

## **SELECTIVES GUIDE (2016-2017 YEAR UPDATE)**

**Disclaimer:** This is an informal guide about selectives that was made with information from the subjective experiences of the 2018s and 2017s, as well as some of the previous classes. It is intended to give you an idea of what one person's overall learning experience and typical day may have consisted of. Please remember that each person's subjective experience can vary on many factors including the attendings, the residents, and the patients they worked with, which in turn can affect the learning environment and the teaching provided during that time. In keeping with the previous Selectives Guides, we have kept it relatively informal, with minimal editing of the contributions. However, please note that the experiences and opinions in this guide do not represent the entire class or the school.

## **SURGERY SELECTIVES**

**NOTE FOR LONDON:** Your choice of surgery selectives will determine your home site for surgery. In turn, you may not get the selectives that are not based out of your home site. (Selectives for peds and psych will not affect this, and your home site for internal and associated selectives can be a different site than your surgery home site). For example, if you pick Neurosurgery (UH), Thoracics (VH) and Cardiac (UH) surgery as your top three selective choices, your main site will be UH because the majority of 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 your selectives with this in mind. Note that there are certain surgery selectives that are generally exempt from this policy (for example ophtho and ortho-HULC are selectives at St. Joe's but you can still have your home site as UH or VH).

Your surgery home site will be either UH or VH, and it is where you will be doing your 4 week general surgery rotation as well as most of your surgery selectives. Thus, if your main priority is getting a certain surgery selective, or being at a particular hospital for your general surgery rotation, choose your selectives located on the same site to increase your chance of getting your preferred home base and/or selective.

**London surgery selective sites:** (listed in alphabetical order)

- Cardiac surgery UH
- Paediatric General surgery- VH
- Neurosurgery UH
- Neurosurgery-Pediatric VH
- Orthopaedic: Adult/Ped/Trauma VH; Arthroplasty/SportsMed UH; HULC (Hand and Upper Limb Clinic) SJ [CHOOSE ONE]
- Ophthalmology SJ; Radiology UH/VH; Surgical pathology UH [CHOOSE ONE]
- Otolaryngology (all sites)
- Plastic and Reconstructive surgery UH/VH/SJ-HULC
- Urology SJ/UH/VH

- Thoracic Surgery VH
- Vascular surgery VH

## **CARDIAC SURGERY**

(London 2018 update)

### **OR vs Clinic time.**

Mostly OR, some clinic.

### **Attire?**

Wear scrubs to OR, business casual on clinic days.

### **How long was the average day?**

6 am to 6-9 pm.

### **Was there either mandatory or optional call?**

Call optional if you are keen.

### **How "hands on" was the rotation?**

2010: 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?**

2018: Good for those who are interested.

2010: Not much for a clerk to do on this service

### **General tips:**

2018: Like any rotation, you will get out of it what you want to put in. The cardiac staff and residents are very attuned to this. They are very pleasant to everyone but if you are keen they will give you much more responsibility and skills training. Cardiac surgery is interesting in that nearly everyone they see has serious pathology and needs surgery. Good luck with clerkship and be keen! You'll take more out of it.

## **MEDICAL IMAGING (RADIOLOGY)**

(London 2018 update, UH site)

### **Hours and day composition:**

- 3-4 hour long days
- There is teaching rounds at 8 am and noon (either resident led, staff led, or cross-specialty rounds)

### **Was there either mandatory or optional call?**

No call.

### **Recommend to others?**

- Only for those who are interested.
- I personally wouldn't recommend it.

**Tips/comments:**

- Mornings you are put with a different resident or staff, none will know you are coming. I was assigned to staff reading brain MRIs for the majority of my days, not the most applicable. I would highly recommend just finding the resident who is looking at the chest or abdominal x rays and go sit with them, you'll get a whole lot more out of it. Afternoons are for "self directed learning".... If you want to get anything out of this rotation you have to make your own way. The residents are all great and taught a lot, staff were not interested in having students around. The hours are very light, great break rotation during a busy 3 months of surgery, but if you want anything out of this you have to sort it out yourself. No evaluations/presentations.
- You get assigned to a a staff or resident (you're not assigned to a team), and the 2 week block is divided into 20 half days. However, there is a "self directed learning" (ie. powerpoints online) that you get 4 half days to do, but it takes only takes 2 hours. There is teaching rounds at 8 am and noon (either resident led, staff led, or cross-specialty rounds). I didn't find the teaching great apart from a couple of people.

**NEUROSURGERY**

(London 2017 update)

**How long was the average day?**

10 hours/day

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

Days are a mix of clinic and OR.

**Attire?**

Scrubs and clinic clothes.

**Was there either mandatory or optional call?**

- mandatory, 1 call/week, but no one is tracking, just don't do 2 thursday calls

**Would you recommend it to others? Tips?**

- Yes to everyone!
- Tips: Watched some of the coolest procedures I've ever seen. They let you do a lot if you seem interested. I was able to drill a burr hole. Express some interest in surgery even if you're not.

**OPHTHALMOLOGY**

(London 2018)

**How long was the average day?**

8 am - 5 pm.

**Was there either mandatory or optional call?**

Optional weekend call that consists of the emergency clinic.

**How many other learners were you working with?**

Another medical student, a few elective students, 1-2 residents, little physician contact.

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

- 8.5/10 days in clinic, 1.5/10 days in OR.
- On your first morning you're given a link to a very useful set of introductory lectures, and told to watch them on your first morning.

**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? Tips?**

2017s: Yes to everyone! It's a well organized selective - they give you a personalized schedule and try to rotation you through various parts of Ophthal service. The staff and residents are lovely to work with.

2010s:

- 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.

**ORTHOPEDIC SURGERY**

**ORTHOPEDIC SURGERY- LONDON**

(2017 and 2018 update, unless otherwise indicated)

**Exposure to what you see is site dependent:**

- Victoria Hospital: Trauma, Peds, or Spine (Choice of one)
- St. Joseph's: Hand and Upper Limb Clinic (HULC)
- University Hospital: Arthroplasty or Sports Medicine (Choice of one)

**How long was the average day?**

- VH trauma: 5:30 am to 6 pm. Begins with rounding on patients, and then teaching for residents (good to go and listen), and then clinic/OR/consults in emerg.
- VH peds ortho: 7 am to 6 pm.
- St. Joseph's: there are no rounds since it's all day surgeries, so shorter days. 50 hours weeks.

- UH: 6:30 am to 5 pm.

### **Was there either mandatory or optional call?**

London:

- VH trauma:: Mandatory 3 call shifts over 2 weeks. (Call is a good experience. It's busy, but you get a post call day)
- VH peds ortho: 1 call/week
- St. Joseph's: recommended, not mandatory. Your senior resident will recommend you take one weeknight and one weekend call shift at VH (mostly so you can experience "real" or other parts of ortho)
- UH: 2 mandatory call over 2 weeks.

### **How many other learners were you working with?**

- VH trauma: Small-normal sized team. Team consists of 1-2 senior residents, 1 junior, and 1 elective student or off-service resident
- St. Joseph's: Staff, fellow, and you
- UH: one learner, and 1-2 residents per team

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

- VH Trauma: Days at Vic consist of rounds, clinic, OR, consults in emerg. Wear scrubs on OR days, business casual on clinic days.
- St. Joseph's: you don't round in the morning since there are no inpatients. OR consists of repairs, osteotomies.
- UH: rounding, 50/50 clinic and OR

### **How "hands on" was the rotation?**

- VH trauma: Lots of hands- on stuff and emerg consults.
- St Joseph's: Insanely hands on, they let you do some really exciting things

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

2017s and 2018s:

- VH Trauma: Would definitely recommend. You get to see a lot and do a lot, and the teaching is very good. The residents are great. The traumas are really cool.
- VH peds: This was an outstanding selective! The peds ortho staff are wonderful, they are happy to have learners and reward engaged students with opportunities to do small tasks in the OR. This selective seriously made me consider surgery as a career even though I had low interest in surgery at baseline. I would especially recommend it for women consider a surgical specialty as Dr Bartley and Cashin are great role models
- VH: it's a very disorganized selective, they just stick you onto a team and don't give you any further instructions. There are often a lot of learners on the team esp from Sept to Dec during elective seasons, so I didn't get to do much ... once I was the 8th assist in the OR for the day, so I left before I get kicked out by the nurses and went to OR of another specialty instead to operate with them.

- UH: Recommend for everyone! At UH, ortho will be one of the more chill rotations, everyone is really nice.
- SJH: Dr King and Dr. Lebel are a great team to work with. Both of them will let you get as involved as you want/are capable of. You won't see the entire breadth of orthopedic surgery but you will see a lot of complex cases that other surgeons can't or won't operate on. You'll also get to do a lot. In my case, performing the osteotomy, harvesting cancellous bone, and even opening a several inch incision. Your mileage will vary, but if you're likeable and competent you're going to do a lot.

2010s:

- VH spine: Ortho spine is not as hands on, but the spine clinics are useful.
- UH: 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)

### **General Tips**

2017 and 2018s:

- VH: you choose to do your 2 week ortho rotation in Trauma, Peds, or spine. Trauma was awesome. I have heard peds is also really good.
- SJH: Hand and upper limb clinic. No rounds at St. Joes, just all day surgeries.
- UH ortho: you pick between arthroplasty or sports medicine. If you are on sports, try to get into an arthro OR for 1-2 days, and vice-versa if you are on arthro. If you have a choice between ORs, choose the one with fewer people in it.

2010s:

- 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),
- VH:
  - For peds, know the ossification of the elbow joint (acronym CRITOE) and a little about club feet or DDH would be good.

- For spinal surgery 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).
- UH:
  - 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.

## **ORTHOPEDIC SURGERY- WINDSOR:**

(2010 update)

### **How long was the average day?**

Days were 8hrs but sometimes more.

### **How many other learners were you working with?**

Nobody else was on my team.

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

Clinic work (follow-ups but we would zoom through patients) fracture clinic and OR

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

Mandatory call, but the last OR would only go until 12am

### **How "hands on" was the rotation?**

Somewhat hands on when the doc wasn't in a rush in the OR

### **Would you recommend it to others?**

Yes, to everyone. Good to look at X-rays, see common MSK problems and nice to be in the OR

### **General tips:**

Act enthusiastic, TO notes, study the special tests. Very preceptor dependent. I got to suture a lot.

## **OTOLARYNGOLOGY (ENT)**

### **How long was the average day?**

London 2017: Hours can range from 8am to 5-6 pm, or 12-14 hour long days if you choose to round.

Windsor 2010: 8hrs; OR until 3 or 5; office until 4ish

### **Was there either mandatory or optional call?**

London 2017: Optional

Windsor 2010: Optional

**How many other learners were you working with?**

London 2010: 3 residents

Windsor 2010: Nobody, I was the only learner

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

London and Windsor 2010: Combo of OR and clinics.

London 2010: in facial plastics, laryngoscopy, nasal stuff

**How "hands on" was the rotation?**

London 2010: Really hands on, both in the OR and clinic.

Windsor 2010: 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?**

London 2017s:

- Get to see everything - all 3 sites. Option to round in the morning or not. If you round, you are there for 12-14 hrs. If not, closer to 10 hrs. Lots of cool surgeries such as neck dissections, thyroidectomies, skull base surgery, septoplasty, etc. Very good preceptors at each site. Residents are friendly. Learn the anatomy, esp levels of the neck and thyroid, if you are doing this rotation.
- Amazing selective! Most of the staff and residents are lovely and really enjoy teaching. I was allowed to do suturing in the or in addition to basic clerk tasks like retracting. You are placed with different staff at different sites each day so you see a lot of variety
- Staff are a good group. they teach you and are pretty nice about it. not too much pimping. let you do stuff if you want. you kinda get to choose how involved you are. I'm not a surgeon so i didn't care, and they knew that, so they were chill about it, so the rotation wasn't that hardcore or bad or anything. You see cool shit. it's also solid for people interested in primary care cause that's the stuff you're dealing with often. \*\*I avoided rounding as much as possible, so i showed up at 8 or 9, depending on the day. ENT gunners show up at 630 to round with the residents. this likely significantly impacted how enjoyable the rotation was for me\*\*

London 2010: 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!

Windsor 2010s:

- 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**

Gen advice: look up the OR cases on power chart the day before. (you get a schedule, so you can then go to \*scheduling --> type in staff doc's name, and voila! you have their schedule). read a

bit about the case, maybe the patient's co-morbidities etc. relevant anatomy, etc. but for the most part you just chill.

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

## **PEDIATRIC NEUROSURGERY**

(London 2018 update)

### **How long was the average day?**

Extremely variable. On some days there is nothing to do, and other days will go until 8 pm working on a difficult case.

Most days started around 7. Rounding in the morning was very variable, as there is only one resident and they kind of do their own thing depending on what else is going on that day. There was no expectation of pre-rounding.

### **What did the days consist of?**

Clinic, follow up, neuro exams, surgery approximately 2x week.

### **How many other learners were you working with?**

Small, intimate team of 2 consultants, single resident, 1-2 medical students. Good exposure to consultants.

### **Was there either mandatory or optional call?**

City wide call, covering both adult and pediatric neurosurgery at UH and VH. You may have to drive back and forth between the two sites.

Call was not mandatory for me, but they have a habit of just not really letting you go.

### **What did you wear?**

Scrubs in the OR, business casual in clinic.

### **Would you recommend? Any tips?**

I had an excellent experience overall, but I imagine that is highly resident dependent. One of the consultants Dr. Ranger gives excellent reference letters if you're interested in the field, or so I have heard.

## **PEDIATRIC GENERAL SURGERY**

(London 2018 update)

### **How long was the average day?**

6 am to 5 pm

### **Was there either mandatory or optional call?**

3-4 call shifts over the 2 weeks

**How many other learners were you working with?**

Teams can get way too large with off-service residents, especially since there are only four surgeons, which limits you. Some days there were too many people in an OR or clinic. The call shifts allow for more individualized teaching time. Then again, as with all of surgery, how much teaching you get depends heavily on who you have as your senior resident.

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

Round around 6 am, OR or clinic during the day until 3 pm, then round again. Maybe field some consults during the day.

**What did you wear?**

Scrubs.

**How "hands on" was the rotation?**

2018:

- The rotation probably wasn't as hands on as other selectives, but I found that they do try to get you to suture as much as possible (although I did hear that some students hardly got any hands-on experience).

2010:

- 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?**

2018:

- Great rotation, much moreso for those interested in paediatrics or paediatric surgery. The paediatric surgeons I found were generally nicer than the average surgeon and were used to teaching. But it is a great learning experience for those interested in paediatric issues and congenital stuff, and the cases are quite different from the ones in adult general surgery. Some attendings are really into pimping, some not so much.

2010:

- 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.

**PLASTIC & RECONSTRUCTIVE SURGERY**

(London 2017 update)

**How long was the average day?**

6-7 am to 5-8 pm.

**Was there either mandatory or optional call?**

1 call per week, will let you go by midnight. May be optional.

**How many other learners were you working with?**

London: 1-2 other clerks, 1-2 junior residents, one senior resident, one fellow.

Windsor: Nobody

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

It was ward rounds in the morning, 50% clinic, and 50% OR (depended on the day). May not be updated regarding time of rounds, so you may need to text one of the residents.

**How "hands on" was the rotation?**

2010s:

- St Joseph's: 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.
- St Joseph's: Fairly hands on rotation. Decent amount of suturing, lots of retracting.
- VH: One day I got to do a bit in small procedures clinic, otherwise not at all.
- UH: Lots of suturing
- UH: 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
- Unknown location: Not hands on at all. I held a pen a lot, and wrote things down.
- Windsor: 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?**

2017s:

- Pros: Great staff (if you prepare and show interest), interesting cases, the patients are not sick and list is small/manageable. Good exposure to clinic, OR, and small procedures.
- Cons: Aesthetics is important, so minimal opportunity to participate in the OR. Lots of learners limits participation at times

VH: Overall I had a good experience on this selective but I was surprised by the fact that I didn't get to do very much in the or. I had heard plastics was a good opportunity to learn how to suture but on plastics at Vic clerks get very few opportunities to suture, and I had to express interest multiple times to different team members in order to find opportunities to suture

UH:

- the UH staffs are very nice individuals to work with and they let you do a lot. HULC is also a good rotation. but I didn't hear any positive comments about Vic plastics
- 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.

2010s:

St Joseph's:

- 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.

VH: 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.

UH:

- 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.

Location unknown: 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

Windsor: 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. Dr. Scilley's clinic does a lot of burns, non-healing ulcers and carpal tunnel releases. Dr. 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.
- Things to study: breast, hand (esp. carpal tunnel syndrome)
- Don't stress - Toronto Notes.

## **SURGICAL PATHOLOGY**

(London 2018 update)

### **How long was the average day?**

9am- 5pm

### **What do you wear?**

Clinic clothes and scrubs (during dissections)

### **Mandatory or optional Call?**

- Optional

**Would you recommend it to others? General tips?**

- Yes, for those interested in the general field
- The pathologists and pathology residents were really great teachers. They ask clinically oriented questions based around the cases we are looking at (because they know we don't get much histology teaching) in addition to helping us learn the histology.
- The only downside for me was that a significant portion of the day is spent "pre-reading" the slides for the next day (that is what the residents do because they get pimped by the staff). I knew very little about histology, so I personally felt like this time was a waste-I would try looking at slides for a couple of hours at the end of the day, but did not learn much.
- With that being said I think this selective would be great for anyone considering a clinical specialty that has pathology as part of its residency (ie Dermatology, surgical subspecialties etc).
- Another note, if you decide to do this selective, make sure you ask to do at least one autopsy! They basically happen every week, so there should be ample opportunity.

**SURGICAL PATHOLOGY- WINDSOR**

(2010 update)

**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

**THORACICS SURGERY**

(London 2018 update)

**How long was the average day?**

- 6:30 am - 5:30pm

**What did you wear?**

Scrubs.

**Would you recommend to others?**

- Yes, for those interested in the general field
- good teaching, residents and attendings were keen to teach, interesting specialty we don't get much exposure to otherwise
- Very friendly team and staff. They have no problem taking the time to teach before/after/during an operation. There is a wide variety of clinical presentations you see in thoracics which is a good add-on to general surgery.
- If you're interested in pursuing gen surg, I would highly recommend this elective. I was able to suture for every operation so you can also increase your skills.
- some of the surgeries are long and kind of dull (VATS)
- The patient load is very high so rounding in the mornings is a lengthy process. The surgeries can be long and very boring if you aren't scrubbed in and have no interest in the lungs.

**UROLOGY**

(London 2017 update)

**Days may consist of:**

Clinic, OR, consults in ER, rounds on the wards.

**Attire?**

Wear OR scrubs, and business casual for clinic.

**How long was the average day?**

6 am to 5 pm

**Was there either mandatory or optional call?**

No call.

**How many other learners were you working with?**

Senior resident, and a number of juniors, another clerk. 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.

**How "hands on" was the rotation?**

2010s: 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?**

2017s: Good selective for those interested in the specialty. Get to see a variety of cases (transplant, robotic, laparoscopic, open, cystoscopy). Help shoot lasers at kidney stones. Sit in the Da Vinci robot. Do some genital examinations. Lots of foleys.

2010s:

- 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:**

2010s:

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

## **VASCULAR SURGERY**

### **How long was the average day?**

London 2018: 6am-7pm

Windsor 2010: OR till 3 or 5; office until 5

### **Was there either mandatory or optional call?**

London 2018: Optional, not expected.

Windsor 2010: Optional

### **How many other learners were you working with?**

Windsor 2010: 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?**

London 2018: Really cool procedures. Excellent team/residents and staff (if you prepare and show interest). Opportunities to assist in OR. Small team means lots of opportunity for you to contribute. Clinic is well run and organized with most staff

Windsor 2010: Would not recommend certain preceptors as they do zero teaching. Not sure if the other preceptors provide a better experience.

### **General Tips**

- 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
- Windsor 2010: Dr. Brisson is a retired ENT doc, often assists in vascular cases. Brush up on your Greek and Latin.

## **INTERNAL MEDICINE SELECTIVES**

### **CARDIOLOGY**

(2018 update)

#### **What kind of work do you do?**

The 2 weeks are split between a week of ward and a week of CCU (coronary care unit). Ward is similar to CTU but the patients are subacute cardiology (CHF exacerbation, day 2-3 post NSTEMI / STEMI, endocarditis). No outpatient clinic.

#### **Hours? Call?**

The hours are 8-4, there's no call.

#### **How hands on was the rotation? What do you get to do?**

We did team rounds but this can vary based on attending. You will have patients that's are going for stents so you can go watch that in the cath lab. You also see echos and EP lab if you ask. Not too hands on, it's like CTU but every patient is cardiac. For CCU- much more busy - the patients are acute. STEMIs for the most part. You will get good at coronary anatomy and ECGs very fast. After pre-rounding, you will team round where everyone presents their patient and plan in front of the consultant and team. Once you are done the inpatients on CCU, you go after the inpatient and ER cardio consults- new and old.

#### **How are you evaluated?**

No formal Evals.

#### **Would you recommend it?**

I recommend highly if you enjoy cardio and want to get good at ECGs, heart sounds, ACS and Afib management. I very much enjoyed this rotation!

#### **How to prep?**

Best prep was Canadian cardiovascular society guidelines, dubins and Harvard ECG, a review of coronary anatomy.

### **CRITICAL CARE**

(2016 update)

#### **Hours?**

8/day

#### **Call?**

Optional if you want it

#### **What was the rotation like?**

Pros: excellent teaching in the mornings and throughout the day, lots of learning opportunities, lots of opportunities to do procedures (LP's, art lines, some people did chest tubes, etc.). You get your own patients, but they always give you easier ones that aren't dying or anything.

Cons: really none. Sometimes it is a bit overwhelming because patients are really sick, but the residents take those patients so you can just learn about them by following the residents.

**General advice:**

Just take the opportunity to learn, the residents and fellows are super helpful and really great teachers. If you're on with Scott Anderson your days end at like 3 pm and he buys lunch everyday for the team.

**ENDOCRINOLOGY**

(2018 update)

**Hours?**

9-5, Friday 9-12

**Call?**

No call but you can ask if you are keen

**How hands on was the rotation? what did you get to do?**

Histories and physicals

**How many other learners were there?**

1-2 other med students but usually not working with the same doc

**How are you evaluated?**

Each doctor you work with talks with dr.macdonald who compiles it all for one eval

**Clinic or ward work?**

Clinic

**Would you recommend this rotation?**

I would recommend it to someone interested in internal, or who wants to get a good grasp on diabetes management. But, not great for continuity of preceptors, work with a diff doc every half day so lots of turnover

**How to best prep?**

Read up on oral hypoglycaemics, diabetes dx criteria, lipid disorders, thyroid disorders (indications for biopsy of nodules, hypo vs hyperthyroidism, treatment options) and if you get a chance try to work with dr. Van uum in the pituitary clinic, lots of "weird and wonderful" presentations there.

**GASTROENTEROLOGY**

(2018 update)

**Hours:**

8am - 4 pm

**Call:**

none.

**What you get to do/how to prepare/tips:**

- At the VH site, day consists of clinic in the morning (usually a different attending everyday). Lunch hour is generally protected for internal medicine lunch teaching for the residents and

medical students (with free lunch so get there early). In the afternoon you do GI consults and rounding on the GI consults, which consists of meeting with attending and the resident team (2 seniors, 2 juniors/elective residents), splitting up the GI consults and inpatients, and rounding on them.

- GI is one of the larger portions tested on the NBME (the test they use to evaluate you at the end of your internal medicine rotation). You get good exposure to GI medicine including upper GI bleeding, lower GI bleeding, indications for upper and lower scopes, peptic ulcer disease, IBD, IBS, and celiac disease. You will see ostomy bags, and become very good at doing a GI history. You will become familiar with biologics (ex. Humira), also used heavily in rheumatology.

- Pretty chill rotation, and the attendings are very chill. Hours are reasonable, and you get good practice dictating the patients you see in clinic.

- I did not get to see any scopes being done from start to finish. I had not specifically ask, but they did not seem to provide that as a set opportunity. My advice if you are keen to see a scope is to mention it to the fellow if you work with, or the attending who manages the consults for the week.

## **GERIATRICS**

(2018 update)

### **How were you assessed?**

Clinical work

### **How long was the average day?**

generally 8-4 with 30 minutes or more for lunch. No call. And worked primarily at parkwood with some at st. Joes.

### **Was there either mandatory or optional call?**

No call

### **How many other learners were you working with?**

Only me as a clerk and a team of residents for rehab with a nurse practitioner. Not a lot of face time with docs

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

Good mix of inpatient rehab and various different types of clinics. Also got to do nurse outreach visits

### **How "hands on" was the rotation?**

Very little role for me there except in memory clinics where I got to do mmse and moca testing

### **General Tips/Prep**

Prep by reviewing types of dementia and mica and mmse tests

## **HEMATOLOGY**

(2018 update)

**How were you assessed?**

clinical work, no formal tests

**Hours?**

9-5

**Was there call?**

none!

**What kind of work was it?**

clinic.

**Were there other learners?**

it was me and another elective student with some residents.

**What did you get to do?**

Mostly physicals, though if you demonstrate competence and ask for more procedures, you can get more. However, things like bone marrow biopsies you won't get to do, only residents do those.

**Would you recommend it?**

Yes, if you like blood cancers and patients who are stable.

**Tips:**

Read up on anemias, clotting factors, major kinds of leukemias, lymphomas, and physical exam findings.

## **INFECTIOUS DISEASE**

(2018 update)

**Hours?**

Basically, you are assigned to one hospital for in-patients, either UH or VH but you will be doing clinics throughout the city with most of the clinics at St.Joes

clinics include: HIV, cellulitis, general ID, diabetic foot.

So schedule is never the same day to day, but overall if you aren't scheduled for a clinic then you'll be at your assigned hospital (UH or VH) with the team seeing consults, it's a good way to get oriented to the hospitals also because you'll see patients in literally every service.

Days can be a bit long because it is such a large service, typically 8:30 - 5:30 pm though cellulitis clinic starts at 7:30 am. A typical day for me was clinic in the morning at St. Joes and then going over to VH to help with consults for the afternoon though you can have that reversed or even spend the full day doing either clinics or consults, so it's nice for people that want a bit of variety.

**Call?**

None.

**What did you get to do?**

I was given a lot of freedom to go see consults and patients. Not too much procedure wise but you'll see a lot of crazy infections, I know UH for other people that did it tended to be more endocarditis

**How many other learners were there?**

1 or 2 residents

**Tips/Would you recommend it?**

Infectious Disease was actually a great rotation, a lot busier than I expected but it really does help supplement where we were lacking in teaching in first year and put antibiotics into practice, excellent refresher for antibiotics which I'm sure a lot of us had forgotten. All the ID docs are pretty awesome and nice, the service is busy so there isn't a lot of time for formal teaching sessions but if you ask a lot of questions along the way they are always happy to answer and you'll get a lot out of it. Review HIV, cellulitis, general ID, diabetic foot.

**NEPHROLOGY**

(2018 update)

**What kind of hours is it? Call?**

The weeks are split between clinic and inpatient. Clinic is either in the morning, afternoon, or both so potentially 8:30 - 5:30 but there are half days. No Call.

**What did you get to do?**

I saw a ton of diabetes, CKD, IgA. You get to see as many patients as you can keep up with. You are split between many consultants' clinics throughout the week so it's not optimal for a letter. Ward is different, it's like CTU but patients are either dialysis or advanced CKD. Fairly quiet for an inpatient service. Our list ran down to 4 patients once! There's a different consult service at VH (the fellow does it, but I did see elective students do consults in nephro at UH!) so you finish early around 2-3. It's a very chill rotation in compared to CTU and Cardio.

**How to prep?**

I prepared by reading up to date, but I think reading more about dialysis, PD vs HD would have been nice to know but not very helpful in practice. It's always good to know renal physiology and drugs for clinic.

**NEPHROLOGY - WINDSOR**

(2010 update)

Observed with history, physical, soap notes in clinic and on ward

**How long was the average day?**

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

**How many other learners were you working with?**

One PA student

**How "hands on" was the rotation?**

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?**

Ya nephro is a good rotation. I had it before CTU so you learn a lot of what you see on CTU

**General Tips**

Know about AKI and CKD. And just ask questions

**NEUROLOGY**

(2018 update)

**For Hours:**

In-patient UH - 8 am - 4/4:30 pm, for Urgent Neuro at VH 8:30/9:00 am - 4/4:30 pm depending on how many consults came in for the afternoon.

**Call?**

No call for either service.

**What did you get to do?**

Hands on in the sense that you are responsible for seeing and evaluating your own patients, doing full neuro exam on them.

**How were you evaluated?**

Evaluation was just through one45, no extra examinations.

**What was the structure like?**

Week 1 - In-patient Neuro at UH:

Similar to CTU, come in and review overnight issues/ new patients from call with the whole neuro team, then divide the list, you are usually given 1-3 patients to round on, assess their neuro status and anything else needed by that specific patient. Good opportunity to practice a full and screening neuro exam, as well as getting to go through Moca's with patients. Unfortunately we were not often given the responsibility of seeing new patients in the ED or critical patients so it could be a little repetitive doing neuro exams on patients that were very stable and didn't have significant findings by the time we got to them. Lots of stroke & seizure patients, so that is good to review for this part

Week 2- Urgent Neuro Clinic at VH:

Patients referred from ED or family physician that don't need to be in-patients but need to see a neurologist sooner than a community referral. Responsible for seeing as many patients as you can in the morning, usually ends up being maximum 2 because of how long the neuro assessment takes. Afternoon was pretty slow on this service to be honest, it consisted of seeing any referrals from within VH though during the particular week I was on that was maybe 1-2 a day and other

members of the team had often seen them before we were done in clinic. I'm not sure if this is the usual pattern or just that we had a slow week. Ended up being a lot of time where we sat around before we were finally let go. Again good to be well versed in a complete neuro work-up exam, this rotation is super good practice for that.

**Would you recommend it?**

Overall it's a great rotation to become proficient in a quick neuro assessment, lots of repetition of the neuro exam. Not likely to see too much in the way of critical neuro patients so it can be a bit slow. Mostly stroke and seizure patients overall. Though keep in mind experience is very consultant dependent and I think I ended up with 2 consultants that were not keen teachers.

**PHYSIATRY**

(2010 update)

**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

## **ONCOLOGY**

(2018 update)

### **How were you assessed?**

there's a test at the end, it's mostly multiple choice and is pretty easy. + Clinical work.

### **Hours?**

no call. 9-5 or 9-6. very reasonable. No call.

### **How many other learners were there?**

you pick your preceptor each day. You may be with the same preceptor on several days, but they usually have other work that they do outside of clinic, so it's unlikely you'll be with someone for more than 2 full days a week. Some preceptors have a resident. Others don't. At most it will be you, a staff, and a resident. But a lot of the time I was one on one with the staff. Dr. Sanatani is great, try to work with him.

### **How hands on was it?**

It's mostly history, and occasional physical exams. There are no procedures.

### **Would you recommend it?**

Yes. I had a great time, you learn a lot, can see a diversity of oncology patients, and since you are picking your preceptor each day, you can really pick what you see - rad onc, melanoma, etc. I even accidentally ended up working with an OBGYN for an afternoon.

### **Tips:**

obviously, review your cancer. Review oncologic emergencies, and common/first line chemotherapy regimens for different cancers (this wouldn't really be review, more like learn it, as it wasn't covered in first or second years). Also review palliative care, and agents commonly used there (nausea, appetite, etc.). Although it's an outpatient clinic, think about times when patient needs to be admitted and also be ready to at least outline admission orders (Dr. Sanatani had me do that.. I.e. ADDAVID... ).

## **PUBLIC HEALTH**

(2010 update)

### **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).

## **RESPIROLOGY**

(2018 update)

**What were the hours like?**

Resp had light hours on average 7 hours of light work

**Was there call?**

No call duties but you could always volunteer

**What kind of work was it?**

I worked at Vic, that's where the inpatient ward for resp is

The work was mostly inpatient wards. You also had the option of going to clinics to check them out for a day or two. The clinics are also mostly in Vic. I spent some time in the pulmonary hypertension clinic and I know others who did sleep clinic.

**Were there other learners?**

I had 7 learners with me, 1 fellow, 4 residents, and 2 medical students

I think the number of learners varies though from what I heard

**What did you get to do?**

There are good opportunities to do hands on stuff. Mostly inserting/removing chest tubes, and thoracentesis. I helped with a chest tube removal.

**Would you recommend it?**

Yes I would recommend it, it is a more relaxed selective, there are not as many patients to see and no call duties but if you are interested in resp I would recommend it. The staff on resp were

very nice, accommodating, and eager to teach. You also get to see bronchoscopies if the workload on the ward is light.

**Tips:**

Tips and recommendations include reading up on pulmonary function tests and COPD exacerbations. If you show interest staff are happy to accommodate the selective towards your personal learning goals. There also pretty cool joint radiology/resp rounds once a week in St. Joe's were both teams go over complicated/ obscure past and current cases.

**RHEUMATOLOGY**

(2018 update)

**Hours?**

8/830-4 most days and Fridays usually only have a few patients so are very light.

**Was there call?**

no

**Ward work or clinic?**

clinic though in theory could see consults with residents

**How hands on was the rotation?**

Lots of experience doing joint and MSK exams. All staff prioritize letting students perform joint injections. Good exposure to fast paced clinic/chronic disease management (good for some internal subspecialties and family med hopefuls).

**How to prepare/tips:**

Teaching on the rotation is sufficient, not much extra studying required. Do the online modules ahead of the rotation (they don't take that long and are all you need to know for your first day).

Dr Basharat and Haig are amazing teachers!

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.

## **PSYCHIATRY**

(all 2018 info)

Note: for psychiatry you are scheduled to be on call at Vic throughout the block even when you are on selectives, so there's no call associated with selectives.

### **CPRI:**

#### **Hours:**

preceptor-dependant, 8-4, some half days, some days may end later (7). No call

#### **How were you assessed?**

clinical

#### **Were there other learners?**

I was working with the staff one on one, but I've heard at times staff have a resident. Clinic work exclusively.

#### **How "hands on" was the rotation?**

It really depends on your preceptor and how much you push for doing the interview yourself. If you are ever with Dr. Plowright she is really keen to get you involved and will let you do the whole interview, as well as ask for your assessment at the end of the case. If you are with Dr. Makhdoom, he tends to but into interviews pretty early on even if you start off doing the interview. Dr. Rizvi is very open to have you do everything as well.

#### **Would you recommend it? General tips and prep.**

If you are interested in developmental disabilities, autism, childhood trauma, PTSD, and dual diagnosis, this is a good rotation. You don't really get to see much of this elsewhere, unless, perhaps, you do a rotation at Parkwood. You really get to learn what autism looks like, subtle signs, and also may get more comfortable working with children.

However, the interviews are long (2 hours), and often you are just observing.

In general, I would recommend it, but I am interested. If you are not, probably not a great rotation.

## **DUAL DIAGNOSIS PSYCHIATRY**

Site: Parkwood

### **Hours:**

6-8 h/day

### **How were you assessed?**

clinical work

### **Were there other learners there?**

I worked one on one with the preceptor.

### **How hands on was it? What did you get to do?**

This rotation was very observership-y. I got to interview only 3-4 times in 2 weeks. Unique patient population, dual diagnosis patients are essentially patients with intellectual disabilities with superimposed psychiatric disorders or more commonly severe behavioral issues that make them a danger to themselves/society. I did get to travel for home visits, and Kitchener/Oakville for specialty clinics. Saw some genetic disorders ie Prader-Willi, Fragile X etc.

I worked with Dr. Loba half the time and Dr. Rao the other half. I believe they are the only 2 staff at this program. Dr. Loba does spend a lot of his time at CEPS (ER psych), so I got to do that (seeing and evaluating emergency psych presentations).

**Would you recommend it?**

It was an interesting experience clinically, but not a lot of active participation on the clerk's part.

**How to prepare?**

Know your neurology. Interviewing can be challenging.

**FORENSIC PSYCHIATRY**

Site: St. Thomas (**NOT technically considered rural, but have to drive there daily**).

**Hours:**

6-8h/d

**How were you assessed?**

clinical work

**Were there other learners?**

one on one with the preceptor

**How hands on was it? What did you get to do?**

In St. Thomas Forensic Psychiatry Facility. Lots of security. Patients are mostly on the psychotic spectrum and opportunities to interview are somewhat limited but the patients and HPIs are very interesting. Legal stuff is a big part of the care. Know your antipsychotics. Hours are quite lax.

**Would you recommend it?**

In general, I would recommend it. It was interesting, got to go to some review board hearings. However, not too many opportunities to work on your interview skills. Also, a lot of patients are quite guarded in their interviews a. Because they don't know you b. Because they are awaiting trial/etc. so are worried about incriminating themselves

**URGENT PSYCHIATRY**

It was outstanding! Clerks get a lot of responsibility on this rotation. Great opportunity to see first presentations of psych conditions. Many patients have been waiting to see a psychiatrist for a long time and are appreciative of getting help

**PEPP Program (Psychiatry, Primary Psychosis Early intervention)**

**Hours:**

830- 430

**What did you get to do?**

Interview outpatients and inpatients in the early psychosis program. Great to do if you want to see some psychotic disorders. Also great to do if you want to see some stable patients with psychotic disorders who are doing well. Dr. Subramanian and Dr. Richard are both amazing.

**Other learners?**

Maybe a resident working with a doc, but not necessarily. I was one on one with staff.

**Would you recommend it? How to prep?**

Yes, would absolutely recommend it. It's great if you want to do psych, and I think it's also great if you don't and just want to see some interesting presentations, delusions, hallucinations. Also a good mix of inpatient and outpatient, and you get a decent amount time with staff in case you are thinking of asking for a reference letter.

To prep: review your antipsychotics and their side effects.

## **PEDIATRIC SELECTIVES**

**Site:** London Pediatrics CTU, ER, and selectives are held at Victoria Hospital.

**Call:** For most pediatric selectives, there is no mandatory call associated with the selective.

(However, you will still have paediatric CTU calls scheduled while you are doing your 2 week selective. CTU call usually consists of doing 1-2 consults, after which you are free (in-hospital) for the rest of the night, and attend handover in the morning.)

**Pediatrics Selective Choices:** (in alphabetical order)

- Cardiology
- Clinical Pharmacology
- Critical Care
- Endocrinology
- Gastroenterology
- Genetics
- Haematology/Oncology
- Neonatology
- Nephrology
- Neurology

## **PEDIATRIC CARDIOLOGY**

(2018 update)

**How long was the average day?**

8am-5pm

**What do you wear?**

Business casual

**Mandatory call?**

None.

**Would you recommend it to others?**

Yes to everyone! Pros: Staff are very motivated to teach clerks, improve auscultating techniques, learn about and see various congenital heart problems. Cons: Purely clinic without consults.

**General tips?**

Must do readings provided prior to clinic, as you frequently get pimped. Google "paediatric EKG" and use the "Life in the fast lane" link to review EKGs. Review acyanotic and cyanotic heart defects and differential for seizures.

## **PEDIATRIC CLINICAL PHARMACOLOGY**

(2010 update)

**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 CRITICAL CARE**

(2017 update)

**How long was the average day?**

8 hours/day

**What do you wear?** Scrubs or clinic clothes

**Was there either mandatory or optional call?**

Optional Call

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

Yes to those who are interested in the general field of pediatrics. I wouldn't do it unless you're very interested in pediatrics, because I think a lot of other selectives would give you a better learning experience for our level.

Pros: good hours. Cons: patients are quite complex so you don't get to do a lot. There was not a lot of teaching because it was quite busy.

## **PEDIATRIC ENDOCRINOLOGY**

(2018 update)

**How long was the average day?**

8:30 - 5, occasionally a morning off. 2 or 3 afternoons off where you are expected to cover the pager for consults until 5pm. Hours are chiiiiilll..

**Was there either mandatory or optional call?**

No call. In our year there was mandatory CTU call overnight that would interfere with two of your selectives days by taking them off as post-call. This is likely to change because this system was not well received by our year.

**How many other learners were you working with?**

One clerk (you) and one resident only. This was the most one on one time with the consultants that I came across in clerkship to date.

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

Clinic work, occasional consults. Maybe outreach clinic.

**How "hands on" was the rotation?**

Get to participate in physical exams (Tanner staging testicle size is the most "hands on" it will get). See patients independently and review with the consultants. No procedures. You will work the the diabetes team and have the chance to review data from insulin pumps with the nurse educators to make dosing changes.

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

It's a good selective, nice supervisors, fairly interesting. Very relevant for family medicine. Not relevant for surgery keeners.

**General Tips?**

You will be required to learn how to use the program WebDR to type the notes from diabetes clinic. This is a little annoying seeing as you will never use WebDR ever again, but don't let that deter you. Know T1DM well, it's half the patients you will see.

## **PEDIATRIC GASTROENTEROLOGY**

(2017 update)

**How long was the average day?**

8 am to 4:30 pm (8 hours days).

**Was there either mandatory or optional call?**

No call.

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

Clinic in the morning and then consults in the afternoon. Also, you can go to the endoscopy clinic a few times as well and put some IVs in.

**What did you wear?**

Clinic clothes

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

- Yes to everyone! Really interesting selective, you get to help out in GI clinic as well as round on inpatients and watch colonoscopies.
- Yes to those interested in the field. The docs are pretty nice and willing to teach provided they have the time (Dr. Bax, Dr. Ashok, and Dr. Benedir). The cool thing about Dr. Benedir is that she is relatively new staff, so I got to see a lot of new patient encounters

with her and patients she is taking over from her predecessor (a bit more meaningful than a 6 month follow up that other docs have been following for years), and she is willing to take the time to teach thoroughly and explain what she's doing. Cons were I had some afternoons off (if you're a person who doesn't like that). I liked it because we had exams starting up at the end of the rotation. Other con was that I didn't have a resident on the rotation while I was on it, so the consults on the paediatrics ward were kind of solitary unless you can catch the staff to do some teaching with you around the case in the afternoon. I didn't fall over backwards in love with this specialty, but there was nothing to complain about. If you want to get a lot out of it and are super engaged then there's some good teaching, if you want something more chill, you can have that too (from my perspective, it might have been because Dr. Bax was on vacation for most of my rotation because I heard he is kind of intense).

- Yes to everyone! In general this was a good experience for getting familiar with some of the common paediatric GI conditions (IBD, IBS, functional abdo pain, constipation, celiacs). Clinics run every morning except for Thursday, when there are scopes. After clinic I was expected to see consults for whoever was on call, which was a little intimidating, but overall not too bad.
- Yes to those interested in the field. Interesting specialty, you get to see patients on your own and in consultation. Great instructors, long hours.

## **PEDIATRIC GENETICS**

(2017 update)

**How long was the average day?**

6-8 hours/day.

**What do you wear?**

Business casual.

**Mandatory call?**

None.

**Would you recommend it to others? Everyone or just someone interested in the field?**

Recommend to everyone! Excellent hours, a good break from an otherwise busy rotation, very good at seeing rare things, excellent way to get good at developmental milestones, and a good balance of responsibility.

## **PEDIATRIC HEMATOLOGY/ONCOLOGY**

(2017 update)

**How long was the average day?**

6 hr/day

**What did your day consists of?**

Inpatient rounds in the morning, seeing patients in the afternoon. In the afternoons I saw on average 3 - 4 patients.

**Mandatory or Optional Call?**

None

**What do you wear?**

Clinic clothes

**Would you recommend it to others? Everyone or just someone interested in the field?**

Yes to those interested in the specific field. I think this is a good rotation for anyone who's really interested in heme/onc. Otherwise, this selective seems much more specialized than other selectives in terms of bringing learning back to general peds (e.g., things you learn on a GI selective can probably be more useful to general peds than things from heme/onc).

Pros: got to do LP's, got to practise doing a lot of dictations.

Cons: You're not assigned your own patients during rounding, so it didn't feel very useful to the team by being there or to my own learning. Some of the staff is good about doing teaching.

**NEONATAL INTENSIVE CARE UNIT**

(2017 and 2018 update)

**What did you day consist of?**

Handover in the morning, round until lunch. You might update the discharge summaries or go to teaching. Then handover at 5pm.

**How long was the average day?**

7:30 - 8 am to 6 pm

**Mandatory call?**

No call. If you are interested, you can take on optional call.

**How many other learners were you working with?**

There are two teams. One med student each. (The other student was an elective student when I was on) 2-3 residents each. One fellow each.

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

Only VH NICU because that's where the deliveries are. It's right by the labor and delivery ward.

**How hands on was the rotation? What did you get to do?**

There is a section that is higher acuity. It is SO hands off. There are like 2 times a day you're allowed to handle the babies and if you miss that time (when nurses are handling) it's frowned upon to touch them. The lower acuity section is where babies are when they essentially just need to feed and grow, you get to just sit and feed them if you're free and they need to be fed otherwise, there's really very little to do as a student in the NICU, maybe join the resident in doing newborn exams on some babies. Maybe be involved in a resusc, but I didn't get to do any when I was on.

### **Would you recommend it to others? Everyone or just someone interested in the field?**

- I'm not sure that I would recommend unless you know you're interested in Paeds or maybe Ob, or otherwise may be involved with acute neonatal care somehow or have a really open mind about learning fringe things. Some people thought it was the biggest waste of time.
- No I wouldn't recommend it to anyone. You don't get to do anything because the nurses essentially do everything. I found it very long and boring.
- Puts a lot of things in context, especially coming right after or right before OBGYN, and decent for overall learning. It's somewhat in its own world though, not much broad applicability. Days are short, but slow, there's not a lot of responsibility for students on this rotation.
- Pros: Very gentle entry into clerkship. Low responsibility and lots of time to read about things and practice your newborn exam. Good practice writing rapidfire SOAP notes. Cons: Would probably be boring if it wasn't your first rotation. Nothing on NICU is on the exam.
- Pros: Niche field that you won't see anywhere else in the rotation. Nurses and residents are very good at explaining things. Cons: Might not be incredibly hands on-definitely no procedures. In terms of newborn exams you'll get what you ask for out of it.

### **General tips:**

- NICU is a weird place, unlike any other place in the hospital that I know of. There are some conditions and physiology things that are very specific to neonates that should probably be read up on before you go to make the most of your time. Even "small" things like figuring out baby feeds takes time to get used to. Lots of acronyms. You're supposed to be really quiet in the NICU.
- Do some self-directed learning (ask a nurse to let you practice newborn exams, go to deliveries etc). Otherwise you could be bored out of your mind.
- Advice: Try to spend some time with nursing and RT staff, they're amazing teachers and spend time at deliveries doing first steps and resuscitations which is really good to get familiar with
- For NICU review specifically: 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

## **PEDIATRIC NEPHROLOGY**

(London 2018 update)

### **What were the typical hours/schedule?**

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  
Clinic Wednesday 8-12.

Thurs 9AM rounds which usually take until about 10AM. Then you wait until around noon to see if there are any consults and then go home.

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

Mainly clinic work; seeing usually 10-15 patients per day

**Was there either mandatory or optional call?**

No call.

**How many other learners were you working with?**

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.

**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).

There are 3 staff attendings in pediatric nephrology, and you will work with them all depending on the day. I found all 3 attendings to be very easy going. Overall fairly relaxed rotation.

**General tips?**

Rounding is dependent on the attending and when you do it might change on a day to day basis. There was no official set time for rounding. It usually depended on what time you decided to meet with the staff about inpatients, and ensuring that you rounded on the inpatients before this meeting.

## **PEDIATRIC NEUROLOGY**

(London 2018 update)

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

Days typically consist of clinic and consults.

**Was there either mandatory or optional call?**

No call.

**How "hands on" was the rotation?**

Not super hands on (a lot of it is imaging), but you do get to do full neuro exams and learn about neuroimaging and EEG.

**Would you recommend it to others?**

I would recommend it if you had an interest in neurology. It's a steep learning curve if you want to be competent, so only motivated people should do it.

**General tips:**

- The meat of this rotation is cerebral palsy and seizures. There is also a fair bit of hydrocephalus. Know the causes, presentations, and treatments of those topics. Stuff like developmental delay and learning disabilities don't really get dealt with by neuro all that much- no real treatments exist, so they get multidisciplinary clinics to try to figure out how to cope.
- I barely got to experience the elective though because all the clinics were shut down for Christmas at the time I had my rotation. Simon Levin is one of the coolest dudes to ever live.