't see all the patients before rounds, so the information you collect is very important.

Presentations - on surgery presentations are very brief and structured. Your presentation should be the tip of the iceberg of what you know about the patient. The blue book outlines the post-op presentation, but briefly, your one-liner should include the patient, age, sex, very pertinent PMH that effects management eg diabetes, post-operative day, operation and indication. Next, report any overnight events, the patient's pain level and pain regimen, diet including nausea or vomiting, if the patient is passing gas or has had a bowel movement, and if they are ambulating. Vitals and inputs and outputs are very important in the post-surgical patient. Important components of the plan are pain management, diet, when to d/c fluids, drains, catheters, and when the patient will be discharged.

The Bucket – A mainstay of the rounds, a bucket of gauze, tape, etc. carried into each patient's room to aid in dressing changes. Make sure to have your white coats

stuffed with 4x4s, kerlex, and tape (at a minimum) to be ready to chip in! During the beginning of the rotation, you can ask other students or the interns where and how to refill the bucket and get supplies. This is especially important if you're on the vascular team!

Evening rounds – These are fast-paced sit-down rounds that have three main goals: ensure that the to-do list on every patient is complete, briefly review each patient for any changes in status during the day, and discuss the management plan for the following day for any complicated patient and new patients. Depending on how long the day has been, the intern covering the floor will often present all the patients rather than letting the students present, but you should try and see your patient beforehand and have updated vitals and I/Os at the minimum.

The OR

Try to scrub in on a variety of cases - Other students can give you an idea of the personalities of the different attendings. The OR schedule for the next day is available in the afternoon (<http://msmc.affinitymembers.net/intranet/index.php> or <http://orwatch.mountsinai.org>) . At Sinai, you can view the preliminary schedule for later in the week through the intranet. Divide cases amongst your team before you leave for the day, so you can read up on what you'll be doing. Review the patient's chart so you know why they are having the surgery done.

Meet your patient in the holding area at least 15 minutes before the case starts, and introduce yourself to the patient, the attending, the scrub nurse, and anyone else who may be involved with the case.

Help get the case moving by helping get the patient on the table, putting on venodyne boots/SCDs, and offering to shave the patient or insert the foley catheter as needed. Ask the scrub tech if you can bring them your gloves and if they need another gown. The scrub tech will typically NOT have gloves or a gown on their table for you - unless you're scrubbing in on multiple cases and they've gotten to know you.

During surgery - your role will mostly be limited to observing and retracting, however you will probably have a few opportunities to drive the camera during laparoscopy and to suture. Your inclination will be to try to help the surgeon as much as possible, but don't be overly aggressive or try and take over the scrub tech's role. This is where you have to read to the room. Too many questions may be distracting or annoying to the attending. Try to pick low-stress moments to ask thoughtful questions.

Be nice to the scrub tech - They are the guardian of the sterile field, and will admonish you if you do anything to compromise it. Apologize, and offer to rescrub if necessary. Don't make the same mistake twice. Learn their names. Ask if there is anything you can help with. They will try to involve you if they like you, but your experience will be far more difficult if are rude or not careful. Before the start of the case, walk over with your gloves (2 sets) and ask the scrub tech if you can give them to him/her. Do **not** just drop your gloves anywhere on the table. They can be very particular about this.

Be careful - The OR is a busy place and can be quite crowded. Protect yourself, always keep an eye on sharps, and maintain sterility. Some of the equipment is very expensive - you never want to be responsible for contaminating it, and the surgeon will be very appreciative if you are attentive and stop an item from falling off the sterile field. If you do break scrub by accident, don't worry. It happens to everyone once in a while. Just say you've become unsterile, step away from the table, get a new gown and gloves, rescrub, and get back in there!

Stay with your patient until they are in the PACU. While you are waiting for the patient to wake up from anesthesia, offer to write the brief op note (the residents will teach you what to write) or bring the stretcher into the room. Some anesthesiologists can be very particular about the timing of bringing in the stretcher. It may make sense to ask them "hey, is it ok for me to bring in the bed?" Although even this question can occasionally be met with ire. At the end, do not unlock or move the bed in the anesthesiologist gives the final ok.

Suturing – Interns and residents will often give you an opportunity to help close the patient. Get your hands on sutures and practice knot-tying in the team room during down time so you are ready to go when asked. The clerkship directors provide a handout on basic knots, so you can teach yourself at home. There are also a variety of videos on youtube that have step by step knot typing instructions. Residents are also usually happy to walk you through it once. Try to learn the two-handed, one-handed and instrument tie. Being able to tackle a subcuticular suture is also very helpful and will help you shine. Tying with gloves on is a lot trickier than bare handed. When someone else is suturing they will often expect you to cut the suture for them, so be ready with a pair of suture scissors.

Clinic

The structure of your day in clinic will vary depending on your preceptor and where you are assigned. There are two types of patients in clinic: pre-op and post-op. At Elmhurst, they occasionally perform minor procedures like I&Ds during clinic. Try and go to these if they are happening, they often let you do quite a bit.

Post-op follow-ups are straight-forward, fast visits. The main purpose is to look for any red flags that might indicate complications, ensure the patient is adhering to discharge instructions such as medications or wound care, and perform follow-up care such as removing staples or repacking an I&D.

Pre-op patients have usually been referred to the clinic from another provider because that provider thinks the patient has a complaint that requires surgery. Use your H&P skills to lead a problem-focused encounter that will allow you to construct a differential. Be efficient but complete, unlike in ASM, surgeons only care about the social history if it is relevant to the differential or surgical risk (usually keep it to smoking, alcohol, and drugs). At the end of the encounter, form a differential and plan. Does this patient need a further work-up to establish the diagnosis? Does this patient need surgery? Does this patient need any pre-op work-up or clearance based on their surgical risk?

Overnight Call

Students at Elmhurst will have overnight call. Overnight call at Elmhurst is usually an enjoyable time. The overnight team is a chief, a senior resident, and a couple of PAs. There is usually some downtime to socialize with your team and get dinner together. At the start of the evening, there are usually several ER consults to see. Go see these with the PA or on your own. It can be easy to lose track of the PA, so get the number of the phone they carry so you can find them when you get separated. Scrub in on any cases going to the OR. If all the consults have been seen and there are no cases going on, you can go sleep in the call room. Don't wait for someone to tell you to go to sleep—they probably won't. If there is nothing going on, just go. Sometimes you can sleep the entire night, other nights you may never see the call room. Make sure you know your way to the ER trauma bay so you can quickly get there when you get paged for a trauma. The students on overnight call compile the vitals and I/Os on all the patients for the service before the rest of the team arrives on the shuttle the next morning. After rounds, you get to go home. It is usually faster to take the subway than wait for a shuttle.

Anesthesiology

The day usually starts around 7:30am with morning report (residents discuss an article) or grand rounds (resident presents a case and discusses a subject). Then you go with your attending or resident to the OR to set up and meet the first patient. You meet the patient in the holding area and do an anesthesia history and physical. You (personally) may also start IVs at this time (they'll refresh your memory!). Then when the OR and surgery team are ready, you bring the patient to the OR and get started. You will be directly involved in the preparation for induction (drawing up of anesthetics into syringes, placement of blood pressure cuff, pulse ox, EKG leads, BIS monitors, bag masking). Depending on your attending, you may also be invited to

intubate, start arterial lines, and do other more difficult procedures. (If these are experiences you really want and your attending hasn't offered, ask. If they say no, you can ask Dr. Chietero to pair you with an attending who might let you get more hands-on practice). Once the patient is anesthetized, the resident or attending will probably talk with you about the physiology and pharmacology of anesthesia. When the surgery is over, you will help wake up the patient and transfer them safely to the PACU (post-anesthesia care unit). Around noon, someone will come relieve the resident so they can break for lunch. Most days end around 4pm. There is no evening or weekend call.

Be Proactive

If you have a specific interest, you can ask to spend some time with that type of anesthesia/surgery (i.e. OB and see C-sections and epidurals all day, Peds anesthesia, Ortho etc.). Just make sure to spend enough time (~2 days) with a single attending so that they can evaluate you.

Get Oriented

Use this time to get oriented in the ORs. Observe the surgeons and nurses. See how students make themselves helpful in the OR; learn where you can find common items used in the OR.

Anesthesia Skills

This clerkship is the best time to become comfortable at inserting IVs. You get to observe the IV experts (they can find a vein in ANYONE), and you get so many opportunities to practice. Try to solicit advice from a lot of residents and develop a routine that works for you. Don't forget to log all procedures you do on PxDx, including management of airway and placement of noninvasive monitors. You need these to graduate!

Anesthesiology App At the beginning of the rotation, you'll be provided with a link to the Anesthesiology Sinai website/app which contains useful information to orient yourself to the OR, the structures of the day, links to the various schedules, and commonly discussed topics and questions during your anesthesiology days.

Expectations

Teamwork – Teamwork is especially important in surgery as the services are very busy. Try to make the interns' lives as easy as possible by volunteering for tasks and assisting your fellow students as much as possible. Disappearing or studying when you could be helping out are looked on negatively.

Notes – Students usually do not write daily progress notes on patients, but are asked to write brief operating notes at the end of cases and post-op checks. These are brief and follow a standardized format that is listed in the blue book.

Logistics

Shuttle Schedules – the schedule changes frequently and varies based on the training site. Look on blackboard for the latest schedule. Don't miss the shuttle. If you miss it, get on the subway as fast as possible. You may still make it to rounds.

Footwear – Make sure you have comfortable shoes or sneakers that you don't mind getting dirty. Non-absorbant materials are easier to wipe fluids off, although this is uncommon. Most surgeons operate in clogs or cros.

What to Wear

You must be in scrubs, mask and a **bouffant cap** in the holding areas and ORs. The **FIRST** thing you should do when you pass through main doors is don a bouffant cap. You will not get 10 feet before someone stops you. You can obtain clean scrubs from the locker rooms on GP3 or on Annenberg 7 when you are at Sinai. Sinai has cracked down on their policy of no-scrubs-allowed-outside-the-hospital, so it would be safest for you to wear normal clothes in the morning and change into the scrubs when you get to the hospital. (Lockers are provided.) Students currently get 2 scrub credits. You can drop dirty scrubs in the locker rooms at the end of the day. At Elmhurst, they are dispensed from a machine in the operating suite lounge, and you need to have card access. They give you a card at the beginning of your 3 weeks there. At **WEST**, you must wear **blue scrubs**. If you don't, you will be stopped and admonished on the OR floor. The scrub machines at MSH occasionally dispense blue scrubs, however it's easier to obtain these scrubs at West. Contact your resident **BEFORE** starting your rotation and tell them you need help obtaining blue scrubs so that you are all set on the first day.

Meals – Carry granola bars or other food with you that you can eat between cases, as many days there will not be time for lunch. Also, there are usually crackers in the PACU or lounge if you need to grab something between cases. Quickly write the brief op note, and if the next case is waiting for the room to be cleaned, it can be a good time to sneak off and grab a bite (residents may do this sometimes without telling you). In general, be sure to eat before going to the OR. Also, stay hydrated.

Humanistic Tips:

- Once you've prepped the case, strike up a conversation with your patients in Pre-Op/in the OR; it is an especially vulnerable/nerve-racking time with lots of waiting
- Surgical gowns are thin and ORs are cold, so always offer your patients a warm blanket
- Help keep the patient covered in the OR with sheets and/or a gown when appropriate (which is most of the time) before and after surgery

Grading

See grading in CIS

Studying

Before cases: Most questions asked in the OR focus on the disease process and risk factors, indications for surgery, anatomy, and potential complications. Amboss is very helpful for reading brief outlines of topics before cases (e.g. types of hernias and treatments, complications etc). Sarpel is also good if you want a more extensive description of the surgery and the possible complications (e.g. nerves that you'll encounter and need to look out for). Many of the attendings ask questions straight out of Pestanas/Surgical Recall, but you should read another source to get a better overview of the procedure (AccessMedicine has good videoclips, and Netter's anatomy atlas is always a helpful review). Questions usually do not focus on technical details of the operation.

For the shelf exam: The questions on the surgery shelf are often of a medical nature. If you haven't had medicine before your surgery clerkships, you may have to learn some of these topics on your own. Common topics include the initial work-up, diagnosis, and management of common presentations of surgical conditions. Other questions are bread and butter medicine topics including dyspnea, chest pain, anemia, fever, fluids, acid-base, etc. Questions about anatomy or surgical technique are rare. The best surgery specific research is Pestana (see below). If you have Surgery before Medicine, consider either doing some questions from MKSAP or some select medicine questions in UWorld (see above). Amboss's surgery shelf practice sessions encompass everything that you need to know because they pull in GI, renal, endo, repro, and gyn topics that you need to look around for if you're studying for Uworld. If you aren't purchasing Amboss for the year, it's possible to purchase access for a month during surgery and do all of the Surgery questions during that time.

Books

Surgical Recall: Most students purchase this book, though many get by without it as well. Covers commonly asked questions on most common procedures. Good for a last-minute review before going to the OR, but NOT a good resource for shelf studying; this book is really only to prepare for cases you are going to see.

Pestana Review: Another highly rated resource. Great overview of surgical topics. Goljan-like in that it is basically a transcript of a Kaplan-teacher's lectures (Dr. Pestana).

Step up to Medicine: Not that useful for the day-to-day clerkship, but excellent to review before the shelf exam.

Lawrence's Essentials: The recommended text but too long to read during the clerkship, not a popular choice.

NMS Surgery/NMS Case Files: Two very popular options. Students often use one of these as their main text for the clerkship.

Surgery An Introductory Guide (by Dr. Umut Sarpel): This is extremely high yield if you have 15-20 minutes to read up about a specific surgery beforehand. There is also a list of ~10 questions at the end of each chapter that hit on questions that surgeons love to pimp on for that procedure.

Questions-Books

Appleton and Lange: Useful question book with detailed explanations. Material is pertinent to the exam.

Blueprints Q&A: Another popular question book that is representative of the actual exam.

Pretest: Large question book with detailed explanations, but focuses too much on details.

OB/GYN

General Advice

If you're not going into OB-GYN, some take-home messages: learn how to conduct a good GYN history (including sexual/physical abuse), GYN exam with pap smear and breast exam, and at least one delivery! And never forget to do a pregnancy test (bHcg) on any woman in the ER with abdominal anything!

Orientation

Dr. Chen is one of the most organized and student-oriented clerkship directors at Sinai. She runs a great orientation to Ob/Gyn and will go through what to expect for each phase of the rotation. She will provide you with very detailed information on what to expect at your training site and does her best to make sure all logistical issues are addressed beforehand so that you can solely focus on learning while on the rotation. She is a strong student advocate and has implemented several practices that have made this rotation better, including teaching awards for residents who take the time to teach medical students.

Schedule

The 5 week OB/GYN rotation is divided in 1 week of Labor and Delivery days, 1 week of Labor and Delivery nights (3 nights), 1 week of clinic, and 2 weeks of Gyn surgery.

Typical Day on Labor & Delivery

Arrive at 7am (some earlier, some later, depending on your site). The first thing you do is Signout from the overnight team. This is a whirlwind of information spoken in an acronym- and abbreviation-laden language that is barely recognizable at first. They will tell you who is waiting to deliver and where they are in the process. You will either be assigned to a delivery or be expected to choose a patient who may be delivering soon. Learn how to navigate and update "the board" of patients. The day is then broken down into conferences and floorwork: admitting women in labor, helping out at deliveries or C-sections, doing tasks such as starting IVs, and waiting around (a.k.a. reading time). A major thing you'll be doing is seeing patients in triage, and its a good idea to ask your intern on the first day if they have any structure for questions they ask, and to get feedback on your first triage patient. Never forget to ask for contractions, vaginal bleeding, if their water has broken, and if baby is moving! In terms of deliveries, depending how comfortable you are and the residents are, you will likely be able to deliver a number of placentas and hopefully help with parts of the vaginal delivery/do hand over hand. In terms of c-sections, you will usually get to close skin with the resident, so its a good time to learn and get to know them. The day ends at 7pm when the overnight team comes back. Students at Sinai and Elmhurst do 3 overnight shifts (7pm-7am).

Typical Day on Gyn Surgery

Arrive at ~6:30am to pre-round on any patients whose surgeries you witnessed. Key things to ask are the same as surgery: urine output, bowel movements, pain, and take a peek at the wound dressing. Then follow the team to their morning didactic (ranges from journal club to rounds where the chief resident presents cases to the attendings). Then head to the ORs! You'll usually be told to stay with one attending for the day, and scrub on all the cases they do. This means the end of your day varies with the number and length of the cases. Ask your chief resident what their expectations are of you i.e. how you can best be of assistance during morning work rounds and in the OR. Also, since you only have 2 weeks, ask EARLY for feedback on your performance from your chief resident (before the end of the first week).

Typical Day in Clinic

Times depend on the site. Most clinics start at 9am and end by 4 or 5pm if not earlier. You'll spend time in both resident-run clinics and private clinics (attendings) outside of the hospital. This is a mix of gyn and ob. Common procedures: pap smears, colposcopy, terminations, IUD placement, and prenatal visits.

Humanistic Tips:

- On L&D, introduce yourself to all the laboring mothers and their families and ask if there is anything you can get to make them more comfortable
- Respect the mother and family's wishes during labor (if they do not want you there, leave)
- If present during a procedure for a spontaneous or elective abortion, spend time with the patient and be respectful of her mood and feelings, whatever they may be

Grading

See grading in CIS

Useful Tools

Pregnancy wheel (given out at orientation), stethoscope, pen, templates for various notes (Magnesium note, post-partum check, etc) and your personal pocket notebook to jot down the occasional OB/GYN pearl.

Ob/gyn clerkship app: ismmsobgyn.glideapp.io/

Has all of the resources and info that is on blackboard, a "birth certificate" template (a form that you fill out for every baby that's delivered with the prenatal and delivery info), note templates, study resources, and more!

Books

Blueprints OB-GYN: A great overview, accessible, good for background information.

Blueprints Clinical Cases: Very concise and helpful.

Case Files: Also very helpful.

uWISE: This is a question bank available through WebEd. The questions are good for an overview, but they are not nearly detailed enough in their explanations. We do not recommend using uWISE as your major study resource for the shelf (definitely use it, just make sure you do some other robust studying as well).

UWorld: the OB-GYN questions are regarded as very helpful for the shelf. The combination of uWISE and UWorld is excellent in shelf prep.

PEDIATRICS

Introduction

Pediatrics is a popular rotation. You get to interact with children and it is less demanding than medicine, but it can still be time-consuming, especially during the inpatient weeks, and there is a substantial amount of new material to learn. Many students cite the well baby nursery as one of the highlights of third year. Your experience on peds will depend on the time of year you do the rotation – winter and spring you will be overrun with RSV, while during the spring and summer, respiratory illness will be less common, but the patients who are there will be quite sick.

Structure

The exact structure varies between clinical sites, but the clerkship is split into 2 weeks on the inpatient floors (1 week on inpatient days and 1 week on inpatient evenings), 2 weeks in outpatient (1 week in clinic, 2-3 days in the well-baby nursery, and 2-3 days in a subspecialty outpatient clinic), and 1 week in the pediatric ED (either at Beth Israel or at MSH). As a result, you will be working with a number of different people during this rotation and may only spend a few days in a particular setting.

General Advice

Niceness counts. On peds you are evaluated as much on your interaction with your patients and their families as you are on your medical knowledge. Learn how to do a creative physical exam - buy a sparkly toy for your stethoscope, pretend to “blow out” the light of your otoscope like a candle, or let the child examine you or a toy first.

Learn the pediatric H&P. Pediatrics is not medicine for little people, and you won't be able to get by doing the same thing you did for the medicine clerkship. In fact, they assume you know how to do a basic H&P, but really focus on the components of the pediatric history. Always elicit a birth history, developmental history, immunizations, and social history (including HEADS assessment for adolescents). Also, head circumference, height and weight are as important to include as vital signs!

Inpatient Experience

The team in peds typically consists of 2 residents, 4 interns, and several medical students. You will generally follow 2-3 patients in a similar fashion to inpatient medicine. It can be a good idea to try to carry patients with the same intern so that one person gets to know you well.

Schedule

Daily schedule – Inpatient days are similar to medicine. Days end anywhere from 3-7pm. The days are also broken up by daily morning report (a house staff will present a case and discuss the differential with the department of pediatrics) and noon conference (you bring lunch and listen to a lecture). When you're on inpatient nights, you should expect to be on the floors from ~5:30PM - 11PM. Outpatient can be quite variable but is often 9-5. You'll be on shifts for your ED week that vary, but are usually something like 8 - 3 or 3 - 10.

Call – No call during the pediatrics rotation!

Weekends – You get weekends off except for one weekend day during your ED week.

Typical Day on Inpatient:

The typical inpatient day on pediatrics is very similar to medicine, and varies depending on your site. (Typical day varies according to site. For example, Sinai has team rounds, then morning reports, then attending rounds. Other sites don't have morning report.) After getting sign out from the overnight residents, preround on your patients and then round with your team and attending. One of the challenges of inpatient pediatrics is that normal values depend on the age of the patient. Pediatric patients tend to deteriorate and recover more quickly than adult patients. Length of stay is often much shorter than on medicine, but the patient's status can change quickly so keep a close eye on them. Many of your patients can't communicate with you, so your physical exam is very important, especially their general appearance.

Well-Baby Nursery & NICU Experience

Typical Day in the NICU:

You basically round with the team and guess at what all their jargon means. You then may be invited to do physical exams on babies with interesting findings (heart murmurs, genetic syndromes). Students have mixed reactions to the NICU. Many patients have fascinating pathology and interventions, while there are also many feeder-growers who aren't that interesting. NICU rounds last forever and are usually number driven. These infants are very fragile, so be very gentle if examining one.

Typical Day in the Well-Baby Nursery:

One of the highlights of third year, the well-baby nursery gives you the opportunity to test the Moro reflex to your heart's content. Days usually run from 7am-3pm(ish). This is the time to get comfortable handling infants and of course perfect your newborn exam. You also get practice talking to new moms and teaching them what to expect from their baby in the first few weeks of life. Make sure you complete the newborn exam form while you are there.

Outpatient Experience**Typical Day in Clinic:**

Clinic is where you will see most of the bread and butter pediatrics (well-child exams, common colds). This is the stuff emphasized on the shelf and oral exams. Try to see patients on your own and practice presenting to the attending (remember to include the peds-specific info when you present). Before your clinic time, memorize the developmental milestones and vaccination schedules!

ED Experience**Typical Day in the ED:**

Once you get to the ED, you'll assign yourself to patients as they come in; often, you'll be the first to get a full history from the patient and their family, before presenting to an attending or resident, who will then go and see the patient with you. If you're interested in more procedural fields, you can offer to see any kids who need sutures placed or removed! You'll rotate shifts with the other third-year students who are also in the ED the same week as you, so you may not get a chance to work with the same attending more than once. Keep that in mind because you need to get 2-4 evaluations from attendings/residents in the ED, but you may only get one shift with someone.

Humanistic Tips:

- Get to know the family of your patient and involve them in the history taking when appropriate (parents know their kids best most of the time!)
- Listen to your patients, no matter how little/young
- Brush up on your cartoons/comic books/tv shows
- Come prepared to celebrate holidays (Halloween, Valentine's Day, etc.), play along and make it fun for the kids
- A touch of patience goes a long way as children learn how to verbalize what/how they are feeling

Logistics

White coats aren't worn on peds

Paperwork: There are a lot of forms you need to get filled out during this rotation, be aware of these so that you aren't scrambling at the end of the rotation.

Mid-rotation review happens at Sinai on the fourth Monday of the rotation. There are a number of forms to turn in at this session, so make sure to have them all filled out and with you.

Grading

See grading in CIS

Studying

For the shelf exam: The exam emphasizes bread and butter pediatric topics. Fortunately, the didactics prepare you pretty well for these. Know your developmental milestones (there will be 1 or 2 questions on the shelf on this subject), genetic syndromes, toxic exposures in pregnancy, and poison control/ toxicology. People like either UWorld or Pretest for questions to prepare for the shelf.

Books

Harriet Lane: "The" handbook for pediatrics. Too detailed for the rotation. Available online through Levy Library. Inside cover gives normal ranges of vitals (worth photocopying/printing out and carrying in your pocket for easy reference).

Blueprints: A very good book for this clerkship that covers the major topics in pediatrics. Small enough that you can (and should) read it cover to cover.

Case files: One of the better in the series if you like the format.

Questions-Books

Pretest: Good breadth and at about the right difficulty, but some questions are way out there.

Appleton and Lange: One of the better ones in the series. Questions are representative of the actual exam.

PSYCHIATRY

Many students consider the psychiatry rotation to be among their favorites. The psychiatric didactic sessions are filled with lots of useful information. Dr. Perez-Rodriguez, the clerkship director, is a great resource for anyone interested in pursuing or learning more about psychiatry. Even if you aren't interested in pursuing psychiatry as a career, the clerkship is an excellent opportunity to learn how to connect with patients with psychiatric disorders. You will meet patients with psychiatric disorders in every field.

General Advice

Do's

Memorize the daily mental status exam. This should be your goal for the first week. This is like the psychiatrist's physical exam—a formal assessment of mood and thought. There are templates for the psych H+P and the progress notes available online, but you can't conduct a fluid interview (which is a large part of your final grade) if you haven't memorized all the psych-specific categories of the H+P and all the parts of the mental status exam. The clerkship directors have developed an excellent Powerpoint review of this, which they go over on the first day of the clerkship.

Practice interviewing. Depending on the attending and site, medical students are often invited to perform admission interviews for new patients in front of the team. While intimidating at first, try to focus on the patient in front of you. Ask a resident about what information is important to elicit on the admission interview, since often a full H&P has already been conducted in the Psychiatric ED prior to floor admission. In general, allow the patient to tell the story of how they were admitted. Remember to conduct a psychiatric review of systems (discussed during Orientation). If your team allows it, take charge and interview often! Frequent practice makes for great practice and for constructive criticism in preparation for the oral exam.

Learn by listening to other clinicians: Sometimes it won't be appropriate for you to take the lead on an interview with a specific patient, but listening to someone else first may be a great learning opportunity! Every doctor that you encounter is going

to have a different interview style. You'll notice that everyone has go-to phrases that they use to set up a conversation, to ask about sensitive topics etc. When you hear someone say something that you find effective, write it down, and then pull it out in an interview yourself later on.

Know your drugs and disorders. When pimping does occur, it often centers on mechanisms and side effects/serious adverse reactions. This is extremely high yield for the shelf and pimping/oral exam. There is an excellent review sheet on pharmacology on Blackboard that you should learn cover to cover! You may also be asked to differentiate between similar disorders based on DSM criteria, and while you shouldn't memorize the DSM, the didactic lectures are very helpful on this front too!

Work with the team. The psychiatry team includes nurses, psychologists, social workers and occupational therapists. Get to know the team well - including their names! Find out what they are doing, what they have learned from your patients, and how you can get more involved. Attend groups whenever possible.

Be Safe. It is good practice to interview patients in common areas or with yourself closer to the door.

Don'ts

Don't leave early every day! Your clinical evaluations are the most important part of your grade, and your residents will want to see that you take the rotation seriously. The psychiatrist's day is typically 9am-4pm; not much of a burden compared to the rest of third year. If you are bored, go to the residents' didactics or talk to more patients.

Schedule

Depending on your site and preceptor, days start between 8-9am, usually end 3-4pm for students (though sometimes you will stay until 5 or 6pm). Preround, and take note of overnight events, medications given, and the mental status exam do a physical exam only if there is a specific physical complaint or significant medical condition, this happens rarely and generally you should speak with your resident before physically examining a patient). Talking to the nurses when you preround is particularly important, since a lot of patients can't or won't give you a full account of overnight events.

Team rounds are interdisciplinary (physicians, psychologists, nurses, social workers, and occupational therapists). Psychosocial issues are overwhelmingly important for inpatient psychiatry, as discharge planning is rarely a straightforward task. After team rounds, the team may conduct a group interview with new admissions (which can be led by medical students, depending on the site and attending).

Other clerkship activities include Grand Rounds, didactics, and patient group therapies (worth attending, especially to observe how patients interact with each other and how they perceive their care teams). Weekends are free. Late calls and ER calls are performed at Sinai. Enjoy your free time, but take the clerkship seriously when you are in the hospital. If you are not going into psych, learn as much as you can about how to talk to patients with psychiatric disorders—you will encounter them in every field of medicine.

Humanistic Tips:

- Be aware of counter-transference, and how it may be affecting your view of the patient
- Incorporate psychoeducation (i.e. tell patients why you are asking certain questions about mood, mental status)
- Ask about your unit's policy on patients wearing clothing from home, and advocate for letting them do so
- Inform patients about their right to a 72-hour letter requesting discharge (if they are on the inpatient unit voluntarily)

Grading

See grading in CIS. Be aware that team evaluations contribute slightly more to your final grade in Psychiatry in comparison to other clerkships. Also pay attention to the rubrics for the write-ups, as there are opportunities for extra credit for students who go "above and beyond".

Resources

Question Banks: Uworld has some psychiatry questions. Amboss has more extensive prep for the psychiatry shelf and includes neurology topics you may need to understand.

Question Books: The most useful question book for the shelf is Lange Q&A, which has over 1000 multiple choice questions relevant to the shelf subdivided by topic. BRS, NMS, Pre-test, Kaplan and Sadock's review book (on reserve in the library) are all available to use; check them out to see if they work for you more, but they are not used as often.

Annie Hart's Anki Deck: For the Anki-worshippers out there, a clear and concise Anki deck made by Annie Hart '17 (largely from Dr. Stork's shelf review). The deck is available on blackboard for those who want to get a start on it the first week of the clerkship. Especially useful for learning the drugs and side effects earlier on in the rotation.

First Aid for Psychiatry: Everyone uses this book. It is excellent. Read it cover to cover, know the diagnostic criteria well and the differences between different disorders that are similar. This book + some source of practice questions is all you need for the shelf.

Also, consider using First Aid for USMLE Step 1 as a starting point! We learned a lot of psychiatry during Brain and Behavior, and it might be useful to go back and review the basics very quickly before you use another resource.

NEUROLOGY

Introduction

Neurology is a pretty popular rotation with students. The pace is slower than most other inpatient rotations. The discipline is pretty self-contained, so it is more approachable than some other specialties. The physical exam is very important in neurology, so this rotation is a great opportunity to hone your exam skills.

Structure

Neurology is an entirely inpatient rotation. If you are at Elmhurst or the Bronx VA, you will be on the general neurology service. At Sinai, the neurology service is divided into floor, stroke, and consult (and they may be adding the Epilepsy Monitoring Unit), and you will be assigned to one of the teams; attendings switch every 2 weeks. At Beth Israel, you will split your time between the consult service and the neurology floor. At BI, you will also have a faculty preceptor who you will meet with throughout the rotation. There are weekly didactics (Friday AM this year) and a couple outpatient ½ days.

Schedule

Daily: The typical day is similar to most other inpatient services. The day usually starts around 7am and ends between 5-6pm. There is usually morning report and noon conference every day (they were zoom w/ COVID, TBD whether zoom vs in person this year). Depending on what service you are on, you may have more down time during the day. Use this time to study for the shelf, it comes up quick.

Call: Everyone has to do two evening calls at Sinai, regardless of which site you are assigned to (with the exception of BI students who take call at BI). You'll see consults, stroke codes, and ER patients with the night float team. They'll usually let you go early if nothing is happening.

Weekends: You have weekends off on neurology.

Didactics: This year didactics were Friday AM over zoom (usually 8am-12pm), you are not expected to preround since you will be in didactics during rounds. You then will go in the afternoon, though often since you were not there in the morning to pick up tasks residents often would not keep you that long.

General Advice

Learn the neuro exam - This is the main competency they expect you to learn during the clerkship, and will be the most valuable part of your presentations on rounds. The key to success is repetition. It is also a very objective and repeatable exam if done properly, so you will want to get good at it so your exam matches your attending's. Stay organized while doing your neurology exam to make sure you complete the entire exam in an efficient and effective fashion. This is one rotation where you do need your supplies: stethoscope, penlight, reflex hammer, tuning fork, and possibly pins to assess pinprick sensation depending on your attending - pins will be in the team room if needed.

Rounds: Presenting ~2 patients is the expectation (though start with one the first couple days), and if there are new patients you will often drop an older patient so you can present the H&P. It is important that you allow yourself enough time in the morning to preround on your patients and do a full neuro exam + barebones heart, lungs, abdomen exam. This takes awhile, so you usually need to allow more time per patient than you did on other services. At MSH, there is usually time between Morning report and rounds to pre-round, and many students just used that time to pre-round, but if you want more time to pre-round (especially at the beginning of the year, and at least during the first couple days of the rotation so you know how much time you need) you can also do part of your pre-rounding before morning report. Neurology is a cognitive specialty, so most attendings always want you to give an impression and come up with a differential, though as in any other rotation there will be some attendings who prefer it very brief.

Exclude other causes: Many neurologic diseases present with symptoms that can also be due to non-neurological processes such as metabolic abnormalities, cardiac etiologies, or psychiatric conditions. By including these in your differential and workup, you'll show that you're thinking broadly and critically rather than jumping to conclusions based on where the patient is admitted.

Offer to give brief topic talks: There can be a fair amount of downtime on neurology depending on your site and how busy the service is. Show your interest in the subject by offering to give a brief presentation on a topic relevant to one of your patients or that you found interesting while studying. Attending rounds are often less rushed than on other services with a lot of teaching, so your contributions will be

welcomed. Unlike other specialties, “uptodate” does not always have much information on neurologic conditions, so your team will appreciate you going into the primary literature for your presentations.

Humanistic Tips:

- There can be a lot of overlap with psychiatry; do not default to a psychiatric diagnosis initially
- Be mindful of patients with conditions that are degenerative or progressive (e.g. multiple sclerosis, Parkinson’s) as they can become frustrated with lack of good treatment options

Logistics

Elmhurst/Bronx VA/BI shuttle – check blackboard for the most updated shuttle information.

Grading

See grading in CIS

Studying

For the shelf: The neurology shelf has a reputation as one of the hardest of third year, and just like the other four week rotations, it comes up fast. Start studying the first week of the clerkship. You won’t see everything on the test on the floors, so read a textbook to fill in the gaps. Not surprisingly, a lot of the questions are about localization of lesions. Know your spinal cord pathways and functional organization of the brain and brainstem, and relearn the brainstem stroke syndromes that were in First Aid for Step 1. Peripheral nerve questions are fair game as well even though they don’t come up much on rotation. Since the key to many of these questions is just pattern recognition, the best way to prepare is just doing as many questions as possible. Towards the end of the clerkship, several of the didactics are dedicated to MCQ-style review. The questions they ask are very similar in style to the actual shelf and you should be comfortable with all the topics covered during those sessions. Note that students often feel short on time for this shelf, so try to work quickly through question stems.

Books

Clinical Neurology (Lange): Each overarching topic (ie. stroke, dizziness, seizures) is 30 pages, but there are neatly organized subsections within each that are about one page (ie. 1 page about Meniere disease). If you have a patient with a given disease or differential, it is a well organized way to learn about the disease.

High-Yield Neuroanatomy: Excellent for a quick review of the anatomy. Does a great job of correlating anatomic lesions with the resulting neurological disorder. A very valuable read.

Blueprints Neurology: Good coverage of the main classes of neurological disease, but weak on localization.

Case Files Neurology: Cases are pretty representative of the material on the exam.

Questions

U-World - should be sufficient, especially if the shelf is Pass/Fail this year.

End of rotation review: The questions they go over are almost identical to ones you will see on the shelf. Make sure you know these cold.

AMBOSS Question Bank: This provides additional questions, for if you finish U World. AMBOSS tends to go into more detail than is required for the shelf exam, but is a useful tool to look up topics you are unsure about, and is great for presentations on the wards.

NeuroSAE Questions: I don't think we got these this year, but if you do ... 100 NBME-style questions that will be emailed to you by your course directors at the start of your rotation. Some questions on the shelf are almost exactly the same as the questions in this Q bank. These should be done after finishing U World or AMBOSS, since the explanations given for the neuroSAE questions are limited.

Yellow Pages: Ask a fourth year where you can get this PDF of questions covering all the major Neuro topics. Question stems are short and focus on key associations and is therefore a good way to learn basic concepts. This is a good resource to go over early in the clerkship when you are learning basic concepts. Closer to the shelf, this resource may be "too easy" and is not good practice for the shelf as it is not representative of the questions that you will see.

Blueprints, PreTest, Appleton & Lange: All have their benefits and drawbacks, but you should pick one you like and do as many questions as you can. PreTest is generally the most highly regarded.

ONLINE RADIOLOGY COURSE

Introduction

The Online Radiology Course (ORC) is a collection of radiology learning modules and quizzes which are integrated into the core clerkships. The purpose is to teach students to recognize significant radiological findings in each core field. The case-based learning modules are hosted by MedU (<https://icahn-md.meduapp.com>), and each case typically consists of 15-25 slides covering patient presentation, next steps, outcomes, and reading radiological scans. Each case is followed by a 5-7 question quiz, also created by MedU. The MedU quizzes may help you synthesize your knowledge, but they are not required for course credit. **To get credit for completing your ORC modules, you must complete the quizzes found on blackboard.**

Structure

6 of the 7 core clerkships have required ORC modules (psychiatry does not). In total, there are 18 required learning modules: 4 to be completed on Medicine, 4 on AC-G, 2 on Pediatrics, 2 on OB/Gyn 4 on Surgery, and 2 on Neurology. There is 1 quiz per clerkship, covering all of the modules for that clerkship. **All modules must be completed, and the blackboard quiz submitted, by 8am on the Monday before the shelf.** In the case of the Medicine/ACG block, this means that everyone has until 8am on the 12th Monday of the clerkship to complete both the ACG ORC quiz and the Medicine ORC quiz.

Grading

To pass the ORC module, you must achieve a score of 65% or higher when combining the individual scores received on each quiz. It does not matter if you get 65 on each quiz, or 100 on 3 quizzes and 30 on the other 3, as long as your average is at or above 65%.

Tips

If you can, do all of the modules for a given rotation in the same afternoon and do the quiz immediately after, so everything is fresh in your mind. Definitely do the post-module quizzes available at the end of the module on Aquifer; they don't count for anything but they are likely to be high yield for the real quiz.

ELECTIVES

There are 10 weeks of elective time during third year. Elective blocks are a great way of exploring your interests, getting more exposure in a field you're interested in, pursuing research opportunities, or pursuing other non-traditional experiences. Elective time can also be helpful for vacation time and taking care of other personal obligations that may come up during third year.

General Advice:

Schedule Electives Early: Popular electives tend to fill up quickly, try to schedule them as far in advance as possible.

Ask for Advice: If you're not sure about what electives to sign up for, reach out to either the clerkship directors or specialty advisors for suggestions. They can help guide your elective search based on their past experience with students.

Dr. Forsyth: The point person about all things related to electives. If you are not sure where to start when trying to set up a tailor-made elective or are looking for an experience not already in the elective catalog, Dr. Forsyth can help you with logistics and figuring out the details.

Need a Letter?: Electives are also a great time to work closely with an attending in case you are looking for a clinical letter for your residency application. Be sure to ask your specialty advisors and past students for suggestions as some electives lend themselves to letters more easily than others.

Electives towards the end of third year: As you get closer to fourth year and start figuring out what your future career might look like, it is helpful to reach out to specialty advisors for advice on how to best use elective time you may have at the end of third year. Especially in the surgical subspecialties, this time is often used to schedule SubI-like experiences or to schedule time with a particular attending you may have worked with before.

Evals: Don't forget it's your responsibility to send the preceptor an eval form when the rotation ends for them to fill out.

If any electives bring you to the ED earlier than Fourth Year here are some humanistic tips:

- For patients who ask about wait time, apologize and explain the delay (sicker patients get triaged to be seen sooner)
- If it is meal time (and they are not NPO) get a meal from the meal cart (usually located near the security desk at MSH)

Student Contributors to this Guide

2003	Lawrence Cicchiello, Chavi Karkowsky, Lauri Kurtelawicz, Sarah Oller, Stefani Wedl
2004	Brian Lin, Evan Lipson
2006	Prarthana Beuria, PW Chen, Lysette Ramos, Ben Roman
2008	Caroline DeFilippo, Andrea Wershof Schwartz, Michelle Wilson
2009	Elizabeth McMilen, Edith Schussler
2010	Cassie Bigelow, Max Kates
2012	Samantha Gelfand, Andrew Gillis-Smith
2013	Samuel Kurtis, Natalie Pica, Ellis Rochelson, Tim Savage
2014	Hannah Oakland, Alex Vogel
2015	Jake Prigoff, Michael Richter
2016	Neil Patel
2017	Marissa Caan, Alex Cours, Claire Mann, Joe-Ann Moser, Alice Shen, Sara Towne
2018	Monica Amoo-Achampong, Dennis Dacarett-Galeano, Zoe Luscher, Rachel Bronheim
2021	Matthew Fine, Gaby Frid, Stephanie Jeong, Kevin Paul, Kristen Watkins