

How do I Rank My Clerkship Rotations?

***Please note: All information in this booklet is purely anecdotal and many aspects of rotations may change between years. We will do our best to keep this information up-to-date though we cannot guarantee that information collected from previous years will be valid for the present year.**

Heads up for important dates:

Please see handout given in class.

What is clerkship?

The Clinical Clerkship Program at Western's Schulich School of Medicine & Dentistry is an integrated 51-week course in the third year of the four-year MD program which is distributed across various sites in Southwestern Ontario. During Clerkship, students become active members of clinical care teams in the following medical disciplines: family medicine, internal medicine, obstetrics and gynaecology, paediatrics, psychiatry, and surgery. Under the supervision of faculty and more senior housestaff, clerks are given graded responsibility in the diagnosis, investigation, and management of patients in hospital, clinic and outpatient settings. All students in third year are required to complete a community/rural Clinical Clerkship rotation for a minimum of four weeks. (Taken from UME Schulich page. Link provided at the end of this document)

What is a rotation?

A rotation, or a block, is a 6 or 12 week period within one of 6 general areas within medicine. The blocks include:

- 1) Family Medicine (6 weeks)
- 2) Internal Medicine (12 weeks)
- 3) Obstetrics and Gynaecology (6 weeks)
- 4) Paediatrics (6 weeks)
- 5) Psychiatry (6 weeks)
- 6) Surgery (12 weeks)

Your time within each rotation is further broken into core rotations and specialized selectives. Core rotations are rotations that every student is to complete while rotating through the service, while selectives are periods of 2 weeks within a specific subspecialty of the core rotation. For example, everyone's surgical block will look like this:

Core rotation:

- General surgery – 4 weeks
- Anesthesia – 2 weeks

Selectives:

- Three 2 week selectives

How do I rank my rotation order??

There are specific orders for all rotation groups, and there are EIGHT different groups (same at both campuses). Each group's rotation order is PREDETERMINED. Obs and Peds are always linked, and so are Family and Psych. Internal always follows the Obs/Peds grouped rotations, and Surgery always follows Fam/Psych. When order is referred to in this document, it is generally with respect to the main 6 blocks. Something to consider when ranking your orders is that you will start booking your electives for 4th year during Jan/Feb of your clerkship. At that time, you will have completed roughly 18 weeks of clerkship.

These are examples of how people have ranked their rotation orders in the past. These are not hard and fast rules, some methods work better for different people. Don't get caught up in this. It is just meant as a guide. Furthermore, it honestly doesn't matter what order you get because everyone will have a great clerkship experience, and if you want to change your career path, and are dead set on it, the admin can help you with changing electives. Enjoy clerkship!

Below, we've outlined how to choose your rotation order, depending on how well you feel you know which specialty you wish to pursue after medical school!

1) I am absolutely certain which specialty I want, there is NO way you are going to change my mind!

Generally, people have this rotation in the second half of your clerkship because:

- You will be a better clerk by then (yes, all of you, will be better)
- You can ask for reference letters for CaRMs as it will be coming up sooner
- You will be better prepared for electives which start at the end of clerkship

If there is a little doubt in your choice, put it as your 4/5th rotation instead of dead last (probably always best not to do your planned specialty last because of clerk burnout).

2) I'm on the fence between two or more blocks.

Try to get them in the first half of clerkship so you can make a decision based on that. If they are not linked, like surgery and internal, then put the one you are most UNSURE about, or less likely to choose earlier. Think about it this way, if you have to book electives at THIS moment, without knowing your order, which would you pick? Let's say you are torn between surg and internal, but you are leaning towards internal, put surgery in the first half and internal in the second half. If you do it like that, then you can rule out surgery by the time you have to book electives.

Another way to go about it is to put the more competitive one in the first half, and less competitive towards the end. This way when elective booking time rolls around, if you want to go for something competitive you will know that you want it, and have more time to get competitive electives.

3) I need to rule out a block.

You are like 80-90% sure you are set on one type, but there is one other specialty that you need to rule out to be sure. Let's say for example, you are leaning towards family, but if there was anything you would do besides family it would be Peds. Rank orders that

have Peds earlier. This will help you sort through whether your alternate/back-up of Peds is actually what you want to do before electives need to be booked.

4) I haven't the foggiest idea of what I want to do.

Congrats, you have the most leeway when it comes to picking orders. Review the different strategies and tips below, and go from there. Don't worry if you don't know, because many of your classmates are unsure as well (some are more likely to admit it than others).

OK, so what are my rotation ranking options?

Rotation Order Options

1. Pediatrics, Obstetrics/Gynecology, Internal Medicine, Family Medicine, Psychiatry, Surgery
2. Obstetrics/Gynecology, Pediatrics, Internal Medicine, Psychiatry, Family Medicine, Surgery
Pros: Obs/Gyn traditionally give less responsibility than other rotations, so having it early on may be nice. Surgery in the summer is less demanding, shorter OR's and clinics.
Cons: Internal medicine over Christmas holidays is said to be quite a hectic time for some reason.
3. Surgery, Pediatrics, Obstetrics/Gynecology, Internal Medicine, Family Medicine, Psychiatry
4. Surgery, Obstetrics/Gynecology, Pediatrics, Internal Medicine, Psychiatry, Family Medicine
Pros: It is said that expectations for our knowledge base are lower in surgery, so having it first may be a benefit that way. Get to enjoy summer a bit more because of finishing off with more relaxed rotations.
Cons: Having surgery first may also be a con as it may be difficult to start off with an intense rotation with longer hours, more call etc.
5. Family Medicine, Psychiatry, Surgery, Pediatrics, Obstetrics/Gynecology, Internal Medicine
6. Psychiatry, Family Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Internal Medicine
Pros: Get to 'ease in' to clerkship with family med and psych
Cons: Most people are undecided about internal medicine so having it last means you don't get the experience before choosing electives for 4th year. Winter is said to be a very busy time in surgery (but could be a pro if you are interested in surgery). Also internal is kind of a heavy rotation all year long, so having it in the summer is hard.
7. Internal Medicine, Family Medicine, Psychiatry, Surgery, Pediatrics, Obstetrics/Gynecology
8. Internal Medicine, Psychiatry, Family Medicine, Surgery, Obstetrics/Gynecology, Pediatrics
Pros: Lack of independence in Obs/Gyn may be frustrating after a year of learning/experience. Internal medicine right off the bat is intense, but gives you a lot of knowledge for subsequent rotations.
Cons: Having internal first may also be a con as it may be difficult to start off with an intense rotation with longer hours, more call etc.

Some other miscellaneous points to help guide your rotation rankings

Selectives:

- Your choice of selectives will determine your home site for surgery and internal. For example, if you pick Neurosurg (UH), thoracics (VH) and cardiac (UH) surgery, your main site will be UH because your selectives are there. On top of that, you may or may not get your thoracics choice because it is at Vic and your home is UH. Choose with this in mind.
- Selectives for peds and psych won't affect this
- Certain internal selectives are generally exempt from this policy (Oncology, for example, is only at VH, but your home site can still be UH).

Surgery:

- OR's run shorter in the summer, so if you are NOT interested in surgery and want to avoid it like the plague, put it last in your rotation order; however, the converse is true. If you want to enrich your surgery experience, try to get it in the first half of your clerkship
- Easier surgery selectives include radiology, ophtho, and pathology; however you can only do ONE of these three
- OR lengths are longest at Vic (generally until 6 pm) and shorter at UH (4:30 pm) and St Joes (3 pm)

Internal:

- You get the most responsibility for patients right away. You have patients that you are directly responsible for on day 1
- Some say putting it first makes you ready for the rest of your rotations, gets you a good background knowledge of charts, dictations, how the hospitals work, etc. for the rest of clerkship

Other tips and tricks:

- A general rule of thumb is to avoid doing the specialty you want first or last
- If you are on the fence about a specialty, try to do it earlier in the year so you can decide if you'd like to pursue it when applying for electives. If you are very sure you are not interested in another specialty, it may be wise to pick the rotation with it at the end.
- Rural placements may give you more hands on experience (fewer learners to share opportunities with). However, some people have said that networking with the doctors in the hospital is more important. (For example: You would deliver more babies on a rural obs/gyn placement, but would not know the hospital obs/gyn docs as well which may be useful for CaRMs/reference letters)
- Some people like to put the more intensive blocks near the beginning of the year to avoid being burnt out by the time you get to them (For example, surgery and internal early). Others are of the opinion that starting on those blocks would be overwhelming and would like to ease into the swing of things. It comes down to personal preference. You have to do every rotation and it will always be tiring.
- **Don't try and "play" the game.** If you want a certain rotation order the most, put it first. Don't play the system. Some people think that since you are not guaranteed your first choice (although >80% generally get one of their top 3), that if they rank the rotation they want lower, they have better odds of getting this. Don't do this. It goes in order of your rank, so if you wanted a rotation but put it third, and there is room in your first ranked order – you will get what you ranked first.