

Paediatrics

PEDIATRIC NEPHROLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Presentation on 'scholarly' topic like a critical appraisal of an article (30 min)

How long was the average day?

- Clinic 8-4 (but ends around 3PM) on Monday and Friday
- Clinic Tuesday 8-12, and then a meeting with the RNs and dietician on dialysis patients
- Wed & Thurs 9AM rounds; usually take until about 10AM. Then you wait until around noon to see if there are any consults and then go home

Was there either mandatory or optional call?

- No call :)

How many other learners were you working with?

- There was a resident for the first day only; peds nephro typically does not have any residents. There is a nurse practitioner who also sees patients and seems to have the same level of responsibility as the clerk.

Was it ward work or clinic work or other (please elaborate if "other")?

- Mainly clinic work; seeing usually 10-15 patients per day
- Consists of morning rounds and then clinic.

How "hands on" was the rotation?

- You go assess the patients, then review with the staff. No involvement in procedures.
- They have a large multidisciplinary team. I found I learned the most from the NPs and by being proactive. If you are not proactive people will just work around you.

Would you recommend it to others? Everyone or just people interested in that field?

- I would only recommend it to people interested in the field. It is a very narrow scope with either really simple patients (reflux) or very complex dialysis patients that you'll have no clue about (and no hope of learning much about in just 2 weeks). One consultant is very easy going, while the other has extremely high expectations, and explains things to you and to patients as though you were also an expert in the field.
- Fairly relaxed rotation

General Tips

- Some physicians have unrealistic expectations in terms of the observed history and physicals; so do them at your own discretion.

PEDIATRIC ENDOCRINOLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- End of rotation assessment based on clinical work

How long was the average day?

- 8:30 - 5, occasionally a morning off

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Just me, no residents or clerks!

Was it ward work or clinic work or other (please elaborate if "other")?

- Clinic work, occasional consults

How "hands on" was the rotation?

- It is hands on as far as comparing testicle size to beads... soooo pretty hands on.

Would you recommend it to others? Everyone or just people interested in that field?

- It's a good selective, nice supervisors, fairly interesting

PEDIATRIC CLINICAL PHARMACOLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- End of assessment evaluation based on clinical work, opportunity to write a paper

How long was the average day?

- Usually just a half-day. Occasionally full days off.

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Just me, no residents or clerks!

Was it ward work or clinic work or other (please elaborate if "other")?

- Apparently consults are rare on clinical pharmacology but there is the potential. Not a very busy clinical service. A couple of pediatric/adult adverse drug reaction clinics and some maternal-fetal toxicology clinics.

How "hands on" was the rotation?

- Not really hands on at all, very little clinical encounters

Would you recommend it to others? Everyone or just people interested in that field?

- Good opportunity to catch up on your life, study for exams, apply for electives, etc as there isn't very much work. There is the opportunity to write a paper with the potential for publication if this is something you are interested in.

PEDIATRIC GASTROENTEROLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Nothing formal

How long was the average day?

- 8:30 am to 4 pm
- Only work mornings most days

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Just me!
- Will usually be a couple of other residents

Was it ward work or clinic work or other (please elaborate if "other")?

- Clinic and consults
- Mostly clinic, scopes one morning a week.

How "hands on" was the rotation?

- Limited
- Got to do IV's for Howard's clinic one morning a week.

Would you recommend it to others? Everyone or just people interested in that field?

- This rotation ROCKED!!!! Dr. Howard was amazing. I loved the patient/family contact, learned a lot, and was managing my own patients near the end. Really satisfying rotation...and my fiber intake has increased substantially.
- Awesome! Super chill.

General Tips

- DO IT!

NEONATAL INTENSIVE CARE UNIT

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Clinical work

How long was the average day?

- 7:30 - 5

Was there either mandatory or optional call?

- 1-2 call for the 2 week block

How many other learners were you working with?

- None

Was it ward work or clinic work or other (please elaborate if "other")?

- I stayed in the NICU the entire time; apparently you can go to the maternal-fetal medicine clinic to help with prenatals

How "hands on" was the rotation?

- Not very, there aren't really any procedures to do and you have to ask to touch the babies

Would you recommend it to others? Everyone or just people interested in that field?

- It was ok, not very difficult and not very generalizable but not a hard rotation by any means

General Tips

- For NICU review: respiratory distress syndrome, bronchopulmonary dysplasia, necrotizing enterocolitis, jaundice, transient tachypnea of newborn, sepsis risk factors and common bugs (GBS, E.coli, listeria), ventilator setting and the different kinds of ventilators, congenital heart disease (especially PDA), intraventricular hemorrhage
- Don't review out of Toronto notes though, it lacks a lot of important detail. Read UpToDate or some source that is not point form.

Surgery

Colour code based on location: **Purple** → St. Joseph's Healthcare Centre, **Red** → Victoria Hospital, **Blue** → University Hospital, **Black** → unknown location, **Green** → Windsor

PLASTIC SURGERY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Just clinical work, NBME, and oral exam at end of block
- Assessed via performance on clinical work and presentation of cases to consultant/resident.
- Clinical work.
- Assessed based on performance in clinic and OR
- Clinical work (rounds, clinic, OR), very little pimping as people generally ignored you and weren't overly receptive to questions, written/oral exam at end of surgery block
- Final surgery exam
- OR pimping, and clinic

How long was the average day?

- 6:30am to ~7pm (senior resident dependent as we were asked to round with ours in the morning before teaching)
- Average day was 6 am - 5 pm.
- 7 - 5ish
- Early mornings (often told to be there at 7am, but most of the time the residents actually changed rounding time without telling you so that you were left standing

around and rounds were already done without you). Days were often finished early (around 3-5pm)

- Days 6:30 am – 6 pm
- 630 am – 7 pm
- 8 hrs

Was there either mandatory or optional call?

- Mandatory home call (2 or 3 times in 2 weeks), city-wide Plastics call, wasn't that busy, but very interesting stuff; only got called in 1-2 times/call shift
- Call was optional, and I didn't even get called.
- Some people were told to take call, but while I was there we never brought it up and neither did the residents.
- Supposed to do 2-3 home calls, but not consistently enforced
- Shadow call, supposed to do a couple, but it is home call and I think I only got called out once
- 'Suggested' call...aka mandatory....home call; they page you if something comes in
- Optional call, but they never called me in.

How many other learners were you working with?

- One other clerk, one junior resident, one senior resident, one fellow
- Worked with a senior and two juniors.
- A fellow, a senior, two juniors, and another clerk.
- Clerk, the junior, and the senior
- A lot (another clerk or two and three residents)
- Nooooooooobody

Was it ward work or clinic work or other (please elaborate if "other")?

- It was ward rounds, clinic, and OR (depended on the day)
- Ward work, clinic work, OR work.
- Clinic, OR, ward.
- 50% clinic, 50% OR, rounding on the wards in the morning
- Daily rounds on the floor (but as mentioned above you often weren't updated regarding the time of rounds), clinic 2 days per week, OR 2 days per week
- Split between OR and clinics
- Clinic work, but this included minor OR stuff and the OR as well.

How "hands on" was the rotation?

- I got to do a lot of suturing and assisting because there are usually 2 or 3 ORs and clinics going on at the same time.
- Fairly hands on rotation. Decent amount of suturing, lots of retracting.
- One day I got to do a bit in small procedures clinic, otherwise not at all.
- Lots of suturing

- Able to do lots of suturing in the OR (lots of running subcuticular sutures), able to see patients on your own in clinic but nobody listened to your presentation afterwards, wrote notes on rounds
- Not hands on at all. I held a pen a lot, and wrote things down.
- So hands on! Got to do a metacarpal repair by myself except for the drilling!

Would you recommend it to others? Everyone or just people interested in that field?

- I would recommend it to those interested in surgery in general as there is lots of hands-on opportunity. The learning is very focused on breast and hand anatomy (HULC) so it's probably not the best choice for non-surgery keeners.
- Was an ok rotation. I heard it got more organized after I was there, which is good. Some others complained that they had issues with some of the consultants (mood swings) and residents, but I didn't have any issues.
- I didn't particularly like it. The consultants can be temperamental and are sometimes hard to work with. The team is too big so you are often hanging around with nothing to do. There is not much teaching.
- Would recommend, plastic surgeons at UH were good to work with
- The only thing I would recommend this for is suturing skills (and more to brush up on what you already know as they weren't really that tolerant of having to explain things too many times). I saw some interesting pathology as well.
- AVOID. I would not recommend this to anyone, it was terrible. The consultants did not seem interested at all in teaching, the residents were generally unavailable, the hours were unnecessarily long, and it was a really unpleasant experience. Really little teaching value, here. Lots of highly detailed pimping...no fun
- Everyone! Great learning experience. It is great practice at suturing but sometimes they are rushing in the OR so they don't let you close. Read the plastics in Toronto notes during the rotation. Act enthusiastic

General Tips

- Read up on hand fractures, burns and wound healing. All 3 consultants excise facial lumps and bumps. Scilley's clinic does a lot of burns, non-healing ulcers and carpal tunnel releases. Matic has an interest craniosynostosis clinic and cleft clinic once or twice a month – try to attend.
- In ORs – lots of breast surgeries and lesion excisions. Matic does a lot of clefts.
- The Good: Lots of practice suturing, residents were eager to teach. You are expected to do 2 home call.
- The Bad: Long OR days with only small amounts of hands on experience. Very preceptor dependent. Things to study: breast, hand (esp. carpal tunnel syndrome)
- Don't stress - Toronto Notes.

PEDIATRIC GENERAL SURGERY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Just clinical work and NBME and oral exam at end of block
- Just the usual assessment, which was almost meaningless because I didn't do much on my own.

How long was the average day?

- 6:30am to ~7pm (senior resident dependent as I was asked to round w/ ours in the morning before teaching)
- Long - 6 am - 6 pm at least

Was there either mandatory or optional call?

- Optional call as the Gen Surg Junior covers both peds and adult; if you ask to be on call you get to cover everything that comes in through the peds side so it's very interesting
- No call

How many other learners were you working with?

- 1 junior resident, 1 senior resident
- Me, a senior resident, and a junior resident. You get to know the consultants well.

Was it ward work or clinic work or other (please elaborate if "other")?

- It was ward rounds, clinic, and OR (depended on the day)
- Ward, clinic, and OR.

How "hands on" was the rotation?

- The surgical field is very small so my hands-on OR time was limited. But the clinics were very interesting and you get thrown in to see patients on the first day. If you volunteer to take call you will get to be in the OR more.
- Not at all - they are very protective of the kids so you do nothing in the OR.

Would you recommend it to others? Everyone or just people interested in that field?

- I would recommend it to those interested in surgery and those interested in peds. The attendings are wonderful people and it's a fun rotation. I think it's a good idea for those interested in pediatrics to at least have a general idea of what a pediatric surgical candidate looks like and some of the general pathology.
- I loved it personally - interesting presentations, really nice consultants, and it's fun working with babies while on surgery. It's nice being part of a small team.

UROLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Clinic, OR, consults, rounds

How long was the average day?

- 6:30 am until generally about 5 pm
- 6-7 am – 4-5 pm

Was there either mandatory or optional call?

- There is no call.
- No call
- Call - wasn't offered, didn't ask!

How many other learners were you working with?

- Residents and staff are great
- Clerk, junior, senior
- Worked with a senior, and a number of juniors. Everyone moves around to the different sites a lot, so you're working with lots of different residents. That being said the clinics are staffed appropriately - didn't feel like there were TOO many people around.

Was it ward work or clinic work or other (please elaborate if "other")?

- Time consists of a mix of clinic, OR and doing consults in the ER. There is generally one clerk at UH and one at St. Joes although sometimes you cross over.
- Rounds on the wards, clinic, OR, consults. Clerks attending Urology Grand Rounds on Wednesday mornings (free breakfast)

How "hands on" was the rotation?

- You get lots of hands on with Dr. Brock, with the others not so much.
- Depended on consultants, clinic was great as they actually listened to your presentation and often pimped you on management plan.
- Fairly hands on once again. Mostly retracting, but if there was an option, got to do some cool stuff.

Would you recommend it to others? Everyone or just people interested in that field?

- Good rotation. Staff and residents are friendly for the most part. Fun group to work with. If possible, work with Dr Brock for one day as he is hilarious and does some less 'bread and butter' urology (impotence, sexual functioning). There is journal club every month - held at a swanky restaurant in London, food paid for by drug reps. You need to read articles to go, but they don't ask you any questions. Was a nice opportunity. Would recommend rotation to anyone.
- This was a really good rotation and I would recommend it to everyone for several reasons: staff are really fun, urology is such a broad specialty that there is a

whole variety of things to do from being taught to flush clots from bladders on the floor, to clinic (things from prostate, to transplant, to stones, to STIs), to ORs (small procedures like circumcision or cystoscopy to large RCC removals to penile implants).

General Tips:

- If at Vic you'll work with Dr. Chin – know about prostate cancer! He did a seminar for us and the majority of his questions in the OR came from that, he also does not like talking at all while doing a DRE or talking about the patient in front of them, including talking in the OR while the patient is awake. If you're in the OR with him and he points at a nerve in the pelvis it's the obturator nerve and it ADducts
- Things to study: GU anatomy (emphasis on the male system), layers of the abdominal wall, prostate/bladder cancer and BPH (symptoms and always ask how much the symptoms bother them and definitely their treatment and how the medication works), incontinence, UTIs,
- Did not need to know how the kidney works, all they care about is after the pee is made

OPHTHALMOLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Written exam (but it's easy)
- A MCQ quiz which is handed out to you by the residents at the beginning of the two weeks for your studying pleasure

How long was the average day?

- 9-3, Friday's off
- Started with surgery teaching, done by 3-5 ish.

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Another medical student and an off service resident, too many people for the limited number of patients
- A lot...another clerk, and a few elective students, 2 residents. No physician contact at all.

Was it ward work or clinic work or other (please elaborate if "other")?

- Clinic work and one day in the OR
- Urgent care clinic.

How "hands on" was the rotation?

- Pretty good, you go and see the patient first and do the slit lamp exam and dilate them and then the residents double check stuff
- Limited to slit lamp.

Would you recommend it to others? Everyone or just people interested in that field?

- If you want a chill selective, yes
- I would recommend it for general exposure to ophtho, but it was pretty disappointing overall. Little teaching, pretty monotonous, and little interest taken in the learners. Also, if you interested in this as a specialty, there is no exposure to ORs, clinics, or the doctors. Disappointing for ophtho keeners.
- Study. I was grilled constantly. I learned more about eyes in 2 weeks than about the rest of the body in all of clerkship. Tons of hands on in the ambulatory care clinic and day surgery. Get to play with the cool lenses.

CARDIAC SURGERY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Mostly OR, some clinic

How long was the average day?

- 6 am to 6-9 pm...long days

Was there either mandatory or optional call?

- Call optional if you are keen

How "hands on" was the rotation?

- Really long surgeries, and for a big portion of them you will be scrubbed out/not able to see

Would you recommend it to others?

- Not much for a clerk to do on this service

VASCULAR SURGERY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- No formal assessment

How long was the average day?

- OR till 3 or 5; office until 5

Was there either mandatory or optional call?

- Optional

How many other learners were you working with?

- I was the only learner

Was it ward work or clinic work or other?

- Combo of OR, outpatient clinic, private office and inpatient rounds

Would you recommend it to others?

- Would not recommend certain preceptors as they do zero teaching. Not sure if the other preceptors provide a better experience.

General Tips

- Dr. Brisson is a retired ENT doc, often assists in vascular cases. Brush up on your Greek and Latin.
- Things to study: difference between peripheral arterial and venous diseases, difference between types of ulcers (venous vs. ischemic vs. neuropathic), claudication and ischemic limbs (know when to intervene surgically, ie rest pain is really bad), AAA (5.5cm is cut-off for beginning to think about surgery, know management well), layers of blood vessels, branches off aorta (and the rest of the arterial anatomy), atherosclerosis risk factors, carotid artery disease

ENT

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- No assessment specific to ENT, just the surgery final
- Clinic and OR
- Assessed based on clinical work, given feedback on last day

How long was the average day?

- OR days could go until 6 or 7 pm, and if you chose to round with the team, then 6ish, clinic days with no rounding were done by 4 or 5 ish. Rounding in the morning was at 7. Since there is surgery teaching during this block, that was usually the start time.
- 8hrs
- OR until 3 or 5; office until 4ish

Was there either mandatory or optional call?

- Totally optional...if you asked, it never came up.
- Nil/optional

How many other learners were you working with?

- 3 residents
- Nooobody, I was the only learner

Was it ward work or clinic work or other (please elaborate if "other")?

- Combo of OR and clinics (in facial plastics, laryngoscopy, nasal stuff)
- Both clinic and OR
- Combo of OR and private office

How "hands on" was the rotation?

- Really hands on, both in the OR and clinic.
- Hands on sometimes in the OR, but a lot of the surgeries did not require a first assist or anything and only the doc would be scrubbed.

Would you recommend it to others? Everyone or just people interested in that field?

- I would recommend this to anyone! It was the most fun I had on surgery. I learned a lot, about ENT and surgery in general. The team environment was amazing, and you can tell the residents are happy and well treated. DO IT!
- Recommend it to some, but it's not as good as the other selectives I had.
- Yes! Especially with Dr. Ling. Lots of hands on experience and autonomy in the office. Lots of teaching.

General Tips

- Things to study: acute otitis media, tinnitus, vertigo and earwax problems, CT scan anatomy of head and neck
- Common surgeries: sinuplasty, tympanoplasty, tonsil and adenoid, thyroid, nasal polyps.
- Show that you're keen to learn and read around cases and you'll get to do more

ORTHOPEDIC SURGERY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- I really have no idea what they based it on. No presentations. I didn't do much on my own so I don't think they could have marked me one way or the other.
- Clinic, morning rounds, call, OR
- Clinical work
- Clinic and OR

How long was the average day?

- 6 am - 6 pm
- All days began at 6 am with rounding on patients, clerks go to resident teaching rounds everyday from 7-8, and then to OR/clinic/clerk teaching. Days usually went until 4ish
- 7-6
- 8hrs but sometimes more

Was there either mandatory or optional call?

- 1 call per week
- Supposed to do 1-2 home call, not consistently enforced, but the call was actually a good experience
- Mandatory call, I think I had to do 2
- Mandatory call, but the last OR would only go until 12am

How many other learners were you working with?

- 1 - 2 residents
- Clerk, junior, fellow
- There was a 4th year elective student for one of the weeks
- Nooooooooobody

Was it ward work or clinic work or other (please elaborate if "other")?

- Clinic, OR
- One week of arthroplasty (approx 2 days of clinic and 3 days of OR), one week of sports medicine (mixture of clinic and OR), consults (really good learning experience, a nice break from sitting around in the OR)
- Rounding on the wards, clinic, OR. You do 1 week of ortho spine, and then they split the second week between paed's and trauma. Ortho spine is not as hands on but the spine clinics are useful.
- Clinic work (follow-ups but we would zoom through patients) fracture clinic and OR

How "hands on" was the rotation?

- Not very... I did nothing in the OR. I saw patients on my own in the clinic and did physical exams. I got to do a small amount of casting.
- I got to hit something with a hammer once, other than that not too hands on
- Pretty good actually, they let me do casting, assist in OR's, put on traction devices
- Somewhat hands on when the doc wasn't in a rush in the OR

Would you recommend it to others? Everyone or just people interested in that field?

- It's a cool rotation but they don't go out of their way to teach to clerks or let you do anything. The residents in general are great.
- I really wanted to improve my MSK physical exams skills and I felt a little more comfortable afterwards, but it was mostly self-directed learning. Good practice with looking at arthritic joint plain films (hips, knees). Arthroplasty was cool to watch once, then it got repetitive. Sports medicine was a busy clinic, I requested to work with a GP sports med doctor one day and (since I'm not interested in surgery), this was an amazing experience (much more wide range of sports related pathology). Call was a good experience. All consultants and residents I worked with were so open to answering any questions, and very patient (a nice change on surgery)

- Yes. It tends to be one of those call that they won't page you unless you want to be paged, but the trauma are pretty cool so try and get in on those
- Yes, to everyone. Good to look at X-rays, see common MSK problems and nice to be in the OR

General Tips

- If at Vic, you'll see some peds, know the ossification of the elbow joint (acronym CRITOE) and a little about club feet or DDH would be good.
- Victoria Hospital has spinal surgery so know the anatomy of the vertebrae really well and know where nerves exit, *etc.*
- If you have a choice, pick paed and trauma, not spine (spine surgeries are boring)
- The good: The sports medicine clinic week was great. Dr. Litchfield is an amazing teacher. Clinic allows you to try to improve your MSK exam skills. Expected to do a couple home call.
- The Bad: Joint replacement can be boring. The OR weeks consists of a lot of standing around and not a lot of learning. You should try to do consults as this is a better use of your time.
- Things to study: anatomy (bones and ligaments, muscles not as important; key nerves are radial, median, ulnar, axillary, sciatic, sural, saphenous, deep and superficial peroneal, posterior tibial; key vessels are radial, ulnar, femoral, posterior tibial, dorsalis pedis), MSK exam & special tests, common fractures (Colles, Monteggia, forearm, ankle and how to describe them), approach to x-rays of various joints, basic DDx of joint/MSK pain, differences between neurogenic and vascular claudication, orthopedic emergencies and their management (compartment syndrome, pelvic fractures, fat embolism with long bone fractures),
- Act enthusiastic, TO notes, study the special tests
- Very preceptor dependent. I got to suture a lot. One day of call (a rarity to have so little).

Internal Medicine

Colour code based on location: Purple → St. Joseph's Healthcare Centre, Red → Victoria Hospital, Blue → University Hospital, Black → unknown location, Green → Windsor

NEUROLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Observed history & physical, clinical work
- Assessed based on clinical work, given feedback on last day

How long was the average day?

- 08:00-05:00

- Started around 9am, worked until 6ish

Was there either mandatory or optional call?

- Perhaps there was optional call, but didn't personally explore options
- Your rotation is scheduled with whoever is on call, so you work the urgent neuro/TIA clinic and see consults in ER and on the floors

How many other learners were you working with?

- Four residents on Neuro team. I was also on with an elective student from Newfoundland. Did not feel like I there were too many learners
- I was the only learner

Was it ward work or clinic work or other (please elaborate if "other")?

- One week with Neuro team on the wards and one week in clinics that clerk gets to choose and setup
- Clinic and ward

How "hands on" was the rotation?

- Very good rotation for learning neuro exam and seeing neuro pathology. Managed some ward patients and did consults. Did Lumbar punctures.

Would you recommend it to others? Everyone or just people interested in that field?

- I would highly recommend the rotation to others. Especially for those who want to consolidate their neurologic exam.
- If becoming comfortable with a neuro exam is important to you, then yes. You do the neuro exam over and over and over again until it's second nature. Dr. Mustafa does a TON of teaching. Some of the others just expect you to follow you around, so they're not as good.

General Tips

- Find Dr Venance (her office is 7th floor UH) at the start of your rotation b/c she likes to chat and make you do a pre-test (for her research more than anything).
- Nicole the admin assistant can help you figure out which clinics you can attend. They like to get you in clinic for a week and on neuro CTU (without call unless you want it) for the other week. I didn't quite do that, but either way get some of both.
- Neuroradiology review is at 4pm each day on level 2 (they'll tell you this) and the neuroradiology rounds on Wednesday at 8am are amazing so I'd recommend them.
- Bring your reflex hammer and tuning fork if you still have 'em.

NEPHROLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Clinical work
- Clinical work and NBME exam at end of block
- Observed with history, physical, soap notes in clinic and on ward

How long was the average day?

- One week of ward work (similar to CTU – 7:30 am – 5:30 pm), one week of clinic (8-4)
- 8am to ~4pm (sometimes afternoon clinic finished earlier and sometimes later)
- Quite short, I had 3 days off in this 2 week elective b/c the preceptor was on vacation

Was there either mandatory or optional call?

- No call
- No call
- No call

How many other learners were you working with?

- During ward week there was an entire team (clerk, junior, senior, consultant), during clinic week just me and consultant generally
- 3 junior residents, 2 senior resident, 2 fellow (the nephrology team at UH is huge because it incorporates not only clinics but also the transplant team and the consult team)
- One PA student

Was it ward work or clinic work or other (please elaborate if "other")?

- One week of ward (including consults), one week of clinic.
- Transplant rounds, clinic, and the occasional ward or ER consult

How "hands on" was the rotation?

- During ward week it was the same as CTU, rounded in morning, assigned patients. During clinic week you saw patients either alone or with consultants, variable degrees of pimping/actually listening to your presentation
- Opportunity to participate in Transplant Rounds (interesting stuff, very sick patients) and you have a lot of responsibility in the clinics. Since nephro at UH is only a consult service and they don't have inpatients, there was no ward work, but the occasional consult to work up.
- Not that hands on. But the prof was good when he taught, he was just on vacation a lot.

Would you recommend it to others? Everyone or just people interested in that field?

- Good for learning a bit more about dialysis (though I'm still confused). In clinic I saw lots of diabetes, but also some of the cool kidney diseases that you learn about. I really wanted to learn more about interpreting electrolytes and CKD but in order to learn it had to be mostly self-directed as well as asking questions (though they were willing to answer)
- Absolutely recommended to everyone!
- Ya nephro is a good rotation. I had it before CTU so you learn a lot of what you see on CTU

General Tips

- Ward week is basically CTU for patients on dialysis, and therefore more complex!
- The consultants are the best I've encountered so far (Dr. Rehman (King Faisal), Dr. House, Dr. John Johnson, Dr. Weir, Dr. Hollumby, etc) and the information is invaluable to your clinical knowledge. The kidneys affect nearly everything, and these patients are the sickest you will encounter anywhere (aka transplant patients are immunosuppressed and dialysis patients have end stage renal disease). The consultants expect you to know your stuff and you get pimped a lot at teaching sessions, but this is great because it forces you to understand renal mechanisms, the nephron, renal transplant, immunosuppressant meds, fluid balance, and meds like diuretics. Re-read the Nephrology Manual that King Faisal hands out in 2nd year before you start!
- Review dialysis, the basics of transplantation, acute kidney injury (pre-renal, renal, post-renal), chronic kidney disease, and approach to proteinuria and hematuria. Faisal's lectures are a good review as well as Toronto Notes and Cecil's essentials of medicine.
- One week will be out-patient clinics and the other week will be the consult service.
- Faisal will ask that you attend transplant rounds at 8:30 am and 4:30 am daily.
- Know about AKI and CKD. And just ask questions

PATHOLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Case write-ups and microscope work

How long was the average day?

- 7-8 hour days, longer with optional cancer rounds

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- No other learners

Was it ward work or clinic work or other (please elaborate if "other")?

- Case write-ups and microscope work

How "hands on" was the rotation?

- Very hands on

Would you recommend it to others? Everyone or just people interested in that field?

- Anyone who wants to do pathology or surgery

General Tips

- Some gruesome/sad autopsies, otherwise not hard to handle.
- Got coffee daily at least once

PUBLIC HEALTH

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Just the usual end of block evaluation

How long was the average day?

- LONG (it was during the H1N1 outbreak)

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Just me, working directly with the assistant medical officer of health (Bryna Warshawsky) who is awesome.

Was it ward work or clinic work or other (please elaborate if "other")?

- Other - following around the MOH, helping with writing directives for vaccine use/distribution, media interviews, organizing the clinics, screening people at the vaccine clinics, and then on other days I did the sexual health clinic

How "hands on" was the rotation?

- Not hands on in the true public health work, but in the sexual health clinic I got to do a ton of paps and pelvic exams

Would you recommend it to others? Everyone or just people interested in that field?

- Everyone or just people interested in that field? It's interesting if you like public health and want to know how it works. The people are awesome. The sexual health/travel clinics would appeal to people interested in family med or obs/gyn probably.

General Tips

- If you want to do this, email the public health unit and Marika ahead of time (I arranged it on my own during my internal medicine selective)

PHYSIATRY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Powerpoint presentation, observed physical on a patient chosen on the ward (from whom you took a history in the first week), mostly clinical work

How long was the average day?

- 8-5/6ish

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- No other clerks, a couple residents at different levels (who were good teachers)

Was it ward work or clinic work or other (please elaborate if "other")?

- A bit of both. Mostly you were scheduled at a variety of different clinics (eg. pain clinic, amputee clinic, spinal cord clinic) and then you were also at Parkwood one day

How "hands on" was the rotation?

- Quite hands on for physical exam stuff, but you never do any of the EMGs or NCS or anything. And there were no injections or anything that I got to do

Would you recommend it to others? Everyone or just people interested in that field?

- The staff on the rotation are all happy to teach but they do expect you to know things and to read about things. They are not impressed if you clearly haven't been reading about the various topics, and they do expect you to know some anatomy.

There is certainly the potential to learn a lot on the rotation as long as you put a lot into it, and that goes for any field. And it would be very good for anyone interested in sports medicine, ortho, physiatry (obviously), rehab medicine, neurology (the spinal cord clinics are neat) etc.

General Tips

- Review myotomes, peripheral nerves, muscles, basic things like carpal tunnel, spinal cord injuries, and definitely the MSK physical exam (how to examine a joint) and the neuro exam

ENDOCRINOLOGY

How long was the average day?

- Fairly short days

Was there either mandatory or optional call?

- No call

Was it ward work or clinic work or other (please elaborate if "other")?

- Mostly clinic mixed with some inpatient (spent half the time seeing diabetics)

General Tips

- Very preceptor dependent
- Review diabetes

RHEUMATOLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Clinical work
- Quality of presentation

How long was the average day?

- 8-5

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Too many other learners, some days I sat around for up to 30 minutes waiting for a patient to see

Was it ward work or clinic work or other (please elaborate if "other")?

- Clinical work, although Rheumatology does see consults. You could (in theory) ask to go and see a consult with a resident if you were interested.

How "hands on" was the rotation?

- Got to do a bunch of joint injections
- Lots of joint exams, you get to inject/aspirate joints if you are keen/interested. But as far as 'procedures' that's the extent of it.

Would you recommend it to others? Everyone or just people interested in that field?

- Chill rotation, slow-paced, some opportunities for procedures, would recommend it to medicine/family/ortho people
- I think this would be a great rotation for people considering family medicine, because a lot of rheumatological diseases are indolent in their presentation, and can be difficult to diagnose. Early detection is key to preventing further damage, so I think exposure to this field is good. Also lots of strange and wonderful 'internal medicine' sort of stuff, so good for IM-minded people too. I think most people could get something out of this rotation (but then again I like Rheum).

General Tips

- You will get one of those little rheumatology books. Toronto notes is a good review the weekend before. Know your screening MSK exam off the top of your head. It's helpful to be familiar with DMARDS and know common side effects to look out for.

HEMATOLOGY

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)

- Clinical work

How long was the average day?

- 9-5

Was there either mandatory or optional call?

- No call, perhaps it was optional but I didn't ask

How many other learners were you working with?

- Two residents, no other medical students

Was it ward work or clinic work or other (please elaborate if "other")?

- Pretty much all clinic (hematology and hem-onc clinics) but then one day I asked to follow the on call doctor around, and he let me do the bone marrow biopsies and spinals to put in intra-thecal chemo. I also went to the micro lab to review blood smears with the doctors because they have teaching microscopes, fun for an hour but boring after that

How "hands on" was the rotation?

- Good for a clerk because they let me do bone marrow biopsies (in hem-onc clinics) and it was pretty independent

Would you recommend it to others? Everyone or just people interested in that field?

- I would recommend it. It may not be as general as something like gastro, but I learned a lot about anemia

General Tips

- The schedule they give you is totally flexible

INFECTIOUS DISEASE

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Clinical work (no exams or presentations)

How long was the average day?

- Usually started rounding at 8 or 9 am, and we were finished around 4 or 5 pm, never later than 6 pm

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Two residents, I was the only medical student

Was it ward work or clinic work or other (please elaborate if "other")?

- It was mostly a consult service for inpatients, however we had a few afternoons of clinic (i.e. HIV clinic, other ID things - TB, endocarditis, etc.)

How "hands on" was the rotation?

- You got to see new consults or patients in clinic, but mostly it was following the team around

Would you recommend it to others? Everyone or just people interested in that field?

- I think it is a great learning opportunity, especially given that infectious diseases and antibiotics aren't covered very well in the first two years, I think it is useful for everyone (regardless of area of interest)

Family Medicine

BLLENHEIM (Dr. Wheeler)

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Clinical work

How long was the average day?

- 7:30-3

Was there either mandatory or optional call?

- Two days of mandatory call

How many other learners were you working with?

- One resident

Was it ward work or clinic work or other (please elaborate if "other")?

- Following patients in hospital, clinic work, 1 ER shift/week

How "hands on" was the rotation?

- I got to do a lot when we were working in the ER and doing small procedures in clinic.

How were the accommodations? Were there any "perks"? What were you reimbursed for?

- Stayed at Grand House in Chatham (really nice and super close to the hospital)!
- I was reimbursed for driving to and from Chatham once, but the family clinic was in Blenheim which was a 25 minute drive each way, and there was no reimbursement for that drive every day.
- Free food in the hospital caf!

Would you recommend it to others? Everyone or just people interested in that field?

- YES!! Dr. Wheeler is an AMAZING teacher, incredibly smart, and I learned a lot.

ST. MARY'S

Was it ward work or clinic work or other (please elaborate if "other")?

- Mix of clinic, ER, nursing home

How "hands on" was the rotation?

- Lots of one-on-one teaching

How were the accommodations? Were there any "perks"? What were you reimbursed for?

- Commute from London, reimbursed for travel

General Tips

- One of my best rotations
- Staff are very friendly
- No deliveries
- ER not very busy at times, this is good if you are trying to sleep

HANOVER (Dr. Edington)

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Clinical performance

How long was the average day?

- 8-5:30/6:00

How many other learners were you working with?

- Just me and the doctor, plus time spent with other doctors when he was away

Was it ward work or clinic work or other (please elaborate if "other")?

- Clinic, ward, some ER, some anaesthesia

How "hands on" was the rotation?

- Lots of intubations and anesthesia intra-op management, suturing, skin lesion excisions, PAPs, immunization

How were the accommodations? Were there any “perks”? What were you reimbursed for?

- Decent basement apartment below the clinic (beside hospital), free accommodation with internet and cable
- Free hot lunch in cafeteria daily

Would you recommend it to others? Everyone or just people interested in that field?

- Good times, would recommend it

TAVISTOCK

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Clinical work, rounds

How long was the average day?

- 8 hrs

Was there either mandatory or optional call?

- No call

How many other learners were you working with?

- Just me, no other residents or clerks

Was it ward work or clinic work or other (please elaborate if "other")?

- Full days in clinic. They doctors are mostly just do general clinic work, however, I did get a chance to do a multidisciplinary diabetes clinic, a wart clinic, work with a nurse practitioner. Rounds at Stratford hospital. Day with the community pharmacist. LOTS OF NURSING HOME!
- Tavistock is a Family Health Team

How "hands on" was the rotation?

- Full clinical assessments on my own, physicians pimped and listened to plans

How were the accommodations? Were there any “perks”? What were you reimbursed for?

- Provided with a B&B about 25 minutes outside of town (see below)

- Friendly staff. I was there at Christmas so there was so much food to eat from patients. Staff had a monthly potluck. Occasional drug company lunches

Would you recommend it to others? Everyone or just people interested in that field?

- Next time I would probably do an elective where the family physicians had a broader scope of practice and did some more procedures, but this one had decent hours generally

General Tips

- Provided with a B&B in the country about 20 minutes from the clinic, I ended up just driving from London daily (nice drive, about 50 minutes). I think you can likely get reimbursed for driving instead of having the B&B if you tell Kari ahead of time. Some of the days the weather was too bad to drive so I had to stay home. I offered to stay and do an afterhours clinic (part of agreement in the family health team) and this was a really good experience.

LITTLE CURRENT (MANITOULIN ISLAND) - NOSM

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- Observed history/physical exams

How long was the average day?

- 8-8 hours

Was there either mandatory or optional call?

- Optional call

How many other learners were you working with?

- One classmate but we were never working together

Was it ward work or clinic work or other (please elaborate if "other")?

- Ward, clinic, nursing home, ER, home visits

How "hands on" was the rotation?

- Quite hands on, the doctors let us do our own thing but sometimes we just had to observe and that was boring

How were the accommodations? Were there any "perks"? What were you reimbursed for?

- Accommodations in Little Current were amazing! Across the parking lot from the

- hospital.
- We were reimbursed for travel.
 - No perks really, but we were given a welcome gift that contained nice chocolates. AND the docs took us sailing, and allowed us to use his canoes

Would you recommend it to others? Everyone or just people interested in that field?

- Yes everyone. Rural family is a good experience no matter what you decide to go into. Also it is a great chance to work with First Nations people which was quite educational.

General Tips

- Be enthusiastic. Read Toronto Notes. Be eager to learn.

OVERALL TIPS FOR FAMILY MEDICINE

- Topics to Review
 - Pharmacology: hypertensive and diabetic medications, antibiotics (common indications: ear infections, strep throat, pneumonia, STIs, UTIs)
 - Chronic disease management: vasculopath (previous MIs, strokes, diabetes), asthma, COPD, DIABESITY (it comes up a lot)
 - Approach to: headache, SOB, abdo pain, syncope, weakness/fatigue, URTI – cough, sore throat, ear-ache / popping ear drums, smoking (know co-morbidities and how to counsel), vaginal bleeding/discharge/pain, addiction (alcoholism, opiates - oxycodone, benzodiazepine dependence/withdrawal)
 - Derm: actinic keratosis & seborrheic keratosis, basal and squamous cell carcinomas, common wart
 - MSK: approach to knee pain/injury (sprains, ligament and meniscal tears), approach to wrist pain, approach to back pain, approach to shoulder injury
- Be aware of the psych component of many illnesses, especially anxiety/depression.
- If your preceptor does paed or Obs/Gyn, read up on newborns (exams - know reflexes, common presentations, antibiotics in neonates, approach to failure to thrive) and know antenatal assessments and labour and delivery.
- Useful Resources: Toronto Notes (especially the family medicine chapter), Tarascon pocket pharm, Mosby's Textbook of Family Medicine
- Other Tips: Figure out your family doctor's agenda when starting. Know what their day looks like, know if they do hospital work/OB/palliative/house calls, etc. You learn a lot more if you can plan your day along with them and read ahead.

Psychiatry

CHATHAM

How were you assessed (observed hx/physical, presentation, exam-written vs. oral, clinical work)?

- One hour presentation

Was it ward work or clinic work or other (please elaborate if "other")?

- Variety. Lots of down time in the office, get to interact with allied health professionals and learn to function in an interdisciplinary team

How were the accommodations? Were there any “perks”? What were you reimbursed for?

- All meals covered
- Travel reimbursed

Would you recommend it to others? Everyone or just people interested in that field?

- I loved this rotation. I did not see any psychoses (disappointing). Very good for teaching clerks how to interact with other healthcare professionals

General Tips

- Preceptor writes a letter to the Dean for all clerks that works with him. Also happy to write reference letters.