VCU SCHOOL OF MEDICINE

INOVA SURVIVAL GUIDE

An Insider's Guide to M3 Clerkships at Inova Fairfax Hospital

A Student-to-student Publication by the Class of 2019

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Welcome to M3 Year at Inova Health System

Congratulations and welcome to your M3 year at Inova! You have completed one of the most grueling periods of your medical school career (aka step 1) and you're about to experience what it's truly like to be practicing the science and art of medicine! Third year is a challenging, yet an incredible and eye-opening experience. You will now take on the responsibility of being an integral part of a team in caring for real patients and handling real clinical situations. In doing so, you will have the privilege of knowing the most intimate details about patients' lives.

Your days of lectures and afternoon study times will switch over to hands-on learning in the hospital and self-directed study sessions in the evenings. The study time may be at times very short and may seem close to non-existent compared to the first 2 years. But don't despair and keep chugging along! In the next two years, much of your learning will come from patient care and you will be shocked by how much you've learned. No matter how overwhelming it may feel at times to juggle the wards, studying, and home life, remember that this is a once-in-a-lifetime opportunity that will shape the rest of your career.

This guide is made as an adjunct to the guide given to your peers in Richmond. Here we cover the specific rotations at Fairfax only. However, the Richmond guide also has valuable information and ideas on how to excel in general. We would suggest flipping through it.

With this guide, our goal is to provide an objective overview along with tips and unwritten "rules" to prepare you for each clerkship. Keep in mind this is a general guide formulated from our experiences on the wards. That being said, everyone has a different learning style and you are encouraged to pick out what works for you. Please feel free to contact me or any other M4's with questions or concerns. We would be more than happy to help you!

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How to Excel

Your first week of any clerkship will feel overwhelming. It is a big transition to go from classroom lectures to being expected to perform in a hospital setting, where each department really has its own culture and routine. Your time is not your own. We have all felt that way as we navigated these uncharted roads! The best way to be prepared is to maintain a good attitude, take a deep breath and dive in! The following are a few general tips to keep in mind throughout the year and during all rotations.

Professionalism is required at all times. Remember, you represent yourself, VCU, and the medical community as you interact with patients.

Be courteous and polite to every person you encounter at the hospital. You will be working with a large number of people every day who are all involved in the care of the patients you are seeing. This includes nurses, techs, nutritionists, case managers, pharmacists, physical therapists and more. They are an incredible resource in helping to manage the daily care of your patients, and they will be much more receptive to your questions and requests if you are nice.

It goes without saying, but being dressed professionally and being on time to rounds and surgical cases also conveys your level of professionalism. Rarely will you be formally warned about small lapses in these things but your evaluators WILL remember and will take these into consideration in grading you.

Get to know your classmates, both on your team during rotations and those who are on different rotation schedules. You will find that your colleagues will prove to be an invaluable resource through the year, as you get real time feedback and support from one another about how your experiences go. Furthermore, working well on a team is an essential part of becoming a professional.

Know the **Expectations and Requirements** for the given rotation you are on. The requirements of each rotation can vary greatly, and are briefly discussed during each respective orientation day. Things like assignments to hand in, conferences to attend, number of patients to see, and projects that need to be done are usually described at that time.

Be sure to know your patients well! You should always know what is going on with them and what the plan is for the day (i.e. scheduled procedures and imaging). Oftentimes, you will spend the most time with your patients, as residents and attendings are very busy juggling multiple patients. They may ask you questions about your patients that they may

not know themselves. This is where getting a detailed history and physical yourself may come in handy – as well as checking up on the medication list daily.

Always keep your team informed about your whereabouts and be available throughout the day. Keep your pager on you and make sure to replace batteries when needed! When there is downtime between tasks in the day, feel free to pull out study material to look over. If you need a quiet place to study, the library as well as the Claude Moore computer lab are open for your use. Just be sure to let your intern/residents know where you will be in case they need to reach you.

It is extremely helpful to ask for constructive feedback throughout the rotation regarding morning presentations, written H&P's, and physical exam skills. Residents and attendings look favorably upon students that strive for self-improvement and show enthusiasm on the wards. Sometimes things get hectic on the floor, so they may not be able to provide advice immediately, but ask them to set aside time for you in the afternoons when things are less busy.

It's all about Subjective **Grading** during your rotations. Up until now, your grade in a class was almost completely determined by an objective measure. How many questions or points you got right was standardized and reproducible. This is where professionalism, courteousness, and being prepared and interested everyday go a long way.

Each rotation, you will have **mid-rotation evaluations**. Use those to gauge how well you are performing and be sure to work on areas that your resident or attending feels that you can improve on by the end of the rotation when final evaluations are written. Another point we would like to emphasize is that you should accept feedback gracefully! Remember, in comparison to the residents, attendings and even the nurses on the wards, you are the least experienced individual there. There is always something more to learn, and feedback about your performance should not be taken personally.

If, on the other hand, you feel that you are being mistreated or harassed, you should feel comfortable reporting to the clerkship director or one of the deans– consider the fact that the clerkship director can act quickly and improve your experience for the rest of the rotation. These issues rarely come up, but remember teams change all the time and it is possible that conflicts may arise; the best way to handle them is to act gracefully on the wards and to speak in private to an administrator to voice your concerns. The administrators here are very receptive and supportive. This issue as well as procedures for how to handle issues of **mistreatment** will be addressed in more detail during orientation.

Do not worry if you cannot answer every question an attending or resident asks you – a lot of times it is about the effort that you put in and the improvement that they see as the clerkship progresses. Sometimes they will ask you the SAME question later in the rotation

just to make sure you learned the information – make sure to pay attention! If an attending assigns you a topic to read for the night you should know the material cold and prepare to present what you learned during rounds the next day. If you want to look like a rock star, bring in an article that relates to your topic.

The **Shelf Exams** are the next significant part of your grade. Putting study time in each night for your shelf will ensure that you are prepared. Do not wait until the last minute to "cram" for these exams. They are standardized exams, in which you have 2 hours and 45 minutes to answer 110 questions. The questions are formatted mainly as clinical vignettes which ask you for diagnoses, treatment and management decisions. Get used to the phrase, "given patient X what is the next best step in management?"

The first shelf exam is the hardest for any student, as you may be uncertain about how to time yourself or what you are expected to know. Don't worry if the first shelf exam doesn't go as well as you hoped. Most students will do progressively better on each shelf exam throughout the year as you begin to hone your studying skills and balance them better with your clinical responsibilities. You will hear many people reiterate this – doing practice questions is a MUST. In addition to the various resources we will outline, it is worthwhile to invest in the USMLE WORLD QBank as a source for questions. Not only will doing a few questions a night help with preparing for particular Shelf exams, this routine will also help prepare you for the Step 2 exam!

It is not necessary to feel that you are competing with your peers. Help each other out and share study materials and advice with each other; some students like forming study groups to discuss clinical questions. There is no need for you to feel like you are alone going through this process!

Take care of yourself! It is important that you find a good balance this year; it may be one of the most challenging years in your academic and professional career, but now is the best time to form good habits that will last you throughout your life. Maintain those important relationships with friends, family and significant others- it is a good idea to let them know how your year is going to be set up and prepare them for times when you will be too busy to see them. When you have a free weekend, schedule time to do the things that make you happy – we are a short car or metro ride away from the wonderful city of Washington, DC where there is always something fun to do. Many of us look back and feel that we did not completely take advantage of this, as we were too stressed out or too tired; but taking some time off to yourself is so refreshing and when you get back into work mode, you will be that much more productive. As an Inova student you will get a free yearly pass to Xsport fitness down the road – it's a great gym, take advantage of it on the rotations which have more manageable schedules (i.e. psychiatry, family medicine, neurology, ambulatory).

General advice – Be Enthusiastic on every rotation! This will reflect favorably on your evaluations. Smile often. Don't make enemies! If you have conflict with anyone resolve them in a professional way. If you experience mistreatment you will have ways to report it. Please don't be that student who steps on other people's feet to get to the top. Attendings and residents can see right through these types of behaviors. VCU students are known to excel in teamwork and collaboration. Keep this tradition going.

Writing Notes

Inova uses EPIC for their electronic medical records system. This has changed how student notes are used and edited. Now that templates and "smart phrases" can be automatically populated into your note, note writing will take less of your time during morning pre-rounding. Regardless, note-writing is an essential skill that you will need to master this year. Having your note so heavily used in the chart means that you need to take note writing seriously and make sure everything is accurate and up to date. Even if no one reads your notes on a daily basis, use them as practice and compare what you have written to the interns/residents and attendings. The attendings cannot see your note until you have shared it with them, so do this early in the morning, otherwise they may assume that you did not write one for the day. There are two main types of notes – the SOAP progress note and the H&P. There are other notes that are specific to different services (for example, post-op notes in Surgery, or post-partum notes in Obstetrics) which you will learn on the specific rotation with the guidance of your residents and attendings. Notes serve several essential functions in the practice of medicine: 1) accurate documentation, which is important for both medical management, billing and at times legal purposes 2) communication to other members of the care team about the status of your patient (for example, you may be on the medicine team taking care of a patient on whom your team decides to call a neurology consult… the notes you save into a patient's chart becomes an important resource for the neurologist who comes by and is meeting this patient for the first time) 3) Notes are a foundation upon which you build your PRESENTATION skills. It cannot be emphasized how important it is in medicine to be able to communicate with colleagues in a succinct and organized way about your findings, assessments and plans on a patient. Much of your evaluation on each rotation will come from how well you can write a note and present it to others!

We could probably write an entire book about note writing (and there are probably many in existence out there), so to keep it succinct we are just giving some main tips and

highlights below. Many of us have our notes from various rotations saved, so contact M4s if you would like to see some.

SOAP Note vs. H&P

You have already heard about and practiced writing H&Ps in your first two years. This is the formal, complete evaluation of a patient who presents to the clinic or hospital. It covers everything from chief complaint to previous medical history, social history and family history. It ends with a comprehensive evaluation of the patient's problems and concerns along with a tentative plan about how to manage each of these. The SOAP note on the other hand, is a succinct note that focuses on the "here and now" of a patient (GIVEN that they already have an H&P on file and this other knowledge is already known about them). The purpose of the SOAP note can vary from one service to another, but the overall idea is that it gives the reader a snapshot of what is going on for a patient on that given day – it is a note about progress.

SOAP = Subjective, objective, assessment and plan

S: Talk about any acute events overnight (did patient run a fever, feel short of breath, complain about pain or receive pain medications, etc) and any current issues that the patient has according to him/herself. This part is all about the viewpoint of the patient! Also remember to ask about pertinent review of systems here and report whether they were negative or positive. For example a patient who is post-op after an abdominal surgery – ROS should include fever, pain, nausea, vomiting, bowel movements, shortness of breath, diet tolerance, etc. Basically you want to anticipate the complications and concerns the patient may have and you also want to see how they are progressing from before.

Tips: When you get in early in the morning to pre-round, check the patient's overnight nurse's note to see how the patient did. If anything is unclear, don't hesitate to call the overnight nurse. You can add this information into this section as well. For example, "the patient became combative and pulled out all her IV lines last night" the patient may or may not admit to this or even remember it but now you know because the nurse told you!

If you have been asking a patient about pain (or any other complaint) for many days on a service, be sure to tell whether it is better or worse than the day before and if they are requiring more or less pain medications (note doses of pain medications and if they are transitioning from IV to oral medications to move them closer to discharge). Use numbers as these give a better idea of how pain is trending.

O: objective measures include vitals, labs, urinary output, total fluid balance, output from lines (NG tubes, surgical drains, chest tubes, etc.), imaging. Keep an eye out for blood or

urine cultures that need to be updated every day until they are finalized, as well as send out labs and pathology that takes a few days to be resulted.

Tips: For vitals, make sure to write a range for blood pressure from the last 24 hours in addition to the current BP. For temperature, report current and max from the last 24 hours. Also report if there are labs that are pending so that you can make note to follow up on the results later on.

Somewhere in your note you should also include medications and dosages. Check the medication list daily to see what has been changed, and how much is being given of PRN medications. Also report how many days a patient has been on each antibiotic (ex. Zosyn 1g IV daily, day 3 of 5).

A: Here you will summarize in a 1-2 sentence statement who your patient is, why they are in the hospital and how they are doing.

Ex: This is our 21 year old male with a history of type 1 DM and asthma who presented in diabetic ketoacidosis. His blood sugars have been well controlled for the past 2 days on medium-dose sliding scale insulin and he will likely be ready for discharge later today.

P: Here you list the plan for each of the patient's problems. There are two approaches – the systems based approach and the problem list approach. Different attendings have different styles and you will want to clarify about how they want this to be presented. Generally, very complicated patients with a ton of problems will benefit from the systems approach, while those who have a few problems can be handled with the problem list approach.

Ex: Systems approach: (generally reserved for patients that are in the ICU)

Endocrine: DKA – anion gap has resolved, transitioned to SC insulin, adjust insulin dose to account for increased blood glucose readings in the AM, set up outpatient appointment with endocrinology, etc…

Pulm: asthma – continue albuterol q6H, etc..

Tips: List the problems and plans in order of their importance or urgency to the patient. Always include prophylaxis, diet, and disposition in the plan. These are ongoing measures that all patients will have addressed during their hospital stay. The plan is where you get to show your team what you are thinking. Take a few minutes while you are writing your notes to read about the patient's conditions, lab abnormalities, etc on a resource like UpToDate (use UpToDate as a start and then pull the pertinent references and use as your primary source to present to the team) and use what you find to help you formulate ideas. Even if you are not sure about what to do about a particular problem, mention your ideas and get feedback from your interns prior to presenting! Often you will suggest consults

from different services, lab work that might help clarify new issues, medication adjustments, physical therapy, case management. When you are writing your plan, just think to yourself: "what needs to be done so that this patient can go home?"

We will not cover **H&Ps** in detail here, as you have seen the format in the past. Just remember that H&Ps are the point of first contact with a patient. You want details and will be responsible for them even if someone else did the admission, so talk to your patients! Details vary by specialty, so be sure to specifically cover questions that are relevant to your clerkship (i.e. OB/GYN needs to know the outcome of previous pregnancies, while on general surgery this is not particularly relevant). You want to think of every possible thing that could be causing the patient to be presenting in a particular way. So in your assessment and plan, include a broad differential and discuss why some of the diagnoses are higher on your list than others given the patient's lab results, ROS, history, etc.

As a medical student, you will start out doing your notes slowly and in a lot of detail. As time goes by you will learn how to focus your questioning and reporting to become more efficient i.e. when things are important for the team to know and when they can be left out of the note or glossed over in the presentation. It is always better that you know too much detail than not enough! Do not attempt to cut corners in the beginning; this is something that takes skill which you will learn over time. Just remember to be systematic – once you have a flow in your history taking and note writing, just stick to your style. Make adjustments when necessary given different clerkship requirements and feedback, but for the most part you will really need to develop your own style as the year progresses. Once you are comfortable writing SOAP notes on your patients, you can save time by 'copying forward' your last progress note to your current note – just be sure to update EVERYTHING. If residents and attendings see dates (i.e. Post-op day #) that are not updated on the current note, they will call you out for cutting corners.

Clerkships

INTERNAL MEDICINE

Clerkship Director: Homan Wai, M.D. homan.wai@inova.org (703) 776-3582	Associate Clerkship Director: Meena Raj, M.D. meena.raj@inova.org	Clerkship Coordinator: Kristin Kazem Kristin.kazem@inova.org 703-776-2196

Format of Clerkship:

- 2 four-week blocks. Switch teams between blocks.
  - 1 week of night call
  - 1 week of admissions
- Mon-Sat
- Free weekend between switching teams.
-

Inpatient Wards:

The team consists of:

An attending,

A senior resident (PGY3 or PGY 2),

*Ideally, run the assessment and plans for your pts before rounds with resident

At least one intern (PGY-1),

One to three MS3s

+/- Acting intern (4th year medical student)

*Take advantage of AIs and ask questions

Rough Schedule for the day:

5am-7am: Chart check and start notes on your 1 to 4 patients

New pts – Check Team List and text your team to see what new pts you should see; At first, it may take 1 hr per pt.

1. Depending on your residents, they may want you to elicit a full H&P regardless if they already have one.
2. Start a note. Copying and pasting the HPI from H&P is useful. You may not have to verbalize the HPI, but if questioned about it, you will have it ready. Make sure you quote it because it is somebody else's work.

3. Read through H&P, see if there are any gaps in the history or clarification that you would like to ask when you examine the patient.
4. Record any overnight events. Call the nurses or ask them in person about any concerns.
5. Look through labs and note any relevant labs (pertinent positives and negatives).
6. Look through EKGs and CXRs and systematically interpret them yourselves, state your impression, and also radiologist's.
    a. Eg. EKG – Rate is X, sinus rhythm, normal axis, PR interval X sec, QRS interval X seconds, no q waves, ST segment changes, or t wave inversions
7. For vital signs, some physicians like ranges, so take note of ranges and trends
    a. e.g. HR ranging from 60-100 trending up.
8. Assessment: Your opportunity to synthesize your whole encounter. Pt is a XX year old male with hx of (ONLY SAY HIGHLY PERTINENT hx related to the main problem) that presents with (why the patient came in) concerning for (your assumed diagnosis). Patient is clinically (improving, not improving, worsening, etc).
9. Plan: Make a brief plan that you can elaborate on after seeing your pts. Make your plan problem based listed from most important to least. For the main problem, develop a differential dx (you will be asked about, what other potential causes of chest pain, SOB, palpitations, etc). Use Pocket Medicine, UptoDate, previous similar pts, and MedU to make plans. Have appropriate reasoning. Even if what you decide to do is not right, if you can defend why you wanted to do it, that is important. Refer to similar pts in the past to help create a plan. Cite EBM in your notes when you can. Mention any risk stratification scores (CHADS2VASC (A-Fib), Framingham Score (Heart Disease risk), JNC 8 blood pressure recommendations, Wells score (PE) and CURB-65 (Pneumonia), etc)

Old pts - Follow steps 4-9 above

7am-8am: Preround on pts and finish notes

1. Check if resident wants to preround together
2. Elicit overnight events, elicit concerns, and examine pts
3. Stay brief and follow up big obstacles in the afternoon
4. Complete, sign, and print notes. To save paper, you can copy and paste them into word and decrease font size. It is very convenient, to print out your whole note, so that if you are pimped about their HPI or labs you might not have noted were important, you have that info to refer to. Though be mindful of appearing disorganized when flipping back and forth on too many pages.

8am-12pm: Rounds with the team

1. Print out signout to get a synopsis of all pts on team. Also important to print out a Patient List of your team that includes RN phone #s.
2. Call nurses before entering the room, for team rounds

Can be difficult since the team may jump around
Calling from cellphones is easier and allows you to stick with team

3. Take notes about other patients and tasks
4. You are expected to pay attention during the discussions of all patients on the team. Be engaged and ask questions during rounds about other patients.
5. **Presenting:** You may or may not present all your pts, but be prepared to do so. **Speak up and let the team know what pts you saw** so that you can present. **This is the most stressful part of your day.** Every attending has their preferences on how you present. On your first day with an attending, ask the residents how the attending likes their presentations.
    E.g. Vital signs - "vital signs stable" vs stating ranges and trends.
    Imaging – personal systematic interpretation vs radiologist's interpretation

12pm-2pm: Didactics and Student Report

1. Kindly remind your team 15 minutes prior that you need to go to didactics as you are expected to be there on time. Often, they will dismiss you, but don't be afraid to advocate for yourself.
2. During student report, your classmates will discuss an interesting case

2pm-5or6pm: Check up on pts, help execute daily plans

1. The rest of your day is executing the plans for your patients. Residents may teach in this time. Check up on patients again.
2. Find ways to be helpful.
    We have the luxury of time, so patient education is an important role students can fulfil and it is hugely beneficial to your learning by teaching.
3. Complete "discharge instructions" and "discharge summaries"
    A great skill to learn for acting internships
4. Update "signout" – dependent on team
5. If there is down time, read up on pts and then prepare a presentation to the team.
6. Following up on important labs that are pending
7. Obtaining patient records from prior hospitalizations
8. Faxing patient information release sheets
9. Updating the patient's' primary care physicians by calling their offices
10. Follow up on consults. Note: students should not make the initial call for a consult. But subsequent substantive conversations are encouraged.

Other Info:

Every time you are with a new team, ask the residents what their expectations are and what they are comfortable with you doing during your rotation.

Become familiar with the translator phones by each patient's bedside – if your patient doesn't speak English, you must find another way to communicate with them; broken English isn't good enough for vital medical information!

Read about your patients each night, and present any latest evidence-based developments in the treatment/management of their conditions – bring these up during rounds to let the team know you are truly engaged (ask to do a quick 5 minute presentation on a topic regarding your patient for the next day – it will really impress the team).

Try to pick up patients with pathologies you may not have seen yet. Volunteering to pick up a new patient is also a good way to stand out as a student – it lets your team know you're not afraid of a challenge and can handle the high demands of residency. The patient load is high (an average of 12-14 patients/team), so be prepared to carry up to 4 patients at once; if your patient ceases to be interesting (i.e, they're only here for IV antibiotics) don't be afraid to ask to pick up a more interesting patient with more medical questions and a complicated plan.

Patients in the Heart Building usually have multiple chronic conditions. It will be important to read up on the Cardiovascular, Pulmonary and Nephrology sections of *Step Up to Medicine* as well.

Student Report Presentation:

These sessions are meant to be interactive so that your classmates can figure out the differential diagnosis, final diagnosis, workup, management etc. An attending will be present to help guide your presentation. They may also pimp you so know everything about the patient and their condition that you are presenting.

Questions:

Uworld questions are harder, but likely better for step 2 prep. Osmosis questions are easier, but a bit superficial. 60-70questions per week will keep you on track. This is to help you solidify your knowledge and also give you practice for Step 2 CK style questions. So do not take this lightly.

What should I have in my Pocket:

- Stethoscope
- Penlight
- Pens
- Pocket Medicine (The Green/Purple/Orange Book) is almost essential

- Maxwell's is very useful, especially for looking up normal lab values and admission order information.
- Phone Apps: Epocrates (for looking up meds/dosing) Medscape (for quick background on medical conditions), UpToDate, MedCalc.

How to Study:

- Read up on your patients
- Do questions on topics that you are concurrently reading up on
- *Step-Up to Medicine*: This is an excellent comprehensive book for Wards.
- Med Ed videos

Overall, the Internal Medicine rotation is very rewarding. You can truly feel like a vital part of the team. Remember, you need to own your patients. You have more time than anyone else on the team so you need to know your patients inside and out.

Templates: instructions for clerkship templates will be given during orientation.

SURGERY

Clerkship Director:	Associate Clerkship Director:	Clerkship Coordinator:
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Format of clerkship:

From eCurriculum: "The goal of the Surgery Clerkship is to provide an experience in the principles and practices of surgery in eight weeks. Students spend four weeks on a general surgery rotation and two weeks on each of two surgical subspecialty rotations. Students are expected to assume responsibility for patient care and participate in the evaluation of patients and the decision-making process, further developing interviewing and physical diagnosis skills. Students are expected to read the required textbook, ask questions, and participate actively in the learning process. In addition, there is opportunity for students to gain expertise in the performance of basic procedures such as IV and NG insertion. While on the general surgery rotation, students have the opportunity to make clinical presentations at the weekly divisional conferences. The required core curriculum lecture series is available on the Surgery website, and faculty present clinical case discussions based on these lectures are on Mondays and Thursdays. Students are required to attend scheduled conferences, including weekly Grand Rounds, D&C conference, and small group sessions with faculty. The department gives the (NBME) Shelf Exam at the end of the eight-week period."

Details about Didactic Sessions:

Lectures on Mondays and Thursdays are given by various faculty surgeons and are intended to be prep for the oral exam and somewhat the shelf. In addition to the lectures on Mondays and Thursdays, students will have a simulation session every Wednesday at 9 am, followed by resident lectures at 10 am and Professor rounds at 11 a.m . At professor rounds, students will present interesting cases from the week. Other students will ask questions to help develop a differential diagnosis and plan. There will be a faculty physician present to help facilitate the discussion and review any imaging or labs. The assigned teaching resident, usually a~~n~~ PGY4, will come for one hour Wednesday mornings to help

prepare you for the oral exam. He or she will present a case and you talk through the case like you would in the oral exam. The simulation sessions vary weekly, but include suturing, administering local anesthesia (like lidocaine), excision of a mass, and trauma case simulations. Attendance will be taken at each didactic session in a binder kept in the DOS conference room.

Schedule:

General Surgery Month:

You will be assigned to one of three general surgery teams: team 1 (Acute Care Surgery), team 4, or team 5. Each team has a Chief resident (PGY4 or PGY5), a PGY 2, and an intern (PGY1). Your team may have a family medicine intern or a podiatry intern. It may also have a PA student.

Expect to come in around 4:30-5:15 AM (dependent on your Chief Resident). You'll want/need to have seen your patients and have the beginnings of your note done by the time the team rounds. You might be able to finish your note along the way, but you need to at least know the important information so you can present your patient. Most senior residents want students to have finished rounding by 6 AM so that they can round with students before attending rounds at 7 AM. So if you find that you don't have enough time in the morning coming in at 5AM, you'll want to start making it earlier so that you end accordingly.

Attending rounds will be variable, depending on the time and individual attending. Some may continue throughout the day if there are no scheduled surgeries at 8 AM. Most times, you will duck out with the intern/resident for OR cases that begin at 8 AM and end somewhere between 3-5PM. You'll want to cover your team's cases, those assigned to your interns and residents, first. If you have multiple students on your team, you need to break up the cases between yourselves, or you may be assigned specific ones by your residents. The list for the next day is posted around 3-4PM each day, in the resident room. Additionally, it is useful to browse the "ORs at a Glance" tab in Epic to view scheduled procedures in the coming days. Find out what's happening for the next day because you'll want to be ready. If there is a case that you see in ORs at a Glance that you really want to see, make sure you let your resident know that you are interested and you might be able to make it happen.

Oral presentations. This is not internal medicine and you will be expected to be brief on your presentations. You will get 5 min tops. Hit the highlights. Don't be offended if

someone cuts you off during your presentation. Don't take this personally. Just make your presentations sweet and to the point. Here's an example:

Quick one liner: "Mr. X is post op day 4 s/p cholecystectomy"

Overnight events: BM? Flatus? Urinating? Tolerating regular diet or clears? Fever? Pain? Ambulating? Incentive spirometer? Other pertinent events?

PE:

Vitals: afebrile, normotensive.

Ins & Outs: Important that you comment on this. You will find this info charted by the nurses on EPIC. If it's not recorded, which happens often, ask the nurses POLITELY about the results. You especially want to make note of drain outputs in mL's and the color of the fluid (clear, serosanguinous, sanguinous etc…).

And only pertinent PE notes i.e. Abd: Soft, non-distended, nontender, what does the incision/wound look like.

HINT on commonly asked pimp question: if the patient had cholecystectomy with JP drain, it is important for the surgeons to know if this fluid is bile. To discern this, shake the collection device gently and if the fluid is "bubbly" then it's most likely bile (Why? Because bile is a detergent and will cause the fluid to bubble).

Assessment: Mr. X is s/p cholecystectomy clinically improving but still with bile acid JP drain output of 30 cc (Make it brief! Sometimes you can skip this depending on the surgeon).

Plan: They want this based on a problem list. If you are on the trauma service in the ICU* you will want to structure your plan by systems. If you want to shine, you have to approach the plan section with the following mind set, "what do I need to address and fix in order to discharge this patient." To ensure that you don't forget a system, you can use the dot phrase ".plansys"

During your month, you will be scrubbing in with different attendings. Try to read up on your cases the night before. KNOW YOUR ANATOMY (Residents may help you out with commonly pimped questions, and **Surgical Recall** is a good book for this and some recommend Netters Anatomy book). GO TO THE LIBRARY before buying anything! You'll tend to leave around 5 PM, but depending on the cases available, or what sort of work you do with your specific residents, you may stay longer.

Student call schedules are managed by a 3rd year resident, if you have any concerns or questions, you will want to go to them first, and then if they are unable to help follow up with the clerkship director. You are typically on call every 4th night. Students are usually excused on post-call days after morning rounds (10 a.m.). Weekend call days are different from weekday call. Either case, you will be given the resident call schedule during orientation so that you know who to contact when you are on call.

Students have 4 days off a month, which will be determined by the Chief Resident, and influenced by your call schedule. Most chief residents will sit down with you and ask you which 4 days you want off. Others may assign you the 4 days. Make sure you show your call schedule to the Chief resident. **Make sure you are clear about your days off. One student only took off 4 days for the entire rotation by accident.**

Specialty Month: The schedules are completely dependent on which specialty you choose. Among the specialties available are: Urology, Plastic Surgery, Ophthalmology, Vascular, ENT, Ortho, Colorectal, Trauma, Pediatric, Cardiothoracic, and Neurosurgery. Not all are available all the time. Also, the combination will vary as each specialty is only offered one block so you'll have to choose between say, Plastics, ENT or Urology for one 2 week block, and Ortho, Vascular, or Cardiothoracic for the second. The demands are going to be very rotation specific, but one thing to note, ENT, Urology, and Ophthalmology, are outpatient and most of the rest are inpatient. Colorectal, Trauma, Vascular, and Pediatrics will have the same pool of residents as General surgery, most of the others won't have any resident driven teams (ENT, Optho, Urology). While students are on a specialty service they take trauma call once a week. Your rotation may request that you take special call (Ortho for example), or schedule it on certain days, such as the weekend (outpatient specialties).

For most of the subspecialities, you are not required to see your own patients or round in the morning, you can if you would like to, but most attendings and residents would rather you scrub into surgeries. You may have specialty-specific conferences to attend. You still attend the student lectures on Wednesdays.

**** For the most part, you are off on weekends for subspecialty month.**

Students are expected to call the resident on trauma call at 4-5 p.m. on their call day **during the weekday. If you are on trauma call over the weekend, make sure you arrive before 7am.** Respond to trauma pages through the rest of the evening/night. Students can visit the communications office or Angelique Redmond to request a trauma pager to borrow for the night. Make sure to return your trauma pager when you finish your shift in the morning.

Call nights are a great time to get your physical exams, NG tube placements, phlebotomy, etc, checked off your paper because the residents tend to have a little more time to watch

you do exams. Hanging out with the on-call residents in SCCS is your best bet. When they are going to do a bedside laparotomy in the middle of the night in the ICU, the last thing on their mind is to text the med student.

You will be required to turn in 8-12 H and Ps at the end of the rotation. Call nights are also great to get these done. When your resident gets a new consult on the floor or in the ER, ask to start seeing the patient before they come. It gives you the opportunity to interview and examine the patient and then present the case to the resident. Then, write the note in EPIC. You will be required to get feedback on the note. Try to ask the resident for feedback on the note and have them cosign it in EPIC or print it out and have them sign the paper copy.

In addition, there is a checklist for physical exams, written notes, patient case log, etc. These are designed to be educational and help you get and receive feedback on a variety of topics. As with all things, it comes with a price, paperwork. Doing your best to remain organized, and proactive in these matters will save you frustration and anxiety down the line. GET THE BREAST EXAM DONE EARLY! If you are having trouble seeing a certain type of case, let your chief know early, not during your last week.

Finally, the oral exam. It's nerve wracking all the way up until you're in there. After that, it's just talking through cases you will have seen time and again. They give you a handout with important information, but if you are present during the days throughout the rotation, you'll be prepared for the oral without much need for fear, not that these words alone will alleviate it for you.

<u>Study Resources:</u>

Although the hours on surgery are debatably the most demanding of your third year, you still need to read every day. Most of your studying will be done during the specialty month, but it is still important to study during the General Surgery month.

Essentials of General Surgery by Lawrence is a good book to read up on cases the night before. You can check out a copy from the Inova library.

For general surgery, Surgery Recall is good on the floor. Fits in your pocket, and can quickly address many "pimping" questions during morning rounds and in the OR. If you know you have a certain case the next day, try to read up on that procedure the night before. There is a PDF that is available for Recall as well. Some students find that Wikipedia is actually faster and better for pimping questions because it is faster than looking in the book. For the Shelf, most students used NMS Surgery, NMS Case book, First Aid for Surgery, Case Files, and Kaplan (Pestana) Surgery Notes. The books can be checked out at the Inova Library.

The Surgery Pestana notes are actually the most concise and is available in a book form cheaply from Amazon for those who do not like to study on the computer

screen. Memorize that, and there's 50% of the shelf right there. There are others, but seriously do you need more? We can't really recommend "the best", but find a format that fits your needs (personally, this student loved Case Files). At best, you'll choose one and stick to it, try much more and you'll quickly find yourself overwhelmed. At the end of the day, and they will probably repeat this next fact during orientation: a majority of questions on the surgery shelf are not about actual surgical technique, in fact almost none are about technique, but more about the medical management of surgical patients (i.e. pre and post-op management, surgical patients with medical comorbid conditions). This can be challenging if you have not had the Medicine rotation, so keep this in mind and think about spending some time reviewing/learning some key Medicine topics like Coagulation and Bleeding disorders, Arrhythmias, and Cardiac Pharmacology. You may also see some OB/GYN, UroGyn, hidden in there as well. Oh, and just for fun, you'll see sub-specialty questions, albeit far more rarely, on things you never did. Say ENT, Urology, or Ortho. As for a question source, many students used UWorld or Kaplan Q-book questions. Be warned about the UWorld questions though, as the surgery questions are heavy on trauma but do not adequately cover the other specialties or management aspects of surgery. As such, it may be **useful to do medicine questions (GI and Cardio were most high-yield) as well.**

Other (a bit of honesty): The surgery rotation, along with the medicine rotation, is one of the most challenging rotations during your third year, even if you want to do Surgery! We, as well as faculty, will talk about studying, doing questions, using your down time; however, you'll be wondering along the way exactly what magical "down time" they are talking about. Do 3rd year medical students get time-turners that you weren't told about? Between trying to be prepared for cases, managing your patients, and just keeping your head above water, you'll be pretty swamped, or at the very least, exhausted. As with many things, this has pros and cons. It could be an incredibly rewarding and amazing experience, or it could be the bane of your existence. Stolen from a general time on life, do the best you can and always be mindful and present. Even if you're not a fan of the subject, take the opportunity to work as a team player and find some skills to develop along the way. Try your best to sleep as much as possible and take care of yourself – as the surgery mantra goes, "eat when you can, sleep when you can, pee when you can, don't mess with the pancreas."

Keep snacks in your pockets at all times!!! Some days you can never be sure of when your next meal would be. Also, sometimes having an extra granola bar is the best way to make new friends.

Templates: Go to the "EPIC" tab in the top left hand corner: My smartphrases and click on the "open" folder and then type in "Easha Patel" under name. Find the specific note template and highlight Click on "share," then add it to your list. When you write your notes, you have to add a "dot" before the file name. i.e. "dot" IMHP

- H&P note: “.SURGHP”
- Progress note: “.SURGPROG”
- Surgery plans by systems: “.PLANSYS”

PEDIATRICS

Clerkship director:	Associate clerkship director:	Associate clerkship director:	Clerkship coordinator:
Natalie McKnight, MD 703-776-2989 Natalie.mcknight@inova.org	Komal Bajaj, MD 703-776-6545 Komal.bajaj@inova.org	Darshita Bhatia, MD 703-776-6545 Darshita.bhatia@inova.org	Brandy Heard Brandy.heard@inova.org

Format of Clerkship:

Duration: 6 weeks

- 3 weeks inpatient:
  - 2 weeks on wards – Gold Team
  - 1 week on night float
- 3 weeks outpatient:
  - 2 weeks Pediatrics clinic
  - 1 week Newborn Nursery (in the hospital)

Inpatient days:

General pediatrics wards will be similar to your Internal Medicine months. VCU students are usually part of the Gold team (common pediatric problems) and you will be assigned 2-4 patients.

Daily timeline:

5:50am: Arrive for signout at 6am when you will chat with your senior resident to see who you will pickup

6am-8:15am: Read about your patients on EPIC, write down overnight events, vitals, and labs. You can call your nurse to see if there were any overnight events. Go see your patient, do a quick history of how they are feeling. Do a physical exam. Read a little bit about your patients' pathologies on uptodate or in BRS. Write your note in EPIC using the pediatric template and send it to your intern to cosign. If you can find a relevant EBM article mention it on rounds for some bonus points (but this is extra – make sure you know your patients

backwards and forwards first) Try to discuss with your resident during this time what you need to know to present to the attending, assessment/plan.

8:15am- ~10am: Morning report will be an assortment of lectures from attendings, residents, or other. There will be some breakfast that you can eat, but be polite. This lecture is for medical students too; be engaged and feel free to ask questions.

10am-noon: Round with your attending. The majority of your contact with the attending will be during morning rounds, so **this is the time to shine**. Grab lunch after this; residents are very understanding of allowing students to eat.

Afternoon: Different every day; there will be lectures and following up on your patients and completing tasks/plan discussed at morning rounds. There are also physical diagnosis rounds on Tuesday at 3pm and Wednesday afternoon lectures. Take this time to get to know the kids you are taking care of – don't be shy, as this may be the most fun part of the day

5:30pm: Required signout. After a few days, ask to present your patients during signout to the nightfloat team.

Inpatient nights:

You can wear scrubs. The night float week will be a little different. You will attend evening sign out at 5:30pm, then admit patients all night. You may assist in patient care tasks that were discussed at sign-out as well. Your senior resident will assign you patients as they come into the Emergency Department, and you will then admit them (do a full H&P, then present to an attending). Your intern may join you when admitting a patient, or may have you see the patient first. Some nights are very busy: get H&Ps done for grading. Other nights are slow: do CLIPP Cases/ Qbank in the Fishbowl. This is also a great time to get skills signed off.

Evaluations for inpatient:

You will need to ask two attendings, one resident, and one intern for grading evaluations. Be selective on who you ask to evaluate you, but please keep in mind that people talk so be professional and work hard with everyone. Be sure to be helpful to your resident and frequently check in and see if you can be of assistance. Complete the hospital course portion of the discharge summaries.

Outpatient:

Hours for specialty and general outpatient clinics are generally 8am-5pm. In general outpatient clinic, you will be asked to see the patient beforehand, and then present to your preceptor. Make sure you become familiar with offering anticipatory guidance (general

words of wisdom on how to take care of growing children). **We have provided you with pediatric template notes for outpatient; these are useful as they contain questions to assess developmental milestone for each wellness visit (2mo, 3mo, 1 yr etc…).** Some of the preceptor's offices won't have EPIC so it may be helpful for you to print out the notes and use them as a guide to interview patients.

Newborn Nursery:

This service is busy – there are many babies born at Inova every day. There are three teaching attendings: Drs. Carpenter, Bodnar, and Daggle. Dr. Carpenter (the director) is very organized and will give you a thorough checklist of the H&Ps and Assessment Forms she wants you to fill out during the week in a packet. She is very traditional, so please be very attentive and respectful to her at all times. You only have one week with her, and a few small mistakes could reflect poorly in your evaluations. Each day pick up a new baby. You will read up on that baby, and fill out a presentation H&P form. You will then present that baby to an attending **(you can read word for word from the H&P form** – but do NOT present from a computer)**.** You will then examine the newborn together. The newborn exam is very detailed because if you miss something at such a young age it can have profound effects for the rest of the patient's life. So the attendings are critical if you miss any steps in the physical exam. During this week, make sure to read up on the Newborn chapter of *BRS: Pediatrics* and know common things like adequate bilirubin levels, average amount of urine and stool, and be sure to ask if the parents have selected a pediatrician. On the last day of the rotation, you will give a 10 minute PowerPoint presentation with another med student to Dr. Carpenter. You will also do a graded newborn physical exam. After the physical she will give you a small oral quiz (some cases to answer as an opportunity to teach and learn). The form she uses to grade the physicals are given to you in your packet at the beginning of the week.

In Your Pocket:

- Stethoscope
- Harriet Lane manual: pediatric medicine guide (check this out from the IFH library before your rotation starts)
- Penlight
- Alcohol Pads (to sanitize your stethoscope after each infected kid)
- Calculator app: for doing weight based dosing
- H&P templates (provided by Dr. McKnight and Dr. Carpenter)
- You might want to get stickers (Miley Cyrus, Ironman, or what have you) or a little stuffed toy to distract/play with your kids while you do the physical exam. I used to keep a pack of crayons on me, and had them draw on my clipboard.

How to Study:

- LECTURES are wonderful for the shelf. The attendings know what will be on the shelf and they will help focus you on important details. Be engaged. It is worth it.
- *BRS Pediatrics*: Although it hasn't been updated for some time, it is still the most comprehensive and shelf-relevant text. It is quite long, so start reading early before moving onto questions.
- *UWorld Pediatrics*: A great source for challenging and Shelf-relevant questions.
- *PreTest Pediatrics*: The questions are fairly challenging and nitpicky. Do not be discouraged if you get many wrong. Go through them thoroughly to attain mastery of the material.
- *First Aid Pediatrics*: Although not as comprehensive as BRS, the bullet format makes it easier to read, so it's a good review book for last minute details.
- *Case Files Pediatrics*: A good companion and shelf relevant.
- *Kaplan Pediatric videos for step 2:* A good resource if you can get your hands on it

Templates:

Go to the "EPIC" tab in the top left hand corner. My smartphrases. click on the "open" folder and then type in "Akshay Elagandhala" under name. Find the specific note template and highlight Click on "share," then add it to your list. When you write your notes, you have to add a "dot" before the file name. i.e. "dot" IMHP

- Newborn nursery progress note: " CARPPROGNEWBORN"
- H&P note: ".M3HP"
- H&P: ".PEDSHP"
- Progress note: ".M3PN"
- Discharge Summary: ".DCSUMMARYPEDS"
- Outpatient wellness visits: Copy all of my templates from "10YRFEMALEWCC" to "9YRMALEWCC." To use these templates, type in "dot", and then the age of the patient, and then select the appropriate template based on gender and age. For example, if you have a 2 month old male for a well baby check. Type in "dot 2," then select "2MOMALEWCC"

OBSTETRICS-GYNECOLOGY

Contact Information:

Clerkship Director:	**Associate Clerkship Director:**	**Clerkship Coordinator:**
Emily Marko, MD (703) 776-4094 Emily.marko@inova.org	Francine McLeod, MD (703) 776-7784 Francine.mcleod@inova.org	Sira Perez Visona 703-776-3783 Sira.PerezVisona@inova.org

Format of Clerkship:

- Duration: 6 weeks broken into:
- 1 week on antepartum (high risk pregnancy, MFM/HRP)
- 2 weeks on Labor & delivery (C/S, day float, night float, triage)
- 1 week Ambulatory clinic
- 2 weeks on benign gyn, gyn onc, or urogyn surgery (Requests sent prior to the rotation via emails with coordinator)

Call Schedule: Total of 5 L&D Day shifts (including 1 weekend day shifts) or a total of 4 L&D Night shifts (including 1 weekend night shift).

Conferences: Monday mornings are ObGyn Grand Rounds in the PCC Auditorium Upper Level from 8:00 am – 9:00 am (breakfast served). Students on gyn onc or urogyn do not attend this conference because the teams are rounding at this time. Dedicated didactic lectures and case-based conferences are held each week on Wednesdays– the schedule will be in your orientation packet, posted in the call rooms and updated on eCurriculum. Lectures may be rescheduled due to resident/attending clinical duties. You will receive an email each Friday with updates, reminders, assignments and resources, so make sure to check your email regularly!

Case-based conferences (CBCs) are formatted so that you are given some clinical vignettes about a particular topic and are required to do assigned reading/answer associated questions prior to the conference. Make sure you prepare for these, as attendings usually use a discussion format in which they will go around the room and ask you for your responses! These CBC's are also great preparation for the wards and exam so take advantage of them to learn as much as you can while you have an attending whom you can ask questions! First Aid for OB/Gyn is a great resource for answering these CBC worksheets. Also, the ACOG Bulletins for each topic are on eCurriculum.

On the wards:

If you are on **antepartum**, you will come in around 6:30 AM to the High Risk Pregnancy unit in the women and children's building (3rd floor) and pre-round on your assigned patients (usually 1-2). You will write progress notes in Epic on each patient you see. Antepartum is unique in ob-gyn in that you get to work in a team consisting of a senior resident, junior resident, intern and attendings that rotate daily to lead rounds. After pre-rounding you will attend Grand Rounds on Mondays with your team. After Grand Rounds, return to High Risk Pregnancy for rounds where you will present and discuss plans for your patients (on the other days, rounds will be at 8am, always held in room 3.166). Length of rounds varies depending on how many new patients have been admitted; the census can be quite large on this unit, but keep in mind most of the patients end up having long stays and their plans may not change much from day-to-day. In the afternoons, you will follow up on plans and floor work. You will also admit new patients in the afternoon. You can also go to the Antenatal Testing Center in the afternoons and observe sonograms and consults by the Fellows and Attendings – **all students are welcome to go**. You will spend one afternoon each week going to the high-risk clinic at the Inova Cares Clinic. Antepartum days can be very light depending on your resident so make sure you bring materials to study. Also knowing a little about cervical incompetence prior to the start of your antepartum week could be helpful.

If you are on **labor and delivery**, you will report for sign-out in the morning at 7:00 AM (Women's Building, 1st Floor, Physician's Lounge) and will stay until sign-out in the evening at 6:30 PM. Do not be late for sign out, it is very distracting to have people come in and out of the room. On this service, students will be assigned to rotate between seeing patients in the L&D triage (these are pregnant patients who come in with some type of complication such as bleeding or pre-term contractions), delivery rooms, or OR for C-section assists. You will assist with postpartum rounds and always round on the patients you helped deliver. You should have your notes done by 6:15 AM. L&D is one of the most challenging services to be on. Inova is one of the busiest OB services in the nation, so this is a busy service that requires you to be on your feet all day! But for many students this is their favorite part of the rotation – possibly delivering babies! As Dr. Marko will tell you, the overall goal of this clerkship is not to deliver a baby, however you are welcome to ask to participate and show that you are interested in doing so to your resident. This part of the rotation is very fast paced; residents are stressed and working quickly, so you need to be proactive to get experience and help out the residents. On this service, students are given a SpectraLink to carry. Residents will never call you when something is about to happen so make sure to keep the phone handy but also make sure to stalk your resident by sitting at the nurse's station and looking out for residents running down the hallway! Also remember to wear the small shoe covers at all times and put on the larger "moon boot" shoe covers over top of the small shoe covers before deliveries or C-sections. DOUBLE SHOE COVERS=SUCCESS

On your **surgery weeks** – you will see a wide range of cases depending on which service you are assigned to. If you are on **urogyn**, you will likely have the benefit of working with the urogyn fellow who will be a great resource to you. If you are on **benign gyn**, you will work with different residents and attendings each day. **Gyn-onc** works a bit differently in that it has its own team, rounding schedule and conferences. No matter which service you are on, you will come in around 5 AM each morning to round on your surgery patients from the cases you scrubbed in on the day before and will be responsible for completing notes on your patients by 6:15 AM so that residents can review them when they round. There are no formal rounds on surgery except on Gyn Onc. When you attend sign-out in the morning, you will check the OR schedule to see which cases have been assigned to you for the day. You are usually assigned to one OR for the whole day and will be scrubbing into all cases that are scheduled for that OR. Make sure to greet patients in the pre-op area in a timely fashion, ask a brief history and read about their diagnoses and procedures, know your ANATOMY for the given procedure. Make sure to introduce yourself to the resident, attending for the case and the OR staff, and help transport the patient to and from the OR. You will be given an orientation about OR etiquette – just follow it! The teaching resident is responsible for assigning OR cases to the benign gyn students each day. Some residents do not strictly assign cases, so use these days to check out the board and try and scrub on some interesting cases.

This clerkship has a residency program with PGY1-4s. There are many different residents and attendings, so **keep a copy of your evaluation form on hand** and give it to anyone you work with that you feel got a sense of your work ethic. Aim for (3) evaluations from residents and (3) evaluations from attendings, and keep in mind quality over quantity! Once a resident or an attending agrees to complete an evaluation for you, email Sira so that she can send them a link to complete an evaluation on eCurriculum. If they want paper copies, please inform Sira as she will be the one to contact the resident/attending to collect the evaluations or send out a reminder (after you request an evaluation, Sira will take care of the rest). Ask to do things, be proactive, try to anticipate what your resident, attending, and/or team needs, even if it is just to update the patient board. Please look over the evaluation so you know what they will be looking for.

On **Ambulatory**, you will be at the INOVA Cares clinic. Over half of the patient population there is Spanish-speaking only, so it really helps if you speak Spanish. However, there is a language line which you can us to speak with patients in any language. Try to learn how to ask a few basic OB questions in Spanish like are you having any bleeding, contractions, etc. Know all of the different birth control methods and what their pros and cons are prior to coming, especially IUDs. OBs love IUDs. Reading the chapter on Antepartum Care in the loaner textbook Beckmann and Ling is a must. Most of the week is understanding what tests are ordered when and what to do if there is an abnormality.

What should I have in my Pocket:

- Pregnancy wheel, English-Spanish translation of common medical questions in Ob/Gyn (also in orientation packet). Evaluation forms.
- Red Book

How to Study:

- You will be working very hard throughout the rotation, so make use of any down time that you have to study.

Resources to use:

- Uwise Questions online on ACOG website (mandatory). These are key! Do them twice if you can!
- First Aid for OB/Gyn- easy to read, not too much information.
- Blue Prints for OB/GYN – Great overview. Try to finish this early on so you can solidify the information and fill in the gaps with other sources. Make sure to do the 100 sample test questions in the back.
- Case files of OBGYN – Also start this early as it is a great overview of the conditions you will be actively seeing in outpatient clinic, antepartum service, and L&D
- **UWorld Questions –** Note that these questions might be easier than those encountered on the shelf. However, definitely worth a go-through if you've finished the Uwise Questions.

Templates: Go to the "EPIC" tab in the top left hand corner My smartphrases and click on the "open" folder and then type in "Akshay Elagandhala" under name. Find the specific note template and highlight. Click on "share," then add it to your list. When you write your notes, you have to add a "dot" before the file name. i.e. "dot" IMHP

- Gynecology H&P: ".GYNHP"
- L&D triage note: ".LDTRIAGENOTE"

These templates are a guide to writing a good note. You will need to edit out the instructions.

FAMILY MEDICINE

Location: Fairfax Family Practice – 3650 Joseph Siewick Drive, Suite 400, Fairfax, VA 22033

Parking: Free parking can be found in the employee garage directly in front of the building.

Clerkship Director: Margie Hermes, MD 703-391-2020 mhermes@ffpcs.com	Clerkship Coordinator: Carol Lauffenburger 703-391-2020 clauffenburger@ffpcs.com

Duration: 4 weeks total

Call requirements: None
Weekends: None

Fairfax Family Practice:

- **Hours:** Generally, 8am-5pm but check your individual schedule. Some attendings may start at 9am – listed on your schedule.

- **Expectations:** You will receive a detailed schedule from Carol on your orientation day which dictates which physician or third year resident you will work with each day. You will usually work with one preceptor in the morning and a different one in the afternoon. There will be 3-4 preceptors with whom you work with most often – these are your evaluators. Some half-days are at the walk-in clinic on the first floor. You will also have two half-days with a sports medicine attending or fellow. This is a great time to get your knee and shoulder exam signed off. You will get one morning and one afternoon off over the month to work on your fmCases.

- Be prepared to enter patient rooms by yourself and take a focused history followed by a physical exam and start to think of an assessment and plan. You will then present the patient to your preceptor. This is the best time for you to get a feel for when it is important to be comprehensive or to be focused. As you discuss your patient with the attending physician or resident, they will use this opportunity to teach you. Whether that is asking you questions to see what they need to explain, going over important physical findings, or teaching current guidelines. It is a good time to ask any questions you have about your patient, unless you notice your doctor is behind schedule. After you discuss the patient you will then finish the patient encounter with your preceptor in the patient's room.

- You will be given a loaner laptop and have access to the electronic medical record (EMR) called AthenaNet in the practice. You are expected to write notes for all of your encounters. The EMR allows you to look at previous notes, a quick glance can give you an idea of what your preceptor usually includes. Ask for feedback on your notes early in the day so your notes can be as useful as possible.

- Noon conference is from 12pm-1:30pm each day with the exception of Thursdays. If you have the option of finishing patient care or being on time to conference, you should favor **patient care** (obviously do what your attending tells you though). Bringing your own lunch can save you some time so you aren't late to conference. Otherwise you can walk to the Fair Oaks Hospital cafeteria or the small deli in an adjacent office building. Occasionally lunch may be provided, but do not rely on this.

- The EBM project must incorporate five sources and be given as a power point presentation at noon conference. Choose a topic that is interesting to YOU and relevant to the population of people in the community. More information at orientation.

Tips:

- Before the rotation, think about what types of patients interest you. This rotation is very pertinent to your everyday life (we all should be going to our annual physicals…) so there is always something important to you. We have a national opioid crisis. We have a huge shortage of providers well trained in mental health. **Be ACTIVE in what you take from this clerkship.** It can impact your future practice and your personal life. Tell your preceptors so they can tailor your experience to what is important to you.

- **The exam is based off of all 40 of the fmCases!** All of the material that is on the exam is in the cases, so there should be no surprises. At the end of each case, you will get a PDF summary of the case with all the detailed notes and information. Download those PDFs and use them to review. Make sure you complete the cases as you go along. If you see a patient with a sprained ankle – do the sprained ankle case that evening! **Do NOT rely solely on the summaries to study without actively doing the cases.** The test can be detail oriented and you will have had to previously actively thought about the pathologies.

- The OSCE can be tricky. In the spirit of family medicine, there is a primary medical issue and an underlying social issue that you must discover. If the patient mentions that they drink – do CAGE questions. If they mention they are having a hard time at work or financial difficulties – screen for depression. On PE, verbalize what you're doing and what you've found (you will be told which physical exams to do). Do your Bates-worthy physical exam. Ask social history, PMH, and family history. Give a thorough assessment and plan. If you talked about their drinking, or smoking, or depression, tell them to follow up with you. Discuss lifestyle changes if they have diabetes or CHF, etc. You will have 15 minutes to

write the post-encounter note. **Don't forget to write an assessment in the box even though there may not be a space for it.** Unlike the notes for OSCEs MS1 and MS2 years, you will be allowed to use common abbreviations like RRR, CTAB, SOB, etc. The major topics that will be tested are given to you at the start of the rotation. Dr. Hermes will also observe you do an H & P to ensure your readiness and give you feedback on how to improve in order to do well. This OSCE is the most similar to Step 2 CS, so take it seriously.

- Be proactive about getting the observed physical exams done earlier on in the rotation. The rotation flies by quickly.

- Each doctor is different; so, make sure to ask each doctor's expectations. Dr. Blecher is very clear about his expectations, but some of the other doctors will not brief you on their expectations if you do not ask.

- Read over the binder they give you, regarding the different diagnoses and what questions to ask and what physical exams to do; these checklists are very helpful for different complaints.

- Research current guidelines for treatment of different chief complaints - the AAFP has great articles that outline evidence-based guidelines for diagnosis and treatment. Guidelines are very important in this rotation and will absolutely be tested on, so know the adult vaccines and when to give them, know the lipid and BP goals for diabetics, know when and how often to do different cancer screening tests, etc.

- Even though only 3-4 of the preceptors you work with will evaluate you, strive to impress all of the preceptors you work with, even if it is only one half day. They all talk to each other, frequently.

- ASK QUESTIONS. **Everyone at FFP is very friendly and loves to teach**. This is going to be one of your best rotations. The people are amazing and the hours are great – so ENJOY!

Preparation:

- **Very helpful:** white coat and stethoscope.

- Optional: reflex hammer, pen light, Maxwell's pocket reference, pocket medicine, preferred antibiotics guide, and drug guide (Medscape or epocrates).

Study Resources:

- Use your time wisely. Do **all** of the fmCases.

    - Aafp.org is useful to look up current guideline

NEUROLOGY

Clerkship Director: Drew Falconer, MD 985-630-1419 drew.falconer@inova.org	Associate Clerkship Director: Sean Rogers, MD Sean.rogers@inova.org mailto:meena.raj@inova.org	Clerkship Coordinator: Thida Vongkaysone 703-776-6375 thida.vongkaysone@inova.org

Format of Clerkship:

Duration: 4 weeks broken down into:

2 weeks of inpatient consult service at Fairfax Hospital

1 week of outpatient at Alexandria or Fairfax Office; occasionally Tyson's office

1 week of Neurosurgery: inpatient and outpatient experiences

Call Schedule: No Call

Conferences:

During the first two weeks of **inpatient**, you will have lectures most afternoons (and then go home afterwards), most are scheduled around 3-4pm. These lectures are either case-based or subspecialty neurology lectures like neuroradiology, seizures, movement disorders, etc. A great way to get ahead is to read the corresponding chapter of the book that they give you the night before to be prepared.

On the third week (**outpatient neurology**) there is one movement disorders lecture scheduled at an outpatient facility.

The last week is **Neurosurgery**. You also have Tuesday afternoon conference during the last week with the neurosurgeons and neuroradiologists during neurosurgery weeks. This normally starts at 12pm in the Neurosciences' classroom. There is a high chance you will get pimped during the afternoon conferences but you don't always know what the topics are ahead of time, so don't be too stressed – just look like you care and are paying attention!

Definitely know about Hematomas! You tend to get pimped on this a lot!

Other Assignments:

Everyone is required to prepare one 10-15 minute PowerPoint presentation of an article in Neurology to be given during you last week at the Tuesday afternoon conference; this is your EBM assignment for this clerkship. Pick something recent and from an established journal. The subject of this presentation should cover a neurology related topic of your choice. The intended audience is comprised of fellow medical students, nurse practitioners, physician assistants, neurosurgery attendings and neurology attendings. Although your presentation is not graded, it may influence your overall grade so try not to slack off with this presentation, but also try to not be too stressed. The docs give feedback after your presentation and although you CAN stand up front, they also allow you to sit.

You are also required to do a full, observed neuro physical exam on a patient and have your attending use a checklist to assess your skills. You will also have a simulated LP session which is high yield.

All of the attendings are very kind - take advantage and learn from them. Especially if you have the rotation before medicine, learning Neurology now will save you study time later on as the medicine shelf incorporates Neurology.

How to Prepare:

Before the clerkship starts, we recommend reading the First Aid step 1 section of neurology just to get a good foundation, especially with ischemic stroke and its associated blood supply, etc. Start reading from day one, because you only have 4 weeks until the shelf. The Neurology team gives you a textbook for your time on Neurology which most people use to study. Blueprints is another option to set up a good foundation. **An alternative option for general review is the neurology section of first aid step 2. Questions are your friend for this clerkship and for the shelf – so definitely go through UWorld and PreTest to prepare.** For the most part your hours are 8-4 p.m., but can change depending on your attending and how busy they are on the service that week. During this clerkship you start with two weeks on the inpatient Neurology service, then one week of outpatient, where you see patients in either the Alexandria or Fairfax offices. On the Neurosurgery week, your time will be split between the clinic and the OR for cases.

When you're on the inpatient/consult service you should call the NP in the morning to be assigned your **one or two patients for the day**. Although the team will not automatically assign you a patient, it is highly recommended that you request a patient or two to preround on. There are no neurology residents that work with the attending, so you generally work directly with the attending or with a nurse practitioner. There is a different attending on call each week, so meet with the team first thing in the morning at their morning report to run the list. Their service is busy, as their list usually averages 60-70 people and they get 15-20 new consults a day. It is a great opportunity to see a lot of pathology in a short period of time. Inpatient is very rewarding as long as you use your

time effectively and are continuously trying to learn. If you are actively involved during these weeks you will walk away with a good fund of knowledge of strokes, aneurysms, hemorrhages and seizures. You will feel confident about doing neurological exams and reading CT/MR images by the end. The service can be busy or relaxed depending on your attending for that week.

Tips:

Inpatient:

- Ask a lot of questions and be vocal about seeing more patients. They'll give you as many different cases as you ask for, and no one will tell you 'no'.
- Make sure you write a very detailed neuro exam in all of your notes

Outpatient:

- This week is very relaxed, but it is also a great time to get your observed H&P, get comfortable with a thorough neuro exam and ask for feedback.
- You will spend time in most of their subspecialty clinics, including movement disorders (Drs. Falconer and Rogers), epilepsy (Dr. Kurukumbi), headache (Dr. Nierenburg), neuroopthalmology (Dr. Kulkarni), sleep medicine (Dr. Eberly), stroke clinic and general neurology (Dr. Jain).
- Dr. Kurukumbi likes for his students to do an ophthalmologic exam on all his patients; so just review how to look in the eye!
- Dr. Eberly is a sleep specialist so know a little bit about sleep physiology and pathophysiology; make sure to have some sort of plan ready for his patients.

Neurosurgery Week:

- You will be working with a variety of excellent neurosurgeons during your neurosurgery week. Regardless of which neurosurgeon you work with though, they all pimp a lot.
- Ask Dr. Falconer during orientation about Deep Brain Stimulation (DBS) surgeries during your month, as he'll get you in no matter what part of the rotation you are on.
- The PAs are a great resource on Neurosurgery – You'll spend Tuesday mornings rounding with them.
- Dr. Hamilton pimps a lot during his OR cases, especially on the venous system in the brain. His pimping is notoriously intense. Don't get flustered or embarrassed if you have no idea what to answer. You may be assigned to have clinic

with Dr. Hamilton the Wednesday of your neurosurgery week. You will be expected to see the patients by yourself and generate a focused H&P.

- The neurosurgery cases are pretty cool. Try to see as much as you can. The C-spine cases are much quicker than L-spine, which can last over 4 hours. Definitely try to see some craniotomy cases and brain tumor removal. These can be long (6+ hours) but are definitely worth it!

What should I have in my Pocket:

Maxwells (for dermatome maps, mini mental, full neuro exam)

Pen Light

The Neurology team gives you a reflex hammer and a tuning fork for the rotation.

Copies of the mini mental exam (also in maxwells) and/or MOCA so you can fill it out as you go.

How to study:

Clinical Neurology – this book is given to you for the month by the clerkship. A good, detailed review of Neurology that is more substantial towards the shelf than Blueprints.

Dr. Falconer also gives access to a folder of all of the lectures including a shelf review, which is a great high-yield powerpoint geared towards the shelf.

Blueprints – Good overview of all the main topics in neurology. Borrow from Neurology.

Neurology Shelf Exam Study Guide – Many students found this to be helpful. Can be found on neurology section of e-curriculum under "Resources"

Neurology Recall – Good for neurosurgery pimping. But extremely dense. Read the select pages they assign you. Borrow from Neurology

Case Files – Borrow from Neurology

UWorld QBank – Although there is a small number of neurology questions, don't take them for granted. They are good. Try to take notes on these questions and do them 2x.

First Aid section of neurology – Excellent source for review

Pretest – Good for doing questions but beware because it is much easier than the shelf. Borrow from Neurology.

Ward experience: Read up on your patients. I had several questions that I got right on the shelf because of the patients I took care of.

EXAM HINT: The shelf for neurology has lots of cognitive impairment questions. Alzheimer, pseudo-dementia, old age dementia, transient global amnesia, multi-infarct dementia, neurosyphilis etc…. Know these well. Usually the question stem will contain key phrases to tip you off on the answers. Also know how to differentiate between psych vs. neuro causes of things.

PSYCHIATRY

Clerkship Director:	Clerkship Coordinator:
Carol Perez, MD	Pamela Crawford
carol.perez@inova.org	pamela.crawford@inova.org
703-776-2064	703-776-3626

Format of Clerkship:

- 4 weeks inpatient psychiatry wards **OR**
- 4 weeks inpatient psychiatry wards **OR**
- 4 weeks of outpatient child psych (Started midway in 17-18 academic year)
- Mon-Fri
- No weekends or call

Inpatient:

- **Hours:** Monday-Friday. Plan on at least 8-9am to **3-5pm** but can be later. Hours can vary and are attending dependent. Check in with your attending to see what time they prefer to round in the morning so you have time to pre-round and write your notes. You may go home when they dismiss you.
- You will be assigned one attending physician and possibly a resident rotating from GW, depending on what service you are on and if the attending works with residents. Depending on which attending you work with, you may report directly to the attending, or to a resident.
- In general, you will have the opportunity to do admission H&Ps for new patients. Be prepared to conduct the interview from start to finish, formulate an assessment and plan, and write a comprehensive psychiatry H&P.
- You will follow patients you have admitted (and any other patients assigned to you by your team) day to day. You should pre-round on your patients and write daily progress (SOAP) notes. Some attendings prefer to see the patient with you instead of pre-rounding. You will need to ask your attending about specific expectations.
- You will have patients who are psychotic and violent. Psychosis is a symptom and does not define the patient. Having said that, please don't put yourself in harm's way. Always be near the door when you interview patients. Always check in with your attendings before you interviewing new patients, they know the safe ones for

medical students. Make sure you remove yourself immediately if you find yourself in uncomfortable situations. We don't mean to scare you but these are important facts you must know.

Consult liaison service:

- **Hours:** Monday-Friday. 8am-**5pm**. Depending on the day of the week you might not start until 9am- you'll need to check with the fellows to see what time you should arrive. If you get an admission at 4:30pm you could end up staying until 6:30pm or later so be prepared and don't stress out if asked to stay late.
- You will work primarily with fellows on this service. Your interactions with attendings will be primarily during sit-down rounds in the psychiatry conference room.
- As part of the consult liaison service, you are part of the team that goes to see a patient whenever someone requests a psychiatry consultation in the hospital. You should be prepared to see the patient on your own, conduct a thorough H&P, formulate an assessment and plan, present the patient to the fellow assigned to the patient, and write up a comprehensive consult note.
- **Other activities:** Geriatric rounds, Journal club, didactic lectures by attending physicians and fellows

Tips:

- Concentrate on **drugs (especially the injectable versions)**, diagnostic criteria and **side effects** when on the inpatient wards, as this is what is asked on rounds and will be a significant part of the shelf.
- Take advantage of any down-time you have to study, especially while waiting for consults on the consult liaison service.
- Take time to study for the OSCE! This cannot be stressed enough - It may end up making or breaking your final grade. Make sure you pay attention to the OSCE review that Dr. Perez gives you.
- Don't be afraid to report to your attendings any threats of verbal/physical harm from patients; your attendings will take them seriously and guarantee your safety.
- If you're with Dr. Gauss, don't be put off by how she approaches her patients – she can be a little frank and gruff.

What to bring:

White coat, Stethoscope, reflex hammer, Maxwell's pocket reference, Pharmacopeia or smartphone with Epocrates app. Ultimately you may not end up using your stethoscope or reflex hammer on this rotation, bring them the first day just in case.

How to Study:

- **First aid for the Psychiatry Clerkship** – SUPER high yield and easy to read; go through it a couple of times if possible
- **Lange question book**- Good
- **Qbank-** Do them all. Read the explanations – this is reportedly the highest yield for the Shelf.
- **Case files and pre-test** – If you want extra resources
- *Note: USMLE World psychiatry questions are not representative of the types of questions and content of the psychiatry shelf exam; but still do them, as they will help build basic knowledge.*

Templates:

Go to the "EPIC" tab in the top left hand corner My smartphrases. click on the "open" folder and then type in "Srilakshmi Karuturi" under name. Find the specific note template and highlight. Click on "share," then add it to your list. When you write your notes, you have to add a "dot" before the file name. i.e. "dot" IMHP

- H&P: ".PSYCHHP"
- Progress note: ".PSYCHPROG"

Some psych attendings will have their unique templates so make sure you ask them if they have any preference.

AMBULATORY

Contact Information:
Clerkship Director: Clerkship Coordinator:
Carolyn Davis, MD Molly Hobbs
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carolyn.davis@inova.org molly.hobbs@inova.org

Format:
Duration: 4 weeks total
There is no call or weekends on this service.
There is NO shelf exam, OSCE or quizzes. There is a final project and weekly assignments.

Grading:
Pass/Fail
About the Clerkship:

- This clerkship was created to help provide students the opportunity to care for patients in an outpatient setting and become familiar with longitudinal outpatient care. This clerkship also focuses on wellness/prevention, interprofessional care coordination and patient-physician communication.

- **Hours:** Hours will vary. You will be working Monday-Friday in the clinical setting and hours will depend on the particular preceptor you are with and what time they start seeing patients. Plan on at least 8-9am to **3-5pm** but can be later. Check in with your attending to see what time they would like for you to come in. On Wednesday mornings, there are didactic sessions from 8:15 - 11:15 am, held jointly with the Richmond campus through teleconferencing.

- **Expectations:** Since you will be with a different preceptor on different days, the best thing to do is to ask each preceptor what their expectations of you are. Each preceptor will ask/expect different things from you and it's best to ask them up front.

  - In general, you will have the opportunity to see patients on your own and get HPIs and/or H&Ps for new patients. Be prepared to conduct the interview from start to finish and pertinent exam.

  - Most physicians will have you document. Be prepared to write a note on all your patients.

  - Professionalism is a big deal in this rotation. Be sure to maintain professionalism in all aspects. Show up on time and dressed appropriately.

Assignments:

- **Passport:** Care of patient with acute or chronic disease (10), Use of screening questionnaire (5), Counsel for behavioral change(5), Obtaining patient history (10), Perform a patient physical exam(10), Discuss diagnostic testing (5), Care coordination (5)
- Teamwork and Art of Medicine Assignment-- eBoard posts (2)
- Aquifer presentation
- Digital Story Presentation
- Didactic lectures

Tips:

- Although there is no shelf or OSCE, be sure to continue to read and study! Your preceptors still evaluate you and those comments can go in your Dean's letter.
- Stay professional! Life is an interview. You never know who knows who!
- Do not procrastinate on assignments! They are relatively easy, however can be very time consuming. Especially the digital story, so **start early!**
- Have fun! This is a very low stress rotation so take advantage of that!

Don't be afraid to ask any questions!

Preparation:

- **What to bring:** White coat, Stethoscope, reflex hammer, Maxwell's pocket reference. Ultimately you may not use your reflex hammer on this rotation but bring them the first day just in case.

M4 Planning

You've made it through most of 3rd year and the dean's office starts asking: So, what do you wanna do for the next 50 years?

Don't panic if you're not sure, and don't panic if you're sure but have no idea how to get there.

The best advice is to reach out to your big buddy or ask the dean's office who in our class applied to what you're considering applying to. If it's something competitive, you'll want a guide through VSAS (the service to apply for away rotations) and an idea of what's expected of you in terms of research, scores, etc. Don't hesitate to contact us - we've been there!

This is also a time where you'll be thrilled you chose to come to Inova. With our smaller class size and Alyssa Thurman who seems to almost work magic on your electives, chances are you'll be in great shape for a schedule that you actually wanted, not one that was simply provided through a lottery.

If you're confused on which specialty to pursue, an attending gave our class the following tip: sit down and try to write a personal statement for each of the specialties you're considering. Chances are the one that flows more naturally and is easier to write is the path you're more passionate about.