

Notes from Clerkship Talk – Tues Jan 6th, 2015

Note: a tips and tricks document with nitty gritty details on expectations for each block will be distributed prior to clerkship. Many .pdfs and study materials will be passed down as well.

How are you evaluated during clerkship?

In general: All your assessments will be on one45 or given on a paper booklet at the start of the rotation – it is very transparent.

Internal:

Has a final exam – fairly similar to USMLE with random facts.

Residents will evaluate your progress notes

You do evaluations of your peers (like for PCCIA) – do them sooner rather than later, attendings will be watching.

Surgery:

MBNE exam, a standardized US test. Has a lot of medicine so very challenging for those who are doing surgery first. Everyone passes though.

(There may be a Canadian MBNE.)

Also an oral exam.

First Aid was a good study resource.

Pediatrics:

MCQ exam made by staff here.

All based off of rotation lectures.

Also an oral exam.

(potentially very rash focused)

ObsGyne:

MBNE US exam is very family, primary focused.

Read Case Files

Psych:

MCQ exam at end

Should you do as many observerships as possible to prep for clerkship?

No! Enjoy your life.

Do observerships to explore options for clerkship. For example, if you might want neurology, do observerships in neurology to decide how hard you might want to fight for a neurology selective (in the event that you don't get one). See note in reference letters for emerg.

On getting reference letters:

It is okay if you don't have a reference letter until electives – many people only use their electives letters.

When they call you for one on one feedback, if they think well of you, ask them then and there if they would be willing to write you a strong letter of reference.

Also on electives, if you work even for a short time with a doc, give them a feedback sheet, ask them to fill it out. Then you can ask them for a reference letter if you get good feedback. If they ever forget who you are, you can send them the feedback they've given you as a reminder!

You can ask in the first rotation.

Always say hi to preceptors you've worked under!

If you work with a program director, ask them if they can write you a letter of reference, though some directors will refuse to do so.

Ask around whether certain docs write strong letters – some write weak letters even if they really like you!

For emerg: If you get 2-3 shifts with one attending, you can ask for a letter (given that there is more shifting contact). Observerships may help here so you can build that relationship with the doc.

Keep your reference letters even if they are not specialities you want to go into, because a) you never know, b) it can still be a strong letter even if it is not in the right specialty.

On selectives:

Which ones are good? A random sample from our 2015 panel members:

Peds and Adult GI: Good here at UH since you can see consults, scopes, and inpatient. Fewer patients on the team, so you can start slow, but still see a large range of cases. People are nice. Crude senses of humour if you like that.

Pediatric Cardiology: The consultants were very passionate, would stay an extra hour or two just to one-on-one with the medical students. Pace was great for learning.

Peds Resp: Awesome docs, small teams, late morning work hours, lots of one-on-one.

Peds surg / neurosurg: Lots of consults, small teams, usually only student. Hours are a little bit better than the other surgeries... but you will also see adult consults on peds teams if they are trauma. UH has longer hours.

Neurosurgery: If you like surgery, neurosurg is great! 18h brutal days. You won't get to do something like this again, may be worth it for the experience.

Thoracics and vascular surgery: Brutal hours. Very cool to see anatomy during open surgeries. Again, you won't do it again in your life.

Urology: Coming from a psychiatry, was a good selective! Common family medicine practices, don't need to scrub in if you don't want.

Plastics: Good if you want to do surgery, useful for practicing suturing and other surgical manual dexterous skills.

ENT: ENT docs are very receptive to clerkship learning, very organized. Ask you what you want to learn and help you learn it.

Urgent psych: Clerks routinely like urgent psych. You get to see first presentations of cases and be responsible for the full interview, writeup, consult, and dictation. Which ones aren't so good?

Hematology: Dr. Shah and the other hematologists are excellent one on one teachers.

Which rotations are not so good?
Any team where you don't get much exposure or much chance to do something.

Ortho Spine: As compared to other ortho subspecialties, you won't see or do much since the cuts are small and you are 4th assist.

Being on call:

In general:

You get used to call, even if you are regularly nonfunctional with less than 8h a day. Make sure you eat and sleep when you can!

If you sleep through a page, they will call someone else. Don't sit awake waiting for someone paging you. Nobody gets mad if you accidentally sleep through a page.

They are understanding.

Internal: Internal call can be scary since you are the point of contact and when you are on call, you will be managing ~30 patients. It is a very busy service, but you will learn a lot. Just because you are the point of contact doesn't mean you can't contact someone else though!

Obs/Gyn: Obs/Gyn call can be very boring since you are waiting for a baby to be delivered... but it is one of the only times on this service when you might get to actively do something, because residents will normally be competing with you to get experience.

How do you deal with anxiety or stress during clerkship?

Protect some social time to get together with your friends regularly, take an hour or two a week to get coffee, discuss cases and life outside of medicine.

Don't be afraid to take days off. Take the time for yourself.

Misc Tips:

A massive list of PDFs for learning / practice will be distributed.

Ask the rotation before you what / how they studied.

Share and pass on your books!

Some specialties have a culture of staying post-call (you should normally go home, but be mindful). If a resident tells you to go home, go home. Don't push yourself if there's no need.

If a team member, like another resident is missing, you can step up

If you get asked something, look it up and learn it the day after! It will speak to your character.

Nurses and the whole IPE team is really helpful, great resources for information or if you are lost or need clarification.

USMLE is somewhat helpful for clerkship (especially for internal). It only important to go to states.

Misc Dos and Don'ts:

Do show interest

Do read around cases

Do tell them what you want to learn (you don't have to hide your career interest) so they can tailor your learning

Do ask if you can do new things.

Do take responsibility for the things you have or haven't done. Do not lie if you have or haven't done something.

Do make yourself useful for the residents like prepping charts beforehand.

Do not lie about your specialty.
Don't complain about petty tasks
Do not show up late.

Rural Rotations:

In general: Good one on one time, and you can make it your time to shine! Can be amazing and scary when you are the only one in charge. Can lend itself to a lot of fun rural activities like hiking, canoeing. Schulich normally sets you up with good living and accommodations. Your experience very much depends on where you go and what facilities they have.

Word on the street is you might not be able to do the first block rural if it is Ob/Gyn. You can't go to NOSM in the winter because it is "too dangerous," so avoid booking NOSM in Jan-Feb!

Obs/gyn: All-round a very good experience, you can be the one delivering a ton of babies. A lot of one-on-one time, and schedules can be quite relaxed. A few downsides, you will not be able to network as much in Ob/Gyn at Schulich though. If you are considering Ob/Gyn as a residency, you may want to do it in London to get a flavour of what your residency will be like at an academic centre. Also, not much gyne, and no gyne onc if you do rural.

Windsor OB as well as many other rural sites are excellent! ... Be wary of Chatham OB though.

Notes on electives:

Portal system is changing the way electives are booked, so class of 2015 can't really speak definitively how easy or difficult it is to change electives at the last minute.

Internal electives: Easy

Peds electives: Easy

Gen surg electives: Not that hard, still spots available

Emerg electives: Hard

Traditionally competitive specialities (Derm, optho): Hard

People like going to popular places like Vancouver so might be more challenging to book electives there.

In their experience, the system tends to work

Note to self: organize and append these notes to clerkship rotation order ranking document. Also add the anecdotes about choosing rotations and why to the ranking document.