MCV

Guide to the M3 Year

A Complete Description

Of Almost Everything You Need to

Know

For Your Third-Year Clerkships:

Wards, Clinics & Beyond

A Student to Student Publication

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Acknowledgements

The original Guide was written by Dr. Bayley Royer (Class of 1997), with help from Drs. Chris Woleben (’97), Adam Garreston (’97), Michael Lin (’98), Jennifer Myer (’99), Matthew Saady (’99), and Mary Russ (’99). Tim Lapham undertook a major revision of the Guide, via information obtained from a survey of the entire class of 2001, and Jeff Kushinski (’02) completed the revisions based on input from the class of 2002. After a five year hiatus, the guide was brought back by Rajbir Chaggar ('18).

For each section of the Guide, the information has been edited to reflect the most recent input from battle hardened M3’s. Special thanks to the individual student Editors who went above and beyond the call of duty to update this Guide:

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SECTION 1

Introduction to the M3 Year

Welcome to M3!

You made it! Say goodbye to the lecture hall and hello to the wards. The misery is over, and now the fun can begin…right? Your clerkship experiences *will* be better than sitting in lecture day after day, *but* it has its own set of challenges. Clerkships are a big change from daily lectures. You will be expected to take responsibility for your own learning, and you will be expected to figure many things out for yourself. You will also find that your time is not necessarily your own, and sleep is a valued commodity. Even on easier clerkships, a minimum of 40 hours/week at the hospital is the norm. You can no longer "home school" whenever you feel like it. As an M3, being 5 minutes late can lower your clerkship grade, and days off are sometimes few and far between.

This guide has been created to make getting through your M3 year a little easier and to help resolve the mystery that sometimes surrounds the M3 clerkships. Each department has been contacted to provide you with the most current information on the individual clerkships. Please keep in mind that M3 clerkships are works-in-progress and may change at any time. Also, remember that there are exceptions to many rules! Just because you read a section that says you cannot do something, there is probably someone who previously did. Many of the new options open to students for M3 clerkships are there because someone was willing to be a pioneer. Don't be afraid to approach a clerkship director or educational coordinator and ask, "How about?" The worst they can say is, "no".

The third year of medical school is what we dreamed of while we were filling out our AMCAS applications, hunting down letters of recommendation, and trying to dig up topics for our personal statements. For many medical students, third year is when you truly (and finally!) feel like you are on the path towards being a physician. Two years of sitting in a classroom can often cause students to feel detached from the patient and the medical system.There are many great pre-clinical professors who answer every question students have (think eboard, ecurriculum, review sessions), and the entire focus of the faculty during our first two years is on our academic success. Each professor's approach is always "how can I best teach my students."

The attending physicians we work with during our third year share a similar view and they practice in academic hospitals because they want to teach medical students. MCV physicians are dedicated to training the next generation of doctors, but something more important has been added to our learning environment – ***our patients***. These unselfish individuals serve as living and dying textbooks of medicine during our clinical years and are always the first priority of the MCV house staff. Sometimes, it can be easy to forget this because during our first two years we have grown accustomed to being the faculty's academic center of attention. During third year, the physicians on your team will put the patient's needs above yours. The important thing to remember is that treating patients is what we all want to do – it is why we started med school. Don't forget this tenet during your third year, and your experience will be both enjoyable and rewarding.

That being said, your job as an M3 is to learn as much as possible; that is why you are there. A lot of how much you learn on any given clerkship is up to you. You can get as much or as little out of a rotation based on how much work you are willing to do, but please keep in mind that you are expected to know the relevant material for that rotation. Things that can help you learn more and get the most out of every experience are: take time to examine your patients (it is amazing how much you can learn from one patient encounter); if one of your group members has a patient with an interesting clinical finding, go see it, and tell others about things you find; read about your patients, this can't be stressed enough, you will likely remember things more if you have a patient's face to put with it, and you will know more about your patient when rounding, which is always good when it comes time for attendings or residents to ask you questions.

Commented [SH1]: love this comment

Another thing that often worries upcoming M3 students is the Socratic method of teaching. Sometimes it can feel like a resident or attending is "pimping" you solely to embarrass you, but this is hardly ever the case. The reason the attending will ask you questions until you get one wrong is to see where your knowledge ends so they can start teaching from that point forward. This is beneficial to you! Even though it may feel like you need to know everything, keep in mind that medicine is not a field that can be memorized and regurgitated because of its inherently human aspect. There is no way you will know everything because every individual patient is different, and M3 year is primarily a time to make plenty of mistakes and learn from them.

Please, always remember, even if you are frustrated:

Basic courtesy applies to fellow students, residents, attendings, nurses, etc.
Think before you speak…even when you are tired and/or frustrated.
Teamwork and Professionalism are essential!

You are going to be exposed to a huge variety of medical fields and will likely appreciate and enjoy some more than others. Your experience will largely depend on your attitude. Try not to fall into the trap of saying things like, "I don't care about this. It's not what I'm planning to go into anyway." Instead, approach each clerkship as an opportunity to learn and experience something new. In addition, pick your particular location within a clerkship with your overall learning in mind. Don't pick the location just because it is perceived to be the easiest. It is likely that you will see many things in your 3rd year that you will never encounter again. Enthusiasm will carry you far. Make the most of it, have fun and good luck!

How to Use This Guide

This guide has been produced to help you make your way through your 3rd year of medical school. The information in this guide represents the collected wisdom of over 20 years of M3s and should offer valuable insight regarding the possibilities of individual clerkships. Please keep in mind that the information you will read is based on information from previous classes and may vary greatly from your own personal experience. What one student may love, another may hate. What the clerkship directors may decide for one year's clerkship may differ from what they decide for the following year. Therefore, keep in mind that any aspect of this publication may no longer apply by the time you reach a given clerkship. However, we have done our best to ensure that this information is as accurate as possible, and we hope that this guide will provide insight into your 3rd year clerkships.

The sections have all been divided up the same way to make it easy to find exactly what you are looking for. Department contact phone numbers and bare bones information is presented first, followed by Course Requirements, Readings, Clerkship Requirements, and then General Information as of the time of publication.

If you are preparing to work at the Veterans Affairs hospital, read about it in Section III. In this section you may even find out some things you did not know about MCV, including:

- Hospital floor and OR maps
- Call room locations
- Passcode information

Differences between M2 and M3 Years

There is a **large amount of subjectivity** to the grades; the expectations are completely different; there is less free time; you are dependent on other people for your success; and you share in the responsibility for other people's lives. Students are given constructive criticism for the first time in a lot of students' lives. We are all used to doing well and being praised and aren't familiar with having our weaknesses pointed out, especially in front of a group of people we hardly know. This is a crucial part of the learning experience of the M3 year. Learn early on how to accept feedback and improve your performance based on the feedback you are given. Most attendings and residents are trying to help you become the best physician you can, but they may do that in a way that can be hard to swallow
Your M3 year is also longer than your M2 year, and you may find yourself isolated from the friends and study partners you relied on in the preclinical years.

GRADES

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During third year, each clerkship follows the same categories for grading. You will be evaluated on patient care, professionalism, communication/teamwork, and knowledge base. Some clerkships will also have mandatory pass/fail components, such as conference attendance, online modules, presentations or a clinical skills exam. Professionalism and Communication/Teamwork are graded on a Not Competent, Competent and Exemplary scale. Patient Care is graded based on the ORIME scale, which stands for observer, reporter, interpreter, manager and educator. Medical students are not expected to be at the educator level until residency. Generally, you start out third year around the observer or reporter level and progress to interpreter or manager through the year. You should then be at the manager level during fourth year as you get closer to intern year.

Knowledge base grades are determined by your shelf exam score. You are required to get a passing grade to pass the clerkship, which varies by clerkship but is generally 50-65%. Each clerkship also has a different cutoff for an exemplary shelf grade, which is around 80-85%.

	Not Competent	Competent	Exemplary
Professionalism	Consistently demonstrates deficiency in one or more professional attributes when interacting with patients, families, or healthcare providers	Consistently demonstrates professional attributes when interacting with patients, families, or healthcare providers	**Always demonstrates** professional attributes when interacting with patients, families, or healthcare providers; **models such behaviors to other students**; AND may assist other students in adhering to professional behaviors
Teamwork/Communication	Fails to build collaborative relationships with patients, families, and/or other healthcare providers. May recognize the roles of others, but does not recognize how to utilize them as a resource	Effectively partners with members of the healthcare team (e.g. patients, families, nurses, other physicians) to develop collaborative relationships. Attempts to do so even if confronted with challenging situations, but may need assistance in those circumstances	**Consistently and effectively partners with** members of the healthcare team (e.g. patients, families, nurses, other physicians) to enhance patient care. **Able to do so even during challenging situations** and/or when opinions of the team or patient/family are in conflict

Observer	Reporter	Interpreter	Student Manager
•Passive participant •Present, but does not actively contribute to patient care •Does not report information •Does not meaningfully add to discussion	•Accurately gathers history and performs basic physical examination •Clearly organizes and communicates data, orally and written •Able to recognize normal from abnormal and identify a new	Can do everything described under "reporter" plus the following: •Demonstrates independent and critical thinking •Prioritizes problems and develops a differential diagnosis •Interprets follow-up test results	Can do everything described under "reporter" and "interpreter" plus the following: •Actively and directly involved in patient care •Decides when action needs to be taken

	problem •Reliable: day-to-day, punctual, follows-up.	•Shows a higher level of knowledge, increased skill in selecting data which support diagnosis •Can applying test results to specific patients.	•Proposes and selects among different diagnostic and therapeutic options •Tailors the plan to the particular patient
*Student is present for rounds/clinic, but **may be late at times**. When assigned a patient, student reports a lab that was obtained in a previous visit or for a different patient. Student **rarely asks questions**, and when posed direct questions about a patient **does not have the information and/or doesn't know where to find the information**.*	*Student is **on time** for rounds/clinic/the operating room at all times. Student **picks up a patient when assigned**, is able to **gather a history and perform a physical examination**. Student looks up labs/imaging on patients and **presents this information accurately** to the team. Student follows up **when asked and answers factual questions correctly** (e.g. "Did the patient have a temperature overnight?").*	*Student is **on-time and proactive**. Student comes to rounds/clinic/the operating room **well prepared with independent thoughts regarding how his patient(s) are doing and what the results of imaging/studies mean**. Student **formulates focused differentials** in the context of patients. Student is **able to offer an accurate explanation for abnormalities when asked** (e.g. "Why is this patient hypokalemic?").*	*Student is **on-time, proactive, and suggests action steps** for patients. When presented with new results or problems (e.g. post-operative fever), student **offers not only a differential, but a reasonable plan for management** taking into account patient-specific and potentially, community and/or health system-specific factors. When asked to interpret results of abnormal tests, student **offers an explanation for why and a suggested and realistic plan of action**.*

Tables courtesy of Dr. Clifford Lee and the VCU Pediatrics Clerkship

Each of your grades and comments in these categories is compiled and analyzed by the clerkship's grading committee to determine your final grade. They look at the comments and grades submitted by each preceptor that you worked with to determine where your cumulative grade lies. As stated in the School of Medicine handbook, they are required to post your final grade on eCurriculum by 6 weeks after the final date of the clerkship. If you disagree with your grade or note an error, you have the option to submit an appeal within 30 days of grade receipt. You will then be notified of an appeal decision within 30 days after your submission.

Final Grade	Option 1	Option 2	Option 3
Honors	Student Manager + 1 other exemplary	Interpreter + 2 other exemplary	
High Pass	Student Manager (only)	Interpreter + 1 other exemplary	Reporter + 2 other exemplary
Pass	Interpreter (only)	Reporter + only 1 other exemplary	
Fail	Not competent in any category		

Evaluations are extremely subjective and sometimes unpredictable. There are usually no two physicians who grade alike. For example, some attendings are easy graders and score evaluations remarkably high for nearly all students. Other attendings will adhere religiously to the descriptions written below a specific grade and, as a result, give terrible evaluations. However, most attendings and residents fall somewhere in between these two extremes. Some attendings will also ask residents for input towards your final evaluation, other attendings will have residents fill out a separate form and average the two to determine your grade, and some clerkships do a composite evaluation together as a group. The most that can be said about evaluations is that if you work hard throughout the clerkship, your evaluation will most likely be a reflection of your work. Don't hesitate to ask for feedback midway through the clerkship from residents and attendings. Ask them how they would evaluate you if they had to grade you on your performance to date, and then ask them to provide you with opportunities for improvement. In fact, you will complete a required mid-rotation evaluation form for each rotation. The best way to get real feedback is to ask residents and attendings individually. These mid-term evaluations can also come into play in the event that you choose to appeal your final evaluation. If an attending grades you significantly lower in the final evaluation versus the midterm; you may have grounds to appeal.

The written exam for each clerkship is a national shelf exam. The shelf exam is written by the National Board of Medical

Examiners, the same group that writes the Step 1 and 2 exams. These exams are notoriously difficult. You must study throughout each clerkship in order to score well on the exams. Do not blow off the exams, as you need to pass them in order to pass the clerkship.

Lastly, remember that grades aren't everything. Even if you bust your tail and only end up with a Pass, your hard work will be noted by your attending in the "comments" section of your evaluation. It is important to realize that these comments make it into the Deans' Letter of recommendation and other letters of recommendation from your attendings. For most residencies, the following are important:

Your letters of recommendation
Dean's Letter
Acting Internship grades (4th year)
Relevant 3rd year clerkship grades
Step 2 grade
Alpha Omega Alpha ("AOA") membership
Leadership positions
Any additional activities/research

Your M1/M2 grades usually figure much lower on the residency radar. Remember that even if you did not get a High Pass or Honors in a specific clerkship, you can ask an attending who spoke favorably of you for a letter of recommendation. A letter from a well-respected attending that says you are an excellent student may outweigh a grade of Pass in that clerkship.

In the same vein as grades, getting a few letters of recommendation *during your third year, rather than waiting until fourth year* is a great idea. Most students end up getting most or all of their clinical letters of recommendation from faculty they work with during the first months of their fourth year, though, so do not worry too much if you don't get letters this early. It is also a good idea to have your CV completed to give to an attending you are requesting a letter from. The attendings writing letters will upload them directly to your residency application during your fourth year. Also, while it is a very good idea to get letters from an attending in the specialty you think you want to pursue, don't hesitate to ask any attending that you feel you form a good relationship with, even if they are in a specialty you aren't at all considering. You want the letters that depict you in the best light possible.

TEAMWORK

As an M3 you will be working in a team environment. Teamwork is essential for success in medicine. **Do not** become the M3 who thinks you can work entirely on your own; who takes over other students' patients; and backstabs your way into an Honors grade. Not only will you be annoying, but attendings are not stupid! They are very aware of these tactics and will grade accordingly! **Do not** try to present patients that have not been assigned to you; **do not** badmouth your classmates; and **do not** try to be everywhere and do everything. **Do** speak up, but don't be a jerk about it. This is not Jeopardy; if you're not the one being asked, don't try and shout out every answer. This will not make you look smarter to attendings, it will only make you look like you don't respect your classmates, which is more likely to make you look bad to attendings. Remember this formula:

Poorly functioning team = more work for attending = unhappy attending = POOR EVALUATION!= bad patient care, the most negative consequence

Team members should always remind each other of conference schedules and required lectures. Volunteering to help when you are done with your work is always a good gesture. There will be days when you can leave early, but you should always check out with the senior resident and the interns covering your patients first. M3s who consistently ditch early will get slammed on evaluations. Do not think that the attending will not hear about it from the interns and residents.

Do not be afraid to ask for constructive criticism. Attendings and residents are generally receptive when you show the initiative to ask for constructive criticism, usually around the midpoint of the clerkship. If they seem too busy to sit down and go over your overall performance, then ask them to look over an H&P or a treatment plan. Ask if they have any suggestions for improving your presentation technique.

Do not disappear! There is nothing worse than having comments on your evaluations that say, "I didn't really get to know the student well", or "the student was difficult to find." Even when the workload is light, it is not a good idea to disappear to the Health Sciences Library or the Main 4 student call room on the assumption you will be paged if needed. Show some motivation and find something to do. If you really need to go (e.g. to do a literature search for a project or to study for the exam), then tell the resident where you are going; make sure they have your phone ; and re-appear every hour or two to re-assess team workload and any changes in your assigned patients. On a consult service, your expectations might be different – when in doubt, ask!

Finally, **do not** drive yourself crazy thinking about what's happening to your classmates. In a class of 190 people, most people will have their ups and downs; some will have more of one than the other. Learn what you can from each clerkship; ignore all the complaining; and remember that there are going to be good times and bad times. Remember the importance of teamwork: ask your teammates, interns, and residents if there is anything you can do to help when your workload is light, and **do not** be afraid to ask for help when you're swamped.

Help, I'm Drowning!
The first day or two of any new clerkship can be tough, especially early in the year when you are new to the wards. Remember this rule of 3rd year:

You will always be lost on your first day! You will feel like you are floundering for the first week, and the first day you feel comfortable with your environment will be the day before you leave for a new service.

Keep in mind that some attendings and residents are sympathetic to this plight of the M3, while others are not. Your best friends, and the ones to whom you will turn in times of confusion and crisis, are interns and nurses. If you are not on good terms with these people, you will find that they can make your time on that service much more difficult. With minimal effort on your part, however, these people are likely to respond to your polite inquiries. Interns, after all, are fresh out of med school and can identify with your problems. If you do run across an intern who is making your life miserable (withholding information, spreading gossip about you, scutting you at every turn), remain calm and continue being polite. You should discuss your concerns with your resident/attending, and make liberal use of the other interns and/or a friendly resident/attending.

You will find that if you treat the nurses and other staff (OTs, PTs, pharmacists, dieticians, social workers) with respect and courtesy, you will ensure that you are kept up to date about your patients and get assistance when you need it. This will be good practice for your intern year. Lastly, do not burn your bridges. After all, that resident you may have despised and told off at the end of your first month of medicine may well be scheduled to work on your team in month 3, in which case you are S.O.L.

Conference Roulette
At the beginning of every clerkship, the department will tell you about their mandatory meetings. As the clerkship progresses, you will often notice that some of your classmates are always absent with no apparent penalty. You can adopt this policy also, but you never know when they might start taking attendance, or your resident might be there looking for you. All departments report that students who skip required meetings and conferences will be penalized. The penalty can be receiving a lower score on your evaluation, or, if you have a borderline grade, you will receive the lower grade. Won't you regret knowing that you missed getting a High Pass (or Pass!) in your clerkship because you missed a few meetings that you slept through? A prudent policy on conferences is to attend the first ones and determine if attendance is taken; if it interests you and you can learn something; and if anyone will be noting your absence. In many cases it will absolutely be noted so you will have to attend. In others, it is hit or miss.

RULES TO REMEMBER
There are some **absolute rules** of working in a hospital that apply to everyone. Learn them! Love them! Live them!

Do not violate HIPAA. This means do not talk about patients, attendings, residents or staff in elevators, the cafeteria, or anywhere you might be overheard. It is a rule often violated, but residents have been fired and students have been kicked out as a result.

Do not talk about the patient in front of the patient, except when you are talking *to* the patient. This is a rule that you will often see violated but is terrible patient care and may get you in deep trouble.

Do not use Epic when logged in as someone else, especially when writing notes! It can get confusing with everyone sharing computers, but always log out when you are done, and never just jump on a computer to enter data as a resident or attending.

Put the actual time you are writing the note, not when you saw the patient. If you saw the patient at 6 a.m. but did not get a chance to write your note until 3 p.m., you would write the date, then "1500: Pt. seen at 0600 on rounds…".

Before You Begin:
What You Need for Day One

Books and Things

Remember when you showed up for your first day of M1, with a smile on your face; a spring in your step; and your arms full of books? Do you remember how quickly all three disappeared? You may find yourself recapturing some of that "freshman fever" at the start of M3. Resist! Certainly keep the "zip" as long as you can, but don't go crazy buying books and supplies at the onset of 3rd year. You will find that you have much less time to read, and you can often get what you need for free. Borrowing books from classmates that have already taken a particular clerkship can save you hundreds.

Studying in M3 year is a bit different than in the pre-clinical years. Most, if not all students use Uworld, and it's not a bad idea to supplement that with other resources. You know by now how you learn, so feel free to buy books, if that's your thing, or subscriptions to online databases like Amboss. Studying for the shelf is not totally distinct from your day to day, however, so each of the options below will likely help with clinical and shelf success.

- *Uworld* – Painfully expensive, unfortunately necessary for shelf studying. There's an app too.
- *Online MedEd* – Videos on almost every topic, sort of like Boards & Beyond for clinicals but FREE! It can be a bit superficial for what you'll need to know for the shelf, but there is a ton of valuable information that can help you frame your studying and prepare for everyday clerkship knowledge.
- *Emma Holliday* – one multi-hour Youtube video as a review for a number of clerkships, created by a very knowledgeable M4 years ago. Many students watch her video as a broad overview at the beginning and/or end of the clerkship
- *UpToDate* – the single most helpful resource for real-world medicine. The articles are tailored for clinicians, often for specialists, so they can get a bit lengthy and detailed. Best to have a specific clinical question you want to answer before you dive in. This is also the best way to find drug information (dosing, interactions, contraindications, etc), because it can change so frequently. There is an app as well.
- *Amboss* – a great resource: practice exams, a medical library a bit more streamlined than UpToDate and directed at students. Subscription can be pricey – have your class reps figure out a discount
- *Maxwell's Quick Medical Reference.* It fits in your pocket and includes the correct format for H & Ps, SOAP notes, discharge notes/summaries, and transfer notes; as well as normal lab values, the neurological exam, formulas, a ruler, and an eye chart. It is available on Amazon for about $8.
- Some students purchase a quick reference general medicine text. A good one, used by many students, that will fit in your white coat pocket is *Pocket Medicine*, put out by Massachusetts General, you can find it online for about $45.
- **Phone apps:**
    - *MDCalc* – when you're trying to calculate a FENa or CHADSVASC, this app is a lifesaver. Also a website.
    - *Haiku* – this is Epic mobile! Somewhat abridged, so you can't write notes, look at imaging, or put orders in on Haiku. But it's great to have during rounds if you need to look up that one lab value or display a trend (turn phone sideways to view labs graphed). Consider bringing a tablet or iPad to the hospital so it doesn't seem like you're snapchatting or texting all the time. Haiku is also the way you'll get consults (make sure you sign in to the correct department – ask your resident) and is a great way to chat with other providers.
        To set up the app after downloading, open this link on your phone:
        https://epicproxy.et1200.epichosted.com/MobileConfigs/MobileConfigs.html
        Click on the app that you have, either Haiku or Canto depending on your phone type, and log in
        - *Dragon* is dictation software that you can use to write notes by speaking into your phone. Apparently students have to be added to this by an attending.
    - *USPSTF* -- a great quick reference for preventive care. Search by patient (65yo man with smoking history – what vaccines are recommended?) or by condition (who gets HPV screening or the pneumonia vaccine?)
    - *VisualDx* – good for derm diagnosis
    - *MicroGuide* – written by VCU ID docs, this is what clinicians at VCU Health use for antibiotic guidance. Pw = 3144
    - *Spok mobile* – this is how you'll receive pages on the fly. You gotta have it just in case someone pages you that one time. Residents and attendings can send pages from Spok, but students cannot (see below). Since the EPIC transition though many people are communicating through the chat feature in EPIC/Haiku instead of through Spok, so make sure you are paying attention to the chat tab!
    - *epocrates* – drug reference
    - *Medscape* – a good reference tailored to the student level for surgical procedures, drugs and drug interactions, conditions, and more

- *Core Clerkships* – high-yield tips for each clerkship, e.g. for pediatrics: newborn H&P, HEADSSS interview for adolescents, peds screening tools, the well visits and milestones for ages 0-4, and peds vitals.

- **Podcasts:**
  - *The Curbsiders* - all things Internal Medicine. Hourlong episodes dive deep into specific topics, definitely giving you enough information for a detailed start. If you're starting on a specialty service, such as Movement Disorders for Neuro, the Curbsiders episode (e.g. on Parkinson's) is a great place to start.
  - *The Cribsiders* – all things pediatrics! Same format as The Curbsiders, but from the pediatric perspective and with peds-specific diseases and treatments.
  - *Core IM* - again, all things IM. Shorter, more focused episodes can be easier to fit into a commute.
  - *The Clinical Problem Solvers* – a great resource for schemas on problem solving in general IM. Probably a bit more detailed than what most students need to know, but if you're digging IM or family med, this is a great resource!
  - *The Undifferentiated Medical Student* – not so much help with studying, but interviews of doctors in diverse specialties on what they do, what they wish students knew about that specialty, and where they see the field going in the future can be a great help for selecting a specialty
  - *Divine Intervention Podcasts* - Step 2 prep, high yield facts
  - *The Nocturnists* - Storytelling in the style of The Moth, but doctor style

Diagnostic Equipment

Nothing is more embarrassing than presenting a patient and having to say you could not do the exam because you did not bring the correct equipment. All students should have their own stethoscope; other equipment can be loaned or borrowed or bought, but make sure you know what you need before you buy it. Penlights can be used for many things, including checking pupils, looking in the mouth when you don't want your phone to become a fomite (tip: put your phone in a glove to reduce the grossness), checking kids for hydroceles (ask the parent to borrow their phone!), and amusing kids. You may want to purchase additional items for each clerkship (i.e. tuning forks for Neurology) but wait until you get there to see what you really need. The one thing other than a stethoscope that you'll definitely need is a reflex hammer for Neurology. Don't bring one of the flimsy triangle types from Walmart, and don't let the Neurologists see you using the head of your stethoscope to check reflexes! If you really like the triangle style, check out the Taylor 2.0. The Tromner is a popular design (fits in a pocket easily), as is the Queen Square. You likely will not need a reflex hammer outside of the Neurology clerkship, so this is a good item to trade with classmates.

You are probably thinking: "All this, *plus* what I need for every clerkship? After buying all that I'll have no money for food! Do not despair. Get books online through the VCU libraries, and consider arranging book trades with your friends in other groups. For example, students who have finished Medicine will trade with those who finished Ob-Gyn and Psychiatry. You can also find most of these books used for small amounts or for free from M4s – stay up to date on your class facebook group, as this is where graduating students will post their old books and tools. Also check occasionally outside the Curriculum Office on MMEC 4th floor.

History and Physical: Here we go again

One thing you are sure to complete repeatedly in M3 is a full H&P. Every time you pick up a new patient you are supposed to perform a complete H&P. This applies to new admissions, transfers, and anyone you are seeing for the first time, regardless of how long they have been in the hospital. This may seem like a lot ("does the surgery team really care about family history?!") but you, as a student, have the luxury of time that your residents and attendings do not. Often you can contribute details from your history that they did not get. Take a good history, and err on the side of putting too much rather than too little in your note.

When *presenting* a complete H&P, however, err on the side of efficiency. Depending on your attending, your presentation will be either blessedly brief or painfully protracted. A good policy is to quickly present all *pertinent* findings, then give your assessment and plan. Let them ask you about all the rest. If they want more, they will tell you, but *most attendings and residents—and all interns and students—will appreciate your brevity & clarity; and may in fact express their dissatisfaction if your presentation is too long* (especially in Surgery!).

Pre-Rounding: Learn to Love It

When presenting your patients at rounds you are expected to know about their health over the past 24 hours. This requires pre-rounding. Regardless of the clerkship you often will need to allow 15 min– 30min per patient to pre-round. Since you will often have at least 2 patients, you can see how arriving to the hospital early in the morning is standard practice.

Pre-rounding most often involves:

1) Chart review: open up your patient in Epic, read any pertinent notes (or at least the assessment/plan), review vitals, labs, imaging, and changes in meds. Chart reviewing is a skill! It will take time to learn how to pull out the pertinent information – and *only* the pertinent information – in an efficient way. Write down the information that will be pertinent to your presentation later: vitals, ins and outs, lab results, maybe some idea of a plan if you have one at this point. Note how this objective information fits into a pattern since their admission. (Ex. Are they trending downward or upward?) It is often helpful to have 1 piece of paper or book with multiple daily records that fit onto a single sheet for reference. See http://medfools.com/downloads.html for examples of free sheets that can be used to record patient information and will fit in your vest pocket, or develop your own system of arranging information the same way every time on a blank sheet of paper.
    a) Since you may not be in on all the background discussions between providers regarding your patient, check out the orders tab for pending tests, labs, etc that might not have resulted yet.
    b) Make sure you see what medications are current. These change often. The orders tab can help with this, and the Meds History tab (or "MAR"), or "current meds" tab can help you see what has been recently administered and changed.
2) Talk to and examine the patient. Perform a focused physical, concentrating on what brought them into the hospital. Always include heart, lungs, abdomen, a quick neurological review (alert and oriented, delusional, unconscious), and extremities. *Vigilance for bedsores in bed-bound patients is absolutely essential.* Sometimes the intern or resident will prefer that you go with them and either shadow them or perform your exam in front of them, especially as they just get to know you. Don't take it personally! They're just trying to make sure their patient gets the best care possible. Since you're probably short on time already, you're pretty much exclusively gathering information at this point, not telling the patient the plan or counseling them. Save that for rounds, when you'll have more time and the necessary support of the team.
3) Talk to the nurse. You can call them (at MCV, each nurse's number is posted at the entrance to the patient's room) or just go find them and ask what happened overnight. Usually you already have a good idea of this, from chart review, but it's a good practice to bring in the interdisciplinary perspective – and the nurses almost always have good tips on what happened and why. **It can be helpful to do this first thing in the morning when you arrive, as you might be able to catch the overnight nurse to get patient updates firsthand before they sign out at 7 am.** If not, you can talk to the day nurse who will have received signout, just know that there could be information from the nurse that was "lost" during the transfer of care.
4) Learn the team's plan for the day. Be thinking of your own plan, and try to review that quickly with the intern or resident right before rounds so you know what's going on with your patient.

Commented [SH3]: we are adding a skills session led by curent M3s and M4s to TTM3 to address this very thing!

Almost all presentations on admitted patients follow the same format:

Name, age, when and why admitted; events in the past 24 hours; current complaints from pre-rounding; relevant vitals; relevant physical exam findings; procedures and results since last presentation; changes in meds (depending on the scenario this could be included in the interval events part earlier); and assessment and plan for the day.

Sample presentation of Mrs. Jones, admitted for acute shortness of breath:

"Mrs. Jones, is an 88-year-old woman admitted 5 days ago with acute shortness of breath and a history of active emphysema. She had no acute events overnight. She reports that she is doing better today except for a persistent nonproductive cough that is interrupting her sleep. She denies any chest pain, dyspnea, fever, or chills. Nurses note that she often refuses her scheduled bronchodilators. Her vital signs are stable. Her pulse ox is 88% on 2 L of oxygen, and she was afebrile overnight. On physical exam this morning she appears improved. She is alert, oriented, and ambulating without difficulty. Her lung exam shows decreased breath sounds bilaterally with diffuse crackles at the bases R>L. This is an improvement since admission. She has normal S1 and S2 and no murmurs, rubs, or gallops. Abdomen is benign with good bowel sounds and no tenderness to palpation. Chest CT conducted yesterday shows ground glass lesions bilaterally. Pt did not have labs for this am. Respiratory was consulted yesterday, and their recommendation is that we increase her O2 to 6L and do a walk test to assess her need for home O2. Plan for today is to advance her O2, continue lasix, and consult Social Work to discuss smoking cessation, going home on full-time oxygen, and the importance of taking all her prescribed medications."

Note that you have summed up everything the team needs to know into something that can be said in about 30 seconds. Internal Medicine will expect longer presentations that will take a few minutes, such as a wide differential with reasoning for each, whereas Surgery will want much less information – only what is pertinent to their specialty and general perioperative care.

After Rounds

Check with your team to see what's expected of you after rounds. Notes probably aren't the priority – your team might expect you to call consults or talk with nursing or family. The more independently you can work, the better, but don't expect to be totally independent on your first day, or maybe even at all in M3 year. It's a learning curve to know what to do, and a steep one.

One of the residents shared a helpful mnemonic for prioritizing tasks after your team finishes rounding: **COHN**
Consults
Orders
Handoff (this is the patient hand-off sheet containing brief one liner, pertinent events, anything the overnight team needs to monitor, contingencies, etc.)
Note

Consults

Placing consults is a way you can help your team. Ideally these get placed during rounds, so that the consultants have time to see the patient that day, but if not, you might be calling them after rounds. After your team decides what consult you need, here's how it works:

1) Put in the official consult order. This sets in motion 1) a notice to the consultant, and 2) an order that the consultant needs to address. (If you just page a consultant without the official order, that's called curbsiding.) Even though your order must be co-signed before the official order is placed, we have heard that the notice gets sent before the order is co-signed – so know for sure that you or a team member is ready to discuss the consult before you put in the order.
2) In addition to putting in the consult order, it's good practice to also page/message the consultant with some brief info and a callback number. Paging can be somewhat of a chore for students. As mentioned previously, you can't just whip out Spok on your phone. Open Telepage on the desktop of any VCU Health computer (or the Windows 10 Non-Persistent Desktop if you're connecting remotely from connect.vcuhealth.org), click on Telepage, Select the "On Call" tab, and find your consulting team. Page the intern or resident with the patient's last name and Medical Record Number, your specific question, and your name, team, and callback number. E.g. *Hello, pt Benson 8775309 POD1 s/p lap appy, rising Cr now stage 3 AKI, please evaluate. Sarah, Gen Surg. 804-828-6011*
   As mentioned above, many people are also now using the secure chat feature in EPIC to contact other members of the care team, so you may be able to communicate with the consultant this way rather than through a Spok telepage; however this requires you to confidently know the name of the resident on the consult service which might not always be possible initially.
3) The consultant will call you back. Give them a brief summary: specific question for consultant to answer (*"Calling you*

to evaluate and provide recs for treatment of this worsening AKI"); patient name, age, *pertinent* history (*with CKD stage 3*), reason for hospitalization (*s/p bowel surgery for perforated ulcer*), a brief *pertinent* hospital course (*creatinine noted to be rising shortly after surgery yesterday morning, has increased steadily since…*), what you've done about it (*…despite IV fluids. FENa shows prerenal etiology. We've ordered more serum and urine electrolytes and a renal ultrasound, all of which is pending.*), and a repeat of the question (*so we're reaching out to you to see if we're missing anything regarding the etiology and treatment of this AKI*).

Calling Around

Four-digit numbers will need to be paged (see above for directions on using TelePage). Five-digit numbers starting with 8 can be internally dialed (e.g., just dial "80000" and it will connect you). If calling "80000" with a private phone, that number would be 804-828-0000. Dialing out can be tricky; try 9, then 1, then the number. If unable to dial out, press 0 to talk to the operator, and ask them for help dialing out.

Orders

Students can place orders, however they will need to be co-signed by an intern, resident or attending. Depending on your team/service, they may or may not want you to put in the orders. Some appreciate students being proactive and doing this (plus it gives you practice for later!), whereas other providers prefer to put them in themselves because either way they have to review and sign the orders so doing it themselves can streamline the process. Just check in with your resident or attending on your first day and see what their preference is

RAMS (now called patient hand-off)

This form was called RAMS in Cerner, now it's just called patient hand-off in EPIC. The patient hand-off sheet is very important for the transfer of care of patients from day to night team, weekday to weekend team, etc. On EPIC you can find it from the patient list, then on the right side of the screen you should see a tab that says "write handoff." There are three sections–usually a brief one liner, then a box where you can include pertinent events, changes, history, etc. (but be **concise**), and finally a section for anything the next team needs to monitor, contingencies, etc.

Notes

The format is simple:

Subjective:	What has happened over the past 24 hours (you get this from your interview)
Objective:	Vital signs, physical exam, laboratory data and diagnostic tests.
Assessment:	What's going on with the patient? This is where you interpret labs, physical exam findings, etc.
Plan:	What you're going to do about it.

With the 2021 switch to EPIC, the APSO format has become more popular (since everyone scrolls down to the assessment and plan anyway, why not start with it?!). Before you write the note, check with your team to see if they have any templates used on that service that can autofill vitals, recent labs, etc. And keep in mind that progress notes should be much shorter than the initial H&P – no need to include detailed histories unless that information has changed.

Also check with your team regarding their policy on "copying forward" previous notes. This can be a useful tool when you are really just updating a few things day to day but want to include most of the information from your previous day's note (such as on IM), however some attendings do not believe in copying forward and/or want progress notes or consult update notes to be as brief as possible.

Use Your Time Wisely!!!

It cannot be said enough times! Use your time wisely this year. You will be spending a lot of time studying, but it's just as important to engage yourself in enjoyable activities. You should also etch into your brain that your time is not our own. While in M1 and M2, you may have had the ability to travel to friend's weddings, attend family functions, or catch your favorite television shows…this may change during M3. Even a full weekend is a blessing in some rotations, as you will often be working 6 day weeks.

SECTION 2

The Clerkships

For the most updated information on clerkship sites, check out the M3 Signouts document (link to doc from class of 2023). Originally created to "sign out" a clerkship to another student, as doctors "sign out" their patients when changing shifts, it may be helpful to you in preparing for your clerkship(s). One caveat: as every student's experience is unique, take each piece of advice with a grain of salt, especially regarding interns and residents, as they change frequently and vary widely in their approach to students.

Note: For the Class of 2024, clerkship scheduling has been adjusted due to COVID-19 in order to get your class back on a "normal" schedule for your M4 year. As a result, some information regarding the duration and rotation options for each rotation might not hold true for your class.

Ambulatory

Last updated April 2024

Commented [SH4]: would add Dr. Megan lemay as ACD

Clerkship Director
Bennett Lee, M.D.
Phone: 804-828-5162 , Sanger Hall, room 1-010E
Email: bennett.lee@vcuhealth.org

Assistant Clerkship Director
Dr. Megan Lemay
Email: Megan.Lemay@vcuhealth.org Phone: (804) 828-9357

Educational Coordinator
Hayley Mathews
VCU School of Medicine, Office of Medical Education
McGlothlin Medical Education Center
(804)-828-9798
hayley.mathews@vcuhealth.org

Duration: 4 weeks
Grading - Pass/Fail

Evaluations

Passport Log

Aquifer Cases

TeAM Project (Eboard posts and Digital Story)

Attendance
Professionalism

Overview
The Ambulatory rotation is a fairly new clerkship added to give students more exposure to patients in an outpatient setting as well as becoming more familiar with long term patient care. Students will rotate through clinics associated with VCU, the VA, or community clinics.

Assignments
-Patient Encounter Tracking (PETs)/RCEs: like other rotations during M3 year, the Ambulatory rotation requires you log certain clinical interactions online. This is found under the "Passport" tab in eCurriculum.

Commented [SH5]: this shold be updated to RCEs, which we liely are now renameing in Leo as PETs or patient encounter tracking...

- Direct Observations: These are like mini-evaluations based on specific EPAs. Also found under the the clinical tab in eCurriculum, you send the request for a direct observation to the resident/attending evaluating you and they will have a few days to complete it before it expires. You must submit a certain number of direct observation requests (usually two) per week, but you don't get penalized if the doctor doesn't fill them out. Clerkship directors recommend that you ask the resident/attending *before* the encounter if you can submit a DO request after it so that they can pay particular attention to the area they'll be evaluating you on, however generally speaking they are still happy to complete the DOs if you ask after the patient encounter

Commented [SH6]: this is also being overhauled

-eBoard postings: aka TeAM assignment, for these postings you write about patient/provider experiences you see during Ambulatory, and/or draw comparisons with other experiences you have had.
-Digital Story: final project where you draw from the TeAM assignment as well as didactics to create a multimedia project regarding patient care. A very fun and creative take on interpreting patient interactions. You will get out of this what you put in.

Didactics
-Usually one afternoon a week for a few hours. Will reflect upon the week, eBoard postings, as well as a topic for the week. There are usually a few pre-readings or videos for each week's didactics, but no quizzes.

Evaluations
-Midterm and Final evaluations completed by the preceptor you work with. The midterm is ungraded and meant for feedback. The final evaluation is part of your final grade for the clerkship, though the entire clerkship is graded pass/fail.

Sites

There are a plethora of sites available and change year to year. They are usually listed under the Ambulatory rotation on eCurriculum, however a definitive list will be emailed to you before the rotation starts so you can pick a site. For the 2021-2022 year, here are some sites that were available:

Various community healthcare clinics
PACE (anesthesiology)
Nephrology
Endocrinology
Baird Vascular Institute (IR)
Ambulatory Psychiatry
Peds Endocrinology
RHWP (Richmond Health and Wellness Program)
CAHM (Center for Advanced Health Management)
Orthopedics (VAMC, Stony Point and MCV)
Complex Care Center
Various Outpatient Surgery Clinics
Peds Subspecialty Clinics (PM&R, Renal, Rheum, Cardio)
ENT
Cardiology
Peds Allergy/Immunology
Peds Pulmonology
General Medicine
Radiation/Oncology and Procedures
VA Primary Care
Peds Heme/Onc
MOTIVATE Clinic

This section originally written by Rajbir Chaggar, (Class of 2018), updated by Kaitlin Crews (Class of 2023), Danny Walden (Class of 2023), Gillian Gardiner (Class of 2023)

Family Medicine

Last updated April 2024; some information on specific sites may be dated

Department of Family Medicine: West Hospital, 14th Floor, North Wing

Clerkship Director
Denee Moore, MD
Phone: 804-628-9932, 804-731-1593
Email: denee.moore@vcuhealth.org

Clerkship Coordinator
Briana Lowery
Phone: 804-827-3555
Email: briana.lowery@vcuhealth.org

Duration: 4 weeks

Grading
Preceptor Evaluation
Aquifer Exam
OSCE (motivational interview)
Social Determinants of Health Project
Aquifer cases 2 and 8 completion
Passport
3 EPAs (physical exams) signed by preceptor
1 Observed History

Mid-Rotation Evaluation

Note: If you fail the OSCE, you must retake within a 3 month time period. Your final OSCE score will be 65.

Clerkship Requirements

Observed Skills: During this rotation, you will need to complete 1 observed history and 3 observed physical exam skills. The physical exam skills include joints and ENT exams. The clerkship will provide you with a form for the history, and you can be evaluated for the physical exam using either the eCurriculum DO form or a paper form that is also available online to print. Unlike other clerkships where sending a DO still counts regardless of whether it gets filled out, these observations MUST be completed by your preceptor. Make sure you plan ahead so you are not doing them all during the last week.

Evidence Based Medicine Project: Optional. Project description is on eCurriculum. The clerkship resources page will have sample EBM projects available to view.

OSCE: Essentially like the OSCE in M2 PCM. You will have 10 minutes to complete a motivational interviewing encounter. You will discuss motivational interviews in orientation, so make sure you take notes to reference in preparation for this OSCE. Reference the BECCI for a good idea of what should be discussed.

Aquifer cases 2 and 8: All students must complete at minimum cases 2 and 8 of the fmCASES cases. Recommended to do the rest to prepare for the final (or at least click through them all in order to do the questions at the end of each case–helpful to do these questions a day or two before the exam), which is entirely based on Aquifer, as well as the OSCE.

Reading/Didactics
No formal lectures are scheduled

NBME Final Exam - ***Last updated January 2024***
UWorld is your best friend?***.

Clerkship specifics
In the Spring before you start M3 year, a FM Clerkship Preference Form will be emailed to students. The form will ask you for your hometown, specific interests that you have, and other questions to assist in your assignment to a preceptor. All preceptors have VCU faculty appointments, so you cannot go out of state. From that point, the department will work with you to find housing if you're elsewhere in Virginia. It is occasionally possible to add a new preceptor if there is a specific geographic area you feel strongly about being in, but this is not a frequent occurrence and requires significant coordination between the FM administrative staff and the on-site team that you are hoping to rotate with.

Overall this clerkship was viewed positively by students; most comments were "excellent," "helpful," and "had a great time". Problems reported had to do with housing. Because of the huge number of sites, many of them are beyond commuting distance from Richmond, so the department provides housing. This housing ranges from idyllic to irksome. While there *may* be amenities at these homes, the *only* things you are guaranteed are: *safety* (no bad neighborhoods), *a roof over your head, a bed, and a place to cook*. You may have to share a room and/or bathroom; only have provided housing on weekdays (and have to return to Richmond or find your own housing for the weekends); the kitchen might consist of only a microwave; there might not be a television, or any of the other things you are accustomed to. You may be in a downtown area or in a very remote/rural area. If you have questions about your housing, ASK! You do not want to drive 3 hours from Richmond, only to find that your kitchen consists of a microwave only.

Clerkship Sites
There are many sites available in Family Practice. You may be placed in the inner city, suburbs, or rural sites for your clerkship. A list of all available locations is listed under the Family Medicine tab of the M3 site on E-Curriculum, under "Locations." Listed below are comments about some of the sites.

Chesterfield: One of MCV's Family Practice Residencies that will accommodate 1 student for each clerkship month. This site is located in South Richmond and is highly regarded as a relaxed, student friendly environment. At this site, you will work alongside residents as you rotate through four different teams, spending 1-week blocks with 2nd and 3rd year residents under a head attending. You will get to help with minor procedures and will travel at least 2 afternoons during the rotation to a local nursing home (Lucy Corr) to see patients. If you are interested in Women's Health, there is the opportunity to shadow a physician who is both Family Medicine and OB/GYN certified, just let the organizer know early on that you are interested in this opportunity. Lastly, you will spend 1 weekend (Saturday and Sunday morning) rounding at either Chippenham or Johnston-Willis Hospital to receive an inpatient family medicine experience. Overall, Chesterfield Family Medicine offers a diverse rotation coupled with continued learning (noon conferences) and student independence in regard to patient interaction and care.

Hayes E. Willis: You will spend the month working with Dr. Mullet (or another preceptor who are all great!), a very friendly and fantastic FM preceptor. The hours vary day to day. The patients you work with are generally very receptive to medical students, and Dr. Mullet and other attendings have been very good about giving you autonomy to see patients and then work up a differential.

Hopewell/Prince George Community Health Care Center: The practice is located approximately 40 minutes south of downtown Richmond. You will work directly with Dr. Chiu. There is also a full-time NP and a dentist on staff. The office is largely funded by the government and sees a wide variety of patients regardless of their ability to pay. The office opens at 09:00am and the last appointment of the day is usually scheduled for 4:00pm.

King and Queen Family Practice: Run by two married physicians, Dr. Pam and Brooke Gwathmey, one nurse practitioner, four nurses, and one nurse's assistant in a very rural community. It is located about 35 miles NE and the commute is about 50 minutes each way, so just within the mileage radius so that students are not accommodated with housing. About three students rotate through this clinic each year, and most would agree that the distance is the only disadvantage. The staff is very sweet and welcoming to rotating medical students. The Gwathmeys have been running this practice for many years now, so many of the patients they see are very familiar to them and you quickly learn that everyone in this town more or less knows each other. The patient population ranges from infants to geriatrics, so you will have a great variety in terms of patient exposure. In terms of medical experience gained in this practice, you really have a lot of independence and get treated as an intern, especially being the only student present with no residents around.

You are given a laptop for the month and quickly taught how to operate the electronic medical system. You see your own patients before the doctor, and then present the patient usually in the patient's room. By the end of the rotation, you are writing notes on every patient you see and putting in orders for prescriptions, lab orders, and referrals. The Gwathmeys are very tuned into your medical education and passport requirements, and will challenge you with your differential diagnoses and treatment plans in a very non-intimidating manner. They also encourage you to participate in as many hands-on procedures as possible. It's a small practice, so most things get referred out, but you will still get to see minor tests and procedures (EKG's, DEXA scans, nerve conduction tests, cryotherapy, abscess drainages, injections). So if you don't mind the commute or the rural feel, this is a great place to rotate through on your family medicine clerkship!

Richmond: There are numerous family physicians in Richmond (e.g. Dr. John Kowalski, Dr. Jim Miller). Hours can be long in a private practice, but private practices typically offer one-on-one experience with the attending, and students report learning a lot. One potential downside is that some patients in a private practice are often very used to "their" physician. They may be a little less receptive to students.

Dr. Miller's office at Family Practice Specialists has about 5 family med doctors on staff, and students are matched with one of the physicians. During the month students will have opportunities to interact with the other physicians, including Dr. Miller who is a member of the Olympic swim team staff and is great for anyone who wants to go into sports medicine. Office hours are typically 8-5 with some variability. Patients are mostly middle class, are open to students, and usually good to learn from. The physicians are all great teachers. Responsibilities are typical of family medicine practices, including seeing patients and performing physical exams, and presenting to attendings with an assessment and plan. They do have electronic medical records system in office. This is also an excellent site if you want to see colonoscopies, EGDs, dexa scans, x-rays, and minor in office procedures as this is all done in house.

Capital Area Health Network: You will be primarily at Vernon J. Harris Medical Center, located in between the Church Hill and Fulton Hill neighborhoods in downtown Richmond. This is probably the closest practice to VCU. This is a Federally Qualified Community Health Center and they have both adult and pediatric medical care, dental care, social work services, and more. Many of the patients seen here are underserved (either on Medicaid, uninsured, or underinsured). Most frequently I2CRP students are placed here. They work primarily with Dr. Sarah de Boer, one of the adult internal medicine physicians, who is amazing! Students will also spend a few days working with Dr. Jenkins, another adult family medicine physician, as well as the staff pediatrician and the PA who works with HIV patients. You may also complete a day at one of CAHN's other locations within Richmond.

St. Francis: St. Francis Family Medicine residency is associated with Bon Secours. A typical day is 8-5. There is excellent, free food in the hospital doctors' lounge, if you don't mind the 10 min drive over there during your break. Patient population has a good amount of variety, mostly from the suburbs and the country, plus care for the uninsured through a Bon Secours plan. You get a lot of autonomy to focus on your areas of interest- just ask. They also have psychologists who run intake/counseling sessions for patients going through emotional stress. You will have the opportunity to go off- site and see cardiac stress tests, do two clinics in nursing homes, and do evening sports physicals at area schools. You will spend most of your time with the residents, but the attendings are very accessible and good teachers. Take initiative and ask to present your patients if you are not required to do so. There are didactic lectures every Friday from 8-noon. You will be expected to make a 15-minute presentation to the residents. There is also a **St. Francis Family Medicine Center (*Last updated January 2024*),** which is the clinic office on Hull Street assoociated with the residency. You will have a diverse schedule, rotating between different residents on different specialties - peds, OBGYN, sports medicine, general primary care. The days are VERY busy with many patients in clinic, which is great if you put in the work - you will learn all the preventative medicine you need for the exam. The office uses EPIC, but you can only access it on the laptop they give you when you are at the office. Make sure that you arrive early (~7am) to pre-read on a few patients. Dr. Timmons is amazing and loves teaching. Take note of the days that you are assigned to her, and be sure to ask her the day prior which patients she would like for you to see. Then chart review and be ready to put in orders yourseld, suggest action plans, etc. She will let you go in and interview the patient on your own, then you will present to her, and then go back in with her to talk to the patient (she may ask you to explain the plan to the patient so be ready for that). You will then write the encounter note.

Out-of-town sites

Bull Run Family Practice, Manassas: This is a relatively large suburban practice with 12 or so practicing physicians. It is located in the heart of Manassas on the campus of Prince William Hospital, and the typically long lunch breaks give you a chance to go out in the town for lunch (you must try Tony's New York Pizza, it's a Manassas legend). Dr. Parker is very good at letting you see patients on your own, particularly acute cases, but you should expect to see some patients together. The medical record system is electronic, and though you do not type notes, Dr. Parker expects a succinct SOAP style presentation with a differential diagnosis. Dr. Parker is heavily involved with sports medicine, so you will get good exposure to MSK and joint injuries. He is a

team physician for George Washington University, and also holds an orthopedic clinic in D.C. on Thursday afternoons. You may attend Grand Rounds at Prince William Hospital on Thursdays at noon (free lunch). His nurse Ann is incredibly helpful, and a great resource to guide you on the ins-and-outs of the office. Typical hours are 8:30 am - 5 pm, except for Tuesdays 8:30 am - 7 pm.

Chase City: Rural practice in the Southside region of Virginia near Buggs Island Lake, south of Farmville. It is about 2 hours from Richmond. There are 3 doctors in the family practice. You will work with Dr. Suslick on most days. It is a busy, dynamic practice and you will be expected to see patients on your own and dictate your notes. Generally you will do appointments in the morning and the walk-in clinic in the afternoon. You will see a variety of different medical problems and have the opportunity to do minor procedures and work with the lab techs. You are encouraged to do phlebotomy, swabs and vaccines for your patients as needed, and run the CBCs yourself. Dr. Suslick will take you on tours around Chase City and show you his farm. He is very invested in the medical students and is happy to have you. Local newspaper does feature an article with a picture of the medical student.

Christiansburg: Carilion Family and Obstetrics Medicine can accommodate 2-3 students per academic year. Students will work with Dr. Reed Lambert and have the opportunity to spend 2 afternoons a week in the Maternity Clinic at the local health department practicing prenatal care and ultrasounds. Students also spend time at the Labor/ Delivery unit and have opportunities to observe C-sections and even "catch a baby or two"! This is a laid back practice with a great electronic medical records system. The staff is extremely helpful and friendly. It is a 3½-hour drive from Richmond. Housing is provided.

Crewe: Located in a rural setting one-hour southwest of Richmond. You will work at the Crewe Medical Center, which is a busy general primary care office, with 3 MDs and 2 NPs. Students will have a lot of hands-on experience with procedures (injections, suturing), interpreting X-rays and EKGs, and seeing primary care medicine. There is little to no OB/GYN. This is an excellent clerkship for people interested in rural family medicine. Lodging is at the White Swan B&B in Blackstone, which is a 10 min. drive from the office. You have to check out each Friday morning and can check back in Sunday evenings. Dr. Hall at Crewe Medical Center usually pays for students to have the B&B's excellent breakfasts each day.
Those who went to Crewe rated this site as excellent, friendly, and providing a lot of teaching. The hours are 9 a.m.-5:30 p.m. with Thursdays finishing at 2 p.m.

Eastern Shore of Virginia: Family medicine on the Eastern shore carries many of the rewards of any rural health center. First of all, the experience is very diverse, and you will see your share of indigent patients as well as those who are very well known in the community. There is also a significant Hispanic component, and the practice is well respected by everyone.
The family practitioners are very skilled clinicians, and the scope of medicine that they practice is probably broader than most places. There is a day designated for colposcopy and miscellaneous gynecologic complaints, and some of the preceptors do plenty of flexible sigmoidoscopies as well as minor surgical procedures. They are very eager to teach, and allow as much freedom as desired. The community is very gracious and accepting, and there is the occasional practice dinner. The eastern shore is a beautiful place, with hundreds of miles of untouched marsh and barrier islands on the seaside, and equivalent backwater creeks on the bayside, as well as large timber and farmland between the two. Given any interest in the outdoors, these deserve some exploration if time allows. Hours are generally 8-8:30 to 4:30-5:30, five days a week.
There may or may not be an afternoon off here and there depending on your preceptor's schedule. There are opportunities to go into the community doing medical work at some of the immigrant camps. Meals are free at the hospital cafeteria when you display your ID. Overall, the Eastern Shore is a low stress, pleasant experience with friendly, knowledgeable staff, and hands on experience dealing with point of contact care, initial workup, and further triage and consultation, in which you will be very directly involved.

Fairfax Family Practice: Fairfax Family Practice is located in Fairfax, VA about 30 minutes west of the District of Columbia. It is the family practice rotation site for all students at the INOVA Fairfax campus. The practice is composed of approximately 20 attending physicians. In addition, Fairfax Family Practice is a VCU residency site with 24 residents. Also, there is a busy sports medicine clinic within the practice that includes 2 attending physicians and two fellows. The office includes a full lab, radiology center, and stress-testing center. The practice admits and follows its patients at INOVA Fairfax and Fair Oaks hospitals. Physicians also collaborate with nursing homes. Third year students do not see patients in the hospital, but acting interns do. As a third year medical student you will work with attending physicians and third year residents. Most of your time will be spent with three physicians, who are your primary evaluators, but you will rotate with others as well. A few patient slots are blocked off on a physician's schedule each day to allow time for teaching and enable students to spend extra time with patients without getting behind (the schedules are always packed). One morning is spent at Fairfax Hospital doing newborn exams. Two half-days are set aside for sports medicine clinic. Most days begin at 8 am and end around 5 pm. Lunch is from 12:30 to 1:30 and is used for daily lectures with the residents and attendings. Students present an EBM project during one of the lunch hours at the end of the month. Students will have the opportunity the see patients independently and then make recommendations to the attending. Students will observe and perform routine screenings, but may also have the opportunity to observe more specialized colposcopies, stress tests, and even platelet rich plasma injections for musculoskeletal injuries in sports medicine clinic. The patient population is very diverse

in age and ethnicity.

Preparing for this site is difficult because of the breadth of the practice, but knowing key guidelines for treatment of diabetes, hypertension, and hyperlipidemia is imperative. Also, learning when screening is required for cervical cancer, breast cancer, colon cancer, and abdominal aneurysms is important and helps with developing plans for your patients. More information about the practice can be found at www.fairfaxfamilypractice.com

Front Royal (Shenandoah FP) - Large practice with ~10 family physicians in the underserved Front Royal/Winchester/Berryville area and the VCU Shenandoah FP Residency Program Practice (2.5 hour drive from Richmond). Housing is provided through the residency, and only 5 min from the clinic. You are expected to attend weekly noontime lectures, for which lunch is provided. Since the family medicine program is the only residency program at the Front Royal Hospital the FM docs do a fair amount of ob/gyn and you will assist on deliveries. There are also home visits, nursing home rounds, and on Thursday night there is an optional free clinic**.**

Lynchburg: Family Medicine residency program. Diverse practice: adult medicine, pediatrics, OB, geriatrics, and rural medicine. You also gain experience in a free clinic, office lab, and a smaller town called the Big Island. Mainly work one- on-one with residents and then present to attendings. Work in different "pods", often working with one or two residents per shift. All enjoy teaching and try to provide student autonomy. The site has an academic focus with noon conferences and workshops, along with an EMR system. Housing is provided at the Hillsdale House (1829 Hillsdale), next to the Lynchburg Hospital; housing is fantastic. You have a ranch style, rennovated house that can hold up to three students. Laundry machines are present, along with a kitchen, living room, internet, and just about everything else one would expect in a home. It is ~5 min drive to the practice. The hospital's cafeteria is next door to the house. You can get discounts at the cafeteria using the proper ID.

Riverside: This practice is located in Newport News (about 1 hour east of Richmond). The clerkship and its student coordinator, Dr. John Kaminer, received exceedingly high marks by students. Residents are described as good at teaching and friendly to students. Clinic hours are generally from 8-9:15 a.m. until 3-5 p.m. Most of your time will be spent shadowing a different resident each morning and afternoon at their clinic on Main Street. Most residents will allow you to see patients on your own if you ask and you will get hands-on with procedures very early. Dr. Kaminer has didactic sessions with all family medicine students once per week, which are informative and interactive. You will spend a week rounding with the Inpatient Family Medicine team with clinic in the afternoon and one day each TB, STD clinic, Immunization, and Sports Medicine Clinic. The rotation coordinators are also flexible on your schedule, so speak up if you enjoy one aspect of the practice or site more than others. There are noon conferences for which attendance is expected but you get to choose between lectures at the clinic or the hospital. Lunch is provided for both. You also receive hospital vouchers that can cover many of your meals including dinners. Grand rounds are bi-weekly at Riverside Hospital with breakfast provided. Housing is provided in an apartment and will be shared with other medical students from other schools. Other students primarily include VCOM (D.O.) students though there may be a MCV M4 as well.

South Hill- A rural clerkship that is located 1½-2 hours south of Richmond. There is a good deal of autonomy and you have the opportunity to work with the Nurse Practitioner, who sees the majority of feminine complaints and check-ups, or the PA if you want a change in patient population for the day.

Warsaw: Warsaw is a rural town in the Northern Neck about an hour from MCV located just across the picturesque Rappahannock River. Your outstanding mentors, Dr. Richard Dunn and/or Dr. Dameron, share a medical office with two pediatricians and nurse practitioners who are all very receptive to working with students and having them help out with any procedures. The nursing and office staffs are also top-notch and make you feel right at home. The days begin around 9 and typically wrap up by 5. You should have a good amount of autonomy to see and examine patients on your own. The Warsaw community and surrounding rural environs is racially diverse and you will see patients from young to old, though it tends to favor the geriatric population and lower socioeconomic groups. There is a good mix of follow-up and same-day sick visits, and you will have excellent exposure to bread-and-butter family medicine.

Winchester- This practice hosts students from VCU, UVA, and VCOM. You will be working at the Selma Medical Associates. There is a noon conference once a week at the Winchester Hospital (lunch is always provided). Hours are usually 8 a.m. to 5 p.m. with a 1-hour break for lunch. Students do not have to take call while at this practice and you only will work in an outpatient setting. Students are housed in the Women's House or Men's House, which are owned by Winchester Hospital. Both houses are next-door to each other and less than 1 mile from the clinic. There is a weekly cleaning service that will clean the bathroom and common living areas. You are expected to bring your own linens and sheets. Both houses do have cable and wireless Internet access.

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Internal Medicine

Last updated Janury 2024, except as noted

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Clerkship Requirements

Online Passport (changing to "Required Clinical Experiences" for % 2024) and Direct Observations : Throughout the rotation, you are expected to obtain a certain amount of direct observations and keep a passport log of patient diagnoses that you have seen. These are documented using the same form on eCurriculum, where you can indicate which EPA you completed and what the patient's diagnosis was as well as their age, gender, clinical encounter type and the preceptor who observed you. On average, you need to complete 2 DOs per week and the clerkship will have specific ones that have to be done. It is best practice to ask your preceptor to observe you before doing the task and sending the DO form, however many are fine if you ask after the fact, too. Your passport must be completed prior to the end of the rotation in order to receive a final grade. Until this is done, you will have a grade of Incomplete, a full one grade reduction, and/or a note of unprofessionalism in your clerkship summary. Direct Observations are sometimes hit or miss when it comes to utility, as some preceptors don't fill them out and they expire after 48 hours. Your responsibility is to request them and it still counts even if the preceptor does not fill it out.

Conferences: You will have didactics for one afternoon each week. Attendance is required at all didactic sessions during your ward months. Attendance sheets are passed around during each session. You are also encouraged to attend the resident morning report which happens in the morning before you return for team rounds.

Reading

The Department of Internal Medicine recommends the following textbook:

(1) Symptom to Diagnosis: an Evidence-Based Guide (McGraw Hill 2014, 3rd Ed.) by Stern

A Medicine Reference text such as Cecil's, Harrison's, Stein, or Kelley for more in-depth reading.
A review/outline text: Step Up to Medicine and First Aid: Internal Medicine were the top two choices for most students, in addition to using UWorld Qbank

**Know your patients by reading up on their diagnoses (what their lab values mean, treatment choices and why, pathophys, medications, etc). Attendings tend to not pimp you on random stuff but they do expect you to know your patient! Do a little extra research on your patients' problems. You will shine as a student if you cite literature on what drug is currently recommended, what the pros/cons to a certain treatment plan are, etc. UptoDate is a great beginning source, and if you have time, go to PubMed and actually look up individual articles about your topic.

SEE STUDENT COMMENTS AT END OF GUIDE FOR STUDENT RECOMMENDATIONS FOR BOOKS

General Information

Don't wait until your final month to study for the written exam. This strategy will leave you ill equipped during ward rounds and will be detrimental to your written exam results. There are tons of UWorld Medicine questions – try to knock out some each day.

This clerkship is not designed for exploring subspecialty programs. When on IM wards, expect long hours–if you are the "long student" you will likely be there from 6 am-7pm, but if it is your short day you will likely be able to leave in the early afternoon once finishing your notes. Your hours will likely be significantly lower when on the consult service, so many students try to do a lot more UWorld during these weeks.

On your first day of the clerkship you will report for a short orientation. You may have time to go to the VA in the afternoon for computer access. Make sure you have transportation arrangements. You will be given information beforehand, either by email or at orientation, on how to contact your team.

There's an option to check out a Butterfly ultrasound that connects to your phone during this clerkship. Absolutely do it! Be aware that, when checking it out, you need to bring a $500 check to the curriculum office in case you lose/damage it.

The total workload of your team has nothing to do with the team number and everything to do with luck of the draw and your attending. Some teams consistently have full patient loads and carry patients for weeks, while others experience lighter loads. Most teams experience a mix of heavy days and light days. Rounding styles vary by attending, and some had longer rounds than others. Those who conduct longer rounds will challenge your time management skills, as you still need to write daily progress notes and tend to patient care, regardless of the length of your rounds. Adaptability is key in this clerkship. The Department of Medicine requests that you turn in all of your evaluations on your attendings and the clerkship, as these have the most impact on improving the clerkship for future students. As with everything else, it does not matter how much anyone gripes unless it is put in writing.

Exams

Written Exam

The shelf exam is usually given on the Friday of the last week of the rotation. Most students classified this exam as one of the more difficult exams so prepare accordingly. Think USMLE Step 1!!! Preparation strategies were variable, but most students agreed about the need to **do lots of practice questions** (UWorld is a must). The better you prepare for this exam, the better you will do on other shelves and on your Step 2.

Ward Months

Ward months at MCV and the VA have similar schedules. You work 6 days/wk and are required to have 4 days off per month. You will either have Saturday or Sunday off and can discuss which day with your team, but they generally don't have a preference. Some residents are fine if there are no medical students one day and 2 med students the next, however others want one student to be present on each weekend day. Your hours on the weekend will also vary significantly by resident/attending; many will let you leave right after rounds and writing your notes, while some will keep you for a full day.. There are 6 general medicine teams at MCV, and 4 general medicine teams at the VA. Each general medicine team usually consists of 1 attending, 1 resident, 2-3 interns, possibly a 4th-year student doing an Acting Internship, and 2-3 M3 students. There are a few teams consisting of 2 second year residents and no interns. Some teams at MCV and the VA have excellent pharmD's who work with the team and go on rounds. They, too, can be excellent resources and can totally enhance the quality and efficiency of team operation. On all wards, the clerkship schedules for M3s, M4s, attendings, residents and interns can vary, so you will finish with a very different group than you started. Attendings rotate to new teams biweekly, all residents and interns rotate to a new team on the 1st of each month, and students will rotate according to the curriculum office schedule. You are sometimes evaluated by the attending that you spent the majority of the clerkship with, but recently most students report that they were evaluated by all of the attendings and residents, regardless of length of service with the student. The timing of rounds varies by team, so make sure to check in with your residents on the first day as to when is the best time to come in to pre-round. The length of rounds is dependent upon the attending and your patient load.

Most students report working from 6 a.m. until 5 or 6 p.m., although length of days is highly team and resident dependent. The residents tend to want students to follow a similar schedule to residency, where you alternate long and short days. One medical student on the team will be long and the other short. Both medical students should be ready to help with admissions after rounds, with the short student taking the first admission and the long student planning to take the next one. You may not have enough admissions in one day to both see one, so at some point mid afternoon the short student can go home. Generally, the long student should stay until signout at 6ish unless told otherwise by the residents. Students usually carry 2-3 patients at a time, but can manage up to 5. The general rule is that you should only take on the amount of patients that you can handle, ensuring that you are able to chart review thoroughly and fully understand what their clinical course is. Be prepared to work late if your team is swamped.

Helpful tidbits:

-Having a copy of Pocket Medicine can be really useful, especially while walking on rounds.

-Take advantage of templates to make your life easier. Check out these websites out:

http://www.eric.vcu.edu/home/resources/inpatient.html http://medfools.com/downloads.php

-Presentations are your opportunities to shine. Styles will vary based on attending, but regardless, the key is to know your patient, and this will be evident in limiting how much you read from your note.

- The team will often interrupt presentations to discuss a learning point. Don't be afraid to jump back in, especially to say "So for the first problem (eg "AHRF"), my plan for today is …". This is one of the best ways to demonstrate your knowledge while also confirming what to put in the note

- Reporting patients change in lab values can be very helpful, so write down today's WBC and yesterdays if it's significantly different

- Choosing antibiotics type and duration for your plan is often wrong because of the team's personal preference, you can use the VCU Antimicrobial guide to backup your reasoning and give you the best chance of being correct

General Medicine at MCV (Teams 1-6)

The Team Rooms are scattered, so ask around or page your resident to find out where to be. The orientation packet should also list where to show up on your first day. Your patients will tend to be on North 9, North 5, Main 8W, CCH 3, CCH 2,

and other scattered floors. You will walk all over during rounds.

Digestive Health and Hematology/Oncology at MCV *(last updated April 2024)*
Both are entirely inpatient experiences, with no clinic. On the plus side, every day is an admitting day, so there is no long call. This means that students tend to work shorter hours than their counterparts on wards do. Additionally, you get to work closely with the fellows, and learn directly from them. However, students are not exposed to the same breadth of information that they may experience while on a general service. While less of an issue for Digestive Health, many students on Heme/Onc felt less prepared for their shelf as well as very limited in their exposure to common medical issues. On Heme/Onc, most patients are scheduled admissions for chemotherapy. Since they already have their diagnosis, they tend to require little work up. To get the most out of this service, follow patients who are unscheduled admissions, because working up their complications will provide more of a learning opportunity.

General Medicine at the VA (Teams 1-4) *(last updated April 2024)*
The VA ward schedule is similar to MCV, except for some slight differences in how call is run. Virtually all patients are located on the 4th floor, where the team rooms are also located. While patient load is variable among teams at VCU and the VA, it tends to be slightly less stressful at the VA.
See Section 3: Hospitals for some helpful maps of the VA and information on team rooms and passwords.

Pulmonary Consults at the VA
The schedule on this rotation is much lighter than wards at VCU since it is a consulting service. Most days you will be done by 3pm. You will work closely with the fellow and attendings. One day of the week will be spent in the OR, one day at clinic, otherwise you will be seeing consults and helping the fellows with whatever they need. One helpful thing you can do is pick up pulmonary function test sheets and then interpret them for the fellow to review. During my rotation, the fellow preferred to write all the notes and did not expect students to present patients.

Infectious Disease Consults at the VA
This is a lighter rotation and the team is eager to teach. You'll see some interesting cases and learn a little more about antibiotics. The consult room only has 3 computers, so bring your laptop and hopefully your VA badge adapter the first day just in case. Don't be afraid to ask questions and get things wrong, this service is super specialized and they don't expect you to know anything.

There is never student overnight call on Internal Medicine!

This section was written by Tim Lapham (Class of 2001) and Bayley Royer (Class of 1997). This section was updated by Kate Powis and Eric McCollum (Class of 2003), Emily Haynes, Katherine Johnson, and Robert McKinstry (Class of 2005), Alison Kinsler (Class of 2006), and Reena Khianey and Nanda Devanath (Class of 2007). Bella Gabice (Class of 2008), Shakun Gupta (Class of 2008.), Piyumi Fonseka (Class 0f 2008) Kunal Karia (Class of 2008), Ashley Mortenson (Class of 2008), Janet Ma (Class of 2008), Vincent Roddy (Class of 2009), Heather Murphy (Class of 2009), Branden Engorn (Class of 2009), Stuart Bertsch (Class of 2009), Abisola Ayodeji (Class of 2010), Jaclyn Kline (Class of 2010), Justin Cross (Class of 2011), Nishant Magar (Class of 2011), Nirjhor Bhowmik (Class of 2012), Lara Hamadani (Class of 2012), Ran Lee (Class of 2012), Wendy Dryden (Class of 2013), Tara Wright (Class of 2013), Rajbir Chaggar (Class of 2018), Kaitlin Crews (2023), Danny Walden (2023), Gillian Gardiner (Class of 2023), Emily Dunbar (Class of 2024), Shannon Morrical (Class of 2024), Krunal Shukla (Class of 2024)

Neurology

Last updated January 2024

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Clerkship Coordinator:
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Grading Clinical Evals: Shelf Exam:

Duration:
4 weeks total
2 weeks inpatient general, 2 weeks outpatient subspecialty

Clerkship Requirements
Passport, DOs
Supervised neuro exam
EBM Project: review and presentation
LP simulation
mid-rotation feedback form
Didactics and morning report attendance
Shelf exam

Clerkship Specifics
Almost everybody walks away from this clerkship feeling comfortable with performing a complete neurology exam and with a good fund of knowledge of strokes and seizures, the two major inpatient diagnoses. For this clerkship you will need to have access to a tuning fork, and a reflex hammer (it does not have to be an expensive one). For consults in the ED, ophthalmoscopes are in every room, so your diagnostic kit will only really be helpful for work on the ward floor. You can request to borrow a kit from the Curriculum Office; realize you will have to put down a deposit of several hundred dollars, however, so make sure you return the kit at the end of your rotation.

You will be at your clerkship site 4 days per week (usually Monday-Thursday), and then the other day will be reserved for didactics. There is significant variation in the hours and locations for each clerkship site, so make sure to read through the site descriptions sent out by Crystal Beck before the clerkship and read the M3 signout document. For example, although Epilepsy is considered an outpatient subspecialty, students spend part of the time on the inpatient Epilepsy Monitoring Unit. Some other subspecialties may require you to travel to multiple clinic sites in a single day, whereas others have one central office location.

UWorld is generally sufficient for the shelf exam. Keep in mind if you have this rotation late in the year, you might have already done many of the neurology questions as part of studying for other rotations (many of them are cross-listed for multiple subjects); in order to make sure you get through all the material, consider filtering your UWorld question bank by "all" questions rather than just "unused."

This section was written by Bayley Royer (Class of 1997). This section has been updated by Sarah Boggs (Class of 2003), Candyce Greene (Class of 2005), Lang Robertson (Class of 2006), and Randy DeMartino and Madison McCulloch (Class of 2007), Shakun Gupta (Class of 2008), Bella Gabice (Class of 2008) Elizabeth Koutoufas (Class of 2008), Vincent Roddy (Class of 2009) Sonia Bahlani (Class of 2009), Jaclyn Kline (Class of 2010), Sejal Patel (Class of 2011), Devin Miller (Class of 2012), Amy Hempel (Class of 2013), Rajbir Chaggar (Class of 2018), Gillian Gardiner (Class of 2023), Emily Dunbar (Class of 2024)

Obstetrics & Gynecology

Last updated January 2024, except as noted

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Duration: 6 weeks
MCV
2 weeks of Labor and Delivery, either Days or Nights
2 weeks of Benign Gynecology or GYN-ONC, or 1 week each of Benign Gyn and outpatient gynecology clinic
1 week of either postpartum and REI or 2 weeks of antepartum*

Riverside

Grading-MCV
Clinical Evaluations (60%)
Shelf Exam (30%)
OSCE (10%)

Clerkship Requirements
EBM project, UWise quizzes (or X number of UWorld questions/week), Case Based Conferences (CBCs), optional reflection piece

General Information

The MCV clerkship directors in the past have been extremely open to making positive changes to the program. They like to hear your feedback. Marta Vicente, the clerkship coordinator at MCV, is also easy to communicate with and compiles a comprehensive orientation packet for the MCV people on the 1st day of orientation. Do not be overwhelmed by the amount of information given out during Orientation! Basically for this rotation, you will need to either complete questions from UWise or UWorld and submit proof of this, submit Case Based Conference (CBC) worksheets (you can also attend optionally attend Case Based Conferences where Dr. Rigby will do important topic review of these worksheets), workshops for Family Planning, have a Breast Exam and Pelvic Exam graded SIM, and attend department conferences with your residents.

Overall, there is a wide range of opinions regarding this clerkship. Many students enjoyed delivering babies, scrubbing into interesting surgeries, having the opportunity to learn more about women's health, and doing pelvic exams. The attendings are some of the best during M3 year. They really enjoy teaching the students and are very easy to interact with. The residents are very willing to teach most of the time, but keep in mind that OB/ GYN, especially Labor & Delivery, can get stressful at times, so bear with them if things get hectic.

Reading
During your orientation day, you are going to be bombarded with reading resources. **Don't be overwhelmed!** This rotation is a lot like the others concerning the readings. Most students who like books used Case Files, Blueprints, and/or First Aid for Ob/Gyn. Students also do the **UWise questions** that will be available to you for **FREE from the APGO** website. The same people who produce UWise write for the OBGYN shelf exam so the questions can be really helpful as a supplementary Qbank, but the **UWorld questions** for this clerkship have historically been more reflective of what you'll

see on the shelf. All of the other resources are really just for reference. It's always helpful to ask the residents if there is a particular topic that you should read prior to starting that particular rotation block in order to be more prepared clinically, but otherwise, focus on the review books for the shelf exam.

The best thing that you can do to prepare for the day to day cases/potential pimping questions on the floor is to sign up for a free ACOG student membership account (https://www.acog.org/membership/join/medical-students). It takes literally a minute and then you have access to all the practice bulletins that the residents and attendings treat as the gold standard to base their care plans on. Things like postpartum hemorrhage, preeclampsia, gestational diabetes, post menopausal bleeding, and dysmenorrhea are high yield for both the clerkship and the shelf. If you learn how each of those are diagnosed and treated you'll be in a great spot for the shelf and look like a student manager in front of the team.

The "required" text is Obstetrics and Gynecology by Beckman and Ling, the same text used in the M2 Reproduction course. It is a good overview of the essential topics in OB/GYN with short chapters and numerous practice questions. This is really good for any topics you want more in-depth learning on and can help supplement. The supplemental text recommended is Obstetrics and Gynecology at a Glance Errol R. Norwitz and John O. Schorge. At the midpoint evaluation with Dr. Rigby she may lend you a copy, but it is worth getting at the beginning of the rotation. This latter book is especially useful because it is very clear and concise, and condenses topics into helpful flowcharts and bullet points. It can be very helpful both as a tool for preparing for the shelf exam, as well as to help brush up on your patients' conditions and formulate your plans

Lange's Case Files in OB/GYN is a popular study book for this rotation. It focuses on the main points covered on the exam. Similar to other clerkships, Blueprints in OB/GYN is popular with many students. This book reads quickly. Many students that didn't use Blueprints used First Aid in OB/GYN as an overview summary text. For those of you who like the Recall series, the OB/GYN Recall book is great for rounds and pimping in the OR, but be warned, as with any surgery, a lot of the anatomy questions they like pimping on aren't covered in Recall. Finally, the M2 Reproduction syllabus is made to be useful in the M3 year, as well. Some students found referring to it very helpful on wards, lectures, and even for the test. While the Pretest series is a great resource of questions for most rotations it is unfortunately poor for this rotation.

A great online resource that is almost a must use, can be found on the APGO website: http://www.apgo.org/binary/8th%20edition%20Objectives.pdf. This webpage provides a summary of medical student competencies and learning objectives and provides cases for each one.

It might be a good idea to print out information from resources like UpToDate and keep it in your white coat pocket to read when you get some down time, especially if you are going into the OR for a procedure, it's a good idea to read up on it.

TL;DR: UWise is an excellent way to practice questions on top of UWorld. UWise is written by the shelf board examiners so it may mirror certain topics you will be asked about on the shelf. There are multiple other texts (underlined) if you are interested in more in-depth reading. The supplement Obstetrics and Gynecology at a Glance Errol R. Norwitz and John O. Schorge is one Dr. Rigby may lend you at the beginning of the rotation/at the midpoint meeting and contains helpful summarized information. APGO Practice Bulletins is highly highly recommended for this rotation! You can register for a free account on the APGO website.

Exam
All students take the written shelf exam at MCV on the final Friday of the clerkship.

Ob/Gyn at MCV
The clerkship is divided into 4 blocks to expose students to the various aspects of OB/GYN. Hours varied widely between services as well as among rotation groups. L&D days and nights are shift work and generally last 12 hours but students are often dismissed early if things settle down. Antepartum days start very early because of pre-rounding but is then balanced with clinics that typically finish at a reasonable hour. Time is built into that week for study. Benign GYN and GYN-ONC weeks vary depending on how many surgery cases there are.

A typical day involves pre-rounding on your patients, writing progress notes, rounding with the residents, rounding with an attending and completing the daily tasks. It is imperative to have each patient covered by a student and prepared for rounds, which are usually between 6:00 - 7:00 a.m. On rounds, make your presentations short and to the point.

Following this are Case Based Conferences (CBCs) between 1-4 pm on Mondays led by various attendings but typically Dr. Rigby. CBCs involve discussing specific cases and topics in OB/GYN (i.e. Abnormal Uterine Bleeding, Preterm Labor, STDs, etc.) that have a high probability of showing up on the shelf exam. The lectures are typically very informative and often interactive. Make sure to read before the lectures, as you will frequently be called upon. You will have to complete and submit a worksheet for each of the CBC topics (usually 2-3/week) by 8 a.m. on the day of the lecture

There is no call throughout the clerkship. While on OB/Gyn, you have weekends off. There is free breakfast at the Thursday morning Grand Rounds conference and free lunch at Monday and Friday afternoon conferences.

Antepartum

The antepartum day begins with rounds on the antepartum service (Main 8 East and/or 6 L&D). Rounding time depends on the resident, attending, and patient load (which can vary greatly); this often involves pre-rounding around 6:30-7:30. a.m. Resident rounds usually begin shortly before L&D board sign-out at 7:30 am. On Thursdays (Grand Rounds day) rounds are a little earlier. Note that resident rounds will be your opportunity to clean up your presentation and get questions answered in preparation for attending rounds which follow immediately afterwards. Both of these rounds are usually prime teaching time so expect questions and know your patients. For Dr. Rigby make sure to get a social history including the ages of children at home. On this service make sure that you ask the pre-eclampsia patients questions about headache, edema, visual changes, etc. & watch for HTN! The residents may or may not have you write any notes; once you finish rounding and discussing any teaching topics with the attending, you will head to your morning clinic. An individual schedule will be provided for the 2-week rotation when you are at orientation.

Remember that it is the responsibility of the group to devise a system to ensure that a student has picked up all new patients who arrive overnight the following morning. This may be done by having one student either call the clerk on Main 8 East, or call your night float classmates and ask them check the computer for any new admissions to your team (this also goes for keeping up with new admissions on Gyn-Onc & Benign Gyn). Alternatively, your resident may be notified by the L&D night team of any new admissions, and they will pass the information along to you around 5 am. Make sure you clarify at the start of the rotation how your resident prefers to handle this.

After rounds, you will go to your assigned clinic for the morning. Some examples are Walk-In, Ultrasound, Mammography, and High-Risk Clinic. Being proactive and getting involved is a must because residents have many patients to see and they need to be efficient. Some residents will have you interview the patient first, and they'll come in later and watch you do the exam. On a busy day you may go in together and take a history, and then they'll let you do the exam. On other days, you may just shadow the resident. Never do a breast or pelvic exam without a nurse/chaperone in the room. In Ultrasound Clinic, it's best to pair up with one of the techs because they are very knowledgeable, teach you a lot, and let you practice. They recently started assigning antepartum students a series of ultrasound modules to complete at the beginning of the rotation to better prepare you for being on the OB Ultrasound service. There is also a great practice CD that helps you learn what to look for on the ultrasound. You will have one ½ day during the antepartum week for study time, thanks to student feedback. This week will be a good time to study for the shelf, as other services are often too busy to allow for study time. Antepartum days generally end earlier with everyone home by 5:00 PM on most days. It is nice to contact your resident for the antepartum service after finishing your afternoon clinic to see if there is anything you can assist with on the inpatient service, but usually they will tell you to go home.

Ambulatory/ACC

This is a very busy resident-run outpatient clinic in the adult outpatient center. You will learn antepartum management including lab tests, lifestyle modifications and the identifications of the high-risk pregnant patient. You will have the opportunity to interview patients, write H&Ps and examine patients with an attending. You should have the opportunity to perform pelvic and breast exams, obtain Pap smears and wet mounts, measure fundal height, and find fetal heart rates.You are expected to see the patient on your own, perform a quick exam (excluding pelvic and breast) and present your findings and plan to the attending. You will then go see the patient with the attending. The clinic is very hands-on, and the attendings are fantastic!

Family Planning
This is currently no longer a rotation. However, when it was a rotation, you work with Dr. Casey in family planning, including possible visits to Planned Parenthood, Dilations and Evacuations, among other procedures. Students of varying beliefs have found this optional block to be a helpful experience.

Obstetrics (Labor and Delivery)
There can be a lot of watching and waiting on L&D (Main 6). Pay attention and stick around because when things start to happen, they happen quickly. Initiative is the name of the game on this service, and common situations where this will come in handy are mag checks and cervical exams. Patients who receive magnesium as treatment for severe preeclampsia will need a quick exam (listen to lungs, palpate liver, and check a reflex) every 4 hours or so. It's easy for residents to forget about this so offering to go and perform the exam/help with the note when it's due is an easy way to stand out and be helpful. Latent labor (cervix <6cm) can last an unpredictable amount of time, but active labor (cervix 6+ cm) generally progresses at a rate of 1cm per hour until the cervix reaches 10cm. Residents will often schedule their cervical checks every 1-2 hours at that point. An easy way to score brownie points as a med student (since you can't do your own exam) is to find out your resident's glove size and take out a pair to have ready for them before their scheduled exam, along with a packet of lubricant gel. It is not a bad idea to write out all your patient's scheduled checks, exams, and procedures for your shift at the beginning so that you are on top of everything and are not left behind when a resident leaves without telling you (which unfortunately can happen). There is a large flat screen TV in the team room with each patient's name, their stage of labor, meds, tests, and name of the doctor taking care of her, if you can be the first to pick up a new patient and go see them before your resident to save them work, that's great. At the beginning of each shift, students are expected to pick up the patients; know their history; and follow their labor. Make sure to go in and meet the patient, especially if they are going to have a c-section. It's a good idea to go with the resident each time they check on the patient and try to get involved. Involvement in deliveries varies depending on the patient, the housestaff, and the ease of labor. You will start out by delivering the placenta- unfortunately the amount of force you need is a little too nuanced to come across in this guide, but its typically stronger than you think (but definitely don't yank on it like you're starting a lawnmower). If you're lucky, you may get to deliver hand over hand with a resident- don't worry, they will guide you! Eye and shoe protection are good ideas to wear in a delivery- like I've always said, if you forget once, you won't forget again.

If you are not the med student involved in a delivery, an easy way you can help out is by filling out the handoff tab with info on what time the baby was born and by what method, any postpartum IUD plans, breast vs bottle feeding, and other patient info.

On L&D you will also be involved in C-sections, especially on days. Typically the medical student stands on the patient's left side next to the resident. A word to the wise is to wear the "moon boots", as the table is often tilted to the left and c-sections are "juicy." Make sure to maintain sterile technique while in the operating room, and just let someone know if you accidentally break it. The scrub nurses are generally very nice in L&D, and they will teach you about the OR including the names of instruments, etc. if you have downtime. Most of the residents will have you hold the bladder blade as they enter the uterus and then allow you to help with the subcuticular suture to close the skin at the end of the C-section, so try to practice this.

In addition to C-sections and vaginal deliveries, you will also be involved in seeing triage patients. You will be responsible for writing the notes for these patients! You will see patients in labor, concern for preterm labor, decreased fetal movement, abnormal vaginal bleeding, elevated blood pressures, etc. It is important to know how to differentiate between braxton hicks contractions, latent labor, and active labor in addition to knowing how to manage them! There is a template on the wall near the table where students sit that you can copy into your Epic to use as a guide to write your note. Do not be afraid to watch a resident for the first note to get the hang of it.

Residents, AIs, and some of the attendings give occasional lectures during the day, but the bulk of teaching is informal, either at the bedside or in the team room. Formal rounds with the attending are sporadic; be aware that they can happen at any time during the day (or may never happen at all!). L&D can be loud and crowded, so studying during your downtime can be difficult. If you leave for any reason, stay close by so that when you are paged by one of your classmates you can get back fast, or you might miss a delivery.

Notes on L&D Days: Heavy in c-sections and therefore OR time. Your days on L&D typically begin at 7:30am on Main 8E when night team signs out to the day residents. Meet your laboring and C-section patients after signout! Your days end at

6:30pm on Monday-Thursday or 5pm on Friday when the night team comes for signout. However, students are typically dismissed earlier than evening signout.

Notes on L&D Nights: Heavy in vaginal births and therefore more opportunities for hands on involvement. The overnight L&D shift begins at 6p.m. and is over after Board sign-out at 7 a.m. the next morning. In addition to the L&D floor, night team also covers all the other OB/GYN services. What this means for you as a med student is that you will have opportunities to see gyn consults in the ED and participate in any emergency operations that come in overnight. You are excused from most daytime lectures while you are on night shift, except for the early pregnancy loss lecture; ask the course coordinator for more clarification. You will work Sunday through Thursday nights, and your weekend will begin on Friday morning through 6p.m. Sunday night. Melatonin, sleep covers/blackout curtains, and caffeine were super helpful in flipping my sleep schedule.

Benign Gynecology
This is essentially a surgical and clinic service. Monday, Wednesday, and Friday tend to be the main OR days for the benign gyn team with clinic or ambulatory procedures on the other days; however the attending for the inpatient service is "on call" the entire week so you may have add-on procedures with them on the other days, as well. The most common procedures are total abdominal hysterectomies, bilateral tubal ligations, trans-vaginal hysterectomies, D&Cs, fibroid removal, and laparoscopic procedures. You may also see some urogynecology procedures. Med students do not typically go to family planning cases. Make sure that at least one of the students on your team scrubs in for every operation. You will want to check the OR schedule to see what room or cases you are assigned to. Additionally, ask your residents if they can send you the OR schedule for the week when you start; this way you can try to divide up the week's cases earlier so that everyone gets roughly the same amount of OR time and has more of a chance to prepare for their cases. NOTE: there will sometimes be cases at short pump that students will have to scrub into. SP is a very nice facility with nice staff, just ask a resident for directions on how to find scrubs, lockers, and the ORs.

Some teams will have students work on a short/long schedule, where some go home earlier and one person stays late to cover any consults that come in. Work this out ahead of time if that's the case!

Morning rounds are generally walking rounds and vary greatly in starting time. You may be required to do morning notes, if so have them in the chart BEFORE rounds. There may or may not be afternoon rounds. These are attending rounds, and you may or may not need to do a second note for afternoon rounds; it depends on the attending. Often there are no rounds in the afternoon, especially if the patient census is low. The census tends to vary greatly. On clinic days, assertiveness is often necessary to get the most out of the experience. Depending on the number of students on the service, one or two students may be asked to stay and take care of floor patients so that clinic is not overcrowded. Also, assign one student to follow consults each day, and let the resident holding the consult pager know when it is your day so they can notify you when consults come in. Generally speaking, students have a lot of study time during their consult time.

Gynecologic Oncology
This is a generally a busy service, although at times can have only a couple patients in a week. Traditionally, this can be a tough service. The patients have various gynecologic malignancies in all stages and can be medically complex. Some of the patients on the service are in for chemotherapy, and they usually have a 1-3 day stay, depending on the protocol. There are clinics 2-3 mornings per week, and 2-3 days per week are spent in the OR exclusively. Often, you will be doing surgery on non-scheduled days for other problems, i.e. small bowel obstruction. The typical day begins early in order to get to the OR on time, with rounds at 6 a.m. Don't forget to have your progress note in the chart prior to resident rounds, if notes are required. Afternoon attending rounds are variable, and may be anytime from noon to 6:00 p.m. Afternoon notes (if you are required to write them) may just include any pertinent changes or events that occurred during the day. Throughout the rotation, you will learn how to screen for cervical, uterine, vulvar and ovarian cancer, as well as learn basic staging and treatment when cancer is diagnosed. If your patient load exceeds 4 patients contact your oncology resident. **DO NOT STAY PAST 7:00PM – IF YOUR CASE STARTS AFTER 5PM, PLEASE REMIND YOUR TEAM**. You do not attend the regularly scheduled conference (other than your Case Based Conferences). Instead, you will attend certain conferences with your ONC team (available during Orientation).

Reproductive Endocrine/Infertility
This is a newer rotation and will certainly be undergoing changes over time. You will be paired with a second year resident and the attendings. The rotation is spent at the outpatient clinic at Stony Point. You will most likely be working with Dr. Lucidi, a fantastic individual who enjoys teaching. There is a new attending, Dr. New, who you may also work with. This is mainly a shadowing rotation where typically you will sit in and listen to cases of infertility in a couple, or listen to a follow-up visit after infertility treatment. On Tuesdays Dr. Ludici allows medical students to see new patients and present which is the basis of your evaluation. You may also get a chance to see IVF and egg harvesting, along with some minor surgical

procedures like a D and C. This has been a very popular rotation, and it allows you to learn a great deal about reproductive endocrinology, which is definitely helpful for the shelf.

A Final Note:
Teamwork is crucial for this rotation. The students can add a lot to getting the work done in a timely and efficient manner for the entire team, and this will be reflected in your evaluations. The residents have commented that there have been varying student-groups over the year ranging from team-players to disjointed/non-communicating teams. The team players received stronger grades/evals obviously. Just remember to help each other, and you'll be fine.

More information can be found under the OB/GYN clerkship page on eCurriculum

The original version was written by Adam Garretson (Class of 1997) and Bayley Royer (Class of 1997). This section was updated by Sara Moore and Gregg Nicandri (Class of 2003), Karla Maguire-MCV and Kira Bleecher-Riverside (Class of 2005), Sally Hanson-MCV and Ryan McQueen-Riverside (Class of 2006), and Jennie Draper-MCV and Freddie Oh-Riverside (Class of 2007). Bella Gabice (Class of 2008), Kunal Karia (Class of 2008,) Shakun Gupta (Class of 2008), Elizabeth Koutoufas (Class of 2008), Jennifer Buckley (Class of 2009), Jemilat Badamas (Class of 2009), Sima Parikh (Class of 2009), Branden Engorn (Class of 2009), Stuart Bertsch (Class of 2009), Michael Goldsmith (Class of 2010), Katie Sprinkel (Class of 2010), Steve Zivich (Class of 2011), Polina Rovner (Class of 2013), Tara Wright (Class of 2013) , Rajbir Chaggar (Class of 2018), Gillian Gardiner (Class of 2023), Kevin Liu (Class of 2024), Taylor Roach (Class of 2024) Shreya Raman (Class of 2024)

Pediatrics

Last updated January 2024

Commented [SH7]: would add Dr. Kye Torwbridge as ACD

Clerkship Directors

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Duration: 6 weeks
2 weeks Inpatient Service
2 weeks Outpatient Service
1 week Inpatient Elective
1 week Newborn Nursery

Grading

National Board Examination (Shelf Exam)	25% of final grade
Practical Clinical Skills Exam (Practical)	10% of final grade
Inpatient Evaluations (Attendings/Residents)	30% of final grade
Community Peds Evaluation(s) (Attending)	20% of final grade
Nursery Evaluation (Attending)	10% of final grade
Outpatient Write-up	5% of final grade

Pass/Fail Requirements
Examination of a Newborn; Mid-Rotation Evaluation (complete during inpatient service); Mid-Rotation Evaluation (complete during outpatient service); participation in evidence-Based Medicine project/debate; Attendance and Participation in Required Conferences; Passport Completion; 2 direct observation requests per week

Inpatient write-ups:
You are required to write H&Ps for all the patients you admit and daily progress notes for all the patients you are following. Ask for feedback from the residents and attendings. Attendings will read these notes and may factor them into your evaluation.

Reading
Several students used NMS Pediatrics as their primary text. As with other books in the NMS series, it is in outline format with lots of questions. Other students found the BRS Pediatrics book to be a helpful resource to supplement other resources like Case Files or Pre-Test. However, many students found this book to be somewhat dense and time intensive. Another resource used as a primary text was Blueprints, which was generally seen as sufficient for the shelf but not as detailed as BRS. Another good resource is Current Pediatric Treatment and Diagnosis, especially if you plan to go into Pediatrics. Furthermore, like most other rotations, Case Files was well perceived with many students in Pediatrics. As far as question banks go, some students found Appleton & Lange's Pediatrics, with its many questions, to be indispensable preparation for the exam. To supplement their main text or choice, many students report using Pre-Test (praised for its many

good questions and similarity to shelf questions). The UWorld Qbank was also used and is generally considered to be similar to the shelf with good explanations. Those students interested in pediatrics also purchased the Harriet Lane Manual, a common resident and intern pocket- stuffer. If you don't buy this one, know where a copy is hanging around during your ward month (i.e. nurse station, team room, intern's pocket), as residents like to see you use it as a resource.

Conferences

Every Tuesday afternoon, students have a 2-3 hour teaching session. **All students on inpatient, inpatient elective, and nursery are expected to attend student conferences if you are in Richmond.** Obviously, if you are out of town (more than 45 minutes away) for your private practice weeks you will not be required to attend. Chippenham students are expected to attend.

Pediatric Grand Rounds: Held on Tuesday noon to 1pm in Children's Pavilion, room 5-086. There is a sign-in sheet outside the room and attendance is expected if you're on inpatient teams, Heme/Onc, or newborn nursery.

Morning Case Conferences: (For MCV Ward Students) These take place Monday and Friday from 8-9am in the pediatrics conference room on Main 7 and although not technically required, attendings will usually state that students should attend and pre-round prior to the meetings. It is also a good idea to go if you are at MCV that morning anyway (for clinic, newborn nursery, Heme/ Onc.), as your resident or attending may ask you about it. Breakfast and coffee are provided!

Noon Conferences: (For MCV Ward Students) They are scheduled on most weekdays and are geared towards the Housestaff, but students are always welcome to attend and some residents may require their students to attend.

Other Conferences: More than likely, students will have sporadic teaching sessions while inpatient by the attendings and residents. These tend to be very high-yield for shelf-prep.

Exams

This shelf exam is given on the last Friday of the clerkship. During the last week of the shelf, Dr. Lee holds a Jeopardy review session, which some students found helpful. Many people say that Pediatrics has a very difficult shelf, but really it is similar to Medicine in the sense that it is a lot of material to cover. Like Medicine, the questions are relatively straightforward and fair. Therefore, the best way to prepare is to start studying early and going over high yield concepts several times throughout the 6 weeks.

Inpatient

You will spend two weeks on inpatient teams at either MCV or Chippenham. For MCV, you will spend two weeks on either Team 1 or Team 2. Team 1 takes ½ of the admissions to the general pediatric service as well as those patients that will be followed by Neurology, Endocrinology, Cardiology, or GI. Team 2 takes the other ½ of general admissions and patients seen by Pulmonary and Nephrology. There is no "easy" team; it truly depends on how many patients you have at one time, which you have no way of predicting. Hours are the same with both teams and they alternate admitting days. Usually one to two students should stay late (~7pm) on admitting days to work up the new patients. Dr. Lee has been trying out different schedule combinations, one involving a morning student who signs out to the afternoon student, who then signs out to the night student. This can make transitions a little more disjointed since you may spend your shift with both day and night resident teams, but overall it is much better hours-wise. You will usually have a separate attending for each component of your service, which means that you will have several different set times for rounding each morning. They won't overlap. Peds does "patient centered rounds," which means they do the entire presentation to the parents, rather than outside the room to the attending. Because of that, when you present, you will have to keep in mind that you are not speaking to a medical professional and have to use simpler terms, explain more, and offer counseling where appropriate. Patient centered rounds are a difficult skill to develop, but the residents will definitely appreciate you trying and being receptive to feedback. Although the residents give a lot of input on your evaluation and the subspecialty attendings can as well, only the general peds attendings are deciding your actual grade for this portion of the clerkship. Because of this, make sure that all of the general pediatrics patients are covered by a student before you start picking up anyone from the subspecialty teams. After the gen peds patients are covered, feel free to pick up additional patients but it is not always necessary. The inpatient attendings usually change every week, so you will likely have two different attendings during your rotation.

Chippenham is generally more relaxed. You work with a hospitalist in the community hospital. Expectations depend on the individual you work with. Students generally report more autonomy, though generally a slower experience than with MCV inpatient

Inpatient Electives

Night Float : On night float, students work Monday-Thursday nights and are expected to attend the 8:00 conferences. On nights, students worked up new patients (sometimes more) with the resident and intern on call. Usually, you are expected to complete an H&P in Cerner on each patient you admit as well as present them for morning rounds. Try to get your observed H&P and physicals done during your night float week because there is usually more time for the residents to work with you.

Heme/Onc : This inpatient service has similar hours and expectations to that of teams. You can follow anywhere from one to four patients, depending on how busy the services gets. Some patients are there for their chemotherapy and are used to the hospital more than other pediatric patients. Though there are many sad cases, this can be a very enriching rotation for students. Patients enjoy visitors, and spending time coloring or playing x-box/Wii is one of the major student responsibilities (once your pre-rounding, rounding, and notes are done, of course). If you're interested, you can also ask to visit the Bone Marrow Transplant unit and watch a bone marrow aspirate and biopsy.

ED : Students will work 4 shifts over the course of the Emergency Medicine week (7-9 hour long shifts), rotating with other students in the pediatric ED. You must show initiative or you stand a good chance of being ignored. Find the resident and attending when you arrive, introduce yourself, then watch the check-in screen for new patients. The attendings are mostly excellent teachers, but they are not going to come looking for you. There are a couple attendings who have no interest in interacting with students at all, but your residents will help guide you. Take a good history from your patient, do a pertinent exam, give a succinct presentation and you will be fine.

Outpatient Rotation

You will be assigned to a clinic in the Richmond area. Most of these are in Richmond, Chesterfield or Henrico. If you are placed at a site more than a 1-hour drive from Richmond, the department will reimburse you for mileage or provide housing. Most students describe this as a benign experience, similar to FM. Students who set up their own private practice clinic all report favorable experiences. Remember, the preceptor must be VCU affiliated due to the new guidelines set by the LCME.

You may be placed with either the Pediatric Group Practice (PGP) or the Faculty Clinic (PPC) in the Children's Pavilion for your 2 weeks of private practice clinic. Pediatric Group Practice is resident clinic, and you will have a wide variety of patients to see, some of whom you can see on your own. Students generally reported a good experience in both of these clinics.

Newborn Nursery:

Students typically spend 5 days in the nursery. It received mostly favorable reviews, but it can be pretty hectic on busy days. In the mornings, you will pre-round and present your patients during rounds. Students should carry at least 2 patients each; with the daily census ranging from 8-25 newborns. Some attendings expect you to carry 4 patients by the end of the week, which is very doable. The type of rounds (sit down vs. walking rounds) will depend on the attending. There is also usually a nurse practitioner who covers half of the patients as well; you can see some of these patients as well. The NPs are very friendly and knowledgeable, and can also sign off on your Newborn exam sheet. Students will also complete a "Mom Talk," an observed physical exam, and a 5-10 minute presentation on a relevant topic. You should read about prenatal screening, APGAR testing, and read about newborn dermatologic conditions.

This section was written by Tim Lapham (Class of 2001), Bayley Royer (Class of 1997), and Jennifer Myer (Class of 1999). This section was updated by Gregory Klisch (Class of 2003), Latrina Lemon (Class of 2005), Sam Campbell- INOVA and Evie Carchman-MCV (Class of 2006), Kristin Ondecko (Class of 2007) Shakun Gupta (Class of 2008), Christine Picco (Class of 2008), Elizabeth Koutoufas (Class of 2008), Branden Engorn (Class of 2009), Stuart Bertsch (Class of 2009), Jaclyn Kline (Class of 2010), Meetra Farhat (Class of 2011), JT Stranix (Class of 2012), Wendy Dryden (Class of 2013), Polina Rovner (Class of 2013), Rajbir Chaggar (Class of 2018), Gillian Gardiner (Class of 2023), Emily Dunbar (Class of 2024)

Psychiatry

Updated January 2024, except as noted

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Duration: 4 weeks

Grading

Clinical Evaluation

Shelf Exam

OSCE

Other Requirements (Pass/Fail)
Mid-rotation evaluation, On call, ECT (optional), EBM assignment, E-Board Discussion, Professionalism, Passport, Core Clinical Skills, Duty hours attestation statement; on call weekday and on call weekend shift

Clerkship Requirements

Friday Conferences: Attendance is mandatory and your absence will be noted. You must go to 90% of lectures for full professionalism grade credit. You are also expected to go to Grand Rounds.

Residents As Teachers: Fairly informal didactics sessions held each Wednesday from 12-1 pm. They were held over Zoom for my class. Students were required to have their cameras on. These lectures are given by psychiatry residents; they tend to cover high yield topics for the shelf exam.

ECT Day: This is an optional experience. Interested students will sign up (based on availability) to a morning with the Electro-Convulsive Therapy team on North 3. If you are interested, sign up early because it's first-come-first-serve. Read the information in the syllabus before attending. Every rotation, there is always someone who forgets to go – don't panic! Let Casey know immediately and she will do her best to reschedule you. You observe and help with treatment for several patients. If you get a chance to see patients post-ECT, sometimes the change can be amazing. Remember to have your evaluation form completed for this session.

Call: Each student will have a weekday call shift from ~5-9 pm, as well as a weekend call shift (either 8a-9p or 8p-9a) where you will be with the consult resident and see consults that come in (usually from the ED). There is an H&P form that you will need to have signed at each of these shifts. There are 2-3 students on call every night. You are allowed to switch your call

days with others on the clerkship, but you must switch weekdays with weekdays and weekends with weekends. You must notify the administrator of any changes you make to the schedule. All call is at MCV.

It is your responsibility to let the 2nd Resident On Call know you are present by contacting them at the on-call pager number given at orientation. (Students are told to report to N3 for call, but it is best to page them since residents are usually elsewhere.) Reports of call nights were highly variable, with some students rarely being called and others working all night with no sleep. Post call, you will attend check-out rounds at 7 a.m. in the North 3 conference room where you will present the patient(s) to the on call attending. When arriving for weekend call, report to the North 3 conference room at 8 a.m. to hear check-out from the previous night's on call students and residents.

OSCE
Students will see two standardized patients and be required to submit 5 differential diagnoses and plan of care (5 steps after visit; eg bloodwork, imaging, meds, etc) for each patient on a google form outside the SP room. You will not be documenting a full H&P. Next there will be a paper station that is a follow-up to the standardized patient encounters. Then there is a video that will require you to write a complete mental status examination.

EBoard *(updated 2024)*
There is one topic during the rotation. Students are required to make two thoughtful posts for each topic. Make sure you pay attention to when these posts are due - they are usually due by the end of week 2.

Reading *(updated 2024)*
Readings for case presentations can be found in Introductory Textbook of Psychiatry by Andreason and Black (800 pages, $65). In terms of other resources for reviewing, Blueprints is very basic. The textbook is good, but most found they did not have enough time to read it in depth. High-Yield Psychiatry by Fadem is a great supplement highlighting key points in bulleted format. First Aid for the Psychiatry Clerkship by Stead, Stead, and Kaufman is another well-liked, more detailed review. For questions, Case Files in Psychiatry and Appleton & Lange Review of Psychiatry are well regarded, and Pre-Test question book is also helpful. First Aid for the Psychiatry Clerkship is perhaps the most cited book by other students in terms of shelf preparation.

Conferences *(updated 2024)*
The conferences are held on Friday mornings from 8 – 11:30 a.m., followed by Grand Rounds from 11:45 a.m. – 1 p.m. They may be in person or held over Zoom. These presentations are given by different attendings on a variety of topics, including child psychiatry, substance abuse, and personality disorders; your clerkship coordinator should let you know of the schedule on the first day.

CEI Sessions *(updated 2024)*
One afternoon per week you'll meet from 1-3pm with an attending to practice the mental status exam. You'll be assigned to an afternoon with 6-7 other students. Each week, two students will interview a patient from the in-patient unit in front of the group. Afterward, you'll receive constructive feedback from classmates and the attending. This can be a great opportunity to refine you interviewing skills in preparation for the OSCE. CEI Sessions are held in the North 3 conference room.

Exam
The Psychiatry shelf exam is given on the last Friday of the clerkship. You have 2 hours and 45 minutes to complete this exam. General psychiatric disorders and treatment are covered as well as a minor amount of "zebra" genetic disorders with psychiatric features (e.g., Lysch-Neehan Syndrome). The exam includes a few questions on child psych. A review of Neurology is also helpful. UWorld has been historically most helpful resource in preparing - the more questions you do the better.

MCV Inpatient

Six slots are available on this service, with 2-2 students on each team. The patients on inpatient generally have the most acute pathology. This can be a good service to work on if you are interested in a career in psychiatry. Students on the inpatient service spend 4 weeks on the service they choose. Most of the inpatient teams hang around North 3, which contains the lower security psychiatric unit. North 4 has the higher security locked psychiatric unit. You are expected to pre-round on your patients. You have sit down rounds then walk rounds. Walk rounds usually take about 2 to 4 hours; it depends on the attending and patient census. You are then expected to write a note in the chart on each patient. You may also be expected to see any new patients who are admitted before 3:30 p.m. and complete the same H&P form that you fill out on call nights. On days where the patient census is low, you will have a lot of downtime. On these days, spending additional time with your patient, attending groups, studying, or going home early may all be acceptable options. Just work it out with your resident. Expect a lot of interaction with them – this service is very resident dependent. Most students reported having a lot of fun and seeing very interesting cases on inpatient.

Geriatric Psych: patients 65+ years old with a psychiatric illness.

Med-Psych: Patients with concomitant medical and psychiatric disorders.

Schizophrenia/Psychoses: Patients with one of the various types of schizophrenia.

Mood Disorders: Patients with depression, bipolar illness, and other mood disorders.

VAMC *(updated 2024)*

Students may spend time on the Inpatient Psychiatry Unit and Consultation/Liaison Service (assigned upon your arrival by faculty at the VA. You do not choose which service you are on. This will vary depending on available attendings and patient census during your rotation.) The Inpatient Psychiatry Unit is a 22-bed locked unit, with the patients divided between two of three inpatient teams. Students should expect to gain familiarity with mood disorders, schizophrenia and other psychotic disorders, substance abuse disorders, withdrawal syndromes, anxiety disorders, and personality disorders. Each student will have responsibility for 2-3 inpatients, depending on the census of the unit, and will work under the direct supervision of a psychiatry resident and attending psychiatrist. Students are expected to be aware of their patient¹s clinical progress and medications, as well as to familiarize themselves with the illnesses they encounter and treatment options. Students will be expected to present their patients daily during teaching rounds. For consultation/liaison psychiatry, students will be expected to answer consultation requests under the supervision of a senior psychiatry resident, C/L fellow, or attending psychiatrist. Students will be expected to round with the team.

Students should expect to see patients with delirium, dementia, major medical and surgical illness with comorbid psychopathology, and to be able to identify psychological factors influencing inpatient hospital care. Patients at the VA are predominantly male, who have been honorably discharged from any branch of the US armed forces, and are all age ranges from early 20s through the 90s. Hours are generally 8 AM to 4:30 PM, although students may have ample time for reading and studying. The Psychiatry Service takes teaching responsibilities seriously, and students are considered to be part of the team. .

VTCC *(updated 2024)*

This is a unit for children and adolescents ages 5-18 who have been hospitalized because they are a danger to themselves or others as a result of mental illness. The average length of stay is about 7 days. The unit census is up to 24 patients (this typically occurs between September and May and is lower in the summer). The day starts just before 8 and goes until 5 or 6 pm. On this service, the student will be an active member of the multidisciplinary treatment team, leading admission interviews, following patients daily on medical team rounds, and presenting findings in team. The student will also participate in medical decision-making for his or her patients. This is a useful rotation for those interested in careers in Child Psychiatry, Pediatrics, or Family Practice. Location: VTCC is located at 10th and Leigh Streets. Use the 10th Street entrance.

VCUHS Consultation/Liaison *(updated 2024)*

The Division of Consultation-Liaison Psychiatry offers clerkship and elective rotations for students who wish to gain knowledge of psychiatry in the hospitalized medically ill. Students perform consultations, attend daily rounds and a weekly literature seminar. Students are supervised by residents, fellows and attending psychiatrists.

VCUHS Inpatient Geriatric Psychiatry *(updated 2024)*

The Geriatric Psychiatry Service is a10 patient team that evaluates and provides care in a multidisciplinary fashion. The role of the Geriatric Psychiatry Service is to provide inpatient psychiatric care to geriatric patients suffering from a variety of conditions including Dementia, Mood Disorders, Psychoses and Neurobehavioral disorders. The service also frequently serves other adult patients suffering neuropsychiatric conditions such as Huntington's disease, Parkinson's disease, head injuries, or young onset dementia. Core members of the team include the attending psychiatrist Dr. Trutia, PGY 1 or 2 resident, nurse practitioner, medical students, social workers, nursing, occupational therapy, pharmacy and pastoral care. Pharmacy and social work students also participate in the team dynamic. A typical day on the team involves individual pre-rounding from 7 or 7:30-8:30 (generally only chart review; Dr. Trutia doesn't usually want the patients to be woken up for prerounding), interdisciplinary rounds from 8:30-9, walk rounds with attending psychiatrist from 9 to 11, and sit down for team discussion/teaching points for a little bit after that. Dr. Trutia always asks each student at least one thing they learned on rounds each morning, so be prepared with something! During the afternoon, medical students typically obtain collateral information from various sources, review laboratory results and studies, attend groups, participate in family meetings, interact individually with patients and learn directly from the resident. Medical students are encouraged to be full members of the team, taking as much responsibility as possible for their own cases (typically 2-3 patients daily). The mark of a highly successful rotation on the service is that one or more patients considered the student to be "my doctor." Interacting therapeutically with the patients, providing morning report and making treatment plan recommendations are just some of the ways medical students can be actively involved. Conferences are held weekly on the inpatient Unit with a variable weekly topic (Literature Reviews, Mortality and Morbidity, Administrative, Specific Patient Case).

Normal hours for this service are generally 8 am - 5 pm, Monday through Friday, but you will often finish earlier.

VCUHS Inpatient Medical Psychiatry *(updated 2024)*
The MedPsych team is a 6 patient team comprised of many disciplines including but not exclusive to attending psychiatrist, a PGY I or II resident, 1-2 medical students, social worker, nursing staff from N3 and N4, occupational therapy, pharmacy, social work and pharmacy students. The core of our team is to provide care to patients who have psychiatric problems caused by medical problems, patients who have complex medical problems due to their psychiatric problems and patients with complex co-morbid medical and psychiatric problems. We are an acute care team with average hospital stay ranging from 2-7 days. Our interdisciplinary rounds are from 9-10 every morning after which we have walk rounds where we will individually assess each patient. The medical students are encouraged to be active participants of the team, carrying between 2-3 patients daily and providing report in the morning and recommendations for treatment plan. Afternoons are spent with the resident obtaining collateral, attending groups and family meetings, working further 1:1 with the patients and having teaching sessions with the resident. There are Wednesday lit review and case conferences and options for extra observational experiences like shadowing transcranial magnetic stimulation. Normal hours for this service are generally 7 am - 5 pm, Monday through Friday.

VCUHS Inpatient Mood Disorders *(updated January 2024)*
The Adult Mood disorders team is a 10 patient team with focus on patients with mood disorders, although there is also considerable overlap with anxiety disorders, psychosis, substance use disorders, personality disorders, patients requiring ECT treatment, and other conditions as well. The team is comprised of an attending physician, 1 resident physician, 1 nurse practitioner, social workers, nursing staff, 2-3 medical students, and pharmacy team support. Teaching rounds include walking rounds at 8am with the attending, resident, and nurse practitioner. Students will interview patients, develop skills in biopsychosocial formulation and diagnosis of psychiatric conditions, develop comprehensive psychiatric treatment plans, gain familiarity with psychotherapies, and gain familiarity with the pharmacology of a wide range of psychotropic medications used in both inpatient and outpatient settings. Students are expected to pre-round and present patients during rounds. For new patients, the attending will ask one of the students to do an H&P while he and the other students observe. The he will ask the student to do an H&P presentation in the team room. It sounds intimidating but you get used to it quickly and you learn a lot. Students can be helpful by calling and obtaining history from family members and/or outside medical records, as well as updating loved ones regarding the patient's status.
Interdisciplinary rounds are from 10:30 to 11:30 daily. Case conference is attended on Wednesdays. Students are expected to present an evidence-based medicine finding involving a topic of their choice related to Psychiatry.
Normal hours for this service are generally 7 am - 5 pm, Monday through Friday.

VCUHS Inpatient Schizophrenia *(updated 2024)*
Multidisciplinary schizophrenia team consists of an attending psychiatrist, NP, LCSW, PGY-I or II resident, and 1 or 2 medical students besides N3-4 nursing staff and supportive therapies staff (OT, RT, etc.) We provide acute inpatient psychiatric evaluations and care up to 9 acutely ill psychiatric patients daily. Average LOS is around 6-7 days. Daily teaching rounds occur between 8:30AM-12 noon. We have once a week brief presentation with different team members in addition to weekly departmental Wednesday case conference/journal club/M&M meetings. Students learn evaluating and treating severely mentally ill patients suffering from schizophrenia or other conditions. They work closely with team resident and NP. Normal hours for this service are generally 8am - 5pm, Monday through Friday.

The original version was written by Bayley Royer (Class of 1997). This section was updated by Sarah Boggs (Class 2003), Rebecca Pinkham (Class of 2005), Asma Habib (Class of 2006), Melissa Mondello, Suzanne Munson and Freddie Oh (Class of 2007) Bella Gabice (Class of 2008), Shakun Gupta (Class of 2008), Kunal Karia (Class of 2008), Christine Picco (Class of 2008), Elizabeth Koutoufas (Class of 2008), Joseph Chen (Class of 2008) Sonia Bahlani (Class of 2009), Veronica Sikka (Class of 2009), Michael Goldsmith (Class of 2010), Katie Sprinkel (Class of 2010), Vibin Roy (Class of 2010), Georgia Kubic (2011), Elizabeth Godshall (Class of 2012), Saranya Bala (Class of 2012), Jeremy Kidd (Class of 2013), Rajbir Chaggar (Class of 2018), Gillian Gardiner (Class of 2023), Emily Dunbar (Class of 2024)

Surgery

Last updated January 2024; some information on specific sites may be dated

Clerkship Director
Eric Nelson, MD
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Clerkship Administrator
Autumn Griffin
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Duration: 8 weeks (6 weeks for class of 2024)
4 weeks General Service plus two 2-week subspecialty services

Grading

Shelf exam

Clinical evaluation

Additional Clerkship Requirements (completion)
- NG tube insertion, Foley insertion, suture workshop
- H&P form (do this during your night/call shift)
-Tuesday/Thursday 4-6pm didactics attendance
- Direct Observations/Required Clinical Experiences
- Feedback forms: one halfway through general month, halfway through each specialty
- WISE MD modules

Conferences: 4-6 pm, Tuesday and Thursday. You will receive an email at the beginning of each week with the zoom link and the topics. No preparation is necessary

Reading
The Department of Surgery suggests:
1. "Surgery A Competency-Based Companion" by Barry D. Mann
2. "NMS CASEBOOK" by Bruce E. Jarrell
3. "Essentials of General Surgery" by Peter F. Lawrence..

Other books students found helpful:
- **Pestana**
- **UWORLD** and Surgical Recall (for pimp questions)
- The surgery (and medicine) section of Boards and Wards
- Lange's Case Files for Surgery
- NMS Surgery
- Kaplan Surgery Review (contains Pestana questions – the PDF is generally circulated throughout the class from previous M3s)
- Essentials of General Surgery by Lawrence (this book is generally highly regarded)
- Sabiston Textbook of Surgery (available electronically through the VCU library, just print PDFs of the chapters that address your upcoming cases)

Surgical Recall is GREAT to read before rounds or before a surgery—you will be amazed at the number of questions you are pimped on that are directly from that book (some attendings don't like this book because it doesn't address any pathophysiology — use it anyway, especially to prepare for a case, just don't let them see you use it)
For questions: Appleton & Lange question book is a great source of questions, some students also used NMS for Step II. UWORLD surgery questions can also come in handy and many students used this as their primary question resource.

General Information
Two groups rotate through surgery at a time. One group does the general month first while the other does their specialty month, and then they switch. Expect this to be a difficult clerkship in terms of time demand. Not only do you work long hours, but you are also very busy with little down time. This can be somewhat tailored depending on what clerkships you choose for your specialty month and if you do general surgery at the VA, but even traditionally "slack" services can be busy. Unless your chief resident tells you otherwise, you are expected to pre-round on your patients in the morning. The best advice for this clerkship: enthusiasm will carry you far! Even the residents who are choosing to do this with their lives don't *really* enjoy being at the hospital at 5 a.m. and working 15 hour days, so don't gripe and complain about it. Everybody is always busy, so offer to help out if you have some free time. Do a little bit of scut work that saves a resident some time, and he/she will be more likely to spend time with you later teaching sutures; showing you how to put in central lines; etc.
It's also important to know that you don't have to be interested in a surgical career to get a good grade. Read for your cases! Know your patients, and write daily progress notes on them. Look interested and you will go far in this clerkship. You are not expected to know the details of surgical procedures, but be prepared to answer questions about the anatomy and pathophysiology of the disease you are treating.
A great way to be helpful in the OR is by helping move/position/prep the patient, inserting Foleys (after getting permission from the circulating nurse), brining a gown/warm blankets at the end of the case, etc. Try to observe what routines your team has and then start thinking how you can help. NEVER just stand in the OR.
You may not feel the most involved with your patients on the floor, as you're in the OR all day and the team of APPs (NPs and PAs) are usually managing the floor, but do your best to check in with patients as often as you can.

You will be on call once during your 2 month rotation. The amount of call has been drastically reduced as a result of the implementation of a night float system in order to comply with the 80 work week restriction. During the week (Monday through Friday) there will be 1 student from Trauma who is on night float and will work 7 PM to 7 AM, as well as one student covering the POG/CTV teams. Each week, a new student is on night float for both. Every weekend, students who are not on trauma will take one 12-hour shift (7a-7p or 7p-7a, starting Friday at 7p, ending Saturday at 7a). Responsibilities are in the trauma bay. Trauma students on call show up to the first trauma call of the shift to meet the residents and interns. After the first trauma, students may agree among themselves to take turns responding to and assisting with calls. However, some residents require ALL students to report to ALL traumas, so make sure to find out your responsibilities when you page your resident at the start of the call. If a trauma is sent to surgery, the student working on the case will usually follow the patient to the operating room. Occasionally, students may be paged by their team to assist with general duties on the floor or emergency inpatient surgeries while on call (since you are graded by your service, not the weekend call, it is generally a good idea to do so!) Most services will require that you round with your team while on call, so be prepared to stay past 7am. CTV/ POG generally helps cover various surgical teams (pediatric, oncology, general, cardiac, thoracic transplant, vascular surgery). You will round with your team on this service as well.

Written Exam
The shelf exam is given on the last Friday of the clerkship. If you read consistently throughout the clerkship and spend time doing questions from your text of choice, you will probably do fine. The difficulty of this exam is directly proportional to where in the year you take it. Students who have it as their first exam call it a nightmare, while those who have it last find it reasonable. Although there are a fair amount of surgical questions (especially trauma) on the exam, most everyone felt it was largely a medicine exam. There are a lot of pathophysiology of disease questions and not many about anatomy or surgical techniques. Those who had already taken Medicine report being much better prepared for this exam.

General Surgery Month
For your general surgery month you have several choices: General Surgery (VA), Trauma at MCV, GI/Bariatrics at MCV, Transplant at MCV, Pediatric Surgery at MCV, and Surg-Onc at MCV. It is better to work with a good group of people than to choose an "easy" service (there are none). You'll be spending lots of time with these people and if you can work together as a team it really makes your lives easier.
There are typically 2-3 students on most general services.

GI/Bariatrics at MCV
Minimum 3 students, Maximum 4 students
Students are expected to cover all cases (i.e. one student must scrub for every surgery) and all patients on the floor (includes pre-rounding and SOAP notes). Expect to see cholecystectomies (both open and laparoscopic), hernia repairs of all types, colectomies, colostomies, fistula repairs, and more. Students should cover all patients on the service, which isn't too bad as often there are only a few patients (though like with any service the list can randomly double overnight). Gastric bypasses seem to be the most common surgery seen in this rotation. Expect to see both open and laparoscopic procedures. The role of the student is to drive the camera during the case. This is one of the few times that the medical student can feel like they are "needed" in the OR. Note however that you will be urged repeatedly to keep the camera centered on the surgical field. Just know that you are going to get constantly "reminded" to adjust the camera regardless of how good you are with the camera. Don't worry, you'll make it. As far as studying goes, consult Up-To-Date and read the topics "Surgical Management of Morbid Obesity" and "Complications of Bariatric Surgery". This will prepare you for pimping in the OR. Surgical Recall is also helpful. Once or twice a week you will meet as a group with different attendings to discuss common surgical cases aka "pimping sessions". Try to find out beforehand what the topic will be and read about it. Tell each other what questions attendings are asking during surgeries; they often repeat the same ones with the next student. There is a pretty good variety of things to see and do; you just have to work it out in your group so that one person doesn't end up doing all of the same cases. The hours are pretty decent compared with some other general services, generally 5am to 5-6pm, though this has been known to vary depending on the resident. There is clinic throughout the week, wear nice clothes (no scrubs).

Trauma at MCV *(updated January 2024)*
Minimum 2 students, Maximum 4 students
If you really want to participate in daily surgeries, this is not the clerkship for you. You will spend more time in the ED trauma bay than in the OR. However, if you enjoy variety and adapt well to rapid, unanticipated schedule changes (i.e. having to respond to a trauma in the middle of rounding, delaying rounding until later in the day), then you will really enjoy this clerkship.

Traumas are classified as either "Delta" or "Echo." Delta's are called for traumatic injuries and unstable vital signs. Echo's are called for patients who have sustained traumatic injuries but have stable vital signs. One of the main functions of students during a trauma is to fill out the H&P form based on the history and exam findings that will be shouted out by EMS, the trauma resident, the ED resident, and others. You can also get the patient hooked up to a portable monitor before going to the CT scanner, ask someone to show you how to do this, or watch the first time, and then do that as your job from then on. You can check to see when the CT scanner is ready for the patient, and help with transport over there. You may also be able to help put in IVs, place Foley catheters or place nasogastric tubes, if necessary. Then after the initial evaluation and imaging is finished, help keep track of the results and perform reevaluations of the patients when appropriate to perform a tertiary exam, clear the cervical spine, clean out any wounds, etc. **Also, always ask if you can do anything else, but don't get in the way, especially during Delta or Pediatric traumas, as there are already a ton of people around.** It is in your best interest to ask ER personnel to provide you with a tour of the Trauma Bay, if this tour isn't provided by residents. Medical students are allowed to "run" the echo trauma alerts, meaning you would be the person performing the primary and secondary survey when the patient comes in. A primary survey is a quick head-to-toe assessment of injuries. The ED residents take care of the head/neck primary exam, so you as the "trauma team" will start with the torso and work your way down. A secondary exam is much more detailed and may be delayed for critically ill/injured patients. After a couple of days once you feel comfortable, you can ask the resident to walk you through running an Echo, and then go for it! The resident will always be following behind you to double check your work, but it is a great way to get a higher level of hands-on experience that most M3 students don't get.

In addition to being in charge of the trauma bay, the inpatient trauma service can also be very busy, with anywhere from 10-30 patients on a given day! Night team signout is between 5:45-6 am, then the residents and NPs/PAs will divide up the list. At that point students should also divide up patients; you are expected to carry anywhere from 1-3 at any time, but you can carry up to 5. Students are expected to pre-round on their patients prior to rounds, and when possible attend morning report in the 9th floor conference room from 7-7:30. Generally, pre-rounding involves: checking for new labs, vital signs, 24 hour intake and output, and seeing the patient. During rounds, students are responsible for recording physical exam findings and plans, assisting with wound care, and, on certain teams, schlepping around the wound care supplies bucket (keep it stocked with lots of 4x4s, gauze, tape, scissors, etc.).

There are occasionally scheduled surgeries for the trauma service, though not every day. Make sure you know when there is a scheduled surgery and ensure that at least one medical student is present in every case. Additionally, if any of the trauma alert patients requires emergent surgery with the trauma team, you are expected to go (i.e. if they need an exploratory

laparotomy you would go because that is done by trauma surgery, but if they need emergent neurosurgery you likely wouldn't go because that service already has a student).

Surgical Oncology at MCV
Most people who do this service truly love it. The attendings are enthusiastic to teach about workups of surgical problems, oncologic and otherwise. Typically, the will go through the presenting complaint to a primary care doctor that initiated the cancer workup, and go through the case all the way to the OR. You are well suited if you are enthusiastic to learn. In addition to typical socratic learning ("pimping") that is done in the OR, each of the Surg- Onc attendings (more so than other services) has daily teaching sessions with clinical case scenarios that serve as excellent preparation for the written exam. Most of the attendings will let you choose a topic that you will discuss the following week, so clearly reading up on those beforehand is useful. A heads-up for these sessions: fluids & electrolytes (notably IV fluids) and wound care. Expectations are high: work hard taking care of patients (typically 3-5 per student) presurgery, during the surgery, and postop; write notes on the patients you operated on and forward them to the attending; see preop and postop patients at outpatient clinic; work well with the rest of the team and to know what is going on in the service. Prereading about each case from a (real) surgical text (like Lawrence or Sabiston) will help you greatly in the OR. Though Dr. Kaplan asks a lot of questions from Surgical Recall, never let him know that you are using it.

Hours are typically 5 a.m. to app. 6:30-7 p.m. Students follow all patients on service and divide them equally among themselves. This is typically a busy service and there can be anywhere from 9-14 patients on board at one time. You are expected to round on all your patients by about 6am rounds, though this is resident dependent. Most surgeries are 2-7 hours long. You will have clinic some time during the week - make sure to wear professional clothes (no scrubs).

Note, on this service especially, it is important to carry around a change of formal clothes to wear after OR for afternoon rounds/attending sessions every day. At the very least, wear your white coat while on CC7 or CC9, and don't let Dr. Kaplan catch you wearing a hat or booties off of 5. Professionalism is key. During weekend trauma call, round with the surg onc team and are get all vitals and see all the patients on the service during prerounds (although you can split this up with your resident). When not seeing traumas, you will be helping out the surg onc service. The day you are not on trauma call, you have off.

While expectations are high, most students rise to the occasion and get more out of this service than any other rotation of third year. There are several students who did this service planning to go into primary care, who are now matching in surgery because of their experiences. Many students who choose this service anticipate surgery as a career; this rotation will be a good barometer for your tolerance for the expectations of a surgery resident. Because of the thorough teaching of pathophysiology, and the many hours spent outside of the OR in attending-led teaching sessions, it is also highly recommended for students NOT interested in surgery. This is one of the most organized and well-designed rotations all of third year. It is well worth the hard work and has a well-deserved reputation.

General Surgery at the VA
Days usually last from morning rounds at 6am to 6-8pm, depending on surgeries and residents, although you'll probably have to arrive by 5:00 AM in order to pre-round on all the patients and get their vitals and ins/outs. This service not only covers general surgery, but also vascular surgery and surgical oncology, so you will have a high patient load. There is also no trauma call at the VA, which some people may see as a benefit if they do not want to see traumas. If you are not in the OR, then you are free to either help the interns or study. Note that there are usually enough cases where all students get to scrub in at least once a day. The surgical ward is on 2F but the residents and interns can usually be found in the SICU, where you will meet for morning rounds. There is a designated Student Room (2E-101), which has computers, lockers, and one bed. The VA didactic lectures are usually held in this room.

There are also a lot of clinic days: Tuesday is Vascular Surgery Clinic, Wednesday is Surgical Oncology Clinic, and Thursday is General Surgery Clinic. These clinics usually start at 9:00 or 9:30 AM and finish after the last patient has been seen. You are expected to be in clinic the entire time, but if you are scheduled to scrub in a surgery during clinic hours, just let one of the interns or residents know before you leave. Just like any clinic setting, you will see a patient by yourself, then present to an attending (or sometimes the Chief Resident), write your note, and repeat. The worst part of these clinics is the students, interns, and residents all trying to hunt down an Attending to present their patient. Expect long waits before you have the chance to finally present.

What the VA may lack in volume of cases, it makes up for in teaching. Students have GI and Oncology conferences weekly on Wednesday. Also, students have Grand Rounds telecast from MCV weekly on Thursday mornings, and "Old Man Conference" (called so because there are a lot of old, important men arguing over a case), which is the VA's Grand Rounds on Fridays. Attendings (including both VA and MCV ones) will meet with you in the student room and cover various surgery topics every week for about 1-2 hours each. Jump in and show interest at the VA and you will learn a lot: placing Foleys, IV lines, and sutures, and doing preps, ABGs, arterial lines, central-lines, chest-tubes, I&Ds, wound care, and a lot of other procedures.

Pediatric Surgery
There are slots for one to two students. Most students reported a great learning experience on this service, and the attendings received high ratings for teaching students. You get to see a wide variety of surgical cases while on the service. There is a Tuesday morning clinic. This is an obvious choice for someone thinking about going into Peds or Peds Surgery.

Transplant *(updated January 2024)*
There are slots for one to two students. If there are two students, they must be able to work well together as it is a busy service and the hours are very long. It often involves medicine in addition to the surgery. The service covers surgeries for most dialysis patients; surgeries for anybody who has ever had a transplant; and the medical problems of any patients who have had a transplant. The surgeries on this service can be very interesting but can also be very, very long (liver/islet cell transplant). The most common cases you will see are kidney transplants or AV grafts/fistulas. You will rarely get to assist in surgeries, and often times can find yourself at the patient's feet during an intra-abdominal case. Interaction is sparing, and many attendings will simply ignore you. Be sure to eat before you go into surgery, because you literally may be in there all day. If you are very lucky, you may get an opportunity to ride the helicopter or Lear jet to harvest an organ. It is important to stress your interest in participating in a harvest early in the rotation. This is one of the tougher rotations, but depending on your level of interest it can be a very rewarding experience..

Surgical Specialty Month
The specialty month is divided up into 2-two week blocks. Most of the services listed below have a minimum number of students, as well as a maximum, so availability will be determined by the number of students in your group.

Cardiothoracic at MCV *(updated January 2024)*
There is a slot for 1 or 2 students, and each student will work one week with either Cardiac or Thoracic and then switch.
Cardiac: You will see some of the coolest surgeries here. This also might be the only time you ever see a flat-line, v-fib, v-tach, SVT on the monitor. Surgeries usually last 4-5 hours. Dr. Kasirajan is the general surgery chairman, so it would be prudent to get some face time with him in the OR and/or at his clinic. He enjoys asking questions of students. Make sure you know the anatomy of the femoral artery/vein/nerve/lymphatics (remember NAVL) - it's one of Dr. Kasirajan's favorite questions. Overall, the attendings really want students to see a lot of surgery and learn as much as possible. Depending on the case load, there can be opportunities for students to be very involved in the surgeries, especially with skin closures and securing tubes (so make sure you are comfortable tying knots and sewing skin). This service has dedicated PAs and they are your best friends in the OR. The closer you are to them, the more they let you do and teach you. You will likely be expected to show up for rounds at 5:30am or so, then the surgical cases, starting at 7:30 (but check with the cardiac fellow to see what they expect of you).
Thoracic: A bit more traditional with pre-rounding and rounding before surgeries during the day. Your team lead will be the senior resident; check in with the NPs and PAs who manage the list to see if they want you to write notes.

Cardiothoracic at the VA
Usually 1 student will rotate on this service per block. Typical day is 6 a.m. to 6 p.m. Students do not usually work weekends on this service. You will usually see 1-2 cases per day, about 80% of which are CABGs, with an occasional valve replacement or lung cancer resection. Again, this clerkship generally received good reviews, but there is not quite the case load at the VA as there is at MCV. Consequently, you can usually get out earlier than the cardiothoracic student at MCV, but you may not see as much.

Orthopedics at MCV
There is a slot for 1 student. The department here is extremely busy, so you will get to see a lot of surgeries during these 2 weeks ranging from trauma to hand cases. Because it is such a busy service, do not expect much guidance; but this also means that you can choose what you want to see and do. Each day you go to Main 5 and pick which surgeries you want to scrub in on the next day. The attendings and residents are willing to teach if you ask questions, and will often let you help close. The residents will help you with your suturing skills and will prep you for

attendings' questions. Drs. Loughrin and Isaacs are excellent teachers- Dr. Loughrin teaches nonstop throughout the entire surgery. There are teaching conferences twice a week. The first of these (Monday mornings) consists of reviewing imaging for the current patients on the service. The second (Tuesday evenings) covers basic science with a quiz and a teaching session afterwards (do not worry about grading or evaluation for this, just go, learn, and eat the provided dinner). There are no rounds. You do not need to write notes unless you want to. You ought to show up at 11W early -5:30 am - to help a resident change dressings, but you can leave whenever you want to. Go to clinic at least once (ACC 3rd floor). Attendings have clinic on Mon, Wed, and Fri.

Vascular at MCV

There are slots for one to two students. You will see cases like amputations, aneurysm repairs and endarterectomies (which will make you never want to go to McDonalds ever again). You will round with the vascular fellows, usually at 6am. You will have clinic all day on Thursday with Dr. Albuquerque. Some days are busier than others, so you may get out early on occasion, you rarely stay past 6 or 7pm, when the night float resident arrives.

Neurosurgery at MCV *(updated January 2024)*

There are slots for one to two students to work on this demanding service per block. It has received good reviews; students report generally good teaching by the residents and attendings. Students also report that these residents are some of the nicest in the surgery program. The service is extremely busy. Often the student ends up staying very late (past 8pm) to help out. The tremendous exposure to a lot of procedures usually makes students feel that the time sacrifice is worth it, but not a clerkship to select if you want to get home early. Rounds are at 5:30am in the Neuroscience ICU. Students usually arrive at 5:00am and can be helpful by gathering computers by the nursing station where rounds start (first ICU room). Students are expected to present 1-2 patients in the ICU, preferably those who's cases the students attended. The format of the presentation follows SOAP for the most part, and (unlike other ICU rotations) the plan is NOT system/problem based. Notes are written by the overnight resident, so the plan is already spelled out in the note by the time rounds start. Students are encouraged to attend whichever OR cases interest them. In the OR, you can be helpful by getting the prep tray together (observe the first couple of cases to know what you need), getting the mayfield head clamp ready, moving the patient, inserting a Foley, etc. Always try thinking how you can help. You will attend one clinic with Dr. Graham – remember to wear clinic clothes (seems to go without saying but on a surgery rotation this is easily forgotten). He usually has the students just follow him around, but sometimes he does tell you to go in and get history. He will ask you to write a note or two, so pay attention even if you did not take history yourself during the encounter. There are teaching conferences on Monday evenings ar 5pm as well as Thursday and Friday mornings at 7am. Students are expected to do a presentation on a topic of their choosing (with Dr. Graham's input) at the end of the rotation. Overall, the rotation is very low stress and the residents are not trying to trick or embarrass students. If you are interested in neurosurgery, you should get the Greenberg neurosurgery book and read up on the cases the night prior.

Neurosurgery at the VA

Students arrive at 630am to pre-round, go over the surgical inpatients from 7-730 with the junior resident, and prepare for cases which begin at 730am at the earliest. Surgeries are scheduled for Monday, Tuesday, Wednesday, and Friday; at most, there will only be 2 surgeries a day. Thursday mornings, you will have clinic in the AM (no surgeries) but have to leave by 1pm for core lectures at MCV. Compared to Neurosurgery at MCV, this is a lot more relaxed and less intense environment with less of a patient load (think 6 patients vs. 20+). Most of the surgeries you will see are spine-related (fusions, laminectomies) but on occasion you might get a tumor resection. On average, you'll end the day at 5pm, and some days even earlier if there are no surgeries scheduled. You primarily work with the 3rd and 5th year NS residents who are stationed at the VA for the month.

Urology at MCV

There are slots for one to two students. An excellent clerkship since it combines surgery with primary care plus the residents and attendings are reported to be a pretty relaxed group. There is a teaching conference every Friday morning that students are required to attend. The hours are generally from 6 a.m. until 5-6 p.m. You are either in the OR or in the Clinic every day. In the clinic, you learn a lot about primary care such as how to do a proper prostate exam or work-up hematuria. In the OR, students typically see cases such as prostatectomy, nephrectomy, orchiectomy, bladder stone removal, and cystoscopy. In the OR, the attendings have been known to also teach general surgery principles. And surgeries are generally shorter than some of the other specialties. Monday and Wednesdays are when the pediatric urology cases are. During these cases you have an opportunity to work with the chair of the department and see some interesting pediatric urology. You are also required to do a 5-10 minute presentation on a urological topic by your last day of the rotation. Additionally, students are given a small quiz on their last day based on core curriculum readings from the American Urological Association.

Urology at the VA
There are slots for one to two students. The students who rotated through Urology at the VA generally reported that the service was laid back and a good learning experience ("lots of good practical information and procedures, including catheters, ultrasounds, and scopes"). The residents were generally praised, creating a very comfortable environment in which students can work. The hours are generally from 7 a.m. until 4-5 p.m. Students are generally expected to attend the Friday Urology conference at MCV. Two days are spent in clinic and the other days you are in the OR. You don't spend time seeing consults on this service; your time is basically split between clinics and the OR. The variety of surgery cases is similar to the MCV experience (not surprising, since the attendings are the same). You are also required to do a 5-10 minute presentation on a urological topic by your last day of the rotation. Additionally, students are given a small quiz on their last day based on core curriculum readings from the American Urological Association.

Plastics at MCV
There are slots for 2 students. Surgical cases include breast augmentations, reductions, and reconstruction, facial reconstruction, abdomino-plasties, burn and wound debridement, skin grafts, flaps, and hand surgery. This tends to be one of the more hands-on subspecialities you can choose, because the attending and residents will gladly show and let you suture and perform various other procedures in the OR. On Monday afternoons, you participate in the resident's clinic, but most of your time on this service is spent in the OR. Do not mistake this for a lax service: You typically round with the Chief Resident at 6am, and then promptly go to the OR at 8am until 5 or 6pm. You will be in charge of preparing the patient list for rounds, and also in charge of making sure each patient has the appropriate wound care supplies either in their room or in the wound care bag that you carry with you. If you do not know what wound care a patient needs, ask the intern. Some procedures can also be really long, meaning lots of standing in the OR (e.g., TRAM flaps are usually 7-8 hours). Weeks when the team is on call for Face or Hand service can be long, as you will often see these consults after a long day in the OR. This is reported to be a fascinating service, but not one on which you will see much internal anatomy. Students are often given opportunities to help close, as well as suture in the ER.

Otolaryngology
The patient load on this service can vary. You will usually round between 6 and 7am. You will likely get a good amount of hands on experience in the OR on this rotation. The cases tend to be head and neck cancer resection or reconstruction work. Students had variable experiences on this service; some say it is a tougher service to be on, while others enjoyed it immensely.

Community
This choice has been very popular with students. The department has a list of 8-10 preceptors in the community (general surgeons and subspecialists) who participate. This may be chosen in lieu of a specialty elective once the other quotas are filled (about 12 of the specialty electives require at least one student). The hours are usually good and it tends to be less stressful than some of the electives at MCV. Students part of the I2CRP (International, Inner City, and Rural Preceptorship) program are usually given first priority for this rotation, and there is generally little availability for other students.

This section was originally written by Chris Woleben (Class of 1997). This section was updated by Sarah Boggs (Class of 2003), Maria Torrone, April Tres, and Christine Bong (2004), Colleen Samuel (Class of 2005), Chris Kenney (Class of 2006), and Frances Fua and Meagan Littlepage (Class of 2007) Kunal Karia (Class of 2008), Bella Gabice (Class of 2008), Ashley Mortenson (Class of 2008), Joseph Chen (Class of 2008) Sonia Bahlani (Class of 2009), Veronica Sikka (Class of 2009), Branden Engorn (Class of 2009), Stuart Bertsch (Class of 2009), Michael Hakky (Class of 2010), Julia Messina (Class of 2010), Abisola Ayodeji (Class of 2010), Jaclyn Kline (Class of 2010), Benita Panigrahi (Class of 2010), Nirjhor Bhowmik (Class of 2012), George Saffouri (Class of 2012), Wendy Dryden (Class of 2013) , Rajbir Chaggar (Class of 2018), Danny Walden (2023), Gililan Gardiner (Class of 2023), Emily Dunbar (Class of 2024)

Foundational Electives

Last updated April 2024

Contact
Hayley Mathews
MMEC, Office of Curriculum and Student Affairs, Fourth Floor
Phone: 804-827-1270
Email: hayley.mathews@vcuhealth.org

Duration: one four week session, two 2 week sessions, or one 2 week session and two weeks of vacation. If the two weeks of vacation are not used during third year, they are added to the two weeks in fourth year for a total of four weeks off in fourth year.

Grading - not graded

There are a plethora of choices available, which may change year to year. They are usually listed under the Foundational Electives rotation on eCurriculum, however a definitive list will be emailed to you before the rotation starts so you can pick a site. Note that most surgical electives cannot be taken unless you have already completed the surgery rotation. For the 2016-2017 year, here are some sites that were available:

VCUHS Ambulatory General Pediatrics
VCUHS Post Traumatic Stress Disorder Services.
VCUHS Geriatrics
VCUHS Physical Medicine & Rehabilitation
VCUHS Surgical Subspecialty
VCUHS Commonwealth Institute for Child and Family Studies Research VCUHS
Introduction to Radiology
VCUHS Pediatric Cardiology
VCUHS Child and Adolescent Consultation/Liaison Psychiatry Inova
Ambulatory Medicine Foundational Elective.
Radiology Foundational Elective.
VCUHS Nephrology.
VCUHS Endocrinology.
VCUHS Development Pediatrics Foundational Elective
VCUHS Hematology/Oncology
VCUHS - Palliative Care Foundational Elective
VCUHS Primary Care and Surgical Consultation with Health Psychology
VCUHS Selective Child and Adolescent Psychiatry
VCUHS I2CRP Adult Medicine
VCUHS I2CRP Capstone
VCUHS Emergency Medicine
VCUHS Child Abuse and Neglect (virtual, self-guided)

This section originally written by Rajbir Chaggar, (Class of 2018), updated by Kaitlin Crews (2023), Gillian Gardiner (Class of 2023)

SECTION 3

The Hospitals

MCV/VCU Health

Clerkships Available: Internal Medicine, Neurology, Pediatrics, Obstetrics and Gynecology, Psychiatry, and Surgery

Address: 1250 E Marshall Street
Phone: 828-9000
Telepage: 828-0951

Medical College of Virginia Hospitals is a 779-bed teaching hospital that was established in 1838. MCV has earned an international reputation in a variety of specialized fields, including cancer research, treatment and rehabilitation; early diagnosis and treatment of both chest pain and strokes; organ transplant programs; head and spinal cord trauma research; burns and wound healing; neonatal intensive care; and genetic research. As the only Level I Trauma Center in the Richmond area, it is the hospital of choice for treating the most severe injuries in the entire region. MCVH has been named one of the Top 100 Hospitals in America. The Critical Care Hospital opened in 2008, which provides additional private patient rooms and more operating rooms.
The new Children's Hospital opened in 2022; a connecting bridge to the Main Hospital is ongoing. You also may be assigned to the new Adult Outpatient Pavilion on Leigh Street, also recently opened in 2022.

Navigating around MCV - see maps below
All of the buildings are connected by skywalks. Very handy during inclement weather! They are nice but can be tricky., as few of the buildings that are connected together will put you on the same floor that you started on. For example, the 1st floor of Main Hospital (Lobby) connects to the 1st floor of Gateway, the 5th floor of North Hospital and the 1st floor of the Critical Care Hospital (CCH). See maps below for the various connections. When in doubt, remember these general rules:

Add 4 floors when walking from Main Hospital to North Hospital.
The Main Hospital and Gateway are even with each other.
The Main Hospital and CCH are even with each other (though access from Main to CCH is not allowed on floors 6,7 and 8).
Sanger access is from Ambulatory Care Center (ACC) floor 2

VCU Card
Many areas of the hospital are accessible only with your VCU Card. In theory, your card should allow you access to all areas that you will need to go to as an M3. The reality of it is somewhat less ideal than this and there are some areas that have not been set up for student access. However, m**ake sure you carry your Card with you at all times.** To replace your Card if it is lost or the magnetic strip is obviously defective, contact the VCU Card office in the VMI building. If you have questions about what your card should give you access to, or if you believe it is not working properly at some or all of the access points, call the Security Office. You can also have money put on your Card for use in the cafeteria.

Access
Before each clerkship begins, you should receive an email with the location and passcodes for your team room. However, if you don't, you can always just knock on the door on the first day or try the universal passcode: 8-2-3-4-5-6-7-1. After that, page the resident on your team.

Call Rooms
Call rooms are on the 4th floor of the Main Hospital (on the R side as you walk from Main to North Hospital) next to the gray scrub machine. The security code to enter is 5-1-3, pressed in order, not simultaneously. The student call rooms have private beds (with a door and lock) as well as three computers, a TV, refrigerator and microwave in the lounge area. Clean sheets are available. Lockers are available (entrance is down the main hall from the call room entrance), but you must bring your own lock. Finally, there are two female and two male bathrooms (with showers) in the student call room area.

These call rooms are generally used by M4 students but may be used by M3 students on Ob/Gyn, Pediatrics, and Surgery.

***Do everyone a favor and bring a toothbrush and toothpaste if you're on call overnight!!! Nothing says love like a freshly brushed mouth!

Library
There is no central hospital library. Many of the departments have their own libraries with texts highly specific to that department. For example, Pediatrics has a library around the corner from 7E (code 5-4-3, then 2+1 at the same time while turning the handle) which is excellent for studying.

Food and Beverages
Cafeteria: The hospital cafeteria is on the first (lobby) floor of Main Hospital. The cafeteria begins serving breakfast at 6:30 a.m. on a daily basis and is open until 7:30 p.m., with brief closures before lunch and dinner for cleaning. Other choices include Panera, Subway, and Chick-Fil-A (closed Sunday). Get the Panera app to order food for pickup a few minutes before going down there. There is also a surgery-specific cafeteria on Main 5.

Lunch Carts: A wide selection of lunch foods is available on the streets in front of the hospital Monday through Friday. Hours vary, but most are open 11:30 a.m. to 2:00 p.m. Lines can be very long between noon and 12:30 p.m.

Chick Fil-A: Open until 2 am! However, they are closed all day Sunday.

This section was written by Michael Lin (Class of 1998). This section was updated by Tim Lapham (Class of 2001), Kate Powis (Class of 2003), Candyce Greene (Class of 2005), Chris Kenney (Class of 2006), and Arvind Murthy (Class of 2007), Veronica Sikka (Class of 2009), Branden Engorn (Class of 2009), Jaclyn Kline (Class of 2010), Sasa Espino (Class of 2011), Michael Joyce (Class of 2012) , Rajbir Chaggar (Class of 2018), Danny Walden (2023)

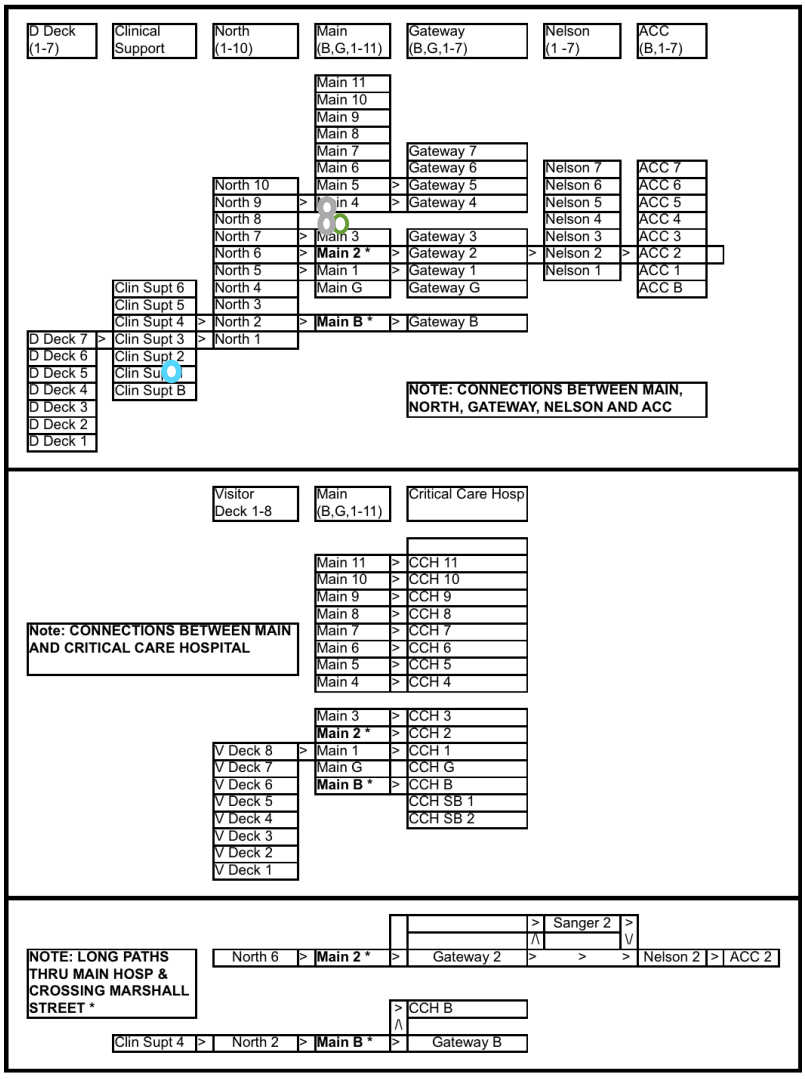
VCU MEDICAL CENTER: GUIDE TO CONNECTIONS BETWEEN BUILDINGS

Le

Machine for Blue Scrubs (between D

Machines for Gray Scrubs on Main

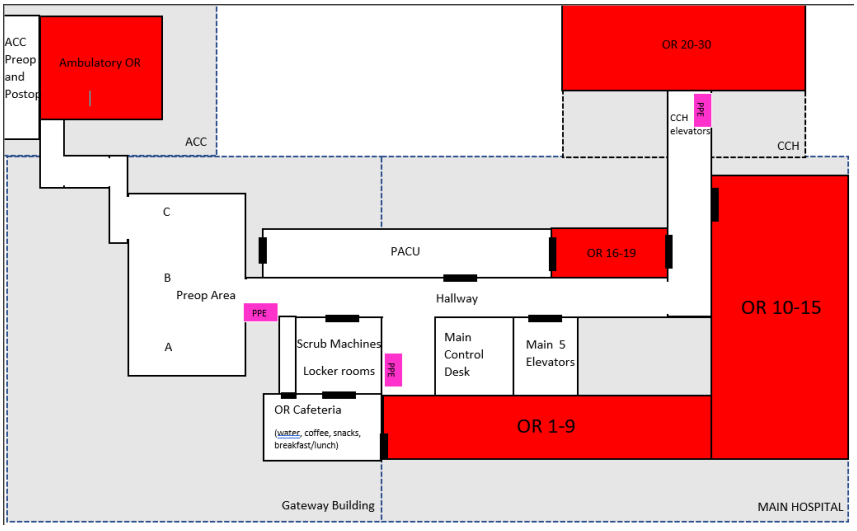
Student on Call



PREPARED 8/9/2004 BY JOHN J. MICKELL, MD; EDITED 03/2011 BY RAN LEE, C[illegible]2012

: EDITED 04/2016 BY RAJBIR

OR FLOOR (5) MAP


ACC
Preop
and
Postop
Ambulatory OR
ACC
OR 20-30
CCH
elevators
PPE
CCH
C
PACU
OR 16-19
B
Preop Area
Hallway
OR 10-15
PPE
A
Scrub Machines
Locker rooms
PPE
Main
Control
Desk
Main 5
Elevators
OR Cafeteria
(water, coffee, snacks,
breakfast/lunch)
OR 1-9
Gateway Building
MAIN HOSPITAL

Hunter Holmes McGuire Veterans Medical Center

1201 Broad Rock Blvd.
Richmond, VA
Telephone: 675-5000
Clerkships Available: Medicine, Psychiatry, Neurology, and Surgery.
Maps :
https://drive.google.com/file/d/17QUDl5MPKz1Y-uR4ll3fDb4MfNGDw007/view?usp=sharing

Located in Southside Richmond, the VA was built in 1983 and is named after the former Army hospital that stood on the site. Although over 35 years old, the VA (from the outside) still sparkles. There are fountains, lush landscaping, and a stage area. The building itself is an attractive brick and glass structure, and is said to be the third largest building in Virginia.

At the VA one often enjoys the lighter hours, free parking, a lighter patient load,, and a simpler computer system (for better or worse, CPRS was designed in 1998)You will experience some excellent docs,caring nurses, and many truly wonderful patients. Remember also that the VA is even more unwieldy than your typical government bureaucracy, and it *will* take longer to get that MRI, but the VA also funds cutting-edge research and has resources you may not have at VCU, such as kinesiotherapy for inpatients.

Computer Access
Remember in the months before your M3 year you went to the VA and got fingerprinted and got a PIV card? This is to gain access to the VA Intranet (aka "Windows"), and the VA EMR (CPRS). **Do NOT let your Windows or CPRS access lapse!!!** They now require you to sign in monthly to keep your access. Yes, it's a pain, but nowhere near as much of a pain as going through the entire process again. Get a card reader (contact IT for one of the gray ones, as we've found those work better than the black rectangles), and figure out how to sign in remotely. Then set a monthly reminder for yourself and do it! Students have gone multiple weeks after starting a rotation without access – don't let this be you! If you're assigned to the VA, or you're starting a rotation soon where you might be, make sure you figure out access a week or two ahead of time. Contact Rodman Drake (last names A-L) or Lisa Moyers (M-Z) if you have any doubts. Best to call them or stop by the 3rd floor education office (vs email), as these two are absolutely swamped by the bureaucracy. Once they tell you you have access, before you leave, *sign in in front of Mr. Drake or Mrs. Moyers* so you know you have access – they can help you figure out next steps if you get hung up. -

Parking
Parking is free and plentiful, but you might have to walk a little ways. **Obey all traffic laws while at the VA.** The police take speeding very seriously, and remember that you are on Federal property and any legal matters (i.e. fighting parking and speeding tickets) will take place in Federal Court. If you have to leave after 6 PM, it is better to park in the spaces or the parking deck near theEmergency Department (on the left as you're pulling in the main entrance), as the "Mall" entrance may be locked. If you happen to trespass after hours, you could be fined by the VA police.

Food: The food at the VA has been notorious for being unhealthy and always fried. There are often refrigerators in the team rooms, which makes bringing your own food easier. Starbucks on the ground floor is almost always open, including on weekends. The cafeteria closes at 2:00p on weekdays and is closed on weekends. There are often food carts outside the south(?) entrance (by the flagpoles) or by the ED; look around on the VA Intranet for the updated food cart schedule.

The Patients: The vast majority of patients at the VA are elderly men. You may not see a female patient your entire time there. 99.9% of these patients are respectful and appropriately friendly.

The Staff: VCU residents rotate at the VA, so your inpatient residents will be the same people who work at VCU. For primary care clinics, each IM resident chooses whether their clinic will be at the VA or at MCV.

IM Teams Information Rooms:

VAMC

Team 1	p9183 (resident), p9166/9167 (intern)	McGuire VA Hospital, 4th floor 4D-140 (door code 9-2-6-5-3-4)
Team 2	p9184 (resident), p9169/9170 (intern)	McGuire VA Hospital, 4th floor 4B-145 (door code 5-2-2-8-1-2)
Team 3	p9186 (resident), p9172/9173/9174 (intern)	McGuire VA Hospital, 4th floor 4B-112 (door code 5-2-2-8-1-2)
Team 4	p9187(resident), p9175/9176/9177 (intern)	McGuire VA Hospital, 4th floor 4D-136 (door code 9-2-6-5-3-4)

This section was written by Tim Lapham (Class of 2001), Michael Lin (Class of 1998) and Bayley Royer (Class of 1997). The section was updated by Kate Powis (Class of 2003), Candyce Greene (Class of 2005), Chris Kenney (Class of 2006), and Helen Lawler and Susan Tuck (Class of 2007), Veronica Sikka (Class of 2009), Branden Engorn (Class of 2009), Jaclyn Kline (Class of 2010), Sasa Espino (Class of 2011), Michael Joyce (Class of 2012), Danny Walden (2023)