



***2016 –
2017***

M3 Clerkship Guide

Brought to you by:
MSG and Class of 2017

**MEDICAL
STUDENT**

Table of Contents

Welcome to M3	1	Hospital Map	3
Before you Begin	2	How to Interpret this Guide	4
Family Medicine			5
Contact Information	5	Resources to study for fmCASES exam	5
What should I wear?	5	Student comments	6
Neurology			10
Contact Information	10	Resources to study for shelf	10
What should I wear?	10	Student comments	11
Psychiatry			14
Contact Information	14	Resources to study for shelf	14
What should I wear?	14	Student comments	15
Pediatrics			18
Contact Information	18	Resources to study for shelf	18
What should I wear?	18	Student comments	19
Surgery			23
Contact Information	23	Resources to study for shelf	23
What should I wear?	23	Student comments	24
Internal Medicine			30
Contact Information	30	Resources to study for shelf	30
What should I wear?	30	Student comments	31
Obstetrics and Gynecology			36
Contact Information	36	Resources to study for shelf	36
What should I wear?	36	Student comments	37
Ambulatory			41
Contact Info & What should I wear?	41	Student comments	41
Step 2 Preparation			44
Resources to study for Step 2	44	Student comments	44

Welcome to M3!

You have finally made it through that big hump called Crunch Month and earned your badge of honor to strut the wards. You have heard from all of the older students about how much fun it will be once you start your clinical rotations and that day is finally here. Congratulations!

First and foremost, one of the best advices I received from multiple attendings and residents is to **enjoy your time as a medical student**. This might be the last time ever in your life that you get to see _____ that is common in _____ rotation. Remember that **YOU** are the only person in the patient room that is paying for your experience (Hello, tuition!). Seek out experiences. Your enthusiasm will take you far and your team will appreciate you for that.

This guide has been created to make your transition from pre-clinicals to the hospital a little bit easier. It is daunting to figure out what to do or where to stand (never break the blue sterile field in the operating room!!!) Remember that this guide was created solely based on the experiences of the students before you. It can change any time, but hopefully they are all things that we wished we knew beforehand.

The third year of medical school is what we dreamed of through our pre-med and first two years of medical school. Now you finally get to be part of patient-care. We are extremely lucky to be at an institution that our faculty and staff care about our learning. However, remember that in the end, our patients come first. You may not be considered a priority and there might be no one around to give you “formal teaching” sessions during the week. Don’t take this personally. Every patient you encounter is a “teaching session”. One of the most frustrating things about M3 year is that you are not given a set of instructions or powerpoints to go over everyday. However, being proactive about your own learning and reading a little bit about all the patients in your team (not just your own!) will be plenty.

You will have 12+ hour days and will feel frustrated because the only thing you ate was a banana at 5am. Even at your worst days, please remember to –

Take care of yourself (eat, sleep, exercise, study, talk to loved ones when you can)
Get along with fellow medical students (there is absolutely no reason that you and your peer in the same team cannot both get honors in a clerkship)
Respect your interns, residents and attendings
Be courteous to your nurses and rest of the hospital staff
If anything, come find a fourth year and talk to them about their experience! We were in your shoes not too long ago.

We hope you enjoy your time. Hope to see you on the wards!

Best,
Yeri Park (*C/O 2017 Class President*)
Medical Student Government

Before you Begin

Before you dive into this guide, I'd like to share a few thoughts about its creation. Jumping from the preclinical to the clinical years is a source of excitement and anxiety for all of us. While we know that medical students do eventually make the transition and acclimate, it doesn't change the insecurities we feel in this moment.

Partially in realization of this, the M3 Clerkship Guide was created by coalescing the thoughts, tips, fears, and suggestions of the Class of 2017 for each clerkship, in hopes of making things just a little bit gentler for the Class of 2018. Thus, I'd like to thank the Class of 2017 for their wonderful contributions, and wish them the best of luck in their M4 year.

To the class of 2018: this guide is meant to be more of an informal, yet honest, perspective of clerkships and the shelf exams. As such, it is not a set of official recommendations from the School of Medicine, but rather helpful thoughts and insights from our upperclassmen. In addition, it is not wholly comprehensive of all things M3 – it is more of a quick reference, a brief introduction. Future editions will become more comprehensive as more data is collected and more minds contribute.

If you have any questions regarding the guide, or have any ideas on how we can make it better for future generations, please let me know.

Here's to us. We can, and will, do this!

Sincerely,

Rajbir Chaggar
2015-2016 MSG VP Publications

Top Section: Main, North, Gateway, Nelson, and ACC

D Deck (1-7)	Clinical Support	North (1-10)	Main (B,G,1-11)	Gateway (B,G,1-7)	Nelson (1-7)	ACC (B,1-7)
--------------	------------------	--------------	-----------------	-------------------	--------------	-------------

Middle Section: Visitor Deck 1-8, Main, and Critical Care Hospital

Visitor Deck 1-8	Main (B,G,1-11)	Critical Care Hosp
------------------	-----------------	--------------------

Bottom Section: Long Paths Thru Main Hosp & Crossing Marshall Street *

North 6	>	Main 2 *	>	Gateway 2	>	Nelson 2	>	ACC 2
---------	---	----------	---	-----------	---	----------	---	-------

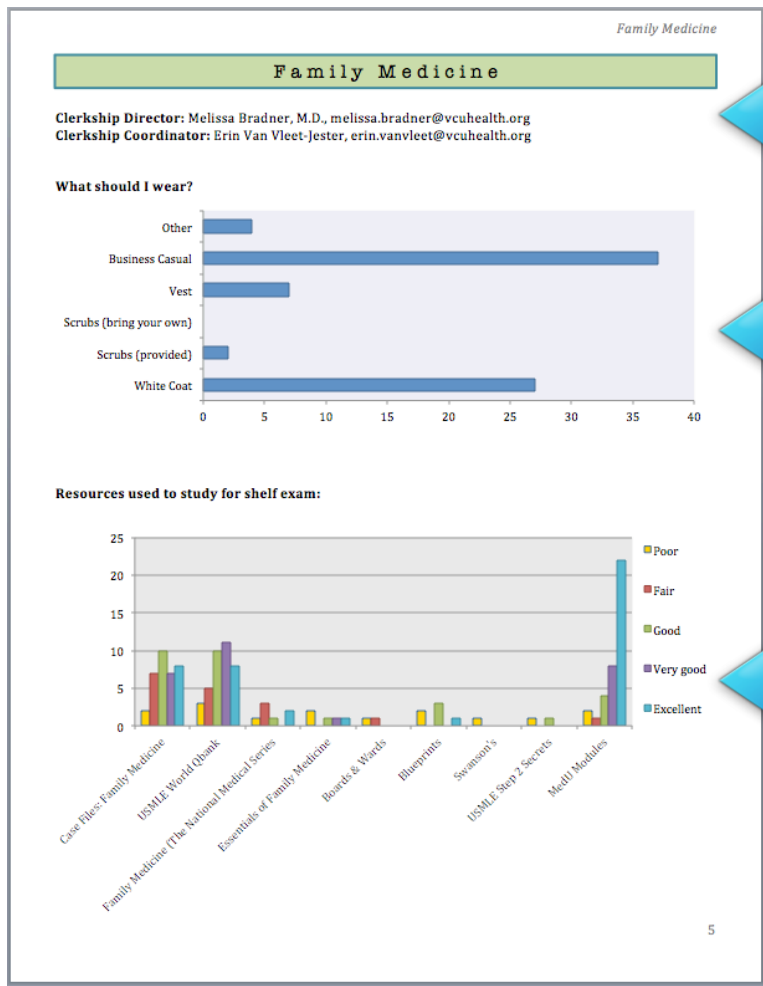
NOTE: CONNECTIONS BETWEEN MAIN, NORTH, GATEWAY, NELSON AND ACC

NOTE: CONNECTIONS BETWEEN MAIN AND CRITICAL CARE HOSPITAL

NOTE: LONG PATHS THRU MAIN HOSP & CROSSING MARSHALL STREET *

3

How to Interpret this Guide



Contact info. Clerkship Director and Clerkship Coordinator information.

What to wear. Gives you a sense of what combinations of clothes are often worn; may vary by service.

Resources to study for shelf exam. Colored bars for each resource indicates favorability of resource; height of bar indicates the number of respondents.

Other resource recommendations:
Use the yellow sheets they give you on the checklists
Just do MedU Modules
The cases aren't always great but know the diseases that are covered in each one as well as all the info from the case summaries
Try to complete the self-assessments in MedU at least twice in addition to reading the summaries for the cases several times.
Shelf is based on MedU modules, so use them.
Test is straight from the modules
MedU Cases
The required cases are sufficient to prepare you for the "shelf".
I only used the MedU study guides provided by the clerkship.
Do not use any other resources to study other than the medU modules! The entire exam is based off the modules, so there is no need to do anything else. Go through the modules thoroughly and you will do fine.
Step Up To Medicine is solid as well.
Study the MedU Modules only.
Which site were you placed in and how was your experience? (housing, food, working in the clinic)
Midlothian at St Francis Family Practice. It was amazing! Not interested in FM but loved my experience to death
St. Francis - worked mostly with residents, 8am-5pm, different resident every day.
Berrville VA. Good variety and rural location. Lived with my family.

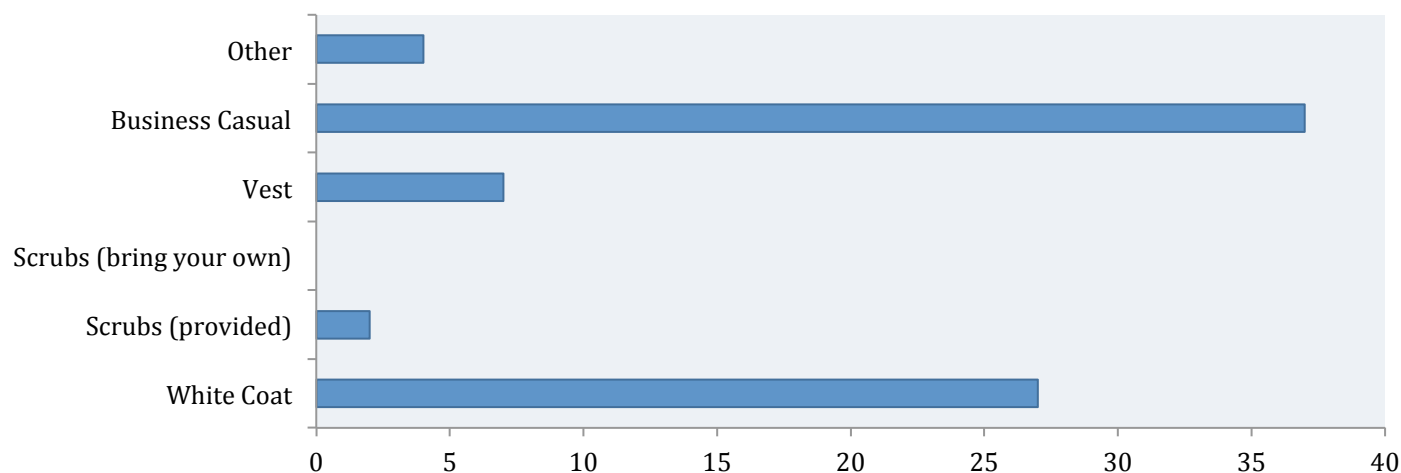
Comments. Includes a variety of student comments regarding other resources used, location of different services, personal experiences, and tips for success in each service.

Family Medicine

Clerkship Director: Melissa Bradner, M.D., melissa.bradner@vcuhealth.org

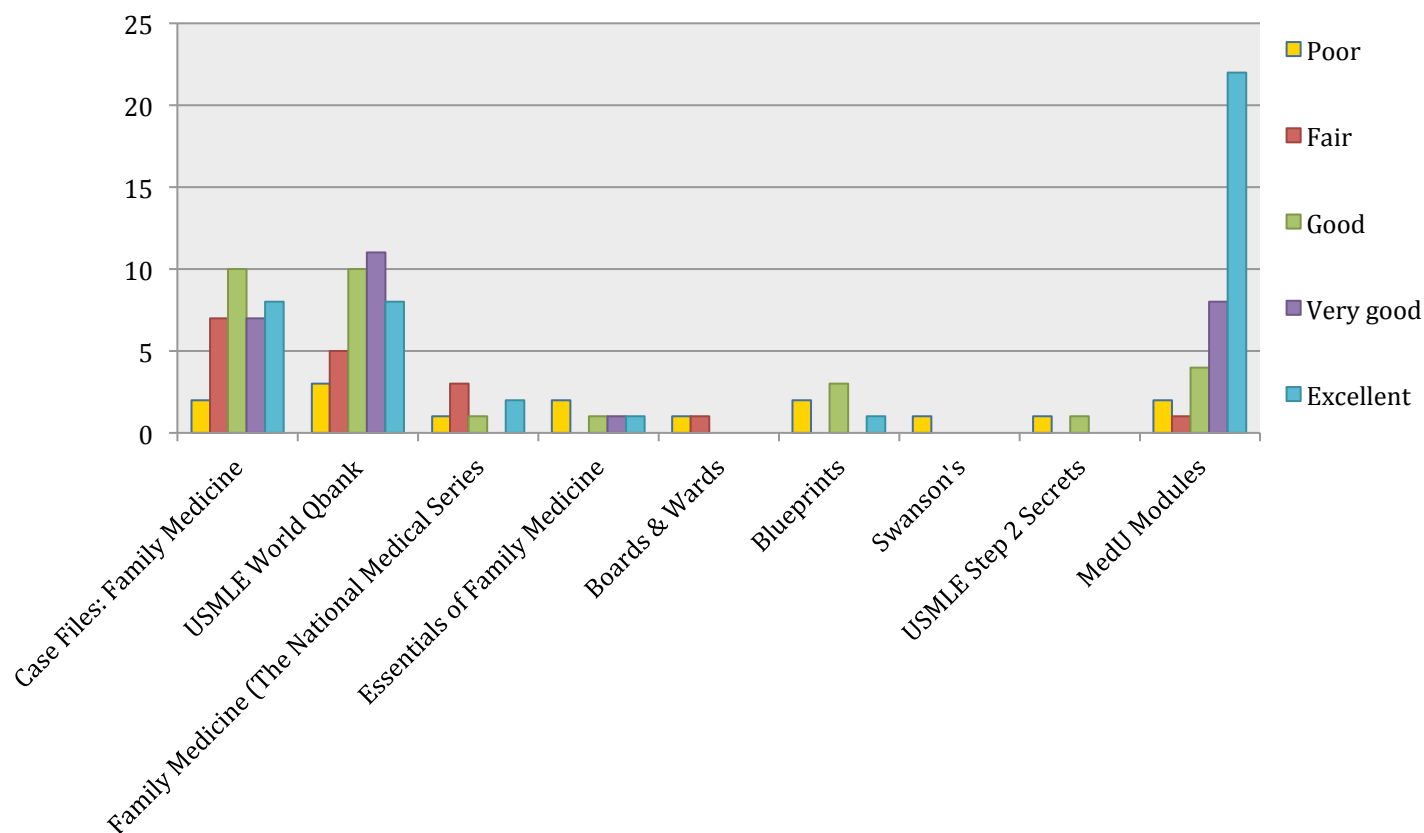
Clerkship Coordinator: Erin Van Vleet-Jester, erin.vanvleet@vcuhealth.org

What should I wear?



Resources used to study for fmCASES exam*:

*Note: Family Medicine doesn't administer an NBME shelf – the final exam is MedU's fmCASES exam



Other resource recommendations:
Use the yellow sheets they give you on the checklists
Just do MedU Modules
The cases aren't always great but know the diseases that are covered in each one as well as all the info from the case summaries
Try to complete the self-assessments in MedU at least twice in addition to reading the summaries for the cases several times.
Shelf is based on MedU modules, so use them.
Test is straight from the modules
MedU Cases
The required cases are sufficient to prepare you for the "shelf".
I only used the MedU study guides provided by the clerkship.
Do not use any other resources to study other than the medU modules! The entire exam is based off the modules, so there is no need to do anything else. Go through the modules thoroughly and you will do fine.
Step Up To Medicine is solid as well.
Study the MedU Modules only.
Study the gold sheets provided at orientation for the OSCE. Study the case summaries for the shelf.

Which site were you placed in and how was your experience? (housing, food, working in the clinic)
Midlothian at St Francis Family Practice. It was amazing! Not interested in FM but loved my experience to death
St. Francis - worked mostly with residents, 8am-5pm, different resident every day.
Berryville VA. Good variety and rural location. Lived with my family.
Orange, VA. Excellent preceptor. Stayed with Pastor Lin which was nice, however no internet in the house made it extremely difficult to study.
Warsaw Medical Arts. My overall experience was wonderful. My preceptor was an excellent teacher and gave me a lot of independence from day 1. The housing situation was also great at the local Essex Inn. I had my own room including full kitchen. Coffee was available free from the Inn every morning!
Luray with Dr. Mashaw. Overall, it was a good rotation. I worked 8-430ish Monday-Friday. As he is one of only a few only doctors in Luray, he has both clinic days and inpatient days. On the inpatient days, he functions as the hospitalist, admitting and rounding on patients at the small (25 bed) hospital in Luray. Dr. Mashaw also does colonoscopies on Tuesdays, on which he let me assist. Dr. Mashaw runs the free clinic in Luray. So one night a week - usually Tuesday - we stayed later (7-8ish) to see patients at the free clinic. VCU put me up in the Garfield Guest House in Luray. It's the 2nd floor of a small house with a bedroom, bathroom, and kitchen. Dr. Mashaw mentioned that in the past the students had actually stayed with him at his house, so I'm not sure what the plan will be future students.
Manassas. Dr. P. is pretty cool and is easy to work with. You will learn a ton of sports medicine. Chat with him about the future of family medicine. He has a wealth of wisdom and opinions from his years of practice.
Fairfax Family Practice, my experience was AMAZING
Front Royal. Own 1 bedroom apartment loved it.
Colonial heights - amazing experience
At St. Francis Family Physicians- Dr. Campbell is nice, a little difficult to read sometimes, and has tons of OB/GYN patients. The residents there are great teachers.
St. Francis Family Medicine. Residents and most attendings were great. Dr. Campbell, the main attending

you are supposed to work with, mainly sees only ob/gyn patients, but the other attendings see the usual range of patients.

Navy Hospital Camp Lejeune. Highly recommend it for any military medical students.

Lynchburg Family Medicine provides housing and food. You need a car for this clerkship. The clinic is awesome and you are provided a great 1 on 1 teaching with your preceptor and residents.

Lynchburg Family Med Residency. Free food and it sounds like they opened a new place to live that should be really nice. I would recommend bringing your own sheets though, my bed did not have a fitted sheet. I would also recommend a weekend trip to hike Sharp Top Mountain, very cool Virginia experience.

South Hill Family Medicine in South Hill, VA. Experience was awesome. They have you stay in the home of Joan Medlin, who works at the practice doing documentation type stuff. You have your own bedroom and bathroom, and share a kitchen, but have privacy to study. The clerkship asks you go back to RVA on the weekends but you can leave your belongings there, she doesn't use the space for anything except students. You are responsible for groceries but she has a full kitchen. The practice was great, you rotate between 3 MDs while you're there. They give you independence pretty quickly, you go see the patient on your own and then present to them, and then go see the patient together. Be on time, polite, eager, and they'll love you. They are very, very nice. No pimping, and they answer any questions you have easily. They let me do well-woman exams and pelvics (while they watched) as well as biopies and suturing on several patients. Days were 8 to 5ish.

sports medicine practice under bon secours in richmond was great!

After the first few days, my preceptor had me see every patient and write all of the notes. It was a great experience! I was lucky enough to stay with family members, but heard some concerning stories regarding housing (Winchester, VA)

Hayes E Willis Clinic, variety of experiences including time in lab, pharmacy, and with psychology tema, low-income patient population

Lynchburg. Housing was poor but they were going to change it this year. Free food for the whole month. Great diversity of practitioners.

St. Francis - stayed @ my own home, 8-5ish, different resident almost every day, good experience overall.

Orange, va. Great experience!

Shenendoah fam med. Good experience, heavy utilization of alternative medicine and OMT, so brace yourself for that. The apartment they put you in is a little gross and the area isnt the greatest but the people there are absolutely the nicest so enjoy it. Hrs: 8am-5pm consistently. PS free lunch tues-thursday (And most fri/mon). Learn to adjust because you will be working with a new attending/resident each afternoon/morning so not much continuity.

Harrisonburg (Sentara). Excellent experience in the clinic. Interesting, diverse group of patients. Harrisonburg is a cool city, I really enjoyed my experience.

Crewe Medical Center - 30 mins west of Farmville, about an hour and fifteen mins from RVA. EXCELLENT experience, Dr. Hall is an alumni of MCV and is truly loved by all of his patients. Days are long 9a - 6/630pm but you see a variety of things, chronic management, acute on chronic management, can follow NPs for more well-woman/peds exams, follow one of the part-time docs for procedures for more hands on experience. Dr. Hall will pick bread and butter family medicine/internal medicine topic for you to read and present to him the next day, which are important for learning disease processes and studying for the shelf! You also get to stay at an adorable B&B about 15 mins away and get the most amazing breakfast everyday (paid by the Crewe Medical Center!).

Berryville, VA - great experience!

Tips for success:

Don't think you're above family medicine. Some M3s act like they think it's too easy or boring or whatever. Try to find something to learn everyday, show your preceptor you're excited, and be respectful. You slow down their day and make more work for them but they don't mind because they're excited to teach so be excited to learn.

The key to doing well on the Family Medicine shelf is to do all of the Board Review questions available on the AAFP website with a free student account. Those questions are higher yield than any other resource.

Pre test was a great source of questions

Read Step up to Medicine, probably your best bet for doing well

Pre-Test.

First Aid Family Medicine Clerkship is best source for me

The AAFP's journal has excellent review articles that can be used to clarify concepts. I used this journal throughout the year for various clerkships, and it was very helpful.

AAFP question bank

Q-Bank from the AAFP, free with student membership

Step Up to Medicine (Ambulatory Medicine chapter)

Just do the cases and you should be set for honors

Be professional, know your limitations, keep studying.

Study the MedU modules. This is all you need, no other texts, for the exam

Study MedU

Start the MedU cases early and develop a good strategy to review the content before the cases exam. Otherwise a very laid back clerkship

Unlike other shelves, the family medicine shelf is a MedU exam. Take your time going through all the cases, and make sure to read all the parts of each case, including the "expert" sections.

Try to get through all the cases about a week before the clerkship ends and then review the overviews/quizzes. There is no need to use any other resources. Pocket primary care is a good resource if you are in an office with spotty wifi and you need a way to look stuff up.

DO the MedU Modules!

show interest. Even if you are not interested in family medicine, this rotation is a great one to practice all your clinical skills in a very friendly environment (hint: fam med docs are the NICEST doctors and they really care about students who show interest!) loved my rotation because the attendings actually care about you as a whole person!

Try to have a concise assessment and plan ready for every encounter. It can be overwhelming, but this is what attendings and residents are looking for.

Only do med u modules. Test is only from those materials.

Do the cases early on, especially if it is one of your first rotations. Exam is easy and rotation is honorable if you work hard!

Study MedU for the shelf. Be ready to see pts and present on day one. Focus on a good assessment and plan.

Get apps like epocrates, ASCVD calculator, ePSS, AFP by topic, and Shots will help you quickly figure out the plan for your patient. To Honor they are looking for a student who can quickly summarize pertinent, give a diagnosis, and plan (including when to f/u in clinic).

Work hard and ask a lot of questions. Make sure you get exposure to a lot of different practitioners as they have different areas of interest.

Start studying early. Time will fly by too quickly and there is a lot of material to cover. Make sure to focus on high yield and not get bogged down by amount of information.

Ask the docs lots of questions, be eager for procedures, build rapport with patients. These docs know their patients very very well and if the patients love you, they probably will too!

stay on top of your medu modules as they are time-consuming. do not wait until the end to complete them. they were pretty sufficient to do well on the shelf.

Keep up with your cases. Review them before the test. "Shelf" is pretty easy if you're familiar with the information found in the module.

Be enthusiastic!

Be prepared for your patients. Study and get through the 40 cases within the first 3 weeks and use the last week to review

Embrace working with many different providers and learn from their expertise in the areas they specialize in.

Just MedU, its all you need. Know it back to front, including the non-medical cultural stuff.

Know Spanish, be proactive, ask specific things you want to learn.

The cases suck but you gotta do them... really weird studying for this one so just keep going through the cases. The osce is straightforward but the writeup is only 10 minutes, make sure you practice.

Know the sheets provided by the clerkship and you'll do great on the exam! Work hard to finish the modules early so you can spend more time studying.

Work hard and have fun.

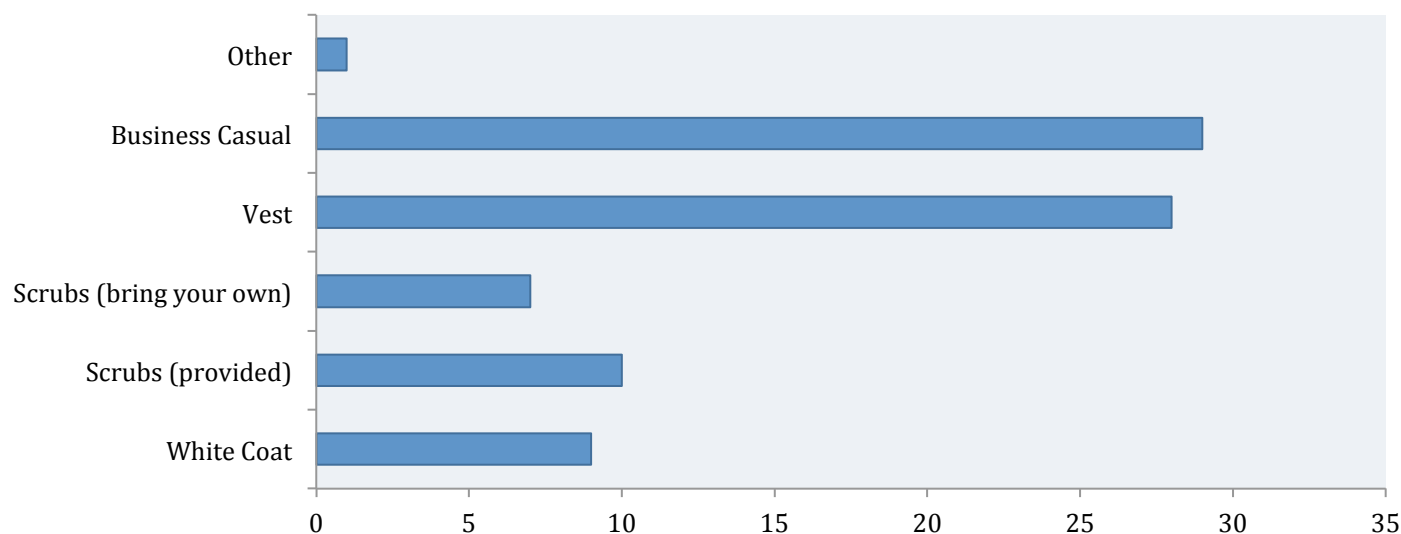
Med U Modules and gold sheets are all you need!

Neurology

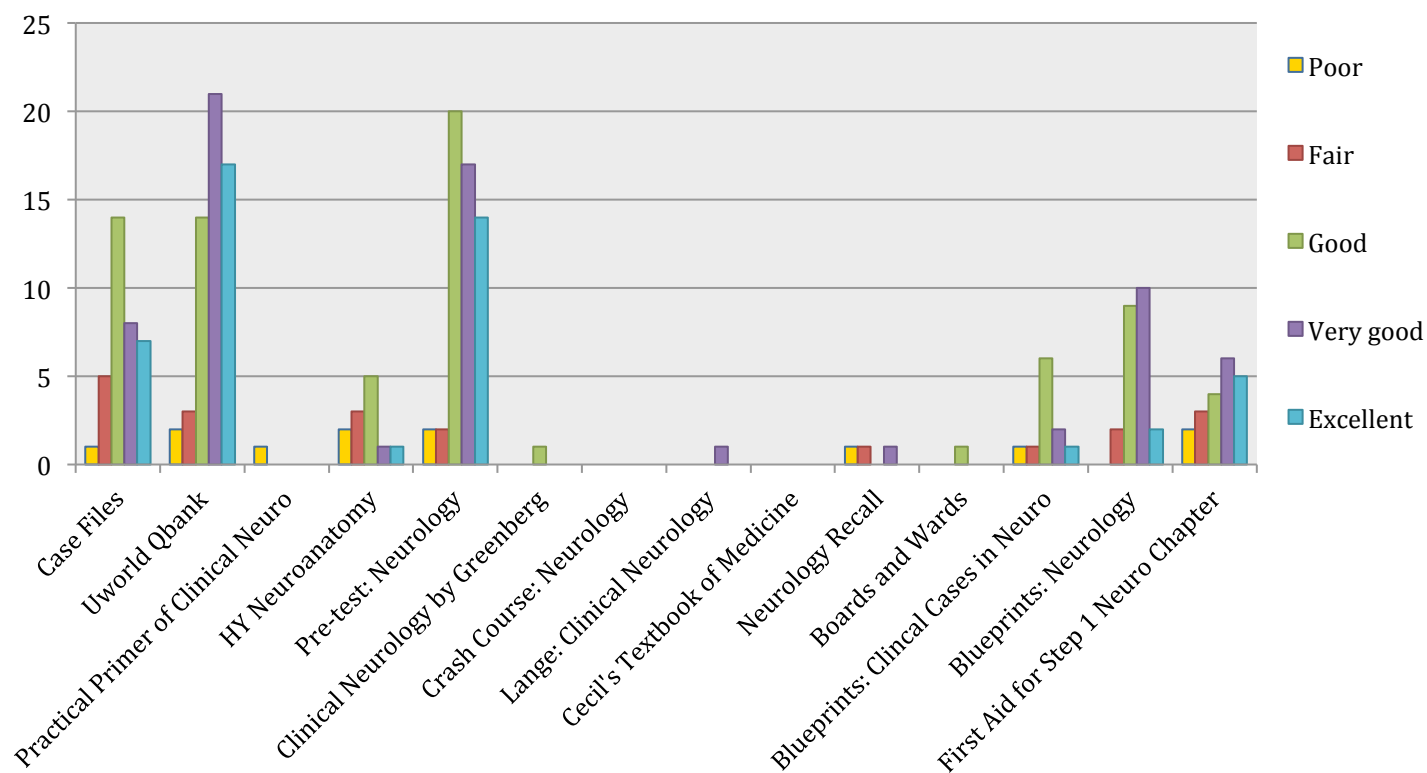
Clerkship Director: Elizabeth Waterhouse, M.D., elizabeth.waterhouse@vcuhealth.org

Clerkship Coordinator: Melissa Howard, mdhoward@vcu.edu

What to wear?



Resources used to study for shelf exam:



Other resource recommendations:

Online MedEd

Step up to medicine neuro chapter

Greenberg Handbook of Neurosurgery (check it out from the library on your Neurosurgery week)

Qbank twice, and the 2 NBME practice self assessment exams are key.

Med-u.org is helpful

Make sure to review the neuro section in First Aid - it goes a long way on the shelf for topics that might not be covered in other resources.

FA for Step 1-Neuro section was a good prep before delving into the step prep books like pre-test and case files.

The Friday lectures were very helpful

Mark Tuttle Neurology!

QBank Neurology does not cover all the material that will be on the shelf. Be sure to study lysosomal/mitochondrial/glycogen storage disorders, peds neuro, nerve & NMJ dz, dermatomes, and innervations.

Which services (MCV consults, in-patient, Child Neurology, Epilepsy, VA, Movement Disorders, Neuro-Onc, Neuromuscular, Night Float, NSICU, Outpatient Clinic, Sleep Medicine, Stroke) were you placed in and how was your experience?

In-patient, Epilepsy and Stroke. My overall experience was great. On inpatient teams, go out of your way to read about your patients and go the extra mile to help with things for them (phone calls, placing lab orders). Epilepsy and Stroke were both very enjoyable experiences with lots of one-on-one time with attendings who were excellent teachers.

I worked at MCV consults, outpatient clinic at the VA, and NSICU. I do not recommend outpatient at the VA. Each day is a different clinic (stroke, epilepsy, etc.) so it is difficult for which to prepare and you work with different residents and attending each day. NSICU was great, but very attending dependent. My attending didn't teach and ignored the medical students. However, it was still a good experience to learn how an ICU runs and to see very sick neuro patients. I strongly recommend MCV consults. The doctors let the students see patients independently, and there is a wide range of complaints to evaluate.

I was on consults. My experience was that consults saw more variety (and was more relaxed), but inpatient got more continuity and management experience. I would highly recommend neuro-onc as a one week elective. The attendings are great about teaching and let you see patients on your own which isn't a given on other parts of this rotation.

Child (A mix of clinic and inpatient, overall good, probably low yield when preparing for the shelf) In-Patient (very busy, tons of interesting patients to follow and many interesting discussions are had during rounds) Neuro-Onc (clinic based elective)

MCV Consults - fantastic experience. You see a broad variety of shelf-relevant pathologies. For my rotation, we also had more downtime to study than Inpatient folks, but we still got much of the teaching that came from Inpatient residents (Consults and Inpatient share a team room). Night Float - great experience, lots of downtime to study.

Outpatient 1 week, Neurosurgery 1 week, and Inpatient 2 weeks

Consult team- just busy enough to learn but not overwhelming. Hours are good.

VA - excellent, good hours; Night Float - great experience, get to see and do a lot; Epilepsy - pretty slow service but attendings and fellows want to teach

In-patient: depends on the attending, if you get a good one then this can be the best part of neuro; the residents can be iffy but most are really nice Neuro-onc: the attending is awesome, you will see some

extremely interested cases in clinic, it was a great week NSICU: like in-patient, it depends on how good of an attending you get. The residents are mostly from anesthesia, so they are very smart and good to work with; the patients you will cover are some of the most critically-ill with the majority sedated and on vents, making this a great introduction to critical care medicine

NSICU - good rotation, mostly independent learning. Child Neuro - good learning, smaller team = more interaction. MCV Consults - less time on rounds, decent learning.

VA Inpatient/consult: slow but very informative. Attending physicians were good teachers.

NSICU - only opportunity to see what critical care is like, no other service allows you to work in the ICU. By far the best one week elective. Many critical patients and great opportunity to learn ventilation settings. More opportunities to do small procedures depending on the attending.

MCV consults, Movement Disorders, Epilepsy

Inpatient Neuro - intense. I was surprised at how many patients are covered by one service. Expect to table-round for several hours in the morning and then physically round on all the patients. Depending on the attending, this can go into the afternoon. VA Neuro Clinics - experience was okay, they had no idea I was coming and the schedule was kind of thrown together. I shadowed for the entire week, didn't speak to a single patient on my own. Child Neurology - good experience, very small list of patients and only 1 other student so you work closely with the residents. Not much was expected from me - no daily notes, and only informal presentations

MCV in-patient was great (consult service is super busy). Movement disorder clinic was really cool and you get to see a lot of interesting presentations. Epilepsy was VERY helpful in learning how to localize lesions, which is very useful for the shelf!!

I did inpatient, movement disorders and night float. The movement disorders clinic was fine, mostly shadowing. Inpatient was similar to internal medicine but the patient volume is lower and there is less for students to do. I did not have a good night float experience. The system is organized poorly and there is one junior and one senior resident to cover the floors/ICU, all stroke alerts and all consults. Makes for a lot of activity but is very busy and can be stressful, especially for the residents.

Wards (VA)-good, laid back, lots of teaching Peds neuro-not very structured Sleep-very nice people but repetitive

Inpatient - great hours for an inpatient service Night Float - Hit or miss on level of activity. Attending was not present. Good opportunity for procedures though.

MCV Consults: Stroke alerts are cool! Otherwise you don't get a huge variety of neurologic issues. NSICU: AWESOME. You get to see the acuity of neurologic issues and get an intro to ICU care.

NSICU - depends A LOT on your attending (like any other service in the hospital), my hours were excellent, rounds were short, and I learned a lot. You work with the Anesthesia residents, NOT Neurology residents in NSICU. Child Neuro - good variety of patients, 7-4pm, did both consults & inpt care essentially. MCV Consults - busier than inpt team during my 2 weeks, not terribly difficult. responsible for 1 pt @ rounds in the morning, plus 1-2 consults during the day. I didn't write notes and nobody seemed to notice/care. Will be dependent on your resident.

During my clerkship, MCV consults had better hours and patient load than the in-patient service. If you would like more time to study, choose MCV consults.

mcv consults - hours vary. given a patient to follow for a day or two until they are off the consult service. will do afternoon rounds based on the attending. will get a lot of afternoon time to study, take advantage of this time and study while you can. sleep medicine: 9a - 5pm hours, interesting and good one week experience.

Night float - great rotation and super chill. ICU- nice hours and you get to do some procedures if you are proactive. Inpatient- you see a good variety of disorders

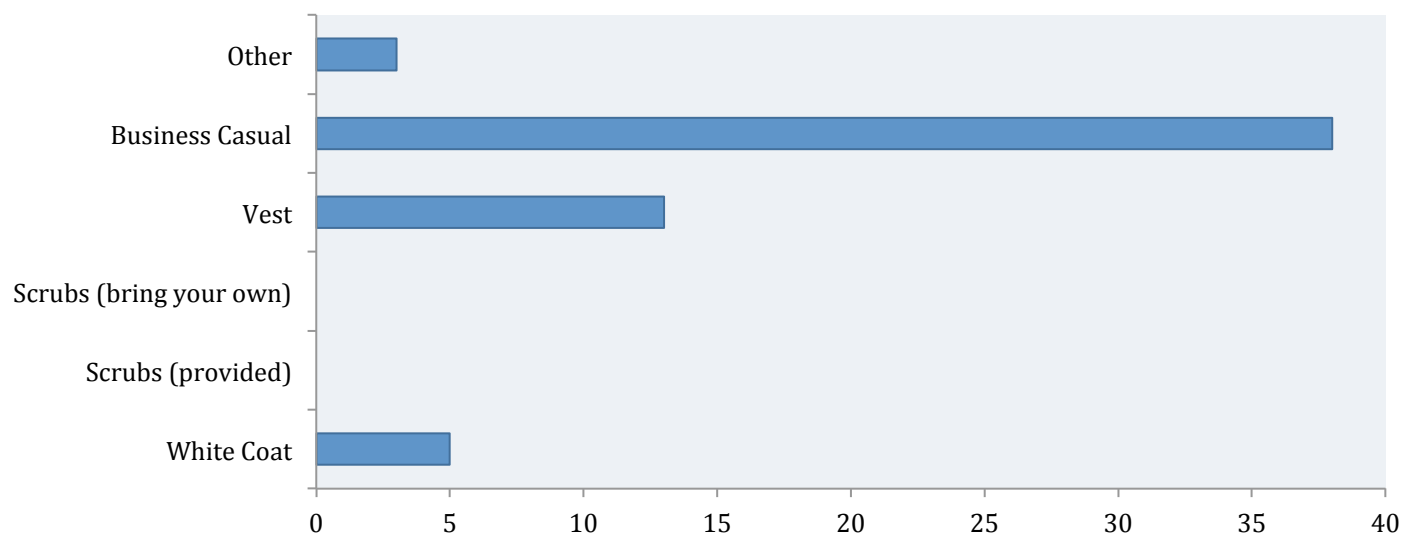
Tips for success:
First aid for CK - neuro section
QBank was very helpful
The Clerkship goes by fast, so start your study strategy for the shelf early.
This is a fairly light service, so spend your time wisely to prepare for the shelf (it's one of the tougher ones).
Start studying early, practice the neuro exam as early and as often as you can
Study on inpatient service, you have plenty of time.
Start prepping for the shelf on day 1, and study every day (during downtime on the floor and when you get home). The shelf is very tough and you must know all the details of presentation for many neuro cases that seemingly overlap in presentation. Study hard! On the floor, this is a good first experience to in patient care and presentations, so don't be too stressed about having a perfect presentation, the attendings are just looking for you to put in some effort.
Clinical evaluations determine most of your grade, so spend extra time preparing for wards/clinic.
Study early for this Shelf. Try to get to pretest twice.
Show as much interest as you can, even if it gets boring, which it will. If I could do it again, I would've used Pre-Test to get more questions in along with Case Files and Q Bank. Also, try to do Epilepsy, it's a laid back atmosphere and you get to learn about an area of medicine you would probably never have gotten to experience otherwise.
You don't need to relearn every single detail on neuroanatomy. But it is important to know the distinction between different levels of pathology, friday lectures were very helpful for that
Table rounds in the morning = computers! Constantly refresh the screens to make sure you have the absolute most up-to-date information on your patient by the time it's time to present. Who knows? Maybe some important labs just came back and you can be the first to notify the team.
Know your anatomy well so that you know how to localize lesions!
Be proactive in asking the residents to do things, because moreso than other rotations, the residents (at least the ones I worked with), really did not delegate things for students to do. We were kind of an afterthought
Start studying early. Trick to getting honors here is to do well on the shelf.
Go through the First Aid Step 1 Neuro section once or twice the first week of the rotation then do the q bank.
Know Mark Tuttle Neurology, its got everything.
Pretend to be interested, even though you probably won't be a neurologist - these guys actually really like to teach. Learn how to do a good neuro exam, and ask them to explain why you do certain things if you don't understand it.
I loved neuromuscular Dr. Wong and Dr. Vota are really nice and they teach a lot. I also learned a lot in NSICU. Dr. Dorriz, PGY2 was an excellent teacher! Helped a great deal.
Pre-test and Qbank were most high yield. The weekly lectures from Dr. Waterhouse were also helpful.
Neurology and Neurosurgery Illustrated by Kenneth Lindsay
First Aid Neurology Clerkship is best source for me
The shelf is pretty hard, but I did well using just qbank and pretest.

Psychiatry

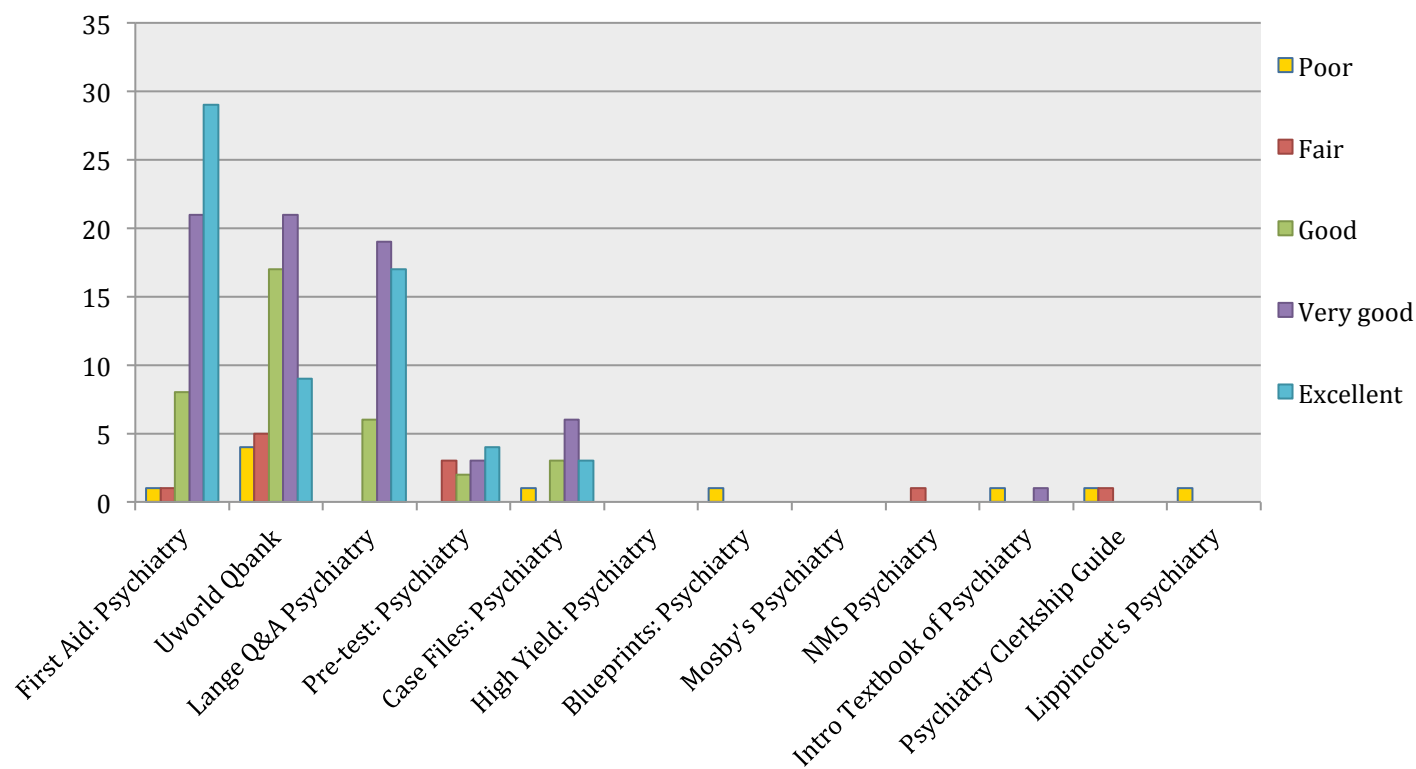
Clerkship Director: Cheryl Al-Mateen, M.D., cheryl.al-mateen@vcuhealth.org

Clerkship Coordinator: Kim Bertram, kim.bertram@vcuhealth.org

What to wear?



Recommended resources to study for the shelf exam:



Other resource recommendations:

FA Psych and Lange Q&A are the way to go for shelf prep. Go through both twice

First Aid for USMLE Step 1 - great resource for drugs.

Which service were you placed in (VA, Consult team, Crisis Stabilization Unit, Geriatric, Inpatient Med Psych, Mood Disorders, Schizophrenia, VTCC) and how was your experience?

inpatient (inova)

Mood disorders. Good experience, lots of variety. Prepare for long rounding,

Med Psych - great experience as long as you're willing to work and learn

The consult service at the MCV had a lot of down time and there were a lot of teaching sessions. You're going to need to do FULL H&Ps on every single patient if you see one but not enough time to formulate your thoughts and things... When I was on, there was maybe 1 or 2 consults that we saw each day and I was bored out of my mind since I did absolutely nothing for most of the days even though I wasn't interested in psych to begin with.

VTCC: If you are interested in pediatrics I would recommend this rotation. VTCC allows you to be very involved in patient care and you get lots of time with attendings. It can however be emotionally exhausting, and you probably work harder on this service than most of the other psych services.

VTCC (great experience, worked with Dr. Sood which was amazing but I think the other attendings got good reviews all around too, no pre-rounding, you round together as a team in the AM, present a few lines very informally at the interdisciplinary meeting which is held each morning with PT/OT, education, nursing staff)

VTCC - predictable hours (8-5 PM), for someone who is interested in working with children, you are apart of an inter-professional team, you make a lot of phone calls to family/docs/friends to try to figure out the 'real' story about what is going on in your patients life

Consult: Excellent, best attendings Ive had this year. Always willing to teach.

Mood Disorders - as the only student on Mood, I got a lot of experience doing the psychiatric interview for new patients in front of my attending/the rest of the team. Not only did I get lots of pointers, but it really made me feel like a useful part of the team. On Mood, the pathologies you see are mainly Major Depression, Bipolar Disorder, Schizoaffective Disorder. However you are more than likely to get overlap from other services (mainly schizophrenia). Only complaint is that I did not as much teaching as I would have liked. Next time I'd be more proactive about asking for teaching from residents/the attending.

4th floor inpatient service, I saw lots of pathology and had a fantastic attending. The quizzes are a pain and a terrible learning tool, but you gotta do them and they are an easy way to get points.

CSU

Geriatrics. It was awesome.

VA - best 4 weeks of your life

Schizophrenia: Dr. Moran is a really great attending and the residents are always very nice. You will carry between 1-2pts and present them are sit-down rounds in the morning, before walking rounds with the team. Talk with the NP and SW, they are great resources.

Schizo - good team, most of your patients have a lot going on.

Geriatric

Consults- awesome experience you get to work with the 3 amazing faculty: Dr. Levenson, Dr. Meguid, and Dr. Kogut. You spend the entire month with them which gives you a great chance to shine and get good training. Also you don't round till later in the day, so when you don't have a lot of consult there is a lot of time to study since you must be in the building. You learn a lot about assessing capacity and whether a patient should be admitted to the psychiatric unit.

Consults. About average hours, slow mornings, best attendings.
Inpatient Med Psych. Having just finished internal medicine, it was interesting to see how medicine could also relate to psychiatry. It also helped get me honors as I was able to impress the attending with my medicine knowledge and apply it to psychiatry.
Schizophrenia - great experience; very eye-opening but also terrifying in many ways. There is often a lot of down-time in the afternoon, some people chose to use this time to study but I often returned to patients rooms, especially if they were anxious. This built a lot of rapport with the patients and many of them shared things with me they had not yet shared with the team.
VA - easiest rotation you'll ever have.
VTCC-probably the longest hours (745-5ish) but very rewarding experience. It is very attending dependent but mine was great
Inpatient Med Psych- great opportunity to review medicine as well, attending that likes to teach on rounds, variety of patients seen
Consult service has the best attendings.
Schizophrenia: Dr Moran is the best. You learn a lot of the service, especially the drugs. You will see a lot of the drugs used, so you get used to their side effect profile.
Schizo w/ Dr. Moran. He's very difficult to read as a person, but actually does care about you as a person (just won't show it). Lots of extreme psychiatric cases on the schizo team - a good chance to hear some crazy stories from patients.
Consult/Liaison
C&L, Attendings are amazing.
VTCC - if you're interested in peds, great experience to rotate through the VTCC. child psychiatry is a challenging and demanding field. It's not emotionally challenging, but you will get to appreciate what child psychiatry has to offer. Attendings are great. You will make a lot of collateral calls for the patients. Was at linic from 8 am - 5pm. spend time with the kids if you can!
Mood disorders- they have you practice your H&P in front of your team.

Tips for success:
Lange 2X, First Aid 2X = 95% on shelf
No resource is particularly stellar for Psychiatry, so using a combination of 2 or 3 is probably the most valuable approach.
Don't be a jerk
Be engaged even if you're not interested, they are understanding that not everybody wants to do psych and will help you learn things that are pertinent to what you actually want to do.
Be polite, be interested, be on time, respect the entire team
Read up on your patients and know the pharmacology cold.
Avoid CSU if possible unless you have a real interest in this sort of thing. Days were spent in room the size of a refrigerator and patient floors are locked with heavy security.
Study hard - the shelf is one of the easiest.
Come ready to present your patients and write a note on them each day. Help the residents if they need any help. Make sure to bring your laptop because there are not enough computers in the resident work room. Try and get out of your comfort zone and pick up pts that are more "challenging." And don't stress too much about the weekly learning sessions and night call, just work hard and you will be fine.
High shelf score is needed for mean T-score.
Go on as many consults as you can and study up on key concepts early.
Be available to help whenever you can. Don't wait for others to form a plan for your patients, or to look

up new imaging or labwork. Be proactive and go look at imaging and lab values. Also be proactive in using uptodate to formulate a plan. Even if wrong, it still shows initiative and that you are learning.

Short clerkship, start studying early

Ask questions, check on your patients a lot!

Know your drugs

Be a team player. The social worker and residents need your help constantly!

Don't ask to leave early. We had one student who got BURNED because the residents thought he was asking to leave early, even though he wasn't. The team room is insanely small, so go write notes/work/study in one of the conference rooms after rounds - the residents actually prefer it.

Know the drugs/side effects/uses and you'll do well.

know pharm! be interested in your patients.

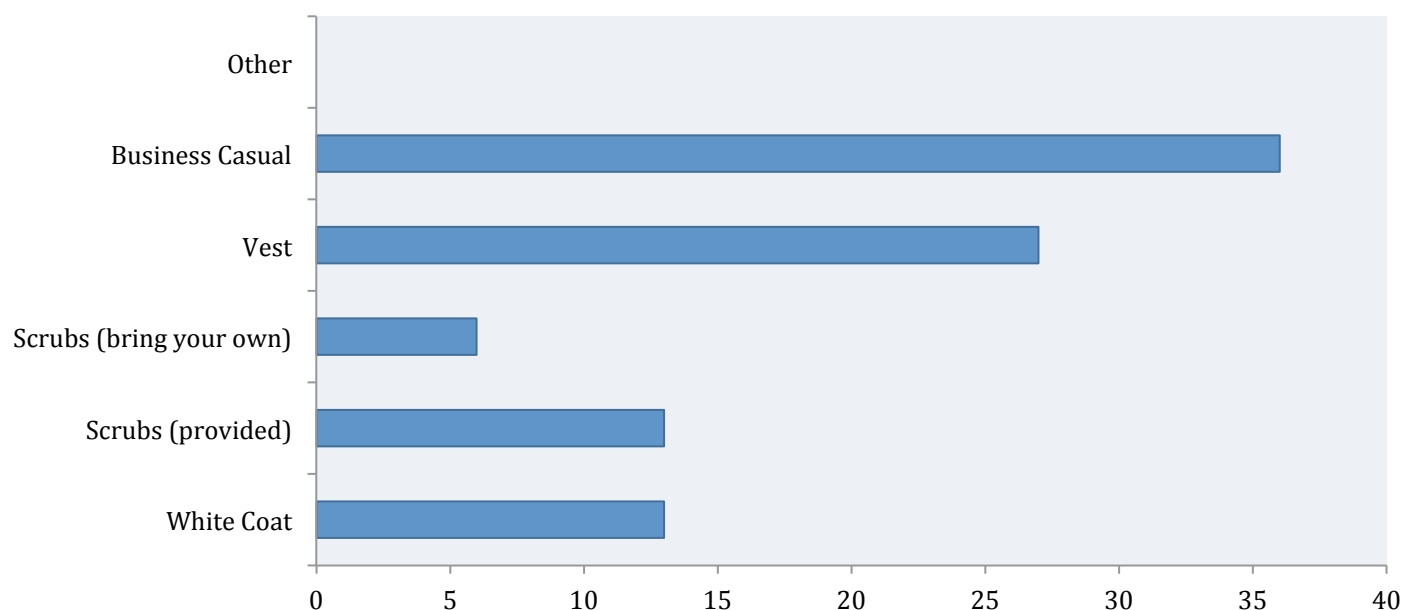
Pediatrics

Clerkship Co-Director: Clifton Lee, M.D., clifton.lee@vcuhealth.org

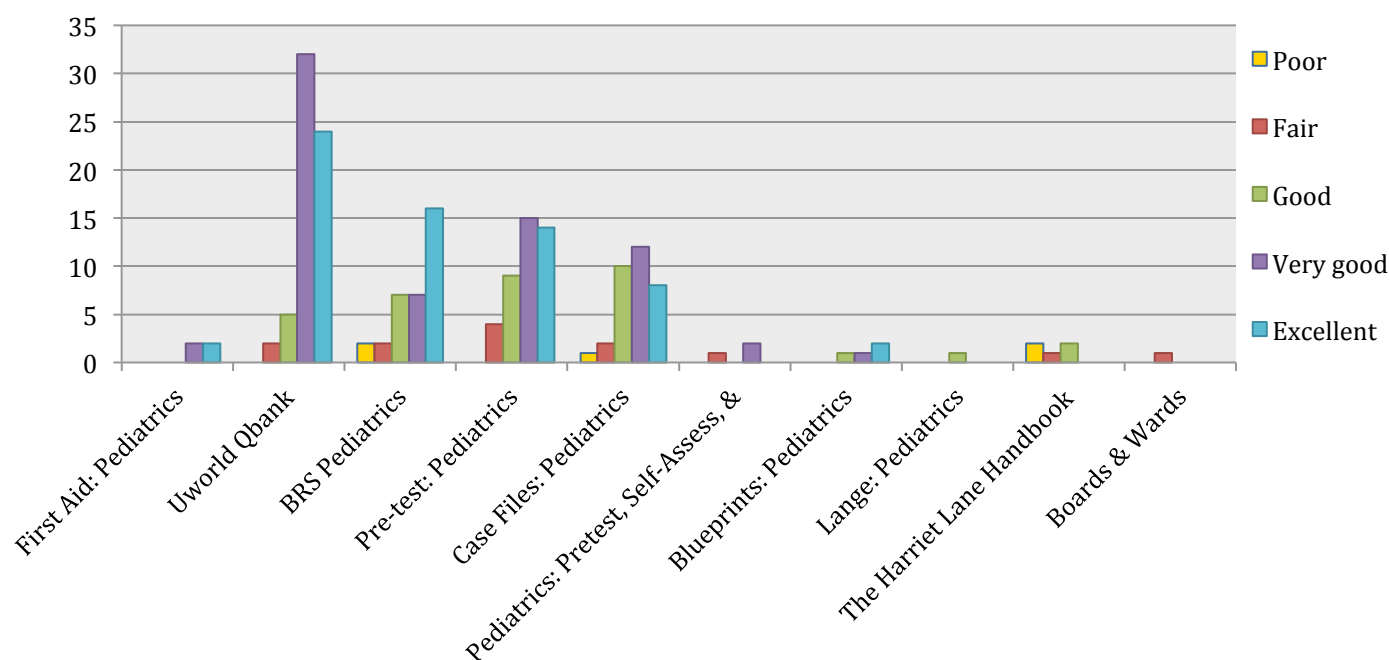
Clerkship Co-Director: Marieka Helou, M.D., marieka.helou@vcuhealth.org

Clerkship Coordinator: Dawn M. Landschoot, dawn.landschoot@vcuhealth.org

What to wear?



Recommended resources to study for shelf exam:



Other resource recommendations:
Online MedED
I also used this the day before the shelf. I got several questions right that I otherwise would have had no idea. http://som.uthscsa.edu/StudentAffairs/thirdyear.asp
Online MedEd videos
Qbank was a great resource, run through it at least twice and the shelf shouldn't be that much of a surprise.
Don't skimp on pre test, I did Qbank twice through, and felt like there were more zebras on the shelf than I was expecting. Pre test generally tests more zebras than the bread and butter type stuff you find on Qbank
First Aid for USMLE Step 1 for inborn errors of metabolism/genetic disorders.

Which services were you placed in (Inpatient teams, Peds ED, Peds Heme/Onc, Newborn Nursery) and how was your experience?
Inpatient Team A, night float, newborn nursery, outpatient with Dr. Iqbal
Schedule inpatient first (it's the most time-consuming). Peds ED is 32 hr total during the week, and you may or may not get to see interesting things (just depends on what comes in).
Peds ED. It was great!
Newborn Nursery, Peds ED and Chippenham. Nursery was my favorite, good time to learn lots of normal newborn exam findings. Peds ED can be all over the place based on how busy it is. I wore hospital scrubs for Nursery and Peds ED. Inpatient at Chippenham you are expected to wear business casual and white coat. My understanding is that our patient load was lower and less academic learning on the job (smaller teams), but better hours and no weekends.
Chippenham inpatient, Peds Heme/Onc, NN
Chippenham inpatient is awesome in many ways. You'll get a lot of 1-on-1 time with the attending, short hours and food of course. More for people who aren't interested in peds though since it's not at MCV. Peds ED is fun except some people have to pull two overnights. Newborn nursery is a good experience to have. I had never dealt with babies before and was an eye opening experience. My graded physical exam on this service actually counted more than I had expected it to so don't blow it off.
Inpatient Team 2 (covered general patients and also pulm, GI, and endocrine): a LOT like internal medicine in terms of hours and rounding; expected to pick up general patients and present them on rounds; team room is very small and not the most conducive to getting work done due to lack of computers, so you MUST bring your own laptop to get onto Cerner Peds ED: FANTASTIC; really up to you to get out of it what you want, but the residents are very willing to let you suture, etc if you show interest; work 4 shifts in 1 week and know that exactly when you're expected to come and leave. Newborn Nursery: really cool to learn how to examine a newborn and take care of them during their first few days of life; don't expect the babies to be in the actual nursery though-they usually spend almost all of their time with their moms, so you will see them in the morning with their moms.
Inpatient: Team 1 - Great experience, similar to IM, you present your patients and follow them throughout their hospital experience ED - Super relaxed, you have to be proactive to be able to see/do anything Newborn nursery - Busy, make sure you are comfortable speaking with parents, be confident
Heme/Onc was awesome
Heme/Onc
ED. Very laid back
Inpatient teams are the longest hours.
Inpt: if you get a good attending then it should be fun, and hopefully you get a PGY3 that actually wants to

teach you guys. Patient-centered rounds sound scary than they actually are. Don't stress about having to have a perfect presentation, it really doesn't matter exactly what you say cause the resident or attending will correct you. Just present to the parents like you are just having a conversation with them in layman's terms and rounds will be less stressful. Peds ED: if you are super into EM then this is an awesome opportunity, just make sure you try and work with the EM residents who are rotating in the peds ED (cause they actually want to be there and are willing to teach and work with you, unlike the peds residents who mostly do not want to be in the Peds ED and are not very interested in working with you). Volunteer for procedures, if plastics is coming down to sew up a facial lac, then ask to scrub in and help--I got to! Volunteer to see patients that interest you and be a bit pushy, especially with the peds residents, or else you could very well go through a whole shift where you don't see any pts yourself or are just following the resident around, both of which is not a good learning opportunity. NN: babies! Depending on how busy ob is downstairs, this service can become very busy and you may very well be carrying 4pts from day 1, so just be ready:) This is the only service where the attending has actually taken down in her note exactly what I present during rounds, which really makes you feel like a part of the team for once. Outpt: No matter which practice you are at, it will be busy (likely around 30pts a day). Make sure you don't get in the way too much if your attending seems busy and rushed to see pts. Try and focus on A&P for each patient presentation you do, that's the most important part.

Peds ED - not a great learning experience but lots of time to study NN - excellent place to interact with kiddos, my favorite part Inpatient Chippenham - excellent experience, lesser pt load but more learning opportunities depending on attending

Inpatient teams - experience was okay. The team rooms are not big enough and make it uncomfortable. Attendings are great. Look up AAP guidelines for whatever your patient comes in with - they'll appreciate that. Newborn nursery is fun and relaxing.

PedED- if interested in what emergency medicine this services gives great glimpse of what its like. Opportunity for procedures. Learn to take a focused H&P. You don't write notes so you can focus on a short presentation. Inpatient team 1 - lots of great teaching from cardiology and nephrology. Learn a lot regardless of which team you are on. You will work 1 weekend if on VCU teams and hours are longer than Chippenham. You should do VCU teams if interested in pediatric so that you can get a letter. Newborn Nursery - lots of fun spending time with healthy babies, very easy week.

Peds ED. Show up and have fun, you can do as much or as little as you want.

Chippenham is the best! You get more individualized attention from the Attendings, a lot of independence, and you get to experience how a community hospital functions. Plus, free food!

Peds heme/onc, newborn nursery. Peds heme/onc is very laid back and you learn A LOT. I would highly recommend, especially if given the opportunity to work with Dr. Sisler. She is amazing and will really let you participate in different procedures in heme/onc if you show an interest.

In-patient (loved it, but very team dependent), Heme/onc (really complex and specialized), NB (LOVED NB!)

Inpatient, newborn. I liked the inpatient service. Some people complain about peds, but I had a great experience. The residents I had were friendly and willing to teach. Plus being around the kids is great. If you're ever having a down day just go pick up one of the babies on the service and it will turn you right around.

Chippenham inpatient-highly recommend. Good teaching, free food! Peds ED-very laid back

Inpatient Teams

Peds ED you do as much or as little as you want.

Peds ED: You get very good at the quick assessment of H&P to formulate a good DDx. Many shelf questions are "Patient comes to the ED.....," so the Peds ED is a good way to learn these questions on the job.

James River Pediatrics - good place, 8-5ish, pretty low key. Nursing/office staff really nice, her partner

can be difficult for some personalities. Newborn Nursery - everybody rotates through here, but it just depends on your resident/attending. How busy you will be also depends on what was happening ~9 months ago... Team 2 - the team rooms are REALLY small. Bring your own computer.

PEDS ED: kinda awkward but make the most of it, learn to present patients quickly. Study during this rotation because lots of time off. Chippenham: Great rotation, free food, good way to learn to present appropriately. everyone is nice.

Inpatient Team 2, Peds ED, NN.

Tips for success:

What Case Files lacks in details, BRS more than makes up for. Start with UWorld questions, then do BRS with Pre-Test if you have a lot of time, or Case Files with Pre-Test if you are short on time.

I read a lot of review articles in the AAP journal, which was helpful on the floor and for the shelf.

I got an Honors in the rotation and it's not difficult to do so. Pretest Peds is the is very good for this specific rotation and is the best PreTest book out. Do it twice (first time with questions and second time read the answers only). UWorld is good and you should try to do it twice. OnlineMedEd is good if you want a lecture to help reinforce stuff you read in Uworld and pretest.

BRS was too dense for me - you can pass the shelf by just doing Q Bank and Case Files.

Wash your hands every second, and you may still spend all of the clerkship sick. Many of us found the peds shelf to be very wide-ranging and random -- I think BRS is the most comprehensive text and it includes a lot of questions, though it is a slog to get through. Study on your outpatient rotation and newborn nursery, as you'll have a ton of time vs inpatient. Hang out with the kids -- it's the best part of the rotation!

Cite articles in your plan for inpatient. This is more important than even when you are on internal medicine.

Do Qbank 2x through, go to the review session the Monday before the Shelf, and make sure you know how to do everything on the Practical. They tell you almost exactly what is on the Practical, so as long as you understand how to do those problems, it is an easy way to pick up points for your overall grade. In general, just be present and willing and eager to learn, even if you aren't interested in pediatrics. Attitude goes a long way, and if you are a team player, you will help the residents tremendously and they will appreciate you more.

Always have stickers in your pocket Get to know your patients

Study broadly. Most questions are easy to get right if you've seen it a few times before, so read as many resources as possible.

Shelf is deceptively difficult. Start with pre test (which is overrated but you must do for questions) then u world

Adding resources to notes on inpatient services and doing mini-presentations after rounds (1 or 2 during the rotation is probably adequate) make good impressions and are encouraged. Examine as many ears as possible because it takes practice. Know what shows are popular among young kids (e.g. Paw Patrol and Dr. McStuffs).

Study from day one for the shelf, there are a ton of diseases/syndromes you have to learn (it's kind of a mini-IM rotation). Work hard by helping out the residents/NPs, practice writing notes, and try to spend some time playing with the kids whose parents aren't there--that's the best way to learn to identify developmental milestones.

Enjoy yourself, this is one of the more fun rotations. The residents/ attendings respond well to people that are having fun rather than just working hard. BRS was a good textbook for this

Stay engaged, follow up on labs for your patients - go spend time with them in the afternoon if possible.

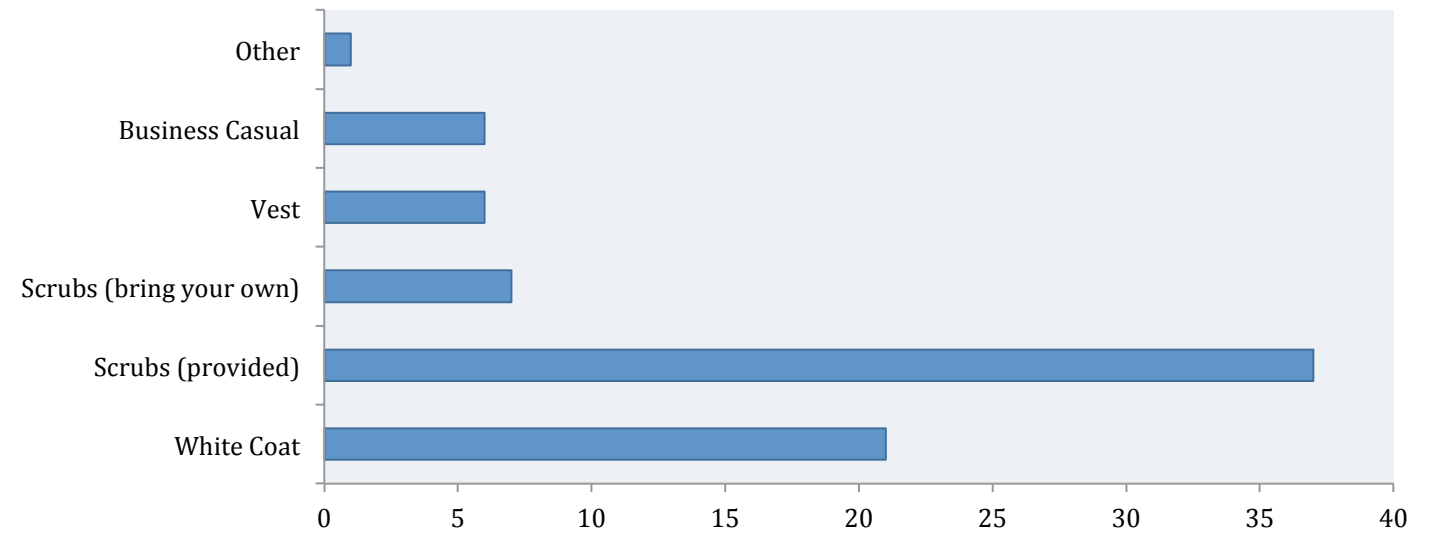
Start studying early, the pediatric shelf is not an internal medicine shelf for little people. The medicine is

completely different and there are a lot more opportunities for zebras and weird congenital diseases.
Work hard and as best you can, incorporate article evidence for your treatment plans. The attendings love it, a great way to stand out as interested in what you're doing.
Interacting well with families is very important, make sure to take the time to connect with your patients and their families, it's both fulfilling and reflects well in your evaluations.
Be happy and willing to watch others perform the physical exam. Then be proactive and ask if you can go see the next patient on your own. Be willing to stay late if the residents are swamped during in-patient. Be sure to be friendly to the nurses, NP, and all members of the team. They have a say in your final grade.
Give the tiny humans and their caretakers your time
Choose one book and finish the Qbank. Do these things at least twice. That should be enough to do well (read: not just pass) on the shelf.
Offer to help in any way possible. Remind the residents you're there to help them and show that you are interested/active. Get your presentations down, and try and get used to presenting in front of families as soon as you can because it can be a different experience at first.
Be proactive and take ownership of your patients. Take time to help families through their situations.
Do the qBank questions early, as it's a good refresher for info during rounds.
Study early and often, easy rotation to get an H if you do well on shelf. People all really nice.
Make good use of your time on outpatient and newborn nursery, because you won't have time to study during inpatient.

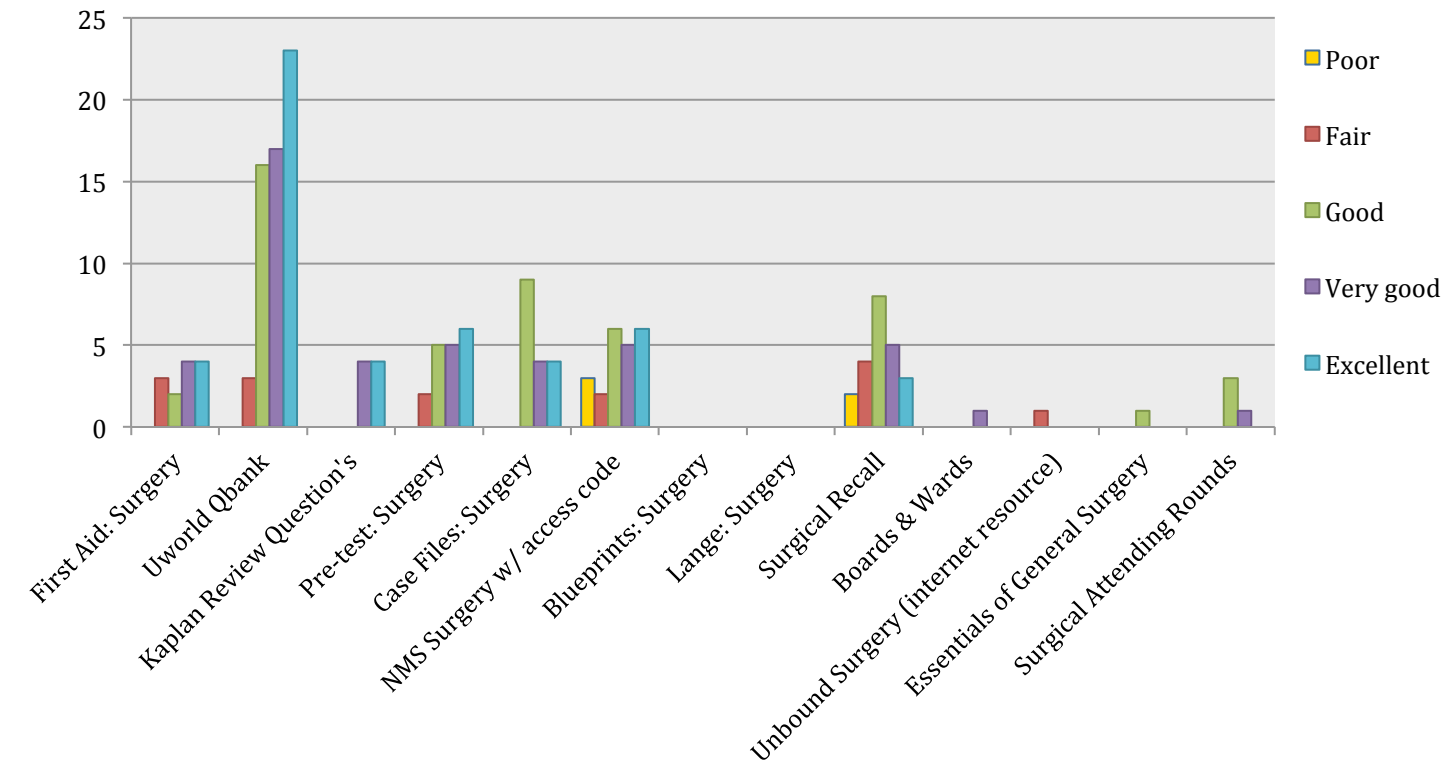
Surgery

Clerkship Director: Rahul Anand, M.D., rahul.anand@vcuhealth.org
Clerkship Coordinator: Salem Glenn, salem.glenn@vcuhealth.org

What to wear:



Recommended resources to study for the shelf exam:
(NOTE: Pestana's really should be on this list. PESTANA IS GOLD. Read comments below).



Other recommendations:
Pestana
Pestanas
Pestana!!!! x3 - read this the day before or morning of your shelf.
Pestana's and Online MedED
PESTANA'S!!!
Pestana's Surgery Notes
Pestana Surgery is the BEST book for this rotation.
Pestana!
Pestana is gold, know every word.
I watched as many WiseMD/MedU surgery videos as possible. I read Pestana's cases and notes twice each. Do NBME surgery practice self assessments.
Read Pestana first.
Do Qbank for some medicine sections, especially GI.
Pestana's is a MUST - it will not get you a top shelf score but is a great and essential foundation plus it will fit in your pocket and you can read it while waiting for cases to start.
***Pestana's Surgery Notes Pestana and Qbank's surgery section twice through is the best prep for this busy rotation. Read Pestana when in the OR waiting for your patient or attending to arrive, do a few qbank questions every night before bed and you will be ready for the shelf.
Pestana >>>>>
Pestana's
pestana w/accompanied videos.
Pestana is a good and super quick high-yield read.
Pestana's. However, if you really want/need to Honor this clerkship, take medicine first. The shelf is such a substantial part of the Honors criteria that it's almost impossible to get Honors without rocking it.
Pestanas
Do GI as well on uworld, very high yield.
Pestana's - excellent resource.
Pestana is a good overview
PESTANA'S, medicine Q bank, online med ed
Pestana's is all you really need. Make sure to do some internal medicine qbank questions! There's a lot of internal on the shelf.

Which service were you placed in (VA, different VCU departments, general month and different 2 week specialties) and how was your experience?
Peds Surgery, Ophtho, plastics
Trauma, Plastics, Ortho. Plastics was more time-intensive, but had a lot of OR time and it was interesting - learned good suturing skills. Ortho was also OR-intensive; cool procedures, nice people, 0545 start-time, no rounding. Trauma nights was my favorite week of medical school hands-down.
VA - heard it was a good experience, had a poor experience. ENT - heard it was a poor experience, had a great experience. Choose what you like because your experience will depend on the attending/residents/students you work with more than anything else.
VCU Neurosurgery- great service, but had a hard time figuring out my role on the team as a student. Overall, I think they mostly want you going to the OR cases you want to go to. VCU CT Surgery- awesome service, good hours, good clinic time. Trauma Surgery (aka Acute Care Surgical Services)- very busy, long

hours, but lots of learning on the job.
VA vascular: good teaching, I found the VA = more hands-on experience VA neuro: lots of spinal surgeries, but they've since opened more ORs so there is now more variety MCV Peds: shorter surgeries, you get to participate less in the OR but the kids are a lot of fun to work with
VA Vascular was one of my favorite services. Dr. Amendola will let you do stuff that others won't let you do. You learn a lot and vascular surgery is pretty cool so it's fun. VA neurosurgery is chill b/c you pretty much have a very small team so you get to talk to your resident/attending a lot. They do a lot of spine stuff so if you want to see a craniotomy go to MCV. Know that MCV neurosurgery is a lot more intense than the VA one. Just a side note: you're going to have to do an art project at the end of your rotation at the VA. Didn't really know that until two days before it was due.
Bariatric/GI: the best hours of all the general surgery options; only 4 attendings, so you get to know them pretty well and once they get more comfortable with you, most are willing to let you participate more in surgery and do more than just retract (bovie, cut, and suture); a lot of laparoscopic and robotic surgeries CT at MCV: fantastic subspecialty; you don't round or make lists, you just work directly with the attendings and get to choose what surgeries you want to see; you can really get out of it whatever you want; attendings mainly pimp on anatomy and patient history
VA Vascular is a decent service, but understand that everyone gets the same grade. If you want an opportunity to stand out choose something else.
INOVA Cardiac subspecialty not worth it. INOVA ENT was a great experience with a nice balance of surgeries and clinic days. General surgery was long hours, but a great experience. Trauma call was fun and a good time to get things checked off of passport.
Surgical oncology, neurosurgery, plastics- worked very hard on all three and had a great time; these are the services with probably the longest hours.
VA optho vascular
VA- probably not good if you want to do surgery but great if you want to spend more time in clinic than the OR. Hours are good and the attendings are not very intense. Plastics is a very interesting specialty with great residents.
Trauma/AGS - fantastic experience esp for someone who is not interested in surgery but you see a lot and do a lot especially on nights; CT Surgery @ MCV - very interesting, low case load but cases are interesting and surgeons are great to work with; Community I2CRP - if you can do this take advantage of it.
Surg-onc (VCU): very very busy service, it will tell you if you are really interested/ready to go into surgery. Read the google doc that is circulating among the current M3's CT (VCU): mainly scrubbing into cases, and can leave when you want. I personally went to a morning case, scrubbed in, and was done by around lunch time, at which point I went home for the day and studied (this is a great opportunity to get some study time in) Vascular (VCU): you have to make the list in the morning as if you were on your general month, which stinks, and you are normally the only med student so you have to make it all yourself. Cases can be very long, especially the fem-fem or fem-pop bypasses, so make sure you eat and go to the bathroom before, 6 or more hours is a lot.
VA urology - great team over there, 6-5 VCU Vascular - good experience, high yield for shelf VCU Trauma-very hit or miss depending on who your chief is and who you get for AGS. Some loved it. Running traumas is fun.
Trauma Surgery - great rotation, lots of hands on, intense. Neuro - intense, a lot of autonomy. ENT - good rotation, attendings are all great
Peds Surgery - great experience. Very nice attendings who like to teach and will let you close if you ask nicely. It's a good general month for those who don't necessarily want to do surgery, or who are interested in peds surgery. There is no team room for peds surgery - so hang out on Main 4.
Surg-onc, neurosurg and VA urology

VA. The VA has a reputation for being more laid back but that's not necessarily the case. Lots of lectures from senior staff, only some of which are really useful.
trauma, ortho. neurosurgery
VCU transplant has brutal hours and limited teaching. VCU CT surgery is super interesting and you get to see a lot of really interesting cases (and they let you assist a lot, which is awesome). Ophtho was really fun and the residents are very nice, plus surgeries are very short.
VA general (lots of good clinic time, teaching sessions with attendings), Plastics (excellent and chill residents, really make you feel like part of the team), I2CRP Front Royal (HIGHLY recommend for I2CRP students, fantastic hours, exposure to primary care within surgery, you get to be first assist on every surgery for which you scrub!!!)
Trauma Surgery - AWESOME. Plastics - long hours, cool surgeries, residents mostly nice. Ortho - awesome surgeries, one overnight call, 1 presentation required.
Trauma - REALLY tough to start on this one, make sure its not your first rotation because they dont have time to teach you the basics. otherwise great rotation, try to work with anand or whelen they are great.
Surg Onc, Urology VCU, Neurosurgery VCU
VA CT: great experience. There are no residents on this service, just the attending and PAs. So students get to do a lot (opening the chest, closing, holding the heart, etc). If you want to get involved, choose this. VA Neurosurgery: very laid back and no weekend call. Don't get to see much during surgery because the field of view is so limited. MCV GI and Bariatrics: great if you like both surgery and clinic time. You get to see some of the surgeries that AGS does (lap chole, colectomies) but these are elective and scheduled (not as hectic). I felt the attendings on this service were the most relaxed and friendly of all the services I worked on.
Trauma surgery - amazing experience. you will rotate through one week of night trauma, two weeks of day trauma and one week of acute general surgery. will see a lot of "bread and butter" surgery and trauma management. attendings are great and invested in students learning.
CT surg at VA- awesome surgeries but you will work weekends. Neurosurg at VA- awesome rotation!! So chill. Trauma- I loved it!

Tips for success:
Must do PESTANA! Pestana + Pretest + Casefiles=93
Pestana is key
Surgical Recall is great for wards and pimping sessions, but not so much for the Shelf. Do the UWorld questions twice, read Pestana notes, and then use Case Files if you have extra time (which you might not, since surgery is a beast).
Pestana is GOLD
Pastano notes
Pestana notes are REALLY high yield. you will see essentially ALL of pestana on your exam. Surgical recall is good for pimp questions in OR, not so much for shelf.
Pestana is excellent!!!! That and uworld is all you need
Use Step Up to Medicine, especially the GI chapter.
Try to read Pestana before the clerkship starts. It is a quick read and will help you answer lots of common pimping questions!
Pestana Review
The shelf is the key to success (DJ Khaled reference). Study hard for it. Evaluations matter but not as much as other rotations from what I've seen. That being said don't slack off and put your best foot forward on this rotation. The rotation is not as bad as people make it out to be, it's actually very fun and if

you take it for what it is, you'll enjoy yourself and excel in the rotation. This was my first shelf and it's def pretty difficult but Pestanas, UWorld, and Pretest are the best things you can use to study for it. Surgical recall is good to look up a few things before you think you're gonna get pimped but it should NOT be read for shelf purposes - completely not worth it and not relevant

STUDY FOR THE SHELF. Your grade will be determined by the shelf score, NOT by your evaluations.

Be prepared for rounds. Know your patients. Read up on cases prior to going to the OR. Ask questions that show you're engaged and interested. Be flexible and attentive.

Prioritize studying for the shelf, even though it's hard to find time.

Some people's elective months are busier than their general month and vice versa. Do you best to motivated to study early in the clerkship because you never know how busy you'll be leading up to the shelf. There aren't that many surgery Qbank questions, so if you haven't had medicine first I would recommended doing some Medicine Qbank Questions as well. Pestana's x3.

PESTANA'S. Read it as many times as possible. Also take internal med first if you really want to rock your shelf. I had surgery first and knew I absolutely did not want to go into it, but still was able to get high pass using just Pestana's + Q bank. Also Dr. Anand is amazing -- you will hear his voice in your head during the shelf. Even though the hours can be miserable, try to pay attention during the didactics (many of them are gold) and keep a positive attitude. Pack your pockets full of snacks and eat whenever you can. If you have a free hour, power nap in the call room. In the OR, try to pay attention to the small details of which surgical tools are used after x stitch or cut, how residents prep patients for specific procedures, etc. so you can help (or at the very least, not get in the way). Oh and your biggest job in the OR: don't get in the way. If you feel hot and sweaty, sit down. No shame. Finally, even though surgery has one of the more strict grade cut offs, your evaluations really do matter. Glowing reviews from even one of your specialties will help you out a ton.

Peds surgery was the BEST rotation. you get to do a lot and the attendings are great teachers. highly recommend for general surgery month for those who love kids and surgery! :)

Take time to get to know your patients and explain what is going on - rounds are super fast so it's nice when you can explain everything in a way that they understand

Study every chance you get - I found NMS surgery to be excellent for shelf preparation, along with Pestana.

Definitely look at the published, "advice for getting honors"-- it's all pretty basic stuff: show up ready to work, always be present, prepare for cases and do your best. Don't freak out when you don't know the answers to things, but make sure you can prove that you studied for the case that you're scrubbing in on. In terms of shelf studying, do qbank surgery, qbank IM GI, and pretest surgery. I also did Pestanas a couple of times, but pestana's alone is not going to get you an honor levels grade.

Step up and don't be afraid to help or ask to do things.

Do a rotation with a break built in for study time if you are serious about doing surgery. There is little time during the actual rotation.

Do medicine q bank. Renal and pulmonary essential for the shelf.

They may tell you one thing but excelling in this rotation purely has to do with the shelf. You need to cross the threshold on the shelf (a tall task if you haven't had medicine) or else you will not get honors. Spend most time on that more than anything else

Don't dwell on the obscure and detailed information found in PreTest. Most of the shelf consists of medicine-focused questions and the surgery questions are largely emergency situation related.

Tues/Thurs afternoon lectures are actually very good so, for once, pay attention to an M3 lecture. Pestana is great for quick studying when you a few minutes throughout the day (go through it twice). Qbank should also be gone through twice, it's questions are more like the shelf, compared to the questions at the end of Pestana. Even if you are not interested in surgery, try and get your hands in on the cases (literally), this will be the last time many of use will be able to touch a pt's liver/heart/brain, so

take advantage of the opportunity!
Don't forget to study... just familiarize yourself with a surgery beforehand because they'll never ask you something you've studied. Focus more on the shelf. Get your breaks when you can.
Make the list right. Try to know what's going on with your/all patients, or at least why they are here. Pre-read about surgeries the night before if possible, and ask good questions that can lead to a discussion. If you ask a dumb question, you're more likely to get pimped on little things that don't matter that you'll happen to forget during the surgery. Always ask what you can do to help the team.
Read Pestana's multiple times!!
Study when you can, sleep when you can, be prepared for lectures, always have food available so you don't get caught hungry and tired.
Arrive early and make sure you know what you are doing in regards to the list. You might have to come in earlier the first few days as you become accustomed to what is and isn't important to surgeons. Always stay positive. There are going to be days where you feel like you didn't learn anything the first 2 years when you get pimped. Stay positive and show that you are willing to learn and be prepared for the next day. There will also be days you get all the pimping questions right. Be outgoing and confident. Even if wrong, surgeons want to see you have confidence or a reason to back up why you thought a certain answer was right. Make sure to work together as a team as that is most important. Don't try and throw anyone under the bus. It's immature and will be noticed.
Set small study goals for each day of the clerkship. The amount of time you are at the hospital can feel overwhelming and make study time feel impossible. Take any down time to review a topic or do a few questions.
STUDY MEDICINE FOR THE SHELF, not SURGERY! The surgery shelf is deceptively mostly medicine (i.e., everything you should do for the patient before you wheel them into the OR).
VA Gen Surg- balancing your time can be difficult because you are constantly being pulled in different directions and your attending teaching sessions take priority over OR cases and clinic, have open communication, take ownership of your patients/cases, be prepared for your cases- you will always get asked questions you don't know the answer to, but you will be fine if you show interest and enthusiasm; Plastics- be prepared for your cases! come up with a unique presentation topic for the residents; I2CRP Front Royal- you can't access their records, so figure out ways to be proactive to know the patients and the cases, get to know the staff. In general in surgery, try your best to be of service to the team, whether the scrub tech or the attending surgeon. Know when it's appropriate to speak/ask questions.
Study! Don't put it off for the last 4 weeks. Be quick, be on time, be aware of what's happening. Read the room/situation before asking questions/doing something stupid.
study early and do your world. be enthusiastic.
read Pestana's a few times during the clerkship. The shelf is mostly medicine so read some Step Up (at least the GI section) and do some GI medicine questions. Listen in lecture - some of them are useless but most of them are pretty good resources for the shelf. Bring pestanas or Qbank on your phone when you are sitting in the pre-op area waiting for patients to go to their cases. Don't bother learning the details of the procedures - it won't help your shelf and they will very rarely pimp you on this. Spend your time learning the anatomy, review the patient's chart, and then read about the pathophys of their disease - it'll be helpful for the shelf and you're more likely to get pimped anatomy and pathophys during cases.
This is a long clerkship with long hours. Take advantage of free weekends to study if you're on a service that doesn't have weekend call. Read Pestana multiple times, which I felt was most high yield. Studying for the shelf and studying for day-to-day surgeries are different: the shelf is basically a medicine shelf, so you will need to be comfortable with general medicine topics like how to diagnose pancreatitis, etc. However day-to-day you will need to be prepared for your specific surgeries, like knowing the relevant anatomy and knowing your patient's history, etc.
Coffee

be enthusiastic about all the cases, no matter if you want to go to surgery or not. read about your patients and what surgery you will see the next day. surgery recall is great for pimping questions in the OR. never break the sterile field, be friendly to scrub techs, circulators and nurses. take initiative and ask residents if you can help close. read NMS casebooks to prep for lectures, read pestana's, do surgery q bank and GI/cards/pulm/renal sections from medicine Q bank. sleep and eat when you can. never sacrifice eating for OR time (hypoglycemic episode and passing out in the OR = not good)

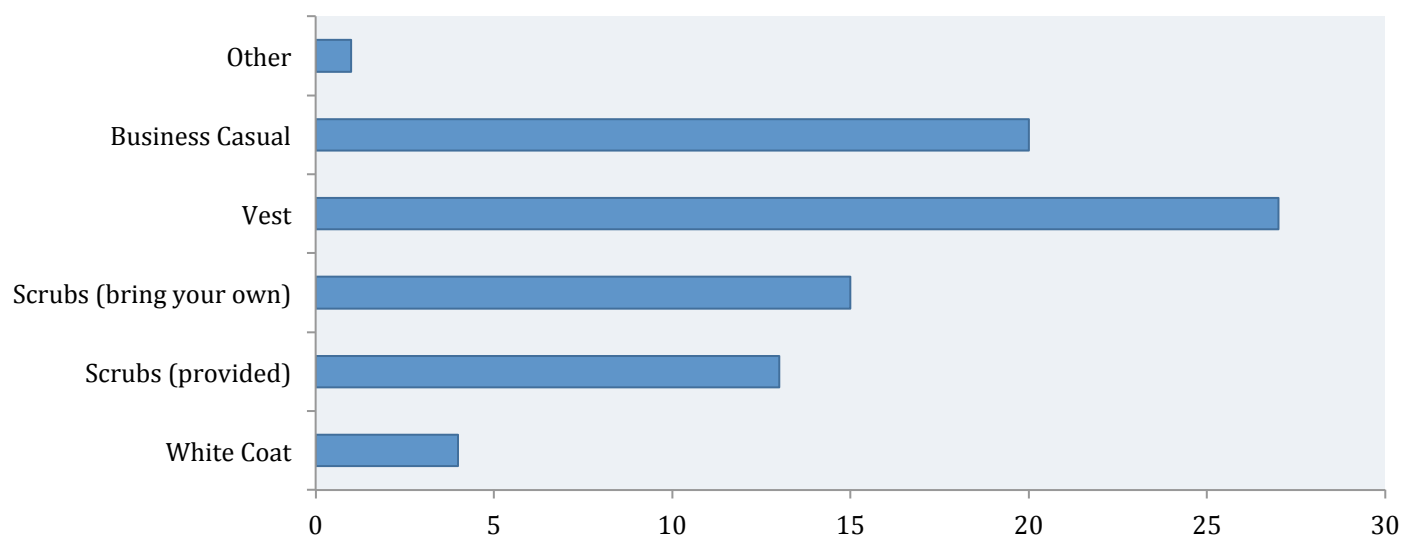
Internal Medicine

Clerkship Co-Director: Jeffrey Kushinka, M.D., jeffrey.kushinka@vcuhealth.org

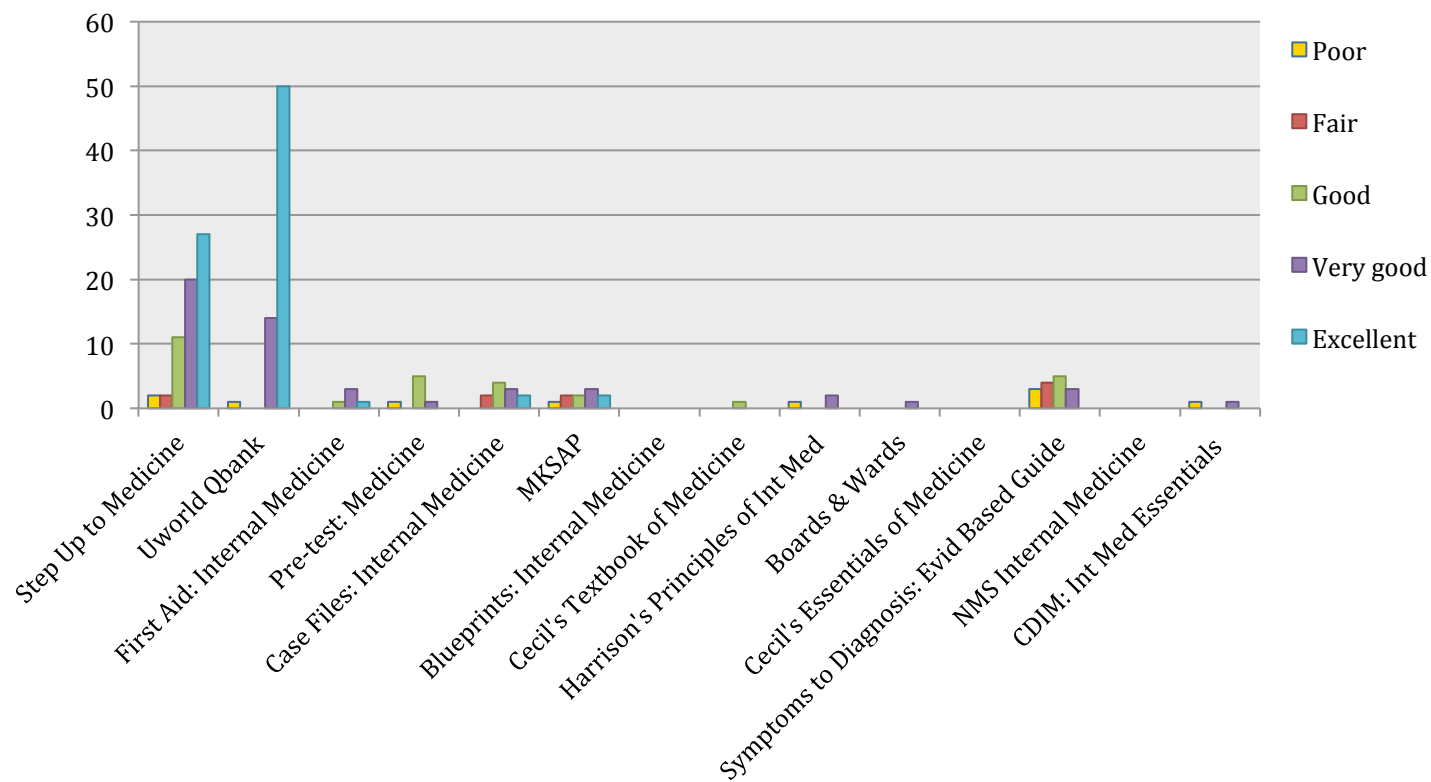
Clerkship Co-Director: Steven Bishop, M.D., steven.bishop@vcuhealth.org

Clerkship Coordinators: Brie Dubinsky, brieanne.dubinsky@vcuhealth.org; Gilda Harris-Howard, gilda.harrishoward@vcuhealth.org

What to wear:



Recommended resources to study for the shelf exam:



Other resource recommendations:

online med ed was really helpful for overviews

Belabor the OSCE. They grade tough and that 15 minutes will keep you from honors.

Step-up and Qbank are the gold standards here. If you somehow have time for both and are an exceptionally fast reader do that because they really reflect the exam well.

Emma Holiday power points (university of Texas) are excellent!

Only use uWorld and Step up.

online med ed

How was your one month of general in-patient experience?

I was on Team1 at MCV and I saw awesome stuff I never expected to see outside of a textbook- everything from undiagnosed Guillian barre to disseminated Karposi's! We got all the step down patients. Good variety, not just CHF or asthma. Really pleased with it

It was great

Good, not as daunting as expected, everyone is very nice and helpful (Inova)

Good I was at the VA

Great!

Had two months of general inpatient. A lot of hours rounding and talking about each patient. You pretty much need to know EVERYTHING about your patient. You get pimped a lot too (well, depending on the attending). I actually think I got pimped more on medicine than surgery. Try to see a lot of ED consults though they take forever and will take a lot of thinking b/c it'll definitely help you how to w/u a patient based on their symptoms. I had medicine as my first rotation and it really set me up nicely for the rest of my year since it's really the basic for everything. Would not suggest delaying medicine til near the end of your 3rd year.

I was placed on inpatient wards at VCU. I worked from 6AM - 7PM 6 days per week. Normally, the students will be able to rotate who stays late, however I had an M4 on my team who was very apathetic and left early most days. I didn't mind staying late because I wanted to do well, and I had a great team. I enjoyed my time on wards.

I didn't enjoy medicine-it's just not for me. I didn't like rounding on patients for 4 hours and then spending more time after that writing long notes on each patient. I much prefer a more hands-on approach to medicine, as opposed to treating with medication and consulting other services to do procedures. It just wasn't the service for me, but I know there are many people who love it. The hours can be long, and often you will be sitting around without much to do, so always have study stuff with you (Qbank mainly).

You really feel like you are apart of the team, you are required to really think and it is fun to apply everything you learned in the first two years of medical school

I did one month at the VA and one month at MCV and loved both inpatient experiences. Highlights included daily Morning Reports and Chief Resident teaching sessions.

It was pretty good - saw a decent variety of classic internal medicine cases. I was at the VA so the pace is a little slower than MCV, but it was enjoyable.

Steep learning curve. Learn to present using SOAP format. Read up on all your patients. Know the medicines your patient is on and why. Anticipate helping your team (getting outside records, doing med recs, etc.). Look up anything you do not know. Understand the plan, think about what it will take to get your patient discharged.

It was grueling and monotonousness.

Intense. Hours were 6am to 6:30/7pm, occasionally 9pm if there was a late admission before the night

team came on and it was your turn to pick up a patient. Rounds often lasted into the afternoon. My experience and mood varied DRAMATICALLY depending on the team I was with, especially the residents and attendings. It really all just depends.

My general month was at the VA, but I had a great time. The patient population is great, but sometimes nurses can be a challenge. The residents are extremely intelligent and are willing to teach. We had some attendings that were fabulous teachers as well

Busy! CCH gives a lot of opportunities for students to be actively involved in patient care. Do not expect to have much time to study during the day on Team 3 or Team 4.

Ask the residents to develop a list of topics you want to cover during the month/week. Cover issues like CHF, COPD care. Get your bread-and-butter down early. If you're free, go to the procedures and consults for your patients.

Such a good experience, make sure you're enthusiastic and all the hard work will be worth it. Generally the hours are 6am - 5 at MCV (7 if you are late that day) and like 6-4 at VAMC. Again, enthusiasm goes a long way, try to own your patients, present a plan. If you present 1 relevant article a week (meaning a 30 second synopsis of the results) you will be a rockstar.

I had 2 months of general in patient: no "electives". Ward manager teams are great, fast paced, and you get to do/learn a lot. My VA experience was less fast paced, and because I was on a team with 3 med students and 2 interns, there was less work that the med students got to do.

Team 1 - great (tough) learning experience. If you're on a ward manager team (2nd year residents, no interns), you get to act more like an intern - calling consults, helping place orders, etc. It's a great experience but doesn't give you a lot of time to study.

I worked both at the VA and MCV for my in-patient experience. I learned a lot from both sites but you can tell the differences between the two. For example, nursing at MCV is far superior than at the VA. Generally the illnesses you see at the VA are less diverse than at MCV. Both had great attendings that enjoy teaching.

MCV - excellent

Which service were you placed in for your one month "elective" month (VA ED, Consults, Digestive Health, Heme, Onc) and how was your experience?

Digestive Health. They will work you hard but the teaching is really good because you have fellows that just hang around and help you learn. Hours were long but that's IM in general. Got the chance to do tons of procedures including my own paracentesis. Sad patient population though- lots of alcoholic cirrhosis.

Med consults. I enjoyed it. It gave you time to study and you got a lot of time to work on your presentations.

Consults: very good hours, you will write a ton more full H&Ps than any inpatient service, can be very busy or slow depending on the day, attendings have a lot of time to teach, and you will focus on specific problems -- many of them common (i.e. diabetes, sepsis workup, HTN)

There wasn't an "elective month" for me. Had one month of VA general medicine and one at MCV.

I was placed at the VA ED. I worked 35 hours per week either 8AM - 3PM or 3PM - 10PM on the weekdays plus 8AM - 2PM or 2PM - 8PM on Saturday. Therefore, I had a ton of time to study. So, I would recommend it because the hours are so good. That said, I ended up hating the ED. The ED at the VA is not like the ED at VCU. A lot of veterans treat it like a Patient First, so you have to deal with non-emergent complaints on top of the bread and butter IM stuff like COPD or CHF. In my month there, I only saw a handful of true emergencies. Also, because there a dozen different attendings that work there, I didn't get a consistent experience as far as expectations for me, the M3, and many of the attendings ignore the students, so I really had to take the initiative to see patients.

Oncology: even though I didn't like medicine as a whole, I was happy to do oncology for a month. The

patients are fantastic-they are much more appreciative and grateful for your help, compared to patients on the general wards. I met some incredible people, and I was honored to have the privilege to help take care of them. The attendings are all fantastic, and they really appreciate enthusiasm and willingness to learn.

Consults (very, very chill. Much easier hours, round much later so you don't have to be in until 7-8:00 AM, then leave earlier than we ever left on general inpatient month)

Hematology- awesome patients and professors with lots of study time.

Heme - was a wonderful service. Great opportunity for long term care of patients - I had the same patient for a month undergoing chemotherapy, which lead to her remission and she left on my last day. It was an incredible experience. Not as much typical internal medicine, but an awesome glimpse into Heme-Onc and management of Leukemias. I highly recommend it.

Oncology was a great experience because of the relationships you build with your patients.

I was on inpatient wards for both months.

I was placed on the heme service, and while I loved the service (you really get to know your patients, I still keep in contact with one) you lose out on a month of general medicine that I really could have used. However, the hours were less intense so I was able to study more than those I general I think.

Heme - awesome attendings and fellows

Onc - good experience, fairly chill rotation compared to other IM services. You don't always get the bread and butter cases that are important to the shelf. Try to pick up patients that are in for complications related to their disease rather than just coming in for chemo.

VA ED - hours are great (8a - 3p or 3p - 10p), I was part of the first group to do VA ED and at the time, no one knew what the expectations were for the medical students so it was difficult to get my bearing at the VA ED (not sure if it has changed much since then). The attendings change every day so it's difficult to find someone that can evaluate you. Try to stay proactive and ask attendings who you can see before picking up a patient. I was friendly with the nurses and towards the end, they would come pull me to see interesting cases. Since the hours are great, study as much as you can during VA ED month.

Tips for success:

Buy Pocket medicine (little purple book) and bring it everywhere with you. On rounds, you can't look at your phone (well you can but it's rude) but no one complains if you read up on something. Anything you don't understand, read about after someone finishes their presentation and you absorb a ton. Besides that I did Qbank 2X and online med ed and scored in honors range for the shelf.

Don't let them fool you: Symptoms to diagnosis is a complete waste of time!!! Make you time count with actual shelf and USMLE preparation, i.e. Step Up to Medicine and USMLE World.

Do ALL of the Uworld questions and really read through the answers or look up that topic in Step Up. Then do the MKSAP questions and read through Step Up if you have time. Also, reading up on your patients diagnoses and treatment is a VERY valuable way to learn and prepare for the Shelf.

Everyone told me to go all the way through Step Up and UWorld before the shelf. I did about 600 UWorld q's and got 2/3 of the way through Step Up, and I got a 96 on the shelf. However, I also read a 3" binder full of quality review articles on various medicine topics I needed help with. Figuring out what you don't know and then learning it is more important than getting through any particular book or question set.

Step up and Qbank is all this average student needed to get an honors exam score.

Work very hard in all aspects and show enthusiasm. It is hard to get an honors in this rotation because the stars have to align essentially (need to get T score >55 in all parts of the rotation). Cray.

Make sure to get through all of Q bank and then start going over the ones you've missed. The most high yield sections in Step up are Cardio, Pulm, and GI so make sure to read those too.

On wards, get there at 6AM for sign out so you know if anything happened to your patients over night.

Know the pathophysiology of your patient's disease state, and know the treatment. Be enthusiastic, as most of the IM residents really like to teach. Overall, work hard. The student who doesn't know a lot but shows up early and demonstrates that they are trying to learn will do better on evaluations than the smart student who is checked out. For the shelf, if you can get through Step-up and Uworld, you will do fine.

Study a little bit every day, there is too much to 'cram' at the end. Take time to know your patients - everyone can list facts, but it really stands out when you know details about your patient's life and can make their experience in the hospital better.

To do well on the shelf, the key is to study a little bit every day, and do as much studying as you can with your free time on weekends. By reading through Step-Up once and going through Qbank 1-2 times, I was able to do well on the shelf (raw score 90, t-score 64). However, the shelf score is not everything! To do well on the performance portion of the grade, you can really shine by preparing for the OSCE. Practice *efficient* interviews and physical exams on new patients, grab a partner and run scenarios by each other from First Aid: Step 2 CS.

Start the very first day doing 44 UW questions a day. This will give you time to finish and do wrong/marked (1400 Qs). This was my primary resource for the shelf and I also found the OnlineMedEd videos to be extremely helpful. These resources plus a few others --> 95 on shelf.

Know your patients inside and out. Do a good physical exam every day and don't take a benign exam one day for granted. Help the other students on your team - try to make them look good and they should do the same for you. Ask to sit down and talk with the attending for expectations for presentations and notes during the first week of the service, and for feedback before they go off service. Go to Morning Report when you can - it's a great learning opportunity, and don't be afraid to participate and be wrong.

Do not try to use too many resources. Finish Qbank 1x and then start working on the incorrect questions.

Try to do as many questions as you can with the very little time you have. Be efficient with your down time and do questions if there is nothing left to do on the floor, but don't get too wrapped up in studying during work hours, it will seem like you're not as interested in what's going on around you.

Internal medicine is long both in the hours each day and having it over two months. Always arrive early (especially before the chief) and pre-round on your patients. Try to have at least 2-3 patients, even if it's your first rotation. The attendings don't sympathize with us if we can't come in early enough to pre-round on at least 2 patients as we will have much much more during our first year of residency. Make sure to always be looking up information on upToDate and site your sources on your progress notes. Always be willing to ask if there is anything you can help with. Listen in when the residents are "running the list." This is the best way to jot down things that need to be accomplished during the day and a great way to just go get it done without having to be asked, or asking what needs to be done. It helps out the residents and makes for a good evaluation. Even if you don't know how to do something, there are many people who do (nurses, NP, the patient themselves), ask them. Make sure to study everyday and don't put it off until a couple weeks before the shelf.

Take advantage of any downtime to study and review. The residents love to teach so be sure to ask for a topic review or if you have any questions.

Know medications your patient is on and why they chose those medications, know antibiotic regimens. Offer to fax record requests to OSH, be eager for procedures. Be engaged during rounds, even if it is not your patient.

Anticipate how you can help residents (calling consults, getting old records, making patient appointments). Don't ask if you can help them with anything, ask if you can do specific things. Can I call Mr. X's primary care doc for you? It shows you were listening during rounds and that you are a good team member. During your down time, study all you can, because internal is a busy service and while the material is mostly things you are familiar with the volume can be daunting.

Qbanks is the way to go here. Try to go through them twice if you can.

Try to break down the #questions/day so you have a schedule and also try to read CPR + GI in Step up and you'll kill the shelf.

Be organized, take charge of your patients, know a few resources to throw out on presentations if you really want to wow your attendings.

Aggressively QBank early in the rotation. I used online med ed for review and the University of Texas review session the night before the shelf. Use Step Up to read about the problems your patient has - it puts things in context and helps you learn.

This is a long clerkship with long hours (maybe even worse than surgery). You will round for a long time (3-4 hours). No matter if you are tired/bored, look interested and try to learn about other patients that are not your own. This way you will be able to maximize your learning time. Use your 1 day off/week wisely! Keep up with qbank questions and any other sources you're using the study. I found Step Up to Medicine very helpful and used this in conjunction with qbank. Try to be helpful to your residents/interns but not to the point where you are getting in their way. Offer to help make calls, obtain records, follow-up with patients, update sign-out, etc. Doing little things like that may seem dumb and not a good use of your time, but the residents will notice and they will appreciate your help.

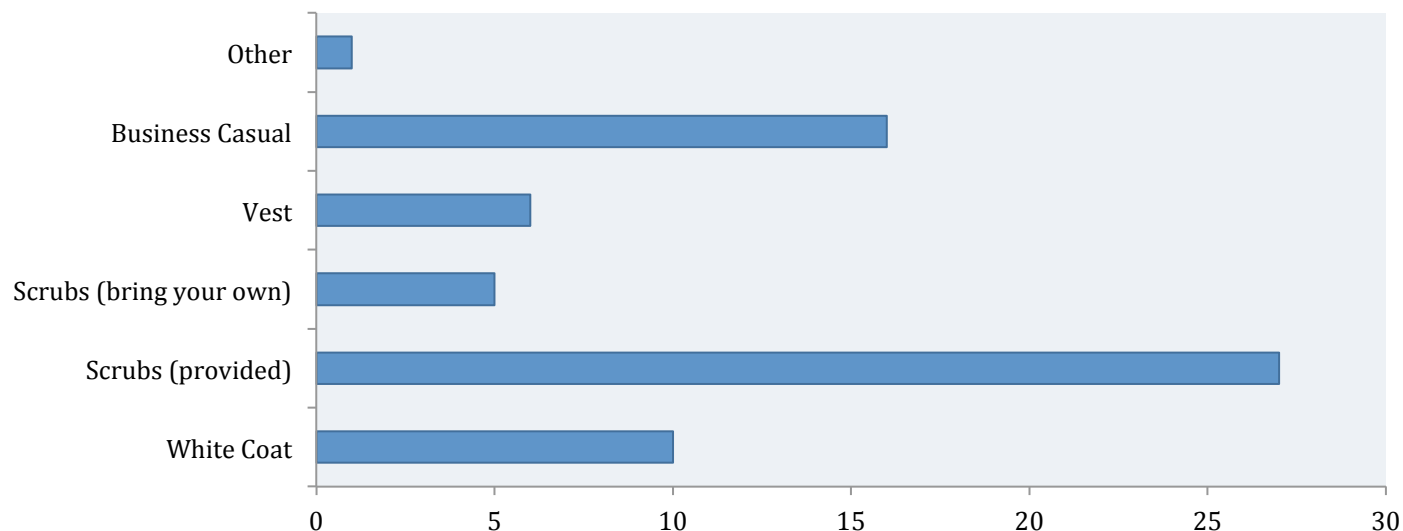
Online med ed, Q bank, read step up when you can. read about your patients and their disease processes. Ask residents what you can help with (such as discharge summaries). Provide evidence based medicine or guidelines from UpToDate during rounds.

Obstetrics & Gynecology

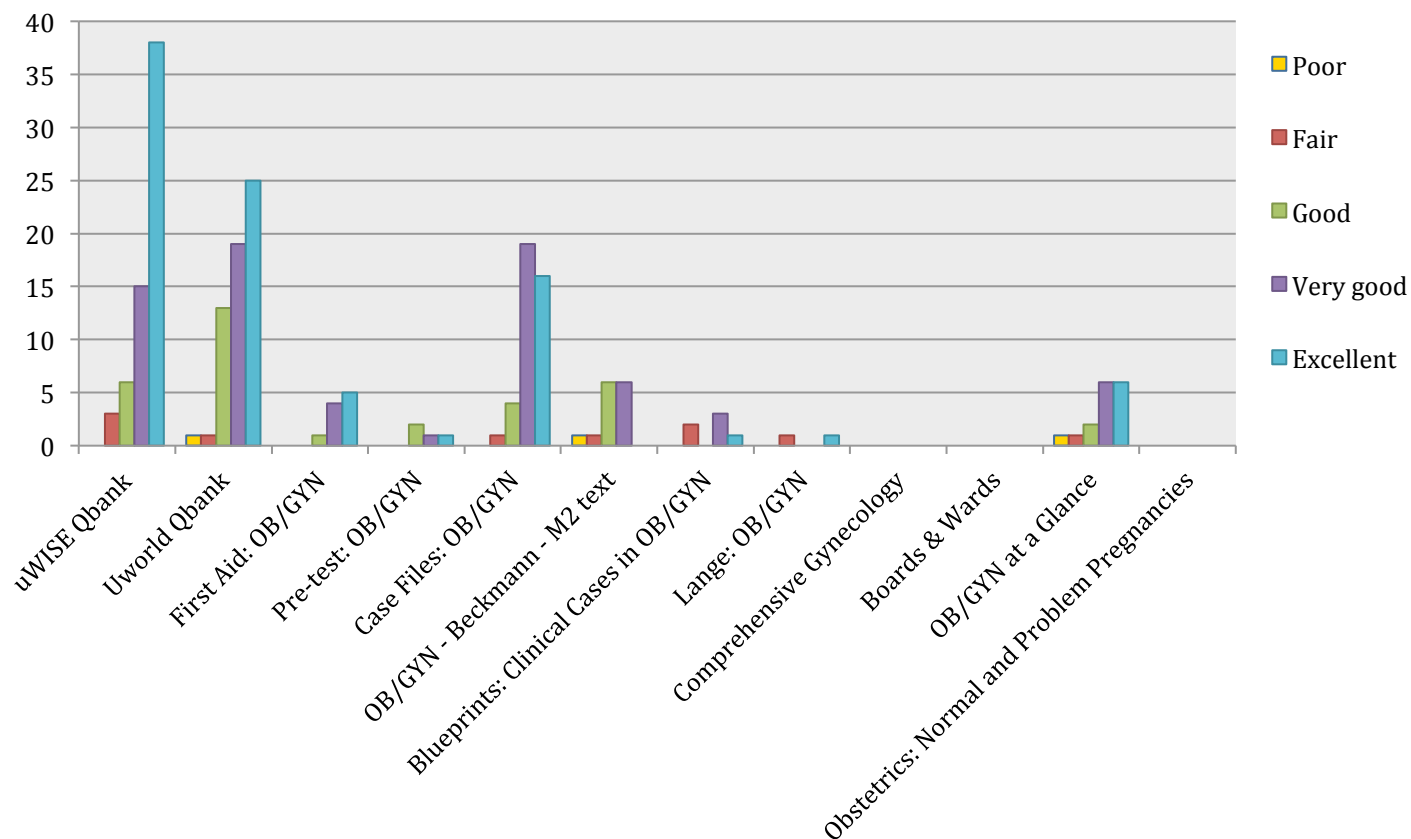
Clerkship Director: Fidelma Rigby, M.D., fidelma.rigby@vcuhealth.org

Clerkship Coordinator: Marta Vicente, marta.vicente@vcuhealth.org

What to wear:



Recommended resources to study for the shelf exam:



Other resource recommendations:

NBME practice exam

Try to do both NBME practice self assessments, uwise questions twice, and Qbank at least once. INOVA simulations are wonderful and really helpful.

Watch OnlineMedEd.com videos. I did those 3x, uWorld 2x, and UWise 1.5x - did very well on the shelf. I didn't read the OB@aG like others and was just fine without it.

online med ed

If you went to Riverside or INOVA, how was your experience at these sites?

Do ALL of the UWise questions, read Case Files, and then do the Uworld questions if you have time. The quizzes and teaching sessions at MCV are also super valuable and cover high yield topics.

Check out the ACOG practice bulletins. These are helpful on the wards and on the shelf.

I really disliked Uwise and didn't find it helpful. Stick with pretest and casefiles!

Riverside - AMAZING. Highly highly recommend.

I was at INOVA. There was a dichotomy between the attitudes of the attendings and those of the residents. Every attending I worked with was smart, enthusiastic, and excited to teach. Most of the residents I worked with were burnt-out and ignored the students. If you can deal with bad residents, then INOVA is probably worth it because you get to be more involved in patient's care (deliver a baby, scrub into a lot of surgeries). Also, the INOVA OBGYN curriculum is very heavy with didactics. I entire day per week is dedicated to lectures. If you learn by doing, and not by listening to someone teach, this is a major downside to doing OBGYN at INOVA.

INOVA (very very valuable experience to go to a private hospital and see that environment during this stage in training, the faculty is very enthusiastic and ready and willing to teach, the interns are also willing to teach, the space was kind of crowded but hopefully that will be solved with their move to the new building in the January 2016.)

INOVA is incredibly busy.

I went to INOVA and it was awesome. Much more hands on from what it sounds like from VCU students, great before surgery for technical skills.

INOVA - GREAT ROTATION, highly recommend it to anyone thinking about it. gives experience of a different hospital/different computer system. Attendings are all very approachable and willing to teach.

INOVA: Best experience ever. The faculty and residents are fantastic. Just be proactive and you'll get to do lost of deliveries and procedures.

INOVA - amazing! such well ran course in Inova. Will do 2 weeks of OB, 2 weeks of gyn (urogyn, benign gyn or gyn onc), 1 week at InovaCares Clinic (low income clinic) and 1 week in antepartum/high risk pregnancies. excellent rotation, busy hospital, highly recommend! Housing provided at an extended stay that is 10 min walking distance from the hospital.

Which services were you placed in (antepartum, Family Planning, Gyn, Night Float, Onc, REI, Planned Parenthood) and how was your experience?

Riverside.

Benign Gyn was great. Antepartum seemed less organized.

Gyn/onc was cool but not many surgeries. I had 2 or 3 per week. The surgeons don't really expect much from you and won't ask you many questions. A lot of them are robotics since Dr. Carter uses it. L&D night float is hard b/c you obviously have to change your sleeping schedule for two weeks and you work more hours than day shift. Apparently it's more chill than the day shift but even then it was pretty stressful. I

didn't like L&D that much. The atmosphere is pretty stressful and you have to be on an alert all the time even if not much is going on.

Antepartum at INOVA is a waste of time. You table round for 2 hours in the morning, then you sit around for the rest of the day. GYN at INOVA was a good experience; however the residents don't let the students see patients on their own, which was strange to me. Even if they had a handful of consults to see, they insisted that we go see patients together. Therefore, we ended up shadowing most of the time. I understand wanting to examine the patient just once, but I could have taken a history or two.

STRONGLY recommend Planned Parenthood, if you are comfortable going there. I had an amazing experience there-the staff were all so friendly and willing to teach me whatever I was curious about. I was the only medical student there, which allowed me to gain so much hands-on experience-much more than anyone who was on antepartum at MCV. Night Float was also a fantastic experience. We didn't have an OB intern on the team with us, so we got to do a lot more than the day L&D students did. I was able to deliver a baby on my own (with the resident right beside me of course). The residents were very willing to teach and let me do as much as I wanted, especially because I expressed interest in going into OB. Gyn Onc: we only had a couple patients the whole 2 weeks I was there, so I didn't get as much hands-on I experience as I was hoping. But the residents were fantastic about teaching us and taking time to go over important topics with us.

L&D 2 weeks, Antepartum 1 week, UroGyn 2 weeks, Ambulatory 1 week

Gyn - service that varies quite a bit, may be very busy or may be quite slow but cases are interesting and typically on the shorter side. Much more like a general surgery service in terms of your responsibilities. Planned Parenthood - good experience, starts off slow as providers get to know you but you see a lot and get good at doing pelvic exams. L&D - who doesn't love babies being born :) Overall I found that my experience largely depended on the resident team I was with so keep that in mind when asking friends about which services they enjoyed; the people make the experience.

Antepartum - depends on resident your working with, most are very nice! REI - great learning experience, pretty sure dr. lucidi gives everyone the same grade though so keep that in mind Night float - more chill than daytime, but a good experience nonetheless, i think you get to know the residents better this way

Antepartum is too crowded - they are looking to hopefully expand more sites so this is less of a problem. It's hard to find your place in clinic there. Night Float was amazing for L&D. I caught 5 babies and got to help with many more deliveries. Hours are rough, but was totally worth it in the end. Benign Gyn was a good service - there were not enough cases to have a full schedule - so multiple students went to 1 case. Surgeries rarely go beyond 4 hours, which are nice. Only 1-2 patients per student generally on the service.

Antepartum didn't have a lot of patients. If you want more surgery, pick benign GYN over GYN Onc. REI is great.

Antepartum was good because you got to see a variety of things, but it was a very chaotic and sometimes frustrating schedule. Gyn was a good service because you could really get involved and be helpful.

Gyn, labor and delivery

REI with Lucidi is awesome.

Antepartum- chill, variety; L+D- busy, great learning environment, active in patient care; Gyn Onc- fantastic attendings, lots of clinic time but be prepared to shadow a lot...

REI is the best, highly recommended.

Antepartum: Great to see the intersection of medicine and OB/GYN. Great place to sit and talk to your patients, as they are often stressed about their high-risk pregnancy. Gyn: Get good at knowing your bread-and-butter pelvic anatomy. Onc: The cases can be long.

Night Float - I did this specifically so I could deliver more babies. During my 2 weeks I saw 2 vaginal births and 1 emergent C-Section. There is simply no way to predict when women are going to give birth...

it's kind of the luck of the draw.

Night float L&D was great. There aren't many people around at night, esp in the team room so there is more room for students to work. Benign Gyn was a hit or miss for some students. When I was on service, we had max 6 surgeries over two weeks for 4 students to split up...needless to say it was a slow service.

2 weeks at planned parenthood is an amazing experience, even if you are against what PP offers in terms of their services. I got an excellent outpatient experience at PP, I was fully comfortable with doing pelvic exams due to my time at PP.

L&D nights is awesome! You work slightly longer hours but you're more likely to deliver a baby. It can be harder to see C-sections unless they're stat.

Tips for success:

The key to success is to show enthusiasm and go to Riverside if you can.

Take surgery first if you want to feel comfortable in the OB-GYN OR. L&D can be one of the most exciting and draining parts of third year. Try to stay busy, keep checking on your patients and the board, triage efficiently, and help out with paperwork and record requests. This shelf was one of the more straight forward ones, and I found uWISE very helpful.

Go through Casefiles, Uwise, and Qbank multiple times. If you go through all those at least twice you will do well. Use beckman to complete the weekly assignments but for nothing else.

Do uWise 2x through, and read both Case Files and OB at a Glance. Case Files is good to start with to get a good base, and then OB at a Glance can help fill in the gaps and provide a little more detail. Be present and enthusiastic, even if you don't want to do OB--this might be the only time you have the opportunity to help deliver a baby, so enjoy it and appreciate it!

night float; gets incredibly tiring but you get to do the most! i literally delivered 8 babies (6 by myself) and practiced vaginal lac repairs as well. Since there is no night intern in the fall you are essentially the intern and you get a lot of first hand experience. worth the hardwork! gyn onc: loved my experience. if you love minimally invasive surgery this is the place to be. antepartum: worth it to do at the end of the rotation. you have a LOT of down time to study for the shelf!

Study Uwise and find the CBC answer keys.

Study broadly. The OB shelf has a limited number of topics that will be hit in every review resource, but there will be 5-10 zebras as well. Greater breadth will give you better chances of hearing of something.

be your patient's advocate, the shelf is more straightforward but hard to do really well on so more important is getting better evals

It seemed like a lot depended on how you got along with the residents. Try to be engaged, helpful, and friendly, but be careful not to annoy them or get on their bad sides. Basically, if you work hard and try to make their lives easier instead of harder, you will have a better time and probably get better evaluations.

Pay attention to this advice. DO NOT use anything besides UWise and case files. It is all you need. Go through each one at least 2x and you will be set for the shelf. Passed it with flying colors and that's all I did. Dr. Rigby will try and force at a glance on you, but it is completely useless. Also, if you have time, do uworld just to keep up with it during the year, but it also is not indicative of the shelf. OB/GYN is a very tough rotation as the personalities are different than any other rotation. Try to keep a level head and go in each day with a smile. Your evals are very team dependent and will just be luck of the draw.

careful with uWISE. not as up to date as other resources.

Same as for other rotations, offer to do specific things to be helpful, don't just ask the generic "is there anything I can do to help?" It helps to have specific tasks in mind. Also, the presentations in OBGYN are similar to those in surgery. They don't want all the fluff you'd expect out of an IM presentation, so be succinct and hit the high points. If you can develop a good way to do that and move efficiently, you'll be golden.

Make sure you are familiar with the Uwise questions since they are the most helpful for the shelf.

Hierarchy is very obvious in the Ob/Gyn department here. Don't take things personally. Be involved in patient care- show that you want to learn and you will create opportunities for yourself as the 6 weeks go by. Spend time on your presentation for Dr. Rigby. Definitely do the extra credit assignment and be creative with it.

Don't gossip with (or about) the residents.

I read At A Glance multiple times and did the uwise questions and scored very well on the shelf exam. At A Glance has too much detail (in terms of staging of cancers, specific procedures) but generally is very thorough and a better choice than beckmann (the suggested text). Go to Dr. Ribgy's review session the day before the exam: it is super high yield and my shelf had at least 3-4 questions that came directly from that exam review.

Ambulatory

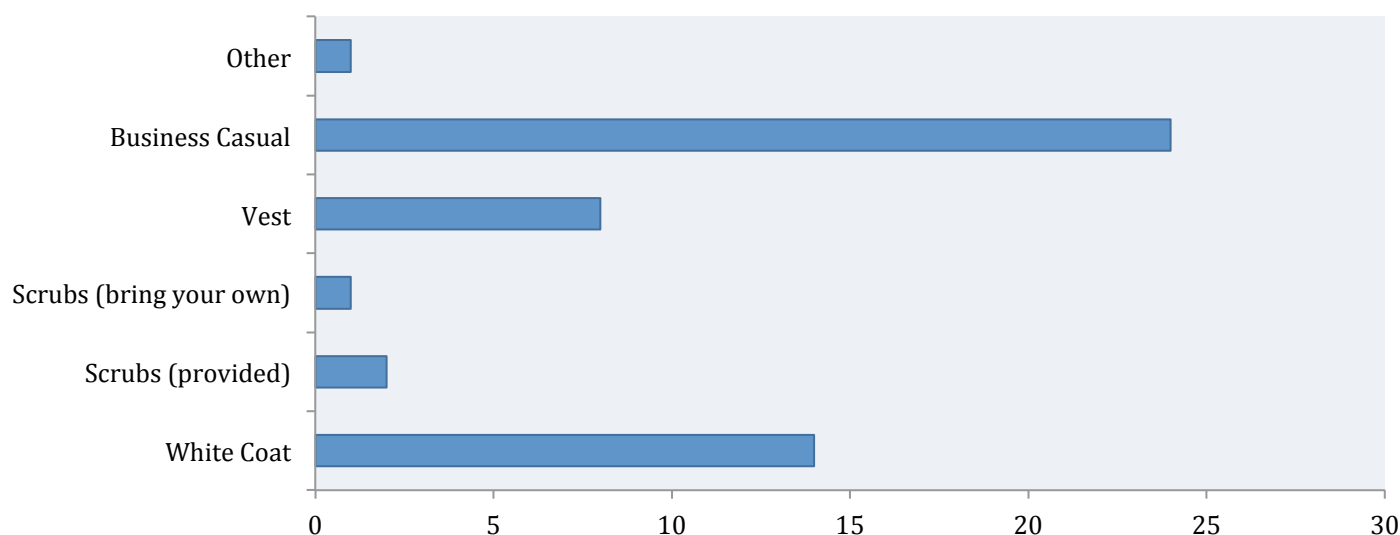
Clerkship Director: Bennett Lee, M.D., bennett.lee@vcuhealth.org

Clerkship Coordinator: N/A as of 04/14/2016

INOVA Clerkship Director: Carolyn F. Davis, M.D., carolyn.davis@inova.org

INOVA Clerkship Coordinator: Molly Hobbs, molly.hobbs@inova.org

What to wear?



No shelf exam for the Ambulatory rotation

Did you need to use any particular resource to do well in this clerkship?
No
Nope. Enjoy your free time
No
No, just show up and work hard
I was placed in the vascular clinic. I bought and read "Interventional Radiology: A Survival Guide" so that I would have an idea of what they were doing, but this was not necessary.
nope. just show interest
Depending on where your rotation is and how early it is in the year, it's helpful to do some reviewing of basic outpatient medicine by watching med-u.org videos (e.g. HTN, DM management, COPD, etc.).
No did the ENT ambulatory clerkship
Show up, enjoy.
Not really, there is no shelf exam and it is pass/fail. There are a few assignments/group meetings but Dr.Lee does a great job making it fun and engaging. I enjoyed this clerkship tremendously.
No.

Creativity and excitement.
NADA
NO

What am I expected to do?
PACE Clinic - see patients, read extra materials. Use this to catch up on some of your other educational requirements (i.e. PPS papers, etc)
Patient interviews and working/learning about a multidisciplinary team.
Be punctual and wanting to learn.
Show up, work hard and be eager to learn
Show up.
outpatient clinics
I shadowed a lot, but I'm sure if I had asked, attendings would have been more willing to let me see patients on my own.
Just ask your preceptor their expectations.
Depends not a whole lot
Very dependent on your site.
Depends on the service you are on
Show up and complete assignments
For ENT ambulatory clerkship, show up and be enthusiastic. Read the book that they give you and learn as much as possible.
Whatever is asked of you.
It depends on your site. For General Medicine ACC2 clinics, hours were 7:30AM to 5ish PM. You rotate through several different clinics, but all in the ACC. For most clinics, you are expected to see the patient alone and then present to the resident and/or the attending. You need to present with a clear assessment and plan as well as differential diagnoses. You are expected to write notes on the patients and send them to the resident/attending for feedback. For some clinics (diabetes education and clinical psychology), you just shadow.
The teams are very interdisciplinary, so learn to work well with them and learn how to use their skills.
Show up, learn about whatever clinic you are rotating in, be helpful
Show up and do whatever they tell you. Take advantage of the spare time to get the rest of your life in order.
Get experience in whatever you want to do.
Mostly observing/shadowing, some H&Ps
Just show up everyday and be interested. See as many patients as you can, learn how to present and write notes. Good out-patient experience.
Similar to family medicine. Lots of HPIs.

Tips for success:
Have topics you want to go over
Be proactive about doing things. Be very respectful to the other healthcare professionals on the team
Enjoy this month, but read and learn as much as you can while you're on it.
Ambulatory is basically an elective month. Pick something in which you might be interested in a career.
Smile

Although you can pass with minimal effort in Ambulatory, this rotation is definitely one where you get back what you put in. It is a great opportunity for: learning about the many ways healthcare is being provided, building a good relationship with your preceptor (since more than likely you'll be the only student at a site), refining your note-writing skills, and using the Weekly Reflections and Final Project as great creative outlet.

Enjoy this relaxed rotation, but try to take the rotation seriously.

Just enjoy the 4 weeks - low stress

Be present, read, have an open mind.

Easiest rotation. Minimal effort required.

Outpatient ENT was fun, easy, and you get to play with the cool toys. Short 20 question quiz at the end.

Expect a lot of self-reflection and feedback during this rotation. Don't blow it off, it is what you make of it.

Show up and use your brain. It's a simple service. Turn your assignments in on time.

Don't just check out. It may be pass/fail, but you still need that pass. There's no shelf or anything but there are a few projects you do in groups along the way.

Get your stuff done on time. Walk in the park here.

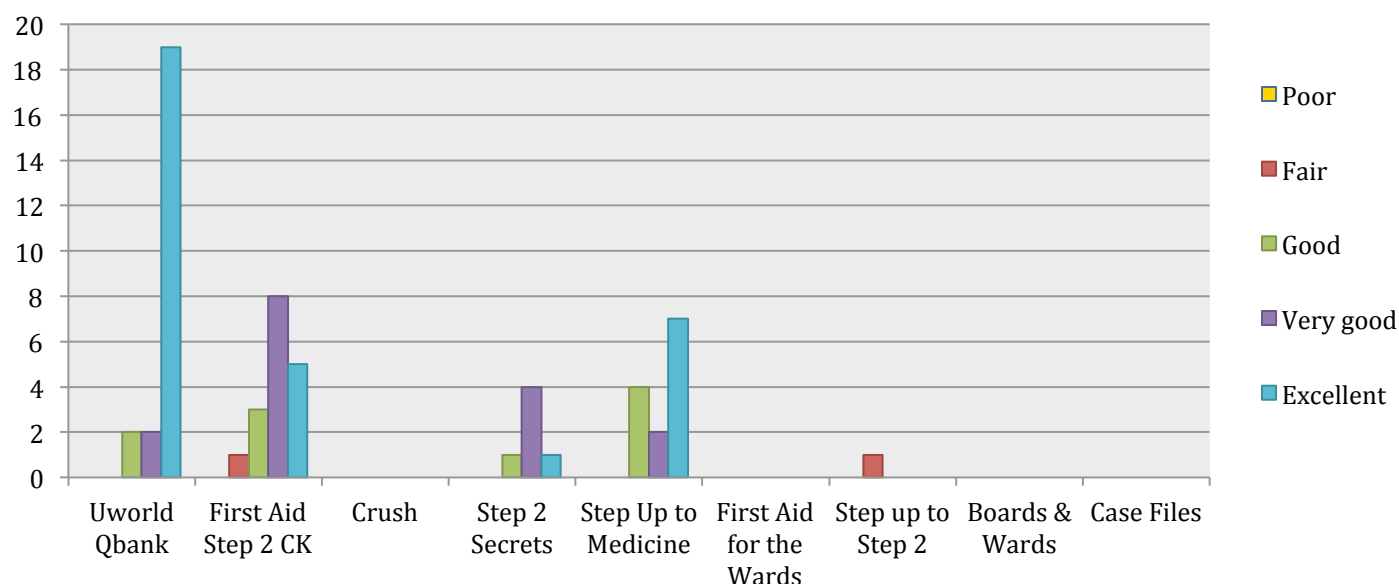
Consider putting this block towards the end of your year when you have a lot of 4th year planning to do.

Just get excited each day! You've got nothing to study, and it's just for great experience

really just show up to your service and you'll pass the clerkship.

Step 2 Preparation

Recommended resources to study for Step 2*:



*Note: the number of respondents for this section is much lower than for other sections. Therefore, take the above recommendations with a grain of salt, and make sure to consult other sources for the best Step 2 resources for you.

Other resource recommendations:

Master the Boards (Kaplan series with Conrad Fisher) - discovered this book nearly halfway through my study period and wish I had ditched FA Step 2 CK much earlier and just focused on this book. It is a much easier read with great test-taking tips and strategies for working through differentials. This book in combination with UWorld questions +/- Secrets would be a strong combination--definitely put more emphasis on UW than any text though!! As a disclaimer for this text, you may need to supplement weaker sections with a more detailed resource as this one can be bare-bones/a simple outline that's much more useful if you already have a solid foundation.

Comments:

Haven't studied for this yet!

I used step up to step 2 and I regret it. Did not like this book, I glanced at Crush in the last days before my exam and I feel it would have been a resource had I started it earlier. Do as many questions as you can, all the step 2 uworld AT LEAST once. Step up to medicine is a pretty good resource as well as most of step 2 is internal med.

Using Step Up to Medicine as my main source and supplemented with specific clerkship books particularly for Peds and Neuro since I had those at the beginning of M3 and they weren't as fresh in my mind

How much study time did you allow yourself to prepare for Step 2 CK?
3 weeks
2 weeks
14 full days of 4 hours reading then 7 hours questions (with a break for dinner)
14 days, 8-10 hours a day
16 days
13 days
10 days
2 and 1/2 weeks
2.5 weeks
3-4 weeks

Anything you wish you studied more?
Wish I had done more USMLEworld Qbank questions.
Its a lot of internal medicine. Focus on internal medicine.
Medicine
OB/GYN
I got a surprising amount of route memorization questions that I thought were more step 1 style.
Nope
Spent more time on Q Bank, less time with review books.
OB/GYN, Peds (croup vs. epiglottitis vs. those other common respiratory presentations)
No

Anything you wish you studied less?
Surgery, Neuro,
Nothing
First Aid wasn't awesome
Nope
Neurology

Anything about your approach that was profitable?
Get through uworld twice. Once through the year, one more time before the exam.
USMLEworld Qbank
Do lots of questions. Half of my time was questions ~ 200 a day.
Questions every day
Nope
The last 4-5 days, I forced myself to close the books and camped out with my laptop doing sets of 44. I gradually worked up from an unimpressive 3-4 sets of 44 in a day to 6-8 sets of 44, which helped build my stamina on the day of the real exam. You'll find that the knowledge component becomes less important than TEST-TAKING STAMINA and MENTAL FORTITUDE that will pull you through the actual test day when you trudge through all 352 of those questions. I also suggest test day pacing with front-

loading in preparation for the exhaustion that inevitably sets in after that 5th or 6th set. I started off energetic in the AM and did 4 set straight, had a quick lunch/snack, then 3, then finished off with 1 last set. Alternatively, 4-2-2 works well also.

Focusing while studying and taking breaks when I needed them.

Anything about your approach that was a mistake?

I wish i had gone through Step Up to medicine again because there was so much medicine on it.

I hope not but, possibly trying to do too many questions each day. It may have rushed me when I was reading the answers.

You know what you know and in the end I felt what I studied helped me but did not help my testing.

I let books like FA, Secrets and all the other ones out there distract me from what should have been my main focus: UWorld QBank!! However, make sure you're not answering questions out of memory, as opposed to comprehension/understanding, when you start getting repeat questions. Watch out for those Qs that you immediately recognize after reading the first few words or from the imaging provided. Not only are you wasting time, but this can build a false sense of security/confidence in the material and your time management. Be comfortable in your preparation unveiling your weaknesses and working to correct these deficits.

I allowed too much time to study

How did you prepare for Step 2 CS?

First Aid is all you need. Just read the sample case/notes in the back of the book once or twice and you'll be fine.

Uworld and step up to medicine

Reviewed quick cases during the 2 days prior to taking the test, taking the IM clinical skills exam.

FA

Skimmed First aid for CS the day before

Know the differentials for chief complaints. Everything else will come naturally. They prepare us well for this with the osces.

Read First Aid Step 2 CS

skimmed first aid the day before

Glanced at First Aid

...I barely prepped. Nonchalantly flipped through FA for Step 2 CS the day prior. In retrospect, wish I had talked more with my friends who had already taken it to get a first-hand account of the general setup and mechanics of the day. I probably will get away with my minimal prep (since I am a native English speaker--fingers crossed) but I would probably try to give FA a more decent glance-through for 1-2 days before at the minimum. Definitely didnt worry about this one much as it was immediately after my CK exam (in the same week, not a good idea) and I was sufficiently burnt out.

Read First aid with Step up to Medicine as a reference when I needed it. Did all of Qbank over again and got through many of the questions I got wrong a second time.

Browsed First Aid for CS the week before and the OSCEs throughout M3. Really not much preparation needed except the first part of First Aid, which tells you the nuts and bolts of the exam from a logistical perspective.

First aid

How much time did you allow yourself to prepare for USMLE Step 2 CS?
2 days
1 week
One week, I used the First Aid Step 2 CS and it was a breeze!
2 days. It was twice as much as needed.
3 weeks
Workshop week
2 hours
Did it during a rotation. Gave myself a couple evenings or review.
<24hours
4 hours
Read for about 1 hour.
<1 day
a few days
3 days

(Your) Notes