

The College of Physicians & Surgeons
Clerkship Survival Guide



Fifth Edition

Hippocratic Oath

In our profession it is a custom, established more than 2,000 years ago, that no one may be admitted to its honors, who has not first expressly undertaken its obligations. Now, therefore, I call upon you to take, as we have taken before you, the oath which bears the name of Hippocrates. The language in which our predecessors first pronounced it is no longer spoken: the very gods whom they called to witness have been discarded, but still we can find no nobler words than the most ancient in which to hand down the traditions of our calling:

"I do solemnly swear, by whatever each of us holds most sacred

- ✘ That I will be loyal to the Profession of Medicine and just and generous to its members
- ✘ That I will lead my life and practice my art in uprightness and honor
- ✘ That into whatsoever house I shall enter: it shall be for the good of the sick to the utmost of my power, my holding myself far aloof from wrong, from corruption, from the tempting of others to vice
- ✘ That I will exercise my art solely for the cure of my patients, and will give no drug, perform no operation for a criminal purpose, even if solicited; far less suggest it.
- ✘ That whatsoever I shall see or hear of the lives of my patients which is not fitting to be spoken. I will keep inviolably secret
- ✘ These things do I swear, Let each of us bow the head in sign of acquiescence

And now, if I will be true to this, my oath, may good repute ever be mine; the opposite, if I shall prove myself forsworn."

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With special thanks to the Arnold P. Gold Foundation, Clare Rooney, and Steve Miller MD

Introduction

The Clinical Transition Committee is pleased to present the Fifth Edition of *The College of Physicians and Surgeons Clerkship Survival Guide*.

You've survived the trials of the first two years of medical school – midnight practicals in the anatomy lab, late-night histology and pathology marathons in PH17 (so what exactly does “ground glass” look like anyway?), countless hours of lectures and small groups, and the solitary confinement of studying for Boards. Hopefully, you've also managed to find time for some fun in the sun. Now you're ready to emerge from the cocoon of Hammer and spread your wings under the glow of fluorescent lights in the medical wards. Finally, you'll get to experience what you really came here to learn; how to be a physician.

However, as you may have realized, very little in the past two years has given you an idea of what to expect in your third year. You are not alone. Every year, incoming third year students are faced with the same questions, from the mundane (“How do I find the bathroom?”) to the more profound (“How do I balance my needs with the needs of my patients?”). Five years ago, a group of students collected the input of third year students to try to demystify this transition. The entries in the *Survival Guide* give an introduction to each rotation, an idea of what each day will be like, an outline of what might be expected of you, and ideas on what to look out for. The Fifth Edition of the *Clerkship Survival Guide* represents the collected reflections of several years of third year students which all try to answer the question “What do I wish I had known before I began?”

We will learn an enormous amount of medicine in the coming year and we will do so a setting unlike anything from our previous education. This constitutes a fundamental change in the way that we learn. Not only do we have to learn to think like a physician, but we also have to learn to think like a different type of physician every five weeks. The *Survival Guide* cannot teach you medicine, but hopefully knowing some of the details ahead of time will allow you to spend more of your energy learning and less energy worrying about logistics.

In the near future, I will place a version of the *Survival Guide* on the Class of 2004 web site so that you can access this information when your guide is not handy. You should bear in mind that the *Survival Guide* is not an official publication of the College of Physicians and Surgeons. It is a student effort, and should be appreciated as such. Any errors or misleading statements you might find are unintentional.

I would like to thank the Arnold P. Gold Foundation for providing the vision and the support for this project, Dr. Steven Miller for bringing us all together with a common purpose, and Clare Rooney for making sure it all happened. I would also like to thank the former editors and contributors who built the foundation upon which the *Fifth Edition* stands. And last but not least, I would like to thank Dr. Joan Daya-Daly for helping me edit the Fifth Edition so that I would have the time to study for Step I.

I wish you the best for the Major Clinical Year.

Kevin Daly, Editor

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How to Write a SOAP Note

Although it is key to the third year, the SOAP format is not taught to most second year students, and the housestaff often forget this. SOAP stands for **s**ubjective, **o**bjective, **a**ssessment, and **p**lan. The SOAP note is a daily progress report in the patient's chart, and so it is different from the comprehensive admit note you learned to write in physical diagnosis. The instructions below should give you a general idea of what information to include and where. Many of the particulars of your notes will be different for each rotation, so be sure to get feedback from your housestaff about your notes as early as possible, and adjust your style accordingly.

As the name implies, a progress note sums up the progress that has been made in the patient's care since the last note. The progress note should express the following: (1) Are there any changes in the patient's symptoms and complaints; (2) What is the current physical exam, are there any changes; (3) Report new lab data and results of studies; and (4) What is the current formulation and plan for the patient. Remember, the SOAP note is not supposed to be as complete as an admit note.

Complete sentences are not necessary and abbreviations are appropriate, but write out your words until you have a handle on the abbreviations used - they differ for each specialty. The length of the note will differ for each specialty as well. Generally, surgical notes are short and medical notes are longer, but you will have to get a sense of what to do from your housestaff. Remember that the medical student's note (and physical) should always be more detailed than the intern's. You have less clinical judgment and experience, so you must give a more thorough report of what you observed.

Always keep in mind that the chart is a legal document. Many housestaff may not want you to include your complete differential here, because they might have to work up every bizarre possibility you mentioned. Be bold in your presentations, but conservative in the chart. Also, because it is a legal document, you should start your note right after the last note in the chart so it will be chronological. You should provide room for your residents to amend your note. Try drawing a line down the left margin to discourage others from writing directly below your note until your resident has had a chance to see it.

While writing your note, do not leave blank lines in between text. This is to prevent someone else from writing in your note which could be bad for legal reasons. Similarly, if you make a mistake, simply cross out the word with a single horizontal line, write "error", and initial it. Do not scribble out a mistake. Again, legally speaking, people must be able to see your mistakes and know that you personally crossed the word or sentence out. Always sign your notes and add your printed name and include your beeper number. Always leave room on the same page for your notes to be amended and cosigned by the resident.

Remember, you will develop your own style, and you should only use the style shown here if your housestaff approves- this is an unofficial student creation, NOT the Atchley form of SOAP notes! We have provided examples of a medicine style SOAP note and a surgery style SOAP note so that you can see the difference. However, it is important to remember that the same components are present in each.

The medical SOAP note applies to the medicine, pediatrics, and neurology clerkships. This note, while allowed to be longer than surgery, should generally not exceed one full page. Obviously, the important components of the progress note will differ depending upon what service you are on. For example, neurology will require a more complete neurological exam in the progress note than other clerkships.

Sample Medical SOAP Note

5/1/99
7:30 AM

CC3 Medicine Progress Note (HD #3)
Ampicillin 1g IV q6h (Day #2)
Enalapril 10 mg po BID

S. Patient still with productive cough (small amounts brown sputum) and c/o fever + chills. Spiked to 102 overnight. Patient denies headache, nausea, vomiting, diarrhea.

O. Vitals T= 99.2 Tmax=101.5 @ 2 AM HR 90, regular
BP120/70 RR 24 O2 Sat 94% Weight 65kg
I/O Input – PO, NS @ 100 cc/hr. Output - BR

PE General: Pt resting comfortably in bed. NAD.
HEENT: Head – NC/AT. Eyes – PERRLA, EOMI.
Oropharynx: Ø injection/exudate
Neck supple; Ø LAD
Chest: Crackles in right base; ⊕ egophany. Left lung CTA.
CV: RRR, NI S₁ S₂, Ø m/r/g
Abdomen: soft, NTND BS⊕
Extremities: WWP, Ø c/c/e, peripheral pulses 2+ throughout
Neuro: A&O X3

Labs

17 11.4 228
33.3

135	100	9	100
4.0	23	.08	

N85 L10 M5 E0 B0
PPD negative at 48 hours; Candida control ⊕
Sputum Gram Stain: Many WBCs; gram ⊕ diplococci
Sputum Culture: ⊕ S. pneumo; sensitive to ampicillin
Blood Culture: NGTD X 2 days

CXR ⊕ RLL infiltrate; no effusions; borderline cardiomegaly

A/P 51 y/o male with pneumococcal pneumonia.

1. FEN: Electrolytes normal; Continue NS @ 100cc/hr
2. Pulmonary: Still spiking fevers through ampicillin; WBC ↑ ; symptoms unimproved
Will continue ampicillin 1g IV q6h; repeat CBC and C7; repeat CXR today
3. ID: Follow Blood cultures
4. CV: Continue Enalapril for HTN

Jane Doe, CC3
Beeper #8374

Abbreviations: MMM=moist mucous membranes; NAD= no acute distress;
 LAD=lymphadenopathy; CTA=clear to auscultation; RRR=regular rate and rhythm;
 NTND=nontender, nondistended; WWP=warm, well perfused; c/c/e=clubbing, cyanosis, edema;
 FEN=fluids, electrolytes, nutrition

Tips for Medical SOAP Notes:

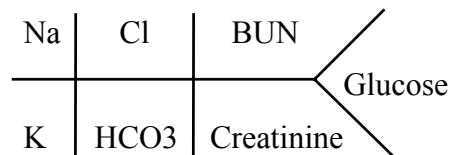
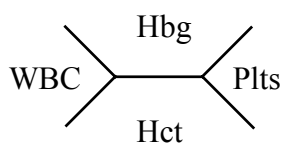
The heading of the progress note should include the date, time, who is writing the note (CC3, CC4, PGY1, Chief Resident etc.), the service (Red surgery, Gyn, Neurology etc.), and the number of days the patient has spent in the hospital. Always list all antibiotics and what day of the antibiotics at the top of the progress note (other medications can be included there as well).

Subjective information is what the patient tells you. How are they feeling? What are their symptoms? What are they eating (if NPO, note it here)? Are they sleeping well? Are they urinating, defecating, passing gas? If they have diarrhea, describe it here (e.g. "green and watery x3 last night").

You have already learned to clarify a chief complaint, which is also subjective, and you should ask the same kinds of questions to clarify the subjective information. If a patient tells you he is "doing poorly," you should not write this in your note (this may be construed as your assessment). Get a good description of the symptoms, and write: "Pt. c/o (Patient complains of) abdominal distention and pain in right shoulder exacerbated by inspiration and change of position/exertion." You should also include any events that occurred with the patient overnight.

Objective information is what you gather from your physical exam and from other tests. Begin with the vital signs. Also include total fluid input and output over the last shift (I's & O's) if the patient is NPO or on a diuretic regimen. You should also record the patient's weight if daily weights are being recorded. Then write your physical exam including only pertinent positives and negatives. What is considered "pertinent" will also change for each rotation, so be prepared for feedback.

After the exam, write the results of laboratory tests which have not yet been entered into the chart. The shorthand format for writing lab results is as follows: draw the grids shown below and then fill the lab value in to the spaces- e.g. the Na value should go in the upper left hand corner of the grid below. This saves you the trouble of writing "Na, K, Cl, BUN," etc many times each day.



There is also a complicated grid some people use for LFTs, but you are better off just writing them out unless your housestaff tell you otherwise. After the labs, include the results of other studies which have not yet been noted in the chart. These include EKG, x-rays, CT scans, etc. If

a lab or test has been ordered but the results are not yet back, note that the test is pending.

The assessment is what you think is wrong with the patient. Your assessment should make it clear that you understand the crucial differential for each problem- but don't include the differential unless your housestaff approves. This is the most important, and difficult, part of the note, so get as much feedback as possible. The assessment is also a summary of how the patient is doing and what has changed from the previous day. For example: are they defervescing, are they still with symptoms, has their white count improved etc.

The plan is what you are going to do about each problem such as medication, labs to order, tests to obtain, consults that should be called.

Most people put the assessment and plan in one section (A/P). One way to organize the A/P section is to divide it into systems (FEN, CV, Pulm, ID, Neuro etc) as shown in the example. Another way is to make a problem list for the patient beginning with the most serious problem. Again, the format you use will change for each rotation. The surgical style SOAP note applies to the general surgery, gynecology, and urology clerkships. You will not be writing notes in ENT surgery, neurosurgery, or orthopedic surgery. The most important feature of the surgical SOAP note is its brevity. The residents will inform you if your note is not to their liking and you should adjust your style accordingly.

Sample Surgery SOAP Note

4/8/99
6AM
POD #2

CC3 Urology Progress Note

Cipro day #2
IVF @ 125 cc/hr

S Patient c/o headache. Pain well controlled with Tylenol #3. Flatus ⊕

O Tnow 98.6; Tmax 100.8 at 10pm last night; HR 80 BP 120/80 RR 12
I/O 1000/800 over 8 hour shift;
JP Drain 10 cc serosanguinous fluid/8hr shift RRR CTA B
Abdomen soft NTND; wound without erythema or exudate
Extremities No c/c/e; Ø calf tenderness

A/P 68 y/o male POD #2 s/p radical prostatectomy 2° to prostate adenocarcinoma.

1. Ambulate
2. Advance to clears
3. Decrease IVF
4. Continue Tylenol #3 for pain.
5. Check AM labs

Jane Doe, CC3
Beeper #8374

Tips for Surgical SOAP Notes:

A surgical SOAP note must list the POD (post-op day) if the patient has had an operation.

As stated above, the subjective section is where you list the complaints of the patient and overnight events (i.e. a fever spike). In surgery, be sure to comment on things like vomiting, diarrhea, flatus, and bowel movements. You can ask the nurse in the AM how the patient was overnight. The night intern will also be reporting to your intern before rounds so you can also ask them what happened overnight.

As in all SOAP notes, the objective section includes vital signs, intake and output, the physical exam, and labs/studies. Some important points on this section for surgery:

1. Note the time that the maximum temperature occurred.
2. Always specify over how many hours the intake and output were collected.
3. It is helpful to write the rate of IVF and any other lines such as TPN for intake. You can also record PO intake.
4. The urine output is very important. This can be measured in a Foley catheter bag or measured in a bedpan-like contraption that fits over the toilet. If the patient is not ordered for strict "I's and O's" then it is more difficult to determine the exact numbers. If this is the case, and there is no Foley in place to measure output yourself, you can write the number of voids per day or "bathroom privileges".
5. Each drain should be recorded separately and again specify over how many hours. Describe the character of the fluid draining.
6. The physical exam consists of heart, lungs, abdomen, and extremities.
7. The wound exam in surgery is important. Do not change a dressing without asking your resident. If a dressing is in place, you can write dressing c/d/i which stands for clean, dry, intact. If a dressing is soaked with drainage, note the type of drainage. If no dressing is needed or you are changing it, inspect the incision site for erythema and exudate, a.k.a. signs of infection. Record in your note how the wound appears.
8. On the Gyn service, after a vaginal hysterectomy or other procedure, note if there is per vaginal bleeding (PVB) as part of your exam.

In surgery, your assessment should include the patient's age, sex, post-operative day (POD) and type of operation. Consider adding additional information, once you know what you're talking about (i.e. "now febrile"). Some people include some type of statement regarding the progress of the patient in the assessment, for example, "stable" or "doing well". Ask your resident what they want to see in your note.

The plan differs each day post-op for each different operation and for each different attending. You will learn how to devise a plan from your residents i.e. when to advance diet, when to pull drains, when to remove staples etc.

Writing Orders

Orders are what the physicians ask the support staff and nurses to do to take care of every problem on the patient's problem list and every bodily function. This includes medications, diet, IV fluid, recording daily weights, arranging to have the patient sent to endoscopy, etc. The orders are written in the chart on order sheets and flagged for the ward clerk's attention. When an order is executed, the nurse or clerk will initial it in red pen.

There are orders before procedures, post-op orders, post-partum orders, etc. When a patient comes onto a service or moves to a new location, the physician writes Admit Orders. When the patient is ready to leave, the physician writes Discharge Orders. The orders are not the same thing as the SOAP note. In the SOAP note, you say what you plan to do; in the orders, you ask someone to do it. Orders are in a separate section of the chart and go on Order Sheets, not the Continuation Sheets you use for notes.

You can write, but not sign, orders for your patients. Make sure to do this with the close supervision and participation of your residents at first. As you become more knowledgeable, you may draft the orders yourself and then bring them to the residents for signature. You will learn the appropriate abbreviations, but write your words out to begin with so that you don't use a misleading abbreviation. An important one to know is "q," which means "every" as in "q24hrs."

Never flag an order (turn the wheel on the chart to the yellow flag) until it has been signed by your resident, even if a busy resident asks you to do this. You can get in HUGE trouble. Suggest that the resident call the floor and make a telephone order instead.

You should draft the Admit Orders for every patient you admit with your intern. The format is routine. Leave some room for changes, because there will always be something you overlooked. Be bold with the orders you write. The resident will change them anyway, so think of this as an opportunity to have a discussion about patient management.

Admit Orders are written in the form shown below. The mnemonic is "ADC VAAN DIMLS," which is the first initial of every category you should include. Discharge orders are very similar, but include fewer categories (those shown with an * below). Discharge orders begin with Discharge rather than Admit, and include Follow-up as the last category.

- First, date & TIME the order in the indicated column on the order sheet.
- Admit to service & floor,-- e.g. Medicine Service 7 Garden South.
- *Diagnosis -- as specific as is known at admission. Obviously the diagnosis will be clarified when the patient is "worked up."
- *Condition -- stable, guarded, serious... whatever you think is appropriate.
- Vitals - routine is every eight hours, but some patients may require more intensive management.
- Allergies -- e.g., NKDA means no known drug allergies.
- *Activity -- can the patient walk around? Go to the bathroom on their own? (BR means bathroom privileges) Should the nurses assist the patient to a chair three times a day? Walk with the patient four times a day? You can write "ad lib" which means the patient can do what they want.
- Nursing -- this is anything you are asking the nurses to do beyond the routine, e.g. straight cathing the patient, strict I's & O's, daily weights. Also in this section, document when the nurses should call the doctor if there is a change in vital signs. The parameters are usually as follows:
 - Call MD if: T>101
 - HR >100 or <60
 - SBP >160 or <100
 - DBP >100 or <60
 - RR >30 or <10
- *Diet-- regular is an option. You can order diets formulated for diabetic patients, with reduced sodium for hypertensive patients, reduced protein for renal patients, etc. Pick something you think is appropriate.
- IV -- Does the patient have one? In that case you must specify which IV fluid at what rate. If you won't be giving fluid, and IV can be temporarily closed with a hep lock: write "IV to hep lock."
- *Meds -- these must be written in prescription form -- the way you write numbers is different. Ask your intern to show you. Be sure to include all the patient's maintenance meds (what they take at home) as well as meds that are being prescribed for their acute condition.
- Labs -- Chem 7 and CBC on admission? Daily? Do you need LFTs?
- Special-- just in case there is anything else which does not fit into the above categories. Usually EKGs, CXRs.

Scut Work

Scut work is everything the intern must do for routine patient care which you are asked to do instead. This means drawing bloods, bandaging wounds, and lots of running around to find x-rays or taking samples to the lab late at night when the pneumatic tube system is not used. Presumably, if you make your intern's life easier in this way, he or she will have more time to teach you. An intern who "scuts you out" asks you to do lots of this kind of stuff without teaching you anything in return.

There is a lot to be learned from scut work. When you pick up an x-ray you can review it with a radiologist. Drawing blood is an essential skill which requires practice. Running samples over to the labs in Babies Hospital at 2AM is not very educational, but you may be making a crucial difference in that patient's care.

Some Basics (the locations referred to here are for Presbyterian Hospital rotations):

Radiology

You will spend a lot of time heading to 3HS (Hudson South), where the file room and reading room are located. You may have to do a little digging and searching to find your films if it hasn't been refiled yet, but some of the file room managers are expert at this and happy to help. Neuroradiology is one flight up. You must have the patient's medical record number to sign out the films. Sign them out to your intern. If a film has not yet been dictated, you will not be allowed to take it out.

The radiologist's dictation is available to you immediately through the ARTAS system: Call x68420. It will ask you to enter your "password," which is just the number 5 followed by any two other numbers (555 is popular and frequently in use) and then pound. Then enter the medical record number, followed by pound.

You will now hear, in reverse chronological order, dictation of every radiological study done on your patient. Radiologists speed talk, so don't be surprised if you have to call back a few times to get down some of the details.

Blood Drawing

All the supplies you need are in the Clean Supply room on each floor. If the Clean Supply room is locked, ask a nurse to open it for you. Take a Chux (blue diaper-like sheet) with you so you don't make a mess on the patient's sheets and be sure to take extra supplies in case you don't get it on the first stick.

You do not have to go to the labs yourself for routine blood work, but late night blood work and anything which needs to be done quickly should be taken to the lab on foot. Otherwise, use the pneumatic tube system- get someone to show you how it works ASAP.

Lab locations

Chemistry	PH 3
Heme	PH 3
Bacteriology	BH3
SStat Lab	PH 3
Blood Bank	HP-4

You can send labs through the pneumatic tube system or bring them there yourself. When you draw blood, make sure you are putting it in the correct color tubes. Tube colors for some of the most common tests are below. If you don't know what tube to use, call the lab.

Gold top: LFTs, Chem 7, Hepatitis serologies, CK & LD

Light blue top: PT/aPTT

Lavender top: CBC, blood smear

Navy blue top with EDTA: Blood group and Rh type, Coombs antibody test

Dealing with...

Dealing with patients....

When you are in view or within earshot of patients you are "on duty." Never gossip about a patient. Never complain to a patient. It kills the barrier of formality between you. Never represent yourself as something you aren't. Introduce yourself as "student Doctor Karloff," not "Doctor Karloff." The patient knows at a glance who and what you are. Give the patient your full attention during the interview and exam. Get a chaperone before examining a disrobed patient of the opposite sex. Never give any indication that you have perceived seductive behavior on the part of the patient. Leave the room and bring a chaperon instantly. Observe the privacy and dignity of the patient. Don't mention unmentionables in the presence of non-health-care personnel. Never have the patient disrobe unless he or she is screened from view.

Dealing with patients' families....

When the family corners you in the hall, demanding the straight dope on what's wrong with Uncle Nick, don't hint that you have told the patient something different. It always gets back and creates the impression in both parties that you're jerking them around. Usually, you should defer to your residents in dealing with families.

It's good etiquette to ask the permission of an awake, mentally competent patient before discussing any aspect of his care with anyone, even a family member. The quickest, most accurate H&Ps are obtained from patients examined alone. Ask the family to take five during the exam. Grill them later if their input is important.

Dealing with interns....

Keep in mind that interns are inexperienced physicians who bear real-world burdens. Make yourself useful, but stay out of the way. If an intern offers to demonstrate a procedure, treat this gesture as the gift it is. More often than not, the interns will have no direct input into your grade, but their indirect influence can make a big difference. Behave accordingly. It is bad form to contradict the intern even if he's wrong. This holds especially if the contradiction takes place in front of the attending physician. You gain no points, and it engenders rancor in the house officer. So even if you're bursting to say, "No! The white count isn't 6500 --- it's 65,000!", curb yourself and wait for the attending physician to exit, then bring up the error tactfully.

Dealing with residents....

Residents are tenderfoot attending physicians. They show little patience for students who don't blend with the system. Make a good impression and you have scored points with somebody who counts. Yes, teaching student and interns is part of the resident's job profile, but these chores take low priority. Don't complain that the resident spends too little time teaching you. He/she has to give talks and follow all the tasks to which you're oblivious.

Dealing with attending physicians....

Maintain proper dress and appearance. Speak only when spoken to. Unless circumstances dictate otherwise, address the attending physician as "Sir," "Ma'am" or "Doctor." Organized, well-drilled presentations showcase your work. Show a strong sense of responsibility, as evidenced by regular and stoic presence during all ward functions.

Never bluff, never lie. Since you exist for the service, always think in terms of what you can do to help the service, not the reverse. Never offer comments or judgments about anyone senior to yourself, such as house-staff or attending physicians. Not only do you lack the vaguest qualification to do so, but the wrong words can land you in the dean's office in a flash, explaining why you shouldn't be expelled. Modified slightly from The Medical Student's Survival Guide, 4th edition, by Steven R. Polk, MD.

Selected Answers to Third-Year Survey

What was the one thing you wish you had known about 3rd year in general or for a specific rotation?

Learn how to deal with being pulled in two directions at once all of the time... No matter what you want to go into, you must do well in medicine... Surgery is all about preceptor groups ... Blow off everything else and read... Don't expect to receive constructive feedback... Grading is random and personality based - enthusiasm is heavily rewarded... Don't underestimate your patients' needs for human contact; they see you more than anyone else... Presentation skills may be the most important facets of your grade... Appearance / attitude means a lot... Ask for feedback: good feedback doesn't really help, so press people for advice on how to improve... Find out what activities are implied to be the most important, and which ones can be missed without penalty... Read, read, read- your grade in medicine depends upon how prepared you are... Learn how to put together a differential... There is no set of rules for success as a third year - everything is very subjective... Preceptor sessions are ALL important... Read, take initiative, and be a little aggressive... In general third year is as much about figuring out who is evaluating you and on what basis as it is about learning how to take care of patients.... I started with medicine and really wish I had been told exactly what my role should have been, especially when I was on a team by myself - i.e. what time to be in, what notes to be written - definitely how to write a SOAP note...

Do you have any tips on how to navigate the medical hierarchy?

Don't ever worry about this as a third year except to realize it's not nice to make anyone look bad.... Always call the intern first...Be courteous to support staff... Nurses can be your best friends or worst nightmares... Spend as much time as you can with the attending... Don't react, accept...Don't gripe... Work as a team with your rotation group. When the team looks bad, you won't look good... Always show respect to everyone in the hospital without kissing up... Third years are the lowest life-form in the hospital... If you don't know what to do, keep your mouth shut until conferring with a classmate who does...

Do's and Don'ts of the OR

Do:

Ask to scrub, read beforehand, know the patient... .. Put your pager on vibrate... .. Introduce yourself to the attending and make sure you are welcome... .. Save questions for later... .. Stay out of the way... .. Cut sutures short... .. Ask where you should stand... .. Always venture an answer to a pimped question, even if you aren't certain of the answer, and say it confidently... .. Get a feel for your attending before you start asking questions... .. Watch where your head is at all times... .. Learn how to scrub ASAP... .. If you're going to fall, fall backwards... .. Be careful when you back up... .. Use common sense and be aware at all times of what is going on. Be nice, not condescending or patronizing to the nurses.... .. Introduce yourself to the patient before they get to the OR and ask permission to "observe"...

Don't:...

Do or touch a damn thing you're not explicitly told to... (2x)... Bring in food... ... Finish scrubbing before a more senior person... (2x)... Piss off the scrub nurse... ... Take being screamed at personally... ... Scrub in if you really don't want to watch a four-hour procedure...

How do you locate things in the hospital?

Ask, ask, ask... Learn what you can so you're not a burden on your intern... When you're not in a hurry, take labs yourself... Best place to sleep is Hammer Library, Main Floor, Captain's Chairs; no good place in Milstein except students' lounge during surgery rotation...

Do you have any tips for away rotations?

Harlem: ... Great for neurology, psych, even peds... Trust your instincts because odds are you know more than your intern... Medicine at Harlem is excellent... Don't eat the food... (2x)... Use gypsy cabs to get back and forth... Assume greater confidence, as more will be allowed of you... Don't fear Harlem, it's actually a great place to learn.

St. Luke's: ... Medicine is more laid back, but don't be laid back as a result or Columbia will be a shock...

Allen: ... Slower pace, good teaching...

How do you survive scutwork?

Do what you can to help...don't stick around for extra.... Make lists of things you have to do for all the patients... Organize to make it more efficient... Don't be too eager to do it.... Residents are specifically told not to give their scut to students, so it's pretty minimal: you should be able to handle it without complaining.... Grit your teeth and do it... Work hard, stay organized, ask for more... If you want your residents to teach you, you have to help them with their scut... If someone is going to teach you, you can help lighten their workload... Take your time... It builds character... Not if it's really late... P&S students are essentially protected from this so there isn't much surviving to do. I found that it was dependent on how much scut the student wanted to do....

Tips for SOAPS notes & write-ups...

Each preceptor wants them done a specific way, so bear in mind that your first write-up will always be trashed.... Carry around the list of abbreviations from Dr. Lefkovich's path syllabus.... Surgeons like them short, medicine likes them long.... Use outline form for SOAP notes.... Find good notes in the chart and follow examples.... Don't shirk assessment or plan - it's where you really learn.... A problem in the problem list should not be omitted from the next day's notes unless the problem has been successfully treated/understood....

How can you make the most of your preceptor group?

Study the predetermined topic for at least an hour no matter what your level of fatigue. Preceptor

groups are huge in terms of evaluations--treat them accordingly.... Do the reading for preceptor group. Participate as much as possible.... Make thoughtful guesses if you can't answer a question. Ask questions!!!!... Work as a team.... Read a lot, but never show up your classmates.... Never argue with the preceptor. If you think s/he is wrong, look it up, photocopy it and bring it back to the next session.... Prepare, be on time, ask questions.... Give your answer firmly, be sure of yourself.... If possible, try not to fall asleep. Your preceptor will not look kindly on that.... Don't interrupt other students.... Don't be a know it all - if you know it and you've answered several questions, bite your tongue until the silence is unbearable... ASK questions and don't worry about the other students in your group if you have a question you would like answered.

Tips for Prerounding and Rounds...

Ask your resident if anything happened overnight, just in case it wasn't in the chart...and READ, READ the chart!!!.... Be on time... Keep it simple... Don't get lazy about prerounding in surgery - such behavior will be to your demise.... Come in early enough to be fully prepared for work rounds - check labs, new orders in the chart, all notes written since your last, vitals, do an exam.... In medicine, attempt to write as many notes as possible before work rounds. Having notes hang over your head throughout the day is a real drag.... Have an efficient system that organizes each patient on a daily basis and allows one chart to progress over time.... Always save time before rounds to go over your patients with the intern. S/he may have something to add that is not documented.... In the beginning give yourself 45 min per patient.... Rounds are long - learn how to be short.... Take criticism as a positive thing and change accordingly.... Get there early enough so that you feel comfortable. Ask the nurse or the night intern how the patient did. Look at the med book to see if anything changed... Never, ever lie or make things up. This could hurt somebody, including you.... Never interrupt a senior.... Only present 1) Subjective 2) Pertinent objectives 3) Pertinent labs 4) Any consults 5) Assessment and plan.... It helps to have a template so that you know what info you need to get....

Strategies for dealing with personality conflicts within you group or with house officers?

Avoid talking about people without first confronting them... Adhering to professionalism when dealing with colleagues works well. Be serious about being fair to classmates... Being aggressive will alienate your peers, and is often unnecessary.... The most important part of evaluations is punctuality, hard work, preparedness, positive attitude, and selflessness with one's colleagues.... Don't act as if you exist on an island and no one else matters. Such behavior will isolate you, and make you subject to many conversations behind your back.... Work with your group - conflict reflects badly on the entire group.... Sometimes you have to keep quiet. Sometimes you have to step up and address the issue (in private, of course)... Ignore, ignore, ignore. Others will see if your classmate is always trying to show you up.... Don't be a whiner. Remember you're the low man on the totem pole. It's 5 weeks at most.... Never let housestaff know you dislike them. It pays to be political. If there is a real problem, go to the course director.... Intragroup conflicts - distance yourself from the person. Don't pretend to like the person.... Never lose your cool. It will only be worse if you lose your temper or reveal your vulnerability... If you are put on a team with a person or resident you know you will have a problem with, try switching with someone. Be subtle about it.... Remember, no one likes to be wrong, and even fewer people like to admit it....

Brief Introduction to Harlem Hospital

Transportation

The Intercampus Bus picks up and discharges passengers at the following locations: in front of the Milstein Pavilion on Fort Washington at the Health Sciences Campus, on Lenox Avenue and 136th Street at the Harlem Hospital Center, and the main gates on Broadway and 116th Street on the Morningside Campus.

Travel time between points is about 15 minutes. You can pick up a schedule from the security office in Black Building. Pay particular attention to changes during the summer months. Though not very convenient, MTA 2 and 3 lines stop at 135th Street and Malcolm X Blvd. (Lenox Ave). This station is also served by several bus routes. You can also take the C train down to 135th St and walk 3 blocks crosstown – this is safe while it is light out and you do pass a police station along the way.

A gypsy from Presbyterian Hospital to Harlem Hospital will run about \$6.00-\$8.00, but giving the driver \$6 directly without negotiating is your best bet.

Food

The 2nd floor hospital cafeteria features over-cooked vegetables and mystery meat, however, medical students no longer get free meal tickets. McDonald's is in the lobby. Across the street from the hospital, PanPan offers delicious waffles and other diner delicacies. Down the street there is a Shangri-la type establishment, as well as KFC and chinese food takeout. The deli across the street from the fire station on 136th is surprisingly fresh and good, so don't be fooled by the looks of the place.

Library

6th floor of the hospital. Useful but small. Old edition textbooks can be taken out for up to two weeks. There are also other libraries that the residents will point out to you.

Where Things Are

Blood Bank:	6th floor
Blood Gas Lab:	15th floor, but most likely the ER
Cafeteria:	2nd floor
Central Processing (for blood/cultures):	8th floor
Echocardiography:	15th floor
Library:	6th floor
Patient Wards:	12-14th floors
Radiology Reading Room:	6th floor

Note: Most results are now available in the computer. Most lab work will be picked up from the floor and taken to the lab within 12-24 hours. STAT labs (ASAP results) should be dropped off at the 8th floor.

Ask the coordinator or the residents to get you a student computer key if you have not been given the paperwork. You will only be able to check lab results with it.

Brief Introduction to St. Luke's Hospital

Transportation

The Intercampus Bus picks up and discharges passengers at the following locations: in front of the Milstein Pavilion on Fort Washington at the Health Sciences Campus, on Lenox Avenue and 136th Street at the Harlem Hospital Center, and the main gates on Broadway and 116th Street on the Morningside Campus.

St. Luke's Hospital is located at West 114th Street and Amsterdam Ave. You can take the 1/9 train to 116th, the C train to 110th, or the M4 bus to 114th and Broadway. Consult the MTA subway and bus schedules for further details.

Food

The hospital cafeteria is on the first floor. It is decent though a little expensive. If time permits, a good selection of affordable restaurants exist in the surrounding neighborhood, including the Hamilton Deli one block up (fresh custom made salads and a large selection of sandwiches).

Library

The hospital medical library is in the older building of the hospital (ask for directions). You have access to Medline and a number of the major journals. Copies are free for the housestaff (and us). Ask the librarian for the housestaff copy card. (Use the Medicine office copier for larger numbers of copies.) You also have easy access to the Columbia University Libraries at the Morningside Campus across the street.

Where Things Are

St. Luke's Hospital is made up of several different buildings from different eras and can be a little maze-like. In the beginning, stick with your housestaff to find where conferences, clinics, and labs are located.

Brief Introduction to Roosevelt Hospital

Transportation

The hospital is located at 428 West 59th Street. A free shuttle goes between Roosevelt and St. Luke's Hospitals (for which you must get a temporary ID), but then you must first get to St. Luke's. It's easier to just take the subway to 59th Street. The A, C, or 1/9 trains will take you there. Consult the MTA subway and bus schedules for further details.

Food

The cafeteria is located on the 1st floor. It isn't half-bad but it is still a cafeteria. Strokos is across the street, has sandwiches, salads, pizza, etc., and is the best local option on the weekend when the cafeteria is closed. Hell's Kitchen/The Soup Nazi (of Seinfeld fame) is down 9th around 55th. Other restaurants abound, especially on 9th Ave where you can find Teriyaki Boy, Burrito Box, and more.

Library

The library is small but has most of the journals you'll need. Take advantage of the librarian as she is dying to help you. Copying after hours is free.

Where Things Are

Blood Bank:	1st floor
Blood Gas Lab:	1st floor
Cafeteria:	1st floor
Central Processing (for blood/cultures):	1st floor
Echocardiography:	3rd floor
Library:	2nd floor
Patient Wards:	7th-14th floors
Radiology Reading Room:	4th floor

Brief Introduction to Stamford Hospital

Stamford, Connecticut ... Your new home.

Housing

I bet you thought that you had left the good old days of having a "roommate" behind the second you graduated from college. Well, for those of you who miss the good old days, Stamford is the place for you. At this point, Columbia students are housed in one of three houses across the street or parking lot from the hospital. Each house is different...depending on who is going to Stamford, they can either be coed or single sex. Most have double rooms, but there are a few single rooms available. The single rooms are usually taken by someone in the first crew to arrive i.e. the Surgery, Primary Care, and OB-Gyn students. You need to have a \$20 bill available to give to the housing company as a deposit for your keys. There is a very nice superintendent, Fritz, who will help you out with any problems that may arise.

As far as the luxuries of the apartments, here is a brief glimpse of what you can look forward to:

Bedding and towels are provided and washed every week.

Cable TV is included.

Local phone access only--so get yourself a calling card to talk to loved ones back home.

Cooking utensils are at a minimum. There are plates and silverware and small frying pans/pots.

If you want to cook it might be a good idea to bring tupperware etc. to store leftovers.

Laundry is in the basement of the house and requires quarters.

Apartments are cleaned every Saturday.

There is usually room to park your car in the driveway (if lucky enough bring one).

Transportation

Stamford Shuttle*1st Day Van Service Schedule ONLY:*

There are 2 vans the first day of the rotation leaving from the corner of 168th St. and Ft. Washington Avenue. The first van (Primary Care, OB-Gyn, Surgery) leaves at 6 AM. The second van (Psychiatry, Medicine) leaves at 10:30 AM.

Regular Weekly Stamford Shuttle Schedule

Leaves P&S 6:30AM (168th Street and Ft. Washington Ave)

Leaves Stamford 6:00PM (at the horseshoe entrance to the hospital)

Additional Van Service for Psychiatry Students

Every Tuesday, the van leaves Stamford at 11:30 am for psychiatry students who are required to be at P&S for a mandatory class. As psychiatry students are also required to be on P&S campus all day Fridays, be sure you are on the Thursday 5:30 PM van from Stamford. Likewise, if you

wish to remain in NYC over the weekend, be sure to be on the Monday 6am van leaving P&S. Memorize the number of Executive Car Service, the van service, in case the driver is late or does not show up: 1-800-392-8184.

Trains

Metro North trains are available for \$15 round trip. There is a hospital shuttle to and from the train station for employees and medical students. The shuttle picks passengers up in the AM on the New Haven bound side of the station at 6:58, 7:25, 7:53, 8:18, and 8:45. Note that the shuttle parks way down the hill (you will see it behind other passenger vans) not at the taxi station. The shuttle says Stamford Hospital on the side. In the PM, the shuttle picks passengers up at the Main Lobby of the hospital (by the big cafeteria) at 3:35, 4:10, 4:35, 5:00, and 5:25. If you miss this shuttle, you can take a taxi to the train station.

Library

Stamford Hospital has a very nice library although obviously not as extensive as the Health Sciences Library. There is a pleasant reading room with the latest issues of journals and the daily New York Times. The library has most of the major journals you will need along with the standard textbooks of each field. The computer facilities are not the greatest so if you have a laptop, bring it. They have four Macintosh computers and one PC. The Macs are slow but have Telnet so you can check your email. It can get crowded when write-ups are due. You have access to the library at all hours with your Stamford Hospital badge, and there is free photocopying.

Food

There are three places to buy food at the Stamford Hospital: (1) the main cafeteria with usual cafeteria food (2) a coffee bar which opens earlier in the morning in a wing of the main cafeteria (3) a cafe by the gift shop with soup, sandwiches, cookies, drinks etc. Think Hole in the Wall with tables.

There is also a gift shop with candy etc. and plenty of vending machines around.

Living

The nearest grocery store is a good 10-minute drive. Hopefully, someone in your apartment will have a car to use or you can call a taxi.

There are some nice tennis courts within walking distance and a golf course about 5 minutes from the hospital. If you go during the summer months, there is a beach 10 minutes away.

The Stamford shopping mall is within walking distance.

Relax, have fun, and enjoy the break from NYC!

USEFUL TELEPHONE NUMBERS

You'll need this list for most of your rotations. Feel free to photocopy it.

Presbyterian Hospital

Area A	56204
Area B	58072
AA Second Line	58092
Surgical Side	58634
Pediatric ER	56628
Psychiatric ER	56587
Radiologist	58418
Lounge	57261
Urgicare	53061

Milstein Hospital Building

4HS NICU	54550
4HN SICU	56382
4HN Open Heart ICU	52662
5HS MICU	56345
5HS CCU	58970
5HN Medicine	55691
5GS Oncology	56635
6GN Medicine	55691
6GS Medicine	57100
6HN Cardiology	56705
6HS Cardiology	52825
7GN Surgery	52331
7GS Surgery	52738
7HN Surgery	58078
7HS Surgery	52332
8GN Neurology	54559
6GS Neurology	54585
8HN Neurosurgery	54557
8HS Neurology	54686
	58489
Milstein 4CT	58207
Neuro CT desk	52511
Neuro CT scanner	71242
Atchley MRI	74276
Babies MRI	53372
Milstein MRI	58345
Neuro MRI	71243

Reading Rooms

Abdomen	59022
Abdominal CT	55879
Angio	55123
Babies Hospital	53320
Bone	59023
Chest	59024
Emergency Room	58418
GI Fluoro	58311
Nuclear Medicine	56156
Neuro	52506
Mammograms	58306
Ultrasound	52605

Emergency

8HS Transplant	56666
9GS	52449
9GN	58960
9HN McKeen	52731
9HS McKeen	52831
HP10 Irving Ctr	56632

Diagnostic

Carotid Doppler	78034
Cath Lab	52996
Echo	59875
EEG/EMG	72121
EKG	59865
ETT	56499
ETT + Thallium	55996
Endoscopy	52341
Holter	56423
MUGA	55996
NIFS	71771
Nuc Med Schedule	52721
PFTs	53357
Psych Liaison	59985
REHAB/Cons	56504

Labs

Lab Information	54407
Lab Assistance	57155
Blood Bank	52673
Chemistry	55003
Sp. Chem. (SPEP,UPEP)	56245

Commonly Called Numbers

Census	56571
Epidemiology	77025
Medical Center Info	74111
Medical Records	57690
Records Satellite	52590
Patient Info	53101
Patient Relations	55904
Pharmacy	52775
RTAS	58420
Social Services	52553
Transport	56267
Telemetry	56018

Allen Pavilion

ICU	44124
2RE	44125
2FE	44129
2RW	44120
2FW	44128
3RE	44131
3FE	44126

Allen

Coagulation	56532
Cytology (PCP)	52360
Cytology CSF	73426
Endocrine	73363
Hematology	56532
Special Heme	55001
T-cell Studies	73607
Microbiology	56276
Mycology	59122
Parasitology	59128
Serology	59116
STAT Lab	56696
Sendouts	56245
TB	59132
Virology	59118

Pathology

Autopsy	73423
Medical Pathology	56240
Surgical Pathology	59358

Radiology

Central Scheduling	59335
File room	56006
Atchley Pavilion CT	73507
Babies Hospital CT	55879
Milstein 3CT	58489

Other Phone Numbers

3RW	44143
3FW	44122
Admitting	45079
Arrest	45555
Blood Bank	44235
CV Diagnostics	44542
Chief Resident	45434
Clinic (Med)	44123
Directory	44411
ER	44245
Family Medicine	44422
Lab	44234
Medical Records	44546
Page	44250
PFTs	44221
Physician's Shuttle	44400
Radiology	44161
RTAS	45156
Social Work	44255

Harkness

6 HIV Clinic	53179
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Introduction

The Medicine Clerkship at Presbyterian Hospital is an extremely important part of the major clinical year. It is one of your greatest opportunities to apply much of what you have learned in the past two years to the management of patients and their disease processes. You will be taking care of medical patients in an inpatient setting, practicing your history taking and physical exam skills, and working as a member of a medical team on one of the following services: Cardiology, AIDS/TB or General Medicine. You will participate daily in the gathering and reporting of patient information, the discussion of patient management, and the pathophysiology of disease. This rotation allows you to develop constructive and compassionate relationships with patients as you act as their caretaker and advocate. Many patients will identify you as their "doctor," as you have the most time to spend with them. Often your interaction may be crucial regarding relations with hospital staff, social work issues, and patient compliance. This is one of the most enjoyable and rewarding parts of the entire third year. Although you may well find that there's a lot of which you have previously only studied in books, it will now be brought to life and put into practical use in the care of real patients. Relax, enjoy, work hard, and it will be a great month!

Duties and Responsibilities

You are assigned to a team of two interns and one resident. With your team, admit a patient on each call night (q4). Take a detailed history and perform a complete physical exam. If your team is busy (lots of admissions), you may end up watching your resident/intern do a physical on your patient in the E.R. Don't substitute their physical for your own - you'll learn less. If they're busy and you're not, ask if you can go to the E.R. first and begin your H&P.

Help the team in making sure all admission tests are performed and check results. You should draft the admit orders, but a student admission note does not need to be put in the chart. However, the student is responsible for formulating an assessment including a differential diagnosis and plan to be presented with the H&P on attending rounds. Be prepared to answer questions about the physiology and pathophysiology relevant to this patient. Bring the EKG and any imaging studies to attending rounds to be shown during your presentation - be prepared to evaluate them as well. This H&P presentation is not the entire Atchley format - only pertinent positives and negatives.

See all your patients each morning, ask how they are feeling, pertinent symptoms and report any events over night. Check vital signs. Perform daily physical exams. If you get a chance, talk with the nurse about what happened with your patient overnight.

Check labs, imaging studies, other test results and consult notes each day. If you see the consult fellow, ask if you can see the patient and/or discuss the case with them.

Write daily progress notes in "SOAP" format. The intern also writes a progress note on all the patients. Their note will often be messy and hurried - they're busy. Your note will often be the most legible, complete, and well thought-out note of the day. Keep this in mind, and write it that way. Present patients to your team on AM and PM work rounds in "SOAP" format.

Draw bloods, ABG's and assist the intern in any other procedures. If you want to do a procedure, ask! The intern may not think it's worthwhile or "interesting" unless you remind them.

Help the intern write orders and make phone calls to schedule diagnostic tests. Attend all preceptor sessions and other medical student conferences. Each student will present each admitted patient again to their preceptor and classmates for discussion.

Daily Schedule

8:00 - 9:00:

Pre-rounding - the time you will need depends on how many patients you are carrying, as the year goes on you will get faster at pre-rounding)

9:00 - 10:00: Work rounds with your resident and intern - see each patient and discuss progress and plans. Very informal.

10:00 - 12:00: Attending rounds. Presentation of all new admissions - may or may not be at the bedside. Presentation of any teaching topics assigned by your attending (and if they assign you a topic, remind them the next day – they often forget!). Discussion of progress and plans for all patients on the service; may see them if time allows.

12:00: Noon Conference - residents lecture, lunch provided. Some (lunches and lectures) are better than others.

Afternoons: Vary from day to day. 3 days a week, usually in the afternoons, you will meet with your preceptor group for an hour and a half. Once a week your whole group will meet for radiology conference, and psychiatry conference; twice during the rotation, you will have ethics conference. Otherwise, the afternoon allows you time for any remaining patient care activities, reading, and working on write-ups. If your patient is going for a diagnostic test such as endoscopy, cardiac cath, etc., you may want to go with them to watch. It might be your only chance to see such a test in your whole career, depending on your field of study.

4:00: See patients again - do a quick physical exam. Read chart for notes left by consults, attendings, social work etc. Check am labs and write them in the chart.

5:00: Sign out rounds – may or may not actually occur, depending upon your resident, etc. Meet casually with resident and intern and report on what happened that day with your patient. Make plan for next day. You may or may not be able to attend sign out rounds based on when you meet with your preceptor, but they can be a

valuable learning experience and a chance to ask questions about your patients.

After sign out rounds: Do any work needed on patients before going home.

Chief of Service rounds are held one day a week at 10:00AM before attending rounds. An interesting patient is presented by the intern or the medical student to the attending who is Chief of Service (a senior physician who comes in once a week expressly for this purpose). Ask your resident or intern if your patient is going to be presented (i.e., by you.)

Call Schedule

Every 4th night. Usually you're out by midnight/1:00AM at the latest and sometimes earlier if you get a patient early on during the day and there is no work left to do. After Friday and Saturday calls, you come in the next morning to present to the attending. Usually you are out by about noon.

Your team will also be responsible for admissions on "short call" from 8am-12pm two days before your "long call" days. Especially if you aren't carrying many patients, try to pick up one of these admissions to present the following day.

Off-hour responsibilities

Write-ups as outlined in the Atchley form to be handed in to your preceptor; the number of write-ups to be handed in is determined by the preceptor at the beginning of the rotation. Prepare the night of your call to present the next morning. Many residents will meet with you on your post-call morning to go over your presentation; if they don't offer to do so, ask, and be sure to solicit feedback. Try to memorize as much of your presentation as possible - however, attendings are usually lenient about glances at your notes, particularly for lab values. Do not just read your presentation. Make eye contact and be confident. The goal of the presentation is to "sell" your assessment and plan to the team. Keeping this in mind, read about the pathophysiology relevant to this new patient.

Read about the disease processes relevant to all your patients - both textbooks and journal articles – and be prepared to answer questions. If you run across a nice, concise review article which helps clarify difficult points, feel free to bring in copies for the entire team. Be prepared to update the attendings on the progress of all your patients, not just the new admits. Also, read to prepare for topics to be discussed in preceptor group, and prepare the presentation of any topics assigned to you by your attending or residents.

Red Flags

Practice your presentations before attending rounds, in the mirror, if you have to. Everyone's tolerance for "being on stage" is different. Hopefully, your residents will offer to go over it. If they don't, ask if you can present to them. It is especially helpful

if they go over the EKG and X-rays with you. Ask for constructive feedback. "Good job" makes you feel nice, but an honest answer to "What do you think I can improve on?" is much more useful in the long run.

The X-ray file room staff at Milstein is notoriously disorganized. Sometimes it's best to go there first thing in the morning to get them looking for the films you need, as they get "lost" all the time.

Indispensable Books

Harrison's Principles of Internal Medicine. - a must have for your write-ups and your career. "Baby" Harrison's is available as a pocket-sized version. Some feel that Cecil's Textbook of Medicine is more readable - check them out before you invest. Each is updated every other year (i.e. Harrison's was new in 2001, so Cecil's will be new in 2002).

Current Medical Diagnosis and Treatment. - this book is updated every year. Quick summaries of just about any disease you can name and the newest treatments. Not sufficient alone for write-ups, but very helpful for jogging your memory when your patient has some disease you only vaguely remember reading about during second year. Read this book and you'll know a little about a lot of things, sometimes just as important as knowing a lot about a little. Also useful for Primary Care, as it contains entries about outpatient diseases.

Practical Guide to the Care of the Medical Patient - pocket sized, great for quick reference on the wards, preceptor group and for write-ups.

The Washington Manual - not quite pocket sized, but also great for quick reference, etc. Some students like Internal Medicine On Call and High Yield Internal Medicine as well.

Other Things You'll Want to Know Beforehand

Many students found that the grade in the entire Medicine Clerkship is in large part determined by their preceptor at Presby. At least, he or she, in discussion with your "away" site preceptor, has the final decision on who gets Honors. Prepare for each session not only when you are presenting. You will usually be told what to read about for the next session.

Spend time on your write-ups! These are very important. They allow you the opportunity to display your analysis of your patients and their diseases with the luxury of having all the books in front of you and time to think. Especially if you are not the type to shine in a group, use your write ups to show what you know. Don't be crushed if the assessment of your first write-up is not what you hoped for. Often it's just a difference of opinion with the attending on what style and format they prefer. Improvement on write-ups is also very important (an extra incentive not to stress too much about your first write up, especially if it appears "torn to shreds." Ask them at

the first preceptor meeting how they want the write-ups.

Make a good impression on the house staff. Their comments will be included in your evaluation. The importance of enthusiasm and being a team player cannot be overestimated.

You can switch services (AIDS/TB, Cardio, Gen Med) halfway through the rotation if you arrange it with the course director (you may need to find another student to swap with you).

Introduction

As the Allen Pavilion is New York Presbyterian's community hospital, you'll find that the two are very similar. The cases at the Allen Pavilion are generally more straight-forward, bread and butter cases, since the more exotic or complex cases usually get sent to Presbyterian, but they provide a fantastic opportunity to become comfortable with the basics. All of the residents and many of the attendings are the same as at Presbyterian, which means that you can expect the same excellent level of teaching. The pace and workload at the Allen are usually lighter than at Presbyterian, but this depends on the patient load your team is carrying. Because it is often slower at the Allen, the residents have a great deal more time to teach and you have more time to practice skills with supervision. Take advantage of this while there!

Although you'll find that most things are very similar at the Allen and at Presbyterian Hospital, there are two main differences. One is that there are more elderly patients who are managed by private attendings at the Allen. This is because attendings who admit to the Allen provide medical care for the nursing homes in the area. For private patients, the team plays less of a role in patient management since the final decisions are always up to the patient's attending. When you follow private patients, your team may not want you to write daily progress notes on the patients (but you should clarify this with your team), and though you will discuss the patients on work rounds, you may not discuss them during attending rounds, leaving you with less opportunity to learn management skills and to practice presentation skills (though this is attending-dependent and some attendings will have you present private patients for the sake of learning if the morning is slow). These patients still provide an excellent learning opportunity and are often worthwhile to follow. The second main difference in addition to Medicine teams, of which you will be part, there is also a Family Medicine team consisting of Family Medicine residents. The patients who come into the ER and are admitted to the medicine service are divided between the Medicine and Family Medicine teams. Therefore, the ward patients are split between two services, and so you should make an effort to pick up any ward patients as they are admitted to your team (your resident will help you with this). You should also be aware that the Allen Pavilion has a community hospital feeling to it. The pace is a little slower, the staff is far more friendly, and things actually get done reasonably efficiently, as compared to Presbyterian. You will likely find that attendings and consult services are agreeable to student calls and often will take the time to discuss management issues with you. It should be emphasized that though rumor has it that students work particularly hard at the Allen, it is a truly fantastic experience in which you should expect to learn a great deal (in particular, if your away site comes before medicine at home, the Allen is great preparation for medicine at Presbyterian).

Duties and Responsibilities

The duties and responsibilities of the medical student at the Allen are the same as

those you will have on Medicine at Presbyterian Hospital. You admit patients with your team when you are on call. You do a complete history and physical on admission, and work-up your patients with your team. You pre-round on all the patients you admit and other interesting patients you may choose to follow in the morning and present them on work rounds. You do a complete presentation of all ward patients you admit the morning post-call on attending rounds and also keep the attendings updated on the progress of the ward patients you are following. Try to take as active a role as possible in the management of your patients - read about their issues in textbooks and journals and make suggestions about treatments. Be sure you understand your patients' issues, and discuss them in detail with your intern and resident. Check your patients' labs around lunchtime and discuss with your intern any changes that need to be made to their regimen based on the labs. Try to write notes on your patients before work rounds. This will allow you to participate in any interesting events that may happen during the day. Also, try to learn from all the patients on your team, even the ones you are not following. In addition to floor work, you will have preceptor meetings, much as you do at Presbyterian. These sessions are preceptor-dependent, but in general, the students present patients they admit, and this is followed by a discussion of the case. You also must do write-ups following the Atchley form for the patients you admit and hand them in to your preceptor, as you do at Presbyterian Hospital (the number and length are dependent on the preceptor). There are no other student meetings at the Allen - no radiology, psychiatry, or EKG preceptor groups - like there are at other Medicine away sites. Residents are usually happy to go over radiology or EKGs of patients on the team with you, so be sure to ask about them. Be sure to also make arrangements with or just drop by anywhere you have an interest. In general, the attendings are more than happy to let you observe endoscopy, echos, the ORs, etc. when you have time.

Daily Schedule

This schedule is always in flux, but in general, it follows the following format.

Arrive early enough to see all of your patients and write your notes before work rounds.

Sometime between 7:30-8:00 (depending on your resident and how many patients your team is carrying) until 8:30 AM: Work rounds.

8:00 AM (on Wednesdays): Grand rounds, televised from Presbyterian Hospital.

8:30 AM (9:00 AM on Wednesdays) - 9:30 AM: Morning report/intern report. Optional for students. At morning report, the new admissions from the previous night are presented to Dr. Ridge, the chief of Medicine, and the chief resident, and then the cases are discussed. One resident also presents a paper related to the management of one of the patients on their team. At intern report, one of the interns presents an interesting case to Dr. Ridge and the chief resident, and then the case is discussed. These sessions provide a lot of good opportunities for learning for medical students.

Breakfast (danish, muffins, and coffee) is served. Attend a couple and see whether or not you feel it is a good learning experience.

9:30AM – 12:00 PM: Attending rounds. New ward patients are presented and seen as a group and updates on other ward patients are given. Attending rounds may also include looking at blood smears, discussing current medical literature, and discussing patients' radiological studies with the radiologist. Occasionally, a private patient may be presented for discussion's sake.

11:30 AM (on Thursdays): Chief of Service rounds. An interesting patient is presented by either an intern or medical student to the attending doing Chief of Service for the week. The case is discussed.

Noon (except Thursdays): Noon Conference. An attending gives a lecture and lunch is served. The lectures in general are excellent and provide good learning opportunities. On Thursdays, there is no conference, and lunch is served after Chief of Service. The rest of the day is less regimented. You attend preceptor group whenever it is scheduled. You do any work that needs to be done on your patients (calling consults, scheduling tests), and may also do work for other patients on your team.

Call Schedule

This is the same as at Presbyterian. You are on long call every 4 days, during which you and your team admit patients from 12 PM until 9:30 PM. You are also on short call every 4 days (the day mid-way between long call days), when you and your team admit patients who come in before noon. You must come in on your post-call days (for example, when on call on Friday, you must come in on Saturday morning) to present your new patients on attending rounds. How late you stay when on call and post-call on the weekends depends on luck and on your team. Sometimes a ward patient comes in early, and your resident tells you to go home to read and prepare to present your patient on attending rounds the next day. Other nights, you may wait until 9 PM for a ward patient. Some residents want students to participate in the work-up of all patients admitted to the team, and you may therefore have to stay as late as the resident and intern. At the Allen, when you are on long call, your resident is also the arrest resident, meaning that your resident will run any codes that occur after 6 PM, so you might get to participate actively in codes when you are on call. Occasionally, no ward patients will come in when you are on long call. Try to pick up either a private patient to discuss at attending rounds or wait and pick a ward patient when you are on short call.

Time Commitment

This depends a lot on how many patients you and your team are carrying and how complicated the patients are. Usually at least one day a week, both your intern and resident have clinic downtown on the same afternoon, and they try to finish all their work before they leave, so they don't have to return to the Allen after clinic. On these

days, you can probably leave early in the afternoon, if there is no work to be done on the floor. The time at which you can leave on short and long call days depends on how many patients you admit, how complicated they are, and your team's preferences. On the whole, expect this rotation to be time-consuming between floor time, preparation time, and time spent on write-ups, but also expect the time commitment to be worthwhile.

Off-Hour Responsibilities

Same as at Presbyterian Hospital.

Red Flags

Just remember that Allen is not "away" in the same sense that the other Medicine away sites are. The residents are all Columbia residents, and some of the attendings at the Allen are also based downtown.

It is important to stay as actively involved as possible, even when the patient population is low. Don't let yourself go too long without following any patients.

Indispensible Books

Refer to "Medicine: Presbyterian Hospital."

Food

Muffins, danish, and coffee are provided at morning report/intern report daily and are often still around during attending rounds. Lunch is provided at noon conference daily. There is a cafeteria in the basement that closes at 2 PM and a coffee cart in the lobby that closes around 6 PM. For nights on call, the residents order from a local restaurant, so bring money or bring your own dinner. There aren't too many other options for dinner - there are no nearby restaurants.

Library

There really isn't one. The Chief Resident's office has some basic texts like Harrison's, and some journals, like the New England Journal of Medicine. After hours, your resident has the key.

Other Things You'll Want to Know Beforehand

A shuttle runs from Milstein to the Allen from 6 AM to 6 PM on weekdays. It leaves approximately every 30 minutes (at fifteen past and fifteen before the hour), but check the schedule because it is different before 8 AM and it changes from year to year. The schedule is the same for the trip from the Allen to Milstein. After 6 PM and on weekends, you have to call the shuttle to pick you up (call 44400)- it is very convenient and is available every day of the week, but sometimes you have to wait for a while so consider calling 20 minutes before you plan to leave. The Allen is

located at 220th Street and Broadway- just past Baker's Field.. To get there by subway, take the #1 or #9 to 215th Street and walk up Broadway or more conveniently, go to the 225 Street station and walk back across the bridge. A cab runs between \$6-9.

Introduction

Harlem is your chance to experience medicine in a busy public city hospital.

Medicine at Harlem is your chance to be independent and manage your own patients. Of course, there is always supervision, but you have more freedom to suggest and implement diagnostic and therapeutic plans for your patients. In general, there are fewer hours required at Harlem than at PH, although you do start earlier in the morning. The residents at Harlem are mainly foreign medical graduates who may have already been through residency in another country. They are generally very nice and easy to work with, yet do not appear to be as on top of things as the Columbia residents. You meet with Dr. Capps, the course director at Harlem, approximately one time per week and she is fairly hands off, yet very nice.

Duties and Responsibilities

At Harlem, each student is assigned to a ward: 14 North, 14 South, or 13 South. Each ward has a team of residents and interns. Usually there are two 2nd year residents in charge of four interns and one student. There are also two ward attendings who follow all of the patients on the floor. There are no private patients at Harlem so all admissions are presented at rounds to the ward attendings. Your job is similar to that at Presbyterian Hospital in that you admit patients, present them on rounds, and then do all the scut work that your patients require. At Harlem, scut work is usually more intense because there are no blood techs or IV teams, but that gives you more chance to practice. You usually carry 1-3 patients at one time. The residents at Harlem usually do not scut you out on patients that are not yours unless you want to help. If you are interested, be sure to tell the 2nd year resident that you are interested in doing procedures and you will be able to perform lumbar punctures, thoracenteses, and paracenteses. You are assigned to one intern with whom you work closely and take call, and you therefore admit patients together. You work most with this person as all of your patients are generally his/hers as well and therefore, this is really the person “in charge” of you on the floor.

You are assigned a preceptor, just like at Presbyterian Hospital, who will have the main control over your grade. Most preceptor sessions consist of students presenting their admissions and discussing the case. You meet with this preceptor, who is a hospital attending, 3 times per week for about 1-2 hours each time. Write-ups will be required and the number depends on the preceptor (usually 5 or 6).

Daily Schedule

Getting there: choice 1- shuttle from Presby, leaves 6:30am, 7:10am. Fairly reliable, not always there though. Choice 2- cab from towers (have doorman call) \$6-\$7, not bad if you split with a few people

7:00-7:30 Preround on your patients. Vitals are not kept by the bedside but in a binder at the nurses station. Finger sticks are in a binder entitled "Chem strips." Notes do not need to be finished at this time

7:30-9:30 Work rounds with the team. Each patient is discussed and visited by the team. If your patients are being discussed, you will present their vitals, other pertinent information (physical findings, new lab data, images) and plan for the day. This is a very informal presentation.

9:30-11:30 Attending Rounds. Admissions from the day before and the night float are presented to the ward attending who is taking admits that day. If you were on call the night before and admitted a patient you will present this admission. You will go through the whole admission note at this time.

11:30-12:30 Conference for medical residents in the 2nd floor auditorium--topic varies— very optional for medical students.

Tuesdays 8:00 AM Grand Rounds in 2nd Floor auditorium.

Afternoon: There are various didactic sessions organized for the medical students including EKG reading with Dr. Clarke (1x/week), Psychiatry with Dr. Thompson (1x/week), Radiology sessions (2x/rotation), and your preceptor sessions (usually 3 times/week). There are no formal sign out rounds required for medical students, but you should sign out to the intern with whom you are following patients (i.e. what has been done for your patients and what needs to be monitored overnight.)

Going home- choice 1- shuttle: you should be able to catch the 4:50 shuttle most days, the next one is not until 6:45. choice 2- cab. There are lots of gypsy cabs driving by the hospital all the time.

Call Schedule

Call for medical students is q4. You take call with the same intern and follow their schedule. The 2nd year residents are on q6 so you will not have the same 2nd year resident admitting with you each call. On call, you usually admit one patient with the intern. Admissions begin rolling in at 8:00 AM and the team on call takes admissions until 8:00 PM. Then, the night float takes over. Admissions at Harlem come from either the Emergency Room or directly from Harlem clinics. You are on call to admit a patient, so once that happens you can go home. If nothing is going on by about 9pm, you can also ask to leave. So, you are never there too late. Weekend calls depend on your residents and often you are not expected to come in.

Getting Labs and Tests

Supplies: There is a computerized storage cabinet in Clean Supply. Ask your intern for the access code. This is where you get blood drawing supplies, gloves, gauze, tape, and everything else you need.

Lab: on the 8th floor of the hospital. It is often much better to draw your own labs and bring them to the lab yourself, this way they will get there for sure. Your intern will show you how to “log in” in the labs.

Computers: You will get a key on the first day at the hospital which will give you access to the computer system. It is a good system but the student keys will only allow you to check things, not order anything which can get frustrating. So, you can use the computers to check lab results, xray readings, medications that are ordered, and several other items.

Radiology- on the 6th floor. But, you can always call to get a reading. In my five weeks there I never did go to radiology.

Echocardiography: On the 15th floor, near the elevators (look for signs for Cardiology). Echos should be read on the same day or the day after the test. To check the reading, go to the echo room on the 15th floor. There is a log book where they list the studies and results.

Off-hour Responsibilities

READ!!!

Red Flags

Relax and be prepared for some frustration as far as the efficiency of Harlem Hospital compared to Presbyterian Hospital.

Other Things You’ll Want to Know Beforehand

There is a locker room on the 16th Floor for residents and medical students. You will be given a combination to a locker to store your backpack and coat. The locker room is a bit out of the way so many students just put their belongings in the small room found at the back of the nurses’ station where all the residents leave their stuff. It is a fairly safe area.

Food- Not too much. Cafeteria on the 2nd floor- not much to offer. Deli across the street is decent and popular. McDonalds in the hospital lobby is not as stocked as the McDonalds on the corner of 134th. Also, for a treat, walk down to 125th for great pizza place- Slice of Harlem. Very good. There is also a normal hospital gift shop in the lobby for soda, candy, chips, etc.

Introduction

First, you will be divvied off to one of four teams: there's the AIDS/general medicine team, two general medicine teams, and the telemetry/cardiology team. Each service is split into two teams, each with two interns and one more senior resident. You will basically attach yourself to the more senior resident and his or her intern and take call with them every fourth night. Call varies drastically from night to night and resident to resident (it is sometimes possible to be home by 4:30 PM), but the general consensus is that you wait until an interesting patient rolls through the door, you take a history and physical, help write orders and take care of important business. You are then usually free to go. As at Presbyterian, some saint of an attending will sit patiently through your thorough presentation of the case the next day. The students on general medicine and AIDS/TB had somewhat better experiences than those on Cardiology due to the fact that many interesting Cardiology patients ended up in the CCU.

Duties and Responsibilities

In terms of your responsibilities throughout the bulk of the rotation, it varies dramatically from resident to resident. Roosevelt has many international medical graduates who are not as familiar with American-style clinical education. Some may have no idea what to do with you, some may rejoice at their new personal secretary, and some will strike just the right balance between doling out tasks and respecting your educational needs. Don't be shy about asking to do things. In general, rounding begins at 7:00, and is an informal run-through of each patient, how they are doing, and what they are having done that day. You will probably need to pre-round on your patients before this (expect to carry 1-3). Attending rounds vary from service to service, usually occurring around 8:30. You will present your own ward patients during attending rounds; SOAP format is appropriate, or whatever the attending asks for. At some point during the day, you should write a SOAP note on your patients, although you will probably not be required to have it done before rounds. As a student, you are expected to attend morning report, a "guess what the disease is"-type seminar of interesting cases with the more senior residents and Dr. Steinberg, the head of the residency program. He is extremely knowledgeable; you can learn a lot from these sessions. You are free to bring breakfast with you. While you are neither expected nor encouraged to participate, if you have a question, you should ask. Also, if your patient comes up, and you have something valuable to contribute, you should mention it; just wait until the resident has finished presenting the case. There is also a conference at noon for all of the housestaff that deals with a single subject each month. On most days of the week, you will also have some class time (psychiatry, substance abuse, and radiology) and/or a meeting with your preceptor. Residents understand you will disappear from time to time for these events. The rest of the day, try to help out with work for the team. There is minimal scut because the ancillary

services are good, so you will need to ask if you want to be involved in blood-drawing, etc. Some of the best teaching is from Dr. Cheung, a young attending who trained at Columbia and who loves students. Be sure to go to her sessions on EKGs, PFTs, and acid-base analysis. The day usually ends by 5:00 if you are not on call. There are no formal sign-out rounds; just check with your intern before you go.

Food

The cafeteria isn't half bad, however it is still a cafeteria and is rather expensive. The dining room is quite pleasant and they play Lite FM, which always makes for a nice lunch hour. Strokos, across the street, is fabulous and has sandwiches, salads, pizza, yummy things, and pretty decent coffee and muffins. Other neighborhood places are worth exploring for Chinese, Tex-Mex, etc... It is the best local option on the weekend when the cafeteria is closed. Hell's Kitchen is just down the way on 9th avenue, Midtown is due east, and the Upper West Side is a bit north so be sure to have some fun. If you're up for a little walk during the winter months, the "Soup Nazi" is on 55th street between 8th and Broadway.

Library

Be sure to take advantage of Roosevelt's wonderful little library. It's very small, but has all the journals and books you're likely to be interested in using. The librarian is just DYING to help you. And photocopying is officially ten cents a sheet and free after hours, but students and residents alike routinely make photocopies without being asked to pay. It's a great place to read when you're waiting for something to happen on call. Just be sure to jam a sheet of paper in the door when you enter or leave, so the next person without a key can get in.

Other Things You'll Want to Know Beforehand

The lab is on the first floor just past the cafeteria. There's a very helpful lab guide on every ward which tells you which test goes in which tube and which form to fill out, so you don't have to spend hours playing phone tag with lab techs. There will be an orientation session early on where you'll be given a login ID to check labs in the computer system. The order system is completely computerized and your password will not allow you to write orders. Therefore, your ability to help interns by writing orders is severely curtailed. The interns don't seem to mind, however, since the computer also allows them to call consults and do other things that take up much of the intern's time at Presbyterian. All vitals are recorded on a clipboard outside the patient's room or at the foot of the bed. . If you need X-rays, just go to the radiology "ballroom" on the fourth floor and find the light box for the unit you're working on. Your patient should be on a list taped to the box with a number next to his or her name. Scroll to that number on the box, fill out a borrow slip and just TAKE THE FILM. It could not be any easier. If you can't find a film, it may be already filed and the staff will be happy pull a film for you. They're usually around and it's usually helpful to have the patient's name and MRN handy.

Introduction

The medicine clerkship at St. Luke's can be highly variable depending on your resident and interns and how busy the service is at the time. Most people have found that the team is a lot busier taking care of more patients than at Presbyterian Hospital, however the patient problems and the team focus tend to be a lot more straightforward than at Presbyterian Hospital (i.e. your standard CHF exacerbation admissions, getting the patient out of the hospital as fast as possible). Daily rounds also tend to be a lot less formal. You may find yourself rounding on patients by yourself in the morning and reporting your findings to the residents later in the AM, or you may spend most of your time tagging along with the intern watching him repeat what you did and really not caring if you pre-round or not. Regardless you will be expected to write notes on all your patients every day, mainly because that decreases the workload for your intern who will cosign your note. You may be asked to write the comprehensive admission note (on the preprinted St. Luke's admission form) when you admit your patient on call; if you are, remind your resident that the hospital requires an MD to fill out this form, but that you would be happy to write an admit note. Some students have found that they were able to play a larger role in the daily care of patients. You may find yourself as the sole provider for your patients, writing all the orders, ordering all the labs and tests, etc, and the nurses may page you to ask questions about your patient's care. Although this may sound scary, as you get the hang of it, it is a great feeling to be given more responsibility, and your confidence will grow. If you are unsure of anything, do not be afraid to ask the housestaff questions no matter how stupid you may think they are, since they have almost nothing to do with your grading and may not know the answer themselves.

Your presentations to your attending are often much less formal, shorter, and there is generally less time for teaching and pimping. You will also present to your preceptor group for discussion and hand in formal write-ups. This is the most important part of the rotation since this is really the only contribution to your medicine grade that comes from your away site, if any at all. Group participation in discussions is also important, so try to prepare by reading pertinent chapters from very basic medical texts, if you have time. Many people enjoy the away month as it provides the opportunity to handle a greater amount of patient care responsibility, while using your time with your preceptor to master more of the academic material. It is, overall, what you make of it, and if you are doing the rotation first, use it as an opportunity to prepare for the Presbyterian Hospital rotation. If you are doing it second and feel confident in the skills you acquired at Presbyterian Hospital, relax and don't make anybody angry, as it most likely will have very little to do with your grade.

Duties and Responsibilities

The medical student admits a patient on each call night. This is the same as it is at Presbyterian Hospital, although the work-up is usually less extensive. You will see all

your patients each morning, ask how they are feeling, assess pertinent symptoms and report any changes. You will also check vital signs, perform a daily physical exam, check labs, imaging studies, other test results, and review consult notes.

You are expected to write daily progress notes in "SOAP" format. The intern will cosign your note and not write another note. You will present patients to your resident in SOAP format. Your team may or may not have formal work rounds. You will also draw bloods, ABG's and assist the intern in any other procedures, as well as help the intern write orders and make phone calls to schedule diagnostic tests.

You are expected to attend all preceptor sessions and other medical student conferences, as well as a daily noon conference for the housestaff on a variety of medical topics. Each student will present some of their patients to their preceptor and classmates for discussion. You may be asked to write discharge summaries on your patients when they leave.

Daily Schedule

6:30-7:15: Pre-rounding.

7:15-8:00: Formal or informal work rounds with your resident and intern to discuss progress and plans.

8:00-10:00: Attending rounds. Presentation of all newly admitted patients.

10:00-12:00: Work time - get bloods, order tests, make phone calls, etc.

12:00: Noon Conference - residents lecture, food rarely provided.

Afternoons: Varies from day to day. Three days a week you will meet with your preceptor group for an hour and a half. Once a week your whole group will meet for radiology conference and psychiatry conference. Otherwise, the afternoon allows you time for any remaining patient care activities, reading, and working on write-ups. If your patient is going for a diagnostic test such as endoscopy, etc., you may want to go along and watch.

4:00: See patients again and do a quick physical exam. Read chart for notes left by consults, attendings, social work etc. Check AM labs and write them in the chart.

5:00: Sign out rounds for some teams. Meet casually with resident and intern and report on what happened that day with your patient. Make plan for the next day.

After rounds: Do any work needed on patients before going home.

Call Schedule

Every 4th night. On Friday and Saturday calls, come in the next morning to present to the attending. Usually you are out by about noon.

Off-hour responsibilities

Patient write-ups, the number of which is negotiable with your preceptor, should be written as outlined in the Atchley form to be handed in to your preceptor. Prepare the night of your call to present the next morning. However, most attendings and preceptors do not expect you to memorize your presentation. Review relevant pathophysiology to be prepared for questions, and read about the disease processes relevant to your patients' and about those topics to be discussed in preceptor groups.

Food

The St. Luke's cafeteria on the first floor is fair but a little expensive. If you have a little more time you can eat anywhere around the main campus. Both of the two delis nearby (Strokos and Hamilton) are good, but Strokos makes the cafeteria look downright economical.

Library

The hospital medical library is in the older building of the hospital and directions to get there are too complicated to write here - just ask and you will be led in the right direction. It really is an excellent little library and has Medline and a decent number of the major journals (and many comfortable chairs if you need to take a nap). Copies are free for the housestaff (that includes us). Just ask the librarian for the housestaff copy card. If, however, you have to make many of copies of articles for your team, use the copier in the Medicine office (where you meet the first day).

Red Flags

You will find that the residents will have less time for teaching at the "away" site compared to at Presbyterian Hospital. Ask your residents to take some time out to discuss your patient and go over the EKG and x-rays with you. Asking questions is really the only way to get anything out of the housestaff. It is not crucial to rehearse your presentation since they are not as formal as at Presbyterian Hospital.

Indispensable Books

Refer to "Medicine: Presbyterian Hospital."

Other Things You'll Want to Know Beforehand

Many students found that the grade in the Medicine Clerkship is practically entirely determined by their preceptor. Your Presbyterian Hospital preceptor will discuss your performance with your St. Luke's preceptor and make the final decision on who gets "Honors." If you need help in the radiology reading room, look for Dr. Anna Rozenstein – she is a great teacher, and is always willing to answer questions.

Introduction

The medicine rotation at Stamford is a nice contrast to the experience at Presbyterian. There's a beach ten minutes away and a shopping mall within walking distance. Of course, there's some medicine to be learned too. What's nice about Stamford is that you'll really see a wide range of diseases, from leukemia, to myocardial infarction, to glioblastomas. It may not have all the glitz of a Presbyterian hospital, but Stamford will provide you with a rich, nurturing learning environment with the added benefit of fantastic ancillary services and a huge amount of teaching.

The one man that makes the whole medicine experience so nice at Stamford is Noel Robin, the chief of medicine. He's one of these older doctors who knows EVERYTHING about medicine. What really sets him apart is his dedication to teaching housestaff and students. He's very approachable and always interested in talking about other topics, such as music or art. Get to know him; he's a real pleasure.

The housestaff is generally very nice and very supportive of students. There are two medicine teams with two interns and a 2nd year resident; two students will be assigned to each team. Your responsibilities on the team are fairly limited, and patient presentations are not nearly as structured as they are at Presbyterian. Most of the residents in medicine are foreign graduates. There are also family practice residents who spend time on the medical floors. Unfortunately, the quality of the residents varies. There are those who were attending physicians in their native countries, and there are those who were happy to get any residency. Overall, they will let you do whatever you want, though there may not always be close guidance.

The attending physicians aren't all small community docs. You will soon find that many trained at high power institutions and decided to settle in the affluent Connecticut suburbs. They're also quite nice and are willing to teach, especially to P&S students. Meet the right person, and they may let you do bone marrow biopsies, colonoscopies, or other neat things.

Duties and Responsibilities

The bulk of your evaluation will come from the preceptor group, with little input from the housestaff or ward attendings. Three times a week for 1 ½ hours, you'll have a session with an attending, who will be your preceptor for the course. One student will present a case and you will proceed to discuss everything about that case. Have an idea what will be presented so you can read up ahead of time. Also, make sure your write-ups are good and on time. You'll be responsible for, at most, one write up per call. There are also afternoon teaching sessions. Everyday at 4:00 PM, a different attending will talk about some medical topic. These range from myocardial infarction to breast cancer treatment to chronic renal failure. Some sessions are better than others, but you'll learn something from all of them.

Daily Schedule

Your days begin quite early, but you will end early as well. You'll be given a schedule the day you arrive, but generally, there you pre-round at 6:30 AM and work round at 7:00 AM. At around 8:00 AM, you'll have your preceptor group, but that may vary with the preceptor. During mid-morning there's always something to do - either teaching rounds with the chief of medicine, Grand Rounds, cardiology rounds, or attending rounds. The attending rounds are not the same as they are at Presbyterian; there is one attending who hears a case and talks about it with your team, but has no real responsibility for taking care of patients. At lunch time, there is noon conference (with free lunch), which can be pretty interesting. In the afternoon you have a few hours to write notes, examine patients, or read in the library. After the 4:00 PM teaching session, you're just about finished.

Call Schedule

Call schedule is every fourth night. You're only expected to admit one patient, and you only stay as long as you need to (although this will vary somewhat according to your intern). On weekend calls, you are not expected to come to the hospital the morning following your call night.

Library

For a community hospital, Stamford has a very nice little library, which you'll have access to 24 hours. They have all the major journals you'll need and there's a nice little reading room for those post-call naps. Unfortunately, the computer facilities aren't the greatest. You can check e-mail and surf the web, but the computers are slow and outdated. Also, there aren't that many terminals, so when everyone on medicine and psychiatry has a write up to do, it can get a little congested. On the brighter side, there's plenty of free photocopying!

Overall, with all of the teaching by enthusiastic attendings, you will probably learn more than your colleagues at other sites. Take advantage of the community environment, and use the large amount of free time you will have in the afternoons to read. You will not have such an opportunity at Presbyterian Hospital.

Introduction

The surgery clerkship at Columbia is designed to give students a taste of what a career in general surgery is like and teach them the basic diagnostic skills used by surgeons. Two to four students are assigned to each surgery team. The teams are: Blue/Colorectal, Vascular, Red/Endocrine, and the Allen, in order of most demanding to least demanding with the Blue Team and the Vascular tied for most hour and work intensive, depending upon who your residents are. During the rotation, students have the opportunity to see many of the standard and classic surgeries, including appendectomy (open and laparoscopic), colon resection and colostomy, mastectomy, thyroidectomy, and even an occasional Whipple procedure (Allen Whipple was a P&S grad, after all), the emphasis being on SEEING, and rarely getting the chance to participate in more ways than cutting sutures. In addition to OR time, students learn to manage surgical patients on the floor and, in some cases, even in the ICU.

Duties and Responsibilities

Much like the Medicine rotation, students act as part of a specific team, usually consisting of one Chief Resident, one Senior Resident, and one or two Interns. The hierarchy is that the chief resident operates all the time but still is ultimately responsible for the patients on his or her service, the senior resident also operates all day but conducts morning and afternoon rounds with the team, and the interns only operate on minor cases and spend most of their time on the floor managing the patients. So, on rounds, you are reporting to the senior resident and the interns. Each team has a separate focus. One is the vascular service; another focuses on GI surgery, another does breast, thyroid, and gallbladder surgeries. The workload for each service varies over the course of the year. The vascular service is known for having a heavy workload, and students on this service occasionally find themselves doing lots of scut, particularly dressing changes at 5am before work-rounds, although the Blue service has early rounds, long OR cases, and many patients also. Likewise, although the Allen Pavilion rotation is known as a less intense service, students there sometimes find themselves with a very heavy workload. In short, there is no reliable way to predict the characteristics of each service before the rotation begins. The first day, everyone draws out of a hat to determine which team you are on so it is totally random.

Students are assigned patients on whom they will round and write notes. Every morning each student will pre-round: check vitals, perform a focused physical, change dressings as needed, devise a daily plan, and write a SOAP note for each of their patients. SOAP notes in Surgery should be limited to less than one page. The first line should include the number of days post-op and the names of any antibiotics the patient is taking, along with the number of days they have been on each. Also important to include in the note are the patient's fluid input and output. Otherwise Surgery notes are similar to SOAP notes in Medicine and other rotations. Students

doing Surgery early in the year should allow approximately 25-30 minutes per patient to pre-round. Later in the year, when people are more efficient, 15 minutes per patient is usually adequate. On work rounds the students report to the team on the status of each patient, including changes on physical exam, results of new labs or studies, and plan for the day. The student's most important responsibility is to help the team stay on top of each patient. If the student performs this job well, then the entire team looks good and things go more smoothly for everyone. Each student is expected to know the history, current physical, what the consults' notes say, and lab values for their patients at all times. These patients also have interns assigned to them so it is important to share with the intern covering your patients what is going on with them. Most likely the intern already knows if Mr. X spiked a fever last night, but the important thing is not to suddenly announce on rounds that Mr. X is in acute renal failure with a creatinine of 2.0 unless your intern already knows about it...do not sabotage your intern in front of the senior resident—work with the intern. In contrast to other rotations, in surgery, you are considered a vital part of the team ...in other words, the team is depending on you to write the SOAP note before rounds. You are basically saving work for the interns who would otherwise be responsible for writing all the notes on the service. Your chance to shine is presenting your patients in a concise accurate manner and having a good plan in the notes.

In addition, students will attend all the surgeries on their patients and see surgeries on other teams so they can get a good feel for the various types of operations done by general surgeons. A motivated student can also see other operations, such as cardiothoracic procedures and occasionally even transplants. For most surgeries, scrubbing in provides an excellent opportunity to be involved and really learn what is done in each procedure. At least one student is expected to be present and scrubbed from the start of every operation. After the surgery is over, the student who assisted is expected to help the residents undrape the patient, take them to the Recovery Room, and write post-op notes and orders.

Whenever possible, it is beneficial to prepare for each surgery by reviewing the operation to be performed, the relevant anatomy, and the indications for the procedure. In addition, a review of each patient's chart before the start of the procedure is important, as attendings will often ask questions specific to that patient's history. The student's responsibilities during procedures depend on the attending and the procedure. Chiefly, students are asked to cut sutures and hold retractors. On some occasions students are allowed to make incisions, sew, and even do some small amounts of dissection, but this is RARE and do not be disappointed if you do not get this opportunity. However, if you are interested in getting more involved, tell your resident because he or she may then be more willing to hand you the knife or sutures. It is important to remember that surgery is a hands-on field, so standing back and watching is not very beneficial. Students should try to feel tumors, explore abnormal anatomy, find the ureters, etc. during surgery. As a matter of etiquette, it is important to ask permission from the attending before doing these, however most surgeons will not only allow exploration of the operating field but will encourage it. You are given

a book to record all the surgeries you have attended and all the procedures you have performed. The most important is to keep track of the cases in the OR.

Doris Leddy, the clerkship coordinator, is available to answer questions and administrative tasks. Students usually participate in afternoon rounds with the team if they are not in lecture or at a preceptor session. Usually, afternoon rounds are held after everyone gets out of the OR for the day, you should preround on your patients just like in the morning except you don't have to write a note. Afternoon rounds are sit down rounds as opposed to the morning where you do bedside rounds. Frequency of call occasionally varies, but is usually every fourth day. The students on call work with the intern overnight, covering the patients from all the teams. In addition, the students do post-op checks on patients who come out of the recovery room late in the day, plus work-up and write admission notes on any new patients coming in. In this way students are exposed to many conditions other than the ones commonly treated by their team. Additional tasks when on call include fever work-ups, blood draws, and IV insertions. Since these are usually performed on patients with difficult venous access, students have opportunities to practice with less frequently used sites such as brachial arteries and femoral vessels. If students talk to the intern who is in the ER, they may also have opportunities to suture lacerations and do similar procedures. Students can also accompany the transplant team when they travel to harvest organs.

Lectures and preceptor sessions are also scheduled, for which attendance is "mandatory." Technically students are excused if in the OR, particularly if operating on their own patient, but otherwise everyone is expected to attend. The surgery department is trying different ways to keep track of attendance at these lectures, but so far they have been largely unsuccessful.

There will be two preceptors with six or seven students each who usually meet with the students daily. These sessions are totally dependent on the preceptor. Some may teach, you usually give one presentation to the preceptor and they assign reading etc. Your preceptor will write your evaluation.

The Surgery Clerkship has a more extensive exam than other rotations, consisting of both written and oral components. The written portion is approximately 100 multiple-choice questions ranging from the ridiculously easy to the completely obscure. The oral exam varies tremendously depending on who administers it. In the end, the exam is not supposed to account for a large portion of the grades, and it may or may not be mentioned in the evaluations.

Daily Schedule

4:30-5:00AM- begin pre-rounds

6:00AM- work rounds with team; all daily notes should be finished

7:00AM- conference or breakfast

~8:00AM- go to OR for 7:30 cases

~2:00PM- morning labs are available on CIS and should be recorded in each patient's chart Between 3:00PM and 7:00PM- afternoon rounds; faster and less formal than morning rounds The rest of the day is some combination of surgery, lecture, preceptor group, and reading

NOTE: Many students experience lots of "downtime" during this rotation. Much of this can be prevented by careful planning and efficient work, but it is a good idea to always have reading material available. Also, students should take full advantage of opportunities to sleep during the free hour. Favorite spots include the call room in Harkness Pavillion, the Student Lounge in P&S, and the "lounges" at the end of each hallway in Milstein.

Indispensable Books

The most useful book is Surgical Recall which can easily be carried in the pocket of your whitecoat and available at all times for quick reading. Surgical Recall also distills the information in the larger textbooks into a more manageable amount and form and contains most of what is needed for the Shelf Exam. The clerkship provides the Sabiston text, but most

students, housestaff, and even faculty agree that this is not a good book. In fact, many Columbia attendings disagree with many of the ideas discussed in Sabiston. A better comprehensive book is Greenfield. Both Greenfield and Sabiston come in full length and abbreviated versions. Another very useful book is Cope's Acute Abdomen, which discusses diagnosis of the surgical abdomen. The Pretest Surgery book is also useful for questions to prepare for the Shelf Exam.

For students interested in learning knot-tying skills, different stitches, and the properties of different suture types, there are many handbooks in print that tend not to cost much money. One such is the Mosby manual, Pocket Manual of Basic Surgical Skills. Most people do not find it necessary to purchase all of these books, and certainly buying more is overkill. Doris Leddy keeps a library of books in her office that students can sign out for the night. Multiple copies of all the books mentioned are available. One other book that is helpful and small is the Surgical Intern Pocket Survival Guide by Ronald Chamberlain MD (it is a small red thin paperback).

Call Schedule

Usually every fourth day. Each team is assigned a call room in Harkness to use to sleep overnight. Also, the locked medical student lounge on 7 Hudson South is invaluable (it is the only rotation where the medical students get their own lounge in Milstein hospital. There is a TV, a closet for your coat and bags, and two couches for relaxation.

Off-hour Responsibilities

Preparation for surgeries, reading for preceptor group, studying for the exam. Some students are assigned presentations for preceptor group or for their team, but these are usually not very extensive. Reading about basic surgical problems from the textbook will help you on the exams.

Red Flags

The field of general surgery works on a very strict hierarchy, so it behooves the student to carefully observe those around him in order to determine what is appropriate and expected behavior. This can be especially difficult for students who have already done rotations in Medicine or other fields where they are encouraged to discuss decisions and even challenge their superiors. This must be done far more tactfully in Surgery. Make your interns look good and you will be rewarded. Helping out your fellow students is noticed and expected. If your partner is missing in action, page them until they return the page and they will be grateful for the reminder, particularly if they are at home sleeping through rounds. Your interns should be your friends, they can instruct you in proper protocol etc. Also, your preceptor determines your grade based on what the senior residents say about you and your performance during preceptor sessions and exams.

Other Things You'll Want To Know Beforehand

As with all rotations, sit down every chance you get, even if only for a few seconds. If you observe the house staff, you will notice that they sit down every time they stop moving. Your feet will thank you.

For students rotating at the Allen Pavilion, the shuttle bus will make trips before 6:00AM, but you must call and ask them to come pick you up. It often takes 30 minutes from the time you call to the time they arrive, so call before you actually need the bus. After 6:00AM, the shuttle runs every 30 minutes.

Before you enter an operating room, you should try to meet the patient; at the least, look at the patient's chart. Many attendings love to ask questions about the patient, and if you don't know the history then you can't answer them.

Never say "no." Anytime anyone offers to teach you something or let you do a procedure, take advantage of the opportunity. If you decline once, they may think you are not interested and may not offer again.

If one of the patients interests you, do some outside research. This is the best way for you to learn in-depth information, and residents always appreciate when you bring relevant articles to their attention.

Always ask attendings if they mind if you scrub with them. They will always be happy to have you unless lots of residents are operating. Also thank them when they leave the room after the surgery.

Wear a Teflon coat. For better or for worse, part of the Surgery rotation is learning to be tough. No matter how hard you try, someone will find fault with the way you do things, often despite the fact that they taught you. The best response is to not argue, then follow their instruction and try not to take it personally. The residents are all much more sleep-deprived than you are. Do the best you can and keep working hard. People will notice. Besides, the rotation is much more fun if you don't get upset.

Honors in Surgery is not going to guarantee you the surgical residency you want, and not getting Honors is definitely not going to ruin your future Urology career either.

Above all, surgery is a demanding clerkship. Be prepared to live the life of a surgical intern for five weeks with the added expectation of learning and reading about surgical core knowledge.

Introduction

The surgery rotation at Stamford Hospital can be a great experience for both budding surgeons and those that just want to finish the month and forget about surgery forever. Depending on the number of students, one or two of you will be on the Blue team and the others on the Gold team. You will most likely remain on the same team throughout the rotation. Both teams see a wide variety of general surgery cases. The Blue and Gold teams consist of the chief, two residents, and one or two interns. For the most part the residents are friendly and willing to teach, especially if you have questions. The key to the rotation is to be proactive because the residents are more than willing to teach you how to do procedures.

Duties and Responsibilities

Your main responsibility during the rotation is to attend cases in the OR. The chiefs usually assign cases the night before so that you can read about the case that night. You will be scrubbing for each case (get ready to retract) so plan on staying for the entire case. Each morning before rounds the student is responsible for printing out the daily patient list and preparing the cart with supplies for dressing changes on rounds (prepare the cart at night to save time in the AM). If you are not in the OR, you can hang out with the interns on the floor, read, or try to see patients in the ER.

Daily Schedule

Rounds begin each day at about 6:00 AM. You should plan on arriving at the hospital around 5:15 or 5:30 depending on the number of patients on your team and the number of patients you are following. Before rounds begin you need to print out the patient list, bring the supply cart to the floor, and rack the patient charts next to their rooms. You should also plan to see any patients you are following and perform the usual preroounding routine on them including writing a brief note. If you have any questions about the plan for the patient you can clarify that with the residents during rounds. You will change patient dressings as a team during rounds so you don't need to worry about doing this before rounds begin. After rounds you will either spend the morning in the OR or helping the interns take care of scut work on the floor. If you are attending one of the first OR cases of the day, you should ask to leave rounds early so that you can do the pre-op H&P on the patient.

ICU rounds are held everyday at 9:00 AM and are required if you are not in the OR. The afternoon is also split between OR time and helping the interns on the floor.

Clinic takes place twice a week (Tuesday and Thursday) at 1:30 PM and you are expected to be there to help see patients.

Afternoon rounds are usually around 4:00 PM but vary depending on what else is going on.

Sign-out rounds vary from 4:30 (if you are lucky) to 7:00 PM. If they are particularly late and you are not on call, the residents will usually let you go home.

Thursdays are largely dedicated to academic conferences, including discussion of an article. It isn't absolutely essential that you read the article, but if you want to follow along with the discussion it might be helpful. Two or three times a week you will meet up with an attending for a 1-2 hour tutorial session in which you will discuss a particular topic. The schedule and assigned chapters to read will be given to you beforehand.

Indispensable Books

The Department will loan you a surgical text that is required reading during the rotation. The text covers the basics and is a good general overview for the rotation. Since the tutorial sessions usually follow this book, you should try to read the relevant chapter(s) prior to each session. Another very helpful and indispensable book is Surgical Recall. This might even be more important for tutorial sessions and the OR as it provides a very concise description and summary of the various topics which will help them stay fresh in your mind. Also good is Surgical Secrets (which is available in the hospital library), as well as NMS Surgery and Lange Current Surgical Treatment and Diagnosis.

Call Schedule

Call is q4. You are required to spend the night in the call room at the hospital and to work the next day. Call is really what you make of it. After sign out rounds you will usually help the intern to post-op patients and take care of scut on the floor. After that you can either continue to help out the intern on the floor, spend time in the ER with the "second-call" resident (PGY2 or 3), or go to the OR if there is a case. Things will usually slow down between 11 PM and 1 AM (give or take an hour). Check in with the residents to see if anything is going on before you retire to the call room for the night. Lastly, be prepared for your pager to wake you up with a trauma page at any time during the night (doesn't happen often, but it can be good to see what is happening).

Off-hour Responsibilities

You will have much more time to read than your colleagues who are somewhere else for their surgery rotation and you should take advantage, especially if you are interested in surgery. The hospital library has a lot of helpful resources (it also houses the computer lab) and is a nice place to relax/read in your down time.

Red Flags

Be prepared for the tutorial sessions as they will largely depend on your preparation and it will be awkward if you have nothing to contribute. For clinic, you should see any patients that have yet to be seen and then present to one of the senior residents

(unlike other rotations in which you might present directly to the attending). Also, be prepared with a case for the Friday H&P sessions that take place each week. The residents will fill you in on what you need for these, but you should try to pick a patient who you have seen throughout the duration of their workup and operative course. Bring any films for the case as these will nicely complement your presentation and impress the attending.

Other Things You'll Want to Know Beforehand

Try to spend most of your day on the floor and in the OR. The test does not count for much of your grade, so do not freak about studying for it the entire five weeks. If you want to do well, focus on being prepared for meetings with attendings by reading and knowing the required text

The first day of the rotation you will receive a pager that you will use during the rotation. You will also get special instructions for what to do in the event of certain page numbers (eg. 9999 = trauma, report to ER). Be sure to make note of these.

Introduction

The surgery rotation at Bassett Hospital is a great experience, especially for those who want a solid surgery learning experience without the exceptionally long hours. You will probably rotate through Bassett with one other P&S student, students from Dartmouth Medical School as well as from Rochester. The students will split up between the two surgical teams, the Blue team and the Yellow team, where you will stay for the whole five weeks. The Blue team tends to do more vascular cases with some thoracic, plastic, and orthopedic cases. The Yellow team tends to do more GI cases with some neurosurgery, urology, and ENT cases, but there is more overlap of types of cases between the two teams than there is at PH. Also, unlike PH, the vascular team is generally not considered to be any more difficult than the GI team, and the hours tend to be about the same on both teams. Each team consists of the chief resident, two other residents, one intern, one P&S student, and one or two students from other schools, depending on the month. For the most part, the residents are friendly and willing to teach, especially if you have questions. As in most rotations, the more proactive you are, the more you will get to do. Bassett is very organized and has great support staff and ancillary services (nurses, blood techs, etc) compared to PH, so you will probably not be asked to do many blood draws on the floor unless you want to.

Duties and Responsibilities

Your main responsibilities during the rotation are preroounding on your patients in the morning and attending cases in the OR. The chiefs usually assign cases the night before so that you can read about the case that night. After you have seen most of the "bread and butter" cases, you will get to choose which cases you want to see. However, they tend to restrict you onto cases within the same team. You will be scrubbing for each case (get ready to retract, hold the camera) so plan on staying for the entire case. You will also get to practice suturing. Each morning before rounds the students are responsible for seeing their patients, getting the vitals, charting labs, and writing a note. (The notes should be done before rounds). You spend the rest of the day in the OR, and when you're in between cases, you can read for the next case, visit your patients on the floor, peek into other OR rooms, hang out and watch TV in the lounge, or grab a bite to eat. Additionally, students are asked to present a topic of their choice to Dr. Moglia (the course director/preceptor) and other students at the end of the rotation, which in the past has substituted for an oral exam. You will be allowed to leave for NYC on the last Thursday night so that you can take the shelf exam at Columbia on the last day of the rotation.

Daily Schedule

Rounds begin each day sometime between 6:30 and 6:45 AM, but this has been known to vary by season, presumably since Cooperstown's population size changes

significantly at different times of the year. Students are required to pre-round on patients and it is generally preferable to write your daily note before rounds, so give yourself at least 15-20 minutes per patient before rounds (depending on what point you are in your third year). If your patient happens to be transferred to the ICU, you will still need to pre-round on your patient and present them on rounds, but you may not need to write a note (so ask your team). On most days after rounds you will head to a brief morning conference where the senior housestaff or junior attendings will present a case and may pimp the students. At about 7:45 AM you will head to the OR. You spend almost the entire day in the ORs, and relatively little time on the floors, except during the nights when you are on-call. On many afternoons all of the students will meet for an hour lecture by different attendings or for a meeting with Dr. Moglia. Afternoon rounds vary day to day based on when all of your team is out of the OR. You will usually be able to leave by 6:15-6:45 PM except when you are on call. Once a week, your team will have clinic and you will be expected to see a few patients and present to the attendings.

Indispensable Books

Dr. Moglia runs the clerkship at Bassett and will give you a Sabiston's and another surgical text that you can peruse, but there is no required reading per se. Surgical Recall is indispensable, and you should be able to answer most pimping questions in the OR by reading the appropriate sections. Many of the housestaff recommended reading Lawrence's Essentials of General Surgery, which is more basic and easier to read than Sabiston's. It is a good idea to have read the appropriate sections of Surgical Recall and/or Sabiston or Lawrence before lectures and before going into the OR. Other books we found useful were The Mount Reid Surgical Handbook and Surgical Secrets. Bassett hospital has a great library that is open 24 hours. You can use any of the textbooks there and the library staff are friendly and helpful, especially when it comes to time for preparation of the oral presentation.

Call Schedule

Call is supposed to be every fourth night. However, this will vary depending on the number of students on each team, and the call schedules of the chief residents (CR). You will most likely follow the call schedule of the CR, rather than sticking to the q4 rule. In spite of the rather random call schedule, it works out that you will take an average of 6-8 calls during your rotation there. You are not expected to spend the night, and you will probably get home between 11:00 and 2:00, depending on your team and your own ambitions. Call is entirely what you make of it. You can hang out with the intern on the floor, you can go into any emergency surgeries in the OR, you can hang out in the ER and see what comes in, or you can disappear into the 24 hour library and read. The housestaff tend not to page you if something exciting happens, so if you want to see the codes or emergency surgeries, you should hang around the intern or resident and be proactive.

Off-hour Responsibilities

Read, prepare for your presentation, and enjoy Cooperstown. In the summer, there is the Hall of Fame induction, Glimmer Glass Opera, a nearby public beach, and some great homemade ice cream which you can enjoy while walking along the lake that is a 5 minute walk from the hospital. The town is less busy in the winter, but there are always nearby ski resorts and ice skating. The Clark gym is a reasonable walk from the hospital (read: not a short walk, but close enough that you don't need a car) and is rather costly, but has a beautiful swimming pool, track, basketball court, squash court, and weight room.

Red Flags

Beware of Gold Rounds, where Dr. Gold (the head of the surgery department) pimps the students and interns in a very useful teaching session. A couple of students have suggested that one shouldn't discuss one's career plans if they don't involve surgery.

Other Things You'll Want to Know Beforehand

Try to spend most of your day in the OR. If you want to do well, read about each case and the related indications, anatomy, and potential complications. Usually, Surgical Recall prepares you sufficiently for pimping in the OR. In the OR, you will be expected to do a significant amount of retracting, and you will often get to staple or suture at the end of the operation, so you should practice your 2-handed and instrument ties during your free time. If you want to participate even more in the surgery, ask to spend a little time with the plastic surgeons. Dr. Mooney is very interactive and likes to teach.

You will have about 10 lectures over the 5 weeks, the first of which will probably be fluid and electrolytes with Dr. Moglia, who gives outstanding talks (and may be willing to give more lectures if you ask). The rest of the lectures will be given by different attendings. If time permits and you want to impress the lecturers, who are the same attendings that you see in the OR, try to read about each lecture subject before lecture.

You will be given free meals for on-call nights at a decent cafeteria in the lobby (tell the cashier that you are on call and sign the sheet the cashier gives you), but be forewarned that the cafeteria closes at about 6:30 or 7:00 pm.

There are some nice restaurants and cafes within walking distance. There are two nearby grocery stores, but you will probably want to drive there as they are a good long walk. The locals insist that it is very safe to walk at night in Cooperstown, so don't worry about getting back to your house late at night even though it is pitch dark.

The hospital will provide you with scrubs and you can wear scrubs everyday except for Grand Rounds and your clinic day. Some of the houses have free laundry machines, and some don't, so find someone from P&S who is assigned to a house that

has free machines and use theirs.

Be sure to bring some long distance calling cards, since there are phones in your house for local calls and 1-800 calls only.

You will be provided with bedding, towels, a hospital-type pillow, and a random assortment of kitchen utensils, but you may consider bringing your own pillow and kitchen stuff if possible.

Most of all, be very glad that you have been assigned to Bassett for surgery. You will probably have an extra 2-3 hours per day more free time than your classmates at PH, and you will still learn a lot, definitely!

Introduction

Pediatrics at Babies Hospital is one of the most structured and well-organized rotations of the year, with many didactic sessions woven into the schedule. This, along with primary care, is the main chance to learn about caring for children.

For five weeks, you'll have stickers for rewards, toys dangling from your stethoscopes, and tons of fun learning about kids. Whether you are interested in pursuing pediatrics or not, you will likely find the experience one of the most rewarding (and exhausting) of third year. Pediatric medicine really isn't taught in the first two years so you will be exposed to a lot of new diseases and ways of thinking about illnesses.

Duties and Responsibilities

The five week pediatric rotation at Babies Hospital is divided into inpatient and outpatient services, each lasting two and one-half weeks. Half of the rotation group starts on inpatients and half on outpatient – you're assigned randomly before the rotation starts. The schedule of the two services is very different.

Inpatient Service

The inpatient students are assigned to teams of residents on either the General Medicine or Liver services. On the first day of the rotation, students starting on inpatient will “pick up” patients who have already been admitted. Subsequently, the student follows patients that s/he admits while on call. Depending on the turn-over rate of the service (how quickly patients are discharged), one may also pick up patients admitted by the residents. This is a great opportunity to take on responsibility. You are expected to preround before morning team rounds (start at 7am or so) to gather information on your patients. Prerounding can be broken down to: 1. checking the chart for consult and attending notes, any new orders as well as nursing notes (these can be very useful for tracking overnight events) 2. new labs 3. vital signs & I/O's 4. brief physical exam (if your patients are sleeping, you can usually do a gentle chest/CV/abd exam and a respiratory check *without waking them* up; return after morning rounds to do a full exam when they are awake) It's safe to give yourself 15-20min per patient for prerounding. You will then present your patients in morning team rounds. Presentations tend to be quite structured, and the interns can give you flow sheets that help you keep track of patient data by system. Pediatrics presentations are a great way to learn how to convey patient information effectively and efficiently because the residents tend to be very good at being supportive and giving good feedback. It's a perfect opportunity to learn how to think about your patients in a systematic fashion, as well as to formulate treatment plans.

After rounds, you will write daily notes on your patients, which are similar to the

notes used in medicine, with a few differences (you won't be looking for JVD, but you may have to check an infant's fontanelle). During the day, you are expected to see your patients two or three times, keep track of significant changes (i.e. vitals, consult notes, etc.), check labs and carry out the plan for the day. You should work closely with the intern who is taking care of your patient to give and receive updates, ask any questions that you may have about the day's plan. Also ask your interns to observe your physical exams. Throughout the day, attendance is required at attending rounds (after morning team rounds), conferences, or grand rounds. During the week, two of the afternoons are spent in lectures for the 3rd year students. Dr. Miller also meets with the third years once or twice per week to teach the core topics of pediatrics.

The day concludes with sign-out rounds with the residents, a practice unique to Pediatrics. During sign out rounds, you will report the pertinent events of the day and the plan for the night. Depending on the senior resident's choice, work rounds and sign out rounds are done sitting down in a conference room, whereas during attending rounds, the whole team may go to see the patient.

Outpatient Service

The outpatient block at Babies Hospital is somewhat less structured and significantly less time-intensive than inpatient. You are assigned a "mentor" with whom you spend at least three half days a week for the two and a half outpatient weeks. The mentors are clinical pediatricians who invite you to their private practice or community clinic to see patients with them. This is the best time to hone your pediatric physical exam skills.

The other major element to the outpatient block is the pediatric emergency room, which is divided into acute and non-acute areas.. Depending on the mentor's schedule, the students on the outpatient block coordinate their schedules such that at least one student (but not more than two or three) is on the non-acute side. You are expected to grab blue charts (non-acute), call in the patients and perform H&P's. Then you'll write a note and formulate an assessment, and present your patient to one of the ER attendings. Then you will see the patient again with the attending.

During the outpatient weeks, you will continue to go to the lectures and conferences as you have done/will do while on inpatient. Also, most mornings if the ER is quiet, the attendings will give lectures to the residents and students on various topics. These lectures, while informal, are excellent and should not be missed, and sometimes include mock trauma.

Also during outpatient you will go up to the Allen Pavilion three mornings per week to learn how to do a well-baby check up at the nursery there. This is a great opportunity to learn the importance of early diagnosis of abnormalities that can profoundly affect development.

Conferences

There are many conferences and lectures for the medical students, both during outpatient and inpatient. There are grand rounds once a week, which, while intended for the residents and faculty, medical students are expected to attend. Pediatric radiology sessions are also excellent and not to be missed.

Call Schedule

You will receive a schedule for outpatient, including one weekend shift. This call is different from your daytime ER time, as there are less attendings available. Therefore, you will shadow a resident, preferably working on the acute side of ER. Shifts usually end at 2AM, so you are allowed to take the following morning off and come in for the afternoon ER shift or mentor office hours.

On inpatient call, you typically stay until about midnight, and you shadow the intern. You will take the first admission of the evening, writing the admit note and orders. This is a good time to have your history-taking and physical exam observed, and one of the only times third year that you are expressly expected to do this with the intern watching you, and not the other way around. You will discuss your case with the team, and present it the next morning on rounds. Also on call, you will be expected to help out your intern with his or her scut items, an excellent opportunity to see different patients and get a glimpse of the intern's life. You are expected to take 3-4 calls, and may schedule them as needed. It is recommended that you take call with the same intern (your "buddy intern") for the entire inpatient rotation.

Off-hour Responsibilities

There is much more "down-time" during the outpatient service than on the inpatient service. Since there is not much down time on the inpatient block because of all of your responsibilities and reading about your patients, use the outpatient time to catch up on as much general pediatrics reading as you can.

If you do find yourself with extra time, you should visit your patients on the floor. Not all of the children have visitors throughout the day, and a few minutes of your company may mean a great deal to them. It is also your responsibility to read up on your inpatients at home or in the library in a reference book or in the current literature. This way you will learn more about your patient's ailment, and you should discuss the most recent therapy options in rounds. In addition, you are expected to write formal write-ups on patients that you admit or pick up on call; these are reviewed first with the teaching resident and then turned in to the course director.

There is a short exam (Dr. Miller gives the question orally, and you write down the answers), for which Dr. Miller will prepare you well during his seminars. There is also a shelf exam, which is of the "hurts if you don't respect it" type. Its importance is not emphasized, and is mostly for your own use in helping to prepare for Step II of the Boards.

Red Flags

Tardiness is not looked upon well, and professionalism is always important. Also, you will be asked to identify a few ER attendings that know your work. Their schedules and yours will change from week-to-week, so try to work with the same person more than once.

Indispensable Books

Though not an absolute necessity, there are some books that may help you get a handle on the basic important principles of general pediatrics. The Blueprints in Pediatrics is an excellent basic review of the important topics, and it's good practice for pimping on the wards. Lots of students swear by the little blue binder called Clinical Handbook of Pediatrics by Schwartz, which fits into your white coat pockets. It's a good source of differential diagnoses. The reading in the assigned packet, though out of order and a little disorganized, are actually pretty good, but you aren't expected to stress yourself trying to read them. The Harriet Lane Handbook, while useful for its formulary (to look up peds dosage), is a little too advanced for the student, and is not a necessary purchase; there are always spare copies on the wards and in offices. MDCConsult and web NEJM are also great sources of reading for patient write-ups and newest treatments. Dr. Miller strongly recommends the Cochrane Library, which can be found through the Health Sciences Library link.

Other Things You'll Want to Know Beforehand

Observe, then ask a resident to go over the well-baby/child exam. 2nd year physical diagnosis does not cover peds PE, and examining scared babies and children can be intimidating. The outpatient block especially provides the opportunity to master this skill.

White coats are optional (name tags are not). Some people believe that kids associate white coats with doctors and possibly previously bad experiences such as vaccinations; others disagree. If you feel more comfortable, wear it.

Use the same flow-sheet for labs that the residents use. This will help you organize your presentations during morning work rounds.

Go to your mentor as much as possible -- it is the best way to practice physical exams. They can teach you some of the tricks of the trade, such as saving the ear exam for last, listening to the heart and lungs first before the baby starts to scream, and always giving the kids stickers after their visit. Also, the more students that are at their mentors, the less crowded the ER will be. Another way to avoid crowding is to make a schedule with the other students and post it as soon as everyone has gotten in touch with their mentors.

Carry a toy. It is a great way to appease a toddler or siblings that are uncooperative, and it acts as a make-shift mobile to dangle above an infant to get him to stop

crying. Just make sure that you get it back after the exam! Also make sure it's washable – you don't want to be spreading germs from child to child.

Take your time collecting your thoughts in the Peds ER. Read the pocket manuals and references in the residents area to fill out your differential diagnosis. Don't be afraid to go back to the patient's room to ask new questions that you previously omitted or to focus your physical exam. You are the one who approaches the attending (no resident/intern buffer!), so wait until you are ready.

Don't wake the patients or parents when you pre-round: just check vitals, I's and O's, and lightly listen to the heart and breath sounds. Come back later to do a complete physical exam, after the patient has had breakfast.

If you start with outpatient, don't think of it as a break. Most people find they can learn the most during outpatient because they have the time to read about the cases they see with their mentor and in the ER. Take advantage of this. Make sure that you are on the same page with your resident and intern when talking with parents. Parents can be tricky, as they want to advocate for their children; on the other hand, when a working partnership does develop with them, it is extremely rewarding.

Again, don't wake patients or parents when you pre-round: lightly listen to heart/lungs/abd, check vitals, I/O's. Come back later to do a complete physical exam.

Introduction

The first three weeks of this clerkship are spent on the general pediatrics inpatient service, the last two in outpatient departments: general pediatrics clinic, HIV clinic, adolescent clinic, allergy/asthma, peds cardiology, neurology, and the emergency room. The amount of teaching by housestaff on the inpatient service may vary, but the residents are receptive to questions, and eager to have you on the team. As they are tremendously overworked, they are also interested in your input since you have time to know the patients and do outside reading about your patients' ailments. They also appreciate willingness on your part to take on some scut. Overall, there seems to be widely divergent experiences depending on residents, attendings and time of year that they did it. One plus is that some of the International Medical Graduates were practicing pediatricians in their home countries, which make them very knowledgeable interns and residents.

Getting There

Shuttle service to HH is a godsend but often at inconvenient hours (earliest usually leaves PH at 6:40 am, while work rounds are often at 7). Coordinate with other classmates commuting to HH if you need to get there earlier or leave later. \$7 is a reasonable fare for between HH and PH with which no one should quibble. The M2 also makes a straight shot from in front of the 168th St. subway stop to 135th and Adam Clayton Powell Blvd, which is just 1 block west of HH. To get there by subway, take the 2/3 from 96th St. to 135th (the hospital is right there), or take the C to 135th and walk 4 avenues east (if it is light out, or you are not alone.)

Duties and Responsibilities

Inpatient: As with most medical rotations, your job is to admit one or two patients each time you are on call and follow that patient, acting as the patient's primary care provider. You write an admission note for your patient, present the patient on attending rounds the following day, and continue to write daily progress notes and present the patient's progress at work and attending rounds each day. The interns have to repeat all of your notes, and no one reads them, so writing a progress note every day is not crucial, but some attendings may expect it. You should do as much of the work on your patient as you can, including blood draws, planting PPDs, and minor procedures. Because patient turnover tends to be fast, you may have to pick up patients that you do not admit to maintain a reasonable number of patients (i.e. two to four), and/or admit patients on the days that you are not on call.

Outpatient: You are encouraged to see patients on your own in most settings except HIV clinic. In other clinics (i.e. cardiology) you may just shadow the resident. After you see a patient, you present to the attending, who then sees the patient quickly and signs off on your note and plan. In the general peds clinic, you are also encouraged to

give your patients their immunizations yourself (with attending supervision).

Daily Schedule

Inpatient

Before 7AM	Pre-round on your patients
7-8 AM	Work rounds with the housestaff on all patients
8-9 AM	Peds ICU rounds
9AM-12PM	Attending rounds, presentations on topics by housestaff or you
12-1PM	Resident conference, bring your own lunch
Afternoon	Time to do patient work, admit patients, etc.

In addition, there are frequently scheduled afternoon talks for the students including meetings with Dr. Khakou (hematologist), time in the NICU, and a whole afternoon with the nutritionist. Two afternoons a week are spent back at Babies' Hospital for lectures with the entire rotation group and Dr. Miller sessions.

Outpatient

This varies from day to day, but mostly consists of one clinic in the morning and a different one in the afternoon. The schedule is much lighter and usually goes from 9AM-6PM, and they will always let you get lunch. Afternoons in the Peds ER finish at 4PM because that's when the attendings switch over; you might decide to stay longer, but don't feel obliged – the moonlighting attendings have no official role in teaching you.

Call Schedule

Required: one weekend calls and four weekday calls during the three inpatient weeks. You can choose the nights, and it is not necessary to always be with the same intern, since all of the patients end up on the same team. You have to stay until 11PM and pick up one patient. There is no call for the two outpatient weeks, but you can stay in the emergency room as late as you like. You might also drop by the ER if there is nothing going on upstairs while you're on inpatient call; that way you can both keep busy, and have a heads-up on whether any admissions are coming upstairs.

Off-Hour Responsibilities

Two "write-ups:" the course director wants Atchley-style write-ups with research papers referenced for diagnostic and therapeutic questions. They should be on highly focused clinical (often sickle cell-related) with good literature searches, basic science detail, and the latest developments. You also have to give presentations (unspecified number) on general topics to the floor team, including the attending. You can present the same subject you write up.

Red Flags

Make sure that you get the course director to explain exactly what he wants from the written assignments. Also, some of the HH attendings that you'll see in morning conferences and clinic do not seem to care much for the medical students. Just stay out of their way, and you'll be fine. You will not be assigned to work with them.

Indispensable Books

As above. General pediatrics textbooks (i.e. Nelson's) and handbooks are usually available at the nurse's station. There is a small housestaff library on the floor with textbooks. The housestaff swear by Harriet-Lane, and usually have copies on hand. Schwartz's "Clinical Handbook of Pediatrics" is helpful for differential diagnoses.

Food

The cafeteria (2nd floor): the food is bland and only available 11-1, but it's very cheap (\$2-\$3 for lunch.) McDonald's is in the lobby, there are some good cheap delis across the street, and KFC is up the block. Others love the griddled goodies at PanPan.

Library

Located on the 6th floor, and students report it being useful in the past. "You can take out old edition textbooks for up to two weeks, if an attending vouches for you. Or, copy chapters for 5c a page. Find and use this early on." However I did all of my research on my computer at home: mdconsult, medline, and Columbia's ejournals. Another gem – free copies at the NICU (you need to bring your own paper to use the copier in the art room on the 17th floor, but it's also free – just ask someone to point out the code for you). The chief resident's room (by the social worker's offices) has lots of good reference books, stack of Pediatrics Clinics you can borrow, comfy chairs, and file cabinets you can stash your stuff or books in. You can get in here at off-hours too if you figure out what drawer the key is kept in.

Other Things You'll Want to Know Beforehand

The most difficult thing about Harlem Hospital is that laboratory and radiology data is not easily accessible. Only the most basic chemistry, serology, and hematology labs

come up on the computer. You have to call the labs for microbiology and radiology results, and it's often easier to just go down in person. For blood culture results you have to go to the microbiology lab (8th floor), look in one book to check and see if the culture was received, and look in the "positive culture" book to see if your culture is listed. For other culture results (urine, CSF, and throat) ask the lab techs nicely to check the computer; they will need the patient's unit #. Since there is no tube system at Harlem Hospital, you should deliver bloods to the lab, unless you don't mind waiting for hours for them to be picked up. Blood gases must be hand-delivered to the ER. It is good to familiarize yourself early with the locations and telephone numbers of the labs. The interns can also teach you how to send viral cultures to Babies. You need to call BH for a PH unit #, fill out a special form, and use culture vials that are obtained on the 6th floor to the right of the blood bank. If it's URI season and you anticipate sending lots of viral cultures, try to stash some extra culture tubes in the medicine fridge upstairs.

Supplies can be short at Harlem; if not in the treatment room, try the PICU across the hall, or ask the NICU on the 4th floor. You may want to stash some 23-G butterflies in your pockets for when you want to draw blood.

Introduction

This rotation consists of two and a half weeks of obstetrics and two and a half weeks of gynecology. Your obstetrics experience will be a mix of inpatient and outpatient as well as labor and delivery. While on Gyn you will be split into one of two teams – “Gyn-onc”, and “Gyn-Benign”. It is just what it sounds like – on Gyn-Onc, you see cancer patients, and on Gyn-benign you’ll see patients with problems like endometriosis, fibroids, ovarian cysts, etc. As with everything else, this rotation is what you make of it. It is an exhausting 5 weeks, but it can be quite enjoyable, too. If you are interested in this field, BE PROACTIVE about getting to participate in patient management, deliveries, pelvic exams, etc., since you have so little time in each part of the rotation. If you know you are not going into this specialty, it is still worth your while to see and do as much as you can because it will be your only opportunity to learn about this important area (important for life and Boards Step II). Either way, keep up with the reading, so you'll be ready for the shelf exam at the end.

Duties and Responsibilities

As in other rotations, you will have patients to follow on both OB and Gyn. On OB, you will be following patients on the ante-partum service, learning about problems such as premature rupture of membranes, etc. Depending on your attending, you may have to preround and write notes on your patients. You will also be responsible for picking up the ultrasounds done that day. Some days you will be in an OB clinic, where you'll do prenatal visits and check: general well-being, fundal height, fetal heart rates, and ultrasound if necessary. There are also opportunities for you to shadow an OB attending in their private practice. During your call (which is q4, 24 hour call), you will be on the Labor and Delivery floor. There, the student is responsible for triage (i.e. taking a brief pregnancy history and performing the physical with the resident, to determine if the patient is in labor, etc. If the patient ends up staying on L&D, you follow her along with the intern or resident. Then you wait. Use the down time to read - try not to sleep unless your resident is sleeping and be ready to go when someone is about to deliver. How much of the delivery you actually participate in is resident and situation-dependent. Sometimes you get to do the entire thing, other times you just watch. It helps to follow a particular patient all the way through her labor process. Be active about learning about the management of complicated labor and deliveries, including C-sections. Medical students are usually expected to scrub in on some of the C-sections that occur during their time in L&D. Things can happen quickly, and sometimes people will forget to explain things to you, so ask questions.

On most days in GYN, you will go to the O.R.(the same deal as in general surgery, so the same rules apply). You are expected to follow most of your patients postoperatively, which includes prerounding on them, and depending on your resident, writing notes on them. One whole day out of the week, you spend in the

GYN clinic where you'll get to do pelvic exams and work on your gynecological history-taking skills, see patients and present them to the attending. When you are on call, you contact the resident on call and let them know. You are not expected to be in the hospital, but must be in the vicinity so that you may show up to evaluate consults or E.R. patients with the resident, when you are paged. Call is until 11PM, but most residents are cool about you going home (obviously, if you live nearby) and will page you when someone comes in. So feel free to sleep as long as you know the page will wake you.

In addition to the above, throughout your 5 week clerkship you'll have two preceptor meetings per week and a weekly meeting with the course director. Preceptor group usually consists of oral presentations by students (each student does one and you will have to write this up as well). One afternoon is dedicated to lectures for the entire rotation group. It's not so great if this is your post call day, but otherwise, the lectures are pretty good.

Depending on who they are, your residents may expect an oral presentation from each student on both OB and Gyn - usually a 5 -10 minute talk on a particular topic. This is not that stressful - do a good job, but spend more time working on the presentation for preceptor group because it will probably be around an hour long.

Daily Schedule

When you're on OB you'll get in early (probably in the vicinity of 6:00 AM) and pre-round on your patients on the ante-partum service. You'll want to know their vital signs, do your mini-physical (general appearance, heart, lungs, abdomen, extremities) and ask about: contractions, per vaginal bleeding, fetal movement, and loss of fluid. You write your SOAP note and then it's time to round. You'll present your patient to the residents, including any tests or labs from the day before. After rounds, you will go to "board turnover." The board lists the names of the patients on L&D and their current status (centimeters dilated, ruptured membranes, Group B strep status, etc.). Board turnover consists of the overnight team reporting on these patients so the day team can take over their management. Then, if there are Grand Rounds that day, you go there. Otherwise, after board turnover, the OB student on call goes to L&D, the one post-call is off for the day), and the rest go to clinic or spend time in ultrasound.

Responsibilities on Gyn also include pre-rounding on your patients, writing your SOAP and presenting them on AM rounds (usually 6:30 am). Again, if there are Grand Rounds that day you go there. After that, students disperse among the OR, clinic, and being on call as described above. The day ends after you have afternoon/evening) rounds. Again, make sure you've seen your patients and can report the latest about them. The attendings are usually not free to round until 6 PM, so some days when the team decides to keep you for afternoon rounds you may be there till 8 PM. However, this is team dependent.

Call Schedule

Call is every fourth night (or fifth night if you have five students) on both OB and Gyn. OB call is 24 hours (don't expect to get much sleep), but you get the post call day off unless there are medical student lectures. Gyn Call begins after your day ends on the weekdays, and around 8 am on the weekends and ends at 11 pm. You don't have to physically be in the hospital for Gyn call. Just be around with your pager so you can get to the hospital quickly when paged in. Whether or not you get called is resident dependent.

Off-hour Responsibilities

Off-hour responsibilities include reading on your patients and studying important topics for the exam and for your career. Also, you should spend time preparing for presentations in preceptor group and for your residents.

Red Flags

You should be reading all throughout the rotation, because there is so much material to learn in this particular rotation (esp. with that shelf exam) that is not really covered in our 1st and 2nd year curricula. Also, as with any surgery, read about the procedure (including indications for surgery) and review the anatomy beforehand. This means looking at the surgery schedule the day before.

Indispensable Books

They give you a textbook and a pocket manual. Most medical students use the Blueprints OB/GYN book, which is probably the best in the series and is highly recommended for the exam. For those very eager to have practice questions for the shelf exam, some may consider buying the PreTest for Ob/Gyn.

Other Things You'll Want to Know Beforehand

OB: Be proactive! The residents are extremely busy and will easily forget about you if you wait for them to find you when something is happening. Remember, the deliveries often occur without prior notice. Try to keep a sterile gown and cap within your sight (i.e. stash one in the corner) in order to increase the number of deliveries in which you participate. Make sure you learn the maneuvers of delivery early on. Make sure you know the patient and the patient knows you before you ask to deliver her baby! Don't expect to deliver 20 babies. Most student will deliver 1-6 during the rotation. Some may deliver none. The intern can pull rank on you and take the delivery. Just accept it and deliver the placenta. You can ask the attendings if you can watch a private delivery if there are not any ward patients on the board.

GYN. This part of the rotation is pretty straight-forward. Try to split your time evenly between the OR and the clinics. Unless you are going into GYN, the outpatient experience is more valuable for practicing exams and treating common complaints.

Introduction

OB/GYN at Roosevelt is less academic than the PH rotation, and you will likely have to do more independent learning. Though this rotation has acquired a reputation amongst medical students for being a negative experience, you will still get a chance to learn some clinical OB/Gyn. The rotation is divided into four blocks of 8-10 days that all students must go through: Nightfloat at the Roosevelt labor and delivery room, Gynecology/Gyn-Onc at Roosevelt, Daytime Obstetrics at the Delivery Room at Roosevelt, and clinic at Roosevelt and St. Luke's. Each student (of a total of four students) is assigned to a different block each week so that no two students are on the same block at any time. There are lectures, often rescheduled (as happens on almost every other rotation), on Monday through Thursday at 5pm. You are also required to attend Grand Rounds and the resident's morbidity and mortality conference, both of which occur on the same day. Keep up with the reading as much as you can because you take the same shelf exam as the PH students. Try to get as much sleep as you can in the call room, and keep in mind that the residents may be too busy to teach. You do not have access to the computer system and you need to be buzzed in every time into the L&D room. There is a higher chance that you will get to deliver than the other students, however this is not an absolute. There is also a preceptor that is assigned to you, but as a rule their role is to be of assistance in case of trouble – most likely you will only have to introduce yourself and never talk to them again. There is also a full write up that needs to be handed in during the last week based on a clinic patient that you saw. Dr. Feder, the assistant course director will give you an outline of what is expected.

Duties and Responsibilities*Obstetrics: Labor and Delivery Room(Roosevelt only)*

The center of the delivery room is “the board”, a big white board in front of the nurses station that has the names and exam findings of all the patients. With the intern, you cover the screening room. As soon as a patient is put in the screening room or is listed on the screening board, take a thorough OB history. Roosevelt provides a handy pocket form with tips for the screening room and what an OB history should cover. Clinic patients' charts should be available if the patient is going to be admitted – the desk clerk looks for the file when the patient comes in – use them for the pre-natal care history. Do the physical exam, except for the pelvic, and analyze the fetal monitor tracing. Ask the intern to go over how to read fetal heart tracings with you. Present the patient to the intern, or to the senior resident, and have the intern or resident teach you and then supervise your pelvic exam. Make an attempt to discuss management of the patient, though you may end up having to see more patients. If the patient gets admitted you should write the admit note. Try to be proactive about following service patients that have been admitted, you may end up getting to help or perform the delivery. You should also scrub in on C-sections –

even if you weren't following the patient, but remember to ask the attending if you can do so. You may also be of assistance by writing post-op notes 2 hours after Cesarean delivery while the patient is still in the recovery room.

Whether you are on night float or daytime OB, you should show up to pre-round with your intern, usually around 6am. Most likely you will be assigned 2-4 post-partum patients to write morning notes. The format for different notes are in the handout you get the first day – use them. Keep on top of labor rooms, and update the board when the resident does a pelvic exam or essential labs come in. AM and PM sign out at the board are mandatory, the times vary depending on the day of the week. Usually on the day you switch between night float and daytime, you will get the morning off. Both night float and daytime students will also be required to be in morning rounds with the attending – go to these, you may actually learn something.

Gynecology (Roosevelt only)

Your job is to show up to the OR, assist with the cases, and be present for rounds. You will be fluctuating between the general service and the gyn-onc service, each with a different sets of residents. Paging the resident at around 4 pm the day before is important to find out what time rounding is next morning. Read up and expect to scrub in on operations – you will be needed to retract. Reserve Thursdays for reproductive endocrinology OR time, and take the opportunity to ask the attendings questions, they will be your best source of learning there.

Clinic

You will get a schedule for which morning and afternoon clinics you have to show up to. Some of these clinics will be at Roosevelt, whereas others will be St. Luke's. You will have to do a write up based on one of these clinic patients, and hand it in to the course director Dr. Moritz. You will most likely end up seeing patients on your own in all the clinics and then presenting them to the attending/resident. Must go to clinics are colposcopy with Dr. Anderson, reproductive endocrine at St. Luke's, and follow up clinic with Dr. Feder (or another attending) at St. Luke's.

Call Schedule

You will be given a call schedule that is based on which block of the above you are currently in. All call will be in the L&D floor at Roosevelt. Since the night float student is there on all weekday nights and Sunday night, the other students will rotate through Friday night call, 24 hour Saturday call, and Sunday morning call.

Off-Hour Responsibilities

You may be asked by housestaff and attendings to look things up in the library and present later in the day or evening. Use downtime to go to the library on the 2nd floor, open 24 hours (security can let you in if it is locked), to find what you need (with free photocopying)! There are call rooms that are available to you on the same floor as

L&D, you may take advantage of those when on call, or when not on call.

Red Flags

Friday call starts early – make sure you know what time to be there. The weekly house staff board review sessions are informal but you may very rarely be asked to answer questions. Keep in mind that the pelvic exam that you do will have to be repeated by the intern and resident – an unpleasant experience for the patient! As in with other services, there are also issues about medical students examining private patients. Try not to get frustrated at this hospital, you will be tired from the night float and trying to cram for the shelf exam. Just keep in mind that you only have be there 5 weeks and the time flies, so be proactive about learning to perform a good exam and perhaps deliver. The importance of the shelf exam for your evaluation cannot be underestimated. Some residents may be more open to students than others, and it often the case that you will be asked to do scut (like getting coffee and going downstairs to pay the delivery guy). Take this all with a grain of salt and roll with the punches. It is also important to be on the same page with all the other students and not make each other look bad – agree how you will do your write ups for example. Of note, agree amongst yourselves if you will show up at the 5pm lecture after you switch off night float, and back each other up. Again – study for the exam, it is very important and also the most difficult shelf exam you will take.

Indispensable Books

NMS OB/GYN, Blueprints in OB/GYN, On Call OB/GYN, have all been recommended. Blueprints is by far the most popular. The questions in the back of that book may be too easy as compared to the shelf exam. Pre-test for OB/Gyn is also popular, but the questions may be too difficult and of a different emphasis than the exam. Nonetheless it may prepare you well for the exam (do not be discouraged if you are getting less than 20% right, you're not the only one!).

Where to Get Food

Eat when you can, but they're big sticklers about you eating before your intern! When you are on call, the house staff usually orders and often the attending on call may contribute! Even if they do not ask you, try to make sure you get to include your order too. There are many other restaurants and delis around, and the Soup Nazi of Seinfeld fame is at 55th street, west of 9th avenue. The cafeteria isn't so bad either.

Other Things You'll Want To Know Beforehand

The laundry where you can get clean white coats and is on the first floor and has different hours every day, if any at all. There will be scrubs in the call room available, but if you're a L, XL, or XXL they may be hard to come by and you may need to get them from the laundry room (ask the intern to show you the secret place for the scrubs). Also be sure to get a temporary ID, which can easily take a day, so that you can use the free shuttle between Roosevelt and St. Luke's to get to clinic.

Introduction

On this rotation, you'll spend two and a half weeks on OB and the other half of the rotation on GYN. Like most rotations, this one is what you make of it. Your daily schedule is less taxing than what your classmates are going through at PH (you never have to get in earlier than 6 am, and you're almost always out by 5 pm except on call nights), so you'll have more time to read for that all-important shelf exam. On the other hand, you'll probably get less teaching from residents and fewer chances to do deliveries. The commitment to and enthusiasm for teaching varies greatly among the residents, as does the quality. For the most part, the faculty teaching is very good.

At first, you'll feel a little lost because there aren't clear expectations in terms of your duties and where you're expected to be at any given moment. It will also take a while to figure out your role regarding the private patients, who make up the vast majority of patients; this will vary from attending to attending. With time, though, you'll figure this out; also, the residents will probably warn you about some of the attendings and their quirks, so you won't be in for too many surprises.

Duties and Responsibilities

GYN: You will round on the Gyn patients each morning, and then spend the days split between the OR, clinic, and any didactics you have scheduled. During morning sign-in rounds, the senior resident on gyn will usually assign you to certain ORs or surgeries for the day as second assist (unfortunately, this is especially important for procedures that require someone to retract, like vaginal procedures and total hysterectomies, where you won't be able to see anything and will be leaning in uncomfortable positions). You'll be expected to pre-op those patients and, if it's before sign-out rounds, post-op them as well; you'll also write morning notes on any of those patients who have been admitted. When you're not in the OR or in classes, you're expected to go to clinic. In the afternoon, you sometimes help round on or post-op other patients and then attend sign-out rounds at the end of the day. (If sign-out rounds look like they'll be happening late, the residents will sometimes let you skip sign-out rounds and go home for the day.)

OB: You also round in the morning on maternity patients, and spend the rest of your time either in clinic (this is when you have more of an opportunity to go to clinic) or on Labor and Delivery. On maternity, it's the students' job to take out staples after C-sections; this takes priority over writing notes on your patients there. On L&D, you'll be expected to fill out the one-sheet admission form for regular patients or the two-page form for C-section patients, which means taking the history and doing a quick physical. The residents are good about walking you through how to do the admission ultrasound, which you'll eventually do on your own. Other than that, you'll spend the time checking up on patients, helping out when patients are pushing (this can mean up to two or three hours of coaching patients through contractions), scrubbing in for

deliveries, being second assist for C-sections, and scrolling labs for anyone who delivered the day before. You should try to introduce yourself to all the patients. The residents may not want you to be at the delivery if you haven't met the patient beforehand.

You need to be aggressive in showing interest in doing deliveries. Because there are relatively few staff patients, the junior residents want to do those deliveries as well. Also, you're likely to have a family practice intern rotating through L&D, and those interns have a quota of deliveries that they need to do during their rotation as well. The residents can tell you which attendings are the best about letting students scrub in and participate in the actual delivery. As the residents get to know you, they may also let you help with things like episiotomy repairs (hint: learn how to tie a one-handed surgical knot!). You'll have more than enough opportunities to see C-sections, where you're expected to cut sutures, keep the field clean, and just generally help out. Though the attendings and residents will want you in the C-sections to help out, the course director encourages students to prioritize deliveries, especially toward the end of the two-and-a-half weeks.

Clinic: There are clinics most mornings and afternoons, mostly general but also a few specialized clinics (e.g., high-risk obstetrics, colposcopy, and general gyn). In general, they want at least one student helping out in each clinic. You'll usually spend the entire clinic working with either one resident or the nurse-practitioner. At first you'll go in with the resident, who will hold your hand at first and show you how to do things like finding fetal heartbeats and taking Group B strep cultures. Later, you'll see the patient on your own at first and then have the resident come in. You're expected to write the note and are encouraged to present to the attending. Shadowing the nurse-practitioner is extremely helpful for the first few days in clinic (even though the residents tell you it's better to follow them). The nurse-practitioner is very good about explaining basic things and making you comfortable with patients. Clinic is your best opportunity to see a range of health problems and practice pelvic exams, breast exams and cultures; you'll also do a lot of routine prenatal exams.

Didactics: Each week, you'll usually have one lecture from the chief of the department, one from the course director, and three from other faculty members, covering most of the important topics in ob/gyn. Since there's only up to 4 of you attending, they notice if you fall asleep, i.e., post-call.

Daily Schedule

6:15 AM (6:30 AM on Thursdays and Fridays, 6am on journal club days): Sign-in rounds. There is no prerounding at Stamford; the residents who were on call overnight provide updates to everyone in the morning. After that, anyone who covered any gyn surgeries will go to write SOAP notes on their inpatients, while everyone else heads to maternity to write notes. Don't worry if you don't manage to see all your patients during the hour between sign-in rounds and the first class of the

morning. The residents are on the floor at the same time, and they'll see any of their patients that you don't get to first.

At 7:30 on Monday through Wednesday, there are attending rounds with the in-house faculty, where they usually ask a resident to present one patient (picked on the spot) for general discussion. Thursday morning is spent in lectures for both the residents and students. Grand rounds (and once-a-month journal clubs) take place on Fridays.

As mentioned above, the rest of the day is basically up to you; you will have didactics several times a week, totaling about 6 to 7 hours a week, which vary in quality.

~4-5 PM: Sign-out with all the residents. Students don't generally say anything during sign-out rounds, but every once in a while the residents will throw you a curveball and ask you to report on one of your patients. After sign-out, everyone (students and residents alike) can go home except for the two residents and one student on call.

Indispensable Books

They lend you a book (Hacker & Moore), but you should try to contact some of your group-mates before the exam to find out if anyone at home has learned of a great review book or gotten hold of some review sheets. The book they lend you is too dense to use to study for the exam, and if you haven't been skimming/reading it as you go along, it definitely is too dense to learn all in the last week, so some type of review material is necessary. One review book that is meant to be indispensable for the shelf exam is the Blueprints series OB/GYN review book: very relevant and concise. On the floors, some of the residents carry around Obstetrics Gynecology & Infertility, a useful pocket-sized handbook.

Call Schedule

You're on every 4th night, but, unlike your colleagues at Roosevelt and PH, you do not have the day off post-call. Regardless of which half of the rotation you're on (OB or GYN), call is the same: you spend most of your time on L&D, unless there are patients to post-op, ER calls, or problems cropping up with patients on the floors. The ER calls are an especially good opportunity to practice pelvic exams and learn about the workup for bleeding during pregnancy. Though you're not required to stay overnight (a new thing in 2001-2002; overnight call used to be required), the residents will tell you that you'll really learn a lot more by staying overnight, and most people ended up doing overnight call last year. There's a very nice call suite in the L&D area (individual rooms with phones and sometimes clocks or TVs, plus a common lounge and hot showers), with two extra rooms reserved for private attendings; it's very rare that both rooms are in use, so you'll almost always have one for yourself.

You'll get assigned to your call schedule on the first day; although you can swap schedules with other students, they generally don't want you to switch individual days after the schedule has been printed up. You only have to do five calls; they give you

the last week off so you have time to study for the exam. Weekend calls start at 7:30 AM and go for just over 24 hours. The amount of sleep you get really varies from night to night, and also depends on how much you want to see. The residents want you to be able to sleep, but if you haven't seen much during the day, you'll probably want to stay up if it looks like something will be happening soon. You'll almost always get SOME sleep, ranging from 1.5 hours on a brutal night to 4 hours on a more typical night. However, remember that you're on for basically 36 hours straight, so don't stay up just to prove you're tough if there's nothing going on.

Off-hour Responsibilities

You have to present a topic to the in-house faculty and residents based on a case that you saw. It's pretty low-key, but it's a good idea to bounce your idea off the residents so that they can give you guidance on how doable it is. You also will have to prepare a patient handout on a general topic for the clinic (i.e., no more than an 8th grade reading level). You should read some along the way, but don't sweat it if you don't get much reading done; you'll probably learn more from the residents and didactics anyway, and most attendings don't do a lot of pimping. The exam is fairly tough and is rumored to be very important in deciding who gets honors, so get a review book and don't leave all your studying for the last minute.

Red Flags

Don't fall asleep during lectures, even though the residents often do.

You probably won't get to do as many deliveries as people at other sites.

Other Things You'll Want to Know Beforehand

You will be wearing scrubs ALL DAY EVERY DAY, so you really don't need to bring any nice doctor-like clothing. Keep that in mind when you're packing. A few scrub tops and bottoms are stored loose in the men's locker room, and small sizes are in short supply, so if you care about having matching scrubs or anything smaller than the equivalent of large PH scrubs, bring your own. Be proactive! The residents are extremely busy and don't always have time to page you, particularly if a delivery is about to happen.

Most of the people you have contact with have some role in your evaluation. This also means that lots of people have input, so if you don't hit it off with one person, don't worry about it.

Introduction

Columbia is famous for its neurology department and this rotation is a great opportunity to learn. For the most part, the residents are very intellectual and love to teach, so they spend a lot of time with the students. The goals of the rotation are to learn and be comfortable with the neurological exam and understand the diagnosis and treatment of key neurological diseases. You are expected to become proficient at the neuro exam so that you can do the important elements every day on every patient (including mental status, cranial nerves, strength, reflex and distal extremity sensation.) The key is to gain familiarity with repetition. You will get the hang of it.

Duties and Responsibilities

There are two teams, with each team usually composed of five or six medical students, two junior residents, and one senior resident. Half the time, one team is on the stroke service, while the other team is on the general neurology service. The teams switch midway through.

As in medicine, you are required to admit patients, pre-round on patients, present patients on rounds, write SOAP notes, and follow up on lab results. Depending on the resident, the student may be required to draw blood, schedule tests, or have the opportunity to perform lumbar punctures. Students usually carry 1-3 patients. Most senior residents like all patients to be followed by a medical student, so you will be assigned new patients to follow on non-call days. Your other responsibilities are mainly going to scheduled lectures and teaching sessions.

Daily Schedule

6:30 or 7:00 - Pre-round. See the patient, ask about night events, perform examination, and write progress notes.

7:00 or 7:30 - Work rounds. Short SOAP presentation for current patients, including exam results and lab results. For newly admitted patients, a comprehensive presentation of the history, physical exam, test results, assessment, and plan. These presentations are a good opportunity to learn pertinent positives and negatives in the neurologic patient, and to clarify all the necessary information for patient write-ups.

9:00 – Attending/Student Rounds. The attending neurologist for the team will spend an hour either talking about a particular patient, or discussing core topics. If you know the topic, be prepared because most attendings teach by asking questions. Understand all the core elements of the disease, review all pertinent neuroanatomy, and know everything you can about the patient. These are great opportunities to learn—this is the “preceptor group” of neurology; it differs from medicine in that your preceptor is also your attending. Your “fund of knowledge” is best displayed at these meetings.

10:00 – Team Attending Rounds. These rounds are just like work rounds, except all presentations and management decisions are made by the attending. The attending generally only hears about ward patients, unless there is an interesting disease in a private patient, or if there are no ward patients. The attending switches monthly on the general neurology service and weekly on the stroke service, so it is possible for you to have several different ward attendings.

12:00 – Conference. Each day of the week, there is a different neurological topic covered. For example: Monday – neuro-ophthalmology; Thursday – neuroimmunology. There may be a special guest speaker, but mostly a presentation by a resident. It's a nice opportunity to see residents get pimped instead of students. Every other Friday, a student will be required to present a case to the Chairman of the department, which is an excellent learning opportunity. Lunch is provided for some of these conferences.

Clinic

One afternoon a week, you are scheduled to follow a senior resident in Neurology clinic, or in one of the specialty clinics in Vanderbilt. One afternoon during the rotation, you are scheduled to follow an attending in his/her private office. The value of these sessions is highly dependent on whom you are assigned to.

Neuroradiology Conference

All the neurology residents on the wards and some of the attending go to the conference on Tuesday mornings. The radiologist reviews the CTs and MRIs of the patients. These sessions tend to be over the head of students. Once a week there is a special conference for the medical students to go over basic neuroradiology topics. These are particularly important in learning the differences between all the different scans and their relative strengths and weaknesses.

EEG Rounds

These occur once a week in NI, where EEG experts present patients with interesting EEG findings. Generally well above the medical student's head, but good for bagels and donuts. Participation not expected.

Grand Rounds

Once a week, an eminent figure in the field is invited to speak on a topic.

Elective Week

At the beginning of the rotation, students are given the option to spend the fifth week in pediatric neurology. If you are particularly interested in neurology, this is a great opportunity for you to see the different aspects of the field.

Indispensable books

Neurology on Call, by Marshall and Meyers. The pocket-sized book that everyone carries around. Nice summaries of all major neurologic diseases. Enough to prime you before approaching the patient. Both authors are attendings at the NI. An excellent book is “The Practice of Neural Science” by Dr. Brust (of Harlem Hospital/Columbia U.). It consists of many clinical cases followed by discussion. Highly readable and surprisingly engaging (for a neurology book). It is highly recommended. A great review book for the shelf exam at the end of the rotation, but a little more lengthy than Dr. Brust’s book, is Lange’s “Clinical Neurology” by Simon, Aminoff, and Greenberg. It contains descriptions all the diseases by system with a brief review of each system at the beginning of the chapter.

Call

One student takes call when the team is admitting. That works out to once every ten days (five students, two teams). The call schedule depends on the resident. It tends to work out to about 4–5 calls per rotation, somewhat lighter than medicine or surgery. Because you follow just as many patients as you do on medicine, new patients will be assigned to you on non-call days. It is generally until 10PM or until you complete your patient work-up, and you will usually pick up one or two patients in the afternoon, or early in the evening. Most residents let you go home after picking up the patient.

Off-hour responsibilities

Students need to do four patient write-ups, which is a comprehensive written presentation of the patient- these are akin to medicine rotation write-ups. All the details of the neurological exam are required. You are given an excellent format to follow for your neurology write-ups, created by the course director. At the beginning of the rotation, you will receive a list of core topics to cover. Spend some time reviewing these diseases from either a neurology text like Rowland’s Textbook of Neurological Diseases, or from the neurology section in Harrison’s Textbook of Internal Medicine. For your own patient, especially if it is a rare disease, try to review a few articles. At the end of the rotation, there is a shelf exam. In general, try to read about the major diseases listed in the course information packet because these diseases are important and show up on tests. Your level of reading should not be a neurology textbook; the neurology section in Harrison’s or a condensed book like Currents (Appleton and Lange series) is appropriate. See above for more on appropriate textbooks. For your patients’ diseases, read a bit more in depth, from a bigger textbook and/or recent articles. This will help you look good on rounds.

Red Flags

In the beginning of the rotation, you are given a list of core topics in adult neurology. These are the important topics that will be covered in the attending rounds, conferences, and on the exams.

Other Things You'll Want to Know Beforehand

To do well, you need to impress your senior resident and your attending. The resident in clinic and in the NICU have no input. There is no longer an oral exam.

Introduction

You might think that you are one of the unlucky few to have your neurology rotation at Harlem. You've probably heard the rumors: you will work harder than your classmates will at Presbyterian, you will be on-call more often, you will get pimped more, and you will basically be responsible for your patient's care. But if you embrace it with the right attitude, neurology at Harlem can be one of the best rotations of third year. So although you may be a bit weary from ten weeks of medicine, not to mention five weeks of pediatrics, prepare yourself for one of the best learning experiences at P&S.

Duties and Responsibilities

Your team consists of three to four other students, three Harlem medicine interns, and a neurology resident from Presbyterian. While on call, you may also interact with several other neurology residents from Presbyterian who comprise the consult team. In general, the residents are very friendly, and if you are tactful, are usually more than willing to help you with any questions you may have about your patients or write-ups. As a student, you are expected to function practically at the level of an intern. You will find that this is easiest if you give yourself some time before morning rounds to write notes and orders, and to schedule tests, as the rest of the day quickly fills up with didactic sessions. Be sure to communicate well with the Harlem interns, as they can be very helpful with getting the day's work accomplished.

Daily Schedule

Check with the neuro senior residents at the start of the rotation for exact times.

6:30 Shuttle to Harlem (don't be less than 5 minutes early, as it is wont to leave at the whim of the driver)

6:45 - 7:30 Pre-round: See your patients and think of the orders that you would like to suggest to the interns to put into the computer for you. (You'll get computer access to labs and some imaging studies, but your data keys won't allow you to enter orders.) **VERY IMPORTANT:** Check the medication log ("MedEx") that the nurses use to dole out medications to your patients, or you may end up discovering on day 5 that the patient who is curiously not responding to warfarin is really not *getting* warfarin. This is also an ideal time to try to squeeze out some of your notes, because the day is usually filled with didactic sessions.

7:30 Work rounds (check with senior resident for exact time and place): Brief and focused patient presentations of the new admissions from the night before plus the updates on all the other patients on the service. This is a good time to pick up on cues from the resident that can help to shape your presentation at attending rounds.

9:00 - 10:00 Morning report with Dr. Brust. He asks fair questions, and if you know what's going on with your patients and have done a little reading on the relevant topics, you won't get pipped that badly. Usually these presentations are a launching point for topical discussions. Be prepared, because sometimes the patients may be presented out of order. In general, these sessions have been the most enjoyable of all of the didactic sessions.

10:00 - 12:00 Attending rounds: Presentation of the new admissions from the night before. Each attending has their own idea of how to present, so they'll let you know it on the first day.

Special sessions:

Mondays - the first Monday of every month is somewhat painful, as there is a late session (scheduled for 4:00 but never starting before 5:00) with a neuroophthalmologist and... well, two neuroophthalmologists.

Tuesdays - clinic in the afternoons, which can go late. This is the place where you will have the most independence.

Thursdays - Oh boy, just when you thought you were over the hump. Round 1. Round 2. Round 3. Round 4. Round 5. Round 6. That's right, you'll round all day! Pay special attention to the fireworks at neuroradiology rounds with the surgeons..nuff said. Peds neuro rounds are usually interesting.

Fridays -- Neuromuscular rounds in the afternoon is of variable interest.

Call Schedule

Depending on how many students are in your group, you will be on-call every fourth or fifth night; as a general rule, you should pick up at least one patient each time that you are on call. Make sure that the neuro resident on-call has your pager number and remind them to call you for any consults or possible admissions. The amount of time you spend in the hospital on-call is flexible, but the rule of thumb is to make sure that a student picks up every patient that comes in; this means that if a patient comes in after you have left, make sure that you or someone else gets that patient the next day. Same advice for the weekends. Some good news: on weekends, you do not need to come in the following morning to present.

Off-hour Responsibilities

Dr. Brust emphasizes learning the fundamentals—so, spend your time reading through your favorite basic neurology text, and learn the core topics that you receive at the beginning of the rotation. If you are itching to do some extra research, save your efforts for when you are asked to make a presentation to Dr. Rowland or Dr. Pedley. Keep the write-ups simple! Hand write your write-ups on the pink Harlem neurology sheets; if you wish, you may attach an extra page for further discussion, but this is

generally not necessary. Your attending will ask for a copy of one or two of your write-ups before the end of the rotation.

Indispensable Books

Without question, invest in On Call Neurology by Columbia's own Dr. Mayer and Dr. Marshall; it is an excellent handbook and a good quick first reading on most topics that you will encounter throughout the rotation. Some people find the Appleton and Lange review text by Aminoff helpful, too. Merritt's Textbook of Neurology, edited by Dr. Rowland, is very good but not a necessary purchase; look for a copy in your local library. A similar textbook that some find useful is Principles of Neurology by Adams. Finally, you may also want to dredge out your High Yield Neuroanatomy (in which you no doubt highlighted the entire book during those last few frantic days of studying for the Boards) or Clinical Neurology Made Ridiculously Simple in anticipation of one of Dr. Brust's pimping sessions.

Where to Get Food

Breakfast at the coffee carts. Yum. Bring your own fresh fruit each day if you wish to avoid developing scurvy before the end of the rotation.

The cafeteria is reportedly so-so, but a good place to sit and eat your lunch. Try getting something from Twin Deli across the street from the front of the hospital; the food here is cheap, the sandwiches are good, and the employees are quite pleasant. I've heard that PanPan, just south of the hospital, is O.K. too. Of course, you can always wimp out and eat McDonalds every day, conveniently located inside the hospital itself.

Library

The library is on the 6th floor. Generally, you won't need it.

Red Flags

Performing a good comprehensive neuro exam is difficult and takes a lot of practice; start learning this early—preferably, before your first night on call (read the chapter in On Call Neurology). Some other topics to learn early on: the neuroanatomical pathways of oculomotor movements and vision, and stroke syndromes.

Brief guide to Harlem Hospital:

Consult request boxes -- 2nd floor (outside the cafeteria)

CT and recent CT scans -- 5th floor

Older CTs and X-rays -- 6th floor

Radiology reports --6th floor (these reports do not show up on the computer)

Library --6th floor

Labs (blood, CSF) --8th floor (again, these results are not on the computer)

MRI --MRI building across from ER; enter through the Ron Brown Building

A final word about working at Harlem Hospital: The elevators are slow, the interior is old, the computer system is borderline useless and sometimes, a test that you schedule simply will not get done. Bottom line is that it can sometimes be a frustrating place to work, especially as a third-year student. However, with patience, perseverance, and a polite manner, you will eventually be able to get what you need. Enlisting the nurses on your side can be of enormous help too, as they will ensure that your orders are fulfilled. Finally, you may wish to "borrow" a few extra supplies (butterfly needles, guaiac cards, etc.) from Presbyterian so that when you need to draw from your patient just before AM rounds, you don't have to waste twenty minutes battling the Pixis computer supply system to get the supplies that you need.

Introduction

Psychiatry falls in the middle of a number of surgically based rotations - following either Surgery or OB/Gyn. So, this will be a chance to actually talk to your patients and see them in an environment unlike a hospital room at Milstein. All the psych floors are locked and for the PI floors you will be given a key. Being on a locked unit can be troubling at first, when you realize that the patients have truly had all their liberties taken from them (whether they are there voluntarily or not). Make sure your resident or attending goes through instructions with you on the first day about how to handle patients wanting to go off the floor (there are strict rules about some patients being allowed off the floor alone or with staff to smoke, etc. – patients have different “levels” of privilege). Additionally, you will be having much more direct contact with mentally ill people than you did in Psych Med - i.e. it will be just you interviewing the patient without having 20 people and a preceptor watching and you will be seeing your patients everyday, so you will get to know them well.

The various assignments at Presbyterian are quite different. The NY State Psychiatric Institute (PI) has two floors where students will rotate, PI4 and PI5. PI4 is the schizophrenic research unit (SRU) and thus selectively admits people with interesting psychotic disorders. There is a small, enthusiastic and interactive staff. No residents are on this floor, so you work directly with the attendings. Usually two students will spend their time on the SRU.

The Washington Heights Community Service unit is also located on PI4. There are residents and attendings and you are assigned to a team. Two students rotate here.

PI5 encompasses all other psychiatric diseases at the Psych Institute. This usually includes patients with depression, eating disorders, bipolar disorders, and OCD. This is also a research floor and as a result patients on the PI floors are in the hospital for longer than on Eye 6 (months). Residents do inhabit this floor, and students are usually assigned by the attending to work directly with one resident. Unlike PI4, you have somewhat less contact with the attendings, but the residents can be excellent and enthusiastic teachers.

Eye 6 is the psych ward for the Presbyterian Hospital, therefore it is not run by the state and the pressures of HMO's are present. There are no residents on this floor either, and you work very closely with the attendings, serving, at times, as a subintern and you may be responsible for writing orders, requisitions, prescriptions, admission notes, discharge summaries, etc.

Groups of three or four meet with a child-psychiatrist once a week. There, you will interview a child coming for either psychiatric evaluation or follow-up and after each session, you will discuss the interview, diagnosis, related issues, and future plan. Depending on who you work with, you will do 1-2 writeups of varying length and

detail to be submitted to the child psychiatrist.

The outpatient experience varies greatly by outpatient site. Most of the PI students are assigned to the evaluation clinic on the 12th floor of the Neuro Institute. When this works smoothly you get a new patient the first week who is coming to the clinic for the first time for an evaluation. The evaluation process lasts 4-5 weeks and you see the same patient every week with your preceptor to complete the evaluation. Usually the student will conduct the interview with the preceptor observing and adding questions at the end of the session. After each session you will discuss the patient with your preceptor and then meet as a group to present your patient to the other students and attendings. It is a good idea to familiarize yourself with the basics of conducting a psychiatric evaluation before your first outpatient session. At the end of the 5 meetings you make a recommendation for future treatment for your patient (medication, group therapy, insight-oriented therapy, etc.). When the logistics work, this is an excellent exposure to outpatient psychiatry and an opportunity to learn a lot in one-on-one supervision with an attending. Other sites (e.g., Inwood clinic) do not have this sort of continuity, but instead see and interview a variety of patients over the 5 sessions.

Duties and Responsibilities

In general, you follow two to four patients at a time. You interview the patient daily, paying close attention to the mental status exam (yes, you need to know it for this rotation!). Depending on the attending/resident you are working with, you also interview the patients with him/her. Some attendings/residents have you sit in on all or some of their interviews with patients and will then discuss the interview and the patients with you afterwards. This is a valuable way to improve your interviewing by observing someone else who has a more polished technique.

You write progress notes on your patients which are a cross between a neurology note and a surgery note. The Subjective portion is extensive and descriptive - relating the patients concerns, fears, new delusions, resistance to medicine, complex social situation, etc. Your Objective portion consists of the mental status exam. It's a good idea to look at one of the attending or resident's notes to see what level of detail they expect in your note. On the other hand, your assessment and plan does not give a detailed pathophysiologic description of the disease. Instead, it's a fairly brief statement of the patient's condition, and then itemized comments about current / future pharmacologic and supportive issues. The number of notes you write each week varies with different attendings and residents. On PI5 the residents usually split up the days with you, you may write notes MWF and they'll write TuTh notes. On PI4, since there are no residents, you will usually be writing all the notes on your patients. For both PI floors, weekly summary notes are written on Friday and are fairly extensive. These are done on the computer and you will be expected to write these for all your patients. You should start them early so you are not competing with the residents for computer time (BIG faux pas!); however, with a little finesse on your part, you can utilize the fine art of cutting and pasting last week's summary. Beware,

the PI4 students are often asked to write weekly notes for all the attending's patients.

This year, we did not have to hand in any writeups besides the child psych writeup. Our evaluations seemed to be based largely on resident and attending feedback and Dr. Cutler's impressions. Additionally, there will be a video session where you and one other student are filmed interviewing a patient; the next week, a resident will go over your performance with you, pointing out your strengths and weaknesses as an interviewer. And you will meet with another attending (off your floor) once a week for a casual "Journal Club", where you discuss psychiatric articles or fiction.

Daily Schedule

Most days do not begin until 8:45AM at the earliest, which is a welcome change from the previous rotation. There is usually no prerounding, except perhaps on team meeting days. You will never be scuttled on PI, as students are not allowed to draw blood on patients etc. At morning team rounds, all the attendings, social workers, nurses, students and residents gather to hear any active issues with the patients. The daily rounds are very short (5-10 seconds/patient). Any new admissions are presented in these rounds, and if you admitted the patient you should present.

Twice a week there are more extensive rounds called 'team meetings' in which each patient is discussed and the team hears a brief update from each member of the 'team' (social worker, resident or medical student, nursing staff, research staff). You should be able to briefly (2-4 sentences) state the issues (new and ongoing) for each of your patients. Patients are then sometimes brought in and interviewed by the attending or resident.

That leaves the rest of the day to meet with your patients and with your attending/resident and write notes. This seems straight forward but, unlike patients in Milstein, the patients' day is heavily scheduled with activities, group meetings, meals and research activities. Your time is also heavily scheduled with activities and lectures on and off the floor (most scheduled by Dr. Cutler) and your biggest headache is often finding enough free time (30-45 minutes each) to meet with your patients and write notes.

Lectures are held two afternoons each week, 2-3 hours. Despite all this, there is no reason not to be leaving before 5:30-6 PM every day.

Call Schedule

Dr. Cutler devises a call schedule (both for Presbyterian and away sites). It works out to 2-4 calls in the Psych ER. You are on for seven hours during the week (5PM – midnight) and for eight hours on a weekend call (8AM – 4PM or 4PM – midnight). During your call you will do the initial evaluation of a patient – called a Four-Page (because there are six pages in the form). This consists of the HPI, past psych history, PE (usually performed by the ER staff, not you), MSE, and assessment & plan. You will learn to interview an ER psych patient, an experience which can range from

unremarkable to frightening.

It is imperative that you do not miss a call or blow-off the residents. They report directly to Dr. Cutler, and you don't want to have to suffer the consequences. Some people dread psych call, but actually it is a great learning experience and actually sort of fun. There can be a lot of action. You get to see the patients first on your own, write up your interview and assessment and then present to the resident on call. There is often time to discuss patients at length with the resident.

Off-hour Responsibilities

It is important to know about the diseases your patients have. So, after you pick-up a patient, it is well advised that you read about their condition. Some attendings might ask for a brief presentation as well.

Most importantly, sleep well, exercise, enjoy NY, and eat a well-balanced meal - this is one of the few rotations that makes a conscious effort to allow you to have free time. Despite the easy hours, many are surprised at how draining this rotation is. Take the time to relax and enjoy yourself. The psychiatrists feel that if you are not well rested (mentally and physically) you will be less able to handle the stress of working with the challenging yet interesting patients. There is no need to put in long hours at the hospital, the key to success for this rotation is quality, not quantity.

Red Flags

Safety is a really important issue for this rotation. If you feel that you are in a hostile environment, i.e. feel threatened by a patient, GET OUT! You are not expected to handle violent patients. Do not be afraid to go to the Psych ER resident and say that you think a patient is becoming hostile. Everyone will tell you this, but you must trust your instincts. Some patients are very sick and are unable to control themselves. They may be hallucinating or having paranoid delusions. Do not feel that being cautious will affect your grade in any way. If you are unsure, go get the resident and you can see the patient together.

Everyone has a role in evaluating you, but your attending is primarily responsible for your evaluation. They read the write-ups, see your notes, and watch your interaction with the patients and staff. On PI5 where you work almost exclusively with a resident your attending will ask for feedback about you. Do not think that your residents opinion, positive or negative, does not matter. ER residents, child-psychiatrist and the videotaped interview critique can all find their way into your evaluation.

Indispensable Books

Dr. Cutler will tell you that the Andreason Introduction to Psychiatry is not sophisticated enough for this rotation. However, the new required text by Dr. Cutler and Dr. Marcus is essentially no more sophisticated and may even be more basic. Many people love the Cutler/Marcus book; it is shorter than Andreason and easy to

read. If you are interested in psych as a career you may want to buy a more detailed text; the required text will not be enough for your level of interest. Another option is checking out a book from Hammer if you need to do a write-up. Many recommend Kaplan & Saddock's Concise Synopsis of Psychiatry, which is a distillation of their Synopsis of Psychiatry, which is, in turn, a condensation of their Clinical Psychiatry.

Other Things You'll Want to Know Beforehand

The videotaped interview is portrayed as a learning experience for you. Remember to ask pertinent questions, don't let yourself be drawn off on interesting tangents, and do a brief mental-status exam. It is difficult because you switch places with another student half-way through the interview. Plan out the interview with your partner beforehand.

Also, if you have the opportunity to go to court, go.

Introduction

The Stamford Hospital, unlike the research wards at NYSPI, offers a diverse inpatient population. As a medical student, you will see a wide variety of psychiatric disorders including substance abuse, dementia, depression, and schizophrenia. This is an excellent view into community psychiatry in the inpatient setting.

Duties and Responsibilities

You will work with a large team of attending psychiatrists, social workers, substance abuse counselors, PA students, and nurses in caring for the patients you are assigned. There is also a Columbia psychiatric intern at Stamford with whom you can follow patients and who is a valuable resource.

1. Perform a medical history and physical on every patient admitted to South 1 (the psychiatric unit). The H&Ps are usually divided among medical and PA students & the intern.
2. Write an admission note on every new patient that arrives on the ward which includes the psychiatric history, multiaxial formulation, assessment and plan. Even if you do not plan to follow a patient, every new patient on the ward has an initial assessment (written on a green sheet at the front of the chart) written by a student.
3. Daily psych interviews and progress notes on all your patients. You will start with 2 patients and work up to 4 patients. The daily progress note should be in the SOAP format with the mental status exam as the objective part. If your patient has been on the ward for a long time and is awaiting placement, or if there are no further active issues, these daily notes are less important.
4. Morning Rounds -- these are informal sessions to discuss the diagnosis, progress, and discharge plans of patients. You are expected to present your new patients from the day before and offer input. You often know the patient better than anyone else. These presentations are important, as they make up the majority of your interactions with Dr. Cooper, who evaluates you at the end of the rotation.
5. Write-Ups -- two patient write-ups for Stamford. Dr. Shapiro, the Psychiatrist-in-Chief at Stamford Hospital, will give you a format to follow. These are very in-depth write-ups and are taken seriously at Stamford. Write-ups are reviewed by Dr. Cooper (the first one) or Dr. Shapiro (the second one) and the other attending psychiatrists and are forwarded to Dr. Cutler at the end of the rotation.
6. Clinical supervision sessions are held three times weekly with Dr. Shapiro and

the attending psychiatrists on the unit where you either discuss patients or interview patients.

7. Outpatient Experience/Psychodynamics. A psychodynamic discussion series (basically a journal club) is held with Dr. Kirwan, a psychologist, once a week at the outpatient mental health clinic across town. If you do not have access to a car, it takes roughly 45 minutes to get there by public bus. You are also able to observe psychotherapy conducted in the outpatient clinic through a one-way mirror.
8. Journal Club -- once a week with Dr. Shapiro, Dr. Cooper, and the intern. This is really a journal club for the students and residents so you are expected to read the articles and participate.

Other duties include child psychiatry at Presbyterian/NYSPI. You will learn about child psychiatry every Friday with a child psych fellow or attending since Stamford does not have a child psychiatry service. After an introductory Friday session, you spend three Fridays with your preceptor interviewing and evaluating a child with a psychiatric issue. There is a write-up expected from this experience for which you are given a basic outline. One Friday is spent in a child psych diagnostic case conference.

In addition, there is a series of lectures held at Presbyterian/NYSPI for the medical students on Tuesday afternoons and all day on Friday. You are released from your duties at Stamford to attend these lectures.

Traditionally, students have spent Tuesday mornings at Stamford, and then go back to Presbyterian for the lectures in the afternoons. This is not really a satisfactory arrangement for either the continuity of care of the patients on South 1, or for the students who have to spend at least an hour and a half in transit. Dr. Cutler is currently evaluating the schedule, but it is unlikely that she will allow the Stamford students to stay up there all day on Tuesday; more likely, Stamford students will be excused from ward duties on Tuesday mornings.

Daily Schedule

Morning Rounds are held at 9AM every morning. There is also a team meeting at 12 noon Mondays. There is no pre-rounding.

Weekly sessions as above with Dr. Shapiro, ward attendings, Dr. Kirwan, Dr. Amato (psychodynamic psychotherapy), mostly in the afternoons. Journal Club once a week.

Tuesday and Friday afternoons--lectures at Presbyterian/NYSPI

Friday mornings Child Psych at Presbyterian/NYSPI. There is also a journal club at NYSPI for the medical students run by the residents on Friday morning so students at Stamford get multiple journal clubs. NYSPI Grand Rounds are held on Fridays at 11AM, and lunch is provided afterwards.

Call Schedule

Call at Stamford is every other Monday night with the intern in the ER. So basically, you have two Stamford calls per rotation. The intern will page you at home if a patient comes in needing psych evaluation. You also have call at the Presbyterian Psych ER 2 times during the rotation. Dr. Cutler usually puts you on during the weekend since you are at Stamford during most of the week. It is difficult to impossible to make it back to Presby for call on a weeknight when you are in Stamford, so if you do get stuck on call on a Monday, Wednesday, or Thursday, you must switch with someone.

Off-hour Responsibilities

READ!!! Dr. Shapiro is a strong proponent of reading up on the problems your patient has. Do the patient write-ups. Participate during rounds! There is no exam in Psychiatry.

Red Flags

Remember that the only thing Dr. Cooper sees of you is how you present your patients in rounds. Make absolutely sure that every new patient is seen by a student, and that the student is ready to present that patient the following morning!

Indispensable Books

Same as for Presbyterian. Dr. Cutler's book is especially helpful for mental status exam.

Other Things You'll Want to Know Beforehand

You will only spend two to three nights per week maximum in Stamford so you can either commute or stay in Stamford. If you have access to a car, there is parking available for students behind the student housing. The Columbia shuttle leaves from the corner of 168th and Fort Washington Ave. at 6:30 in the morning, although the departure time is currently under negotiation. You can also take Metro North: the New Haven line express train leaves from Grand Central and stops at Harlem, Rye, and Greenwich before arriving in Stamford. There is a hospital shuttle from the train station that leaves at 6:35, 7:00, 7:30, 8:00, 8:30, and 9:00. The same shuttle also goes from the hospital entrance by the cafeteria to the train station every half hour from 3:00 until 6:00 in the afternoon. It's best to reserve an apartment either way, however, particularly for nights on call.

The Columbia intern is excellent and provides guidance for the students as far as daily activities are concerned.

Make sure you tell the nursing staff when you take a patient to the examining room. Ask for feedback. The unit psychiatrists are always willing to observe your interviews but you have to be proactive about it.

Make sure security gives you access to South 1 on your Stamford Hospital badges. Very few employees have access since it is a locked unit.

There is a locked medical student office on South 1 where you can put your coat and backpacks and which you can use for studying.

The ER call at Presbyterian Hospital is one of the best learning experiences of the Psychiatry rotation so take advantage of it.

Introduction

Creedmoor is a state-operated hospital for patients with chronic psychiatric disorders who are too unstable and refractory to be managed in a non-state hospital. It is a large complex located on a several-hundred acre campus in suburban Queens. In the 1950s, it housed close to 3,000 patients, but mental health policy forced discharge of many of the patients and budget cuts have necessitated closure and selling-off of many of the buildings. Consequently, there are now only several hundred inpatients, some of whom have lived there for years. Patients who have been there for three or four months are considered "new."

You will work in the teaching ward (2A) on Building 40, which has recently been renovated. Other sites on the Creedmoor campus that you should visit before the end of the rotation include SRL (Stress Reduction Learning): a dilapidated cottage where some patients go to work with goats, rabbits, dogs, and chickens, and the Living Museum, a building devoted to amazing artwork created by patients. It is an impressive collection of work and has been featured on television documentaries.

If you are assigned to Creedmoor, you will have the rare opportunity to learn about life in a state psychiatric institution. You will have a completely different experience from the students at other sites, one which you may find rewarding.

An old New York State Psychiatric Institute car and EZ Pass are provided and gas is available at the Creedmoor garage. Allow 25-45 minutes to drive to Creedmoor from PH. The earlier you leave, the shorter the drive will be. (NB. The State car is a potential disaster - drive safely).

Duties and Responsibilities

You will spend Monday, Wednesday, and Thursday at Creedmoor. On Tuesday mornings you will be in the evaluation clinic on Harkness 7 where you will be expected to interview and assess one patient over 4 weeks, and then assign him/her to treatment. You will be required to write up a progress note due the following week on the patient you saw, as well as a long standardized hospital form on the patient due the last week. On Friday mornings you will be seeing 1 patient in child psychiatry with the two students from Stamford. You will also be required to fill out a shorter standardized form for child psychiatry due on week 3 or 4, and no matter what they say, you should all do it independently (Dr. Cutler looks to see if you did it). Tuesday and Friday afternoons are filled with 2-3 lectures, some of which are actually quite entertaining and useful.

This rotation is different from others in that you are not expected to work with residents. The ward attending will assign you two or three patients during the first week. The preceptors expect you to schedule 30-45 minute sessions (shorter may be

possible) with them one to two times per week, during which you attempt to establish a therapeutic alliance and learn as much as you can about the patients. Many of the patients leave the floor for much of the day for programs, so it is important to figure out when their free time corresponds with a time that will work for you. Notes are written weekly. However, you must turn in one or two extensive write-ups to your preceptor, so you should probably make notes to yourself during or after your sessions with the patients. Use the charts and ask the residents, psychology interns, and social workers for information about patient histories, as the patients will probably not be able to give you all the details you need. The preceptors at Creedmoor emphasize psychodynamic principles for the write-up formulations, which you should discuss with them before attempting. Allow yourself adequate time to finish the write-ups because they may take longer than you think. Attendings on the floor will probably ask you for copies of your write-up(s). Each student has a different preceptor, and you will be required to meet them twice per week; you may be asked to interview a patient or discuss general topics in psychiatry. There are also two required weekly meetings with the senior resident (both students), and one with the attending (both – you will probably interview one of the random patients on the floor).

Dr. Linfield, the site coordinator, will assign reading (chapters from textbooks and articles) for his weekly sessions. In these sessions, he may quiz you about the material, but mostly he will be talking about interesting cases from his private practice/attending times. He can be a great source of information, so use him as a resource.

In addition you will be required to prepare a 15-30 minute presentation on a topic of your choosing, which the students agree amongst themselves how long it will be.

Daily Schedule

There is a team meeting at 8:30AM daily, so arrive around that time; arriving at 8 AM may give you the chance to schedule a meeting with a patient. After that, there are TC (Therapeutic Community) meetings in which all patients and staff on the floor meet in the common room and discuss issues pertaining to life on the wards, which you are expected to attend once or twice weekly. The course director will give you a schedule during the first week, which will probably include Monday morning sessions with Dr. Linfield, two meetings per week with your preceptor, weekly interviewing sessions with Dr. Neve (the attending), and a variety of other conferences, such as family therapy and team meetings (where cases are mostly discussed). You will also be expected to be present when the attending on senior resident supervises the intern once a week.. The times for these meetings are quite different from rotation to rotation. In between those times there is usually time for driving out to lunch or seeing patients.

Call Schedule

Call is taken at Presbyterian Psych ER on Tuesday, Friday, or weekends. Usually you are scheduled for one weekday shift (5pm to 12am), and two weekend shifts (8am – 4pm once, 4pm-12am the other). These shifts were worthwhile because the patients are acutely ill (in contrast to those you see at Creedmoor), and you will see a lot more “bread and butter” psychiatry.

Off-hour Responsibilities

Students are not expected to be there in the evenings or on weekends.

Red Flags

Remember that the patients at Creedmoor are very ill. If you feel uncomfortable working with your assigned patients, make sure you conduct your sessions in an open area (i.e. a room with large windows facing the nurses' station) or request a different patient. The preceptors are very flexible about switches, and you may switch more than once. Be advised your patients may decompensate with your impending departure - gentle continuous reminders might be one of the ways to lessen the impact.

Indispensable Books

Foundations of Psychotherapy by Nemiah may be useful for the formulation sections of your write-ups.

Where to Get Food

There is a food stand called "The Big Nosh" operated by the patients in the basement of Building 57, which sells coffee, soda, hot dogs, and candy – it is not adequately stocked. For lunch, the staff expects that the students will go out and they will be happy to make recommendations. Take a drive around Queens Village and sample some of the restaurants in the area (Indian food, all you can eat Chinese food, even McDonalds).

Library

There is a library on the floor, which has major psych textbooks, Harrison's, and issues of several psych journals from the past 5 yrs or so. There is also an IBM computer in this room, which is open for student use.

Introduction

Psychiatry at St-Luke's Roosevelt Hospital Center tends to be a less demanding experience, compared to psychiatry at PI. There should be three or four students assigned to SLR from your group. If there are three, you'll all be at Roosevelt; if there are four you'll be split, 2 & 2, between the two sites.

The experience at Roosevelt is very different from other rotations in that the student works directly with an in-patient psychiatry attending at Roosevelt Hospital. To be clear, there are NO resident housestaff at the in-patient unit at Roosevelt Hospital. The personal attention from attendings is a welcome change from other rotations. The two or three students at Roosevelt are each assigned to one of three specific attendings, who work on the in-patient unit exclusively. The student works one-on-one with this attending for the entire rotation. Therefore, your experience is highly dependent on your unique relationship with that attending. All three attendings are very approachable, though some tend to scut more than others.

At St. Luke's there are housestaff, though you will still be working closely with an attending as well. You are only directly responsible to the attending; however, he may assign you on a case-by-case basis to work under a resident.

Duties and Responsibilities

The majority of the time is spent on the inpatient floor either at St. Luke's or at Roosevelt. You will see a broad array of disorders, including schizophrenia, anxiety, mood disorders, suicidality, and occasionally eating and substance abuse disorders. You are expected to follow between 2-4 patients at a time, which means you will interview and write the progress note on each patient every day. You will also help to fill out standardized admission forms when the patient first arrives on the unit. At other times, you might see more patients (or more of your patients) with your attending (and possibly social work) alone in her office, and then discuss the patient after he leaves.

Daily Schedule

Your day starts at 9am officially. However, the attendings don't role in until around 9:30, and you'd be foolish to show your face before then. At St. Luke's, there are (table) rounds every morning, which is really boring but about the only structure to your day there. You can leave when the day winds down--an ethereal concept once you've done Medicine and Surgery, but you'll get the hang of it. Usually this will be around 3:30 or 4:00. You'd be insane to stay past 5! This is psychiatry; you're on the clock here!

As stated above, you interview the patients. Talking to a patient for the first time may take an hour tops. But usually, a daily interview is not the standard hour that you pay to talk to Student Health each week. It may be only five minutes if the

patient is somnolent, or it may be twenty or thirty until you and the patient get bored. Basically you talk to the patients, and determine how they're doing and if they're better than yesterday. Also try and do a conversational mental status exam. So even if you take a long time to write your notes (which though "required" can slide every now and then, if something "pressing" arises), it's only about three hours of work. So learn how to fill time and relax. (Lunch and coffee breaks are good starters.)

On Monday mornings, you are expected to attend an outpatient "intake clinic." These are people who have been referred to some treatment program from the ER or a hospital ward, but have to be evaluated to see what program will work for them. You don't need to (and won't) know anything about the programs themselves, and all you do is take yet another history and mental status exam, just under the aegis of a different observing attending. This probably won't last more than one hour. Monday afternoons, back to the floors.

Tuesday, it's the wards in the morning. Leave by noon. Attend lecture at PI in the afternoon with the entire rotation group. (Lecture is 1pm to 4pm, except once when it's till 5pm.) You are expressly NOT expected to return to the wards ever after lecture.

Wednesday you will spend all day on the in-patient unit. Grand Rounds occur at 11am. They usually last till 12:30. They are at St Luke's, and are teleconferenced to Roosevelt. Roosevelt "Team Rounds" occur in the afternoon, where the nurses talk about the patients, and the attendings comment every now and then. You can add anything, if you feel inclined. (The head nurse gives perfunctory reports, and everything else that is said is conversational.) These rounds technically occur on Friday and Tuesday mornings as well, but you are not expected to attend.

Thursday, you meet with Scott Masters (the big cheese of Psychiatry) at 8:30(!) am. The first week, he'll say hello, and you'll be done by 8:40. But after that, one student, according to a schedule that Scott makes in the first week, presents a patient each week, and you discuss the pathology, treatment, etc. You are expected to write up this patient with as per the first chapter of Janis Cutler's book, complete with a five axis diagnosis, a differential, a treatment plan, a hospital course, and an academic discussion (usually worked into the differential). This is due on the day you present. (it is the only write-up required.) Some schedules make reference to a child psych program and then a substance abuse program that you attend on Thursday afternoons. These schedules are arcane and not to be believed. (There is NO child psych component of the rotation. If you want to see kids, rotate at any other site or do an elective in fourth year.) Basically it's back to the wards (but take your time in getting there). Thursday afternoons, you'll meet with the *chief* attending—Dr. Hasan at Roosevelt or Dr. Khlar at St. Luke's--for a discussion session. This has no predetermined end time, and Dr. Hasan, though very nice can free associate for a good two hours if allowed to do it. So try to be interested, try to be witty, and try to be pumped with post-prandial IV caffeine. (Starbuck's is at 59th and 9th.)

Friday morning at PI is Psychoanalysis Journal Club (just for med students run by a resident) at 7:30 am. (Too early for me, and for most except the hardest core of psychiatry gunners: an odd lot, those.) Then it's the wards downtown till noon. And lecture at PI at 1pm.

Call Schedule

Call is at the PH Psych ER. You'll be on call at least twice and probably three times during the rotation. Janis Cutler has arranged the schedule in advance. Call is 5 to midnight on weeknights, and either 8am to 4pm or 4 pm to midnight on the weekends. (Midnight is a "suggested time" meant to protect you from having to stay to late. Admitting two to three patients is sufficient.)

Off Hour Responsibilities

Read, pretend like your reading, sleep, cook, and enjoy NYC! There are actually 8 million people in this city that don't attend or work at P&S; go meet them! You're not on Surgery or Ob/GYN anymore!!!

Red Flags

Safety is an important issue on an in-patient psychiatry unit.

Your evaluation is primarily based on your attending's opinion, but everyone gets to throw their two-cents in.

Beware of Dr. Wolhreich's desire to have you do all his paperwork.

Beware of Dr. Hasan's one-to-two hour rambling mental masturbation sessions.

Beware of the lack of child psych; if interested, try to switch off the sites.

Other Things You'll Want to Know Beforehand

If you don't already do so, buy an unlimited 30-day MetroCard for \$63; it'll pay for itself.

Explore the neighborhood surrounding Roosevelt Hospital (It's called Midtown for the uninitiated.), including Central Park during lunch. Take lunch. Take an hour. It doesn't appear on any schedule, but usually noon to 1pm works best, and it's expected that you take it.

Go to court. Even if it's not your patient, someone is going to be refusing meds or demanding to be discharged. Court is every Thursday: go at least once or as many times as they'll let you go. Witness the amazing world of psychotic people defending themselves in front of the Judge—truly an experience to be had.

If you begin to laugh during an interview, either excuse yourself, or remember that some psych patients, particularly the manic ones, are actually trying to entertain you, so let them. Besides it's very important that you find SOMETHING to like about even your most unlikable patient, or you'll never be able to treat them or even face them every day.

The coolest part of the rotation is that the students (at Roosevelt) are given their own secure personal office (which they share). The office has a computer with web access, so it is the ideal place to sit down and write your progress notes *in cognito* and then check out The Onion or brunching.com.

Introduction to the Subspecialty Rotations

In Subs I, students will learn about Ophthalmology, Neurosurgery, ENT, and Anesthesiology in 4 weeks. This rotation provides a nice break from the responsibilities and the stress of other rotations; however, it represents the only exposure most students will have to these fields, so do take advantage.

Subs I Ophthalmology: Presbyterian

Introduction

Your job is to go to clinics, office hours, surgery and lectures, and learn how to spell ophthalmology. Lectures are variable, and surgery can be extremely interesting, although the surgical field is small. Don't expect to learn how to do a better ophthalmologic exam on this rotation because they don't use the scopes that we do. Your best hope is to perform an exam quickly while the patient's eyes are dilated, or to practice on your classmates.

Duties and Responsibilities

Show up to lectures, clinics, OR (on your assigned day), and office hours. Turn in the take home exam at the end of the week. The exam is primarily based on the lectures.

Call Schedule

There is a "call," but most of the time, the resident doesn't call you into the hospital, or the pager is signed out.

Off-hour Responsibilities

Take home test: it will take several hours and provides an opportunity to learn the basic terminology.

Red Flags

None.

Indispensable Books

Provided.

Subs I Anesthesiology: Presbyterian

Introduction

This week is very organized and fun, if you have a good resident. The lectures are useful. This week provides a great opportunity to learn about anesthetics/analgesics, how to place IVs, and how to ventilate.

Duties and Responsibilities

Follow your resident in the OR in the morning. Go to lectures. There is an exam on Friday and a case presentation by each student. You'll probably be finished by 4:00PM on Friday. The exam is based on the questions the course director gives you the first day and the lectures. Ask your residents about the questions from the director and go over the case you will present.

Daily Schedule

OR in the morning. Lectures in the afternoon.

Call Schedule

You can follow your resident when he/she has call, but you don't have to, and it isn't really expected.

Off-hour Responsibilities

Study for exam.

Red flags

Don't show up late, if you miss the beginning of a procedure, you miss most of the action from an anesthesia perspective.

Indispensable Books

Provided.

Subs I Neurosurgery: Presbyterian

Introduction

Your experience here is dependent upon your preceptor and your desire to learn. Surgeries are fascinating, but usually take a long time. No exam.

Duties and Responsibilities

Your job is to attend surgeries. As you are not scrubbed in on most procedures, you can come and go as you please. Don't be afraid to ask questions; the residents enjoy teaching. You will most likely meet with your preceptor for teaching sessions each day.

Daily Schedule

Go to the OR when you are not in preceptor group. The schedule is flexible, and most preceptors let the students choose the surgeries to attend. The basics include spine surgery (lumbar and cervical), aneurysm repair, mass removal, and stereotactic biopsy.

Call Schedule	None.
Off-hour Responsibilities	None.
Red Flags	None.
Indispensable Books	Provided.

Subs I ENT: Presbyterian

Introduction

During this week, you will see a lot of interesting surgeries. The specialty overlaps with plastics, and you may not have another opportunity for this exposure. You split your time between the OR, office hours, and clinic. Clinics are fun and interesting. In general, the residents are happy to teach, and pretty laid back. You are supposed to attend morning rounds with the residents. These rounds are not geared towards your education.

Duties and Responsibilities

Go to the OR (both Milstein and Babies), office hours, and clinic. You will write up a case and present the case to your assigned attending at the end of the week. Consult your resident regarding the write-up because there is no way you'll have figured out the specialty of ENT in one week.

Daily Schedule

Varies, and is provided by them.

Call Schedule

None.

Off-hour Responsibilities

None.

Red Flags

Make sure you attend anything that is scheduled by one of the directors (you'll know who this is when you get there). Students have been called at home if they didn't show up.

Indispensable Books provided.

Introduction

Urology and Orthopedics are the two rotations that comprise Subs II, and they are taken in tandem, with half of the rotation group spending two weeks in Urology while the other half is in Orthopedics. There is also a vacation week in this rotation, and depending on your schedule, it will either be in the middle of this block (after two weeks) or at the completion of both of the rotations (after four weeks). This vacation time is invaluable in your Third Year, for besides a two week Winter Break it is the only official vacation you have.

In general, Urology and Orthopedics are largely "make what you want of them" rotations, although Urology tends to be a more demanding rotation than Orthopedics. If you are interested in a career in either of these fields, it would be wise to go to a number of surgeries and to become involved as much as possible with patient care and in getting to know residents and attendings. If you are not interested in going into either of these fields, the rotations still provide important opportunities to learn about the GU tract and orthopedic problems, but without the added pressure of needing to get to know all of the Residents or to make connections with Attendings. The Urology rotation no longer has formal lectures as it did in the past. Urology is structured around being a part of a team, and thus the cases you see are somewhat determined by the types of patients handled by the Attendings on your team. Orthopedics, on the other hand, is much more Preceptor dependent, and thus the subject matter you are exposed to largely flows from whatever topics your preceptor decides to discuss with you during your Preceptor sessions.

Duties and Responsibilities

Urology

On the first day everyone is divided up among the two PH teams, the Peds team, and the team at the Allen Pavilion. The daily routine for students is much like that of General Surgery, with pre-rounding on patients on the floor early in the morning (usually around 6:00AM), followed by rounding with the team, spending time in the OR and Cystoscopy suite, and then afternoon/evening rounds. The presentation of patients on rounds is again much like general surgery - short and to the point. Depending upon the surgeon, you may also be asked questions during the surgery or Cystoscopy procedure, so it is a good idea to know at least something about the procedure/patient you are observing ahead of time. In addition, students have now been asked to attend Urology clinic once a week at the Allen Pavillion, which provides a good opportunity to see patients with urological problems in an outpatient setting.

In Urology, the students are also responsible for writing up two patients and for making a presentation at the end of the rotation in front of your group and an

Attending. The write-ups are shorter than medicine write-ups (generally about 1 page) and should be focused on the urological problem of the patient. The presentation should be around 5 minutes and should be well organized. In the past, many students reported that they felt that much of their Urology grade depended on this presentation, however it is much more relaxed and informal now; generally students provide handouts of their presentation. Some of the Attendings like to ask questions afterwards, so be prepared for this. Finally, you will need to turn in a written summary of your presentation that should be no longer than two pages.

Orthopedics

Orthopedics is a very Preceptor-dependent rotation. In Ortho, you are not really a part of a team taking care of patients on the floor as you are in Urology, and so you do not have to round and you do not have a great deal of patient responsibilities. Instead, much of what you do is guided by your specific Preceptor. Most Preceptors will meet with students at least three times a week and will discuss various orthopedic topics. They will expect you to scrub into their cases in the OR and follow them at least once or twice in office hours as well. They will also encourage you to go into other cases in the OR, which you can choose based on your interest. This allows for a great deal of leeway in terms of student involvement, with some students choosing to go to as many surgeries as possible and others going to at most one per day. As with all surgical fields, make sure you're prepared when you go into the OR because ortho attendings sometimes pimp the students on anatomy.

I recommend seeing some ligament replacement surgeries, some joint replacements (all of the attendings do these), and some pediatrics surgery cases. Stay clear of shoulder surgeries unless you want to do ortho because the anatomy is confusing and you don't get to see much. Also stay clear of the scoliosis surgeries unless you have some burning desire to not eat or use the restroom for up to 8-9 hours!!! In addition, some of the clinics are fantastic. Check out the peds clinic and the fracture/trauma clinic. The ortho residents tend to be very good teachers, so clinic is a great opportunity to learn a lot about outpatient ortho.

Ortho at St Luke's/Roosevelt is split into two separate weeks: one week at St. Luke's and one week at Roosevelt. This year St. Luke's was easier, as it is run by the PGY-2s and PGY-5s, all of whom were very friendly, and not demanding. Next year the stricter PGY-4s will be at St. Luke's, so maybe it will be more demanding, but they are nice as well. It was hard to tell if St. Luke's was easier because of the nature of being under PGY-5s on their way out, or because of specific personalities.

Daily Schedule

As stated above, Urology has a much more fixed schedule with ward duties intermixed with lectures given by various members of the Department. You will receive a copy of your specific schedule on the first day of the rotation.

Your schedule in Ortho, on the other hand, is much more flexible and determined by

your preceptor, and so you will have to wait for their input before fully knowing what to expect.

At St. Luke's/Roosevelt the days started early: 6:30 conference most mornings, alternating from site to site. These seemed to be fairly mandatory. After conference: go to interesting cases as the residents determine, or where an extra set of hands are appreciated. This is very much a "your initiative" two weeks, so ask to see stuff that you are interested in. Days vary according to case load. Some days you get out after lunch, sometimes cases run later into the afternoon.

Call Schedule

There is no call for Urology. In Ortho, you can take call with the fracture team (although this is entirely optional), and your experience is completely dependent on what you choose to make of it. If you do not physically follow the Residents around, they will most likely not page you.

Off-Hour Responsibilities

In Urology, working on your write-ups and presentation and reading about your patients are the tasks on which you should focus.

In Ortho, preparing for preceptor group and reading about the surgeries you attend are your main responsibilities

Red Flags

As stated above, both Urology and Orthopedics are "make what you want of them" rotations, and thus should be relatively benign. With this said, you may still find yourself working pretty hard, especially on Urology where the workload varies depending on the number of patients on your service. It can thus be a temptation to spend almost all of your time in surgeries or on the floor taking care of patients and to blow-off the paper. However, because the paper is an important part of your grade, this may not be the best decision. It is also the case that certain Attendings on the Urology rotation have intimidating reputations. However, they all tend to treat students well. It was also reported by some students that they felt the lectures in Urology to be pimping sessions, and so it may be a good idea to prepare by reading about the topic to be covered beforehand. You may find yourself working pretty hard, especially with early mornings, and if you get stuck on late cases. This only happened at Roosevelt this year.

Indispensable Books

In both Urology and Ortho, they will provide you with the textbooks you will need. For more depth, there are books at the reserve desk of the library that may be helpful. Also, the sections of Netter relevant to the GU tract and to Orthopedics are good to review during the rotation.

Other Things You'll Want to Know Beforehand

In Urology, there are always rumors floating about that being on certain teams (such as the PH teams) is more demanding whereas being on others (such as the Peds team) is less demanding. This led to a situation in some rotation groups where everyone not interested in working hard would state on the first day of the rotation that they were interested in Peds as a career in the hope of getting on an "easier" team. While there may be some truth to the notion that some of the teams are more time consuming than others, it is generally not a good idea to be deceptive about your interests. Also, if you are working a little harder you may see more things and learn more. It is important to reiterate that if you are specifically interested in one of these fields, let your interest be known and be as pro- active as possible in getting involved. Many of the Residents and Attendings in these fields are excellent teachers and respond well to student interest.

Introduction

Cooperstown is a charming, small town in upstate New York, about five hours from New York City. It is home to the Baseball Hall of Fame and a large part of the local economy is involved in catering to tourists. Baseball is very, very popular here. Another large part of the local economy is the hospital itself. Mary Imogene Bassett was a local doctor who was offered a gift by a grateful and wealthy patient. She asked for a laboratory and was given a hospital. Bassett has been associated with Columbia since 1947 and the majority of doctors who work there really enjoy teaching. The hospital serves a largely rural population who come from as far as 100 miles away. The Bassett system also has a number of primary care clinics scattered around central New York. You will see many of the same cases that are here in the city, but you may also end up taking care of a farmer who has been kicked by a cow.

Students will work either at the Primary Care Clinic in Cooperstown or at one of the other primary care sites. Students who work outside of Cooperstown and don't have their own car will be provided a car (be prepared to pay for your own gas for commuting that can be 1 hour each way). Don't be too bummed about the commute – most people end up liking the drive. All students will be housed at one of two locations, both close to the hospital. Both sites have a fully equipped kitchen and cable TV. Laundry facilities are located nearby. Students who are at outlying clinics may also be housed in that community, especially in the winter when commuting on icy roads can be treacherous. Bassett is also associated with several other medical schools so you might find yourself sharing quarters with students from Rochester, Albany or Dartmouth.

Cooperstown may be a bit slow after living in The City (especially in the non-tourist winter months), but it is a great time to kick back, relax, and enjoy the fresh country air. There is a gym less than a mile away (the Clarke Sports Center) that offers a special deal to med students, complete with squash courts and a fitness room – and you will have the time to exercise, so no excuses! There is a lake at the edge of town and a state park just up the road. You can enjoy water sports or golf in the summer, and in the winter there is ice-skating, snow tubing, and cross-country skiing at the Glimmerglass state park. There are two breweries nearby: Ommegang (which makes Belgian-style beer) and the Cooperstown Brewing Company (whose signature brew is called “Old Slugger”). Cooperstown is also near a number of downhill ski resorts. Work hours are reasonable, so take the time to enjoy this rotation.

Duties and Responsibilities

Students at the Cooperstown clinic will be assigned to one of two "pods". You will report to an attending. Each morning the attendings will mark which patients you will see during the day. You will get a history, do a physical, formulate a diagnosis and present the patient to the attending. The attending will then see the patient with you

and you will then be responsible for writing scripts, ordering labs, and scheduling follow-up appointments. A short note needs to be written or dictated for each patient. Students at the other sites will be assigned to an attending. Responsibilities are generally the same, but it may vary from attending to attending. The clinic experience is highly variable by location, from the high-volume Cooperstown and Herkimer clinics to the slower-paced Richfield Springs. Since the outlying sites are often the only doctors in the area, you may find yourself seeing both kids and adults. You may also be doing a lot of procedures like removing moles, sewing up lacerations, and pap smears. Lectures and preceptor group are every Wednesday afternoon. A creative writing project is required by the preceptor.

Daily Schedule

Hours are generally 8:30 to 5:00, M-F, with an hour for lunch. Grand Rounds are at 7:45AM once a week.

Call Schedule

None. Relax, go to the gym, have a beer.

Off-Hour Responsibilities

Read for the test, write your paper and your creative assignment (your last week will be much happier if you don't leave it all to the last minute), and keep track of your patient encounters.

Indispensable Books

You will be given a list of suggested books at the primary care meeting before you start the rotation – any of these should be fine for the exam. It is helpful, but not necessarily essential, to have a primary care book to help you quickly read up on your patients, as these books are organized to be helpful in the ambulatory setting.

Barker's Principles of Ambulatory Medicine is a useful book, but expensive. There will probably be a copy of it in the clinic. Otherwise your medicine and peds books will be fine.

Food

There is a not-so-good cafeteria in the hospital. There are also a number of restaurants off Main Street, a short walk from the hospital. If you're at an outlying clinic, plan to bring your lunch. There is a grocery store in town (Great American). If you drive five miles down Hwy 20, there is an even better grocery store, a McDonald's and a Pizza Hut. If you are a carnivore and you venture through Oneonta, try Brook's Barbeque. Restaurants and stores tend to close early in Cooperstown, so late-night dining can be a challenge. There are a couple of bars in town.

Library

Bassett has a large, well-stocked library that is open 24 hours. There is also a computer room with Medline and internet access (though it can be very slow). You can access cubmail or hotmail from there, though it is not set up for Telnet. Bassett has subscriptions to many journals on line, as well as an institutional subscription to UptoDate.com. One of the computers is set up for your palm backup. Copying is free.

Red Flags

You have to read your creative writing project out loud to the group.

Other Things You'll Want to Know Beforehand

Although the exam at the end is not high-stress and you get to choose the topics, most people have said that they are glad they studied, so don't blow it off completely. You'll learn a lot on this rotation, but be sure to use your time at Bassett to get outside and play.

Primary Care: Concord, New Hampshire

3/01

Introduction

The 5 week primary care rotation with the faculty and residents in the Dartmouth family practice residency program is great. The people in NH are nice, enjoy teaching, and are a bit more mellow than those at Presbyterian Hospital. The atmosphere is laid back. The attending in charge of your experience is Dr. Laura Fry, who is full of energy and fun to work with. She will be the one to introduce you to the faculty and residents and orient you to life in the hospital.

Duties and Responsibilities

Students typically see four patients in the AM and four in the PM. Sometimes you will get the history on your own and do the physical with a resident or attending. Sometimes you are on your own and you present to the attending after examining the patient. Other faculty want you to shadow. You write all of the notes on the patients you see and the attending co-signs. All notes are written on the computer system which is very efficient. Every Wednesday morning you spend time with a nurse practitioner and go out on home-visits. You learn a lot about wound care, diabetes, etc. At the end of the rotation there is an approximately 50 question multiple choice test. In addition, you give a 45 minute presentation at Grand Rounds on the topic of your choice.

Daily Schedule

8AM-5PM. Every other Wednesday afternoon off.

Call Schedule

No call.

Off-hour Responsibilities

Read, ski, relax, visit friends, go to the movies.

Red Flags

The faculty calls the rotation "family practice". They never use "primary care" as we are used to. To be PC say family practice.

Indispensable books

Your medicine books, Washington Manual, and The Care of the Medical Patient should suffice. Some students used Primary Care Secrets.

Food

There is good food in the hospital cafeteria with a great salad bar, as well as a

grocery store outside. "Out to Lunch" is an excellent deli one mile away and there is a good Mexican restaurant in town.

Library

There is a small library in the hospital. It is open during work hours and is accessible to students with an ID during off-hours and weekends.

Other Things You'll Want To Know Beforehand

Having a car is ideal. It is difficult to grocery shop, see a movie, etc. without one. There is free parking behind the apartment building and at the hospital across the street.

The apartment is small and students usually share a room with a Dartmouth student. Thin blankets and hard pillows are provided. Bring an extra blanket and pillow. If you love music, bring a Walkman or radio. The apartment does have a good TV with lots of channels and cable. Bring an alarm clock. If you are a big cook, bring some pans, spices, forks, etc. because the kitchen has only the bare minimum.

Primary Care: Harlem Hospital

3/02

Introduction

What you put into it is what you get out of it. This rotation is a laid back (*very* laid back) version of medicine. It's a great opportunity to see a lot of outpatient medicine, especially in the specialties, since you rotate through a variety of specialty clinics.

Getting There

By far, the fastest way to get to Harlem is by taxi. While gypsy cabs will make the run to Harlem for \$6 early in the morning, most drivers are holding out for \$8 (yellow cabs are around \$7) by 8 or 9 am. Either get good at negotiation or suck it up and take the subway. The 1/9 goes to 96th St.; switch to take the 2/3 to 137th St., which stops in front of the hospital. You should leave about 45 minutes for this, because of frequent delays during rush hour. You can also take the C train, which leaves you 3 blocks west of the hospital. While many students take this route because it is quicker than the 1/9, it is not recommended because it can be dangerous. Another workable option is the M2 bus, which departs from the southwest corner of Broadway and 168th (on Broadway) about every 10 minutes in the morning. It runs down Adam Clayton Powell Jr Blvd, one block west of Lenox Ave, where the hospital is. The walk is short and safe, especially if you stay on 135th St. On Wednesdays, you're not expected in until 9:50 and can take the shuttle from Milstein. For the first day, it is helpful to know that the clinic building faces 137th street, just east of Lenox Ave.

Duties and Responsibilities

A multiple-choice exam is given at the end of the rotation on topics you choose. Study for the exam and work on your presentation and paper. Otherwise, enjoy yourself and learn what you care to learn. There is one morning or afternoon per week you have off as a period devoted to 'library study'. Take this as your opportunity to have what's effectively a three day weekend, every weekend. You'll be given about an hour for lunch, so take advantage of it. One thing you will not see in the clinics are colds, flus, and sore throats, because these clinics are by appointment only. If you want to see these common complaints, ask to spend time in the urgent care center across the street in the main hospital building. If you get to know the attendings and ask politely, they'll let you sneak over to the trauma room when something comes in.

Daily Schedule

Official hours are 9-5, but you will frequently end up leaving much earlier. This is a great rotation to take care of those dental appointments and errands you've been putting off, and to get back on the workout schedule you neglected during medicine. Your day is divided into morning and afternoon clinics. You'll make up your own schedule each week, which should include at least three general medicine clinics.

Avoid scheduling general medicine clinic in the afternoon, because residents also have their clinics at that time and the precepting attending is generally overwhelmed. The rest of the time, you'll be in subspecialty clinics, which change with each rotation. You're encouraged to sign up for geriatric assessment clinic on Thursday afternoons, which is frequently interesting and can be counted on to end early. The best specialty clinics in terms of learning and level of attending attention, are adolescent medicine, oncology and family planning clinic; GI has also gotten good reviews. Dermatology is interesting but moves extremely quickly. Clinics vary in the level of responsibility expected of you. Most clinics expect that you see patients by yourself and then present the case to the attending. However, some subspecialty clinic attendings (particularly in derm) would prefer that you shadow them. One morning a week, you will join residents and your preceptor where one to two people will give a presentation. At the end of the rotation, you are required to give a case presentation and a discussion on a particular topic related to primary care. This is very laid-back; take it as an opportunity to learn more about something you've been curious about.

Harlem has a huge patient volume of people with multiple chronic medical conditions. There's very little continuity of care ; you probably won't see the same patient twice.

Indispensable Books

Texts are recommended at the beginning of the course. It is helpful to have a pocket manual of some sort, for example the Mass General Handbook, Washington Manual or Baby Harrison's. These are mainly useful for helping to general differential diagnoses and looking up information on interesting points as they come up. There are some textbooks you can look at in one of the rooms in "Area A" of the clinic—just ask.

Library

There is a library in the main hospital building which has a good selection of books and journals. There are also several very new computers with internet access available for your use. You'll only have access to a selected list of websites on Harlem computers, so it's not the ideal place to do web-based research for your paper. You can check your e-mail by typing 'telnet://cunix.columbia.edu' as your URL.

Food

There is a cafeteria in the main hospital building. Don't go there. Your other options are as follows: if you want quick, you can go to the McDonalds in the lobby or the Pan Pan or KFC down Broadway. If you want good, you can go to Manna's a few blocks south on Broadway or the extremely yummy Miss Maude's Spoonbread right across the street. If it's a sunny day and you feel like a walk, there's a Starbucks on 125th, right next door to Bayou, a sit-down Cajun restaurant. Drug reps provide lunch on the 13th floor of the main hospital building on Thursdays, and will sometimes

bring coffee and bagels for Wednesday morning conference. If you harbor any hopes of surviving the five weeks with your coronaries intact, bring your lunch from home. You can leave food and eat lunch in the conference room/lunch room on the third floor.

Red Flags

The Harlem version of Webcis, which lets you access patient records as well as order tests, write prescriptions and schedule appointments, requires a key and a password. You will not get either of these. This means that your first task of every morning (to be repeated throughout the day as the system crashes) is to get someone who can log you in. Dr. Miller and Dr. Thia are very helpful for this and any other problems you encounter.

As a place, Harlem Hospital seems to favor a certain formality that you won't find at Presbyterian. Expect to be on a last-name basis with almost everyone. Also, be aware that you may get a reputation as a stuck-up medical student if you don't stop and chat with people each morning (even people you don't work with closely) as well as when you're eating lunch in the conference room. (Running late is no excuse, particularly since nobody seems to care if you're not on time.) Even if someone looks like they're busy and don't have time for conversation, say hello and introduce yourself before stating your business. Because the clinics are frequently chaotic, you'll end up asking almost everybody to help you with something at some point, and your life will run much more smoothly if you've already established yourself as a nice person.

Introduction

This is a single site at the Family Practice clinic at Nagle Avenue near the 190s in Washington Heights. It is a great place for you to see a variety of patients—from infants to the elderly. You get to interact with almost all of the interns, residents, and attendings there, so you will get to see many styles in their interaction with patients. There are also a few specialty clinics, like dermatology clinic, on Fridays which are run by one specific attending that has more experience in it. Everyone here is really nice, and you have much say into which sort of patients you want to see.

Duties and Responsibilities

Your duties are pretty much limited to conducting an H&P on each patient you see, writing a note, and presenting the patient quickly to an attending. Before each morning or afternoon session, you and Dr. Joo, the clerkship site coordinator at Nagle, decide on the resident or attending you will work with. If you work with a resident, you may present to the resident, who will help you with your presentation and answer your questions, and then present to an attending who serves as the preceptor to whom all the residents present for that session. If you work with an attending, you present to that attending. You should work up 2-3 patients each morning and afternoon. This is not always easy as a bit of time is spent either waiting for someone else to finish presenting or for the attending as they are seeing their own patients. On the days when you feel passive, you can ask to see patients with the residents, which goes a little faster but is less exciting than doing it all yourself. Dr. Joo will give you some evaluation sheets that you should give to the doctors you work with each session so that they can evaluate you. At Nagle, many patients speak Spanish, so if you don't, you will spend a lot of time waiting for an interpreter. You will probably see a lot of peds and OB/Gyn cases. Speak up and request certain types of patients if you have a preference. The charts at Nagle are computerized, which is really cool but takes a little while to learn. Finally, you may need to push the Nagle staff to orient you the first few days, because they don't necessarily explain everything you need to know up front.

Daily Schedule

You will get a complete schedule at the beginning of the rotation. You can show up to the clinic between 8:30 and 9:00. Technically, the clinic is open at 8:30, but most of the time patients are not seen until 9:00 because their papers are being processed or the doctor is not there yet. You could always start seeing patients right when you get there if you know who you're working with and that person has not shown up yet. There are several lectures scheduled throughout the rotation that are given by one of the attendings specifically for the medical students. On Thursday afternoons, patients are not seen as this time is reserved for educational lectures by residents and/or attendings. Lunch is served on Thursdays. On one Thursday afternoon of the month,

there is a resident meeting meant only for the residents, so you get that afternoon off. Friday afternoons may be spent with Dr. Silenzio, one of the clerkship directors and the preceptor for the PH clerkship, who talks to you on various topics, more culturally and socially oriented. Days often end in the 5 o'clock hour.

Indispensable Books

The Nagle Clinic has its own library, but you should do most of your reading at home. You will get a list of recommended books by the clerkship directors, but stick with basic textbooks (e.g.: Harrison's, Nelson's Pediatrics etc). Keep in mind, however, that you are seeing general ambulatory medicine patients and, if you choose to read Harrison's or Nelson's, you'll be spending a lot of time reading because of the breadth of the problems that you are going to see. The recommended primary care textbook gives great overviews on the latest practical thinking and is shorter. It is expensive though, so check it out at the Hammer reserve desk before buying it. You will see a lot of patients with hypertension and diabetes, so read up on these topics well so that you can help manage these patients and so that you can do well on the exam since you have some choice on the topics from which you will be asked questions.

Food

You will always get an hour off for lunch pretty much no matter how late your morning session ends. The attendings really want you to take your break. There are not really that many places to get food. There is a cheap Dominican diner nearby that sells good food. There is also a hole-in-the-wall Chinese fast-food restaurant that sells your run-of-the-mill Chinese food.

Call Schedule

There is no call.

Off-hour Responsibilities

You should read on the core knowledge topics from the list given to you. You will need to write one 5-10 page paper on a primary care related topic. You will also have to give a short (about 5-10 minutes) talk on a particular primary care topic, which may be based on your paper, to Dr. Silenzio. It is really informal and is meant more as a learning opportunity for you. There is a clinically oriented list from which you choose your own topics for the primary care exam two weeks beforehand. You will be given scannable patient encounter cards on which you should enter information on each patient you see. Alternatively, you can download HanDBase onto your Palm OS-based PDA and enter your patients into that database. Either way, try to enter the patient's information sometime soon after you see the patient. You should see about 75-85 patients over the course of the rotation.

Red Flags

Be polite to everyone but push to get what you need.

Other Things You'll Want To Know Beforehand

You can take a shuttle van from the front of Milstein to the Nagle clinic, but the shuttle schedule is somewhat unclear. You should take the "A" train to the 190th St. stop and walk to the clinic. There is a park nearby where you can go to eat your lunch or relax. You will have to present your paper briefly to the course directors just before taking the exam. You may get off from the Nagle for a morning if you want to hang out at the Allen Pavilion.

Introduction

The five weeks of this rotation are spent at Monmouth Medical Center in Long Branch, New Jersey. Long Branch is about 90 minutes from New York City by New Jersey Transit train. Although the train station is conveniently located directly across the street from the medical center, having a car is a big benefit during this rotation. The medical center is just 2 blocks from the Jersey Shore; however, there are nicer beaches in some nearby towns. A car will also give you access to a greater selection of restaurants, the nearby Monmouth Mall, and Great Adventure (40 minutes away). Summer is definitely the best time to do this rotation. The beaches are beautiful along the Jersey shore and you will often find it difficult to believe that you are actually in medical school.

Duties and Responsibilities

Patients are seen in the outpatient clinic, located 0.7 miles from the hospital. Although a car makes this trip easier, you can also get a ride from a resident or walk. Students spend half their time in the pediatrics clinic and half in the medicine clinic. Your duties include conducting an H&P on each patient, presenting the case to an attending, and writing a note in the chart. In the pediatrics clinic most encounters are sick visits or well-baby check-ups that you will see on your own. If you have not yet done pediatrics, ask for tips on examining children at the beginning. In the medicine clinic, some residents will assume that you want to shadow them, but there are also opportunities to see patients on your own if you indicate your interest in this. Most of the residents are foreign medical graduates who are very friendly and interested in teaching. In the clinic there will generally be from one to three other students from MCP-Hahnemann or St. Georges who are there doing the outpatient component of their pediatrics or medicine rotations.

A mid-rotation feedback session should be scheduled with Dr. Wallach during the third week and one observed H&P is required for the clerkship. Also, you will be expected to get attendings and residents that you worked with to fill out evaluations during the last week. Lastly, you will need to record some demographic information from each patient encounter in a PDA that will be loaned to you for the rotation.

Daily Schedule

A complete schedule is distributed at the beginning of the rotation. Each morning you are scheduled to attend either pediatrics or medicine morning report; however, these conferences focus more on inpatient issues. Clinic begins at 8:30 or 9:30, depending on the day. Every morning except Monday is spent in the pediatrics clinic. There is a break for lunch at 12 PM; students have the option of attending medicine or pediatrics noon conference. Every afternoon except Wednesday you will see patients in the medicine clinic until around 5 PM. In addition, you are expected to

attend pediatrics night clinics on Monday and Thursday nights from 5-8 PM. Note that there is also a specific adolescent clinic on Friday afternoons that you can arrange to attend in lieu of medicine clinic.

Dr. Wallach is the main person responsible for the rotation. She schedules teaching sessions with you and the MCP-Hahnemann students on selected outpatient topics during the rotation. She is very approachable and is willing to make alterations to the schedule to fit your preferences.

Indispensable Books/Library

Barker's Textbook of Ambulatory Medicine is the recommended primary text for this rotation. You don't need to buy any books though because the library at the hospital has anything you might need. Medical students are given a key to access it anytime. You may consider bringing a medicine and pediatrics review book with you for quick reference in your apartment. The library has several IBM and Mac computers and 24-hour computer access is available in a separate student lounge. The office of the department of medicine has a good file of articles that is used by the MCP-Hahnemann students. These articles are most useful in preparing for teaching sessions. Free copying is available in the medicine office.

Food

You are provided with a meal card to use in the hospital cafeteria, which is actually quite good. A \$45 credit is put on the card each week. There are lots of items (chips, salsa, sodas) that can be bought and used later at home. Your options for dining out vary depending on your access to a car. On the first day you will be given a helpful list of local restaurants. Within walking distance there are a couple of good places to eat, including a great beer and ribs restaurant called Jacks. There is also a burger place located across the street from the train station next to the medical center. Another place worth mentioning is the Rum Runner in Seabright, one town north of Long Branch. It has a great bar with excellent rum drinks and dining outside overlooking the water.

Call Schedule

Monday and Thursday nights until about 8 PM in the pediatrics clinic

Off-hour Responsibilities

You will need to write one 5-10 page paper on a primary care-related topic (asthma, diabetes, hypertension, etc.). You must also present your topic at a residents' conference, either pediatrics or medicine. Ask the secretary in the medicine department for overheads if you need them. There is an exam on the last day of the rotation. You are able to choose in advance which topics you will be tested on from a list of options. There are five clinically-oriented questions on each of the topics you choose. Reading any basic text will prepare you for the exam. Also, don't forget to

enter information from all your patient encounters in your PDA.

Red Flags

Make sure you remind the people overseeing your rotation to schedule your presentation, give you interim feedback, and provide you with the forms for the observed H&P and evaluations, because they may forget otherwise. Also, try to work consistently with a few people because you will need to ask them to fill out evaluation forms at the end of the rotation.

Other Things You'll Want To Know Beforehand

This rotation is low-stress, so you will have some free time. Be aware that you might feel isolated if you don't have a car, especially if you are the only Columbia student there. There are two gyms nearby that you can join for the five weeks. One is Jake's Gym which is within walking distance (2 blocks) and costs about \$40 for a month membership. It's a low budget gym consisting mainly of weights and a few cardio machines. About 1.5 miles from the medical center is a much classier gym called World Gym. It costs about \$75 for the month and is a fully equipped health center overlooking the ocean.

Housing is provided in a collection of Spartan apartments located next to the medical center. They are 3-bedroom units that house 3 to 5 students each, so you may need to share a room. Each has a kitchenette with a refrigerator. Towels, sheets, and pillows are all provided and the apartments are air-conditioned (but seldom cleaned). Note that the walls are thin, so earplugs are a good investment. You need to bring your own TV, VCR, and dishes.

Primary Care: Northern Navajo Medical Center: Shiprock, NM 5/02

Introduction

The five weeks spent in Shiprock, NM are a unique opportunity due to the patient population and the fact that all of the doctors there are attendings. It is a special place because the hospital is small enough that the physicians who run the clinic are also simultaneously responsible for the patients on the wards and in the intensive care unit. There are no residents, so any procedures to be done on the wards are done by the attendings, and they readily get the students involved. Similarly, there are no specialists, so each of the attendings has a specific focus, and procedures such as stress tests, echocardiograms, endoscopy, and bronchoscopy are performed by them. The hospital itself is relatively new, and the staff is very friendly. The five weeks are divided such that half of the time is spent in a general pediatrics clinic and half of the time is spent in a general internal medicine clinic. This rotation is a great way to learn about the management of common problems. You're in for a great experience!

Duties and Responsibilities

The medical student's responsibilities in the clinic are to see patients, conduct a focused H&P as independently as possible, present to the attending, write a note in the chart, and explain the treatment plan to the patient, usually with the attending. Occasionally there are specialty clinics like Cardiology, Rheumatology, or Miner's Clinic at which you more or less shadow the specialists that come in from Albuquerque or Farmington. Miner's Clinic is for patients with interstitial lung disease after years of working in the uranium mines. As mentioned, there are sometimes procedures on the wards with which you can assist or completely perform if you voice your interest. During the pediatrics segment, you spend one or two days with the ward attending for the day. This is a great time to learn and practice newborn exams. You may also get to assist the ward pediatrician in the OR if any cesarean sections are performed. If there are any admissions, you may ask to do them, and you may be asked to present on rounds the next day.

Daily Schedule

For Pediatrics, you meet in the nursery/wards at 8:00AM for newborn/inpatient rounds each morning. Rounds typically last 5 minutes. There are CME meetings at 8:30 on Tuesday through Thursday. Otherwise, you are in clinic at 9:00 until 12:00. Clinic resumes from 1:00 until 4:00. On Tuesdays and Thursdays there are lectures just for the students on various Pediatric or Medicine outpatient topics at 4:30PM. For Internal Medicine, you meet in the ICU for ICU rounds at 8:15AM. There are inpatient rounds with the Family Practice and IM attendings on Monday and Friday mornings. Otherwise, the schedule is the same as for pediatrics, including CME lectures Tuesday through Thursday. For both segments of the rotation, you're done at 12:00PM on Wednesday and Friday afternoons. Theoretically this is to give us time to work on our paper, but the attendings really encourage using the time to explore

the area and take long weekend adventures.

Indispensable Books

Most of the reference books you may need, including Harrison's for IM and Nelson's for Pediatrics, are available in the library at the hospital. For use in the clinics, handbooks such as Schwartz for Pediatrics and Ferri for IM can be useful for looking up differential diagnoses when patients come in with new complaints.

Food

The cafeteria in the hospital serves three meals a day. You have to buy a meal card, and each meal costs \$2.00. For that, you get whatever they're serving that day, and there are usually two entree choices, as well as salad, bread, drinks, and desert. Food options in town include the grocery store, Taco Bell, Little Caesar's, a few burger joints, the flea market (where you can experience the "Navajo Taco"), and the famous Chat 'n Chew, a grease pit that the Internal Medicine attendings will make sure you experience. Groceries can be bought in Shiprock, or you might choose to drive into Farmington (30 min.) and buy extra-cheap groceries or eat at Three Rivers Brewery.

Library

The library in the hospital has a copier, computer, and printer. It also has a fairly good collection of recent editions of most major reference books. Finally, there are some of the major journals available (NEJM, JAMA, Annals of IM, Pediatrics, Journal of Pediatrics, Pediatric Infectious Disease, and more).

Call Schedule

There is no call.

Off-hour Responsibilities

You are seriously expected to have as much fun as possible while learning as much as possible. At the end of the rotation, you have an exam (you get to choose the topics on which you'd like to be examined), and you have to do a 30-45 minute presentation along with an 8-10 page paper on a topic of your choice. Therefore, some of your free time will be devoted to these requirements. Some students journey to Albuquerque to the UNM Medical School library for paper resources, but others have not found that to be necessary. If you have an account with MD Consult, for example, you can pretty much do your whole project in the hospital library. Otherwise, the amount of outside reading you choose to do is a matter of personal motivation. The attendings will discourage you from stressing out too much because the Shiprock area and the Four Corners area have so many incredible sights to see. They will loan you camping equipment for the weekends if you want it, and your apartment is fully stocked with information about the area, as well as supplies, a TV, a couch, a kitchen, a bike, and years of stuff amassed by prior P&S students.

Red Flags

- Take advantage of every opportunity you're given there, because the time really flies.
- There is a journal in the apartment, updated every 5 weeks by the new set of students. It is your bible of adventure advice. Use it.
- You will need to rent a car, and the travel reimbursement of \$500 will not cover all your expenses, so plan on spending a bit of money,

Other Things You'll Want to Know Beforehand

You will receive all the necessary logistical information (how to get there, car rentals, what to do when you arrive, ID's, housing, etc.). All of the Columbia students have stayed in the same place, so on your arrival, you will find multiple written versions of how to get the most out of your Shiprock experience. Depending on the time of year, the weather can be bad and the roads dangerous. Just be prepared and cautious about traveling in winter conditions if you're not used to it. Don't even take your white coat because you won't be wearing it. Ever.

You are within reasonable driving distance of many great places; Utah, Arizona, Colorado, and New Mexico have an endless array of wonderful destinations. The Grand Canyon, Telluride & great skiing, Moab, the Arches, Las Vegas, Santa Fe, Bryce Canyon, the Badlands, the list goes on and on. You're in for a great time.

Lastly, the time in Shiprock can be greatly enhanced by trying to learn as much as you can from the hospital staff and the people in the area about the Navajo culture, their perspective on medicine, and their history. Ask for a primer on Navajo etiquette during your first week to avoid offending anyone, as well as to add to your experience. Again, have fun!

Introduction

At the Internal Medicine Primary Care Clinic, you will have the opportunity to interview and examine patients entirely on your own, form an assessment, and present the patient directly to an attending. The atmosphere is conducive to learning and you will be treated as one of the team. Formal classes are held twice a week with the interns on their primary care rotation. You will be the only student there, but the material is appropriate to your level. You will have one attending as your course director, but you'll also have the chance to work with all of the clinic attendings, who are all enthusiastic teachers. Depending on the computer scheduling system, some of your patients may come back to see you again during the clerkship. This will make you feel more like their "doctor" and can be very rewarding.

Duties and Responsibilities

You are assigned two to three patients per morning or afternoon session. Hopefully the patient comes with a chart, which you must review. The charts are in the chart room, and have a special sheet attached when the patient has arrived. Also, check the computer for new lab results. You will be given an exam room, which should have all kinds of necessary supplies in some drawer. Go and get your patient from the waiting room and perform a focused history and physical. You should err on the side of being thorough until you know what is expected of you. Then begin your SOAP-style note, leaving some of the plan for after your discussion with the attending, and then get in line with the interns and residents to present the case. The attending will listen to your presentation, examine the patient with you, and help you formulate the plan. At the end of the clerkship, you'll have to write a paper on a primary care topic of your choice and present it.

Daily Schedule

Morning conference sessions are twice a week; you'll then spend the rest of your time in the clinic. You have approximately an hour and a half for lunch. Conferences start at 8:00 AM, clinic at 9:00 AM, you should be out by 5:00 PM. Once a week you spend a 10-hour shift at the Allen Pavilion ER. This experience does not heavily influence your evaluation. Just show up and try to do as much as you can. You have to see a minimum number of patients during the clerkship, so the ER is the place to accumulate patient encounters.

Off-hour responsibilities

Write your paper and prepare to present it.

Red Flags

Call and confirm what time to show up on the first day. The paper work will become routine to you, but be sure that you know what needs to be filled out for each patient and that the attending signs everything he or she needs to sign. Fill out your patient encounter information on the PDAs that will be provided by the course directors during the orientation session.

Food

The cafeteria is in the new building on the north side of West 114th. You have over an hour for lunch every day, so you can venture over to Broadway and take advantage of the many inexpensive options in the campus area.

Library

There is a good little library with free photocopying in the old building on the south side of West 114th on your way to the clinic. Ask directions.

Other Things You'll Want To Know Beforehand

Read up on diabetes and hypertension; the majority of your patients will have both. You will have the chance to take a medical Spanish course with the residents which is very helpful when seeing patients in the clinic. They really want your paper to start with a case presentation of one of your clinic patients. During the first week, get the attendings advice about an appropriate topic.

This rotation is one of the few 9 to 5, no call experiences of third year. Enjoy it! It will be one of the best months of the year.

Introduction

The five weeks of this rotation are spent in the outpatient medical clinic of the Stamford Hospital. There is a separate pediatrics clinic, which means that you will not see any pediatric cases, with the possible exception of children who come in for TB clinic on Fridays. The two attendings who run the clinic, Dr. Israel and Dr. Maldonado, are extremely accessible, friendly, and willing to teach. The housestaff is composed of medicine residents rotating in and out, and they are your sources for information on changes in the daily schedule or when drug reps are handing out free lunch in the residents' lounge. Students will experience an appropriate mix of clinical independence with attending supervision and guidance. Since they are busy seeing their own patients, you shouldn't expect to receive much teaching or guidance from the residents in clinic.

Duties and Responsibilities

All of your time is spent in the outpatient clinic where your duties are limited to conducting an H&P on each patient, quickly presenting to an attending, and writing a note in the chart. By the end of the rotation you should have worked up to 3 patients per morning (not always easy due to the fact that the housestaff also must present each patient to an attending, and things can get backed up quickly). Expect to get most of your teaching directly from Drs. Israel and Maldonado. They are two of the nicest attendings you will ever meet—they're usually in somewhat of a rush during clinic but they'll do their best to take some time out to do some teaching. You will also have a feedback session from Dr. Israel half way into the rotation. If she forgets, just request feedback on your own. Certain days of the week there are specialty clinics (endocrine, dermatology, cardiology, TB, etc.) in the morning and afternoon, where you do the same thing as regular clinic but with different attendings. You need to obtain a Stamford Hospital ID card (Security) and a password to the computer system (Med Records) ASAP. You won't learn how to do many procedures, as Stamford has a quick and well-organized lab which does most things for you and a clinic nursing staff to take care of things like PPDs. Anything the nurses do you should ask to learn.

Daily Schedule

You will get a complete schedule at the beginning of the rotation. Clinic starts at 9:30AM each day. One morning a week there is a residents' conference in the library at 9:00AM which students attend. There is Grand Rounds on Thursdays at 8:30AM. The typical day is as follows: See patients from 9:30-12, conducting your own H&P before giving a quick presentation to one of the two attendings. Go to noon conference with the housestaff from 12:30-1:30PM. See patients in the afternoon clinic from 1:30-4:00 PM. Dr. Robin will also occasionally pull you from clinic to see interesting endocrine patients in his own office. Also, on Wednesdays you meet

with Dr. Robin, the head of medicine at Stamford, for a one-hour lecture at 11:00AM.

Indispensable Books

You don't really need to buy any books for this rotation, as the clinic has copies of Harrison's, Barker's Principles of Ambulatory Care, and the Guide to Clinical Preventive Services. The Stamford Hospital library has various similar books, although you can only take them out for 24 hours. A new addition to the computer system at Stamford is UptoDate on the web. This is a great new resource with superb reviews of topics supported by relevant literature. Use this resource!!

Call Schedule

There is no call.

Off-hour Responsibilities

You will need to write one 10 page paper on a primary-care related topic (asthma, diabetes, hypertension, etc.) and students are expected to give informal presentations on their research topics to Drs. Robin, Israel, Maldonado, and other students who are rotating at Stamford for medicine.. You will not necessarily be directly observed doing an H&P but the attendings assess the completeness of your skills based on your presentations. Two weeks ahead of time you choose your own topics for the primary care exam, which is very clinically oriented. Don't forget to fill out your Palm pilot patient encounter summaries--you should get 75-85 done during the course of the rotation.

Red Flags

Just don't be late to clinic, and don't skip lectures or residents' rounds--it will be noted.

Other Things You'll Want To Know Beforehand

Enjoy the relaxing schedule and get to the beach if you can. You don't need to bring your own oto/ophthalmoscope.

Introduction

Primary Care at St. Joseph's Family Medical Center (FMC) is a great opportunity to experience medicine outside of NYC in a smaller community. Previously the last remnant of the old St. Joseph's hospital, the FMC has recently moved to a brand new building across the street. The FMC is the outpatient facility of the Stamford Family Practice Residency program. As such, you will see patients with family practice residents and attendings from the program. Overall, the house staff is very approachable, enthusiastic, and willing to teach. The residents are also very committed to teaching and making your experience fun and meaningful. The attendings are also quite knowledgeable, and some offer an interesting perspective on the value of alternative medicine. The greatest asset of this rotation is the variety of different experiences it offers. Through the clinics, you will be exposed to a wide variety of patients, including a lot of pediatrics and OB/GYN, as well as adult medicine. There are plenty of opportunities for practicing physical exams, doing pelvic exams, and helping with minor procedures. There is also an excellent dermatology clinic, held one afternoon every month. In addition, you will be exposed to end-of-life care by spending time at the hospice and with a visiting nurse, and you will have the opportunity to spend one or two afternoons riding with EMS, and visiting a soup kitchen. Although the FMC is ideal for someone wishing to escape the busy hospital setting, its location is not convenient for those without the luxury of an automobile. Columbia offers housing within walking distance of Stamford Hospital, but this is approximately a 15-minute drive from the FMC.

Duties and Responsibilities

Medical students generally see patients on their own in the clinic and discuss cases with both residents and attendings. There is an appropriate level of responsibility placed upon the student, accompanied by ample guidance. However, perhaps the only detractor from this rotation is that at times students do end up shadowing a resident or an attending, and in general there is somewhat less autonomy in seeing patients than on some of the other primary care rotations. For the most part there are no specialty clinics (with the exception of colposcopy and dermatology), so you will see OB/GYN, pediatrics and adult medicine in the same clinic.

Daily Schedule

Clinics are scheduled from 8:00AM to 5PM, although in reality they never begin until 8.30, which is when the residents and attendings typically arrive. There is an informal conference over lunch with the residents and one attending at the FMC on Mondays, Wednesdays, and Fridays, and students can attend noon conference on Tuesdays and Thursdays at Stamford Hospital, although this is not required. Students are also expected to attend medical grand rounds at Stamford Hospital on Wednesday mornings. Once a week, typically on Friday mornings, students go on

homecare and hospice rounds with a visiting nurse. On one or two days during the rotation, students have the opportunity to spend a morning riding in an ambulance with EMS. Lastly, there is the opportunity to work in a soup kitchen with Dr. Connolly.

Indispensable Books

There is a goodsized library at the FMC that is more than adequate to serve one's needs.

Food

There is a new cafeteria in Stamford hospital, where students get 50% off, but which can get old after a while. There is a local mall near Stamford Hospital with everything you can imagine, as well as an enormous Super Stop and Shop within a few miles. There are also numerous sandwich shops, again conveniently in the vicinity of Stamford Hospital. Be warned that restaurants in downtown Stamford are expensive, even by New York standards.

Library

The library at Stamford Hospital has an excellent selection of publications, with free photocopying and access to UptoDate, as well as access to computers and your beloved email.

Call Schedule

There is no call schedule.

Off-hour Responsibilities

Take advantage of Stamford's nightlife.

Red Flags

A patient list for each clinic session is printed at the beginning of the day. If the resident or attending you are assigned to work with has very few patients, which happens from time to time, feel free to switch to work with another resident, otherwise you will be bored!

Other Things You'll Want to Know Beforehand

A car is key to enjoying this rotation. Bus service from the Columbia housing to the Family Medicine Center is available but requires changing buses, and takes 45 minutes to an hour for what would otherwise be a 15 min car ride. There is a hope that a morning shuttle bus will be run from Stamford Hospital to the new Family Medicine Center Facility, but at the time of writing, this had not been implemented. Having a car also permits you to go to noon conferences, the hospice, and grand rounds. In addition, if you have a car, you can commute to Stamford every day from

NYC, as I did (it takes 50 mins during rush hour). The first day of the rotation you will receive a schedule of the clinic and the residents and attendings you are assigned to work with. However, it is important to know that this schedule is very flexible and should you develop a particular rapport with a specific resident or attending, feel free to try to arrange to work with them more frequently.

Pluses:

Variety of patients, clinical settings and experiences

Enthusiastic housestaff and attendings

Minuses:

Longer hours (for primary care)

Less autonomy in seeing patients compared to other sites

Extremely difficult to get around without a car