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ACKNOWLEDGMENTS

This book was written in order to make the transition to third year as smooth as possible and to share the wisdom and experience of those who have gone before you. A special thanks to several members of the M4 class who contributed. This Year's Editor: Mark Farag; Previous Editor: Michelle Tortorello

DISCLAIMER:

This book was written entirely by students for students. The comments made herein reflect the opinions of the students that contributed to this book and do not necessarily reflect the opinions of the Office of Medical Student Programs or Rush Medical College. The policies stated are not necessarily the official policy of the Office of Medical Student Programs or Rush Medical College.

EDITOR'S NOTE

Welcome to the next phase of your medical school career – the clerkships. These next two years will be some of the best days of your med school experience. By the time you get to this point, you have already accomplished so much. You've survived hours of lectures in the preclinical sciences, hours in the anatomy lab, and hours of physical diagnosis. Now is the time for you to put all that knowledge to work. It's time to shine!

It's difficult to mentally prepare for the change that takes place in the third year. The expectations are different. You no longer have the luxury of skipping that 9:00 a.m. lecture. In fact, on a lot of rotations, you're already hours into your day by 9:00 a.m. You have to learn to function as part of a team and you have to redefine your time management skills to balance the time constraints of rotations with the time you need to study. At first it seems impossible to have enough time, but it doesn't take long to find a routine that works for you. Pretty soon rotations become second nature. You learn to study in those spare five minutes between patients or surgical cases. Somehow you amass all this knowledge, and often you don't even realize you're doing it. That's the beauty of the third year. You are learning constantly, often without even knowing it. Every patient you see has something to teach you.

This survival guide has been put together to give you a very general idea of what you can expect from the core clerkships. Of course, as you read each section, keep in mind that things can change from rotation to rotation, so every detail may not be exactly correct. But the basics of what to expect should remain the same. Most of all remember that, like so many things in life, your medical school experience is what you make of it. There will be good days and bad days, but you have a lot of power to shape your third year and make it great! Best of luck in the next phase of your journey!

DOES THE ORDER OF MY ROTATIONS MATTER?

By now you already have worked through the OASIS system and have your schedule for your third year. Did you get your first or second choice? Are you doing Medicine first or Last? What are you doing with those 2 weeks off after Ob-Gyn? The short answer to all of these is: DON'T WORRY. Despite all of the theories that you will hear on the best order to do your rotations, rest assured that no matter what grid you ended up with, everything will work out and you will get everything done. One of the great things about having teachers that have been through the same process is that they can be more forgiving earlier in the year. On the flip side they will expect more as the year progresses. Lucky for you, you will then know more as well. Also realize that nothing is set in stone – your schedule can and likely will change before the third year is over and that is okay, too. If you do have a four or even two week break during your third year, you may want to consider doing a rotation in a field you think you're interested in (if it's not one of the cores). If you feel pretty confident you do NOT want to go into neuro, don't feel like you have to take it as a 3rd year. It may be more beneficial to explore a field you think you're interested in going into. Know that you can change your schedule or add an elective during the year to accommodate such gaps or desires. However, you will need to fill out a change request form, found on the Rush website: www.rushu.rush.edu → rush medical college → information for current students → RMC clerkship ADD/DROP form.

CLINICAL SITES

One of the great strengths of Rush Medical College training is the variety of clinical settings in which its students can rotate. Each hospital is unique and it is a benefit to be able to experience each location if possible. The hospitals can be broadly generalized into University Hospitals, University-Affiliated Hospitals, Community Hospitals and County Hospitals.

For most of the core clerkships the secretary will contact you in the month prior to starting the rotation in order to confirm last minute details of the rotation and to tell you where to meet on the first day. For all electives, it is prudent to **call the contact person listed in the Clerkship Handbook the week before starting to confirm the time and place to meet on the first day**. The location can change often from what is listed in the handbook or on OASIS and the only way to be sure is to call.

Rush is a university hospital and tertiary care center. This is where you are more likely to see zebras (uncommon diseases or conditions) because they will be referred to Rush. There are also more sophisticated technology and resources at Rush than at other sites. In general terms, one could say that at Rush the attendings and residents are geared towards academics and teaching, and, in general, you may do fewer procedures and hands-on work at Rush than your colleagues at a county hospital. This does not mean you will not get *any* hands-on experience; you may just have to seek out opportunities more than at a place like Cook County.

John H. Stroger Hospital of Cook County is a county hospital which offers a totally unique experience. It is a good idea to do at least one rotation at County as it is an excellent resource. In general terms, one may say that you have more autonomy at County than other sites. The experience of working at County, however, requires that you learn to function in the County system. This can be a chore and can be extremely frustrating until you learn to accept that things (everything) takes time (a lot of time) at County. If you can become comfortable with the system, you will have patient care experiences that simply cannot be found in other hospitals. There will be many times that you have to do things for your patients that you may not feel is “your job”, such as transporting patients and drawing blood. You can take these experiences and be annoyed by them, or you can take them and learn something. You can master your phlebotomy skills and you can talk to your patients as you move them from place to place, and keep up on the tests that they are having. Some advice: find a tourniquet at Rush (from one of the phlebotomists) and bring it with you to county. The only tourniquets at County are gloves and these do not reach around everyone’s arm. This will make things much easier! Remember that most patients seen at County have no insurance and would get no medical care if it were not for County and they are very appreciative of everything you do for them. You definitely get a sense of fulfillment from working with the patients who come to County.

Probably the biggest complaint about County is the difficulty in getting your ID. The County requires all students to get a new ID at the start of each rotation. Unfortunately, this is a major production which requires at least 2-3 forms to be filled out and trips to two separate offices. You first need to go to 814 Hektoen to fill out

papers that give you permission to get an ID. Then you need to go to Human Resources located at 1400 Westminster (on the north side of the old Nursing Building behind the County) to get the ID printed. Human Resources for County will only make student ID's Tuesday to Thursday, and only makes 35 ID's per day, so go early (like 8am when HR opens) and expect to wait for them to get to you (about 30mins). For the foreseeable future, this is how ID's will continue to be handled. Perhaps some day they will figure out a way to give us an ID for an entire year. In the meantime, just know that it is a pain and you have to deal with it.

Another piece of advice – **always bring a copy of your immunizations with you when you start a new rotation at County.** Even if you were just on rotation there for the last eight weeks and you know they had a copy when you started then, that doesn't mean that they'll be able to find it now. Save yourself the headache and just carry a copy with you! To get a copy, you need to go to the Dean's Office (OMSP) located on 5th floor of the AcFac and ask for one.

Contrary to what you might guess, the teaching is also pretty good here. There are many foreign grads going through their second training. They can have more experience under their belts because of it. In addition, there is protected teaching time on most rotations at County, scheduled throughout the day, so that students and residents have the opportunity to learn, and some times to teach. Several of the attendings on the various rotations will require students to present topics of interest to the group for both individual and group learning.

Rush North Shore is a university-affiliated hospital located in Skokie which is north of the city off of I-94. It can be a commute if you live near Rush or in any of the western or southern suburbs, but not too bad if you are already somewhere north of the city. Advice: the 90/94 merge always seems to have rush hour traffic so take the local route via Lincoln Avenue, Crawford Avenue and Golf Road to decrease your travel time. Parking is free at "The Shore" and you only need your Rush ID to work there. The patient population consists of mostly middle class folks with many older patients (as many nursing homes are located nearby). The real bonus to this site is the surgery rotation's OR and procedure experience you will get as compared to Rush University. You WILL be suturing and cutting patients daily whereas you may not get that experience as readily at Rush. The flipside is you will also work longer hours.

IT'S TIME TO BE.....ON CALL!

The first few times you take call can be nerve-wracking because you just don't know how it all works, what to bring with you and how you will function the next day if you don't get much sleep. Don't worry! Most likely you will be on call with one or two other medical students (even though they might be on a different team or different rotation) and the residents that you take call with, will show you the ropes. Remember that you will take much less call than any resident so enjoy your call nights; you will learn a lot. Just sleep in a different room than your intern if you want to get sleep. You will have a chance to work one-on-one with the residents since you will be the only one there from your team, and you will see the more exciting stuff (i.e. codes seem to only happen at night, babies are born in the wee hours and the patients who come into to the ER after hours always have the best stories). However, if your resident tells you to go to sleep, go ahead. You don't need to impress them with a lack of sleep and fumbling through rounds the next day (you will have plenty of sleepless nights in your future so cherish those nights when you can lay your head on a pillow for a few minutes). Plus, you will do better on the daily "pimping" sessions if you are fresh and awake. That's the time when Attendings and Residents will ask you questions like what are the differential diagnoses, lab tests to order, etc... regarding the patients on your team (usually on morning rounds).

What should you bring? Toothpaste, toothbrush and Altoids, Certs or whatever breath mint you fancy - a morning presentation that wilts your attending does not make a good impression. Also you can score some points with your residents by supplying their mint needs as well; they will love you! Bring scrubs (remember the ones you "borrowed" for anatomy?) to sleep in if you haven't found out where to get them at Rush or if you are at another site (County or RNS) where they keep a close eye on their scrubs and you may not be able to snag a pair for sleeping purposes. Remember that JCAHO guidelines prohibit you from wearing scrubs off the hospital premises so be careful going home on your post-call day, and the blue surgical scrubs at Rush are not to be worn outside of the OR without complete cover from shoulder to toe (blue surgical gown). Over the past year or so, Rush has become even more strict about students only wearing scrubs AT NIGHT (after 5PM), even though your residents will wear them on call and post call days. So, be prepared to bring a change of clothes (or maybe just a new shirt) for your post call day. You can get scrubs in the basement at Rush, so you can just pick those up (during the day) and change anytime after 5PM.

The only rotation at County where you take overnight call is surgery. All others (medicine, peds, psych, etc) will have either night float or a separate night call team.

Food While On Call:

Rush used to offer meal tickets, but alas no more! You may be able to find a refrigerator on the floors that you can put food in, or you can always use the one in student affairs to bring food (especially for call nights when the only option is ABP which can get expensive!)

At **Stroger Hospital of Cook County** the residents are no longer allowed to obtain two meals at a time. As such, you will need to either bring food, or buy food.

Cafeteria food at County is like most all cafeteria food, overdone and often bland. Other options for food include the vending machines, the gift store (mostly candy and drinks), and the coffee bar at the main entrance or bring your own (Anyone know how to make a peanut butter and jelly sandwich?)

Rush North Shore will provide you with their own meal tickets, however, the cafeteria is expensive. Expect to spend more money than they give you in meal tickets (or bring food from home) if you want to be full.

ATTITUDE

Your attitude is one of the most important keys to success in your clinical years. In any rotation you do, no matter if it is your life's calling or not, you need to have enthusiasm and at least *act* like you are interested. Feel free to go home and forget about everything that you did at the hospital that day, but appear to be eager to learn while you are there. If you are absolutely positive that you are heading toward a certain residency, you can try to glean information and tips that will be important to you as a specialist in that field from all of the other core rotations. In addition, always be prepared. If you are expected to see your patient and get their vitals before rounds then do it. Look up info on your patient the night before and be prepared to answer questions on that subject. **BE ON TIME!!** Demonstrate that you are reliable and dependable. This is the first impression the residents have of you each day and things can go much smoother if you show up on time. A reliable person is a great person to work with and you should strive towards this goal. At times, your third year can be intimidating. There are going to be moments when you WILL feel stupid or degraded. If someone says something horrible and offensive, that's their problem not yours. It will make a good story some day. If it is assault, sexual assault or battery, do not hesitate to go to the deans. Action has been taken in the past and can be taken again to eliminate that behavior. Rush has a zero tolerance policy for any and all harassment and abuse. Beyond that, it will be to your advantage to use constructive criticism without questioning your integrity or ability. When you get knocked down, you just have to get back up and keep moving on. This will allow you to keep on learning and enjoying your chosen profession.

Another important thing to keep in mind is that they are called teams for a reason. You are supposed to work to help each other out, so offering to look up labs or articles for residents or other students on your team can take you a long way. You will look much better by helping out another student than spending all your time focusing on how to make yourself shine. Attendings will catch on very quickly as to who works as a team player (and who doesn't).

Be proud of what you are doing. Make medicine a part of your life. Notice the words "a part" of your life. Keep your friends, families and hobbies a part of your life as well. A balanced life is one of the most important keys to success. This will be hard at times and you will have to force yourself to read a fun book or go to a movie, but do it. You will be a better physician if you are a whole and complete person. You will also be happier and learning will be fun instead of a chore.

SOME FUN TIDBITS, HELPFUL MNEMONICS, ETC.....

How to write admission orders (This is the format behind the Admit Orders Module in Epic and PowerChart, the Computers at Rush and County)

Admit (to floor X, Ward X, etc.)

Diagnosis

Condition (fair, stable, critical, etc.)

Vital frequency

Activity (up ad lib, bedrest, bathroom privileges, etc.)

Nursing (strict In's & Out's (all fluids in and all fluids out recorded), foley to gravity, etc.)

Diet (general, clear liquids, Nothing Per Os= Nothing by mouth, ADA (American Dietetic Association) diet, etc.)

Allergies

Labs

IV fluids (type & rate)

Special tests/studies

Meds

How to read a chest x-ray, systematically

First confirm patient name/medical record number and date of films. Are the films the ones you ordered? Then assess the degree of penetration/exposure, rotation of the patient, whether patient was upright or lying in bed and degree of inspiration (adequate= 8-10 ribs seen). Then just follow your ABC's... For the following ABC's, have a system for each letter (ie. Look left to right and scan down for Airway, then same for bone)

Airway (is it straight?)

Bone (osteoporosis, thickening, fractures?)

Cardiac Shadow (is it larger than 1/2 diameter of the mediastinum, LA border visible?)

Diaphragm (proper elevation, sharp angles?)

Effusion/Edema (look for gravity dependent sharp fluid borders)

Fields (lung markings visible in all lung fields?)

Gadgets (are all chest tubes, NasoGastric tubes in place? any foreign objects?)

FAMILY MEDICINE

- Length of Clerkship:** 4 weeks
- Call:** Generally no overnight call; however a couple of sites do require a night or two of call during the course of the four weeks.
- Lectures:** Wednesdays at Rush. These usually start at 8:00 or 9:00 a.m. and end by 4:00 p.m. Topics vary depending on time of year but include: asthma, adolescent medicine, reproductive medicine, geriatrics, otitis media, etc. There also have been suture workshop, a casting workshop, and a procedure and EKG workshop.
- Depending on your chosen site, you may have additional lectures from residents and attending, or maybe required to attend community or outreach clinics or nursing homes once or twice.
- Presentations:** One group presentation is required for the clerkship (by you and a partner that you pick). You will be presenting a patient with a clinical dilemma/controversy and will describe how you would use medical literature and shared medical decision making to explore patients' options and preferences. You may also be asked to do a brief presentation by your specific site.
- Miniboard:** The miniboard exam was new to the clerkship this past year. It was one of the more difficult tests with questions coming from a broad range of categories, not just what you would expect to see in the family medicine clerkship. Study a lot of the same material as you would for the medicine clerkship, but paying more attention to ambulatory concepts. There's also mini-board specific textbooks like Case Files and Pretest.
- Pocket Contents:** A pharmacopeia, Tarascon or epocrates are very helpful on service. Also a good idea to have a Sanford guide. Other necessities are your reflex hammer and a pregnancy wheel.

Lincoln Park

An advantage to the Rush Family Physicians Lincoln Park Office is the student is paired one-on-one with an attending each of the 4 workdays each week. You work with 2 physicians (1 for 3 days and 1 for 1 day). Each physician has their own focus of family practice such as gyne, adolescent medicine, etc. Pediatric

exposure is limited. Work hours are pretty easy, but there may not be as many office procedures as some of the locations.

Hinsdale

Hinsdale is a community hospital located about 20 miles west of Rush off I-294. They have a Family Medicine residency program, thus most of your time is spent working directly with the residents and presenting to attendings. You will either be assigned to work in the clinic in Hinsdale or at the satellite clinic in Bolingbrook. You will also have 2-3 half days scheduled to work in the ER, two afternoons in the nursing home, and approximately two visits to a community clinic over the course of the clerkship. Hinsdale is known for being extremely organized; you are given your schedule the first day and always know when and where you are supposed to be. In general, you have a lot of freedom to see patients and opportunities to participate in pelvic exams, colposcopy, circumcisions, flexible sigmoidoscopies and even vasectomies. Teaching is excellent from both residents and attendings. The patient population is diverse with plenty of peds and ob/gyn patients. Also, there are a good number of Spanish speaking patients at the Bolingbrook clinic if you'd like to brush up on your bilingual skills. The hours are mostly 8:30 – 5:00 p.m. with a couple of evening clinics scheduled during the course of the four weeks. However, you will be compensated for working an evening clinic with a morning off on another day.

LaGrange

The family medicine program at LaGrange provides a wonderful opportunity to learn about what a family medicine residency is all about. You spend most of your days with one of the 3rd year residents, but also have ample opportunity to work with attendings as well. Hours are generally 8:00-5:00 p.m. Monday-Friday (no weekends). The LaGrange rotation schedules many off-site days at various private offices and indigent care clinics. Additionally, on Friday mornings you will go with an attending on tours of nursing homes, senior centers, and community health centers to learn about the wide variety of resources available to seniors in the community. Additionally, you will spend one half day with a visiting nurse doing home health care as well as work one afternoon in the ER at LaGrange Hospital.

Most days you will be at different sites in the morning and afternoon so having a car is essential (and knowledge of South/West suburbs is helpful but not necessary because they provide excellent directions to the various sites and you can easily get directions from mapquest). Your experience will be very resident dependent, but all of the residents are happy to work with students. You will also have one or two days per week where you will work with an attending in either the morning or afternoon in their private clinics. Lunch is sometimes provided during weekday noon lectures (pharm rep). There is a cafeteria onsite at LaGrange which gives employee discounts to students, and since most days you're driving between sites at lunch there's ample time to grab fast food on the road. Some days at the LaGrange clinic are set aside for specialties such as Derm or Ob. You will also spend a few mornings at Des Plaines Valley Health Clinic, which offers gyn days and peds days. There you get a lot of independence, if you take the initiative. They use electronic medical records, and all residents have a personal laptop that they use to write their notes while they are in with the patient, so most of the time there is no record for the student to review, and no way to write a note at the main hospital. You can see patients on your own, present directly to the attending, perform many

pap smears, and do well-child visits and school physicals. Overall, LaGrange provides a wonderful opportunity to learn about family medicine in both the clinic and hospital setting.

MacNeal

MacNeal hospital, located in Berwyn, has one of the largest Family Practice residencies in Illinois. Time at MacNeal is divided between a resident clinic at the hospital and a community clinic with your preceptor. On your resident clinic days, you are assigned to a resident for each half-day and you see most of his or her patients. There is a hospital-wide noon conference on most days, and lunch is usually provided. You will have the opportunity to practice or observe some procedures at the resident clinic. Students park in an offsite lot where a shuttle runs every few minutes. The days you spend with the community physician have variable hours, so be sure and call ahead. The preceptors' clinics will not be at MacNeal hospital but in nearby suburbs (ie Oak Park or Bridgeview). Lunches are sporadically provided. Many patients speak Spanish, but most of the office staff is available to interpret if needed. The volume of patients will be much greater at the community clinic, so try not to spend too much time with each patient there. You will see more OB patients at the resident clinic, but more peds and adult patients at the community clinic, so it is a good mix overall. There are no weekend hours at this site, but the community clinic occasionally schedules patients until 7pm (but you will never leave later than scheduled).

Rush-Copley (Aurora, IL)

This is a resident clinic so you will have the opportunity to work with both residents and attendings. You will be working with several different residents and attendings over the course of the rotation (~7). All of the staff are very friendly, and the nurses are willing to teach you how to give immunizations if you ask. The patient population is quite young so you will be seeing a lot well-child checks. You will also see some OBG cases. The attendings enjoy having students around and are good teachers. Hours are 8:30A to 12N, 1P to 5P, Mondays through Fridays, although you will most likely have 3 days where you cover the evening clinic in which case your schedule will be 1P to 5P then 6P to 9P. The Kane County STD clinic is run out of the office on Thursday afternoons which is a great learning experience and provides opportunity to talk to patients about their high risk behavior, do a pelvic exam, and administer injections. Some of the patients are Spanish speaking only, but many of the nurses will interpret for you if you do not know Spanish.

Rush University Family Physicians (formally Pilsen)

This clinic is located right across the street from the hospital. The practice consists of a diverse population of patients. Your primary attendings will include Dr. Rothschild, Dr. Brown, and Dr. Kring. Your autonomy with the patients varies with each attending and their own personal style. Student notes are not recorded in the patient chart, but documented in your own personal notebook. You will work Monday thru Friday and every Saturday morning. Additional opportunities such as volunteering at Pilsen Homeless Shelter or Misericordia are available. There are a number of Spanish Speaking patients for those of you eager to practice your medical Spanish; however, Spanish is not a necessity.

Stroger Hospital of Cook County (This site is up in the air because of the changes at county, please check with the course director if you are interested).

Depending upon preference and availability, students have the opportunity to work at either the Englewood Clinic, about 20 minutes south of the city, at Fantus Clinic at Stroger, or one of several other sites, including Prieto, which is exclusively Spanish speaking.

Englewood Site

The facility at Englewood was especially well maintained, equipped, and staffed for a county clinic. The typical day begins at 9:00 am and ends between 4:30 and 6:00 pm, generally ending around 5:00. There are a total of 6 half days of work per week providing that there are no official holidays, which are observed at all CCH clinic sites. You work exclusively with attendings, most of whom are committed and excellent teachers. There is one primary attending with whom you work 2 half days each week, and four attendings with whom you work 1 half day each week. There is generally not a lot of downtime, except while waiting to present directly to the attending, who is seeing patients in parallel with you. You should have plenty of time to eat lunch and relax between the morning and afternoon sessions.

In addition to Wednesday lectures at Rush, students attend Resident lectures beginning at 8:00 am on Thursday mornings (located at Stroger Hospital on odd months, Provident Hospital on even months). Lectures last until noon, and then you go to the Englewood Site. A few of the residents also see patients at Englewood on Thursday afternoons, so you shouldn't feel that you are being rushed to get from the lecture to the clinic. On Friday afternoons you are relieved of clinic responsibilities beginning at noon to attend student lectures in the Academic Building at Stroger. These lectures last from about 1:00 pm until 2:30 or 3:00, and the rest of the afternoon and weekend are free. These lectures are generally useful for both the rotation and the miniboard. At the Englewood site there is also an opportunity to spend a day working in the Cermack Jail, one of the CCH sites. Half a day is spent in the general clinic, and half a day is spent in the TB clinic.

West Suburban Hospital

The clinic is located near Lake and Harlem in Oak Park (15-30 minute drive from Rush depending on the time you leave and traffic). There is free parking, but the site is also accessible by the Harlem Green line. The hours are typically 8:00 – 5:00 p.m. You will be scheduled to work a few evening clinics and you will schedule your own two calls. You decide if which service you want to do your calls with: family medicine service, the maternal-child health (essentially labor & delivery) service, or one of each. There is usually at least one other Loyola medical student there doing a rotation. You work primarily with the residents; however you have scheduled times to work with attending physicians as well. You definitely work harder at West Suburban than many students do at other clinics, but you have the opportunity to observe many procedures (colposcopies, wart removal, toenail removal, suture removal, etc.) and to do pap and breast exams. The West Suburban Family Practice Residency has a strong focus in ob, so if you're considering family and like ob, this is a great site to get a feel for what residency would be like.

Worth

The teaching at Worth is excellent as the majority of the time is spent with Dr. Waickus and Dr. Schwer, who are the heads of the Family Medicine Department at Rush and very willing to teach. This can be beneficial for those who are interested in going into Family and are in need of a good letter of recommendation. There are four attendings at the clinic, and you will work with all of them. Students usually end up seeing patients on their own and presenting to attendings, who then see the patients again with the student. Previous students saw a range of patients from pediatrics, prenatal/ obstetrics, gynecologic, and general medicine. Attendings are also good at involving students in any procedures they may have. Hours are usually around 8 AM to 4 or 5 PM depending on the patient load. Students are usually asked to work one Saturday, and get the opportunity to work in two community outreach clinics. Worth is a bit of a distance from Rush (about 25 miles) however, and can take anywhere from 35 minutes to an hour both ways.

Family Medicine Suggested Reading:

Textbooks:

Essentials of Family Medicine (AKA “The Sloane Book”) 5e: ISBN: 978-0-7817-8188-6, 4e: ISBN 0-78173391-X This is the recommended text is by Sloane. Since it has about 800 pages, many people focused on the “Preventive” and “Common Problems” sections, but many managed to finish the entire book. This book is fairly well written and organized in a logical fashion. Included is a CDrom (4e) or Online Code (5e) with links to questions - which are great for studying for the exam.

Swanson’s Family Practice Review, ISBN 0-323-00914-X. This book is a popular choice. This format is questions and extensive answers. The format does not mimic the miniboard in that the clinical vignette is followed by 10-15 short questions. However, the explanations are extensive and the book has 1200+ questions so it may require a time commitment.

Of course, there are many other books out there, though most people feel that books such as Blueprints and the like are not adequate for the miniboard. If you are taking Family before Peds, OB, or Medicine, it is not a bad idea to quickly review the pertinent sections in a book such as Boards and Wards (ISBN: 1-4051-0341-8) or something like that. However, Swanson’s does cover those sections.

INTERNAL MEDICINE

Clerkship Length:	12 weeks (4 weeks each of Rush, CCH, and Ambulatory)
Call:	Q4 while on inpatient at Rush and County
Lectures:	Ambulatory: All day Wednesday Rush: Daily at 1:00 p.m. County: Variable times each day
Presentation:	Ambulatory: One debate about 20 minutes Rush: One review of a journal article County: Will be team dependent
Mini-Board:	Known to be tough given broad range of info that it covers; high yield topics include DM, HTN, renal failure, asthma/emphysema, congestive heart failure, arrhythmias, HIV, etc.
Pocket Contents:	Maxwell Guide, Pharmacoeopia, Pocket Medicine (see book reviews), stethoscope, pen light, reflex hammer, vision card, notepad, Sandfords guide

Rush

On medicine, you will learn how to read EKGs, chest X-rays, lab results, how to use various diagnostic tests, how to improve on writing SOAP notes, H & Ps, and orders - basically skills that you need for any field of medicine. You will work with a team that typically consists of 2 students +/- a sub intern, 2-4 interns, and 1-2 senior residents. You will manage 1-4 patients under supervision. You may be getting new patients all the time, since patients are frequently discharged and you need to keep your patient load at around 3. The day at Rush usually starts at around 6:30-7:00 a.m. when you pre-round on your patients. Pre-rounding consists of checking your patients' vitals, going over any new complaints/problems, doing an abbreviated physical (heart and lungs, bowel sounds, etc.), and reviewing their ins and outs. The patient's nurse may fill you in on anything that happened overnight. Depending on how complicated your patient is this should take from 10-15 minutes/pt. Start your SOAP note and wait for rounds. At rounds your team will give you insight into the assessment and plan. You may have daily attending rounds or you may have rounds only twice a week, depending on whether you are assigned to the "Bone/Herrick" team or a "Campbell/Schwartz" team, respectively. In general, the "Bone/Herrick" teams have much less time with attendings because they can be outside private attendings than the "Campbell/Schwartz" teams which are managed by hospitalists. During rounds the attending or senior residents will pick out important teaching points to elaborate on, and sometimes looking up something about a specific patient's condition will become your homework assignment. If you are lucky you will have time to check labs and do miscellaneous work before noon conference. Noon conference is optional everyday except Wednesday, when it is Grand Rounds and mandatory. The conferences are on a broad range of topics, and vary in quality from day-to-day. Coincidentally, there is free lunch for conference every day except Wednesday. Dr. Baker encourages you to attend conferences on other days, but does not force you. Just don't let her see you walking around with a free sandwich if you are not at conference. At 1:00 you meet with Dr. Baker and discuss cases, teaching points, or have student presentations. The rest of the afternoon is for finishing up patient work or sticking around if you are on call.

Call is q4 and overnight. You will pick up either 1-2 patients/call depending on the patient flow and your load. How much you sleep depends on your residents and how busy your service is. Your weekends should be free if you are not on call or post-call (however this is team dependant, so double check). The "Golden Weekend" happens when you are on-call on Thurs, and have Sat/Sun. off.

Stroger Hospital of Cook County

At County you will see all sorts of pathology and tend to have more autonomy here than anywhere else. Your residents (and attendings) assign patients to you, and they hold you accountable for their care (with supervision, of course). This is both an exciting and scary feeling. It can be difficult to get things done here; things seem to move more slowly here than elsewhere. You can make things move more smoothly by helping out your team with the less glamorous tasks of drawing blood, filling out papers, and transporting patients. The tradeoff for helping with these tasks will be that your residents will think you're the best, and let you help, not just watch, with procedures. Students may actively participate in LPs, thoracentesis, paracentesis, and placements of femoral lines all in a single month. There is a "Procedure Service" now at county that is run by attendings. Their job is to teach you how to do the procedures and ensure the safety of the patients. So relax

because there is someone very knowledgeable to teach you how to do all major procedures. Although at times the ancillary staff can be frustrating, remember that they are there for the patients, and should be treated with respect. Period.

Your morning starts early - rounds at 7:00 a.m. if you are post-call, or 7:30 if not post-call. That means you arrive at 6 or 6:30 to pre-round on your 1-4 patients. It is not uncommon that each patient remains in the hospital for a week or more, since things work slower at County, and very frequently patients are previously unknown to the system so the workup is more extensive than at other sites. This gives you the opportunity to really know your patient. It also helps you become better at presenting, since you will be presenting the same patient over and over. During rounds, your attending will likely pimp you on patient matters. Some attendings like to use physical exam findings on patients as a chance to work on your physical diagnosis skills. During the rest of the morning you will work on your patients, and maybe perform a procedure. Regarding scut: there is too much to go around. Although it may be difficult, feel free to say "no" to scut that is not relevant to your patients. Most residents are very respectful and will not put you in this situation. During the day, there are several lectures for students and residents alike. These lectures are generally very good, and can be high yield for the mini-board. You will also have a preceptor, an attending, who you may meet with weekly to discuss H&Ps and learn to formulate differential diagnoses. Like your residents and attendings, this preceptor will also submit an eval for you (worth 30% of your grade so take it seriously).

Like Rush, call is q4, but it is not overnight. Your team stops taking patients at 6 PM, but the workup of those patients continues on into the night. You should use call nights as a time to work hard for your residents. If you have any down time on call, help out with labs, food orders, blood draws, or looking stuff up for your residents (and yourself). Expect to be sent home after you get your patients, usually 6PM- 10PM, depending on the night. Most residents will let you go after you have completed the H&P's for your patients. There are templates in PowerChart to help with writing the H&P; your residents can show you where these are. Be sure to use the Rush security service (just give them a call). They will escort you from County back to the Rush parking lot or to Center Court, when you are done with your call, late at night.

Ambulatory

The four weeks of outpatient medicine is very different from in-patient. On one hand, there is no call, and your weekends will be free (unless your preceptor has weekend hours). On the other hand, it is mentally challenging seeing a large volume of patients, often flipping from CHF to athlete's foot in five minutes. All in all, however, it can be an exciting month with tons of learning packed into it. Sites are found all throughout Chicagoland, some are quite a hike, but most students say it is worth it. You will be assigned to your site on the first day of the rotation. You can request a preceptor beforehand, but try to request early, since requests are honored on a first-come-first serve basis. Not all sites are available every month. If you speak Spanish let Laurel, the clerkship coordinator, know. Wednesdays are dedicated to lectures on a variety of topics. You will learn about smoking cessation, obesity, and get first hand experience with breaking bad news to mock patients. You will also be expected to do a "debate" on screening for various types of cancer. This will be assigned to you early in the month.

Internal Medicine Suggested Reading:

Textbooks:

Cecil's, ISBN 072169652X. One of "the sources" in IM, this is a thick book, and may seem overwhelming to the typical student. Many students read selected chapters, and use the rest as a reliable reference for the 3 month clerkship. (You can get this for free from the Rush Library Site if you don't want to pay for your own copy; just remember that you need a proxy to access the material from off Campus).

Guides/Handbooks:

Pocket Medicine (Pocket Notebook), Sabatine. ISBN 0781716497. Red book that you've seen everyone carrying around. If you're remotely interested in medicine, family, or even surgery, this is a great book! It fits in your white coat, and has everything outlined and bulleted in microscopic writing: tests to order, differential diagnosis, treatment of choice, criteria for diseases, etc. Most of the class had this book by the end of the 12 weeks. It is also available on CD for the PDA. Also good for surgery and family rotations. A must have!

The Washington Manual of Medical Therapeutics, ISBN 0781723590. Many of the residents at Cook County have this book instead of a palm pilot. (If you have a palm pilot, chances are you have this downloaded.) Also considered one of "the sources" in Internal Medicine, it is very good for defining criteria for different diseases, as well as outlining the treatment of choice for every imaginable medical condition. If you can't get the latest edition of the book, skip it, since the point of this book is to have the latest info in IM.

Study Guides:

First Aid for the Medicine Clerkship, ISBN 0071364218. The breadth of medicine may seem overwhelming, but it has almost everything that you need to know for the mini-board (in outline format).

Step Up to Medicine ISBN **0781747872** This review book is similar to the First Aid series however has a combination of outline format and paragraphs for more detailed information. It is a great book to read through.

MKSAP for Students 2 and 3, (2)ISBN 1930513445; (3) ISBN: 1930513623. These books are great for the mini-boards! Definitely a must for those who rely on questions to learn. The questions are LONG and HARD, but representative of the format and content of the mini-board, and Step II. Start it early and answer all the questions!

Pre-test Medicine, ISBN 007140287X. Like all of the pre-test books, this book is useful for reviewing. However, many of us felt that Pre-test Medicine is not as good for the mini-board as other Pre-Test books. The vignettes are short, and the content is too easy, often relying on regurgitating material rather than applying to the case. That said, it is not totally useless because it can help you review and learn some of the core concepts, especially early in the clerkship. As always with pre-test, the answers and explanations are well-written and easy to understand.

NEUROLOGY

- Length of Clerkship:** 4 weeks (With an option to add a 2 week elective for those who really want to do Neuro)
- Call:** Q4-5 for 4 weeks (short call) at Rush, Q2 at County.
- Lectures:** RUSH: Lectures weekly with clerkship director or other attendings; informally with residents regularly. No formal lectures at County, but morning teaching sessions with attendings 2-3 times/wk.
- Presentations:** Short presentation on a broad neuro subject at Rush; County Attendings will ask you to look up topics that come up while on Rounds.
- Miniboard:** Know how to localize lesions! Note that muscular diseases fall under neurology and are definitely fair game.
- Pocket Contents:** Reflex hammer; tuning forks of the proper frequency (128 mHz and 512 mHz); pocket handbook; safety pins for testing sensation.
- Helpful Hints:** It may be useful to you to review each of the tracts (e.g., dorsal columns, spinothalamics, corticospinals, etc.) just before you start the rotation. You will see a lot of CTs and MRIs on Neuro, which can be a great learning experience that will really help you in other rotations.

Rush

Neuro at Rush is divided into two two-week halves, stroke and general neurology. You may be assigned to do either rotation first. Morning rounds usually begin at 8 am on inpatient service, but you may have to carry up to 4 patients. Days end around 4PM, but can go until 5 or 6 if you're carrying a heavy patient load. Call is short call (until 10:00 pm) and varies between q4 and q5 (students make their own call schedule). During call, you will work up new patients, or just help your residents with miscellaneous work. Your two weeks on Stroke are good for learning all about CVAs, locating different lesions, understanding a bit of cardiology (learning about thrombolytics and arrhythmias), and understanding the relationship between neurology and neurosurgery in the treatment of these patients. Your two weeks of general service will be a mix of whatever comes in the door during that time. Rush has its own MS and epilepsy teams, so don't plan on seeing those two diseases very much on service. However, you can still ask the residents from those services to show you around if you are interested. Also, patients that have not yet been diagnosed with MS may pass through the service to R/O that disease. Diseases that you might encounter during general include migraines, myasthenia gravis, tuberous sclerosis, Parkinson's, etc. Rounds (with the stroke and general attendings) are known to be long and sometimes occur twice a day (morning and afternoon). Attendings are generally good teachers and there is a good amount of structured teaching throughout the rotation. Residents may conduct their own lectures for the team. If you are interested in Neurology, you should try to see as much as you can, since most residents are willing to show you stuff if you exert the effort.

Stroger Hospital of Cook County

Cook County is a great place for Neuro. The hours are longer than at Rush but, there is a great potential to see interesting pathology. Your overall experience is very dependent on your attending. Some attendings are known for their great teaching, which happens to take place late into the evening hours. Other attendings do less teaching and consequently your day ends a bit earlier. Be forewarned - the stereotypical CCH neuro rotation has long hours! Despite the long hours, there is A LOT of downtime at County, so always make sure you have Case Files or PreTest to keep you busy!

The neuro service at County is a consult service. There are two teams that take call every other day, so you will basically get new patients every other day. There is no overnight call. You are expected to work one day each weekend. On the days you aren't on call, you are expected to go to a half day of clinic, which usually run over their scheduled time. However, you become quite adept at obtaining a good history pertinent to a patient's neuro complaints. You are expected to preround on your patients (you'll probably carry 2-3) and round with your attending at different times each day. Rounds can be extremely long if the service has a lot of patients or if there is a lot of teaching points for the cases. It is not unheard of to be on rounds until 8 or 9:00 p.m., especially if Dr. Pierre-Louis is the attending.

Neurology Suggested Reading:

Handbooks:

Little Black Book of Neurology, ISBN 0323014151. This pocket-sized book provides a useful introduction to the field of neurology. Organized like a medical dictionary, its alphabetical entries provide you with definitions, classification, diagnosis and treatment. Has details about every disease imaginable. Not meant to be read cover-to-cover; useful for pulling out when the attending is explaining something over your head.

House Officer Series: Neurology, 7e. ISBN: 0781747473: This pocket book is good for looking up general topics in Neuro, and for quick reading in a few moments of downtime (especially at County, while waiting to present in clinic).

Study Guides/Question Books:

Introduction to Clinical Neurology by Gelb, ISBN 0750672021. Half study guide, half textbook, this is the introductory source that the clerkship director recommends. Thankfully, it is written for medical students and walks you through the basics of everything from strokes to headaches. It not only explains “what”, but also “why”. You can easily get through it in 4 weeks.

Blueprints Neurology, ISBN 0632045396. Like other books from this series, this book walks you through the basics of neurology. If you tend to like the short, simple format of the Blueprints series, this book will satisfy you. However, if you prefer lots of details and in depth explanations, this will not be the book for you. Many students complemented it with Blueprints Cases in Clinical Neurology, ISBN 0632046139.

Pre-Test Neurology, ISBN 0071360999. Like other books from this series, Pre-test covers a broad range of neurology material. Although the vignettes are shorter than the mini-board, the content is fairly representative.

OBSTETRICS AND GYNECOLOGY

- Length of Clerkship:** 6 weeks.
- Call:** Variable; Likely only on Night Float for Ob
- Lectures:** All students attend lectures on Monday mornings at Rush. (Subject to change for 07-08 Year)
- Presentations:** One clinical controversy presentation, paired with another student. A handout is required. Sometimes you will be asked to give a group presentation on Labor and Delivery, Benign Gyne, and Gyne Onc.
- Miniboard:** Held on the last Friday of the rotation. Know bread & butter Ob topics well. Although there are many gynecologic malignancies, concentrate only on the most common (cervical, endometrial) as gyn oncology/pathology is not a major focus of the miniboard. Also, be prepared to answer a number of questions concerning incontinence and breast mass / discharge.
- Pocket Contents:** Pregnancy wheel (see if you can get one free from a drug rep or resident; there is also a pregnancy calculator program available for Palm Pilots). Also, the "little red book" by Gordon and Rydfors is good to have on hand for quick reference on the floor.
- Helpful Hints:** Like any rotation, the more you put in the more you get out. If you are interested in seeing a lot of deliveries, expect to be up all night while on night float. In general, the residents will not page you, so you must be proactive by staying up and helping out. If nothing is going on in L&D, head over to triage and learn how to use the ultrasound. Also have reading material with you while covering Labor and Delivery, as there can be a lot of downtime.

Abortion Training:

Abortions fall under the purview of obstetricians and gynecologists. You should learn about the various procedures and complications for the miniboard. If you are interested in seeing and participating in surgical dilation and curettage procedures, inquire at your site. At Rush, Dr. Pierce and Dr. Weitzner provide abortion services and are happy to teach students.

Rush

The course is a six week course with one week spent on each of six different "blocks": Ambulatory 1 and 2, Benign Gyne, Gyne/Onc, L&D and Night Float. Ambulatory blocks are the lightest as far as workload is concerned, especially block 2, so most students use this as a time to study, get homework done, and spend as much time as possible with their preceptor. Gyne and Gyne/Onc are surgical services and run much like general surgery, with rounds early in the morning and scrubbing and assisting with surgical cases in the afternoon.

On labor and delivery (L&D) and night float, the attendings at Rush do a lot of high risk Ob, so you will see plenty of C-sections and assisted vaginal deliveries (suction, forceps). On the flip side, you will not have as many opportunities to catch babies. Working in triage can be a very good learning experience, but like all of your third year time, will be dependent on the residents you work with. Because there are a lot of private patients at Rush, the attendings tend to be rather protective of the patients, but you should be able to at least do cervical exams on patients with epidurals. Remember to be proactive – let your resident know that you are there to learn, not just to coat-tail.

In addition to L&D, you will also be watching a lot of benign gyn surgery (hysterectomies, tubal ligations, etc.), gyn onc surgery, and have different clinic days. Gyn surgery is very much like general surgery in terms of hours and a typical day in the OR. There are a lot of gyn surgeries at Rush, so expect to be busy. There are a lot of laparoscopic and hysteroscopic procedures, which may help you familiarize yourself with anatomy and with the use of the endoscopic camera. Gynecologic oncology is generally busier than benign gyn surgery but depends on the patient load (and the vacation time of the attendings on service). Even if you aren't interested in Gyn-Onc, you will probably enjoy operations with Dr. Yordan. However, watch out for Dr Rotmensch; he may not even acknowledge that you exist, and is more likely to yell at you than any other attending; on the other hand, if you get him talking about something that he likes (such as his daughters), then he may be civil to you. Other attendings may critique your skill with using heavy scissors so start practicing now. Friday's tumor board session is typically very good and a good chance to review gyn pathology slides with Dr. Bitterman if they have the tumor board, which also has been up in the air. The clinic days have great hours and you can learn a lot (and do a lot i.e. pap smears) during this time as well.

Lectures at Rush are usually Monday mornings (students only) and Thursday mornings with the residents (after 7:00 am Grand Rounds and Morbidity/Mortality Conference). In addition, you will be matched with a preceptor through your entire six weeks of Ob/Gyn. This experience is variable; some students mostly coat-tailed, some were able to do a significant number of exams. The preceptor experience has had mixed reviews depending on what field your attending is in and what your interests are. Some preceptors are straight OB / Gyn, while others specialize in areas such as maternal-fetal medicine. Obviously you will have a greater chance to

perform procedures with the former while the latter affords you an opportunity to learn about an area of medicine you may otherwise not be exposed to. In either case your experience is definitely what you make of it. As of last year, the only attending that evaluates you is your preceptor, so make advantage of any and all sessions you have with him or her.

Ob/Gyne Suggested Reading:

Pocket Books

Obstetrics Gynecology and Infertility, 5e (The little Red Book). ISBN0964546760: This little red pocket book is great for having on the floors. It has useful material for when the attendings or residents are pimping you as well as information on various procedures and treatments.

Textbooks

Blueprints in Obstetrics and Gynecology, ISBN: 1405103310. Basic, but enough to pass the miniboard and answer most pimp questions. Felt to be one of the strongest in the Blueprints series by most students who like this format.

Obstetrics and Gynecology, ISBN: 0781724805 by Beckman. This is the recommended text. Don't be intimidated by the size. Most students find it easy to read and do manage to get through it during the clerkship. Alternatively, can be used as a reference and accompaniment to something shorter like Blueprints.

Ob/Gyn Recall, ISBN: 0683182145. Good for both floor and outpatient for getting those high-yield topics down.

Pre-Test, ISBN: 0071411399.

OB/GYN Secrets (Fourth Edition): I used this book last year and it is absolutely fantastic for answering the worksheets. I didn't have to use a single other resource other than this book. It might be a bit highly detailed for the boards, but for the worksheets alone I would check this book out from the library. Also, you will really be able to impress the residents if you use this.

PEDIATRICS

Length of Clerkship: 8 weeks (4 weeks inpatient and 4 weeks divided between outpatient/ER/nursery/clinics)

Call: Q4 during inpatient weeks only

Lectures: Wednesday afternoons (until about 4 or 5 pm) for all students, including a graded weekly CLIPP case (online case-based learning tool using the problem-oriented system)

Rush: Morning report every morning at 8A, except Tuesday which is Grand Rounds; lunch lecture everyday at 12N
CCH: 8 AM conference, noon conference, others vary;
Combined Grandrounds with Rush and UIC at Hectone Auditorium.

Presentations: Generally 1 or 2 10-20 min. presentations for your inpatient team at both sites. Plus a group presentation (you and an assigned partner) debating a current clinical controversy in pediatrics. The debate is done in front of the course directors and fellow students.

Miniboard: Practice test (COMSEP) given a couple weeks before miniboard (does not count toward your grade); know pediatric infections and general developmental milestones well for the miniboard

Pocket Contents: A card of pediatric normal values, handbook (see Books below), calculator (a must), otoscope (if you have one), Sanford, pocket pharmacopeia, stickers/things that light up/toys to distract an anxious child. Many students use clipboards on this rotation.

Helpful Hints: Do your heart and lung exams on kids first, because they can start crying at any time! Save the ears for last if at all possible. Try to keep little kids with mom or dad for as much of the exam as possible. Put a sticker on your name badge and carry around a penlight or bubbles to distract kids while you examine them. RELAX – kids can pick up if you are nervous and will get nervous themselves, thus making everyone's experience a difficult one.

Rush

Rush is a tertiary care center and thus the variety of patients enormous and fascinating. You will have the opportunity to participate in the care and management of sickle cell disease, hemophilia, Ewing's sarcoma, osteosarcoma, cardiac malformations, congenital syndromes, Crohn's disease, eating disorders and more. Rush provides a quality team environment typically consisting of a senior resident, two interns, possibly a fourth year subintern and two medical students. You will be given the opportunity to learn skills in admitting, presentation and day-to-day management and diagnostic procedures on your patients (typical patient load is ~4 patients). You will also have exposure to critical care in the "intermediate" section of the Peds ICU. A typical day begins with prerounds on your patient around 6 or 6:30 am (the nurses take the doorkside charts where the vitals are recorded at 7 am on the dot for their signout, so get vitals on your patients before 7 am). Morning work rounds (with residents and occasionally attendings) usually last about an hour. Morning report is at 8A. This is a great opportunity for learning clinical decision making skills. Plus, the patient they are talking about may be yours, in which case, you may be able to add valuable information that the senior resident did not have time to obtain. The remainder of the morning will consist of attending rounds (which may be doorkside or sit-down) and floor work (writing notes and daily orders). During attending rounds you will be expected to give the 5-minute oral presentation on the patients you are carrying. There is a daily noon lecture (lunch is provided) which may be a case presentation, journal club, ethics lecture, etc. Afternoons consist of more floor work, teaching sessions or admitting patients. Depending on your senior resident, you may or may not need to stay for the afternoon checkout around 5 pm. Be enthusiastic and knowledgeable about all your patients. Check for labs and consultants notes throughout the day so that you can keep your intern and resident fully updated.

The outpatient month consists of a very complicated schedule and includes: one week of outpatient office experience (very similar to preclinical preceptor experience); one week of mornings in the newborn nursery. Afternoons for the nursery week as well as the remaining two weeks are spent in some combination of the following: 3 half days at Acute care clinic at Rush resident's clinic (this is a great experience); one full day in the NICU (which really only gives you a quick exposure to NICU care); 5-6 ER shifts with hours extending to 10 pm and on weekends; 5-6 half days at sub-specialist clinics either at Rush or at Shriner's Hospital in Oak Park (you may be with the same sub-specialist each time or you may be with 2 or 3 different people). You are given the opportunity to make requests about physicians you want to work with or the order of your rotations. Some people felt it was easier to study for the mini-board during inpatient because your schedule is consistent, if you are on-call there is usually some time to get studying done and if you're not on call you are free. Others felt it was easier to study during outpatient month because you are not on Q4 call and there are breaks in the schedule to study. Decide for yourself! Understand that if you request your preceptor or sub-specialist, you are NOT guaranteed to work with that person, but it doesn't hurt to ask!

Stroger Hospital of Cook County

The Cook County Peds rotation is divided into 2 blocks of 4 wks each - 1 block of outpatient and one block inpatient. The outpatient rotation is actually 4 different "mini-rotations" of : Newborn Nursery, ER, Specialty Clinics, and preceptor (offsite-arranged by Rush). Each "mini" is Mon.-Fri with varying hours and there is no call. You should use the newborn experience to get your physical exam skills of the newborn down cold, as you may not have exposure to newborns again on the peds rotation. Fortunately, at the end of the week, you have had exposure to 5 - 6 different peds subspecialties. Be aware that sometimes the clinics may be cancelled or rescheduled so you may miss out on some of the experiences.

The inpatient experience is much like other inpatient rotations. You are assigned to one of 4 teams, you round with your team, and see patients that are assigned to you. The day usually begins with pre-rounds at 7 or 7:30, followed by morning conference at 8:00, rounds at 9:15, floor work until 12:00, when noon conference takes place. During the afternoon, floor work continues until you are finished with your work. The amount of scut that you do depends on your senior. Many of us have been assigned to do scut that has nothing to do with our patients, so how you handle that will depend upon you. You are on call q4 until at least 10PM (Currently students do not stay overnight because there are no call rooms available to us.) but can leave earlier or later depending on how many patients come in. The volume of patients at county is DEFINITELY smaller than the volume of patients at Rush, so be warned. You will be assigned 1 or 2 patients each call, depending upon your current patient load, and be expected to do an H&P. You can present your patient on rounds the next morning and if he/she is particularly interesting or a good teaching experience, can be presented for noon conference when it is your team's turn. However, you should know your patient well, because attendings and residents may grill you on the minutiae of the patient's history.

Pediatrics Suggested Reading:

Handbooks:

Clinical Handbook of Pediatrics, ISBN 0781736498. This is a good book for students. It is divided by clinical problems and for each problem includes differential diagnosis list with discussion, lab studies, diagnostic modalities, treatment, and suggested readings. It also has a pediatric med table, surgical and syndromic glossaries, normal lab values, and general topics like physical exam, immunizations and developmental surveillance.

Harriet Lane, ISBN 0323014860. Considered a solid source in pediatrics, it contains information on current protocols, treatments, and procedures. You will certainly need this if you are planning a residency in Pediatrics, although buying one as a M3 is purely optional. As a student, there are many copies on the wards you can use. However, if you buy one you also get the PDA version which has good calculators and a drug guide which you can always use for rotations other than Pediatrics.

Textbooks:

Nelson's Essentials of Pediatrics, ISBN 0721694063. This is one of the well-respected sources in pediatrics. It is a very good source for looking up information on patients, for Dr. Boyd's weekly case assignments, and for reading certain chapters that are known to be high yield on the mini-board. Good tables and charts, well organized and easy to read. (You can get this for free from the Rush Library Site if you don't want to pay for your own copy; just remember that you need a proxy to access the material from off Campus).

Study Guides/Question books:

Blueprints in Pediatrics, ISBN 1405103337. Many students use this as their textbook, because it has high-yield information for the clerkship and the mini-board. Compared to other books from the Blueprints series, most agree that this is one of the better ones. You can definitely pass the mini-board on this alone, but relying solely on this book only "scratches the surface" of peds.

First Aid – Pediatric Clerkship, ISBN0071364242. Many students use this as their textbook, especially those who dislike Blueprints. As usual, this is in outline form, but quite complete in the topics addressed, including things like "basics of echocardiography" and "Interpretation of pediatric chest x-rays". .

Pre-Test Pediatrics, ISBN 007139872. Many students agree that this Pre-Test is very good. The clinical vignettes are similar to the mini-board. It's thick, however, so give yourself enough time to get through it. Chapters on Care of the Newborn, Cardiology, Respiratory, and GI seemed to be particularly useful for the rotation.

Appleton and Lange's Review of Pediatrics, ISBN 0838500579. This is a question and answer book. Some students use this book instead of Pre-Test because it has a reputation for being one of the best from this series. Like other books from this series, the questions are not in long vignettes, but there are many, many questions to challenge your ever-expanding knowledge base.

PSYCHIATRY

- Length of Clerkship:** 4 weeks (Rush= in-patient or consult/liason, County= out patient).
- Call:** Rush:2-3 nights of overnight call
CCH: 1 call night at Rush
- Lectures:** Lectures occur on Tuesday afternoons. There are also Group Supervision sessions on Thursday afternoons for all students.
- Mini-Board:** The main crux of the exam will focus on the DSM-IV criteria for all the diseases, so you should know those criteria cold. Also, be familiar with the more common pediatric psychiatry diagnoses including ADHD, Tourette's, autism, etc. Also, remember that there may be some questions that overlap with other disciplines of medicine such as neurology and genetics.
- Pocket Contents:** The pocket books mentioned below, copy of mini-mental state exam (aka Folstein), and Mental Status Exam, a notepad to score the mini-mental.

Rush

In-patient psych at Rush takes place on the 13th floor of Kellogg. While on this service, you will be involved in the care of patients requiring hospitalization for their psychiatric conditions. Your first days on the ward may seem overwhelming, because you will be surrounded by a hall full of patients that are very different from patients that you have seen on medicine and other rotations. Most patients are very amenable to students talking to them, and the breadth and depth of pathology that you will see while on in-patient is vast. Rounds typically start at 9AM, and should pre-round as you may be expected to present your patient during attending rounds. The attending rounds are usually didactic, with the attending reviewing a case or lecturing on various topics. Residents may also give lectures, and you may be asked to give a short, 5-10 minute presentation on a topic of your choice. After rounds, you will frequently meet with your intern or resident to discuss your patients. Sometimes, with difficult patients, it may be helpful to have your resident see the patient with you the first time to show you how to approach the patient. Make sure to do a mental status exam, and mini-mental daily. You should be familiar with the psych meds that the patient is taking, and learn the major side effects of each. Typically, you will carry 1-4 patients, and some patients will remain with you the entire 4 weeks of service. Though there is not much to do in the afternoon, the residents often like to discuss patients in the afternoon so you probably won't get out until about 3 pm. Students on the inpatient service also have the option of visiting Cook County Jail's Psychiatric hospital for a morning. It is the largest psychiatric hospital in the country and is a great opportunity to see another side of medicine.

While on the consult/liaison service, you will be consulted to see patients who are hospitalized with medical conditions who have concurrent psychiatric issues. You will be assigned to work with one of the residents and will follow all of his/her patients. You may see new patients each day. Consults begin at 9:00 so you should be at the hospital no later than this. However, it may be helpful to see some of your existing patients a little earlier depending on how busy the service is and how your resident prefers that you do things. After you see your patients, you essentially wait to be paged for new consults throughout the day. You will generally have some time for reading during the day. Consults are taken from 9:00 to 4:00 p.m. You will round with an attending each day (except Tuesdays). Also, you will be asked to present two journal topics during rounds over the course of the three weeks that you are on consult. There are very brief, informal presentations. All students, whether inpatient or consult, must also attend one session of electroconvulsive therapy (ECT) during the month. It is located in the recovery area of the OR. Typically starts around 7-8 am depending on the day.

Stroger Hospital of Cook County

If you are assigned to County, you will be spending four weeks in the 2nd Floor Fantus Clinic with an eclectic team of psychiatrists. There are no residents, and medical students essentially function as residents, since you will be presenting directly to the attending and assisting in formulating the treatment plan. Each day of the week is a little different, with the typical day starting at 8AM and ending at 5PM. Most days have some time reserved for follow-up clinic, a clinic for patients who are continuing patients of the team of physicians. Your role is to call the patient, review their chart, ask about their psychiatric history (past and present), and inquire about

their present medications - side effects, dose changes, etc, perform a mental status exam and a mini-mental. Many patients will be in simply for refills, others will require new medications, dose changes, or referral to psychotherapy. For this clinic, your brevity will be appreciated greatly, as it can get very crowded. Twice a week, you will do intakes for half a day - that is, the first appointment for a patient. These appointments can last upwards of an hour, and an extensive history is required. For both F/U and intakes you will present to the attending, and the patient will then be called in to be seen with both you and the attending. You may be asked what your A&P is, even during the patient's time with the attending.

The attendings are an interesting bunch (read CRAZY!), and sincerely appreciate the hard work that you do while in their clinic. Take advantage of the psychology externs, they have year-long positions, so they really know their way around. Also, they offer an interesting perspective on psychiatric illnesses. If you speak Spanish, you want to contact the course director before the clerkship and request to be at County, since a significant number of patients are Spanish speaking only.

Psychiatry Suggested Reading:

Textbook:

Clinical Psychiatry for Medical Students, Stoudemire. ISBN 0397584601. This is a thick book, but it reads quickly. Dr. Miles recommended it to us, but you can easily pass the mini-board without ever cracking it. Use it for preparing for presentations, reading up on pediatric psych, and reading more about subjects that are of particular interest to you. If you're interested in psych as a career, then reading it cover-to-cover might be a good idea.

Handbooks/Guides:

Two books from the series "Current Clinical Strategies": Psychiatry, ISBN 1929622309 and Handbook of Psychiatric Drugs, ISBN 1929622392. These two little books easily fit in your white coat and are a great reference during the clerkship. They are a must, since they have all the DSM-IV criteria that you could ever need. If you're the kind of person who can take mini-boards well with only basic knowledge, then these books may be all you need.

Kaplan and Saddock Pocket Guide to Clinical Psychiatry. ISBN 0781725321. K&S are reportedly one the "THE sources" in psychiatry. It is not meant to be read cover-to-cover (even though it is small). It has *in-depth* information about pharmacotherapy. Also, it can be used often for the medicine and peds clerkship. If you're going into psych or primary care, this is the kind of book that you want to have to keep forever and ever.

Study Guides:

NMS Psychiatry, ISBN 0781738482 - Very good for going through the meat of psychiatry, and very good questions at the end of each chapter. Good review the weeks before the test.

Blueprints Psychiatry. Less dense than NMS, but good enough to get the basic topics down. A quick read.

First Aid Psychiatry, ISBN 007136420X. If you like the First Aid series, which has more than just outlines, but less than a textbook, this is a well-organized, concise source. Dr. Miles will recommend this as well.

Pre-Test Psychiatry, ISBN 0071361553. If you're a question person, Pre-Test is the way to go for any rotation, but for psych it's very good. You will find questions about topics that you will not have read about in other sources. Topics such as genetics, ethics, and pediatric psych are covered here. Very representative of topics on the mini-board.

Appleton & Lange Review of Psychiatry, ISBN 0071402535. More questions and more difficult than Pre-Test. Some of the questions are ambiguous, and some of us think a couple answers are wrong, but if you're the kind of person that gets reinforcement through lots and lots of questions, this book is for you. Some of the vignettes are longer than those in Pre-Test, and more like the format of the mini-board.

SURGERY

- Length of Clerkship:** 8 weeks
- Call:** Q4 at Rush, RNS and Stroger
- Lectures:** Lectures take place on Wednesdays at Rush for all students on the rotation. There are four teaching sessions and rat labs with Dr. Bines, which focuses on the art of knot tying and suturing.
- Hours:** It should be no surprise that the hours on surgery are long. Your day will typically begin well before 5:30 a.m. (you have to pre-round!) and may not end until after 6:00 p.m.
- Presentations:** Short presentations on pertinent topics relating to your patients are occasionally requested.
- Miniboard/Exam:** Dr. Millikan and Dr. Myers write a multi-part 4 question mini essay exam based on common core topics. This takes place on the final week of the rotation. It is fairly straightforward and should not be anything to stress over, if you read Dr. Millikan's book and review all the lecture handouts on core topics.
(The miniboard is on the final Friday of the rotation, and it includes a lot of medicine as well as surgical topics, so it might be a good idea to brush up on your general medicine knowledge with a quick read of something like First Aid for Step 2 or Boards and Wards.)
- Pocket Contents:** Surgical Recall, 4X4 gauze pads, tape and scissors for dressing changes on rounds.
- Helpful Hints:** When you go into the OR, introduce yourself to the scrub and circulating nurses and write your name and pager number on the chalkboard in the room. Pull your own gloves (you can also get gloves for your resident) and give them to the scrub nurse in a sterile fashion. The nurses can be helpful and supportive on this rotation, so be especially nice to them!
Do have a thick skin on this rotation as some of the people you will be working with will have rough personalities. Don't take anything personally! Also, remember that your days will be long and you may not always have the luxury of a lunch break. Stock up on Power Bars or your favorite pocket-sized food for snacking between cases. Also, remember that if you are feeling lightheaded in the OR, it is much better to tell someone and step out than to pass out face first into a sterile field!

Rush

General surgery at Rush is subdivided into several services based on attendings. Service 1 generally does a lot of colorectal surgery, Service 3 does a lot of breast and endocrine cases. Service 4 also does a lot of everything and includes Dr. Butsch, who tends to be very busy. Services rotate ER call, so the quality (and quantity) of your call depends a lot on whether your service is covering the ER or not. Learning your way around the OR suites will be your greatest challenge during the first few days. Your responsibilities will include prerounding on your patients (get vitals, labs, I&Os, and outline SOAP note – always ASK your senior how he/she wants the vitals presented), then attend floor rounds which typically begin between 5:30 and 6:00 a.m. You do not need to do a physical exam on pre-rounds. Also, pay close attention during floor rounds, as you can get most of your plan for your patient at that time (and fill it into your SOAP note). Fortunately, surgery progress notes are short and simple (and it is in your best interest to keep them that way) and you will learn to do all your prerounding in 5-10 minutes/patient. Rounds usually are fast paced and it works well to have gauze pads, scissors, tape, etc spread out among the students so that you have some pocket space. OR cases begin at 7:30 a.m. and don't be late to the OR (from floor rounds) if you are covering the first surgery of the day. Students are also expected to attend clinic, although they are not specifically assigned. It's a good idea to talk with the students on your team the day before to figure out who will cover what cases and who will attend clinic. If there are a lot of cases, then it is not necessary to attend clinic. Some attendings and residents love pimping students in the OR. Glancing at Surgical Recall is a great idea before entering a case.

Stroger Hospital of Cook County

Surgery at Cook County is divided into one four-week block with Pediatrics, Vascular, and General Surgery sub-specialties. As with all rotations at County, you will have plenty of opportunities to do procedures and blood draws, including I&Ds (incision and drainage), Foley catheter placement, nasogastric tube placement, suturing and maybe even a central line. Rounds are typically at 6 am or earlier if there is a morbidity and mortality (M&M) conference that day (Thursdays at 7:30 am @ CCH). Clinic is two afternoons a week and gives you more one-on-one attending contact as you have to present all patients to an attending. Students take call approximately q 6.

Rush North Shore

Fortunately, your days start early, so you don't have to worry too much about traffic. Expect a 20-25 minute commute time from Rush at 5:00 am and a 60-70 minute commute time back to Rush at the end of your day around 5:00 or 6:00 pm. Parking is easy and free at North Shore. Rounds generally start at 6:00 am. Be sure to get there early enough to preround on your patients (get the "numbers" - vital signs, I&O's, drain outputs, etc) especially because you will have to go door to door for all the info. The residents are Rush residents and include two interns, one second year and one senior resident. There are approximately seven attending surgeons at North Shore, although only Dr. Velasco and Dr. Hieken will evaluate you. Regardless, Dr. Rosen and Dr. Rosette's clinics are very interesting, as they see a wide variety of patients! The student on call spends the day with the on call resident managing patients on the floor. You may end up in the OR on call if there are more than two ORs running. The post-call student usually gets to choose which

OR cases they would like to scrub for the next day. For each call, students will get meal tickets, so make sure to ask the coordinator about these. At North Shore, you don't follow "your" patients like some of the services at Rush. Generally, the whole team pitches in to cover all the surgery patients (like one giant service). Keep up to date on the plan for each of the patients so that you can inform the rest of the team. As with any kind of surgery, read up about the procedure before going into the OR if possible, see the patient in the holding area to do a quick history and physical, and attempt to anticipate the surgeon's next move in the OR. Remember that Wednesdays you will be at Rush for lectures so you do not have to go to RNS; however, if you are on call, you will have to go there once lecture is over. Friday mornings are typically tumor board, during which students are asked to present a brief run-down of a patient's history and subsequent work-up (ie diagnostic tests, biopsies, pathology, and chemotherapy/radiation treatments). There are also weekly literature review lectures with Dr. Velasco, in which students are expected to read and analyze a paper on a pre-assigned topic. This service tends to be very student-involved: you will be able to scrub into surgeries of all kinds and even do mini-procedures in the minors outpatient OR, and the attendings LOVE to teach. If you are short on students, make sure that the OR is covered first, then clinic (with preference to Dr. Velasco's and Dr. Heiken's clinics) then the minors. For Dr. Velasco's clinic, all free students should go, but for Dr. Heiken's clinic, only one student at a time.

Surgery Suggested Reading:

Textbooks:

Common Surgical Diagnoses, ISBN: 0-387-94983-6. This is Dr. Millikan's book. A must have for the essay exam, it is easy to read with brief chapters and high yield information. Read this for the core topics.

Essentials of General Surgery, ISBN: 0-683-30133-0 by Lawrence. Good and in-depth but tough to read in 8 weeks. Generally used as a reference – do not even try to read this whole book. (Note: good idea to read the chapter on vascular surgery prior to working with Dr. Piano at CCH.)

Surgical Recall, ISBN: 0-7817-2973-4. Considered a **must-have** by almost everyone. It's easy to carry in your pocket and full of high-yield facts. Excellent for getting those pimp questions right.

First Aid Surgery. Great new edition outlining key topics in general surgery

NMS Surgery, ISBN: 0683306154. Outline form if you prefer this type of format.

Pretest, ISBN: 0071359540 This is helpful for core surgical questions, but as mentioned above, the shelf has a lot of medicine questions that aren't covered in this book.

Appleton & Lange Review of Surgery, ISBN: 0-07-137814-6. 1000+ questions, similar in format to the miniboard, although vignettes are shorter. Exam questions are more difficult than the miniboard, and it has a great section on trauma (a section heavily asked on the exam).

AND AS YOU REACH THE END OF THE YEAR...

Don't worry about this page until March, but the end of third year will approach a lot faster than you think. And that brings thoughts of deciding on a specialty and applying for residency. Some helpful things to think about in the last few months of third year:

- Think about updating your CV. Student Affairs on the 9th floor will look over it for you and help you revise it. (They'll also help you get started, if you don't yet have one!)
- What is an away rotation? You'll hear a lot about these that you will take in your 4th year. Basically these are electives that you will do at an outside institution, usually in the discipline that you want to go into. These are not something that you have to do, but a lot of people like to do them to get an idea about how other hospitals work, to get a feel for a place that they might be interested in doing a residency at, etc.
- April/May is a good time to start thinking about if you want to do any away rotations during 4th year. The applications are more time consuming than you think (ie letters of recommendation, updated TB tests, every immunization record you've ever had). So a good idea is to start researching schools and looking at their applications earlier rather than later especially to make sure you meet any deadlines if you want to take any aways in the summer.
- Your schedule for fourth year is even more flexible so don't worry if you don't get your first choice for schedules!