

M3 TIPS AND TRICKS

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GENERAL M3 PEARLS

- Your team
 - Early in the rotation, try to get into the rhythm of your team and be helpful
 - As time goes on, you'll become more integrated into the team and then will take on more responsibility
 - If your team trusts you, they will let you do more things on your own
- Listen to your residents!
 - When they tell you to leave they are not trying to trick you, as long as you show that you are putting in the effort. They understand that you need to study as well
 - That being said, don't make excuses to get out of work. Remember your residents were medical students recently, and they know all of the tricks
- Be nice to the nurses. They can make or break you (this is a cliché that you'll hear a million times, but that's because it's true)
- Avoid asking questions that you can Google
- Be smart about telling your residents/attendings that you do not want to go into their specialty
 - Instead, tell them of the specialty that you are currently interested in AND
 - Be ready to offer specific goals or knowledge/skills you want to gain during your time with them because you are excited to be exposed to what their field has to offer
 - Don't lie to residents/attendings about interest in their specialty, everyone knows each other
- Try not to say "That's so cool!", instead use words like interesting because these are still people's lives
- Phone usage
 - The internet is a great tool (especially UpToDate!!)
 - BUT be wary of using your phone to look things up during rounds, even if you are trying to be helpful. People will think that you are texting.
- Textbooks/study resources
 - For every rotation except family medicine the best resource is UWorld + 1 text/case review book
 - The textbooks are expensive, but you can find most of them online as a PDF
 - Ask your classmates who have already done the rotation what helped them
 - Remember not to use too many resources, don't overwhelm yourself as you know what has worked for you in the past

PSYCHIATRY

General tips:

- This rotation is certainly the most unique of year 3, so really try to appreciate that during your month

- You have more free time on this clerkship, enjoy it (All weekends are off!)
- Get familiar with diagnostic criteria (i.e. SIGECAPS, DIGFAST, etc)
- Learning the mental status exam will help you prepare for consults, admissions, and the written exam

Books we recommend: Coursepack is provided, First Aid for the Psychiatry Clerkship, Lange Q&A Psychiatry

How to study: UWorld, coursepack, Psych First Aid. Neurology might show up on this exam but only the common diagnoses. Know your timelines for diagnoses, as these will show up on the SHELF.

NEUROLOGY

General tips:

- If you want to be impressive, buy/borrow a nice reflex hammer and tuning fork
- A lot of the attendings specialize in specific areas, ask them intelligent questions about their specialty
- Whether or not you are applying to neurology one of the best thing to learn on this rotation is imaging so ask your residents to review MRIs/CTs with you
- Inpatient
 - Carry a stroke patient and a non-stroke patient to see a variety of pathology
 - Neurologists are really passionate about the field so be ready for long discussions about each patient and lengthy rounds on inpatient services
 - Remember, ask questions as this is the best way to learn
- Clinic/outpatient
 - To get the most out of clinic you have to be proactive in trying to see patients
 - You may not get to see patients alone but ask attendings to let you perform an observed neurological exam
- No weekends on this rotation

Books we recommend: Blueprints, Case Files

How to study: UWorld and one of the two books listed here. Also, make sure to review your peripheral nerves! Dermatomes, neuroanatomy, weird genetic diseases; all of it is covered on the shelf. Just because you do not see it in clinic does not mean it will not be on the shelf. This is really important to remember for neurology as it is very specialized. Feel free to open up your anatomy and neuro coursepacks to review some of the topics (especially since pure anatomy isn't covered in the clinical textbooks). Psychiatry might show up on this exam but only the common diagnoses.

SURGERY

General tips:

- This is the hardest clerkship (due to the hours and demanding atmosphere) but you will learn a ton
- Surgeons love to put you on the spot, so don't be surprised if...
 - You get asked questions you don't know the answers to OR
 - You are asked to do some suturing and knot-tying
 - Remember, use these experiences to learn AND if you don't know... look it up and bring it into conversation the next time you work with that attending

- Be helpful during rounds
 - Carry supplies in your pockets for dressings changes, etc.
 - Learn the codes for the supply closets
 - Remember presentations during surgery are short and to the point
- Read up on patients before going to the OR
 - Know the patient's name, age, presenting symptoms, workup, and reason for the procedure
 - This includes if you're going to be late for a case... you're already late, so take a few extra minutes to review a patient's medical record and you'll be ready to answer questions
- Scrub nurses are your best friends
 - Be nice to them and they'll be your saving grace
 - Introduce yourself to the nurse and scrub tech when you enter the room and offer to get your gown and gloves
 - Ask the scrub nurse/tech if she wants you to put the supplies on the STERILE table
 - If you're not scrubbing in, help tie the gowns of residents/attendings but don't get in the way
 - Don't be afraid to ask for a step once you are scrubbed in
 - IF AT ANY TIME you begin to feel lightheaded, speak up. They do NOT want to deal with a person falling into a sterile field. It is not unusual to feel a little woozy at some point on this rotation.
- Ask where to find the dashboard for the surgery schedule on EMR
- Keep a couple granola bars in your pocket, you don't always have time to grab food during the day (this is a good clerkship for using the money on your badge)

Trauma Call:

- Expect to be on 30 hour call for the entire 30 hours (most of the time you'll be busy for the whole night and will not sleep)... you round with your team in the morning once call is over
- Don't expect trauma residents to call/text you when you're on call (They are very busy!!); this means either staying with the team or watching the trauma phones for activations and EMR for consults
- Sometimes the phones don't work but you will still be responsible for activations
- Trauma call is when you get exposed to the most
 - You are working with a smaller team than normal so prove yourself and you may get the opportunity to perform procedures on your own (I&D, ABG, who knows!)
 - Call is a good time to get clerkship assignments done... whenever you have a chance to do an H&P, do it as you don't know when the next opportunity to complete this assignment will come

Books we recommend: DeVirgilio (expensive, but worth it - best book of year 3!), Pestana's, Pretest for Surgery

How to study: Lectures throughout the week are good practice for oral exam, make notecards for each oral case and review them in down time between surgeries. The clerkship at Ford is very focused on preparing you for the oral exam. Time will be sparse on this rotation, so really try to make use of your free time to do UWorld (surgical block, GI for peds and internal) and read

DeVirgilio, understanding that you may not finish the cases (and that's ok!). Do UWorld when you have downtime during the day, when you are waiting for cases to start, etc. Fyi that the shelf is difficult, mainly because most of the material is actually better suited for internal medicine.

OB/GYN

General tips:

- You will select your schedule at the beginning of the clerkship with great options for surgical experiences (Gyn/onc, Gyn at West Bloomfield), inpatient medicine (Maternal-Fetal Medicine), and clinic (Reproductive Endocrinology and Infertility, Urogynecology) so tailor your experiences to what you're interested in
- L&D
 - Can be a hit or miss based on the week but if you try and stick near faculty and residents you'll get a lot out of it
 - Ask the residents or midwives which patients are close to delivering AND introduce yourself to those patients (at a minimum) so you have an opportunity to participate in the delivery later
 - Keep an eye on your intern and don't feel awkward following them everywhere they go, it may be the only way you'll see things AND tell them you want to catch a baby
 - Triage is also a great place to find something to do
 - If it's a slow day/night ask the residents to talk about topics as they are a great resource and many of them love to teach
 - L&D AM and PM have the same feel, it is not like trauma call as babies are delivered when they are ready
 - Men: read about "female preferred" patients
 - If the delivery ends up being a C-section, there's a good chance you can still be involved with the case if you know about the patient
 - In general, West Bloomfield tends to have less "female preferred" patients than main campus

Books we recommend: Blueprints, UWorld (question bank provided by the school), Case Files

How to study: The computers in the hallway of L&D main campus have a few of our textbooks on them; take advantage and study while you wait. UWorld is a good way to find areas of weakness, but you need to supplement with Blueprints or Case Files. And, as always, UWorld is your friend.

PEDIATRICS

General info:

- A vast majority of this rotation will be at Children's Hospital of Michigan (CHM)
- You will hear this a lot about peds but things can get a little disorganized at times... it is manageable if you expect it and just go with the flow
- CHM: inpatient and specialty week
 - Faculty are really nice and passionate
 - Inpatient: overnight shift and long call shifts are flexible, work with your inpatient team to pick dates that work for you - use your afternoons to practice writing notes, especially early in the year

- Specialty week: great opportunity to try some areas you won't be exposed to during the rest of M3 year, take advantage of this opportunity if you are interested in certain specialties for residency (for example, a chance to participate in anesthesiology!)
- HFH: ambulatory peds and newborn nursery, all the faculty are really nice here as well
- You'll have a lot of extra assignments on this rotation; be aware of them all and the due dates, because your due date may be different than someone else's

Books we recommend: CaseFiles is provided, BRS Pediatrics

How to study: UWorld and one of the textbooks. Keep in mind BRS is pretty large, but covers everything you'll need to know. Learn the immunization schedule and developmental milestones.

INTERNAL MEDICINE

General info:

- This is a block where you will get asked a lot of questions (although with less intensity than surgery), your notes will be refined, and your presentations will get strong
- Like surgery, it is a tough rotation but also makes for a lot of personal growth- you really become an integral part of your team and make meaningful contributions to patient care (especially during team transition periods!)
- Your team/rounding
 - Each team/attending works differently, so begin each month by asking what your team expects or what the attending likes to know in presentations on rounds
 - Ask to carry several patients but don't bite off more than you can handle because you should know everything about your patient
 - Talk about plans with your intern/senior aloud in the workroom before rounds, this is how they know you are thinking critically about patients
 - You are assigned an intern BUT if they don't want to teach or share patients you can carry patients from other interns
 - If your intern doesn't know the answer to your question then read about it and teach them/the team about what you learn
 - As your confidence grows, don't be afraid to ask questions, answer questions, and offer suggestions during rounds
 - Sometimes an attending will cut you off during presentations BUT you should still prepare presentations and practice with your intern/senior
- Overnight call
 - More relaxed on internal medicine vs. surgery
 - Once you do an admission or two your resident will possibly send you home
 - If you are sent home you are still expected at rounds the following morning
- Be helpful by:
 - Visiting nurses/MAs/patients to ask questions
 - Assisting with busywork (e.g., obtaining outside medical records)
 - Helping with patients you are not carrying, etc.

Books we recommend: Step Up to Medicine

How to study: Ask your interns/seniors to talk through topics in your down time (and draw diagrams!). Again, UWorld is huge here. There are over 1000 internal medicine questions, so you may not finish or even have time to read much of a textbook (and that's ok!). Read about your patients and look up their disease process on UpToDate as you are taking care of them. Pay attention during lecture and conference. Review EKGs.

FAMILY MEDICINE

General info:

- It is a fast month that also covers topics from all specialties
- The earlier you have this month in your year, the more studying you'll have to do for the shelf- surprisingly tough shelf, mainly because of the vast amount of information you have to cover
- The hours aren't intense and you have weekends off. Don't procrastinate with assignments

Books we recommend: Ambulatory section of Step Up to Medicine, AAFP question bank (same questions as In-service Exams), Case Files

How to study: Very variable based on what works for you. Some people thought UWorld on complete shuffle was perfect, because the exam essentially covers everything. However a majority of people use the AAFP question bank. Find a textbook that covers material you haven't seen before or material you need to brush up on. If you have this rotation early, it might not be worthwhile to activate UWorld. You will see peds, OB/GYN, and psych on this exam so if you haven't had those rotations yet then make sure to do a basic review of those specialties.

ELECTIVE

General info:

- This is your only month without a shelf, so enjoy it (yes there is always that pressure to study but allow yourself a moment to catch up on sleep, see your friends and family, etc.)
- You really get to immerse yourself in whatever you're doing that month so take advantage of it by staying late, getting involved, and taking on more responsibility than usual
- A lot of people use this month for a specialty they're considering applying to so there is a lot of intrinsic motivation to be proactive. It's a great month to get a letter of recommendation
- Don't be afraid to do a specialty month early in the year; attendings know you're new to rotations and will give you a break
- Research months are great if have a distinct project but don't waste this month on research if you are not motivated/want to slack off

M4/RESIDENCY (also remember to enjoy M3, it is the best year!!)

Don't stress about finding which specialty you want, oftentimes it comes to you during year 3. That being said, you should be constantly reflecting after a rotation about whether it was a good fit for you. Talk to lots of different faculty and residents not only about their path and career but how competitive you would be getting into this specialty. Residents will give an honest testimony to the process. Don't feel worried to ask for a letter; everyone here is always happy to write you one. Make sure to ask if they feel they can write you a *strong* letter. Go into every rotation with an optimistic viewpoint. You never know when you will unexpectedly love a specialty!