

Handbook of  
**SAGE ADVICE:**  
Clerkship Edition



▪ Hints, tips & insider information from the class of 2012 to the class of 2013 ▪

## Welcome!

Congratulations!! You've made it through the first two years in the classroom, and now you get to practice your skills as a clinician. The third year is a terrific experience, and it's the year you'll grow most in your quest to becoming a physician. There will be days when you are riding high and ready to be an intern, and there will inevitably be days when you question your abilities. These ups and downs are normal, and before diving into all the details about third year, we want to leave you with some advice on how to cope with the added stresses and responsibilities of the clerkship years.

It's all team dependent third year, a theme you'll see a lot in this handbook. For the most part, the residents and attendings at OHSU and off the hill are amazing and obviously invested in your learning. Some teams are great, and you'll feel like an integral part of the decision-making process. Other teams might leave you feeling like a fly on the wall. The fact is you have no influence over who your residents or attending are, but you can help each other.

Find a trusted friend in medical school who you can share the challenges of third year with, and who can help you center yourself if you lose sight of your goals. Outside friends and family will also help but only those who are going through it with you can truly understand. In your role as a member of the medical team, help each other with the day-to-day. This includes making sure everyone is at the right place at the right time, practicing presentations, and sharing resources, strategies, and advice about clerkships openly. For example, if you plan to bring in an article, let your fellow teammate know so that they can bring one and shine as well.

This handbook is a way for those of us now finishing our third year to pass on the information we wished we had known when we started. This is not meant to be an official policy statement or a definitive description of the clerkships or any other such thing - just a collection of helpful hints gathered from the current third-year class and the classes before us.

Care has been taken to make sure that the information offered here is as accurate as possible, but at the same time, many things may change between now and the time you come to use this, and this is only as accurate as the contributors knew at the time.

Finally, the text of this handbook will be passed on to members of your class in hopes that it will be updated and passed on to the class after yours. The class of 2006 started this project for us, and it seems like a valuable tradition to carry on. If you would like to be in charge of this project for the Class of 2013, please email Tomo Ito at the end of your third year.

Good luck,

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With special thanks to various past contributors

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## TRANSITION TO CLERKSHIP WEEK

Transition week is a very helpful week full of information, however, it comes on the heels of Step 1 study and you will be more exhausted than you might expect. Be prepared to start working the hours of the rotation that you are going into. There are two main components to the week:

Small group sessions: Each morning, you'll meet in your small group along with one attending and one fourth-year student. Groups are arranged so that everyone in a given group will be starting on the same rotation (e.g. Surgery, medicine, etc). Each afternoon a couple of students may be assigned a patient in the hospital to work up – you get the evening to talk with the patient, do what you can to work through the case, and get ready to present in the morning. At the morning sessions, the students who had patients the day before will present their H&Ps and get feedback on how to improve their performance. While this process can be intimidating, you should realize that you have everything to gain and nothing to lose from this interaction. **Nothing in this week is graded, so take advantage of the opportunity to jump in and get some experience!** This is also your time to ask the MS4 everything you want to know about third year. Specifically, it would benefit you to ask questions about your first rotation, which will help you feel prepared and help curb any anxiety you have about entering the unknown that is third year.

Classroom sessions: The classroom sessions include everything from suturing to airway management to basic life support recertification to how to scrub into surgery. These are required (attendance may be taken at some sessions), and they make up the bulk of your day during that week. Again, these are not graded – take the opportunity to pick up some skills that will come in handy later on.

## CONTINUITY CURRICULUM WEEKS

Continuity curriculum is the only time you really get to see your classmates during the year—the ones outside of your track anyway. It consists of two separate weeks dedicated to filling in some gaps in the regular clerkship curriculum, such as dermatology, ophthalmology, orthopedics, palliative care, and neurosurgery. The powers that be will also start driving home the importance of prepping for residency applications and fourth year scheduling. Depending on your perspective, it can be helpful or overwhelming, so take it with a grain of salt. Attendance is “mandatory” and attendance will be taken several times during the week. Hours are approximately 8-5 daily, but your weekends are free to socialize and sleep.

## QUICK REFERENCE GUIDE

### OHSU

- **ID Badge:** *Have your OHSU ID on you at all times!!* During transition week, your ID badge will be automatically expanded to include access to a number of areas you previously did not have access to including L&D, OHSU OR's, the 3<sup>rd</sup>/4<sup>th</sup> year call room, etc. However, it will NOT give access to certain areas like the VA OR and ICU.
  - If you have any trouble with hospital access at OHSU or a nurse locks a room where your bag is, contact **Public Safety at 4-4843**
  - Lost ID's can be replaced by public safety for a fee. Inform the Dean's Office to get a scrub access on your new ID.
  - If your ID breaks (it happens), bring it with you and they'll replace it for free!
- **EPIC** is the electronic medical record system at OHSU. Learn it, love it, use it, and call **Epic Help Desk at 4-2222** if you have any questions!

### VAMC

- **VA ID:** By now you should have a separate VA ID. To get OR access, email [Danni.Reche@va.gov](mailto:Danni.Reche@va.gov) with the last 5 #s on the back of your VA ID card, plus the end date of your rotation. It takes a few days *so do it the week before* your rotation starts if possible.
- **CPRS** is the electronic medical record system of the VA. Your notes can actually be used by the residents, so make an effort to learn the program and help your team!
  - It is important to log into your VA account **every 30 days** or else it expires. That being said, it seems like everyone's CPRS expires at some time during 3<sup>rd</sup> year. The number to call if it expires is **503-220-8262 (ext**

**55909).** Or visit the Computer Help Desk in the VA library on the 2<sup>nd</sup> floor in Bldg 101. *Make sure you have access a few days before you rotate at the VA!!*

Off-campus Sites

- Most have their own electronic records systems, training, and passwords that will be given to you at orientation on the first day of the rotation.
- Same goes for ID badges and hospital access!

Computer Access from Home

- You can now access the EMR from home! Just type in [www.ohsu.edu/wts](http://www.ohsu.edu/wts) from any computer and you can access EPIC, OCHINN, and IMPAX.
- This is how to access UptoDate from home. Just launch Citrix and open up Internet Explorer.
- To access the VA system CPRS visit [www.visn20.med.va.gov/tc](http://www.visn20.med.va.gov/tc). If you have a Mac, follow the detailed instructions to download the appropriate programs and consider using Firefox or Internet Explorer.

Other Helpful Websites:

- [www.Amion.com](http://www.Amion.com) (“Am I On”): Call schedules for each department. Password is “ohsu”; then pick your department.
- Check out <http://www.ohsu.edu/xd/education/library/research-assistance/handheld-pda-resources.cfm> for a list of useful resources for your smartphone!

**SCHEDULES AND SCHEDULING CONSIDERATIONS**

The Big Picture

The basic layout of third and fourth years is as follows:

Third year

Transition to clerkship week	Rotation 1 5 weeks	Rotation 2 5 weeks	Rotation 3 5 weeks	Rotation 4 5 weeks	Continuity wk	Elective block OR time off 4 weeks	Winter break 2 weeks	Rotation 5 5 weeks	Rotation 6 5 weeks	Rotation 7 5 weeks	Continuity wk	Rotation 8 5 weeks
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Fourth year (*not in actual schedule order!*)

Required fourth year rotations					Required electives (20 weeks = 5 rotations; includes MS3 elective block)						Free blocks/time off		
Sub-I 4 weeks	Surg II 4 weeks	Peds II 4 weeks	ICU 4 weeks	Neurology 4 weeks	Elective 4 weeks	Elective 4 weeks	Winter break 2 weeks	Elective 4 weeks	Elective 4 weeks	Transition to Residency	Elective OR time off 4 weeks	Rotation 11 4 weeks	Rotation 12 4 weeks

Scheduling Electives and Time Off

- In the third and fourth years, you have a **total of 3 months off** (3½ months if you earned 4 elective credits during first two years).
- In the 4<sup>th</sup> year, many people take 1 block off to study for Step 2 CK, and almost everyone takes a block off in December or January for residency interviews.
- In 3<sup>rd</sup> year, you can take up to 4 weeks off during the December elective block, but be aware that you will then have less time off during 4<sup>th</sup> year! You can choose to take either a 2- or 4-week elective **OR** take the entire 4 weeks off during this elective block. It’s up to you to decide how important a long break is during your third year vs. some extra time off in fourth year. (Note: Anesthesiology taken in 4<sup>th</sup> year counts for Surgery II but not if you take it in 3<sup>rd</sup> year.)
- Taking an entire required rotation off during the 3<sup>rd</sup> year is not unheard of, either for personal reasons or for other professional opportunities. If you do this, you will have to make it up during your fourth year – and rumor has it that if you break out of the usual rotation progression, you’re at the bottom of the priority list when you make it up. In other words, if you need to, take a 3<sup>rd</sup> year rotation off but not without a good enough reason to justify the headaches it will cause you later on – especially since you’ll be trying to fit a 5-week rotation into a schedule made up of 4-week

blocks. (If you need to repeat a rotation, similar logistical difficulties apply.) If you need to take a significantly longer time off, a leave of absence through the dean's office might be in order. Dr. O is your go-to person for these issues.

### The Detailed Picture

- **Work hours:** Your week-by-week schedule depends on what rotation you are on. Medical students are technically not protected under the new work-hours regulations, but in general you will not be at work more than 80 hours per week, and often will be at work between 40-60 hrs. You get most weekends off on Ob/Gyn, family medicine, pediatrics, rural, and psychiatry. You typically work 6 days per week on surgery and medicine if you are on the hill.
- **Call:** in 2010-11, most rotations required about one day of call / week, which included 1-2 weekend days over the rotation. This likely will change in 2011-12 with the new residency hour requirements, which will probably switch resident call to a night-float system. Here's an idea of what to expect based on our experiences this year on the hill:
  - Surgery, pediatrics, psychiatry: 5-6 call nights, which can usually be rearranged among your classmates in advance
  - Internal medicine: "long call" every 5 nights (Q5) and "short call" every 5 nights. Must be on call with your team, so rearranging the call schedule is basically impossible.
  - Ob/Gyn: no call, 1 week of "night float" on L&D including a weekend.
  - Family and rural: no call (outpatient rotation).
- **You only get two official days off per year**, which includes time off for illness, personal reasons, conferences, etc. For an unexpected sick day, you generally don't have to ask for formal permission to take it off; simply contact your resident, attending, and any students on your team, and they will be very understanding (asking ahead of time who to contact will come in handy). If your attending reports these sick days to the Dean's Office, you will have to sign a form. If this occurs, these days will count as official days off. However most of the time they will not be reported as long as you are reasonable. The official policy statement is that you cannot miss more than 2 days of any given clerkship, and you'll have to repeat days or even the clerkship if you go over. The actual way this works itself out is at the discretion of the clerkship director. It's in your best interest to clarify early if you are sick and be proactive.
- If you have a scheduled academic event (e.g. a conference), you need to ask as far in advance as possible for time off. Some course directors are lenient about letting students go to these events; others won't let students leave unless the event is related to the rotation you are currently on. The best way to get time off is to submit a Time Off Request Form to the clerkship director EARLY, i.e. at least 6 weeks before the start of the rotation.
- While illness and death in the family is often excused, often other important events aren't officially granted off (weddings, birthdays, etc). To get time for these off, when the administrator for the respective rotations emails you for your site requests, email him / her with your call schedule requests. Also, if you know you are the maid of honor/best man at a wedding in April, don't schedule Surgery or Medicine rotations during this block! (Your best bets: Psychiatry and Family!)

### **PARKING AND TRANSPORTATION**

Parking on the hill is dauntingly expensive if you don't live up here, there are options:

- Buy a pass:
  - The parking office sells 5-week parking pass for \$140 for one diamond parking; \$150 for 2 diamond parking. They also sell a 4-week pass for about \$113.
  - Bring your **student ID, credit card, and your car's registration the first time** (after the first pass, they will have your info on file so you don't need to bring the registration).
  - The passes entitle you to park in one or two diamond lots, but keep in mind, these garages tend to fill by mid-morning.
- Rent a spot:
  - As you probably know by now, you can rent a spot from classmates or friends on the hill (or vice versa: if you live on the hill you can rent out your parking spot for some extra cash).

- Keep in mind that during rotations where you have to arrive very early, 10-15 minutes matters a lot in the morning! You may want to pay the extra cash to park in the garage rather than up in the neighborhoods – that extra ten minutes in the rain can actually make a big difference in your sleep!
- Alternative transportation:
  - On some rotations you may be able to walk, bike, or take the bus – especially psych and some family medicine assignments. This is very hard to do on rotations like surgery and ob-gyn, where you frequently need to arrive before the first buses start running at 5:30am.
  - The tram's hours are 5:30am - 9:30pm on M-F; 9-5 Saturdays; closed on Sundays, so on surgery you will need to bike all the way up the hill. There are bike lockers in the VA parking garage.
- In a pinch:
  - Most of the surrounding neighborhoods have a 2-hour parking limit.
  - There is metered parking on the road along the back side of the nursing school (Gaines Rd; 3-hour maximum) and behind that down the street toward the church (6<sup>th</sup> Ave; 5-hour maximum); these meters take credit cards.
  - You can get a parking day pass for \$11 at the intersection of SW Terwilliger Blvd. & SW Sam Jackson Park Road but it is only open M-F, 5:30am – 5pm and often sells out by 8 am. Parking is also available at the waterfront for \$7 per day in the Schnitzer lot off Moody.
- Whatever you do: Do NOT change the expiration date/license plate number/other information on a parking pass issued to you by the parking office – the consequences for doing this are swift, severe, and involve getting a text page informing you that you have been caught stealing from the university, followed by a stiff fine.
  - You are better off just blatantly parking in the surrounding neighborhood without a permit and getting a ticket which runs \$60 to \$100. With three or more unpaid tickets, the university may boot your car until you pay up.

### **WHAT TO WEAR: CLOTHES, SHOES, AND ACCESSORIES**

General guidelines on what to wear: Each rotation has slightly different expectations of what students should wear, but here are general guidelines:

- For clinic rotations and clinic days of ward rotations, professional clothes are expected. You can never go wrong showing up in slacks/skirt and blouse (for the gals) and collared shirt with tie (for the guys). Psychiatry is known to be more lenient, but I'd still show up in a tie and white coat (really, it's a white blazer—let's be honest) and ask your team if they are necessary. As a general rule, if your attending is wearing his white coat, wear your white coat, etc.
- Wearing scrubs every day is the norm on certain rotations – especially surgery & ob-gyn (but remember that in clinic, you'll still need regular clothes, so you may want to keep a spare set in your bag or locker). Each rotation is different and some off-the-hill sites differ in this policy, so it's best to ask on the first day. *Be sure to tuck in your scrub tops!*
- On other ward rotations (medicine, peds, etc), you can wear scrubs only on call & post-call days – though some sites are strict about having students and residents wear professional clothing during the day and scrubs only at night. Ask your resident the night before call starts.

Scrubs: During transition week, your ID will be given scrub access/points. Locations of scrub machines at OHSU:

- A large number of machines is on the 6<sup>th</sup> floor of Kohler; you need badge access to get to this floor from the elevator.
- The Mother-Baby Unit (MBU) on the 14<sup>th</sup> floor at OHSU has one at the far end of the hall, which usually has all sizes available.
- There is one on the 8<sup>th</sup> floor of Doernbecher.

**NOTE: Most hospitals mandate that you to wear their scrubs to their OR area (e.g. you can't wear OHSU scrubs in the VA OR, or at St. Vincent's OR, or vice versa).**

Scrub machines occasionally eat scrubs without giving you credit, and since you are only given two credits (as well as limited to two credits), this can be a problem. Call or email the Dean's Office and get credit back if this happens. Remember you are limited to a maximum of two credits on your card at any given time.

White coats (blazers): Wearing your white coat is almost always expected, but sometimes up to you. Having an extra white coat or two is a good idea, as they tend to pick up unbleachable dirt and hospital-acquired gunk easily. You can get them at Life Uniforms in a variety of styles – 3 PDX locations: north-east of Washington Square mall, on SE Division, and in Clackamas. You can have Life Uniforms order your size/style from a catalog if not in stock. White coats are also available for cheap at [www.allheart.com](http://www.allheart.com). TSO usually has a bunch of spares in a pinch. Additional green nametags can be ordered from the Dean's office (~\$5). You can have your name sown on your coat at various times of the year; watch for these offers on email.

Socks and shoes: Comfortable shoes are absolutely necessary on long days. Brands like Ecco, Sanita, Dansko, and Clarks are a good investment; sometimes you can find them cheap at outlets like Shoe Pavilion. Clogs n' More (& Imelda's) offers a 10% discount and lifetime cleaning (if they ain't bloody) to OHSU employees/students, so feel free to mention your "employment" status. Underneath those shoes you might consider wearing mild compression socks; these are tight knee-high or thigh-high socks that keep the blood from pooling in your feet, which can really help with the achy fatigued feeling. There are many sources of compression socks, including Life Uniforms (see above), Nordstrom's, the VA store and the local mail-order company [www.healthylegs.com](http://www.healthylegs.com).

## FOOD

By now you probably know where to find food on campus. Here are tips for scrounging up grub that you might not know:

- Hours:
  - Marquam Café on the 9<sup>th</sup> floor of Hatfield: 6:30am-2:00pm on M-F. Good sandwiches.
  - Main Cafeteria on the 3<sup>rd</sup> floor of the main OHSU hospital building is open 24-7.
  - "It's All Good" : 9<sup>th</sup> floor next to the gift shop has healthy options; hours are 7am - 9pm M-F and 8-4:30 Sat.
  - The "Patriot Café" at the VA has the worst food (7:00-5pm M-F), but beggars can't be choosers when you only have 15 minutes between surgeries.
- Caffeination: Coffee kiosks abound on campus, even on the VA 1<sup>st</sup> floor (6:30am-4pm M-F and 12-4 Sat) and also on the first floor of Multnomah Pavillion. Doernbecher Starbucks is open 5am-8pm M-F & 6am-5pm on weekends.
- Eating at night: The 3<sup>rd</sup> floor cafeteria is the only one open at night. The grill reopens from 2-4am if you need fries and a burger, and phenomenal curry is available 2-4am on Tuesdays and Thursdays, though some have claimed the curry has interrupted their morning rounds (enough said).
- Food for the desperate: On days when you can't find the time to run to the cafeteria, there are some secret stashes of food that might help out. Most floors have at least crackers and juice at the nurses' station; ask a friendly nurse for help with that. On surgery, the PACU has a fridge with a few staples like vanilla pudding, grape juice, and plain white bread – it may be all you can get your hands on between surgeries. And, because most patients aren't exactly chowing down before and after surgery, usually no one minds if you sneak into the refrigerator, so long as you don't make a regular habit out of it. Also, there is a kitchen in the Vista lounge by the Kohler 6<sup>th</sup> floor OR's with Dave's Killer Bread and PB & J. Community sites are a little nicer about providing food than OHSU or the VA.
- Money on your ID Badge: If you plan to eat on campus a lot, you can open an account whereby you can charge meals via a barcode affixed to your ID card at the Nutrition Office on the 3<sup>rd</sup> floor of the hospital (right by the cafeteria). This is very handy – you don't have to carry cash / charge cards, and once you open an account, you can recharge it using your credit card at any of the participating cafeterias.
- Free food on rotations: There are some rotations where food is provided for free. Most off-campus hospitals provide lunch and enough cafeteria tickets to cover call nights.
- <http://www.ohsu.edu/food/index.htm> has a full list of locations & hours

## GETTING ORGANIZED

Part of the challenge of third year is finding ways to organize yourself such that all the information you need is either in your head or at your fingertips. There are many ways to do this, and the right one is the way that works for you.

### Organizing patient information:

- You'll need to find some physical format for organizing patient information:
  - Some like 3x5 cards on a key ring (find it at Fred Meyer's) or small binder (which can fit in your coat pocket); you can get fancy with different colored cards for different patients, for labs values, or daily progress, etc.
  - Some prefer clipboards with a page for each patient. A full-sized clipboard fits lots of pages, but is easily left somewhere random, never to be found again. A half-sized clipboard fits in most white coat pockets to free up both hands. Some students carry around a binder with a section for each patient. The White Coat Clipboard is popular, team up with 9 classmates to get it cheaper online - google "white coat clipboard".
  - Many just used blank paper. It worked out just fine. Just don't fumble around with them on rounds.
- Keeping a running and up-to-date checklist of things you and your intern/team need to do (looking up lab values, calling a patient's PCP, etc) can make your team shine and will ensure nothing gets overlooked.
- A wide variety of forms are available from different sources to help follow patient data through a hospitalization. One source is [www.medfools.com](http://www.medfools.com) for different PDF forms. These are more or less interchangeable; some are general with a loose SOAP format only, others have specific spaces for lab values and other detailed information. Pick one that works for you and stick with it.
- You've probably seen those esoteric little symbols filled with numbers that seem to mean something to everyone but you. Here's a quick key to the two common ones:

WBCs \ Hb / platelets      Na | Cl | BUN /glucose  
/ Hct \                      K | CO2 | Cr \

- Abbreviations are used everywhere. If you're not sure what it's referring to, try: [http://en.wikipedia.org/wiki/List\\_of\\_medical\\_abbreviations](http://en.wikipedia.org/wiki/List_of_medical_abbreviations) or here: [www.acronymfinder.com/](http://www.acronymfinder.com/) or here: [www.medilexicon.com](http://www.medilexicon.com). Indexes of abbreviations can also be found in the back of Sabatine's, etc
- Some of the best organizational tools have been created by medical students. Ask around, and be willing to share the wonderful forms you've created.

### Organizing your schedule, passwords, etc:

- Some rotations have very straight-forward schedules, some have schedules so complicated that the new interns have a hard time figuring out where they're supposed to be. Keeping a 3x5 card in your pocket with the day-by-day layout of your schedule (teaching rounds, morning report, etc) can help you avoid missing things you should be attending.
- You should also write out your schedule/required teaching sessions on the board by your name and pager# so that your team knows when your commitments are during the week.
- A smartphone or PDA can be a useful place to consolidate the info, though more pricey than a 3x5 card.

Organizing stuff inside and outside of your pockets: Besides pocket books and clipboards, there's a few other things that students suggest you carry in your pocket to help you through your day:

- Equipment: Stethoscope, pens, and penlight are a must. Depending on your rotation, you may want a reflex hammer, monofilament for foot exams, 2-3 pens, suture to practice knot-tying in the spare moments on a surgical rotation (and stickers for the kids when you're on peds).
- Personal care goods: breath mints (altoids—trust us), small snack (granola bar/power bar), chapstick, and any medications you can't live without for a few hours (tums, advil)
- You will no longer have lockers in the Old Library. Team rooms on most rotations are safe places to leave bags during the day and items overnight like your white coat, shoes, etc. Also, there are some "new" lockers granted to medical students beneath 1NW (take the stairs right next to the entrance), but they are super far away unless you are on Psych, so you may be better off with another option. To get one of these lockers, keep your lock from the 1<sup>st</sup> two years, and fill out a form at TSO so they know who has claimed which locker.
- The Old Gym is open for swimming and showering, hours 6am – 8pm M-F with rentable small lockers for \$1 a month or big lockers for \$15 for 5 weeks.

- It is always good to keep some cash on you at all times, like in your scrubs pocket, and not just in your white coat. On rotations such as surgery, your team might have 15 minutes to go grab a bite to eat in the cafeteria, and you don't want to spend all of that time going back to the workroom on the other side of the hospital to grab your money.

### RESOURCES AND REFERENCES

Learning how to access and manage information about the principles that guide diagnosis and treatment plans is a key part of 3<sup>rd</sup> year. Below you will find some of the resources and references that are used commonly on most rotations (for resources for specific rotations, please see the page for that rotation).

	Title	Description	What Our Class Thought (N=50)
POCKET REFERENCES	Maxwell's Quick Medical Reference	15-page spiral-bound pocket book with everything from the mini mental status exam to helpful equations & formats for various notes a <b>must-have</b> for all rotations: available in bookstore.	
	Sanford Guide to Antimicrobial Therapy	The gold standard for choosing and dosing antibiotics. You should have this book and reference it frequently!	Really helpful: 27.5% Pretty helpful: 37.3% Not very helpful: 15.7% Don't bother: 3.9% Didn't use it: 15.7%
	Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine	The little green notebook by Sabatine.	Really helpful: 70.6% Pretty helpful: 23.5% Not very helpful: 0% Don't bother: 0% Didn't use it: 5.9%
	Clinician's Guide to Laboratory Medicine	One of the most widely used ward references; comes with a pocket-sized supplement to carry around. Carry the pocket book; leave the big book in team room- on medicine, a crucial resource for knowing what lab needs to be ordered next!	Really helpful: 20% Pretty helpful: 24.5% Not very helpful: 4.1% Don't bother: 0% Didn't use it: 57.1%
	The Washington Manual of Medical Therapeutics		
	Pharmacopia		
ELECTRONIC REFERENCES	UpToDate	Accessible via the OHSU library website and EPIC on campus. Accessible off campus by logging into EPIC under the resource tab. A good place to start, but not a substitute for primary literature. Be aware there are some attendings who do not like UpToDate because it is ironically not always current. That being said, it is a good starting point for educational exploration.	Really helpful: 79.6% Pretty helpful: 20.4% Not very helpful: 0% Don't bother: 0% Didn't use it: 0%
	Dynamed	Accessible via the OHSU library website both on and off campus. Available as a free application for smart phones.	Really helpful: Pretty helpful: Not very helpful: Don't bother: Didn't use it:

AccessMedicine	Accessible through OHSU library website on and off campus. A collection of online textbooks, and is an alternative to UpToDate and may provide a more in depth discussion about specific topics	Really helpful: 30.6% Pretty helpful: 24.5% Not very helpful: 6.1% Don't bother: 2% Didn't use it: 36.7%
Pubmed and OVID	Accessible through OHSU library website on and off campus. A great source for primary literature searches.	Really helpful: 56% Pretty helpful: 36% Not very helpful: 2% Don't bother: 2% Didn't use it: 4%
Harrison's Internal Medicine	Accessible through OHSU library website on and off campus.	
MDConsult	Accessible through OHSU library website on and off campus.	
Medfools.com	Downloadable forms to help you organize patient information; also has smartphone downloads and reviews of books commonly used on the wards.	

If you have a PDA, you can load most of this information through various programs and a lot of pocket space. The OHSU Dept of Medicine website has a good list of useful (and free!) programs to include on your palm: <http://www.ohsu.edu/medicine/residency/handheld.html>.

### SMART PHONES

**NOTE: We can't tell the difference between you updating your Facebook page and you looking up renal dosing on Epocrates. And if we can't, your attending can't. Be VERY careful about when you whip out your smart phone. If you are using your smart phone to look up something in front of your team, you may want to explicitly state what you are doing just to be on the safe side.**

- Pharmacology resources:
  - Epocrates – a commonly used pharmacology resource
  - Mobile PDR – the PDA version of the Physician's Desk Reference:
- Clinical resources:
  - Haiku Epic—Google it or go to iphone apps to get Epic on your iPhone.
  - Current Clinical Strategies –text of frequently-used series of books in .pdf format
  - 5-Minute Clinical Consult – a commonly used program for general medical information, good for quickly learning the basics during downtime at the hospital
  - Diagnosaurus – a differential diagnosis program available at diagnosaurus.com
  - Medical Eponyms – lists of those ridiculous physical exam findings or diseases named after old dead pathologists (free)
  - OB Wheel – calculates due date, etc on OB (free)
  - Medcalc 3000 – a collection of calculation programs that work common equations you'll use on the wards; costs about \$30 for a lifetime subscription (free)
  - Taber's Medical Dictionary – some people tried it, though many said it wasn't worth the memory it took up
  - Cardio Calc: has many calculation programs related to cardiology, also nephrology, gastroenterology and pregnancy (free)
  - Shots: immunization schedule for kiddos (free)
  - For more, go to <http://www.ohsu.edu/xd/education/library/research-assistance/handheld-pda-resources.cfm>

## PAGERS AND COMMUNICATIONS

Pagers: You will receive a pager from the paging office during transition week. A monthly fee for it is charged to your student account. If you lose or damage your pager (Be careful where you keep it! Toilets have eaten many pagers!), the paging office can replace it; they're supposed to charge you about \$70 to replace one (charged to your student account), but usually they let you replace it for free the first time. If you break or lose more than one, be prepared to pay. You can get batteries from the paging office or any nurse station. The Paging Office is across from the Student Health Center in Baird Hall (room 112).

Paging: There are several ways to page people both on and off campus.

1. Smartweb: Open Internet Explorer on any terminal in the OHSU system and type in Smartweb (or look for the globe icon on the desktop). If off-campus or at the VA, go to [www.ohsu.edu/wts](http://www.ohsu.edu/wts) and find the Smartweb link. You can search for any person with a pager: click on the little pager icon to them a text page.
2. Text paging via email: To email a text page, use Outlook to send a message: for example, [12345@pager.ohsu.edu](mailto:12345@pager.ohsu.edu) (with the 5 digit number being the number you want to page). Write the text you want to send in the subject line.
3. Call the OHSU operator at 4-9000, ask for the individual you want to page, then dictate a text page or leave a call back number (not a pager number). Unless your patient is dying or your attending tells you to, don't hold on the line while waiting for a call back. And remember: every time you page someone to a phone and then aren't there to answer it when they call you back, a puppy dies.

Off-campus:

- Pagers do not work everywhere, but should work at most hospital sites in the city of Portland. Some exceptions are Providence hospital or in the Emanuel OR's.
- If your pager is not working while you are on campus, there may be a problem with the unit itself. Try paging yourself to see if your pager is picking up the signal before relying on it for communications. You can get replacement batteries from nursing stations.

Other campus communications: The OHSU operators are incredibly friendly and can be a wealth of information; use them wisely and often.

- Priority Operator: at OHSU call 4-9000 (from off-campus: 503-494-9000)
- Non-Priority Operator: 4-8311
- To get into the VA system from OHSU, **dial 095** and wait for the dial tone, then dial your extension.

## SURVIVING CALL

What is "call"? (Note: this "call" business may change next year due to new work hour restrictions.) Being "on call" generally means that you are on the team admitting patients to the hospital and (frequently) taking care of other teams' patients overnight. Call schedules vary widely between rotations. Some schedules differentiate between "short call" (which usually admits until some point in the afternoon) and "long call" (which usually admits overnight). At some sites there is a night float team, which admits overnight so that the day residents can go home. On some rotations you are on call with your own team (e.g. Internal medicine); on other rotations, your call schedule is independent of your team, and you will take call with whatever residents are on during your assigned shift (e.g. Surgery). This whole system can be confusing, and the best way to really clear up confusion is to ask your particular team at your particular site.

Where to sleep: On rotations where you are required to stay overnight (e.g. Surgery and ob-gyn), you are usually provided a code to a call room somewhere in the hospital; these are small with a couple of bunk beds – meaning you may be sharing with whichever other student(s) are on call with you. On rotations where you aren't required to stay, you usually don't have a call room, and if you get stuck on the hill late and don't want to trek home, you can sleep in the posh Med student call rooms on the 4<sup>th</sup> floor of Sam Jackson hall (take the B or C elevators up, and remember your badge). (You can get to these via the 10<sup>th</sup> and 11<sup>th</sup> floors from the OHSU hospital without having to go outside.)

Things to have with you for overnight call:

- your pager (both so your residents can get hold of you and to use as an alarm clock)
- contact stuff/solution/glasses/etc

- toothbrush and toothpaste
- ear plugs (the call rooms are rarely quiet)
- a change of underwear & socks
- extra scrubs
- a snack in case you're up all night
- something caffeinated, if that's your thing
- a few bucks in cash for late-night eating, if you don't have a cafeteria bar code on your ID
- reading materials, in case the night is unbearably slow
- medications that you can't live without for 30 hours
- a warm sweatshirt or extra socks as call rooms can be quite cold and the blankets are thin
- Anything else you need to survive a night away from home.

#### Post-Call – You've survived, now what?

- First, seriously consider whether or not you are safe to drive/bike/walk. Call a friend/SO if at all questionable.
- **Do not make any big decisions – relationship, financial, etc. Do not try to have an emotional/intellectual discussion. (Seriously, we're not kidding. If you're tempted, put on a hat and go see a movie by yourself. Talk to no one.) Similarly, don't make life decisions during week 5 of any rotation.**
- Sleep – Many differences of opinions as to what to do when you have been up for 30 straight hours and it is now noon on a weekday- go home and sleep till you wake up? Schedule a nap? Sleep a few hours, wake up, then go to bed early? The truth is it is disorienting and there is no failsafe sleep pattern.
- Often times you will get a few hours of sleep on overnight call. Post call can be a good time to schedule doctor/dentist appointments, haircuts, basic IADLs.

### **ROUNDS**

Here's a short round-up of the various kinds of rounds you might encounter:

- Morning rounds: The daily ward rounds where your team discusses each patient on the census for that day, including treatment plans. This is when you present your patients – usually the entire H&P for a new patient, or an abbreviated update if the patient has been there for a while (amount of detail is largely dependent on the attending's preferences). Length and detail depend highly on the rotation you are on (surgery presentation: ~90 seconds; medicine presentation: aim for <7 minutes, definitely <10 minutes; they will time you). This is your chance to shine for the attending, and really the one time when your thoughts and opinions are heard by the whole team – use it! Remember, an incorrect assessment and plan is way better than no assessment or plan – being wrong shows guts and initiative and allows for teaching points. Try to discuss your assessment and plan with a resident prior to rounds - if possible- gauge how busy he/she is first.
- Pre-rounds: Time before morning rounds to visit assigned patients, look up overnight labs, and prepare for presenting the patient(s) at morning rounds. Again, your team will tell you more about what you are expected to accomplish during pre-rounding / before morning rounds.
- Bedside rounds: Rounding that involves presenting and discussing the case at the bedside in front of the patient. This can be intimidating, but it's a great learning opportunity, as it often involves teaching of physical exam findings. This is also a good opportunity to check your own presentation habits, making sure that what you present/write about the patient is something you'd feel comfortable saying in front of them (a general rule with inevitable exceptions). Also, know that the patient will likely have forgotten to tell you something or will have a slightly different story than the one you got; this happens all of the time and is no reason to get defensive.
- Teaching rounds/attending rounds: Teaching sessions that consist of visits to patients with interesting findings, case presentations, or anything else involving students and/or residents being taught by attendings.
- Grand rounds: Department-sponsored formal lectures, often in an auditorium and attended by residents, students, attendings, and whoever else is hanging around (sometimes involves free food). Often the department's opportunity to show off visiting professors and local experts in their field.
- M&M rounds (aka "morbidity & mortality"): Case presentations and discussion on cases with bad outcomes. These are often eye-opening and informative cases. Sometimes you get to see serious sparks fly between various factions who "could've handled the case better."

- Radiology rounds: Imaging studies of various patients are examined for diagnostic and treatment purposes and for the learning experience.

A couple more activities to know about:

- Morning report: Morning meetings held by some departments (esp. internal medicine) where a case is presented and worked through by the residents (and sometimes students).
- Noon conference: A lecture-style teaching session held at noon.
- Sign-out: Informal communication at the beginning/end of the shift when residents give brief summaries of their patients to whomever is on the next shift (the team on call, the night float team, etc). If you are expected to be at sign-out, it is impolite to be late because the team leaving is not interested in hanging out just for kicks after a long day or night of admissions.

## THE INTERPERSONAL ANGLE

**Frequently, the quality of your experience on a given service is more tightly related to the team you work with than the patients or pathologies you treat. A good team can turn a dreaded rotation into a joy, while a truly dysfunctional team may make you forget about a career you were sure you wanted to go into.** You likely wouldn't have made it this far if you weren't capable of dealing with a variety of interpersonal complications. Nevertheless, here are some hints for dealing with some problems that may come up.

- Examine the problem and see what you can learn from it. Some attendings can be shockingly blunt, but that doesn't mean that you can't glean some constructive criticism out of their diatribes. If nothing else, you can learn what NOT to do when you are in a supervisory position.
- Try talking to the person you are having issues with, unless you're sure this will make things worse. Sometimes people don't realize they're expecting an intern's work from a med student; talking things over may help ameliorate the difficulties. (Note: never forget you are the lowest on the totem pole, and rightly so because you are the least educated. You should always be aware of both your desire to learn and your limitations as a student; if you have a humble but interested attitude, you can bet that you are not making a difficult situation worse).
- Go to the course director. They may not be able to fix the issue, but at least there will be a record that the problem existed before grades come out. Some course directors are more accustomed than others to mediating interpersonal conflicts; some of them seem to be so good at it that you have to wonder where they got all their experience!
- If all these options fail or you don't feel comfortable talking to your attending or course director directly, consider talking to Dr. Osborne or talking to the Student Resource Council.
- The problematic patient. Part of your job as a third-year student is learning how to treat and deal with difficult patients – drug seekers, personality disorders, pathological fakers, and just about everything else. However, there are patients who push the bounds of what you are responsible for putting up with. If you are being harassed or outright threatened on the wards or in clinic, it is up to you to take steps to protect yourself. Let your residents and attendings know there is a problem; if they don't respond appropriately, go to the course director, dean, or other administrative people who can help you. Doctors can “fire” a patient who is truly beyond inappropriate, though keep in mind that someday you may be the only person around to treat this kind of patient. And remember: never let the questionable or dangerous patient get between you and the door!
- The Difficult Student: Working with your fellow students can also be challenging. It may help to remember that if you are noticing pathological behavior among your fellow students, so are the residents and attendings. It is never a good idea to badmouth another student or point out their weaknesses – that only makes you look petty. If a student is truly impaired (e.g. not showing up for call, taking others' work and calling it their own), you may have reason to take your issues to a resident or attending – but ONLY as a last resort. It's best to work it out among yourselves – even if that means just putting up with some bad behavior.

## GRADING AND FEEDBACK

### Common knowledge about grading:

- 3<sup>rd</sup> year grades count more than the first/second-year grades
- It is more challenging to achieve H (and even NH) grades in clerkships than in 1<sup>st</sup> and 2<sup>nd</sup> year. Success in clerkships depends on a completely different skill set than test taking! With fewer H's given out, you should be confident that a NH actually means something (and Honors really is a distinction). A satisfactory is a reasonable grade and is not a reason to feel inadequate! (If you receive a grade that you feel is really unfair, you might consider speaking with the course director about it. Grades are rarely changed, but may happen if you have a really strong case with evidence of an egregious error.)
- Grades are team dependent - a team that likes you is more likely to grade you well.
- In Family and Rural one person (your preceptor) determines a significant portion of your grade. It's important to shine on your own in these rotations!
- If you are adamant about getting honors in a particular rotation, examine the factors going into that rotation's grading formula during orientation. Sometimes the grading scheme is surprising – and it's never fun to find out after the fact that, say, the journal club you thought was optional was actually a graded exercise.
- While grades are important, recognizing what you've gotten out of a rotation besides a grade is more important and rewarding in the long run. Reflecting on your experience and the knowledge you've obtained is a good way to see how much you have grown and changed during this year. Remember, this may be the one time in your life you spend time on a psych ward or in the OR, so it's best to make the most of it....

Feedback: Asking directly for feedback is a great way to improve your performance and to make sure there are no surprises when your final grade shows up. It is also one of the hardest things to do: a common response to students who merely ask how they are doing is, "Oh, you're doing fine!" This response indicates you were too general when you asked and means little. Instead, try to pose feedback questions in terms that reflect you want to know how you can best help the team, learn a lot, and improve patient care- because these are your three main goals.

Try more specific questions such as:

- "What am I doing well? What areas do I need to improve on?"
- "I'm having issues with presenting/ assessments /or (whatever). I am trying to improve by doing X but do you have suggestions?" (this shows you have some self insight and are serious about trying to improve)
- Or, if you're really hoping for honors, you can try something like, "I would like to earn an honors in this course. Can you tell me what I need to do to earn that grade in your eyes?", but this may cause your resident/attending to think that you are more interested in getting a good grade than in learning or being a team member.
- Additionally, if a resident or attending takes you aside and either compliments you for something you are doing well or gives you pointers for improvement without your asking for it, listen carefully!

It helps if you are sincerely interested in improving and can show you have incorporated feedback/pointers into your work, and are not asking for feedback as a way to troll for compliments.

Mid-term feedback: By OHSU standards we all must get mid-term feedback during every rotation. This is a page filled out by someone on your team and sent to the clerkship director. This midterm eval does not affect your grade in any way in any rotation; so instead of getting feedback from the person that will give you the "best" mid-term eval, this can be a way to find out what someone thinks of your performance and what he or she would like done differently. If the same person who does your midterm feedback ends up grading you at the end and suggested things for improvements during your midterm review, you will look better if you show you at least tried to incorporate their suggestions.

Letters of Recommendation: You will need at least three letters of recommendation from attendings for your residency application in 4<sup>th</sup> year. Letters may come from attendings you worked with during your 3<sup>rd</sup> year rotations and the first four or so of your 4<sup>th</sup> year rotations. There are many opinions about who to ask for letters during third year. If an attending offers to write you a letter, NEVER turn him or her down. However, avoid the urge to ask every attending that says anything positive about you. Getting a letter from an attending in a specialty other than the one you plan to go into is not very helpful unless he or she can write a letter about you as not only as a medical student but also as a person. Some say that if you have an attending who gives you particularly good feedback, consider asking him or her for a letter at the end of the rotation and this is good advice particularly if you don't know what you are going into but may be unnecessary. Whatever you do, don't wait for

months before you ask – attendings won't remember you, and you probably won't get as good of a recommendation (though even if they do agree, you may have to keep reminding an attending that they said they'd write you one). In the end having more letters than you need is better than less- you don't have to use them all.

A final note about evaluations: At each rotation's end, you are required to fill out electronic evaluations (EValue) of the course and about specific attendings and residents. We have been assured that student evals of residents and attendings are collected over several rotations before being handed out, so resident/attendings are NOT able to see students' evaluations until their evaluations of students are complete. This is done to prevent bias in grades and allows you to be honest about your team. However, keep in mind that with small teams or attendings who only preceptor occasionally, your residents / attendings may eventually figure out who wrote which evaluation – so be constructive.

### THIRD-YEAR ELECTIVES

Third year includes an elective block, usually in November/December. If you choose not to take an elective during this period, you will likely have to do an extra elective in 4<sup>th</sup> year. Things to consider when choosing your winter elective (which happens via email about 4-6 weeks before the elective):

- Some electives require prerequisites. If you want to do a medicine subspecialty, you'll need to do medicine in the summer or fall; the same goes for surgery and peds. If you are not sure if you qualify for a particular elective given your prior rotations, you can always email the contact person for the elective and ask them. If you are really adamant about doing a certain elective, you may have to rearrange your summer/fall schedule to accommodate it.
- If you have a specific question or request (ex. want to do 2 weeks of palliative care?), look at the online course catalog and if you can't find your answer, call Marcia DeCaro.
- This can be an ideal time to do unique rotations away from school. Because the elective ends at winter break, you essentially have a six-week block – which is a good amount of time for research, longer domestic rotations, or even international rotations. However, consider that you might be burned out – say if you're coming off of medicine, surg, or OB. You may want to think twice about jumping back into one of the harder rotations. There are plenty of lighter rotations you can take here, Peds II and Neurology have been popular in the past because they fill a requirement and are not insanely difficult.
- Many take this block off as vacation for various personal and academic reasons. You have a total of three months (3½ if you earned credit during your first two years) off during your third/fourth year (which you will need some of fourth year in order to interview and take the boards), so keep in mind if you decide to take the December block off you are limiting your free time in the fourth year. There are some December rotations that consist of two-week blocks (e.g. Anesthesiology and physical medicine/rehabilitation), so you can squeeze in half a rotation and still take a month of vacation. The general consensus in fourth year is that having a month off is really sweet- so if you are coming off an easier rotation, you should definitely do a winter rotation- you are going to get 2 weeks off for Christmas break anyway.
- Thanksgiving: All electives give you the day off; some give you the whole four-day weekend off. Ask the course director or a student who did it last year to know ahead of time - **don't buy plane tickets for Thanksgiving until you figure it out!** Outpatient type rotations tend to give those 4 days off.

### A FEW NOTES ABOUT FOURTH YEAR

At the time of this writing, our class is just starting fourth year, so we cannot give you a lot of advice about it. However, here are a few things we have heard from the class ahead:

- USMLE Step 2CK, written exam: Studying for Step 2 is nothing like studying for Step 1. Most people take a shorter time (1-3 weeks), study far less intensely, and do as well if not better. If you feel like you need to make up for low Step 1 scores, putting in some decent study time is certainly a good investment. Commonly used books include First

Aid for Step 2, NMS Review for Step 2, and especially the question banks USMLEworld.com or Kaplan. There are several strategies you might employ in timing the Step 2: if you take it early, you can always do it again to raise your score if you don't pass; if you take it later, you'll have the benefit of more rotations (especially neurology) to help shore up your knowledge base. There is a cut-off date, where schools will not be able to receive your score before they rank you. Some schools will not rank you in February if you have not passed Step 2! General rule of thumb is that if you got >220-230 on step 1, you are probably better served taking the test in October.

- USMLE Step 2CS, clinical exam: Rumor has it that there is not much reason to “study” for the Step 2 clinical skills exam – most people pass on the clinical skills they already have. Apparently, the First Aid book for this test supposedly provides practice scenarios that are eerily close to the real thing. Keep in mind that this is a pricey experience – the test is expensive and the only testing sites are in Los Angeles, Atlanta, Chicago, Philadelphia and Houston so you'll need to budget in travel as well.

### A FEW NOTES ABOUT ROTATIONS

Changing your rotation order: It is possible, though difficult, to change your rotation order. Having a compelling reason to request a change will help your case, though may not guarantee you'll get the change you ask for. Conversely, you may also be asked to alter your order to accommodate another student who has particular needs. Contacting Marcia DeCaro and/or Vicki Fields is a good first step in the process of changing your rotations around.

Choosing rotation sites: Before most rotations, you will be asked about your site preference (the exception to this is psychiatry – in general they just assign you to a site). This decision usually comes down to whether you want to be at OHSU, the VA, or an off-campus site. Here are the overall reasons why people choose one or another (for more information on specific rotations, see later sections):

- On the hill: You are at the premier medical teaching institution in Oregon – take advantage of it! The resources on the hill are phenomenal, and if you want to match at OHSU, networking with the residents and attendings in your department of choice is a very good idea. Moreover, because of the concentration of specialists, you'll see more of the zebras of the medical world at OHSU.
  - The down side: parking is expensive, and on most rotations they don't give you any allowance for food (the exception being some VA rotations).
- Off the hill: Parking is free. Quite frequently, so is the food (most off-campus sites feed you lunch and give you meal tickets for call nights). The teaching is usually good (and occasionally stellar), but these sites often lack the academic atmosphere of the university hospital—which almost always means less attending contact and less time set aside for teaching. This works to your advantage if you are independent and like autonomy and self learning as opposed to structured teaching. Community sites tend to have more bread-and-butter cases and less of the exotic stuff. Finally, off-campus sites generally have a reputation for requiring fewer hours – particularly if they have residency programs deemed less rigorous or having night float teams.
  - Because there are usually fewer residents at off-the-hill sites, you may end up getting to work more closely with attendings- but remember, non-academic attendings are docs who choose not to be at a teaching institution- some of them just want to do their job, though many do like to help students.
- OHSU versus VA: The demographics at the VA are, obviously, largely limited to older men, though there are exceptions. The OHSU side is more demographically diverse, and often includes a heavier census of underserved patients. However, Vets tend to be grateful and happy with the interactions they have with students. They tend to be super polite. Things also move more slowly at the VA, with weekends and holidays. CPRS vs. Epic is not even really a battle at this point-students love and hate both.

### SHOULD I STAY OR SHOULD I GO?

- Remember that ultimately you decide when you get to go home, contrary to how it may seem. It is your choice to show up and stay. Don't get caught feeling trapped and held against your will – that especially goes for watching the intern/resident do paperwork at 3 am. Be polite, but it's your job advocate for your own education.

- That being said, knowing when to leave and how to ask is a minefield- every single student has stayed past when they needed to because they were afraid it may look “bad” to leave. Most times, you need to remember that the residents are way busier than you and typically don’t care whether you stayed or not, looking over their shoulders. The best ones will say “you can really go home now, it’s okay” or “you can take off if you are done with your work.” **ALWAYS LISTEN TO THIS RECOMMENDATION AND TAKE IT AT FACE VALUE.** If a resident says you can/should leave, and you want to, don’t hesitate.
- And remember, the golden words before you leave/ask to leave: **“Is there anything I can help you out with?” Always ask the question and be happy with the answer.** If they say no, feel good about leaving, if they say yes, feel good that they trust you enough to let you help.

## INTERNAL MEDICINE

Like all rotations, internal medicine is an extraordinarily broad field with multiple subspecialties and practice settings. You will find all types of personalities, each with their own expectations. While you will certainly learn a lot about history taking, physical examination, note writing, and presentation skills in other rotations, the medicine clerkship puts a special focus on acquisition of these basic clinical skills. For that reason, students on the medicine clerkship are put in the position of adapting to extremely varied personalities and expectations while having to cover an enormous breadth of clinical skills and academic knowledge. In short, prepare to work your butt off.

Choice of Sites: The ten-week clerkship is broken into two five-week blocks, and at least one of these must be done on the hill. Students are asked to submit requests for these rotations in an email several weeks before the clerkship starts. While most do one on-hill and one community rotation, you can opt to do both rotations on the hill. The specifics are stated below, but in general the on-hill rotations tend to have longer hours, with conferences during the day, with professors who are used to students. Opinions on what locations are best vary widely, but most agree that **students interested in internal medicine as a career should opt to pursue both locations on-hill if possible** to expose themselves to academic physicians and interesting cases.

**OHSU:** Most agree that this rotation (and the VA) yields the longest hours. The typical day begins between 6:30-7am and ends around 5-6. Most days start with pre-rounds, morning report, radiology rounds, and attending rounds, which ideally finish around lunchtime. Like all on-hill rotations, there are a number of required student meetings throughout the days as well, including Magarian morning report, Loriaux rounds (review your ancient Greek), noon talks, and board review sessions. OHSU is Oregon’s premier quaternary care center, so while you will see some bread-and-butter cases (e.g. COPD), you will often find off-the-wall oddities which require significant PubMed time. This is an opportunity to shine; housestaff might not know subtle findings associated with things like Osler-Weber-Rendu, and a little prereading can make you seem like a rockstar. A little more (and some luck) might even bag you a case report. Each team has one resident and intern and lots of attending who are used to students on their team;. This does not ensure they will be your best friends, but makes for clearer expectations. The other days to note are Short Call, which typically lets you out around 8pm after you admit a patient, and the infamous Long Call which can let you out as early at 10pm but might keep you up all night. People may cut you some slack on post-call days, but be ready to formally present at 7am. **NOTE: These hours are tolerable at first, but after 10 weeks you might find yourself in a dissociative fugue if you don’t force yourself to sleep on the off days.**

**VA:** Your VA patients may blur together a bit (there is a limited demographic here, and many of your patients will be 64 year old males with longstanding histories of hyperCOPDdiabetesity). That said, many love the VA rotation because the patients and attendings are quite enthusiastic to have you on-board (some exceptions noted, as always). Expect many bread-and-butter cases; this is your chance to get solid on ACS, CHF, DM2, COPD, and ESLD. The workload is similar to OHSU in terms of call schedule, and you should expect to be in-hospital for just as long. Otherwise, the teams are slightly larger with two interns instead of one. The VA has its own set of meetings, including morning report, physical diagnosis rounds, and multidisciplinary rounds, but VA students also have to attend the usual array of Magarian events across the bridge.

**Community sites (Providence, Emanuel, Good Samaritan, St. Vincent’s):** Most agree that off-campus sites have lighter expectations and schedules compared to on-the-hill counterparts. Much of this can be attributed to lighter call schedules, which has previously been described as “gentle” and often won’t include overnight responsibilities. Write-ups are also due much later than on the hill, allowing for better time balance. They may provide on-campus parking and food. Noted downsides are fewer teaching sessions and less structure. Still, others benefitted from this, noting increased freedom to carry as

many patients as they wanted. One student sums up off-the-hill rotations by stating they are “really good if you are motivated to learn on your own.”

Good Sam: Less defined structure with light hours (some got out around 3pm), but one student notes this “could be very bad as a first or second rotation” due to the lack of directed time.

St V's: Many students loved this rotation and found the didactic time satisfying. Note a continued use of paper charts here.

Emanuel: Similar to St. V's with some more didactic sessions. Recently moved to Epic. Note: there was very limited rounding on this rotation, and some were dissatisfied with a lack of discussions regarding patients' plans. Still, others appreciated a higher level of independence.

Eugene: Many days (6 days per week), but no call. Students consistently loved Riverbend for its enthusiastic teachers and good example of a well functioning community hospital. Like others, this was not recommended for the very first rotation.

Prov Portland: The home of the Sanford Guide, Prov Portland has a wide variety of patients with many staff interested in teaching. Their ID department is particularly well-known. This may be an intermediate between an academic setting and a community one.

Final Exam: The medicine shelf final exam is a national exam, and you (and the class) are graded against students across the country. The format is similar to other shelf exams: it generally involves a series of clinical vignettes with multiple choice options. There is no curve; what you get against the national average is what you get. The good news is that this accounts for only 10% of your grade (the lion's share goes to your performance on the ward, but most will get approximately the same grade in this area); the bad news is that this 10% is probably what will define your grade. **DO NOT SKIMP ON STUDYING FOR THIS MONSTROSITY.** While internal medicine is a broad field requiring lifetimes of study of virtually all body systems, you will be expected to know most of it in 10 weeks. Most used the MKSAP book/CD (which circulates around and should be shared). Some thought Step-Up Medicine was better, and a few preferred blueprints and first-aid.

#### Resources and References:

In addition to the references listed in previous chapters, more than any other rotation you will see people carrying little manuals around of all different sorts. There are many of them, and any of them will probably do just fine. Some students didn't even use them. But there are some things you must know:

#### **PROBABLY ESSENTIAL:**

- **Sabatine's Pocket Medicine** (AKA Mass Gen Handbook): The little green (formerly red) wonder that every resident has. This is jam-packed with more information than you might think, and is in many ways the standard. It includes committee guidelines (e.g. GOLD criteria for COPD), well-standardized flowsheets (e.g. ACS management, hyponatremia), and endlessly useful tables (e.g. transfusion contents). Best of all, there are references for almost everything inside, so when your resident says something like “why on earth would we do that?” you can (carefully) tell them it was the result of a massive multicenter RCT. **This is the closest thing there is to a must-buy.**
- **MKSAP:** There are copies of this pretty much everywhere, but it is the most common review for the shelf around. Keep it in your workroom and do a few questions whenever you can. **Just don't skimp on the shelf.**
- **Sanford's Guide to Antimicrobial Therapy:** There are alternatives (e.g. Johns Hopkins ABX guide), but at some point one of your patients is going to be infected and regular old vanc/zosyn isn't going to cut it as an answer.
- **Drug Guide:** Also described elsewhere. You'll frequently be asked on rounds about things like this, so whether you pick Epocrates, Micromedex, or a pharmacoepia pocket book, know your mechanisms and pharmacokinetics.

#### **NOT ESSENTIAL, BUT MANY LOVED THEM ANYWAY:**

- **Ferri's Practical Guide to the Care of the Medical Patient:** Some people swear by this guide over Sabatine's (including Magarian). It's a bit thicker than its MGH counterpart, has more information and isn't missing anything essential. It also has some pretty good history and physical sections. It includes treatment options. Some find it harder to use.
- **First Aid for the Medicine Clerkship:** Most students seem to prefer this to Blueprints. Take a look at both at the library and see what you think. The First Aid style of presenting material doesn't work for everyone.
- **Blueprints for Medicine:** A decent overview for shelf studying and refreshing basic concepts, but definitely not detailed enough to learn about your patients' diseases.
- **Step-Up to Medicine:** Similar to the Step-Up book for Step 1. More detailed, like First Aid. Consider this for review if you like this series better than First Aid.
- **Medicine Case Files:** case-based learning that can be useful if you are tired of reading a straight text but want to keep studying. The cases are very helpful in the approach of patients with common medical problems.

Notes & Tips: If you have carpal tunnel, now is the time to invest in a wrist-brace. You will be expected to write some pretty lengthy notes, and when you look over to your resident and see him or her slamming out more concise (and probably better) notes, just remember that some in this world were born to suffer and for these ten weeks you are one of them.

o **Write-Ups:** You may have taken Magarian's short course on how to write up a case. Now you can take everything you learned and add a big grain of salt. His suggestions for write-ups make a good deal of sense, but hardly anyone else uses them. Most attendings will even beg you not to turn in a 15-page thesis on Uncle Joe's heart failure exacerbation. Do what you can do adapt to your attendings expectations but don't be surprised if you spend all night working on a write-up. Every attending will want something different, and one of the key skills of being a good medical student is adaptation. There is no length requirement, but as long as you include a detailed HPI (sometimes with ED course), PMH (with brief descriptions of each problem), PSH, Medications (organized), Allergies (with reaction), ROS (as comprehensive as possible – the most painful part), PE, labs, A/P, you can't go that wrong. Some attendings may ask you to add a teaching point at the end of each one (involving a little literature search or something), and others won't. Do this if you feel particularly Machiavellian.

· **Presentations:** You will be on the spot for presentations more than any other rotation, and you will be scrutinized for the strangest things. Take this seriously. Practice ahead of time, and know every last lab value for your patient (including their ejection fraction last March). The number one problem students have at first is talking for too long. Always remember that a good presentation is **brief (<7 minutes, ideally <5)**, and that you **should not try to cover all the information in your write-up (they will ask if they want to know)**. Extra props if you can deliver it from memory. Try to punctuate each section with some kind of intro (e.g. "his physical exam was notable for..."). The list of tips is endless, but a nice guide to basic presentation skills can be found at <http://depts.washington.edu/medclerk/student/presentation.html>. Inevitably, you will not know something. Be comfortable saying "I don't know but I'll look it up" and writing a little note to do that instead of trying to lie.

#### OTHER GENERAL TIPS:

- Try to develop a system as soon as possible. For some this involved a notecard for each patient tracking vitals, etc. Others liked "Scut Sheets" (<http://www.medfools.com/downloads.php>), downloadable /printable patient information cards. Epic has features that print out rounding cards as well. Still, others found it hard to beat a regular white sheet of paper.
- As with all rotations, ask for feedback. People respect initiative, and (unlike surgeons) internists are sometimes too kind to tell you how you can improve.
- Housestaff and faculty love a curious student. For the sake of your own sanity (it's gonna be a long 10 weeks if you don't care) and your grade, try to take a general interest in this stuff. It's applicable to whatever you choose to go into.
- Be a normal person. Subjective grades are significantly weighted on whether someone likes you, and many students report that they did better on rotations where they focused less on maniacal devotion to Uptodate and more on being a person their residents wanted to work with someday.
- Curbside as much as possible. Talk to your patient's nurse about overnight events. Talk to their RT about their breathing improvement (important for CHF and COPD exacerbations). The truly overachieving can talk to radiologists to get a preliminary or more detailed read on a CT so you can wow your team during rounds. Every now and then you might even talk to hematology techs or heme-path fellows if something is weird about their CBC. It looks really good to be able to say "I curbsided heme-path on this pancytopenia and it looks all secondary to alcoholism." You'll also learn a lot about blood smears, which if your patient is getting CBCs you should be able to get from the lab.
- Many hospitalists are closeted (or very uncloseted) nerds. They will be impressed if you know the sensitivity/specificity of tests, how to actually do physical exams (especially JVPs), or a few obscure medical history facts.
- Never lose sight of your patients' disposition plans. Your team will like you if you're pleasant to work with, but they'll love you if you can make less work for them by advancing your patients' care. Your patients don't want to be in the hospital either, so be on the lookout for ways to get them back on a normal diet, tolerating PO meds, and ambulating.
- Lastly, a nice guide to internal medicine clerkship tips can be found here: <http://www.im.org/Publications/PhysiciansInTraining/Documents/Primer2ndEd.pdf>.

### OBSTETRICS AND GYNECOLOGY

OB/GYN is often an unpredictable field of medicine. Some days will be crazy and others slow. You will work hard and stay long hours but keep in mind birthing babies can be an amazing experience even for students who aren't interested in an ob/gyn career! You will learn a lot and do a lot as no other field offers such a wide variety of medical and surgical

management. Take advantage of down time to study. When things are fast-paced, figure out the best way to help your team and learn from your patients.

#### Choice of sites:

- **OHSU:** OHSU has a varied L&D service with high-risk deliveries, lots of underserved patients, and a good mix of c-sections and vaginal births. If you are interested there is a midwife service on the L&D floor and they love to teach students. Many patients are Spanish speaking only.
- **Off the hill (Emanuel and St. V's):** These locations are staffed with community obgyns and OHSU residents. Like other rotations off the hill, these sites tend to offer more contact with attendings because there are fewer residents. In addition, hours tend to be lighter. Emanuel is focused on high-risk pregnancies, and students tend to see few vaginal births.
- **Eugene:** Like other rotations outside of Portland, no residents means more hands-on experience! Not to mention, one of the attendings, Dr. Katz, wrote the text used in all obgyn residencies.

#### Schedule:

- **Obstetrics:**
  - At OHSU, you will spend three weeks on OB - one week on L&D nights, one on L&D days, and one in the high-risk clinic.
  - Off the hill, the schedule is different (e.g. night call is integrated into the regular work week at St. V's) but overall time spent at each activity is roughly the same.
- **Gynecology:** At OHSU, St. V's or Emanuel, you will spend two weeks on one of the two gyn services (benign gyn or gyn onc). This is largely a surgical service, with some clinic time.
- **Preceptorship:** At all locations, you will have a clinic preceptor with whom you will spend at least one half-day per week. This is often the most continuity you will have with an attending, so take advantage of it!
- **Didactics:** One day per week (usually Friday) is dedicated to lectures. Unless your chief resident tells you differently, you are still expected to round in the morning prior to lecture.
- **Weekends:** For the most part you will have your weekends free. The only exceptions are during your week of L&D nights and very rarely during your rotation on gyn.

Final exam: The final exam has moved to a **shelf exam**, and so the same advice in the IM section about time management is applicable here.

- Hint: Have a firm grasp of all the different forms of pathology that present as vaginal bleeding. In addition, if you are at a Portland area site, review urogyn and REI because you will not get much exposure to these topics during the rotation.

#### Resources and references:

- **UWISE:** *Required* online question bank, similar to MKSAP but for OB/GYN. Most students found it helpful for preparing for the shelf.
- **Obstetrics and Gynecology by ACOG and Beckmann:** The clerkship director, Dr. O'Reilly, recommends this book because it is relatively comprehensive and it follows the objectives tested on the shelf.
- **Blueprints:** This text is more simplistic than the ACOG book, but it does explain basic concepts and give you some practice questions that may be helpful in preparation for the exam.
- **Obstetrics, Gynecology, & Infertility (“the little red book”):** A very helpful pocket reference often seen in the coat pocket of OHSU obgyn residents.
- **Pregnancy wheel** – Keep one in your pocket or on your smartphone, there's never one around when you need it!
- **Managing Contraception:** This pocket book will be provided to you at the beginning of the clerkship. It's full of useful information.
- **Other:** Other less commonly used resources include Oxford-American Handbook for OB/GYN and the OB/GYN pretest.

#### Notes & tips:

- **Male students:** There is always a question of how much experience male students will get on this service. The department does its best to solve this problem by assigning male students to male preceptors. Otherwise, it is up to

patients whether they want to see male students or not. Make sure that you have a glove on and ready at every surgery when the patient is put out- this is your chance to do exam under anesthesia.

- **Nights:** Unlike other rotations where you are working during the day and staying overnight, during your week of nights, you will be part of the night float team that works from evening sign out at 6pm to morning sign out at 6:30am. This means you are really expected to be up all night with the team, so prepare yourself for sleeping during the day and working nights!
  - At St. V's, unless you are out on the floor checking in and ready to go, you will miss pretty much everything, because nobody can page you easily- nurses certainly can't, and residents can but either have to call the priority hotline or log in to their remote server and find smartweb there- guess how often that happens when a woman is crowning... that's right, basically never. So set the alarm, and before you go back to the call room, agree on the next cervical check time with the resident or midwife.
- **Deliveries:** If you have not assisted during a delivery, don't hesitate to talk to the clerkship director, Dr. Meg O'Reilly. She will try to facilitate this experience for you, but she can only make it happen if you ask before the rotation is over.

#### PEARLS for those interested in OB/GYN:

- If you are not already a member, join ACOG *now* by registering online for free! It can take several weeks to obtain your logins so register early! Not only does their website have updates on conferences and recent research, it also has great publications including the ACOG Practice Bulletins.
- Prior to starting on OB, read the "OB and some Gynecology Orientation for Medical Students". It is a very useful ppt presentation made by residents for medical students.
- Utilize your preceptor as a mentor and possibly for a LOR.
- If you have not already, introduce yourself to Dr. O'Reilly. She is the clerkship director and she will write a department letter on your behalf for residency.
- Lastly, think about where you want to do your 3<sup>rd</sup> year rotation versus your sub I. Many students in the past have done one rotation at OHSU and one rotation in Eugene. There are pros and cons to both, but it is worth thinking about ahead of time.

### SURGERY

Surgery will challenge your endurance, your confidence, and the integrity of your bladder. It is also a great opportunity to get in and see stuff you haven't laid eyes on since GIE. It is equally as exciting as it is challenging – and challenging it is! You may find yourself more exhausted than you could ever have imagined, but you will surprise yourself with how much you can handle and how efficient you can be under pressure. Here are some basics on the rotation, followed by some tips to help you along.

#### Choice of sites:

- **OHSU:** There are four teams at OHSU – Green, Blue, Gold, and EGS. If you are seriously considering going into surgery, you want to be on one of these teams. Hours strongly depend on patient load, though typically Blue and EGS are most brutal.
  - Green team – Colorectal and bariatric surgery, long hours, lots of working in the tight space of the pelvis, or the glorious area of the colon- a good place for attending contact.
  - Blue team – Foregut and minimally-invasive (i.e. laparoscopic) surgery- has a malignant reputation that is arguably undeserved. The heaviest attending hitters are here, Sheppard and Hunter. Whipples and other 8-10 hour surgeries will happen here. You may drive the camera during lap cases, get more hands-on in open surgeries if you know your stuff.
  - Gold team – Surgical oncology- regarded as the lightest of the OHSU schedules, you will have a lot of clinic time and less OR time than the other disciplines- if you really hate being in the OR, you should probably try to be on Gold. Good prep for exam at the end of the rotation.
  - EGS – Emergency general surgery. This team admits and works up patients who may need urgent/emergent surgery- but is NOT trauma. Variety of cases, fast pace, lots of short cases, and generally the place to get the best exposure to lots of stuff that prepares you well for the test. Can make for harder call nights because the team knows who you are and you can't retreat to the call room as easily. Also, your one weekend day on can be full day- not a half-day like most of the other teams.

- **VA:** Demographically limited (as the VA always is), but with major advantages: a well-rounded exposure to general surgery (no division of the gut here) plus 1 week of vascular surgery. One special thing about the VA- the “Shark Tank”. Every Tuesday you will meet with staff/residents in the ICU and present a case- and get pimped on it in front of everyone. This is a great learning experience and gets you lots of attending exposure. Plus, you have to do a weekly write-up anyway- just use the same one for Shark Tank.
- **St Vincent’s:** There are fewer residents at the off-campus site, which means more time for students to interact with attendings. Some students report that they even got to act as first assist in surgeries. St. V’s is almost always everyone’s first choice because they have a reputation of being nicer, with easier hours (although not always the case), letting you do more, and give you free food and parking – not to be underestimated on surgery where hours are so brutal and every spare minute is precious sleep time. Note: the residents are the same as at OHSU, so again, the experience is team dependent.
- **Eugene:** Rave reviews about this rotation: no residents, great attending, and a huge range of cases. Lots of people who never thought they’d like surgery get converted here. Still hard work but you get lots of quality teaching and your pick of the cases.
- **Bend:** Lots of variety, staff that will bend over backwards to make it the best rotation for you. Options for more clinic time than OR time if that’s your interest- great for people who are more interested in the pre-op evaluation, decision making process, and follow-up care. Again, no residents to compete with and teachers are eager to work with you

#### Schedule:

- Plan to work hard. You will meet early- often pre-rounding at 5:00, going to lightning rounds at 6 and then splitting off for clinic or OR cases although this is more typical on the hill than off. You may also stay until late in the evening multiple days per week. Don’t put off work until the night before it’s due, you may not get off that night til 10 or later.
- On the Hill Call: You’ll take overnight call once a week. Your job is to find the trauma pager (either in the trauma team room or from a classmate who was on last night). You can either hang onto the pager and go straight to sleep in the call rooms (recommended if possible!) or if you’re feeling ambitious you can find the trauma team on that night and hang out with them. Expect on average 2-3 calls per night- most of these are not that exciting but you will report to the ED, put on a pair of gloves, and help where you can. If there’s a nice EM or trauma resident on, follow them around- they’ll let you do things like suturing big lacerations outside of the stressful OR.
- Post Call: It is your responsibility to let your team know you are post call and will be leaving at noon- they don’t know your schedule and you don’t look tougher if you hang around like a zombie.
- Weekends: Expect to work one weekend day on average every week. Usually a half-day, may start later (like 6 instead of 5)
- Sample day:
  - Pre-round 5:00 – 6:00
  - Rounds 6:00 – 7:30
  - Clinic or OR – Rest of the day, depends on case load
  - Afternoon/Evening rounds follow OR – start between 5-9pm
  - Home between 6-10pm depending on the day

#### Academics/Requirements

- One half-day per week is devoted to lectures.
- There are videos of other lectures online, some people found them useful to watch. One option is to divide them up among a small group and share your outlines.
- You have a preceptor with whom you meet once a week to present an H&P and turn in a write-up. This is your opportunity to get to know an attending who will help grade you and give you advice.
- You will give a short presentation to your classmates in the last 2 weeks of the rotation. Pick topics that good bread-and-butter material! This is graded by your preceptor so it may be wise to pick something they are excited about or that you have discussed. Do NOT leave this for the last second.
- The final counts for a rather substantial portion of your grade (30%). The required portion is multiple choice. There are also two optional case-based essay questions that are used for “extra credit” if your course grade is on the edge- of course you should spend time on these questions because generally the test is short enough that you have plenty of

time. In order to receive an “honors” in the rotation, you must score an “honors” on the exam. Keep this in mind—it is devastating to receive an honors from your evaluations, but only receive a NH because of your test grade.

### Recommended Books:

- Surgical Recall: Reviewing the appropriate chapter in this book before each surgery is very helpful, and the intro chapters are great. Some attendings hate this book - especially Karen Devaney - so don't make it obvious you have it.
- Lawrence's Essentials of General Surgery: Nobody really reads this book but there are questions associated with each chapter and supposedly some of the exam questions are taken directly from these. There is also a Lawrence book of surgical subspecialties – some have said that the practice questions on urology and orthopedics are great review for the final, but few people use them.
- Netter's Anatomy, or another anatomy text.

### Preparing for the Exam

- You will be frustrated that you don't have very much time to study, especially those on limited services like Blue/Green/Gold. Accept this and make the most of free minutes you have to review.
- There are clerkship objectives that are frequently emailed around- these are very helpful. Some people only studied from them alone (many answers are directly taken from Surg Recall) and found them to be adequate preparation.
- Another good way to prepare, especially for the essay questions, is to make more fleshed out 1-page summaries of the 6-8 most classic surgical problems (diverticulitis, appendicitis, breast lump, colorectal cancer, etc.).

### Notes & tips:

#### The OR

- Before any surgery, know three things: the patient's history and indication for surgery; the basics of the procedure; and the relevant anatomy.
- Read a lot on your first week—get familiar with your team's most common surgeries early on.
- Before you walk into any OR, eat something, drink something, and pee.
- In the OR you should be wearing scrubs, a mask, a hair cover, and booties. You also want some eye coverage – either choose a mask with a face guard, wear goggles, or wear your own glasses. Goggles are \$5 at the bookstore. If you find your glasses falling down, get a sunglasses strap for them, or put some tape on the nose bridge to hold them up.
- Put a piece of tape over the top of your mask on the bridge of your nose to keep goggles from fogging—however, stick the tape to your hand a few times first to reduce its stickiness or you may inadvertently peel off nose skin with the tape. Ouch!
- When you get into the OR, put your name on the whiteboard, and it is also nice to put your residents name on the board, and pull out your gloves for the scrub nurse. Also, wearing your badge in the V neck of your scrubs or your front pocket lets everyone know who you are until you scrub up, and ensures that you always have your badge on you.
- Pull up the patient's imaging on the computers in the OR- they love this!
- Make friends with the scrub nurses and the circulators. They will help you a LOT if you are nice to them.
- Some people find compression socks to be helpful during long surgeries. They are available at the VA store (turn right as you enter the lobby from the front doors) for about \$5. Control top pantyhose will do in a pinch.
- Wear your most comfortable shoes every day-crocks or danskos good here.
- If you have to pee or feel like you are going to pass out in the OR or have some other bodily function to take care of, excuse yourself. But best to plan ahead: limit your AM caffeine and fluids. Eat something that will stick to your guts. During long procedures there may be a break for pathology or radiology; use this opportunity to take a quick break even if you don't feel like you need it. Pee and grab a snack out of your coat pocket at every such opportunity.
- Always have at least two granola or Clif bars or other snacks on you.
- NEVER EVER try to grab a tool or instrument off of the circ nurses tray without asking- you are at risk of getting stuck or getting your hand batted off the table.
- In case of needle stick/scalpel injury, have the circulator nurse pour antiseptic on the wound immediately. Go to the OR front desk and ask them to call ahead to the ED and let them know where you are coming. You will check into the ED, and then have blood drawn, and fill out tons of paperwork. You will also have to decide if you want to take post exposure prophylaxis (i.e. antiretrovirals). Make sure you have the patient name and medical record number with you when you go to the ED. Hopefully this won't happen to you!!

## The Wards

- Surgery is a team sport. Anything you can do to help your team is appreciated, though sometimes you might not feel very appreciated! Run errands, help maintain the team's census list, look up lab values, or do whatever else they ask you to do. (Note: being proactive about getting things done is better than being asked to do things.)
- Know your patients and be prepared to present them in about 2 minutes. This style of presentation is very different from internal medicine- just today's facts.
- Be aggressive about getting things done. Carry a stash of purple gloves (your size and your chief resident's size), and basic materials (4x4s, Kerlex, paper tape, Vaseline gauze, scissors) in your coat pocket.
- If your residents have gloves on, you should too.
- Wound dressing materials are easy to find in the ICU, but on the wards you will have to ask a nurse to help you get some from the PIXIS machine. It may be helpful to get an emesis bucket and fill it with whatever your team uses most often. Then you can take this with you on morning rounds and be prepared to change dressings. You can refill during down time so you won't be scrambling to find a nurse every morning on rounds.
- A good student task is the taking down and replacement of dressings during rounds- it behooves you to pay very close attention to how the dressing is done- if you get good at it you can go get started on one patient's dressing while the resident finishes talking with another. Taking really good care of your patient's skin is important- don't hesitate to mention you think they could use some barrier cream or other protectant.

## **PEDIATRICS**

### Choice of sites:

- **OHSU:** Doernbecher has a good mix of general peds and kids with specialized medical problems. Students spend 2 or 3 weeks on the ward in general pediatrics, and 2 or 3 weeks in a specialty such as dermatology, cardiology, nephrology, or the PICU. The teaching is well organized and geared to the student level. The good thing about the wards is that you switch midway through and only have two weeks of call where you are on q5 (basically only 4 nights) as compared to more call nights at Emanuel.
- **Emanuel:** The peds ward at Emanuel does not cap its census; there can be as many patients on the ward as there are sick kids in Portland! However, the turnover among patients is usually very rapid. Heme-onc cases are mixed in with the general ward. This hospital also houses the Kartini Clinic, one of the premier eating disorders treatment centers on the west coast. The quality of the teaching at Emanuel is also quite good. Prior students have suggested that the attendings and house staff at Emanuel appreciate assertiveness, so be proactive about following your patients. The benefit of Emanuel is that you spend five weeks on general peds- instead of 2-3 weeks of zebras, you see a lot of bread and butter.

Schedule: The call schedule is every 5<sup>th</sup> night while on general inpatient peds (although there is no call the last week of the rotation for anyone). Students work weekdays and any weekend days that they are on call; other weekend days are off. On post-call days, students generally leave around 2 pm. The two different sites have different requirements as far as teaching sessions and rounds. OHSU students will have Miller rounds with Dr. Miller a couple times a week, as well as morning report and some lunchtime lectures. Typically your day will start with pre-rounding at 7:30 and end at 5:30-6 pm with sign out to night float. One of the annoying things on peds is that frequently you may be done with your work by 3 pm, but feel like you have to stay till sign out- where you end up just sitting there as the resident signs out your patient. If you find yourself in this position, remember that some residents might not care if you take off early if you finished your work and you are not doing anything- use your spidey-sense to figure out when is a good time to push these limits.

CLIPP Cases: There are about 15 CLIPP modules that you will have to work through. These are actually really good practice and learning tools, but suck up time, so any free time on the ward /subspecialty should be used to bang these out. You don't want to have 8 CLIPP cases to work through in the last week (you simply can't). The remaining 15 CLIPP cases have to be done by the end of peds2 so if you have time in Peds 1, getting the remainder done will help you 4<sup>th</sup> year.

Projects: Some of the sub-specialties will have small projects you will need to complete in your span there- these are generally low stress and take only a night or two to complete.

Final exam: The peds final is the **Shelf exam** in pediatrics – much like the medicine shelf, you must pace yourself, and the questions are formatted much like the boards questions except more clinical. Allot your time wisely on the final, you want to at least lay eyes on each question.

### Subspecialties:

**Mother baby unit (MBU):** Do you love babies? Like really really love babies? Not those that can smile and coo at you, but the kind that are fresh out the oven, can only cry, and rarely open their eyes? Do other people see you as a “baby” person? If so MBU may be for you. It has the cushiest hours of any rotation – start at 7:30 am and you will be out by 2 pm virtually every day. But if you don’t loooove babies, you will probably be bored out of your mind and your learning will peak rather fast. If you don’t mind missing two weeks of what could be a great learning go for it.

**Peds Cards:** A very relaxed schedule with lots of clinic- this is a chance to see a lot of congenital heart disease both preop and postop, with helpful and interested attendings. A great opportunity for anyone with an interest in cardiology.

**PICU:** Intense hours in that you start very early in the morning, and are supposed to end earlier but might not. See really sick kids, get to do a bunch of stuff, generally learn a lot and be active. This seems to be one of the better experiences for people, but if there are not many patients it might be a little slower paced. Good exposure to an ICU setting.

**Peds Nephrology:** Dr. Rozansky, one of the attendings, is great and you will have fun and learn a ton from him. You are in the ICE and on the wards and are able to see your fellow students, with a chance for some decent responsibility. Interesting pathology and a bunch to learn, lots of different kids. Also one of the best reviewed, but very attending dependent.

**Peds GI:** Some great and some ok attendings, a laid back schedule like the other consult schedule. Unlike nephro, you will tend to see clusters of diseases here rather than a ton of mysteries - kids with CF, kids with Chrohns, maybe some kids with failure to thrive or psychiatrically induced gut disorders. Usually rated as one of the top 2 specialty choices.

#### Resources and references:

1. The pediatrics department loans every student a textbook to use during the rotation. This book is too long/detailed to read cover to cover but is a solid reference- most are too overwhelmed to actually use it.
2. Up to Date is good for general reading about your patients.
3. The Pediatrics Blueprints book is short enough to read entirely, and is more detailed compared to others in the Blueprints series. First Aid Step 2 and Boards and Wards are also good useful.
4. Pediatrics Pretest has plenty of practice questions that are good preparation for the shelf exam. Most people would recommend doing these as the best practice for the test. There is also a useful Blueprints Q&A book with review questions.
5. Julie Noffsinger, a teaching attending at Emanuel, has a set of notes covering good bread-and-butter pediatrics topics that are useful during the clerkship and for the shelf exam. Ask your friends at Emanuel if you can look at these notes.

The workload can be light or heavy depending on the time of year; few kids get sick in the summer; tons of kids get sick in the winter. As with other rotations, however, a light census is frequently a disadvantage – with too few patients to go around, there’s not much for students to do.

Pediatrics uses several sets of equations and algorithms that are not used in adult medicine, including drug dosing in mg/kg/hour, calculating fluid administration by weight, and determining caloric needs of kids on various feeding regimens. It is to your advantage to commit these to memory (or keep them on a sheet of paper in your pocket) and practice them frequently in the first days of the rotation; this will make the rest of the clerkship that much easier.

## FAMILY MEDICINE

### *If you are thinking of going into Family Medicine...*

- Contact the course coordinator early to ask for suggestions about rotation site placement. They tend to be enthusiastic about putting you in a site that will meet your needs. If you have an idea about where you’d like to go, you may be able to request a specific location.
- It may be to your advantage to do your rotation at one of the three residency program sites in the Portland area if you are considering staying in Portland for residency. These are OHSU (on the hill or Richmond clinic), Providence Milwaukie, and SW Washington Medical Center residency clinic. This is a chance to check out the program and get a letter of recommendation. Keep in mind that you will also do a sub-internship at one of these sites your fourth year, when you may have more of a chance to shine (and be remembered at your interview).
- For a strong letter, it is best to work with the same preceptor as much as possible (or at least a few solid times during the rotation). This may not be possible at a given site, so ask ahead of time. Let the site-specific coordinator know that you would like a letter and they may be able to facilitate it for you.

Choice of sites: Family medicine sites range from the department at CHH to private practices in town to county clinics. Variability between sites is significant; so if you have specific interests or needs (e.g. providers that offer obstetrics, clinics where Spanish is spoken, inpatient family medicine, or sites that can be reached by bus within Portland) the department may be able to help you find a good fit if you ask well ahead of time. They also welcome students setting up their own preceptorship (in fact, with preceptors in short supply, they may openly appreciate it). Conversely, if your situation is the opposite of ideal, this is a rotation where you can actually change sites – if you have a very compelling reason to do so.

Speak with other students about their experiences. Clinics operate differently so you may be with one or many preceptors. If you are at an OHSU clinic, you will be in close proximity to some very nice residents but you will also work with many preceptors. This has advantages and disadvantages so pick what is best for you.

Some preceptors are better than others- usually about 2-3 students get preceptors that won't let them do much or generally are not fun. Most get really good preceptors who let them be active, write notes, perform procedures, and actively participate in the care of patients.

Schedule: This is an outpatient rotation, so your hours are usually limited to office hours during the week. Because students are placed at dozens of sites around the area, there can be noticeable differences between the demands at various sites. The minimum number of clinic hours per week is an average of 28, typically accomplished via 6-8 hour clinic days M-Tu-W-F. You usually do not work on weekends. If your preceptor sees patients in the hospital, you might go along, but in general the clinic is your home.

Lectures: Every Thursday is dedicated to didactics on the hill; you do not attend clinic that day. These consist of lectures and awesome small groups where everyone presents a short learning topic – sometimes your small group leader will have you meet off the hill at a bar or pub or restaurant! There often are big gaps of free time in the middle of the day on Thursdays.

Final exam and grading: The final is a multiple-choice exam written by OHSU faculty. And oh, what an exam. The questions are based on the required Family Medicine CLIPP cases, so doing all the CLIPP cases throughout the rotation and studying up on the key topics they cover is best. Be aware that the final exam only counts for 10% of your grade. The rest is determined by your preceptors' evaluations (60%) with a small contribution from each of several other assignments (an essay, small group participation, a new EMR-based activity). (Some also feel that the honors/near honors cutoff is determined by Dr. Saultz's opinion of your final essay.) So...pass everything, and focus on getting the most out of your preceptorship!

#### Resources and references:

- The department loans you Dr. Saultz's book on the nature of family medicine, which you will use to write an essay and on which his lectures are based. It is not a clinical reference.
- Students found that the most helpful resources for patient info and studying were:
  - CLIPP cases (required and useful for exam prep, see above)
  - UptoDate
  - Familydoctor.org (patient handouts)
  - Library electronic resources (pubmed, OVID): make sure you have a library bar code so that you can get into the off-campus library databases.
  - American Family Physician journal, [aafp.org](http://aafp.org); great review articles and patient info
  - USPSTF

#### Notes & tips:

- There is a lot of busy work due throughout this rotation. This includes case presentations illustrating fundamental aspects of family medicine (usually with a short 1 page handout), an essay assignment based on Dr. Saultz's book and lectures, the CLIPP cases, and a new project to train students on EMR chart reviews.
- You will do a non-graded, videotaped OSCE with the requirement that you have to review the tape later and comment on at least one of your stations. It's pass/fail only, and can actually be far less stressful than the OSCEs in PCM. It's good preparation for the clinical skills (CS) Step 2 that we are all required to take during fourth year.
- This rotation is an opportunity to take an active role. If the clinic has a lab, ask to spend a few hours doing blood draws. Be assertive in getting included in procedures. Just make sure you pre-read first. Let other doctors in the clinic know to get you if they come across any interesting exam findings. Offer to write out the prescriptions for the doctor. It's good practice and makes you think about things like antibiotic choices and doses.

- Overall, family medicine is fairly laid back and enjoyable – family docs are nice and the school wants to encourage primary care, so sit back and allow yourself to drink the Kool-aid for a month.

Site-specific information:

Salem: Dr. Heather Diaz

Student contact: Alissa Greenbaum

- Pros: You work 4 days a week, usually including a 24-hr on call day, she does C-sections and lots of deliveries at Silverton Hospital and if you SPEAK SPANISH this is the best rotation you could ask for (and it's required to be able to see patients here, I'd say >90% are Spanish-speaking only)
- Cons: commute and cost of transportation

SW Washington Residency Clinic

Student contact: Emily Waterman

- Pros: chance to check out what life would be like at this residency program. Great attendings and residents who give you a lot of opportunity to do procedures. You will go to derm clinic and procedures clinic and can spend time on the inpatient service and L&D ward. Patients are mainly underserved, with many Spanish-speaking and Serbo-Croatian speaking patients. Big integrative medicine focus available with certain attendings.
- Cons: You can access but cannot do anything in their EMR system, so you don't get a lot of note-writing in unless you insist on emailing notes to your supervisors. It is challenging, but possible to get there via public transportation from Portland.

## PSYCHIATRY

### Sites

There are five sites available for psychiatry – OHSU, VA, Forest Grove, Eugene, and Bend. Before the rotation starts, they will ask via email if anyone has a car or is interested in geriatrics. If you answer yes to these questions, you will be sent to Forest Grove. So if you don't want to drive to Forest Grove, don't answer yes to these questions. One student will be assigned to Eugene and one to Bend.

OHSU and the VA both have advantages and disadvantages. The ward on the VA is nicer than OHSU and has more resources available for vets, making discharge planning easier. However, you will not see as many women at the VA and some say OHSU has a greater diversity in pathology. There is no official way to state your preference. If you have a strong preference, consider mentioning this on the form they send about Forest Grove/geriatrics.

Two students (one at the VA and one at OHSU) will be on the consult/liaison service. These students don't stay in the locked wards, and instead go around the hospital consulting on all the people with psych issues on other services. Often, this takes you to the ED for first crack at an unstable person and to the surgical ward for delirium vs. dementia on that post-surgical geriatric patient. These services can be a bit lonelier if you like working with other students, but you will also see more patients over the course of five weeks.

### Schedule

Psychiatry has a reputation for being light on the number of hours required of students, which is occasionally true and sometimes not - it is very dependent on your team and the caseload at the time. Most teams will probably start at 8 AM – later than most other hospital-based rotations. Aside from working on the wards, you will have one half-day per week in an outpatient clinic that you request (anything from intercultural psychiatry to mood disorders to sleep clinic). This outpatient experience is a valuable and interesting experience because it will likely be high volume. One afternoon per week is dedicated to lecture, and another hour is set aside for practicing patient interviews on real patients.

### Call

You will take call six times during the 5-week rotation, including 2 weekend days. On weekday call, you are expected to stay until 9-10 pm. Residents often allow students to leave earlier than that if you have already admitted a patient for the day or things are slow. At the VA and OHSU, have the resident you take call with sign your call sheet to attest that you were present for call duties. At OHSU, consider taping your call sheet to the workroom wall so that residents can sign it at their leisure. On weekend call, you are expected to be available all day. At the VA, you may sometimes be allowed to take weekend call from home depending on your resident/attending. It's nice when this happens but don't always expect this to be true.

### Final exam

The psych final has two components and is the longest of the final exams in 3<sup>rd</sup> year. There is a shelf exam in the morning. Expect plenty of questions on pharmacologic treatment and diagnostic criteria. Part two is an essay test in the late morning/early afternoon based on a 30-minute video of a patient interview. You will write a detailed mental status exam (MSE's) plus a differential diagnosis and treatment plan. Several students have said that the best way to do well on this exam is to write as much as possible. Aim for a precise yet thorough description of what you have observed. Your written mental status exam and DDX (with reasoned explanation) together are worth 80% of the test, so come prepared for these.

Student comments about the exam:

- Comprehend the big picture before you start trying to learn details
  - This applies to diagnostic definitions, pharmacologic classes, and most other concepts
- Practice writing and presenting MSE's as often as you can in morning meetings, in your written notes, and in H&Ps
  - The mental status exam has a very specific format with a particular vocabulary; start working on this from the first day. Ask your attending and resident what they expect/what format they prefer.
- Study and memorize differentials for psychosis, mood disorders, personality disorders.
- Organize your treatment plan using the biopsychosocial method for short and long term. (Bio=pharmacologic, psycho=counseling/therapy, and social=other resources)

### Resources and References

A commonly used clinical reference on psych is the Current Clinical Strategies Psychiatry pocket book (“the little blue book”). Another book in the same series which few student buy is one on psychiatric drugs. Copies of the DSM-IV are in the workrooms – this has helpful flowcharts for thinking about differential diagnoses in the back. If you have Stoudemire from second year, you can read that if you are interested in a particular topic. For the exam, several people found the Blueprints book to be useful also, especially from a conceptual standpoint.

### General Notes & Tips

#### 1) Safety

Safety considerations on the psych wards are different from on other rotations. Many patients are not there voluntarily, which profoundly changes your relationship to these individuals. Keep in mind that psych patients may not relate to people well. Misunderstandings of your intent are not uncommon which is one reason why much of the ward is under video surveillance.

- If you feel unsafe with a patient for any reason, let your resident or attending know.
- If a patient resists talking to medical students, ask your resident / attending for guidance on whether to continue following the patient.
- If you wear your nametag on a lanyard, strongly consider getting a nametag clip for this rotation. The risk of wearing lanyards on a psych ward may be small, but it is real.
- Think about setting and maintaining personal boundaries. On an outpatient rotation, congeniality may help you relate better to patients. On the psych wards, it's advisable maintain a more professional distance.

#### 2) Discharge Summaries

This rotation is the only one where you will be responsible for discharge summaries. Here are tips on how to manage these:

- There should be a sheet hanging up on the wall in your workroom on how to format and write them. If there isn't, find the copy in your psych orientation packet and post it on the wall for future reference. It's very useful.
- They are easier to write if you start them as early and update them regularly. This way, you aren't stuck piecing together the events of a long or eventful stay when they are ready to d/c.

#### 3) Progress Notes

- CPRS at the VA is very useful for looking up patient information, but make sure not to cut and paste from notes. It's risky, poor form, and does not provide good practice.
- At OHSU, some attendings will want you to write notes, others not. Make sure if you do write them to not use the dot phrase that the residents use. Your note should be a little more detailed and, again, provides poor practice.

#### 4) Communication Techniques

This is a great rotation to learn and solidify new communication techniques and strategies. The history-taking is lengthy and involved and much of the therapy is also communication-based. Good listening and communication skills are important in every branch of medicine and you rarely get the time on other rotations to practice as much as you do on psychiatry.

Practicing communication skills will make you feel like you are doing more, and doing more on any rotation is the best way to keep from feeling bored. Take the opportunity to:

- Notice the techniques that good residents use to engage with, gain information from, and earn trust from their patients.
- Practice them with your own patients.
- Ask attendings and residents if you can take the lead on an interview and ask for specific feedback on how you can improve

## RURAL ROTATION

### Choice of sites:

The best way to find out about your particular site is to ask someone who has already been there. There is a spreadsheet being updated with relevant information in this regard. Check it out at:

<https://spreadsheets.google.com/ccc?key=0AnqGezbAkBaMdFRVQVNwUVRHT2VIUXB4NWM3ci1PZHc&hl=en&authkey=CL2EkL4P#gid=0>

The key to a good rural experience, unsurprisingly, is a good preceptor. Good preceptors let you do a lot, give you some time off, and make you feel like part of their family. Remember to try to take in the best that the area has to offer! Join your preceptor and clinic staff in community events and keep your eyes/ears/mind open to really take in the culture of the people and area you are staying in.

### Schedule/assignments:

- ✈ Orientation is the first day of the course, and unless you are going to a commuter site within two hours of Portland, the second day is as a travel day. In general, you'll begin at your clinical site on Tues or Wed.
  - The final day of the rotation is a debriefing. All students gather back at OHSU for presentations, discussions and comraderie. The day or two prior may be used for travel back home and final preparation for presentations as your preceptor allows.
- ✈ Most clinics have hours from 8-5 with variable in-hospital/ER shift demands. Some rotations require call and others don't. Check with your preceptor on day one as to what your responsibilities are.
- ✈ At orientation you will be assigned a question to answer and discuss at the debriefing day. Most questions ask that you research clinic/area data on insurance types, visit types or area resources and then discuss in a one page sheet what the information means either to the clinic or community at large. You then present this in a very informal discussion setting with the whole rotational group. It is suggested that you reflect on the questions assigned to others during the rotation as well, so that a lively (though short) comparative discussion can ensue on debriefing day.
- ✈ By week two you are required to turn in a reflection piece by email on your experience thus far. Start to think about how the site, people, work, etc have affected you from day one. This is a creative piece and can be anything from a short play, musical piece, drawing/painting, creation of a game, video, collage, sculpture, poem or just a plain paragraph explaining your reactions. You also are asked to turn in a worksheet on your proposed community project at this time, so really keep an eye out for what you think you can accomplish for the clinic or community. More on this topic below.
- ✈ By week three or so you will need to submit a mental health case you have seen in clinic with some questions that can be addressed during a teleconference with fellow students, psychiatrists and faculty during the last week of the rotation. You will receive explicit instructions on format for submission, but keep this assignment in mind while you work in clinic so you don't come down to the day of submission without a good case to present.

In general, rural is a great opportunity to do more hands-on work: if you really want to be in the ED, let your preceptor know upfront; if you want to do pelvics, deliver babies, or learn to do blood draws make sure you let your preceptor know! Prior to your arrival, it is a good idea to send your preceptor an email with a general introduction, some information about your interests and some specific goals for your rural rotation. Usually, even if your preceptor doesn't offer specific services within their practice they can set you up for an afternoon or two with someone who does. Filling out the yellow sheet that they send out is wise too – know that your preceptor and members of the staff / other docs will read it too, so be honest and don't say anything offensive.

### Community project:

There is no test at the end of the rural rotation; instead, you complete a community project and present it at the end of the rotation. The rural project is NOT meant to be a thesis (as the course director puts it, "If your project ends with a p-

value, it's overkill!"), but it IS meant to contribute something to the practice or community in which you've served. A list of prior projects from the various sites is available for you for ideas; your preceptor likely also has ideas for projects that would be helpful in their practice. Taking the first week of your rotation to mindfully engage in the practice environment and community atmosphere will help you to find a good project theme.

If you want to propose a new practice module, handout or other modality in the clinic, fully engaging the staff in the creation, editing, and implementation of your proposal will go a long way in making it happen. Ensuring their enthusiasm ahead of time makes the implementation of changes much more sustainable.

The presentation is a 10-15 minute powerpoint about your project on the final Friday of the rotation in front of 1-2 faculty members and a handful of fellow students from your rotation cohort. Your project grade comes almost entirely from your presentation; additionally, you will turn in a 4-5 page paper on your project along with a single page abstract. The presentation and paper should illustrate where your idea came from, why it is important, the steps you took to implement/research your idea, and the outcome of it all.

#### Things you might want to bring along on your rural rotation:

- Household goods: The housing at most sites is pretty decent, but may lack basic supplies. Hangers, tupperware, alarm clocks, and toaster ovens may be in variable supply – the best way to know what your site has or lacks is to ask the last person who was there.
- Food: If you have specific food preferences (e.g. can't live without soy milk for five weeks), you may want to bring a stock of your own – some towns have everything you'd find in Portland, others are unlikely to have exotic, vegan, gluten free, or even wild and exotic specialty foods like bagels...
- Communications: The housing sites have phones but no long distance service, so bringing a cell phone is helpful. Cell coverage can be spotty in rural areas so a calling card might be helpful. You could also check with the student who was most recently there (or call your preceptor) to find out which company, if any, has coverage and get a pay as you go phone from that company.
- Laptops: If you don't have one, the department will lend you one for the rotation. They have dial-up internet access established at all the rural sites, bringing a laptop (either your own or one borrowed from the department) is helpful. Almost all rotation site clinics have wireless or hard wired Ethernet... this shouldn't be an issue.
- Resources: Make sure you have a library barcode before departure. Not all rural clinics will have UpToDate or online Ovid access – your barcode enables you to use ovid and accessmedicine through the OHSU library website. Also, remember that through remote access EPIC you can get to UpToDate and other resources.
- Entertainment: Some folks find rural living a little less exciting than the urban life they lead in Portland. Consider bringing games, hobbies, movies.... That said, explore the area as much as you can. For those of you not planning on working in a rural setting this may be your one chance to experience life outside of a metropolis or that little corner of Oregon.

## TOP TEN MEDICAL STUDENT MISTAKES

10. Using big medical words in rounds before checking to make sure you know what they mean... for that matter, using any acronym when you haven't looked up what it means is a bad thing (TTP? HUS? HD? ESLD?)
9. Spilling coffee on your white coat, or letting it sit in some spilled coffee, and walking around with a big stain on it. Same goes for scrubs.
8. Asking for a letter of recommendation from an attending several months after they offered to write you one, only to find out that they no longer remember who you are.
7. Violating the sterile field in a surgery- if you have to contaminate yourself, have the good taste to then leave your hand/body out of the surgical field so only you have to change.
6. Telling every attending you meet that you've always wanted to go into their field, when you really don't- most docs actually want you to do what you love, and don't need an ass-kissing colleague who dislikes their field- just because a surgeon busts your balls about wanting to do Medicine does not mean they truly actually care what field you go into.
5. Getting an open cut on your hand during surgery and ignoring it until it becomes infected a week later—only to find out that you were required to report it when it happened.
4. Playing games on your smart phone during lectures or rounds – believe us, doctors know that you are not scanning through Epocrates during their lecture on the different types of anemia.
3. Whining about that awful resident from your last rotation, only to find out that his girlfriend is the intern who was sitting next to you while you were complaining – in fact, make it a habit to not talk trash about any fellow student, resident, or attending. It is unprofessional and will come back to bite you.
2. Writing orders in a patient's chart or via EPIC and forgetting to get them co-signed. Similarly, writing your note and not paying attention to the fact that you just directly contradicted your attending's recommendations.
1. Making up things you didn't actually see or do on physical exam and reporting them to the team- it is bad if you get caught and you are wrong, but even worse if you don't get caught and erroneous data goes into the patient's medical record. It is okay to say "I don't know."

# Good Luck!